

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.