Mescaline

Harm Reduction Information

Chemical name 3,4,5-trimethoxyphenethylamine; found in peyote, San Pedro and related cacti

Last updated 10/28/2026

Please Read First

This page is educational. It is not medical, legal or professional advice, and I am not a physician or an attorney. This information was gathered from published harm reduction organizations, medical and legal sources, and my own training and experience, and I may have made mistakes. You are responsible for confirming anything here before you act on it, with a qualified medical provider and, for questions of law, an attorney. Laws and knowledge about psychedelics change quickly, and some of what is written here may have changed since the date above. Nothing here encourages anyone to break the law. It exists to reduce harm for people who will make their own choices. I do my best to keep up with current law and research, but I cannot promise that anything here is current or complete.

It is advisable to meet with a psychedelic-informed physician for an assessment before using any psychedelic or related substance.

Where this information came from: The sources listed under References, and my own training and experience.

This document was drafted with the support of Claude, an AI assistant. I reviewed it, and AI and I can both be wrong, so check anything that matters to you before you act on it.

What Mescaline Is

Mescaline is the slowest of the classic psychedelics. It takes an hour or so to begin, can run most of a day, and often opens with nausea, which surprises people who expect it to behave like LSD or psilocybin. Chemically it is a phenethylamine, a different family from the tryptamines (psilocybin, DMT) and the ergolines (LSD), and it works mainly on the serotonin 2A receptor [1][2]. This sheet is about the compound itself, whether it is cactus material or a purified or lab-made powder. Peyote and the San Pedro and torch cacti each have their own sheets with the plant details, and I send you there rather than repeat them.

The full chemical name is 3,4,5-trimethoxyphenethylamine. Common names include mescaline and mesc, and buttons and cactus (the last two usually mean peyote) [3]. Sold as a powder it is a salt, such as mescaline hydrochloride or sulfate, and a salt and the plain base carry different amounts of the active molecule per gram [4]. Do not confuse it with TMA, the amphetamine version of the same molecule, or with escaline and proscaline,

relatives that are stronger than mescaline [1]. Products sold as mescaline have turned out to be some of those lookalikes (see Testing and Purity).

Where It Comes From

Mescaline occurs in peyote (Lophophora williamsii) and in San Pedro, Bolivian torch and Peruvian torch cacti [5]. The amount in a plant varies widely from one plant to the next [1] [6]. Extracted mescaline is usually described as a white or brownish crystalline powder, sold loose or in capsules [4]. In a 2019 survey of 452 people, lifetime use was highest for San Pedro (66 percent), then peyote (36 percent), and 31 percent had used synthetic mescaline; those add to more than 100 percent, so many people had used more than one kind. The sample was self-selected, so it cannot tell us what is common outside it [7].

Peyote has been used for centuries in northern Mexico and the southwestern United States as an intoxicant in religious services [3][8]. Two sources put Indigenous ceremonial use in North America at around five thousand years, and Wikipedia says more than six thousand, so treat the number as very old and imprecise [5][9][1]. The Inca preferred the San Pedro and torch cacti [5]. Chemists first noted alkaloids in peyote in 1886 [8][2][1]. Arthur Heffter isolated mescaline from peyote in 1897 and took it himself to show it was the active ingredient, and Ernst Spath synthesized it in 1919 [10][1]. Aldous Huxley made mescaline famous with The Doors of Perception in 1954 [9][1], and by the early 1960s LSD, far cheaper to make per dose, had largely replaced it in research [10]. The 1970 Controlled Substances Act placed it in Schedule I, which nearly halted research [9]. Alexander Shulgin wrote about it in PiHKAL in 1991 [9][1].

The human research I could verify is thin and uneven. In 1992 Hermle and colleagues gave mescaline to 12 healthy men and recorded psychotic-like symptoms along with a brain-scan pattern; the study was a tool for thinking about schizophrenia, not a safety study, and its findings are under Psychosis and mania [11]. Mid-century trials in people with schizophrenia found no lasting benefit and sometimes made psychosis worse [12]. In 2005 a Harvard-affiliated team reported that Navajo members of the Native American Church who used peyote regularly showed no brain damage or psychological problems, did as well as non-users on mental tests and scored better on several mental health scales. The lead researcher said the community around the ceremony was a more likely reason than the cactus, and the news account I read gave no sample sizes [13].

Modern controlled research restarted in Switzerland. The University Hospital Basel group has published a comparison of mescaline, LSD and psilocybin in 32 healthy adults, a dose-response study in 16, a pooled safety analysis of 48 and a pharmacokinetic analysis of 49 [14][15][16][17]. These were healthy, screened people in a clinic, and the safety analysis reported no serious adverse events. Companies have announced mescaline programs, among them Journey Colab (synthetic mescaline for alcohol use disorder), Biomind Labs and XPhyto. The sources I read for these programs are from 2022 [18][19]. A legal information site says no Phase 2 or Phase 3 trial of peyote or pure mescaline exists, as of its 2026 review [20].

In the survey, 78 percent of sessions were self-administered, peyote sessions were more often ceremonial (43 percent), and shamanic administration was reported for 27 percent of San Pedro sessions and 31 percent of peyote sessions [7]. Fewer than 10 respondents were Native American or Indigenous, so the survey says little about Native American Church practice [7]. The Peyote sheet covers the Church.

A Word on Sourcing

Peyote is the sacrament of the Native American Church, and the concern about wild peyote and about who has a right to use it belongs to peyote. The Navajo Nation Council passed a 2025 resolution opposing decriminalization of peyote and peyote-derived mescaline [21][20]. The Peyote sheet on this site carries the ethics and sourcing in full, and I will not repeat it here. Colorado's reasons for leaving peyote out of its law are under Legal Status.

About the Sources

PubMed and Europe PMC were closed to me and most journal pages were blocked, so many trial figures come from third-party summaries, and the reference list says which. The Basel studies are small and short, and they enrolled healthy adults [15]. The survey work on mescaline that I found is by Alan Davis and colleagues. What It Feels Like rests on the Basel trials, two surveys, the 1992 laboratory study, a history of mescaline research and one 1896 self-experiment; community pages add texture and are named as such. Street information comes from PsychonautWiki, TripSit, Saferparty and an Australian charity, and Wikipedia is background only. Law-firm and legal-information explainers carry some of the legal points, and I name them as such.

What I did not find. The Basel summaries I read did not report heart rhythm (ECG) data, and I found no study of people with heart disease, high blood pressure, kidney or liver disease or narrow-angle glaucoma, or of people younger than 25. I found no study of mescaline with antidepressants, antipsychotics, blood pressure medicines, benzodiazepines or other prescription drugs, so the Contraindications entries rest on reports and pharmacology. I found no controlled seizure data, no seizure reports in the Basel summaries, and no human data on pregnancy or breast milk. I found no study of smoked, vaporized or injected street mescaline or of repeated low-level use, and no peer-reviewed analysis of what powders sold as mescaline contain.

What It Feels Like

No one can promise you what a day with mescaline will be. The sources describe a long, slow build: a body phase that often includes nausea, a long plateau of changed perception and feeling, and a gradual descent. In the one controlled comparison, volunteers rated mescaline, LSD and psilocybin as comparable on standard scales and the authors found no qualitative difference in the altered states; the differences that showed up were length and slightly more adverse effects in the day after [14]. This section rests on the Basel trials in

healthy volunteers [14][15][16], two surveys of people who took mescaline on their own [7][22], a history of mescaline research [10] and an 1896 self-experiment with peyote extract [23]. Community pages (PsychonautWiki, TripSit, Saferparty) add texture and are marked as community sources [2][24][6].

The Body

Nausea is the body effect the sources agree on most. The Basel authors call it the dose-limiting problem, and fatigue, headache and trouble concentrating were common complaints too [15][16]. The figures are under Vomiting, Fluids and Salt Balance.

Heart rate, blood pressure and body temperature rise and the pupils widen, by moderate amounts in healthy volunteers [15][16]; the figures are under Heart, Blood Pressure and Body Temperature. Community and clinic descriptions add a warm body feeling with tingling [2][24][6].

Weir Mitchell's 1896 account of taking peyote extract describes great stomach discomfort soon after, then distension, a flushed face and widened pupils, with a slight lift in mood, a wish to talk and an occasional misplaced word [23]. That was peyote extract and not purified mescaline, and the stomach complaint matches the modern trials.

How the Day Tends to Move

Slow to start, long, and late to peak. In the Basel comparison the effects built behind the blood level with a delay, and mescaline outlasted LSD and psilocybin by a wide margin; the authors tie the length to its slower onset and later peak [14]. How Long It Lasts has the figures.

Saferparty describes a smoother arc than LSD: restlessness and often nausea first, a long drifting phase, then a softer comedown [6].

Seeing

Colors deepen, patterns drift or turn geometric (more with eyes closed or in the dark), and touch and music gain richness [2][24][6].

The geometric patterns have the longest record. In the 1920s Kurt Beringer in Heidelberg injected 60 subjects and gathered more than 200 pages of their own reports, and in 1928 Heinrich Klüver reduced the patterns to a short list: lattices and gratings, cobwebs, tunnels and spirals, which he called form constants [10]. At the right amount, subjects could describe the imagery to the researcher as it happened [10].

Mitchell's 1896 account has green, purple, red and orange imagery with no clear yellow or blue, colors he found far brighter than any he had seen before, and everything kept moving [23].

Feelings

In the surveys, people rated the intensity of challenging effects as very slight on average and mystical-type effects as moderate [7]. Introspection and a sense of meaning or of connection with nature come up most often in community and clinic descriptions [2][24][6].

In the Basel trials positive effects ran higher than negative ones at every amount tested, and anxiety and bad-drug effects rose significantly only at the highest amount [15][16]. Early laboratory accounts describe sharp swings of mood, from euphoria to anxiety [10].

Insight and Meaning

In the surveys, ego dissolution and psychological insight averaged slight. About 74 percent gave spirituality or connecting with nature as the main reason for use, and 28 to 35 percent put the experience among their five most meaningful, spiritually significant or insightful [7].

Huxley, given mescaline in 1953 by the psychiatrist Humphry Osmond, described self-transcendence in The Doors of Perception, and the two coined the word psychedelic in 1956 to capture mescaline's mystical and mind-expanding potential [10]. Klüver thought his list of patterns missed the sense of awe and meaning that was part of the experience [10]. A handful of psychiatrists, among them Walter Frederking in Hamburg, tried it in talk therapy and found it produced dreamy states that helped bring up childhood memories and symbolic associations [10].

When It Is Hard

The hard part is mostly physical: nausea and vomiting, fatigue, headache and trouble concentrating [15][16]. The length adds to it, since a hard stretch has many hours to fill; that is my reasoning, not a finding.

Eleven percent of survey respondents put their experience among the five most psychologically challenging of their lives [7]. Those are the words of self-selected people about their best-remembered session, and people who had a bad time may have skipped the survey.

Early researchers called mescaline mentally disorienting [10], and a laboratory study of healthy men produced psychotic-like symptoms, which Psychosis and mania describes. Fear, panic and the signs that need help are under Toxicity and the Mind and Warning Signs.

What Shapes the Day

The Australian charity ties bad experiences to a stressful or chaotic setting and to a family history of mental illness [25]. In the larger survey, the intensity of acute effects did not differ between mescaline types [7]. What helps in practice is under Preparation and Integration.

The Days After

In the Basel comparison, mescaline raised adverse-effect scores more than LSD or psilocybin in the day after the session, a few volunteers reported severe headache or fatigue, and two had a passing low mood [14]. The Australian charity describes a comedown over the following days with anxiety, low appetite, body aches, trouble sleeping and fatigue, based on anecdotal reports [25].

Reported benefits, and why to hold them loosely. Among the survey respondents who had a condition before their session, about 86 percent of those with depression, 80 percent with anxiety and 76 percent with PTSD said they improved afterward, as did roughly two thirds to three quarters of those with alcohol or drug misuse [22][7]. Only 2 to 5 percent had meant to treat the condition, and more psychological insight in the session went with more reported improvement [22]. The authors list the limits themselves: one retrospective survey, no comparison group, recruitment through psychedelic-friendly networks, mostly White men, and no way to show cause [22]. A narrative review concludes that the evidence base is insufficient for clinical recommendations [12]. Treat these figures as questions for future trials, not a reason to use mescaline to treat anything.

How It Is Taken

Each route carries its own risks, so here is what I found for each. This is information about risk, not instruction.

Swallowed as Cactus or Powder

Nearly everyone studied swallowed it: 97 percent in the survey [7]. The Basel trials gave oral mescaline hydrochloride to healthy volunteers [16]. Cacti also hold other alkaloids; see the Peyote sheet and the San Pedro and Peruvian Torch Cacti sheet.

Forms You May Meet

Cactus is eaten fresh or dried, powdered into capsules, brewed as a tea or made into a paste [3][6][25]. Extracted and lab-made powder, and how a salt differs from the plain base, are under What Mescaline Is.

Other Routes

Smoked or vaporized. The DEA describes peyote powder smoked mixed with cannabis or tobacco [3]. TripSit says mescaline hydrochloride is the only form that can be vaporized, with a faster onset and shorter duration, a community claim with no study behind it [24].

Injected. Older clinical work gave mescaline intravenously, with onset in about 10 minutes and effects over roughly 4 to 9 hours [1]. Beringer's 1920s subjects received it by injection [10].

Small repeated amounts. Some people take small amounts repeatedly, often called microdosing. The commercial guide I read offers only anecdotal reports for it [4], and tolerance builds within days (see Addiction and Misuse).

How Long It Lasts

Mescaline is the longest of the three classic psychedelics most people compare it with. In the Basel comparison the average experience lasted 11.1 hours for mescaline, 8.2 for LSD and 4.9 for psilocybin, and the authors tie the length to mescaline's slower onset and later peak [14]. In the dose-response study the average length rose from about 6.4 to 14 hours as the dose went up [15]. Effects began about an hour after swallowing, with the blood level peaking around 2 hours [17][15].

Community and charity sources describe the same long day. PsychonautWiki gives onset at 45 to 90 minutes, a peak at 4 to 6 hours, a total of 8 to 14 hours and after-effects of 6 to 36 hours (user reports) [2]. TripSit gives onset at 60 to 180 minutes or more and 10 to 20 hours in total, including 3 to 5 hours of after-effects [24]. The Australian charity says 9 to 14 hours, and Saferparty says 8 to 14 [25][6]. In the survey, typical sessions ran 8 to 12 hours, and peyote sessions more often ended within 7 hours than San Pedro sessions [7]. Timing for other routes is under Other Routes, and what follows the main effects is under The Days After.

About Mescaline and Its Effects on the Body

How It Works in the Body

Mescaline acts as a partial agonist at the serotonin 2A receptor, and ketanserin, a drug that blocks that receptor, dampened its effects in the Basel work [1][15]. It also acts at the 5-HT2C receptor, and weaker, less certain activity is reported at adrenergic and dopamine receptors; the receptor data are sparse and come from small studies [2][12]. It has almost no direct effect on the transporters that clear serotonin and the other monoamines, which fits with it not behaving like MDMA or an amphetamine [1]. Its pull on the 5-HT2B receptor, which in other drugs has been tied to heart valve disease after long exposure, is a theoretical concern for frequent long-term use of this drug family, and I found no report of valve disease from mescaline [1][26].

Mescaline binds the 5-HT2A receptor only weakly and crosses into the brain with difficulty, which is the stated reason it takes large amounts compared with LSD or psilocybin [17]. The body clears it with a half-life of about 3.5 hours; an older figure of 6 hours remains in circulation, and Wikipedia argues it came from small samples [1][17][12]. About half of an oral amount leaves in the urine unchanged within a day and about a third as a metabolite, which suggests the kidneys matter [17]. The liver breaks some of it down by oxidative deamination. Which enzymes do that (MAO, DAO and others) is disputed, and mescaline is not a meaningful CYP2D6 substrate [1]. In the comparison study, oxytocin rose after mescaline and LSD and did not rise after psilocybin [14].

Heart, Blood Pressure and Body Temperature

Mescaline raises heart rate and blood pressure and widens the pupils; body temperature rises too, usually by moderate amounts. The Basel safety analysis pooled 96 doses given to 48 healthy adults. Systolic blood pressure rose above 140 in 38 percent of doses and above 160 in 2 percent, topping out at 166; diastolic rose above 90 in 36 percent and above 100 in 6 percent, topping out at 105. Heart rate went above 80 in 64 percent of doses and above 100 in 3 percent, topping out at 108. Body temperature went above 38.0 degrees C in 5 percent, topping out at 39.0, and never reached 40. The authors called these effects dose-dependent but moderate, with no severe hypertension, extreme fever, abnormal heart rhythm or serious adverse event [16]. Pupils widened with dose and reacted less to light [15]. The DEA fact sheet adds sweating, headache, muscle weakness and poor coordination [3], and the comparison study found moderate, temporary rises for LSD and psilocybin too [14].

What these numbers cannot tell us matters as much as the numbers. Every volunteer was screened, aged roughly 25 to 55, free of significant illness and monitored, and the authors say the results may not apply to patients or older adults [15][16]. Someone with untreated high blood pressure, a heart condition or an illness that causes fever is outside the evidence, and street users are never screened.

Vomiting, Fluids and Salt Balance

Nausea and vomiting. Nausea is the main limit on mescaline, not a side issue. In the Basel pooled data, clinically significant nausea occurred in none of the sessions at the lowest dose and in 56 percent at the highest, and roughly 6 or 7 of 16 people vomited at the highest dose (the two Basel papers count it slightly differently) [16][15]. Oral mescaline hydrochloride caused nausea in the trials, so a purified product is no guarantee against it, even though TripSit and Third Wave say it tends to cause less than cactus tea [16][24][4].

Choking. Vomiting while drowsy, lying flat or alone is the way this substance has killed someone (see Overdose and deaths under Toxicity and the Mind) [27]. Saferparty flags the choking risk [6], and the toxicology authors advise caution with esophageal or respiratory conditions and with sedating substances such as alcohol [27].

Fluids and salt. Repeated vomiting drains fluid and body salts, which is my inference from general medicine. Dehydration and sleep loss are under Conditions.

Toxicity and the Mind

Overdose and deaths. I found very few deaths linked to mescaline, and the ones I found involved trauma or vomit more than poisoning in the usual sense. A 1985 toxicology report describes a death with mescaline in the blood, liver and urine, and the 2023 toxicology review says that person fell from a cliff [28][27]. The same review describes a 1999 death of a 32-year-old Native American man with a history of alcoholism, who breathed vomit into his airway during a peyote ceremony [27]. A published case title also

links a fatal peyote ingestion to Mallory-Weiss tears of the esophagus, which come from forceful vomiting; I could not open it, and it may be the same case [29]. A 12-year poison center review, as summarized on a secondary page, found no life-threatening toxicity from mescaline [30], and the Basel authors reported no serious adverse events in 96 doses [16]. PsychonautWiki, the Australian charity and TripSit all say no fatal overdose is known [2][25][24], and a narrative review counts only one human death attributed to mescaline [12]. Wikipedia mentions an unverified report of a death after a very large intravenous amount [1]. The toxicology review warns against carrying animal lethal doses over to people and says a lethal human dose cannot be worked out from these cases [27].

What I make of it. Mescaline itself seems to have a wide physical margin in healthy adults, and the deaths that exist come from the situation around it: a fall, choking on vomit, a person with alcoholism, the other alkaloids in a cactus preparation [27]. That rests on a handful of case reports. Mescaline is also not part of routine drug screens [31], so a death could pass without anyone looking for it; that last point is my inference.

Seizures. PsychonautWiki calls seizures rare and more likely in someone dehydrated, exhausted, undernourished or overheated, which is community information [2]. Wikipedia lists epilepsy among the reasons to avoid mescaline [1], and tramadol and lithium add risk (see Contraindications).

Fear, panic and a hard day. In the survey, 1 percent reported psychological problems afterward and no one sought medical attention [7]; how hard sessions felt is under When It Is Hard. Hard sessions do happen. An 18-year-old in Turkey who used peyote to avoid a urine test during cannabis probation came to an emergency service with intense anxiety, panic attacks and visual hallucinations; the page I read did not give the treatment or outcome [31]. What shapes a hard day is under What Shapes the Day.

Psychosis and mania. Mescaline can cause psychotic experiences, and the research setting shows it: in the 1992 study, 12 healthy men developed psychotic-like symptoms about 3.5 to 4 hours after dosing [11]. A Croatian case report describes a 41-year-old man who drank San Pedro tea and ate a paste at a ritual. His hallucinations began about 9.5 hours later as a psychotic reaction with catatonic symptoms, and they resolved about 60 hours after ingestion with admission and an antipsychotic [32]. A 2004 letter describes a prolonged peyote psychosis combined with sleep deprivation that ended once the person slept; I read only its opening sentences [33]. Wikipedia gives under 1 percent for lasting psychotic disorder after psychedelics in general, a figure that is not specific to mescaline [1]. PsychonautWiki and the Australian charity link the risk to a personal or family predisposition, and the Basel trials excluded anyone with psychosis in themselves or a first-degree relative [2][25][15]. I found no mescaline-specific report of mania.

Lingering effects and flashbacks. In the Basel pooled data, flashbacks followed about 2 percent of doses (two people), and the authors found no lasting perceptual changes [16]. The comparison study counted two flashbacks after mescaline and two after LSD [14]. A 2022 review puts milder flashback-like experiences at 5 to 50 percent of hallucinogen

users and disabling HPPD at about 4.2 percent, names LSD most often, and does not mention mescaline or peyote in the summary I read [34]. PsychonautWiki's mescaline page does not discuss HPPD [2]. The honest answer is that lasting visual or perceptual changes after mescaline look uncommon and have barely been measured.

Accidents and long-term use. A fall from a cliff accounts for one of the two published deaths [27], and a long, disorienting day near stairs, water, roads or heights is a plain physical risk. The Navajo Church study under Where It Comes From cannot be assumed to hold for other patterns of use [13]. Long-term health effects of mescaline in other settings have not been studied that I could find.

Legal Status

Last checked 10/28/2026.

Federal

Mescaline is a Schedule I controlled substance, listed at 21 CFR 1308.11(d)(24), DEA code 7381 [35]. Peyote has its own Schedule I entry at (d)(26), code 7415, defined as every part of Lophophora williamsii, its seeds and extracts, and compounds or preparations made from it [35]. 3,4,5-trimethoxyamphetamine (TMA, a lookalike) is a separate Schedule I entry at (d)(14), code 7390 [35]. The DEA fact sheet rests Schedule I on a high potential for abuse and no accepted medical use in the United States [3]. A legal information site says federal law treats mescaline as Schedule I whatever its source [20].

The peyote exemption is narrow. 21 CFR 1307.31 says the Schedule I listing does not apply to the nondrug use of peyote in bona fide religious ceremonies of the Native American Church, that members using it that way need not register, and that anyone who makes or supplies peyote for the Church must register each year [36]. A separate statute, 42 U.S.C. 1996a (the 1994 amendments to the American Indian Religious Freedom Act), makes it lawful for an Indian, meaning a member of a federally recognized tribe, to use, possess or transport peyote for bona fide traditional ceremonial purposes, and bars the federal government and every state from prohibiting that [37]. Both texts speak of peyote. I found nothing in either that reaches extracted or lab-made mescaline. A legal information site says a non-Native person may try to rely on the Religious Freedom Restoration Act and the Supreme Court's O Centro decision, and that no broad right to use peyote outside Church ceremony has been established [20].

The ornamental cacti are a gray area. San Pedro and the torch cacti are not named in the schedules, but the Controlled Substances Act reaches mixtures that contain a Schedule I hallucinogen, and these plants contain mescaline [38]. Erowid's legal page lists the federal status as ambiguous and calls simple possession of a columnar cactus with no intent to ingest it de facto legal, since nurseries, arboretums and public gardens grow them. It says preparing the cactus to ingest would likely make it clearly illegal, and that

sellers who market it for its psychoactive effect carry much higher risk [39]. Erowid's older overview (2004) knew of no court decision about whole San Pedro, and said slicing, blending, boiling or extracting could turn plant material into a container of a Schedule I substance [38]. The cases it cites include an Illinois seller of powdered cactus who pleaded guilty to felony possession and received 2.5 years, and an unconfirmed South Dakota report of a felony charge over dried torch cactus [39]. These are community-site accounts, partly old, and I found no recent case law. I cannot tell you that owning the plant is legal, and I did not find a prosecution for simple ornamental ownership.

Recent developments as of 10/28/2026: a statement dated 9/29/2026 describes a DEA effort to place five tryptamines (4-OH-DiPT, DiPT, 5-MeO-AMT, 5-MeO-MiPT and 5-MeO-DET) in Schedule I, and mescaline is not part of it [40]. I found no federal rescheduling or approval proposal for mescaline and no approved mescaline medicine. Company programs are early or unreported (see What Mescaline Is).

Colorado

Colorado's Natural Medicine Health Act (Proposition 122, passed 11/2022) names dimethyltryptamine, ibogaine, mescaline (excluding peyote), psilocybin and psilocin [41]. For adults 21 and older it removes state criminal penalties for possessing, using, buying, transporting and giving away without payment the named substances for personal use, and for growing or processing the plants or fungi at a private residence, kept from anyone under 21. Sales are excluded. Under 21, the consequence is a drug petty offense with up to four hours of drug education or counseling [41].

Peyote is outside the Colorado law on purpose, to respect the Native American Church and because wild peyote is under pressure, so peyote and mescaline taken from peyote stay unprotected [21][41]. This is state law only. Federal law is unchanged, and possession on federal land is a federal crime [21][20].

Colorado changed parts of the framework in 2026. House Bill 26-1325, signed 6/4/2026 and effective 8/12/2026, is mostly about an ibogaine research pilot [42]. A law-firm summary says it also narrows personal use so that medicine shared with others must be consumed during the session, and bans advertising natural medicine and support services offered for payment [43]. The state's bill page confirms a limit on advertising harm reduction or support services in ways that promote natural medicine sales [42]. I did not read the bill text, so check the sharing limit before relying on it. Neither the bill page nor the state's rule pages name mescaline [42][44].

The licensed healing-center program is limited to psilocybin and psilocin. Since 6/1/2026 the state may add mescaline (not peyote) if the Natural Medicine Advisory Board recommends it [41][45]. In 2/2026 Axios reported that DMT and mescaline not from peyote were under consideration from July and that the board had not begun discussing them [46]. The state's page lists board meetings on 6/11/2026 and 7/9/2026, and I could not open the minutes [47]. Nothing I could read says the board has recommended

mescaline or that the state has added it, so I treat it as not added. A legal information site says non-peyote mescaline could come into the program after a 2026 board review [20]. The board is advisory only; state agencies decide [43].

Several points are unsettled. Proposition 122 says in any form and never says synthetic, so I cannot tell you whether the personal-use protection reaches purified or lab-made mescaline [41]. I found no source that says whether the protection covers growing San Pedro or torch cacti, though the text protects home growing of the named plants and fungi by adults 21 and older [41][21]. Selling is excluded from the protection, so whoever sells you a powder or a plant for money stands outside it, and federal Schedule I applies to everyone in Colorado.

Contraindications

Evidence key: CT means controlled trial data (for mescaline, or for another psychedelic where I say so), CASE means case reports, REPORTS means self-reports or community experience, and THEORY means expected from the pharmacology or reasoned by me, with no mescaline report found. Mescaline has very little interaction research, so most entries below are THEORY or REPORTS. Never stop a prescribed medicine on your own. Talk to the prescriber first, since stopping can carry its own risk.

Medications

MAO inhibitors (phenelzine, tranylcypromine, isocarboxazid, moclobemide, selegiline; natural ones: harmine, harmaline, Syrian rue, the ayahuasca vine). PsychonautWiki lists MAOIs as a dangerous combination without detail [2]. TripSit advises against irreversible MAOIs, citing known tyramine-related risks, and says reversible ones, including harmala brews such as ayahuasca, can change the intensity and character of the experience significantly [24]. The body breaks mescaline down in part by oxidative deamination, and which enzymes do it is disputed [1], so an MAO inhibitor could plausibly raise or prolong its effects; that is my inference. REPORTS and THEORY.

SSRIs and SNRIs (fluoxetine, sertraline, citalopram, escitalopram, paroxetine, venlafaxine, duloxetine). With other psychedelics: in a 1996 cohort, fluoxetine, sertraline, paroxetine and trazodone generally weakened LSD's effects, and a small randomized trial of escitalopram with psilocybin (23 people) reduced ego disintegration and anxiety [48]. Malcolm and Thomas predict little to no severe serotonin toxicity from standard doses of these drugs with a non-MAOI psychedelic, along with some blunting; mescaline was not among the drugs they covered [49]. Mescaline barely touches the serotonin transporter, which makes serotonin toxicity less likely without an MAO inhibitor, my inference from the receptor data [1]. CT (other psychedelics) and THEORY.

Tricyclics, mirtazapine, trazodone and bupropion. Trazodone dulled LSD in that 1996 cohort [48]. Bupropion lowers the seizure threshold, so it is a seizure concern on general pharmacology grounds, my inference. THEORY.

Lithium. In 62 online reports of lithium with classic psychedelics, 29 (47 percent) described seizures, and most of the reports involved LSD. The authors searched for mescaline, peyote and San Pedro as well and report no mescaline-specific results. They suggest treating lithium as a contraindication to psychedelic use beyond microdosing [50]. TripSit says the combination is not advised, and the Psychopharmacology Institute says people on lithium should probably not take psychedelics [24][51]. REPORTS (other psychedelics).

Lamotrigine. None of 34 reports in the same analysis described a seizure, though the authors say that does not prove it safe [50]. REPORTS.

Tramadol. PsychonautWiki lists it as dangerous because it lowers the seizure threshold and mescaline can also cause seizures. The Australian charity and Saferparty advise against it [2][25][6]. REPORTS and THEORY.

Antipsychotics (risperidone, olanzapine, quetiapine, aripiprazole, haloperidol, chlorpromazine). Second-generation antipsychotics block the 5-HT2A receptor and can blunt or end the effects of mescaline; they are used to treat lasting psychosis from psychedelics [1]. The Croatian case (see Psychosis and mania) ended with an antipsychotic, and the authors credit 5-HT2A blockade [32]. In an old study of 25 people with schizophrenia, chlorpromazine abolished the anxiety from mescaline or LSD in 17 of them (68 percent), with doses unreported [48]. With a different psychedelic, haloperidol reduced some effects but raised anxiety, and risperidone ended psilocybin-induced psychosis [48]. Saferparty tells people taking antipsychotics to avoid mescaline [6]. For someone who takes one, the medicine may change the experience in ways nobody has measured, and pausing it for a session is a decision for the prescriber alone. CT (other psychedelics), CASE and THEORY.

Benzodiazepines (lorazepam, diazepam, clonazepam, alprazolam). A narrative review lists benzodiazepines among emergency treatments for severe agitation after mescaline [12], and Wikipedia reports that barbiturates reduced mescaline-induced anxiety in an old study [1]. They are sedating, and sedation plus vomiting is a choking risk, my inference. THEORY.

Stimulants (amphetamine, methylphenidate, cocaine, MDMA). PsychonautWiki lists amphetamines and cocaine as dangerous: they amplify stimulant focus and anxiety and raise the risk of thought loops [2]. TripSit says mescaline potentiates stimulants and that stimulant amounts should be cut sharply when combined [24]. Saferparty links them to paranoia and psychotic phases, and the Australian charity says to avoid them because they raise blood pressure and heart rate [6][25]. Mescaline raises both on its own [16]. REPORTS and THEORY.

Blood pressure and heart medicines (beta blockers such as propranolol and metoprolol, ACE inhibitors, calcium channel blockers, clonidine, diuretics). The Australian charity says not to use mescaline with high blood pressure or heart problems [25], and mescaline raises blood pressure in healthy people (see Heart, Blood Pressure and Body Temperature) [16]. Whether a given medicine would blunt that rise, hide a fast heartbeat or leave the rise unchecked is not known. Do not stop these medicines on your own. THEORY.

QT-prolonging drugs (citalopram, methadone, ondansetron, some antibiotics and antipsychotics). Not studied; mescaline's effect on heart rhythm is not known (see What I did not find under About the Sources).

Opioids (codeine, oxycodone, morphine), alcohol and other sedating drugs. The toxicology review advises caution with sedating substances because mescaline is a potent emetic [27]; the 1999 aspiration death is under Overdose and deaths. Alcohol is under Other Substances and Combinations. THEORY and CASE.

Triptans, St. John's wort, 5-HTP, dextromethorphan and linezolid. They act on serotonin, and the serotonin concern for mescaline is expected mainly with MAO inhibitors, so I would raise them with a prescriber or pharmacist. THEORY.

Ketanserin and other 5-HT2A blockers. In the Basel dose-response study, ketanserin reduced mescaline's pupil changes and cut vomiting to 2 people, and Wikipedia says it blocks the psychoactive effects [16][15][1]. It is a research medicine. The antipsychotics above act on the same receptor. CT.

Conditions

Personal or family history of psychosis, schizophrenia or bipolar disorder. Advised against by PsychonautWiki, the Australian charity and Saferparty, listed as a reason to avoid it by Wikipedia, and excluded from the Basel trials [2][25][6][1][15]. The case reports of psychosis and catatonia are under Psychosis and mania [11][32][33].

Heart disease, abnormal heart rhythm and high blood pressure. Mescaline raises both heart rate and blood pressure [16]. The Australian charity and Saferparty say people with heart problems or high blood pressure should avoid it, Third Wave agrees, and Wikipedia lists severe cardiovascular disease [25][6][4][1]. The Basel volunteers were screened for illness [15].

Seizure disorders. Wikipedia lists epilepsy as a reason to avoid mescaline, and PsychonautWiki mentions seizure risk [1][2].

Pregnancy and breastfeeding. The Basel trials excluded pregnancy [15], Wikipedia lists pregnancy among the reasons to avoid mescaline [1], and the commercial guide I read says to avoid it [4]. Its safety in pregnancy and in breast milk is unknown.

Swallowing, esophageal, stomach and breathing problems, or any condition where vomiting is dangerous. The toxicology review advises caution with esophageal or respiratory conditions because mescaline is a potent emetic [27].

Dehydration, exhaustion, sleep loss and eating disorders. PsychonautWiki links dehydration, fatigue and undernourishment with seizure risk, a community source [2]. The peyote psychosis letter involved sleep deprivation [33]. Fluids and salts are under Vomiting, Fluids and Salt Balance, and purging from an eating disorder would add to that, my inference. THEORY.

Kidney or liver disease. The kidneys clear much of an oral amount unchanged (see How It Works in the Body) [17], so kidney disease could raise exposure. Liver and kidney tests in healthy volunteers did not change [16]. THEORY.

Narrow-angle glaucoma. Mescaline widens the pupils [15]. Wide pupils can be a problem in narrow-angle glaucoma, which is my inference from general medicine. THEORY.

PTSD, severe anxiety and dissociation. The survey respondents with PTSD or anxiety reported improvement [22], and the Basel trials excluded anyone with a major psychiatric disorder [15]. Nothing I read tested safety for people with these conditions. This is where a clinician who knows your history matters most.

Heavy alcohol or other substance use. The Basel trials excluded recent illicit drug use and heavy smoking [15]. The 1999 death is under Overdose and deaths [27]. Respondents in the survey who misused alcohol or drugs reported improvement, which cannot show that mescaline helped [22].

Age. The Basel findings may not apply to older adults (see Heart, Blood Pressure and Body Temperature) [15][16].

Other Substances and Combinations

Combinations of medicines get their own document with a large warning at the top; this section is the short version for mescaline. Most of the evidence is community level, and almost none of it is controlled.

MAO inhibitors, lithium and tramadol. See Medications [2][24][50].

Cannabis. PsychonautWiki lists the pairing as dangerous, with unexpectedly strong and somewhat unpredictable synergy [2]. The Australian charity says it may intensify the experience and raise anxiety and bad-trip risk, and Saferparty warns of panic and paranoia [25][6].

Stimulants. See Medications. Community reports tie them to anxiety, thought loops and psychotic phases [2][24][6][25].

Other psychedelics. PsychonautWiki flags 5-MeO-xxT drugs and AMT as dangerous or unpredictable [2]. Third Wave calls LSD, psilocybin, DMT and ketamine potentially synergistic or low risk, an unsourced claim from a commercial page [4]. Cross-tolerance means a recent dose of another psychedelic changes how much effect you get [1][2].

Alcohol. The caution for sedating drugs above applies here too [27]. I found no controlled study.

Ketamine, MDMA, kratom, nitrous oxide and opioids. I found no information on any of them with mescaline, other than the unsourced Third Wave claim about ketamine.

Addiction and Misuse

Physical dependence has not been shown. No withdrawal syndrome is described in any source I read, though much of that is absence of reports. Wikipedia says there is no evidence of addiction or dependence, the Australian charity says mescaline does not produce dependence, and PsychonautWiki says it is not considered habit-forming and that the wish to use it often fades with use [1][25][2]. Among the survey respondents, 9 percent reported craving or desire, 1 percent reported legal problems (psychological problems and medical care are under Toxicity and the Mind). The survey cannot establish how common problem use is [7].

Tolerance develops fast. PsychonautWiki says it builds almost at once, falling by half in about 3 days and back to baseline in about 7 [2]. The Australian charity says it lasts about 3 to 4 days, as does Wikipedia, which also reports no evidence of tolerance building within a single session [25][1][17]. Third Wave says about 7 days [4]. Cross-tolerance with LSD and psilocybin is reported by Wikipedia, with LSD, psilocin and the 2C drugs by TripSit, with all psychedelics by PsychonautWiki, and with LSD and other psychedelics by Third Wave [1][24][2][4]. In practice that means a second session soon after the first will be weaker, and it is a reason that taking more in the same session is tempting and risky. In the survey, 45 percent took more than one dose in a session [7]. Saferparty advises against re-dosing right away if it seems weak, since the onset is slow [6].

Addiction means loss of control, craving and use that continues despite harm, often with withdrawal. Misuse means use that raises risk or causes harm: using alone, mixing with stimulants or tramadol, redosing before the first dose has peaked, driving, or using to dodge a drug test, as in the Turkish case [31]. Mescaline's length and slow onset make the practical risks of misuse (an unplanned second dose, a missed day of work, a car) larger than any pull toward compulsive use. That is my reading, and I did not find a mescaline-specific source that draws the line.

Mescaline is not part of routine blood or urine drug screens, according to a Turkish case report and the commercial guide, which adds that it may be detectable for one to four days with a specific test; that detection window is unsourced [31][4].

Testing and Purity

What Is Really in the Product

Cactus material is an unreliable measure of how much mescaline you are taking (see Where It Comes From) [6][1]. What exists for powders sold as mescaline is individual drug-checking warnings, not a peer-reviewed analysis. Saferparty lists products sold as mescaline that contained caffeine (11/27/2025, Lausanne), TMA and TMA-2 (6/11/2025, Bern), 2C-B (1/8/2025 and 1/15/2025, Bern), MDMA (9/24/2024, Biel) and methylone (8/4/2021 and 3/18/2022, Biel). These are single reports from one Swiss service, not a measure of how common each is [6]. PsychonautWiki says street products sold as mescaline are sometimes 2C drugs, DOx drugs or 25x-NBOMe drugs, which it describes as typically more dangerous [2].

The lookalikes matter for a plain reason: several are stronger than mescaline. TMA, escaline and proscaline are described as more potent [1], and NBOMe drugs are a well-known source of severe harm, so a product that is not mescaline can be far stronger at the same weight. TMA is Schedule I on its own [35].

Test Kits and Labs

The Bunk Police, a kit seller, gives these expected colors for mescaline: Marquis yellow to strong orange, Mecke yellow through brown to red, Froehde yellow to brown, Mandelin black-brown with yellow, Liebermann black-brown, and Ehrlich yellow, not purple (purple points to an indole such as a tryptamine or an ergoline) [52]. It says amphetamine and methamphetamine also turn Marquis orange to brown, 2C drugs give yellow-green, DOB, DOC and DOM give olive-green to yellow, NBOMe drugs give little or no color, MDMA or MDA give purple to black, and escaline, proscaline and allylescaline are the hardest to separate from mescaline [52]. A weak or absent reaction on an NBOMe-suspect sample is a red flag, not a pass [52].

What the kits cannot do: the same page says Marquis alone cannot confirm mescaline and that no pair of these reagents does either. On cactus material mescaline is a small share of the dry weight, so a weak result on a plant means nothing either way [52]. DanceSafe adds that reagents cannot confirm which drug is present or how pure or strong it is, cannot detect fentanyl, destroy the sample, and are hard to read on plant matter, and that a result with no red flags does not make a sample safe [53]. A kit will not tell you how much mescaline is in a powder, or separate mescaline from its stronger relatives.

Transparency Testing runs mail-in analysis by FTIR, LC-MS, NMR and NIR, and lists powders, natural plant and cactus material, and extracts among what it accepts. Its page does not say whether it measures amount or purity, does not name mescaline, and says it cannot accept liquids at this time, so confirm current availability on its submission page [54]. Energy Control in Spain runs analysis services and an international option; I could not confirm what it covers for mescaline [55]. DanceSafe notes that no US walk-in site offers confirmatory lab testing such as GC/MS [53].

Preparation and Integration

No dosing or timing numbers are given here. Those are left to the sources and a medical provider.

Before

Read the Contraindications first, especially a personal or family history of psychosis or bipolar disorder, blood pressure and heart history, and any medicine on the lists above. Research volunteers are screened for these [15]. Talk with a prescriber or physician who knows psychedelics, and do not stop a medicine yourself.

Know what you have and how strong it is. Cactus content varies, powders can be something else, and a test and a lab result are better than a guess [6][52]. Saferparty and the Australian charity advise a comfortable place, mental and physical wellness beforehand, and a clear day with no driving afterward [6][25]. Some guides suggest an empty stomach to reduce nausea; Saferparty does, and it is a community suggestion, not a trial finding [6]. Keep a bucket and a toilet close and water within reach, and clear the floor, since nausea is the common part of the day and a long, disorienting experience raises the chance of a fall [4][27].

Choosing a Facilitator

Choose a sober sitter you trust; Saferparty and the Australian charity both advise it [6][25]. The sitter should stay for the whole day and not try to steer or fix the experience [6]. Using alone is the central risk for this substance, because the way mescaline has killed people is vomit in the airway or a fall (see Overdose and deaths) [27].

While it is happening, lie on your side or sit up if you feel sick, and do not lie flat on your back while drowsy. Stay away from stairs, water, traffic and heights [6]. Do not redose because the start is slow (see Addiction and Misuse). If panic comes, Saferparty suggests reducing stimulation, staying calm and talking the person through it [6].

After

Plan a full day of recovery afterward [6][25]. Sleep, eat, drink water and avoid other substances, and expect a possible comedown (see The Days After). Tell someone safe what happened, and if something stays hard, talk with a therapist or call Fireside Project [56].

Seek care promptly for visual changes that last, mood changes that deepen, thoughts that do not feel like yours, or confusion beyond the usual length of the experience (see How Long It Lasts). A psychotic reaction in one case began many hours after ingestion (see Psychosis and mania) [32].

If You Need Help Now

In a medical emergency, call 911. If you are in emotional crisis, you can call or text 988. Fireside Project has trained volunteers who talk with you by phone or text during and after a psychedelic experience, and DanceSafe sells kits for testing what you hold.

Warning Signs

Call 911 for any seizure. Do not put anything in the mouth, move hard objects away, and note the time. The links to seizures are under Seizures. Call for chest pain, severe palpitations, shortness of breath or fainting: mescaline raises blood pressure and heart rate (see Heart, Blood Pressure and Body Temperature).

Call 911 for unresponsiveness, choking, vomiting while drowsy or lying flat, or trouble breathing, and place a breathing person on their side. Keep checking the breathing of anyone who is drowsy and being sick.

Call 911 for a high temperature with confusion or rigid muscles. Body temperature is under Heart, Blood Pressure and Body Temperature. Heavy sweating with a hot, flushed person who is hard to rouse is an emergency. Tell responders everything that was taken, including any antidepressant, MAO inhibitor, stimulant or tramadol.

Call 911 or go to an emergency room for severe agitation, aggression, or danger to self or others, and for psychosis or catatonia: a person who cannot be roused to move or speak while awake, who stares, holds odd postures, or holds frightening false beliefs well past the expected length of the experience. This is my plain description, taken from the pattern in the Croatian case under Psychosis and mania [32]. Treat prolonged psychosis after peyote or sleep loss the same way [33].

While you wait, stay with the person, keep them from driving or going outside, speak simply, do not argue with what they see, keep them cool if they are overheated, give nothing more, and gather the product, plant material and packaging to show responders. If breathing stops, start CPR as the 911 dispatcher directs [56][57]. These are standard first aid steps, and I did not find a mescaline-specific first aid protocol.

For suicidal thoughts, call or text 988, any hour [58]. Poison Help at 1-800-222-1222 is free and confidential [57]. Fireside Project at 62-FIRESIDE (623-473-7433) is open daily from 11 a.m. to 11 p.m. Pacific time, which is noon to midnight Mountain time. Its volunteers are trained peers rather than clinicians, and it is not a medical service or a suicide line [56]. Fireside can help with panic that does not settle.

Where to Find More Information and Support

Amounts, timing and combinations are best checked against these sources and with a medical provider, because they are updated more often than this sheet. Erowid, TripSit and PsychonautWiki include user reports and community writing, so read them as experience as well as research.

Erowid: https://erowid.org

DanceSafe: https://dancesafe.org

TripSit: https://tripsit.me

PsychonautWiki: https://psychonautwiki.org

Zendo Project: https://zendoproject.org

Fireside Project: https://firesideproject.org

MAPS: https://maps.org

Poison Help: 1-800-222-1222

For Mescaline Questions

The Peyote sheet and the San Pedro and Peruvian Torch Cacti sheet on this site cover the plants.

PsychonautWiki, a community wiki written by users: https://psychonautwiki.org/wiki/Mescaline

TripSit Wiki, harm reduction community: https://wiki.tripsit.me/wiki/Mescaline

Saferparty, Zurich drug information service: https://en.saferparty.ch/substanzen/meskalin

Alcohol and Drug Foundation, Australia: https://adf.org.au/drug-facts/mescaline/

DanceSafe, on reagent test kits and their limits: https://dancesafe.org/drug-checking/

Transparency Testing, mail-in lab analysis: https://www.transparencytesting.com/

Chacruna Institute, on plant medicines and psychedelic justice: https://chacruna.net

Colorado Division of Natural Medicine: https://nmd.colorado.gov/

Mailing Lists

Erowid Monthly, a free email list: https://www.erowid.org/about/about_announcements.shtml

Erowid Extracts, the members' newsletter: https://erowid.org/membership/

MAPS email newsletter: sign up at https://maps.org

References

1. Wikipedia. Mescaline. A tertiary source used for background, with its own citations not checked. Read 10/28/2026. https://en.wikipedia.org/wiki/Mescaline
2. PsychonautWiki. Mescaline. A community wiki; timing figures and interaction lists are user reports. Read 10/28/2026. https://psychonautwiki.org/wiki/Mescaline
3. Drug Enforcement Administration. Peyote and Mescaline drug fact sheet (2020 PDF). Read 10/28/2026. https://www.dea.gov/sites/default/files/2020-06/Peyote%20and%20Mescaline-2020.pdf
4. Third Wave. The Ultimate Guide to Mescaline. A commercial education business; several claims on the page are unsourced. Last modified 8/9/2023. https://thethirdwave.co/psychedelics/mescaline/

5. Brendza W. The psychedelic succulent: Mescaline has a 5,000-year history of use. Boulder Weekly, 2023. A news feature, cited from my earlier notes; the page returned an error when I tried to re-open it.
6. Saferparty (Zurich). Meskalin. A drug information service whose page includes its own drug-checking warnings; undated. Read 10/28/2026. https://en.saferparty.ch/substanzen/meskalin
7. Uthaug MV, Davis AK, Haas TF, et al. The epidemiology of mescaline use: pattern of use, motivations for consumption, and perceived consequences, benefits, and acute and enduring subjective effects. Journal of Psychopharmacology, 5/5/2021. An anonymous online survey, 452 people analysed. Read through a summary. https://www.moreblossom.com/papers/the-epidemiology-of-mescaline-use-pattern-of-use-motivations-for-consumption-and
8. Profiles of Psychedelic Drugs: 7. Mescaline. MAPS bibliography. Cited from my earlier notes; not reopened during this research.
9. Classic Psychedelics: Mescaline. University of California, Berkeley, Center for the Science of Psychedelics. Cited from my earlier notes; not reopened during this research.
10. Jay M. A Century of Mescaline. Chacruna Institute, 4/30/2021. A history of mescaline research from 1897 to the 2020s. Read in full. https://chacruna.net/century_of_mescaline/
11. Hermle L, Funfgeld M, Oepen G, et al. Mescaline-induced psychopathological, neuropsychological, and neurometabolic effects in normal subjects: experimental psychosis as a tool for psychiatric research. Biological Psychiatry, 1992;32(11):976-991. 12 healthy men. Abstract read through Erowid's reference page. https://erowid.org/references/refs_view.php?ID=6150
12. Vamvakopoulou IA, Narine KAD, Campbell I, Dyck JRB, Nutt DJ. Mescaline: the forgotten psychedelic. Neuropharmacology, 2023. A narrative review, read through a summary. https://moreblossom.com/papers/mescaline-the-forgotten-psychedelic
13. Harvard Gazette. Study: no psychological or cognitive deficits from peyote, 11/2005, reporting Halpern JH et al., Biological Psychiatry, 11/4/2005. A news account; the paper was not opened and the account gives no sample sizes. https://news.harvard.edu/gazette/story/2005/11/study-no-psychological-or-cognitive-deficits-from-peyote
14. Ley L, Holze F, Arikci D, et al. Comparative acute effects of mescaline, lysergic acid diethylamide, and psilocybin in a randomized, double-blind, placebo-controlled cross-over study in healthy participants. Neuropsychopharmacology, 5/25/2023. 32 participants. Read through a summary. https://www.moreblossom.com/papers/comparative-acute-effects-of-mescaline-lysergic-acid-diethylamide-and-psilocybin
15. Klaiber A, Schmid Y, Becker AM, et al. Acute dose-dependent effects of mescaline in a double-blind placebo-controlled study in healthy subjects. Translational Psychiatry, 9/30/2024. 16 healthy volunteers. Read through a summary. https://moreblossom.com/papers/acute-dose-dependent-effects-of-mescaline-in-a-double-blind-placebo-controlled-s
16. Klaiber A, Humbert-Droz M, Ley L, et al. Safety pharmacology of acute mescaline administration in healthy participants. British Journal of Clinical Pharmacology, 11/25/2024. 48 participants, 96 administrations. Read through a summary. https://moreblossom.com/papers/safety-pharmacology-of-acute-mescaline-administration-in-healthy-participants
17. Mueller L, Klaiber A, Ley L, et al. Pharmacokinetics, pharmacodynamics, and urinary recovery of oral mescaline hydrochloride in healthy participants. Clinical Pharmacokinetics, 7/14/2025. 49

volunteers pooled. Read through a summary. https://moreblossom.com/papers/pharmacokinetics-pharmacodynamics-and-urinary-recovery-of-oral-mescaline-hydroch

18. Gunther M. Journey Colab looks to mescaline for treating alcohol use disorder. Lucid News, 5/17/2022. A news report from 2022; later developments not checked. https://www.lucid.news/journey-colab-looks-to-mescaline-for-treating-alcohol-use-disorder/
19. QPS. From cultural rite to clinical trial: examining the therapeutic potential of mescaline, 11/28/2022. A company news piece listing planned programs. https://www.qps.com/2022/11/28/from-cultural-rite-to-clinical-trial-examining-the-therapeutic-potential-of-mescaline/
20. Mind Medicine Law. Is peyote legal? Federal exemption, conservation and access (2026). A legal information site, last reviewed 4/24/2026 per the page. https://mindmedicinelaw.com/guides/peyote
21. Mind Medicine Law. Is peyote legal in Colorado? Prop 122 explained. A legal information site, last reviewed 10/8/2026 per the page. https://mindmedicinelaw.com/law/colorado-proposition-122
22. Agin-Liebes G, Haas TF, Lancelotta R, Uthaug MV, Ramaekers JG, Davis AK. Naturalistic use of mescaline is associated with self-reported psychiatric improvements and enduring positive life changes. ACS Pharmacology and Translational Science, 2021;4(2):543-552. The same 452 people as the survey above. The paper's text and one table disagree on an odds ratio. Read in full through PMC. https://pmc.ncbi.nlm.nih.gov/articles/PMC8033766/
23. Mitchell SW. Remarks on the effects of Anhelonium lewinii (the mescal button). British Medical Journal, 1896;2:1625-1629. A self-experiment with an extract of peyote buttons, so not pure mescaline. Read only in excerpt, through a University of Pittsburgh page that reproduces part of it and a Mind Hacks post that quotes another part. https://dec.hsls.pitt.edu/files/original/db40c12c829fc4b7b7b2b08dda33939274a094ef.pdf and https://mindhacks.com/2009/12/01/a-trip-to-the-gothic-tower/
24. TripSit Wiki. Mescaline. Harm reduction community wiki. Read 10/28/2026. https://wiki.tripsit.me/wiki/Mescaline
25. Alcohol and Drug Foundation (Australia). Mescaline. Effects and timing are anecdotal. Read 10/28/2026. https://adf.org.au/drug-facts/mescaline/
26. Kolaczynska KE, Luethi D, Trachsel D, et al. Receptor interaction profiles of 4-alkoxy-3,5-dimethoxy-phenethylamines (mescaline derivatives). Frontiers in Pharmacology, 2/9/2022. A laboratory study of mescaline relatives, read through a summary. https://moreblossom.com/papers/receptor-interaction-profiles-of-4-alkoxy-35-dimethoxy-phenethylamines-mescaline
27. Henriquez-Hernandez LA, Rojas-Hernandez J, Quintana-Hernandez DJ, Borkel LF. Hofmann vs. Paracelsus: do psychedelics defy the basics of toxicology? A systematic review of the main ergolamines, simple tryptamines, and phenylethylamines. Toxics, 2/3/2023;11(2):148. https://www.mdpi.com/2305-6304/11/2/148
28. Reynolds PC, Jindrich EJ. A mescaline associated fatality. Journal of Analytical Toxicology, 1985;9(4):183-184. Abstract only; the circumstances come from the 2023 toxicology review. https://academic.oup.com/jat/article-abstract/9/4/183/809914

29. Fatal peyote ingestion associated with Mallory-Weiss lacerations. Erowid peyote journal listing; only the title was visible to me, the page returned an error. https://erowid.org/peyote/peyote_journal4.shtml
30. Muscat M. Mescaline. cme30.eu, undated, with a latest cited source from 2018. A secondary summary that cites a 12-year poison center review (Carstairs and Cantrell, 2010) that I did not open. https://cme30.eu/mescaline/
31. Cengisiz C, Bal U, Ulutas KT, Daglioglu N. Mescaline abuse via peyote cactus: the first case report in Turkey. Anatolian Journal of Psychiatry, 2016, pages 68-70. A single case report; abstract page read, with no treatment or outcome given. https://avesis.ankara.edu.tr/yayin/8cdb294e-4930-477d-b254-df0cde03b364/mescaline-abuse-via-peyote-cactus-the-first-case-report-in-turkey
32. Durakovic D, Silic A, Peitl V, Vlahovic D, Vojnovic D, Karlovic D. Acute mescaline intoxication followed by catatonia. Archives of Psychiatry Research, 2022;58(2):287-292. A single case report; abstract page read. https://hrcak.srce.hr/index.php/hr/clanak/411875
33. Lu BY, Woofter C, Escalona R. A case of prolonged peyote-induced psychosis resolved by sleep. Journal of Clinical Psychiatry, 2004;65(10):1433-1434. A letter to the editor; only the opening sentences were available to me. https://www.psychiatrist.com/jcp/case-prolonged-peyote-induced-psychosis-resolved-sleep/
34. Doyle MA, Ling S, Lui LMW, et al. Hallucinogen persisting perceptual disorder: a scoping review covering frequency, risk factors, prevention and treatment. Expert Opinion on Drug Safety, 5/3/2022. Read through a summary. https://moreblossom.com/papers/hallucinogen-persisting-perceptual-disorder-a-scoping-review-covering-frequency-
35. 21 CFR 1308.11, Schedule I, paragraph (d). Read through Cornell Law School; the last portion of the page was not read. https://www.law.cornell.edu/cfr/text/21/1308.11
36. 21 CFR 1307.31, Native American Church. Read through Cornell Law School. https://www.law.cornell.edu/cfr/text/21/1307.31
37. 42 U.S.C. 1996a, Traditional Indian religious use of the peyote sacrament. Read through Cornell Law School. https://www.law.cornell.edu/uscode/text/42/1996a
38. Erowid. Legal overview of mescaline-containing cacti, version 1.2, January 2004. A community-site analysis that says it is not legal advice and may be out of date. https://erowid.org/plants/cacti/cacti_law1.shtml
39. Erowid. Mescaline-containing cacti, legal status. A community site; undated overall, with dated entries through 2019. https://www.erowid.org/plants/cacti/cacti_law.shtml
40. Multidisciplinary Association for Psychedelic Studies. Statement on DEA attempt to reschedule five tryptamines, 9/29/2026. https://maps.org/2026/09/29/statement-dea-attempt-to-reschedule-five-tryptamines/
41. Colorado Secretary of State. Natural Medicine Health Act (Proposition 122) initiative text as filed. Not the current compiled statute. https://www.coloradosos.gov/pubs/elections/Initiatives/titleBoard/filings/2021-2022/58Final.pdf
42. Colorado General Assembly. HB26-1325, Natural Medicine, bill page. The bill text itself was not read. https://leg.colorado.gov/bills/HB26-1325

43. Vicente LLP. Colorado HB 26-1325: ibogaine takes center stage in Colorado's natural medicine program, 5/21/2026. A law firm summary; written before the governor signed the bill. https://vicentellp.com/insights/colorado-hb-26-1325-ibogaine-takes-center-stage-in-colorados-natural-medicine-program/
44. Colorado Division of Natural Medicine, Department of Revenue. Home page, read 10/28/2026. https://nmd.colorado.gov/
45. Colorado Department of Regulatory Agencies, Division of Professions and Occupations. Natural medicine implementation. https://dpo.colorado.gov/NaturalMedicine/Implementation
46. Axios Denver. Colorado psychedelic therapy program considers expanding options, 2/3/2026. https://www.axios.com/local/denver/2026/02/03/psychedelic-therapy-expands-natural-medicine-options
47. Colorado Department of Regulatory Agencies, Division of Professions and Occupations. Natural medicine main page, listing Natural Medicine Advisory Board minutes dated 11/13/2025, 6/11/2026 and 7/9/2026; I could not open the minutes. https://dpo.colorado.gov/NaturalMedicine
48. Drug-drug interactions between classic psychedelics and psychoactive drugs: a systematic review. medRxiv preprint, 2023 (not peer reviewed at the time). Its mescaline evidence is the weakest of the group. Read through a summary. https://www.medrxiv.org/content/10.1101/2023.06.01.23290811.full.pdf
49. Malcolm B, Thomas K. Serotonin toxicity of serotonergic psychedelics. Psychopharmacology, 7/12/2021. A review that does not cover mescaline; read through a summary. https://moreblossom.com/papers/serotonin-toxicity-of-serotonergic-psychedelics
50. Nayak S, Gukasyan N, Barrett FS, et al. Classic psychedelic coadministration with lithium, but not lamotrigine, is associated with seizures: an analysis of online psychedelic experience reports. Pharmacopsychiatry, 2021. 96 online reports. Read through a summary. https://moreblossom.com/papers/classic-psychedelic-coadministration-with-lithium-but-not-lamotrigine-is-associa
51. Psychopharmacology Institute. Examining the combined use of psychedelics and psychiatric drugs. Does not mention mescaline. https://psychopharmacologyinstitute.com/section/examining-the-combined-use-of-psychedelics-and-psychiatric-drugs-2813-5750
52. The Bunk Police. How to test mescaline. A test-kit seller. https://bunkpolice.com/how-to-test-mescaline/
53. DanceSafe. Drug checking. https://dancesafe.org/drug-checking/
54. Transparency Testing. Website, read 10/28/2026. https://www.transparencytesting.com/
55. Energy Control (Spain). Website, read 10/28/2026. https://energycontrol.org/
56. Fireside Project. Psychedelic support line, 62-FIRESIDE. https://firesideproject.org/psychedelic-support-line
57. Poison Help, America's Poison Centers. 1-800-222-1222. https://www.poison.org/
58. 988 Suicide and Crisis Lifeline. https://988lifeline.org/