

Dr. HARDMAN: I would agree with Senator Sullivan that it is about equal. This is a social phenomenon and it is contagious, in a way. You do not obtain supplies of LSD from some mysterious person on the corner: you get it from a "friend".

The other characteristic of this is that if you are using LSD you want to proselytize, you want to bring your acquaintances and friends into drug usage. In other words, "if you do not use the drug, you are nothing, you are not part of our society." These immature individuals, under this pressure of their peers, tend to experiment with the drug. This is the pattern, not only of this, but in the narcotic field. It is pressure from your friends and a lack of maturity of yourself, that leads to drug experimentation.

Senator CROLL: You have been talking about the social aspect. Is there a medical aspect in here that we should be aware of?

Dr. HARDMAN: The hazards?

Senator CROLL: Is there anything we can do about it?

Dr. HARDMAN: There is medical treatment for an acute panic reaction. You can stop the experience. But the abuse of the drug by a person who is not too stable may precipitate a permanent psychosis or mental breakdown, as Senator Sullivan described.

Senator SULLIVAN: Dr. Frosch has just made that statement at Bellevue, New York, and I tried to bring that to attention in the Senate the other day. It is very fact finding.

This is an experimental drug, is that correct?

Dr. HARDMAN: That is correct.

Senator SULLIVAN: There is some doubt about this in the minds of honourable senators. A statement was made yesterday rather dogmatically that this is not a habit-forming drug. How does the department treat that aspect of it?

Dr. HARTMAN: The World Health Organization is changing its terminology, and we agree with their definition. Rather than calling drugs "addicting" or "habit-forming," they are describing them as "dependency-producing". This drug falls into a category of psychologically "dependency-producing". There is no evidence at the moment that one develops physical withdrawal symptoms. However, one does develop tolerance to the drug.

If I may assimilate between marijuana and heroin, with heroin you have to take increasing doses to get the same effect. If you have been using heroin for a period of time you then have physical symptoms when the drug has ceased. With marijuana, you do not develop tolerance and you do not have physical withdrawal symptoms. However, with LSD you do develop tolerance, in that you must have—if you are on consecutive days—an increasing dosage to get approximately the same effect, for up to three or four days, but you do not get physical withdrawal symptoms.

Senator CROLL: What do you mean by "physical withdrawal"?

Dr. HARDMAN: In the case of heroin, for example, an individual who has been physically addicted or who has been depending on heroin—a heavy addict—will become almost a vegetable. He has acute nervous frustration, his skin is crawling, he is sick to his stomach, and he cannot function in society.

One of the interesting things about heroin is that we are no longer seeing the very highly addicted person, the one who, ten years ago, was a sick man when he stopped taking the drug. If you stop an individual now from using heroin he is not sick; he may complain a lot but he is not as sick as was the user of ten years ago.

Senator SULLIVAN: Pursuing this thought further, for information purposes, we know that narcotics such as morphine, heroin, and so on, do not produce what we call pathological changes within the brain that we can see under the microscope, yet at the same time they are habit forming.

Dr. HARDMAN: That is correct.