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The Down-Head Behind an Up-Head—The Heroin Addict Takes LSD

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"Well, all drug fiends regardless of what the thing is, they shoot drugs because they're not what they want to be and when they shoot drugs, they are what they want to be, see? It solves all their problems. But this doesn't necessarily hold true with this LSD. You're not what you want to be, you see yourself for what you really are, and it's funny. . . . You know, like you've been trying so hard to be something and you never want to admit to yourself you're not and then all of a sudden you're behind this drug and you see yourself just for what you are. It hurts." (From an interview with a narcotic addict.)

Unlike the middle-class enthusiasts around them, heroin addicts are rumored to respond very negatively to LSD. They are said not to like the experience at all if they do happen to take it, but in general they try to avoid it altogether. Having heard such rumors in the course of recent investigations of the illicit use of psychedelic drugs, we felt that it might be useful to find out if indeed this were the case—and if so, to discover the basis of the disaffection. It seemed possible that this

might tell us something about the illicit use of psychedelics in general and also about heroin addiction.

Why addicts should react so negatively to LSD in contrast to the many others who have been eagerly taking up its illicit use does not appear to relate to differences in its physical and mental effects upon them. A laboratory study by Isbell (1956) has indicated no difference between LSD effects in former opiate addicts as opposed to non-addicts in terms of a number of measures, including blood pressure, reported perceptual distortions, changes in response to psychological tests, and so forth. And this was so despite, as Isbell pointed out, great differences in the socioeconomic status, life history, personality patterns of the individuals tested, and the environment in which testing with LSD was carried out.

However, it is of interest that while many studies have reported glowing results from the treatment of another addictive group, namely alcoholics (Unger, 1963), with LSD, drug addicts have received little attention in this respect. One study only, by Ludwig and Levine (1965a), has dealt with the treatment of addicts with LSD and this has dealt solely with short-term effects with no follow-up.

Ludwig and Levine (1965b) have also carried out one of the few studies of the illicit use of LSD which exist to date, and drug addicts were the object of this study. They conducted interviews with post-narcotic drug addicts hospitalized at Lexington, Kentucky. Various "types" of psychedelic drug users were described among this population, but little information emerged regarding the reaction of the heroin addict to LSD, including whether he saw it as altering his interest in heroin.

We decided to interview addicts, hospitalized for treatment at the new Drug Addiction Treatment Center at Skillman, New Jersey, who had taken LSD in an illicit setting, regarding the circumstances of their LSD use, their reaction to the drug, the consequences of its use, and their evaluation of the experience. In the first few interviews we discovered a hitherto-unrealized (by us) distinction made by addicts between LSD and heroin, which seemed to be quite important. In their special jargon, the addicts called heroin a "down-head," something which "turned off" or limited the consciousness, while LSD was regarded as an "up-head," something which would "turn on," illuminate or enlarge the consciousness. As will appear later, this distinction was a useful clue to the problem which interested us.

METHOD

All the subjects we interviewed were drug addicts hospitalized at the New Jersey Neuro-Psychiatric Institute Drug Addiction Treatment Center. Admissions to the Center are both by court referral and on a voluntary basis, and patients are expected to remain in the Center for a six-week period. Thirty beds for male addicts and ten for female addicts are available, in addition to fifteen beds for initial medical management of withdrawal at the admitting facility. Both narcotic and barbiturate addiction are treated, as well as cases of habituation to amphetamines and other compounds. In the twenty-five month period from the opening of the Center, June 15, 1965, through July 18, 1967, the close of the study, a total of 908 patients were admitted, including 131 readmissions. Admissions and readmissions were 772 and 111, respectively, for males and 136 and 20 for females.

A few weeks after the Center was officially opened, we asked the admitting staff to notify our research team whenever a new admission reported illicit LSD use. The first interview was conducted on July 15, 1965. In the two year period following, 35 such patients were referred to our research team. However, a later check of the records showed that 53, admitted during the total time period after the unit opened until the close of the study (6.8% of the first admissions), had reported use of LSD and would have been suitable for the study.

Of those referred to the team, 25—20 males and 5 females—were extensively interviewed. Ten addicts were not interviewed for a variety of reasons, including discharge before they could be interviewed and ambiguity or misrepresentation of drug history.

The two-person interviewing team, a male and a female, included one member who had never had LSD and one who had had extensive experience with LSD. Each addict was interviewed by the team using a focussed interview schedule which included questions regarding the socioeconomic characteristics of the users, their general drug history, use of psychedelic drugs (including marijuana), the circumstances of their first use of each type of psychedelic drug, perceived effects of their psychedelic experiences, perceived consequences, reactions to the experience, comparisons of various psychedelic drugs as well as comparisons to "hard" drugs such as heroin, and characterizations of users of psychedelic substances as opposed to users of other drugs. Interviewees were encouraged to talk at length during the interviews, each

of which lasted, on the average, about one and one half hours. All interviews were tape-recorded, transcribed and subjected to content analysis. It was felt that those interviewed responded candidly, reliably, and thoughtfully.

Subjects Interviewed

The 20 males and 5 females ranged in age from 17 to 39, with a median age of 21. The educational range was from seventh grade to one year of college, with median educational level of eleventh grade. Fourteen were single, 8 married, 1 engaged and 2 separated or of undetermined status. Thirteen of the subjects were Catholics, 5 Protestant, 3 Jewish and 4 unclassified.

Only 2 of the addicts interviewed had never been arrested, and the number of arrests of the remainder varied from one to thirty, except for 2 who simply responded "many" to the question.

Eleven of the patients were voluntary commitments, 2 were referred to the unit by other hospitals, and 12 were court referrals.

RESULTS

Addiction History

Comprehensive histories of drug use for non-medical purposes were elicited from each subject. This material provides a background against which to view the addicts' experience with psychedelics.

First Use of Any Drug. Age at first (non-medical) use of any drug ranged from 12 to 19 years, with a median age of 14. Only 3 addicts said that they began with heroin, 5 with codeine or codeine-containing antitussives, and 1 with morphine. Nine reported starting with marijuana; other addicts first took barbiturates (4), amphetamines (1), and tranquilizers (1). One could not say which drug he first took.

Twenty-four of the 25 reported that their first experience occurred in a social setting, 3 in the presence of only one girl or boy friend, the rest with a group of friends or acquaintances. The remaining addict began to use tranquilizers in excess of her prescribed dosage. The encouragement and influence of friends, following the crowd at a party, curiosity, "kicks," or depression at a social gathering were given as reasons.

Time elapsed from the first drug experience to the date of the interview ranged from 3 through 23 years, with a median of 7 years.

Progression to Addiction. All 25 addicts named heroin, alone or in combination with other narcotics ("down-heads") as the substance first used addictively. Age at first introduction to opiates varied from 12 to 29, with a median of 17.

Circumstances of initial introduction to opiates again emphasized the social context. "Influence of friends," "to copy friends," and observing friends and asking to participate were frequently given as reasons. Curiosity and the medical use in hospital of morphine were also mentioned. Three addicts mentioned other drugs as direct precursors of heroin. One said that he had become familiar with the codeine effect and decided to move on to heroin, another that he lost his dilaudid connection and started on heroin, a third that when he took marijuana it brought all his problems to the fore so that he had to take heroin in order to forget them.

Pattern of Addictive Use. Twenty-one of the patients were actively using drugs when admitted to the unit. Four had been incarcerated before their hospitalization but were actively using drugs at that time. Twenty were using heroin, alone or in combination with other drugs, usually depressants. Two were on morphine, 2 barbiturates, and 1 cocaine and other stimulants.

The range of "taking off" varied from twice a day to six times, and the quantity of narcotics used varied from 2 bags to 18 bags per day. One patient took forty tablets of dilaudid and morphine every day; one, a barbiturate addict, took five capsules two or three times a day. The daily support of the habit cost addicts from 0 to $100 a day, depending on the means of acquiring drugs, on dealerships, and the influence of friends. The median cost was $35 per day. The cost could not be determined by 2 addicts.

In general, illegal means were resorted to in order to support these habits. Stealing and breaking and entering was named in 8 cases as a major way of obtaining money. Five addicts sold drugs, 2 female addicts were prostitutes, and 2 of the males were con-men, 2 beggars, 1 a gambler. However, 6 subjects derived part of their income by working in a conventional job, and 3 through their families. Three interviewees claimed their drugs were free, given by friends, and one referred cryptically to underworld connections. Two addicts said only that they had to support their habits any way they could, and one refused to name his means of support. These varied illegal means seemed as much as or more trouble than working for money. As one addict put it, "They'll get up at eight o'clock in the morning and go

out shoplifting and come home at five o'clock—they might as well have a job."

Use of Drugs

Table 1 shows the drugs taken by the addicts in terms of depressant or "down-head" drugs, intermediate drugs, drugs ambiguous or ambivalent in their effects, and stimulant or "up-head" drugs. Greater use of "down-heads" as opposed to "up-heads" by this group is clearly indicated.

The addicts' stated drug preferences shown in Table 2 also indicate a greater interest in down-heads. A typical comment was "I like to nod and I like to be relaxed." On the other hand, the "rush" experienced immediately after injection was also seen as desirable. One addict, asked his preference, said "anything with a rush would be first," and several others complained of the absence of a rush with LSD. The experience of the needle entering the arm was also seen as pleasurable. Several mentioned the blocking out of problems made possible by heroin:

"We have the same problems as anybody else (until we get hooked); it's just that we were introduced to heroin and we found out that we could hide behind it, we could forget all our troubles."

And this was unfavorably compared to LSD as follows:

"Now behind the heroin I don't care about nothing. I don't care about what I did ten minutes ago or what I'm about to do ten minutes from now. I don't care. I don't care about what anybody thinks about me. If I have LSD, I do care, you see, because I feel that it's my own fault. You know, a lot of things aren't my own fault; instead of saying I just don't give a damn, I'm saying 'gee I wish I could change, but I can't'."

Asked to choose among psychedelics, LSD was the first choice of 11, marijuana of 9, and mescaline of 1. Four could not say or had no preference.

Use of Marijuana

Inasmuch as marijuana is said to be used extensively by both heroin addicts and psychedelic users with possibly quite a different "culture" associated with its use in each case, we questioned the addicts closely regarding their use of marijuana. Their responses suggested that a circumspect examination of the two marijuana "cultures" would be of interest.

TABLE 1

Drugs Taken by Addicts

Type of Drug	Number of Addicts Taking Drug		
	Depressant ("Down-Head") Drugs	Ambiguous or Intermediate Drugs	Stimulant ("Up-Head") Drugs
Opiates, narcotics	heroin 25		
	codeine 6		
	morphine 5		
	opium 3		
	laudanum 1		
Synthetic narcotics	Dilaudid 4		
	Demerol 2		
	Dolophine 2		
Exempt narcotics	cough medicine 1		
Non-barbiturate Rx sedatives	Doriden (glutethimide) 2		
Barbiturate Rx sedatives	barbiturates (general) 11		
	Seconal 3		
	Tuinal 1		
Tranquilizers	general 1		
	Miltown 1		
	Dartal 1		
Amphetamines			amphetamines (general) 6
			"bennies" (benzedrine) 3
			"bombitas" (desoxyn) 2
			"Cibas" (Ritalin) 2
Amphetamine-like drugs			
Deleriants		glue 1	
		Carbona 1	
		Belladonna 1	
Mild psychedelics		marijuana 25	
		hashish 6	
Strong psychedelics			LSD 25
			mescaline 8
			peyote 5
			psilocybin 3
			DMT (dimethyltryptamine) 4
			DET (diethyltryptamine) 1
"Other"	nitrous oxide 1		
"All" available drugs	(5 subjects reported use of "all available drugs")		

TABLE 2
Drug Preference (Number of Addicts Preferring Drugs)

Depressant "Down-Head" Drugs		Ambiguous or Intermediate Drugs		Stimulant "Up-Head" Drugs		Indefinites	
Heroin	13	Marijuana	2	Amphetamines	1	Ambiguous (LSD or dilaudid)	1
Barbiturates	2			LSD	3	None	2
						Not given	1

In the first place, marijuana use in the heroin group did indeed appear to be prevalent. Nine subjects reported marijuana as their first illicit drug taken, while all 25 reported using it at one time or another.

Experiences under the drug covered the range of perceptual anomalies typically reported: slowing of time, disconnected thinking, color heightening, delusions, mild hallucinations, spatial distortions, etc.; also mentioned were paranoia, depression, insights, pronounced silliness, etc. However, reaction to these effects was on the whole unenthusiastic. Illusions were seen as frightening or dangerous, laughter as inappropriate or embarrassing, and insights gave rise to guilt in many cases.

Also, while psychedelic users are said to use marijuana to "turn on" their heads, to enhance pleasure in music, food, sex, and so forth, or to produce mild psychedelic effects, such up-head uses were seldom referred to by the addicts. A few heroin addicts referred to marijuana as an up-head, but most called it a down-head. A typical comment was "marijuana is a sort of tranquilizer for me."

Only 8 subjects found the experience (prior to LSD) rewarding to some degree, in the area of better communication with others when "high," increased awareness, and appreciation of the views of other people. Two addicts stated unequivocally that they didn't take to marijuana at all, and the remainder were neutral in their feeling about the drug.

However, following one or more experiences with LSD, 4 subjects reported increased appreciation of marijuana. One said, "I took LSD and I got hep to where marijuana's at. I used to smoke marijuana and fell asleep behind it because I didn't understand it."

First Use of LSD

We asked the addicts to describe for us their first introduction to LSD and first experience with it in some detail.

Previous Information. When asked when they first heard about LSD, 17 of the 25 reported that this took place by word of mouth—from friends, fellow addicts, or at a party. Only 7 first heard of LSD through TV, magazines, or other publications. One had first heard about it in connection with a clinical treatment program for alcoholism.

Reasons for Trying It. As with heroin, curiosity was mentioned by a majority of 17 addicts as the sole reason or one of the reasons LSD was first tried, although one said he took it because it was offered, emphasizing that he was *not* curious. "Will try anything once," "to get high," "attracted to danger," and disbelief of what had been previously heard about LSD were other reasons given. One addict who temporarily couldn't get heroin during a drug panic in New York City, and another who couldn't get barbiturates, took LSD to substitute for preferred drugs. Only one reported that she took it with the hope that the experience might help her with her problem of addiction.

Only 2 of the addicts clearly deliberately sought out the LSD experience; 10 were definitely not seeking it and just happened to take it, while in the rest of the cases it was unclear whether the experience had been deliberately sought.

Expectations. Most of the addicts said that they expected the heightened perceptions, colors, hallucinations and insights often described; "to see things" was a typical expression of this, although one subject reported he expected "oblivion"—a sort of super-heroin, perhaps. Five said they were frightened or afraid of what might happen, one expressing concern about becoming violent. Four thought they might derive some kind of deeper insight and understanding of their problems, and one reported being a little frightened of changing.

Amounts Taken. It is impossible to know accurately what dosages were actually taken; however, 15 of the 25 reported they had taken a full dose of one cube, pill, or capsule on their first experience. The others had first taken as little as "one fourth cube" and as much as 2 capsules. One individual had taken "10 or 12 drops liquid" (possibly 10 or 12 doses) the first time and one other had injected "one half vial" intravenously. Five of the addicts were on heroin when the LSD was taken. All of these reported perceptual changes but 4 did not have very intense experiences; only 1 reported a positive reaction on the whole.

Settings. Only 2 addicts had been alone when they first took the LSD, one of these having taken two capsules at once. Those who were

not alone had been in the company of from one to fourteen other people. Only 4 of these took LSD with others who did not take LSD at the same time.

The subjects had taken LSD the first time in a variety of settings: apartments, restaurants, a cabin in the mountains, in the park, the street, a car and even in a bar. Seventeen reported using a variety of adjuncts to structure the experience including music, perfume, flowers, TV and ultra-violet light. One had a friend take notes on his behavior, 2 specified "precautions against accidents," and 6 could make no comment on "structure," having taken the drug in a restaurant, a tavern, a building, at home or on the street with no special preparation.

Effects. Twenty-four of the 25 reported *sensory distortions;* one said he didn't remember the experience at all. A feature of many of the addicts' accounts of their LSD trip, as well as of a majority of such accounts from many who have had the experience, was of things "coming alive." Flowers, pictures, sounds and images were reported to be suffused with a perfectly sentient and volitional "life of their own." Synesthesia was common: many "saw" music and "heard" objects. Jewels and "colors exploding like fireworks" were spoken of. On the negative side, a girl felt that she had no legs, vomited; a boy reached out and grabbed a daisy: "The thing broke off and started screaming . . . the daisy started attacking me."

In general, the addicts' accounts of sensory distortions experienced confirmed Isbell's (1956) observations that the LSD experiences of addicts do not differ from those of the wide variety of others who have taken the drug.

Fourteen addicts reported *experience of the past* and, interestingly, experiences in the past having to do with mothers were most frequent and always nostalgic. Fathers were only mentioned twice, and then somewhat derisively. One addict reported that he had gone back into his mother's womb and waited a long time for her to "start getting her labor pains." A female addict reported,

> "I started crying and I couldn't understand it, and it was like I'd seen my mother in a room by herself crying, and my father and myself were on the outside . . . we had hurt her, both of us."

Several other addicts reported that what they had been doing with their lives passed before them in review, and that they could see the self and life squandered and that they asked of themselves, "Why don't you stop this?" These experiences suggest that while the addict experi-

ences the past in ways that are similar to the ways in which others in the altered state experience it, he may also have experiences specially characteristic of addicts; for instance, it may be that addicts perceive their parents in a particular way under LSD that persons in other diagnostic categories would not.

On the other hand, the addicts' experience of *detached self-scrutiny,* or standing apart and witnessing the self, was similar to that reported by a variety of illicit LSD users. Fifteen of the subjects had a self-witnessing experience, corresponding to both being and seeing oneself in a dream. One subject reported that the drug ". . . split me right in two. I was there but I didn't look like myself. . . . I was seeing my dark side."

Out of 25 interviewed, only 13 described experiences which might be called psychedelic (such things as feelings of ecstasy or power, love, religion or mysticism). However, a degree of apprehension was often present, plus a reluctance to pursue such matters further: "If I hadn't said my name, I would have just disappeared." Feelings of power usually predominated: "Like I conquered something, like I was invincible."

Several said they got none of the psychedelic feelings the first time they took LSD, but did subsequently. In general, it appeared that psychedelic effects were not part of the expectation of most of these people, and were not necessarily regarded as pleasing when they did occur.

The Addicts' Assessment of Their LSD Experiences

General Reaction to LSD Experiences. We asked the addicts to give us their overall reaction to their LSD experiences, and we have grouped these responses under Positive, Neutral, Negative-Positive, and Negative.

Only 8 of the addicts had a positive overall reaction. In 6 of these cases, LSD seems to have altered the subjects' value orientation through insights into their own problems and personalities. Since taking LSD, their self-images and perspective on other people had significantly altered. "Made me dig myself"; "It shows you just for what you are . . . it's my own fault . . . I didn't have to be so hard"; "It's made me want something out of life which I didn't have before"; "It gave me a lot better understanding, but I can't put it into words. . . . I could put it into my paintings . . . I lost a lot of fear! I never realized about

society much, used to say, 'Well, let them talk,' but now I think society is one of the biggest things"; or "It made me find myself, and if I find myself, maybe I can improve myself." And, in fact, relationships with other people were reported to have improved for this group.

The second largest number of responses (7) fell into the Neutral grouping. Two thought it was like marijuana, only a "bigger bag." Another found it a "mixed bag." Others found it pleasant, somewhat confusing, or having potential, but none of these would go out of their way to get LSD. All of these respondents found it inferior to heroin; specifically, they missed the rush with LSD, and 2 (one male, one female) added that they missed the feel of the needle going in.

Under the Negative-Positive heading, 3 subjects reported one or more "bad" trips preceding a series of "good" trips, while another reported that all of her trips were "half ecstatic and half nightmarish," depending to a large extent on the setting. None reported early positive reactions which became negative with subsequent drug experience.

Among the 4 who responded negatively to the drug, all responded emphatically and with considerable apprehension. The dangers of hurting others or oneself through accident or intention were often voiced, as was generalized fear of loss of control. Change in general was viewed with a lack of confidence in the outcome; typical comments were: "I hated that LSD"; "That cured me (of curiosity about it)"; "This wasn't my stick"; "It isn't useful"; "I shouldn't mess with it"; or, "It could make you change your whole natural way."

Of the 2 remaining respondents, on one the data is missing, and the other "really couldn't say" anything about the drug in a general way.

Effect on Habit. Respondents were next asked if and how LSD had changed their experience with other drugs subsequently taken and/or the size of their habit.

Fourteen said that LSD had not changed their subsequent experience with other drugs at all. Nine said that it *had* changed their experience, and of these, 7 now found considerably less pleasure and excitement with heroin, but continued to find it a necessity. One subject told us that since taking LSD she can't get a high from anything. "It just seems like I just can't get high any more. . . . I shoot stuff without feeling it, and it just keeps me from getting sick." As to size of heroin habit, 4 said they have cut down somewhat since taking LSD, and 2 said that their habit was larger. The rest were unchanged.

Changes in Outlook. Subjects were also asked if they thought LSD had changed their views of themselves or of others. Thirteen reported

that they found their view of themselves definitely changed by LSD, and 8 said the drug had not changed it. A typical comment was "I was another person. It made me think a lot, what I was doing to myself, people who love me and you know, family and all that." With respect to their view of others, once again 13 found it different, and 8 not. One comment was "I know that I can't go against society and expect to live in society, which I didn't know before." Another said, "It made me dislike the junkies . . . rotten cunning liars . . . bleeding people."

Benefits and Harm Resulting from LSD. The addicts were asked whether LSD had (1) benefited them, and (2) harmed them in any way. Eleven replied that LSD had benefited them, 2 said "possibly," and 11, "no." One did not respond to the question.

Benefits mentioned were increased self-understanding, more enjoyment of life, expanded interests, more depth and spontaneity, more ambition, and dislike of their "habit." However, increased self-understanding was not necessarily seen as a benefit. One addict, when asked if LSD had helped her, replied as follows:

> "No, I don't really think so. It just made me more aware that there are two sides of me that are so strong, both sides, and it just makes me realize that one side wants to stop so bad and the other side doesn't want to stop, and I just can't find the answer. If I wasn't aware of it, it would make it so much easier."

Only one addict felt that LSD had harmed him because of a greater dependence on amphetamines since taking LSD. Three others commented that LSD was much more dangerous than other drugs and should be controlled.

Other Users. We asked our subjects how addicts in general felt about LSD, and the response was almost entirely negative. Most addicts, they say, are scared of LSD; only about ten percent would be interested, and these the "wild party ones who go for crazy things." Typical comments were:

> "Nothing else really interests a heroin addict besides heroin. They're like dedicated."
>
> "It (LSD) affects your mind, and a lot of addicts, like they don't want anything that affects your mind, and they'll just use a drug that will make them feel better physically but not mentally, and they won't have anything to do with LSD."

One addict felt that the youngsters among heroin addicts might be more interested, but he said that the old-timers are not curious, and most regard it as a fad.

The addicts related a few accounts of addicts giving up heroin after

LSD, though these were rare. One addict said: "See, I know some guys kicked after they started taking LSD, they take it all the time, they talk about it like it was their mother or something." Another told us of a group of 4 or 5 addicts who started taking LSD and got off heroin, though the leader of the group later had to be hospitalized as he began to act very bizarrely—wearing a large black cape and a gold ring in his nose.

Asked to characterize LSD users, or "psychedelics," a wide spectrum of adjectives were used, some scornful in the extreme, some approving, and often both as seen by the same individual. One girl told us:

"They're definitely out to prove something to society. Addicts, they're not trying to prove anything, it's more like they're running away from something. But LSD users, I think they're saying society does this wrong and that wrong, so they're trying to throw society out."

Another said:

"They're (the acid heads) supposed to be beat for their minds (i.e., a little crazy). They walk on ledges, and they want to kill themselves. For the junkie, they're lower in life than we are."

What is very visible to the addicts is the difference in style of dress, and in this respect they tend to favor their own which more nearly reflects that of conventional society. As one addict put it,

"A junkie's a hipster, silk pants, silk stockings, black shoes. Unless they're real down and out junkies . . . they'll like a sharkskin suit, expensive clothes. Now, with the LSD heads, I would think (they) would have a pair of levis on . . . sandals . . . something written across their shirt."

Conversational styles were similarly compared; one girl told us:

"Well, people on heroin, all they seem to talk about is getting money for the heroin. And a lot of them talk about 'Well sometimes I wish I could get off heroin and maybe find somebody that I love and get married' and all whereas the kids on LSD just mostly talk about going out, and they never mention marriage or settling down or anything like that. And the people on LSD, they're self-centered; they think they're great, and they think they know it all, whereas the people on heroin more or less listen to somebody else."

One addict summarized the effect of this difference in dress style and conversation as follows:

"It's not that I dislike them (the "acid heads"), I give off the wrong kind of appearance . . . and I talk the wrong kind of talk, too, so they figure like I'm either 'the man' or I'm a junkie, and if I'm a junkie, they don't want to associate

with me because I'll bring the man; (and) if it comes down to where I get 'sick,' I'm going to 'beat' them, I'm going to take their money, and they know it."

Relation Between Addicts' Expectations of the LSD Experience and Its Intensity and Consequences

In view of the reputed relationship between expectations and actual experience with LSD, we felt it of interest to examine the relations between expectations of the addicts and the intensity of the experience and its consequences. We have rated the intensity of the experience *high* if it showed richness of sensory anomalies associated with high symbolic content and emotional impact and *low* if superficial or meager sensory changes occurred with little or no perceived significance. The effect on the view of self and others of the addict was rated *high* if alterations in view of self, others, or world in general, resulting in better sense of reality and improved goals, *low* if there was little or no effect on self-image or outlook. The effect on the drug habit was rated as *high* if it lessened addiction, or greatly increased motivation for going off drugs, or *low* if there was no effect on addiction or attitudes about addiction, increase in addiction, or switch in addiction.

The relationships as shown in Table 3 tend to bear out the hypothesis that there is a connection between expectations and consequences.

TABLE 3

Expectations, Intensity and Consequences of the LSD Experience

Expectations	Intensity of Experience		Changes in Perspective		Effect on Habit		Total
	Low	High	Low	High	Low	High	
Fear	4	1	4	1	5	0	5
Sensory changes, or a new "high"	5	5	7	3	7	3	10
Insight, understanding	0	4	0	4	2	2	4
Oblivion	0	1	0	1	0	1	1
No specific expectations	1	4	2	3	2	3	5
Total	10	15	13	12	16	9	25

Five subjects reported that they entered the LSD experience fearfully, and only one of these had a very profound LSD experience. Also only one reported changes in his view of himself or others. There was no report of effects on the drug habit.

Ten subjects reported that they expected sensory distortions, hallucinations, or a new kind of high. Half of these reported an intense reaction to the drug, their experience bearing out their expectations,

saying things such as "I had like television, you know," or "It was like a kaleidoscope." Only 3 of this group reported significant changes in their view of themselves and others, and 3 an effect on their habit.

On the other hand, 4 subjects expected increased insight or understanding, and all of these reported an intense experience, considerable change in their view of themselves and others; nevertheless, only 2 of these noted an effect on habit as a result of the experience. One of these subjects expected to re-experience her past life, listing increased understanding, acceptance, ambition and independence among the results of taking LSD, having also, as expected, relived moments of her childhood.

The subject who said he expected "oblivion" had an intense experience, marked changes in perspective and change in his drug habit following his LSD experience. This addict is our exceptional subject, who says he is permanently high, and is now hospitalized and probably psychotic.

Of the 5 with no specific expectations, 4 had an intense experience, 3 had marked changes in perspective, and 3 noted change in drug habit. Two who said they expected "anything" had experiences which were both good and bad but which "confused" them and left them, in a slightly paranoid fashion, endorsing the drug but with extreme caution.

DISCUSSION

As Isbell's (1956) work indicated, our interviews showed that the LSD experience of the addict was not unlike that of other groups in terms of the presence of sensory distortions, experiences of the past, detached self-security, and psychedelic experience. However, the addict's experiences of the past appeared to reflect a particular type of familial background, while the "psychedelic" effects were not part of the addict's expectations of the experience and were generally poorly received when they occurred.

Our study also suggested that the expectations of the addicts bore some relation to the intensity of their LSD experience, changes in perceptions of themselves and others, and effects on the drug habit. Those who were mainly afraid of the experience seemed to get less from it and to undergo little change, while those few who expected insight and understanding seemed to have more profound experiences, greater change in attitudes, and greater effect on habit. Of those whose major expectations were sensory changes, about half had an intense experience, but there was little effect on attitudes or drug habit. Of

those who did not know what to expect, a majority reported an intense experience, though again there was little effect on attitudes or drug habit.

A majority of the addicts evaluated the experience overall in a neutral or negative way. Although several did report marked changes in their attitudes towards themselves and others and many appeared to have developed increased insight into themselves and better understanding of their problems, this was not necessarily seen as helpful. Some reported that they regretted the clearer view of the meaning of their addictive behavior they now had, which they were also now less able to block out with heroin.

Indeed, the experience had evidently done little in any case to break the pattern of addiction, even though sometimes positive changes in the addicts' attitudes to themselves and others, as well as toward the drug habit, had resulted. It appeared that some of the addicts had been opened up to the possibility of change, but major changes in the addictive behavioral pattern had not in fact occurred. However the attitudinal changes which the heroin addicts reported suggested that LSD might be a useful therapeutic tool with drug addicts in combination with adjunctive therapies.

Thus, while the LSD experience of the addicts was similar to that of other groups, our study in general confirmed informal observations that heroin addicts have a negative attitude to LSD. It was also of interest that only about 7% of the first admissions to the Center had tried it, and only 2 of our interviewees reported seeking it out deliberately. Being with others who happened to have LSD and taking it out of curiosity was the typical situation of first use.

This lack of interest in the LSD experience appeared to relate to the addicts' preference for what they called the down-head rather than the up-head drug experience. It was evident from their history of drug usage that the addicts had made much greater use of down-heads. Also, marijuana, seen as an up-head by many persons, was seen as a down-head by the addicts, though after their LSD experience some addicts reported they now got up-head effects. The stated drug preferences of the addicts also reflected an interest in down-heads, and they explained this preference in comments about "blocking out" life problems.

It interested us that the addicts, who prefer the down-heads, were also predominantly lower class, while according to informal reports and our own observations (Cheek et al., in press) the psychedelics—the up-head users—appear to be predominantly middle class, and this

was evident in the addicts' descriptions of styles of dress and conversation of the two groups.

These class-defined differences in style of dress and conversation clearly function to maintain distance between the two groups. Many of the comments of the addicts indicate that their group and the LSD users are simply impossible mixes. Indeed, as one addict pointed out, this was in part because of the different dress and conversational styles; however, an additional problem was that the psychedelics might interpret the lower class style of the addict to be concealing the identity of another lower class member, i.e., the policeman, "the man." Also, in general, the addict would be received in a gingerly fashion by the psychedelics because of his propensity for violence if unable to get his fix.

Such social barriers between the addict and psychedelic groups would tend to prevent mingling and the transmission of the subcultures to one another. Some of the enmity of the addict group toward the psychedelics and antagonism to the LSD experience might thus be interpreted in social class terms.

However, a further hypothesis might be considered. The lower class addicts said that they liked the down-heads because they blocked out life problems. These life problems, as they described them, appeared to result from their failure to succeed in terms of the values of this society. However, the addicts apparently accepted these values, without reservation, in contrast to the middle class psychedelics who are said to reject the values of this society, but who possibly use the up-head experience of LSD to create a vision of a new world.

Thus, the generally negative experience of addicts with LSD may be seen in part as due to the failure of their group to pick up the psychedelic subculture because of class barriers to social interaction, but also in terms of a class-styled interest in down-head blocking out as opposed to up-head turning on.

SUMMARY

It is rumored that drug addicts have a markedly negative attitude towards LSD-25, tending to avoid the experience in general and disliking it when it occurs. This study was undertaken in order to investigate the truth of this rumor and to examine the grounds for the disaffection, if present. Twenty-five addicts, 20 male and 5 female, hospitalized for treatment of their addiction, who had reported use of LSD on admis-

sion, were interviewed regarding the circumstances of their LSD experience, their reasons for taking the drug, their reactions to the experience, and their view of how other addicts regard LSD.

Confirming previous observations, the actual experiences of the addicts under LSD appeared to be quite similar to those reported by other groups; however, we found the majority of the addicts neutral or negative in their evaluations of the experience, despite some reports of apparently positive changes in their views of themselves and others. A possible explanation for the negative attitudes of the addicts towards LSD was suggested by some further observations with regard to social class differences in the addict and psychedelic groups which could be associated with a differential interest in the use of "down-head" vs. "up-head" drugs.

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