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Psychonaut Neurodiversity

I. Introduction

In May 2018 I embarked on a six-week exploration in Australia, partially funded by the Davidson Honors College at the University of Montana through the Watkins Scholarship. I spent the majority of my time interviewing drug policy and education reform advocates. Most of these interviews took place in Melbourne, Victoria and Hobart, Tasmania, but I also interviewed people in Sydney, New South Wales and Perth, Western Australia. My aim was to use these interviews to build a perspective about what is shaping the drug reform movement in Australia with the goal of freeing up stale academic discussion in drug legalization arguments.¹ Over the last year, I attempted to combine my personal experiences with what I learned from Australian drug reform activists. From this exploration arose the idea of psychonaut neurodiversity.

II. Psychonauts

When I was in high school, I was prescribed extended release Adderall for ADHD. My mom told me to keep it a secret from my friends. I didn't see the harm in merely telling my friends what a doctor prescribed me, so I told them the very first week. After my first dose got me high, it wore off and I crashed into a depression for a few hours. My doctor switched me to instant release, which was perfect because I kept the old script for recreational purposes. I began snorting 5 times my prescribed dose just about every Friday night in addition to taking my new script daily. Then an experienced and very close friend told me this: "This shit is for recreation only." I began saving it for me and my friends on the weekend, snorting a whole week's dose on a Friday night. Then I discovered psychedelics.

One of the most meaningful experiences of my life occurred with my friends while on LSD when I was 17. Additionally, an experience on a substance commonly sold as LSD, 25I-

NBOMe, was one of the most terrifying and powerful experiences of my life. Among other things, I realized that I was important and that real friends are irreplaceable. I stopped picking up my prescription for Adderall and started learning about psychedelics via online drug forums, such as bluelight, and unbiased drug information sites, such as Erowid.^{2,3} I saw much value in the proper use of certain illicit drugs, such as psychedelics, but I also saw the harms some people close to me were experiencing from their substance consumption. That experienced friend? He overdosed on crystal meth. He is okay now, but his heart will never function as well as it did before. Worse still, my parents are now the caretakers of my niece and nephew because my sister cannot take care of herself, let alone two young kids. Methamphetamine is one of largest factors behind this because it puts her into a state of debilitating paranoia.

I often think: What if I never found psychedelics? Would I have continued to abuse my prescription? After I got tired of that, would I have turned to other stimulants, such as crystal methamphetamine? Or, nearly as bad, would I still be dependent on Adderall, a drug that makes me feel crazy? The only stimulants I have ever regularly used are caffeine and nicotine, so obviously I don't need Adderall. All I know is that I replaced the pharmaceuticals in my life with cannabis, a few psychedelic trips a year, and Yerba Mate. I break the law regularly in pursuit of better mental health without regret.

I am not alone in this pursuit. There are many people like me. We call ourselves psychonauts. We are sailors on the seas of alternate ways of experiencing reality. We are different, but not as much as you may think. We like to go through difficult experiences that require skill to get through, similar to mountaineers. It involves becoming intimate with something larger than oneself, just as becoming a good mountaineer involves becoming intimate with a mountain. I met many psychonauts in Australia, and they are all over the US. Many of us

point to a psychedelic experience we have had as one of the top five most meaningful experiences of our lives; it's right up there with the birth of a child for some. Furthermore, LSD is not just for dedicated psychonauts, there are also people who have only used a psychedelic once and consider it to be one of the most meaningful experiences of their life.

III. Neurodiversity

I learned in Australia that the goal of drug education under a harm-reduction framework is to raise as many different ways of experiencing reality to functionality. This is the essence of neurodiversity.

Consider coffee. Some people drink it. Some people don't. Are the people who don't drink coffee any better off than the people who do? One may argue that non-coffee drinkers don't have to rely on a substance to get their day going, so they're better off. This is a weak argument because we all depend on something to start and get through our days.

Maybe it's yoga. Maybe it's a cold shower. Maybe it's a walk. Maybe it's a dog. Maybe it's kids. Maybe, it's nothing they can point to; they just wake up and get through their day. Maybe it's 10µg of LSD. What it comes down to is this: the fact that two people are in a room together at 9am to work, play, or chat, is more important than whatever their morning routine consisted in, so long as the routine is efficient or right enough for each person to put them in the right state of mind to tackle the day.

Microdosing LSD is interesting for exactly this reason. Many people microdose daily. It is a part of their morning smoothie. I never have, but for many, it basically replaces coffee. It is most likely cheaper than coffee, for it requires 10-30µg of LSD, which would cost about 1 dollar on the street, whereas a latte is 3 dollars. It is arguably healthier than coffee, because, although you would have to drink a lot of coffee, caffeine can be pharmacologically fatal, whereas LSD

cannot.⁴ LSD is also likely less impactful on the environment because it doesn't involve collecting plant material and shipping it halfway around the world. The synthesis of LSD could involve ergot, a fungus, but it can also be made purely synthetically.⁵

Cost and immediate danger are not issues if both are used properly. What is the issue, then? The long-term effects and underlying mechanisms that could be harmful are. This is where we should look to science because it is good at figuring these things out. In addition to whatever science says, it seems safe to assume that microdosing LSD is not for everyone. Or at least, given that not everyone uses coffee, it is probably not the case that everyone's best life is expressed through the daily use of small amounts of LSD. Others, like me, may use it less frequently, perhaps once a month or so, but at higher doses. Still others may not wish to use any.

If a person has a relationship to LSD that is either comparable to coffee or a pharmaceutical to gain better mental health, what are we to say? That it is wrong because it's illegal, which just means that it's wrong because it's wrong? There is no scientific backing to the legal status of LSD. Once again, the view of science is that LSD is not pharmacologically fatal. Nor is it addictive.⁶ Yet, it is a schedule one drug, which means the government wants us to believe the opposite. It is not totally innocuous, though. With LSD, and psychedelics in general, the worry of science is that it could cause Hallucinogen Persisting Perception Disorder (HPPD) or play a role in contracting a serious mental illness if the person is predisposed or uses it improperly.^{7,8}

These are important issues that require proper research. But when so many people use LSD without getting PTSD or schizophrenia, the only thing the prohibition of LSD seems to express is our society's inability to accept neurodiversity. We should aim to reduce the harms of its use through proper education rather than suppressing alternate ways of experiencing the

world. By scheduling LSD as a dangerous drug with a high potential for abuse, we spread misinformation. We create a new and odd need: harm-reduction with respect to our drug laws themselves. We are left begging the question: Are the US government and big pharma intent on suppressing neurodiversity by forcing things like Adderall onto people who might otherwise develop alternative ways of experiencing reality that are just as functional in society?

When it comes to educating children about drugs in general, psychedelics should be treated differently; however, in Australia, many of the people involved with drug education and policy reform consume licit and illicit drugs regularly. They see the essence of the problem as deeper than distinguishing between classes of drugs; it is that current drug education doesn't acknowledge the positive experiences of people who use drugs. Furthermore, they don't see any reason that our everyday consciousness should be the only or even the best way to experience the world. This is the cry for the acceptance of neurodiverse individuals. What this gets at for the radical drug reformers in Australia is that sobriety is a construct designed to keep people medicated with pharmaceuticals. For, you're only sober if you restrict the drugs you take to ones a doctor prescribes.

Perusing the web before I went to Australia, it looked as though, for the most part, all of Australia had embraced harm-reduction. I learned that this was not the case, except for possibly in Tasmania. Tasmania is an island territory of Australia just south of Melbourne where many primary and secondary schools use a tailored curriculum that appears to truly align with harm-reduction principles. The curriculum is developed with the help of a government funded organization, Drug Education Network. The rest of Australia's youth get a drug education that is harm-reduction in name only and is still abstinence-based.

Harm-reduction is very simple, and is really a common sense approach to drugs. Its essence is that, since directly reducing use significantly is impossible, as has been shown by the failure of DARE and the drug war, we should aim at reducing harm first. It was born out of the outbreak of HIV that was largely credited to improper injection practices, including needle sharing between people who inject drugs.⁹ Today, harm-reduction organizations are beacons of hope for all drug users because they are places to get a sterile kit for injecting as well as a smile without condescension borne out of stigma. Harm-reduction today involves education and support to reduce the harms caused by drugs and by the drug policies themselves. In Missoula, I am an intern at Open Aid Alliance, which is a non-profit organization that provides these harm-reduction services and more.

IV. Conclusion

Connecting to something bigger than yourself is meaningful. When people have a meaningful experience, whether it's hiking a mountain or consuming LSD, we must respect what they say because they know best about their life experiences. We do not expect mountaineers to work in an office, we merely expect that they climb within their abilities and have the proper education; however, we expect psychonauts to conform and, in doing so, we suppress neurodiversity. We tell them to pretend LSD doesn't exist, even though it is surely one of the cheapest ways to have a meaningful experience at just three dollars a hit. In spite of its prohibition and the pressure to conform to social norms, psychonauts refuse to go into a closet. They are the underground part of what is being called the psychedelic renaissance. In the US, part of this renaissance is happening on front pages through the efforts of organizations such as the Multidisciplinary Association for Psychedelic Studies (MAPS), which is conducting studies with MDMA.¹⁰ In fact, MDMA assisted psychotherapy for treating veterans with PTSD is in

Phase-3 clinical trials with the FDA and it has been given the potential breakthrough treatment designation by the FDA.¹¹ In Australia, I learned that this renaissance goes beyond MAPS and the US. It is an international awakening. I leave you with a thought experiment: Imagine mountaineering were illegal. What would be lost? And for what reason?

Notes

¹ For example, Corlett, J. A. (2013). Taking Drugs Very Seriously. *Journal of Medicine and Philosophy*. doi:10.1093/jmp/jht002 presented a critique of arguments for and against legalization based largely on economic considerations. It has received no published responses. From his abstract: “Neither anti-illegal drug proponents nor their detractors have wholly plausible arguments for their positions, because neither takes responsibility for drug use sufficiently seriously.”

² Bluelight.org is a forum for people to have honest discussions about drugs and drug use. People share their experiences as well as research in order to learn from each other and build a community.

³ Erowid.org, from their Mission Statement, “is a member-supported organization providing access to reliable, non-judgmental information about psychoactive plants, chemicals, and related issues.”

⁴ From https://www.erowid.org/chemicals/lsd/lsd_death.shtml, “In his 2001 book ‘Illegal Drugs: A Complete Guide to Their History, Chemistry, Use and Abuse’, Dr Paul Gahlinger states ‘LSD is not toxic in the biological sense.’. A 2008 review of the scientific literature titled “The Pharmacology of Lysergic Acid Diethylamide: A Review”, by Passie et al. gives the number of pharmacological fatalities from LSD as zero: ‘There have been no documented human deaths from an LSD overdose.’ Gahlinger, P. M. (2004).”

⁵ <https://erowid.org/archive/rhodium/chemistry/lsd-buzz.html>

⁶ Fantegrossi, W. E., Murnane, K. S., & Reissig, C. J. (2008). The behavioral pharmacology of hallucinogens. *Biochemical Pharmacology*, 75(1), 17-33. doi:10.1016/j.bcp.2007.07.018

⁷ Nichols, D. E. (2004). Hallucinogens. *Pharmacology & Therapeutics*, 101(2), 131-181. doi:10.1016/j.pharmthera.2003.11.002

⁸ From the abstract of Halpern, J. (2003). Hallucinogen persisting perception disorder: What do we know after 50 years? *Drug and Alcohol Dependence*, 69(2), 109-119. doi:10.1016/s0376-8716(02)00306-x

“‘Flashbacks’ following use of hallucinogenic drugs... are recognized in DSM-IV as ‘Hallucinogen Persisting Perception Disorder’.”

⁹ Syringe exchanges have been proven to help with the HIV crisis. See: Abdul-Quader, A. S., Feelemyer, J., Modi, S., Stein, E. S., Briceno, A., Semaan, S., . . . Jarlais, D. C. (2013). Effectiveness of Structural-Level Needle/Syringe Programs to Reduce HCV and HIV Infection Among People Who Inject Drugs: A Systematic Review. *AIDS and Behavior*, 17(9), 2878-2892. doi:10.1007/s10461-013-0593-y

¹⁰ MDMA is commonly called Ecstasy in non-scientific settings.

¹¹ <https://maps.org/research/mdma>