

LSD IN CHRONIC ALCOHOLISM

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Introduction

During the past year controversy has arisen over the use of LSD-25 in psychiatry. Colin Smith (5), J. Ross MacLean (2), and others have investigated the use of LSD in the treatment of alcoholism and have reported favourable results. A. M. Spencer has reported on the use of LSD in group therapy. Other investigators (4) have found LSD therapy to have no significant advantages over other procedures.

Since 1959, the Psychiatric Department of Union Hospital, Moose Jaw, Saskatchewan has offered LSD treatment for alcoholism. O'Reilly and Reich (3) in a previous study reported encouraging results. It was decided to continue a study of the effectiveness of this treatment, and to search for factors that might be related to its utility. This paper describes a follow-up survey that was done three years after the inception of LSD treatment on the ward.

Method of Treatment

The method of treatment (3) has been standardized as reported in a previous publication. On admission a complete psychiatric history is taken. A special nurse is assigned to each case and the patient is encouraged to participate fully in the program of milieu therapy. On the morning of the sixth or seventh day after admission, LSD is administered to the patient in a typical dose of 200 gamma. The technique is similar in all cases. A graduate nurse stays with the patient constantly, and a therapist remains through the greater part of the patient's experience, encouraging him to review his problems with drinking. After five or six hours the session is terminated by administering to the patient 100 mgm. of niacin intravenously and one gram

orally. The following day the patient is asked to write a description of his experience in his own words, (and is usually discharged that day).

Description of the Subjects

From December, 1959 to August, 1962, 68 alcoholics were treated. Approximately 60% of these had been drinking for more than ten years, and only 6% had uncontrolled drinking for less than six years. Only those patients showing no evidence of psychosis and voluntarily accepting treatment were selected. Their psychiatric diagnosis showed the following distribution: Chronic Alcoholism—62%; Acute Alcoholism—16%; Alcoholic Psychosis—4%; Other Drug Addiction—4%; Personality Disorder—13%. Twenty-six of the patients were originally referred by the Bureau of Alcoholism, and the remaining 42 referrals came from private physicians.

The patients ranged in age from 20 to 62, with a mean age of 37 years. There were eight females in the group. Over three-fourths of the patients were married. More than two-thirds had completed at least one year of high school. Approximately one-half of the group had previously had some form of psychiatric treatment, including 15 who had had one or more previous LSD experiences.

Follow-Up Method

Three sources of follow-up information were used: a questionnaire completed by the patient; a questionnaire completed by a close friend or relative; data from other agencies or sources, such as the patient's physician and the Bureau of Alcoholism.

The questionnaires were designed to cover sample periods of time in the life of the patient. The one year prior to LSD treatment was taken as an index of the severity of the drinking problem.

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The two-month period following treatment was selected to show the response immediately following LSD. The last two months of the follow-up period was sampled to show the most recent trends. Only patients who showed total abstinence in the last two months of follow-up were classified as abstainers, if this information was not contradicted by data from any other source. Those cases who had received more than one LSD treatment were studied on the basis of their most recent one.

Other Data

Information concerning the patient's personal history and such factors as age, diagnosis, etc., was obtained from the psychiatric history taken at the time of treatment. Data on the treatment process itself and on the nature of the experience were taken from nursing notes, psychiatrists' notes, and from the patient's own description of his experience. The .01 level of significance was used for all statistical procedures.

Findings

At the time of the follow-up survey, a range of two to 34 months had elapsed since treatment, with a mean of 14 months. Complete information was available on all but seven patients. Sixty per cent of the patients returned the questionnaires. Data from other sources was obtained on three-fourths of the group. More than one source of information was available for two-thirds of the group. This provided for some means of checking the reliability of the data. Significant correlations were obtained between these sources with respect to abstinence *versus* non-abstinence.

Twenty-six patients, or 38% of the total group were found to be abstaining from alcohol in the two months preceding follow-up. The remaining 42 patients were classed as non-abstainers whether or not they showed some improvement. There was no significant change in abstinence or indulgence between the two periods selected for follow-up study.

This suggests that improvement established immediately following treatment tends to be maintained.

No factors outside of the treatment process were found to correlate with abstinence. Such variables as age, marital status, educational level, membership in A.A. or church groups were not significantly related. The number of years of uncontrolled drinking, the psychiatric diagnosis, the number of previous psychiatric treatments all showed no significant relationship to abstinence. Eight different psychiatrists administered the treatment during the three year program, but none showed significantly better results than others.

Only one factor was found to correlate significantly with abstinence, at the .01 level of probability. Patients described as experiencing depression and/or claiming a transcendental experience, without signs of physical distress or of post-treatment disturbance, showed greater abstinence in the follow-up periods. Applying this criterion to all patients, it identified 46% of the abstainers and occurred with only 6% of the non-abstainers.

Sociological variables were not included in the follow-up study. There was evidence in several cases that LSD therapy ranked high in status over other treatments for alcoholism. The social meaning or significance of medical-psychological treatment may be an important factor to consider in interpreting "success" rates. It was not within the scope of this study to assess the social desirability of LSD treatment. Nevertheless, only two patients of those who returned the questionnaire indicated that, given free choice, they would not receive LSD again.

The possible dangers of LSD have been stressed recently. Cohen and Dittman in a recent paper (8) have described the adverse effects that can occasionally follow LSD treatment, and state that: "The actual incidence of serious complications following LSD administration

is not known. We believe, however, that they are infrequent. It is surprising that such a profound psychological experience leaves adverse residuals so rarely". In the present study, it is interesting to note that out of 68 patients only one patient has developed psychotic symptoms requiring hospitalization. This was a paranoid reaction and there is no evidence of a relationship between his symptoms and his LSD experience.

Discussion

This study has shown that a single LSD experience has produced sobriety in 38% of patients without any disastrous side effects. It is also suggested that the nature of the LSD experience independently correlates with future abstinence. Others have used the term "transcendental" to describe the experience which epitomizes the kind of reaction that, in this study, was found to be related with sobriety. An example is as follows:

"Time was infinity in which seconds seemed hours . . . I drifted in a world where self was the only factor . . . I felt a supernatural feeling of power to make lasting decisions and unload an amazing amount of pressure and hard feelings . . . I could sense myself returning to the material world . . . I actually looked down and saw myself as others see me and was repulsed . . . I know I did not return the same as I left it. Part of the subconscious has been bared that will never again be unknown to me . . ."

This factor seems to suggest that in many of the successful cases, the LSD experience introduces a new way of looking at one's life, with a loss of previous defensive meanings or perceptions of oneself. The lack of physical symptoms in improved cases may support Blewett and Chewlos' (1) contention that physical symptoms represent an attempt to ward off the experience and that a successful experience is able to integrate the perceptions without this defence. Post-treatment reactions such

as confusion or depression may indicate a threat that the experience has had for the patient, which leads to an inability to integrate the newness in experience and perception that LSD provides.

Summary

Since 1959, 68 alcoholics have been treated with LSD. Twenty-six patients reported sobriety in the follow-up period. The nature of the experience appeared to bear an independent relationship to abstinence.

References

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Résumé

L'article décrit une étude de suite relative à 68 alcooliques traités au L.S.D. dans la période de trois ans antérieure à ce relevé. Plus de 90 p. 100 des sujets avaient bu plus que de raison durant plus de six années avant leur traitement. Le but de l'étude était de déterminer les corrélatifs possible d'abstinence à la suite du traitement. La méthode impli-

quait une description rétrospective du rapport sobriété: rechutes au cours de trois périodes-échantillons de temps: l'année avant le traitement, la période de deux mois immédiatement après le traitement et les deux derniers mois de la période de post-cure. Seuls les sujets qui ont été complètement abstinents dans les deux derniers mois de la période de post-cure ont été classés comme abstèmes. Plus d'une source de renseignements sur la période de post-cure étaient disponibles pour les deux tiers du groupe et on a constaté que l'on pouvait se fier aux sources de renseignements.

Les résultats ont classé comme abstèmes 38 p. 100 de tout le groupe. Les indices semblent démontrer que l'amélioration ressentie immédiatement après

le traitement a tendance à se maintenir. Les facteurs démographiques ainsi que les variables rattachées aux antécédents personnels des malades n'ont pas contribué d'une manière significative à l'abstinence postérieure au traitement. Le seul facteur qui concordait précisément avec l'abstinence avait trait à la nature de l'expérience même avec le L.S.D. Les sujets que l'on a décrits comme ayant connu une dépression et (ou) qui prétendaient avoir eu une expérience "transcendante" sans signes de malaise physique ou trouble postérieur au traitement, se sont montrés abstèmes d'une manière plus significative durant la période de post-cure. Ce critère a identifié 46% des abstèmes et ne s'est produit que chez 6% des non-abstèmes.