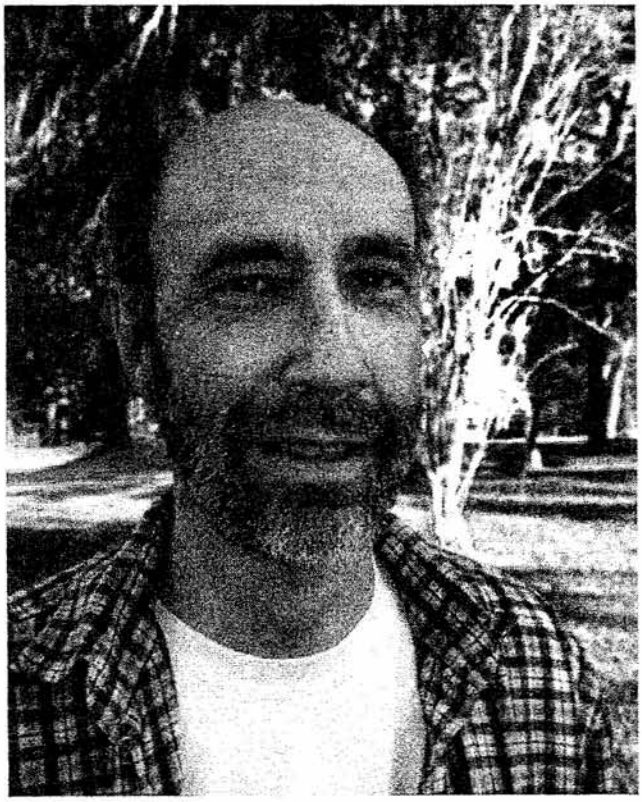
OTTO SNOW SPEAKS...

Interviewed by Thomas Lyttle



Prior to his death in September of 2008, Thomas Lyttle completed the following interview with Otto Snow. Lyttle met Snow in the early 1990s, and they quickly became friends due to their shared interest in entheogens. A chemist and independent researcher, Snow is the author of the books *Amphetamine Syntheses* (1998, 2002), *OXY* (2001), *LSD* (2003), *THC & Tropacocaine* (2004), and *Love Drugs* (2005).

WHAT SPARKED your interest in drug chemistry?

Environment. I grew up in a world of high technology, and prescription drugs were everywhere. The city where I lived had many script doctors, and unfortunately my parents became a couple more statistics in the quagmire. My father worked in the defense industry, and many people in this community were harmed—physically and psychologically—by the physicians who "treated" them. The government would do nothing to investigate or stop it. Prescription drugs kill more people then street drugs. So if national security begins at home, one needs to learn about *all* drugs. Most drugs have the potential to cripple or kill you, whether they're available via prescription, over-the-counter, or off the street. Personal responsibility demands that you take what is safe and works for you; in some cases, personal responsibility has to trump legal restrictions.

In my quest for knowledge on the topic, I visited university libraries and read through all of the journal articles I could find on any specific drug. After which, I read through the drug patents. This is why my books are so well referenced, more so than any other synthesis books on the market. The real science is in the journal articles. I did my library research on psychedelics from 1973 to 1985.

Why focus primarily on psychedelics, rather than government-approved psychoactive drugs?

My library searches on prescription and OTC psychoactive drugs indicated that these pharmaceuticals tend to be toxic. They don't work for some people, can have severe adverse effects, and in many cases must be taken chronically. They essentially *create* disease in patients. Don't get me wrong, some conventional psychoactive drugs are useful and safe. Psychedelics probably follow a similar pattern with regard to utility: some are useful, many are not. But psychedelics are rarely taken chronically, and they generally have low toxicity.

My primary interest was studying the so-called "psychotomimetics," in a search for the endogenous causes of mental illness. Although ultimately, I am a strong advocate of good nutrition, exercise, and socialization—these are much safer than drugs.

In your book LSD, *you mentioned using acid as a cure for your migraine headaches as a teenager. Can you tell us a little about that?*

When I was fifteen years old, I was diagnosed with migraines. Half of my body goes numb when I get them, and they last for weeks at a time. Prescription ergot alkaloids, barbiturates, and narcotics were the standard treatments. None of these worked very well. However, by binding to serotonin receptor subtypes 5, 6, and 7, LSD appears to stop the sequence of neurochemical events that causes migraines. LSD also seems to allow the individual to psychologically transcend what is causing the migraines, via the mind-brain connection.

When I was fifteen years old, I was diagnosed with migraines. ...LSD appears to stop the sequence of neurochemical events that causes migraines.

Your book discussed other people with migraines who took LSD too, right?

There were a few of us. The friends I hung out with were ten to forty years older then me. Many had initially obtained LSD legally, prior to the moratorium in 1965. Alcoholics and people with neuroses also found LSD to be an effective medication. Don't get me wrong, LSD is not a panacea. But I know that it worked for our migraines. These people taking LSD for medicinal purposes were white-collar folks. The drug was not being abused. No one partied with it. Sessions were set up several days in advance, and they were carefully controlled to make sure that individuals received the maximum benefit. Over time, people suffering from migraines do not need to take LSD as often.

What was the dose?

The usual amount was 100 micrograms, but some individuals needed 200 mics.

Who provided the LSD?

For a few years it was obtained from the Brotherhood of Eternal Love. Later, I found a laboratory that supplied patients in the area. I will call the source "Dr. Lysergic." He had produced LSD prior to it being scheduled, and he quietly continued to do so after it became illegal. He would be in his eighties by now, if he is still around. It has been many years since I have been in contact with him.

Tell us more about the sessions.

The primary objective of the session was to dissolve the headache. If the LSD is taken as soon as a headache starts coming on, it is effective. For many people, the fact that a migraine is developing may be signaled by an increased sensitivity to light, or by seeing auras. I know that a migraine is coming on because I start feeling numb in my pinky finger and my arm. Sessions started at 9:00 am, after breakfast, and all sessions were guided. There were no real distortions with the experience. Colors may have been a little brighter, but not nearly so much as when the drug is taken at night. When the medication kicked in, it was important to let go and relax. During the peak drug effects, we would be in the mountains or in a field somewhere, lying on our backs looking up through the forest at white clouds against a blue sky. The point was to actively release the headache.

What role do the guides play in this treatment?

The guides must have a lot of experience. They should know the people they are working with, and be familiar with their life situations. It is an intimate psychological relationship, not a drive-thru therapy. At various times, we all acted as guides for each other.

In LSD *you also mentioned an alcoholic friend who used LSD to keep her addiction at bay. Could you tell us a little about that?*

Jasmine was in her sixties. She originally supplied us with LSD, back before we purchased it from the Brotherhood or Dr. Lysergic's associates. Jasmine was administered LSD in a series of legal sessions at a clinic, before the drug was scheduled. Her clinic doses were rather large. But after that, she only took low doses of about 50 micrograms, a couple of times per week, and these kept her free from the addiction.

Do you think that LSD will be used legally in the future for migraines or alcoholism?

Prohibition hasn't stopped its use for such purposes. It's currently being used for these conditions around the globe. Wherever there is high technology, and people with brains, some of those brains are going to get aches. These people are smart enough that they're going to take something that works, not something that they'll have to consume chronically, which they might become addicted to, or which has toxic side-effects. Although we need more pharmaceutical development in this nation, simply raising general awareness about the risks and benefits of drugs that are already available—sometimes on the black market—could dramatically reduce suffering. Not everyone who takes LSD is going to be helped by it. Of course, for those it can help, there should be legal access to pharmaceutical quality LSD of a standardized dose. But I don't know how much hope there is that this will happen anytime soon.

What about the recent study showing the effectiveness of psilocybin in treating cluster headaches?

My own experiences were with LSD, and those were three decades ago. I'd love to see new, controlled studies that explore the potential of LSD as a headache medication.

Your career was shaped early on by your independent scientific research into brain chemistry, with an eye toward understanding and treating mental illness. Tell us a bit about the environment in which you were raised.

My mother was born in Montreal, and my father was from Boston. For over twenty years, my father worked on electronic intelligence, information, and electronic warfare systems. My mother was office manager for a chain of medical and pharmaceutical supply companies. So I inherited a deep respect for science and technology from my father, as well as an understanding of pharmaco-economics from my mother and the pharmacists she worked with. I was given old copies of the *Physicians' Desk Reference*, when the new ones came out. Back then, it was generally perceived that the knowledge to understand these books was the sole purview of physicians. Sadly, even with this attitude, those copies of the *PDR* contained only scant overviews of the meds. Some have expressed their opinion that the *PDR* should be viewed as more of a drug catalog than a prescription guide. In any case, most physicians only take a couple of semesters of chemistry classes in school.

Years later, due to the horrific medical care my parents were subjected to, I found out that the physicians in the community where I lived were either script doctors or cowards. I moved my folks to Maine to get them proper treatment. My mother had basically been tortured by a New Hampshire physician, and my father was recovering from cancer.

In 1985, a gang of Maine state troopers broke into your home, traumatizing you and your family. Would you recount those events for us?

At the time, I was starting up a research company. My attorney had incorporated the company. I was going to be developing neurochemicals. Late one evening, a half-dozen officers unexpectedly forced themselves into my family's home. The officer in charge had lied on the affidavit, in order to get a warrant. He lied so that they didn't need probable cause for the home invasion. It was orchestrated in such a way to conceal the fact that what they were *really* trying to pull off was a shakedown for money.

When one orders chemicals that could be used in the manufacture of scheduled drugs, suppliers are required to notify the DEA. Then the DEA either asks the drug unit from local law enforcement to look into the purchase, or they will stop by themselves and ask questions. Someone might come to

your door and inquire why you need a listed precursor chemical. Or a surveillance investigation might be instigated, to determine if anything illegal is happening. But processing countless legal molecules requires specific lab equipment along with many chemicals, some of which are listed precursors. In my case, I was never questioned and there was no investigation.

At midnight, officers pounded their flashlights on the outside of the house, waking us up and forcing us to let them in. They threatened my family in an attempt to get us to cough up money, and I was physically assaulted by an officer. There was no lab, there were no illegal drugs, and there were no immediate precursor chemicals. My family was terrorized throughout the early morning. I was falsely arrested on two counts. I was not allowed to have access to my research papers. In simple terms, I wasn't allowed to defend myself or assist my attorneys. It was two years before the situation was resolved.

Does the DEA really advocate or endorse this sort of terrorism against scientists or chemists?

The number of students in the United States studying mathematics and science has been declining in recent years, and this has been determined to be a risk to national security. I have a letter from the DEA relating that they *want* drugs to be developed, and they want people to determine which drugs can effectively treat medical conditions. Of course, chemists must follow the appropriate protocols, and refrain from dumping controlled substance analogues on the street. But America is a democracy, and the DEA is a law enforcement agency. Interference with scientific investigation is more akin to socialism than democracy.

Although I grew up in an area dominated by the development and production of electronics, explosives, and chemicals for warfare, such interests were not my calling. I was studying psychoactive drugs, not weapons. I had been into the Boston DEA Office, where they gave me books and offered pointers on chemical families that they were having problems with, such as PCP analogues. So I steered clear of those chemicals.

The federal prosecutor objected to the court about my attorneys questioning DEA chemists, and—outrageously—the judge went along with it! Nevertheless, the DEA is *not* against research, to my knowledge.

What happened with the case?

The case was not processed. The FBI ended up going after the officers in charge, and my journal articles and research papers were returned.

That must have been a terrible experience for your family.

Yes it was. Because of the stress, my father's cancer returned; it metastasized and killed him. And I was disabled as a result of it. Terrorism by government officials against citizens is a horrible thing. All Americans should be protected from such terrorism. When the checks and balances fail, terrorists are given authority in the government.

The action taken against my family and me was not something new for these officers. A year before, they had handcuffed a man behind his back and terrorized him with an attack dog. They were never prosecuted for that. But eventually, these officers were found to have committed perjury, had sex with informants, stolen money, lied on affidavits, etc.; it was truly terrible. The corrupt officers were all fired. It's called taking out the trash.

I had—and still have—friends in local, state, and federal law enforcement. They are honorable people. There are lots of good officers in the state of Maine. Many people were on my side through the whole ordeal, including folks in law enforcement. It just goes to show that sometimes the system does work, at least in part. Science is important. The books that I have written are used by students, law enforcement, and attorneys.

Some folks may not have heard of the second chemical in the title of your book THC & Tropacocaine. *This could act as a substitute for cocaine, right?*

In the 1980s, when the United States was being hit with the cocaine blizzard, there was a company that was easy to do business with. They stocked

tropacocaine, and a salesman said that they had a kilo available. He later told me that he grabbed the kilo for himself, and I never got the scoop on what happened with it.

In any case, a major pharmaceutical company could produce tropacocaine and addicts could get the drug from clinics. This would make cocaine addiction more manageable, and remove the profit from the illicit cocaine trade. Although, honestly, cocaine addicts might benefit from some of the newer antidepressant drugs that release dopamine. People I knew years ago who were addicted to coke for many years are dead today. Cocaine can be toxic to the heart.

You were legally prescribed Marinol, synthetic THC, for a long-standing illness. How does it compare to Cannabis?

Uncle Sam and several physicians helped me to assess Marinol over a period of two years. It's an interesting medication, but overpriced. The sesame seed oil carrier for the THC can cause gastrointestinal problems and severe diarrhea in some patients. The drug could be reformulated and improved, but THC—whether from Marinol or marijuana—is effective for treating many medical conditions.

I'm interested in hearing more about the fatty acid amides that you talk about in the book. Will these replace THC and Cannabis?

Eventually they may. There are people who have tested them, but who have not "gone public" for fear that the fatty acid amides will be placed into Schedule I before further research can take place. However, in most cases, specific drugs are scheduled only when substantial abuse is determined. Consider, for example, how long MDMA was available before it was restricted. We didn't see pharmaceutical companies going through the appropriate protocol to develop it as a medication, but it was legally manufactured and sold in large amounts for quite a while.

So far as the fatty acid amides go, I believe that anandamide was the first to be tested by humans. I've been told that its effect is like THC.

Was it smoked, snorted, or taken orally?

The researcher did not go into details, but I speculate that it is active by all routes. Oleamide, which I describe the synthesis of in my book, is a CB-1 agonist. It is a cannabinoid that naturally occurs in the brain, like anandamide does. Oleamide is also called cerebrodiene.

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What's a CB-1 agonist?

It's a molecule that binds to the THC receptor site. Oleamide is made from oleic acid, a component of olive oil, by cooking it with urea. Other CB-1 agonists use different oils, such as coconut oil. It's simple chemistry: cooking oil and fertilizer. It doesn't get any easier than that.

Has any human testing of oleamide happened yet?

It has been patented for use in humans. They did not describe the human testing of it. But as we well know, people don't go to the expense of patenting applications for medicines unless someone has given the drugs a taste test. Oleamide has been found to be approximately one third as active as anandamide in rats. What that equates to in humans remains to be determined. Interestingly, oleamide is an appetite suppressant in lab animals. We may see many of the fatty acid amides available in the next few years. This is the hottest research going. They might be mixed with an inert carrier such as ground alfalfa leaves and pressed into tablets by pharmaceutical firms. I'm speculating though, because they would have to obtain Investigational New Drug status through the FDA.

Or be pressed by underground chemists into bricks of designer hash.

And there are thousands of possibly synergistic combinations of psychoactive fatty acid amides that await discovery. It very well could be the new designer frontier. No one is even *talking* about the research that has been done with these compounds in humans yet.

You describe the synthesis of a few of them in THC & Tropacocaine, *right?*

Yes, and there are many more to investigate, should readers take the initiative to explore further in university libraries. We are at the dawn of a psychedelic revolution for motivated chemists. It's in America's hands now.

And they're made from common oils used in the kitchen, wow! Moving from cannabinoids to opioids, tell us about your book OXY.

While reviewing the United Nations' documents on narcotics, I discovered that if there is any sort of national catastrophe, in short order there could be very few effective painkillers available to the masses, since the United States prohibits the production of opium poppies, the raw material used to synthesize strong painkillers. So I put together *OXY*. Everyone should grow scarlet poppies, *Papaver bracteatum*, just in case. Unlike *P. somniferum*, the scarlet poppy is legal to grow; it contains thebaine, which my book *OXY* explains how to extract, purify, and convert into several potent painkilling chemicals. People can usually get narcotics from a physician if they are in pain. But with terrorism and natural disasters at our doorsteps, rural Americans must have the capacity to produce their own narcotics. It is important.

Love Drugs *is your most recent book. What's it about?*

Love Drugs is a sequel to *Amphetamine Syntheses*. I didn't have enough room in *Amphetamine Syntheses*, so *Love Drugs* contains additional formulas. I include multiple sources for precursors of not only MDMA, but also of numerous other entactogens. Obscure reactions. From-scratch reactions. Preparation of nitroalkanes, reductions, and such. Oodles of new reactions. The chemistry is easy and extensive. Of course, in the United States, research into entactogens was essentially banned by the Controlled Substances Analogue Enforcement Act of 1986. This is unfortunate, since entactogens are such a promising category for drug development.

What is the future of the independent neuroscientist or chemist? Can someone who is not connected to the university system or the medical profession actually conduct experiments and design new compounds, without repercussions?

In theory, yes. But even the researchers in universities are not releasing their findings for fear of repercussions, such as the loss of their funding or the scheduling of the molecules they are investigating—either of which would block their ability to continue working in this arena. Unfortunately, the present political agenda does not support progress.

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