

CCHR Condemns Legalized Psychedelic Clinics and Forced Institutional Treatment

Watchdog fortifies its commitment to cleaning up the field of mental healing, critical of the onset of psychiatry's potential \$70b trend using psychedelics.

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/EINPresswire.com/ -- [Citizens Commission on Human Rights International](#), a mental health industry watchdog, says the latest trend using psychedelics to treat mental and emotional problems is putting patients at risk. Based on past studies, government-acknowledged mind control experiments that abused minorities and others with such chemicals, and how institutions were used to forcibly administer hallucinogens, the group stringently condemns the practice.



Watchdog fortifies its commitment to cleaning up the field of mental healing, critical of the onset of psychiatry's potential \$70b trend using psychedelics that could put patients, including minorities and teens at risk.

CCHR reviewed past psychiatric psychedelic experiments, including the use of LSD, psilocybin, MDMA (ecstasy) and now ketamine. The latter, known for causing dissociative effects, distorting perceptions and producing hallucinations, can also be addictive.[1]

The Food and Drug Administration (FDA) has not approved ketamine as a treatment for mental disorders, yet there are hundreds of unregulated ketamine clinics in the U.S. delivering "ketamine infusion therapy" for depression and other "disorders." Costs range from \$300 to \$2000 per infusion.[2] From 2015 to 2018, the number of clinics increased from 60 to 300; that number is undoubtedly higher today.[3]

A company that opened its sixth ketamine clinic in 2021 made \$2 million a year in revenues.[4] As one law firm put it, "there is no FDA regulation on point for the control and oversight of ketamine clinics, it's "dealer's choice" on how the business is operated- including patient safety

protocols.”[5]

In this climate, there is a risk that African Americans and other minorities will be targeted, while psychedelics are also being advocated to treat teens. There are also moves toward broadening involuntary commitment and community treatment orders to enforce forced “medication.”

African Americans and Latinos are overrepresented in institutions with substantial representations of individuals said to be mentally ill.[6] In 2022, the Journal of Law, Medicine & Ethics published a report describing involuntary commitment as punitive or prison-like: “While masquerading as more humane and medicalized, such coercive modalities nevertheless further reinforce the systems, structures, practices, and policies of structural oppression...”[7] Outpatient treatment relies heavily upon [psychotropic drugs](#).

With moves to introduce psychedelics as “benign” treatments into general psychiatric practice, the numbers of Americans dependent upon psychotropic drugs today could only be compounded by the reintroduction of LSD, psilocybin and other hallucinogenic chemicals. The public and consumers should be informed of the controversial history and dangers of these drugs that includes:

- In 1953, the Central Intelligence Agency (CIA) established MK-Ultra, a clandestine research program that included the “administration of LSD to unwitting individuals.” Thousands of American citizens were dosed with LSD without their knowledge or consent. “Overwhelmingly, the African American victims of MK-Ultra were drawn from prisons and hospital mental wards,” according to a March 22, 2022 article in The Nation.[8]

- “Black Americans were uniquely exploited during this first wave of psychedelic research,” concluded the authors of a 2021 University of Ottawa study of abuses in the early trials of LSD.[9] Dana Strauss, a Ph.D. candidate in psychology at the University of Ottawa and a coauthor of the study, noted that “participants were subject to differential and torturous treatment and dosing dependent on race.”[10]

- In the 1950s and 60s, the National Institute of Mental Health’s Addiction Research Center in Kentucky tested LSD and some 800 other psychoactive drugs on an inmate population that was almost exclusively Black.[11] Dr. Harris Isabell, the center’s research director when MK-Ultra was launched, was described by the New York Times as an “eager experimenter” for the CIA.[12] He administered LSD to African Americans, keeping them hallucinating for up to 85 consecutive days. Healthy African American men were also used as test subjects for the experimental military agent, “BZ,” a “central nervous system depressant,” which was 100 times more powerful than LSD.[13]

Today, psilocybin is being considered to treat addiction even though it can produce anxiety, pain or even a psychotic break.[14]

A recent article on this issue, published in PsychCentral quoted Andreu Gibson, a behavioral technician based in North Carolina, who stated: “Black people, Black minds, Black bodies have been used as scientific experiments, and the echoes of that remain. It’s not just echoes and shadows — it still happens to this very day, just in different ways.”[15]

The incentive behind prescription hallucinogens is sizeable. The global mental health market was valued at a hefty \$383.31 billion in 2020.[16] Psychedelics add a potential \$10.7 billion to the market, although one market research agency put it at closer to \$70 billion.[17]

Psychedelics are on a fast track to becoming a commonly accepted treatment. The FDA has officially given three breakthrough therapy designations to three different companies studying either psilocybin or MDMA.[18] In 2019, the agency approved a nasal spray, esketamine, which is molecularly similar to ketamine, to treat depression. Esketamine comes with a prominent FDA warning: “Patients are at risk for dissociative or perceptual changes after administration.” The dissociation can include difficulty with judgment, attention and thinking.[19]

CCHR says that once psychedelic drugs are approved by the FDA, the next step is making them such a “standard of practice” that it can be forced on individuals through coercive involuntary commitment and outpatient treatment orders. Treatment should be trending towards safe and workable alternatives, not a repeat of the failed “tune in, turn on, drop out,” mind-altering hallucinogenic past.

[Read full article here.](#)

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[3] <https://harrisbricken.com/cannalawblog/the-ketamine-clinic-craze-legalities-and-possibilities/>

[4] <https://psychedelicstockwatch.com/psychedelic-stock-news/the-ketamine-renaissance>

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[13] <https://www.cchrnt.org/2021/03/02/cchr-warns-against-7-billion-psychedelic-drug-push-to-treat-mental-issues/> citing: "Dr. Harris Isbell's experiments," AHRP, 18 Jan. 2015, <https://ahrp.org/dr-harris-isbells-experiments/>; <https://pages.uoregon.edu/munno/OregonCourses/REL253F12/REL253Notes/BZStory.htm>; Ibid., The Nation, 22 Mar. 2022

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