

AN EVALUATION OF LSD IN THE TREATMENT OF CHRONIC ALCOHOLISM*

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For many years it has been thought that the value of psychiatric therapies may be determined as if they were a direct one-to-one relationship between the therapy and the looked for result. For instance, beneficial effects which occur following the administration of drugs are assumed to be due to the drugs, no heed being paid to other influences such as the act of admission to hospital. Another potent source of error is overlooking the fact that these illnesses are chronic and subject to natural remission, so that extravagant claims are often made at a time when the period of follow-up has been far too brief.

Recently, further information concerning a previously reported study of the use of LSD in chronic alcoholism became available. In 1962 P. O. O'Reilly (2) reported on 29 men and 4 women treated with this drug for chronic alcoholism. His work and the method used were based on the previous work of Colin Smith (3) and J. Ross MacLean (1). The results in a follow-up period of seven to 88 weeks were as follows:

Abstinent	7
Improved	10
Untraced	6
Unchanged	10

This would indicate a better improvement than one might expect from most other treatments offered.

It has not been possible to discover what the late P. O. O'Reilly had in mind in terms of a follow-up, since no information is available on how the raw material which came into this author's possession was obtained, nor how it might have been used.

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During 1965 and 1966 a total of 149 questionnaires were mailed to patients who had received LSD for alcoholism. It seems that two polls were conducted as some names appear twice but it is impossible to know how many names were polled on each occasion for no dates are to be found. The best summary that can be made is as follows: (names which appear twice are counted only once.)

Returned completed	75
Returned incomplete or unopened	65
Lost. Presumably delivered but not returned	38

The best possible result which can be claimed from the answers is that from among the 75 completed questionnaires, 19 respondents claimed benefit from the treatment.

Any deductions from such an enquiry can only be misleading since they must be based on non-valid assumptions. It was, however, possible for this author to gain access to the hospital files for the relevant period, and a result of the survey is given here.

Between July 1959 and December 1965, 16 women and 130 men were admitted to the Psychiatric Unit with a primary diagnosis of alcoholism. Of these, 13 women and 100 men were treated with LSD, and of these, 45 men and 10 women required readmission once, 27 men and 5 women twice, 15 men and 2 women three times, and 8 men (no women) required readmission four or more times for further treatment. Repeated treatment with LSD was attempted on a second occasion with 2 women and 15 men, on a third with 4 men and even on a fourth occasion with one man. At least 9 other men were still attending for treatment as out-patients.

At best, this gives a success rate in the neighbourhood of 50% but it ignores the fact that our failures frequently seek aid elsewhere, so that a patient's nonattendance cannot be taken as a true indicator of improvement.

Further study of the files reveals that 80% of the patients had a specifically recognizable personality disorder, mainly in the passive dependent group.

Inadequate	31
Dependent	34
Psychopathic	15
Mixed inadequate	11
Total	91

This gives credence to the belief that alcoholism represents a symptom in a weak personality's attempt to find an escape from perceived threats in the environment, rather than an entity on its own. It could be suggested that such treatment might be antitherapeutic, for it plays directly into the hands of the personality which has habitually projected blame onto others and has persistently looked for an outside influence to solve problems. It is worth recording that from personal discussion with alcoholics in remission after LSD treatment, they all claim the need for support from other agencies such as Alcoholics Anonymous.

Conclusions

Using hospital records of patients admitted with a primary diagnosis of chronic alcoholism, treated with LSD and subsequently readmitted with the same diagnosis, there is no evidence that this drug is more effective than any other method of treatment, and may be less so.

An alternative hypothesis could be that there are more effective ways of using LSD.

On the basis of this survey it would seem that LSD should not be used as a routine treatment for chronic alcoholism.

There is no evidence from this survey that the well-known tendency for alcoholics to relapse is modified by the use of LSD.

Acknowledgement

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References

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2. O'Reilly, P. O.: Lysergic acid and the alcoholic. *Dis. Nerv. Syst.* Vol. 23, No. 6, June 1962.
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*Here sleeps in peace a Hampshire Grenadier,
Who caught his death by drinking cold small beer;
Soldiers, take heed from his untimely fall,
And when you're hot, drink strong, or not at all.*

Epitaph — Winchester,
England, 1764

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