

There is one characteristic of this drug which is called depersonalization, and this is a difficult concept to explain. A person may have the impression that he is totally outside his body, and he may have the impression that he has shrunk to six inches high. He gets distortion in what the psychiatrists call the body image. Each one of us carries within himself a certain mental picture of his own body. If you get a distortion of that picture or of this body image, it can be extremely anxious in an unstable person. When they describe a trip, some of these people physically feel they have left their body and having left their body they can project themselves down and see themselves. Then they can go off on a trip. This is a type of mental aberration that can occur.

Senator CROLL: How long does it last?

Dr. HARDMAN: Normally eight to 12 hours depending on the dosage. There are those people who do not come out of it for 36 or 48 hours, and in fact may require some treatment.

Senator CROLL: And when they do return are they the same as they were before?

Dr. HARDMAN: There is argument about this. There is evidence that people have had further hallucinations without further exposure to the drug. They may be driving along in the car six months or a year afterwards and they may start hallucinating. Of the individuals who have experienced the drug some say it has not changed them at all. But if a person expected to be changed, then he says he has been changed. So far as we can discover or determine there has been no distinct change in their subsequent behaviour. They may feel that they are a better man or a better woman, but the behaviour pattern does not change.

Senator CROLL: We have at government level made some experiments with this over a period of time, I am told. And these experiments have been made on mature people?

Dr. HARDMAN: That is correct.

Senator CROLL: And disciplined people. What have been the findings or the conclusions as a result of this?

Dr. HARDMAN: Well, the findings in this area have been that for the period when they are under the direct drug influence, they cease to function effectively. They are unable to participate in social living during that period of time. Their judgment is impaired and they focus on bizarre situations. The rate of psychiatric breakdown in carefully screened subjects is twice that of a normal breakdown in the population, and these people have been screened and looked for on the basis that they do not have any apparent tendency to schizophrenia. The normal rate of breakdown is somewhere between four and six in a thousand. This is the on-going rate of admissions to hospital. Out of every thousand Canadians, four people will have a psychological breakdown. In these carefully screened subjects there were more than eight in a thousand breaking down. If one extrapolates this to using this drug in a group who have not been screened, I would suggest the rate of breakdown is much higher. But since we do not know how many are using the drug, we cannot give statistics.

Senator GERSHAW: Do you have any information concerning the cost of manufacture of this drug. And, secondly, where does it come from?

Dr. HARDMAN: It is available from two sources. It is available in the United Kingdom and other European countries where the drug is produced by companies, and in those cases the drug is relatively pure. In the United States there are several sources of illicit manufacture of LSD. The illicit product we have analysed has been about between 10 and 15 per cent active substance, and the rest is all impurities. The remaining 85 per cent consists of impurities that may or may not have a major action in this area.

The CHAIRMAN: They are not just a dilution?

Dr. HARDMAN: No, sir. When one undertakes any production of a drug one has to take out the solvents, the by-products, in order to obtain a pure drug which can be