3388 New Engl. J. Med. 302 (15): p. 870 (1980)

Psychiatric illness in drug abusers

The above letters were referred to the authors of the article in question and to the editorialist, who offer the following replies:

To the Editor: We find Dr. Abraham's observations interesting and consistent with our own work. We have reported[1] on groups of hospitalized psychiatric patients who had been using drugs before their admission but did not report the usage to the admitting staff. When the patterns of psychiatric diagnoses were examined, a disproportionately high percentage of paranoid schizophrenia was found (having been diagnosed under essentially blind conditions) in the users of amphetamines and the users of LSD. It is clear that both amphetamines and LSD can produce toxic psychoses if taken in large amounts,[2-4] but experimental data suggest that amphetamine psychosis is more comparable to schizophrenia than is the psychosis produced by LSD.[5,6]

The clearest responses to the comments of Dr. Shaffer and his colleagues may be found within the text of our original article. They accuse us of suggesting that the sample was "representative of addicts." They have overlooked our statement that these subjects were specifically selected because of their continued drug abuse and are not intended to represent the larger population of drug abusers. Although the comments of Shaffer et al. regarding the concurrent (but not primary) use of alcohol and marihuana by most of our subjects are true, the fact that it applies to all the groups is the very reason why it is not relevant to the specific psychiatric effects found in the three groups. Factors such as this one that were common to all groups cannot explain the differing results reported. Shaffer et al. suggest that we have argued exclusively for a causal interpretation of the data on patterns of drug use and psychiatric illness and that we "disregard the adaptive function of drug use." One obvious interpretation of the findings is that the drugs were causally related to the development of long-term psychiatric illness. However, we went to great lengths to present other possibilities, including the "adaptive" or "medication" view, and they appear not only in the discussion, but even in the abstract. Finally, regarding the comments about sociopathy in narcotics addicts and the "pejorative" connotation, an examination of our report indicates no mention of this issue, and we can only speculate that these authors may have confused our article with Dr. Pope's editorial.

A. Thomas Mc Lellan, Ph.D.
George E. Woody, M.D.
Charles P. O'Brien, M.D., Ph.D.
University of Pennsylvania
School of Medicine
Philadelphia, PA 19104

1. Mc Lellan AT, Druley KA. Non-random relationship between drug of abuse and psychiatric diagnosis. J Psychiatr Res. 1977; 13:179-84.
2. Simon SL, Taube H. A preliminary study on the use of methedrine in psychiatric diagnosis. J Nerv Ment Dis. 1946; 104:593-6.
3. Carr RB. Acute psychotic reaction after inhaling methamphetamine. Br Med J. 1954; 1:1476.
4. Pennes HH. Clinical reaction of schizophrenics to sodium amytal, pervitin hydrochloride, mescaline, sulfate, and D-lysergic acid diethylamide (LSD_{25}). J Nerv Ment Dis. 1954; 119:95-112.
5. Bell DS. Comparison of amphetamine psychosis and schizophrenia. Br J Psychiatry. 1965; 111:701-7.
6. Griffith JD. Dextroamphetamine: evaluation of psychotomimetic properties in man. Arch Gen Psychiatry. 1972; 26:97-105.