OPIATES AND UTOPIATES

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INTRODUCTION

That humanity at large will ever be able to dispense with artificial paradise seems very unlikely.

Aldous Huxley

History confirms Mr. Huxley's observation. For centuries man has employed a multitude of artificial methods of escape from reality. Modern man is no exception—he too has found the enchantment of drugs. He has also come to appreciate both the medicinal benefits and the hazards of them. The latter realization has given impetus to a series of repressive measures enacted during the first half of this century in the United States.

The present decade has produced another "drug scare" called the psychedelic movement. A similar reaction has ensued: psychedelics have been both used constructively and abused, and again certain portions of the public have seen fit to seek repressive legislation.

This paper is designed to project an overview of the legal and social attitudes concerning opiates and utopiates prevalent in this country. More specifically the paper is intended to trace the evolution of legislation and controls pertaining to opiates, to depict the current hallucinogenic movement and controversy, and to discuss implications that seem evident and trends which appear most salient and probable.
Such implications and trends seem to indicate the need for re-evaluation of our so-called "drug system" in the same manner as many of the other systems of our society are being re-evaluated and revolutionized. Consideration will be given to the results of years of restrictive legislation, and what may be expected in the future.

As Dr. Timothy Leary, the leader of the psychedelic movement, has written:

During the last fifty years our basic view of the world seems to have been undergoing another one of [its] revolutions, a gigantic struggle of ideologies of which the current controversy over psychedelic drugs is but a minor skirmish. (1)
I. PREVAILING ATTITUDES ABOUT OPIATES AND UDPIOPIATES

The significant need for this study is evidenced by vociferous and resounding debate in the United States Congress; by stentorian disagreement voiced in the professional, popular and academic press; and finally by an existing discrepancy between the convictions of the advocates of hallucinogens and the traditional morals and values of our society.

That the national attitude toward narcotics and the more recently controversial psychedelics is punitive in nature is evidenced by existing prohibitive laws and penalties. The present punitive attitude centers around a "dope fiend myth" which portrays addiction and crime as synonymous. Such opinion has been shaped by both the present policies and denunciations of the addict by law-enforcement agencies and the puritan tradition of American society.

Addiction has not only been determined illegal but also immoral. "In America the enforcement of public morals has been a continuing feature of our history." (3) Edwin M. Schur, noted sociologist, suggests addicts who can rarely refute any charges leveled against them have become scapegoats—"just one more 'enemy' in the perpetual war against crime and immorality which has characterized American society." (4) A study cited by Mr. Schur showed narcotics peddling more severely condemned than armed robbery, rape, felonious assault and burglary. (5) Even persons who do not accept the "dope
sociologist Alfred Lindesmith, who has written several works about narcotics, suggests the new emphasis on medical approaches to addiction has helped lessen the vindictive attitudes toward addicts. To the medical profession addiction is a disease and should be a medical concern. A review of recent literature confirms a growing concern for reform in both legislation and treatment; however, the laws still exist and are still enforced.

The most recent emotional crisis concerning drugs involves the hallucinogens. Even though narcotics and hallucinogens are notably different, public opinion and legislation treat them similarly. Experts admit the hallucinogens may be hazardous but consider the misuse and unfortunate experiences as very much over-publicized. Unfortunately, a frightened and concerned public now demands action.

Proponents of the new drugs believe man's mind must expand with the scientific progress that has produced undreamed-of vistas and undermined his basic philosophies of life. Such a psychedelic process which ventures into the depths of the invisible, unknown and uncontrollable is frightening to the stable and established elements of society. The advocates of psychedelics are steadily increasing. Some welcome the new insights about themselves and society, others seek enlightening mystical experiences and still others hope research will reveal many beneficial potentials for man.
II. EVOLUTION OF LEGISLATION CONCERNING OPIATES

The attitudes toward drugs which have matured with years of legislation differ from those preceding the era of control. Addiction was not approved of nor was it significantly linked with crime. It involved all socio-economic strata and was viewed as a personal misfortune much as alcoholism is today. The prevalence of opium smoking among the criminal elements at the turn of the century and the notoriety which the "fad" received undoubtedly gave rise to a change in attitudes reflected in ensuing legislation.

The government first recognized the existence of opium in 1864 with tariffs levied on smoking opium. Even then, enterprising dealers avoided the 100 per cent tax by resorting to smuggling. Later the government lowered the tariffs because "the smugglers are making fortunes and the government losing revenue." (7)

The increased rate of addiction mostly from legitimate medical use of opiates was also a source of alarm. Addiction was officially recognized in 1886 by "an Act to Provide for the Study of the Nature of Alcoholic Drinks and Narcotics and their Effects upon the Human System." (8) No action was taken for twenty years. Then in 1906 Congress passed the Pure Food and Drug Act. The Act did not prohibit the sale of narcotics, only the sale and transportation in interstate commerce of adulterated or misbranded drugs. The warning to the public did effectively reduce the sale of patent medicines containing large amounts of opiates.
In 1914, Congress passed the Harrison Act, which became the foundation for all future legislation. The law, like most narcotics legislation, is a revenue measure. It requires registration of all legitimate drug handlers, and the payment of a special tax in connection with drug transactions. In essence, the provisions establish a licensing system for the control of legitimate domestic drug traffic.

A consensus of expert opinion indicates the law has been a successful regulatory tax measure. Its failure lies in its repressive applications. Through a series of court decisions which legal expert Rufus King entitles "the narcotization of the High Court," (9) the act has been extended to severely limit the freedom of physicians to treat addict-patients. By thus eliminating the addict's only legal source of supply, the Harrison Act promoted the growth of a thriving illicit traffic in narcotics.

An early test of the Act came in 1919 (Webb v. U. S.). The facts showed flagrant abuse of the law by the defendant, Dr. Webb, who indiscriminately sold thousands of prescriptions for narcotics for fifty cents a piece. The court asserted that to label such issuance of drugs "... a physician's prescription would be so plain a perversion of meaning that no discussion of the subject is required." (10) Thus, the decision handed down by the court implied that prescriptions to supply the addict with drugs to keep him comfortable were not within the law.

A 1922 (U. S. v. Behrman) ruling provided in essence that it is illegal to prescribe narcotics to an addict even in "good faith."
The Behrman case was also an obvious abuse of the law since Dr. Behrman prescribed a large quantity of narcotics to an addict to use as he saw fit.

Rufus King terms these decisions as "trick indictments" because the courts ignored the obvious "bad faith" of the defendants and judged all narcotics prescriptions illegal as though the drugs had been provided in "good faith." (11) The Federal Bureau of Narcotics still refers to these cases to endorse its policies and makes little or no mention of a 1925 (Linder v. U. S.) ruling.

Dr. Linder, a Spokane physician, had prescribed a small amount of narcotics to a patient who was actually an agent of the Bureau. She claimed to have told him she was an addict and asked him to prescribe some drugs for a stomach ailment because her physician was out of town. Dr. Linder was prosecuted, but the Supreme Court reversed the decision. The Court contradicted the previous decisions but explained that those cases dealt with flagrant abuse of the law. The Court's interpretation of the Harrison Act did not include specified methods for medical treatment.

The Narcotics Bureau's interpretation of the law obviously ignores this decision, and the practical effect has been to deter almost all individual practitioners from attempting to treat addict-patients. During the period 1925-1938, what has been termed a "persecution of the physicians" (12) took place.

Judge Morris Floscowe recently expressed the reason for caution exercised by most doctors. He concluded that physicians may legally treat addicts and prescribe narcotics, but they must act
in "good faith" and according to "proper medical standards." He states:

A physician who treats and/or prescribes drugs for an addict patient in good faith according to medical standards will be protected from a conviction. But his good faith and adherence to medical standards can only be determined after a trial. The issue ... must be decided by a judge or a jury. If the judge or jury decide against the physician, the latter may be sent to prison or deprived of his license to practice medicine. The physician has no way of knowing before he attempts to treat, and/or prescribe drugs to an addict, whether his activities will be condemned or condoned. He does not have any criteria or standards to guide him ... (13)

During the "roaring twenties" and after World War I, a significant increase in drug use became apparent. In 1924 Kolb and DuMicz of the Public Health Service estimated an addict population of 110,000. (14) Concurrent with the growing drug traffic was Prohibition with speak-easies and bootleg whiskey. No doubt that generation of prosperity, excitement and moral revolution also found its thrills in narcotics.

More and more narcotics were smuggled into the country. In 1922, the Narcotics Drug Import and Export Act was passed. As amended the Act limits importation of crude opium and coca leaves (for cocaine) to quantities necessary to supply medical and legitimate requirements. The manufacture of heroin was also prohibited in 1924.

In addition to prohibitive measures, Congress passed a Narcotic Hospital Law in 1929. Two federal hospitals in Lexington,
Kentucky, and Fort Worth, Texas, were established to confine and treat addicts.

After the repeal of Prohibition in the early thirties, many bootleggers entered into the illicit narcotics traffic and began "pushing" narcotics. Some of the legislation of the thirties included the Narcotic Information Act of 1930. Rewards were offered to persons providing information concerning any violations of narcotics laws.

A major piece of legislation was the Marihuana Tax Act of 1937. Similar to the Harrison Act the Marihuana Tax Act taxes and regulates importation, manufacture and trafficking in marihuana. The enforcement of this Act leads to suppression. Later marihuana will come to be classified by experts as a mild psychedelic, not a narcotic.

The 1939 Narcotic Transportation Act made it illegal to transport contraband drugs and authorized seizure of vehicles.

During World War II there was a shortage of edible poppy seed in this country, but no shortage of opium, since the government had an adequate supply. This seed, which contains no narcotics, is also the product of the Opium Poppy. Poppy seed had never been produced commercially in the United States because the crop could not compete economically with European production. During the war, when poppy seed soared in price from a few cents a pound to more than a dollar, enterprising people began to plant the poppy, some in huge acreages. There were a few incidents of diversion, since
morphine can be readily obtained from poppy seed capsules or chaff by a simple process. This country had no desire to see the establishment of an opium producing crop in a world in which there already was a surplus 4 or 5 times in excess of medical needs, so the Opium Poppy Control Act of 1942 was passed. The growth of opium was permitted only under license. None were issued and probably won't be unless a world shortage should occur.

Changes in federal law after World War II showed an increase in penalties which no doubt reflected an increase in the number of addicts. Schur explains that most narcotics legislation has not been a rationally planned program but has mainly represented "an emotional response to periodic crisis." For example, the 1951 Kefauver Committee's investigation of organized crime resulted in the Boggs Law. Severe mandatory minimum sentences were imposed for narcotics offenses. A Congressional investigation of the drug traffic led to the Narcotics Drug Control Act of 1956 which was even more severe. Mandatory minimum sentences were raised for possession and peddling. The act also permitted the death penalty for those who sell narcotics to individuals under eighteen.

Federal laws have been supplemented by those of the states. In 1932, the National Conference of Commissioners on Uniform State Laws promulgated a Uniform Narcotic Drug Act which was adopted by forty-six states. Modeled after federal statutes, it is designed to promote cooperation between state and federal enforcement and to tighten legislation. Penalty provisions were left blank and vary
in states. Some states have harsher penalties than others and have enacted even more severe legislation. For example, addiction itself may be a crime in some states; in others known addicts are required to register and carry cards; still others have "needle laws" making it illegal to possess the needle necessary for injections. In Indiana, the addict cannot leave his home without automatically violating the law. In that state, he is considered a danger to public peace and the welfare and safety of its citizens. (15)

The above summary of narcotics legislation is obviously incomplete but hopefully includes the major pieces of legislation. Various committees and conferences such as the White House Conference on Addiction or the Advisory Commission on Narcotic and Drug Abuse, continue to make studies and recommendations. Minor regulations may have been passed but will not be mentioned here.

Technically addiction is not illegal, but interpretation of the law has made it so. Most addicts at the turn of the century became addicted to medically prescribed drugs originally therapeutically administered. The Harrison Act eliminated the addict's only legal source of supply and forced him to seek illicit sources. Thus, addicts became linked with the criminal underworld.

The addict is generally not the perpetrator of violent crimes, rather he is more likely to commit nonviolent crimes against property. The depressant nature of opiates serve to decrease the likelihood of any violent antisocial behavior. Similarly opiates produce a marked diminishing of the sexual appetite quite contrary to the popular belief
about "dope fiend sex orgies." (16) Available evidence indicates most crimes committed by addicts are undertaken in order to obtain funds with which to purchase illicit drugs. A research report of New York studies have shown that in high drug-use areas there are relatively high rates of cash-producing delinquencies and relatively low rates of violent crimes. (17) A study of arrest data for Chicago in 1951 indicated that "the number of arrests for nonviolent property crimes was proportionately higher among addicts." (18)

Whether addicts have criminal records or activities before addiction is frequently questioned. Some studies indicate anti-social behavior occurred only after addiction. (19) The contention of the Bureau of Narcotics that most American addicts were involved in criminal activities is significant only because drug use is concentrated in neighborhoods in which crime and delinquency flourish. Anti-social individuals whose values condone illicit drug use have a greater exposure to available narcotics. (20) Dr. B. W. Casselman, chief of medicine at Synanon Foundation in Los Angeles, believes 80 per cent of all juvenile delinquents would grow out of delinquency if they didn't become drug users. (21)

The law has encouraged crime or made addicts criminals but are they really the criminals? The major criticism of narcotic laws has been their failure to draw a satisfactory distinction between the addict and the non-addict peddler. Invariably, it is the mere fact of possession, purchase, sale or transfer of narcotics that is punishable often without regard to addiction status.
The police seldom reach the real culprits—the higher echelons of the narcotics business. The laws and police tactics are relatively ineffective because these are organized "mobs" and generally non-addicts. The profits are greatest at these levels and major risks are taken by their "employees" or the addicts who are forced to work for them.

The more strict controls and the more severe penalties which evolved probably make the apprehension of key-figures more difficult because they become more cautious. (22) Police enforcement operations may reduce available supplies, and laws discourage criminals from entering the narcotics business, but increased risks raise prices and increase profits for operators.

Edwin Schur in *Crimes Without Victims* provides another explanation of why the laws are virtually unenforceable. The constant circle of supply and demand and the lack of a complaining victim who is trapped outside the law, rather than the cleverness of law violators, make the laws unenforceable. (23)

Because the laws appear unenforceable medical doctors and many others want to remove the addict from the criminal world. Addiction, they believe, should be treated as a disease, not a crime. Many refer to the so-called "British system" which approaches the problem as a medical matter. Addicts are treated with narcotics in a process of gradual withdrawal or sustained on as little drugs as possible to enable them to lead a near-normal life. This paper will not pursue the pros and cons of a similar system in the United States.
Let it suffice to say it has both strengths and weaknesses.

The original purpose of narcotics laws was the eradication of addiction. The numerous problems they created have been cited above. As Lindesmith states, the number of addicts is difficult to estimate. The Federal Bureau of Narcotics estimated over 100,000 addicts in 1914, and indicates a steady reduction except for periodic increases. Lindesmith continues, however, to claim the Narcotics Bureau has underreported and underestimated the problem for years, especially since the reports of confiscated contraband drugs continued to increase. Richard Blum in *Utopiates* provides an example of the Bureau's seeming inaccuracy. He states the Bureau reported 7,000 addicts in California, but the figures released by the state of California, which Blum believes more accurate, indicated approximately 15,000 addicts. (24)

Most authorities believe the current addiction rate is approximately 60,000. The Bureau estimates 48,000. (25) A medical expert commented:

United States Commissioner of Narcotics Anslinger, in his recent book estimates that there is about one addict for each 3,000 of the population. This amounts to an estimate of somewhat over 50,000 addicts in the country as a whole. In my opinion this is a very conservative estimate. A spokesman for the United Nations has estimated that the amount of illicit drugs falling into the hands of authorities is probably less than 10% of the total amount of the illicit trade. If the seizure of over 4,000 ounces in 1952 amounted as estimated to 10% of the traffic, enough was smuggled in that year to supply over 180,000 addicts. (26)
Marie Nyswander, author of The Drug Addict as Patient, reports 1,000,000 may even be a more accurate estimate. (27)

Thus, it seems the law has not eliminated addiction or the illicit drug traffic. Lindesmith does not provide a formula to end addiction, but he does believe the illicit traffic can be dealt with. The demand, that is the addict, must be removed from the illegal supply. He suggests three ways to accomplish this: a cure for addiction, a removal of the addict from society or providing a legal access to drugs. The latter method is the only one to have had any success anywhere (Britain). Unfortunately, Dr. Lindesmith believes that any indications of a new program in the United States in the near future would be based on the first two suggestions and a rejection of the third. (28)
III. THE CONTEMPORARY PSYCHEDELIC MOVEMENT AND CONTROVERSY

The current drug crisis concerns mind-changing drugs, especially LSD. A clarification of terminology might prove helpful, since these drugs are described by various names. Dr. Humphry Osmond coined the term psychedelic or mind-manifesting. The term psychotomimetic or mimicking psychoses is frequently used in medical circles. Probably the most popular term is hallucinogen, since these drugs produce changes in perception akin to hallucinations. Under these drugs one is aware the visions are not real but caused by the drugs. In contrast the beholder of a true hallucination believes he actually sees the vision. (29)

Man has utilized hallucinogenic substances for centuries. The soma of the ancient Aryan invaders of India; the cannibas or hashish of the Eastern world; the peyote buds and "magic" Mexican mushrooms all provided hallucinogenic experiences. Myriads of other natural hallucinogenic substances exist but play a minor role in the current movement. Throughout history most of the hallucinogens have been surrounded by a cloak of mystery. They have become the focal points of religious ceremonies enhanced by mystical visions. (30)

Most of the hallucinogens were not studied in the laboratory until the nineteenth century. The chemically analyzed drugs included the hemp plant (cannabis), known as bhang in India, hashish in the East or marihuana in the West; mescaline, the alkaloid of peyote; and psilocybin, the alkaloid of the Mexican mushrooms.
Poets and philosophers also became interested in hallucinogens. These drugs soon came to be "touted as the great short cut to mystical experience." (31) In *Brave New World* Aldous Huxley wrote of the drug soma, which he related to the soma of the ancient Aryans. He later wrote of his experiences with mescaline in *Doors of Perception*. Aldous Huxley is often called the "spiritual leader" of the psychedelic movement. (32)

Man next turned to synthesizing his own hallucinogenic drugs. During an experiment with lysergic acid, a constituent of the ergot fungus found on the rye plant, Dr. Albert Hofmann added a diethylamid chemical group and created lysergic acid diethylamide. Thus, LSD arrived in Basel, Switzerland, on March 2, 1938. It was not until 1943 that Dr. Hofmann accidentally discovered the hallucinogenic quality of LSD. After unknowingly swallowing a small amount of the substance, he found himself "in a not unpleasant state of drunkeness which was characterized by an extremely stimulating fantasy. When I closed my eyes (the daylight was most unpleasant to me) I experienced fantastic images of an extraordinary plasticity. They were associated with an intense kaleidoscopic play of colors. After about two hours this condition disappeared." (33) Since that time many other such drugs have been synthesized in the laboratory.

Widespread public interest in LSD-type drugs is a recent phenomenon. Most use of the drugs was limited to scientific research. Scientists embraced LSD with the hope the drug would prove beneficial in the treatment of schizophrenics, since the drug seemed to simulate
a schizophrenic state. This theory has died, however, but the similarity between the effects of LSD and psychoses merits study.

The popular movement was precipitated by Harvard psychology lecturer, Timothy Leary. While in Mexico the summer of 1960, he first experienced the powers of psilocybin. Since that time mind expansion has become his life's work. He gathered supporters to his cause and almost single-handedly transformed LSD from a medical curiosity into the most controversial drug since the advent of opium. (34)

Returning to Harvard in the fall of 1960, Leary brought with him his newly discovered drug experience. His first convert was a fellow faculty member, Dr. Richard Alpert. Together they experimented further with hallucinogens first on themselves and later on psychology students. Their first full-scale investigation began on January 15, 1961, with a two year pilot program involving thirty-five inmates at the Massachusetts Correctional Institution in Concord. Their aim was to see if the mind-expanding properties of psilocybin could keep repeating offenders out of jail once they were freed. The study was never completed, but results seemed encouraging. Medical circles rebuked the study as poorly conducted and biased. (35)

Believing that clinical surroundings somehow spoiled the drug experience, Leary and Alpert began to hold sessions at home. Sessions with students increased. The rumor spread quickly that both teachers were pushing for the free use of hallucinogens and telling students to try them for themselves. Other rumors indicated
Leary and Alpert were supplying the drugs to undergraduates as part of their "off-campus experiments." The faculty grew more and more concerned about the use of hallucinogens at Harvard, especially since stories of student use continued to proliferate. Reports of student experiences flourished, and inside groups gained popularity.

Early in 1962 the situation was made known nationally. The increasing conflicts between the two teachers and the administration continued to receive national coverage. Finally in the spring of 1963 the "academic ax" fell. Both Alpert and Leary were fired from Harvard. They turned to their earlier formed organization, the International Federation for Internal Freedom (IFIF) and began to spread the word around the country about hallucinogens.

Leary set up IFIF headquarters in Mexico. The Mexican experiment which attracted more than 5,000 Americans had a short but spectacular career. Leary's haven for "philosophers, educators, teachers and intellectuals devoted to a new movement of internal liberation" did not impress the Mexican government. After six weeks Leary and his followers were ordered out of the country.

Leary's Mexican experiment and expulsion from the country were widely covered by the American press. Both Leary and LSD were becoming familiar to everyone. The free use of LSD, which had been limited almost entirely to adventurous adult intellectual groups and small groups of college students in a few large schools on both coasts, seemed to be spreading slowly across the country. Leary's
failure in Mexico did not deter him. He followed with a second organization called the Castalia Foundation located in Millbrook, New York. This remains his current headquarters.

Alpert transferred his activities to the West coast. He continued his crusade for LSD through lectures, interviews, writings and a campaign to secure state and national legislation that would allow "responsible adults" to take LSD as a "religio-philosophical" experience. (36)

During 1964 and 1965, things were relatively quiet. Leary and Alpert continued their work. LSD was still gaining in popularity. Marihuana had flourished on campuses but was slowly being replaced by the "big kick" of LSD. Stories of students "freaking out" or having bad experiences intermittently found their way to the headlines. As one reporter stated: "Things smoldered." (37)

Leary was arrested in Laredo, Texas, early in 1966 and charged with transporting marihuana into this country from Mexico. The marihuana was found on the person of his daughter, Susan. She was convicted of failing to pay taxes on the marihuana (Marihuana Tax Act) and ordered to a federal reformatory for a term to be determined after psychiatric examination. Leary was found guilty of transporting marihuana as well as failing to pay taxes on it, was fined $30,000 and tentatively given the maximum sentence of thirty years in prison. Only by imposing a maximum sentence, the judge explained, was he able to order a psychiatric examination of Leary, after which he could adjust the sentence. The fire flared again, and LSD filled the headlines across the country. (38)
A little over a month after the sentences in Laredo, Leary and several others were arrested after police found marihuana and "other interesting items" in the main house of Leary's Millbrook sanctuary.

Shortly after his second arrest, Leary called a one-year halt in the use of hallucinogens. In a lecture to his followers he stated:

I do not say that we should stop studying consciousness expansion. We must learn to have psychedelic experiences without the use of drugs. Create your own hallucinations. Then go to your parents or find some older person and teach him to "turn on." During the last five years we have witnessed a psychedelic revolution. It is estimated that well over 100,000 Americans have taken the timeless voyage through their nervous systems—have had the veil of symbolic illusion lifted for a few hours. The next decade is going to be the most exciting period in human history . . . . I think we should relax and be calm. The psychedelic battle is won. I predict that by 1970 between 10,000,000 and 30,000,000 Americans will have talked to their cells. (39)

The major outcome of the movement has been the enactment of legal controls. Hallucinogens come under the auspices of the Food and Drug Administration. The first notable legislation that effected LSD was a new FDA law in 1962. The Drug Amendment Act was prompted by both the "thalidomide scare" and the increasing non-medical use of LSD. The law increased control of investigational drugs. An application for investigation of a new drug was required by the FDA. The burden of responsibility was placed upon the manufacturer to prove the safety of a drug. (40) Critics of the law did not believe it would make drugs any safer, since a new
drug's full effects can be learned only by trying it on humans and there is always a risk in that. \(41\)

The most significant law pertaining to hallucinogens is the Drug Abuse Control Amendments of 1965. The law groups depressants, stimulants and hallucinogens under one heading and makes unlicensed manufacture, processing, distribution or sale of any of the drugs a federal offense, punishable by up to a year in prison and a \$1,000\ fine. The penalty is more severe if the drug is sold to persons under 21. The law also gave FDA agents greater freedom in enforcement; for example, they may carry firearms, execute and serve search warrants and arrest warrants, or make arrests without warrant if the offense is committed in the presence of an officer or if he has reason to believe an offense has been committed. Only "qualified practitioners" are exempt from the law. Undoubtedly, criteria for "qualified practitioners" will need to be defined in the future by test cases in the courts.

The Drug Abuse Control Amendments were further amended in May, 1966. Under the amended law, proof of interstate transportation of various drugs, including LSD, would not be necessary for convictions under federal statutes.

As with narcotic laws, some states enacted their own legislation. In New York, for example, LSD is outlawed, and the penalties are severe. Other states seem to be following this trend. After a small girl accidentally swallowed an LSD sugar cube and a murderer claimed to have been on LSD for three days, the state of New York
considered even more stringent penalties. It would seem the new laws would be widely applauded in light of the controversies concerning hallucinogens. On the contrary, legislators and drug experts are actually engaged in a strenuous debate over the degree and kind of controls that should be imposed on LSD. Three Congressional committees have investigated the law and LSD. In testimony before a Senate subcommittee, U. S. Food and Drug Commissioner Dr. James L. Goddard said an LSD ban

would automatically place maybe 10% of college students in the category of criminals and would drive users underground, making it more difficult to find and treat those who suffer dangerously psychotic effects. (42)

Many people are concerned about adverse rather than positive effects of the new laws. Some fear the laws will be a great detriment to legitimate research especially after Sandoz Ltd., the only legitimate manufacturer of LSD and psilocybin, took the hallucinogens off the market. Approved LSD research programs in this country were reduced from seventy-two to twelve as a result. Researchers feel restrictive legislation will only cut off the supply for legitimate research.

Legal controls, like narcotics laws, have encouraged and increased black market supplies. A good amateur chemist can make LSD. The lysergic acid might be difficult to make but continues to be smuggled in from Canada, Mexico and Europe. With the acid to start with, the production of LSD is relatively easy.
LSD is generally black-marketed in impregnated sugar cubes costing from $2.50 to $5.00 for one hundred micrograms, enough for an eight to ten-hour trip. Other methods of transporting LSD include the flaps of envelopes or handkerchiefs soaked with a solution of LSD and water to be cut up and chewed later. LSD is difficult to track down since it is colorless, tasteless and odorless and can be easily concealed. As one of New York City's narcotics detectives has said:

Look, with heroin or the pills you can find them on corners, or at least in certain areas. They stay together near the supply, which is usually in Harlem or in Brooklyn or maybe in the Village. But what the hell are we supposed to do about LSD? Where do we look? We can't stake out all the colleges and high-rent apartments. And more than that, who is taking the LSD? It could be anybody. People out in Queens as well as the Village crowd, Even the pushers are mostly freelance. There are no spots, no drops, no nothing. I'm only half kidding, but the whole thing would be much simpler if the pros moved in complete. Then we would have something to work on. Anyway, LSD has been mostly noise and little action. I get the feeling it's not the problem everybody says it is. (43)

Others agree that the problem is over-exaggerated and wonder if the laws are becoming too severe. They fear criminal elements will soon control the LSD market as they do the narcotics traffic. Criminals may supplement their narcotics business with LSD and marihuana, but do so more as a "service." The ease with which LSD can be made makes the drug relatively easy to obtain. Dealers are not assured
of steady customers because LSD and marihuana are non-addicting. Furthermore, only a very small amount, one hundred to two hundred micrograms, is required for one "trip," and users generally take "trips" only about once or twice a week. The money is still in heroin for the criminals, and a heavy involvement with LSD is unlikely.

Authorities now fear, since the government has declared LSD "a problem worse than the narcotics evil," it soon may become just that:

Even the most active enforcement of the law as it stands may well have the effect of worsening the problem by driving away people with prudence and intelligence while scarcely inconveniencing the really reckless, dangerous ones.

It is frightening to think what will happen if this awesome drug becomes available only to those willing to risk jail for it. For it brings out the very worst in some people. LSD is being dropped in girls' drinks. Terrifying parties are being given with a surprise in the punch. The Humane Society is picking up disoriented dogs. People are even having "beautiful experiences" with their baffled children. "When my husband and I want to take a trip together," says the psychedelic mother of four, "I just put a little acid in the kids' orange juice in the morning and let them spend the day freaking out in the woods." (44)

The most unique aspect of the psychedelic movement has been the people involved. Most LSD users range from twenty to fifty years in age and belong to the middle or upper classes. One may classify it as an intellectual movement. The popularity and publicity given
to the movement, however, has intrigued teenagers and people seeking new "kicks." These are the people who generally abuse the drug and enhance its dangers.

Perhaps the most unfortunate effect legislation has had on the movement concerns the people who are seriously involved. They are being made criminals because they are pursuing something in which they believe either for religious or intellectual reasons. Sociologist Howard Becker expresses the problem: "... the LSD movement differs from other organizations ... in being composed of people who were not prior to their involvement with LSD, deviant in any sense ... ." (45)

A further problem arises with marihuana legislation. Marihuana is under the jurisdiction of the Federal Bureau of Narcotics and according to the law is a narcotic. Most experts now concur that marihuana is rather a mild psychedelic and non-addicting. Marihuana had been the fad on campuses across the country prior to the LSD "kick." Students are attracted to marihuana because medical research has found it has no inherent dangers. Many say the only fear they have is prosecution. (46) Ramifications in the law and penalties seem eminent. Some even feel marihuana will eventually replace alcohol as a popular intoxicant, especially since alcohol can be physically damaging.

There is no consensus of opinion about LSD, rather, controversy. Scientists see the need for further research with possibly great potential for insights concerning mental illness. They would like
to continue research but do not approve of popular use, since all the hazards of LSD are still unknown. The advocates view LSD as the door to mystical religious experiences, never known to them before. Others see the consciousness-expansion a necessity for modern man in a modern world, especially one that is psychologically oriented.

The debate continues. Laws have been enacted to allay public alarm, and the effect has been a hindrance to research, rather than popular use.
IV. OUTLOOK, IMPLICATIONS AND TRENDS

The numerous parallels between the two movements described above are readily apparent. The attitudes and legislation have been punitive in nature and have not stopped an increase in use of the prohibited drugs.

Many authorities refer to Prohibition, and wonder why our country did not learn a lesson from that unfortunate experience. It is interesting to note how involved criminals became with the narcotics traffic after the repeal of Prohibition removed the financial base of the crime syndicates. This is not speculative; Prohibition did provide a stepping-stone for criminals into the illicit narcotic traffic, yet the people of this country have seen fit to deal with another "drug crisis" in exactly the same manner as they did with alcohol. One wonders why this has occurred since there is:

ample medical evidence that punitive laws do little good. They do not cure addicts and they have not stopped the flow of illegal narcotics. All they manage to do is dodge the real issue: the need for concentrated medical and psychological research into methods of caring for and curing addicts. The advent of the hallucinogenic drugs and the further complications they add makes this need all the more imperative. (47)
The predominant American view of mind- and mood-changing drugs has always been paradoxical. On the one hand, Americans drink more alcohol and down more pep and sleeping pills per capita than any other people in the world. On the other hand, anything that smacks of mystical changes or visions or lack of complete mind control is as anti-American as Communism. (48)

Perhaps the core of the problem centers around a puritanical society struggling to maintain a certain moral code, when, in essence, the time has demanded a change. Any attempts to escape from the chaos and misery which the society creates for some is not condoned.

... the widespread use of hallucinogens is not merely a matter of a changing taste in stimulants but of the programmatic espousal of an anti-puritanical mode of existence--hedonistic and detached--one more strategy of the war on time and work. Just as certainly as liberalism is the LSD of the aging, LSD is the radicalism of the young. (49)

Richard Blum and his associates suggest in Utopiates that our society is undergoing a quiet revolution. The drug movement has provided a framework for an intellectual apolitical rebellion. A desire to change society conflicts with the committal to its values, especially since one is rewarded for behavior that does not attempt to change it. These individuals do not actively rebel but experience emotions of reaction. Such feelings of being "unfulfilled," "tense" or "anxious" are typical of LSD users. Perhaps it is significant that "when intellectuals start a revolution, the rest of society had better be aware that something is happening." (50)
The laws which society creates cannot erase quiet revolutions, flights from reality or mystical enlightenment. On the contrary, they bring man closer to these ends. The conflict is not a question of protecting man from himself and society, rather it appears to be a question of individual freedom. Timothy Leary once asked the question, "where can the line between individual right and public safety be drawn?" Does not every human being have the right to extend his own consciousness, to gain insight into himself, to experience change, and to reach religious revelation provided he does this within the confines of his own home? (51)

Dr. Leary's question is very provocative especially when one considers that addicts and hallucinogenic users would prefer to be within the law, except perhaps for those who get their "kicks" from the illegality of their actions. The United States is one of the few places in the world in which addicts are actually social outcasts. The United States is also the only country in which the problem of hallucinogens has reached national proportions. Laws designed to prevent these ills seem to create them.
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