In: Drugs alcohol and tobacco in Britain.-
W.Heinemann Medical Books Ltd, London, 1971;
pp.103-107.

CHAPTER 10
NON-MEDICAL USE OF LSD AND HALLUCINOGENIC DRUGS

HISTORIC OVERVIEW

As is the case with many drugs which are used in contemporary society, the hallucinogenic drugs have been used in antiquity. Records of hallucinogen drugs can be traced back through world-wide primitive literature (Leech, 1970).

In 1918, Mescaline had been synthesised, and in about 1938 the synthetic hallucinogenic agent Lysergic Acid Diethylamide (LSD) was discovered in Switzerland by Professor A. Hofmann whilst engaged in a course of study on ergot derivatives. Hofmann accidentally intoxicated himself with LSD and described many of the effects which are now commonly associated with the so-called 'mind expanding' drugs. Hofmann said of his experience:

> 'In the afternoon of 16th April, 1943, when I was working on this problem, I was seized by a peculiar sensation of vertigo and restlessness. Objects, as well as the shape of my associates in the laboratory, appeared to undergo optical changes. I was unable to concentrate on my work. In a dream-like state I left for home, where an irresistible urge to lie down overcame me. I drew the curtains and immediately fell into a peculiar state similar to drunkenness, characterized by an exaggerated imagination. With my eyes closed, fantastic pictures of extraordinary plasticity and intensive colour seemed to surge towards me. After two hours this stage gradually wore off.' (Laboratory notes of Dr. Hofmann quoted in Advisory Committee on Drug Dependence, 1970).

In contemporary society, a range of discussions and anxious enquiry has surrounded the use of hallucinogenic drugs. Huxley (1954, 1956) wrote extensively on his experiences with mescaline and has had considerable influence in articulating the perceptual and spiritual possibilities of hallucinogens. Similarly, lysergic acid diethylamide has had its active supporters. Many people who have engaged in experimentation with LSD have asserted that the drug has produced intense mystico-religious responses and has altered the deepest spiritual content of their lives (Leech, 1970).

By 1966, the medical press drew attention to the increasing use of hallucinogens, the potency of the drugs and their possible dangers (British Medical Journal, 1966). In the popular press, great alarm has been expressed about possible dangers of hallucinogenic drugs have been used in antiquity. Records of hallucinogenic drugs

EXTENT OF MISUSE AND CHARACTERISTICS OF THE USING POPULATION

There has been considerable reported use of LSD and other hallucinogens in the United Kingdom and there seems little doubt that there has been more extensive

use in London and some provincial centres in the past few years. The years of largest growth appear to have been 1966–67. However, hard data on prevalence is entirely unavailable.

The illicit nature of LSD use and the minute amount of the drug (150 micrograms) needed for a 'trip', make it extremely difficult to estimate the extent of use. In 1968, there were seizures of LSD including some 175,000 potential 'trip' doses, and this would indicate a great deal more might be available for consumption. The frequent references to psychedelic experiences in the 'Underground' press and the widely known safeguards advised to avoid 'bad trips' suggest a growing number of users. The Advisory Committee on Drug Dependence (1970) noted the emphasis put by witnesses, who had used LSD, on the need for proper preparations and a 'guide' to help work through the drug experience.

Skill in dealing with 'bad trips' exists among the community of regular users.

The majority of present day LSD users seem to be young people under 25 years of age and come from all social backgrounds. While the earlier use of LSD was associated with intellectual pursuits, it is now part of the general drug taking scene.

Whilst the extensive use of LSD surrounds the 'hippie' cultural syndrome, a separate group of users can be discerned among those involved in the multiple-drug-use group. There is no evidence to suggest that there is a connection in this group between their use of hallucinogens and heroin that can be stated as causal, but there is a nexus of multiple-drug-use in some groups. However, it has been asserted that 'bad trips' may be a mechanism which discourages some drug users from any further experimentation with any drug whatever (Advisory Committee on Drug Dependence, 1970).

ADVERSE CONSEQUENCES

LSD and the hallucinogens do not produce physical dependence, but there may be a desire to continue taking the drug at regular intervals. A very small amount of LSD, one-millionth of a gram or even less per kilogram body weight, may affect autonomic, sensory and emotional functioning (Advisory Committee on Drug Dependence, 1970). A curious tolerance may develop rapidly so that a dose taken one or two days later may have little effect, but a dose five or six days later will have the full effect.

The most commonly stated risks attendant upon LSD use are the precipitation of lasting psychotic disturbance and possible chromosomal alteration. The overall incidence of lasting disturbance is difficult to estimate and Sir Aubrey Lewis has stated the present state of knowledge as follows:

> 'It is, at present, quite impossible to tell how frequently these dangerous reactions occur. In more than thirty papers, psychiatrists have communicated details of untoward reactions; some of them have seen only one such affected patient, others have seen three or four. But it cannot be assumed that most of the patients who have untoward reactions are seen by psychiatrists or by doctors, or that the doctors who do see them would report them in articles in the journals. Moreover, the number of persons who take LSD is quite unknown, and, consequently, the frequency of adverse reactions cannot be measured.' (Department of Health and Social Security, 1970).

The table 10–1 gives the persons admitted to National Health Hospitals, 1966–1968, who were known to use LSD. This table is only a crude indication of adverse reaction because it is not stated that LSD use itself was the reason for the

admission and, on the other hand, other cases may have presented themselves, but the exact diagnosis was missed. There is also a marked reluctance to attend a hospital because of the illicit nature of LSD use, and many cases may have been attended by non-professionals.

Table 10–1. Persons Admitted to N.H.S. Psychiatric Hospitals or Psychiatric Departments in 1966, 1967 and 1968, who were shown to have used LSD alone or with other drugs.

	1966			1967			1968		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age under 18	1	1	2	3	2	5	5	1	6
18–24	8	1	9	24	–	24	19	1	20
25–29	1	–	1	5	2	7	4	–	4
30 and over	3	–	3	3	–	3	1	1	2
All ages using heroin and/or cocaine	7	1	8	11	3	14	11	8	19
Total:	20	3	23	46	7	53	40	11	51

Source: Advisory Committee on Drug Dependence. *The Amphetamines and Lysergic Acid Diethylamide–LSD.* H.M.S.O., London. 1970.

The evidence for possible chromosomal damage has received wide publicity in Britain and the Advisory Committee on Drug Dependence (1970) has summarised the evidence. They conclude that the 'verdict must be an open one', but that far more research must be done to resolve the issue.

There is much argument about social consequences of LSD use and its association with the 'hippie' sub-culture. Leech (1970) has given some of the sub-cultural configurations associated with LSD in Britain.

The table 10–2 sets out a detailed analysis of proceedings for unlawful possession of LSD in 1968. The social implications of legal action seem to apply to very few persons.

Table 10–2. Analysis of Proceedings for Unlawful Possession of LSD 1968

	Unlawful possession of LSD
Number of charges brought	90
Charges withdrawn or dismissed	20
Hospital or Guardianship Order	–
Number of convictions	70
Absolute discharge	–
Recognizance	–
Conditional discharge	2
Hospital Order (S.60 Mental Health Act 1959)	1
Probation Order	7
Fit Person Order	–
Fine	24
Attendance Order	–
Suspended sentence	2
Remand Home	–
Detention Centre	–
Approved School	–
Police Cells	–
Imprisonment with fine	10
Borstal	–
Otherwise dealt with	24
Fines: minimum imposed	£10
maximum imposed	£75
total imposed	£780
Imprisonment:	
shortest sentence	6 months
longest sentence	2 years

Source: Adapted from Advisory Committee on Drug Dependence. *The Amphetamines and Lysergic Acid Diethylamide–LSD.* HMSO, London. 1970.

REFERENCES

ADVISORY COMMITTEE ON DRUG DEPENDENCE, 1970. *The Amphetamines and Lysergic Acid Diethylamide (LSD).* H.M.S.O., London.

BRITISH MEDICAL JOURNAL, 1966. Effects of L.S.D. *Brit.Med.J.* 1, 1495.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY, 1970. *Amphetamines, Barbiturates, LSD and Cannabis, Their Use and Misuse.* Reports on Public Health and Medical Subjects, No. 124. H.M.S.O., London.

HUXLEY A., 1954. *The Doors of Perception.* Chatto and Windus, London.

HUXLEY A., 1956. *Heaven and Hell.* Chatto and Windus, London.

LEECH, K., 1970. *Pastoral Care and the Drug Scene.* S.P.C.K., London.