

The following exchange of letters was prompted by a newspaper interview with Rick Doblin.

January 19, 1993

Dear Mr. Doblin,

Allow me to be the self-appointed witness, voice for the many who lost theirs when psychedelic drugs robbed them of their sanity. The roll-call is long and varied.

I remember the young father, son on an internationally known father, who in '62 was treated with LSD for alcoholism in New Jersey. He became a chronic schizophrenic, unable to work or raise his family. I gave his 3 year old daughter a birthday party, which the family was gradually falling apart.

I remember the promising musician, a future star, at 21 who, after ingesting LSD at 28, has since then spent more time in hospitals than out and some time in jail.

I know of two sons of physicians, in two different parts of the country, who became chronic schizophrenics. One is roaming the country, one of the faceless mentally ill/homeless, the other committed suicide in a lucid moment, rather than live haunted by nightmares; he spent most of his time in state hospitals.

I am quite familiar with the status of research on the causes of schizophrenia and the fact that the onset usually is in the early 20's. Thus there is no absolute proof that these tragic case histories were caused by LSD alone. But I was also careful in the choice of examples: none of these young men had a family history of mental illness and none showed early premorbid signs; in each case the course was more like a "bad trip" that never ended.

I do not necessarily oppose renewed research but find the tone of the statements made by you a bit polemic rather than dispassionately scientific, as evidenced also by the lack of reference to casualties of past experiments and an absence of a statistical approach. I am also wondering about your knowledge base of the

psychiatric literature on this matter, public policy studies being an important but different area of knowledge.

Sincerely,
E. Veronica Lenard

February 9, 1993

Dear Ms. E. Veronica Lenard,

I'm writing in response to your thoughtful and concerned letter of January 19, 1992 about the risks of LSD. Only rarely do I receive a written response to news articles about my work, rarer still are letters that acknowledge the complexity of the topic. When I do receive such letters, I try to respond as fully as possible.

You inquired about my knowledge base of the psychiatric literature on psychedelic research since public policy is a separate discipline. You are totally correct as to the differences, three of my qualifying exams for entrance into the Kennedy School's Ph.D. program were in mathematical problem solving (analytics), microeconomics, and strategic management in the public sector. Only the fourth exam, in experimental methodology, applies both to psychedelic research and public policy.

Though my Kennedy School education had nothing directly to do with the literature on psychedelic research, my undergraduate education did. I attended a small, experimental school in Florida called New College of the University of South Florida, the honors college of the state system. Students could design their own major and senior theses were required of all students. My major was in psychology with a special focus on psychedelic research and my thesis was a long-term follow-up to a classic experiment in the psychedelic literature, which I am enclosing for your review. You should note that I specifically discuss the casualties of the research.

As a complement to my academic training in traditional psychology, I have studied the field of transpersonal psychology for three months at Esalen Institute under the guidance of Dr. Stan

Grof, one of the founders of transpersonal psychology and the leading LSD researcher in the world. In addition, I graduated from Dr. Grof's three year training program (two weeks every six months for three years) in holotropic breathwork, a therapeutic approach that uses breath to catalyze deep inner experiences. Furthermore, I have undergone my own psychotherapy for many years.

The main point I take from your letter is the concern that psychedelics, especially LSD, can catalyze schizophrenia in unpredictable ways in people without previous symptoms. You cite several cases of people who may have been driven mad, even suicidal, as a direct use of LSD. My response is that the LSD experience is a complex interaction between the drug, the mind set of the person, and the setting in which the drug was taken. While we can agree that LSD did help to catalyze some people's schizophrenic episodes, both acute and chronic, I do not feel that LSD itself is solely responsible. Nevertheless, LSD is a very powerful drug not to be taken lightly without preparation and careful attention to set and setting.

What these problems from uncontrolled use suggest for research is an open question. The incidence of these events in controlled studies is exceedingly rare and are discussed by Drs. Yensen and Dryer in their FDA-approved protocol for the study of the use of LSD in the treatment of substance abuse. They write as follows:

"A study by Dr. Sidney Cohen (Lysergic acid diethylamide: side effects and complications. *Journal of Nervous and Mental Disease*, 130:325-33, 1960) reviewed the experiences of 44 researchers, 5000 patients, and more than 25,000 sessions, with dosage of LSD of between 25 and 1500 micrograms and dosages of mescaline of between 200 to 1000 milligrams, with frequency of administration of between 1 and 80. The rate of suicide for experimental subjects was 0/1000 and for 0.4/1000 for

psychiatric patients. For purposes of comparison, the suicide rate for the general population is .11/1000 and the rate for schizophrenic psychiatric patients is 40/1000. According to Cohen, the rate of psychosis lasting more than 48 hours was 0.9/1000 for experimental subjects and 1.8/1000 for psychiatric patients. For comparison, the incidence of schizophrenia in the general population is a little under 1% (10/1000). If the estimated frequencies of depression with psychotic features, mania with psychotic features and schizophrenia with affective syndromes are combined the sum is the total estimated frequency of between 0.7 and 1.6%.

From these statistics and our previous clinical experience with LSD in the target population for this study, we conclude that the dangers of the experimental procedure with LSD are no greater than those involved with the conventional psychiatric treatment."

In my view, the risks are worth taking in an experimental context, especially when one is trying to treat conditions that have risks of their own and have not been successfully treated by conventional medicines.

Yet another question concerns the use of these drugs by healthy persons for personal insight, religious inspiration, or even simple pleasure. Here my view is that these sorts of decisions are best made by individuals rather than by the government. Sanctions on personal consumption infringe too much on personal liberty, sanctions on inappropriate conduct are a better way to control problem behavior associated with drug use.

If you have any comments or questions, I would welcome the continuation of our dialogue. In addition, I am enclosing the latest copy of the MAPS newsletter for your review.

Thanks for taking the time to write.
Sincerely yours,
Rick Doblin

February 20, 1993

Dear Rick Doblin,

Thank you for the informative material you sent me and specially for the personal letter. I occasionally express my response to published articles in personal letters and usually do not get any response...

I am reassured that you and others in your organization do have a background in psychiatry and related fields. The research proposals sound carefully thought out. Here and there, in the newsletter, an ideological bias peaks out but, then, we do have our reasons to invest our energies where we do. And, no, not all my misgivings are put to rest but quite a few are.

Thanking you again,
Veronica Lenard

The following letter is from the graphic designer who donates many long hours of his time to producing the MAPS' newsletter.

November 28, 1992

Dear Rick,

...why do I continue to do this? See the attached photocopies of two items from the local newspaper this week. First day: a front page, feature story, with color photo, of a local pot bust using high-tech, infra-red heat sensing, gestapo equipment. The following day, an editorial endorsing more of the same and equating marijuana with violence to rationalize continued and ever more... When I read stuff like this I get very angry, and depressed. There are *so many* other things our taxes *could* be used for...

But, why let that negative energy burn me out? Instead, you and MAPS allow me an opportunity to put that energy to a good use. That, added to what I believe about the role of psychedelics as an evolutionary catalyst is why I welcome the opportunity to be of *any* assistance to the MAPS agenda, and is why I keep on. Thank you for letting me be a part of it!

Roger

Psychedelic Prisoners Newsletter

A group of prisoners has begun publication of "The Psychedelic Prisoners Newsletter" to aid and network with those imprisoned for psychedelics. They request donations of postage stamps. The contact address is:

PPN,
107 Tall Trees Court,
Frankfort, KY 40601

Any letters, articles, etc. would be greatly appreciated. ■

Dear Mr. Doblin,

I had to write this "thank you" note for the information you gave me over the phone. Unlike most people I like to be informed about what I am using. I have taken an interest in MDMA and ketamine for the possibilities it seems to offer, especially for me and persons suffering from head injuries. I am not a medical person and I have no education in this field. But in 1986 I was a Canadian National Team Cyclist. Well, I was hit by a car and suffered a head injury and nerve damage. I was left with depression, memory loss, mood swings, etc. I spent 9 months in a head injury day clinic and had a few unsuccessful sessions with a psychologist and psychiatrist. After putting everything away in a corner of my mind, I got on with my life (I thought). In May, 1992, I did MDMA (illegally) for the first time. It made me deal with a large number of locked up problems and seemed to open "closed off" or injured mind areas and allowed me to recall in great joy some of my past I had lost due to my head injury. I can never look back now and I am interested in being involved in any testing for medical research that I can. I will be waiting to join your group and receive and promote your newsletter and cause.

Many good trips,
A.L.