

Dr. HARDMAN: Yes, sir.

Senator CROLL: That was useful.

Dr. HARDMAN: Yes, sir.

Senator CROLL: Why has not the Board of Education in Toronto—or Edmonton or Regina or wherever you like—issued a similar sort of advertisement?

Dr. HARDMAN: One of the difficulties here has been access to resource material. There have been in excess of 5,000 professional articles on this; there have been innumerable lay articles; and my bureau at the present time has a task force engaged in preparing a resource document giving the factual picture on LSD for the use of health educators. Now, in the City of Ottawa at the request of the Board of Education, I have spoken to some of the high schools. I will be speaking in June to the physical health education teachers who conduct the health course, and they intend, I understand, to implement an educational program in the high schools.

It is my opinion that these boards of education have found it too difficult to get factual information from an authoritative source, and we hope to remove that problem. We realize that legislation alone is not going to stop abuse.

Senator CROLL: I understand from reading the newspapers that there is a certain doctor in Toronto, who has many views on many subjects, who said that there are 15 or 20 other similar drugs that are available and which will do the very same thing.

Dr. HARDMAN: Yes, sir. There are 25.

Senator CROLL: Twenty-five? Well, do not name them, please.

Dr. HARDMAN: Some of them are much more serious than LSD in their effects, but they are not in common usage. Those that are commonly known are peyote buttons from the cactus—and these have been picked up in Canada; mescaline; two derivatives of the sacred mushroom of the Aztecs: psilocybin and psilocin; and DMT, dimethyl-tryptophane. These are not a problem yet.

I think these have been the reason for our approach to set up a mechanism so that we can deal with a problem as it arises. We are discussing LSD. That is the first drug on the schedule, but the act itself is a mechanism for dealing with this type of thing.

Senator CROLL: But, doctor, the criticism being made is that we wait too long and the thing is having its effect before we then come along with legislation. Then comes the other aspect: that these belong in the hospital, and so on. All of these arguments contain part truths. In this act, if there are other drugs that have or could have the same effect, why do you not incorporate a section allowing them to be added by an order in council?

Dr. HARDMAN: That is there, sir.

Senator CROLL: Oh, I am sorry. I missed that, then.

Dr. HARDMAN: We made a decision in introducing the act that rather than list a schedule of 25 drugs, for purposes of discussion it would be easier to talk on LSD.

Senator CROLL: I am sorry. Taking a normal, middle-aged person—leave us out of it for a moment, though we are all normal and middle aged—you described some effects, having a religious effect, a sexual effect, and so on. What effect would it have on a middle-aged person? You see, we are not in that age group which you suggested. What effect would it have?

Dr. HARDMAN: In an adequate dosage, which is about 100 micrograms, you will experience visual distortions, as described by Dr. Sullivan. However, your interpretation of what you see and what you experience will differ from that of the younger person. With a person who is mature and has a stable mentality, there is not nearly the same abnormal reaction to the drug. You have built up your own defences and, therefore, you may interpret an experience as not being threatening to you; you may recognize that it is not threatening, whereas a younger person who has not had this experience or maturity may interpret something as being extremely hazardous.