Dr John Rhodes
U. N. Mexico

December 28, 1968

Dear Jack,

Thank you for your letter and I am enclosing some articles which may be of interest and some comments. First, however, about EEG-- I have no argument with spectral analysis except its expense for the missions which I have set for myself, i.e. the measurement of drug induced changes. For these purposes, every study shows an equivalence for period analytic and power spectral methods-- and the period methods, when done carefully, are ever so much less expensive. At present, I can do either easily and do use whichever lends itself to the problem at hand. For simple drug changes, period analysis. For a detailed analysis of the faster frequencies, power spectrum.

As for LSD. This is a very difficult question for me to answer. Despite my review of our data, and the report which indicates that even (or especially) in shronic mentally ill we ran a significant risk of inducing psychotic episodes; I am also aware that in this group spontaneous psychotic episodes occur frequently. Our article is enclosed, as is a review from the Canadian Mediacal Association Journal. This latter is the most complete to date.

My own position is to tell young people that experimentation is always exciting and frequently useful; but also occasionally dangerous. That experimentation with mind-altering drugs (and I always tell them of the EEG patterns of these drugs) is probably the most exciting experience possible, but also one that has risks (which are usually described) and that the best experiments are done under conditions where control is possible, i.e., a laboratory. I have offered some the use of the laboratory and the drugs themselves, and have had afew takers. Another risk is the fact that the supplies on the street are oftem impure and adulterated. I tell them about the heroin supplies which we get from the FBN and which have recently been 80% 'pure'; of the THC samples that were amphetamine and scopolamine; add of the LSD that was scopolamine (each analysis in ourblaboratories). The most difficult problem is the question of marijuana, which is more like alcohol and less like LSD; is probably safe even in large doses; is non-addicting in the usual sense, and surely less so than nicotine and alcohol. Our community is psychotic about this drug,

and the irrational approach has clouded the probably real risks of the other hallucinogens.

Perhaps the greatest approach may be to agree with the students that their futures, if males, is indeed bleak so long as the war continues; and that escapism is a normal approach and desire; and that various escapes are possible-- hermits and other isolation devices; drugs and other temporary mind-clouders; emigration; or identification with a problem or mission in which the sense of participation and 'being with it' may be more satisfying than any of the withdrawal defenses. The team roles and the gratifications have been also useful.

In answering such questions (and I have frequently) I am not embarrasses by the question of 'Why do you _____; and tell us that it is bad for us?' since I have tried all the drugs and do not use any now; and when the question of alcohol, smoking, barbiturates or amphetamines come up-- it is easy to state that these are not useful when other devices of adaptation suffice. The biggest question in students is the difference between their parental or teacher's statements and actions.

How useful these approaches are will not be known. The LSD kick has stopped in New York and the incidence of admissions to hospitals have dropped significantly. In large part, this is the result of the (mistaken, I believe) notion that LSD is specifically dangerous to genes. The eveidence does not convince me and I do not use this 'scare' other than to remind the questioners that there are many effects of drugs that we are unaware of--and tell them of the interesting studies of thalidomide and pregnancy.

These ideas should be sufficient for the present. In view of the possible additional help, I am enclosing a pre-print of a study of hallucinogens that I completed last year for the ACNP and which will be in press in the spring. This describes the central effects of two large classes of hallucinogens in man and has been useful in documenting my 'credentials'.

I am pleased to hear that Fred is working actively. Tell him that the galley proof of the heroin/EEG article was receved this week; that naloxone is a much weaker antagonist when given orally even at 1 Gm/day than methadone (the latter is effective at 100 mgm/day for 48 hours against 50 mgm heroin IV); but that we are continuing the studies nevertheless.

My best regards.

Sincerely yours,

Max Fink, M.D.