

“DON’T KILL MY BUZZ, MAN!” – EXPLAINING THE
CRIMINALIZATION OF PSYCHEDELIC DRUGS

by

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In the 1950s, psychedelic drugs were the subject of extensive psychiatric research in the United States. By 1960, they had been found to be non-addictive, to have remarkable safety profiles, and to potentially be able to treat a range of psychological conditions. However, in 1968, the possession of psychedelics was criminalized by the US federal government. Consequently, medical research has been stifled, and today the possession and distribution of psychedelics are punished more severely than for more dangerous recreational drugs such as methamphetamine. Most scholars argue that psychedelics were criminalized due to a “moral panic” in the late 1960s. However, this theory overlooks several important aspects of the political process that led to psychedelic criminalization. This essay takes an alternative stance. First, early 20th century temperance advocates instilled an anti-drug moral framework into the American cultural consciousness. Then, in the early 1960s, safety concerns and professional biases led most mainstream psychiatrists to reject the therapeutic use of psychedelics. These factors interacted to cause both a moral panic and severe criminalization, but the moral panic did not itself cause criminalization.

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I: Introduction:

For thousands of years, multiple cultures have used psychedelic drugs for their medicinal properties and ability to induce mystical experiences (Siff 2015, 68). But today, these substances have been heavily criminalized across the developed world. In the United States, for example, possession or distribution of psychedelic drugs carries more severe penalties than even such notoriously dangerous and addictive substances as cocaine, methamphetamine, or morphine (DEA n.d. “Controlled Substance”).

This has not always been the case. In the 1950s, psychedelics were not seen as “hard drugs,” but were touted by the American media as a revolutionary psychiatric medicine (Siff 2015, 61). Even in the early 1960s, as recreational use of LSD and other psychedelics became widespread in the US, most Americans were not highly concerned about recreational drug use (143). But between the 1965 and 1971, public opinion shifted radically. Psychedelics were soon after banned for medical as well as recreational purposes, first nationally in the US, and then globally via the United Nations Convention on Psychotropic Drugs.

This rapid policy shift is even more intriguing because of its clear disconnect with scientific fact. Most psychedelics are currently classified as Schedule I by the US Drug Enforcement Agency (DEA), a category reserved for drugs with “no currently accepted medical use in the US, a lack of accepted safety for use under medical supervision, and a high potential for abuse” (n.d. “Controlled Substance Schedules”). The latter two assertions are objectively false; psychedelics are remarkably non-toxic and non-addictive, as has been shown in dozens of clinical studies over the past 70 years (Drug Policy Alliance; Carhart-Harris and Goodwin 2017; Anderson et al. 2020;

Nichols and Grob 2018). Contrary to popular belief, the psychological risks of psychedelic use are also negligible—very large-*n* studies have demonstrated no increased risk of mental health problems in psychedelic users (Johansen and Krebs 2015). Additionally, while the medical use of psychedelics is not currently legal in the US, studies dating back to the 1950s have demonstrated the drugs’ immense potential in treating a range of psychiatric disorders (Liechti 2017; Winkelman 2014; Anderson et al. 2020; Das et al. 2016; Gasser 2014). For example, multiple recent trials have found that psilocybin (the active component in psychedelic mushrooms) produced significant clinical improvements in anxiety, depression, obsessive compulsive disorder, and alcohol dependence (Carhart-Harris and Goodwin 2017).

This thesis will explain the US government’s bizarre conclusion in 1968 that, contrary to all available evidence, psychedelics were highly dangerous to society and had to be criminalized at the highest level. The primary objective of this project is to explain the rapid shift in public and governmental opinion in the US in the context of the global drug prohibition regime. The following sections draw extensively from the existing literature on the topic, and supplement that secondary source research with careful examination and synthesis of the available historical evidence. Based on this evidence, this paper will challenge the dominant theory—that American prohibition of psychedelics was the result of a “moral panic” sparked by media sensationalism. The final two sections will demonstrate that, although a moral panic did occur, the primary cause of psychedelic criminalization was not the panic. Instead, it was neo-Puritan, anti-drug cultural norms, combined with a series of developments in the psychiatric research community, that persuaded lawmakers to criminalize psychedelics.

Section II discusses the methods used to collect and interpret evidence, as well as the limitations of the evidence and the study itself. Section III provides a brief overview of the key historical facts, to provide the reader with context for the argumentative portion of the thesis. Section IV proceeds to review the literature on psychedelic criminalization (including the moral panic theory), as well as drug criminalization in the US more generally. Section V addresses at length the moral panic theory of psychedelic criminalization, assessing both its strengths and its shortcomings. Finally, Section IV synthesizes the information from previous chapters into a cohesive theory, which incorporates the strongest elements of the moral panic theory while also addressing its weaknesses.

II: Methods

A: Process Tracing

In political science, establishing causal relationships is notoriously difficult. Political events may have hundreds of hidden, interrelated causes, none of which would have been enough to trigger the event on their own. Moreover, each specific political event only happens once—control groups and multiple trials are luxuries that the political scientist does not always enjoy. Therefore, theories in political science are built not only on statistics or experiments, but also on logical inference and careful argumentation. These arguments are supported by balanced and thorough investigation of the relevant historical facts. This is the approach used in this thesis—it applies a qualitative, process-tracing methodology to analyze the historical record and develop a theory to explain the global criminalization of psychedelics.

Before beginning the process-tracing step, it was necessary to develop a timeline of important developments, from the discovery of LSD in 1938 to the international prohibition of psychedelics in 1971. This timeline followed several interconnected sequences of events, which include: the early research and therapeutic use of psychedelics by the psychiatric community, the explosion of non-medical psychedelic use (including popular figures like Tim Leary who encouraged it), the association of psychedelics with the 1960s youth counterculture, and the evolving media representations of psychedelics through the 1950s and 60s. This timeline relied mainly on secondary literature, such as Lee and Shlain's (1985) *Acid Dreams* and Stevens's *Storming Heaven: LSD and the American Dream* (1987). Wherever possible, multiple independent secondary sources were used and/or primary sources were located to

corroborate key factual points. The results of this analysis are outlined in the Historical Background section.

After the timeline, several plausible hypotheses were assembled to explain each major development in the path to psychedelic prohibition. These hypotheses ranged from narrow, e.g. “Tim Leary’s testimony to the Senate in 1966 increased Senators’ distaste for psychedelics,” to broad, e.g. “When psychedelics were criminalized in 1968, most government officials believed they were legitimately dangerous.” Many of these hypotheses were drawn from existing secondary literature on the topic—these are described in the Literature Review section. Others were developed by closely examining the timeline and searching for plausible causal relationships. Once a range of reasonable explanations had been determined for each major development, they were evaluated against the primary source evidence.

In gathering primary sources, the focus was on the 1960s, when the popularity of psychedelic drugs hit its zenith—and when they were criminalized throughout the US and the world. Three main types of source were used. The first type was media representations of psychedelics, such as newspaper/magazine articles. The second type was governmental communications, such as the minutes from legislative hearings, public statements from government officials, and any private communications on the subject available. The third type was the scientific evidence available at the time, including safety and tolerability studies, research into psychedelics as psychiatric medications, and medical conference proceedings. Once collected, this primary source evidence was used to evaluate the hypotheses described above.

The result of this process is a theoretical account of the criminalization of psychedelics. This account combines the best-supported hypotheses into a single, coherent narrative. Where appropriate, alternative hypotheses are explained and refuted. Most aspects of this theory are drawn from secondary literature on the history of psychedelics, as well as the larger body of work surrounding American drug politics in general. Primary source evidence is also used throughout the paper to substantiate and reinforce important historical points.

B: Methodological Limitations

1: Availability Bias

The use of primary source evidence was necessarily subject to some availability bias. It was only possible to consider primary-source evidence that exists and is publicly available. This increases the likelihood that certain factors were over- or underrepresented in the evidence base. For example, federal and state governments are disinclined to release information that would harm their public image, and this has had tangible impacts on this project. Much of the primary source evidence on the CIA's psychedelic research program was purposefully destroyed in the 1970s, so it has been necessary to rely on secondary sources and the few primary reports that remain (Lee and Shlain 1985, 285). As another example, since magazine and newspaper articles are relatively easy to obtain, it has been difficult not to place disproportionate weight on media sources.

Availability bias was addressed by carefully considering the quality and nature of evidence, not just the quantity available. The approach used in this thesis was partially modelled after the inferential logic outlined in a 2011 article by David Collier.

Collier proposes a process-tracing method which categorizes all pieces of primary evidence as necessary, sufficient, both, or neither to confirm a particular hypothesis. The quantity of evidence is less important than the logical inferences that can be drawn from each clue. The evidence used here was also deliberately gathered from a balanced and diverse range of sources. The bulk of the primary source analysis was based on contemporaneous medical journals, mainstream news media, and government publications. However, the analysis also incorporates whatever evidence could be found from underground newspapers, declassified and/or leaked CIA documents, and other less-conventional sources.

Of course, these measures may not have eliminated availability bias from this study. As with any historical investigation, this one is based on the limited, partial evidence that has survived the test of time. New evidence could emerge to contradict the narrative and theories presented here. If it does, then the conclusions of this thesis must be reevaluated.

2: Selection Bias and Generalizability

This thesis focuses almost entirely on the specific case of psychedelic criminalization in the US. Although it also examines the UN's 1971 decision to include psychedelics in Schedule I of the Convention on Psychotropic Substances, that is done primarily to evaluate the role the US played in that decision. This is therefore a within-case analysis—that is, it does not compare the causes of psychedelic criminalization in the US to the causes of psychedelic criminalization in other countries.

Since this study considers only one case, there is substantial potential for selection bias and lack of generalizability. In their paper on selection bias, Collier and

Mahoney caution that within-case process tracing research is not generalizable to other cases, for two reasons (1996, 70-72). This is true for two main reasons. First, the researcher often chooses an extreme case to analyze, rather than a representative case. Indeed, this thesis focuses on the US partially for the sake of convenience and partially because the history of psychedelics in the US is dramatic and multi-faceted. So, the US may not necessarily be a good model through which to understand psychedelic criminalization in other nations. Second, even if the chosen case is not extreme, a qualitative, within-case analysis effectively amounts to a sample size of one—not near enough for a generalizable conclusion. In this work, these problems are addressed simply by making no claims of generalizability. The explanations provided here for psychedelic criminalization in the US do not necessarily shed light on the processes that led to psychedelic criminalization in other states.

However, even without attempting to generalize, selection bias may still impact the results of this study. Collier and Mahoney note that studies focusing on a particular case or subset of cases may miss important relationships and patterns present in the complete set (1996, 63-64). That is, there may be hidden factors that contributed to psychedelic criminalization in the US, factors that only become apparent when the US case is compared to many other cases. Extensive comparative analysis is outside the scope of this study, so these hidden factors, if they exist, will have to be uncovered by future research. On the other hand, the depth of analysis provided by the process-tracing method may provide insight that would not be possible with a broader, comparative method.

Therefore, although selection bias presents a significant limitation, the process-tracing method was nevertheless the most effective way to investigate the research question at hand.

III: Historical Background

The history of psychedelic use in the Americas dates back thousands of years. Since pre-historic times, naturally occurring psychedelics such as psilocybin mushrooms, mescaline-containing cacti, and ayahuasca brews have been used by Native tribes in North and South America (Frame n.d.; Kuhn et al. 121-128). To Indigenous users, these substances were not recreational; they were conduits to the divine. R. Gordon Wasson, the man who introduced psilocybin to white America, notes that “among the Indians, [psilocybin mushrooms’] use is hedged about with restrictions of many kinds . . . these are never sold in the marketplace, and no Indian dares to eat them frivolously, for excitement” (1957). By the late 19th century, white Americans had begun to experiment with peyote, and in 1897 chemist Arthur Heffter successfully isolated its psychedelic compound, mescaline (Frame, n.d.). But it was in 1938, at a laboratory in Switzerland, that the story of psychedelics in the US truly began.

A: Onset of Action

In that Swiss laboratory, which belonged to the pharmaceutical company Sandoz, Albert Hoffman was attempting to synthesize a new headache medication from the ergot fungus. He produced a wide range of novel compounds, but none passed animal trials—among the discards was an unassuming molecule, lysergic acid diethylamide, which Hoffman labelled “LSD-25.” Five years later, in 1943, a “peculiar presentiment” convinced him to take another look at this chemical. In the process of resynthesizing it, Hoffman accidentally absorbed a microscopic amount through his skin—enough to begin the first LSD experience in history (Stevens 1987, 4-5).

Once the drug had worn off, it was clear to Hoffman that he had discovered something hugely significant. LSD was, by far, the most potent hallucinogen known to humanity. Sandoz spent several years attempting to determine what particular medical purpose it could serve. Ultimately, in 1947, Sandoz brought LSD to market under the brand name “Delysid.” They distributed large quantities free of charge to researchers in an attempt to discover what exactly LSD was good for, sparking a massive wave of research in the early 1950s (to be discussed later in this section) (Pollan 2018, 142-143). Sandoz encouraged psychiatrists to not only prescribe LSD for a range of mental disorders, but also to consume it themselves, so as to achieve a better understanding of the psychotic mind (Frame, n.d.). As Sandoz peddled their invention on the pharmaceutical market, however, another customer took notice—the US Central Intelligence Agency.

B: Psychochemical Warfare

Long before LSD was well-known among the American public, it was extensively tested by the US Army and the CIA. Since the beginning of the Cold War in the mid-1940s, the US had been keenly interested in discovering a “truth serum,” a substance that would render interrogees more malleable and likely to divulge secrets. Throughout the 1940s and 1950s the CIA conducted secret tests with cannabis, sedatives, and various combinations of other psychoactive substances (Lee and Shlain 1985, 5-12). At some point in the late 1940s or early 1950s (the exact date is not public information), they discovered LSD. The agency began testing it extensively on their own operatives, as well as funding external psychiatric research (Lee and Shlain 1985, 12-20). In 1954, a secret internal CIA memo was distributed, noting that LSD was

“better adapted than known drugs to both interrogation of prisoners and use against troops and civilians,” and lauding its “great strategic significance” (CIA 1954, 1).

These promising results led the CIA to initiate a secret program in 1953, one so blatantly unethical and illegal that, even today, it remains a major stain on the agency’s reputation: Project MK-Ultra (Pollan 2018, 142). The goal of MK-Ultra was to test LSD’s usefulness in the field, which was achieved in part by secretly dosing random civilians with large quantities of LSD and then subjecting them to simulated interrogations. The CIA also tested LSD’s potential as a “brainwashing” agent on dozens of psychiatric patients, mostly racial minorities, without consent—a clear violation of the Nuremberg Code (Lee and Shlain 1985, 23-35). Internally, the CIA leadership justified their heinous acts with the classic Cold War refrain: *if we do not, the Soviets will get there first* (CIA 1954, 2; Lee and Shlain 1985, 27). In fact, Russia truly was engaged in a mind-control program of their own, although their focus was on electromagnetism rather than chemicals (Kernbach 2013).

Excuses aside, let it be clear: the US government used LSD as an experimental instrument of torture on unsuspecting American citizens, many of whom had committed no crime. Although many sources sugar-coat these experiments with sanitized terminology, this downplays their abhorrence. According to the UN Convention against Torture, “torture” is defined as “any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person by . . . a public official or other person acting in an official capacity” (OHCR 1984). High doses of LSD, administered without consent, combined with aggressive interrogation tactics, certainly inflicted severe mental suffering. That was the point; per the CIA’s internal reports, the primary

utility of psychedelic drugs was to “produce anxiety or terror” (Bimmerle 1993). In 1963, the CIA’s Inspector General warned agents to take great pains to ensure that MK-Ultra remained secret, lest the agency’s public image be ruined (Stevens 1987, 84).

By 1958, the US Army had begun its own series of experiments on LSD as torture instrument. According to testimony by the Army’s General Counsel in 1975, these experiments were mainly conducted on a group of about 600 US soldiers (Ablard 1975, 9, 15). One of these soldiers, a Black man named James Thornwell, was imprisoned and psychologically abused for three months, interrogated under the influence of a heavy dose of LSD, then released; mentally, he never recovered (Khatchadourian 2012). Apparently, the Army was satisfied with the results of their experiments, as LSD was then taken overseas and “field-tested” in the early 1960s (Ablard 1975, 12-14). This field testing entailed the detainment of “Orientals of various nationalities” who were suspected of Communist espionage or (ironically) drug trafficking (Khatchadourian 2012). These detainees were given massive doses of LSD in conjunction with more traditional torture methods like extreme temperatures and dehydration—several begged their interrogators for death (Lee and Shlain 1985, 39-40).

Torture was not the only goal of the CIA and Army’s experiments with LSD. In 1959, Major General William Creasy petitioned Congress to fund an Army “psychochemical warfare” project (Lee and Shlain 1985, 36-37). LSD and other hallucinogens could be an alternative to nuclear weapons, Creasy argued, if administered to an enemy population via the air or water supply (Ablard 1975, 4-5). While a city’s inhabitants wandered about in a hallucinatory delirium, Creasy believed, the US military could rush in and seize control without any loss of life or infrastructure.

Congress approved Creasy's proposal for a psychochemical warfare project, although LSD turned out to be too difficult to administer to large populations (Lee and Shlain 1985, 36-37, 41). Instead, the Army moved on to more potent, easily administered superhallucinogens. One such weapon, BZ, was used in the Vietnam War and may have been considered for use against domestic insurgents (42-43).

None of the information in this section came to light until the mid-1970s, after the CIA had already purged most of the relevant evidence from its records (Lee and Shlain 1985, 285-286). But in hindsight, it is clear that nobody played a larger role in the early history of psychedelics in the US than its own military and intelligence agencies. The CIA not only provided tremendous resources to private researchers investigating LSD, but they also founded the first LSD production operation in the US (20-21, 27). Of course, the agents who authorized these decisions could not have known that this experimental truth serum would come to revolutionize psychiatry and fuel a cultural upheaval like the US had never seen.

C: The Peak

After LSD hit the market in 1947, in no small part thanks to the efforts of the CIA and US Army, it spread like wildfire throughout the American psychiatric community. Initially, due to reports from the CIA and Army, it was believed that LSD's primary effect was to induce a temporary state of psychosis, and so it began to be dubbed a "psychotomimetic" (Lee and Shlain 1985, 19-21; Pollan 2018, 145-146). Even in 1951, however, there were those who believed it was something more. Chief among them was Al Hubbard, the "Johnny Appleseed of LSD." Hubbard, after trying LSD in 1951, immediately resolved to devote his life to spreading the psychedelic gospel.

One of Hubbard's close colleagues was psychiatrist Dr. Humphrey Osmond, with whom Hubbard worked to establish LSD treatment centers nationwide. These centers specialized in treating alcoholism and reported an astonishing 50% success rate (Lee and Shlain 1985, 45-50). In 1957, Osmond presented his results to the New York Academy of Sciences and spoke out against the "psychotomimetic" paradigm. The subjective effects of psychedelics, he contended, bore only a superficial resemblance to psychosis. Moreover, if all these drugs did was simulate mental illness, then how could they have such incredible therapeutic effects? (Pollan 2018, 150-151) Instead, Osmond proposed a new term for this novel class of substance, "psychedelic," from the Greek for "mind-manifesting" (Lee and Shlain 1985, 55). Evidently, the term has persevered.

Osmond's research on psychedelics also succeeded in attracting the interest of famous author Aldous Huxley, who volunteered himself for a mescaline trial in 1953 (Lee and Shlain 1985, 46). For Huxley, as for so many others before and after him, the psychedelic experience was life changing. A year later, he published a rapturous account of his trip: *The Doors of Perception*. "I was seeing what Adam had seen on the morning of his creation—the miracle, moment by moment, of naked existence" (Huxley 1996, 17). It is hard to overstate the impact of this book—psychedelics were relatively unknown to the American public, and now one of the greatest writers of the generation was singing their praises! (Lee and Shlain 1985, 47; Siff 2015, 61) Huxley goes so far as to suggest an education system in which intellectuals are "urged and even, if necessary, compelled to take an occasional trip through a chemical Door in the Wall" (1996, 76-78).

In large part due to Huxley's evangelizing, public interest in psychedelics continued to mount throughout the 1950s. This process was accelerated by a 1957 special in *LIFE* magazine entitled "Seeking the Magic Mushroom," an account of businessman R. Gordon Wasson's trip to Mexico to participate in an Indigenous mushroom ceremony. Like Huxley, Wasson was thrilled by his experience and even speculates that psilocybin mushroom experiences might have "planted in primitive man the very idea of god." Wasson, together with Huxley, played a tremendous role in introducing psychedelics to the American public (Lee and Shlain 1985, 72; Siff 2015, 73-86). By 1959, Americans from all walks of life were trying psychedelics for their medical benefits, the news media ran celebrity endorsements, and psychedelic therapists were widespread (Lee and Shlain 1985, 55-57; Siff 2015, 99-101). "By the end of the decade," says Pollan, "LSD was widely regarded in North America as a cure for alcohol addiction" (2018, 151). Additionally, many artists followed Huxley's advice to turn to psychedelics for inspiration. These included Beat generation pioneers Jack Kerouac and Allen Ginsberg, whose revolutionary poem "Howl" was directly inspired by a mescaline experience (Lee and Shlain 1985, 60-61, 80; Miles 2005, 68; Stevens 1987; 113-114).

Among the many who took an interest in psychedelics after reading Wasson's article in *LIFE* was Harvard psychology professor Tim Leary. Seeking insight into the workings of the human mind, Leary took a trip to Mexico in 1960 to try psilocybin mushrooms for himself (Stevens 1987, 122). He was stunned. To a friend he exclaimed, "I learned more in six hours than in the past sixteen years!" Later, in his book *High Priest*, Leary recounts feeling an overpowering urge to share this "sacrament" with the

world: “It will change your life! You will be reborn!” (133) Leary promptly returned to the states and launched the Harvard Psilocybin Project (Lee and Shlain 1985, 73-76).

The project at Harvard conducted a range of controversial experiments, with a range of fascinating results—for example, in the 1962 “Miracle at Marsh Chapel,” churchgoers who ingested psilocybin before a service almost universally reported mystical experiences (Lee and Shlain 1985, 76-77; Stevens 1987, 168-169). Ultimately, however, Leary’s Harvard colleagues grew uncomfortable with his gung-ho approach to psychedelics, particularly his highly unprofessional habit of taking the drugs alongside his test subjects. After a scathing exposé in the *Harvard Crimson*, the Psilocybin Project was shut down by the FDA, and Leary was dismissed (Lee and Shlain 1985, 87-88). However, he went on to become the single most influential advocate for the spiritual use of psychedelics (Miles 2005, 68-72; Pollan 2018, 139-139).

The FDA did not stop with the Harvard Psilocybin Project in 1962—later that year, they imposed stringent new regulations on pharmaceutical research, and began to deny most applications to research psychedelics (Lee and Shlain 1985, 91). Few researchers had the will or resources to meet the new FDA standards, and psychedelic research sharply declined (Belouin and Henningfield 2018, 9; Carhart-Harris and Goodwin 2017). Then, in 1965, the Drug Abuse and Control Amendments formally banned the unlicensed manufacture or sale of LSD (Lee and Shlain 1985, 93). These Amendments provided the FDA with sweeping authority to enforce this provision and prosecute illicit manufacturers or sellers (Abramson 1966; NIH 1966, 9). The final nail in the coffin for researchers hoping to investigate LSD came in 1966, when Sandoz declared it would no longer produce or sell the drug, cutting off the only legal source

remaining (Schumach 1966; Stevens 1987, 281). But although legal psychedelic therapy and research was no longer possible, possession was not yet banned, and the recreational acid wave had just begun.

1965 was the golden age for recreational psychedelic users. The Free Speech movement and hippie counterculture were in full swing, and the black market was saturated with illegally manufactured LSD (Lee and Shlain 1985, 126-127, 146-147). Iconic madcap author Ken Kesey and his band of “Merry Pranksters” roamed the country in technicolor van, dosing thousands with LSD in their “Electric Kool-Aid Acid Test” parties (Lee and Shlain 1985, 121; Miles 2005, 36, 48, 54). Folk legend Bob Dylan took to the stage and introduced the music world to a revolutionary, psychedelic-inspired style that came to be known as “acid rock” (Lee and Shlain 1985, 137). Many other world-famous musicians, such as John Lennon and George Harrison of the Beatles and Syd Barrett of Pink Floyd, were similarly enamored with the drugs (Miles 2005, 84, 166). On college campuses, the use of psychedelics surged (Lee and Shlain 1985, 132). It seemed they were beginning to have a real impact on American society. But ultimately, the drug culture was a victim of its own success.

D: The Comedown

The FDA’s crackdown on psychedelic research in the early 1960s was not uncontroversial. Senator Robert Kennedy (D – NY) launched an inquiry into the FDA’s decisions in spring of 1966 (NIH 1966). “We have lost sight of the fact that [LSD] can be very, very helpful in our society if used properly,” he argued. Kennedy was speaking from experience: his own wife had reported great benefits from LSD therapy (Lee and

Shlain 1985, 93). Ultimately, the Senate Subcommittee on Juvenile Delinquency called a series of Senate hearings to discuss the problem of recreational psychedelic use.

Among those who testified against criminalizing psychedelics were Beat poet Allen Ginsberg, Tim Leary, and Dr. Stanley Yolles, the former director of the National Institute of Mental Health (NIMH). Leary and Ginsberg were restrained, seeking a compromise between the extremes of total criminalization and unrestricted access (Lee and Shlain 1985, 150-153 ; Walsh 1966, 1729). “The commercial activities involving manufacture, sale and distribution of these substances definitely should be controlled,” conceded Leary, but “LSD is not a dangerous drug” (McNeill 1966). Dr. Yolles agreed that criminalization was unwise, observing that “the short-term effects of [psychedelic] treatment are sufficiently interesting to warrant continued support” (the role of Dr. Yolles and other medical experts in the criminalization process will be discussed at length in later sections) (NIH 1966, 22-33). Nevertheless, although the federal government held off, in May 1966, California formally banned the possession of LSD (Desert Sun 1966).

If anything, prohibition in California only made LSD more popular. In January of 1967, members of the San Francisco counterculture hosted the first “Human Be-In”—a massive gathering of hippies and psychedelic acolytes, with Tim Leary as the headline speaker. The resounding success of the event precipitated a frenzy of media attention (Lee and Shlain 1985, 162). Of course, the more the newspapers condemned the counterculture, the more attractive it seemed to rebellious youth nationwide. Young men and women, seeking kicks, escape, or enlightenment, began to descend on the Bay

Area. By summertime, San Francisco was swarming with aspiring hippies; the Summer of Love had begun (Stevens 1987, 338-344).

However, the streets of San Francisco were dangerous for lone teenagers, and as hapless prey flooded in, the city's criminal element grew as well (Stevens 1987, 339). Many of the novice hippies also severely underestimated the intensity of the psychedelic experience. San Francisco hospitals admitted thousands of panicked youths in the midst of "bad trips" (341). This problem was exacerbated by black market sales of a long-lasting military super-hallucinogen called STP that was often disguised as LSD—even experienced psychedelic users sought medical help when what they assumed was acid still hadn't worn off after three days (Lee and Shlain 1985, 187). For older hippies, the counterfeit drugs, naïve poseurs, rising crime rates, and police repression were too much to handle. On the one-year anniversary of LSD being banned in California—October 6, 1967—a mock funeral was held on Haight St. for the "death of the hippie," and counterculture members of all stripes began leaving the Bay Area shortly afterward (191-192).

About a year later, in 1968, possession of LSD was banned by the US federal government. In 1970, the new Controlled Substances Act classified LSD and other psychedelics as Schedule I, signifying that they had no medical potential and the highest possible potential for abuse (Lee and Shlain 1985, 93). The next year, through the UN Convention on Psychotropic Substances, psychedelics were placed in the strictest category, above cocaine and alongside heroin (Bayer 1989, 23). From 1970 to the 2000s, the blanket bans on psychedelic possession made it nearly impossible for legitimate researchers to study the drugs—in the US, the FDA rejected most research

applications without explanation (Richert 2019, 90-91). Although there has been a recent revival of interest in the medical possibilities of psychedelics (see “Conclusion and Discussion”), they remain Schedule I illicit drugs in the US. So now we turn to the central question: why did this occur? The following section will explore current scholarly perspectives on the issue.

IV: Literature Review

The topic of drug criminalization has attracted significant scholarly attention from political scientists, sociologists, medical professionals, historians, and other interdisciplinary researchers. First, much has been written on the history of drugs and drug criminalization in the US. Second, there have been several investigations of psychedelic criminalization specifically.

A: Drugs in the United States: Expanding Criminalization

The substantial body of work on American drug history and policy has laid the theoretical groundwork for the more narrowly targeted analysis in this thesis. Over the past century, American drug policy has been characterized by increasingly harsh criminalization of illicit substances, epitomized by the so-called “War on Drugs.” Even in 1986, the *New York Times* recognized that the nation’s relationship with drugs was cyclical: periodically, the popularization of new drugs would spark a panic, and that panic would spur heightened criminalization (Kerr 1986). This cycle has ensured that, in the long run, the intensity of drug criminalization is continually ratcheted upward.

In *Policing the Globe*, Andreas and Nadelmann compellingly argue that this pattern began in the early 20th century (2006, 40-41). In the 1800s, drug use was relatively widespread and accepted in the US—Brecher et al. (1972) note that use of opiates was considered a “vice akin to dancing, smoking, theater-going, gambling, or sexual promiscuity,” but was not cause for imprisonment. Cocaine was similarly accepted, and used in a wide variety of consumer goods, most famously in the original formulation of Coca Cola (Andreas and Nadelmann 2006, 40). However, Andreas and Nadelmann argue that an increasing recognition of the dangers of these drugs,

combined with substantial efforts by Protestant “moral entrepreneurs,” caused the US to begin criminalizing recreational substances in the early 1900s (40-41).

In Morgan’s (1981) *Drugs in America*, this shift is explored in greater detail. Above all, Morgan blames the prevalence of opium use in the late 19th century. He argues that the addictive and sedative effects of opium contributed to public perceptions of drug users as intrinsically lazy and enslaved to their substance of choice (50, 60-63). Combined with racialized stereotypes of cocaine users, says Morgan, this fed a narrative that drug use was antithetical to social progress, and ought to be criminalized (60, 94, 101). By the 1930s, this criminalization had begun in earnest, led by anti-drug fanatics such as Narcotics Division head Harry Anslinger (120-121). Public support for criminalization was based on the common belief that all illicit drugs were functionally equivalent—after 1914, any new drug had to “prove itself by the company it kept” (138, 143). Anslinger took great advantage of this belief, successfully convincing the public in the late 1930s that cannabis, like opiates or cocaine, was highly addictive and dangerous, although there was no scientific evidence to suggest this was the case (Anslinger 1937; Goode and Ben-Yehuda 2009, 198-202). In the following years, concerns about growing rates of heroin use, as well as persistent fear-mongering by Anslinger and his contemporaries, led to a series of “tough-on-drugs” policies, including the 1951 Boggs Act and 1956 Narcotic Control Act (Morgan 1981, 145-148).

The zeal of American moral crusaders extended far beyond the US’s borders. From 1909 on, say Andreas and Nadelmann, the US has prosecuted an international campaign of “exceptional scale and scope . . . drafting and lobbying for increasingly far-reaching antidrug conventions, designed first to restrict and then to criminalize most

aspects of drug trafficking both internationally and in the domestic legislation of all [UN] member countries” (2006, 43). The culmination of these efforts was the 1961 UN Single Convention on Narcotic Drugs, which was largely modelled after US federal law and driven by US efforts (Andreas and Nadelmann, 43; Crick 2012, 408). Emily Crick argues that this convention marked a crucial turning point, legitimizing the representation of drug use as a national security issue and codifying the global prohibition regime (2012, 407). Sophie O’Manique concurs, noting that the US’s focus on drug policy in the international sphere reflects a belief that “drug trafficking . . . poses a threat to international security and human rights. In the discourse, drug traffickers become equated with terrorists” (2014, 49).

The shift to a security framework evidently accelerated the expansion of the US drug criminalization regime. In the 1960s, in parallel with the psychedelic scare, public concern mounted over use of amphetamines, barbiturates, and cannabis by non-white Americans (Morgan 1981, 158-161). This culminated in the election of Richard Nixon, who called drug abuse “public enemy number 1” and dramatically intensified federal drug enforcement (Nixon 1971, Lee and Shlain 1985, 221). For Nixon, the issue was personal. He “felt a reflexive distaste for illegal drugs and the people who used them,” and fretted that cannabis and psychedelics were “turning a generation of Americans into long-haired, love-beaded, guru-worshipping peaceniks” (Massing 1998, 97). The cycle repeated in the early 1980s when soon-to-be President Ronald Reagan instigated another panic over drug use for electoral advantage, then dramatically escalated the “War on Drugs” while in office (Hawdon 2001, 420-422, 427-429 ; Morone 2003, 467).

The War on Drugs has achieved shockingly little success curbing drug use in the US—or in any other nation that has adopted harsh criminalization policies (The Economist 2018; Shultz and Aspe 2017). Degenhardt et al. (2008, 1065) observe that “countries with more stringent policies towards illegal drug use did not have lower levels of such drug use.” In fact, the US has the highest levels of all. Massing estimates that, by investing in treatment rather than law enforcement, the US could have achieved far better results at a fraction of the cost. “Every study of drug treatment has arrived at the same conclusion: . . . impressive reductions in both drug consumption and criminal activity, at a relatively low cost” (1998, 51). This is not a new concept—in 1975, a government task force produced an in-depth report critiquing American supply side drug policy and recommending a shift to a treatment-first paradigm. The Ford administration flatly ignored these results, however, opting instead to ratchet up paramilitary operations against opium growers in Mexico (Massing 1998, 135). With the notable exception of cannabis legalization in many states, the US’s drug criminalization regime has continued unabated to the present day (see “Conclusion and Discussion”).

No discussion of drugs in the US can be complete without addressing race, which has been entwined with drug rhetoric from the beginning. As early as the turn of the 20th century, the news was pervaded by sensationalized tales of opium-smoking Chinese immigrants seducing white women and Black cocaine users going on furious rampages (Goode 2008, 536 ; Morone 2003, 464-466). Then, in the 1930s, Harry Anslinger’s anti-cannabis campaign heavily leveraged public fears of Mexican immigrants (Goode and Ben-Yehuda 2009, 200-202; Halperin 2018). He lamented over

“what a small marihuana cigarette can do to one of our degenerate Spanish-speaking residents . . . most of who are low mentally” (Anslinger 1937). The racialization of the drug problem, and the resultant harm to communities of color, has only increased in the decades since. Kevin Gray argues compellingly that today, “for white America, the drug problem has a black face” (1998, 166). Particularly in federal courts, he notes, non-white defendants are convicted of drug crimes at massively disproportionate rates (168). Once incarcerated, these individuals are forced to labor for meager wages, providing immense profits for the stakeholders of the prison-industrial complex (196). To fully examine the racial history of drugs in the US would require an entire additional thesis— suffice it to say, the relationship between drug criminalization and racism features heavily in the literature base and is crucial to a complete understanding of drug policy.

B: Psychedelic Criminalization: The Moral Panic Hypothesis

Up until now, this section has explored the literature on American drug policy in general. It will now turn to the literature on psychedelic criminalization specifically, which is somewhat sparse, and almost invariably centers on the theory of “moral panics.” The theory of moral panic was first articulated in 1972 by Stanley Cohen in his seminal work *Folk Devils and Moral Panics*. He defines a moral panic as an abrupt explosion of public fear regarding a perceived “threat to societal values and interests” (9). This threat is nearly always blamed on a particular agent or group of agents, the “folk devils: visible reminders of what not to be” (10). Cohen devotes substantial attention to the role of the media—the media, he argues, play a dominant role in setting a nation’s moral agenda (16-17). Yet the media are incentivized to exaggerate and distort reality to conform to their viewers’ preconceptions and generate “newsworthy”

reporting—moral panics, says Cohen, begin with deliberate “news manufacturing” (44, 46-48).

In a 1994 article, Goode and Ben-Yehuda add further clarity to moral panic theory. They outline a set of specific criteria that can be used to determine whether an incident constitutes a moral panic. These include: public concern about a certain behavior; hostility towards those who practice the behavior; consensus among a significant portion of the population that a threat exists; disproportionality between the actual scale of the problem and the public response; and volatility, meaning the panic emerges suddenly and fades quickly (156-159).

Debate about psychedelic criminalization has largely centered on moral panic theory. Goode and Ben-Yehuda point to LSD criminalization in the late 1960s as the result of an “unprecedented” moral panic (2009, 202). They cite sensationalist media accounts, which exaggerated and fabricated dangers of LSD use and demonized its proponents. “The media seized upon and reported the very small number of untoward LSD-related episodes . . . in the context of the 1960s, LSD ‘freak-outs’ were news; stories that LSD does not cause psychotic outbreaks were *not* news” (203). Goode and Ben-Yehuda believe, like Cohen, that the media’s self-interested cherry-picking of sensational information plays a crucial role in generating moral panics. “The media hysteria,” they conclude, “brought forth criminal legislation that penalized the possession and sale of LSD” (205).

Media portrayals of psychedelics were later explored in much greater detail in Stephen Siff’s 2015 book, *Acid Hype*. Siff largely agrees with the moral panic interpretation but adds nuance to the discussion. He argues that even prior to the 1960s,

media representations of psychedelics were out of touch with reality. In the 1950s, the media were quick to heap unearned praise on psychedelics, portraying them as potential wonder-drugs (Hyams 1959; Siff 2015, 61). But in the mid-1960s, when public concerns about the dangers of psychedelics were growing, media outlets capitalized on the fear by publishing unsubstantiated negative reports about the substances (Siff 2015, 151). This instigated a feedback loop of bad press and negative public response, culminating in the late 1960s' moral panic (177).

Another variant on the moral panic hypothesis was proposed by Miranda DiPaolo in 2018. DiPaolo takes the moral panic hypothesis as a starting point but argues that the panic did not emerge organically, or as the simple result of media sensationalism. Rather, she claims, criminalization of LSD was a purposeful government effort to persecute the hippie counterculture of the 1960s. She points to the extensive history of aggressive police action against the hippie community (discussed in greater detail by Barry Miles in his 2003 book *Hippie*). The hippies were seen as a threat to the “national character,” argues DiPaolo, and their association with psychedelic drugs was a convenient avenue through which to cement their public image as deviant and criminal. This argument will be considered at greater length in the next section.

In 2002, Cornwell and Linders published a direct rebuttal to the moral panic hypothesis, singling out Goode and Ben-Yehuda's study in particular. Cornwell and Linders's primary objective in their essay is to discredit moral panic theory as a whole, claiming that “the moral panic concept serves as an analytical distraction of sorts rather than a useful conceptual tool” (314). But in the process, they develop an alternative

account of LSD prohibition. They argue that despite the media hysteria, criminalization of LSD was a slow process, characterized by cooperation and deliberation—not typically associated with a “panic” (308). Cohen’s entire theory of moral panic, say Cornwell and Linders, is based on the inaccurate assumption that people respond selfishly and irrationally in crisis situations like natural disasters. In fact, Cornwell and Linders claim, this sort of breakdown in social relations rarely occurs. In crises, natural or moral, people tend to cooperate and respond in an organized fashion (311-313). Cornwell and Linders also argue that moral panic theory reduces the public to gullible, passive media-consumers, and reduces the “folk devils” to mere objects of demonization. Cornwell and Linders contend that both the public and the “folk devils” play more active roles in the public conversation. Tim Leary, for example, was undoubtedly demonized by the government and media, but also was highly influential in shaping the public’s views of psychedelics (323-325).

Goode wrote a piece in 2008 to defend his argument against Cornwell and Linders’s attack. Moral panics, Goode says, are a frequent occurrence, particularly surrounding drugs. He argues that Cornwell and Linders misunderstand moral panic theory. A moral panic is clearly not identical to the literal panics that occur in disaster situations, such as fires; Cohen’s disaster analogy was meant to be somewhat loose. Goode then provides extensive evidence that the media and public response to LSD in the 1960s was disproportionate to the actual threat the drug posed—the main indicator of a moral panic. This evidence includes the spate of factually untrue reports of psychedelic-related calamities and the prevalence of hyperbolic, moralizing rhetoric like

“scourge,” “epidemic,” “crazed,” and “cult” in 1960s reports on psychedelics by the media (538-540, 542).

Up to this point, this section has presented the views of various authors without commentary. However, the debate between Cornwell and Linders and Goode requires some clarification. Nowhere else in the literature base is the question of psychedelic criminalization debated so explicitly and thoroughly. However, the debate is muddied on both sides by substantial mischaracterization of the opposition. Cornwell and Linders, for their part, are far too focused on Cohen’s disaster analogy, which Goode accurately observes is by no means essential to moral panic theory (Goode 2008, 540-541). Additionally, contrary to Cornwell and Linders’s characterization, Cohen quite clearly explains that in the aftermath of a disaster or a moral panic, social relations do *not* break down, and in fact play a major role in determining the response (1972, 22-24).

Goode’s response, meanwhile, completely misses the thrust of Cornwell and Linders’s essay and responds to a straw man argument instead. Cornwell and Linders agree with him that the media and public response to psychedelics in the 1960s was disproportionate (2002, 319-320). Their point of contention is largely semantic; they use the example of LSD criminalization to illustrate that the process of deviance construction is slow, deliberative, and cooperative, and therefore should not be called a “panic” (308). Goode’s response does not substantially address these points, but instead focuses on reasserting the disproportionality of the response to psychedelics, which Cornwell and Linders had never disputed (Goode 2008, 538-540). Ultimately, both sides agree on most substantive points: there was a media-driven surge in negative

public response to psychedelics in the 1960s, disproportionate to actual harms, which led the US to criminalize them after a period of deliberation.

In the following section, the moral panic hypothesis will be examined and evaluated against the historical facts. Layers of analysis will also be added to explain gaps in current theories. Conspicuously absent from prior works is an explanation of how the moral panic in the US, if it occurred, relates to the 1971 global prohibition of psychedelics by the UN. Also absent is a clear summary of the scientific evidence available at the time of criminalization—this is key to determine whether the public response was actually disproportionate, given the information available.

V: Did a Moral Panic Cause Psychedelic Criminalization?

As explained in the literature review section, the criminalization of psychedelics has almost always been blamed on a moral panic. But does this theory hold up under scrutiny? There are two key questions: first, was there a moral panic in the US about psychedelics in the 1960s? There is abundant evidence to suggest there was. The public response was disproportionate to the problem, and made “folk devils” out of psychedelic researchers (e.g. Tim Leary) and users. Second, was this moral panic the cause of psychedelic criminalization? That is, would psychedelics have remained legal if the moral panic had not occurred when it did? This question is harder, but a careful review of the evidence suggests that the moral panic was, at most, a proximate cause of psychedelic criminalization. The US government and the UN were already beginning to contemplate criminalization before the moral panic began. Although the panic may have added urgency to these efforts, it is likely that psychedelics would have been criminalized regardless.

A: Was There a Moral Panic?

If there were in fact a moral panic about psychedelics in the 1960s, what clues would be expected? Recall from the Literature Review that one of the primary indicators of moral panic is a sudden surge in public attention paid to a problem, disproportionate to its real scale. Also recall that moral panics generally entail the media portrayal of certain individuals or groups associated with the problem as “folk devils:” scapegoats for public rage and fear. Both of these factors were evident in the 1960s public response to psychedelics.

1: Disproportionate Reaction

To establish that public attention was disproportionate to the actual scale of the psychedelic problem, it is necessary to evaluate what was known to science at the time. If the evidence legitimately seemed to suggest that psychedelics were highly dangerous, then the reaction may not have been disproportionate to the apparent threat. However, this was not the case. A massive meta-analysis by esteemed LSD researcher Sidney Cohen, analyzing over 25,000 therapy sessions, reported in 1960 that “untoward events occurring in connection with the experimental or therapeutic use of the hallucinogens have been surprisingly infrequent . . . no instance of serious, prolonged physical side effects was found” (Cohen 1960, 30). He concludes that “with proper precautions [psychedelics] are safe” (39). No analysis emerged in the 1960s to challenge Cohen’s results (Stevens 1987, 181).

Not only were psychedelics known to be safe, but most published evidence suggested that they had immense medical potential. In a 1957 experiment, LSD therapy was administered to fifty institutionalized patients with treatment-resistant neuroticism. Of those patients, forty-five reported significant improvement, and thirty-six were still improved two years after the LSD session (Martin 1957). A 1965 assessment of the research-to-date on psychedelic therapy found that “LSD has been found to facilitate improvement in patients covering the complete spectrum of neurotic, psychosomatic, and character disorders” (Mogar 1965, 157). Many psychiatrists were dubious of such results, as will be discussed in the next section. However, based on actual, published studies, an objective observer in the mid-1960s would conclude that psychedelics were a safe and valuable tool in the psychiatric toolbox.

However, an observer who based their opinions on newspapers and magazines would come to a very different conclusion. Stanley Cohen and other moral panic theorists (see “Literature Review”) emphasize the media’s tendency to blow threats out of proportion (Cohen 1972, 32-33). Indeed, after the 1966 Senate hearings brought psychedelics into the public eye, the news media produced a non-stop barrage of horror stories. These ranged from garden-variety freakouts, to teens blinding themselves by staring at the sun under the influence, to LSD-crazed murderers, to vague and overblown claims about the dangers of psychedelics (“more dangerous than heroin!”) (Siff 2015, 151-155). There are several clues that these stories were exaggerated, if not outright fabricated. For one thing, even as newspapers were flooded with such accounts, psychedelic-related hospital visits and arrests remained uncommon (Stevens 1987, 275-276). Another strong hint is provided by the Netherlands today, where hundreds of thousands of doses of psilocybin are legally sold every year; Dutch authorities report that psychedelic-related accidents and disturbances are “extremely rare” (Huber n.d.).

Nevertheless, searching for “LSD” in the archives of the *New York Times* and *Los Angeles Times* reveals dozens of sensational headlines from the late 1960s, including “Damage to Mind from LSD Feared,” “Slaying Suspect Tells of LSD Spree,” “LSD Victim Felt He Was Devil Stealing Souls,” “LSD Linked to Dead Youth,” “Victim of LSD Starts Long Return Trip,” and merely “Beware of LSD!” (NYT 1963; NYT 1966; Dreyfuss 1967; NYT 1971; Torgerson 1967; Winkler 1960). Psychedelics were “the nation’s newest scourge,” and users’ minds were “disintegrating under the influence of even single doses” (Laurence 1963). *Life* magazine led the attack with a

1966 cover story about LSD: “The Exploding Threat of the Mind Drug That Got Out of Control” (Life 1966).

In addition to the usual spate of uncorroborated horror stories, the authors of the *Life* special fret that psychedelics can “can convince those with criminal propensities that they are above the law” (Life 1966). This provocative claim is quite consistent with moral panic theory. In their 2009 work on moral panics, Goode and Ben-Yehuda observe a pattern: “new drugs are usually . . . attributed with a criminogenic effect – that is, many more people than is normally the case believe that they cause violence and crime” (2009, 198). Vatz and Weinberg examine this misperception extensively, noting that in fact, “drug-related crime is obviously more closely tied to . . . the criminal black market than to the chemical effects of the drugs. . . it is largely their illegality that makes them dangerous” (1998, 61-78). Of course, that is not to say that drugs cannot be conducive to criminal behavior. Michael Massing notes that, although many drug-related crimes are attributable to prohibition, some are indeed caused by the drugs themselves. For example, stimulants like cocaine may loosen users’ inhibitions and promote violent behavior, and addictive drugs may drive their users to theft to fuel their habit.

However, in the case of psychedelics, the criminogenic effect was illusory. Contemporary research suggests that psychedelic use is associated with less criminal behavior, not more (Hendricks 2014; Hendricks 2017). In the context of moral panic theory, the conflation of psychedelic use with crime is an excellent example of what Cohen (1972) calls “spurious attribution.” During a moral panic, a deviant group (e.g. drug users) is assumed, without evidence, to be deviant in a host of other ways (53-54).

This aids their transformation into living stereotypes, symbols of public fear— “folk devils” (44).

2: The Hippies as Folk Devils

The “folk devil” phenomenon can be seen quite clearly in the way mainstream America reacted to the “hippie” counterculture. Miranda DiPaolo (2018) argues convincingly that the moral panic of the 1960s, while ostensibly focused on psychedelic drugs, likely had much to do with their users: “young adults who fervently promoted views of unconventionality, sexual liberation, and constructive dissent.” DiPaolo takes the argument a bit too far—there is no evidence to suggest that psychedelics were banned as a purposeful attempt to persecute the hippie population, as she claims (see “Literature Review”). Indeed, the FDA crackdown on psychedelic research largely predated the hippie movement. However, the hippies’ role in the 1960s moral panic cannot be overstated.

The hippie movement achieved mass notoriety in the aftermath of the First Human Be-In in 1967 (see “Historical Background”) (Lee and Shlain 1985, 163-164). There were many reasons the hippies were frightening to “respectable” mainstream American society. Perhaps the most obvious was their commitment to “sexual liberation,” which conservative Christians saw as nothing less than an all-out assault on American moral values (Miles 2005, 273-274). Hippies also ruffled feathers with their opposition to the Vietnam War, and their association with the left wing and the peace movement (Lee and Shlain 1985, 194). This association may not have been entirely fair to the leftists and peace activists—many of them were scornful of hippies, whom they saw as naïve and apathetic (Miles 2005, 10). Hippies, for their part, often considered

political activism just another form of selling out to “the Establishment” (Lee and Shlain 1985, 165-167). However, there was substantial overlap between the two groups. The Youth International Party (“Yippies”) was a substantial force in late 1960s peace activism, but was also composed of die-hard hippies, whose primary political aims were free love and “acid for all!” (206, 215)

Per Cohen, moral panics often lead to extreme, preemptive policing of the “folk devils” (1972, 86-87). In this case, public fear about the hippie movement translated into hyperaggressive police action against their events and communities. Writing in 1969, Brown argues that hippies in San Francisco faced not merely criminal law enforcement, but a form of “social control as terror.” By this, he refers to unlawful raids on hippie residences, insulting billboards, and unjust arrests. Worst of all were the “street sweeps” in hippie gathering areas: “club-wielding policemen . . . closed exits from the assaulted area and then began systematically to beat and arrest those who were trapped” (Brown 1969). Arrests were generally based on vague or trumped-up charges; anyone without a draft card on their person could easily be detained as a “suspected draft dodger,” for example (Miles 2005, 211).

Ironically, it was the hippies who protested against violence that faced the most of it. In October 1967, peace activists staged a mass protest at the Lincoln Memorial, famously stuffing soldiers’ rifle barrels with daisies. Of course, flower power did not protect them from being savagely beaten and arrested (Lee and Shlain 1985, 202-204). Yippies protesting in Chicago a year later were attacked not only by the local police, but the National Guard and the Army as well (219). The brutality and overkill of Chicago’s response was infuriating to leftists, but most Americans approved (221). In fairness, the

Yippies were partially responsible for their negative image, with their radical stunts and inflammatory threats to put LSD in the water supply, seduce politicians' wives, and "burn Chicago to the ground" (215). They were so successful at terrifying mainstream America that even massively disproportionate response seemed justified—the hallmark of a moral panic.

3: *Weaponizing the Law*

The federal government was quite conscious of the ties between the hippie movement and psychedelic drugs. A 1967 FDA report on LSD asserts that "for many of the 'hippy' groups . . . [LSD] provides an easy and automatic means to membership . . . allegiance to drug values is regarded as a 'loyalty test'" (Smith 1967, 14). Once psychedelics were illegal, politicians had a convenient excuse to ramp up law enforcement harassment of hippies. Cannabis laws had already been used extensively to criminalize hippie communities, even while "respectable" middle-class white Americans could smoke pot with relative impunity (Morgan 1981, 158, 161). In the late 1960s, and early 1970s, the federal government made extensive use of drug laws, particularly the new psychedelic ban, to target hippies, anti-war protestors, and other leftists.

This was not so much *1984*-style totalitarianism as the fulfillment of a campaign promise. Nixon had ridden into office on the tide of moral panic. After the 1968 Chicago protests, he was able to capitalize on public fear via a "law and order" campaign, promising to eradicate the "hippie freaks" (Lee and Shlain 1985, 221). Under his administration, the CIA expanded its domestic spying operation, as well as its practice of harassing and poisoning leftist organizers (225). Nixon's crackdown on

hippies was heavily entwined with his crackdown on drugs (see “Literature Review”). In a top-secret internal memo, Nixon’s FBI Chief Edgar Hoover advised his agents, “since the use of . . . narcotics is widespread among members of the New Left, you should be on the alert for opportunities to have them arrested on drug charges” (Lee and Shlain 1985, 225). Evidently, such opportunities were plentiful; in the early 1970s, myriad anti-war organizers and counterculture figures (including Tim Leary himself) were served draconian sentences for possessing small quantities of psychedelics or cannabis (225-226).

By the time the crackdown started, however, the moral panic over psychedelics was effectively over (Siff 2015, 185). The media had turned to fear-mongering over other drugs, with encouragement from Nixon’s PR team (182). This illustrates another of the key characteristics of a moral panic, as explained by Goode and Ben-Yehuda (1994): volatility. Even if it leaves a long-lasting institutional legacy, the panic itself is quick to emerge and quick to die out (158-159). From the initial media firestorm after the 1966 Senate hearings, until public attention shifted to other drugs after Nixon’s election, the moral panic over psychedelics lasted a mere three years.

B: Did the Moral Panic Cause Criminalization?

Having determined that there was indeed a moral panic in the late 1960s about psychedelics, it is now necessary to evaluate whether it was the main cause of psychedelic criminalization. If it were, what historical evidence should be expected? First, the government would be relatively uninterested in the problem until the moral panic began—obviously, if the government was already planning to ban psychedelics before the panic, then the panic did not cause the ban. Second, there would be a

relatively rapid government reaction, without measured evaluation of the available evidence, as is typical of legislation designed to address moral panics. Third, if the moral panic caused international criminalization, criminalization of psychedelics would probably occur first in the US, and the international community would follow suit. If many other countries independently chose to criminalize psychedelics, it is unlikely that the US moral panic was the primary cause. The evidence does not seem to bear out any of these criteria, implying that the criminalization of psychedelics was not exclusively the result of the 1960s moral panic.

1: Did Moral Panic Precede Government Action?

The first criterion is easily disproven, as the government had been moving in the direction of criminalization for years when the moral panic erupted. Most scholars place the beginning of the panic in mid-1966 (Siff 2015, 151; Stevens 1987, 273-274). As explained in the previous subsection, this was after the spring Senate hearings discussing LSD criminalization. The government had already begun to seriously consider criminalizing psychedelics by the time that the media seized on the issue.

That is not to say that psychedelics received no press before the Senate hearings, but the coverage was more balanced. A legal scholar writing in 1966 noted that, ever since the Harvard Psilocybin Project was shut down in 1963, “an alarmist press fanned . . . artificially created hysteria” (Rosborough 1966, 313). Although this may be true, there were also many positive reports, perhaps equally exaggerated, such as a 1964 article in *Horizon* magazine, “Can This Drug Enlarge Man’s Mind?” (Siff 2015, 139-141) Stephen Siff writes that “LSD was on the media agenda in the early 1960s, but as a cultural and scientific phenomenon rather than a political problem that called for a

government response” (141) Additionally, prior to the Senate hearings, the general public was relatively unworried about psychedelics. A 1964 Gallup poll asked Americans to name the nation’s most pressing problems, and only 2% brought up drugs (142). Although the media was beginning to take a stronger interest in psychedelics, most Americans did not consider them a major concern until the mid-1960s.

This strongly suggests that the moral panic had not begun in earnest until the Senate was already contemplating criminalization. Moreover, it was years after the FDA began to crack down on psychedelic research in 1962, and again in 1965 (see “Historical Background”). Admittedly, it is quite possible that the moral panic accelerated the decision to criminalize psychedelic drugs. Considering the timeline, however, one is inclined to agree with Siff, who argues that “quite likely, state and federal officials would have acted the same way against LSD even had it not been discussed so frequently and at such length in the news” (2015, 177).

2: Was the Criminalization Process “Panicked?”

The second criterion also does not hold up under scrutiny. Cohen observes that when moral panics result in legislative changes, the changes are usually enacted quickly, framed as “emergency” measures, and primarily inspired by public outcry rather than genuine consideration of the issue (1972, 133-138). Cornwell and Linders (2002) argue, rightly so, that the process of psychedelic criminalization was far more measured and deliberate than would be expected if legislators had been caught up in a moral panic (see “Literature Review”).

At the 1966 Senate Hearings, although the debate was heated, the Senators spent substantial time hearing from independent medical experts, and even the most vocal

proponents of psychedelics, such as Tim Leary and Allen Ginsberg (NIH 1966). A contemporaneous observer notes that “the not unfriendly confrontation” between Ginsberg and the Senators “reflected a congressional attempt to understand the new problems about which it is legislating” (Walsh 1966, 1729). Additionally, at least some of the Senators seemed well-aware of the media’s propensity to exaggerate. Senator Kennedy noted that LSD is “not as widely used amongst our university students and amongst the rest of our population as has sometimes been reported” (NIH 1966, 47). Senator Abraham Ribicoff (D – CT) encouraged his colleagues “to strike a balance and not to throw overboard those elements of a drug that may be good because there are certain elements that are bad” (65). Clearly, the Senators were not blindly following the media narrative of the late 1960s.

3: Did the US Spearhead International Criminalization?

The final criterion relates to the international community’s condemnation of psychedelics in the 1960s. If a moral panic, instigated by the American news media, was the primary cause, then one would expect the US to have led the charge to criminalize psychedelics worldwide. It would not be the first time a moral panic in the US translated into international law. The US was the dominant architect of the 1961 Convention on Narcotic Drugs and has been a key player in constructing the global drug prohibition regime (see “Literature Review”) (O’Manique 2014, 36-38).

However, in the case of psychedelics, the US did not play such a role. The UN and W.H.O. had been debating psychedelics since 1963, well before the moral panic in the US began (Bayer 1989, 5). In August 1966, a Special Committee was convened to discuss the issue, and they singled out LSD “as presenting the most acute problem and

showing signs of such spread as to demand immediate action” (7). Certainly, the decision to create the Special Committee was related to the sudden flood of negative press from the American media. However, there is no reason to believe that the Committee’s official decisions were based on magazine articles. Unlike Congress, the Committee was not accountable to the American public, and so would have seen no need to assuage their fears with unnecessary policies.

By January 1968, the UN’s Commission on Narcotic Drugs had unanimously agreed that the strictest possible controls should be imposed on psychedelics. Some nations, including the USSR, India, and Ghana, called to ban psychedelics immediately through amendment of the 1961 Convention. However, most countries opposed such a rapid move, the US included. Instead, the next several years were spent developing the new Convention on Psychotropic Substances, which regulated psychedelics as well as prescription stimulants and sedatives. (Bayer 1989, 8-9)

When the Convention passed in 1971, Psychedelics were placed in Schedule I, the strictest category. This aligned with the advice of the W.H.O., who reported that psychedelics posed “an especially serious risk to public health and . . . they have very limited, if any, therapeutic usefulness” (Bayer 1989, 15). The US was one of the only nations to challenge this move, as it objected to international control of mescaline cacti (23). This history makes it clear that, if anything, the US dragged its feet on the inclusion of psychedelics into the global drug prohibition regime. Multiple times, in 1968, and then again in 1971, the US explicitly opposed the wishes of anti-psychedelic hardliners in other nations. If an American moral panic were the root cause of global psychedelic criminalization, one would expect the opposite.

Certainly, there was a moral panic in the US about psychedelics, as all the classic signs (disproportionate response, media hysteria, and hyper-criminalized folk devils) are present. However, the moral panic hypothesis cannot convincingly explain criminalization in the US or abroad, for three key reasons. First, the US government was already preparing to ban psychedelics before the moral panic began. Second, the process of criminalization was too slow and deliberative to be the result of moral panic. Finally, rather than leading the international community to ban psychedelics, the US took a relatively moderate position in UN deliberations. Explaining why other countries were even more vehemently opposed to psychedelics than the US is largely beyond the scope of this thesis (see “Methods: Selection Bias and Generalizability”). However, the next section will develop an alternative theory to explain why psychedelics were criminalized in the US. It is possible that this theory applies to other nations as well.

V: An Alternative Theory of Criminalization

Having examined the moral panic hypothesis and found it insufficient to explain the criminalization of psychedelics, this thesis will conclude with an alternative theory. This theory, like the moral panic hypothesis, is constructionist, positing that psychedelic use was deviantized due to socially constructed notions of morality, rather than objective risks. As previously discussed, there was a preexisting moral aversion to drug use in the American cultural consciousness, dating back to Prohibition-era moral crusaders (see “Literature Review: Expanding Criminalization”). In this moral framework, objective risk is less important than medical potential for determining a drug’s legal status. By the early 1960s, the mainstream psychiatric community had concluded that psychedelics were not suitable for medical use. Viewed through the anti-drug moral lens, lawmakers saw this alone as sufficient reason to criminalize them.

A: The Disenchantment of the Psychiatric Community

Based on the published evidence available in the early 1960s, psychedelics appeared to be quite safe and medically promising (see “Was There a Moral Panic?”). Yet, at the time, most psychiatrists were unconvinced by the body of medical research. In the early to mid-1960s, the psychiatric community came to largely reject psychedelics as a potential treatment. This was in part due to legitimate concerns about their safety, spurred by the early association of the drugs with military and intelligence operations, anecdotal reports of adverse reactions, and fears of genetic damage. It also reflects the professional biases of many psychiatrists, for whom altered states of consciousness were associated with mental illness and dysfunction rather than healing.

1: Safety Concerns

The primary reason that medical professionals turned against psychedelics was the perception that they were dangerous. At the 1966 Senate hearings, former director of the NIMH Dr. Yolles remarked that using them was like “playing chemical Russian roulette” (NIH 1966, 38). Although it was hard to deny that psychedelics were remarkably non-toxic, other concerns were not so easily dismissed. Chief among them was the notion that, as Dr. Keith Ditman argued at the 1967 NIMH Conference, psychedelics were “*psychologically toxic*” (Meyer 1967, 27). The theory that psychedelics often trigger psychosis, although largely incorrect, gained traction as recreational users began showing up in emergency rooms in the early 1960s. These fears were compounded by research in the late 1960s which seemed to link LSD to genetic damage.

Psychedelics were, to some extent, set up for failure by their early association with the military and CIA. Through their experiments, the CIA concluded that LSD was “extremely dangerous,” as it induced psychosis and terror (Lee and Shlain 1985, 85). They pushed this narrative relentlessly on the psychiatric community, including at the first international conference on psychedelics in 1959, which was chaired by a CIA and Army consultant, Dr. Paul Hoch (68-70). It is not surprising that the CIA and Army observed high rates of adverse psychological reactions. The effects of psychedelics, unlike most drugs, are highly dependent on the environment, mindset, and expectations of the user (Bunce 1979; Lee and Shlain 1985, 200). Taking a psychedelic drug, say Lee and Shlain, “reinforces and magnifies whatever is already in [the user’s] head” (1985, 231). This is why hippies—influenced by Huxley’s *Doors of Perception*, Tim Leary’s

mysticism, and other glowing reports—tended to have positive, enlightening experiences with the drugs (Becker 1967). By contrast, non-consenting CIA test subjects, who underwent brutal interrogation methods and were told they were going insane, predictably experienced panic and temporary psychosis (see “Historical Background: Psychochemical Warfare”) (Lee and Shlain 1985, 69-70).

The CIA’s initial reports of psychedelic-induced psychosis were seemingly corroborated in the early 1960s, as emergency rooms saw an influx of panicked, apparently psychotic patients under the influence of psychedelics (Pollan 2018, 209). By 1967, a doctor from Bellevue Hospital in New York reported admitting about two patients per week “for whom we feel that the LSD experience played, at the very least, a precipitating role in the admission” (Meyer 1967, 21). Of course, it had already been established by Cohen in 1960 that true psychotic reactions to psychedelics are very rare (35-36). But to many practicing doctors, it appeared that psychedelics were triggering psychotic breaks left and right. How can the disconnect between the objective research and medical professionals’ anecdotal experience be explained?

Some of these emergency room cases may have been legitimate psychotic reactions; it is still not clear whether psychedelics can actually cause psychosis. However, current research suggests they do not—a recent study of 130,000 US adults “failed to find evidence that psychedelic use is an independent risk factor for mental health problems” (Johansen and Krebs 2015). If the risk of psychedelic-induced psychosis exists at all, it is miniscule, affecting somewhere around 0.2% of users, comparable to other psychiatric medications (Cohen 1960, 35-36; Kuhn et al. 2019, 139; Stevens 1987, 173). Additionally, those users who experience psychotic reactions

may have already been predisposed to psychosis, due to undiagnosed underlying conditions like schizophrenia (Anastasopoulos and Photiades 1962; Kuhn et al. 2019, 139). Most likely, the overwhelming majority of the patients admitted for supposed psychedelic-induced psychosis in the 1960s were merely having “bad trips,” (see glossary) and experienced no lasting negative effects once the drug wore off (Pollan 2018, 209-210).

The psychiatric community’s concerns about psychedelic-induced psychosis may have stemmed in part from the post-hoc fallacy—the tendency to assume that, because event Y followed event X, X caused Y. Psychedelics were exciting and new, and the psychedelic experience was intense, so users and medical professionals alike were quick to dubiously attribute any subsequent changes in the user’s state to the drug. Sidney Cohen observes this effect in his landmark 1960 meta-analysis. He describes patients complaining that their sessions of LSD therapy had caused side effects ranging from migraines to influenza to paraplegia. However, “it so happened that these people were all in the control group and had received nothing but tap water” (38).

Examples of the post-hoc fallacy permeate the minutes of the 1967 NIMH conference on psychedelics. One of the more observant doctors noted that, upon examination, many ostensible acid casualties “turn out to be people with problems that have existed prior to LSD ingestion, but LSD becomes the diagnosis or the excuse” (Meyer 1967, 31). Indeed, many others at the conference were eager to draw general, causal conclusions from very limited evidence, such as case studies and anecdotes, and to overlook confounding factors. For example, one doctor referenced a patient he treated for schizophrenia, supposedly “precipitated by LSD”—never mind that the

patient had already suffered from occasional psychotic episodes before ever touching psychedelics (13). Faulty inferences like this one may partially explain why so many experts believed psychedelics often induced psychotic reactions. This belief dissuaded most respectable psychiatrists from prescribing or researching psychedelics (Pollan 2018, 209).

Concerns about the safety of psychedelic drugs were compounded in 1967, when a paper in *Science* reported that, in a test tube, exposure to LSD damaged chromosomes (Siff 2015, 155). Coming when it did, at the height of the psychedelic-related moral panic, the media quickly seized on this discovery (Blakeslee 1970). “If you take LSD even once,” warned the *Saturday Evening Post*, “your children may be born malformed” (Siff 2015, 156). These conclusions were clearly overstated; for one thing, chromosome breakages do not necessarily cause birth defects, and there were no examples of LSD-damaged infants (Goode and Ben-Yehuda 2009, 204; Siff 2015, 156-157). Indeed, at the 1967 NIMH conference, where the chromosome issue was discussed extensively, several doctors observed that among Indigenous tribes and hippie communities who used psychedelics extensively, there were no more birth defects than normal (Meyer 1967, 2-4, 50). Additionally, at high concentrations in a test tube, many benign substances, such as caffeine, can also damage chromosomes. That does not mean they do so in living humans (Lee and Shlain 1985, 154-155). “For the data that we have in the *in vivo* study,” said Dr. Charles Shagass at the NIMH conference, “the results suggest that not much is happening. The fact that *in vitro* and *in vivo* data are very different sometimes is borne out by this discussion” (Meyer 1967, 46-47).

Within a few years, the chromosome myth was conclusively debunked. A 1970 article in the *Journal of the American Medical Association* reported that, *in vivo*, “no difference was found in the rate of chromosomal aberrations before and after administration of LSD” (Pahnke et al. 1970, 1862). A year later, *Science* published a new meta-analysis on the subject, this time concluding that “pure LSD ingested in moderate dosages does not produce chromosome damage” (Siff 2015, 158). As an interesting aside, the US Army and CIA were already aware of this, having unsuccessfully attempted to replicate the chromosome studies. They made no effort, of course, to share these results with the scientific community (Lee and Shlain 2005, 154-155)

The media, which had so enthusiastically reported on the possibility that LSD caused genetic damage, paid little attention to the new finding that it did not (Goode and Ben-Yehuda 2009, 204; Pollan 2018, 209). “At the time,” Goode explains, “LSD pathology was news; non-pathology was not” (Goode 2008, 539). Not that it mattered—by 1970, psychedelics were already criminalized. Concern over genetic damage played a significant role. In a 1967 FDA paper, broken chromosomes were one of the primary justifications for government control of LSD (Smith 1967, 13). At the precise time that criminalization was under consideration, the chromosome studies provided medical professionals and policymakers with further cause to suspect that psychedelics were dangerous.

2: Professional Prejudice, Legal Obstacles, and Unsavory Associations

Undoubtedly, the specters of psychosis and genetic damage gave medical professionals in the 1960s valid cause for concern about psychedelics. However, for

many doctors, these concerns mainly served to confirm their preconceptions about the drugs. Psychedelics themselves, and the ways they were commonly used in therapy, were fundamentally incompatible with the paradigms of mid-twentieth century psychiatry. Their effects were unpredictable and difficult to test, a problem significantly compounded by legal barriers established by the FDA in the early 1960s. Moreover, the few effects that were consistent—hallucinations, ego dissolution, emotional volatility—were considered symptoms of mental illness. The drugs’ dubious reputation was exacerbated by their association with maverick doctors and scientists, who ranged from unconventional to downright outlandish. Consequently, despite years of evidence suggesting that psychedelics were medically useful, most experts were unconvinced.

One of the factors which made it difficult to accept the medical potential of psychedelics was their apparent unreliability. Although psychedelics were tested extensively in the 1950s, the results were frustratingly inconsistent. One study reported that when a hundred painters were dosed with LSD, all of them reported a boost to creativity. Yet, other studies claimed that LSD impaired mental functioning (Lee and Shlain 1985, 61-62). At the 1959 international conference on LSD, many participants reported success treating various mental illnesses with LSD. Others, such as the CIA-affiliated chair Dr. Paul Hoch, saw no such improvements, and observed that “no patient asks for [LSD] again” (Lee and Shlain 1985, 69). At the 1967 NIMH Conference, one doctor exasperatedly remarked, “I doubt that we would find much, if anything, that we here can all agree upon concerning the LSD situation” (Meyer 1967, 5). These discrepancies can be partially explained by the influence of setting and mindset on the experience (see previous subsection). Psychiatrists who successfully

treated their patients with psychedelics, such as Dr. Humphrey Osmond, took pains to create a welcoming, relaxed environment, and made sure their patients knew what to expect before administering the drugs (Lee and Shlain 1985, 56-59).

Not only did they appear vexingly inconsistent, but it was extremely difficult to design rigorous medical experiments with psychedelics. Although many patients reported phenomenal results from Dr. Osmond's style of psychedelic therapy, mainstream psychiatrists were skeptical. Osmond's method, and psychedelics in general, were not easily tested by double-blind experiment (Pollan 2018, 208; Richert 2019, 83-84). Of course, researchers could try—there are several published studies on psychedelics from the 1960s which purport to be double-blind (Blacker et al. 1968, 342; Stevens 1987, 168-169). But generally, the intensity of the psychedelic experience made it quite clear who had received the real drug, especially with the high doses used by Osmond and his disciples. If a patient, an hour or so after ingestion, began experiencing vivid hallucinations, they could be reasonably sure they were not in the control group. The researchers, for their part, usually found it rather obvious which of their participants were given the real thing; most adults do not spontaneously exhibit visible ecstasy, awe, or terror after consuming sugar pills.

The impracticality of testing psychedelics in the same manner as other experimental treatments became a major problem in 1962, with the new FDA restrictions on pharmaceutical testing. Any researcher or psychiatrist hoping to test experimental medication now required FDA approval (Belouin and Henningfield 2018, 9). Since psychedelic experiments could not meet the “gold standard” of double-blind testing, they were rarely approved. Brian Rosborough, a legal scholar, complained in

1966 that “LSD is having to bear the brunt of mushrooming controls while trying to prove itself” (319). As a result of these restrictions, say Lee and Shlain, “some of the most distinguished and experienced investigators were forced to abandon their work and the conditions that might have demonstrated LSD’s therapeutic potential virtually ceased to exist” (1985, 90-91). The medical community had to base their opinions off the limited research that had been done prior to 1962, most of which was not adequately controlled.

These issues with testing protocols and regulations may seem pedantic, but their impact on the political process cannot be overstated. As will be discussed in the next subsection, the decision to criminalize psychedelics so severely was largely based in the psychiatric community’s reluctance to embrace them as medicine. This reluctance stemmed from an aversion to any substance that could not meet the standard of double-blind testing. But, the barriers imposed by FDA regulation and the intrinsic nature of the drugs made it very difficult for psychedelics to meet that standard. It is not surprising, then, that most experts were skeptical of the near miraculous results claimed by psychedelic therapists.

Not only were the effects of psychedelics inconsistent and difficult to test, but they were also commonly associated with mental illness. When psychedelics were first introduced to Western medicine, they were generally assumed to produce a “model psychosis” of sorts (see “Historical Background: The Peak”). Later research by Dr. Osmond and others demonstrated that psychedelic-induced hallucinations are quite different from those experienced in psychosis (Meyer 1967, 28). However, for many experts, this was beside the point—mainstream psychiatry treated any form of

hallucination or atypical perception as pathological. (Lee and Shlain 1985, 68). Mogar's 1965 meta-analysis of psychedelic research describes "traditional scientific and cultural resistances to such phenomena as psuedo-hallucinations [sic], hypnogogic and dream images, extrasensory perception, and hypnosis . . . each of these . . . have traditionally been associated with the negative, bizarre, and abnormal" (149-150). Consequently, many psychiatrists found it absurd that psychedelics might successfully treat mental illness—how could they when they appeared to temporarily induce it? These perceptions also reinforced the concerns over psychosis. Since the effects of psychedelics at least superficially resembled psychosis, it seemed quite reasonable that a psychedelic experience could trigger a psychotic break.

Even more problematic than the drugs themselves, however, were the researchers and therapists who advocated for them. Psychedelics were generally the domain of younger psychiatrists, recently graduated and eager to make a name for themselves with this radical new technique. These new therapists' disregard for established psychiatric norms, accompanied by results that seemed too good to be true, invited suspicion (Stevens 1987, 176-178). Lee and Shlain (1985) argue that, like Galileo, the psychedelic therapists were condemned by the old guard for daring to challenge the dominant paradigm of their field. They were branded as eccentric and misguided, if not drug-addled charlatans (68). The president of the American Medical Association scathingly remarked that "it was impossible to find an investigator willing to work with LSD-25 who was not himself an 'addict'" (Lee and Shlain 1985, 91).

The most influential upstart of all was Timothy Leary (see "Historical Background: The Peak"). According to a 1966 account, "the notoriety of LSD . . . dates

back only a few years, probably specifically to 1963 when Timothy Leary, a psychologist at Harvard and an apostle of LSD, was dropped from the faculty” (Walsh 1966, 1729). As a national celebrity and impassioned advocate for the psychiatric, recreational, and spiritual use of psychedelics, Leary contributed more than anyone to their popularity among the American public (Belouin and Henningfield 2018, 9; Pollan 2018, 185). However, he also contributed more than anyone to psychedelic research’s bad name. He shared the drugs freely with students, and often used them himself while conducting his research (Lee and Shlain 1985, 88). The “experiments” conducted by the Harvard Psilocybin Project ranged from psychedelic-fueled Bible readings to ancient Hindu “sex rituals” (Miles 2005, 68). After being dismissed, Leary venomously remarked that psychedelics were “more important than Harvard” (Lee and Shlain 1985, 88). He donned white robes, dubbed himself the “High Priest” of LSD, and founded what amounted to a psychedelic party mansion in upstate New York (96-102). To most outside observers, it appeared that psychedelics had reduced a formerly respectable Harvard professor to a spiritual, hedonistic quack.

Thanks to the antics of overenthusiastic evangelists like Tim Leary, psychedelic research took on a veneer of mysticism and subjectivity. This perception was magnified by the difficulty of gathering high quality data on psychedelics, as well as their inherent unpredictability. It is therefore understandable why many doctors believed that “the words LSD and scientific objectivity are mutually exclusive,” as one commented in 1967 (Meyer 1967, 5). All the research that had supported medical psychedelic use was now suspect. Pollan laments that “in the mid-1960s, an entire body of knowledge was effectively erased from the [psychiatric] field, as if all that research and clinical

experience had never happened” (2018, 142). Psychedelics now seemed too risky and unreliable for most psychiatrists to recommend their medical use. Then, just as the federal government began to debate criminalization, new research emerged suggesting that psychedelics could cause genetic damage. This confluence of factors ensured that, at the crucial moment when they were being asked to testify, very few experts were comfortable vouching for psychedelics’ medical potential. In the next subsection, it will become clear that this chilliness from the medical community was the decisive element in the criminalization of psychedelics.

B: The Anti-Drug Moral Framework

Up to this point, this paper has covered a broad range of historical processes that contributed to the criminalization of psychedelics. The literature review explored the pattern of expanding drug criminalization in the US. Then, the Moral Panic section observed that there was indeed a moral panic about psychedelics, but it was not the cause of criminalization. Up to this point, this section has focused on how the American psychiatric community came to believe that psychedelics were not medically useful. All these factors must now be considered together.

The history of drug policy in the US suggests a moral framework, shared between many Americans, in which recreational drug use is considered not only unwise, but evil. This belief is justified by a range of socially constructed stereotypes about drugs and drug users—Fish writes that “the field of drug prohibition is rife with reified concepts that have led to untold mischief” (1998b, 16). This underlying moral current produces occasional instances of drug-related moral panic—sometimes organically,

sometimes engineered by politicians for electoral advantage. It also ensures that, panic or not, the government's default response to the emergence of new recreational drugs is to criminalize them. The objective risks associated with the drug are irrelevant—the degree of criminalization is determined not by danger, but by medical potential. Consequently, in the mid-1960s, when most experts seemed to agree that psychedelics had no medical potential, US lawmakers took that as sufficient justification to criminalize them at the highest level.

1: Protestant Influences: Drug Takers Portrayed as Deviants

The early 20th century saw a turning point in American cultural understandings of drug use (“Literature Review: Drugs in the United States”). Thanks to the efforts of a handful of influential, dedicated “moral crusaders,” public opinion began to condemn intoxication of any sort. The biggest success of this movement was Prohibition in the 1920s—although that victory was short-lived, since alcohol was simply too popular to permanently outlaw (Levine and Reinarman 1998, 260-261, 268). Other substances, however, were much more easily demonized by moral crusaders; recall how Narcotics Bureau Chief Harry Anslinger managed to turn the American public against cannabis. A similar aura of fear and danger surrounds all new recreational drugs. Vatz and Weinberg note that Americans tend to incorrectly assume that all recreational drugs are highly dangerous (1998, 65-66). This has created a pattern of drug-related moral panics in the US: opium, alcohol, and cocaine in the 1900s; cannabis in the 1930s; psychedelics in the 1960s; crack in the 1980s, etc. (Goode and Ben-Yehuda 2009, 198). It seems a new substance cannot emerge in America without being subjected to moral panic and criminalization. However, it is important to understand that these moral panics are mere

symptoms of a broader, more constant cultural disposition against consciousness alteration.

The origins of the anti-drug moral framework are multi-faceted. As discussed in the literature review, scholars like Morgan (1981) argue that anti-drug attitudes originated in response to the prevalence of alcohol and opium use around the turn of the century. Alcohol and opium are addictive, sedating, and disinhibitory. For the American public, it seemed reasonable to assume that other, more unfamiliar drugs, such as cannabis, would have similar effects (62-63). However, this does not explain the origins of the moral crusaders who led the charge.

Ultimately, the early 20th century anti-drug campaigns were a product of American Protestant culture. In a previous paper, I explore this connection extensively (Sproul 2019). I compare the case of the US, a predominately Protestant nation with harsh drug laws, with Portugal, a predominately Catholic one that has decriminalized drug use nationwide. Although the two countries share a similar history of drug epidemics, Protestant moral activism, I argue, made all the difference (11-13). Protestants are much more inclined than Catholics to pursue organized “temperance movements” to outlaw intoxicants. In fact, previous research by Harry Levine shows that, of the European nations to undergo major temperance movements, all have been predominately Protestant (1993, 2). The brand of Protestantism that pervaded late 19th century America was particularly disposed to moral crusading. L. A. Schmidt describes the emergence around that time of “a new theology focused on religious salvation through the suppression of vice. This new religious ideology provided a core of beliefs and powerful justification for organizing a public crusade to ‘exterminate’ vice” (1995,

1). In his *Hellfire Nation*, James Morone links this neo-Puritan creed to nearly every facet of American political life. “Visions of vice and virtue define the American community,” he says (2003, 5). Consequently, more so even than other Protestant nations, American history is pervaded by mass social movements to combat sin (10-12).

For these Puritan crusaders, intoxication of any sort was a social disease to be eradicated. Levine explains, “Protestantism produced a psychology which stressed the importance of self-regulation and self-restraint” (1993, 9). Since drug use intervenes with one’s capacity for self-control, Puritans considered it morally intolerable (Morone 2003, 16). As noted by both Morgan and my own research, the rhetoric used by anti-drug moral crusaders was pervaded by references to “free will” (Morgan 1981, 50; Sproul 2019, 11-12). In one of his infamous anti-cannabis tirades before Congress, Harry Anslinger (1937) asserted that “qualities of the drug render it highly dangerous to the mind and body upon which it operates to destroy the will.” As will be seen in the next subsection, the same exact stereotypes were extended to psychedelic users in the 1960s.

These perceptions tend to catalyze moral panics when a new drug or pattern of drug use is revealed to the public. However, the anti-drug moral framework also ensures that all new psychoactive substances without apparent medical potential are met by the government with demonization and criminalization—independently of whether a moral panic is occurring. In the 1930s, for example, despite the best efforts of anti-drug proselytizers like Harry Anslinger, no major moral panic over cannabis emerged among the general public. Nevertheless, despite the lack of public concern or widespread use of the drug, lawmakers elected to severely criminalize cannabis possession (Goode and

Ben-Yehuda 2009, 198). The American cycle of drug-related moral panics is related to, but not the cause of, its cycle of expanding criminalization.

The framing of drug users as deviant and deserving of punishment informs not only US policy, but international law. As discussed previously, the US has been the primary architect of the international drug criminalization regime (see “Literature Review: Drugs in the United States”). Andreas and Nadelmann recount how “the United States has advocated for the imposition of punitive control systems in all countries . . . US drug enforcement officials have persistently criticized foreign governments . . . for their emphasis on public health approaches to the drug problem” (2006, 43). Moreover, Emily Crick (2012) argues that moralizing anti-drug rhetoric has spread from American political discourse to the world at large. Through international agreements like the 1961 Single Convention on Narcotic Drugs, she says, the “global ‘Self’” was “constructed as being morally good in contrast to the ‘evil’ of narcotic drugs . . . no other international convention describes the activity it seeks to prevent in such terms” (408). Of course, say Andreas and Nadelmann, other nations were already sympathetic to these views—if they were not, US efforts to export its drug policy and discourse would have failed as miserably as its attempt to globalize alcohol prohibition (2006, 43). Nevertheless, America’s Puritan anti-drug moral framework provided the theoretical grounding for the international prohibition regime.

Of course, that is not to say that drug criminalization, wherever it occurs, is always the result of Puritan crusading. Many of the countries with the most draconian drug laws, such as China, North Korea, and Iran, are largely outside the American sphere of influence (American Addiction Centers 2020). These nations’ severe penalties

for drug possession and trafficking, up to and including execution, are likely the result of domestic politics. For example, the severe criminalization of drugs in Muslim nations like Iran and Saudi Arabia, and the United Arab Emirates was likely driven by a similar anti-drug moral framework to that in the US, but based in Islam rather than Puritanism. Although a detailed analysis of drug policy in the Islamic world is outside the scope of this thesis, interested readers should look to Mansur Ali's (2014) essay on the subject. As for southeast Asia, the RAND corporation has produced a thorough report on drug policy in the region, which would be an excellent starting point for further research (Pardo, Kilmer, and Huang 2019). In any case, though some countries may treat their drug users even more harshly than the US, it was Americans who orchestrated the criminalization of drugs throughout most of the Western world. Puritanism is not the only cause of drug criminalization, but in the US and in international law, it has been a crucial driving factor.

Under the anti-drug moral framework, which views all drug use as equally unacceptable, the objective risks associated with a particular drug are largely irrelevant. If a drug has no medical use, it is criminalized to the highest degree. Note the way that drugs are divided by the 1970 Controlled Substances Act. Schedule I, the most highly criminalized category, is distinguished from lower scheduled not by extreme danger, or addiction potential, but by "no currently accepted medical use in the United States" (DEA n.d.). Of course, drugs in this schedule are supposed to also have a "high potential for abuse," but if a drug's "potential for abuse" does not correspond to its health risks or addictiveness, the criterion is functionally meaningless. The DEA itself

admits that “the term ‘potential for abuse’ is not defined in the [Controlled Substances Act]” (DEA 2017).

In practice, the drugs in Schedule I are often far safer and less addictive than those in lower schedules. Cannabis and psychedelics are in Schedule I, whereas morphine, methamphetamine, and cocaine are in the less severe Schedule II, and highly addictive benzodiazepine tranquilizers like Xanax are all the way down in Schedule IV (DEA n.d.). To compound the problem, once a drug has been condemned as medically useless and placed in Schedule I, it becomes almost impossible to redeem. David Nutt, a contemporary drug researcher, bemoans the “regulatory jungle” that anyone hoping to study Schedule I drugs must navigate. “Limitation to clinical research produced by the regulations almost certainly has done much more harm than good to society by impeding medical progress” (2015, 5). No matter how safe a drug may be, if it appears to lack medical applications, it will be banned, and that ban will make it nearly impossible to conduct further medical research, perpetuating a vicious cycle of unfounded fear.

This was the dominant paradigm of drug policy in the US around the time that psychedelics became popular for recreational use. In 1966, in a scathing critique of the FDA crackdown on psychedelics, Rosborough effectively summed up the popular view: “society has not accepted the use of drugs for pleasure. To experience synthetic emotions is believed to be immoral” (324). This view resulted from the efforts of Protestant moral crusaders in the early 20th century. These activists established the notion, both at home and abroad, that the non-medical use of psychoactive drugs was not merely dangerous but a direct threat to the social fabric. The objective dangers of

each substance were hardly relevant—all non-medical drug use was considered deviant and worthy of punishment. By examining government discourse on psychedelics in the late 1960s, one can see how the anti-drug moral framework impacted the national discussion and led to the criminalization of these substances.

2: The Anti-Drug Moral Framework and Psychedelics

As discussed in the previous section, by the mid-1960s, most reputable psychiatrists had concluded that psychedelics lacked clear medical potential. So, when the time came to consider the criminalization of psychedelics, scientists were reluctant to give the drugs their full-throated endorsement. Under the anti-drug moral framework, an apparent lack of medical use was sufficient cause to criminalize psychedelics at the highest level.

In the public discourse about psychedelics, the Protestant concern with self-regulation and productivity was on full display. A 1966 article in the *Catholic Transcript*, decrying Tim Leary's "LSD cult," asserts that psychedelics could not possibly be used for good since "no personal and responsible act can be performed when . . . the intellect and free will are deliberately frustrated" (The Catholic Transcript 1966). Indeed, the common thread linking the various horror stories about psychedelics was the fear that users would be unable to refrain from self-destructive, violent, and/or criminal behavior. TV Star Art Linkletter famously attributed his 20-year-old daughter's suicide to an LSD-induced panic, and other reports of psychedelic-addled youngsters inadvertently throwing themselves out of windows or off roofs were quite common (Torgerson 1969; Dreyfuss 1967; Gordon 1963, 40; NYT 1971). The papers were also especially infatuated with stories of college students blinding themselves by

staring at the sun under the influence of LSD—stories which later turned out to be entirely fabricated (Siff 2015, 154-155).

The national news also blamed psychedelics for innumerable murders, sexual assaults, and other acts of violence (see “Was There a Moral Panic?”) (NYT 1966). However, these reports are dubious: they were based on anonymous sources and often had clear inconsistencies (Stevens 1987, 277). Additionally, police testifying before Congress were unable to provide any concrete examples of violent crimes attributable to psychedelics (275-276). Contemporary research suggests that, if anything, psychedelic use reduces criminality and violent inclinations (Hendricks 2014; Hendricks 2017; Thiessen et al. 2018). The stories are, however, highly reminiscent of the rhetoric used by Harry Anslinger in the 1930s about cannabis users: “some people will fly into a delirious rage, and they are temporarily irresponsible and may commit violent crimes” (Anslinger 1937; Stevens 1987, 276-277). Stevens comments that “if you changed a few nouns in any of the antimarijuana stories of the Thirties, you ended up with a reasonable facsimile of the standard ‘LSD madness’ story” (1987, 277). The panic that emerged surrounding psychedelics in the late 1960s was not an isolated occurrence, but rather was symptomatic of the same moral framework that drove the criminalization of cannabis. Indeed, this framework ensures that nearly all new drugs, deservedly or not, are associated with crime and violence in the public and government eye (for further discussion, see “Disproportionate Reaction”).

Another core element of the anti-drug moral framework is the fear that drug use inhibits productivity (Siff 2015, 177). Morgan observes that throughout the 20th century, Americans have condemned recreational drug use, while happily accepting the

“medical” use of the same substances to promote productivity (1981, 158). For example, amphetamines are illegal for adults to use recreationally, but totally acceptable to administer to young children who struggle to focus in class (in the form of prescription drugs like Adderall). Morgan theorizes that the stereotype of the lazy drug user emerged in the early 20th century, due to perceptions of opium users as lethargic and unmotivated (50). Since then, he says, it has been applied to all recreational drug users.

Indeed, one of the most common worries about psychedelics was that they would turn their users into shiftless deadbeats. According to *Life* magazine, psychedelic users often “discover that life is only a game, then begin playing it with less and less skill. Their vision becomes a beguiling scrim drawn over a life of deepening failure” (Life 1966). The article provides no statistics, research, or even anecdotes to support this claim. Another article from the *New York Times* asserted that “Of all of LSD’s effects, the worst may be . . . permanent dulling of users’ objective judgement and its replacement by purely subjective values” (Hill 1967). This allegation is so vague as to be ludicrous—how exactly is “objective judgement” measured? With both articles, the reader is meant to take it as self-evident that recreational drug use (of any sort) erodes the will.

All these stereotypes about drug users were at least in part derived from—and inextricably connected to—racial and cultural bias. Throughout US history, discourse about drug laws has been couched in racial language, and the laws themselves have been weaponized against marginalized racial populations (see “Literature Review: Drugs in the US”). Morgan argues, “The hippie became the racial image of the 1960s

drug debate . . . The identification of many drugs, especially the hallucinogens . . . with mystical eastern religions reawakened the old stereotypes of passivity and weakness long associated with those cultures” (1981, 165). This association was not merely subconscious. Opponents of Tim Leary’s Harvard Psilocybin Project often drew derogatory connections to the history of hallucinogenic drug use in India, which one critic called “one of the sickest social orders ever created” (Stevens 1987, 160, 199).

One of the media’s biggest concerns about psychedelics was the direct threat they posed to Puritan values. Communities devoted to psychedelic experimentation were frequently and disparagingly referred to by journalists as “cults” (Abramson 1966; Gordon 1963; *The Catholic Transcript* 1966). The *New York Times* flatly stated in 1967 that “LSD is a threat to aspects of traditional religion” (Fiski 1967). Some even argued that the inherent evil of drug use outweighed any medical benefits psychedelics might possess. One doctor wrote for the *LA Times* that, even if LSD can effectively treat alcoholism, “by giving man by drugs what he ought to earn through moral efforts, we may have committed . . . sin against the meaning of his earthly existence” (Winkler 1960).

These worries emerged because, even more than other drugs, psychedelics appeared fundamentally incompatible with the American Christian tradition. As was shown in the 1962 “Miracle of Marsh Chapel” (see “Historical Background: The Peak”), psychedelics could reliably induce mystical, even spiritual experiences (Lee and Shlain 1985, 76-77). For proponents of psychedelic use, like Aldous Huxley, and Tim Leary, this was the main objective. If there was any doubt that psychedelics posed a threat to mainstream religion, it was put to rest in 1965 by Leary’s founding of the

“League for Spiritual Discovery” (abbreviated, of course, “LSD”). The league was a religious organization devoted to the exploration of inner spirituality through psychedelics. They propounded Eastern mysticism, particularly the *Tibetan Book of the Dead*, as a complement and guide to the psychedelic experience (Lee and Shlain 1985, 105-110). Leary’s psychedelic religion was far from the only one—in fact, by the end of 1966, there were two other, separate religious organizations (the Neo-American Church and the Adanda Yogic Ashram) headquartered in Leary’s own house (Miles 2005, 228). Something about the psychedelic experience tended to persuade users that they had undergone genuine spiritual revelation.

The moral backlash to these psychedelic proselytizers was inevitable. Stevens observes that, “to discover, in the recesses of the mind, something that felt a lot like God, was not a situation that . . . organized religion wished to contemplate” (1987, 180). Indeed, the most common reaction to claims of psychedelic-induced enlightenment was outrage and dismissal. In a 1966 article, the *Catholic Transcript* asserts that “despair is a logical corollary of dependence on a drug like LSD for religious experience.” But despite the horror of mainstream religious leaders, the late 1960s saw more and more young people turning up their noses at Christian tradition in favor of drug-fueled ecstasy.

In light of these developments, it is not at all surprising that a moral panic emerged around psychedelics. Due to the dominant Puritan culture, Americans were already predisposed against recreational drug use of any sort. Drugs were presumed to be highly dangerous, and to cause criminal behavior and unproductivity; psychedelics were no exception. However, the mysticism associated with psychedelics made them

even more concerning than other drugs. In the eyes of neo-Puritans, psychedelics were not just intoxicants, but false idols.

3. The Anti-Drug Moral Framework and the US Federal Government

Of course, it was not the media nor the public who criminalized psychedelics. The anti-drug moral framework was similarly entrenched in the minds of policymakers. At the 1966 Senate Hearings, most Senators considered criminalization the default position. Indeed, notes Stephen Siff, “deliberation ranged only from control to prohibition, not the full gamut to inaction or further liberalization” (2015, 176). Additionally, most Senators leaned heavily toward the prohibition side of the spectrum. “The burden of proof,” said Senator Jacob Javits (R – NY), “is on the scientists and the government departments which contend against individual prohibition” (NIH 1966, 8).

One such scientist was Dr. Yolles of the NIMH, who made it quite clear that psychedelics were not especially addictive or dangerous. “Psychological dependence on drugs of the LSD type . . . is usually not intense,” he says, and “the number of adverse reactions . . . is in the same range of magnitude of occurrence as in any other type of psychiatric treatment” (NIH 1966, 22, 24). However, he admitted that the jury was still out on the drugs’ medical potential (26). For Senator Ribicoff, this alone was sufficient reason to criminalize. The chief question he had for Dr. Yolles was, “Why should not [psychedelic] possession be prohibited? . . . What about heroin and similar narcotics? You think that we should prohibit their possession, don’t you?” (NIH 1966, 33). For Ribicoff and his colleagues, it was irrelevant that psychedelics had completely different safety and addiction profiles than heroin—both were drugs without medical potential, and therefore should be considered equal in the eyes of the law.

To be clear, the scientists and doctors generally did not recommend the criminalization of psychedelics, or any drugs for that matter. At the 1966 Senate hearings, Dr. Yolles was vocally opposed to fully criminalizing LSD: “If we make the possession of LSD illegal, it will drive it further underground and make what is perhaps the beginning of flaunting of authority . . . a more pathological process and a more strongly accented act of rebellion” (NIH 1966, 32). At the 1968 FDA hearings on psychedelics, the medical professionals who testified were almost unanimously “of the opinion that making the possession of dangerous drugs a crime would be ineffectual as a deterrent to their use” (Burnett 1969, 638).

This reflects a broader pattern within the history of American drug policy; since the early 20th century, medical professionals have resisted efforts to criminalize drug use. Morgan describes how a massive drug control bill was defeated in 1910 by the advocacy of medical professionals (1981, 107). The medical establishment also sharply criticized the 1915 Harrison Act, which Massing (1998, 86) calls the “legal foundation of drug prohibition in the United States.” (Morgan 1981, 116). However, by the 1930s the law-enforcement approach was entrenched, and medical experts’ calls to treat drug abuse as a medical issue went unheard (134-135). So it went with psychedelics. As researchers like Dr. Sidney Cohen attempted to balance the medical promise of psychedelics with an appropriate degree of caution, policymakers exercised selective hearing (Pollan 2018, 210-211). The prevailing expert opinion was: *these drugs have potential but are unproven and possibly risky—we should approach them with caution.* What lawmakers heard was: *these drugs are unproven and risky—ban them.*

This was the message that the FDA took away from its hearings on the subject, and the message that they shared with lawmakers in a remarkable 1967 report titled “LSD: The False Illusion” (Smith 1967). As the FDA was tasked with enforcing regulations on psychedelics before criminalization, they were the chief government authority on the subject and their opinion held great sway. Indeed, FDA Commissioner James Goddard was one of the most important advocates for the criminalization of psychedelics, calling LSD “one of the most dangerous drugs with which I am acquainted” (NYT 1968). In their report, the FDA echoes the concerns of medical professionals over the safety of psychedelics, while largely ignoring the same professionals’ opposition to criminalization (Smith 1967, 13-15). Indeed, the report tends to overstate the risks of psychedelics, even relative to the worries of psychiatrists at the time. For example, although experts largely agreed that it was a small minority of LSD users who experienced adverse effects (see previous section - Safety Concerns), the FDA asserted that “most ‘triers’ and users go through intensely frightening and terrifying experiences under the drug” (13).

Even more striking than their inflation of the dangers, however, was the FDA’s explicit endorsement of the anti-drug moral framework. The very first page of the report asserts that any civilization which incorporates drugs into recreation or spiritual practice is “primitive.” The author opines, “In more sophisticated societies drugs have served more limited goals—those of treatment and prevention of disease” (Smith 1967, 10). Here, the attitudes of racial and cultural supremacy that inform the anti-drug moral framework are on full display. The report also evokes Fish’s observation that, in the eyes of most Americans, “drugs that are not medicine are evil” (1998b, 16). The FDA

report on LSD shows that this attitude is not merely a cultural norm, but the official position of the US government.

The report proceeds to bring a series of allegations against recreational psychedelic users. Hippies have a “pharmacocentric ideology,” the author says, with these core tenants: “stimulate the senses as much as possible, change the internal world with drugs, and ignore constructive actions to improve the external world” (Smith 1967, 14). He goes on to assert that “personality patterns of people who ingest LSD indicate strongly that they are less able to postpone pleasure and to withstand the frustrations of everyday life” (14). The FDA cites no source—in fact, the research that had been done at the time on frequent LSD users suggested just the opposite (Mogar and Savage 1966). However, the claim quite vividly demonstrates the anti-drug moral framework in action. It is taken as a given that recreational drug use of any kind must destroy self-control (one of the main tenants of the anti-drug framework).

Later in the report, the author makes a truly remarkable claim: “Even more serious and prevalent than . . . negative reactions are the adverse consequences of so-called ‘positive trips’ which lead the user to feel that he has found the answers to life's problems . . . he only too often winds up disengaging himself from productive, focused personal and social activities” (Smith 1967, 15). First, note the implicit message: individual well-being and happiness are less important than productivity. This quote also reaffirms the unfounded notion that psychedelic drug use inhibits productivity. No evidence for this claim is needed; under the anti-drug moral framework, it is a given that any drug not prescribed by a doctor must inhibit productivity and self-control.

With these beliefs in mind, Congress's 1968 vote to criminalize psychedelics is perfectly comprehensible. The federal government's position was that any drug without undoubted medical potential ought to be criminalized, since drug users would inevitably be driven to listlessness, if not violence. Since experts were not willing to vouch for psychedelics' medical potential, and recreational use was accelerating, federal lawmakers chose to address the issue the same way they had addressed drug problems since the turn of the century—severe criminalization.

Does that mean that psychedelics would have remained legal if more experts had been willing to vouch for their safety and medical efficacy? Probably not—the anti-drug moral framework would have guaranteed criminalization sooner or later, as it has for nearly every other intoxicating substance (tobacco and caffeine notwithstanding). However, the *severity* of psychedelic criminalization is directly attributable to the perceived lack of medical benefits. As evidence, look to amphetamines, which were extremely popular in the 1960s for recreational use, and are more dangerous and addictive than psychedelics by every measure. Amphetamines were criminalized as well, around the same time as psychedelics, but the penalties for illicit amphetamine possession or sale were far less stringent (Bayer 1989, 24). Criminalization itself was most directly due to the anti-drug moral framework, but the degree of criminalization was a result of psychedelics' abandonment by the psychiatric community.

4. Drug Hysteria, Partisan Politics, and the 1968 Election

Of course, the timing of the decision was not entirely coincidental. As is discussed in the Moral Panic section, the federal push to criminalize psychedelics preceded the moral panic which surrounded drugs in the late 1960s. However, by 1968,

the moral panic was in full swing. Capitalizing on this anxiety, the Nixon campaign highlighted drug abuse as one of the nation's most pressing issues (Lee and Shlain 1985, 221; Massing 1998, 97 ; Siff 2015, 184-185). When Congress voted on the question of LSD criminalization, each legislator must have been acutely aware that a presidential election was just over the horizon, and that their voting record on drug legislation would be thoroughly scrutinized.

With drugs so prominent in the public eye, voting against the criminalization of psychedelics would be a risky move. Due to the anti-drug moral framework, American politicians on either side of the aisle who dare to speak out against prohibitionist policies are branded “soft on drugs” (Fish 1998a, 2). Especially with a moral panic in full swing, voting for criminalization was the politically expedient choice, independent of the lawmakers' own beliefs. Of course, their beliefs mattered; Morgan observes that drug prohibition is almost never due to electoral incentives alone (1981, ix). But, in addition to the genuine moral outrage that government officials felt about recreational drug use, the 1968 election provided a compelling reason to vote “yes” on criminalization.

It is important to note that, though the election undoubtedly played a role, banning psychedelics was not a partisan issue. Of course, Nixon and his supporters were Republicans, but most Democrats were similarly loath to tolerate recreational drug use. In 1965, the Drug Abuse Control Amendments (DACA), which banned the unauthorized sale and manufacture of psychedelics, passed Congress unanimously (GovTrack n.d. a). Then, in 1968, the amendment to DACA that criminalized personal possession of psychedelics passed the House of Representatives by a vote of 320-2

(GovTrack n.d. b). Finally, in 1970 Controlled Substance Act, which placed psychedelics in the strictest possible enforcement category, passed in the House by a vote of 341-6. In the Senate, there was not a single “no” vote (GovTrack n.d. c). These nearly uncontested votes imply that, in the late 1960s, the anti-drug moral framework dominated the minds of voters and politicians so thoroughly that opposing criminalization was unthinkable, regardless of party affiliation.

5. Exporting Morality

One question remains—how does this theory square with the 1971 UN Convention on Psychotropic Substances? As discussed in the Methods Section, the domestic politics of other UN member nations are outside the scope of this analysis. Since this paper has already established that the US was not the primary driver of psychedelics’ inclusion in the Convention, it can only speculate as to the cause. There is evidence, however, to suggest that the anti-drug moral framework extends to the international sphere.

The 1971 Convention, like US drug policy, looks to medical potential before considering objective risk. In fact, notes an eyewitness account of the Convention, the degree to which a drug was criminalized in 1971 was almost exclusively determined by medical potential. The Convention, he says, “consists of two treaties: one for ‘street drug’ hallucinogens in Schedule I and one for pharmaceuticals in Schedule II, III and IV. There are extremely strict control measures for Schedule I substances and very weak ones for Schedule II and III substances and nothing for Schedule IV” (Bayer 1989, 24). These pharmaceuticals, namely amphetamines and tranquilizers, have well-established medical applications, but are also far more dangerous and addictive than

psychedelics (Nutt and Phillips, 2010, 1591). This implies that scheduling decisions were based almost exclusively on medical utility, with little attention paid to other characteristics.

To explain how American morals might have shaped international drug law, O'Manique invokes a phenomenon called "international norm diffusion" (2014, 5). The US's outside role in shaping the international drug criminalization regime, she argues, may have functionally exported its anti-drug moral framework to other nations. A fruitful avenue for future research would be to evaluate this claim, perhaps by looking to the domestic politics of other countries who advocated for psychedelic criminalization, such as Russia.

VI: Conclusion and Discussion

The preceding pages examine an odd phenomenon in American politics. In the 1950s, psychedelics seemed set to revolutionize mental healthcare. A relatively safe class of substances with extraordinary results in early experiments, psychedelics could have joined anti-psychotics and tranquilizers in the core psychiatric toolkit. Instead, in 1968, the US federal government voted to criminalize the personal possession of psychedelics and prohibit their medical use entirely. How can this series of events be explained?

To answer this question, this thesis used a qualitative process-tracing method, detailed in the Methods section. By collecting and synthesizing a range of secondary and primary sources, a historical timeline was constructed. This timeline (see Historical Background) traces the rise and fall of psychedelic use in the US, beginning with the military-intelligence community's secret experiments with LSD in the 1950s. It describes how psychedelics grew into a cultural phenomenon in the early 1960s and the connection between psychedelic drugs and the "hippie" counterculture. Finally, it details the federal government's meandering path toward criminalization, beginning with new FDA regulations in 1962 and culminating with psychedelics' inclusion in Schedule I of the US's Controlled Substances Act of 1970 and the UN Convention on Psychotropic Substances in 1971.

Next, in the literature review, the secondary literature on drug policy and psychedelic criminalization was explored. Many independent sources agreed that the US has exhibited a pattern of expanding drug criminalization over the past century, beginning with the efforts of early 20th century temperance advocates, and culminating

in the ongoing “War on Drugs.” As for the criminalization of psychedelics specifically, most scholars invoke the concept of “moral panic” to explain the rapid policy transition. In the mid-1960s, the argument goes, there was a sudden explosion of media attention paid to psychedelics, almost entirely negative. The media rushed to capitalize on public concerns by publishing uncorroborated stories of psychedelic users who had died, gone insane, or committed heinous acts under the influence. The resulting wave of public hysteria forced the government’s hand, and they criminalized psychedelics to soothe the fears of the masses (Goode and Ben-Yehuda 2009). There are variations on the moral panic hypothesis, such as DiPaolo’s (2018) theory that the moral panic was deliberately engineered by the government in order to criminalize the hippie community. However, most scholars accept the core argument that negative media representations and public hysteria were the primary causes of psychedelic criminalization.

The Moral Panic section of this thesis evaluated the moral panic argument against the historical record. There was substantial evidence to support the first half of the story—there was undoubtedly a surge of negative media portrayals of psychedelics in the mid to late 1960s. Additionally, moral panic theory offers many other helpful explanatory tools. For example, the concept of “folk devils” helps explain why hippies and other psychedelic users faced such excessive persecution and demonization. Particularly, the notion of “spurious attribution” helps explain why psychedelic users were so frequently cast as violent or prone to crime, despite clear evidence to the contrary (Cohen 1972, 54-55).

However, although moral panic theory helps to explain many of the events that occurred in conjunction with psychedelic criminalization, it falls short in explaining

why the drugs were criminalized. Most obviously, the FDA had already been tightening controls on psychedelic research for years, and the Senate had already conducted its 1966 hearings on LSD criminalization, before the moral panic ever began. Moreover, government actors approached criminalization slowly, deliberately, and with extensive input from independent experts. This does not align with the knee-jerk governance that tends to follow a moral panic (Cohen 1972, 133-138). Finally, the moral panic theory is entirely unable to explain the global criminalization of psychedelics. The US was not one of the primary advocates for psychedelics' inclusion in the 1971 Convention on Psychotropic Drugs, so American politics could not have possibly caused that outcome. To reconcile the strengths of moral panic theory with its weaknesses, the Alternative Theory section of this thesis provides a more nuanced account of psychedelic criminalization.

That section argues that, due to the American Protestant culture and the popularity of opium, the turn of the century saw a moral crusade against intoxication of all kinds. This crusade resulted not only in Prohibition, but in a set of cultural stereotypes and moral convictions surrounding drug use. Since then, most federal lawmakers, as well as their constituents, have believed that recreational drug use invariably saps the user's productivity and self-control, promoting crime and violence. As such, the only appropriate response to any novel psychoactive substance without medical potential was severe criminalization.

It was with these beliefs in mind that federal legislators considered criminalization in the late 1960s. At the time, psychedelics were relatively untested, appeared to have several legitimate risks, and flew in the face of many of psychiatry's

conventional assumptions. Additionally, psychedelics' reputation was tarnished by their use as an instrument of torture by US military intelligence agencies, and by their association with controversial public figures like Tim Leary. Therefore, few reputable medical professionals were willing to endorse them as a medicine during the 1966 Senate hearings and other contemporaneous investigations. Although those same experts advocated against criminalization, for lawmakers and laypeople it appeared to be the natural option. As for the international decision to criminalize psychedelics in 1971, this may be at least in part the result of American influence on global culture and moral beliefs. However, there are likely many other contributing factors, such as the domestic politics and culture of other UN member states, that play a role as well. So, although criminalization in the US is explained well by this theory, further research will be necessary to explain global criminalization.

This thesis is heavily indebted to prior investigations. The majority of the historical information included here has already been reported in much more extensive detail by Lee and Shlain's *Acid Dreams*, Siff's *Acid Hype*, Stevens's *Storming Heaven*, and Pollan's *How to Change Your Mind*, among others. This paper builds upon the foundation of these well-researched accounts and checked them against each other, other secondary sources, and the available primary source evidence. It is through this process that the account of historical events described in this thesis was developed.

This study is also far from the first to describe the anti-drug moral framework in the US. Most notable, perhaps, is Morgan's 1981 work *Drugs in America*, an in-depth examination of the history and culture surrounding US drug policy. Additionally, in their analysis of the American discourse surrounding drugs, Vatz and Weinberg devote

considerable attention to the popular notion of drugs as invariably dangerous and a major cause of crime (1998, 64-66). This thesis expands on these analyses and integrates them with other literature documenting the history of drug-related moral panics in the US, such as Goode and Ben-Yehuda's 2009 work on the subject.

Moral panics, this paper argues, emerge occasionally as a direct result of the anti-drug moral framework. However, criminalization of drugs is not always a result of moral panics—the anti-drug moral framework ensures that, when new psychoactive substances emerge, lawmakers tend to see criminalization as a default option, regardless of whether the public is highly concerned. This aligns neatly with Hawdon's (1998) analysis of the state's role in generating moral panics. Rather than merely translating public opinion into law, he writes, “state initiatives regarding drugs often precede public opinion and create concern independently of the objective extent or seriousness of the problem” (420). Evidently, in the case of psychedelics, this is precisely what occurred.

In the literature review, significant attention was paid to the scholarly debate between Goode and Ben-Yehuda, the most impassioned advocates of the moral panic theory of psychedelic criminalization, and Cornwell and Linders, its most severe critics (see “Literature Review”). The theory developed in this paper suggests that both sides have merit, but Cornwell and Linders are more successful at explaining psychedelic criminalization. Goode and Ben-Yehuda quite persuasively argue that the response to psychedelics in the late 1960s was entirely disproportionate to their actual harms (2009, 202-205). But without disputing that point, Cornwell and Linders correctly observe that the moral panic theory fails to explain the cautious, deliberative manner in which lawmakers approached the question of criminalization (2002, 308).

Cornwell and Linders’s alternative theory—that “prohibition emerged from a process of deliberation, communication, and debate among various segments of the public as well as members of the legislative bodies”—is fundamentally sound (2002, 326). However, they are overly critical of moral panic theory. Although they are correct that a moral panic alone is insufficient to explain psychedelic prohibition, moral panic theory provides a variety of useful analogies and analytical tools (see the discussion of folk devils and spurious attribution above). A general defense of moral panic theory is beyond the scope of this paper. However, one is inclined to agree with Goode that, although it may not perfectly explain every instance of deviantization, “The moral panic notion continues to illuminate social processes and deserves to remain in the sociologist’s conceptual tool-box” (Goode 2008, 533).

One final point bears consideration: today, the winds seem to be changing for psychedelics once again. In the 21st century, there has been a major revival of medical research into psychedelics in the US as well as in the U.K. and Switzerland (Richert 2019, 92-93). The FDA has granted the “breakthrough therapy” designation to MDMA, which is currently in Phase 3 efficacy trials as a treatment for Post-Traumatic Stress Disorder (PTSD) (MAPS n.d.). Oregon recently became the first state to legalize psilocybin for medical use and to decriminalize possessing small amounts of all drugs, psychedelics included (Acker 2020). Additionally, several US cities have decriminalized psychedelics in recent years, and the California legislature is currently considering a bill to decriminalize them statewide (Lozano 2021).

These developments ought to be welcomed. If the new research into psychedelics bears out their medical potential, and they are authorized for psychiatric

use, that could lead to quality-of-life improvements for millions suffering from addiction and other mental health issues. Regardless of one's position on recreational drug use, providing sick patients with effective medicine should be non-controversial. For this to happen, it is essential that federal controls on psychedelic drugs be updated to reflect the growing consensus that they are medically useful and pose a minimal public health threat. Liechti notes in 2017 that, despite the recent expansion of research, studying psychedelics remains “extremely costly because of overregulation . . . the scheduling of LSD still impedes or prohibits clinical research.”

Fortunately, there is good reason for optimism. Granted, neo-Puritanism remains the dominant philosophy in the American drug discourse (Morone 2003, 474). But, although it is too soon to say for sure, the anti-drug moral framework may be losing its grip on the American collective psyche. Nadelmann and Lasalle (2017) note that, although the US lags behind much of the world in evidence-based, harm reduction drug policies, there is a wide base of support pushing lawmakers in that direction. The growing wave of cannabis legalization across the nation is an especially encouraging sign, suggesting that voters are becoming less unequivocally supportive of criminalization, and recognizing the harms inflicted by the War on Drugs.

Polling bears this out; in 2014, a Pew Research Center survey determined that two thirds of Americans would prefer for drug policy to shift away from criminalization and toward a more public health-oriented approach. I theorize in a previous paper that this is in part due to the heavy toll the ongoing opioid epidemic has inflicted on white, upper-middle class America. “Firsthand experience may be changing the dominant narratives among these powerful social groups,” I argue. “It is hard to advocate for drug

addicts to be imprisoned rather than treated if the addict in question is your child, spouse, or close friend” (Sproul 2019, 20-21).

Although cultural norms and stereotypes are slow to change, the US may have finally reached a tipping point, and not a moment too soon. Even ignoring the medical possibilities, the hasty criminalization of psychedelics has caused decades of harm. On the black market, far more dangerous substances are often sold as “LSD,” causing entirely preventable overdoses and deaths (DEA 2013; Kohn 2018). Indeed, considering the relative safety of psychedelics, criminalization has almost certainly caused more deaths than it has prevented. This just one of a long series of ill-advised policy decisions driven by the anti-drug moral framework. Fish says it best: “if we want to improve our current drug policy, we should base our thinking on observable evidence and logic rather than . . . social prejudices” (1998b, 18). The US has spent billions of dollars, thrown millions of non-violent offenders behind bars, and left innumerable medical advances undiscovered, yet is no closer to solving the drug problem than it was a century ago (The Economist 2018; Shultz and Aspe 2016). Many Americans are finally ready to try something different, and that is something to celebrate.

Glossary

Ayahuasca: A psychedelic herbal brew used for centuries by Indigenous Amazonian tribes for ritual purposes. Contains DMT (see below) as well as monoamine oxidase inhibitors (MAOIs), enabling the DMT to be absorbed orally. The effects of ayahuasca are far longer lasting than vaporized DMT, and very intense even relative to other hallucinogens. Consequently, recreational use is rare. (Kuhn et al. 2019, 128-129).

Bad Trip: Colloquial term for the most common adverse effect of hallucinogen use: acute, intensely unpleasant emotions such as fear or despair, generally coupled with disturbing thoughts and/or hallucinations. Although distressing, such experiences do not generally cause lasting harm, unless the user's panic causes them to inadvertently hurt themselves (Kuhn et al. 2019, 110). Research suggests that bad trips are often a result of the user's expectations and mindset (Bunce 1979). They can be mitigated by the reassuring presence of others who are familiar with psychedelics (Becker 1967).

Cannabis (a.k.a marijuana, weed, pot, grass, etc): A plant that, when smoked or eaten, produces wide-ranging and unique psychoactive effects—it is among the most popular recreational drugs. Although not strictly categorized as a hallucinogen, cannabis has hallucinogenic properties, particularly when eaten (Kuhn et al. 2019, 174-175).

DMT (a.k.a. spice, businessman's special, the spirit molecule): *N, N*-dimethyltryptamine, a psychedelic drug derived from certain Amazonian plants. In its pure form, DMT can be vaporized and inhaled to produce an extremely intense

but short-lived (less than 30 min) psychedelic experience. DMT can also be consumed orally if combined with a MAOI—see “Ayahuasca” (Kuhn et al. 2019, 125-126, 128-129).

Drug: Although the term has no single definition, it is here used to specifically refer to illicit psychoactive substances, or psychoactive substances used illicitly (e.g. use of opiates or amphetamines without a prescription). Non-psychoactive medications (e.g. aspirin) and psychoactive chemicals which are generally legal and socially accepted (e.g. alcohol, prescribed psychiatric medications) are excluded.

Ecstasy: Generally refers to MDMA or similar compounds (e.g. MDA) sold in pill form (Kuhn et al. 2019, 96-101). Additionally, on the black market, pills sold as “ecstasy” often contain dangerous adulterants (e.g. methamphetamine), and often contain no genuine MDMA at all (98-99).

Hallucinogen/Hallucinogenic Drug: A psychoactive drug with the effect of inducing hallucinations and altering a user’s perception of reality. This category includes classical psychedelic drugs (See “Psychedelic Drug”) as well as a range of other substances. These other substances include dissociative anesthetics like PCP and ketamine, belladonna alkaloids like those found in Jimsonweed, and atypical hallucinogens such as *Salvia divinorum* (Kuhn et al. 2019, 109).

LSD (a.k.a. acid, blotter, tabs, Lucy, etc): Lysergic acid diethylamide or LSD-25, an extremely potent psychedelic drug discovered in 1938 by Sandoz Laboratories. LSD is by far the best-known psychedelic, and the standard by which all others are measured (Drug Policy Alliance 2017; Kuhn et al. 2019, 118-119).

Marijuana: See “Cannabis.” The term “marijuana” emerged into popular English usage in the early 20th century, as criminalization advocates attempted to associate cannabis use with Mexican immigrants. “Cannabis” is a less problematic alternative (Halperin 2018).

MDMA (a.k.a. Ecstasy, Molly): Methylenedioxymethamphetamine, a unique drug with both stimulant and hallucinogenic properties. Although it does act on the serotonin system to induce hallucinations, MDMA operates through different neurological mechanisms and has a different risk profile than “classical” psychedelics like LSD. Therefore, most drug researchers place MDMA and its relatives in a class of their own: “entactogens.” MDMA was not used recreationally until about 1980, so it did not play a role in most of the events discussed in this thesis (Kuhn et al. 2019, 96-101).

Mescaline: The psychedelic compound responsible for the effects of peyote and other psychoactive cacti. Has been used by North American tribes for ritual purposes for millennia. Legal in some US states for religious use, otherwise subject to the same criminal penalties as other psychedelics (Kuhn et al. 2019, 126-127).

Mushrooms (a.k.a. magic mushrooms, shrooms): Generally, refers to psilocybin mushrooms (see “Psilocybin”). May rarely refer to other hallucinogenic mushroom varieties, such as *Amanita muscaria* (Kuhn et al. 2019, 121, 124).

Peyote: See “Mescaline.”

Psilocybin: The compound responsible for the effects of psychedelic mushrooms. Was used for ritual purposes by Mexican and Central American tribes for millennia but

was mostly unknown to European-Americans until the 1930s. The second best-known psychedelic, after its close cousin LSD (Kuhn et al. 2019, 121).

Psychedelic Drug: A hallucinogenic chemical that produces profound changes in perception, cognition, and mood by acting on the serotonin system. Examples include LSD, psilocybin, DMT, and mescaline. Distinct from other types of hallucinogen that achieve their effects through mechanisms other than the serotonin system (See “Hallucinogen”). Whether MDMA should be included is debatable (see “MDMA”) (Kuhn et al. 2019, 133).

Psychoactive Substance: A chemical which, when administered to a human, induces noticeable effects on their mental state. Some of these substances are socially accepted, legal, and widely used (e.g. alcohol, caffeine, nicotine) whereas others are criminalized (See “Drug”). Some psychoactive substances are legal/acceptable for medical use, but considered illicit drugs when used recreationally (e.g. opiate painkillers, amphetamines).

Trip: Colloquial term for a psychedelic drug experience—can be used as a noun or verb (Kuhn et al. 2019, 115).

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