

The President  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

April 19, 2016  
B I C Y C L E   D A Y

Dear Mr. President,

I started writing this letter last year on Father's Day. It seemed appropriate. Sixteen years ago, a couple of months after his 69th birthday, my father had a heart attack. Rushed by ambulance to Kaiser, a doctor rapidly administered thrombolytic therapy and scheduled a coronary artery bypass for that afternoon. Dad didn't make his surgery appointment. The tissue plasminogen activator (tPA) he was given to help break down any potentially problematic blood clots caused a massive intracranial hemorrhage, ultimately resulting in his death.

Two days later—at the same hospital where I said a final goodbye to dad—my daughter was born. Amidst tears of sadness and joy, the mantle of fatherhood had passed. It's a shame dad never got to meet his first grandchild. They would have loved each other.

Every drug has its own unique risk–benefit ratio. In 1999, the year dad died, the rate of intracranial hemorrhage associated with thrombolytic therapy was generally considered to be around half a percent. This low rate—the usual figure published in treatment guidelines—was largely derived from clinical trials. Such trials tend to recruit healthier subjects than those who comprise the average patient population, and they also often exclude participation by individuals over 70 or 75 years old.

A year after my father passed away, the journal *Stroke* (DOI: 10.1161/01.STR.31.8.1802) reported results from the Cooperative Cardiovascular Project, which found the rate of thrombolytic-induced intracranial hemorrhage in the elderly (patients 65 to 74 years old) to be nearly three times higher. For this population, instead of a 1-in-200 chance that tPA will cause a life-threatening brain bleed, the odds are closer to being 1-in-70.

With any endeavor, “course correction” should be standard operating procedure as better information becomes available. If more accurate data regarding the risks posed to my father by tPA had been known earlier, perhaps the doctor might have taken a different approach, saving dad's life instead of ending it.

Dad wrote letters, plainly speaking his mind on matters of importance. In this way, as in so many others, I am my father's son. I used to write letters more often. E-mail has stolen some steam previously propelling my pen. Letters seem almost antiquated these days, what with near-instant electronic transmission ubiquitously available. But this missive required a more traditional method of communication to allow me adequate time for thoughtful consideration.

What inspired me to revisit ink and paper to commit an act that many might consider to be the approximate equivalent of sending postcards to God?

Hope.

If it ends up being the only thing we have left, we damn well better at least make full use of it.

I am writing to express my hope that you will grant clemency for three American prisoners. To my knowledge, these men are the only individuals alive in the world today who are serving life-without-parole sentences for the activities they were charged with committing.

Timothy Tyler is just a year younger than I am. At age 47, he has spent the last twenty-two years in prison. Bob Riley is 63 years old, the last twenty-three of which he has counted off in prison. Both men have had parents pass away during their incarcerations. They miss and are missed by their remaining family members. For all intents and purposes, Bob's children haven't seen him for their entire lives. Leonard Pickard is a year older than my father was when a doctor's dose of tPA ended dad. At seventy years old, Leonard has spent the past 16 years in prison, equivalent to my daughter's entire lifetime. He was permanently separated from his wife and their newborn child at the time of his arrest. It's pretty horrible for me to try to imagine not having been able to participate in raising my daughter—enjoying her company, celebrating her successes and commiserating during her struggles—over these formative years of her life. Think about everything that you would have missed with your own girls. Think about what they would have missed. Daughters surely benefit from the positive example of a loving father who is present in their lives.

These men are victims of the often outrageously excessive—indeed, *fatally* over-long—punishments required by mandatory minimums, a sentencing approach begun and expanded during the Reagan–Bush Dark Ages. What unthinkably horrific criminal acts could they have engaged in, such that the government must of needs strip them of their freedom and families, locking them up forever to protect society? Sex crimes against children are particularly heinous. Sex trafficking of children ages 14–17 triggers a 10-year mandatory minimum sentence; for kids younger than that, a 15-year sentence is mandatory. Sale of a child by a parent or legal guardian for the purpose of sexual exploitation gets the seller a mandatory minimum of 30 years, as does purchasing a child for such a purpose, or having sex with a child 11 years old or younger, or engaging in explicit conduct with a child for the purpose of producing any visual depiction of such conduct if death results from the activity. Yet the mandatory minimums triggered by the offenses committed by Tyler, Riley, and Pickard, require them to die in prison. Their sentences are harsher in some cases than those given to murderers. In nearly half of the states, first-degree murderers can be sentenced to twenty-five years or less; and within some states, they can be sentenced to as few as ten years. What did these men *do* to be served such harsh justice?

Tyler, Riley, and Pickard received their life-with-no-parole sentences due to LSD manufacture and/or distribution charges.

As of 2009, the median incarceration time in *state* prisons for drug-related offenses was fourteen months, exactly half the time that most violent criminals are sentenced to serve. Murderers convicted at the state level usually serve sentences roughly ten times longer than drug criminals. The first laws prohibiting the manufacture and distribution of LSD were enacted in 1965; they treated these offenses as misdemeanors punishable by *up to* one year in jail, a \$1,000 fine, or both. In 1968, Public Law 90-639 increased the penalties, making manufacture and distribution of LSD felonies subject to imprisonment of *up to* five years, a fine of *up to* \$10,000, or both. Eventually, punishments escalated to the point where they could be *up to* twenty years, but that maximum figure was not mandatory, allowed for the possibility of parole, and individuals convicted of manufacturing and/or distributing LSD commonly got substantially shorter sentences. (Roughly 15% of federal LSD prisoners got 20-year sentences, with 50% getting 10 years, 30% getting 5 years, and 5% getting 3 years; state prisoner sentences on LSD charges averaged 3 years.) Alas, the drug warriors' ANTI-DRUG ABUSE ACT OF 1986 established mandatory minimums and the "life-with-no-parole" sentence became a requirement in some situations.

It should be self-evident that something is very wrong here. The United States government was constructed to protect our "unalienable human rights", including "Life, Liberty and the pursuit of Happiness." How could American politicians have directed public policy in such a manner that this duty has been so utterly decimated, spawning incalculable human rights violations at home and inspiring them abroad?

We have the right to exist.

We have the right to be free.

We have the right to follow our bliss.

When someone takes another person's life, they have usurped every other unalienable human right that individual had. How is it possible, then, that the United States government imprisons some murders for *less* time than LSD chemists/distributors? Is justice served when the individual responsible for the hit of acid consumed by a young college student interested in exploring her own psychological make-up is incarcerated for a longer time than the person who brutally attacks and rapes such a student? On average, a rapist arrested and prosecuted in the United States serves 5.4 years for his crime. Surely the manufacture/distribution of LSD can't in any way compare to the crime of rape, so far as the damage done to the victims of the crime is concerned. This is particularly true considering that most often one would have a difficult time actually *producing* any victims of LSD crimes, since the crimes constellated around LSD are usually victimless crimes.

Within his August 2, 1977 "Drug Abuse Message to the Congress", President Jimmy Carter concisely expressed the crux of the biscuit with (seemingly uncommon) common sense:

"Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself; and where they are, they should be changed."

President Carter's statement was made within the context of supporting legislation to eliminate all federal criminal penalties for the possession of up to one ounce of marijuana, so that our country's government would no longer inappropriately define and treat pot smokers as criminals. His sentiment, nevertheless, applies across the board to all psychoactive drugs. And from the point of view of damage to an individual, there are few drugs *less* damaging than LSD.

Psychedelic drugs came into popular use during a tumultuous time in American history, as the conservative, materialistic values predominant in the late 1950s slammed into the liberal, spiritual values expressed by the youth culture of the next decade. It's understandable that the direction society seemed to be heading in frightened people on each side of this divide. Unfortunately, the beneficial applications for which LSD and other classic psychedelics had shown great promise were trivialized, ignored, buried, or forgotten. At the same time, the risks associated with these drugs were greatly exaggerated. Expanded regulatory powers were granted to the FDA. As a result, scientists studying LSD had new levels of bureaucratic red tape to deal with in order to conduct their research. Eventually, the DRUG ABUSE CONTROL AMENDMENTS OF 1965 were enacted, placing restrictions on the manufacture and sale of depressant, stimulant, and hallucinogenic drugs, which were increasingly being taken for non-medical "recreational" purposes. The FDA then notified most of the remaining psychedelics researchers that they were required to immediately terminate their projects.

Hearings convened regarding how the government should respond to the increasing popularity of LSD. Senator Robert F. Kennedy expressed his concern over "FDA interference with the scientific investigation of so promising a drug as LSD." For Kennedy, the media-generated hysteria fueling newly adopted anti-LSD attitudes shouldn't be allowed to devalue the drug's promising benefits. "I think we have given too much emphasis and so much attention to the fact that it can be dangerous and that it can hurt an individual who uses it... that perhaps to some extent we have lost sight of the fact that it can be very, very helpful in our society if used properly," Kennedy remarked. A few prominent researchers added words of support, but their comments fell on deaf ears. Despite the shut-down of virtually all approved research, unauthorized use of psychedelics by American citizens continued to increase, inspiring the criminalization of possession of LSD and other recreational drugs in 1968.

The psychoactive effects of LSD were discovered in 1943 by Dr. Albert Hofmann, a chemist working at Sandoz Laboratories in Switzerland. Although he was initially surprised by the drug's effects, he eventually came to view his LSD trip as having similarities to the spontaneous mystical experiences that he'd had as a child. During the next two decades, over 40,000 subjects worldwide participated in studies investigating the effects produced by LSD and other psychedelics. Over a thousand articles in peer-reviewed journals provided details on the drug's chemical, biological, and psychological effects. Several dozens books were published. A half-dozen international conferences were held. Assessments consistently noted that LSD has very few toxic or psychological complications and it doesn't induce physical or psychological addiction. A survey of researchers with nearly 5,000 patients, who had taken LSD or mescaline over 25,000 times, catalogued such a small number of reports relating adverse effects that—within a 1963 article in a popular art magazine—the survey's author remarked, "Considering the enormous scope of the psychic responses it induces, LSD is an astonishingly safe drug." A 2015 article in the journal *Progress in Neuro-Pharmacology & Biological Psychiatry* noted: "The relative safety of classic hallucinogens

(particularly psilocybin and LSD) in clinical research settings has been thoroughly documented.” (DOI: 10.1016/j.pnpbp.2015.03.002) Research scientists and medical professionals agree that LSD is acceptably safe for use under medical supervision. Contemporary users of illicit LSD also understand that acid usually doesn’t present “a lack of accepted safety” whether or not there is *any* supervision, although many feel that it is appropriate—particularly in the case of novice users—to have the supervision of another individual who’s had extensive personal experience with psychedelics to act as a “sitter.”

Before it was criminalized, psychiatrists, psychologists, therapists, and other researchers found LSD useful: as a chemical probe to assist in learning about the neurochemistry of altered and aberrant mental states; as a means by which therapists could better understand and empathize with their psychotic and schizophrenic patients; as an adjunct to various types of individual and group psychotherapy; as a form of pharmacotherapy with schizophrenics and autistics; as a treatment for frigidity; as a non-narcotic analgesic in pre-terminal cancer patients; as a treatment for PTSD in concentration camp survivors; for increasing self-realization, lowering anxiety, and addressing issues of depression in cancer patients; as a means to induce a primary mystical/religious experience; and to enhance artistic expression, creativity, and problem-solving abilities. These and other beneficial uses of LSD are well documented in a rich body of literature, which I encourage you to investigate further.

Under President Nixon, Congress passed the COMPREHENSIVE DRUG ABUSE PREVENTION AND CONTROL ACT OF 1970 (CDAPCA). It included the CONTROLLED SUBSTANCES ACT OF 1970, which repealed all previous drug control laws and replaced them with a unified law that regulated medical and non-medical use by placing drugs into the strictly defined categories: Schedule I through Schedule VI. The most restrictive category, Schedule I, is reserved for those drugs that are prohibited even from being prescribed by doctors because they purportedly have no currently accepted medical use, a high potential for abuse, and a lack of accepted safety for use under medical supervision. Researchers wishing to study Schedule I drugs were required to register with and be approved by the Bureau of Narcotic and Dangerous Drugs (now the DEA), maintain particular records, and ensure that none of the prohibited drug was diverted to any use other than that which was stated within their approved research protocol. Despite the protest of dozens of psychiatric researchers, LSD and the other psychedelics were inappropriately placed into Schedule I. It shouldn’t have been surprising, what with Nixon having described Timothy Leary as “the most dangerous man in America”, that the president would decry psychedelics and other popular psychoactive drugs to be “Public Enemy #1”. (Considering the drug war’s impact since then, it would be more accurate to say that American drug policy has turned out to be Public Enemy #1, and that Nixon was the most dangerous man in America.)

Forty-four years ago, the National Commission on Marihuana and Drug Abuse released their report addressing the issue of non-medical psychoactive drug use in America. Lacking any reliable information about marijuana, which would clearly be needed in order to determine an appropriate course of action, Congress asked President Nixon to initiate an investigation. Nixon appointed republican Governor Raymond P. Shafer to head a bi-partisan panel, which conducted an exhaustive scientific examination of the plant and its effects. However, Nixon had no interest in learning the facts about marijuana; instead, he put pressure on Shafer to report findings supportive of the decision he’d already made: marijuana belonged in Schedule I. After a massive amount of research, the Commission determined that marijuana did not pose a significant health risk to Americans, and they recommended that it be decriminalized. They also provided several examples of legal precedent suggesting that the prohibition of marijuana and other drugs was unconstitutional, and they reminded all policy-makers of their “responsibility to consider our constitutional heritage when framing public policy.”

Nixon dismissed the mass of evidence they’d gathered and ignored their advice, Constitution be damned! Marijuana remains inappropriately in Schedule I where Nixon put it, in defiance of his Commission’s recommendation. Sadly, this appears to have set a trend for presidents to ignore the scientific facts that *should* impact what schedule a drug is placed within. Responding in 1988 to a petition to reschedule marijuana, the DEA’s Administrative Law Judge, Francis L. Young, concluded that, “In strict medical terms marijuana is far safer than many foods we commonly consume. For example, eating ten raw potatoes can result in a toxic response. By comparison, it is physically impossible to eat enough marijuana to induce death. Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care.” Despite its medical utility and general lack of toxicity, Judge Young’s assessment did not result in marijuana being moved to a more appropriate schedule.

Nixon's Commission published their findings in a report titled *Marijuana: A Signal of Misunderstanding*. Considering Nixon's rejection of the Commission's recommendation, the title seems *almost* prescient. If Nixon *didn't* simply just misunderstand their research and the logical conclusions that the Commission came to, then he would have to have been actively lying to the American public about the level of health concern posed by the non-medical use of marijuana and other drugs. For some context on why Nixon disregarded the policy recommendations of his Commission, it's worth considering the insights of John D. Ehrlichman. As Nixon's domestic-policy advisor (and Watergate co-conspirator), Ehrlichman had an insider's view of the inner workings of the Nixon administration. In 1994, while conducting research for his book *Smoke and Mirrors*, journalist Dan Baum asked Ehrlichman about Nixon's motivation for declaring a war on drugs and setting our country on the unwarranted, excessively punitive, and counterproductive path it remains on to this day. Ehrlichman explains:

"You want to know what this was really all about? The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did."

Ample evidence for this agenda of covert government actions targeting leftists and blacks was revealed in the Church Committee's findings, a few years after the Watergate affair had confirmed Nixon to be a big fat lying bastard.

In his June 17, 1971 "Special Message to the Congress on Drug Abuse Prevention and Control", President Nixon expressed that he wanted to "eliminate drug abuse and all the antisocial activities that flow from drug abuse." The "antisocial" activity most concerning to Nixon was the widespread civil disobedience of war protesters, more than 11,000 of whom the Washington, DC police had just been arresting over a three-day period the month before.<sup>1</sup> After painting these pacifists as "radical demonstrators", Nixon characterized what was wrong with them by explaining, "They're all on drugs." White House tape recordings captured Nixon's thoughts on the matter: "You see, homosexuality, dope, immorality in general. These are the enemies of strong societies. That's why the Communists and the left-wingers are pushing the stuff, they're trying to destroy us," and, "Every one of the bastards that are out for legalizing marijuana is Jewish. What the Christ is the matter with the Jews?"

While claiming that the enforcement provisions of the CDAPCA of 1970 were effective and producing excellent results, Nixon explained that they were not enough by themselves. He then asked Congress to grant him millions of additional dollars to deal with the national emergency of drug abuse. Mentioning a few other drugs only in passing, Nixon focused his address pointedly on the need "to wage an effective war against heroin addiction". Along with the human costs of heroin habituation (overdose deaths), Nixon assessed that the financial costs of addiction were more than \$2 billion per year. Even with all his previously proposed, fully funded actions active, Nixon recognized that further future funding and regulation requirements might be inevitable. Nevertheless, he vowed "to take any action and every action necessary to wipe out the menace of drug addiction in America." Following his message to Congress, Nixon bragged in a news interview that his administration had increased government spending for handling the problem of dangerous drugs by seven-fold, bringing it to six hundred million dollars that year. "More money will be needed in the future. [...] This is one area where we cannot have budget cuts. Because we must wage what I have called 'total war against public enemy number one' in the United States, the problem of dangerous drugs." According to Nixon, "The final issue is not whether we will conquer drug abuse, but how soon."

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<sup>1</sup> On May 3-4, 1971, nearly 10,000 war protesters were arrested in Washington, DC. Most were jailed for a short period of time then released, with charges dropped due to lack of evidence. On May 5, approximately 1,200 peaceful protesters were arrested on the Capitol steps. Nixon was caught on one of the White House tape recordings, contemplating the idea of hiring some teamsters to "go in and knock their heads off." Ultimately, the arrests over these three days of protests were ruled by federal courts to have been unconstitutional and protesters won a multi-million-dollar judgment against the District of Columbia for wrongful arrest. When considering clemency for these three LSD prisoners of a federal drug policy that largely began during the Nixon administration, it's worth remembering that one month after President Ford took office, former President Nixon was granted an absolute and unconditional pardon for *his* criminal actions.

It's been forty-five years since Nixon predicted we would inevitably conquer drug abuse, and it seems worthwhile to consider his question of "how soon?" from the perspective of "at what cost?" Because along with the financial costs (which have escalated a tad since Tricky Dick's time) there have been the unacceptable human costs of waging "total war" against drugs (i.e., increased violence, destroyed quality of life for drug POWs, WOD-caused deaths, etc.).<sup>2</sup>

I seriously doubt that we will ever get anywhere *near* Nixon's goal to "conquer drug abuse" until we realistically assess the risk-benefit ratio for each substance, determine a drug's appropriate Schedule on a scientific basis, provide fact-based education, and understand that "drug use" does not equate to "drug abuse". In support of better health, we have to replace our "total prohibition" approach with strict regulations related to standards of purity, dose, and labeling. There's little motivation on the part of unscrupulous drug dealers to ditch a batch of product because incomplete conversion of a precursor chemical left some percentage of it remaining as a toxic contaminant. Nor is there too much pressure for middlemen dealers not to step on the product with adulterants as a means to increase their profits. Nor is there even any guarantee that what's being sold is not simply some *other* drug (or combination of drugs) with perhaps similar effects, but distinct contraindications, a lower therapeutic index, a peculiar level of activity, a different LD50, etc. Since scheduled chemicals are 100% restricted from sale, the product that someone gets busted for selling can be tainted/impure, of higher toxicity, or even entirely misrepresented, and the dealer will be charged solely on a controlled substance violation, and won't suffer any punishment specific to the *actual* crime that took place of selling contaminated, toxic, and/or misidentified material.

Many Americans use illicit drugs in moderation without causing any significant harm to themselves or others. Before they take a new substance, they adequately research the current state of knowledge on the drug, informing themselves about effects, side effects, contraindications, dose-response curve, etc. They communicate with other people who have experience with the drug, asking questions and taking notes. For their initial cautious consumptions of compounds that they haven't tried yet, they start with low doses. They use accurate scales to properly weigh appropriate amounts. They avoid combining any new-to-them drug with one or more other drugs until they have learned how the new drug affects them over the course of a number of consumptions using a variety of dose levels. They keep journals, make audio/video recordings, and discuss experiences amongst their drug-using peer groups. They speak with doctor friends to get medical perspectives, or inquire with their personal physicians. They incorporate various harm-reduction techniques, often via ritualized behaviors, which they consider to be required standard operating procedure; these become second nature, like buckling a seat belt first thing after getting into an automobile. They take CPR classes. Their detailed attention to health and safety issues isn't unusual or remarkable (although it may *seem* to be for anyone who cultivates the stereotype of drug use being "stupid" or "foolish," and therefore drug users must, themselves, also be stupid or foolish). Intelligent drug users are commonplace. Unfortunately, due to the illegal nature of the drugs that they enjoy, they're often unwilling to discuss their practices or share the wisdom of their approaches toward drug use beyond their tightly knit circles of friends. The laws proscribing psychoactive drugs create an environment where valuable experience-based knowledge—that could reduce risks, maximize benefits, decrease negative outcomes, or rapidly and effectively treat adverse reactions—may not be freely or widely shared. Such users often

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<sup>2</sup> While America's drug war has strained relationships with other countries worldwide, the tragic example closest to home is Mexico. Just as it has done within the United States, the drug war has similarly inspired widespread graft and corruption of Mexico's law enforcement, government officials, and military. Mexican police and armed services have received multi-million dollar bribes from international narco-traffickers. Violent crime related to the drug war is an epidemic in Mexico. Over the years from 2007 to 2014, on average there were between 9,000 and 13,000 people killed annually in Mexico from violence directly related to the drug war. According to FBI crime statistics, the United States has an average of at least 1,100 drug war deaths each year. (Mexico can't really take *all* of the credit for beating us in the annual WOD death toll, since we help them keep their numbers up. Around a quarter million guns purchased in the United States are smuggled into Mexico each year!) Using the National Center for Health Statistics' figures for a similar time frame (2008-2013), the averaged annual recorded overdose death rates in America for cocaine (4615) and heroin (4657) total 9,272 people. Which means that more citizens died annually within Mexico and the United States *as a result of the drug war* during that time period than died in the United States as a result of illicit drug overdoses! (In addition, overdose deaths generally only kill the person who voluntarily assumed that risk by consuming the drug in the first place, whereas drug war deaths not infrequently take out innocent civilians in the wrong place at the wrong time.) How can any right-thinking person believe that our "solution" isn't *worse* than the problem we're supposedly trying to correct? We'd be better off doing nothing at all! To paraquote President Carter: Deaths caused by the war on drugs should not occur more frequently in society than those caused by the use of the drugs themselves; and when they do, drug policy should be changed.

understandably avoid drawing any unwanted attention to themselves, since they're not looking to become the next POWs in the drug war.

I don't know that I agree with Nixon that, "the final issue is not whether we will conquer drug abuse, but how soon." But even if I *did* agree with him, adopting a policy that embraces the continual escalation of spending regardless of the results achieved is asinine. The "\$2 billion-plus costs of addiction" that Nixon mentioned was long ago eclipsed many times over by the cost of the government's continued funding of Nixon's war. Which is not, and never has been, a "war on drugs". Rather, it is a war on people. On Americans. On *us*.

For way too long, U.S. drug policy has been mired in unrealistic abstinence-based catchphrases, dishonest propaganda, sensationalism, fear-mongering, moralistic condemnation, scapegoating, religious intolerance, and racism. The approach taken toward the "drug problem" combines prolific, invasive, unconstitutional surveillance with violent para-military police actions, asset seizures, and increasingly lengthy incarcerations. This approach is promoted via the idea that people who choose to consume certain drugs are inherently unintelligent (or at least uneducated), morally weak (or actually evil), and that their drug use represents the greatest threat our society and humanity has ever faced. If any of that seems like an exaggeration, watch pretty much any video shot over the past thirty years of the Gestapo-like tactics employed during a DEA drug raid, where jack-booted thugs on SWAT teams "serve" no-knock warrants (another Nixon invention) by kicking down doors and tossing in flashbang grenades.

I am therefore grateful for the substantial accomplishments in the arena of criminal justice reform that have occurred during your administration. Between 1991 and 2014, 64% of the defendants sentenced to life without parole were drug offenders. However, during your presidency, the number of drug offenders given life sentences has seen an impressive decline of nearly 78%, while the number of violent criminals and sex offenders given life sentences has been increasing. In 2014—for the first time since 1986—more violent criminals (45) than drug offenders (41) were given life sentences by federal prosecutors.

The work that has been done in reframing the issues of substance abuse and addiction by moving them out of the inappropriate legal system and into the health care system is also vitally important on the path toward healing our nation. Problematic drug use *can* be greatly reduced through fact-based education, and medical intervention *can* be of help in successfully treating addictions. One only need to look to the example of Portugal; by decriminalizing drugs and redirecting the funds that previously were going to law enforcement into health care, the Portuguese have had tremendous success in addressing their heroin epidemic, reducing use by around 50%. Treating drug abuse as a health problem allows addicts to retain their sense of worth as human beings, knowing that there are others who care about them and want to help. Treating it as a criminal problem conveys that society feels these individuals are disposable, unwanted, dangerous, and beyond hope. Focusing on healing instead of on waging war is a much more reasonable and compassionate approach that will undoubtedly be substantially more effective in addressing problematic drug use. Humanity has seen enough war.

A vital step in the right direction of criminal justice reform was taken when Congress passed the FAIR SENTENCING ACT OF 2010, in order to reduce the extreme disparity between sentence lengths for crack and for powdered cocaine. However, now that the previous inequity has been substantially reduced (albeit *not* entirely corrected) within the law itself, the changes that were made to mandatory minimums need to be instituted retroactively as soon as possible. In addition, although the current 18-to-1 disparity is a vast improvement over the prior 100-to-1 disparity, it still makes no sense for cocaine base to be punished more severely than cocaine hydrochloride; since these are simply two different forms of the same drug, they should be sentenced the same: 1-to-1. Really, if there is to be any sort of disparity, it should be weighted in the *other* direction slightly, because cocaine's molar equivalent in base form weighs about 25% more than the hydrochloride, making it less potent by weight.

The 100-to-1 disparity in sentencing crack vs. coke, while unquestionably unfair, is a piss in the pool compared to the "carrier weight" disparity that impacts the triggering of mandatory minimums in LSD busts. An incredibly potent chemical, LSD is active in micrograms. A "dose" typically ranges from 50 to 300 micrograms, and LSD these days is often sold in units containing around 50 mics, which allows users to ramp up to their desired dose in 50-mic increments by taking multiple units. Hence, sometimes one "hit" of acid is a single dose, and sometimes six hits of acid is a single dose. Because accurate measurement of doses at the microgram level is beyond the ability of most users, LSD is typically sold having been

aliquoted onto some larger medium: a sugar cube, a piece of candy, or often a ¼-inch square of blotter paper. The problem is that folks busted with LSD end up having the weight of the carrier medium included when the prosecutor is attempting to determine what quantity of acid to charge the person for having possessed. Differences in the weights of various carrier mediums create massive inequity in sentencing. They allow for a situation where a manufacturer who has a large quantity of pure crystalline LSD (but just under the amount required to trigger a mandatory minimum) would be sentenced to less time than a small-time dealer or even just someone who had obtained a few sugar-cube doses for a group of friends. A sugar cube adds about 3.5 grams in weight to a 50-microgram unit of LSD, a ¼-inch square of blotter paper adds about 6 milligrams, and the pure LSD crystal weighs whatever a dose actually weighs depending on how much someone wants to take as “a dose”. This situation has caused a vast disparity in sentencing for LSD arrests.

Fundamentally flawed drug laws—like the LSD carrier weight inequality issue, or treating crack and cocaine as if they were different drugs due to bigoted viewpoints about user demographics—exemplify how the justice system is anything but just. They provide ample evidence that our prohibitionist drug legislation is not based on logic or science, but on emotionalism and prejudice born from an “us vs. them” mentality, cultivated within a history of racism. Whether our society is fully conscious or not of what caused these inequalities to be built into our laws, what else besides the same negative attitude toward hippies and blacks that motivated Nixon to start his “war on drugs” can explain these two clearly unreasonable legal situations that have been so damaging to our fellow Americans? Our best course correction would be to end the drug war, decriminalize, and focus our efforts solidly on education and treatment.

In any case, by the mid-1970s, no government-approved human trials with LSD or similar compounds were happening anywhere in America. Research had ground to a halt, and for over a dozen years no new studies began. During that time, the hysteria specifically aimed at psychedelics died down somewhat. Eventually in 1990, a bold and persistent medical doctor obtained FDA approval to conduct human research with the psychedelic DMT. The success of that study—or perhaps just the fact that it even happened at all—inspired other researchers to seek approval for prospective psychedelic studies.

In July of 1992, NIDA convened a Technical Review of hallucinogens and the FDA held a Drug Abuse Advisory Committee meeting. Both groups decided that human research with psychedelics should, as a rule, be permissible with appropriately designed studies. This formal policy decision signaled a change in attitude, which evidenced the understanding that the psychedelics *are* acceptably safe for use under medical supervision. Later that year, the FDA approved the protocol for a Phase I safety study of MDMA. Since then, progress in this area of study has been possible, although it has often moved slowly. At times, reasonable research protocols have been held up or refused, based on staff changes within the FDA and the political mood of the moment. Yet over the past decade, an increasing number of studies have been conducted, retrospective follow-ups and meta-data analyses have been completed, and critical reviews have been published. These all provide ample new scientific evidence supporting what researchers learned in the 1950s and 1960s: the judicious use of psychedelics provides numerous benefits for those who use them within appropriate contexts.

In recent years, government-approved studies in the United States and other countries have investigated: LSD-, MDMA-, and psilocybin-assisted psychotherapy for anxiety associated with life-threatening illness; MDMA-assisted therapy for social anxiety in autistic adults; MDMA-assisted therapy for PTSD; and approval has been granted for a forthcoming study researching smoked marijuana for the treatment of PTSD symptoms in war veterans.

Animal research has traditionally been easier to conduct. An exciting recent study with implications for beneficial human application was performed on mice. The researchers discovered that low doses of psilocybin rapidly extinguished cued fear conditioning while simultaneously increasing neurogenesis. These qualities of removing a state of fearfulness while at the same time inducing the growth of new brain cells suggest a mechanism of action that could explain why psilocybin (and any other psychedelics that might be found to have similar effects) may be beneficial in humans as potential treatments for post-traumatic stress disorder and related conditions. Interest in the use of psychedelic/empathogenic therapy to treat PTSD is currently quite high, as evidenced by the fact that the article “The Safety and Efficacy of ±3,4-Methylenedioxy-methamphetamine-Assisted Psychotherapy in Subjects with Chronic, Treatment-Resistant Posttraumatic Stress Disorder: The First Randomized Controlled Pilot Study” won the *Journal of Psychopharmacology* award last year for having received the highest number of citations of all the original research articles that they published in 2011.

The use of psychedelics may help to reduce violent crime. A study looking at 302 men ages 17–40 in the criminal justice system compared the arrest records of those men who had taken psychedelics to those who hadn't. The researchers determined that arrestees who had taken psychedelics were 55.6% less likely to be arrested on future charges of intimate partner violence than the arrestees who had never taken psychedelics. The study's investigator suggested that psilocybin or LSD might have therapeutic potential for reducing intimate partner violence.

One of the extremely promising areas that is actively being researched is the use of psychedelics such as psilocybin, ibogaine, and ayahuasca in the treatment of various addictions.<sup>3</sup> Before LSD was scheduled, it was used to treat alcoholism, often with impressive results. After learning about this research and trying LSD himself, Bill Wilson made efforts to incorporate the use of this psychedelic as an adjunct to the 12-step program that Alcoholics Anonymous employed. Wilson believed that LSD held the potential to facilitate an experience of spiritual transcendence within alcoholics who wanted to quit drinking. He felt that this sort of direct spiritual experience was crucial for recovery, particularly in tough cases where other methods of abstinence had failed.

Contemporary research has been providing evidence that Wilson was right about the importance of facilitating a spiritual experience to motivate abstinence. In one study researchers looked at the effectiveness of psilocybin-occasioned mystical experiences in the treatment of tobacco addiction. With 80% of the study's participants demonstrating biologically verified abstinence from smoking at a six-month follow-up, the research results suggested that there is a mediating role of mystical experience in psychedelic-facilitated addiction treatment. Another recent study incorporated psilocybin as an adjunct in the treatment of active alcohol dependence; the subjects who completed the study were able to reduce the mean percent drinking days and percent heavy drinking days by more than 50%.

Between 1950 and 1970, over thirty publications reported the results of research using LSD to treat alcoholics. After legal restrictions in the early 1970s put an end to human psychedelic research, these alcoholism studies weren't examined any further for many years. However, once human research restarted in the 1990s, the comprehensive article "Treatment of Alcoholism Using Psychedelic Drugs: A Review of the Program of Research" was published in the *Journal of Psychoactive Drugs* (Oct–Dec 1998). More recently, in 2012, a retrospective study of research completed between 1950 and 1970 reported the results of their meta-analysis of randomized, double-blind controlled trials. This study was designed in order to be able to approximate what the overall clinical efficacy of LSD in the treatment of alcoholism was, by utilizing averaged results from a number of different research projects. This retrospective analysis discovered that a single high dose of LSD provided within the context of the various alcoholism treatment programs was associated with a decrease in the misuse of alcohol in 59% of the participants. (DOI: 10.1177/0269881112439253) The most effective medication-assisted treatment (MAT) with current FDA approval for use with alcoholics works only around 11% of the time. (DOI: 10.1016/j.pnpbp.2015.03.002)

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<sup>3</sup> Unlike medication-assisted treatments that use a substitution approach, such as switching heroin users to methadone maintenance, the psychedelic treatment of addictions doesn't require the continued regular use of medication. While all of the psychedelics I've mentioned have shown efficacy in treating various addictions, the use of ibogaine in treating opioid addictions is particularly noteworthy, due to ibogaine's unique ability to mitigate opioid withdrawal symptoms. The treatment of addictions with ibogaine requires stricter safety protocols than addiction treatment using the classic psychedelics, due to contraindications that ibogaine has with some other drugs. Used carefully, however, it has assisted many people in overcoming their addictions; it has been especially successful when used with treatment-resistance addicts.

Other opioid users have been able to mitigate tolerance (and thereby avoid the risk of overdose as a consequence of the continual need to increase their dose) by incorporating the use of a few micrograms of naltrexone with each dose of opioids that they take (see DOI: 10.1080/02791072.2006.10399833). Since this process also mitigates withdrawal symptoms, practically speaking, the chemical mechanism responsible for the physical aspect of opioid addiction has effectively been resolved. With this understanding of the pharmacology of opioid addiction, the concurrent use of an available prescription medication (that could be made into an OTC med) *with* opioids means that **no one ever has to become an opioid addict again**. Non-addictive opioids would go far in preventing overdose deaths. However, the one company working to bring a few such products into the marketplace—Pain Therapeutics, Inc.—was informed by the U.S. government that any such pills would be subject to substantially *tighter* regulations than regular old addictive opioids, apparently since the fear and reality of becoming a drug addict would no longer act to deter people from popping the new safer pills any time they wished. Not wanting to hassle with additional governmental roadblocks on marketing their non-addictive opioids, PTI shifted their focus onto producing "abuse proof" pills that are harder to obtain a recreational high from (but which are just as addictive as ever).

The outcome from this medical use of LSD parallels entheogenic inspirations of abstinence within the Native American Church, whose central sacrament is the mescaline-containing peyote cactus, *Lophophora williamsii*.

Alcoholism treatment programs within some Indian communities encourage their clients to take part in peyote services because doing so *works*. Amongst Native American populations, members of the NAC have lower rates of alcoholism than non-NAC members (DOI: 10.1080/02791072.1976.10472016; DOI: 10.1176/ajp.131.11.1247; DOI: 10.1080/15313204.2013.843138). Participation in peyote services may be an important activity to promote more widely, considering that Native Americans are the ethnic group in the U.S. with the highest incidence of alcohol-related death. The benefits from peyote consumption obtained by alcoholic members of the NAC do not take place within a clinical setting. There is no requirement for a trained MD to be present, no hospital staff on call or high-tech electronic gear on hand. Nevertheless, healing clearly does happen within the hogan. Native peyote-using cultures consider it to be good medicine for treating a wide variety of ailments. It is used externally as an antiseptic/antibiotic/analgesic for wounds, bites, and toothaches. It is taken internally for headache, depression, fatigue, asthma, to aid in childbirth, and for numerous other conditions. No institutional review board is required to dispense this medicine at an NAC ceremony. You just can't *call* it a medicine. Those who wish to benefit from its healing attributes without running afoul of the law must *join a specific religion!* In some states, proof of Church membership is needed. At the extreme end of things, one state requires that individuals wishing to use peyote must have at least 25% of a specific genetic make-up! By law, one can only use this plant within a "non-drug" context that takes place as part of a bona fide religious ceremony of the Native American Church. The ethnographic bigotry, modernist bias, and xenophobic intolerance behind the U.S. government's statement that peyote "has no currently accepted medical use in treatment in the United States" should be offensive to all Americans, as should any racist religious requirements restricting access to a specific spiritual sacrament.<sup>4</sup> On the other hand, the blanket of protection provided by this religious exemption to the CSA means that NAC members are free from having to obtain FDA approval to take their chosen medicine.

Favorable U.S. court rulings in 2006 and 2009 gave a second psychedelic the green light for non-drug use within a couple of specific churches. Members of the *União do Vegetal* and the *Santo Daime* can now import and consume their sacrament ayahuasca (containing the Schedule I psychedelic DMT) within the bona fide religious ceremonies of their churches. Studies have reported decreased levels of alcohol misuse by members of these two religious groups, as well as lower scores on the Addiction Severity Index. In the United States and elsewhere, ayahuasca has also been used within neo-shamanic, psychonautic, personal growth, and other spiritual and non-religious contexts to facilitate the treatment of addictions, illnesses, and various psychological issues. In some countries, like the United States, such use is illegal, while in other countries it is permitted or even celebrated as a part of their national heritage. The Takiwasi Center for the Rehabilitation of Drug Addicts and for Research on Traditional Medicines has been using ayahuasca to treat addiction in Peru since 1992, and a preliminary report published in 2013 on an observational study of a First Nations community in British Columbia that is using ayahuasca-assisted therapy for addiction treatment noted reductions in substance use after six months.

Earlier this year *Therapeutic Advances in Psychopharmacology* ran an article titled "Antidepressive, Anxiolytic, and Antiaddictive Effects of Ayahuasca, Psilocybin and Lysergic Acid Diethylamide (LSD): A Systematic Review of Clinical Trials Published in the Last 25 Years". The article's authors only included clinical trials in their review whose results had been published within peer-reviewed journals. In summing up their findings on the state of psychedelic research—from its new beginning in early 1990 through to the middle of 2015—the authors remark: "Reviewed studies suggest beneficial effects for treatment-resistant depression, anxiety and depression associated with life-threatening diseases, and tobacco and alcohol dependence. All drugs were well tolerated. In conclusion, ayahuasca, psilocybin and LSD may be useful pharmacological tools for the treatment of drug dependence, and anxiety and mood disorders, especially in treatment-resistant patients.

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<sup>4</sup> Must one belong to a formal religious organization to have a sincere (or "bona fide") relationship with God? For Christians, a relationship with God occurs through coming to an understanding of His word by reading the Bible. Just as the Bible is indispensable to Christianity, the psychoactive sacraments are indispensable to the Native American Church, to the ayahuasca churches, and to any individual who chooses to use them as sacraments, regardless of whether or not that person is a member of some specific church. If the government passed an obnoxious law that said only people who were registered members of a specific government-approved Christian religious sect were allowed to read the Bible, how well would that go over? Would it mesh very well with the concept of "freedom of religion"?

These drugs may also be useful pharmacological tools to understand psychiatric disorders and to develop new therapeutic agents.”

LSD and other psychedelics are known for their ability to facilitate the realization of a transpersonal, oceanic mental state similar to those described within Eastern religious writings as being characterized by a profound spiritual sense of everything being interconnected. “LSD...” said the Zen master while turning to the hot dog vendor to place his order, “...make me one with everything.” In 1979 a group of scholars coined the neologism “entheogen” as a replacement for “psychedelic,” in an effort to avoid the cultural baggage associated with the latter word. As an ethnographic term meaning “God generated within,” the new word conveys a sense of the traditional role that visionary psychoactive plants played within the cultures worldwide that have been using them ritually for hundreds or thousands of years. On September 14, 2007, the spiritual use of LSD and similar psychoactive sacraments was formally accepted at humanity’s fundamental linguistic level by the relatively conservative (they waited almost three decades before taking action) yet foremost single volume authority on the English language: *The Oxford English Dictionary* added “entheogen” to their indubitable tome. The OED’s addition of the word “entheogen” to their dictionary was inspired by a request they received asking them to consider it for inclusion. The request had come from Casey Hardison, an ex-pat unauthorized chemist and cognitive liberty champion doing time in Her Majesty’s Prison Wellingborough for the manufacture of LSD and other entheogens. As a man of letters like myself, while serving his sentence Casey inspired an increased ability for others to serve up diversity and divinity within their own sentences. Indeed, the word was so popular with the folks at the OED that a couple of years after adding it to their book, they featured it during their 2009 Word Window series, in which an Oxford Word of the Week and its definition were displayed in their office’s front window.



[MARCH 30, 2009] A view of the window in front of the New York City office for the *Oxford English Dictionary* during Week Five of their Word Window series, which displayed a new “Oxford Word of the Week” with its definition every seven days at their office on Madison Avenue between 34th and 35th Streets in New York City, NY. [Photo liberated from <http://blog.oup.com/2009/04/entheogen>]

One of the more intriguing government-approved studies in recent years didn't specifically target *any* medical condition. Instead, it showed that psilocybin—provided via a double-blind experiment to drug-naïve, mentally healthy adults who had an ongoing spiritual practice—produced mental states that resembled spontaneous mystical experiences. (These research findings confirmed similar results from a 1962 study: the Marsh Chapel Experiment conducted by Walter Pahnke.) In addition, the mystical-type experiences occasioned under the influence of psilocybin were found to have been linked to persistent beneficial effects including positive changes in behavior, attitudes, and values, as well as increases in the personality domain of “openness”.

Considering the current laws that restrict personal freedom by prohibiting the manufacture, sale, and possession of certain drugs, it seems worthwhile to acknowledge the true American spirit of those valiant scofflaws who feel strongly that the benefits they obtain from psychedelics outweigh the risks and possible negative repercussions threatened and meted out by the U.S. legal system claiming to be motivated by concern over the Nation's health.

## ARE YOU EXPERIENCED?

When the FDA formally agreed to allow human psychedelic research to resume, an interesting stipulation was included in the first few approved protocols. To participate, volunteers needed to have had prior personal experience with the sort of drug that they'd be taking during the study. Due to the length of time psychedelics had been prohibited in the U.S., for many of the volunteers participation in the study meant they were admitting that they'd been involved in illegal drug activities. To some extent, the stipulation was included due to concern over potential legal repercussions. If a newbie was introduced to psychedelics within the study, took a liking to them, and later went on to illegally obtain and use them (and got into any sort of trouble), the study might—could be viewed as having had a bad influence on the volunteer. But volunteers *with* prior experience wouldn't be able to say that they had been *introduced* to psychedelics by participating in the study. So in order for these legal, government-authorized studies to take place, they had to build their foundation upon the existence of illegal, unauthorized psychedelic pioneers. Discoveries in some scientific arenas only come about due to the courage of conscientious objectors who understand that freedom is a noun that won't stand the close company of adjectives.

One such discovery made by a user of illegal psychedelics came to light when a patient mentioned to his doctor that he had noticed an improvement in his OCD symptoms after taking psilocybin-containing mushrooms. The doctor obtained government approval for a study that investigated the safety, tolerability, and efficacy of psilocybin in nine patients with obsessive-compulsive disorder (OCD). His research confirmed that, “In a controlled clinical environment, psilocybin was safely used in subjects with OCD and was associated with acute reductions in core OCD symptoms in several subjects.”

The chemical structure of serotonin was determined in 1948. Although it was known to be ubiquitous within blood, it wasn't discovered to be a component of the brain until five years later. This discovery was made by two independent teams at about the same time: Betty M. Twarog and Irvine H. Page in the United States, and Sir John H. Gaddum in Scotland. The chemistry of LSD shares some structural similarity with that of serotonin, and Gaddum—a British pharmacologist involved in early serotonin research—had become intrigued by LSD's mental effects. He is known to have taken LSD at least four times during 1953. Tripping on an 86-mic dose on June 1st of that year, Gaddum jotted down a realization that he'd had while high: “The evidence for the presence of HT [serotonin] in certain parts of the brain may be used to support the theory that the mental effects of lysergic acid diethylamide are due to interference with the normal action of this HT.” The Father of Modern Neuroscience was an acid head whose baby was born under the influence! Such was the humble beginning of what ultimately transmogrified into a multi-billion-dollar-a-year pharmaceutical industry targeting cerebral serotonin levels in an attempt to treat depression. Gaddum co-authored a paper in 1954 presenting his speculations about chemical neurotransmissions. While the idea that “neurochemistry affects behavior” may seem obvious to us today, it was the first time that anyone had ever formally proposed such a revolutionary hypothesis. Molecular pharmacologist and medicinal chemist Dave E. Nichols characterizes this set of circumstances as representing the birth of neuroscience:

“If neuroscience can be said to have a beginning, one could argue that it occurred in 1954, with the idea that the action of LSD might be related to its effects on the brain serotonin system. And if we look at the published scientific literature, we see a steadily increasing number of studies on the role of serotonin in the brain, which continues to the present day. In year 2012 alone, there were 3,859 scientific papers published that contained the key word “serotonin.” Drugs that affect the serotonin system such as fluoxetine (Prozac) and other SSRI type antidepressants, or the triptan class of drugs used

to treat migraines, were certainly developed more quickly because of the discovery of LSD. The newest generation of drugs to treat schizophrenia also binds to one class of serotonin receptor. Would these medications have been developed without the discovery of LSD? Perhaps, but not nearly as soon as they were.” (<http://tinyurl.com/j4tla7r>)

What other medications might humanity have missed out on, if Albert Hofmann hadn't discovered LSD? Or if he hadn't been afforded the opportunity to synthesize whatever he could dream up, without any government restrictions imprisoning his imagination? Creating cool compounds from the constellation of chemicals clustered close around acid—advantageous alkaloids artfully adapted as anodynes—produced popular and powerful prescriptions. While working with the same ergolines that LSD was synthesized from, Albert Hofmann invented several other drugs that found their places in medicine. First, he discovered a way to synthesize large quantities of the natural product ergobasine, a valuable obstetrics medication that was previously only available in small amounts. He then made modified versions of ergobasine, improving its pharmacological properties to create a more dependable uterotonic, hemostatic remedy called Methergine, which has found worldwide application in obstetrics. He also created the circulation and blood-pressure-stabilizing medicine Dihydergot. And he formulated what became Sandoz's most commercially important pharmaceutical: Hydergine, which improves peripheral circulation and cerebral function thereby increasing mental capacities in individuals with geriatric disorders. For these and other accomplishments during his long lifetime—including, no doubt, his most widely used creation, LSD—Hofmann was named #1 in *Telegraph Magazine's* list of “Top 100 Living Geniuses” in 2007. But Hofmann wasn't the only person to produce a therapeutic LSD analogue that came into widespread use as a medicine.

Reports have circulated since the late 1950s that some people who periodically suffer migraines found that their headaches stopped after taking LSD. Following on the heels of the discovery that LSD impacted the brain's serotonin system, in 1960 Dr. Federigo Sicuteri introduced the serotonin theory of migraine (DOI: 10.1159/000229194), and he began experimenting with LSD and related chemicals. From this research, Sicuteri developed the first prophylactic medication for migraine: methysergide, an LSD analogue marketed under the brand name Sansert. Sicuteri passed away in 2003. On learning of his death, mourners made remarks such as: “Sicuteri has changed the life of million(s) of sufferers”, “He taught us what research means”, and “Sicuteri is to headaches as the Ferrari is to automobiles” (DOI: 10.1007/s10194-003-0039-4). Yet if Sicuteri was alive and wished to conduct the same work today within the U.S. that he previously did with LSD spin-offs, it would be extremely difficult for him to do so. This is not only due to LSD now being a Schedule I substance. It is also because the federal CONTROLLED SUBSTANCE ANALOGUE ENFORCEMENT ACT OF 1986 decrees that, “A controlled substance analogue shall, to the extent intended for human consumption, be treated, for the purposes of this title [Title I; “Enforcement”] and title III [“Interdiction”] as a controlled substance in schedule I.” This law makes chemicals that are currently entirely unknown to humankind—chemicals that have yet to be dreamed up and synthesized—illegal before they even exist. It does this based on the theoretical chemical's possible pharmacologic effects and its chemical structure. Of course, if the chemical has never been made before, no one knows what its effects might be. Since it is only by synthesizing the chemical and running animal tests on it that a chemist might perhaps discover something about the pharmacological effects of the chemical, one has to be willing to potentially break the law to learn whether or not one has broken the law. The other aspect of the law's stab at defining what constitutes a “controlled substance analogue” deals solely with the physical realm, by attempting to pigeonhole the chemistry of such a compound. It does this by introducing the vague, undefined, and chemically meaningless term “substantially similar”. (I suspect that the attorneys who wrote this law weren't well versed in chemical matters, and that they lifted that term from copyright law.) In any case, scientific exploration has been hobbled in a stupendously idiotic manner by the drug warriors. It's headache inducing, to be sure. Which brings me back to my point.

It was users of illicit psychedelics who were responsible for discovering that LSD is powerfully effective in treating painfully debilitating cluster headaches. No mere migraine, the nature of cluster headaches is so excruciating that some who suffer from them have only found relief by committing suicide. Routinely topping “worst possible pain” lists, cluster headaches are said to be more painful than giving birth without anesthesia or passing kidney stones. “Giving birth through the eyesocket,” is how one unfortunate soul described it. Standard pain medications are of no real help for the approximate 1-in-1,000 victims of this malady. In 2001, the nonprofit organization Clusterbusters was founded in the United States in order to promote research into the use of LSD, ergine, psilocybin, and any similar chemicals that can be of immense—perhaps even life-saving—value to people who suffer from these headaches. While no one should ever be forced into a cage for any amount of time by gun-wielding para-military law enforcement officers conducting an LSD bust, certainly that sentiment

could not be any more true than for these “criminals”. If you or anyone you loved suffered from cluster headaches, is there any question at *all* whether or not the law proscribing LSD should be broken?

Largely speaking, it is inaccurate to characterize LSD as having “a high potential for abuse”. Most LSD consumers take the drug only occasionally. It is not uncommon for acid heads to allow a year or more to pass between their experiences. Even with those who use LSD more often, daily use is virtually unheard of, and “once a week” use is rare. If one considers RAND Corps’ “4 or more days a month” (the standard used in their report *What America’s Users Spend on Illicit Drugs 2000–2010*) to define “chronic use”, the percentage of “chronic LSD users” has to be vanishingly low. The frequency of LSD use is *nowhere near* the frequency with which the substantially more toxic, addictive, and potentially socially harmful drugs tobacco and alcohol are consumed. Consider the harm done to society from the misuse of tobacco and alcohol relative to any harm done by LSD. Does it make *any* sense that drug dealers pushing the two drugs that are the most toxic, most popular, and most often used in non-medical contexts, won’t ever serve a day imprisoned as a result of mandatory minimums, but the manufacturer/distributor of an infrequently used, comparatively unpopular, non-toxic compound like LSD can be sentenced to life? Compared to these two *legal* drugs, LSD has an *extremely low potential* for abuse. One must distinguish “use” from “abuse”, since it is unreasonable to consider any illicit drug use as *equating to* abuse simply because the drug is illegal. On the other hand, there certainly *has* been some abuse associated with LSD. Primarily, this was exhibited over the years when the CIA covertly dosed unwitting agents, prisoner “volunteers”, hapless mental patients, and citizen taxpayers in their MK Ultra experiments, violating both the Nüremberg Code of Medical Ethics and international patent accords.<sup>5</sup>

From a biological perspective, LSD absolutely doesn’t fit within the category reserved for “the most dangerous drugs of all the drug schedules”. While LSD is an extremely potent compound that can produce powerful psychoactive effects, it is also an extremely non-toxic compound. Its lack of toxicity is understandable from the perspective of its impressive potency; with active doses measured in micrograms, there isn’t a hell of a lot of material for a body to struggle with metabolizing. (In contrast, alcohol—which is known to be a contributing factor in the development of at least seven kinds of cancer—is a particularly *impotent* drug, which requires the body to metabolize multiple-gram quantities of material.) LSD is frequently sold on the illicit market having been aliquoted onto perforated blotter paper, creating a situation where accidental overdose is unlikely. The extremely scant reports that can be found in the medical literature suggesting LSD overdose as the cause of death are poorly documented. Their lack of details begs the question of whether or not some other factors may have additionally contributed to these deaths. If there actually ever have been any LSD-related deaths that resulted solely from pharmacologic effects brought on by an overdose, these certainly aren’t the norm (see [https://www.erowid.org/chemicals/lsd/lsd\\_death.shtml](https://www.erowid.org/chemicals/lsd/lsd_death.shtml)). Even with high and/or frequent doses, numerous scientific studies conducted over decades have shown that LSD consumption is not physically damaging to the body. LSD can produce strong—sometimes uncomfortable or frightening—psychological effects. But for most people in most cases, LSD’s effects—whether positive, negative, or both—persist only for the drug’s known 6–12 hour duration-of-action. U.S. Army researchers who worked extensively with LSD, giving it to nearly 5,000 soldier volunteers between 1955 and 1975, concluded that, “no long-term residual effects [have] ever resulted from the drug’s administration.” However, very rarely a prolonged psychosis lasting over 48 hours has been reported; sometimes such an episode lasted for days, weeks, or even months. On extremely rare occasions in unsupervised non-clinical settings, individuals under the influence of psychedelics have ended their lives, either accidentally by taking incautious actions or on purpose by actively committing suicide. Within a clinical environment, negative reactions to the psychological effects of LSD have usually been addressed in an effective manner by staff. Increasingly, even within environments where the illicit use of LSD and other psychedelics occurs, there are often experienced volunteers available to assist individuals through any challenging psychological issues that may arise (e.g., <http://psychsitter.com>). It is also worth mentioning that numerous LSD users have commented on how their difficult LSD trips have been the ones that they’ve learned the most from. When pondering drug scheduling with regard to what might reasonably be described as being “among the most dangerous drugs that a person could consume”, it seems worth considering the fact that tobacco contributes to 480,000 deaths in the United States annually (about one out of every five

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<sup>5</sup> The first illegal LSD lab in the United States was established by the American government. After Albert Hofmann at Sandoz refused to supply the CIA with LSD for their stated use as a chemical warfare agent, the U.S. government strong-armed Eli Lilly into illegally making it for them. Of course, no one from the U.S. government has ever been charged or sentenced for any amount of time (much less, life) for the government’s illegal manufacturing/distributing. Nor has anyone been charged for the U.S. government’s violation of the Nüremberg Code of Medical Ethics by drugging people with LSD and a variety of other compounds without their knowledge or consent. The CIA: the New American Nazis!

deaths), and the life expectancy for smokers is at least ten years shorter than for nonsmokers. (And what currently accepted medical use is there for tobacco that has kept it out of Schedule I?) Or one might consider the fact that alcohol annually kills around 88,000 Americans (about one out of every ten deaths), and shortens the life expectancy by an average of thirty years. For that matter, over the course of the lives of most individuals living in the United States, it seems entirely possible that one's lifetime consumption of the white demon sugar represents a greater health risk than one's lifetime consumption of LSD. According to the *National Survey on Drug Use and Health* in 2014, an estimated 27.0 million Americans age 12 or older were "current" users of illicit drugs, and only 0.1% of those were "current" users of LSD. ("Current" means that use has occurred at least once within the past month; roughly speaking, 1 out of every 10 Americans uses at least one illicit drug within any given month.) In 2012, 29.1 million Americans aged 12 or older had diabetes; with 75,578 reported fatalities, diabetes was the 7th leading cause of death in the United States (see <http://tinyurl.com/z5abgkt> and <http://tinyurl.com/o7oquwr>). A person with diagnosed diabetes at age 50 dies six years earlier than a counterpart without diabetes. The average American consumes 150–170 pounds of refined sugar per year. To the extent that excessive sugar consumption may contribute to the development of diabetes, a paternalistic government overly concerned about the potentially negative effects on the general population resulting from their consumption of various white powders might add refined sugar to the list of Schedule I compounds and remove LSD. Certainly, sugar is more addictive than LSD.

I don't want to downplay in any way the actual risks that LSD use may pose. I only want to make it clear that those risks are both manageable and, for the most part—even within illicit use—managed. The fact that these drugs are illegal makes it difficult to obtain accurate use statistics. But it seems safe to say over 32 million Americans have used psychedelics at some point in their life (DOI: 10.12688/f1000research.2-98.v1), which is around 10% of the country's population. The average age of people when they first try LSD is between 19 and 20 years old. Each year, around a million Americans aged 12 or older take a psychedelic for the first time. In 2011, for at least 358,000 of these people, their psychedelic of choice was LSD.

On average in a year, around 50% of the emergency room visits related to drug misuse/abuse involve the non-medical use of legal pharmaceuticals. Around 25% involve drugs combined with alcohol. Less than 0.14% involve LSD. In 2011, over 40% of the LSD-related ER visits occurred with individuals 18–20 years old. Taking into account the average age people first try LSD, one might reasonably consider that rather than *only* preaching abstinence, effective drug/health education should focus on practical standard protocols that promote safer use, thereby reducing risks and maximizing benefits. Put on a seatbelt. Use a condom. Arrange for a safe ride in advance. Have a sober sitter available.

In fact, most drug-overdose deaths in America result from prescription drugs (often in combination with alcohol), not illicit drugs. The user who overdoses on oxy is just as dead as the one who takes a dirt nap from a heroin OD. But the prescription drug overdose victim's manufacturer/dealer—Big Pharma—isn't ever going to be stuck in prison for life due to mandatory minimums regarding their addictive and sometimes deadly "gateway" drugs, right? The FDA has stated that currently most people who become addicted to heroin only begin taking the drug after their doctors have previously prescribed legal opioid painkillers for them. What culpability should the medical community and the pharmaceutical industry have for heroin overdose deaths? Or for overdoses on prescription opioids carelessly dolled out to recovering opioid addicts? How can Tyler, Riley, and Pickard be serving life sentences without having caused any deaths?

Several recent studies have looked into the general health impact of the classic psychedelics on illicit drug consumers, using responses to the *National Survey on Drug Use and Health* (NSDUH) as the source for their data. The first one, conducted by researchers in Norway, drew its source data from 130,152 NSDUH responses from the years 2001–2004; it concluded that for the 13.4% of the respondents who reported having ever used psychedelics: "There were no significant associations between lifetime use of any psychedelics, lifetime use of specific psychedelics (LSD, psilocybin, mescaline, peyote), or past year use of LSD and increased rate of any of the mental health outcomes. Rather, in several cases *psychedelic use was associated with lower rate of mental health problems*" (emphasis added, DOI: 10.1371/journal.pone.0063972). A second study by the same researchers analyzed NSDUH information generated by 135,095 adults over the years 2008–2011, while a third study conducted by U.S. researchers analyzed information NSDUH generated by 190,000 adults over the years 2008–2012. The Norwegian study found that respondents were not at an increased risk of developing 11 indicators of mental-health problems such as schizophrenia, psychosis, depression, anxiety disorders, and suicide attempts (DOI: 10.1177/0269881114568039). The U.S. study reported that lifetime classic psychedelic use was associated with a 19% *reduced* likelihood of psychological distress in the past month, a 14% *reduced* occurrence of suicidal thinking in the past year, a 29%

*reduced* occurrence of suicidal planning in the past year, and a 36% *reduced* occurrence of attempting suicide in the past year. (In contrast, lifetime illicit use of other psychoactive drugs was largely associated with an *increased* likelihood of these outcomes.) Acknowledging that the general societal impression of psychedelics “is that they make people go crazy or are associated with psychological harm,” the study’s authors opposite viewpoint notes that “[their] data point to the potential psychological benefits from these drugs.” All of these studies’ findings indicate that classic non-addictive psychedelics hold promise in the treatment of depression and in the prevention of suicide, supporting the view that the categorization of classic psychedelics as Schedule I substances is inappropriate, and these compounds should be moved into one of the lower schedules. Based on the text that defines what qualifies a drug to fit within each of the schedules, LSD and other classic psychedelics would be appropriately placed in either Schedule IV or Schedule V.

In recent years there has been an increasing call worldwide for the reclassification of psychedelic drugs. A 2015 article in the *Journal of Psychopharmacology* concluded: “Psychedelics are not known to harm the brain or other body organs or to cause addiction or compulsive use; serious adverse events involving psychedelics are extremely rare. Overall, it is difficult to see how prohibition of psychedelics can be justified as a public health measure.” (DOI: 10.1177/0269881114568039) And one only needs to read the title of a 2015 *BMJ* article to know the point the piece is making: “Psychedelic Drugs Should Be Legally Reclassified so that Researchers Can Investigate their Therapeutic Potential” (DOI: <http://dx.doi.org/10.1136/bmj.h2902>). Heck, a book featuring articles by preeminent authors in the field—*The Psychedelic Policy Quagmire: Health, Law, Freedom, and Society* (ISBN-13: 978-1440839702)—was published late last year, with the goal of attempting to determine what needs to be known in order to formulate socially responsible and scientifically accurate policy on the medical and non-medical uses of psychedelic substances.

Myriad studies have indicated that the criminalization of drug use has done little-to-nothing to curb Americans’ appetite for recreational drugs. The United States is home to 4–5% of the world’s population, yet we consume nearly 70% of the world’s illegal drugs. Nor has the drug war had any substantial impact on the availability of illicit drugs, most of which are widely and easily available despite over five decades of ever-increasing punitive measures and ever-increased spending in a fruitless attempt to remove them from society. However, in the same way that Prohibition of alcohol fueled an incipient industry of violent organized crime, so too the drug war has promulgated and expanded on this. Criminalization has done little to create better health, and has substantially contributed to poorer health, violence, and unnecessary deaths.

America’s criminalization of some psychoactive drugs is not only damaging and ineffectual, it’s also unconstitutional on several counts. It must therefore be repealed. When America conducted its first failed experiment in Prohibition, our elected officials understood that a ban on alcohol would be in conflict with the U.S. Constitution. In order to enact Prohibition, the Eighteenth Amendment had to be added to the Constitution. To repeal Prohibition, the Twenty-first Amendment had to be added. The fact that those Amendments were made supports the idea that the drug war is unconstitutional. Indeed, an earlier drug prohibition regulation—the Marijuana Tax Act of 1937—has already been unanimously ruled as unconstitutional by the Supreme Court. When Timothy Leary was prosecuted on possession of marijuana charges in 1969, he challenged the Tax Act’s constitutionality. Since the law required self-incrimination, thereby violating the Fifth Amendment, the Supreme Court agreed with Leary’s position that it was unconstitutional, and the Tax Act was repealed.

Describing this black hole of an endless military action by adopting the “war on drugs” euphemism doesn’t in any way change what the situation actually is: a war declared by government officials on their fellow Americans. Since the war has been ongoing for around half a century and it has been funded by money appropriated from POWs, from those who have evaded capture, and from the remaining American citizen-victims, it can immediately be seen as unconstitutional due to the fact that the government’s Appropriation of Money to raise and support its Armies of Drug Warriors (DEA, federal and state law enforcement, etc.) has been going on for a longer Term than the two Years allowed by law. Indeed, by levying a “drug war” against some Americans, the government has committed an act of Treason against the people of the United States.

American drug policy violates the First Amendment, since the non-drug sacramental use of a bounty of psychedelic plants and compounds (excepting for peyote and ayahuasca) is illegal. Drug law prohibits the free exercise of religion for any individual or group whose spiritual practices incorporate the use of sacraments that don’t carry a governmental stamp of approval.

Yet there is another unalienable human right that forms the foundation upon which *all* of our other freedoms are based. This right is so “self-evident” that it wasn’t even explicitly described in the Constitution. Nevertheless, it is clearly protected by the Ninth Amendment, which insures that other rights—retained by the people, but not mentioned in the Constitution—shall not be denied. What is this fundamental human right? Freedom of thought. America’s policy prohibiting the use of some psychoactive drugs strikes a targeted blow to the cognitive liberty that comprises the very heart of the unalienable human rights protected by our Constitution. If the tool required for me to be able to experience certain thoughts is prohibited, I am no longer free to have those thoughts. For consciousness researchers, armchair philosophers, wide-eyed dreamers, cultural creatives, and psychonauts of every stripe, American drug policy is analogous to a giant book-burning party. Enforcement of our drug laws also routinely violates the Fourth, Fifth, Seventh, and Tenth Amendments.

When the topic of psychedelics comes up, particularly amongst people who have no personal experience with them, there may sometimes be a knee-jerk dismissive response combined with a joke about hippies. The caricature of hippies paints them as unwashed, undernourished, long-haired, spaced-out, organic granola-eating, freeloading, animal-loving, lazy stoner peaceniks of low intelligence who dress garishly, lack ambition, are disrespectful of traditional values, promote “free love”, embrace flaky New Age philosophies, and frequently whine about how the government is oppressing them. For a segment of Americans, this stereotype exemplifies anyone who suggests that LSD should not be illegal.

A different viewpoint was presented by Stephen Szára, MD, DSc, Chief of the Psychopharmacology Section in the NIMH Clinical Psychopharmacology Lab at St. Elizabeth’s Hospital in Washington, DC. In 1968, Szára’s supervisor asked him to visit California and New York to study the role played by psychedelics within the hippie scenes on both coasts. In an unpublished report prepared for his supervisor, Szára described the hippies as “people who have subjective feelings of being aware of reality and all that is taking place about them in nature, life and society; and who seek a better world where an ethic of individual freedom, love and personal honesty prevails.” Szára believed that the increased sense of awareness that psychedelics produced was responsible for altering people’s values, inspiring them to connect with other like-minded individuals looking for ways to improve human relations.

Indeed, it seems safe to say that the first-hand mystical/transcendental experience of being interconnected with everything in the universe, which LSD is renowned for inducing, motivated some people in the 1960s and 1970s to champion the environmental movement. Psychedelics provided conceptual fuel for individuals involved with a number of organizations/movements/ideologies that promoted positive social changes, such as Students for a Democratic Society, the San Francisco Diggers, the Yippies, transpersonal psychology, the equal rights movement, the civil rights movement, the anti-war movement, and numerous other progressive efforts, political actions, and spiritual groups. They were also an important influence on individuals involved in making advancements in the nascent personal computer industry.

LSD and other psychedelics have had a positive impact on the creative output of countless individuals working within a diversity of disciplines: scientists, writers, actors, comedians, film makers, engineers, school teachers, mathematicians, and more. Apple’s Steve Jobs described taking LSD as, “a profound experience, one of the most important things in my life.” The Pittsburgh Pirates’ Dock Ellis pitched a no-hitter against the San Diego Padres while high on LSD. Biochemist Kary Mullis conceived of his Nobel Prize-winning (and world-changing) invention of the polymerase chain reaction while on LSD. Psychedelics have had an enormous impact on contemporary culture, music, and art. What would *Sgt. Pepper’s Lonely Hearts Club Band* have sounded like if the Beatles hadn’t been experimenting with LSD and listening to Indian music during the time it was recorded? What would Jimi Hendrix’s music have sounded like? The Grateful Dead? Tool? Or Shpongle?

Since acid house broke onto the international scene in the mid-1980s, the path taken by electronic dance music has consistently been paved with the psychedelics brought along for the ride. EDM is so infused with this influence that the “psy” prefix is almost obligatory when attempting to name any new musical offshoot: psybient, psybreaks, psydub, psystep, psytrance, etc. Festival scenes are awash with cross-cultural psychedelic appropriations: shamanic chants provide the rhythm on electronica tracks, while traditionally embroidered Shipibo ayahuasca textiles are repurposed in techno-tribal fashions. Social anthropologists define the contemporary trance-dance scene as an incipient religious movement, saturated in psychoactive sacraments. Renowned visionary artists—Alex<sup>6</sup> and Allyson Grey, Mark Henson, Martina Hoffmann,

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<sup>6</sup> Alex Grey’s commentary “Anatomy of a World Leader” on his 2008 painting *Obama* can be found here: <http://alexgrey.com/obama.html>

Vibrata Chormodoris, Luke Brown, Carey Thompson, and way too many others to name—paint live on stage alongside the latest-flavor sounds. In Portugal, where personal drug use is decriminalized, the Boom Festival stands out as the high water mark for this vibrant cultural collective where attendees aren't denigrated or arrested because of their chemical preferences, and harm reduction featuring on-site drug testing is actively promoted throughout the event.

Over the past thirty years, the Burning Man Arts Festival has evolved to become one of the most significant art movements of all time. They're also one of the largest arts and culture nonprofit organizations in the United States. For numerous participant co-creators, the event is steeped in psychedelic inspiration (along with an unfortunate and unnecessary peppering of undercover law enforcement attempting to entrap attendees). Last year, activist/acclaimed actress Susan Sarandon brought some of Timothy Leary's ashes to the event's Temple Burn, where they were ceremoniously recremented while Leary's friends and fans—with heads full of acid—paid their respects and remembered him.

The legal restrictions on LSD and other psychedelics did nothing to lower their incidence of use; in fact, the use of psychedelics actually increased after they were scheduled. The enormous and primarily positive cultural impact of LSD and other psychedelics continues to be an inspiration today in countless written works, animations, films, TV shows, performances, web sites, and various other creative endeavors.

I am blessed to be part of a worldwide association of individuals who share an interest in studying and exploring the mysteries of human consciousness. Folks among us have various names for our diverse assemblage: the Tribe, the Love Tribe, drug geeks, psychonauts, Burners, the counter culture, Homo cyber, the New Edge, the Entheogenic Reformation... I tend to just think of us as "the psychedelic community".

Over the last three decades that I've spent with this community, I have found that individuals with passionate interest in experiencing and understanding the multifaceted alternative mind states available through the graces of botany and chemistry are consistently among the most intelligent, creative, joyful, resourceful, humorous, generous, kind, empathetic, moral, loving, supportive, aware, fun, reliable, aesthetically tuned, eco-friendly, talented, politically savvy, respectful, thoughtful, educational (well, I could go on and on) people that can be found anywhere on the planet. I consider myself to be lucky to have spent time with so many high-quality individuals, and incredibly fortunate to have a goodly number of them as my friends. I am extremely grateful for the personal time I've been able to spend with a number of the elders in this community; I have learned a lot from them and will continue to do so for as long as I can. Often persecuted, vilified, or simply misunderstood, in truth, ours is a community of heroes, both ordinary and extraordinary. The fact that some of these people have done time in prison (or are *still* doing time) because they expressed **their unalienable right to choose for themselves what they put into their own bodies** is tragic, outrageous, absurd, inhumane, intolerable, infuriating, and as theoretically *un-American* a situation as I can conceive. Sadly for our country, it has historically been all *too* American.

On January 11, 2006, I attended a party at the stately Museum der Kulturen in Basel, Switzerland, celebrating the 100th birthday of Albert Hofmann. It had been sixty-eight years since he invented LSD, and the afternoon kicked off with a whirlwind of short speeches from many well-wishers honoring Hofmann's long life and important accomplishments. A local government official remarked, "Only a few human beings discover something that moves the world. Only a very few lucky people live to be 100 years old. This region is very proud of having one of its citizens who did both." But perhaps more relevant to the primary fundamental unalienable right of cognitive liberty were words read from a letter written by the President of Switzerland, Moritz Leuenberger, who remarked, "Dear Albert—you as a mystic and a scientist have more freedom of thought than we politicians will ever have..."

In March of 2008, I spent an afternoon visiting with Albert Hofmann at his home in Rittimatte, along the Swiss border with France. Despite his advanced age of 102 years old, he still got around reasonably well, managing the staircase in his home with no problem, and his mind was sharp as a tack. The perfect poster-boy for LSD's beneficial effects. I'd come to see the Father of LSD about some fall-out related to an acid arrest in the United States, and he was happy to be of assistance in whatever way he could. Hofmann titled his 1979 autobiographical account of inventing the world's most potent psychoactive drug, *LSD—Mein Sorgenkind*. The drug had not become his "problem child" as a result of anything intrinsically wrong with it. Rather, it was the manner in which some folks (who had no personal first-hand experience with the drug) had responded to the compound that was extremely troubling. With

the dishonest politicians of the United States leading the ignorant people of the world to follow, the arrest and imprisonment of chemists, spiritual seekers, philosophers, psychonauts, curious youths, and virtually anyone else who was interested in his chemical creation was heartbreaking and cruel. This seemed particularly true when contrasted to the numerous letters that he had received over the course of his long life, in which people expressed how grateful they were for the positive impact that LSD had on their lives. Two years earlier, Hofmann had addressed an international symposium on LSD attended by thousands of people. He expressed his own audacious hope—bolstered by the gathering, and the recent resurgence of scientific research—that someday his Sorgenkind would be accepted for what it truly was: a Wunderkind.

Certainly things do seem to have been looking up over the past decade. Promising new research has begun to investigate various ways in which psychedelics can be useful medications and spiritual tools that benefit humanity. Combined with contemporary advancements in neuroimaging technologies, testing methods, and rigorous protocol design, psychedelics are beginning to provide valuable opportunities for scientific discoveries in the study of the neurological correlates of emotion, cognitive processing, memory storage, and non-ordinary mental states (e.g., DOI: 10.1073/pnas.1518377113 and <http://dx.doi.org/10.1016/j.neuropsychologia.2016.04.005>). Considering that they've occurred in the face of active oppression and suppression generated by a prohibitionist policy, the important cultural, spiritual, and political developments that psychedelics have fostered are even more impressive and laudable. It's inspired American memetic engineering that we can be proud of. (Watergate and the drug war? Not so much!) I hope that I have adequately conveyed enough about the benefits that psychedelics can and do provide to those often-marginalized and persecuted people who choose to take them.

I'd like to encourage you and others in your administration to speak directly with individuals who have taken psychedelics, so that you can get a first-hand sense of these people's thoughts and feelings on the topic. Continuing to support a Schedule I status for psychedelics without *at least* having that sort of direct experience with the people who use these drugs (if not with the drugs themselves), strikes me as an untenable position. I don't know how many users of tobacco or alcohol, cocaine or heroin, or other assorted non-medically employed prescription drugs, would say that their use of those substances has made them a better human being. But I'd wager that a large number of people who take psychedelics/empathogens feel this way. Indeed, scientific research shows this to be true. (DOI: 10.1007/s00213-006-0457-5)

We've reached the point when the shameful period of American history dominated by the war on some drugs is now viewed on a global scale by a majority of people as the epic fail that it has been. Increasingly, more and more Americans have come to understand this truth. History will remember those whose actions were instrumental in helping to bring an end to this dark period. It would be commendable if you granted clemency to *all* non-violent psychedelic prisoners, especially any of them who have already served a sentence longer than a decade. A petition on [change.org](http://change.org) has nearly 20,000 signatures asking you to grant clemency to nonviolent Deadheads in prison. It seems a horrible irony. The activist-pacifists; the young men who burned their draft cards in protest and refused to kill strangers in a foreign land; the young women who didn't want to see their beloved men come back from Vietnam maimed or in a body bag; the "peace and love" hippies who envisioned a gentler world; if these non-violent people weren't going to do their patriotic duty and fight overseas in the war for America, Nixon would damn well make sure that they'd fight in a war one way or another. By declaring a war on drugs, Nixon was able to target the very people who were at their core fundamentally opposed to war. They were fish in a barrel. Like black marijuana smokers profiled and persecuted at Jazz clubs in earlier decades, the acid heads could often be tracked, entrapped, and arrested at Grateful Dead shows. There are over fifty non-violent prisoners who have been sentenced to life without parole on marijuana-related charges; these people should be released, too; particularly any who might have been arrested in a state where marijuana is now legal (or will be soon enough).

Over the past sixteen years of her life, I've felt fairly ripped off that my daughter didn't get to know her grandfather at all. That my father's death was iatrogenic is a bitter pill to swallow. But since better information regarding the risks of the drug that killed him is now available, hopefully most doctors will take that info into account before giving tPA to older patients.

Course correction is important.

This letter has shared some of the better information regarding the benefits and general lack of risk from LSD that has been learned in recent years. It's the sort of information that needs to be taken into account so that public policy and past injustices can be set on a straighter path. It's hard to think of any good reason for the legal situation *surrounding* a drug to be structured in such a way that it causes substantially more damage to individuals, families, and society than the drug itself causes due to its pharmacologic effects.

I'm sure that you are familiar with a good deal of the history that I shared in this letter. Perhaps it seemed like I recapped a bit too much. But my daughter is a junior in high school and she's taking American History this year. She reads to me from her history book every morning on the 30-minute drive to school, and we just reached the chapters covering the end of the 1950s and start of the 1960s; *Brown v. Board of Education*, the Warren Commission, *Miranda v. Arizona*, a page on Malcolm X, a couple of sentences on Timothy Leary within a page on hippie culture. (Malcolm was at least included in the book's index; Leary didn't make that cut.) So I wanted to share the content of this letter with her as a means of supplementing what she has been learning in her class about our country's achievements and missteps. About the president who was a crook. And the one who let him off the hook. And all of those who followed. There were a couple of *truly* bad ones between then and now. Her book was published in 2006, so it doesn't cover recent history. That's okay, though, since we don't have any trouble remembering the past decade with gratitude. We're grateful to be living at a time now when at least the country is being led by a good president in a better direction. So the best lesson that I'm hoping she'll be able to learn from this letter is that with a bit of effort, one person can make a huge beneficial difference in the lives of others, if that person stands up for what is right, good, and true, and requests assistance from someone who's in a position to be able to help. I'd like her to see that there's still a path forward for those who seek a better world where an ethic of individual freedom, love and personal honesty prevails; to know that sometimes any one of us may need help along the way; and to understand that the appropriate action to take in such situations is to *ask for help*.

Holding audacious hope in my heart, I ask for your help.

Please seriously contemplate the unconscionably long sentences served to Leonard Pickard, Timothy Tyler, and Bob Riley. Consider their families with empathy in your heart. Then give them and their kids a chance to celebrate future Father's Days together. The sixteen, twenty-two, and twenty-three years that these POWs have already spent behind bars is substantially *more than enough* punishment for their non-violent spiritually motivated acts of civil disobedience. Please grant them clemency as soon as possible, so that they can be reunited with their loved ones.

Most respectfully,



Jon Hanna

P.S. On an unrelated note, thank you for rejecting Keystone XL and acknowledging that "we're going to have to keep some fossil fuels in the ground." It's taken the human race only around 130 years—approximately the combined average lifetimes of a father and his kid—to use up the lion's share of the crude oil that it took our planet 300 million years to create (starting millions of years before the first dinosaurs even existed). Considering the topic from a somewhat larger perspective than solely what we may believe to be those duties required of our government to provide for contemporary societies' needs within our lifetimes, it seems pretty clear that it is *not* an addiction to any of the sometimes-can-be-harmful psychoactive drugs that as a society we need to primarily concern ourselves with. Rather, it is our run-away addiction to fossil fuels and the massively materialistic consumerist culture inculcated within a species whose explosive population growth shows no sign of slowing. Humanity is burning through natural resources and polluting the planet at a never-seen-before rate. Your decision to quash Keystone XL stopped the potential contamination threat to the area's water systems that the project would have posed, thereby protecting the sacred and historic Indian lands bordering the proposed pipeline route. I offer sincere appreciation from myself, from my mom (you've made a little-old-woman environmentalist very happy), and from all of the concerned Americans who rallied against the pipeline to safeguard the health and well-being of their communities. Thanks & kudos!