INCIDENTS INVOLVING THE HAIGHT-ASHBURY POPULATION AND SOME UNCOMMONLY USED DRUGS

By

Frederick H. Meyers, M.D.
Research Director, Haight-Ashbury Medical Clinic

Alan J. Rose
Administrator, Haight-Ashbury Medical Clinic

David E. Smith, M.D.
Medical Director, Haight-Ashbury Medical Clinic

The Staff of the Haight-Ashbury Medical Clinic

INCIDENTS INVOLVING THE HAIGHT-ASHBURY POPULATION AND SOME UNCOMMONLY USED DRUGS

Surveillance of the type and quality of drugs available to members of the drug using community is one interest or function of the Haight-Ashbury Medical Clinic. Such information is necessary primarily to provide effective care for the very small fraction of our patient load that is due to acute drug reactions. In addition, certain ideas of general medical interest emerge from our experience with the more unusual drugs.

THE STP INCIDENT

The circumstances surrounding the sudden but transient popularity of a new hallucinogenic drug, STP, was especially informative because of the information provided about the nature and number of untoward reactions. Since the number of doses introduced into the community is approximately known, the STP incident represents an experiment or controlled perturbation of the neighborhood making observations on the adverse reaction easier to quantify than is the case with LSD.

THE NEW COMMUNITY. - The incident involved the young people residing in or visiting the Haight-Ashbury District of San Francisco. The group was estimated to include at that time 10,000 - 20,000 individuals virtually all of whom used two or more nominally illegal drugs.

The neighborhood was by no means homogeneous and patterns of drug use were correspondingly diverse. Pending completion of a sociologic or epidemiologic study now in progress, [1] it can be assumed that at the time of the STP episode at least three major sub-groups were defined.

The committed or devout hippie had been in the neighborhood prior to the summer influx and was conversant and sympathetic with the philosophic bases of the "new community."

The second sub-group was made up of a large number of young (16-25 years) people who began to flow through the community at the beginning of a well-publicized "summer of love." Most were exploring rather than committed to hip concepts. This mobile, inexperienced group was probably more liable to bad subjective reactions to drugs than more experienced users taking drugs in the company of other experienced users.

However, most of the population used drugs in an episodic and elective rather than a compulsive pattern. Marijuana was widely used as a social and anxiety-relieving drug more or less as alcohol is used in the dominant culture. The philosophically important drug was LSD, which

was not ordinarily viewed as a recreational drug but as one used to achieve a psychotherapeutic or even theopathic purpose. Methamphetamine may be taken orally for its euphoriant effect and is the most dangerous drug because of the risk of development of a compulsive pattern of use, especially if it is injected.

THE DRUG. - The chemical nature of STP was not known during the period when most of the adverse reactions occurred. It was later identified as 2, 5-dimethoxy-4-methyl-phenylisopropylamine. (Fig. 1.) The lipophilic substituents on the amphetamine molecule allow a more immediate and more intense effect on the central nervous system. The behavioral effects of STP are generally similar to those of LSD, but, in the dose used, the action is more intense and of longer duration. The sympathomimetic influences on the autonomous organs are very intense, with the patient having an extremely dry mouth, awareness of a rapid heart beat, and pupillary dilation with photophobia and difficulty of accommodation.

A study of the effect of STP on volunteers suggests that the 10 mg. doses ingested by our patients were three to four times the minimal hallucinogenic dose. (2)

The synthesis of the compound had been developed in the nearby laboratories of the Dow Chemical Company, and within that organization it has been known as DOM. Details of the process have not been disclosed, but earlier, related compounds have been the subject of a published report. (3)

An Investigative New Drug Application covering the 4-ethyl analogue of STP (DOE) had been submitted, but the pre-clinical testing of STP had not progressed to the point at which cautious initial trials in humans were legally permissible. Obviously, the advice or participation of some trained individual was involved in the selection and theft of the compound, its synthesis and the determination of the ill-advised dose to be used. But the thousands of individuals who tried STP did so with no information about its identity or effects. There are obviously many people who believe that some drugs are withheld not because they are bad but because they are good. If they cannot accept information provided by the straight community, they must try each drug themselves.

THE EPISODE. - Rumors of a superior hallucinogen appeared early in 1967. In May the underground press began to mention the superior properties of STP (only much later were the letters said to stand for Serenity, Tranquility, Peace). The drug was said to guarantee a good long trip, to be inexpensive and "not yet illegal." At this time a small number of tablets were distributed to leaders of the community. Some of the tablets and capsules distributed early contained 20 mg. rather than 10 mg., as did the later preparation. The intense reactions that sometimes resulted were, for the most part, managed by associates of the drug user, although four of the hospitalized patients

described below came from this early group. On June 21, 1967, at a celebration of the summer solstice held in Golden Gate Park, a familiar local figure distributed about 5000 STP tablets without charge. An additional smaller number of tablets was subsequently sold on the street.

Most of the patients described below were seen during a two week period beginning on the evening of June 21. The use of the drug decreased sharply thereafter as the adverse reactions were widely publicized. The market for the drug disappeared, even though large amounts remained close at hand. The Bureau of Drug Abuse Control seized 261 gms. of STP on December 21.

ADVERSE REACTIONS. - Data on as many adverse reactions to STP as possible were collected. Our experience includes four groups.

1. Experiences reported by members of the community which did not attract the attention of outsiders or cause either immediate or delayed anxiety.

2. Anxiety or excitement handled by nonprofessional members of the community.

3. Thirty-two patients seen at the Haight-Ashbury Clinic with acute reactions.

4. Thirteen patients hospitalized at the San Francisco General Hospital.

The data presented below suggests that "bad trips" are due to anxiety engendered by the actual experience or by the retrospective reaction of the patient to a drug experience. The intensity of the reaction will, therefore, be conditioned by many factors other than the direct pharmacologic action. The tremendously important exception to the generalization that anxiety is the prime cause of adverse reactions is the precipitation of a lasting psychotic episode in a previously disordered personality.

These patients are now considered in more detail.

1. Good Trips. For several reasons, including the results of a questionnaire study carried out later in the summer, we estimate that approximately 5,000 doses of STP were ingested. By our estimate 60 of these subjects came to professional attention. Repeated use of STP was uncommon because of the recognition that the results were intense, long-lasting, and difficult to handle.

2. Adverse Reactions Handled by the Community. Most of the acute reactions similar to those described in the next category were taken care of by the companions of the drug user. The greater the experience and pre-conditioning of the subject and his companions, the less likely he was to

experience a bad reaction or to require professional help. We do not believe that one must have had the hallucinatory experience in order to treat it, but we acknowledge that we learned much from the experienced drug user. Indeed, since the proper management of a patient in panic from any of the hallucinatory agents may require hours of close contact, it appears essential to employ experienced nonprofessionals.

3. Patients Seen in the Clinic. Thirty-two patients (24 male, 8 female) sought help at the Clinic for complaints related to the ingestion of STP. Fear or anxiety engendered by the experience was by far the most common complaint. Gastro-intestinal symptoms (nausea, vomiting, or cramping pain) was the presenting complaint in five cases but these were perhaps pretext in part. All but one of these 32 patients were returned to their homes or to the care of their friends within a few hours following explanation and very mild sedation. Phenothiazine tranquilizers were not used after our initial experience. Only one hallucinating, belligerent patient was transferred to San Francisco General Hospital because continual restraint was necessary to keep him from jumping through the window.

The only delayed reaction was one agitated patient complaining of "flashing", that is, delayed visual after-effects. This symptom responded quickly to explanation as is usually the case.

4. Acute Reactions Requiring Hospitalization. Through the courtesy of the Immediate Psychiatric Care Unit and the Psychiatric Service of the San Francisco General Hospital, we were able to examine the records of some of the patients hospitalized during the period of interest. Nine patients with immediate reactions were identified. One was the patient transferred from the Haight-Ashbury Medical Clinic, one was an attempted suicide, and the remaining seven had been arrested because of bizarre behavior. Our hypothesis is that these patients differed from those seen at the Clinic, not so much in the intensity of their reaction as in its management. In the supportive atmosphere of the room of a friend or the Clinic the patient recognized the drug-induced nature of his experience. If he was incarcerated, his paranoid, hallucinatory behavior was intensified and prolonged. From the records it also appears that the more generous use of chlorpromazine prolonged the period of disability.

5. Delayed Reactions Requiring Hospitalization. The most frightening reactions, of course, are the persistent psychotic state that may follow use of an hallucinogen. Three or four patients were identified in whom a psychotic episode occurred with either a causal or coincidental relation to STP use.

One of the patients described immediately above was returned to the City prison and 11 days later became incoherent and hallucinatory and was returned to the hospital. He left the hospital without leave soon thereafter and has been reported in an adjoining county without overt problems. The remaining

three patients present more alarming problems. The first states that he did not recover from the STP experience. Ten days after ingestion he was jailed for bizarre behavior. Two months later he was admitted to the hospital for a psychotic depression with suicidal thoughts. The physician in his city of origin stated that he had a long history of psychiatric problems revolving about homosexuality. He was discharged to the custody of his parents in another state and follow-up has been lost. The second patient made one suicidal attempt before he began to use hallucinogens and two suicidal attempts since his experience with STP.

The third patient became suicidal and violent one month after STP. He was arrested for a farcical attempt at burglary; hallucinatory and delusional he was transferred to another hospital and has been lost to follow-up.

CONTROL OF THE EPISODE. - In the face of the attitude of mistrust of established sources of information, our handling of the situation by publicizing the drug may have seemed naively optimistic. The frequent toxic reactions and the possibility that chlorpromazine was prolonging the disability, appeared to us to justify a warning to the users, his companions and those physicians likely to encounter the reactions. The media of both the hip and straight communities cooperated if anything too well. The publicity evidently had the desired effect. The use of the drug and the market for it fell off abruptly, even though supplies of STP remained available. Experienced users undoubtedly formed their own evaluation. This evaluation was not entirely unfavorable but acknowledged that STP would be difficult for the uninitiated to handle. The younger group probably was discouraged to a significant extent.

Publicity about the drug was identified by association with the Haight-Ashbury Medical Clinic, whose volunteer workers, if interested in control and abatement, are also determinedly non-punitive in attitude and as accurate as possible in providing information about drugs.

OTHER HALLUCINOGENS

One of the other hallucinogens thus far encountered, methylenedioxyamphetamine or MDA is, potentially at least, the most important. Like STP, MDA is an amphetamine with a lipophilic substituent on the phenyl ring.[4] For the first 6-8 hours after ingestion, the effects are qualitatively similar to those of LSD. The amphetamine-like effects persist longer and euphoria may be experienced rather than the depression which frequently occurs coming down from LSD. A few subjects apparently resent the stimulation which they associate with "speed" but, in general, the experience is said to be preferable to that following LSD in that less disturbance of thought occurs. The dosage required is comparatively large, a distinct disadvantage for a synthetic illegal drug. Moreover, one death has been associated with the use of MDA in combination with another drug.

Two prescription drugs have on infrequent occasions been used in place of LSD for their hallucinogenic effect. One drug, Symmetrel or amantadine, is ordinarily used to prevent the development of Asian Flu. The other, Sansert or methysergide, is taken to prevent the occurrence of migraine attacks. Sansert has been used by a very few people when LSD of dependable quality was in short supply. Symmetrel has been used more recently by even fewer subjects. Reports by the patients and observations by the volunteer workers who staff the Clinic suggest that the behavioral effects of the two drugs are similar to those of LSD. The Clinic has attempted to publicize the effect of Symmetrel, not because it is important in relations to drug abuse, but because it is a drug of doubtful effectiveness and with a narrow margin between the useful and the toxic dose.

THE PINK WEDGE EPISODE

The experience with a specific preparation of LSD reinforces some of the conclusions suggested by the STP incident, but emphasizes that dosage and the direct pharmacologic effects are also important.

During the past summer and early autumn the amount and dependability of available LSD decreased markedly. One previously dependable source disappeared completely from the market. Many preparations contained far less than the purported amount, and it appears that some contained methamphetamine. Such preparations therefore led to a mild euphoria and a marked placebo efffect but were not comparable to "righteous acid." As a result there were a number of people who had not actually had the experiences that they thought they had had.

On November 11, 1967, a new "LSD preparation" was sold in the community. The pink tablet had slightly sloping sides and was alleged to contain 1500 micrograms of LSD. Actually it contained 270 micrograms of LSD and .9 millograms of STP. Most users took fractions of the tablet but had hallucinations in excess of anything they had previously experienced.

On that Saturday afternoon and evening, 18 patients were seen with acute anxiety and panic, most with overt paranoia and hallucinosis. Seventeen of the 18 were returned to their friends or sent home after time, explanation and small doses of chlorpromazine. Only one boy was transferred to a general hospital. This is not to suggest that these patients presented simple treatment problems. One of our volunteer nurses was struck by a thrashing, excited boy and the usual functioning of the Clinic was virtually suspended. Probably no group in this City other than our volunteer staff has the experience and willingness to handle 18 initially violent patients with so little resultant hospitalization and so little additional drug depression.

Unfortunately, the patient load could not be shared with the general hospital for the City. At night and during weekends the usual punitive

attitude is imposed even during the period of an acute drug reaction.

THE PEACE PILL

The "Peace Pill" evidently takes its name from PCP, the abbreviation for Phenyl-Cyclohexyl-Piperidine, the chemical name for phencyclidine or Sernyl. [5] This drug was tested in human medicine as a sedative and general anesthetic but was rejected in part because it caused hallucinations and delusions. It is now marketed as a veterinary anesthetic. In small doses the Peace Pill can cause sedation like any other "downer" and in large doses will induce a stage of general anesthesia. The Peace Pill, in effect, is a general anesthetic with a very prolonged induction and recovery period. During this stage the patient may be excited or drunk or may pass into a dreamy, hypnogogic state. The hallucinations experienced at this time are qualitatively distinct from those induced by LSD. Alcohol and ether have been used in the past, but of all of the anesthetics used prior to the Peace Pill, nitrous oxide was the most effective in promoting a mystic experience because of the ease with which the subject can be held in this induction stage. The writings of William James [6] can be consulted for a discussion of the "anesthetic revelation". The population of interest to us greatly prefers stimulants and it is unlikely that the Peace Pill will have any continued use.

The Peace Pill was promptly identified by the Clinic and our clients warned of the possible dangers on December 20, 1967. Use of the drug has virtually ceased.

REFERENCES

1. Meyers, F. H., Smith, D. E., Shubart, P., Shick, F., and Salisbury, W. Drug Practices in the Haight-Ashbury Sub-culture. (in progress).

2. Snyder, S.H., Faillace, L. and Hollister, L. 2,5-Dimethoxy-4-methylamphetamine (STP): A New Hallucinogenic Drug. Science 158:669, 1967.

3. Shulgin, A.T. Psychotomimetic Amphetamines: Methoxy 3,4-Dialkoxyamphetamines. Experientia 20:366, 1964.

4. Shulgin, A.T. 3-Methoxy-4,5 methylenedioxy Amphetamine, a New Psychotomimetic Agent. Nature 201:1120, 1964.

5. Jaffe, M.H. An Anesthetic for the Chimpanzee: 1-(1-Phenylcyclohexyl) Piperidine Hydrochloride. Anesth. Analg. 43:221, 1964.

6. James, W. The Varieties of Religious Experience, 1962.