

Fear and Loathing in the United Nations: The Establishment of International Control of Psychedelics Through the 1971 Convention on Psychotropic Substances

Contemporary Drug Problems

1–23

© The Author(s) 2026

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/00914509261429506

journals.sagepub.com/home/cdx

Måns Bergkvist¹ , Damon Barrett² , Johan Edman³,
and Björn Johnson⁴ 

Abstract

This article explores the processes that led to the inclusion of psychedelics under the 1971 Convention on Psychotropic Substances, a cornerstone of international drug control. Drawing on archival records, we analyze the narratives and dynamics that shaped this decision. Despite limited scientific evidence of public health dangers, concerns about psychedelics were amplified by sensationalized media focused on their perceived risks, including dependency potential and associations with youth counterculture. The Cold War context influenced international consensus, with Eastern Bloc nations framing drug issues as Western societal failures while Western nations emphasized drug control as a public health priority. While tobacco, alcohol, sedatives, and stimulants benefited from cultural, political, and economic advocacy, psychedelics had no such support, which facilitated their stricter regulation. However, the United States played a pivotal role in preserving allowances for psychedelic research and the use of psychedelic plants, counterbalancing proposals from France and the USSR for more restrictive measures. Building on previous studies in global drug diplomacy, the article underscores the interplay of ideological, cultural, political, and institutional factors in shaping international drug policy.

Keywords

psychedelics, 1971 Convention on Psychotropic Substances, UN drug conventions, drug control, moral panic, psychedelic research

Received: September 10, 2025; accepted: February 16, 2026

¹University Administration, Uppsala University, Uppsala, Sweden

²School of Global Studies, University of Gothenburg, Gothenburg, Sweden

³Department of Criminology, Stockholm University, Stockholm, Sweden

⁴School of Social Work, Lund University, Lund, Sweden

Corresponding Author:

Måns Bergkvist, University Administration, Uppsala University, Uppsala, Sweden.

Email: mans.bergkvist@uu.se

Introduction

“LSD and similar hallucinogens require immediate and urgent measures of control”. Secretary-General of the United Nations, October 1967 (UN, 1967e, p. 7)

In March 2024, a side event was held at the 67th session of the United Nations Commission on Narcotic Drugs (CND), during which police officers called for access to psychedelic-assisted psychotherapy to treat the trauma they had incurred while enforcing the war on drugs (Takács, 2024; UN, 2024). Some law enforcement officers credited their very lives to the compounds they had been assigned to combat in their line of duty. The UN Office on Drugs and Crime (UNODC) *World Drug Report* for 2023, which was available to all delegates at the CND session, included, for the first time, a special segment on developments relating to psychedelics, which extensively outlined recent therapeutic research and legislative reforms (UN, 2023). If the law enforcement side event was remarkable for the bitter irony involved and the injustice it explored, the *World Drug Report* stood out for its calm, balanced tone. Together, they illustrate the discursive shifts surrounding psychedelics in recent years, not only in specific jurisdictions but also on the international stage.

Psychedelics¹ are a diverse range of plant-based and synthetic substances that alter perception and affect various cognitive processes. Plant-based psychedelics have been used for at least 5,700 years (Bruhn et al., 2002). Pursuant to the 1961 Single Convention on Narcotic Drugs (hereafter: Single Convention) or the 1971 Convention on Psychotropic Substances (hereafter: Psychotropic Convention), the dependence-producing properties and abuse potential must be balanced against therapeutic usage. As noted by the UNODC, “Psychedelics, in general, rank lower in the degree of ‘abuse liability and dependence potential’ than substances such as opioids, psychostimulants, cannabis or alcohol” (UN, 2023, p. 28). A pharmacological review puts it more plainly: “[psychedelics] are generally considered physiologically safe and do not lead to dependence or addiction” (Nichols, 2016, p. 266). Plants such as psilocybin mushrooms and peyote are not under international control, but the chemical compounds they contain (psilocybin and mescaline) are. These naturally occurring substances, along with synthetic psychedelics like LSD, are subject to the strictest controls under the Psychotropic Convention.

By being placed under the Psychotropic Convention, psychedelics were included in a basket category of “psychotropic substances” covering substances not already controlled under the Single Convention, while excluding alcohol and tobacco. The international drug control system categorizes substances into various “schedules” based on their (perceived) risk profiles and therapeutic applications. Psychedelic compounds were placed in the schedule with the strictest regulations. The ability of a substance to produce “hallucinations” was cited as one of the potentially “dangerous” or “harmful” properties (UN, 1976, p. 30, 42) that could justify bringing new substances under international control (see Article 2(4) of the Psychotropic Convention).

Expectations that psychedelic-assisted therapies might radically transform psychiatric practice receded in the 1960s as stricter regulations in clinical development imposed methodological and regulatory requirements that most clinical studies with psychedelics could not meet. Perhaps the most prominent challenge in clinical trials was the need for a double-blind design. These requirements largely followed regulatory reforms introduced in response to the thalidomide scandal of the early 1960s (Bonson, 2018; Oram, 2016).

In recent years, however, there has been increased attention to the therapeutic benefits of psychedelic medicines, along with efforts in various jurisdictions to relax regulations to facilitate research and treatment (Marks & Shachar, 2023). For example, the European Medicines Agency has recently indicated that the present classification of psychedelics within the Psychotropic Convention exerts legal barriers that impede research and access to psychedelic treatments (Butlen-Ducuing et al., 2025). The international legal framework for drug control has been the subject of staunch criticism for many years. Concerns have been raised about the security, economic, public health, and human rights harms

associated with the punitive suppression model that the framework enshrines (Boister, 2002; Csete et al., 2016; Nougier, 2018; UN, 2008). Historical analyses have traced the intentions, narratives, and politics behind the framework's development (Bruun et al., 1975). Some studies have examined the influence of specific countries (Bewley-Taylor, 1999) or focused on particular themes in this process, such as human rights (Lines & Barrett, 2018, p. 16–49) or children and youth (Barrett, 2020, p. 19–59). In recent years, there has been a related focus on specific substances scheduled under the Single Convention and the Psychotropic Convention.

Several countries have legalized cannabis, placing them in breach of the Single Convention (Lines & Barrett, 2018), but have justified the move due to the harms and ineffectiveness of prohibition (Bewley-Taylor & Jelsma, 2016). Bolivia famously denounced and subsequently re-acceded to the Single Convention, entering a reservation to permit the traditional use of the coca leaf in its natural form (Room, 2012). Bolivia further led on a push to have the coca leaf formally evaluated through the World Health Organization's (WHO) Expert Committee on Drug Dependence. This process was never undertaken when coca was included within the Single Convention (Jelsma & Walsh, 2023). However, in 2025, the WHO Expert Committee returned its recommendation that the coca leaf should remain under international control due to its role in cocaine production (WHO, 2025a), despite finding that the research “did not reveal evidence of clinically meaningful public health harms associated with coca leaf use” (WHO, 2025b, p. 79).

Historical analysis has also prompted reconsideration of certain substances within the international drug control system. Issues of Global North bias, racism, and colonialism have been raised, alongside concerns about the weak or absent scientific basis for the inclusion of certain substances in the system in the first place and the lack of transparency in the processes leading to such inclusion (Bewley-Taylor & Jelsma, 2016; Jelsma & Walsh, 2023). Bolivia, for example, has referred to the inclusion of the coca leaf under the Single Convention as a “historical error,” placing the blame at the feet of the WHO (Jelsma & Walsh, 2023). Cannabis, by far the most used illicit substance globally, was similarly brought under international controls without adequate evidence or formal evaluation. Its inclusion was instead driven by the fervor of specific actors, moral panics, and colonial mindsets (Bewley-Taylor & Jelsma, 2016).

To the best of our knowledge, however, no previous research has examined the specific process within the United Nations through which psychedelics came to be brought under international control. Existing studies address the general decision-making framework for scheduling substances internationally (Bayer, 1989; Gimenez-Corte, 2010), but do not focus on psychedelics specifically. This article seeks to address that gap by focusing on two central questions: first, how and why psychedelic substances came to be included in the international drug control system; and second, how specific treaty provisions concerning psychedelics were shaped in the drafting of the Psychotropic Convention, including why they were placed under the strictest level of control.

Following a chronological review of the diplomatic and institutional process for bringing psychedelics under control, and an overview of the final content, we trace the central narratives, actors, and institutional processes that influenced the treatment of psychedelics within the United Nations from 1963 up to the adoption of the Psychotropic Convention in 1971.

Methods and Materials

Our primary data consist of meeting minutes, reports, official records of negotiations, decisions, and resolutions. Searches were conducted at the United Nations Archives, the Swedish National Archives, and the U.S. National Archives and Records Administration (NARA). As many documents have not yet been digitized, searches were conducted both on-site at the archives and through online databases. Special attention was given to materials referencing “psychotropic substances not yet under international control,” a formulation frequently used as an agenda item in minutes and related documents. Our analysis focuses primarily on those parts of the minutes and negotiation records in which

psychedelics were explicitly discussed, debated, or linked to proposed control measures. To situate these discussions and enable comparisons, we also examined how other substances were addressed in the negotiations.

In international treaty negotiations, numerous interests are at play (e.g., Collins, 2021), including their impact on or use for domestic political purposes (Tham & Edman, 2022). In approaching the material, we recognized that we could not account for all of this variance and complexity. To address the study's central research questions, we employed a theoretically informed thematic analysis grounded in the problem-definition tradition (e.g., Rochefort & Cobb, 1994) and informed by classic social constructionist perspectives on social problems (e.g., Blumer, 1971; Spector & Kituses, 1977). Accordingly, we analyzed the archival records as situated problem-defining practices within diplomatic negotiations, focusing on how psychedelics were constructed as public problems, how they were made intelligible as an object of international control, how particular national and international control measures were proposed, debated, and linked to these problem constructions, and how specific treaty provisions were justified. These constructions and debates were organized into two primary themes: the health problem and the social problem, each with subthemes addressing our research questions.

The Process

In the following section, we provide an overview of the decision-making processes within various United Nations bodies that led to the classification of psychedelic substances under international control within the UN system.

The 1961 Single Convention consolidated the previous UN drug treaties and strengthened the global framework for international drug control. However, as the Single Convention mainly regulates substances originating from plants such as cannabis, coca leaf, and opium poppy, it had inevitable regulatory gaps. The UN Commission on Narcotic Drugs (CND) was established in 1946 as a "functional commission" of the Economic and Social Council (ECOSOC), the central forum for addressing global economic and social issues within the United Nations system. Among other tasks, CND was to "advise the Council on all matters pertaining to the control of narcotic drugs, and prepare such draft international conventions as may be necessary" and to "consider what changes may be required in the existing machinery for the international control of narcotic drugs" (UN, 1946). Under the Single Convention, the CND took on board a treaty mandate, in particular that of bringing new substances into the convention's controls. These decisions establish legal obligations that amount to a rare delegation of quasi-legislative power and involve a voluntary restriction of States Parties' national sovereignty (Gimenez-Corte, 2010, p. 181).

By the mid-1950s, when the Single Convention was being negotiated, the abuse of synthetic sedatives and stimulants such as barbiturates and amphetamines had already been discussed within the CND. At that time, however, the CND considered national control of such substances to be sufficient. It therefore merely noted the dangers that might arise from their abuse and recommended that Member State governments take appropriate national control measures to prevent such abuse (UN, 1955). Moreover, these substances were widely used in healthcare and sold over the counter in many countries. States with larger pharmaceutical firms, therefore, had strong financial and industrial incentives to shield these substances from international regulation, making proposals for international control highly contentious. Sweden and Japan were among the countries that experienced the most widespread abuse and associated social harms from amphetamine-based stimulants. Despite national control measures, these compounds continued to enter these countries because there were no mandatory international controls. Thus, Sweden and Japan, among others, advocated tighter controls within the CND, but the major manufacturing nations consistently resisted such efforts. States such as Canada, the United States, Hungary, France, the United Kingdom, West Germany, and the Netherlands sought to preserve regulatory flexibility by emphasizing medical utility, the applicability of existing narcotics frameworks to

these substances, and by delaying or diluting treaty obligations. In some instances, these delegates explicitly downplayed the risks of amphetamines to individuals and society (UN, 1966f, p. 7). In doing so, they aligned closely with domestic pharmaceutical interests to postpone binding measures and ensure that any eventual controls would minimize disruption to their pharmaceutical industries and, consequently, to export markets, thereby delaying international regulation for a considerable period (see Bruun et al., 1975; McAllister, 2000).

During the late 1950s and 1960s, the CND maintained a standing agenda item on “substances not subject to international control.” There was a brief reference to peyote in the League of Nations (League of Nations, 1936, p. 107). Still, psychedelics were first substantively discussed by a United Nations drug policy body at the 18th session of the CND in May 1963. The French chair of the meeting, Dr. Jean F. Mabileau, noted that “he had read in the Press that the drug known as LSD 25 (lysergic acid diethylamide) was being misused” (UN, 1963, p. 11). Several other delegates speculated that this might be a problem worth monitoring, and suggested that LSD should be regulated nationally if it was not already. The U.S. delegate, Harry Anslinger, then shifted the discussion to the issue of glue sniffing (*ibid.*).

The following year, at its annual meeting, the WHO’s Expert Committee on Addiction-Producing Drugs² also addressed the abuse of “hallucinogenic agents” for the first time. The meeting report does not indicate what specifically prompted this. Still, the Committee “took note of the increasingly frequent reports of poorly controlled clinical administration and non-medical use of lysergic acid diethylamide (LSD-25)” (WHO, 1964, p. 11). Although the problem was still localized, according to the report, irregular use was beginning to assume “alarming proportions.” Abuse of other herbal psychedelics, such as peyote (mescaline), appeared to be less prevalent (*ibid.*).

Although the control of psychedelics had been raised within the UN system, sedatives and stimulants still caused the most concern. In May 1965, a group of Scandinavian countries, led by Sweden, chose to bypass the CND, where resistance to international control of these substances was still strong (Hagerfors, 1970; McAllister, 2000; UN, 1969b). The Scandinavian countries instead turned to the World Health Assembly (WHA), the decision-making body of the WHO (UN, 1968b), requesting that the organization’s Director-General convey to the UN Secretary-General the desirability of international action to increase control over “widely abused sedatives, stimulants and other drugs” (WHO, 1965a). The initiative led to the adoption of a WHA resolution recommending that those member states which had not already done so introduce prescription requirements for such compounds. It also requested the Director-General to “study the advisability and feasibility of international measures for control of sedatives and stimulants” (WHO, 1965b, p. 32).

The Scandinavian initiative and the WHA resolution increased the pressure on the CND. After a lengthy discussion during its 20th session in December 1965, CND recommended that ECOSOC establish a special Ad Hoc Committee to study the control of “barbiturates, amphetamines and tranquillizers” (UN, 1965b). LSD and other psychedelics, however, were not mentioned either in the CND’s discussions or in the Ad Hoc Committee’s terms of reference.

When the Ad Hoc Committee delivered its report in September 1966, its proposals for national controls included making sedatives and stimulants available only on prescription, introducing licensing of producers, and prohibiting unauthorized possession. Some degree of international control over these substances was considered desirable. However, the Committee was uncertain what form this control should take and whether it could be implemented under the Single Convention (UN, 1966a). Nonetheless, the report identified LSD as a severe problem to be addressed:

The Committee took note with profound concern of reports from medical authorities and other sources of increasing abuse of LSD and drugs producing similar effects, which had led to the permanent damage or even the death of a number of individuals. The Committee unanimously decided that it should bring to the attention of the Commission its recommendation that steps should be taken, with the minimum of delay, to prevent the non-medical or non-scientific use of LSD and similar substances (*Ibid.*, p. 12).

A specific resolution on LSD was proposed, calling for national control measures to emphasize the seriousness and urgency of the issue. To strengthen national control measures, it was proposed that international control of psychedelic substances should also be introduced as soon as possible (UN, 1966a). The British rapporteur of the Committee acknowledged during the subsequent CND session that the Committee had designated the control of psychedelics a particular priority based on the assumption that psychedelics were perceived as inherently dangerous until the contrary was proven (UN, 1966e). The Canadian CND delegate, Mr. Curran, had chaired the Ad Hoc Committee, with Dr. Mabileau of France serving as co-chair. It was Dr. Mabileau who had initially raised the issue of LSD abuse within the CND in 1963, and both men emerged as strong advocates of international control of psychedelics.

CND considered the Ad Hoc Committee's report at its 21st session in 1966 (UN, 1966b). Opinions on the control of sedatives and stimulants remained conflicting, but all agreed that LSD should be subject to greater control, both nationally and internationally. As Mr. Liang, delegate from the Republic of China [Taiwan], noted, "The dangers of LSD were now recognized throughout the world" (UN, 1966c, p. 5). Delegates from the Netherlands, the United States, the United Kingdom, and other countries shared this understanding of the problem. The CND unanimously adopted the Committee's draft resolution with only a few minor amendments (UN, 1966d). Later, in 1967, the resolution was also adopted by ECOSOC (UN, 1967c). The same year, the WHO issued a resolution drafted by an Iranian delegate, calling for the use of psychedelics to be limited to scientific research and medical purposes due to their alleged "inherent risk to the health of the individual and society" (WHO, 1967b).

These were defining events within the UN drug control system. From this point onward, having had almost no attention paid to them previously, psychedelics became the highest priority and most urgent problem among the substances not under international control.

The UN Secretariat, having explored the legal and administrative issues involved in regulating substances not yet under international control, advised against placing them under the Single Convention regime, which was seen as unsuitable for such substances. A new treaty was therefore considered necessary (UN, 1967e). Among 72 Member State responses to a survey soliciting views on the new treaty, there was unanimous agreement that "very severe" international control measures were appropriate for LSD (UN, 1968d, p. 6). Thus, following an invitation from the CND in 1968, the Secretary-General was tasked with developing a draft protocol for controlling drugs not yet under international control, to be shaped by responses to the survey (UN, 1968c) and by the Secretariat's previous work. The first draft was delivered later the same year (Bayer, 1989; UN, 1968c). In these early drafting stages, the CND reaffirmed that the most severe control regime was appropriate for psychedelics, as they were "particularly dangerous" (UN, 1969c, p. 49). Later, in 1969, the WHO also postulated that in the new treaty, Schedule I would be suitable for psychedelics (WHO, 1970, p. 13).

The CND adopted the draft protocol in January 1970 at a special session, after which the draft treaty was forwarded to ECOSOC (UN, 1970d), which consequently decided that a conference of the plenipotentiaries was to be convened, which started in Vienna, January of 1971, to negotiate the final text of what would become the Psychotropic Convention (UN, 1970a). The negotiations led to a few substantive changes to the draft treaty. While proceedings formally took place in plenary sessions, most drafting and debate occurred within two committees. The Control Measures Committee addressed the convention's substantive provisions, including issues that overlapped with other committees' mandates. In contrast, the Technical Committee focused on the scheduling of individual substances and on criteria for exempting certain drug preparations.

Despite the apparent consensus around the problem of psychedelics, States with strong pharmaceutical industries remained concerned about an expanded drug control regime (Olson, 1969). As we explore below, however, psychedelics were not the substances the industry was worried about.

See Fig 1 for a summary of the process

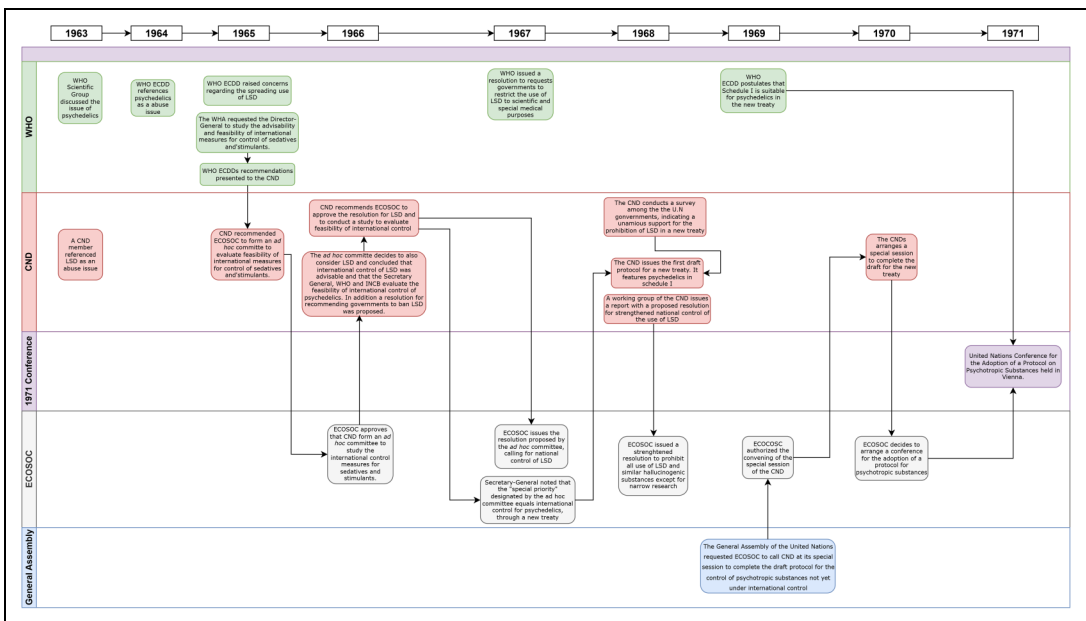


Figure 1. A chronology of UN decision-making in bringing psychedelic compounds to international control.

The Content

A review of the provisions of the Psychotropic Convention is beyond the scope of this article (see UN, 1976). This section provides an overview of key provisions relating to psychedelics in the concluded Psychotropic Convention, alongside explanatory findings from the archival material concerning psychedelic research and therapy, and the exclusion of plants.

Psychedelics in the Text and Schedules

Psychedelics are not referred to in the final Psychotropic Convention. The term “hallucinogens” had been used during the negotiations, but it is not defined anywhere in the Psychotropic Convention. The only explicit reference in the text to this category of substances appears in Article 2, which outlines the process for bringing new substances under the Psychotropic Convention’s control (for an overview of the scheduling system (see Bewley-Taylor & Jelsma, 2016; Hallam et al., 2014). Concerning the criteria for including a substance in the treaty schedules, this is presented in the capacity to produce “central nervous system stimulation or depression, resulting in hallucinations or disturbances in motor function or thinking or behaviour or perception or mood” (Article 2(4)(a)).

Rather than being subject to special provisions, psychedelics fall under the same controls as other substances within the broad category of “psychotropics,” depending on the schedule in which they are placed. LSD, for example, is listed in Schedule I, which means that States parties must “[p]rohibit all use except for scientific and very limited medical purposes” (Article 7). For substances in Schedules II, III, and IV, States parties must “limit by such measures as it considers appropriate the manufacture, export, import, distribution and stocks of, trade in, and use and possession of, substances in Schedules II, III and IV to medical and scientific purposes” (Article 5).

Allowances for Psychedelic Research and Therapeutic Use

The Permanent Central Narcotics Board (PCNB), predecessor of the International Narcotics Control Board (INCB), had indicated that including psychedelics in a drug treaty might be inappropriate, given

their potential medicinal applications (UN, 1967d). However, in the initial stages of drafting the Psychotropic Convention, the CND reached a unanimous consensus that psychedelic compounds lacked therapeutic applications (UN, 1969c, p. 74). Still, there was significant disagreement over whether clinical studies with psychedelics involving human research subjects should be permitted. Countries supporting such research were primarily Western-aligned, including Iran, Canada, Switzerland, the United States, West Germany, Mexico, and Peru. They argued that only through research with human subjects could the potential risks and therapeutic benefits of psychedelics be thoroughly evaluated (UN, 1968d, p. 15, 1970f, p. 32ff).

Other States, including Singapore (UN, 1968d) and the Soviet Union (UN, 1969f, 1969e, 1970f), opposed allowing human trials, repeatedly advocating for a resolution banning the use of LSD in clinical research, as it was deemed “essential that in no circumstances should human beings be used as guinea-pigs for research on LSD” (UN, 1970f, p. 32).

Mexico’s attempt to relax regulations on clinical trials of psychedelics (UN, 1971c, p. 136) was met with skepticism by the Bulgarian delegate at the 1971 conference, who remarked that “it would be tantamount to recognizing that hallucinogens had therapeutic uses” (ibid). An influential Swedish delegate at the 1971 conference expressed similar sentiment, urging the treaty to prohibit clinical trials with psychedelics (UN, 1971c, p. 139). Australia proposed that only “very limited” research on psychedelics should be allowed, a proposal the conference adopted (UN, 1971b, p. 74) and understood as restricting the number of researchers permitted to conduct such research (UN, 1976, p. 148).

The U.S. delegation at the 1971 conference, however, emphasized that the treaty should not impede research into the medicinal applications of psychedelics, highlighting concerns about excessive restrictions on scientific studies with psychedelics (UN, 1971c, p. 135f, 140). In an internal report by the delegation following the conference, the delegation claimed credit for safeguarding the use of psychedelics for therapeutic purposes from prohibition in the treaty and stressed that rescheduling is suitable *when* a psychedelic compound presents accepted medical applications (Ingersoll, 1971, p. 21, 36). The official treaty commentary subsequently noted the advisability of permitting limited medicinal uses of psychedelics despite their Schedule I classification and the feasibility of rescheduling them to accommodate broader therapeutic applications (UN, 1976, p. 138, 148f).

Early treaty drafts confined psychedelic research to narrowly defined “institutions,” but the U.S. delegation successfully broadened the provision to “establishments,” despite objections from France and the Soviet Union (UN, 1971c, p. 37). The official record is unclear as to the significance of these terms. However, the change may reflect an understanding that legitimate use of psychedelics extended to *research* in physicians’ “private offices” (see Shafer, 1972, p. 132; U.S. House of Representatives, 1976, p. 65) and even possibly “limited medical practice” (Ingersoll, 1971, p. 21). U.S. public health authorities subsequently adopted a treaty interpretation consistent with this broader reading (Kendall et al., 1973, p. 9). However, the official treaty commentary maintains that *therapeutic* use in “doctors’ offices” is prohibited unless the substances are re-scheduled (UN, 1976, p. 149).

Exclusion of Plants

Well before the 1971 conference, the CND and the WHO signaled a concern regarding plants with psychedelic properties (UN, 1964, 1965a, 1969e; WHO, 1959, 1964). During the conference, the Technical Committee considered placing psilocybin mushrooms in Schedule I (UN, 1971e) but ultimately decided against it (UN, 1971g). Key discussions at the 1971 conference also centered on whether the treaty should regulate plants and other natural materials with psychedelic properties (UN, 1971c, p. 38, 1971d, 1971h, 1971i, 1971j). Notably, the United States was “most anxious” to prevent the treaty from restricting the use of these plants in religious ceremonies (UN, 1971c, p. 38).

Several countries, including the United States, Mexico, and Australia, advocated for the treaty to exclude wild plants from regulation, arguing that this would protect domestic religious practices and

avoid impractical restrictions (UN, 1969a, p. 30, 1969a, 1970d, 1970d, p. 6ff, 1971d, 1971j, 1971c, p. 78f). France, on the other hand, sought to ensure that the treaty would be capable of controlling any future deliberate cultivation of psilocybin mushrooms (UN, 1971c, p. 78f).

Ultimately, the conference decided to remove the provision related to the “production” (i.e., cultivation) of plants (UN, 1971c, p. 79). Mexico also proposed removing the reference to “natural material” from the treaty (see Article 1(e)). However, this provision was retained by a narrow margin, as some countries (e.g., the Soviet Union, France, and Tunisia) sought to preserve the possibility of future amendments to the protocol to control plants such as psilocybin mushrooms and peyote (UN, 1971c, p. 78f).

In response, Mexico proposed a reservation mechanism that would allow countries with wild-growing plants used in small-scale religious rites to make reservations (UN, 1971f, 1971c, p.106, 1971i). This proposal was widely supported, although some countries opposed, including Ghana and the Holy See, with the former calling to “eradicate” harmful traditions and the use of such plants (UN, 1971c, p.107). At the same time, Liberia deemed it impossible to prevent such use (UN, 1971c, p.78). Turkey proposed that parties to the treaty be permitted to use wild plants in religious rites for small groups, a proposal that was accepted and became part of the final treaty (Article 32(4)).

As a result, the Psychotropic Convention does not regulate the growing or use of such plants but only the substances they contain (UN, 1976, p. 385). This means that while psychoactive substances like psilocybin and mescaline are controlled through the treaty, the plants themselves (psilocybin mushrooms and peyote) are not controlled through the Psychotropic Convention. Mexico, the United States, Canada, and Peru made reservations during ratification to protect either the use of Peyote, San Pedro, and Ayahuasca for religious purposes, ensuring that any possible future treaty amendments that might include these plants/preparations would not prevent these practices in their respective countries (UN, 2002, p. 389ff). It is also worth noting that the official commentary on the Psychotropic Convention explicitly states that the treaty does not cover potions made from the bark of *Mimosa Hostilis* (i.e., a variation of Ayahuasca) (UN, 1976, p. 387).

The Problem

Mirroring the Single Convention, the Psychotropic Convention opens with a preamble that expresses concern for “the health and welfare of mankind.” The specific problem the treaty is designed to address is set out as the “public health and social problems arising from the abuse of certain psychotropic substances.” Part of that concern relates to the alteration of the mind, in terms of “central nervous system stimulation or depression, or hallucinations or disturbances in perception, thinking, mood or behavior” (UN, 1970d, p. 14), article 2(4)(a)). Nevertheless, what role did psychedelics play in these “public health and social problems”? In the following sections, we examine in depth the arguments and problem descriptions that emerged from discussions in UN bodies where the Psychotropic Convention was initiated, as well as from the 1971 conference where the final treaty was negotiated.

The Health Problem

The framing of intoxicants as health problems typically rests on at least three components (Edman, 2021; Tham & Edman, 2022). First, it must be made plausible that the substance poses a danger to life and/or health—this serves as the fundamental criterion. Second, unlike many other health issues, the problem is compounded by the fact that the harmful substance—the intoxicant—is potentially dependence-producing or otherwise challenging to resist. This makes the situation more difficult to solve and, therefore, more serious. The third component of the problem framing is the rapid spread of the intoxicant: geographically, to a larger number of users, or across new categories of users, for example, by gender, class, or age.

Harm to Life, Health, and Psychological Well-Being

Modern medical science regards psychedelics as relatively harmless substances. However, it would be unfair to judge the actions of drug diplomats in the 1960s based on current knowledge. It is more relevant to start from how the researchers of the time perceived psychedelics, even if we do not know to what extent the drug diplomats took that research into account. Knowledge about psychedelics was limited in the 1960s. Still, a 1967 research review on adverse reactions to LSD noted that concerns about the drug's harmful effects were clearly expressed within the scientific community. The authors wrote that despite earlier assurances from LSD proponents that the substance would be relatively safe to use, "it now appears that a variety of serious complications can result from both the therapeutic and nontherapeutic uses of LSD" (Smart & Bateman, 1967, p. 1214). Further:

The most serious complications include prolonged psychotic reactions, recurrent LSD experiences, disturbed non-psychotic reactions, and, less frequently, suicide, homicide and convulsions. It has also been suggested that the acute toxic effects of LSD could lead to death (*ibid.*, p. 1214).

The most common complications, however, were what can be described as "bad trips," i.e., unpleasant but transient states characterized by anxiety, fear, or agitation, often combined with delusions or other psychotic symptoms. In the case of suicides (11 reported cases in the international research literature at the time) and suicide attempts, the researchers noted that it was difficult to establish definite causal links (*ibid.*).

That there was concern among researchers about the risks of LSD is also evident from the documentation of a conference organized by the United States National Institute of Mental Health in September 1967 (Meyer, 1969). At the conference, attended by approximately thirty invited researchers, similar complications to those in the research review were raised. However, the participants also noted that "evidence of persisting psychological damage from chronic LSD administration was minimal" (*ibid.*, p. 54). Researchers lamented "the complication of reasonable research deliberation by exaggerations in the popular press and the tendency to conclude preliminary data" (*ibid.*).

Despite this unclear state of the research, various actors within the UN system described LSD as a hazardous drug, indeed one of the most dangerous of all. In 1964, the WHO Expert Committee on Addiction-Producing Drugs warned of "the damage that the indiscriminate use of a so powerful agent [as LSD]" could cause (WHO, 1964, p. 11). According to the Committee, the use of LSD was growing, it was uncontrolled, and it was causing some form of unspecified harm. This was enough for the Committee to recommend "immediate measures concerning distribution" (*ibid.*). Two years later, in 1966, the Ad Hoc Committee set up by the CND specified the dangers of the increasing use of LSD as being "permanent damage or even the death of a number of individuals" (UN, 1966a, p. 12). However, the official records of discussions from these committees are remarkably vague regarding the specific dangers that were perceived concerning psychedelics and the evidentiary basis for these assessments. The documents and background reports upon which the Ad Hoc Committee based its work do not help to clarify these perceived risks, as they exclusively focused on sedatives and stimulants.

LSD was described as a "grave danger [...] to health and safety with respect to both the individual and society" in an ECOSOC resolution in spring 1967 (UN, 1967a, p. 20). The PNCB reinforced the sense of acute danger by describing the "sinister potential" of LSD, which presented an "alarmingly acute problem calling for immediate action" (UN, 1967b, p. 24). The INCB (created in 1968) was equally non-specific in its description of the problem: "the problem of the hour is the widespread abuse of sedatives, stimulants and hallucinogenic substances such as L.S.D (—) call for specific measures of control at the national and international level, lest Governments be faced with an unmanageable situation" (UN, 1968a, p. 14).

The following year, the INCB spoke of LSD and the “disastrous effects it can have on consumers” (UN, 1970e, p. 24) without specifying what these effects were or providing any sources. By 1970, the process towards a new convention was well advanced, and ECOSOC now described LSD as “highly dangerous” (UN, 1970b, p. 28).

Documents from the CND and the INCB provide no further details on the perceived risks. In line with its more technical mandate, however, the WHO Expert Committee on Drug Dependence provides a more detailed analysis:

Reactions to drugs of the LSD-mescaline-psylocybin type range from acute episodes of anxiety, confusion, panic, paranoia, and megalomania immediately following drug ingestion, to psychotic episodes or depressive syndromes that persist for weeks after the ingestion of the drug. Such acute reactions sometimes recur without further drug-taking. Adverse effects may be seen with very small doses (WHO, 1970, p. 18).

There was, nonetheless, clear evidence of their dependence potential and other serious adverse effects, such as amphetamine psychosis and deaths from cardiovascular complications (Kiloh & Brandon, 1962).

But what about psychedelics? In the preparatory documents behind the Psychotropic Convention, descriptions of psychedelics as dependence-producing are notably absent. One exception is a single, poorly substantiated claim by the Soviet Union’s Dr. Babaian, who asserted in 1968 that LSD was “undoubtedly dependence-producing and the consequences of its abuse were no less serious than those of the abuse of heroin and other narcotic drugs” (UN, 1968e, p. 5). However, this was far from clear to all at the time. The official commentary to the Psychotropic Convention recognizes that there could be a difference of opinion as to dependence potential “in respect of some hallucinogenic substances in Schedule 1, especially also in regard to LSD” (UN, 1976, p. 51). Ultimately, the final text of Article 2(4)(a) of the Psychotropic Convention stated that for a substance to be brought under the Convention’s controls it must have the capacity to produce “a state of dependence” *and* “central nervous system stimulation or depression, resulting in hallucinations or disturbances in motor function or thinking or behaviour or perception or mood.” Nevertheless, *alternatively*, it can have the capacity to produce “similar abuse and similar ill effects as a substance in Schedule I, II, III or IV.” Thus, following the inclusion of the original psychedelics under the schedules, even in the absence of the required evidence, it did not matter later on if psychedelic substances were dangerous or dependence-producing. The drafters’ assumptions were already embedded in the text and schedules to be applied to later substances. On this point of producing similar effects, however, it should be noted that while the reasons for including LSD were somewhat elusive, DMT, psilocybin/psilocin, and mescaline were even less referenced in the preparatory process, if referenced at all.

Epidemic Spread

Psychedelics may not have been particularly dangerous or dependence-producing, but could they fulfill a third criterion for a serious health problem, that of the potential spread of abuse? Outbreaks and “epidemics” of non-medical amphetamine use had been documented in several countries since the 1940s, including Japan, Sweden, and the United States (Rasmussen, 2008). A 1967 report by the predecessor of the INCB noted that demand for amphetamines, barbiturates, tranquilizers, and even psychedelics had increased since the early 1960s (UN, 1967b, p. 8).

This growing demand received considerable attention from UN agencies and became an essential part of the overall problem description underlying the Psychotropic Convention.

Concerns about the increased use of LSD were explicitly raised. The WHO’s Expert Committee on Addiction-Producing Drugs, for example, stated in 1964 that “irregular use” of LSD was “reaching alarming proportions” (WHO, 1964, p. 11). At the CND meeting in December 1966, the U.S. delegate claimed that the production, smuggling, and consumption of LSD were spreading very rapidly (UN,

1966e, p. 4). In 1967, the PNCB referred to “a growth in the abuse of hallucinogenic drugs, in particular lysergic acid diethylamide, LSD-25” (UN, 1967a, p. 24).

However, the concern over rising psychedelic use needs to be understood within a broader narrative framework: that of the “epidemic threat,” which was a recurring theme in discussions around the Psychotropic Convention. During the preparatory work for the Psychotropic Convention, concerns about the threat of epidemic spread particularly among young people were often raised. The majority of these descriptions concerned amphetamines specifically or psychotropics as a broad category (UN, 1969d, p. 24, 1970b, p. 27f, 30, 1970e, p. 19, 1971a, p. 30, 1971c, p. 6), but implicated psychedelics as part of that vast category. The consequences of a looming epidemic were often presented as catastrophic in the discussions. In this way, a presumed or observed increase in use made it possible to link it to a serious problem with a centuries-old history—the epidemic. This is also linked to the already-stipulated public health threat, since the epidemic (whether literal or figurative) is the ultimate threat to public health (Baldwin, 1999; Fairchild et al., 2010; Porter, 1999; Rosen, 1974; Solomon et al., 2013).

The Social Problem

As we have shown above, psychedelics were not a well-documented health problem when the Psychotropic Convention was being drafted. There was little evidence to show that they were particularly dangerous, dependence-producing, or prone to epidemic-like spread. The narrative of a health threat may have played a role, but it cannot fully explain why the UN agencies prioritized LSD and similar substances so highly. A different kind of rationale emerged in the form of *the social problem*—a more diffuse, culturally grounded concern often linked to social deviance, generational unrest, and shifting values.

Youth and Cultural Change

The social problem of drug use was often discussed more generally without too clear a link to specific substances. Still, vague descriptions of psychedelics and other psychotropic substances as a social problem appear in several places in the material. One example is from 1967, when the PNCB described psychedelics as “a serious social and public health problem” (UN, 1967b, p. 25), foreshadowing the wording that would ultimately find its way into the treaty. Two years later, its successor, the INCB, stated that the General Assembly had formally acknowledged the problem description in December 1968, when “[t]he grave social menace inherent in ‘the epidemic spread of the abuse of psychotropic substances not yet under international control’ was formally acknowledged” (UN, 1968d, p. 25).

At a 1970 meeting of ECOSOC, the head of the UN Division of Narcotic Drugs, Vladimir Kušević (Yugoslavia), presented the social problem as self-evident, stating that “[t]he increasing abuse of psychotropic substances created an obvious social problem which particularly affected the young” (UN, 1970b, p. 27). At the same meeting, Norway’s representative, Mr. Hjelde, echoed the narrative of epidemic threat, describing drug addiction as an “immeasurable problems for society.” To underscore this, he quoted an interim report by the Secretary-General, in which drug abuse was described as “detrimental to the working capacity of the individual and could eliminate a segment of the population from the process of production, thus creating a heavy burden on society” (UN, 1970c, p. 1).

These problem descriptions are nonspecific and in line with how the substance abuse problem has been described since the late 19th century, as a threat to productivity and population growth (Edman, 2015, 2016). However, the drug problem as formulated in many Western countries in the mid-20th century was linked to youth, popular culture, and various subcultures. In line with this, the INCB argued in 1969 that “the growing mobility of young people” contributed to the problems, “particularly during international gatherings, which facilitated illicit trafficking and posed significant challenges for narcotics enforcement efforts” (UN, 1969d, p. 23). The INCB report for the following year, 1970, continued the same theme by referring to “the transnational movement of countercultural groups, particularly ‘hippies,’

which significantly influenced the spread of the use of psychedelics. Beyond fostering domestic consumption and trade, these groups introduced cultural and behavioral influences that challenged societal norms, prompting some host countries to implement restrictive measures in response” (UN, 1970e, p. 8).

Youth curiosity, alternative lifestyles, resistance to the system, and mobility are themes found in much of the material that preceded the Psychotropic Convention (UN, 1969d, p. 25, 1970b, p. 27, 37, 41, 1970e, p. 8, 1971c, p. 8f). This is recognized in drug history research, which has repeatedly shown that the harms of drugs are less decisive for the regulations introduced than the groups of people with whom the use is associated (Courtwright, 2009). Drugs associated with minority groups, subcultural groups, or young people are easier to regulate and ban than drugs used by a large proportion of the population (Courtwright, 2009). From this perspective, it is telling that alcohol and tobacco were excluded from the category of psychotropic substances.

The social problem descriptions, like the discussions of epidemic spread referred to earlier, are usually about psychotropic substances in general rather than psychedelics specifically. In the early talks of LSD, however, it was clear that it was the use among young people and perceived deviants that gave the most cause for concern: the fact that psychedelics were used primarily by college students, young married couples, and within the growing hippie movement was mentioned in the discussions (UN, 1966e, p. 4). The primary category of its users was described as individuals with intellectual curiosity who wanted to learn more about themselves (WHO, 1967a, p. 7ff).

The youthful and subcultural drivers of the problem also fit into larger societal contexts, often linked to late modern processes of change that created friction. Social issues, whether real or imagined, tend to arise in times of change, where movements from one state to another are left to explain the problems (Edman, 2024). Over the last 150 years, a loosely defined concept of modernity has been used to describe various social challenges, and the same pattern can be observed in the background of the Psychotropic Convention. One example comes from the spring meeting of ECOSOC in 1970, where the Norwegian delegate formulated his thoughts on the causes of drug consumption:

In seeking a solution it was important to bear in mind that drug addiction was closely linked with the widespread feeling of frustration, particularly among young people, the increasing impairment of the human environment and persistent international unrest (UN, 1970c, p. 37).

Several delegates also pursued this theme during the 1971 conference. The Chilean delegate, after a winding argument with references to Aldous Huxley, Arthur Koestler, historical accounts of intoxication from the Bible, the Aztecs, Siberian tribes, and the use of wine as a transgressive substance by Arab poets, concluded that modern drug use was something fundamentally different, and a direct consequence of modernity itself (UN, 1971c, p. 11). Togo’s Dr Johnson-Romuald was on a similar track when he described how “Africans in particular deeply deplored the lack of human sympathy in the developed world” (UN, 1971c, p. 15). The Vatican representative perhaps summarized it most succinctly: “If the reason for taking drugs was a refusal to live the kind of life demanded by a modern industrial society, then there must be something wrong with that society” (UN, 1971c, p. 15f, 20). The need for control may have been partly rooted in concerns that psychedelics promoted ideas that fueled various social movements. During the opening statements at the 1971 conference, the U.S. delegate expressed that the use of psychedelic substances influenced social and political protesters among university students, which caused concern among the general public (UN, 1971k, p. 9).

Global Ideological Conflicts

The quote from the Vatican representative brings us to another dimension of the social problem description, namely, ideas about the kind of society in which drug problems arise or are best combated. The Soviet Union and other countries in the Eastern Bloc saw this dimension of the drug problem as an

opportunity to promote the superiority of the socialist system over the capitalist West. At the ECOSOC meeting in spring 1970, the Soviet Union's Lobanov emphasized that the root of the global drug problem "originated in countries having a certain social system and subsequently spread throughout the world" (UN, 1971c, p. 34). Without pointing the finger directly at the capitalist West, he nevertheless concluded that the problem was negligible in socialist states (similar arguments are found in Edman, 2016, and Sanchez Petrement, 2023). The representative of communist Bulgaria at the same meeting also said that drug use "was a product of a sick society" (UN, 1970c, p. 37), specified as a "social system with its inequalities, oppression and class antagonisms" (UN, 1970c, p. 37). This line was also repeated at the 1971 conference, when the Bulgarian delegate argued that the country had negligible problems with psychotropic substances, partly because "social influences which inhibited addiction" (UN, 1971c, p. 9). Indeed, a report from the U.S. Department of Justice noted that international narcotics negotiations were often shaped more by Cold War politics than drug policy itself, with the United States and the Soviet Union competing for influence. Countries were pressured to align with one bloc or the other, and voting decisions often reflected geopolitical alliances rather than the drug issues at hand (Kinney et al., 1972, p. 72). The U.S. delegation at the 1971 conference noted that many delegations displayed a striking lack of engagement by defaulting to preconceived views and endorsing international control with minimal scrutiny (Ingersoll, 1971, p. 37).

Linking high-profile problems to overarching structures is a recurrent strategy in both national and international politics (Christie, 1985; Edman, 2013, 2015; Winter & Edman, 2023), in this case, by tracing the causes of the drug problem in a particular economic-political system.

However, this kind of symptom-theoretical (Edman, 2013) causal explanation for drug use, with or without a political basis, was uncommon at a conference whose aim was to adopt a treaty focused on supply control rather than on demand. This focus was so self-evident that it was barely articulated, except one intervention by the French delegate who stated that "[w]hatever might be the sociological causes of drug addiction, it would not have become such a serious world problem had the production, sale and export of such substances been brought under international regulation" (UN, 1971c, p. 38).

Concerning supply, however, a North/South dimension was added to the East/West conflict when psychotropic substances were discussed at the 1971 conference. This dimension included the difference between the agricultural products of the poorer countries and the industrial products of the richer countries, as the Turkish delegate eloquently put it:

There was no doubt that the industrialized countries were better equipped both financially and administratively to discipline their synthetic drugs industry than were the developing countries to control their cultivation of natural products. It was neither reasonable nor fair, therefore, to ask developing countries to do so without asking developed countries to make a corresponding effort in respect of their industrial products (UN, 1971c, p. 13).

Sweden's delegate, Mr. Bror Rexed, also echoed the shift in focus when it came to producer countries during his opening speech:

The Single Convention had dealt mainly with substances derived from natural products originating in developing countries, and some of those countries had had to make a special effort to apply the provisions of the Convention, which had adversely affected their agricultural production, the purpose of the draft Protocol was entirely different, since it would apply to synthetic substances manufactured industrially in developed countries. The developed countries and their industries must now take the responsibility of creating an international and national control system adequate to cope with the present and future problems associated with the new substances and the drugs derived from them. (UN, 1971c, p. 6).

Discussion

In this article, we have explored the historical and political processes that led to the inclusion of psychedelics under strict international controls of the Psychotropic Convention of 1971. By analyzing archival documents and other primary sources, we have highlighted the interplay of health, social, and political narratives that contributed to this outcome.

There are multiple answers to the question of how and why psychedelics came to be included in the international drug control system. As demonstrated by the archival material, one of the primary arguments for scheduling psychedelics under the new Psychotropic Convention was their purported risk to public health. However, this study also shows that the evidence supporting such claims was inconsistent and often unsubstantiated. Concerns such as acute health risks and dependency potential, typically central to the justification for international drug controls, were not strongly evidenced in the case of psychedelics. For instance, the limited scientific studies available at the time indicated a low potential for dependence and a generally favorable physiological safety profile. Despite this, exaggerated accounts of health dangers, including vague or anecdotal references to psychosis, suicide, and other dramatic outcomes, dominated the discourse within the CND and other UN bodies. This contrast between the available scientific evidence and the framing of psychedelics as a grave health threat underscores the influence of non-scientific factors in shaping international drug policy. It suggests that the perceived health risks of psychedelics were amplified to align with broader socio-political objectives, rather than being based strictly on empirical evidence.

In addition to health concerns, our analysis shows that psychedelics were also constructed as a significant social problem. United Nations bodies increasingly portrayed psychedelics as part of a growing “social menace,” drawing on vague associations with youth, countercultures, and societal disruption. This perceived threat had less to do with the pharmacological properties of psychedelics and more with their symbolic connection to cultural change and social resistance. Their use among young people, students, and hippie groups, already viewed with suspicion, amplified the perception of psychedelics as politically and socially problematic. These portrayals resonated with long-standing narratives linking drug use to declining productivity, social unrest, and threats to societal order. This framing aligned with broader anxieties about modernity, youth alienation, and rapid cultural change, as reflected in the rhetoric of various country delegates. Rather than focusing on specific medical dangers, this discourse often positioned psychedelics as symptomatic of a deeper societal malaise. Such narratives made them particularly suitable targets for regulation, especially in contrast to socially entrenched substances such as alcohol and tobacco, which remained excluded from international controls.

Though seldom explicitly mentioned during negotiations, it is evident between the lines that delegates were strongly influenced by the growing media frenzy surrounding LSD in the mid-1960s. Several indications of this can be found in the archival material. For instance, when the CND first addressed LSD in May 1963, the matter was raised by the French delegate, Dr. Mabileau, who stated he had “read in the press” that the substance was being abused. In the early 1960s, the spread of LSD and other psychedelics often originated from university institutions engaged in psychological and psychiatric research (Lattin, 2010). Researchers and students involved in these experiments frequently became strong advocates of psychedelics and played a key role in spreading them to new social groups. The limited regulation or oversight of psychedelic research, along with the sometimes explicitly unscientific nature of specific experiments, led to government intervention. The most well-known example was the termination of the psychedelic research program led by Harvard psychologists Timothy Leary and Richard Alpert, which the university shut down in the spring of 1963. Both Leary and Alpert were subsequently dismissed (Wark & Galliher, 2010). Notably, this occurred just a few weeks before the CND meeting where Dr. Mabileau first raised the issue of LSD abuse.

Another indication of the significance of media attention was the Ad Hoc Committee’s sudden decision to make LSD its top priority, despite its original mandate being to investigate the need for

international controls on sedatives and stimulants. The committee's work coincided with widespread negative media coverage of LSD in many Western countries. In April 1966, for example, a significant mass media campaign against LSD took place in France, contributing to the country becoming one of the first in the world to ban the substance (Dubus, 2022). Around this time, Dr Mabileau, France's delegate to the CND and co-chair of the Ad Hoc Committee, emerged as one of the most vocal proponents of international psychedelic control.

In the years that followed, media attention escalated and LSD "took centre stage in a moral panic over drug use" in several countries (Dyck, 2005, p. 382). LSD was accused of causing, among other things, "gangrene, leukemia, psychosis, homosexuality, headaches, chromosome damage, narcotic addiction, blindness, congenital disabilities, weakening of character and loss of motivation, suicidal and homicidal behaviors, and brain damage" (Baumeister & Placidi, 1983, p. 37). Similar portrayals were common in many other countries at the time (Dubus, 2022; Dyck, 2005; Haave & Pedersen, 2021). Such media narratives likely influenced government representatives and, in turn, shaped the directives given to their CND delegates.

Besides health and social concerns, both amplified by sensationalist media portrayals, the Cold War political context also shaped discussions in UN bodies during the treaty's formation (Ingersoll, 1970, p. 597). Socialist and capitalist states used the drug issue as a platform to critique each other's societal models. Eastern Bloc countries often attributed drug problems to the "decadence" of capitalist societies, while Western nations used the issue to signal their commitment to public health and social order. Despite these ideological divides, a shared interest in regulating psychedelics, whether for health, moral, or political reasons, enabled the negotiation of a unified treaty framework.

A key factor in this consensus was the absence of significant economic interests defending psychedelics. In the 1960s, sedatives and stimulants were already well-established and profitable on the global pharmaceutical market. They were valued by doctors and patients alike and backed by powerful pharmaceutical industries in the manufacturing countries. As previous research has shown, representatives of these countries acted strategically within the CND to delay or prevent the implementation of international controls (McAllister, 2000). Psychedelics, by contrast, had no comparable defenders. Despite early optimism, research with psychedelics had failed to demonstrate clear medical benefits (Segal, 1974, p. 255). The Swiss pharmaceutical company Sandoz's patent for LSD had expired, and by 1965, Sandoz had ceased their production and severely restricted access to the drug (Bonson, 2018). Non-synthetic psychedelics (plants) were difficult to patent and commercialize. As a result, psychedelics became relatively easy targets for regulation.

Archival sources often reiterated that psychedelics had "no medical use" (UN, 1966e, p. 4) and that it was therefore "essential to bring those substances under international control as soon as possible" (UN, 1966d). The lack of a strong economic constituency opposing their control removed a significant obstacle to their inclusion in the strictest schedules of the Psychotropic Convention. Neither the CND, the WHO, nor national delegates at the 1971 Conference were inclined to challenge measures aimed at addressing what was framed as an acute global public health crisis, especially when there was nothing to be gained, diplomatically, in doing so. Psychedelics thus became a "good enemy" (Christie, 1985): a target no one wished to defend, linked to a variety of (perceived) health and social harms, and unlike sedatives and stimulants, lacking both an established role in society and ties to legitimate economic interests.

Interestingly, the United States seemingly served as a crucial counterweight against propositions for additional control measures regarding plants and limitations of scientific exploration of psychedelics. On the other hand, the Soviet Union, particularly France, stands out as the country that initiated and enforced the most stringent control measures. The particularly harsh stance on psychedelics by the Soviet Union may have been motivated by its desire to promote its society as one that prioritized public health measures more than capitalist countries did. For instance, the representative of the Soviet Union claimed that the use of psychotropic compounds was non-existent in their society (UN, 1971c, p. 7).


Conversely, France was likely motivated by a general belief in strict international narcotic controls (Bruun et al., 1975) and strong influences from sensationalized media coverage.


Understanding the historically contingent and politically embedded foundations of the decision to subject psychedelics to the strictest forms of international control invites a re-examination of their current position within the global drug control framework. Rather than reflecting a consistent application of scientific or medical criteria, the scheduling of psychedelics emerged from a confluence of institutional dynamics, symbolic politics, and perceptions of social deviance. As such, their inclusion in Schedule I of the Psychotropic Convention appears less as the outcome of a systematic risk assessment than as the product of a particular historical moment shaped by uncertainty, contestation, and the absence of countervailing interests. Recognizing this context does not in itself prescribe specific regulatory reforms, but it does challenge the presumed neutrality and durability of existing classifications. It also highlights the importance of critically assessing the assumptions embedded in international treaty regimes, especially when those assumptions continue to structure access to scientific inquiry and the development of therapeutic applications.


Highlights

- First in-depth study of the inclusion of psychedelics in global drug control
- Cold war geopolitics, exaggerated health risks, and moral panic shaped negotiations
- Psychedelics lacked economic advocates, making them easier to regulate
- The United States opposed stricter measures by promoting allowances for psychedelic research and religious exemptions

ORCID iDs

Måns Bergkvist  <https://orcid.org/0009-0003-4946-3380>

Damon Barrett  <https://orcid.org/0000-0002-1668-596X>

Björn Johnson  <https://orcid.org/0000-0002-1601-2706>

Author Contributions

Måns Bergkvist: conceptualization, supervision, funding acquisition, investigation, formal analysis, archival research, and writing—review and editing. Damon Barrett: writing—review and editing, translation, investigation, and formal analysis. Johan Edman: writing—review and editing, methodology, investigation, and formal analysis. Björn Johnson: writing—review and editing, methodology, investigation, and formal analysis.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Norrskén Mind supported this research through a research grant.

Declaration of Conflicting Interests

The authors declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: MB is the vice-president of the Swedish Network for Psychedelic Science. BJ, DB, and JE have no competing interests to declare.

Data Availability Statement

All archival materials used in this study are publicly available either online or by request at the United Nations Archives and the United States National Archives and Records Administration. Full reference details are provided in the article.

Notes

1. Although the term “hallucinogens” is used in most of the archival documents, we will refer to this class of compounds as “psychedelics,” as that is the preferred nomenclature in contemporary research and by the United Nations. This term will be used consistently throughout this paper.
2. The WHO committee has undergone several name changes over time. From 1956 to 1964, it was the WHO Expert Committee on Addiction-Producing Drugs. From 1964 to 1966, it was called the WHO Expert Committee on Dependence-Producing Drugs (Chatterjee, S.K. 1979). It is now the WHO Expert Committee on Drug Dependence (ECDD). In this article, we use the name accurately for the relevant time.

References

- Baldwin, P. (1999). *Contagion and the State in Europe, 1830–1930* (1st ed.). Cambridge University Press. <https://doi.org/10.1017/CBO9780511497544>
- Barrett, D. (2020). *Child Rights and Drug Control in International Law*. BRILL.
- Baumeister, R. F., & Placidi, K. S. (1983). A social history and analysis of the LSD controversy. *Journal of Humanistic Psychology*, 23(4), 25–58. <https://doi.org/10.1177/0022167883234003>
- Bayer, I. (1989). Development of the Convention on Psychotropic Substances, 1971 [Unpublished manuscript]. <https://www.tni.org/files/publication-downloads/bayer-1971convention.pdf>.
- Bewley-Taylor, D., & Jelsma, M. (2016). UNGASS 2016: A Broken or B-r-o-a-d Consensus? (Drug Policy Briefings No. 45). Transnational Institute. <https://www.tni.org/en/publication/ungass-2016-a-broken-or-b-r-o-a-d-consensus>.
- Bewley-Taylor, D. R. (1999). *The United States and international drug control: 1909–1997*. Pinter.
- Blumer, H. (1971). Social problems as collective behavior. *Social Problems*, 18(3), 298–306. <https://doi.org/10.2307/799797>
- Boister, N. (2002). Human rights protections in the suppression conventions. *Human Rights Law Review*, 2(2), 199–227. <https://doi.org/10.1093/hrlr/2.2.199>
- Bonson. (2018). Regulation of human research with LSD in the United States (1949–1987). *Psychopharmacology*, 235(2), 591–604. <https://doi.org/10.1007/s00213-017-4777-4>
- Bruhn, J. G., De Smet, P. A., El-Seedi, H. R., & Beck, O. (2002). Mescaline use for 5700 years. *The Lancet*, 359(9320), 1866. [https://doi.org/10.1016/S0140-6736\(02\)08701-9](https://doi.org/10.1016/S0140-6736(02)08701-9)
- Bruun, K., Pan, L., & Rexed, I. (1975). *The Gentlemen’s Club: International Control of Drugs and Alcohol*. University of Chicago Press.
- Butlen-Ducuing, F., Silva, F., Silva, I., Balabanov, P., & Thirstrup, S. (2025). Applying the EU regulatory framework for the clinical use of psychedelics. *The Lancet Psychiatry*, 12(1), 7–9. [https://doi.org/10.1016/S2215-0366\(24\)00203-7](https://doi.org/10.1016/S2215-0366(24)00203-7)
- Chatterjee, S. K. (1979). The WHO Expert Committee on Drug Dependence. *The International and Comparative Law Quarterly*, 28(1), 27–51. <https://doi.org/10.1093/iclqaj/28.1.27>
- Christie, N. (1985). *Den goda fienden: Narkotikapolitik i Norden*. Rabén & Sjögren.
- Collins, J. (2021). *Legalising the Drug Wars: A Regulatory History of UN Drug Control* (1st ed.). Cambridge University Press. <https://doi.org/10.1017/9781009058278>
- Courtwright, D. T. (2009). *Forces of Habit: Drugs and the Making of the Modern World*. Harvard University Press. <https://doi.org/10.2307/j.ctvjsf4p9>
- Csete, J., Kamarulzaman, A., Kazatchkine, M., Altice, F., Balicki, M., Buxton, J., Cepeda, J., Comfort, M., Goosby, E., Goulão, J., Hart, C., Kerr, T., Lajous, A. M., Lewis, S., Martin, N., Mejía, D., Camacho, A., Mathieson, D., & Obot, I., ..., & C. Beyrer (2016). Public health and international drug policy. *The Lancet*, 387(10026), 1427–1480. [https://doi.org/10.1016/S0140-6736\(16\)00619-X](https://doi.org/10.1016/S0140-6736(16)00619-X)
- Dubus, Z. (2022). Le traitement médiatique du LSD en France en 1966: De la panique morale la fin des études cliniques. *Cygne Noir*, 9, 36–62. <https://doi.org/10.7202/1091460ar>
- Dyck, E. (2005). Flashback: Psychiatric experimentation with LSD in historical perspective. *The Canadian Journal of Psychiatry*, 50(7), 381–388. <https://doi.org/10.1177/070674370505000703>

- Edman, J. (2013). An all-embracing problem description. The Swedish drug issue as a political catalyst 1982–2000. *International Journal of Drug Policy*, 24(6), 558–565. <https://doi.org/10.1016/j.drugpo.2013.05.010>
- Edman, J. (2015). Temperance and modernity: Alcohol consumption as a collective problem, 1885–1913. *Journal of Social History*, 49(1), 20–52. <https://doi.org/10.1093/jsh/shv029>
- Edman, J. (2016). Transnational nationalism and idealistic science: The alcohol question between the wars: Table 1. *Social History of Medicine*, 29(3), 590–610. <https://doi.org/10.1093/shm/hkv138>
- Edman, J. (2021). A century of dissonance and harmony in Swedish intoxication policy. In H. Tham (Ed.), *Retreat or entrenchment? Drug policies in the nordic countries at a crossroads* (pp. 239–265). Stockholm University Press. <https://doi.org/10.16993/bbo.j>
- Edman, J. (2024). *Den svenska berusningspolitiken: Hundra år av kunskap, okunskap och motkunskap (Första upplagan)*. Boréa.
- Fairchild, A. L., Rosner, D., Colgrove, J., Bayer, R., & Fried, L. P. (2010). The EXODUS of public health what history can tell us about the future. *American Journal of Public Health*, 100(1), 54–63. <https://doi.org/10.2105/AJPH.2009.163956>
- Gimenez-Corte, C. (2010). The forms of international institutional law: An historical analysis of the scheduling decisions of narcotic drugs and psychotropic substances taken by the united nations commission on narcotic drugs. *International Organizations Law Review*, 7(2010), 171–221. <https://ssrn.com/abstract=2375879>.
- Haave, P., & Pedersen, W. (2021). The promise and demise of LSD psychotherapy in Norway. *Social History of Medicine*, 34(2), 399–416. <https://doi.org/10.1093/shm/hkz128>
- Hagerfors, A.-M. (1970, June 7). Sverige vann hård knarkmatch. *Dagens Nyheter*.
- Hallam, C., Bewley-Taylor, D., & Jelsma, M. (2014). Scheduling in the international drug control system (Series on Legislative Reform of Drug Policies No. 25; Transnational Institute). <https://www.tni.org/en/publication/scheduling-in-the-international-drug-control-system>.
- Ingersoll, J. E. (1970). Report of the United States Delegation to the First Special Session of the United Nations Commission on Narcotic Drugs. Submitted to the Secretary of State. (Published in the Federal Drug Abuse and Drug Dependence Prevention, Treatment, and Rehabilitation Act of 1970. Part 3: Hearings before the Special Subcommittee on Alcoholism and Narcotics of the Committee on Labor and Public Welfare).
- Ingersoll, J. E. (1971). Report of the United States Delegation to the United Nations Conference for the Adoption of a Protocol on Psychotropic Substances. Submitted to the Secretary of State. (RG 59 General Records of the Department of State 1970-73. SUBJECT-NUMERIC FILE: INCO 11-5. box: 1134. LOC: 150/66/24/2). National Archives and Records Administration.
- Jelsma, M., & Walsh, J. (2023). Coca Chronicles: Monitoring the UN Coca Review TNI/WOLA - Issue #1: Bolivia Challenges UN Coca Leaf Ban <https://www.tni.org/en/article/coca-chronicles-monitoring-the-un-coca-review>.
- Kendall, D., Horning, M. F., & Berman, J. C. (1973). *The Convention on Psychotropic Substances: An analysis*. Drug Abuse Council.
- Kiloh, L. G., & Brandon, S. (1962). Habituation and addiction to amphetamines. *BMJ*, 2(5296), 40–43. <https://doi.org/10.1136/bmj.2.5296.40>
- Kinney, J., Christensen, R., Welch, W., Bush, G., & Lowenthal, A. (1972). A Study of International Control of Narcotics and Dangerous Drugs (No. 71–28). U.S Department of Justice.
- Lattin, D. (2010). *The Harvard Psychedelic Club: how Timothy Leary, Ram Dass, Huston Smith, and Andrew Weil killed the fifties and ushered in a new age for America* (1st ed.). HarperOne.
- League of Nations. (1936). Minutes of the twenty-first session from the Advisory Committee on Traffic in Opium and other Dangerous Drugs. May 18th— June 5th 1936 (No. C. 290. M. 176. 1936. XI).
- Lines, R., & Barrett, D. (2018). Cannabis reform, ‘medical and scientific Purposes’ and the Vienna convention on the law of treaties. *International Community Law Review*, 20(5), 436–455. <https://doi.org/10.1163/18719732-12341384>
- Marks, M., & Shachar, C. (2023). Drug scheduling limits access to essential medicines and should be reformed. *Nature Medicine*, 29(2), 294–297. <https://doi.org/10.1038/s41591-022-02169-4>
- McAllister, W. B. (ed) (2000). *Drug diplomacy in the twentieth century: An international history*. Routledge.

- Meyer, R. E. (1969). Adverse reactions to hallucinogenic drugs with background papers: Conference held at the National Institute of Mental Health, Chevy Chase, Maryland, Sept. 29, 1967.
- Nichols, D. E. (2016). Psychedelics. *Pharmacological Reviews*, 68(2), 264–355. <https://doi.org/10.1124/pr.115.011478>
- Nougier, M. (2018). Taking stock: A decade of drug policy. International Drug Policy Consortium. <https://idpc.net/publications/2018/10/taking-stock-a-decade-of-drug-policy-a-civil-society-shadow-report>.
- Olson, A. (1969, January 16th). Sverige till attack i Genève. *Dagens Nyheter*.
- Oram, M. (2016). Prohibited or regulated? LSD psychotherapy and the United States food and drug administration. *History of Psychiatry*, 27(3), 290–306. <https://doi.org/10.1177/0957154X16648822>
- Porter, D. (1999). *Health, civilization, and the state: A history of public health from ancient to modern times*. Routledge.
- Rasmussen, N. (2008). America's first amphetamine epidemic 1929–1971: A quantitative and qualitative retrospective with implications for the present. *American Journal of Public Health*, 98(6), 974–985. <https://doi.org/10.2105/AJPH.2007.110593>
- Rochefort, D. A., & Cobb, R. W. (eds) (1994). *The politics of problem definition: Shaping the policy agenda*. University Press of Kansas.
- Room, R. (2012). Reform by subtraction: The path of denunciation of international drug treaties and reaccession with reservations. *International Journal of Drug Policy*, 23(5), 401–406. <https://doi.org/10.1016/j.drugpo.2012.04.001>
- Rosen, G. (1974). *From medical police to social medicine: Essays on the history of health care (First edition)*. Science History Publications.
- Sanchez Petrement, M. (2023). Historicizing psychedelics: counterculture, renaissance, and the neoliberal matrix. *Frontiers in Sociology*, 8, 1–13. <https://doi.org/10.3389/fsoc.2023.1114523>
- Segal, J. (1974). *Research in the service of mental health: Summary report of the Research Task Force of the National Institute of Mental Health*. National Institute of Mental Health.
- Shafer, R. (1972). Drug use in America: Problem in perspective. The Technical Papers of the Second Report of the National Commission on Marihuana and Drug Abuse. VOLUME III: The Legal System and Drug Control. United States. National Commission on Marihuana and Drug Abuse.
- Smart, R. G., & Bateman, K. (1967). Unfavourable reactions to LSD: A review and analysis of the available case reports. *Canadian Medical Association Journal*, 97(20), 1214–1221.
- Solomon, S. G., Murard, L., & Zylberman, P. (eds) (2013). *Shifting boundaries of public health: Europe in the twentieth century*. University of Rochester Press.
- Spector, M., & Kituses, J. L. (1977). *Constructing Social Problems*. Cummings.
- Takács, I. (2024). Cops Demand Access to Psychedelic Assisted Treatment at the United Nations. <https://drogriporter.hu/en/leap-psychedelics-cnd2024/>.
- Tham, H., & Edman, J. (2022). To be both in the world and yet not of it. In M. J. Christensen, K. Lohne, & M. Hörnqvist (Eds.), *Nordic criminal justice in a global context* (1st ed., pp. 79–94). Routledge. <https://doi.org/10.4324/9781003195504-7>
- UN. (1946). Economic and Social Council. (16 February 1946). 1946/9(I). Commission on Narcotic Drugs. E/RES/1946/9(I). https://www.unodc.org/unodc/en/Resolutions/resolution_1946-02-16_1.html.
- UN. (1955). Report of the tenth session. 18 April—12 May 1955 (No. E/CN.7/303/Rev.I). Commission on Narcotic Drugs.
- UN. (1963). Eighteenth session. Summary record of the five hundred and eighteenth meeting (Verbatim Records No. E/CN.7/SR.518). Commission on Narcotic Drugs.
- UN. (1964). Nineteenth session. Summary record of the five hundred and twenty-sixth meeting (Verbatim Records No. E/CN.7/SR.526). Commission on Narcotic Drugs.
- UN. (1965a). Questions relating to the control of substances not under international control (No. E/CN.7/480). Commission on Narcotic Drugs.
- UN. (1965b). Twentieth session. Summary record of the five hundred and fifty-eighth meeting (Verbatim Records No. E/CN.7/SR.558). Commission on Narcotic Drugs.

- UN. (1966a). Questions relating to the Control of Substances not under International Control. Report of the Committee on Substances not under International Control. Note by the Secretary-General (No. E/CN.7/AC.6/8). United Nations.
- UN. (1966b). Report of the twenty-first session. 5—21 January 1966 (No. E/CN.7/501). Commission on Narcotic Drugs.
- UN. (1966c). Twentieth session. Summary record of the five hundred and seventy-second meeting (Verbatim Records No. E/CN.7/SR.572). Commission on Narcotic Drugs.
- UN. (1966d). Twenty-first session. Summary record of the five hundred and eighty-third meeting (Verbatim Records No. E/CN.7/SR.583). Commission on Narcotic Drugs.
- UN. (1966e). Twenty-first session. Summary record of the five hundred and seventy-third meeting (Verbatim Records No. E/CN.7/SR.573). Commission on Narcotic Drugs.
- UN. (1966f). Twentieth session. Summary record of the five hundred and fifty-second meeting (Verbatim Records No. E/CN.7/SR.552). Commission on Narcotic Drugs.
- UN. (1967a). Economic and Social Council official records, 42nd session: 1464th meeting, Monday, 16 May 1967. Economic and Social Council.
- UN. (1967b). Final Report of the Permanent Central Narcotics Board and Drug Supervisory Body (No. E/OB/23-E/DSB/25). Permanent Central Narcotics Board and Drug Supervisory Body.
- UN. (1967c). Economic and Social Council. (16 May 1967). LSD and similar substances. E/RES/1197(XLII). <https://digitallibrary.un.org/record/214582?v=pdf>.
- UN. (1967d). Permanent Central Narcotics Board. 90th Session. Control of Substances Not Under International Control (No. E/OB/W.535). Permanent Central Narcotics Board.
- UN. (1967e). The Control of Psychotropic Substances Not Under International Control. Legal, Administrative and Other Questions. Note by the Secretary-General (No. E/CN.7/509). United Nations.
- UN. (1968a). First Report of the International Narcotics Control Board (No. E/INCB/1). Permanent Narcotics Control Board.
- UN. (1968b). Information Letter no.6 to Members of the Commission: Control over certain amphetamine substances by inclusion in the Single Convention (No. G. XVIII 3/1/5 (4-0731). Division of Narcotic Drugs.
- UN. (1968c). The control of psychotropic drugs not under international control (No. E/CN.7/519). Commission on Narcotic Drugs.
- UN. (1968d). The control of psychotropic substances not under international control: Questionnaire to governments: replies received by the Secretary-General. (No. E/CN.7/518). United Nations.
- UN. (1968e). Twenty-second session. Summary record of the six hundred and eight meeting (Verbatim Records No. E/CN.7/SR.608). Commission on Narcotic Drugs.
- UN. (1969a). Comments by Governments on the Draft Protocol on Psychotropic Substances. Note by the Secretary-General. (No. E/CN.7/525). Commission on Narcotic Drugs.
- UN. (1969b). Draft report on the work of the twenty-third session (No. E/CN.7/L.305/Add.13). Commission on Narcotic Drugs.
- UN. (1969c). Report of the twenty-third session. 13—31 January 1969 (No. E/CN.7/523/Rev.1). Commission on Narcotic Drugs.
- UN. (1969d). Report to the Economic and Social Council on the Work of the Board (No. E/INCB/5) International Narcotics Control Board.
- UN. (1969e). Twenty-third session. Summary record of the six hundred and thirty-fifth meeting (Verbatim Records No. E/CN.7/SR.635). Commission on Narcotic Drugs.
- UN. (1969f). Twenty-third session. Summary record of the six hundred and thirty-first meeting (Verbatim Records No. E/CN.7/SR.631). Commission on Narcotic Drugs.
- UN. (1970a). Economic and Social Council official records, 48th session: 1660th meeting, Monday, 24 March 1970 (No. E/SR.1660). Economic and Social Council.
- UN. (1970b). Economic and Social Council official records, 48th session: 1657th meeting, Monday, 23 March 1970 (No. E/SR.1657). Economic and Social Council.

- UN. (1970c). Economic and Social Council official records, 48th session: 1659th meeting, Tuesday, 24 March 1970 (No. E/SR.1659). Economic and Social Council.
- UN. (1970d). Report of the first Special Session. Official Records: Forty-Eighth Session. (No. E/CN.7/528). Commission on Narcotic Drugs.
- UN. (1970e). Report to the Economic and Social Council on the Work of the Board (No. E/INCB/9). International Narcotics Control Board.
- UN. (1970f). Twenty-second session. Summary record of the six hundred and sixty-first (Verbatim Records No. E/CN.7/SR.661). Commission on Narcotic Drugs.
- UN. (1971a). Report to the Economic and Social Council on the Work of the Board (No. E/INCB/13). International Narcotics Control Board.
- UN. (1971b). United Nations Conference for the adoption of a Protocol on Psychotropic Substances. 11 January—19 February 1971. Official Records Volume I (No. E/CONF.58/7). United Nations.
- UN. (1971c). United Nations Conference for the adoption of a Protocol on Psychotropic Substances. 11 January—19 February 1971. Official Records Volume II (No. E/CONF.58/7/Add.1). United Nations.
- UN. (1971d). United Nations Conference for the Adoption of a Protocol on Psychotropic Substances. Draft Report of the Technical Committee on Article 1 (Use of terms) (No. E/CONF.58/C.3/L.10). Commission on Narcotic Drugs.
- UN. (1971e). United Nations Conference for the Adoption of a Protocol on Psychotropic Substances. Draft Report of the Technical Committee on Schedules I, II, III and IV. (No. E/CONF.58/C.3/L.10/Add.1). Commission on Narcotic Drugs.
- UN. (1971f). United Nations Conference for the Adoption of a Protocol on Psychotropic Substances. Mexico: Proposal for additional article (No. E/CONF.58.L.28). Commission on Narcotic Drugs.
- UN. (1971g). United Nations Conference for the Adoption of a Protocol on Psychotropic Substances. Report of the Technical Committee on Schedules I, II, III and IV. (No. E/CONF.58/L.47). Commission on Narcotic Drugs.
- UN. (1971h). United Nations Conference for the Adoption of a Protocol on Psychotropic Substances. Technical Committee. Amendments to Article 1. (No. E/CONF.58/C.3/L.6). Commission on Narcotic Drugs.
- UN. (1971i). United Nations Conference for the Adoption of a Protocol on Psychotropic Substances. Technical Committee. Amendments to Article 1. (No. E/CONF.58/C.3/L.7). Commission on Narcotic Drugs.
- UN. (1971j). United Nations Conference for the Adoption of a Protocol on Psychotropic Substances. Technical Committee. Amendments to Article 1. (No. E/CONF.58/C.3/L.2). Commission on Narcotic Drugs.
- UN. (1971k). United Nations Conference for the Adoption of a Protocol on Psychotropic Substances. Provisional Summary Record of the Third Plenary Meeting (Verbatim Records No. E/CONF.58/SR.3).
- UN. (1971l). United Nations Conference for the Adoption of a Protocol on Psychotropic Substances. Provisional Summary Record of the Twenty-Fifth Plenary Meeting (Verbatim Records No. E/CONF.58/SR.25).
- UN. (1976). Commentary on the Convention on Psychotropic Substances (No. E/CN.7/589). United Nations.
- UN. (2002). Multilateral treaties deposited with the secretary-general status as at 31 December 2002. Volume I, Part I, Chapters I to XI. United Nations. <https://treaties.un.org/doc/source/publications/MTDSG/2002-vol.1-english.pdf>.
- UN. (2008). "Making drug control 'fit for purpose': Building on the UNGASS decade"*** Report by the Executive Director of the United Nations Office on Drugs and Crime as a contribution to the review of the twentieth special session of the General Assembly (No. E/CN.7/2008/CRP.17). https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_51/1_CRPs/E-CN7-2008-CRP17_E.pdf.
- UN. (2023). World Drug Report. Contemporary Issues on Drugs. (No. E.23.XI.7). United Nations Office on Drugs and Crime. https://www.unodc.org/res/WDR-2023/WDR23_Booklet_2.pdf.
- UN. (2024). Proposed organization of Work. 67th Session of the Commission on Narcotic Drugs 2024. United Nations Office on Drugs and Crime. https://www.unodc.org/documents/commissions/CND_CCPCJ_joint/Side_Events/2024/2403505E_Programme_CND-eBook.final_8.03.2024.pdf.
- U.S. House of Representatives, Committee on Interstate and Foreign Commerce, Subcommittee on Health and the Environment. (1976). Psychotropic Substances Act: Hearing before the Subcommittee on Health and the

- Environment of the Committee on Interstate and Foreign Commerce, House of Representatives, Ninety-Fourth Congress, Second Session, on H.R. 5359, H.R. 685, and H.R. 1530, bills to amend the Comprehensive Drug Abuse Prevention and Control Act of 1970 and other laws to discharge obligations under the Convention on Psychotropic Substances (May 20, 1976). U.S. Government Printing Office.
- Wark, C., & Galliher, J. F. (2010). Timothy leary, richard alpert (Ram Dass) and the changing definition of psilocybin. *International Journal of Drug Policy*, 21(3), 234–239. <https://doi.org/10.1016/j.drugpo.2009.08.004>
- WHO. (1959). *Peyotl. Bulletin on Narcotics*. Vol. XI, (No. 2).
- WHO. (1964). World Health Organization. Expert Committee on Addiction-Producing Drugs: Thirteenth report (No. 273). World Health Organization.
- WHO. (1965a). Eighteenth World Health Assembly, Geneva, 4–21 May 1965: Part II: plenary meetings: Verbatim records: Committees: Minutes and reports (No. 144). World Health Organization.
- WHO. (1965b). Official Records of the World Health Organization. Eighteenth World Health Assembly. Geneva, 4–21 May 1965. Part I. Resolutions and Decisions. Annexes (No. 143).
- WHO. (1967a). An analysis of the problems presented in the use of LSD. *Bulletin on Narcotics*, Vol. XIX (No. 1).
- WHO. (1967b). Control measures for certain dependence-producing drugs—Report by the Director-General (No. A20/P & B/3). TWENTIETH WORLD HEALTH ASSEMBLY. https://iris.who.int/bitstream/handle/10665/137594/WHA20_PB-3_eng.pdf?sequence=1&isAllowed=y.
- WHO. (1970). World Health Organization. Expert Committee on Drug Dependence: Eighteenth report (No. 460). World Health Organization.
- WHO. (2025a). Annex 1. Summary assessments and recommendations of the 48th WHO ECDD, 20–22 October 2025.
- WHO. (2025b). Critical Review Report: Coca leaf. Agenda item 3.1.1, Expert Committee on Drug Dependence, Forty-eighth Meeting, Geneva, 20–22 October 2025.
- Winter, K., & Edman, J. (2023). The public as infrastructure in policy processes: The case of the abolition of the Swedish alcohol rationing system. *International Journal of Drug Policy*, 120, 104162. <https://doi.org/10.1016/j.drugpo.2023.104162>

Author Biographies

Måns Bergkvist holds a bachelor of laws (LLB) and is a service specialist at Uppsala University. He is vice-president of the Swedish Network for Psychedelic Science, and his interests focus on the legal framework and scientific history of psychedelic substances.

Damon Barrett is a senior lecturer in human rights and the School of Global Studies, University of Gothenburg. He focuses on human rights and drug policy, child rights, and harm reduction.

Johan Edman, professor in criminology and associate professor in history at the Department of Criminology at Stockholm University, has mainly conducted research on social exclusion, alcohol and drug policy.

Björn Johnson is a professor of social work at the School of Social Work, Lund University, Sweden. His main research areas are drug use and addiction, addiction treatment, and drug policy.