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Your Brain on the Truth

“There was a time when maps of the world were redrawn in the name of plants, when two empires, Britain and China, went to war over two flowers: the poppy and the camellia.”¹ This is the story of how Britain became one of the most powerful forces in the world. While tea played an enormous role in this story, which is fascinating in its own right, “opium was equally significant to the British economy, for it financed the management of India - the shining jewel in Queen Victoria’s imperial crown.”² China became reliant on buying opium from India, which fueled Britain’s massive economic growth, giving Britain an oppressive amount of leverage over world economies. Combining the historical and political import of Britain, India and China, this is one of the largest political and economic conflicts ever by this point in history. It is also an undeniable historical instance in which a drug played an integral role in shaping the world, and this is a phenomenon which is not given enough gravity. Reflecting on this point in time, given the scope of its impact, answers the question: do we need a nuanced understanding of drugs, as well as of the role they play in our world and in the lives of human beings? It does so with a resounding yes. However, there is another important question to ask in response to this: do we currently have a nuanced understanding of drugs in this manner? Here the answer is a resounding no, and that is a problem. Humanities immature understanding of drugs has caused two great tragedies in the twentieth century: the racist policies of the War on Drugs, and the suppression of promising research, which is now resuming for the first time in nearly half a century. We are now faced with the task of educating and informing ourselves on this misunderstood topic, in order to dismantle unjust policy and enable the flourishing of new forms of therapy that have the potential to change the world.

Gaining a more nuanced understanding of drugs and considering the scientific evidence surrounding them allows one to discover both the unethical suppression of valuable research along with the disturbing history of the racist, political exploitation of drugs and the people associated with them by the U.S. government. Entering the consciousness of most Americans around the time of the Nixon administration in the mid- to late 1960s and expanded upon by the Reagan administration roughly a decade later, the War on Drugs is a mix of policy and propaganda created under the guise of solving the U.S. drug problem. Its message and the level of understanding that came with it, at least on the surface, can be summed with the Reagan administration's apparent solution: “with

¹ Sarah Rose, *For All the Tea in China: How England Stole the World's Favorite Drink and Changed History* (London: Penguin Books, 2011), 1.

² Rose, 1–2.

this nation's cities blighted by drugs, Nancy Reagan told the nation to ‘Just Say No’³. It appeared that this was an attempt to dissuade the nation’s population from partaking in drug use, and that the cause for drug addiction was a moral fault in individual people. This “just say no” attitude turned out to be unbelievably simplistic and it set the stage for a whole variety of insidious and nefarious policies and programs aimed at the complete destruction of Black communities. The true intention of the War on Drugs is made abundantly clear by John Ehrlichman, Nixon’s domestic policy chief, who admitted in an interview from 1994

We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.⁴

This confirmed what some believed for a long time, that the War on Drugs was not a war to end the problem of drug addiction and the crime that came with it, but rather that it was a war of politics, a war of agendas, biases and malevolence towards entire demographics of people.

The result of this alleged war on drugs is not a pleasant one. Deborah Small, and many more, argue that “the ‘war on drugs’ has replaced chattel slavery and *de jure* segregation as the main method of perpetuating America's long history of racial oppression.”⁵ Practically speaking, the evidence points to the idea that the War on Drugs has enabled the perpetuation of systematic oppression. The data surrounding incarceration screams this. The imbalance between those across different racial demographics who are incarcerated for identical crimes is undeniable: “In at least 15 states, Black men are sent to prison for drug offenses at rates that are from 20 to 57 times greater than for White men.”⁶ This phenomenon is not just perpetuated at the hands of authorities, it has been instilled in the psyche of most of the U.S. and average citizens are participating in this racial bias; furthermore, “research has shown that drug and alcohol abuse rates are higher for pregnant White women than pregnant Black women, but Black women are about 10 times more likely to be reported to authorities under mandatory reporting laws.”⁷ This is the work of a massive program to not just criminalize,

³ Deborah Small, “The War on Drugs Is a War on Racial Justice,” *Social Research* 68, no. 3 (2001): 896.

⁴ Dan Baum, “Legalize It All,” *Harper's Magazine*, last modified April 2016, harpers.org/archive/2016/04/legalize-it-all/.

⁵ Small, 897.

⁶ Ibid.

⁷ Ibid., 898.

but villainize those who use drugs, with extra emphasis put onto the substances associated with targeted communities. This effort began over 50 years ago, and the U.S. is still captured by the policies and perceptions it pushed onto the nation.

However, something strange happened: scientific evidence has shown that the War on Drugs' policies do not line up at all to the actual nature of many of the substances that lie at the heart of this effort. In fact, the evidence points to the opposite of what the War on Drugs had hoped for in many cases. This is primarily the case with Cannabis and many of the classical psychedelic substances that the War on Drugs focused on in order to stamp out the growing counterculture of the 1960s. This raises the question: how did we get here? How could the policies and laws that dictate the U.S. management of drugs be so problematic and misinformed? The answer is that we simply do not have a nuanced understanding of the nature of drugs. That naiveté was and is still easily exploited. Furthermore, the perpetuation of this ignorance has been used historically, and currently, to facilitate the enforcement of biased policy as well as reach the aims of political agendas. This is a political issue that runs deep in human history. The examples of drugs playing a role in politics historically are far too extensive to discuss here. However, while we find ourselves embroiled in the fallout of politically biased drug policy, there is a light shimmering in the distance that offers a ray of optimistic hope.

In the aforementioned quote from Ehrlichman, in which he associates “the hippies with marijuana”⁸, marijuana is the poster child for a whole host of substances associated with the counterculture of the 1960s, which was one of the primary targets of the War on Drugs. Many of these substances are psychedelics, which were unbelievably promising as medical treatments for several different kinds of disorders, ranging from depression to alcoholism. Among what are often referred to as the classical psychedelics are Lysergic acid diethylamide (or LSD), Psilocybin mushrooms, and mescaline. In the early to mid-twentieth century, research into the potential application for psychedelics seemed to flourish, as “Psychedelics found their way into psychotherapy, where they were used to treat a variety of disorders, including alcoholism, anxiety, and depression.”⁹ This field seemed exceptionally promising, and eventually there was a growing fervor in certain communities in support of the widespread use of psychedelics. This eventually solidified into one of the primary characteristics of 1960s counterculture on which the War on Drugs came down with a firm fist.

The government's solution was to target this counterculture's most important sacrament, the psychedelics. Policies were made that shot psychedelics

⁸ Baum.

⁹ Michael Pollan, *HOW TO CHANGE YOUR MIND: the New Science of Psychedelics* (London: Penguin Books, 2019), 3.

straight towards classification as Schedule I substances. According to the U.S. Drug Enforcement Administration, otherwise known as the DEA, “Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse.”¹⁰ The two primary criteria presented here regarding medical use and potential for abuse are integral for informed discussion of this situation. The reason these points are important is because as they pertain to the classical psychedelic substances, they are wrong. At every venture, the scientific evidence throws a wrench in our ability to accurately attribute Schedule I status to these psychedelic substances. Regarding the second criteria in the scheduling, evidence points to the fact that psychedelics are simply non-addictive and calling them drugs of abuse is a stretch that often falls flat. Not only are they non-addictive, they are also strikingly safe. There are studies and trials that prove this: “animals, given the choice, will not self-administer a psychedelic more than once, and the classical psychedelics exhibit remarkably little toxicity.”¹¹

This is but the first of an ever-growing body of evidence causing confusion over the scheduling of these substances. One of the most remarkable and peculiar pieces of information pertains to a psychedelic compound not yet mentioned. Dimethyltryptamine, often shortened to DMT, is also classified as a Schedule I substance. This substance provides a rather difficult quandary; as Pollan explains, DMT “has been found in trace amounts in the pineal gland of rats.”¹² This already seems strange given that it is a Schedule I substance. However, to take it a step further, Taub explains “this tryptamine alkaloid produces an intense psychedelic experience when ingested and appears in trace amounts in human blood and urine, suggesting it must be produced within the body.”¹³ This is strange: there is a Schedule I substance that is found in humans, potentially endogenously. This means that every single human being on Earth could perpetually be in possession of a Schedule I substance. If there are problems with drug policy as it pertains to psychedelics, then this is blatant proof that the laws and classifications do not line up with reality. The criteria regarding abuse is incorrect and misguided, given that most of the classical psychedelics exhibit little to no toxicity. Additionally, the policies seemingly have no way to justify themselves on the basis that literally every single human in our species is perpetually carrying and potentially producing a substance that is considered to be

¹⁰ “Drug Scheduling,” *DEA*, U.S. Department of Justice, accessed April 29, 2019, www.dea.gov/drug-scheduling.

¹¹ Pollan, 50.

¹² *Ibid.*, 293.

¹³ Benjamin Taub, “Do Our Brains Produce DMT, And If So, Why?” *The Beckley Foundation*, last modified June 14, 2018, beckleyfoundation.org/2017/07/05/do-our-brains-produce-dmt-and-if-so-why/.

among the worst of the worst by U.S. drug laws. However, to really shine light on the incompetence of the U.S. drug laws as they pertain to psychedelics, one needs only to deconstruct the first criteria of the scheduling and compare it to what research is saying.

The first criteria in the scheduling of psychedelics pertains to the medical application of the substance. This is where the evidence is quickly mounting, pointing to the fact that these drug laws are blatantly incorrect and misinformed. The medical research of psychedelics had its first wave in the early to mid-twentieth century, after which it was suppressed by the government as part of the War on Drugs, and now it is seeing a renaissance. The study of psychedelics has already built quite a resume of breakthroughs in the world of therapy. During its first wave, “it was the discovery that LSD affected consciousness at such infinitesimal doses that helped to advance the new field of neurochemistry in the 1950s, leading to the development of the SSRI antidepressants.”¹⁴ As it turns out, the entire field of neurochemistry also owes its existence to LSD, and so does the primary way we now medically treat depression. This is not something to scoff at; these are major breakthroughs that define these fields in the present day. Additionally, a resurgence in research is yielding fascinating results.

There are studies being done at a good number of universities and research facilities around the world, studying the effects of psychedelics on mental disorders such as depression, anxiety, PTSD and addiction, with promising results consistently coming from independent studies. Roland Griffiths’ studies yielded amazing results, whereby “a single dose of psilocybin produced substantial and enduring decreases in depressed mood and anxiety along with increases in quality of life and decreases in death anxiety in patients with a life-threatening cancer diagnosis.”¹⁵ These results are mirrored to a significant degree by Carhart-Harris’ studies, in which “tolerability was good, effect sizes large and symptom improvements appeared rapidly after just two psilocybin treatment sessions and remained significant 6 months post-treatment.”¹⁶ What these studies are revealing, is that psychedelics, and specifically psilocybin, are potentially unrivaled in both the consistency and degrees of success at combatting depression and anxiety. These results are unprecedented. For the results of combating mental disorders to be so consistent, so intense, and so long-lasting is nothing short of a miracle. While studies are still in their early stages, and nothing definitive can be stated generally yet, these results, in combination with the general physiological safety

¹⁴ Pollan, 293.

¹⁵ Roland R. Griffiths, et al. “Psilocybin Produces Substantial and Sustained Decreases in Depression and Anxiety in Patients with Life-Threatening Cancer: A Randomized Double-Blind Trial,” *Journal of Psychopharmacology* 30, no. 12 (2016): 1195.

¹⁶ R. L. Carhart-Harris, et al. “Psilocybin with psychological support for treatment-resistant depression: six-month follow-up,” *Psychopharmacology* 235, no. 2 (2017): 399.

of these substances, points to the possibility of certain psychedelics truly revolutionizing the treatment of mental disorders. Given all the research being produced, it is objectively wrong to say that there is no medical application for these substances. This hammers the final nail in the coffin for the classification of psychedelics as Schedule I substances holding any scientific validity.

This mounting evidence in favor of the benefits of so many of these substances reveals weaknesses, inadequacies and faults in drug policy. This weakening of their integrity is illuminating their biased origins and generally ill intentions. This brings the racist and unethical problems into the foreground, rendering them irredeemable and leaves them with very little, if any, viable defense. For now the policies and classifications are still in place, perpetuating the exploitation of certain communities, but there are rays of hope lying in the distance, there is rapidly mounting evidence that certain substances targeted by the War on Drugs are not just safer than we thought, but potentially offer breakthroughs that would revolutionize the treatment of some of the most prominent mental disorders of our times. Although the road ahead is long and convoluted, there seems to be ample reason to be optimistic. It is becoming increasingly clear that cutting edge research into these substances will yield profound ways to combat depression, anxiety, PTSD, and addiction, while at the same time shedding light on long-standing racist policies that have been plaguing the United States. All signs point to the possibility that this path will offer up something of a renaissance for both mental health treatment and the recognition of racist law and policy. It is up to people to stay informed on the truth and develop a nuanced understanding of these topics so that we can understand an important part of our lives that is often overlooked and misunderstood.

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