

Lysergic Acid and the Alcoholic

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In recent years psychedelic drugs have been used in the treatment of alcoholism. Various authors have reported the use of d-lysergic acid diethylamide as a therapeutic weapon. Colin Smith¹ treated 24 refractory alcoholics with LSD 25, or mescaline in conjunction with psychotherapy. He achieved improvement in 12 cases. J. Ross MacLean et al. reported the treatment of 61 alcoholics and 39 with other psychiatric disabilities with a follow-up period ranging from 3 to 18 months, the medium being 9.09 months. The results achieved showed that 30 of the alcoholics and 22 of the other psychiatric patients were much improved; an additional 16 alcoholics and 13 others showed some improvement. In view of these encouraging results it was decided by the senior author to investigate the treatment of the alcoholic by means of LSD 25.

Method

It was felt that an overwhelming experience might be beneficial in alcoholism as expounded by Osmond 1957.² With this in mind we set up the following procedure:

All patients were chronic alcoholics who had not responded to previous psychiatric treatment. When the patient was admitted to the Psychiatric Department, Moose Jaw Union Hospital, a complete anamnesis of his life's history was carried out by the attending psychiatrist. A special nurse was assigned to each case. Her duty was, first of all, to establish rapport with the patient, secondly to explain and discuss with him all aspects of LSD treatment, and thirdly, to carry the patient through the LSD experience. During the days preceding the treatment the patient participated in milieu therapy and all other activities carried out on the ward.

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Several preparatory sessions were carried out between the therapist and the patient prior to the session. In each case the psychodynamic factors believed to be operating were elicited and used as groundwork for the therapeutic session. Each patient was asked to write an account of his experience during the day following the treatment.

The treatment team included the patient, his nurse and the therapist. The environment in which the treatment is given is considered important. A special single room was designated as the treatment room. This room was tastefully furnished. Visual stimuli such as paintings and cut flowers were introduced to show the person the great enchantment of perception. Auditory stimuli consisting mainly of music supplied by a record player were utilized. The patient was encouraged to lie down, relax and listen to music which was usually classical or semi-classical and relaxing. He was given his choice of music. The patient was encouraged to go through a good part of the experience lying down.

Procedure

The patient came to the treatment room with his special nurse at 8:30 a.m. He was given a dose of 200 micrograms of LSD in a glass of water and asked to lie down and relax on the bed. An initial discussion occurred between the therapist and the patient. A prolonged interview was carried out at the height of the experience about two hours after ingestion. The interview was conducted along psychodynamic principles. The subject was encouraged to study his problem areas, and the therapist led the patient to ventilate these particular areas. The patient was never left alone, his special nurse remaining with him throughout the treat-

ment period. During the treatment the patient was encouraged to verbalize the experience and to think about and discuss his problems. If the patient needed more LSD 25 to induce a psychedelic experience (characterized by development of useful insight in contrast to a psychoto-mimetic one in which psychoses were merely mimicked), a further 100 micrograms is given. When the therapist decided that an adequate experience and abreaction had occurred the session was terminated by giving 100 mg. of niacin intravenously and one gram orally. At 9 p.m. on the night of the experience the patient was given six grains of Tuinal orally to ensure that the subject would have a good night's sleep. Each subject was asked to write an account of his experience on the day following the treatment. Providing the patient was over his experience, he was discharged on the second day following this session.

The study group consisted of 33 subjects, 29 men and four women. The age span of the total group ranged from 21 to 59 years with an average of 39 years. The marital status of the group was as follows: 8 single, 18 married, 1 widowed, and 6 separated. All subjects received LSD therapy during the 18 months from December 1959 to June 1961. There were 37 individual therapy sessions conducted with this group. Four male patients received two treatments each. The remaining 25 men received one treatment each, the female patients received only one treatment each. Due to the span of treatments the time lapse between treatment and report varied considerably in each case. The average time lapse was 38 weeks and the time span from 7 to 88 weeks.

Diagnosis of Problems

For comparative purposes a standard description of problems was required. The international classification of diseases (I.C.D.) was used for this. The following table indicates the types of problems and their distribution.

TABLE I
Diagnostic Table

I.C.D. Numbers	Men	Women	Total Group
307	4	0	4
311	0	1	1
318.4	1	0	1
320.3	1	0	1
320.4	1	0	1
320.5	1	0	1
321	1	0	1
321.1	3	1	4
322.0	2	0	2
322.1	14	1	15
*310 & 314	1	0	1
*322 & 323	0	1	1
Total	29	4	33

*A double diagnosis was given by the psychiatrist in two cases.

Description of I.C.D. Numbers

- 307 —alcoholic psychosis
- 310 —anxiety reaction without mention of somatic symptoms
- 311 —hysterical reaction without mention of anxiety reaction
- 314 —neurotic depressive reactions
- 318.4—psychoneurotic disorders mixed
- 320.3—inadequate personality
- 320.4—antisocial personality
- 320.5—asocial personality
- 321 —immature personality
- 322 —alcoholism
- 322.0—acute alcoholism
- 322.1—chronic alcoholism
- 323 —other drug addiction

The length of addiction varied from 1½ to 16 years with an average period of uncontrolled drinking at 8.05 years. All these cases were consecutive admissions to the psychiatric department. No selection was carried out other than that they were chronic alcoholics and had not responded to other forms of treatment.

The assessment of treatment results was made on the basis of information obtained from an objective questionnaire given to the subjects. This questionnaire dealt specifically with the following areas: (1) Interpersonal relationship, (2) the patient's situation prior and post treatment, (3) work habits and (4) self-appraisal and appraisal by relatives and friends. Other information was gleaned from a personal interview with the subject. Reports were also obtained regarding progress from (a) relatives and (b)

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agencies such as the Bureau of Alcoholism in Regina which had referred a number of the subjects. Evaluations were rated as follows:

- (1) *Complete abstinence.*
- (2) *Improved.* A reported improvement in drinking habits, interpersonal relationships and job relationship. The improvement was confirmed by either a relative or agency.
- (3) *Unchanged.* No fundamental change. Patients showing only temporary improvement were rated in this category. Included also were those individuals who could not be traced or contacted.

Results

The follow-up period varied from seven to 88 weeks. The results are summarized in Table II.

TABLE II
Treatment Results

Category	Men	Women	Total
Complete Abstinence	6	1	7
Improved	9	1	10
Unchanged	8	2	10
No Report Available	6	0	6
	29	4	33

Table III indicates the length of abstinence.

Table IV shows the period of time during which the improvement lasts.

In order to compare the success of LSD therapy on various problems treated, Table V was devised. Descriptions across the top of the chart indicate the general situation at the time of the survey as compared to the situation prior to treatment.

The International Classification of Diseases (I.C.D.) numbers are listed down the left hand side. A description of these numbers is to be found following Table I.

Discussion

D-lysergic acid diethylamide appears to be of benefit in the treatment of alcoholics. Its action consists of two aspects. The drug helps the patient to recall previous events, facilitates the appearance of unconscious material and helps in the

development of insight. As stated by Chewlos et al.² the root of the therapeutic value of the LSD experience is its potential for producing self-acceptance. The second aspect of the experience is the profound alteration in perception. This involves loss of reality and depersonaliza-

TABLE III
Abstinence Chart

Patient	Date LSD Received	Time Lapse in Weeks
1	January 31, 1961	30
2	April 26, 1961	15
5	December 4, 1959	88
12	January 13, 1961	31
19	January 3, 1960	86
27	March 1961	24
15	February 3, 1961	30

TABLE IV
Improvement Chart

Patient	Date LSD Received	Time Lapse in Weeks
3	January 27, 1961	20
4	May 4, 1961	8
6	February 24, 1961	25
7	April 14, 1961	18
8	September 21, 1960	46
9	October 7, 1960	47
13	January 11, 1961	33
20	February 6, 1960	85
31	February 10, 1960	29
11	September 27, 1960	47

TABLE V
Results by Diagnostic Categories

I.C.D. Numbers	Complete Abstinence	Improved	Same	No Report Available	Total
307	1	2	1	-	4
311	-	-	1	-	1
318.4	1	-	-	-	1
320.3	-	-	1	-	1
320.4	1	-	-	-	1
320.5	-	-	1	-	1
321	-	-	1	-	1
321.1	1	2	1	-	4
322.0	1	-	1	0	2
322.1	1	6	2	6	15
310-314	-	-	1	-	1
322.3	1	-	-	0	1
Total	7	10	10	6	33

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tion; however, with the aid of the therapist this situation is therapeutically managed. The anxiety engendered by this experience is controlled by the therapist, it deepens the relationship between the subject and therapist and this has a cathartic effect. MacLean et al.³ points out that it is the experience, not the medication, that is therapeutic. It must permit the person to find new reference points and it becomes the function of the therapist to provide these in such a way that they will be understandable to the patient and conducive to his emotional growth.

Blewett and Chewlos¹ have experimented with the therapist taking the drug with the patient. This they believe increases the empathic bond between patient and therapist. We tested out this hypothesis in the following way. Two psychiatrists (one who had two previous LSD experiences) were given 200 gamma of LSD together. Three observers consisting of two psychiatrists and one psychologist acted as therapists. The psychiatrist who had previously had LSD had a pleasurable experience and the other psychiatrist taking the drug for the first time had an unpleasant one. Throughout the six hours that both psychiatrists were under the influence of the drug neither had any idea of how the other felt. A complete block seemed to exist between them while under the drug, yet both were communicating their feelings to the observers. At one

stage the psychiatrist having the bad experience became upset over his feelings but this did not register with the other subject. We feel that this experience does not support the Blewett and Chewlos hypothesis.¹

Summary

D-lysergic acid diethylamide in an average dosage of 200 gamma was given to 33 chronic alcoholics. The therapeutic method utilizing the single overwhelming experience has been described. The results of the treatment showed that 17 cases benefited by the treatment and 16 did not. The follow-up period ranged from seven to 88 weeks. This small study would seem to indicate that LSD experience is useful in the treatment of chronic alcoholism.

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