

A Study of Psychedelic Drug Users

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Introducing George Peters and The LSD Rescue Group

As one of the editors of SCHIZOPHRENIA it is my belief that the main object of any communication (lecture, report, paper) is to communicate; to pass on to others information which may be scientifically valuable. I am much more concerned with content, clarity and information than I am with stereotyped style as is found in too many medical journals. For this reason, this journal welcomes papers which do communicate.

George Peters and his group have between them helped more drug users than any other single group I know about and have taken an interest in these unfortunate and sick people rarely equalled by professionals. His observations and experience deserve to be recorded. The non-medical use of drugs has expanded beyond the ability of physicians and hospitals to deal with it. Perhaps the solution is being pioneered by groups like The LSD Rescue Group, using simple, safe and effective counter-acting chemicals.

There is no doubt that a large proportion of drug abusers are unrecognized schizophrenics. Readers of this journal should realize that their relatives or friends who abuse drugs may be suffering from schizophrenia and that drug abuse is merely one of the manifestations of their disordered judgment.

-A. Hoffer, M.D., Ph.D.

In 1965, I, George Peters of Chicago, came

to know a number of people who were taking brain-influencing drugs. I became concerned upon learning that some of them had very distressing experiences (trips), and accordingly, tried to find some medicine that would cut short a bad trip. I soon found that Frenquel (azacyclonol) helped, and so began going out at all hours of the day and night helping girls and boys who were suffering from such trips.

Since September, 1965, 7,641 people have been helped. Naturally, I had to get assistance and soon had 20 people helping me. These people are now called The LSD Rescue Group. Many more groups are now being formed by dedicated people who do this kindly work without charge.

The LSD Rescue Group began in 1935 when I received a phone call regarding a friend who had taken a 300-ug dose of Lysergic Acid Diethylamide (LSD). Thinking her heart had stopped, she went to a hospital where she was asked to sign the standard admitting form. She thought that it was a death certificate and she bitterly complained that the hospital was trying to make her certify to her own death. Another friend realizing the hospital emergency group did not know what to do, called me.

Upon arrival at the hospital I found three policemen and 15 hospital employees listening to the girl's fantasies, but doing nothing to help her. I took over and within ten

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minutes had the girl back to normal and able to function.

Niacin Therapy—Vitamin B₃

By October, 1966, the group elected to use the Hoffer-Osmond niacin treatment which has resulted in reducing the number of LSD toxic reactions from 50 to 60 a week to one or two a month. This also permitted us to focus our attention upon more pressing problems.

A more pressing problem of LSD users is the recurring hallucinations for some time after taking a dose. Cases have been seen in which hallucinations kept recurring for from six months to one year after the original ingestion. For example, a 19-year-old boy who had taken LSD twice in the previous year called to say that he was feeling the individually woven fibers in his sheets as if his skin could see them. He said he couldn't sleep and felt as if his nerves were about to crumble. Talking to him over the telephone eased his anxiety and he explained that his last trip had been a bad one and that the tranquilizers he was taking had not helped him. He was told to take niacin; a few months later all of his symptoms had disappeared. This made hospitalization unnecessary and enabled him to return to college and work!

Recurring Symptoms

A major problem which still remains is the recurrent pattern of lethargic behavior and the loss of energy in most of the people we treat. This is a problem which lasts for a long time and often leads to a dropping out of school, a quitting of work and a withdrawal from society. Again, these people have been helped with niacin and psychotherapy. The LSD Rescue Group's type of psychotherapy consists of allowing people to discover what they want to do and then assisting them in this endeavor, thereby enabling them to accomplish something in this world. These young people say that they feel accomplishment within our American

system is constraining and does not allow for self-expression, has inhibited them and made them more withdrawn. Most of these people feel that they do have something to say to the world and want to express it. The group is helping them to find work that is congenial—such as art work which they can do, and thus express themselves.

From arts and crafts, people move into leather work, carpentry or electronics. They eventually discover that they have acquired a skill which they can get paid for and which will allow them to return to a useful position in society. In the past four years we have returned 900 drop-outs to jobs or school. Our training program has taught carpentry and electronics to over 500 others.

Recently, the LSD Rescue Group has taken a larger role in educating people as to psychedelic or brain-influencing drugs. For instance, in the month of March, 1968, our volunteers gave 176 talks on often-used drugs in grade and high schools. We had ex-drug users explain to these young people from first-hand experience what drug use is actually like. This tended to remove the mysterious aspect of drugs and replace it with believable information.

Through high school presentations and newspaper publicity, parents whose children use drugs have been able to come to us for help. Family counseling is oftentimes necessary in these situations, since it is the anxiety within the family environment which tends to encourage drug abuse.

Traditional therapy techniques, in the main, have proved ineffective with drug users. Unlike most patients, users of drugs do not feel that they are sick. They even feel that their personal problems are small when compared with problems prevalent in society. At the September, 1968, meeting of the American Psychological Association the discussants focused on the problems of

drug addiction, and some members who had successfully treated drug users formed a group, to be known as Psychologists for Psychedelic Study.* These people took the responsibility of communicating their successful methods to psychologists and the public.

The poverty of our patients and the lack of grants and funds available has made it necessary for our service to be supported by volunteers who are working full-time jobs, and each month contribute four-fifths of their salaries to cover our expenses. Our organization maintains resident apartments for volunteer workers. The workers have their own environmental therapy groups; they help individuals with their problems and train young people to become efficient counselors.

The Types of People We Treat

The main common factor found in the 7,641 drug users the group has successfully treated, is that each person felt himself to be an outsider to society. In many of these cases, the person used drugs with the hope of achieving some sort of self-balance or adjustment. The family environments of many of these youngsters showed that either one or both parents were alcoholic, schizophrenic, epileptic or eccentric. Our studies revealed that these young people were brought up either too rigidly or so permissively that they could not function well and most of them ran away from home. Most of the patients came from middle and upper class families. The majority were between the ages of 15 and 22. Their parents had professional or business backgrounds and family incomes of from \$15,000 to \$20,000 a year. None of the troubled youngsters attended church or temple.

* George Peters of The LSD Rescue Group was among the founding directors of this group.

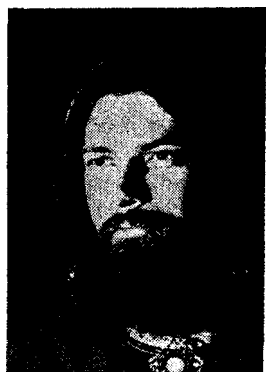
HOD Testing

For a testing instrument we used the Hoffer-Osmond Diagnostic Test (HOD), a series of true-false statements which indicates people's perceptions of themselves, of others and of objects around them. We suspected that users of hallucinogenic drugs would have a higher degree of misperception of their environment than non-users, and that is what we found. Normal subjects have an HOD score of 30 or under. In our 1,051 tests, novice marihuana smokers had average scores of 50 to 60; LSD users had scores of 70 to 90; while the average score for amphetamine users was 150, with some scoring up to 180 and 200. Upon testing 24 pairs of parents of drug abusers, it was discovered that nine mothers, six fathers and nine pairs of parents had high test scores.

We have found that after smoking marihuana for a while, following the original emotional effect, the HOD score dropped to 20 or 30. These findings remained the same whether the person was tested while the drug use was increasing or decreasing or when single tests were administered on new subjects. We also have found that the majority of people with a score of 70 or above report feelings of being outside the social order. This we call the "break-off point."

Interaction with Other Drugs

The action of LSD is effectively counteracted, both in man and animals, with Fren-quel, given in doses of 100 mg. per 100 μ g of LSD ingested. This stops hallucinations within 10 to 20 minutes. The Group initially ran a double-blind controlled test using Frenquel and saline solutions intravenously. This was abandoned after use in 10 cases because of the ethics involved when experimenting during emergency situations. Five saline injections produced no effects on the bad trips while the five Frenquel injections stopped hallucinations and panic



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reactions within 15 minutes.

In 325 subsequent emergency cases Frenquel treatment was given by The LSD Rescue Group and all responded favorably. In September, 1966, intravenous injections were given up in favor of oral administrations of Frenquel.

Niacin (vitamin B₃) in dosages of 1 gm. per 50 pounds of body weight is also effective in stopping hallucinations in 20 to 45 minutes after oral administration. The Group has treated 50 cases with niacin and 10 with niacinamide. While the two proved to be equally effective in stopping bad trips, niacinamide is preferable because it is free of side effects which can intensify panic reactions. At this writing, niacinamide is widely self-administered and is sold or given with LSD by many dealers. This practice has had the effect of greatly reducing the number of emergency calls we receive.

Occasionally there is a completely adverse reaction to hallucinogens—one of aggressive violence and repeated attempts at self-destruction. Here we have found Car-brital (or any fast acting barbiturate) very effective. In cases where there have been no drugs available or the people have been geographically inaccessible, we have found eight ounces of honey or sugar to be effective in raising the blood sugar level and sedating the patient. This stops most perceptual changes caused by activation of adjacent synaptic endings and thus inhibits hallucination.

In cases where people are too anxious to talk over the problem with the therapist, they may be calmed down with Librium in doses of 10 to 30 mg. Ritalin hydrochloride (methylphenidate hydrochloride) is a drug which can be used to enhance the discussion of mental problems, thus affording considerable relief. Many takers of LSD have been using methedrine as a self-constructive tool to speed their mental processes and to get rid of physical lethargy during the psychedelic experience. The LSD Rescue Group has treated nine cases of methedrine habituation by substituting thiamine hydrochloride (vitamin B₁) for the methedrine at 3 gm. per day for 10 to 15 days. This treatment was found effective since thiamine hydrochloride has the same energizing effects as methedrine.

Effects

LSD significantly affects the central nervous system in man. The other organ systems in man show little response which is attributable to the direct action of the drug.

LSD doses from as low as 20 to 25 *ug* are found to produce effects in susceptible individuals. Such individuals normally exhibit marked changes in mood, become emotional, and laugh or cry with only slight provocation. Euphoria, dysphoria and perceptual changes (mostly visual and tactile) occur following the ingestion of LSD. These symptoms continue for 8 to 12 hours. Ingestion of 180 *ug* causes visual hallucinations. With doses of 350 *ug* and over, the drug takes control and most people lose all control. These symptoms are increased in intensity with increased dosage of up to 500 *ug*. Intellectual processes are also impaired, which is usually the result of emotional and motivational changes. People with hepatitis will have a prolonged experience on low LSD dosages, while alcoholics may require as much as 1 to 5 mg. of LSD for an abbreviated experience. The

menstrual cycle phase effects the LSD experience in female patients. This is intensified at the time of menstruation and somewhat reduced at the time of ovulation. In non-susceptible individuals 1,000 *ug* of LSD have little effect.

Three gm. of thiamine hydrochloride taken one or two hours before the LSD also has the effect of prolonging the psychological action of the LSD for up to 24 hours. Reserpine when taken at 1 to 2 mg. per day for three days prior to the LSD ingestion markedly intensifies the symptoms produced by LSD.

After Effects

Individuals have reported hallucinatory experiences without external stimulus as an after-effect of LSD. The chronic effect is sometimes described as psychosis and can be stopped and/or prevented by orally giving niacinamide (vitamin B₃) at 1 gm. per 50 pounds of body weight per day, or, if acute, at 2 gm. per 50 pounds of body weight. Hospital treatments of acute psychotic reactions include the administering of Frenquel at 300 mg. per day for seven days or niacinamide at 10 gm. per day the first day and 2 gm. per 50 pounds of body weight per day for three months thereafter.

Vistaril at 100 mg. per day may also be used as a tranquilizer in conjunction with either Frenquel or niacinamide. Any of the above treatments can be buffered with ascorbic acid (vitamin C) at 1 gm. per 50 pounds of body weight per day. All 150 cases of after-effects treated with niacinamide (3 gm. per day for up to 90 days) responded favorably. In all cases the niacinamide treatment was supported with other therapy.

Some people do not respond to this type of treatment. If the above regimen gives no improvement within a week they should be seen by a physician. If they report nightmares, restless sleeping, or see auras of brightness

around people's heads or sparklers like those used on the Fourth of July, there is a good chance they are having a non-convulsive epilepsy. In such cases 100 to 300 mg. of Dilantin a day for three months and 5 gm. of glutamic acid a day for six months should be prescribed. Convulsive reactions are common with those who have used a lot of amphetamines or STP, and they happen occasionally after taking LSD. In 45 cases of this kind, we have found Dilantin-glutamic acid therapy successful.

- Another frequent after-effect of LSD is overt behavioral neurosis, previously described as recurrent patterns of lethargic behavior and loss of energy. This may be treated with 3 gm. of thiamine hydrochloride (vitamin B₁) per day. The LSD Rescue Group originally treated 59 persons suffering from this condition with thiamine hydrochloride who subsequently became active and effective individuals. Three with an acute upset were given 5 gm. per day for up to 90 days. In dosages mentioned above, both thiamine hydrochloride and niacinamide had no side effects and apparently could be used indefinitely. People must take either capsules or tablets of 500 mg. or more to avoid becoming sick from filler materials.

New Drugs

In July, 1967, STP became a mystery drug for a few months. Reports of death from the giving of thiorazine for aborting reactions due to STP led to our research project to learn how effects could be safely counteracted. This research was conducted as a three-stage bioassay process on the author and one of his assistants. First, the two persons took STP alone and one week apart to ascertain what the effects were, both subjectively and objectively. Then Dilantin was taken to abort the effects and proved to be effective. The drug was self-administered 30 minutes after the onset of effects, during the peak of the experience.