DOWN THE RABBIT HOLE: AN ANALYTICAL CRITIQUE OF THE UNITED STATES' GOVERNMENT INTERFERENCE IN PSYCHEDELIC THERAPY RESEARCH

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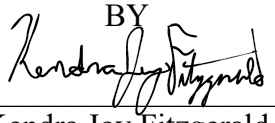

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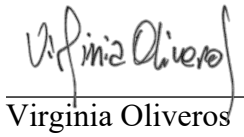

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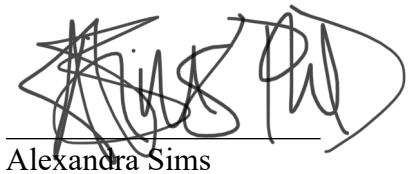

Alexandra Sims
Third Reader

Kendra Fitzgerald. Down the Rabbit Hole: An Analytical Critique of the United States' Government Interference in Psychedelic Therapy Research.

(Professor Raymond Taras, Political Science)

This thesis analyzes how and why the United States' government and its agencies restricted psychedelic therapy research despite promising medical findings. By examining a wide range of literature, this thesis provides evidence that control and greed are two main variables in the U.S. government's relationship with psychedelics. Thus, it confronts how political goals of the government do not coincide with the best interests of the people, catalyzed by desires for financial and political gain, leading to maintained control over a population. Chapter 1 outlines the psychedelics LSD, psilocybin, and MDMA, providing an overview of the history of medical findings on these drugs. Chapter 2 discusses how the pattern of control between the government and psychedelics emerged from CIA mind control operations, eventually expanding the pattern of control to analyze how psychedelics were criminalized as they signified loosened control over the population. Chapter 3 portrays how the pattern of control established in Chapter 2 allowed for greater governmental financial and political gain, examining the role of the pharmaceutical industry in maintaining control over psychedelic research. Chapter 4 provides a clear, concise discussion about the prior three chapters and follows the intertwinement of greed and control throughout the thesis. Chapter 4 highlights the future of psychedelic therapy, remarking upon positive advancements that have occurred despite adversity in the field. Ultimately, the United States government and its agencies have been motivated by control and greed in regulating psychedelic therapy research, slowing down progress despite positive medical findings. This thesis adds to qualitative studies on government involvement throughout the psychedelic renaissance.

Acknowledgements

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Finally, I thank all my friends who have listened to me talk endlessly about this thesis for the past year, supporting me each step along the way as they do in all walks of life. Every experience we've shared and anti-authoritarian sentiment we've discussed has directly inspired this project. You are my favorite people; I am so thankful you are all in my life. And to Elva Rothman, who spent *four hours* reading my final draft—your effort never goes unnoticed.

In Memory of Michael S. Capone

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INTRODUCTION

Psychedelic drugs have a tumultuous history in the United States. Approximately seventy years ago, drugs such as LSD, psilocybin, and MDMA began to gain traction in the country, being used in a variety of ways. Researchers and doctors explored their therapeutic effects, the CIA ventured into the world of mind control[1], and followers of the counterculture movement used psychedelics as a way to break free from an authoritative world. However, within a decade or so of their introduction, psychedelics were prohibited one by one. They were classified by the DEA (Drug Enforcement Agency) as "Schedule I Drugs": meaning they had no medical use, were unsafe in medical settings, and had high potential for abuse.[2]Research into these drugs abruptly stopped and efforts to continue examining their usefulness in mental health treatment were halted, even though results up until this point were extremely promising.[3] Within the past two decades, scientists have slowly begun to receive government approval for studies regarding psychedelic therapy treatment again[4]. The resurgence of studies is accompanied by new laws throughout the country, decriminalizing or legalizing varying psychedelics, whether for medicinal or recreational use. [5]

This thesis looks to answer why and how the United States' government prohibited psychedelics even though medical research was promising. This thesis claims that the desire to control a population and greed were two main variables that led to prohibition and continued to hinder widespread, rapid medicalization. Each action carried

[1]Linville (2016)
[2]Department of Justice (2021)
[3]Carhart-Harris & Goodwin (2017)
[4]Carhart-Harris & Goodwin (2017)
[5]Noorani (2019)

out by the U.S. government, specifically its agencies and legislative bodies, shows their desire to maintain a deep level of control over constituents and greed in making decisions that only benefit their own interests.

Chapter One of my thesis sets a background for analysis, defining psychedelics then comparing original and modern findings in therapeutic research. Chapter One shows that the benefits of psychedelic therapy have been known since the introduction of psychedelic drugs in the clinical community. Chapter One raises the question as to why psychedelics were scheduled so harshly in the face of opposing scientific data. Chapter Two begins by arguing control has been a main factor in the government's relationship with psychedelics, primarily by analyzing CIA Operations ARTICHOKE and MK Ultra. Chapter Two further shows how the desire to control a population shifted by discussing how the counterculture movement catalyzed the beginning of the prohibition era and created the DEA. Chapter Three discusses control and greed by examining how government policy benefits the pharmaceutical industry, favoring more harmful, normative therapeutic drugs. Chapter Three provides evidence that the government directly favors the interests of the pharmaceutical industry, as medicalization of psychedelics is not attractive to the industry.[6] Chapter Three primarily argues that due to greed, governmental control surrounding psychedelics has been maintained and overlooked by government members as their interests lie in political advancements. Finally, Chapter Four ties together the three prior sections, drawing a clear and concise picture of control and greed carried out by the United States government which has been responsible for its negative relationship with psychedelic therapy. Chapter Four

[6] McDowell (2019)

ultimately argues that control was the foundation of the U.S. government's relationship with psychedelics, transforming alongside political and social context, and it has been preserved by the desire for financial and political gains. Chapter Four also provides a more uplifting look into the future, as recent legislation, some taking place throughout the course of this research, opens more opportunities for psychedelic therapy research.

By compiling and analyzing information regarding these areas, this thesis ultimately concludes that the United States' government slowed down research that had continuously proved useful in therapy treatments for their own political gain.

In order to test both governmental control and greed, the thesis analyzes varying bodies of literature including journal articles, independent studies, meta-analyses, clinical trials, government documents and Senate manuscripts, news articles, and books. Other researchers have examined the question concerning why psychedelic prohibition was halted, yet studies up to date focus on different factors. The majority of studies conclude that psychedelic research was restricted as a result of insufficient medical validity in trials, growing stigmatization due to counterculture, and racism.[7][8][9]McDowell touches upon aspects of control as they discuss psychedelic therapy in the context of overall United States drug control, specifying that psychedelic control was another result of discrimination against marginalized groups, now yielding obstacles in research.[10] While their research provides valuable contributions to this thesis, it does not deeply analyze the way control is intertwined with governmental discrimination and does not emphasize the role of the pharmaceutical industry. Similar to McDowell, Marlan and Belouin cite a

[7] McDowell (2019)
[8] Marlan (2019)
[9] Belouin & Henningfield (2018)
[10] McDowell (2019)

growing disdain for Harvard's Timothy Leary and counterculture as motivations for the government to stop research.[11][12] Marlan also portrays how the government justified its actions by looking at the invalidity of certain clinical trials, emphasizing trials which did not meet modern standards.[13] Moving away from notions of racism and governmental control, authors such as Noorani[14] and Hall[15] focus on poor outcomes in clinical trials and recreational settings, and claim that the government was acting in caution considering much research could be unreliable. Hall furthers this point by looking towards an overall shift in pharmaceutical regulations as being government motivators and does include the notion that pharmaceutical industries lacked interest.[16] Still, Hall does not emphasize control nor greed in their discussion of Big Pharma's role in prohibition. In some cases, authors have gone as far to expand arguments like Hall's and claim that psychedelics were not victim to prohibition whatsoever, rather the product of intense pharmaceutical regulation.[17] Attempts to answer the question of why and how the government halted research insofar have failed to look at the overarching variables of control and greed. Research has analyzed aspects of control but not followed the pattern and its shifts throughout history. Moreover, most research heavily relies on the government justification of psychedelic stigmatization in answering this question. Like control, greed is mentioned but briefly in relation to another contextualization of the problem. Overall, other research is beneficial in supplementing this thesis' conclusion but

[11] Marlan (2019)
[12] Belouin & Henningfield (2018)
[13] Marlan (2019)
[14] Noorani (2019)
[15] Hall (2021)
[16] Hall (2021)
[17] Oram (2016)

does not encompass control nor greed in entirety and therefore fails to confront the core issue.

CHAPTER ONE

Defining Psychedelics

In order to delve into the world of psychedelics, an understanding of these drugs is imperative. By fostering a better understanding of what exactly psychedelics are, and those commonly used in therapeutic practices, the negative construal created by the U.S government surrounding these drugs can be battled. Psychedelics and hallucinogens are often grouped together under the outdated definition as a substance which primarily produces hallucinations--something which only occurs in large doses of the drug.[18] However, a more modern definition of both psychedelics and hallucinogens focuses on the chemical makeup as well as effects of said drugs. Chemically speaking, psychedelics are drugs which principally affect the brain neurotransmitter serotonin, having a similar chemical structure to that of serotonin.[19] Hallucinogens known as empathogens, on the other hand, are not technically psychedelics due to differing chemical makeups, but give similar effects of increasing empathy, relatedness, and connectedness.[20] Due to the relevance of hallucinogenic empathogens in therapeutic studies of hallucinogenic psychedelics, it is imperative to include this classification for a full understanding of therapeutic psychedelics. Societal use of psychedelics has given a more holistic definition of the effects of these drugs. Researchers have defined psychedelics by their ability to create an altered mental state in the user[21], a state which allows the user's mind, "to see more than it can tell".[22] Moreover, these altered states of consciousness often align with

[18]Nichols (2016)
[19] Nichols (2016)
[20]Alcohol and Drug Foundation (2021)
[21] Nichols (2016)
[22] Freedman (1968)

positive effects such as increases in prosocial behavior, empathy, creativity, and personality traits.[23] The psychedelic experience, or 'trip', that users undergo essentially invites the mind to enter into a different state, one that often allows the user to experience a burst of positive emotions and traits. While tripping, or experiencing psychedelics, can occur both religiously and recreationally, this thesis will focus only on the medicinal usage of these drugs.

Multiple types of psychedelics and empathogens exist. Some of the most known, or 'Classic Psychedelics' include ayahuasca, DMT, mescaline (also known as peyote), psilocybin, and LSD[24]. Meanwhile, MDMA holds first place for the most well-known empathogen.[25] However, for the scope of this thesis, the three drugs that I focus on will be those primarily used for therapeutic reasons: LSD, psilocybin, and MDMA. To better understand the effects of the drugs used most often in treatments, a more in-depth examination must first be conducted.

LSD, or d-lysergic acid diethylamide, and its effects were discovered unintentionally by Albert Hoffman in 1943, a Swiss chemist who ingested a large dose of LSD himself while researching the substance.[26] After ingesting the drug, he experienced intense effects, ranging from a 'dreamlike' state to feelings of anxiety and despair.[27] Taking around 30 minutes for users to begin feelings the effects of LSD[28], a typical trip can last anywhere between 6 and 15 hours.[29] Throughout this time period, users undergo

[23] Jungaberle (2018)
[24] Marlan (2019)
[25]Nichols (2016)
[26]Ulrich & Patten (1991)
[27]Ulrich & Patten (1991)
[28] Nichols (2017)
[29] Marlan (2019)

"insightful and pleasurable experiences that enabled them to better understand themselves and their relationships of the world,"[30]. Throughout the 1960s, LSD popularized rapidly as a recreational drug and marker of the counterculture movement,[31] catalyzed by characters such as Timothy Leary, a Harvard psychologist who researched LSD and revolutionized its societal conception[32]. The prohibition of LSD by the United States government will be further examined in Chapter Two, but its illegality did not stop people from tripping--1 in 10 people in the United States have used LSD in their lifetime.[33]

Psilocybin, colloquially known as 'magic mushrooms' or 'shrooms', is the main psychoactive ingredient in a set of mushrooms that produce psychedelic effects.[34] Psychedelic mushrooms have been used for thousands of years, mainly for religious reasons, among different indigienous communities in Central and South America, with certain regions still using the drug for spiritual practices.[35][36] Its effects take place within 20-40 minutes, however, a mushroom trip only lasts for 6-8 hours in comparison to LSD's 12.[37] Similar to LSD, users who ingest psilocybin experience dreamlike states characterized by euphoria, altered self-perception, and occasional anxiety in negative settings.[38] Western interest in psilocybin grew in the 1950s[39][40], with LIFE Magazine

[30]Ulrich & Patten (1991)
[31] Marlan (2019)
[32] Ulrich & Patten (1991)
[33] Nichols (2017)
[34] Tyls et. al. (2014)
[35] Tyls et. al. (2014)
[36] Marlan (2019)
[37] Tyls et. al. (2014)
[38] Tyls et. al. (2014)
[39] Tyls et. al. (2014)
[40] Marlan (2019)

even referring to magic mushrooms as 'divine' in 1957.[41] However, although demonized in society as well, psilocybin did not have as big a public impact on counterculture as LSD[42], perhaps a reason for leniency in current decriminalization policy surrounding psilocybin in certain U.S. cities[43].

MDMA, or 3,4-Methylenedioxymethamphetamine, a popular rave drug known colloquially as ecstasy or molly, was first researched by psychedelic therapists following the prohibition of LSD and psilocybin.[44] Like LSD and psilocybin, its effects take place in around 30 minutes, however, they last shorter with an MDMA experience being only 3-5 hours.[45] Users of MDMA report feeling empathy and closeness with those around them[46], along with feelings of euphoria and openness.[47] While many studies occurred in the medical community throughout the 80s, its growing popularity as a party drug prompted the DEA to prohibit MDMA in 1985.[48] As seen in the usage of LSD and psilocybin, although MDMA was banned, its recreational usage did not decrease with prohibition.

Medical Research on the Use of Psychedelics in Therapeutic Treatment

Before answering why the United States halted research and looking at their role in prohibition, it must be shown that research has yielded consistently promising results. Once the validity of research has been established, the remaining portions of the thesis discuss why the United States rejected reputable science. I organize the research

[41]Wassen (1957)
[42]Marlan (2019)
[43] Wang (2021)
[44] Sessa et. al. (2019)
[45] Drug Policy Alliance (2021)
[46] Sessa et. al. (2019)
[47] Drug Policy Alliance (2021)
[48]Sessa et. al. (2019)

presented as pre-prohibition (1950-1970 for psilocybin and LSD; 1997-1985 for MDMA) and current findings, or research that has surfaced following subsequent governmental approval in the 1990s and 2000s.

Pre-Prohibition Research

LSD and psilocybin were the first of the three psychedelics discussed in this paper to be used alongside psychotherapy to alleviate mental illness.[49] LSD, in particular, showed promise as a treatment for alcoholism, with many studies in Canada showing positive results.[50] Mangini analyzes a study conducted at Hollywood Hospital in Vancouver which showed 49% of alcoholics who formerly had bleak prospects in terms of treatment plans as 'much improved' following LSD assisted psychotherapy sessions.[51] MacLean's[52] study also showed that an additional 25% of participants showed improvement in general over the same time period of approximately 9 months post treatment. Mangini reviewed other Canadian studies between 1952 and 1963 that yielded similar preliminary results that showed LSD had a positive impact in the treatment of alcoholism, even in cases otherwise untreatable.[53] In a similar review, Krebs & Johansen[54] examine several studies conducted in the 1950s and 1960s involving LSD treatment efficacy for alcoholism, concluding that a single dosage of LSD is correlated with a decrease in alcoholic tendencies. Criticism of many studies involving LSD and alcoholism in the pre-prohibition era points out that there are issues with defining variables, controlling variables, and ethical questions in general regarding the

[49] Carhart-Harris & Goodwin (2017)
[50] Mangini (1998)
[51] Maclean et. al. (1961)
[52] Maclean et. al. (1961)
[53] Mangini (1998)
[54] Krebs & Johansen (2012)

research.[55][56] However, a 1969 controlled study by researchers in California confirmed preliminary findings, showing that after 2 months of LSD assisted treatment, former alcoholics showed significant improvement.[57] Overall, before LSD was classified as a Schedule One drug, its efficacy in the treatment of alcohol when administered correctly is apparent. Even with lapses in the scientific validity of certain studies, the overwhelming amount of positive research showed that with proper investigation LSD should at least be seriously considered in treating alcoholism.

LSD and psilocybin also displayed promising results as treatments for depression and anxiety disorders before their prohibition.[58] In a meta-analysis of studies between 1949 and 1973 conducted by Rucker et. al, the authors find that 79.2% of individuals in the studies exhibited positive improvement following psychedelic assisted therapy.[59] Perhaps the most important studies examined are the Spring Grove State Hospital studies which occurred prior to prohibition and were the best controlled studies.[60] Throughout the 60s, researchers at the Maryland hospital found that 81% of study participants who suffered from various psychiatric disorders consistently improved following LSD assisted psychotherapy.[61] While the 1973 study conducted by the same researchers occurred after prohibition, it is important to mention for it was the only study which followed modern control standards along with portraying an improvement in psychiatric symptoms.[62] Again, it is seen that prior to prohibition science consistently yielded positive results that

[55] Mangini (1998)
[56] Carhart-Harris & Goodwin (2017)
[57] Hollister et. al. (1969)
[58] Rucker et. al. (2016)
[59] Rucker et. al. (2016)
[60] Rucker et. al. (2016)
[61] Savage et. al. (1966)
[62] Savage & McCabe (1973)

should have been further explored, however by 1970 both LSD and psilocybin were prohibited and experiments were halted.[63]

MDMA assisted psychotherapy primarily took place in the United States between 1977 and its ban in 1985.[64] In reviewing the methods and outcomes of studies they conducted from 1980-1985, Greer and Tolbert discuss that MDMA allowed people in individual and group therapy to become more open, assisting clients in assessing their traumas in a more productive way.[65] Emphasizing the need to properly prepare and guide individuals, the authors mention two case studies in which individuals had more emotional autonomy and control following MDMA therapy sessions, with one individual even able to mentally subdue physical pain following MDMA treatment.[66] The results Greer and Tolbert examined could be seen across MDMA research, with testimonies by psychiatrists during MDMA's DEA scheduling pointing towards the immense medical potential MDMA had.[67] For example, Richard Ingrasci, a pioneer of MDMA therapy research testified on behalf of multiple patients who were able to overcome PTSD, depression from terminal illness, and marital divorce following MDMA assisted therapy--despite numerous, previous failed attempts at treatment.[68] Similarly, Dr. Joseph J. Downing testified that his research showed no negative effects of MDMA assisted treatment, and five of his eight patients mentally improved considerably, most recovering from a traumatic experience.[69] Greer, Ingrasci, and Downing are just some of the few

[63] McDowell (2019)
[64] Passie (2018)
[65] Greer & Tolbert (1998)
[66] Greer & Tolbert (1998)
[67]Stuart (200)
[68] Ingrasci (1985)
[69] Downing (1985)

whose research expressed the medical value of MDMA[70], but the drug was scheduled negatively, regardless.

As discussed above, the largest issues with pre-prohibition psychedelic therapy research were the validity and reputableness of studies. Still, literature and medical documents consistently show positive or promising results. Moreover, scientifically valid studies that occurred during the pre-prohibition era were disregarded even though they corroborated other findings. Each psychedelic exhibited a baseline level of medical value, especially in cases where other treatments were unsuccessful, yet was classified by the U.S. government as having none.

Current Findings

Following the classification of LSD, psilocybin, and MDMA as Schedule One drugs, research involving these drugs halted, federal and private funding for studies stopping.[71] However, beginning in the 1990s, studies involving psychedelics slowly began gaining FDA approval and groups such as MAPS- Multidisciplinary Association For Psychedelic Studies-began privately funding research.[72] As more and more studies are conducted, promising results that mirror those in the pre-prohibition era show the efficacy and medical value of psychedelics in therapy. [73] Moreover, these studies meet modern standards for psychiatric research.

LSD and psilocybin have again been found to significantly decrease cravings for alcohol and increase abstinence in alcoholics, as seen in a 2015 study.[74] Psilocybin has

[70] Passie (2018)
[71] Noorani (2019)
[72]Williams (1999)
[73] Tupper et. al. (2015)
[74] Bogenschutz et. al. (2015)

been reported in multiple studies as greatly diminishing both anxiety and depression in chronically ill patients,[75][76][77]with some overwhelmingly crediting psycolcibin to their sustained positive life changes four and a half years later.[78]A 2010 pilot study involving terminally ill cancer patients saw patients improve their mood, reduce depression, and reduce their anxiety-results showing significance between 1 and 6 months following the introduction of psilocybin treatment.[79] Two 2016 studies further confirmed the findings of the 2010 study, each randomized trial yielding quick and sustained positive outcomes, with a reduction of anxiety and depression across the board after treatment.[80][81] Rat studies involving LSD further corroborate previous human studies surrounding the efficacy of treatment in anxiety and depression, with multiple studies showing sustained improvements in coping strategies, cognitive functioning, and learning loss associated with depression.[82] MDMA assisted therapy has proven to be extremely effective in treating PTSD, with a MAPS manual outlining how the drug aids therapy sessions by allowing the patient to be more open and rational while working through trauma.[83] In fact, one study showed that 83% of patients experienced a 30% reduction of PTSD symptoms, with some patients no longer being classified as having PTSD following treatment.[84]

[75] Grob et. al. (2011)
[76] Griffiths et. al. (2016)
[77] Ross et. al. (2016)
[78] Lu (2021)
[79] Grob et. al. (2011)
[80] Ross et. al. (2016)
[81] Griffiths et. al. (2016)
[82] De Gregorio et. al. (2021)
[83] Mithoefer (2015)
[84] Tupper et. al. (2015)

Research on the benefits of psychedelic therapy is continuously growing, exemplified by the numerous steps forward taken in the field in 2019.[85] A preliminary study involving the treatment of alcoholism with MDMA showed promising results, seven U.S. research sites are studying the effects of psilocybin on depression, and a new Johns Hopkins research center plans to study psychedelics effects on Alzheimer's, among other diseases.[86] A 2020 Johns Hopkins study conducted using psilocybin found that over half of the patients were considered to be in remission from depression four weeks after treatment,[87]and in 2021 a MDMA study on PTSD passed the final phase of testing needed before being considered a new medicine.[88]

LSD, psilocybin, and MDMA have either shown immense promise or have been proven effective in the treatment of varying mental illnesses. Pre-prohibition research displayed evidence of efficacy that deserved further clinical exploration, especially considering that current findings corroborate the promising results of preliminary research. Once psychedelics were allowed to be studied again, their benefits were noticed almost immediately as the science remained true. So, here enters the following questions: why, in the face of promising medical research, did the U.S. government restrict exploration into these drugs? And why is progress still slow, in the face of overwhelming, positive evidence?

[85]Aday et. al. (2020)
[86] Aday et. al. (2020)
[87] Johns Hopkins Medicine Newsroom (2020)
[88] Mitchell et. al. (2021)

CHAPTER TWO

From the beginning of CIA mind control operations to the creation of the DEA by the Nixon administration, there has been a pattern of control and greed in the U.S. government's actions regarding psychedelic research policy. Despite promising medical research, the government increasingly harshened regulation of psychedelics throughout this period, with the exception of MDMA which was not prevalent in this time. This chapter analyzes historical literature and journal articles on CIA operations, CIA documents, and Senate testimony to explain why this pattern first began. By the end of this chapter, it is evident that the United States government was only interested in psychedelic research that benefited their own political advancements, including controlling others. Furthermore, it is seen that when psychedelics yielded the opposite result within the population than what was desire by the government, control tactics shifted in order to maintain the government's path to increasing political gain.

Mind Control and Project MKULTRA

Control and greed are the foundational pieces to the U.S. government's relationship with psychedelic drugs, evident by the government's own use of psychedelics for inhumane research. Interest in the governmental use of psychedelics stemmed from an eagerness to delve into the world of espionage and control, resulting from motivators associated with the Cold War.[89] Following World War II, the United States was a major actor in both the Cold War and Korean War, and attempted to Westernize the world, create a global free-market, and hinder the spread of communism.[90] Notable characteristics of the United States during this era include a

[89] Linville (2016)
[90] JFK Library (n.d)

heavy militarization of the U.S army, economic goals to increase global trade, and military intervention in countries where communism was deemed a threat, as seen in the case of Korea.[91] Essentially, the Cold War is an example of the United States struggling for power, highlighted through their attempted global indoctrination of Western ideas and economic policy. Control as an overall goal was evident throughout the Cold War era, as the United States sought to impose their way of rule upon other countries throughout the world, resorting to violent wars and bolstering their arsenal to do so. Moreover, greed is another obvious driver of the Cold War, seen through the United States pushing a form of global economy that keeps the wealthy in power, ultimately benefiting the United States regardless of its effects on different countries. Considering that psychedelic use by the U.S. government flourished and became consequentially obsolete in this time period, control and greed are intrinsically intertwined with the way psychedelics were first introduced to the public by the government.

Influenced by Nazi experiments in which an SS officer gave prisoners the psychedelic drug mescaline, the CIA and U.S. military began exploring new tools for espionage utilizing psychotherapy and psychedelic drugs in the 1950s.[92] Their goal was to manipulate the human mind for government benefit, attempting to find drugs that could assist their efforts of truth-telling, mind control, and brainwashing.[93] Early reports indicated that the United States began utilizing LSD, in true Cold War fashion, after receiving intelligence regarding the Soviet Union trying to produce weaponized LSD.[94] However, there was no data or proof to back these claims, as concluded by government

[91] Library of Congress (n.d.)
[92] Lee & Shlain (1992)
[93] Disbennett (2014)
[94] Disbennett (2014)

agencies and a prominent Cold War CIA psychologist who confirmed that they assumed Soviet use of LSD as a weapon of war despite a complete lack of evidence.[95] Taking drastic action without considering the viable data or evidence present is shown in the beginning of the U.S. government's position on psychedelics through their reasoning behind initiating these undercover operations. Ignoring the available data was mentioned briefly in Chapter One's discussion of the government's halting of promising psychedelic therapy research, yet this pattern first appears in their own preliminary relationship with these drugs. With no backing that the Soviet Union was utilizing LSD for espionage, the United States began LSD government research as they did with other Cold War initiatives: driven by the goal to control a population and grow wealthier by doing so. Moreover, the CIA admitted to their intentions surrounding mind control. CIA involvement in psychedelics initiates a longstanding relationship between federal agencies and psychedelic research where drugs are used as a method to control the population.

Varying CIA documents that have been slowly uncovered over the past few decades reveal multiple other mind-control projects involving psychedelics precursing Project MKULTRA, the main psychedelic mind-control program.[96] For example, Project Bluebird was the first CIA initiative that introduced using the combination of psychiatry tactics and drugs to manipulate the behavior of individuals for government benefit, beginning in 1951.[97] Project Bluebird transformed into Project ARTICHOKE the following year[98], and the government further dove into psychedelic therapy for negative

[95] Lee & Shlain (1992)
[96] Disbennett (2014)
[97] Linville (2016)
[98] Linville (2016)

purposes and political gain. One CIA document on Project ARTICHOKE written on April 29th, 1953 outlines the goals of the government program as well as how to achieve them using psychedelics.[99] Although portions of this document remain redacted and obscured from public view, it states that Project ARTICHOKE looked to gather information from individuals that exposed:

> "1) Communist penetration of ****; 2) Communist methods of communication and establishment of identities; 3) Communist instructions and training for members of ****; 4) individual names and their works; 5) Communist indoctrination techniques, education centers, camps, etc.; 6) Expose of secret instruction for contacts, missions, etc., for ****; 7) general pertinent information on **** still in ****, and on other ****"[100]

Methods to extract this information from individuals were outlined in the document as well, including the conjoined uses of hypnosis and a "chemical" distributed in doses of 70-100 micrograms, that was "colorless, odorless, tasteless and soluble in water".[101] The chemical being described by the authors of the censored file is LSD, as their interest grew in using it to achieve their goals. The authors also describe aspects of psychedelic 'therapy', such as having bedroom style, relaxing observation rooms in which clinicians monitor subjects during their sessions.[102] Unlike psychedelic therapy, however, Project ARTICHOKE only mentions the inclusion of these conditions following their subjects' ingesting drugs if they yield information or allow the clinicians to subsequently control their subjects' behaviors. Members of the U.S. government did not give attention to how aspects of psychedelic therapy could be used properly to help a large number of people. Rather they researched how psychedelic therapy techniques could let them control individuals to increase political and subsequently economic gain for the United States.

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[99] The Black Vault (2021)
[100] The Black Vault (2021)
[101] The Black Vault (2021)
[102] The Black Vault (2021)

This claim is bolstered by subsequent sections in the Project ARTICHOKE file, which reveal that if more medically substantiated LSD psychotherapy tactics do not help aid CIA operatives in controlling individuals, then the project should resort to more "subtle manners" of drugging individuals.[103] Essentially, the United States government suggested and supported the involuntary dosing of individuals with LSD, confirmed again in another censored document from January 22nd, 1954 that analyzed a hypothetical scenario and concluded "the ARTICHOKE Team would undertake the problem in spite of the operational limitations".[104]

Project MKULTRA was born from Project ARTICHOKE, lasting from 1953 to 1964, being classified in 1963.[105] Massive government oversight, intentional or not, permitted these projects to be carried out at the will of federal agencies. MKULTRA was described as a project that researched drugs for 'behavioral control' in which human subjects were treated like 'guinea pigs'.[106] "Project MKULTRA is a direct testament to the horrors committed by the United States government, characterized by irresponsibility, abuses of power, and extensive government control. MKULTRA serves as another initial example of the government ignoring medical advice and research to further their own desires. Linville explains how the CIA committed multiple violations against ethical codes during this time, "...including the Hippocratic Oath, U.S. Constitution, Nuremberg Code, and the United Nations Declaration of Human Rights".[107] The author further explains the importance of these codes as they protect the rights of individuals from their

[103] The Black Vault (2021)
[104] The Black Vault (2021) *1954 Project ARTICHOKE report
[105] Disbennett (2014)
[106] U.S. Government (1977)
[107] Linville (2016)

governments and protect the doctor-patient relationship, emphasizing the importance of informed consent.[108] Some of the earliest victims of MKULTRA were members of the CIA themselves, as head scientist of the program Dr. Sidney Gottlieb began promoting spiking fellow members unknowingly with LSD to experiment the 'disruption' that could occur in an individual and its potential uses in war.[109] Considering LSD was ingested unwittingly and in unpredictable environments, members who were dosed often had negative experiences, with one particular case leading Dr. Frank Olsen to develop psychosis and die by suicide.[110] Still, this did not deter the government agency with Lee and Shlain describing researchers as being "enthusiastic about the drug" and its ability to send a person into an immensely fragile state.[111] Although the results of early experimentation, which administered psychedelics in unsafe and medically invalid settings, were dangerous to say the least, the CIA pushed on out of their own selfish goals. The CIA is one of the first key government players that established a pattern of control with psychedelics, as seen through their intentions with MK ULTRA projects.

According to the 1977 Joint Hearing on the Select Committee on Intelligence with the U.S. Senate regarding Project MKULTRA, the CIA spent upwards of a million dollars funding the project, enlisting in the help of various private entities including "over thirty universities and institutions"[112]. Rather than spend money funding the growing research on positive psychedelic therapy outcomes that was occurring simultaneously, the government funneled their money into harmful programs to benefit their own political

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[108] Linville (2016)
[109] Lee & Shlain (1992)
[110] Lee & Shlain (1992)
[111] Lee & Shlain (1992)
[112] U.S. Government (1977)

goals. One of these experiments took place in Lexington, Kentucky where Dr. Harris Isbell gave incarcerated African-American male heroin addicts heroin in return for them unwittingly ingesting LSD, forcing many individuals to stay awake for days at a time and causing intense terror to his victims.[113] Another experiment occurred within the U.S. Army itself, with multiple groups of soldiers being administered LSD and 16 individuals doing so unknowingly and being interrogated after.[114] Disbennett also describes how the veterans who were dosed unwittingly have a difficult process in receiving any compensation for the offenses the United States government committed against their constitutional rights nor receive compensation through the Veterans Affairs Disability System.[115] While the author describes a sexual assault ruling that may provide hope for veterans to proceed with an MKULTRA case against the goverment despite lacking evidence[116][117], the legal and political barriers the government has created to avoid reimbursing victims again points to their pattern of acting in their own interests.

Lastly, one of the largest scale experiments that Project MKULTRA carried out was the covert drugging of U.S. citizens which took place in safehouses across the country for the duration of the operation.[118] Donned “Midnight Climax”, the operation spearheaded by CIA affiliate George Hunter White[119] was addressed in the 1977 Senate hearing on MKULTRA. As different U.S. senators questioned members of the CIA, it was discussed that documents revealed U.S. citizens were lured to safe houses, dosed

[113] Alliance for Human Research Protection (2015)
[114] Disbennett (2014)
[115] Disbennett (2014)
[116] Disbennett (2014)
[117] U.S. Department of Veteran Affairs (2013)
[118] U.S. Government (1977)
[119] Lee & Shlain (1992)

with LSD, and had their actions observed to assist the CIA in their quest for mind control.[120] While some citizens were lured by George White[121], the majority were brought to safe houses by sex workers.[122] CIA agents confirmed sex workers were promised that agents would testify on their behalf if they were ever arrested for prostitution, in return for giving their clients drinks laced with LSD.[123] Then, CIA operatives watched the actions and behaviors of the men who were given the drugged cocktails, experiences which caused great distress to the unknowing victims.[124]

As the government allowed these actions to be carried out, for the sole purpose of controlling individuals and making political gains, doctors with intentions of helping psychiatric patients were making genuine progress. From the beginnings of government agencies' relationships with psychedelic drugs, an evident pattern of control and greed is created, despite those it hurts along the way. Each subsequent action taken regarding psychedelic therapy research for decades to follow simply shifted tactics of control from control utilizing drugs, to controlling who could access them at all. In 1963, all documents related to Project MKULTRA were classified, obscured from public view before the project was ultimately ended in 1964; however, in 1973 almost all of the documents were destroyed by Gottlieb and other members of the CIA under direction of CIA Director Richard Helms.[125] The Senate hearing analyzed throughout this chapter includes testimony respecting destroyed documents and remaining documents uncovered

[120] U.S. Government (1977)
[121] Lee & Shlain (1992)
[122] U.S. Government (1977)
[123] U.S. Government (1977)
[124] U.S. Government (1977)
[125] U.S. Government (1977)

in 1975.[126] Attempts to destroy evidence of the project again allude to government members' and agencies' willingness to act in favor of only themselves, especially when compared to other drug control policy passed between the end of MKULTRA and the creation of the DEA in June 1973[127], a mere 6 months after Helms ordered documents to be destroyed.

Policy Leading to the Creation of the DEA

In order to further establish that control and greed are why the United States government prohibited psychedelics despite promising psychiatric research, the shift in control tactics must be examined. As discussed in the section above, initial tactics involved controlling individuals when they were under the influence of LSD in order to gain political power. The time period between the end of MKULTRA and the creation of the DEA is marked by stricter drug laws and increased, negative political rhetoric surrounding psychedelics as a new means to retain control over the population, still driven by greed for political gain. The creation of the DEA and greater regulatory tightening by the FDA is another example of federal agencies creating policy which benefits themselves through controlling psychedelics. Chapter Three, however, will analyze policy by the DEA, FDA, and legislative bodies in the U.S. in greater detail in relation to psychedelics and pharmaceuticals.

One of the first shifts in control tactics was seen when the 1962 amendments to the Food and Drug Administration (FDA) power led to researchers requiring government approval to receive psychedelics from pharmaceutical companies, making legal research

[126] U.S. Government (1977)
[127] DEA (n.d)

extremely difficult for non-governmental projects.[128] The next notable governmental tightening on psychedelic research came in 1965 when the Drug Abuse Control Amendments passed in Congress, prohibiting the sale of psychedelics and resulting in pharmaceutical companies losing more interest in providing psychedelics to researchers.[129] Pharmaceutical companies shifting away from manufacturing psychedelics is the building block to government policy that kept psychedelic research at bay and promoted other medications, decisions which will be further dissected in Chapter Three. As researchers continued to lose ability to conduct experiments, the government made visions of psychedelic research obsolete when the Federal Bureau of Narcotics and Bureau of Drug Abuse Control combined, transferring to the Department of Justice meaning drug control had more federal funding and power.[130] Later that year, LSD and psilocybin were both outlawed for personal possession following the additional amendment to the Drug Abuse Control Amendments on October 24th, 1968.[131] By this point, even though there had been a plethora of positive research conducted by legitimate institutions, psychedelics were nearly impossible to access. Finally, in 1970 President Richard Nixon passed the Controlled Substances Act (CSA) which classified both LSD and psilocybin as Schedule One drugs, rendering them useless for medical use.[132] Three years later, the DEA was formed marking a new era of psychedelic drug control.

Political and Social Climate Leading to Increased Control

[128] Marlan (2019)
[129] McDowell (2019)
[130] Sacco (2014)
[131] EROWID (1968)
[132] Sacco (2014)

An understanding of the political and cultural climate during this era that led to the government enacting rigid drug control throughout the country is pertinent to contextualizing how they were able to do so. Harvard professor Timothy Leary gained traction after experimenting from 1960-1962 on the abilities of LSD and magic mushrooms to expand human consciousness and offer a dissolution from authoritarianism, back to nature.[133] However, after being fired from Harvard over concerns regarding his research, Leary continued to spread his ideas about psychedelics, primarily to the youth population in the United States.[134] The 1960s was a historic time for civil progress, marked by the Civil Rights Movement and Anti-War Movement, in reference to the Vietnam War.[135] Fueled by a growing disdain for the actions of the government and influenced by Leary, the counterculture movement began threatening the power of the U.S. government.[136] In other words, the government began losing control over its youth constituents and began looking for ways to regain its control, starting with attacking LSD and Timothy Leary. Psychedelics had begun to act in ways opposite to government intentions, and drug control masked by pharmaceutical and societal concern allowed control and psychedelics to continue with their relationship. By 1996, Leary had become infamous for his phrase calling for individuals to "Tune in, Turn on, Drop out", leading to even more association between psychedelics and counterculture, with psychedelics seen as the pathway away from a 'normal' American life, including typical support of the military and government. [137] Furthermore, mirroring both the Korean and

[133] Ulrich & Patten (1991)
[134] Ulrich & Patten (1991)
[135] Slonecker (2017)
[136] Slonecker (2017)
[137] Ulrich & Patten (1991)

Cold Wars, the U.S. government wanted to continue the war in Vietnam in order to impose Western ideas and a free market, out of greed for both power and monetary gain due to globalization. Again, the government is seen resorting to aspects of control to be able to carry out actions that benefited themselves. Leary became a target and was arrested multiple times throughout the 1960s and 1970s,[138] and by 1969 Richard Nixon had made drug control a leading characteristic of his presidency.[139] Along with Nixon's anti-drug crusade was a plethora of documents being released in the late 60s recalling "bad trips", however, there was little plausible proof to back up many of the psychedelic related horror stories.[140] While publicly attacking psychedelics and creating policy that prohibited them, drug-related arrests gradually expanded under the Nixon administration, exploding in 1971 when he officially declared the "War on Drugs".[141] From the local to federal level, until the creation of the DEA in 1973, psychedelics were being heavily controlled and regulated by the U.S. government, with an anti-drug propaganda campaign spreading misinformation. A Nixon advisor, John Ehrlichman, was later revealed in a magazine article to have admitted to the Nixon administration's intentions behind the War on Drugs, beginning in 1968, stating:[142]

> "The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did." (Baum et. al., 1).

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[138] Timothy Leary arrest file (n.d.)
[139] Sacco (2014)
[140] McDowell (2019)
[141] Equal Justice Initiative (2016)
[142] Baum et. al. (2016)

While psychedelics were not specifically mentioned in Ehrlichman's quote, the Nixon campaign's rhetoric surrounding psychedelics paired with their true intentions that were simultaneously being discussed by the campaign, allows for the assumption that despite promising research, the government knowingly attacked psychedelics. While the mention of racial discrimination is incredibly important in the War on Drugs, as primarily people of color were targeted,[143]psychedelics were historically associated with the anti-war community. Overall, the aggressive efforts by the Nixon administration to halt psychedelic use and research stemmed from their desire to control their country and allow the state to engage in war for political gain. Policy and propaganda went hand in hand during this era, and control tactics included shifting public perception on psychedelics, targeting those who were outspoken on psychedelics, and creating lasting policies and agencies to deter psychedelic use. The time between Project MKULTRA and the creation of the DEA is yet another step in the pattern of control, emphasizing the fluidity of control and the admittance of using these tactics to deter counterculture. Control is solidified as a variable to why government agencies halted therapy research for it motivated government actors to study psychedelics in the first place then motivated the same individuals to create public fear and regulate these drugs upon realization psychedelic use led to anti-authoritarian attitudes. In the years to follow, policy remained strict regarding psychedelics, even with the glimmer of hope MDMA research provided in the 1980s. These years will be discussed in Chapter Three, highlighting how greed influenced many governmental agencies' decisions regarding psychiatric medication

[143] Equal Justice Initiative (2016)

during this time. Once more, the pattern continues, with greed and control playing off one another, leaving psychedelic therapy to stall.

CHAPTER THREE

In Chapter Two, it was established that factions of the U.S. government saw psychedelics as a means to control a population, whether through mind control or associating psychedelics with criminal, anti-authoritative propaganda. In the years following this era, psychedelics have remained under government control, federally classified as Schedule One drugs, despite research showing the potential for psychedelic therapy. In contrast, different therapeutic medications-namely antianxiety and antidepressant medications-with extremely dangerous side effects have been considered less harmful, as demonstrated by their specific regulations from the United States government. Chapter Three aims to show that the continued decisions made in determining antianxiety and antidepressant medications as less harmful than psychedelics are associated with the United States' interest in the pharmaceutical industry, specifically monetary gain the government and its members receive from this industry. A pattern of control allowed the government to maintain obstacles to psychedelic research while paving the way for money to flow from more mainstream therapeutic medications. Ultimately, the longevity of control the government has yielded over psychedelics is accompanied by the government receiving monetary gain that impacts political gain. To provide evidence the government has favored more harmful drugs due to greed, the most common therapeutic drugs, antianxiety and antidepressant medications, are outlined. Once the classifications of these medications along with typical brand names under each class is described, the side effects associated with these drugs portray the known harm of taking these drugs. Finally, the description of antidepressants includes the stark juxtaposition in government regulation between antidepressants and psychedelics as well

as variations in efficacy based on research. It is imperative to examine the parallels between prohibited medications and legal ones to provide further skepticism as to why government agencies have historically ruled in favor of antidepressants.

Next, greed is outlined as a motivator to continue the roadblocks to psychedelic therapy research. The entanglements between the pharmaceutical industry, government agencies, antidepressants, and psychedelic therapy are examined. Moreover, specific policy which benefits members of the government and Big Pharma while making psychedelic research more difficult is discussed. Lack of bureaucratic oversight also exemplifies why psychedelic assisted therapy has continued to be heavily regulated. Throughout Chapter Three, it is shown how control has allowed patterns of greed to emerge, and how greed motivates the maintenance of control regarding psychedelic therapy.

Antianxiety and Antidepressant Medications: The Better Choice?

A broad spectrum of anxiety and depressive disorders exist, including but not limited to: Generalized Anxiety Disorder, Obsessive-compulsive Disorder, Panic Disorder, Post-Traumatic Stress Disorder, Social Anxiety Disorder, Major Depressive Disorder, and Persistent Depressive Disorder. [144][145] Considering the variation in symptoms associated with these disorders, different groups of drugs are necessary for treatment. For both anxiety and depression disorders, the most common medications are Selective Serotonin Reuptake Inhibitors (SSRIs) and Tricyclic Antidepressants (TCAs).[146] [147]Anxiety and depression disorders are also treated with Monoamine Oxidase

[144] Anxiety Disorders Association of America (2009)
[145] Cleveland Clinic (2020)
[146] Anxiety Disorders Association of America (2009)
[147] Office of the Commissioner (2019)

Inhibitors (MAOIs) although they are less commonly used in depression, while Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) are more frequently used in depression than in anxiety.[148][149] Another antidepressant that does not fall into the above categories is Wellbutrin, which is used primarily for depression and the cessation of smoking.[150] Lastly, an extremely common class of drugs used in the treatment of anxiety is benzodiazepines.[151] Each class of medication includes various subsects of specific medications, each with slightly different effects on the individual undergoing treatment. Brand names of typical SSRIs include Prozac, Lexapro, and Zoloft. Common TCAs include Asendin, Elavil, and Ludiomil; meanwhile, well-known MAOI brands are Marplan, Nardil, and Parnate. Cymbalta, Effexor and Pristiq are SNRIs and as stated before, Wellbutrin is its own category of antidepressant.[152]* Finally, the most recognized brand names of benzodiazepines are Ativan, Klonopin, Valium, and Xanax.[153] Research into these drugs began around the same time as psychedelic therapy research with preliminary findings occuring in the second half of the 20th century, an important detail which develops when discussing pharmaceutical industry interest in the different classifications of drugs.[154]

Overall, side effects for each group are similar. Almost every group of antidepressant or anxiety medication includes 'common' side effects such as nausea, vomiting, shaking, nervousness, sweating, agitation, dizziness, drowsiness, sexual

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[148] Anxiety Disorders Association of America (2009)
[149] Office of the Commissioner (2019)
[150] Office of the Commissioner (2019)
[151] Anxiety Disorders Association of America (2009)
[152] Office of the Commissioner (2019) *All Brand Names Listed Before Footnote
[153] Anxiety Disorders Association of America (2009)
[154] Hillhouse & Porter (2015)

problems, and sweating that are considered unserious by the U.S. Food and Drug Administration (FDA).[155]More serious side effects of these medications include confusion, changes in blood pressure, seizures, fainting, and heart problems.[156] Lastly, benzodiazepines have the potential to lead to abuse or addiction of the drug. Yet perhaps the most dangerous side effect of antidepressants is the risk of suicide. Following a series of 2004 studies conducted by the FDA, it was found that the use of SSRIs increased suicidal ideation and the risk of suicide in young adults who took these drugs, leading to a "Black Box" Warning, meaning the medication can result in injury or death, being issued for all anti-depressants described in this chapter.[157] While different researchers have argued the Black Box warning on antidepressants has led to more harm than good, a 2020 study found that there is empirical justification based on the efficacy of related clinical trials that determines the decision valid.[158] It is evident, based on findings from factions of the U.S. government itself, that therapeutic medications are dangerous. Yet only benzodiazepines are under the control of the DEA, which will be discussed in detail later. Antidepressants are not scheduled drugs, absent from the DEA's list of controlled substances[159], rather they undergo the FDA's grueling two-phase process to approve drugs for human medical use.[160] Considering antidepressants are not addictive, or subject to abuse, it is understandable they do not fall under the realm of a controlled substance. However, they have shown consistent, obvious negative effects that have been associated with multiple deaths among users. While one may argue the efficacy of antidepressants is

[155] Office of the Commissioner (2019)
[156] Office of the Commissioner (2019)
[157] Spielmans, Spence-Sing, & Parry (2020)
[158] Spielmans, Spence-Sing, & Parry (2020)
[159] Drug Enforcement Agency (2020)
[160] Dabrowska & Thaul (2018)

sufficient for U.S. government agencies deeming them the best option for therapeutic medications, research has surfaced which states otherwise. SSRIs and SNRIs, the two most common groups of antidepressants, only improved conditions in 20 more out of 100 depressed research participants in comparison to the placebo pill.[161] A mere 20% improvement in conditions of drugs which have been continuously marketed by government agencies as the safest, most efficient therapy option pales in comparison to psychedelic research findings. As detailed in Chapter One, whether in pre-prohibition or current findings, a 20% improvement among participants was on the low end of the spectrum with the majority of psychedelic therapy studies yielding positive results in 30-80% of participants. Again, when looking at the research each field of medicine has been producing, it seems that preliminary psychedelic therapy, when administered correctly, yields better results and has less harmful side effects than legal methods of drug therapy. Each individual human varies in their chemical makeup thus the efficacy of a specific therapy depends on the person; however, preliminary psychedelic research portrays LSD, psilocybin, and MDMA as safer and more effective than antidepressants.

Furthermore, benzodiazepines are Schedule Four controlled substances meaning they are determined to have a low potential for addiction, they are accepted for medical use, and they are unlikely to be abused.[162] However, a 2019 study conducted by researchers at the University of Michigan showed that misuse, or abuse, accounts for almost ⅕ of benzodiazepine use among adults in the United States.[163] Moreover, according to a report from the National Institute on Drug Abuse which utilizes CDC

[161] NCBI (2020)
[162] Drug Enforcement Agency (2020)
[163] Maust, Lin, & Blow (2019)

mortality data, benzodiazepine overdoses accounted for 12,290 deaths in 2020 and antidepressants accounted for 5,597 deaths the same year[164]. In addition, 2020 saw only 2,637 and 2,622 people aged 12+ in the United States use LSD or MDMA, respectively, in comparison to 4,779 people who admitted to using benzodiazepines.[165] Even considering that hallucinogen use is almost exclusively elicit, they are used almost as frequently as benzodiazepines but with almost none of the same risk. Overdoses related to psychedelic drugs are so rare that data on psychedelic related deaths is practically nonexistent. McDowell similarly touches upon this in their discussion on ER admission rates due to drug use retrieved from the *Drug Abuse Warning Network's* 2004-2011 archive.[166] In the year 2011, 67,054 ER admissions were related to complications with Xanax or antidepressants in comparison to 36,909 ER admissions relating to a group of drugs referred to as "Miscellaneous Hallucinogens" that includes MDMA and LSD by name.[167] While the use of a benzodiazepine may differ from psychedelic therapy in the way it provides immediate relief to the consumer, the risk associated with being prescribed these drugs is great. Although psychedelics and hallucinogens are currently under harsher scheduling compared to benzodiazepines and antidepressants, recurring data portrays them as resulting in less hospital visits and deaths than current widespread therapy treatments. Given this data, hallucinogens could be considered less dangerous than widely accepted medications. In fact, a main motivator behind psychedelic research is that modern medicine has ultimately failed to provide solutions to mental illness,

[164] National Institute on Drug Abuse (2022)
[165] SAMHSA (2020)
[166] McDowell (2019)
[167] SAMHDA (n.d.)

leading scientists to search for new (or perhaps old) methods to assuaging mental health.[168]

Given the data presented, currently accepted medications for therapy seem risky, only somewhat effective, and longstanding results are weak in comparison to preliminary results from psychedelic research. So why and how has the government allowed this trend to continue? The purpose of both the DEA and FDA is to ensure the drugs consumed by the American population are safe and effective based on scientific research, yet it seems in the case of therapeutic medication government agencies have ignored research in favor of worse options. Greed based on profits from the pharmaceutical industry has motivated U.S. government agencies and members to ignore research, and the pattern of control surrounding psychedelics has manifested as strict policy and lack of bureaucratic oversight which ensures drug companies and politicians reap the benefits of the therapeutic medication industry.

Greed and Control: The Relationship Between Money and Political Gain

Many scholars have addressed the ethical controversies of corporations feeding into the capitalist system present in the United States.[169] Industry giants lobby or attempt to influence policy decisions of Congress by compensating government officials in return for rulings favorable to their own corporate interests.[170] Influencing policy by lobbying is when corporations spend large amounts of money sending individuals to advocate before Congress on the company's behalf; fund campaigns of specific presidential and congressional candidates; fund campaigns of national political parties; and fund

[168] Tupper et. al. (2015)
[169] Seymour & Seymour (2013)
[170] Seymour & Seymour (2013)

campaigns of a wide variety of state-level candidates.[171] Essentially, corporations funnel large amounts of money to government officials thus influencing policy and election outcomes to maximize profits for their product, ensuring they can remain competitive in a capitalist system. Obvious issues arise as government officials are left ruling in favor of the elite few rather than the masses. Since favorable campaign outcomes have been noted as results of lobbying and funding[172]politicians are left willing to vote at the expense of the American people for political gain.

The pharmaceutical industry, composed of the companies that produce regulated antidepressants, was the largest spender on federal lobbying campaigns out of every other industry between 1999-2018.[173] During this time, researchers found that pharmaceutical companies spent almost 5 billion dollars, averaging approximately 233 million dollars per year, on lobbying different members of the U.S. government.[174] But why is the industry so invested in the decisions of government officials? Pharmaceuticals, specifically prescription drugs, have been an extremely lucrative market and companies aim to continue this trend, seeking government protection in the form of laws and policy to help its continuation. Prescription drugs yield massive amounts of revenue, with the pharmaceutical industry bringing in $1.3 trillion globally in 2020[175] with $26.25 billion of prescription drug revenue solely coming from antidepressants.[176] To understand why psychedelics have been historically overlooked by the pharmaceutical industry and its connection with government greed, it is of utmost importance to recognize that

[171] Wouters (2020)
[172] Wouters (2020)
[173] Wouters (2020)
[174] Wouters (2020)
[175] Rajkumar (2020)
[176] Research and Markets (2021)

government officials are receiving funds from the companies psychedelic-assisted therapy would compete with. In fact, in cross-referencing a list of pharmaceutical companies who were the top 20 lobbying and campaign spenders in the industry between 1999-2018[177] with a list of the top 10 producers of antidepressants[178]7 of 10 major antidepressant distributors are top lobbying and campaign contributors. The following companies mentioned are antidepressant distributors and are accompanied by their rank out of 20 in terms of lobbying and campaign expenditures listed respectively: AstraZeneca (19)(15), Eli Lilly and Company (4)(3), GlaxoSmithKline (12)(4), Johnson & Johnson (9)(6), Pfizer (2)(1), Merck (6)(8), and Sanofi (10)(19).[179] It is evident that those in the therapeutic medicine industry are attempting to keep their drugs as the primary treatment for psychiatric disorders, lobbying officials to do so. In order to keep profiting, antidepressant companies strive to keep drug policy, specifically that of the FDA and DEA, on their side and thus give massive amounts of money to officials they believe will ensure this. Here is where the greed of government officials to create and keep policy that harms psychedelics begins to unfold, fueled by the millions of dollars antidepressant companies are funneling into campaigns.

However, before looking at the policy the government implements which favors more harmful drugs over psychedelics, the underlying meaning of why this policy matters to companies must be examined. Money is the main motivator, but how this money flows is imperative to understanding the relationship between innovation and Big Pharma. According to applications of Game Theory on public health, it is not profitable

[177] Wouters (2020)
[178] Research and Markets (2020)
[179] Research and Markets (2020); Wouters (2020)

to the pharmaceutical industry to solve health issues.[180] When people suffer an illness, whether physical or mental, they are forced to use the products companies are producing, resulting in a simple supply and demand scenario. Moreover, since drugs like antidepressants are needed daily by consumers, there is little to no motivation for companies to spend more money innovating new, better products when they can reap the benefits of an already sufficient drug.[181] Psychedelics, on the other hand, are not profitable in the same way as a daily pill an individual takes that companies know will be needed only depending on when.[182] Most research has shown psychedelics as having long-term solutions, or being administered in much smaller quantities than a daily antidepressant. Thus, it is not without reason to presume psychedelics are not on the agenda of a company who is already greatly profiting without looking at other viable research. Additionally, as previously stated, antidepressants surfaced at parallel times to psychedelic therapy options, but psychedelic federal restrictions and societal stigma ultimately made antidepressants the sole profitable choice for the industry. Furthermore, because of the current scheduling of psychedelics, studying these options is expensive[183], causing companies to fall deeper into recurring patterns in the industry where innovation is spurred by the long, expensive process to create a drug suitable for human consumption.[184] The main force driving drug companies is not how to create more efficient products, rather how to ensure no one else replaces them as forerunners in their field, leading companies to rely on monopoly laws and strict policy regarding

[180] Brezis (2008)
[181] Bluhm (2019)
[182] Rajkumar (2020)
[183] McDowell (2019)
[184] Rajkumar (2020)

formulating new drugs in order to ensure their products stay on the market with essentially no competition.[185] In turn, government officials can reap their own profits for the price of maintaining control over the therapeutic drug market.

Monopoly Laws and Bureaucracy: Where do Psychedelics Fit In?

Monopoly Laws

Across literature, authors cite one of the main policy initiatives companies move to protect as the patent monopoly on prescription drugs in the United States.[186] Currently, a prescription drug is able to be patented for 20 years; a time which includes about 8-12 years of patented shelf-life following the decade-long clinical trial process required by the FDA for new drugs.[187] Once a drug has been moved to market, pharmaceutical companies have about a decade before their monopoly patent runs out and other companies can create similar drugs. At first glance, this may seem like a policy that could harm industry, leaving companies lobbying officials to extend drug patents or shorten trial time before a drug hits the market. Yet, pharmaceutical companies have exploited this patent law by applying for hundreds of patents representing slight variations of their drug, such as antidepressants, during the clinical trial phase.[188] Companies can then monopolize a product for decades, capitalize on billions in revenue, and avoid the FDA's stringent clinical testing by introducing extraordinarily similar products to already approved drugs.[189] Antidepressant manufacturers, like other pharmaceutical players, would rather ignore innovation in favor of policy that protects multiple versions of the

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[185] Bluhm (2019)
[186] Rajkumar (2020); Bluhm (2019); Field (2013)
[187] Bluhm (2019)
[188] Bluhm (2019)
[189] Field (2013)

same ineffective drug. Regardless of the positive results psychedelics yield, they divert from the current interests of pharmaceutical companies, straying too far from currently offered patented products. Thus, government officials are motivated to ignore rising concerns of drug prices and ineffectiveness as they are not the concerns of those funding their campaigns. Furthermore, they are motivated to ignore concerns over government policy regarding psychedelic therapy research. Ensuring they are voting on policy that maintains prescription monopoly provides greater reassurance for officials' own political gain as they have greater financial backing. As a result, it is clear that one tenet of control surrounding the drug market has been preserved by the wish for financial and political advancements obtained from members of the antidepressant community.

Lack of Bureaucratic Oversight

While it may seem simplistic to assume government officials would succumb to large corporations for financial compensation and ignore medical research at the expense of the American system, there are two main areas which lack bureaucratic oversight that bolster this conclusion. One area, as described primarily by McDowell, addresses two Supreme Court rulings that gave the FDA and DEA seemingly unyielding power in regards to drug control.[190] McDowell explains that in the *Hynson* Supreme Court case the FDA was given final say over whether or not a drug receives a hearing, while in the *Chevron* case, the court ruled that in the absence of direction from Congress administrative agency leaders have the right to rule based on their own interpretation of an issue.[191] Ultimately, McDowell demonstrates how the government has allowed decisions regarding psychedelic drug control to lie in the discretion of the powerful elite

[190] McDowell (2019)
[191] McDowell (2019)

rather than in backed science, highlighting the scheduling of MDMA in 1984 where the head of the DEA more strictly scheduled the drug despite findings from the health community.[192] But while the author highlights how these rulings signify a continuation of control by the U.S. government, they do not examine how greed has been a factor in maintenance as well. The court rulings which McDowell discusses allow Congress to 'look the other way' so to speak, in terms of drug control. Firstly, issues surrounding the FDA and DEA having ultimate control over drug hearings does not greatly affect the pharmaceutical industry due to the ability to monopolize patents. As a result, the industry and thus members of the government are not seeking to change or alter decisions that have halted psychedelic research for it has not affected research and production of more profitable drugs. Secondly, the ruling of the *Chevron* case leaves room for government officials to be persuaded not to act on a specific issue if pharma companies pressure them not too. Since the absence of direction from Congress is adequate for administrative agencies to come to conclusions on their own accord, a decision which has primarily benefited pharma industries in the past, it is understandable that this ruling would lead companies to pressure Congress to remain neutral on drug scheduling. Encouraging members of Congress to not speak out on a scheduling issue, such as those which have arisen in relation to psychedelics, is enough to keep psychedelics under control while alluding to the greed of government members.

Although Congress does not need to give explicit direction on drug rulings, one may assume they would consider the copious amounts of negative data on antidepressants, thus challenging rulings that give administrative bodies utmost power as

[192] McDowell (2019)

they have allowed harmful drugs to circulate. However, the variable of greed comes into play again when discussing the lack of bureaucratic oversight that allows Congress to view cherry-picked data. Studies have shown that antidepressant companies largely skew and bias the results of their studies, with pharmaceutical companies funding the trials that prove their drugs' efficacy.[193] As a result, clinical trial reports on antidepressants almost never outwardly include caveats to efficacy and are almost always written by someone directly associated with the company.[194] Then, companies take their selective data and feed the 'seemingly' positive results to politicians who are happy to turn a blind eye for campaign donations.[195] So, regardless of the promising research psychedelics have shown, government officials are more likely to support policies that cater to antidepressants that are unsafe, ineffective, and whose very validity is jeopardized by industry interests. Yet, there is no one to truly stop this issue. The two branches of administrative agencies that are supposed to analyze problems in drug safety or efficacy are left unchecked as the governing body that would do so is paid by companies to do the opposite. Moreover, government officials are able to claim they are acting in good conscience based on medical data although the very data they look at is riddled with greed. The willful blindness of the government towards the stark contrast in reliable psychedelic data and longstanding, negative antidepressant data is catalyzed by the ability for the government to profit off the control they have manifested thus far. Greed and control are seen working in unison, making a dance in which patterns of control have been reinforced by opportunities for greed and vice versa. Psychedelic-assisted therapy

[193] Sismondo (2008); Ebrahim et. al. (2016)
[194] Simondo (2008); Ebrahim et. al. (2016)
[195] Jorgensen (2013)

faces massive obstacles given the relationship between controlling a population and receiving funds for political gain. With strict laws presiding over any psychedelic research agenda and a corrupt legislative body influenced to ensure this does not change, it is evident that control and greed with the aim of political advancement is greatly entrenched in government decisions to restrict psychedelic research despite promising results.

CHAPTER FOUR

Although research for psychedelic-assisted therapy seems to outperform modern antidepressant treatments, the United States government has consistently restricted research for political gain, driven by factors of control and greed. Chapters One through Three outlined psychedelic drugs, analyzed psychedelics in the context of therapy treatment, demonstrated how and why the United States government has utilized psychedelics as a means of control, and portrayed how and why greed has maintained this control. Chapter Four aims to summarize the findings of the previous three chapters more concisely, drawing succinct conclusions between patterns of control and greed in terms of political gain, more clearly applying these patterns to obstructions of psychedelic research therapy. Once adequately establishing that control and greed were the two main factors in government policy surrounding psychedelics, Chapter Four moves on to examine specific implications and importance of these findings. Lastly, I will look at achievements for modern psychedelic-therapy researchers in the face of adversity, showing that hope is not lost despite decades-long patterns of control.

Discussion

As discussed in Chapter One, psychedelic assisted therapy research yielded promising initial results in the 20th century when psychiatrists began administering these drugs. A wide range of psychiatric disorders were assuaged with psychedelic psychotherapy, from anxiety and depression to varying addictions. When used in a medical setting with the proper environment, LSD, psilocybin, and MDMA provided long-term psychiatric relief in the majority of studies on their effects. Additionally, psychedelics were successful in treating cases that were deemed treatment resistant and

had previously dim prospects. Although some of the studies did not meet modern standards of clinical drug testing, the results correlated with those of scientifically acceptable studies. Moreover, as more scientifically acceptable studies were carried out, psychedelic drugs continued to show improvements in the conditions of patients' mental health. Given the large body of evidence available in the 20th century on the effects of psychedelics, one may assume innovators would rush to validate more trials. Yet, each psychedelic drug was classified by the U.S. government, namely the DEA and FDA, as dangerous with no medical purpose, regardless of the plethora of studies formulating positive data. As the 21st century came around, a 'psychedelic renaissance' began to unfold following approximately 30 years of strict prohibition, and a small number of researchers have been granted permission to investigate the therapeutic effects of psychedelics over the last two decades. Current findings confirm the data produced by researchers in the 20th century, with psychedelics greatly aiding treatment-resistant psychiatric disorders. Top universities across the United States have found that when administered in the proper therapeutic context, psychedelic drugs can reduce symptoms of mental illness almost entirely in certain settings. Detailed documents have been produced outlining how clinicians should carry out therapy sessions before, during, and after psychedelic consumption to ensure positive results. Furthermore, treatment using psychedelics has little known negative side effects and the outcome of treatment is long lasting. Still, legislation has remained relatively untouched regarding psychedelic therapy treatment. Each drug remains a federally scheduled drug residing in the strictest category. So, why and how did the government restrict positive research and maintain this obstruction in the face of contradicting medical evidence?

Chapter Two examines this question, explaining that the relationship between psychedelics and the United States government has been rooted in control. Government interest in psychedelics has primarily surrounded controlling the population in an effort to allow politicians to gain more political power. To support this claim, Chapter Two addresses the emerging patterns between federal agencies and psychedelic drugs that took place parallel to positive therapy research. The CIA, inspired by Nazi experiments with the psychedelic mescaline, carried out a series of undercover operations utilizing psychedeilcs, namely ARTICHOKE and MKULTRA. As Cold War tensions with the Soviet Union grew, government agencies began looking for new strategies to triumph over Communism and retain their status as a global power, at the expense of the American people. During the CIA operations with psychedelics American citizens were unknowingly drugged, mainly with LSD, in an attempt to see if psychedelics could be used for mind control. After unwittingly consuming LSD, citizens' actions were observed as they underwent harsh interrogations by CIA operatives, in some cases being forced to remain awake for days at a time. With little regard for humanity, government agencies funneled millions of dollars into projects that directly contradicted the goal of psychiatrists regarding psychedelics, for the purpose of bolstering their global role by violating the human mind. Coincidentally enough, as the horrors of these projects were classified by the U.S. government, they began to change their stance on psychedelic drugs. This shift in government outlook occurred as psychedelics became recreationally mainstream, associated with anti-war movements of the 1960s and 1970s, and CIA operations came to a crashing halt. Here, the U.S. government realized that psychedelics were doing the opposite of what they intended: rather than controlling the population,

they were initiating an anti-authoritarian movement. Notable leaders of the 1960s psychedelic craze, such as Timothy Leary, threatened the United States government by using psychedelic drugs as a way to protest policy choice. In seeing the burgeoning loss of control over their constituents and realizing psychedelics added to this without benefiting the government in any way, officials quickly acted to maintain control and political power. The first sweeping piece of psychedelic legislation came a year before CIA documents were classified. The overlapping timelines of contrasting federal views on psychedelics correlates with the government searching for new ways to maintain control and power. In fact, Chapter Two mentions that government members even admitted that drug control was carried out as a way to further penalize marginalized groups that threatened the course of politics the government deemed fit. Controlling drugs became a simple way for the government to criminalize those who opposed them. By enacting harsh legislation, the government was able to establish the pattern of control and secure political gain they initially sought when dealing with psychedelics. Anti-psychedelic legislation ramped up in the 1960s and 1970s as a result, with government agencies such as the FDA and eventual DEA given increasing power over psychedelic drugs. By the creation of the DEA in 1973, psychedelic drugs were Schedule One drugs with the harshest penalties if used or possessed, and even the resurgence of psychedelic therapy with MDMA in the 1980s proved moot due to DEA rulings. Essentially, psychedelics caused more harm than good to the government's political power. Control began with the government aiming to achieve mind control yet was fully established when the government realized banning psychedelics could permit them more power.

Moreover, the legislation introduced allowed the government to preserve channels of greed, another motivator to the continued obstruction to psychedelic-therapy research.

Chapter Three analyzes the variable of greed, why it exists, and how legislation has solidified the ability of government members to be influenced by greed despite research. Psychedelic-therapy treatment competes with widely accepted psychiatric drug therapy medications including SSRIS, SNRIS, and benzodiazepines. As psychedelic therapy research began to take off, antidepressant and antianxiety medications that are still utilized today began to be patented and broadly marketed. As this lucrative line of drugs became more mainstream, government control surrounding psychedelics tightened, ultimately leaving companies to turn towards antidepressants to profit. The invention of these drugs began to bring in millions of dollars for the pharmaceutical industry, a multibillion-dollar series of corporations in healthcare. However, the efficacy and safety of antidepressants has been questioned by scientists, especially considering multiple studies regarding industry bias in clinical trials. Yet, as discussed by numerous scholars, the pharmaceutical industry in a capitalist country like the United States can maximize profit by focusing their revenue on lobbying government officials to vote for favorable policy rather than innovate new, more effective drugs. In doing so, long-term solutions become unattractive to the industry, and drugs like psychedelics which could potentially eliminate the use of daily antidepressants are poor for business. Thus, driven by financial compensation such as campaign funding that can then lead to greater political power, government officials in Congress are influenced to maintain policy that allows corporations to continue producing largely ineffective drugs. Policy includes monopoly laws that permit antidepressant manufacturers to patent similar variations of the same

drug to extend the 20-year patent life present in the United States on a somewhat effective product. Exemplified is the pharmaceutical industry capitalizing on revenue rather than turning towards perhaps more viable solutions, such as psychedelic therapy. Other policies which aid the pharmaceutical industry and directly affect psychedelic research have created a lack of bureaucratic oversight in FDA and DEA rulings as well as the ability for Congress to act with complacency on drug rulings that do not benefit the industry. Moreover, current scheduling of psychedelics makes research expensive, another deterrent to the pharmaceutical industry. Greed motivates government officials to follow the trend of slowing psychedelic research, as there is no large financial gain the government would currently receive given the manner psychedelics have been controlled to this point. Research on psychedelic assisted therapy minimally warrants serious consideration about the path psychiatry has taken in treating mental illnesses. Yet politicians have been deterred from acting because they reap the benefits the pharmaceutical industry has been able to collect as a result of the history of psychedelic legislation. Ultimately, the way control surrounding psychedelics manifested paved a way for government members to amass more money from the pharmaceutical industry, weakening chances for large-scale pro-psychedelic therapy legislative change to occur.

Various U.S. agencies have been involved in the use and regulation of psychedelics which has led to the halt and slow revival of psychedelic-assisted therapy. Two variables, control and greed, have motivated members of the government to make decisions on psychedelics that they believe could lead to political advancements. Scientific research which presents the potential for numerous individuals to be successfully treated with psychedelic therapy has been disregarded in favor of

problematic alternatives, resulting in citizens suffering at the hands of the government. The case of psychedelic assisted therapy highlights how groups of powerful elites can deny science to turn a profit while disguising their own methods of control at the expense of many. Without confronting the ways the government and its agencies manipulate information to benefit themselves, constituents in a state will be at the mercy of those without their best interests in mind. With approximately 25% of U.S. adults experiencing some sort of mental illness[196]individuals deserve access to truly innovative treatment options that provide long-term relief. Psychedelic assisted therapy is only one thread in a large web of patterns of government control and greed affecting the livelihood of the American people.

Looking Forward

While this thesis highlights the primarily negative aspects of psychedelic therapy and the government that has slowed research for years, it would be unjust to ignore the triumphs made in the psychedelic community as a whole and what this means for research moving forward. In 2019, multiple areas across the United States saw various levels of psilocybin deregulation for personal possession and use including Denver, Colorado; Oakland, California, and the state of Oregon.[197] Furthermore, other psychedelics like DMT and ayahuasca have begun to enter deregulatory processes in specific places.[198] Public support for decriminalizing on the state level, however, is not as important to this thesis as recent statements made by U.S. regulatory bodies on psychedelic therapy treatments. In 2018 and 2019, the head of the FDA recognized the

[196] Tikkanen et. al. (2020)
[197] Aday, Bloesch, & Davoli (2020)
[198]Aday, Bloesch, & Davoli (2020)

importance of psilocybin assisted therapy against depression and anxiety, ultimately stating in 2019 that psychedelic research demonstrated promise.[199] The acknowledgement of success by a federal agency was accompanied with a surge in positive legislative movements. Psychedelic assisted therapy was approved for research in Texas and Connecticut as of 2021[200] and Utah followed suit in March of 2022, creating an entire task force surrounding the use of psychedelic assisted psychotherapy[201]. Similar bills asking governors to approve psychedelic therapy research have begun making its way through the Oklahoma House of Representatives, with lawmakers focusing on the potential of psilocybin in the treatment of PTSD among veterans.[202] As new bills slowly but surely begin to enter legislative discourse across the country, federal attention is increasingly drawn to the issue. Research continues to confirm lawmakers' rightful decisions in approving clinical trials on psychedelics. Unfortunately, there are still hurdles to jump through as other pieces of legislation are disregarded, exemplified by a recent Florida bill relating to psychedelic therapy that was not passed.[203]

While legislation trudges in an upward direction, an interesting yet slightly controversial path forward for psychedelic therapy has also been discussed by scholars. As congressional and federal bodies have listened to research and acted accordingly, the pharmaceutical industry has begun to show greater interest in psychedelic treatment. In 2019, a nasal spray of Ketamine, a drug derivative to classic psychedelics, was patented by a major corporation and is currently on the market while a nasal dose of psilocybin is

[199] Aday, Bloesch, & Davoli (2020)
[200] Cutler (2021)
[201] Brammer & Vickers (2022)
[202] Sweeney (2022)
[203] Scheckner (2022)

in the patent process. [204] Yet companies have been facing backlash for attempts to exploit psychedelic therapy and concerns surrounding the industry's intentions have been growing due to its tumultuous history with psychiatric care.[205] If the pharmaceutical industry acts as it has in the past, psychedelic assisted treatment will become expensive and inaccessible, conflicting with tenets of the psychedelic community.[206] Pharmaceutical industry interest in psychedelic therapy treatment could assist in influencing more positive legislation to pass, however, playing into corporate-governmental greed may perpetuate preexisting negative patterns. As discussed by Noorani[207], it appears naive to assume motivations of the industry have drastically changed and involving Big Pharma in psychedelic psychiatry must be treated with caution.

Psychedelic assisted therapy has a bright future with patterns of control and greed dismantling around the country. Still, as seen by failing bills and Big Pharma lurking in the background, motivations by the government and its allies should be met with a level of skepticism. Although the tides are finally turning, it is an uphill battle for psychedelic assisted therapy to be freely accessible with no capitalist interference. Radical criticism and awareness of the government's relationship with psychedelics is necessary as the future unfolds to avoid falling down the rabbit hole once again.

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[204] Aday, Bloesch, & Davoli (2020)
[205] Noorani (2019)
[206] Noorani (2019)
[207] Noorani (2019)

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