

# Prohibition of LSD in the Nordic Countries

A historical analysis of how Lysergic Acid Diethylamide was conceptualised, used and prohibited in Denmark, Norway and Sweden in the 1960s.

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## **Abstract**

LSD, Lysergic Acid Diethylamide, was used in psychotherapy in Scandinavia throughout the 1960s. In 1966 all possession of the substance not approved for research or medical use was criminalized. Prior research on the history of LSD in psychotherapy has given several explanations for prohibition, including “moral panic” and a changed attitude in scientific communities towards psychopharmaceutical methodology. This prior research on the history of LSD has tended to hold a nation-state scope, despite the transnational character of the issue. In this dissertation, a Nordic scope (Denmark, Norway, Sweden) is applied to the question of how LSD came to be prohibited. A Nordic community of experts in psychiatry and psychopharmacology discussed LSD-therapy at different occasions in the early 1960s. By leaning on a tradition of history of knowledge and recent findings in global drug history, the dissertation provides novel insights on how LSD was conceptualized by the Nordic scientific LSD-experts, and how these findings relate to the public debate on the topic occurring in the late 1960s. Primary sources include the expert’s research publications from the scientific community, newspapers, and different archival material. While the debate was similar in Scandinavia in its division of defenders of prohibition contra liberalists, the most outspoken and influential debaters are presented, and their arguments discussed. I argue the moral panic to have been less evident factor in Scandinavia in comparison to the USA, as the Directors of Health Departments criminalized illicit possession before non-authorized use became more widespread. Further studies should seek to uncover the role of WHO and international organizations in pressing for LSD-prohibition.

## Foreword

It is only fair to let the reader know what I have considered the main reason behind my interest in the history of prohibition of LSD. The scope and time period set aside, I have found myself wondering about the historical intentions behind prohibiting LSD, a particularly interesting psychedelic drug because of its mind-altering and highly potent properties that became popular in the counter-cultural circles in the 1960's. Today, the drug is still listed among the strongest sanctioned drugs under international conventions, in which the Nordic Countries take part.

As the decisions made to prohibit LSD fade into history, the living memory of the political atmosphere at the time fade. With the glide of societal consciousness away from the past, the work of the historian becomes the more important. Answering why prohibition entered into force becomes a difficult task, where reconstruction of ideas, attitudes and actions requires going to all kinds of historical sources, many of which are not easily findable nor accessible. It is not possible alone, and I am truly grateful of the help I have received along the way. Librarians, archivists, and scholars of different kind from different countries have all helped with their specific knowledge. A special thank you goes to my fellow students and supervisor for reading closely through my unfinished drafts. They have also encouraged me with their enthusiastic interest for the topic of this dissertation, reminding me that it is not only my own peculiar interest which needs satisfaction. Legislation on medicine and drugs is still a highly important political subject, and especially in a time where psychedelic drugs have reentered mainstream medical interest, an understanding of why it became illegal is all the more important.

The current dissertation is not politically motivated, but rather motivated by curiosity. I have attempted throughout the thesis to present what I consider the most relevant information, so that the reader, hopefully, can judge for herself if the process of prohibition was warranted, unfair, legitimate, or undemocratic.

While the dissertation should be accessible and comprehensible to anyone interested in the historical aspects of LSD in society, it is focused on *Norden*, the Nordic Countries and a Scandinavian context. As the reader will see, albeit LSD chemically was and is the same across country borders, the cultural and legislative differences between the Nordic Countries and other regions, including the USA, was significant.

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### Central concepts:

- Hallucinogen: Used in the 1960s literature to describe drugs causing hallucinations. A precise definition could be considered as “a false sensory perception in the absence of an actual external stimulus.”<sup>1</sup>
- LSD: Lysergic Acid Diethylamide, from German *Lysergsäure Diethylamide*. Patented by Sandoz in 1938
- Psilocybin: The component in some “magic” mushrooms causing hallucinogenic/psychedelic effects similar to LSD
- Psychedelic: From Greek *Psyche*, soul or mind, and *Delein*, to manifest. Mind-manifesting.
- Psycholythic: From Greek *Psyche*, soul or mind, and *Lytic*, dissolving. Mind-dissolving

### Central laws:

1955: Act on Euphoric Substances in Denmark

1956: Narcotics Act in Finland

1961: The UN Single Convention on Narcotic Drugs

1964: The Medicine and Drugs Act in Norway

1964: The Narcotics Act in Sweden

1965: The Drug Abuse Control Amendments in the USA

1966: Decree listing LSD as a criminalized drug in Denmark, Norway, Sweden

1967: Decree listing LSD as a criminalized drug in Finland

1971: The UN Convention on Psychotropic Substances

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<sup>1</sup> Many definitions can be found close to this. See Diana L. Stein, Sarah Kiehl Costello, and Karen Polinger Foster, *The Routledge companion to ecstatic experience in the ancient world* (London, New York, New York: Routledge, 2022), 3

## Introduction

The central aim of this dissertation is to present a history of how LSD came to be prohibited in the Nordic Countries.<sup>2</sup> In this introduction, it will be shown how prior literature has made a foundation for this question to be answered. The themes, the scope, and the questions posed in this paper make the findings relevant as a contribution to the existing literature. Writings touching on the history of LSD come from scholars with different disciplinary backgrounds. First, I will present literature with primary intersection of the theme of the current dissertation. Afterwards, the introduction will go over two major sections of contributions, each having relevance to this dissertation in different ways. While not being possible to completely separate, these are (i) international historiography of drug policy alongside the historical and socio-political literature on LSD, and (ii) works with a geographical boundary of the Nordic society and cooperation, including contributions inside history of knowledge.

Some historical work has been done examining LSD in psychotherapy in the 1950s-1970s Scandinavia. In Norway and Denmark, the allegations of unethical experimentation with use of LSD on patients gathered public media attention and resulted in officials investigating the affairs. In Norway, the book of Joar Tranøy, *Psykiatriens Kjemiske Makt*, led to public debate in the 1990s resulting in a government NOU report produced at the Norwegian Directory of Health published in 2003.<sup>3</sup> The NOU report included useful knowledge and insights on past LSD research in Denmark and Sweden. In Denmark, the journalist and author Frank Larsen published *De Sprængte Sind* in 1985, exposing the very controversial LSD treatments that had taken place at Frederiksberg Hospital.<sup>4</sup> It set off the so-called "LSD-Affair", leading to a special law allowing for patients to be compensated for what was judged to be psychological damages from the treatment.<sup>5</sup> The recognition of potential dangers of LSD-treatment has contributed to criticism of LSD in psychotherapy among some contemporary scholars, including J. K. Larsen's papers following up on LSD treatment results from Scandinavian

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<sup>2</sup> In this dissertation, the Nordic Countries are understood as: a region in Northern Europe including Denmark, Norway, Sweden, Finland, Iceland, Greenland, The Faroe Islands, Åland. *Scandinavia*, *Norden* and *The Nordic Countries* will be used interchangeably centered around the history in Denmark, Norway and Sweden.

<sup>3</sup> Joar Tranøy, *Psykiatriens kjemiske makt* (Oslo: Spartacus, 1995).; Granskning av påstander om uetisk medisinsk forskning på mennesker, (Oslo, Norway: Statens forvaltningstjeneste, Informasjonsforvaltning, 2003).

<sup>4</sup> Alex Frank Larsen, *De sprængte sind : hemmelige forsøg med LSD* (<København>: Informations forlag, 1985).

<sup>5</sup> "Lov om erstatning for skader ved LSD-behandling," ed. Indenrigs- og Sundhedsministeriet (Denmark, 1986).

<https://www.retsinformation.dk/eli/lta/1986/219>., last visited 02-06-2023

psychotherapists before 1974.<sup>6</sup>

While these publications used retrospective methods to uncover information on the past LSD treatment across the Nordics, the NOU report being the most thorough, they were not done with the aim of connecting it with any research debates in the historical discipline.

The question of analyzing how LSD became prohibited within a Nordic scope is a novel historical task, and the following historiography is therefore more like a patchwork of interdisciplinary character, rather than a research tradition established solely within history. Some in-depth historical works have been of particular importance to the current dissertation due to greater overlapping topics of interest. Norwegian historian Per Haave and sociologist Willy Pedersen have done archival research and successfully connected the history of LSD treatment in Norway with historical narratives of LSD in an international context. Works providing overview of general historical and legal aspects in the Nordic Countries in the 1960s are from an older date, but their research and dissemination is neither outdated nor improved. Kjetil Bruun, who was an active representative from Finland in drug policy in the 1960s, later published a book giving a great historical overview of medical and pharmaceutical issues in the Nordic Countries until 1982. Regarding drug laws and criminological aspects, more works have been written with a cross-Scandinavian scope, but Hakkarainen, Laursen and Tigerstedt's comparative study from 1996 should be highlighted as especially useful.<sup>7</sup>

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<sup>6</sup> Jens Knud Larsen, "LSD treatment in Scandinavia: emphasizing indications and short-term treatment outcomes of 151 patients in Denmark," *Nord J Psychiatry* 71, no. 7 (2017)., Jens Knud Larsen, "Early LSD treatment in Denmark from 1960 to 1974: an analysis of possible and long-lasting changes in the adult personality following psychedelic treatment. A historical retrospective cohort study," *Medicine* 100, no. 23 (2021).

<sup>7</sup> Larsen, "LSD treatment in Scandinavia: emphasizing indications and short-term treatment outcomes of 151 patients in Denmark."; Larsen, "Early LSD treatment in Denmark from 1960 to 1974: an analysis of possible and long-lasting changes in the adult personality following psychedelic treatment. A historical retrospective cohort study."; Per Haave and Willy Pedersen, "The Promise and Demise of LSD Psychotherapy in Norway," (2020); Granskning av påstander om uetisk medisinsk forskning på mennesker, Short; Kjetil Bruun, *Läkemedelsfrågan i Norden i ljuset av psykofarmakakontrollen* (Stockholm: Prisma, 1982); Pekka Hakkarainen, Lau Laursen, and Christoffer Tigerstedt, *Discussing drugs and control policy : comparative studies on four Nordic countries*, NAD-publikation (trykt utg.), (Helsinki: Nordic Council for Alcohol and Drug Research, 1996).

## Historiography on the international and global history of drug policy

In the last few years, the history of drug policy has seen many new publications collecting research information on both national, regional and global levels.<sup>8</sup> Paul Gootenberg has argued the emergence of research on the global level using archival material started in the 1990s. By now, the field of global drug history is largely interdisciplinary, drawing on insights from research areas such as anthropology, medical history, history of consumption, and sociology.<sup>9</sup> The 1990s was a time of increased global focus in different academic disciplines, as the contemporary politics increased the focus on the interlinkage of the world. This new wave of studies has made the history of drugs integrated with broader narratives such as the history of capitalism, empires, and the establishment of the global legal regime. Viewing drugs as commodities has been particularly fruitful for this development.<sup>10</sup> As the transdisciplinary scholar, Mazyar Ghiabi, has noted, “few commodities are as global as drugs”.<sup>11</sup>

According to Gootenberg, *The Oxford Handbook of Global Drug History* is the first major attempt of taking stock of the new progress and direction of the field both with its global scale and timespan.<sup>12</sup> One of the contributors, Elisa Guerra-Doce emphasizes how the international historical aspect on drug history needs further research in order to grasp historical creation of norms, the politics behind the laws and the individual state practices in relation to the international drug scene.<sup>13</sup> However, there has been an increase in books gathering the smaller sporadic studies into landmark works the last decade.<sup>14</sup>

A particularly influential book in the global drug history tradition was published by Goodman, Lovejoy and Sherratt in 1995, which put special emphasis on the role of drugs in the creation and

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<sup>8</sup> *The Oxford Handbook of Global Drug History*, ed. Paul Gootenberg (Oxford University Press, 2022).

<sup>9</sup> Paul Gootenberg, "Introduction: A New Global History of Drugs," in *The Oxford Handbook of Global Drug History*, ed. Paul Gootenberg (Oxford University Press, 2022).

<sup>10</sup> Elisabet Dueholm Rasch, "Teaching the History of Drugs as Commodities : A Talk with Historian Paul Gootenberg," *Commodity Frontiers* 2021, no. 2 (2021).

<sup>11</sup> Mazyar Ghiabi, "Spirit and being: interdisciplinary reflections on drugs across history and politics," *Third world quarterly* 39, no. 2 (2018).

<sup>12</sup> Gootenberg, "Introduction: A New Global History of Drugs.", 2

<sup>13</sup> Elisa Guerra-Doce, "Psychoactive Drugs in European Prehistory," in *The Oxford Handbook of Global Drug History*, ed. Paul Gootenberg (Oxford University Press, 2022).

<sup>14</sup> Stein, Costello, and Foster, *The Routledge companion to ecstatic experience in the ancient world.*; Beatriz Caiuby Labate and Clancy Cavnar, *Prohibition, Religious Freedom, and Human Rights: Regulating Traditional Drug Use*, 2014 ed. (Berlin, Heidelberg: Berlin, Heidelberg: Springer Berlin Heidelberg, 2014).



practice of culture in history, while also pointing out the legal regimes and its impact on cultural policy.<sup>15</sup> Other publications published in the same period made it clear how the conceptual line between drugs, medicines, substances for recreational use, spices, stimulants, intoxicants, etc. was shaped largely by historical circumstances.<sup>16</sup> Implications of these diverging attitudes to intoxicating substances throughout time, lead to the argument essential for the relevance of the current dissertation. That is, similar to other commodities, the transnationality and difficulty of keeping the borders strict, make the drug policy history a complex net of national, international, regional, and transnational regimes. These regimes are constituted by dominant ideas and laws within multiple overlapping sectors, such as public health, pharmaceuticals, medicine, psychotherapeutics, and economics. It is a battleground for questions on extend of freedom for individuals, groups, nations, and peoples to produce, trade and consume substances.

The international conventions on drugs in the postwar period (1961, 1971) has been contextualized by several authors as constituting a 'global drug prohibition regime'.<sup>17</sup> A particularly influential writer, Ethan Nadelmann, has been attributed for coining this term in his article, *Global Prohibition Regimes: The Evolution of Norms in International Society* from 1990.<sup>18</sup> In here, an often-quoted segment occurs, which deserves to be repeated in full length here:

*"Today, the vast majority of states count themselves as members of the global drug prohibition regime. Almost all have now ratified the 1961 Single Convention on Narcotic Drugs, and approximately ninety have signed its successor, the 1971 Convention on Psychotropic Substances. The production, sale, and even possession of cannabis, cocaine, and most opiates, hallucinogens, barbiturates, amphetamines, and tranquilizers outside strictly regulated medical and scientific channels are now punished with criminal sanctions in virtually every nation; criminal justice agencies in most countries are deeply involved in investigating and prosecuting drug law violations; and even the*

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<sup>15</sup> Jordan Goodman, Paul E. Lovejoy, and Andrew Sherratt, *Consuming habits : drugs in history and anthropology* (London: Routledge, 1995).

<sup>16</sup> Wolfgang Schivelbusch, *Tastes of paradise : a social history of spices, stimulants, and intoxicants*, 1st Vintage Books ed. ed., Paradies, de Geschmack und die Vernunft, (New York: Vintage Books, 1993).

<sup>17</sup> See for instance Emily Crick, "Drugs as an existential threat: An analysis of the international securitization of drugs," *Int J Drug Policy* 23, no. 5 (2012).; David R Bewley-Taylor, *United States and international drug control, 1909-1997* (A&C Black, 2002).

<sup>18</sup> Ethan A. Nadelmann, "Global prohibition regimes: the evolution of norms in international society," *Int Org* 44, no. 4 (1990).

*rhetoric of the "war on drugs" has been globalized. The processes by which this regime has evolved must be understood as a confluence of the perceptions, interests, and moral notions among dominant sectors of the more powerful states along with the exceptional influence of American protagonists in shaping the regime according to their preferred norms.*"<sup>19</sup>

While the impact of American power in the establishment of the drug prohibition regime should not be neglected, more recent transnational approaches to global drug history suggest the origins and interest in establishing the regime to have been coming from other nations and regions too, even outside the West in general.<sup>20</sup> The risk of overemphasis on American influence also comes from a scholarly tradition based on accessible anglophone sources. It almost goes without saying that English, as the *lingua franca* in contemporary research in drug history, risks giving greater international attention to the anglophone countries than the Nordic Countries. An example of an influential scholarly production falling under the anglophone category is historian Virginia Berridge's *Demons: Our changing attitudes to alcohol, tobacco, & drugs*.<sup>21</sup> The book's unclear geographical scope makes the findings relevant to the unconfined transnational history of drugs but is mainly based on literature and historical examples from Britain.

David Herzberg, an American historian of pharmaceuticals, has contributed greatly to the understanding of the interconnection between historical racial and cultural discrimination in the USA and how the legal system was divided in drug policy and medical/pharmaceutical policy.<sup>22</sup> His scope is exemplary by being clearly set on the USA, but some of the arguments in the book go beyond, and explains connections to international drug policy regimes as well.<sup>23</sup> A theme throughout his work is what he has coined "the medicine-drug divide", which is the historically constructed division of categories drugs and medicine.<sup>24</sup> Herzberg argued this categorical split to be arbitrary and unfit for withstanding simple scrutiny. For instance, opioids are used in medicine, but are only legal under

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<sup>19</sup> Ibid., 503

<sup>20</sup> James Windle, "How the East Influenced Drug Prohibition," *The International History Review* 35, no. 5 (2013/10/01 2013).

<sup>21</sup> Virginia Berridge, *Demons: Our changing attitudes to alcohol, tobacco, and drugs* (Oxford University Press, 2013).

<sup>22</sup> David Herzberg, *White Market Drugs: Big Pharma and the Hidden History of Addiction in America* (Chicago and London: University of Chicago Press, 2020).

<sup>23</sup> See for instance chapter one regarding the international opium prohibition, in Herzberg, *White Market Drugs: Big Pharma and the Hidden History of Addiction in America*.

<sup>24</sup> Ibid., p 14

certain circumstances if not to be considered illegal drugs.

In my dissertation, I will apply the same geographical restriction as Herzberg, only to the Nordic Countries instead, while simultaneously acknowledging some phenomenon to be alike those in other countries and regions. It will be argued that the legal action on LSD was indeed divided in a medical/pharmaceutical restriction on authorized access, and a drug/narcotic strain of criminalizing unauthorized usage. A direct transference of concepts from anglophone literature is, however, not always possible, as the history of medicine and drugs in the Nordic Countries is unique and to some degree separate from international tendencies. Ragnar Hauge, a Norwegian criminologist, has written groundbreaking and insightful books on drug history and the history of LSD, but his work lacked stringent separation of geographical boundaries.<sup>25</sup> It was overly focused on the American events, giving primary attention to describing how LSD became prohibited in the USA and how the international rules were set up as a result of illicit usage in America.<sup>26</sup> That said, the American and English literature on the history of LSD is vast and serves as great resource for historical and theoretical insights. Therefore, these scholarly productions should not be avoided as only to create a Nordic exceptionalism in its place. The American international influence in the 1960s was undisputable, and as will be shown in this dissertation, it influenced the history of LSD in the Nordics through several channels – In scientific communities, international organizations, culture, and counterculture.

In 1997, Steven J. Novak had an article published arguing for a shift in the historical view.<sup>27</sup> While the view on why LSD became prohibited had been attributed to a reactionary attitude towards the countercultural radical figures as Timothy Leary,<sup>28</sup> who argued for liberal access to LSD, Novak showed in the article how a shift among LSD-researchers had already happened in 1960 with Sydney Cohen's critical article "LSD: Side effects and complications".<sup>29</sup> Since then, several authors have

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<sup>25</sup> Ragnar Hauge, *Rus og rusmidler gjennom tidene* (Oslo: Universitetsforl., 2009).; Ragnar Hauge, *Historien om LSD*, 2. utg., (med et etterord om ecstasy). ed., vol. 1990:1, Temaserie (Rusmiddeldirektoratet : trykt utg.), (Oslo: Rusmiddeldirektoratet, 1997).

<sup>26</sup> Hauge, *Historien om LSD*, 1990:1., 26

<sup>27</sup> Steven J. Novak, "LSD before Leary: Sidney Cohen's Critique of 1950s Psychedelic Drug Research," *Isis* 88, no. 1 (1997).

<sup>28</sup> Timothy Leary was a psychiatrist who famously phrased the one-liner "Tune in, Turn on, Drop out" in 1966. He became a front figure advocate for the right to consume LSD in the 1960s. See Devin R. Lander, "'Legalize Spiritual Discovery': The Trials of Dr. Timothy Leary," in *Prohibition, Religious Freedom, and Human Rights: Regulating Traditional Drug Use*, ed. Beatriz C. Labate and Clancy Cavnar (Springer, 2014).

<sup>29</sup> Sidney Cohen, "Lysergic Acid Diethylamide: Side Effects and Complications," *J Nerv Ment Dis* 130, no. 1 (1960).

emphasized the importance of the Federal Drug Administration and new waves of requirements to scientific trials, resulting from broader interest in pharmaceutical quality control.<sup>30</sup> With regards to the latter point, Matthew Oram's work should be highlighted.<sup>31</sup> Others have reemphasized the importance of public attention and the politicized aspects that came with more widespread use, arguing that LSD was prohibited due to "moral panic".<sup>32</sup> The question of whether it was moral panic, will be discussed in the conclusive part, where it will be argued that moral panic was not as important in establishing a prohibition regime as abroad.

This dissertation will be seeking to balance out the scale by focusing on what happened in the Nordic Countries with regards to prohibition of LSD. In the following, the category of Nordic History will be defended both as a valid research tradition, but also as a geographical boundary related to existing historical cultural and political regional integration.

## **Nordic History and theoretical reflections**

The most populous Nordic Countries, Denmark, Norway, Sweden, Iceland, and Finland shares outside borders and is somewhat expectable to find as a historical category due to the natural limits posed by the geographical circumstances. Common Nordic cultural and political history can be traced back to the Kalmar Union, the Early Medieval Age, or even before that. Linguistically, the region's dominant common North-Germanic language made it possible for the elite Scandinavian ideological movement in the 19<sup>th</sup> century to meet and find commonality.<sup>33</sup> Relevant to the topic of Nordic cooperation in the Health-sector, namely drug policy, is the fact that pharmaceutical cooperation and coordination began in 1860s in this time of Scandinavism.<sup>34</sup> This political movement of Scandinavists gathered speed in the 1800s, where ideas of a common Nordic state became widespread as a political ideal similar to that of the contemporary German and Italian, connecting

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<sup>30</sup> Matthew Oram, "The trials of psychedelic medicine: LSD psychotherapy, clinical science, and pharmaceutical regulation in the United States, 1949-1976" (University of Sydney, 2014).

<sup>31</sup> Wayne Hall, "Why was early therapeutic research on psychedelic drugs abandoned?," *Psychological Medicine* 52, no. 1 (2022), 27-28

<sup>32</sup> Erich Goode, "Moral panics and disproportionality: the case of LSD use in the sixties," *Deviant behavior* 29, no. 6 (2008).

<sup>33</sup> Rasmus Glenthøj and Morten Nordhaugen Ottosen, *Union eller undergang : kampen for et forent Skandinavia* (Oslo: SAP Scandinavian Academic Press, 2021), 107

<sup>34</sup> Bruun, *Läkemedelsfrågan i Norden i ljuset av psykofarmakakontrollen.*, 242

smaller states in order to create a larger nation. In a recent thoroughgoing work on the topic of 19<sup>th</sup> century Scandinavism, Glenthøj and Ottosen bring several good arguments to the table.<sup>35</sup> They argue the pan-Scandinavian ideology to be taken seriously as a historical path not taken, as a large amount of influential people in the elite environment fought actively to integrate the region, ultimately in order to compete facing the international scene. In a time when the academic environment started to be more established, the scientific community also sought actively to cooperate and communicate across the Nordic borders. Glenthøj and Ottosen have argued this to be simultaneously unique in comparison to other more closed national communities in Europe, but also in perfect line with the focus on vital nationalism: "The meetings reflected a European tendency, where scientists in the larger European states organized themselves. However, while German, French, British and American scientists created national societies and held national congresses, the Scandinavians organized themselves not only nationally, but pan-nationally."<sup>36</sup> Thus, the unique situation of scientific communities across the Scandinavian region already established itself firmly with historical credence in the second half of the 19<sup>th</sup> century. The knowledge-sharing and common political and cultural tendencies effected 20<sup>th</sup> century Health politics in a direction of enhanced commonality through legislation and new cross-border communities.<sup>37</sup>

History of the political integration in the postwar period of Sweden, Denmark, Norway, Finland, Iceland, is an established subfield of history.<sup>38</sup> One recent major contribution to the research on Nordic Cooperation was published in 2016, *Nordic Cooperation: A European region in Transition*, edited by Johan Strang.<sup>39</sup> Here, the historiographical summary is presented with a distinction between two major narratives on Nordic cooperation, "one of failure and the other of success".<sup>40</sup>

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<sup>35</sup> Glenthøj and Ottosen, *Union eller undergang : kampen for et forent Skandinavia*.

<sup>36</sup> *Ibid.*, 107

<sup>37</sup> See for instance Anne Kveim Lie, "Producing Standards, Producing the Nordic Region: Antibiotic Susceptibility Testing, from 1950–1970," *Science in Context* 27, no. 2 (2014).

<sup>38</sup> The tradition for Scandinavian historians to focus on postwar Nordic political integration has been evolving alongside the development of the cooperation itself. The extend of integration and its historical roots is a historical debate often tackled by scholars writing in the latter half of the 20<sup>th</sup> century. Noteworthy contributions include (chronological order): Christian Lange, "Nordisk offentlig samarbeid - en regional integrasjonsprosess," *Internasjonal politikk*, no. 2 (1965).; Frantz Wendt, *Cooperation in the Nordic countries : achievements and obstacles* (Stockholm: Published for the Nordic Council by Almqvist & Wiksell International, 1981).; Gry Larsen, Claes Wiklund, and Bengt Sundelius, *Norden i sicksack : tre spårbyten inom nordiskt samarbete* (Stockholm: Santérus, 2000).; Peter Nedergaard and Anders Wivel, *The Routledge handbook of Scandinavian politics*, Routledge international handbooks, (London: Routledge, 2018).

<sup>39</sup> Johan Strang, *Nordic cooperation : a European region in transition*, Global order studies, (London: Routledge, 2016).

<sup>40</sup> *Ibid.*, 3

Although the arguments for the failure narrative are complex and plentiful, comparisons with other more powerful national and international systems, namely nation-state building, EU or NATO, has contributed to this idea of a failed attempt. With regards to the success-narrative, Strang writes: “the other strand in the research on Nordic cooperation – that which portrays it as a great success – involves an explicit or implicit rejection of the applicability of both the (pan-)nationalist and the (EU) integrationist perspectives on Norden. Instead, the narrative of success tends to present Nordic cooperation as an exceptional case.”<sup>41</sup> Strang then added a third narrative, the transnational: “Nordic Cooperation could arguably be said to be genuinely ‘transnational’ and not merely ‘international’”.<sup>42</sup> In the current dissertation, promoting a narrative of success or failure is not the primary focus. Instead, in alignment with the third narrative presented by Strang, I will analyze the impact of transnational cooperative action as “a means of connecting the citizens to the state”. This is partly because of an argument presented by Strang: “Cooperation is often a matter of *national* representatives meeting, exchanging experiences and learning from each other”.<sup>43</sup> But it is also partly due to the historical specific instance of how the trans-Nordic community of LSD-experts shaped their knowledge-creation. As will be shown, this community was integrated on many different levels, including state-level, Nordic-level and international-level.

Kettunen and Petersen have used the term ‘trans-Nordic’ in order to include the more complex interplay between different levels, regarding both questions on political and epistemic agreement. Petersen emphasized the shaping of the Nordic welfare states as processes functioning at, and in between, three levels: “the national, the Nordic and the international”.<sup>44</sup> In particular, “it is also essential to explore the role played by the Nordic region as a special geographical-political-cultural arena and an epistemic community with a strong tradition for cooperation, internal rivalry, interdependence and mutual imitation.”<sup>45</sup> Petersen’s point leads to the scholarly focus on ideas, objects, people etc., moving in the trans-border landscape.

A newer section of history of the Nordic Countries focusing on history of knowledge largely supports the argument for emphasis on transnational history. Following the tradition set by the

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<sup>41</sup> Ibid., 6

<sup>42</sup> Ibid., 8

<sup>43</sup> Ibid., 8

<sup>44</sup> Pauli Kettunen and Klaus Petersen, *Beyond welfare state models : transnational historical perspectives on social policy* (Cheltenham, UK ; Northampton, MA: Edward Elgar, 2011)., 41-64

<sup>45</sup> Kettunen and Petersen, *Beyond welfare state models : transnational historical perspectives on social policy.*, 10

lingual/cultural turn of the 1970s, spearheaded by figures such as Michel Foucault, the history of knowledge has expanded in Norden in the recent decade.<sup>46</sup> While Foucault managed to conceptualize power-relations continuing to be useful for historians of public health, psychiatry, medicine etc. in 20<sup>th</sup> century western history, this tradition has been reemphasizing the importance of the role of knowledge in history.

The usefulness of reading Foucault shines through in concepts such as *biopower* and *governmentality*, but also through the method of discursive analysis.<sup>47</sup> The first two concepts could be said to be descriptions of a historical development towards increased control over the lived life of bodies (biopower), and the internalized rationality used to govern oneself in society (governmentality). Jessen and Egger have noted that governmentality studies have become an established field of research and that this research has overemphasized a neglect of real state power.<sup>48</sup> They argue that the idea of governmentality was for Foucault not to neglect the existing power relations of the state, but rather to say that whatever we call the state is historically determined by power mechanisms transgressing the idea of the state, working prior to, alongside, in, and through the state. That is, Foucault arguably sought to go beyond the *juridico-discursive* understanding of power-analysis, not to neglect its historical significance.<sup>49</sup> It is not the aim of this dissertation to be using Foucauldian terminology per se, nor have I categorized my analysis in terms of any pre-decided theoretical concepts. These readings should rather be seen as foundational for my initial direction of inquiry, that is, a direction of interest towards a history of LSD where power relations are decided in discursive arenas and where a major driving force in society is determined by constituted knowledge.

Lau Laursen, a Danish scholar who wrote extensively on Drug control policy in Danish and Nordic context, presented in several contributions a clear case of the usefulness of discourse analysis in

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<sup>46</sup> Johan Östling, "Vad är kunskapshistoria?," *Historisk tidskrift (Stockholm)* 135, no. 1 (2015).; Johan Östling, Niklas Olsen, and David Larsson Heidenblad, *Histories of knowledge in postwar Scandinavia : actors, arenas, and aspirations* (Abingdon, Oxon, New York: Routledge, 2020).

<sup>47</sup> For an in-depth analysis of key Foucauldian concepts, see Dianna Taylor, *Michel Foucault: Key Concepts* (Durham: Durham: Taylor & Francis Group, 2014).; For a recent example of the use of biopower and governmentality, see Johannes Kananen, Sophy Bergenheim, and Merle Wessel, *Conceptualising Public Health: Historical and Contemporary Struggles over Key Concepts*, 1 ed. (Milton: Milton: Routledge, 2018)., 10

<sup>48</sup> Mathias Hein Jessen and Nicolai von Eggers, "Governmentality and Statification: Towards a Foucauldian Theory of the State," *Theory, Culture & Society* 37, no. 1 (2020).

<sup>49</sup> Taylor, *Michel Foucault: Key Concepts*., 17

practice.<sup>50</sup> In a contemporary case where a public debate on addict treatment led to law proposals and a debate on the legitimacy of using coercion, he recognized the object of discourse to be mostly detached from its cause.<sup>51</sup> That is, although the betterment of addiction for the addicts was the initial “spark”, the discourse was a separate struggle between societal actors. The government and parliament actors, the police, publicly recognized intellectuals, etc., represented different interests in the discourse, and therefore becomes shaped after these interests and arguments. As the history of LSD in the Nordic Countries will be presented below, this trend of discourse development can be recognized. Different conceptualizations of LSD were used by different people, and different societal groups. The epistemic community of psychiatrists viewed LSD with their own terms, and they stirred the discourse in a particular direction. However, reflecting the complexity of history of knowledge, the trans-Nordic community of physicians with LSD-expertise was also a complex entity in itself.

How the scholarly methods of research in discourse and knowledge production, combined with the insights of international drug history mentioned above, have effectuated a preselection of certain source material used for this dissertation, can be shown by a reflection on another paper by Laursen. He argued for the discourse in Norway, Sweden and Denmark to have changed remarkably in 1966: “From 1966, the authorities in all three Scandinavian countries increasingly reported a radical shift in drug use patterns. Use of cannabis and the LSD increased among young people...[]... This new phenomenon started a fierce and often emotional public debate, a debate that took on the character of a moral panic”.<sup>52</sup> He then went on to argue that the “discursive maelstrom” in 1965-75 changed the control system of the three countries into being much harsher on “unacceptable behavior” than before.<sup>53</sup> Laursen’s emphasis on these years as the point of change is linked to the overall framework of drug policy history and criminology. Thereby, as a bi-product of this focus, he was downplaying the role of the medical epistemic communities in setting the tone

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<sup>50</sup> Hakkarainen, Laursen, and Tigerstedt, *Discussing drugs and control policy : comparative studies on four Nordic countries.*; Jørgen Jepsen, "Lau Laursen in memoriam," *Nordisk alkohol- & narkotikatidskrift : NAT* 22, no. 3-4 (2005).; Nicholas Dorn, Jørgen Jepsen, and Ernesto Savona, *European drug policies and enforcement* (Basingstoke: Macmillan, 1996)., 131-152

<sup>51</sup> Lau Laursen, "Tvangsdiskurs på dansk," *Nordisk Alkoholtidskrift (Nordic Alcohol Studies)* 8, no. 4 (1991).

<sup>52</sup> Lau Laursen, "Denmark and the Nordic Union: regional Pressures in Policy Development," in *European Drug Policies and Enforcement*, ed. Jørgen Jepsen Nicholas Dorn, and Ernesto Savona (Basingstoke: Macmillan Press, 1996)., 131

<sup>53</sup> *Ibid.*, 132



on drugs and illicit substances.<sup>54</sup> I argue, that the fact that LSD was born conceptualized as a pharmaceutical product, later to be analyzed and tested by physicians for different purposes, shaped the discourse and framework of knowledge in the direction of enhanced control. In other words, in order to understand prohibition and the ideas behind the need for it, the main focus of the historical inquiry should be on how LSD came to be considered a problem in the first place. The drug problem, was not, as Laursen wrote, “discovered” in 1966.<sup>55</sup> It was as a product of historical knowledge fabrication, where conceptualizations around LSD in the trans-Nordic epistemic communities was a central part of that process.

The preselection of source materials happened on the basis described above. I initially searched for LSD as a keyword in full-text digital databases by the national libraries of Norway and Denmark, and at later point, Sweden. These have served primarily as a lens for understanding public knowledge and attention. While some newspaper articles were interviews and reports on what went on in the psychiatrist community, I have relied primarily on scientific publications in order to grasp the developments among the latter. In some cases, it has taken some effort to gather literature from the Nordic psychiatric journals, due to not being accessible online (and probably for the same reasons, not quoted in recent literature on the topic). Some archival materials have been used, namely from the national archives of Denmark and Norway. The latter was more useful for finding sources for information on the bureaucratic and administrative procedures, in which handling LSD was only one issue of many. Interestingly, none of the government documents were particularly on LSD or even hallucinogens, which stands in contrast to the scientific and journalistic writings, where LSD was often a topic in itself. It is my impression that this imbalance does not reflect a mismatch between sources and what happened in the past but is a useful representation of the focus from the bureaucratic bodies on medicine and drug policy in more general terms.

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<sup>54</sup> This focus on opinion in media and in political fora was very explicit. In his essay *Denmark and the Nordic Union: regional pressures in policy Development*, he analyses the discourse in major newspapers, open parliamentary debates, and Nordic Council Session debates, leading to emphasis on drug policy in general, rather than explicit knowledge production on certain substances.

See Dorn, Jepsen, and Savona, *European drug policies and enforcement.*, 131-152

<sup>55</sup> Ibid.

## A note on concepts

It is particularly important to notice how LSD was categorized under more encompassing terms with very different meanings such as ‘drug’, ‘medicine’, ‘psychedelic’, ‘psycholythic’, ‘poison’, ‘utopiate’, ‘narcotic’, ‘inebriant’, and in North German linguistic terms, ‘nydelsesmiddel’, ‘rusmiddel’, ‘legemiddel’. These different conceptual connotations cannot be explained outside their historical context, as they carry information of both intended and unintended contestable political, often controversial, uses.<sup>56</sup> Generally, I have attempted to use concepts appropriately, so as to not induce meanings not evident at the time. However, the complexity of the conceptual history is exaggerated with the fact that a concise description of what LSD does biologically, psychologically, and perceptually is only possible to some extent. The practical solution has been to use what I consider the most neutral categories: LSD will be analogous to LSD-25, and will fall under the category of being a psychedelic, since this is the overall term used in contemporary literature.<sup>57</sup> Concepts like “psychotomimetic”, “psycholythic”, and “hallucinogenic” were used at the time in the Nordic Countries over psychedelic, and I have attempted to stay true to the source’s own use of concepts whenever possible.

The substances called psychedelics include mescaline, psilocybin, dimethyltryptamine (DMT), morning glory, LSD and more.<sup>58</sup> LSD was by far the most widespread of them all in the 1960s West. Besides the shared strong “mind-altering” qualities, the chemical structure and natural occurrences differs from other psychotropics.<sup>59</sup> As psychedelics have occurred natively in plants and

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<sup>56</sup> One tradition of conceptual history has followed Reinhart Koselleck’s introduction in Otto Brunner et al., *Geschichtliche Grundbegriffe : historisches Lexikon zur politisch-sozialen Sprache in Deutschland : Bd. 1 : A-D*, vol. Bd. 1 (Stuttgart: Klett, 1972).

<sup>57</sup> For a useful up-to-date discussion on the concept of psychedelics and its history, see Andrew Huberman, *Huberman Lab*, podcast audio, *Psychedelics & Revealing the Unconscious Mind*, Psychotherapy2023, <https://hubermanlab.com/dr-robin-carhart-harris-the-science-of-psychedelics-for-mental-health/>, last visited June 02 2023, timestamp 06:31

<sup>58</sup> Terming the LSD-experience *Psychedelic* was a deliberate attempt by Aldous Huxley and Humphry Osmond to change the associations away from hallucinogens, which connotated schizophrenia and insanity, and over to *mind-manifesting*, implying enhancing and positive effects. Some contemporary observers noted *psycholythic* to be used more in European countries. The terms are, however, interpreted differently in the literature. See Novak, "LSD before Leary: Sidney Cohen's Critique of 1950s Psychedelic Drug Research.", 95; Randolph Alnæs, "Therapeutic Application of the Change in Consciousness produced by Psycholytica (LSD, Psilocybin, etc.)," *Acta Psychiatrica Scandinavica* 39, no. S180 (1964), 397; Torsten Passie, *Psycholytic and psychedelic therapy research 1931-1995: a complete international bibliography* (Laurentius Publishers (Hannover), 1997), 13

<sup>59</sup> The biomedical literature on psychedelics relies mainly on two periods of extensive research: 1950s-1970s and 2000s-present. Some meta-studies include: Evan J. Kyzar et al., "Psychedelic Drugs in Biomedicine," *Trends Pharmacol*

mushrooms in different parts of the world, it has influenced different local traditions and cultures that incorporated usage. The interpretation of this information has differed immensely, as the categories and conceptualizations have depended heavily on the contextual background of those interpreting.<sup>60</sup> As the saying goes, when everything you have is a hammer, all problems turn into a nail. Thus, if one works for a pharmaceutical company in order to discover potential medicine, what is traditional use for some can turn into a pharmaceutical business for others.<sup>61</sup> This interpretive bias is also evident in the contemporary studies on psychedelics referred to in note 59. For instance, archaeological findings of millennia old humanoid sculptures depicted with mushroom features, and psychedelic alkaloids buried with artifacts and skeletal remains, are analyzed as being evidence for “sacramental healing” in prehistoric times.<sup>62</sup> While the narrow conceptualization from medical research is understandable and ethically defensible from the viewpoint of interest in healing and curing, it is simultaneously a straitjacket on historical and social research on psychedelic substances.<sup>63</sup> That is, the historian should avoid taking the conceptualization and categorization of intoxicant substances for granted in the medical literature, given the amount of evidence of different cultures using hallucinogens resembling something else than medicine.<sup>64</sup> In this dissertation, I have attempted to stay clear of such bias, but the reader is encouraged to stay aware of the connotations and assertions that may be connected to use of concepts, as it is not possible for a historian to escape prejudice completely.

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*Sci* 38, no. 11 (2017).; Matthew W. Johnson et al., "Classic psychedelics: An integrative review of epidemiology, therapeutics, mystical experience, and brain network function," *Pharmacol Ther* 197 (2019).

<sup>60</sup> The importance of culture in the use of psychedelic plants as medicine has been thoroughly discussed, See for instance anthologies such as Beatriz Caiuby Labate and Clancy Cavnar, *Plant Medicines, Healing and Psychedelic Science: Cultural Perspectives* (Cham: Cham: Springer International Publishing AG, 2018).; Labate and Cavnar, *Prohibition, Religious Freedom, and Human Rights: Regulating Traditional Drug Use*.

<sup>61</sup> This was the case for Hofmann during his time at Sandoz, where information of local shamanic rituals in Mexico involving mushrooms as inebriants turned into a successful extraction of psilocybin to be used in psychotherapeutic trials. See Albert Hofmann and Amanda Feilding, *LSD : my problem child ; and Insights/outlooks* (Oxford: Beckley Foundation Press ; Oxford University Press, 2013)., 76-109.

<sup>62</sup> Johnson et al., "Classic psychedelics: An integrative review of epidemiology, therapeutics, mystical experience, and brain network function.", 85

<sup>63</sup> Another example is in a paper by Johnson and his colleagues from 2008. Here, it is argued that indigenous cultures who used psychedelics in history had “restricted hallucigen use to sacramental and healing contexts”. In M. W. Johnson, W. A. Richards, and R. R. Griffiths, "Human hallucinogen research: guidelines for safety," *J Psychopharmacol* 22, no. 6 (2008).

<sup>64</sup> Jerry B. Brown and Julie M. Brown, "Entheogens in Christian art: Wasson, Allegro, and the Psychedelic Gospels," *Journal of psychedelic studies* 3, no. 2 (2019).; Stein, Costello, and Foster, *The Routledge companion to ecstatic experience in the ancient world*.

## A note on methods in a digital age

It has been noted before that it is no coincidence that “The transnational turn is accelerating simultaneously with the digital turn”.<sup>65</sup> In fact, the digital methods becoming available is partly the reason behind the easier access to sources across borders. As digital historian Ian Milligan writes:

*“changing technology and digitization has affected projects and research questions. Students and faculty can carry out previously impossible projects thanks to their ability to reach quickly and inexpensively across oceans and time. At my Canadian university, where we have shorter, one-year long master’s degrees, students can carry out thesis projects without physically entering archives, despite needing to base their research in primary sources”<sup>66</sup>*

I do indeed owe the possibility of making this project feasible to the digitalized age, as I can relatively easily access scanned and digitally born newspapers, journals, and other documents from any time period relevant. Although this certainly has implications for the practical methods, i.e. how I find relevant sources, it has been particularly easy to find online sources relevant to the topic of LSD, because the keyword is relatively easily recognizable for in OCR scanned text files.<sup>67</sup> Some challenges remain ‘classic’, as much of the archival material is not digitalized fully, but only online to the extent that it is possible to search for names of archive boxes, archival or overall labels given by archivists.<sup>68</sup> This means that much of the work has nonetheless been done by visiting archives and libraries. It has also still been necessary to move across borders in Norden, physically, to obtain archival material and newspapers from the national libraries. The reader should consider the fact that I have stayed most of the period in Norway throughout the study, and judge whether or not that may have influenced the outcome.

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<sup>65</sup> Lara Putnam, "The Transnational and the Text-Searchable: Digitized Sources and the Shadows They Cast," *The American historical review* 121, no. 2 (2016).

<sup>66</sup> Ian Milligan, *The Transformation of Historical Research in the Digital Age* (Cambridge: Cambridge University Press, 2022), Cambridge University Press., 26

<sup>67</sup> LSD is a unique word, where almost all usage in the sources is relevant to the inquiry.

<sup>68</sup> I have visited National archives in Denmark and Norway, and looked through material which could have relevance. Archival material has been selected based on its label on the series or box (such as LSD, Nordic pharmacopé, narcotics, drugs, psychopharmaceutical etc.), or based on its potential relevance of more uncategorized sort (Karl Evang archives, Ministries of Social affairs etc.).

I have, of course, attempted to balance the scale as much as possible in order to avoid the dissertation to have blind spots. This goes for the broader narrative as well. To resemble the past in the best possible manner, I have picked up stories and examples related to the overall question in a chronological manner, with some thematic spread. The story will begin with the discovery of LSD and its consciousness altering effects in 1943, move to how the scientific circles internationally and in Scandinavia conceptualized and used the substance, then explain how the legal landscape was changing in the Nordic Countries, how the public attention rose with an increasing criticism. In the conclusion, the question of why LSD was prohibited will be discussed.

## A new substance appears in Switzerland

The characteristics of Lysergic acid diethylamide, LSD, was famously discovered by Albert Hofmann, a Swiss biochemist, in 1943. It had already been patented by Sandoz, the company he was working for, in 1938, as the 25<sup>th</sup> substance in the series of lysergic acid derivatives. This led to the name LSD-25, or just LSD, from German “Lyserg-Säure-Diäthylamid”.<sup>69</sup> However, the effects on the human consciousness were not firmly discovered until the so-called bicycle-day. On this day, 19 April 1943, Hofmann self-experimented with the substance by inducing 250 micrograms. While already starting to feel the strong effects at the laboratory where it was induced, he went home escorted by his assistant. A memorable scene, as the wartime restrictions on automobiles in Basel made them both go by bicycle. Hofmann later wrote down what his experience was like: “On the way home, my condition began to assume threatening forms. Everything in my field of vision wavered and was distorted as if seen in a fun-house mirror.”<sup>70</sup> After initially having great fears of what was happening, he then started enjoying the altered perception during the “trip”. The next day he felt the breakfast and sunrise to be extraordinary: “all my senses vibrated in a state of utmost sensitivity, which lasted for the entire day”.<sup>71</sup>

Hofmann knew he had discovered something very special. LSD-25 had altered his perception, but in opposition to all other known substances to do that, it had not clouded his memory or consciousness, nor had it given him hangover. After realizing the potential of such a compound drug, Hofmann aimed for it to be used in pharmacology, neurology and especially in psychiatry.<sup>72</sup>

In 1947, the first study with LSD induced by humans were published. These tests were done with the intention of learning more about its effects on the psyche. According to Werner A. Stoll who led this research, the ergot fungus had “always been captivating”, but this new derivative from the *Mutterkorn-Gruppe*, ergot, now showed remarkable impact on the psyche, “contrary to all expectations”.<sup>73</sup> When Hofmann at Sandoz had worked with ergot in 1938, it was originally meant to exploit the potential physiological effects known to be caused by the fungus. Besides causing

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<sup>69</sup> Hofmann and Feilding, *LSD : my problem child ; and Insights/outlooks.*, 15

<sup>70</sup> Albert Hofmann, *LSD, mein Sorgenkind*, 1. Auflage. ed. (Stuttgart: Klett-Cotta, 1979); Hofmann and Feilding, *LSD : my problem child ; and Insights/outlooks.*, 19

<sup>71</sup> *Ibid.*, 22

<sup>72</sup> *Ibid.*, 22

<sup>73</sup> Werner A. Stoll, "Lysergsäure-diäthyl-amid, ein Phantastikum aus der Mutterkorngruppe," *Schweiz Archiv für Neurologie und Psychiatrie* 60 (1947)., 279

hallucinations, ergot causes gangrene due to constricting blood flow. Controlling this, it was thought, could be an aid in circulatory and respiratory aspects, such as relieving headache. Thus, it was a surprise when the hallucinogenic effects showed itself to be so potent. Thus, it was only after the self-experimentation that the aim with LSD-25 shifted to be a potential aid of knowledge in psychiatry.<sup>74</sup>

Stoll and his team tested in 1947 on adults, 16 of which were assessed as normal and 6 of which were schizophrenic.<sup>75</sup> While the conclusion was that further studies were needed to better understand the psychic effects, the path had already been laid. LSD was a potential aid in medicine and was conceptualized as such.

To create a product for recreational use was not the aim for the pharmaceutical company, Sandoz. The institutional setting of LSD being discovered as a potential medicine, rather than being considered something else, such as a recreational inebriant, would help pave the way for restricted use only. Right from when it was discovered, it was only a limited amount of people within a specific contextual setting who had access to LSD, namely professionals in research and specialized parts of the health sector whom only Sandoz delivered to. That being said, the laws ensured the substance to stay in what was considered the right hands, i.e. authorized use. Criminalizing illegal possession of LSD only came later on as widespread use became possible with non-authorized LSD-factories.

Throughout the late 1940s and 1950s, dozens of studies were conducted in order to map the pharmaceutical, medical, and mental information on LSD-25. Regarding these different aspects of LSD, it was realized early on how strong the similarities to other hallucinogens such as Mescaline were.<sup>76</sup> However, while these “phantastica”<sup>77</sup> substances were known to exist in the 1940s Swiss

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<sup>74</sup> Lawrence K. Altman, *Who goes first? : the story of self-experimentation in medicine* (New York: Random House, 1987).

<sup>75</sup> *Ibid.*, 321

<sup>76</sup> *Ibid.*, 322

<sup>77</sup> One definition of phantastica from 1932, a term used by researchers on LSD, proclaimed this: “cerebral excitants that bring about hallucinations and illusions”, in Louis Lewin, "Phantastica, Narcotic and Stimulating Drugs," *The American journal of the medical sciences* 184, no. 3 (1932).

biochemist milieu,<sup>78</sup> the knowledge of them were only starting to gain traction in the psychotherapeutic international scientific community.<sup>79</sup>

## **The international context – 1950s - LSD in the USA and Cold War**

The 1950s was a time of Cold War build up, and as the security politics shaped the global scene in splitting camps, knowledge of new effective weaponry became a priority.<sup>80</sup> For this reason, the US Army and CIA initiated research on LSD and its effects, beginning in 1953 and 1955 respectively.<sup>81</sup> While biological and chemical weapons was not new as a category of weaponry, what LSD as a weapon could entail was novel in several aspects. It was highly potent, meaning that a relatively small dose (compared to other psychoactive substances known at the time) would induce effect. It is also tasteless at effective dose, and it is water and alcohol soluble. Combined with the fact that effective LSD dosage changes the state of mind, the idea was to use it as an interrogation tool on suspects, to pacify enemy soldiers, and to attempt mind control of humans.<sup>82</sup> While captives could be forcefully injected with drugs, the idea of aerosol spread was annulled by the fact that LSD is an unstable compound when exposed to sunlight.<sup>83</sup> The early research on LSD in the 1950s USA was done with the assumption that the substance was hazardous, and therefore its participants were often mental ill, soldier, prisoners, medical school staff members and daring leading researchers themselves.<sup>84</sup>

As the officials of security departments within the US army and CIA became aware of LSD, conceptualized as a potential chemical weapon, it also brought with it a fear of usage against the interest of USA. One concern already known by researchers at the time was the unpredictability of

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<sup>78</sup> A telling sentence from Hofmann in *LSD, My Problem Child*, shows the limits of the scientific knowledge regime on hallucinogens in the mid-20<sup>th</sup> century: "outside of the mescaline cactus found also in México, no other drug was known at the time that, like LSD, provoked hallucinations". While one should notice the tendency for Hofmann to emphasize the significance of his discoveries, there is no reason to fully disregard the truthfulness of this statement. See Hofmann and Feilding, *LSD : my problem child ; and Insights/outlooks.*, 76

<sup>79</sup> Passie, *Psychoalytic and psychedelic therapy research 1931-1995: a complete international bibliography*.

<sup>80</sup> See for instance Odd Arne Westad, *The Cold War : a world history* (London: Allen Lane, 2017).

<sup>81</sup> Mark Wheelis, "The use and misuse of LSD by the US army and CIA," *Innovation Dual Use, and Security: Managing the Risks of Emerging Biological and Chemical Technologies* (2012).

<sup>82</sup> Wheelis, "The use and misuse of LSD by the US army and CIA.", 293

<sup>83</sup> Wheelis, "The use and misuse of LSD by the US army and CIA.", 292

<sup>84</sup> Novak, "LSD before Leary: Sidney Cohen's Critique of 1950s Psychedelic Drug Research."



outcome, even if instigated properly.<sup>85</sup> With regards to the legal aspect, the psychiatric research in the USA first came under government control in 1962, significantly reforming the pharmaceutical research in USA.<sup>86</sup> Then, in 1965, the Drug Abuse Control Amendments prohibited all but personal possession (only criminalized from 1968) and government approved research with LSD.<sup>87</sup> In 1970, LSD became a schedule 1 drug with the Controlled Substances Act, the tightest form of drug control in the country.<sup>88</sup>

Meanwhile, international research in psychedelic and psycholythic treatment had established itself firmly by the start of the sixties.<sup>89</sup> Psychiatrists from England, Germany, Netherlands, etc., contributed to establishing a European community. A symposium was set up for knowledge-sharing in 1960 called "European Symposium for Psychotherapy under LSD-25".<sup>90</sup> The Nordic psychiatrists participated in meetings with other European psychiatrists using LSD, where the ideas of Hanscarl Leuner in particular gave inspiration to the Scandinavian psychiatrists.<sup>91</sup> The following section will present how the psychiatric community in Norden was strong and influential in itself as a space of knowledge-sharing and establishment of epistemic quality.

## LSD arrives in Scandinavia

While most of the research, media attention and debate on LSD occurred in the 1960s in Scandinavia, knowledge from American psychiatric publications scientific journals was available earlier, already from 1950 onwards. This dissemination happened first and foremost in journals for physicians, including the Nordic Journal of Psychiatry (NJP). The NJP was edited by four Scandinavians at the beginning of the 1960s: Jørgen Ravn from the Hospital for Mental illness I Middelfart,

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<sup>85</sup> Elinor Langer, "Chemical and Biological Warfare(II): The Weapons and the Policies," *Science* 155, no. 3760 (1967)., 300

<sup>86</sup> Matthew Oram, "Prohibited or regulated? LSD psychotherapy and the United States Food and Drug Administration," *Hist Psychiatry* 27, no. 3 (2016)., 291

<sup>87</sup> *Ibid.*, 291

<sup>88</sup> Schedule 1 in the USA closely resembled what came to be schedule 1 of the UN Convention on Psychotropic Substances from 1971, see figure2 on page 44

<sup>89</sup> Passie, *Psycholytic and psychedelic therapy research 1931-1995: a complete international bibliography*.

<sup>90</sup> G. S. Barolin, "Ist European symposium for psychotherapy under the influence of LSD-25, Goettingen, November 1960," *Wien Med Wochenschr* 111 (1961).

<sup>91</sup> Hanscarl Leuner, "Genitalstörungen nach Vergewaltigung, ihre Manifestation und Psychotherapie," *Zeitschrift für Psychosomatische Medizin* 2, no. 1 (1955).; Hanscarl Leuner and Heinz Holfeld, "Ergebnisse und probleme der psychotherapie mit hilfe von LSD-25 und verwandten substanzen," *Psychiatria et neurologia* 143, no. 6 (1962).

Denmark, Asser Stenbäck from Helsingfors in Finland, Arne Kanter from Lovisenberg Hospital in Oslo, and Curt Åmark from “Medicinalstyrelsen”, the governmental board on medicine in Stockholm. The editorial board was reelected each year at the Nordic Psychiatric Congress and worked as a coordination group as well.<sup>92</sup> Jørgen Ravn became chief editor of the NJP from its first issue in 1947 and continued until 1971. He was a declared “Nordist”, actively pursuing further cooperation between the Nordic Countries. At one occasion, while celebrating the 1956 “Nordic Day” in Middelfart, he even made friends with the influential General Secretary of the Danish Delegation in the Nordic Council, Franz Wendt.<sup>93</sup> Wendt later highlighted in a historical work on the Nordic Council how the common labor market for medical specialists, including psychiatrists was a doable feat because of the similar education program outlooks.<sup>94</sup> In the same work, Wendt also highlighted other successful common Nordic initiatives, including *Pharmacopoeia Nordica*, which aligned the definitions inside pharmacology.<sup>95</sup>

The writer- and readership for NJP and other Nordic Journals were already well established by the 1960s. The tradition for sharing knowledge across borders in the region was useful because of close cultures, language, and interests, but it was all maintained by various institutional enhancements pursued by people actively wanting to cooperate more closely with the other Nordic neighbors.

First time LSD appears in NJP, the knowledge on LSD was highly limited: “Condrau has undertaken careful experimental examinations of the substance described by Stoll, Lysergic Acid Diethylamide, which generates psychoses in humans of the exergonic reactionary type”<sup>96</sup> In the newsletter part of the first edition of 1953, an update was given on main events of 1952 inside psychiatry. It included research on LSD from Boston Psychopathic Hospital and New York State Psychiatric Institute: “The interest in the usage of experimental pharmacology inside psychiatry is drastically increasing, probably as a result of the appearance of new substances, which can induce psychotic

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<sup>92</sup> Jørgen Ravn, *Mit psykiatriske liv* (Denmark: Odense Universitetsforlag, 1977)., 143-155

<sup>93</sup> Franz Wendt, Letter to Jørgen Ravn, November 13 1956, Jørgen Ravn: Personarkiv: KSDU 1952-77, A350, Middelfart Byarkiv, Denmark, <https://arkiv.dk/vis/667373>, last visited 02-06-2023

<sup>94</sup> Wendt, *Cooperation in the Nordic countries : achievements and obstacles.*, 224

<sup>95</sup> See for instance the Norwegian edition from 1963: Den faste farmakopékommissjon, *Pharmacopoea nordica : editio norvegica : Vol. 1*, vol. 1 (Oslo: Universitetsforlaget, 1963).

<sup>96</sup> Original language of the quote is Danish. All Scandinavian quotes translated into English in the dissertation are my own translations.

Erik Strömngren, "Referater.: Begivenheder inden for psykiatrisk videnskab i 1949," *Nordisk Psykiatrisk Medlemsblad* 4, no. 3 (1950).

symptoms with a very weak >>organic<< mark, especially LSD".<sup>97</sup> These examples show that LSD was introduced to the Nordic community of psychiatrists quite early from abroad, but the first studies in Scandinavia with LSD were not done until the late 1950s.<sup>98</sup>

The leading Scandinavian professionals in psychiatry, including psychiatric practitioners, and scholars, met on a regular basis at the "Nordic Psychiatric Congress".<sup>99</sup> Although other societies were established from 1960s onwards for psychiatrists in the Nordics, the congress was by far the biggest common-Nordic psychiatric event.<sup>100</sup> Those psychiatrists who would become researchers in the subfield of LSD-treatment were enmeshed in this Scandinavian scientific culture, and some were evidently leading figures in the late 1950s. For instance, Gordon Johnsen who later became the leading researcher on LSD in Norway pushed for cooperation across borders in the Nordic countries and for uniting on the international scene to in order to strengthen the influential capacity among Scandinavian psychiatrists.<sup>101</sup> Together with Geert-Jørgensen, among others, Johnsen began coordinating efforts to ensure correct training of psychiatrists in 1957.<sup>102</sup>

In august 1958, at the 12<sup>th</sup> Nordic Psychiatric Congress in Copenhagen, some talk fell upon LSD and the hallucinogenic substances in therapy. Mogens Schou, a laboratorian at *Sindssygehospitalet ved Aarhus* in Risskov, gave a keynote lecture on the "theoretical foundation of drug treatment", referring to the "psychotomimetic" intoxicants like LSD.<sup>103</sup> According to Schou, the psychopharmacological interest in these substances had been particularly high due to the similarity between schizophrenia

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<sup>97</sup> Erik Strömngren, "Begivenheder inden for psykiatrisk videnskab 1952," *Nordisk Psykiatrisk Medlemsblad* 7, no. 2 (1953).

<sup>98</sup> Lennart Kaij, a psychiatrist who was just beginning his carrier in Lund, Sweden, wrote in 1963 that trials of LSD-therapy at Lund began in 1957, but most happened after 1961. See Lennart Kaij, "LSD-behandling av neuroser," *Svenska Läkartidningen* 60 (1963).

<sup>99</sup> The organized meetings of psychiatrists in the Nordics dates back to 1906, named the Scandinavian Psychiatric Association at the time. In 1946, the Nordic Journal of Psychiatry was established with a consistent board of editors. It was led by Jørgen Ravn, who continued on his post until 1971. A main task of this journal was to publish papers on the congress meetings. See Lars von Knorring, "History of the Nordic Psychiatric Cooperation," *Nord J Psychiatry* 66, no. S1 (2012), 56-57

<sup>100</sup> Other societies include: *Scandinavian College of Neuropsychopharmacology (SCNP)* established in 1960, which Lars von Knorring has called "an excellent arena for basic scientists and clinicians to meet and exchange ideas"; *The Nordic Psychoanalytical Congresses* starting from 1968; the *Nordic Symposia in Psychotherapy*. See von Knorring, "History of the Nordic Psychiatric Cooperation.", 59

<sup>101</sup> See Gordon Johnsen, "Round Table Conference on Psychotherapeutic Problems," *Acta Psychiatrica Scandinavica* 31, no. S106 (1957).

<sup>102</sup> L. Eitinger, "Preface," *Acta Psychiatrica Scandinavica* 31, no. S106 (1957).

<sup>103</sup> Mogens Schou, "Indledningsforedragene På XII Nordiske Psykiaterkongres: Den medikamentelle behandlings teoretiske grundlag nogle principielle betragtninger," *Nordisk Psykiatrisk Medlemsblad* 12, no. 2 (1958), 72

and LSD-intoxication. However, he made it clear that this equation was “unrealistic”.<sup>104</sup> The congress gathered some attention in the Danish press, where the journalist Thyra Christensen from *Information*, a national daily, also noticed Schou’s presentation and claimed Mescaline and LSD to have been gaining a name for themselves in scholarly journals as well as newspapers.<sup>105</sup> Instead of a comparison to a state of schizophrenia, Schou argued delirium to be a better conceptualization of what was induced with LSD or mescaline. This openness toward what LSD was pharmaceutically and how it could be used as a medicine is a testimony to the general knowledge on the substance at the time. Within a few years, it would become more broadly known in the field, but not as delirium-inducing. Schou was nonetheless pointing out something that seemed to be representative for the field in the following years, namely a split in methodological interest between pharmacists and psychiatrists in LSD. He wrote:

*“The psychotomimetic substances are not without interest to the psychopharmacology; quite the opposite. Because of the complexity of the apparent intoxicant effects and the special emotional tone of these pharmaca’s psychological, neurophysiological and biochemical effects, it would illuminate relations between soma and psyke otherwise not accessible.”<sup>106</sup>*

Usual for the congresses, many participated in 1958 where Schou did his keynote speech. 321 where of 161 were Danes, 75 Norwegians, 65 Swedes, and 19 Finns.<sup>107</sup> Wives of participants were invited too, as the conference also had social events. As the lectures and roundtable discussions were for the professionals, a special lady’s program was made for the five days. The intention of this side of the congress was perhaps to make the gathering more attractive, as it would not only entail work. It also reflects the fact that psychiatry at this point in time was highly dominated by men in the leading roles.

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<sup>104</sup> Ibid.

<sup>105</sup> Thyra Christensen, "Hvordan pseudoneurotikeren kan kendes fra den ægte," *Information* (Copenhagen), August 23-24 1958.

<sup>106</sup> Schou, "Indledningsforedragene På XII Nordiske Psykiaterkongres: Den medikamentelle behandlings teoretiske grundlag nogle principielle betragtninger."

<sup>107</sup> The Danish psychiatrists were overrepresented in 1958, presumably due to the event taking place in Copenhagen arranged by the Danish association. For an account of the national members, see "Medlemmer i de nordiske psykiatriske foreninger," *Nordisk Psykiatrisk Medlemsblad* 12, no. 2 (1958).

Nordic Psychiatric Congresses 1952-1973				
Congress number	Year	Country	City	Number of participants <sup>108</sup>
10	1952	Sweden	Stockholm	140
11	1955	Norway	Oslo	NA
12	1958	Denmark	Copenhagen	321
13	1962	Finland	Helsinki/Turku	NA
14	1964	Sweden	Gothenburg	382
15	1967	Norway	Geilo	300
16	1970	Denmark	Aarhus	352
17	1973	Iceland	Reykjavik	NA

Additionally, there were 143 guests, including some of the sponsors. Here, in a quote from the preface to the special edition on the congress published in APS, Sandoz pharmaceuticals shows up among other influential pharmaceutical producers:

*“The University of Copenhagen supported and contributed to the congress, and in addition a number of firms gave support, for example J. R. Geigy, particularly with regard to publication of the congress report, Carlsberg Breweries, CIBA, Cold Stores Foundation, Ferrosan, F. Hoffmann-La Roche, H. Lundbeck & Co., Leo Pharmaceutical Products, May & Baker, MEFA (The Association of Danish Pharmaceutical Manufacturers), Ejnar Munksgaard, Publishers, Nestle Nordic Ltd., Sandoz and Tuborg Breweries. In addition, a number of the above-mentioned firms and organizations and a series of other firms supported the congress by exhibiting in the congress halls and by advertising in its programme.”<sup>109</sup>*

<sup>108</sup> For a general overview of the detail on participants, see von Knorring, "History of the Nordic Psychiatric Cooperation.". For some years, the details can only be found in special issue son conferences: "Xiii. nordiska psykiaterkongressen," *Nordisk Psykiatrisk Tidsskrift* 15, no. 5 (1961).; Bengt Jansson, "Preface," *Acta Psychiatrica Scandinavica* 39, no. S180 (1964).

<sup>109</sup> B. Borup Svendsen, "PREFACE," *Acta Psychiatrica Scandinavica* 34, no. s136 (1959).

The presence of pharmaceutical companies is not surprising given the main theme of the conference, *pharmacotherapy in psychiatry*. Being present at conferences gave the companies chances of influence and reputation in exchange for financial support and better connection to the market. For instance, the newly invented drugs, the so-called anti-hallucinogenic, Frenquel, and the sedative, Rauvilid, even had commercials posted in the NPJ as a part of the published program.<sup>110</sup> The awareness of commercial interest impacting the expectations of both patients and psychiatrists to new pharmaceutical products, left an impression by some of the professionals attending the conference. Here, in one of the three introductory lectures Per Anchersen from Ullevål Sykehus in Oslo, made the ambiguity clear:

*"We have gained a bit of insight into the effects of some of the new drugs. The pharmaceutical laboratories produce new chemical connections and mixtures on a conveyor belt. News of these new drugs do not rarely reach the big public audience through the daily press before they get to the busy clinics. Highly increased commercial techniques contribute to creating an anticipatory atmosphere among the patients as well as their relatives. And also among the psychiatrists themselves. Given this situation, it is necessary now more than ever for the clinician to acquire trustworthy and applicable information on the therapeutic value of these new drugs<sup>111</sup>*

Anchersen went on to note the reason for optimism in psychiatry as well. With improved methodological procedures and controlling mechanisms, psychotherapy was standing before a change in scientific approaches which would prove to make it harder for defenders of LSD-therapy to defend its prospects.<sup>112</sup>

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<sup>110</sup> "Program For: Den XII' Nordiske Psykiaterkongres I København 27'-31' August 1958," *Nordisk Psykiatrisk Medlemsblad* 12, no. 1 (1958).

<sup>111</sup> Per Anchersen, "Metodikk ved tilretteleggelse av behandlingsforsøk med nye medikamenter," *Nordisk Psykiatrisk Medlemsblad* 12, no. 2 (1958).

<sup>112</sup> Oram, "The trials of psychedelic medicine: LSD psychotherapy, clinical science, and pharmaceutical regulation in the United States, 1949-1976.", 174-195



Figure 1 The Nordic Psychiatric Congress 1964, picture of participants in front of The University of Gothenburg

At the Nordic Psychiatric Congress in 1964, the number of participants was higher than ever, and Iceland now had representatives too. Close to 400 professionals met in Göteborg to discuss the main themes *Personality* and *Mental illness*. As earlier congresses, this one was also relying on financial support from the state of host country (Sweden in 1964) and noticeably a handful of pharmaceutical companies, including the LSD producer Sandoz.

Despite the successful congress-arrangements connecting the psychiatry of the Nordic Countries, the administrative cost was high, and alternatives were sought after. The Congresses were in the early 1960s one of the only means to share knowledge and coordinate efforts in the Nordic region. The Nordic Psychiatric association thus worked to link important figures in the Nordics, and specialized topics could be discussed among peers. But ambition for more integration existed.<sup>113</sup>

Supported financially by pharmacological companies similar to the congresses, the Scandinavian Society of Psychopharmacology (SSP) had been arranging meetings annually since 1960 at Hotel Falke in Copenhagen.<sup>114</sup> Here, different themes came up of relevance to the intersectional field of psychopharmacology, including an attempt of thoroughgoing knowledge-sharing on LSD.

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<sup>113</sup> Asser Stenbuck, "Promemoria Angående Samarbetet Mellan Psykiaterföreningarna i Danmark, Island, Norge, Sverige och Finland," *Nordisk Psykiatrisk Tidsskrift* 18, no. 4 (1964).

<sup>114</sup> Jörgen Ravn, "Skandinaviske psykofarmakologiske Möde," *Nordisk Psykiatrisk Tidsskrift* 15, no. 1 (1961).;

## LSD discussed at Symposia in Nordic Countries

The theme of the fourth psychopharmacological meeting in Copenhagen (March 28-29, 1963) was particularly relevant for the LSD researchers, as one of the overall themes was pharmacological modelpsychoses.<sup>115</sup> The meeting brought together leading researchers and practitioners from pharmaceuticals and psychiatry, including leading psychoanalysts Gordon Johnsen and Geert-Jørgensen, who gave presentations on their experience with LSD treatment in therapy. The pharmaceutical research front was presented by Professor Eric Jacobsen from Copenhagen and professor Gösta Ehrensverd from Sweden. They ended the session with a discussion, where the idea of a model-psychosis induced state was criticized as being imprecise, despite Gordon Johnsen's integrated use of the concept.<sup>116</sup> That is, the published version of his introduction at the symposium was titled "Modelpsykosenes Klinik", i.e. the Clinique of Model-Psychoses. He explained the relevance of its use:

*"The word model-psychoses is not used in the Clinique, nor is the word experimental psychoses, but in the symposiums it has been agreed upon to do treatment using psycholytics. This decision was made partly to emphasize the unwillingness to use as high dosages as initially in the therapy, and partly to avoid discussing the justification of the name model-psychoses. However, since the main subject of this meeting is model-psychoses, I think we should use that name today."*<sup>117</sup>

Johnsen openly declared self-experimentation with LSD to be a part of his practice as a doctor in this forum,<sup>118</sup> and used the concept of model-psychosis synonymously with "rus", i.e. the experience of intoxication:

*"I psychotherapy of the psychoses, we have highlighted the necessity in trying to come to an understanding of the patient's own language and meeting them with their own language. However, in self-experimentation with model-psychoses, I think*

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<sup>115</sup> With this theme, they meant to discuss drugs instating psychotic symptoms, i.e. hallucinogens among others. See "3. skandinaviske psykofarmakologiske møde," *Nordisk Psykiatrisk Tidsskrift* 17, no. 1 (1963).

<sup>116</sup> The idea of model-psychosis was a point of clash between by pharmaceutical and psychiatric experts at the Nordic Psychiatric Congress in 1958 as well. See note 106

<sup>117</sup> G Johnsen, "Modellpsykosenes klinik," *Nordisk Psykiatrisk Tidsskrift*, no. 1 (1964).

<sup>118</sup> Self-experimentation with psychotropics among the doctors was an accepted method of gaining medical insight. See Anchersen, "Metodikk ved tilretteleggelse av behandlingsforsøk med nye medikamenter.;" Altman, *Who goes first? : the story of self-experimentation in medicine.*, 208-213



*everyone experiences a strange realization of suddenly understanding these concepts and symptoms in a completely different way than prior to the insight of self-experience... []... Everyone who experienced a model-psychosis, has also registered the peculiar alteration in the bodily experience, the disturbance in special perception, a sense of timelessness, a sense of derealization and depersonalization, a new world of sensing light and sound... []... One seems to understand one's patients, and to comprehend the psychotic world in a completely different manner than before."<sup>119</sup>*

The other doctor to present results from the Clinique, Einar Geert-Jørgensen from Frederiksberg Hospital, was less confident in proclaiming prospects of LSD-treatment. He emphasized the importance of carefully assessing the character of patients before evaluating whether the treatment could be successful or not. Controversial cases had happened at the Hospital in relation to LSD-treatment, including four attempts of suicide, one of which was carried through. A homicide by a young woman happened three days after she had been evaluated as in improvement, which the staff at Frederiksberg openly admitted with a great deal of regret.<sup>120</sup> The situation was complicated, as Geert-Jørgensens team despite these tragic events continued treatment with LSD believing it would bring about better results in the following years. He claimed 71 out of 129 patients to be considered in betterment at the facility, which was low in comparison to what his peers has managed at other clinics. Humbled by the status of worse results, Geert-Jørgensen admitted his agnostic approach to LSD in treatment, which he nonetheless defended with arguments of more general inconceivability of LSD-therapy, referencing to a lack of pharmaceutical understanding: "Erik Jacobsen has treated the inquiry about LSD effects... []... It was stated very clearly that, in reality, we do not know anything about what conditions the therapeutic effect of LSD."<sup>121</sup>

In the discussion part, Geert-Jørgensen elaborated his agnostic opinion:

*"... what I have learned in Göttingen and at the symposiums in which I have participated, including that of today, combined with my own clinical experience, is this; Experiences of regression, venting, and the insight of the patient into hitherto unknown*

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<sup>119</sup> Johnsen, "Modellpsykosenes klinikk.", 17

<sup>120</sup> The case was explained thoroughly in Knud Knudsen, "Homicide after Treatment with Lysergic Acid Diethylamide," *Acta Psychiatrica Scandinavica* 39, no. S180 (1964).

<sup>121</sup> E. Geert-Jørgensen M. D., "Behandling med L.S.D.," *Nordisk Psykiatrisk Tidsskrift*, no. 1 (1964), 25

*psychological mechanisms, all certainly contribute to a developed sense of reality resulting in improved ability to adapt. However, as has been mentioned, we do not know how this happens, and we should refrain from calling this conviction anything but a working hypothesis.”<sup>122</sup>*

The controversial content of the 1964 first issue of *NJP*, was despite its publicity in the closed circle of the journal’s readers somewhat restricted from entering the journalistic sphere. At the first page of the issue, a note at the bottom said: “Please do not give reports of the content of this issue to the press”.<sup>123</sup> In hindsight it would become clear for the public that Geert-Jørgensen’s department at Frederiksberg Hospital had experimented with great variety and use of more extreme methods in treatment compared to elsewhere, leading to a law ensuring financial compensation for ill-treated patients.<sup>124</sup>

Randolf Alnæs, a psychiatrist working at Lier Hospital in Norway, had an article published following up on discussions from the SSP meeting at Hotel 3 Falke in Copenhagen.<sup>125</sup> Alnæs had not been present himself at the Psychopharmaceutical meeting, but colleagues from Lier Hospital were. As an appendix to his 1964 article, there was an extract of the discussion from a symposium from 1962 at Lier, between O. H. Robak alongside Johnsen and Alnæs from Norway, J. Welner and Geert-Jørgensen from Denmark, Lennart Kaij and P. Friedrich from Sweden. These were all psychotherapists who used LSD in their treatment. The meeting was a testimony to the interest and need for collaboration across the Nordics between experts in this field. Whereas the SSP focused on bringing synthesizing pharmaceutical and psychotherapeutic perspectives, this symposium was a meeting for psychiatrists. Characteristically, Alnæs’ extract of the discussion shows signs of a meeting with clashing ideas on LSD-therapy. He noticed a new overall trend to be on the rise in LSD-

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<sup>122</sup> "Diskussion," *Nordisk Psykiatrisk Tidsskrift*, no. 1 (1964)., 51

<sup>123</sup> It should also be noted that this particular issue, number 1 of 1964, was not accessible at online databases, which has impacted its discernability negatively. "4. skandinaviske psykofarmakologiske møde," *Nordisk Psykiatrisk Tidsskrift*, no. 1 (1964)., 3; for lack of online access, see for instance Taylor and Francis Online, <https://www.tandfonline-com>, last visited 02-06-2023

<sup>124</sup> Larsen, "Early LSD treatment in Denmark from 1960 to 1974: an analysis of possible and long-lasting changes in the adult personality following psychedelic treatment. A historical retrospective cohort study."; see also Granskning av påstander om uetisk medisinsk forskning på mennesker, Short.

<sup>125</sup> Alnæs, "Therapeutic Application of the Change in Concioussness produced by Psycholytica (LSD, Psilocyryn, etc.)."

therapy, building on new theoretical insights. Foundations for two different methods using psychedelics were laid out:

*"1. Use of LSD and similar substances in connection with "conventional" psychotherapy.*

*2. Their use to elicit universal transcendental experiences with "indirect" psychotherapeutic effect. They appear to be special indications which require particular applications as well as preparation concerning the second method. I should like to stress the importance of the preparation in order to help the patient to get as much as possible out of his experience. For instance, some patients get most profit from it psychological, others from a philosophical or esthetic experience. In this method it is also important for the patient in advance to direct his attention towards the kind of experience he wishes."<sup>126</sup>*

In his article from 1964, Alnæs explained how the tests at Lier Hospital had been done drawing on different theories. The line between "conventional" methods and use of psychedelics (LSD and psilocybin) to reach "transcendental experiences" was not perfectly clear. But in the latter case, the patients were prepared and guided through a psychedelic voyage based on conceptualizations of the experience such as "hallucinatory plane", "ego-death", and "rebirth". While this were explainable from Freudian and Jungian literature used in conventional therapy, he also used ideas of Tibetan Buddhism inspired by Timothy Leary's *The psychedelic experience: a manual based on the Tibetan Book of Death*.<sup>127</sup> Timothy Leary, and his colleague Richard Alpert, who later became icons of the late sixties' countercultural movement, had already in 1963 been terminated from Harvard University in early 1963. In the same year they had founded the "International Foundation for Internal Freedom", and it was with the founders of this organization that Leary had written the manual Alnæs referred to.<sup>128</sup>

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<sup>126</sup> Alnæs, "Therapeutic Application of the Change in Consciousness produced by Psycholytica (LSD, Psilocybin, etc.).", 409

<sup>127</sup> Timothy Leary, Ralph Metzner, and Richard Albert, *The psychedelic experience : a manual based on the Tibetan Book of the Dead* (New York, 1964). Alnæs, "Therapeutic Application of the Change in Consciousness produced by Psycholytica (LSD, Psilocybin, etc.).", 400

<sup>128</sup> Lander, ""Legalize Spiritual Discovery": The Trials of Dr. Timothy Leary.", 167-69

Among the Nordic peers, skepticism of these new methods was evident, which was partly why Alnæs emphasized the success it had brought at Lier. One of the skeptics, J. Welner, stated concerns and feared “that we shall end up in semi-religious obscurantism”.<sup>129</sup> Alnæs had responded in his 1964 article by delivering a strong argument for the new integration:

*“We have had many patients who previously had received several LSD Treatments in large doses, but only after the described preparation did they have psychedelic experiences...[.]... Patients who have had only a “partly” psycholytic experience, without transcending the ego (as for instance in many compulsive neurotics), do not get the same feeling of increased energy and remain fixed in their own experiences without progressing.”<sup>130</sup>*

The prestige of developing successful psychotherapeutic methods was a powerful driving force for establishing consensus in the field, and dependent on good arguments theoretically and practically.<sup>131</sup> Many leading doctors were public figures and were frequently interviewed in the press, which took great interest in LSD, hallucinogens, and the new drug situation in general, especially in the late 1960s when illicit possession and trade increased. Perhaps more important than prestige was the fact that great risks came with LSD if used improperly, while simultaneously given reasonable results if utilized well. Thus, the therapists participated in these symposia and discussions with some invested reputation at play, which only became greater as the legal rules tightened and the public attention increased.

Another factor should be emphasized, namely the perceived scientific quality of knowledge. The fear of “semi-religious obscurantism” was arguably greater for those who valued replicability and predictability, two factors which came to be valued more greatly in the psychopharmacological field in the sixties.<sup>132</sup> Thus, even if the second method of LSD-therapy using methods leading the

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<sup>129</sup> Alnæs, "Therapeutic Application of the Change in Consciousness produced by Psycholytica (LSD, Psilocybin, etc.)", 409

<sup>130</sup> Alnæs, "Therapeutic Application of the Change in Consciousness produced by Psycholytica (LSD, Psilocybin, etc.)", 404.

<sup>131</sup> This prestige was evident at several levels. On a public level, this mattered, as for instance Albert Hofmann was declared honorary medical doctor alongside the Swedish King at the University of Stockholm, which was an event he showed pictures of in his essay collection *LSD: My Problem Child*.

See "Kungen ende medicaren blandt 16 hedersdoktorer," *Göteborgs Handels- och Sjöfartstidning*, June 1 1966.; see also Hofmann and Feilding, *LSD : my problem child ; and Insights/outlooks*.

<sup>132</sup> Haave and Pedersen, "The Promise and Demise of LSD Psychotherapy in Norway.", 407

patient to get a form of transcendental experience was more successful, as Alnæs claimed, the prestige and recognition of well-treated patients had to face the challenge of scientific methodological scrutiny.

This split, evident above, among the field of LSD-experts, arguably helped pave the way for unopposed prohibition. When LSD-treatment came into headwind with tighter legislation and public critique, the field of experts of LSD in Norden were more prone to maintain a careful or prudent stance, as the scientific knowledge of successful treatment was limited, or not agreed upon. It became harder for psychiatrists using LSD in their treatment to respond to challenges of better objective criteria for a *raison d'être*.

### **Legislation and LSD<sup>133</sup>**

In august 1961, *Berlingske Tidende*, a national newspaper in Denmark, had a journalist voluntarily testing LSD. Bent Henius, the journalist, introduced his article on the experience with calling LSD the new drug "which changes the human condition".<sup>134</sup> While the majority of the report was devoted to explaining the experience of the inebriant state of LSD intoxication, he didn't explain if his test was actually legal. He was given the substance by an anonymous doctor who had brought injectors with 70 micrograms in each. Henius did highlight the fact that the health sector authorities in Denmark, *Sundhedsmyndighederne*, only allowed for LSD to be given in hospital-treatment. It was irregular for a Danish journalist to be given LSD-treatment with the aim of reporting his own experience. But in the early 1960s, LSD use was not yet in the searchlight of officials in Scandinavia, and although Henius was presumably given injectors by a doctor authorized to receive them, the intention with the working pharmaceutical and medical laws was not to allow for grey-zone recreational usage. Only a few years later, by 1967, this could not legally have occurred in Scandinavia. LSD was listed as a Narcotic Drug in 1966 in Denmark, Norway and Sweden, criminalizing every case of possession but those with medically and scientific exemptions.

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<sup>133</sup> After researching the legislation and administrative practice surrounding LSD in the sixties, I have realized that a clear presentation of the laws and decrees on the topic has not yet been presented in detail before. Therefore, the following section on legislation and LSD should be seen as a novel contribution based on primary sources not collected without some effort.

<sup>134</sup> Bent Henius, "Mit Sind blev spaltet," *Berlingske Tidende*, August 20 1961.

The restriction of access to LSD-25 worked in Scandinavia through two strains of laws. The first were oriented to control the pharmaceutical and medical sector, while the second were the criminal laws on drugs directed towards handling addiction and misuse.<sup>135</sup>

The system of control on medicine and pharmaceutical products in the Nordics, the first strain, reaches back to the 19<sup>th</sup> century.<sup>136</sup> By the 1960s, Denmark, Finland, Sweden, and Norway had centralized administration with fairly independent authority.<sup>137</sup> The specific way of organization and nomenclature for the authorities varied: The Health Departments were, respectively, a part of the Ministry of the Interior in Denmark and Finland, and a part of the Ministry of Social Affairs in Norway and Sweden. The Health Departments had special offices controlling medical compounds produced by pharmaceutical factories. This centralization was driven by an interest in avoiding mass-distribution of overly trusted medicine, which potentially could turn out harmful to the population. Kettel Bruun, a leading scholar in the field for decades, has highlighted the importance of the Thalidomide case in motivating policy-makers to increase restrictive control:

“A watershed in the history of control is the Thalidomide case in the beginning of the 1960s. Serious damage effects of the drug had been observed earlier on, but none of which gathered much attention in the public. The situation turned into what seemed as a crisis and forced a political reevaluation of the entirety of the control system.”<sup>138</sup> Fear of similar new “wonder” drugs later proving to be everything but wonderful contributed to skepticism among physicians in general.

In Denmark, Norway and Sweden, LSD was from the beginning a substance which required authorization by the central administrations for legal usage.<sup>139</sup> The authority of these offices was granted through legislation dictating registration of drugs; Norway in 1928, Sweden in 1934, Denmark in 1954, and Finland in 1963.<sup>140</sup> In these bills, sections of medical specialties, i.e. drugs ready for use

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<sup>135</sup> The two strains are evident from the parted research on the field. Two examples of these, are Bruun, *Läkemedelsfrågan i Norden i ljuset av psykofarmakakontrollen.*; Hakkarainen, Laursen, and Tigerstedt, *Discussing drugs and control policy : comparative studies on four Nordic countries.*

<sup>136</sup> Bruun, *Läkemedelsfrågan i Norden i ljuset av psykofarmakakontrollen.*, 242

<sup>137</sup> *Ibid.*, 30

<sup>138</sup> Bruun, *Läkemedelsfrågan i Norden i ljuset av psykofarmakakontrollen.*, 20

<sup>139</sup> LSD was by Sandoz prepared and distributed under the name Delysid and Lysergidum worldwide, including in the Nordic Countries.

<sup>140</sup> Bruun, *Läkemedelsfrågan i Norden i ljuset av psykofarmakakontrollen.*, 32.

For the relevance of the registration authorities to illicit drug use, see “Nordisk fellesutvalg for narkotikaforskning”, Justisdepartementet, Nordisk samarbeidsråd for kriminologi, RA/S-1164/D/Da/L0009/0001, Norwegian National Archives.

(prepared drugs), were covered. However, if a drug was considered unfit for registration, as LSD was, the national health authorities still had the power to dispense with the requirements for registration.

In the late 1950s and beginning of the 1960s, when LSD came to be used in psychotherapy in Denmark, Norway and Sweden, the substance was not yet in the searchlight as a well-known suspect drug, and the boundaries for professionals looking to utilize LSD were looser than in the mid-1960s. For instance, in Norway, the Director of Health, Karl Evang, had explicitly ensured the specialty control office to only give dispensation to certain doctors at special departments at hospitals in 1963. In a correspondence letter from Karin Wold, the chief laboratorian at the specialty control office, to Jan Greve, a private practicing psychiatrist, the refused dispensation, which he had been given before 1963, was explained: "The reaction of patients to this substance is of such a character that the Director of Health has decided only to give dispensation to special hospitals, where the patients are under permanent control".<sup>141</sup>

The second strain of legal measures was drug-crime related and focused on limiting access to drugs considered dangerous because of their intoxicant effects. Internationally, the bar was set by conventions ratified by their member countries, beginning in the early 20<sup>th</sup> century. The Hague Opium Convention of 1912 was the first of these, and the signation came to be a requirement by Versailles Treaty contract parties.<sup>142</sup> In the first half of the 20<sup>th</sup> century, more conventions came into force, and The Single Convention of 1961 was an attempt to unify these previous international agreements under a single convention. Furthermore, scholars have marked the 1961 Single Convention on Narcotic Drugs as an international regime change, setting a strong normative tone against illicit drug use.<sup>143</sup> The Single Convention was ratified by Denmark and Sweden in 1964 where it entered into force, Finland in 1965 and Norway in 1967.<sup>144</sup> However, national prohibiting drug legislation already existed in the Nordic Countries before that, building on the prior

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<sup>141</sup> Karin Wold, Letter from Karin Wold, October 10 1964, Spesialitetskontrollen, Socialdepartementet, Helsedirektoratet, (LSD-preperater, Delysid - Indocybin 1963-1967), Norwegian National Archives.

<sup>142</sup> David Bewley-Taylor, "The Creation and Impact of Global Drug Prohibition," in *The Oxford Handbook of Global Drug History*, ed. Paul Gootenberg (Oxford University Press, 2022), 306

<sup>143</sup> David Bewley-Taylor and Martin Jelsma, "Regime change: Re-visiting the 1961 Single Convention on Narcotic Drugs," *Int J Drug Policy* 23, no. 1 (2012).

<sup>144</sup> "Single Convention on Narcotic Drugs 1961, Status", Treaties.UN.org, last updated 01-06-2023, [https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg\\_no=VI-15&chapter=6](https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=VI-15&chapter=6), last visited 02-06-2023

international conventions.<sup>145</sup> The drug criminalization legislation established in the 1950s and 1960s was complimentary to the existing laws on pharmaceutical and medical activity. The drug laws were a political response to broader societal changes, such as the rise in young people using cannabis and hallucinogens for recreational purposes.<sup>146</sup> Issues relating to these new changes were less entangled with the medical and pharmaceutical sector and had more to do with generational gap in attitude toward drug use. The counterculturals in the younger generations were more inclined to use drugs which were considered irresponsible and hazardous in the eyes of the established authorities. Underground fabrication and trade across borders were also worrying to the latter.

In Denmark, the Act on Euphoric Substances of 1955 gave the minister of Health responsibility to prohibit or legalize drugs. As a result, the minister was backed by legislative measures to decide administratively how a new drug, such as LSD should be categorized, without having the need for a majority vote in the parliament, Folketinget. Although the historical research is limited on uncovering the policy-decisions from the Health Ministry at the time regarding LSD, it was apparently already limited to special treatment in Hospitals by 1961.<sup>147</sup> On May the 3<sup>rd</sup> 1966, however, a decree from the Ministry of Health ensured LSD was listed as a drug illegal to import, export, sell, buy, distribute, receive, produce, prepare and possess.<sup>148</sup>

The decree of May the 3<sup>rd</sup> 1966 was evidently a result of a notification to the ministry by the Copenhagen Police Department in January 1966. A case had happened in Sweden at Göteborg's Police Department in September 1965, where a man had been intoxicated with LSD and entered the police station admitting what he had done, presumably in order to get help in a confused state of mind. The police in Göteborg, however, did not know what it was, and thus contacted the Copenhagen Police Department in order to determine what they were dealing with. While the police in Göteborg was referred to an article by Geert-Jørgensen from 1961 to learn what LSD was, the

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<sup>145</sup> Hakkarainen, Laursen, and Tigerstedt, *Discussing drugs and control policy : comparative studies on four Nordic countries.*, 23

<sup>146</sup> See for instance Waaben, Jørgensen, Lindegaard and Jersild: "Narkotikamisbrug", 171-191, in *Nordisk rettsdebatt : foredrag og diskusjonsinnlegg fra det XVI. nordiske studentjuriststevne Danmark 1968*, (Oslo: Universitetsforlaget, 1969).

<sup>147</sup> Henius, "Mit Sind blev spaltet."

<sup>148</sup> Indenrigsministeriet, "Bekendtgørelse Nr 156 af 3. maj om ændring i bekendtgørelse om euforiserende stoffer," in *Lovtidende A 1966* (Denmark: 1966).



Department of Health in Denmark was informed by the Copenhagen Police that LSD was a drug that could lead to suicide or self-harm, which they had come to realize in 1965.<sup>149</sup>

The drug legislations of the other Nordic Countries were similar to the Danish one. Norway's Medicine and Drugs Act from 1964 had identical descriptions of the criminal offences and penalties to the Danish Act on Euphoric Substances from 1954.<sup>150</sup> LSD came on the list of "narcotics" under the Medicine and Drug Act through decree on the 29<sup>th</sup> of January 1966, being the first Nordic Country to list LSD and hallucinogens under the drug criminalization law.<sup>151</sup> Use was also criminalized in Norway in 1968, as it was from 1966 in Finland and 1988 in Sweden. Criminalizing use of drugs never happened in Denmark as the only Nordic country.<sup>152</sup>

The basic legislation in Sweden came into force in 1964, also very similar to the Danish one. LSD became listed as a narcotic drug through decree in Sweden December 1966.<sup>153</sup> Finland had its foundation for drug policy in the Narcotics Act of 1956 and the law was restructured after international standards in 1961.<sup>154</sup> LSD came on the list of narcotics in Finland as the last Nordic Country on the 18<sup>th</sup> of August 1967.<sup>155</sup>

While LSD was limited to utilization at hospital treatment in Denmark already by 1961, possibly before, it became officially listed as a euphoric substance under control by the decree of 1966. Norway's Health department under the direction of Karl Evang made LSD requiring dispensation from the specialty control from 1963, but the Norwegian control system was actually more liberal at the beginning of the sixties, allowing for private practicing psychiatrists like Jan Greve to use it in treatment, which was not allowed in Denmark by 1961. Whereas LSD-treatment and some trials

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<sup>149</sup> Københavns Politi, "Vedrørende: L.S.D.", January 17 1966, Indenrigsministeriet kontor 4. B., Danish National Archives.

<sup>150</sup> Hakkarainen, Laursen, and Tigerstedt, *Discussing drugs and control policy : comparative studies on four Nordic countries.*, 25

<sup>151</sup> "Rundskriv om Bestemmelser om narkotika m.v.," in *Norsk Lovtidende: 1ste Avdeling*, ed. Det Kgl. Statsrådsekretariat (Oslo: Grøndahl & Søn, Bogtrykkeri, 1966).

<sup>152</sup> Hakkarainen, Laursen, and Tigerstedt, *Discussing drugs and control policy : comparative studies on four Nordic countries.*, 23-26

<sup>153</sup> Socialdepartementet, "Nr 694: Kungl. Maj:ts Kungörelse: med förordnande enligt 1§ narkotikaförordningen den 14 december 1962 (nr 704)," in *Svensk Författningssamling för 1966* (Stockholm: Kungl. Boktryckeriet P.A. Norstedt&Söner, 1966).

<sup>154</sup> Hakkarainen, Laursen, and Tigerstedt, *Discussing drugs and control policy : comparative studies on four Nordic countries.*, 24-26

<sup>155</sup> Ministern för inrikesärenda, "Förordning: angående ändring av förordningen om tillämpning av bestämmelserna i 1961 års allmänna narkotikakonvention," in *Finlands Författningssamling för år 1967* (Helsingfors 1968: 1967).

continued to a limited extent in Norway and Denmark into the early 1970s, it was an even stricter in Sweden, where treatment and scientific trials on humans had become illegal by 1969.<sup>156</sup>

In a general comparison of the four countries, Lau Laursen has argued that Denmark stood out as a more liberal country in its drug-legislation, punishing crime less harshly than the other three, in particular Norway and Sweden.<sup>157</sup> However, when it came to LSD and psychedelics, the rules were aligned across Norden before the political debate on drugs started to rise.

1966 was a year of international movement against LSD-misuse, and part of the push towards criminalization in Scandinavia came from organized efforts in international organizations. István Bayer, who was a pharmacist working as a UN officer in The Division on Narcotic Drugs between 1967 and 1973, has claimed in an eye-witness account manuscript that LSD and hallucinogens was judged to be a potential issue by The Expert Committee on Dependence-Producing Drugs from 1963 onwards, and was to be kept an eye on in the coming years.<sup>158</sup> The committees working on dependence-producing drugs had a broader aim of ensuring international control with certain drugs not included under The 1961 UN Single Convention on Narcotic Drugs, including barbiturates, amphetamines and tranquilizers. LSD and the other hallucinogens' lack of addictive or dependence producing qualities made them unfit for inclusion in the Single Convention but was perceived as a growing problem in spite of this. In 1966, a committee called "Special Committee" gathered to speed up the process of dealing with the drugs not under convention. Bayer writes:

*"In the following months [summer 1966], international alarm brought the problem of abuse of hallucinogens (especially LSD) in North America and Europe to the forefront of international attention. When the Special Committee was convened in August 1966, it singled out LSD "as presenting the most acute problem and showing signs of such spread as to demand immediate action..."."*<sup>159</sup>

The sentiment for the countries to take actions was evident in other international organizations as well. In September 1966, The International Criminal Police Organization (Interpol) officially advised

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<sup>156</sup> Medicinalstyrelsens Narkomanvårdskommitté, Narkotikaproblemet: Samordnade Åtgärder, 52 (Stockholm: Esselte AB, 1969)., 125

<sup>157</sup> Hakkarainen, Laursen, and Tigerstedt, *Discussing drugs and control policy : comparative studies on four Nordic countries.*, 33-82

<sup>158</sup> István Bayer, *Development of the Convention on Psychotropic Substances, 1971, 1989, Budapest, Hungary.*, 5

<sup>159</sup> *Ibid.*, 7

better control in membership countries over sale and distribution of euphoric drugs, with special emphasis on LSD as a particularly dangerous drug.<sup>160</sup> The connection between Bayer's claims and the Nordic Countries prohibiting LSD has not become clear yet, however, and future studies are needed in order to uncover this in detail.

With the international Convention on Psychotropic Substances of 1971, LSD became listed on schedule 1, the most restricted list of all. The schedule 1 rules were largely in alignment with the restrictions already in place regarding LSD. While section a) and b) were already practiced before the convention, requirements of closer supervision by authorities on practitioners utilizing the substance was an increase in control. Although not entirely prohibited from experimental treatment, the conditions made research on LSD and psychedelics plummet in the 1970s.<sup>161</sup> However, the reason of the decline in use of the substance in treatment was not the Convention on Psychotropic Substances alone, as it was only ratified by Finland and Sweden in 1972, Denmark and Norway in 1975. Instead, The Convention on Psychotropic Substances should be viewed as only enhancing and formalizing the strict control regime already set in place on LSD in western countries, including Norden.

Besides the expert circles inside the military, psychiatry, pharmacology, criminal police, and public health experts, LSD was still fairly unknown compared to the public character it had in the following years after prohibition. The dice, however, had been cast. Opinions had largely already been shaped in those expert circles, and where the psychiatrists using LSD in treatment had to face a new reality in political headwind, the public debate became a rhetorical battleground between liberal optimists and critical advocates for control.

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<sup>160</sup> "Interpol om LSD-præperat," *Information* (Copenhagen), September 8 1966.

<sup>161</sup> Passie, *Psycholytic and psychedelic therapy research 1931-1995: a complete international bibliography.*, 10

"Article 7  
SPECIAL PROVISIONS REGARDING SUBSTANCES IN SCHEDULE I

In respect of substances in Schedule I, the Parties shall:

- a) Prohibit all use except for scientific and very limited medical purposes by duly authorized persons, in medical or scientific establishments which are directly under the control of their Governments or specifically approved by them;
- b) Require that manufacture, trade, distribution and possession be under a special licence or prior authorization;
- c) Provide for close supervision of the activities and acts mentioned in paragraphs a) and b);
- d) Restrict the amount supplied to a duly authorized person to the quantity required for his authorized purpose;
- e) Require that persons performing medical or scientific functions keep records concerning the acquisition of the substances and the details of their use, such records to be preserved for at least two years after the last use recorded therein; and
- f) Prohibit export and import except when both the exporter and importer are the competent authorities or agencies of the exporting and importing country or region, respectively, or other persons or enterprises which are specifically authorized by the competent authorities of their country or region for the purpose."

UN Convention on Psychotropic Substances

Figure 2. The UN Convention on Psychotropic Substances, 1971

## LSD in the late 1960s – prohibition and public attention

In Sweden, The Medical Board decided in 1965 to let an expert group work on a number of reports on the Problem of Narcotics, "Narkotikaproblemet". In the third report, published in 1969,<sup>162</sup> it described how the atmosphere around LSD-therapy by 1969 had turned into being much less optimistic compared to earlier:

*"As is often the case with new methods, the enthusiasm for the therapeutic possibilities with LSD pre-existed the knowledge of its limitations, of the downsides and of its risks. Gradually, the flood of optimistic reports of the therapeutic results on neurosis, alcoholism, psychopathy, sexual deviations, child psychosis etc., were replaced by more critical and reserved reputation regarding the results of therapy. Concurrently, the risks of actual side effects and of misuse (missbruk) have furthermore strongly limited the legal usage of the drug. With a few exceptions, the Scandinavian*

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<sup>162</sup> Narkomanvårdskommitté, Short Narkotikaproblemet: Samordnade Åtgärder.

*psychiatrists who tried LSD as a therapeutic drug have also abandoned this method some years ago.<sup>163</sup>*”

In the committee who created the reports, Björn Netz, was among them.<sup>164</sup> Netz was a young psychologist, born in 1938, who began working at Psychological Laboratory at The University of Stockholm in the early sixties.<sup>165</sup> Self-experimentation was a usual method used at the laboratory in Stockholm to gain insight, where also the pharmacists tried LSD, something which was reported in 1960, where Albert Hofmann had been a guest-lecturer.<sup>166</sup> Björn Netz, ingrained in this community, was also self-experimenting with LSD beginning from 1961.<sup>167</sup> In the mid-1960s, he began working for the Military Psychological Institute (MPI) aiming to examine psychochemical weapons, which resulted in reports published under the name *Project E012*.<sup>168</sup> Tests on humans with normal health were conducted under this project, but it was approved by the ethical committee at *Karolinska Institutet*, and an agreement with Sandoz AG in Basel was made.<sup>169</sup> The results of the report were hardly useable in terms of discovering any useful tools for military purposes, and the research was halted before it was finished due to different circumstances. Describing why the research at *Project E012* stopped, historian Wilhelm Agrell explains:

*“The whole trial went well, except for a slight problem. The ordered amount of LSD from Sandoz was never received, perhaps due to the secret agreement between USA and that business. Those responsible for the trials... [...] only had access to what could be fetched within the country. This happened in the easiest possible way at a time when LSD was one of the most rapidly rising drugs on the black market... [...] Those with high responsibility within the military determined the risks [of continued*

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<sup>163</sup> Ibid, 125

<sup>164</sup> Medicinalstyrelsens Narkomanvårdkommitté, Narkotikaproblemet: Socialmedicinska och kliniske undersökningar, 53 (Stockholm: Esselte AB, 1969)., chapter 3.

<sup>165</sup> Björn Netz, Carl-Otto Jonsson, and Siwart Bergqvist, "Effects of Lysergic Acid Diethylamide (LSD-25) on Normal Subjects in a Schizophrenia-Discriminating Test Battery," *Scandinavian journal of psychology* 4, no. 1 (1963).

<sup>166</sup> "Heng", "Svenska psykiatrer prövar modellpsykos på sig själva," *Svenska Dagbladet* April 4 1960.

<sup>167</sup> L.E. Brolin and Michael Brannäs, "Nu hotas Sverige av LSD-vågen," *FIB-Aktuell*, May 4 1970.

<sup>168</sup> Ibid.

<sup>169</sup> Wilhelm Agrell, *Svenska förintelsevapen: utvecklingen av kemiska och nukleära stridsmedel, 1928-1970* (Historiska media, 2002)., 253

*research] as too great. At the same time as the misuse of LSD spread, the knowledge of its potential psychiatric consequences increased.”<sup>170</sup>*

While Agrell’s argument of easy access to LSD via the illegal market in Sweden is valid, and certainly not farfetched, it is missing an important nuance regarding the statistics. A comparison to the situation in the USA puts the level of misuse into perspective. Agrell himself noticed that 25.000 people in the USA had used LSD privately (non-authorized) in 1964, and this number went above a million by the late sixties.<sup>171</sup> In early 1966, the Health authorities in California estimated that around 10.000 students at one university with 66.000 students had used LSD.<sup>172</sup> The accessibility to LSD in the USA was arguably easier than in Scandinavia at this time via the black market, due to the restrictions entering force later, and the knowledge of LSD being more widespread earlier. The private access to LSD was only possible because of illicit factory production, and the amount produced by Sandoz alone would not have been enough to cover the recreational demand. In fact, Sandoz helped halting the spread of illicit usage rather than spread it, as cases of uncontrolled use gone bad were exposed in the press, giving the company a worse reputation. The company seized all delivery of LSD in April 1966 because of the situation getting out of hand.<sup>173</sup>

Practically, establishment of LSD production facilities required some knowledge, but because of the extremely high potency of the drug, doses did not cost much to make. A Danish journalist, Erik Wiedemann, who wrote extensively on many things related to LSD in the late 1960s, informed the readers in one article just how cheap it was:

*“If one was to compare the weight of dosage of different hallucinogens necessary to reach the same effect, the result would be that LSD is 200 times stronger than psilocybin, 4000 times stronger than mescaline, 6000 times stronger than synthetic cannabis, which is again stronger than marijuana and hashish... [...] 470 grams would be enough to send the whole Danish population on a trip, and from 330 kilo one would*

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<sup>170</sup> Agrell, *Svenska förintelsevapen: utvecklingen av kemiska och nukleära stridsmedel, 1928-1970.*, 254

<sup>171</sup> *Ibid.*, 252

<sup>172</sup> "25 gr. LSD nok til at hallucinere 1/2 million mennesker," *Information* (Denmark), May 1 1966.

<sup>173</sup> It was, however, resumed later on. See Oram, "Prohibited or regulated? LSD psychotherapy and the United States Food and Drug Administration.", 301

*get enough doses as there are people on the planet...[.]... In the USA, it has been estimated that 20.000 dosages can be produced at the cost of 100 dollars...<sup>174</sup>*

In Sweden and the rest of the Nordics, the illegal use never became as widespread as across the Atlantic. Examinations of enrollment recruits at the military in Sweden suggests the amount who had “misused” LSD was less than 100 of the young men who enrolled between 1967 and 1968.<sup>175</sup> Around 130.000 School children from 7<sup>th</sup> to 9<sup>th</sup> grade (13-16 years) in Sweden were asked in 1967 if they had used LSD, and 121 confirmed that they had.<sup>176</sup> In Norway the same year, only few instances had occurred, albeit the press had been aware of what happened in Denmark and Sweden, where the amount of cases were somewhat higher.<sup>177</sup> In 1969, a report from the Danish Health authorities on narcotics use was published, showing, that of the 8600 students who were asked, 1% had tried LSD.<sup>178</sup> This stood in comparison to 12% of the Danish students who had tried any kind of euphoric drug, mainly cannabis.

These statistics show that the amount of young people who consumed LSD was very low in relation to the population size, and number of users of illegal narcotic drugs in general, of which most were cannabis users.

The number of illicit users of LSD was one thing, but how loudly they spoke and who defended the use was another, more serious challenge to the prohibitionists. Björn Netz, as one having participated in some of the Scandinavian Psychiatrists meeting, was in the early 1960s a part of the community of those who in general defended a prohibitionist policy. However, he was also a part of the avantgarde cultural environment through his involvement in a public performing jazz band.<sup>179</sup>

When the tide had turned against LSD in 1966, he continued both self-experimenting with LSD and sharing it with his artistic friends, including the writer and painter Öyvind Fahlström. In the summer of 1967, the two wrote a piece defending free access to LSD in *Dagens Nyheter*, which made

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<sup>174</sup> Erik Wiedemann, "LSD: Forbud eller kontrol," *Information*, May 31 1967.

<sup>175</sup> 27 of the 3897 users of narcotic drugs had tried LSD: Narkomanvårdkommitté, Short Narkotikaproblemet: Socialmedicinska och kliniske undersökningar., 74

<sup>176</sup> Bilag II, s. 2. "Nordisk fellesutvalg for narkotikaforskning", Justisdepartementet, Nordisk samarbeidsråd for kriminologi, RA/S-1164/D/Da/L0009/0001, Norwegian National Archives.

<sup>177</sup> Karl Evang, *Aktuelle narkotikaproblemer : marihuana, LSD, sentral-stimulerende midler, sniffing o.l. : en populær fremstilling for ungdom, foreldre og foresatte*, vol. 12, Tidens tema, (Oslo: Tiden, 1967)., 109

<sup>178</sup> Nils Retterstøl, "Ungdomsnarkomani," *Aftenposten*, May 23 1969.

<sup>179</sup> Leonidas Aretakis, *Extas i Folkehemmet: Sveriges Psykedeliska Historia* (Falun, Sweden: Natur&Kultur, 2022)., 110-136

the prominent LSD-therapist from Lund, Lennart Kaij, announce that Netz had committed “hara-kiri” as a scientist.<sup>180</sup> The piece had a character of a manifest, and went completely against the grain of the established authorities. Fahlström and Netz criticized what they thought to be a meaningless listing of LSD alongside narcotics. They argued LSD as being more than a model-psychosis for researchers, including potential improvements like expanding the realm of creativeness, religious connection, and intellectual skill. They also emphasized the many kinds of success which LSD had as a medicine. Arguing for free access for “normal individuals”, they claimed it would benefit society as well: “It is hard to see why the third of Osmond’s categories, the normal human being, should be exempted from this unique mean to self-insight and confrontation with the whole spectrum of the consciousness’ resources. It should be both in the interest of research and society.”<sup>181</sup> In spite of their appeal to populous counterculturals, Lennart Kaij ended up being right, and Björn Netz’ job at the narcotics commission (see above, p. 45), this was the last he had in relation to producing public knowledge related to medicine and drugs.<sup>182</sup> Netz’ attempt at pulling the discourse in a liberal direction failed, as most of field of researchers stayed moderate in the public debate, like Lennart Kaij.

Experts, administrative and political decision-makers were often invited to public debates on drugs, arranged by debate organizations, including those arranged by students, or TV and Radio stations. The debates often had representatives with vastly different standpoints on the questions related to LSD. In Norway, the psychiatrist Jan Greve was similar to Björn Netz in his radical liberal opinion. Greve had been refused access to LSD through dispensation from 1964 by the Health Department under Karl Evang, but Greve had already ensured a considerable amount of Delysid (LSD-25) before that in order to continue using it.<sup>183</sup> His position inside psychiatry was that of a dark horse, and his radical methods made him a potent voice in political debates. He advocated for easier access to hashish and LSD in public fora in the mid-sixties. At a debate arranged by The Student Society, *Studentersamfundet*, he allegedly argued that LSD should be “characterized as a very dangerous

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<sup>180</sup> Ibid., 118

<sup>181</sup> Öyvind Fahlström and Björn Netz, "Om LSD och cannabis," *Dagens Nyheter* (Sweden), October 12 1967.

<sup>182</sup> Aretakis, *Extas i Folkehemmet: Sveriges Psykedeliska Historia.*, 119

<sup>183</sup> Tor Egil Førland and Trine Rogg Korsvik, *1968 : opprør og motkultur på norsk* (Oslo: Pax, 2006)., 80



poison, but the one who dares should be offered an occasion to take it".<sup>184</sup> Another reporter who was present at the same forum, from *Dagbladet*, elaborated Greve's argument:

*"We should have the right to choose for oneself and freedom to decide for oneself, and if the inebriant is realistically grounded, it is morally correct. It is through the intoxication [rus] that the experience of the present is enhanced, the fantasy is more easily unfolded, and creative powers occur. The intoxication gives the intense experience like that of an unprotected child, it is a mean to live in the present, and it is no danger to linger in the inebriant state [rusen]."*<sup>185</sup>

Jan Greve's liberal opinions, which he disseminated on different occasions, backlashed. He was excluded from the Norwegian Medical Association for five years, because of his recommendations of marijuana usage and positive attitude toward testing out LSD.<sup>186</sup> The "hippidoctor", as historians Silje Davidsen and Trine Rogg Korsvik have called him, became accused for fornication and for providing hashish and LSD to his patients.<sup>187</sup> He served three months in prison, exonerated with respects to fornication, but not to the drug case.<sup>188</sup>

Greve was comparable to Timothy Leary, as his extreme therapeutic methods and defense of liberal drug use became popular among the youth.<sup>189</sup> He took LSD together with patients in sessions, and believed in a form of psychiatry where patients and therapists were close. Davidsen and Korsvik write: "Similarly to anti-psychiatrists like R.D. Laing, Greve wanted to break down the barrier between therapist and patient. Instead of meeting the patient as a cold and impersonal physician, Greve sought to meet the patient as a present human being of equal worth".<sup>190</sup>

His feud with Karl Evang, the Director of Health, was as representative for the two opposing views on the political access to drugs in the sixties as it could possibly be. While the position of Greve was centered around freedom to choose for oneself, Karl Evang aimed to ensure a safeguarded

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<sup>184</sup> "Et beskjedent alkoholforbruk kan ikke ansees skadelig," *Adresseavisen* (Trondheim), September 19 1966.

<sup>185</sup> Trøndelagskontoret, "Marihuana til alle som vil ha det?," *Dagbladet* (Norway), September 20 1966.

<sup>186</sup> "Rett til Mening," *Dagbladet* (Norway), January 27 1967.

<sup>187</sup> Fjørland and Korsvik, 1968 : *opprør og motkultur på norsk.*, 74

<sup>188</sup> Ibid.

<sup>189</sup> Fjørland and Korsvik, 1968 : *opprør og motkultur på norsk.*; For Leary's ideas, see Leary, Metzner, and Albert, *The psychedelic experience : a manual based on the Tibetan Book of the Dead.*; see also Lander, "Legalize Spiritual Discovery": The Trials of Dr. Timothy Leary."

<sup>190</sup> Fjørland and Korsvik, 1968 : *opprør og motkultur på norsk.*, 76

population from dangers of drugs.<sup>191</sup> They disagreed intensely, and the public followed the debate with eagerness. In a response to Greve's dissemination of the idea of freedom through intoxication of certain drugs, including LSD, Evang responded by announcing that the "intoxicant effects do not lead to freedom".<sup>192</sup> Instead, he argued, it would lead to a prison-like state, robbed of the freedom to fully experience reality.<sup>193</sup> When the two clashed in a public debate November 7 1967 on Club 7 in Oslo, a meeting-place for countercultural events, the press was present and noticed how the room was completely filled. Apparently, Evang won the debate by controlling the discourse. He managed to make it a question of whether a psychiatrist like Greve is better off practicing in opposition to the rest of the field, and if that was not in fact worse for the clients.<sup>194</sup> This turned the question away from what had appealed to the countercultural followers, namely the issue of freedom of mind, liberation through radical means and successful alternatives to authoritarian conservatism.

Throughout the sixties, as illicit drug-use became more widespread and the public attention grew with it,<sup>195</sup> Evang gradually gave the issue more and more attention, and by the 1970s he had been involved in dozens of publications regarding drugs in society.<sup>196</sup> In his book from 1972, *Narcotics, the Generations and Society*, the arguments had been polished and condensed into sharp critique of psychedelics and LSD.<sup>197</sup> He was somewhat traversed in the debate already in 1967, and wrote about the origins of the word psychedelic, even about its most liberal proponents like Timothy Leary and Allan Ginsburg.<sup>198</sup> But he was clear in his opinion on how it affected the character of the user: "Those who use psychedelic drugs have become poorer, not richer. Furthermore, it is striking how most of them over time get shaped the same way. In a peculiar manner they turn uniform,

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<sup>191</sup> Ibid.

<sup>192</sup> Fjørland and Korsvik, *1968 : opprør og motkultur på norsk.*, 85

<sup>193</sup> Ibid.

<sup>194</sup> Ibid.

<sup>195</sup> For the changed discourse on the drug problem, see Lau Laursen, "Sammenhold på afveje: Træk af nordisk narkotikakontrollpolitik 1965–85," *Nordisk Alkoholtidsskrift (Nordic Alcohol Studies)* 9, no. 2 (1992).

<sup>196</sup> Karl Evang published hundreds of works, many of which are unrelated to the drug-issue. His books are arguably epitomic collections and signify his main attention during those years. In his book from 1965, *Use and Misuse of Medicin*, the main argument was centered around ensuring medicine was evidently benefiting and not harming users. From 1967, Evang had begun writing on LSD as a particularly dangerous drug. See Karl Evang, *Bruk og misbruk av legemidler : en almenfattelig fremstilling*, vol. 1, Tidens tema, (Oslo: Tiden, 1965).; Evang, *Aktuelle narkotikaproblemer : marihuana, LSD, sentral-stimulerende midler, sniffing o.l. : en populær fremstilling for ungdom, foreldre og foresatte*, 12.; Karl Evang, *Narkotika, generasjonene og samfunnet*, vol. 43, Tidens tema, (Oslo: Tiden, 1972).

<sup>197</sup> Evang, *Narkotika, generasjonene og samfunnet*, 43., 143-157

<sup>198</sup> Evang, *Aktuelle narkotikaproblemer : marihuana, LSD, sentral-stimulerende midler, sniffing o.l. : en populær fremstilling for ungdom, foreldre og foresatte*, 12., 104

with the same way of seeing things, same way of expression, using the same symbols, clichés etc.”.<sup>199</sup>

He did not hold back from commenting on the effects of psychedelics, claiming it “cut off or decreased the impact of outside impressions”, and that it “after a short while simply limits the mind rather than expanding it”.<sup>200</sup> This was in contrast to the concepts used among writers in the Nordic psychiatric circles, where suggestibility and increased importance of internal and external conditions including set and setting were argued to be effects of an effective LSD-dose.<sup>201</sup> Some were more skeptical of the extent to which it was possible to make theoretical insights on its psychological effects at all, like Geert-Jørgensen.<sup>202</sup> Evang was most likely influenced by his more general distrust in pharmaceuticals, as he highlighted trends in LSD-effects mostly speaking against the usefulness of psychedelics:

*“As a red threat through the description of many of those who used psychedelic drugs, is the tragic story of how they experience something novel in the beginning, how they from the onset had difficulties transferring this into any form of action or construction insight, and how they finally end in spiritual poverty and resignation.”<sup>203</sup>*

Some of his arguments were paradoxical, or at least hard to follow, as he claimed that “No scientific insight into the human life of the mind seems to have been gained”, before stating: “Seeking to pave the way to the subconscious using chemical substances with strong effects, is best compared to one who uses a sledgehammer to brutally break through the protective layer of steel covering the molten metal, so the flames will bluish up leaving a fireplot.”<sup>204</sup> Evang’s comparison of psychedelics to a psychiatric sledgehammer was but one way he emphasized his opinion of psychedelics as dangerous, but he allowed for this in psychotherapy as he believed it could be necessary with such a tool in some cases. He was a sceptic of the prospects of the so-called constructive

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<sup>199</sup> Ibid., 105

<sup>200</sup> Ibid., 106

<sup>201</sup> See for instance Alnæs, "Therapeutic Application of the Change in Consciousness produced by Psycholytica (LSD, Psilocybin, etc.)."; Björn Netz, Lysergisyre Dietylamid (LSD-25) Och Suggestibilitet, 16 (Militärpsykologiska Institutet, Stockholm 1968).

<sup>202</sup> Geert-Jørgensen M. D., "Behandling med L.S.D.."

<sup>203</sup> Evang, *Aktuelle narkotikaproblemer : marijuana, LSD, sentral-stimulerende midler, sniffing o.l. : en populær fremstilling for ungdom, foreldre og foresatte*, 12., 106

<sup>204</sup> Ibid., 107

psychotherapy, and while professional psychologists could develop this insight over time, he thought of self-experimenters as “reckless” without “any chance of finding the truth of oneself”.<sup>205</sup> Specifically with regards to LSD, he accused proponents of being propagandists, luring young as old to use the drug, by “well-known commercial strategies”.<sup>206</sup>

Many of Evang’s arguments against psychedelics and LSD were health-related, but some were straight-up conservative stances in defense of what he considered good moral<sup>207</sup>: “Others experience loss of contact with the surrounding world. Carelessness for labor and tasks, braking family bonds, cleanliness neglected, and so on. As a typical example, a 23 year old student with only a couple of weeks until his final exam, suddenly quit. After taking LSD he lost all interest in education and other <<mundane things>>.”<sup>208</sup>

In his 1972 edition of the book, most of text remained the same, but he avoided writing about the situation in Norway, where psycholythic treatment continued at Modum Bad under Gordon Johnsen. As Haave and Pedersen have uncovered in Karl Evangs archives, Gordon Johnsen wrote a letter to Evang in October 1967 explaining how most researchers had stopped using LSD, and “above all not talk about LSD treatment”. Instead, psilocybin was increasingly used, and it was now rather called psycholythic treatment.<sup>209</sup>

Karl Evang’s influence in Norway and abroad was great during the postwar decades, and his mandate as Director of Health gave him power both as director of a national system and as a representative in international settings.<sup>210</sup> He was central in the development of WHO, and he acted as a strong voice for many years in multiple different settings, including the WHO executive board.<sup>211</sup> Between 1958 and 1969, he met with the other four Nordic Directors of Health Departments in yearly sessions called “Nordic Council of Health Ministry Directors”.<sup>212</sup> They met to share knowledge, coordinate measures in the Nordic Countries, and to align their efforts in international

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<sup>205</sup> Ibid., 108

<sup>206</sup> Ibid., 111

<sup>207</sup> I use conservative in a particular, non-political sense. As in: Evang sought to conserve good moral.

<sup>208</sup> Evang, *Aktuelle narkotikaproblemer : marihuana, LSD, sentral-stimulerende midler, sniffing o.l. : en populær fremstilling for ungdom, foreldre og foresatte*, 12., 116

<sup>209</sup> Haave and Pedersen, "The Promise and Demise of LSD Psychotherapy in Norway.", 411

<sup>210</sup> See part III, IV and V in Trond Nordby, *Karl Evang : en biografi* (Oslo: Aschehoug, 1989).

<sup>211</sup> Sunniva Engh, "The Complexities of postcolonial health: Karl Evang in India 1953," *Medical History* (Forthcoming 2023).

<sup>212</sup> L0173 - Nordiske Helsedirektørmøter, M – Tilleg I, PA-0386 – Karl Evang, Norwegian National Archives

organizations, including the WHO. Evang had a leading role, partly because of his strong argumentation and character, and partly because of his knowledge gained through meetings in the WHO.<sup>213</sup> In late April 1966, the directors met in Stavanger in Norway where the beginning issue of widespread consumption of illicit drugs was on protocol. At the meeting, Evang stated (in the protocol): “The smuggling has begun. It is suspected that [the smuggling] can be traced to a commercial organization build on an existential ideology, which also gathers the attention of valuable elements in the population (the artist, among others). In certain intellectual circles, narcotics are almost used in protest against a prohibition, which is seen as unfair due to human rights.”<sup>214</sup> It was early 1966, and although it was the year of legal action against LSD in Norway, Denmark and Sweden, the discussion at Stavanger was mostly grouping the illicit drug use together as one phenomenon, making it hard to say which particular “intellectual circles” Evang was referring to. The Norwegian Director of Health went on to ask what the experience of the phenomenon of illicit drug consumption was in the other Nordic Countries. Esther Amundsen, who was Director the Danish Health Authority from 1961 to 1974, did not recognize the picture Evang was painting: “Hints of these tendencies in intellectual circles have been seen in Denmark, but the Health Authorities have only sporadic knowledge. These opinions have no broader appeal in the population”.<sup>215</sup> The discussion in Stavanger had taken place only a few days before LSD came on the list of Narcotic Drugs in Denmark on May the 3<sup>rd</sup>, and despite no clear evidence in the archival material, it is far from unthinkable that they talked specifically about LSD and hallucinogens as a new sort of issue.

While Evang’s many roles and strong argumentation was evident at the bureaucratic level and in the public, most of the arguments behind decisions happening at the Health departments remain hard to find. With the Public debate around LSD, the opposite was the case, insofar as no direct juridical power was at play, but arguments of all kinds are easily findable. Public interest in drug-policy and sharp division of arguments was characteristic of the long-1968 atmosphere in Scandinavia. There were also many public figures, who were not as radical and flamboyant as Jan Greve, but nonetheless showed great interest in LSD and psychedelics because of its implications for

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<sup>213</sup> Evang made sure that a presentation of events at WHO was put on protocol at the Nordic Health Director Meeting in 1965 in a letter to the Finish Director, Niilo Pesonen, in: Karl Evang, letter to Niilo Pesonen, January 14 1964, L0173 - Nordiske Helsedirektørmøter, M – Tilleg I, PA-0386 – Karl Evang, Norwegian National Archives

<sup>214</sup> Protocol of Meeting in Stavanger, p. 10, April 27-28 1966, L0173 - Nordiske Helsedirektørmøter, M – Tilleg I, PA-0386 – Karl Evang, Norwegian National Archives

<sup>215</sup> Ibid.

philosophical, spiritual, or religious thinking. One such eclectic voice was Armund Myhre, a magister from Norway. After having read *The Private Sea: LSD and the search for God* by William Braden, he wrote in the debate section in the Norwegian daily, *Aftenposten*: "It is an exciting read. Those of us who commit to the Christian faith should read the read in order to know what we condemn. Maybe we turn not so confident in our condemnation."<sup>216</sup> The aspect of faith and spiritualism was fringy in the debate compared to the bulk of reports related to crime and narcotics, but they were evident in the debate and often represented by well-educated people. The Swedish ethnographer Henry Wassenius publically advocated the insight of his specialism in "Indianer-droger", i.e. Indian drugs, arguing that "pyschotomimetika" was originally used to establish a fundamental understanding of the role of religion and world-comprehension. Although the ethnographic studies were referring to morning glory, *rivea corymbosa*, the effects were similar to LSD.<sup>217</sup>

In Denmark, politically potent aspects were brought to public light by people like Erik Wiedeman, a journalist working at the left-leaning newspaper *Information* who wrote dozens of articles on policy and ideas related to LSD. He criticized a book by Karl Evang, which was otherwise supported public documents, and Wiedeman insisted on nuances in the debate to stir the discourse away from the fearful distance into the scholarly fray.<sup>218</sup> Quoting Sidney Cohen's book from 1966,<sup>219</sup> which was used as a source for categorical prohibitionists, he highlighted: "The question of making LSD accessible to people who wish to have this experience, deserves thorough consideration".<sup>220</sup> Strikingly, Wiedeman noticed as one of the few in the public scene some ironic perspectives on how the population related to LSD:

*"One of the questions I have been asked the most following the articles published this summer about LSD in this newspaper, is this: would I dare myself? My confirming answer to this question is often met with wonder, not only by those very careful and anxious people, but also by those who dare to get fairly drunk, dare to smoke quite a lot, dare to drive pretty fast, dare to be transported with airplane, not to mention – even the most fearsome - using such dangerous sources of energy as electricity and gas.*

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<sup>216</sup> Armund Myhre, "Mennesket uten beskyttelse," *Aftenposten* (Norge), October 24 1968.

<sup>217</sup> Lars Herthelius, "Göteborgare världsmästere på indianerdroger," *Arbetet* (Sweden), March 20 1967, Sektion II.

<sup>218</sup> Erik Wiedemann, "Narkotika-rapportens begrænsninger," *Information* (Denmark) 1969.

<sup>219</sup> Sidney Cohen, *The beyond within : the LSD story* (New York: Atheneum, 1966).

<sup>220</sup> Erik Wiedemann, "HVOR FARLIGT ER LSD?," *Information* (Denmark), July 31 1967.

*These people have with their question displayed a fear, which, from my knowledge of LSD, stands in complete mismatch to their conduct of life and worldview whatsoever. The questions have also shown that humans who otherwise are able to be critical towards the influence of mass media – and who furthermore have a healthy democratic skepticism to edicts and prohibitions – that these same humans will, when it comes to LSD, be influenced by the scare-reports and submit to trust authorities, making them accept the government criminalizing LSD-usage outside the Hospitals.”<sup>221</sup>*

Wiedeman was critical of his fellow citizens: “I find it rather alarming that prohibition can be entering force almost without any debate, and it is scary that fellow citizens can be prosecuted and deprived of freedom without anyone finding it a reason to discuss the justification of such measures.”<sup>222</sup> He was right insofar as the picture painted in many of the public media news was mainly focused on the downsides and sensational aspects of LSD. The debate was often marked by a curiosity dampened from fearful examples of negative side-effects. Stories of tragic disasters linked to LSD consumption often occurred in the Nordic media after 1966. The headlines were telling: “The LSD-Substance makes people killers”, “Fetus-Damages from LSD-use: Alarm in the USA”, “The use of LSD an acute problem”<sup>223</sup> When stories of chromosome damage linked to LSD-usage broke, Wiedeman brushed it aside: “Readers who know that psychedelic drugs for thousands of years have been used by Nature-folk without ascertaining any damages on offspring, will know how strenuous these theories are. But those readers are a minority.”<sup>224</sup>

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<sup>221</sup> Wiedemann, "HVOR FARLIGT ER LSD?."

<sup>222</sup> Ibid.

<sup>223</sup> B.T. New York-redaktionen, "LSD-stoffet gør folk til mordere," *B.T.* (Denmark), April 14 1966.; "Fosterskador av LSD-  
bruk: Larm in USA," *Dagens Nyheter* (Sweden), October 14 1967, Del 1.; "Bruken av LSD et akutt problem,"  
*Aftenposten* (Norway), January 8 1968.

<sup>224</sup> Wiedemann, "HVOR FARLIGT ER LSD?."

## Conclusion: Why did LSD become prohibited?

While the public debate was an open arena, the result of the discursive match between prohibitionists and liberal access advocates had already been decided in favor of strict control mechanisms. In 1966, Norway, Denmark and Sweden listed LSD as a narcotic drug by official decrees.<sup>225</sup> The decision to make hallucinogens listed as narcotics was a legally possible through the laws criminalizing illicit drug use, insofar as it was the Health Departments who made the lists of substances included without needing parliamentary approval. The decision was arguably in dis-alignment with the science around hallucinogens, as the in bio-physical effects of LSD neither fits the category of narcotics nor addictive substances.<sup>226</sup> In the public debate in the late 1960s, the principle of liberal access to LSD largely remained a debate of principles rather than a discussion of the legislative procedures and the legitimacy of these, with only few exceptions such as Wiedemann. Characteristically, the years around 1968 polarized the debate in larger oppositions: established culture contra counterculture; Illicit drug users contra licit medical prescriptions; Seeing the population as “Damsels in Distress” contra free minds having the right to liberal access.<sup>227</sup>

Several factors contributed to the headwind against liberal access to LSD leading up to prohibition. Militarily, the drug had turned from being a potential asset into being a drug necessary to prohibit and strongly advocate against, as it would disenable soldiers. As Agrell has pointed out, it is the irony of history that the drug which was researched with the intention of incapacitating enemy soldiers, instead ended up incapacitating own ranks.<sup>228</sup> In Psychiatry, the criticism of LSD had already begun in the early 1960s USA, where the researcher Sidney Cohen expressed several downsides of LSD. As was pointed out by historian Steven J Novak, the tide had already turned in the psychiatric community in favor of strict control before Timothy Leary became (in)famous.<sup>229</sup> Internationally and in Scandinavia, Cohen was often quoted later on by those advocating stricter control, including Karl Evang.<sup>230</sup> The psychiatric scientific community also brought criticism upon LSD through its

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<sup>225</sup> See above, p 35-40

<sup>226</sup> Appendix V, p. 11, "Nordisk fellesutvalg for narkotikaforskning", Justisdepartementet, Nordisk samarbeidsråd for kriminologi, RA/S-1164/D/Da/L0009/0001, Norwegian National Archives.

<sup>227</sup> I owe the description of conservative attitudes as viewing the consumer as "Damsel in Distress" to David Herzberg in Herzberg, *White Market Drugs: Big Pharma and the Hidden History of Addiction in America.*, 30

<sup>228</sup> Agrell, *Svenska förintelsevapen: utvecklingen av kemiska och nukleära stridsmedel, 1928-1970.*, 254

<sup>229</sup> Novak, "LSD before Leary: Sidney Cohen's Critique of 1950s Psychedelic Drug Research."

<sup>230</sup> Evang, *Aktuelle narkotikaproblemer : marihuana, LSD, sentral-stimulerende midler, sniffing o.l. : en populær fremstilling for ungdom, foreldre og foresatte*, 12., 113.



liberal defenders, namely men like Timothy Leary in the USA, Jan Greve in Norway, and Björn Netz in Sweden. For the more moderate psychiatric group, including Hofmann, Cohen, Kaij and Geert-Jørgensen who sought to promote LSD as a medical aid in psychiatry, the attention around LSD as a countercultural drug was considered problematic.<sup>231</sup> Appeal to popular usage hurt the established reputation of psychiatry, and its pharmaceutical facilitator Sandoz. Association with illegal markets and edgy research was risky for reputation and bad for business.<sup>232</sup> Thus, the ability for many experts to speak freely about opinions of LSD was hindered by an interest in staying trustworthy in broader society.

Presumably, the moderate defenders, including Cohen himself, were in fact far from neglecting the positive and intriguing novel aspects of LSD. Instead, nuanced, and precise descriptions of what occurs during the ‘trip’ was a result of self-experimentation which was a normal method among the doctors using LSD in their work. A particularly precise analogy from Sidney Cohen, perhaps explains why it was considered necessary to restrict to authorized use only. He wrote of the effect of LSD is that “perception ceases to subvert meaning”:

*“Our visual mechanism must have evolved with the goal of keeping the organism viable rather than with the aim of seeing things as they are. Under the effects of LSD this goal may be reversed. Perception ceases to subvert meaning and becomes a Ding an Sich. A red traffic light may be, not a danger signal, but an object of surpassing beauty. No doubt it is both, but recognition of its symbolic meaning keeps us alive.”<sup>233</sup>*

Cohen was far from alone in diving into the philosophical depths and outlooks related to LSD and psychedelics in general. In psychotherapy, Freudian and Jungian terms were mixed with new ideas explaining the new “psychotomimetics”, leading to the discussions such as the one at Lier Hospital in 1962.<sup>234</sup> As the LSD effects are mainly psychological, not physiological, ideas such as “ego-dissolution”, “rebirth” were conceptualizations of processes working in psychotherapy, but hard to

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<sup>231</sup> Cohen writes: “Certain LSD practitioners are far from qualified”, in Cohen, *The beyond within : the LSD story.*, 193; see also Hofmann and Feilding, *LSD : my problem child ; and Insights/outlooks.*, 49

<sup>232</sup> For the importance of pharmaceutical reputation in relation to legal regulation, see Daniel P. Carpenter, *Reputation and power : organizational image and pharmaceutical regulation* (Princeton, NJ: Princeton University Press, 2010).

<sup>233</sup> Cohen, *The beyond within : the LSD story.*, 49

<sup>234</sup> Alnæs, "Therapeutic Application of the Change in Consciousness produced by Psycholytica (LSD, Psilocybin, etc.)", 12

describe in rigorous psychopharmaceutical language.<sup>235</sup> While Alnæs was one of the few Scandinavian psychiatrists to quote Timothy Leary in a published article, it was before the debate had turned public and thus prior to the necessary moderation of discourse due to public pressure. And while the early 1960s LSD-experts had no obvious hindrance for mixing metaphysical and philosophical conceptualizations with psychopharmacology in their debates, it is harder to find these experts use these arguments in the public debate in the late 1960s. This was partly because of a growing dissatisfaction of the quality of scientific trials of psychopharmacology, and partly because of the need for disassociation from the more radical movements in society and psychiatry itself.<sup>236</sup>

Did moral panic lead to prohibition? In the historical debate, the argument of moral panic has revolved around authorities acting to prohibit LSD as a result of a strong urgent interest in shutting down movements considered morally irresponsible. On the American scene, the progressive prohibition through government measures during the 1960s has been noted by some observers as closely connected to the need for the US government to limit societal influence from countercultural attitudes, driven by a moral panic.<sup>237</sup> The argument was based on a constructivist premise, emphasizing the culturally determined status of LSD as a socially established substance connected to deviance. As B. Cornwell and A. Linders have pointed out, terming this 'moral panic' could be misleading, since the societal discourse throughout the sixties more slowly created a deliberate prohibition, distinguishing LSD as dangerous. A sentence from their conclusion sums up the core of the argument:

*"By underscoring the amount of time and effort that go into phenomena such as the prohibition of LSD, we can better understand not only the processes by which persons*

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<sup>235</sup> Stanislav Grof, a Czech psychiatrist, is a good example of an internationally influential interpreter of psychedelic research, who kept connections within the "moderate" group, including Hofmann and Johnsen. See for instance Stanislav Grof, *Realms of the human unconscious : observations from LSD research*, An Esalen book, (New York: Viking Press, 1975).; Stanislav Grof, *LSD psychotherapy* (Pomona, Calif, 1980). For his connections to Johnsen, see Haave and Pedersen, "The Promise and Demise of LSD Psychotherapy in Norway.", 401

<sup>236</sup> Oram, "The trials of psychedelic medicine: LSD psychotherapy, clinical science, and pharmaceutical regulation in the United States, 1949-1976.", 311-323; "4. skandinaviske psykofarmakologiske møde."

<sup>237</sup> Erich Goode and Nachman Ben-Yehuda, "Moral Panics: Culture, Politics, and Social Construction," *Annual review of sociology* 20, no. 1 (1994); Cohen Stanley, "Folk devils and moral panics: The creation of the mods and rockers," *London, MacGibbon & Kee* (1972).

*and activities are deemed deviant, but also how authoritative social institutions come to decide exactly how they will be controlled and suppressed*<sup>238</sup>

The authors provide a good argument for the social scientists and historians to analyze prohibition of LSD not as an instantaneous act of panic by the authorities to shut down a potential threat to stability in society, but as a slower process, relying on cross-institutional decision-making based on discursive production. I.e., the idea of moral panic could eventually lead to overemphasis on the power and reactive attitude of authority agency. Nevertheless, their critique of describing the prohibition as moral panic is partly resting on arguments of disproportionality in the use of panic. When they stated the reaction to be proportional in society to the perceived threat of LSD, that was a semantic argument for discrediting the use of moral panic.<sup>239</sup>

I argue that one takeaway from this debate on moral panic should be, that the scholars observing and analyzing the societal events connected to LSD can use the analogy of moral panic as an overall explanation, but the complexity and details quickly breaks down its meaningfulness. At the same time, the historical explanation of attributing prohibition a moral panic has some profundity, insofar as it was clearly evident that Karl Evang in Norway was defending a prohibitionist moral, and connected LSD misuse with an ideology of misperceived freedom. Evang assimilated the changed world-perceptions resulting from LSD by some young people with that of losing proper moral.<sup>240</sup> But albeit his powerful position to dictate policy, the broader transnational community of experts influencing opinion of decision-makers did not rely on moral arguments in defending prohibition. The main reason behind prohibition in Scandinavia, I would argue, was not moral panic or fear of deviant behavior, but fear of aversive detrimental psychological effects, especially suicide and homicide. This was a risk recognized to be true by even by the most ardent defenders with a libertarian stance.

Moral panic was not present to the same degree inside the psychiatric circles and among experts, not even in the late 1960s. That is, awareness of how LSD could be connected to bad press was certainly accounted for among those who had used LSD in their work, but they kept an adjusted

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<sup>238</sup> Benjamin Cornwell and Annulla Linders, "the myth of "moral panic": an alternative account of LSD prohibition," *Deviant behavior* 23, no. 4 (2002).

<sup>239</sup> Erich Goode has defended this position in Goode, "Moral panics and disproportionality: the case of LSD use in the sixties."

<sup>240</sup> See above, p. 52

confidence in the prospects of the substance. Criminologist Ragnar Hauge has rightly emphasized the impact of scientific studies from 1967 on chromosomes being damaged from LSD having influenced the international atmosphere among medical experts.<sup>241</sup> However, Hauge also wrote that “the claim that LSD led to damage on genetics quickly became an established truth in both medical and popular circles”.<sup>242</sup> In fact, the picture was somewhat different among the Nordic psychiatric experts. Some kept using LSD in treatment, as Johnsen in Norway and Geert-Jørgensen in Denmark. In a book section on psycholythic therapy from 1967, Alnæs and Johnsen wrote on the chromosome-damage reports: “Until now, not a single confirmation of the claims has been successful. There is, however, agreement that until further trials and post-examinations have been conducted, psilocybin should be used instead of LSD.”<sup>243</sup>

While LSD usage with humans was put on hold, the moderately critical writers of the SOU 1969:52 report on narcotics in Sweden emphasized how the results of several studies on LSD effecting chromosome had been published, but that the results didn’t add up.<sup>244</sup> While they were right to be skeptical of these chromosome studies, insofar as the studies could not withstand simple scrutiny, the fear of chromosome damage surely manifested itself in the public newspapers of Scandinavia in the late 1960s.<sup>245</sup> But even if the Public feared LSD because of what it could do to its users, that was not why LSD became illegal. It was medical experts with jurisdictional power who had decided to prohibit the psychedelic drug prior to the outbreak of public debate.

Returning to the historiographical discussion on how knowledge and discourse constitute power, the findings above suggest such a historical lens to be valuable. The link between drug policy and its connection to Foucault has been worked on by Julie Tieberghien in *Change or continuity in drug policy*.<sup>246</sup> A major point by Tieberghien was to explain how scientific knowledge is a vital component in establishing legitimate authority, and that the process involves acts of power in a

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<sup>241</sup> Hauge, *Historien om LSD*, 1990:1., 26; Hauge was referencing: Maimon M. Cohen, Kurt Hirschhorn, and William A. Frosch, "In Vivo and in Vitro Chromosomal Damage Induced by LSD-25," *N Engl J Med* 277, no. 20 (1967).

<sup>242</sup> Hauge, *Historien om LSD*, 1990:1., 26

<sup>243</sup> Randolph Alnæs and Gordon Johnsen, *Psykoterapi : synspunkter og metoder : 2 : Spesiell del*, vol. 2 (Oslo: Fabritius, 1968), 169

<sup>244</sup> Narkomanvårdskommitté, *Short Narkotikaproblemet: Samordnade Åtgärder.*, 126

<sup>245</sup> For the studies proved wrong, see Hauge, *Historien om LSD*, 1990:1., 26

<sup>246</sup> Julie Tieberghien, *Change or continuity in drug policy: the roles of science, media and the interest groups* (New York: Routledge, 2017).

Foucauldian sense. Drawing on criminological research, she points out how the term *deviant knowledge* can be explained through this lens:

*“Researchers form part of the regime of power/knowledge/truth for each society, because they constitute the space that produces, reproduces, legitimates, and disseminates knowledge/discourse approved as true. Influenced by this work, authors such as Garland (2001), Walters (2003) and Moore (2008) supported the concept of deviant knowledge to make a distinction between knowledge upheld as sophisticated, relevant, and useful, and knowledge upheld as marginalized, neutralized, and disregarded by policy-makers. Thus, deviant knowledge refers to knowledge that is critical of the state crime-control apparatus or challenges the existing social and political order (Walters, 2003)”<sup>247</sup>*

Tieberghien’s emphasis on this distinction between two kinds of knowledge is, despite its simplifying nature, a separation that is clearly evident in the history of LSD in Norden. The bureaucratic and political actors such as the ministries of health and their directors had the power through previously established laws on drugs and medicine to govern over the legal accessibility to LSD. They worked as a selection mechanism for arguments in the LSD debate, where ideas and conceptualizations supporting a more liberal attitude were pushed aside as deviant knowledge. Arguably, this trend is seen throughout the sixties, and is noticeable both in the community of scientific experts on LSD, first and foremost the psychiatrists, but remains a trend in the late sixties where the debate turned more public. This is not to say that policy-maker’s interests were primary in the course of historical constitution of knowledge on LSD, as they mostly relied on whatever evidence was accessible from the epistemic community. Nonetheless, the fact that Sidney Cohen, who was generally considered a credible expert on LSD was quoted by both prohibitionists and liberals, shows that the political arguments also effectively split apart the nuanced pictures and narratives presented by the scientists themselves. It led to dichotomic thinking of LSD as either a chemical sledgehammer on the mind or a form of sacramental bread for the soul, where the first idea fitted the “legalistic” knowledge, and the latter fitted the “deviant” knowledge category.

Whatever LSD is, and was, its impact on the 1960’s Scandinavia was similar to that of other regions which came into contact with the psychedelic drug. It contributed to a revision of methods in

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<sup>247</sup> Tieberghien, *Change or continuity in drug policy: the roles of science, media and the interest groups*, 24.

psychiatric medicine and was a part of the split between culture and counterculture. But the Nordic countries listed LSD as a narcotic drug in 1966, before there was a probability of more widespread use, and the percentage of the population having tried the drug by the end of the decade was arguably a lot smaller than in the USA. As to the role of international relations and organizations such as the WHO in pushing for a prohibitionist agenda on LSD around 1966, future studies are needed in order to firmly link the transfers of agendas and knowledge with that of national policy decision-makers.

While it is perhaps unconventional to end on a counterfactual reflection, some questions arising from the findings of this dissertation must be highlighted. One might consider how the history would have evolved, if a rediscovery of psychedelic substances had happened in a religious community instead of in pharmaceutical circles, or if a greater part of the Nordic population had been given the opportunity to consume LSD before it was prohibited. The epistemic community around hallucinogens had, after all, mostly a medically driven interest, and in effect conceptualized these substances within the medical framework. This, in effect, selected some findings to be held back from public knowledge, including the information that *Psilocybe semilanceata*, or “liberty cap”, a psilocybin rich mushroom, occurs in the autumn all over Scandinavia in Nature.<sup>248</sup> Would a change in this course of history have impacted the environmental policy?<sup>249</sup> If the findings on a positive correlation between psychedelic consumption and nature-connectedness or political attitude are true, then it may impact the way one views the legitimacy and justification of prohibition.

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<sup>248</sup> Stig Agurell, a Swedish pharmacologist, never published his results despite researching hallucinogens and *Psilocybe semilanceata* in the sixties. Leonidas Aretakis argued this was because of Agurell’s intention to avoid having Swedes seek out a trip in the nearest garden in September. See Aretakis, *Extas i Folkehemmet: Sveriges Psykedeliska Historia.*, 98

<sup>249</sup> Matthias Forstmann and Christina Sagioglou, "Lifetime experience with (classic) psychedelics predicts pro-environmental behavior through an increase in nature relatedness," *J Psychopharmacol* 31, no. 8 (2017).; R. L. Carhart-Harris et al., "Psychedelics and connectedness," *Psychopharmacology (Berl)* 235, no. 2 (2018).; Arne Harms, "Accidental Environmentalism: Nature and Cultivated Affect in European Neoshamanic Ayahuasca Consumption," *Anthropology of consciousness* 32, no. 1 (2021).

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