The Dysleptics: Note on a No Man's Land

By JOEL ELKES

IN DISCUSSING the dysleptic (psychotomimetic, hallucinogenic) drugs, as represented by lysergic acid diethylamide (LSD-25) and allied compounds, the Ad Hoc Panel on Drug Abuse, recently convened in preparation for the White House Conference on Narcotic and Drug Abuse, concluded that, "As yet these drugs are of minor importance in the general picture of drug abuse; in part because of their limited availability and inordinate high cost."[1] While this is certainly true at present, it may not necessarily be true even a year hence. For this small group of drugs constitutes a vociferous minority, clamoring for the attention of lay and professional public alike. In this respect, it is repeating its own history. The dysleptics are as old as our culture, and their use and abuse has waxed and waned with the spirit of the times. To mescaline and ololiqui[2] however, there have now been added derivatives of lysergic acid, psilocybin[3] and psilocin[4] and some other psychoactive tryptamine derivatives, like bufotenine, dimethyltryptamine, diethyltryptamine[5] and a number of atropine-like substituted phenylglycolates,[6] phenyl cyclidine[7] and butoxamine.[8] Nor should it be forgotten that familiar substances such as amphetamine[9] are capable of leading to severe disturbances of states of consciousness; and that even an antibiotic[10] and an anti tumor agent[11] have been known to produce such effects. Indeed, amphetamine psychosis has presented as, and been mistaken for, an acute schizophrenic reaction.[9]

What the dysleptics have in common is an ability to induce sharp changes in states of awareness, perception, self perception, self communication and communication with others which are exquisitely dependent on the situational and social setting in which they are given. The circumstances attending administration ('The 'Where'?, 'How'?, 'How Much'?, 'By Whom'?, 'With Whom'?') thus become inextricable elements of the drug response; and the responsibility attending their use is equally indivisible. It is not within the scope of this note to examine the inordinate power, and promise, of these compounds in the study of higher integrative function in the central nervous system, and particularly processes of communication. Nor is it intended to detract, in any way, from the potential use of these drugs in the exploration, in a systematic and responsible way, of altered states of consciousness leading quite possibly, to insights into the organization of every day conscious experience, as well as of phenomena, as yet uncharted and ill-understood.[12] What is disturbing is the no man's land in which many observations are made, and in which abuse continues to proliferate. Equally disturbing is the seeping of the compounds into illicit trade channels. To read of sugar cubes, soaked in LSD 25, being available (at a price) to the willing buyer; or of the unknowing ingestion of high doses of LSD-25 by an adult, and even a child[13] holds clear portents for the future and calls for appropriate action, and education, based on appropriate evidence.

It is significant that despite a mounting literature on the clinical use of dys-

leptics, and particularly LSD-25, only very few papers have reviewed the side effects, complications, and dangers of abuse. A note some years ago[14] drew attention to some of the dangers. A recent careful survey[15] has analysed the side effects of LSD-25 and mescaline as reflected in 44 completed questionnaires originally sent out to 62 investigators. Four principal groups of effects could be distinguished. The first comprises effects seen immediately or early during drug administration. These may range from moderate subjective anxiety, through states of panic (with running, disrobing and accidental self injury), to states of catatonic withdrawal and stupor. Violent paranoid reactions are seen at times. There may, also, be peculiar waxing and waning states of agitation, when the subject may prematurely assume the effects to have faded, only to discover that they reappear following quite trivial changes in routine (e.g. getting up from the couch, walking, going to the bathroom or noting a new object or person in his environment).

The second group, referred to as delayed reaction, may not appear until some hours after drug administration, and may last for days, and even weeks. It may manifest merely as a persistent change in mood, of predominantly a depressive nature, or residua of perceptual disturbances (e.g. a haloing of objects in the visual field, fine colored 'rain,' disturbed colour perception, or apparent movement). Alternatively, there may be moderately severe depersonalization, derealization, fleeting and frightening changes in body image, confusional states, phobias, (especially at night), and, on occasion, acting out on the basis of ideas of reference. These symptoms may fade spontaneously or respond to medication; however, some persistent changes are on record.[15]

The third and most dangerous complication is severe depression or suicide. Though a direct link with LSD-25 is held non-proven, at least two cases of completed suicide and five cases of attempted suicide are reported.[15] One of these concerned a woman who had unknowingly ingested LSD-25.

Lastly, there is the danger of multihabituation, which may start innocently with a single LSD experience, and cascade, by way of this experience, to other drugs, consumed alone, or in social groups. There is little evidence that LSD-25 or, for that matter, mescaline are truly addictive drugs. They do not produce physical dependence. There is good evidence, however, that tolerance to LSD-25 is rapidly established[16] and that there may be cross-tolerance to its close analogue, Brom Lysergic Acid Diethylamide (BOL 148)[18] or Psilocybin.[17] Premedication with BOL 148 can obtund the effects of LSD-25.[18]

The above short catalogue, which could be expanded to include other manifestations, and other drugs, thus poses familiar problems in drug abuse. Yet, it is significant that these agents should still form a class apart, and occupy a peculiar status at the present juncture. Many claims for the therapeutic usefulness of the drugs, and particularly LSD-25, have been made and recently reviewed.[19] Yet, despite these claims, and as a tribute to their special powers, the manufacturers have exercised continuous restraint in allowing the agents into the open market, and distributed them to bona fide investigators only. The illegal sources which have recently appeared point to illegal importation or manufacture: a fact not very surprising in view of the relatively simple

chemical structure of some compounds (e.g. (Dimethyltryptamine). With the publicity attending the use and abuse of these drugs, and the possible monetary reward attaching to their distribution, it can be expected that the illicit traffic will only increase with time.

It is therefore important that the problem of distribution be faced administratively, and that suitable formal steps be taken to define the special features of this group of drugs. While not addiction producing in the usual sense, it is evident that they can, and do, lead to abuse. The Dysleptics should either be classed with the Narcotic drugs, or defined as a class in their own right. The general public should be acquainted with the dangers attending their use, and the general physician (through the medium of local societies, particularly in areas where abuse is endemic) should be instructed in the manifestation of abuse and the use of some antidotes, such as (in the case of LSD-25) barbiturates and chlorpromazine. Above all, there should be well-planned and long-term re-evaluations of the potential power of dysleptics in the therapeutic transaction. These drugs are both potent and dangerous; they may also be extremely useful. The study of their effect, therefore, should be undertaken with the sense of responsibility attaching to a major investigation. This implies most careful case selection; thorough familiarity with the individual pathology of the patient (or group of patients) on the basis of long-term therapeutic work with individual patients (or the group); careful familiarization of the patient with the phenomena likely to be experienced to allay undue anxiety; careful attention to the anticipatory set which the patient brings into the situation; careful attention to environmental conditions during administration; and, continuous presence (even though not necessarily participation) of competent trained personnel. The taking of the drug involves both general medical and psychiatric risks; and requires special skills in therapeutic techniques, not necessarily taught in present day psychiatric practice. Continuous medical supervision by *experienced* medical personnel must therefore be the core of any treatment. There should, equally, be detailed follow-up, both immediately after the drug experience, as well as at frequent intervals thereafter; and the drug should be used infrequently as a serious and important form of treatment, rather than casually, a little at a time. Use in an out-patient setting is contraindicated. This is not minor surgery.

If, however, the legal and administrative framework were defined, and the current misconceptions dispersed by a cogent, long-term approach to the problem, there is little doubt that these drugs may yet prove a most powerful, and significant instrument in the study of the organization of human behavior, and subjective experience. For their promise does not only lie in studying the physiological correlates of chemically induced psychological change in the normal, and the mentally disturbed. Rather does it lie, also, in the insights they may afford into the organization of symbols (including verbal symbols) which make up the matrix of conscious thought, unconscious and preconscious process, self communication, and interpersonal communication. Their use thus need not be confined to individual psychotherapy; rather should it also include the systematic exploration of their therapeutic effects on people in groups:

Despite their long history, the field of the dysleptics is thus still very young, open and reasonably assured of major reward.

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