

# Interview with Dr. John Halpern

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As a researcher, you want to report the facts,” said Dr. John Halpern as we sat on his patio during a chilly desert evening in Farmington, New Mexico. “Here we have peyote, the natural source for mescaline and it is listed as a Schedule I substance of abuse. I do not believe that members of the Native American Church (NAC) are using a Schedule I substance. Literally, this is an example of the non-drug sacramental use of peyote. We need to respect these people’s culture.”

A reporter once called Halpern “the antidote to Timothy Leary.” He earned this name because his current study involving NAC members is assessing the safety of peyote. His findings may reopen the doors that were shut in the 1960s after Leary’s famed psilocybin experiments. Hopefully, after Halpern has undone some of the fear and misconceptions that currently surround psychedelics, future research into the therapeutic uses of psychedelics will become commonplace once again. “This is something that should have been done a long time ago,” he said. “It is something that may lead us to some important medical discoveries (about the therapeutic uses of psychedelics). Having a study that accurately addresses, ‘Does this cause cognitive brain damage?’ makes people feel a little more comfortable in eventually doing clinical evaluations again, which are definitely controversial.”

I had the pleasure of visiting the doctor this summer in the unfurnished house where he stays while doing his research. He leaves his Boston home to live and work in this house for weeks at a time and has been coming out here since 1997. It is only a half-hour drive from here to the Navajo (Diné) reservation, where most of his test subjects live. Specifically, Halpern is investigating whether cognitive brain damage can be found in Navajo peyote-users by comparing them with Navajo who do not use peyote but have had alcoholism in the past and with Navajo who are lifetime abstainers from all substances. Halpern describes the study and answers any questions the participants may have before asking any questions. If they pass the screening questions, an informed consent form is reviewed and signed, and then he interviews the subjects about personal and family health and education as well as administering a few brief multiple choice tests. If the subjects are not excluded from the study after completing this interview, they are then invited to return for a second three hour session of neuropsychological tests of memory, intelligence, attention, discrimination, and so on. The category of each test subject is not revealed to Andrea Sherwood (the psychologist who conducts these neuropsychological tests) in order to avoid potential bias against members of any one group.

By studying NAC members use of peyote as opposed to, say, college students’ use of LSD, a major methodological flaw found in most psychedelic studies is avoided: “Most people who have used hallucinogens hundreds of times are actually

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poly-drug users,” said Halpern. “Peyote is not a drug for these people. Their religion strongly discourages the use of illegal substances or alcohol.”

In the afternoon, the time of day when the sun takes control of the desert, we visited a flea market in the town of Shiprock, on the Navajo reservation just outside of Farmington. The vendors sell blue corn mush, medicinal herbal smokes, and copious amounts of beautiful hand-beaded jewelry. We are the only white people there. I try to imagine how it could have been possible for this white doctor to convince hundreds of Navajo to come to his house in Farmington and tell him about their personal, spiritual life. “These are people who hate research,” Halpern explained. “It automatically makes them feel like they are going to be put under a microscope. It is a huge hurdle to make them feel comfortable. For two years, I came out here just for informational meetings. I wanted people to know that I was going to keep coming back.”

Halpern relates a particular story to us that illustrates one of the obstacles he faced in working with the Navajo, “One time early on there was an annual meeting of the NAC that I attended with 200 members in the audience. I presented to them what I was hoping to do, and an elder got up and spoke for 20 minutes in Navajo. I had no idea what he was saying; he just spoke to the crowd. Then he turned to me and said in English, ‘1492!’ Then he went back to speaking in Navajo. I quietly said to myself, ‘Boy, I sure have a lot to atone for!’ It’s probably why no one has ever done a study like this before, and will never do so again.”

A major benefit of this study for Halpern was being able to work with the Navajo people. “I know that 20 years from now, if I were broke and walking around on Navajo Nation, someone would recognize me and ask, ‘Do you need a meal or a shelter?’ We (Americans) are a culture of takers. These are a people who have a culture of sharing. (Being around the Navajo culture) was a big part of (the experience).”

Halpern first became interested in psychedelic research when his parents hosted a professor from British Columbia. “He was telling me about how he came across the NAC in Canada in the 1950s,” explained Halpern, “and how [peyote] helped them recover from alcoholism. I wound up doing a literature search and looking for articles. I was fascinated that hallucinogens could be used to treat alcoholism.”

In his last year of medical school, Halpern did a sub-

internship with Dr. Rick Strassman, who was doing a study on DMT. DMT is a short acting psychedelic that is also manufactured in minute amounts in the body. Strassman’s study explored the effect of DMT on humans in a controlled hospital setting. “I was helping him while DMT was administered to the volunteers,” said Halpern. “I was really impressed by the fact that there seems to be a real therapeutic potential there that should

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be investigated. I was blown away by that work.”

While working with Strassman, Halpern also pored over articles in the library of the University of New Mexico. This eventually led to his first literature review called, “The Use of Hallucinogens in the Treatment of Addiction.” (Halpern JH. *Addiction Research*, 1994).

“In my last year of psychiatric residency at Harvard (97-98), I also started a 3-year fellowship in addiction research with Dr. Jack Mendelson and Dr. Harrison G. Pope, Jr., and I have continued to collaborate with them to this day,” continued Halpern. “Our facility, the Alcohol and Drug Abuse Research Center at McLean Hospital (the principal psychiatry teaching hospital of Harvard Medical School) has a long history of properly conducting research with Schedule I substances. This has been a great home for my continued training and for my work.”

Halpern hopes to do more research with the Navajo in the future. “I have all of these friends now who are important to me on a personal level, but I also know that it is essential to keep working at building bridges across the many cultural divides for any further work to come about. One day, I hope to do a prospective treatment study of peyote for alcoholism. I would be working very closely with Navajo people on this study. Right now it is being used as an informal treatment. There are constantly people who stop drinking alcohol after participating in the peyote meetings of the Native American Church.”

“I am not interested in seeing peyote taken from the Native Americans and processed and turned into some commercial medication. It is sacred to them and should be honored that way. When I speak with Native American Church members about peyote, they tell me, ‘This is good medicine for me, doc.’ And I tell them, ‘I believe you.’ These people genuinely try to say what they mean and mean what they say. Peyote is their medicine - their sacrament - and it’s been saving lives for thousands of years.”