

ACID TESTS

Controlled drugs like opium and cannabis have long documented histories as medicines; morphine is still the gold standard treatment for pain relief. But since the discovery of LSD, the psychedelics too might have their own clinical applications. By **Jeremy Sare**

When Albert Hoffman, a scientist working for the Swiss pharmaceutical company Sandoz discovered the psychedelic properties of LSD in 1943, he also noticed something else. Because the effects were so mind-warping, he decided they were similar to those of psychosis and so dubbed LSD 'psychomimetic'. This roused the curiosity of other scientists who thought they could use LSD to reproduce psychosis and so hopefully lead to a better understanding of the condition.

But little of clinical significance happened in the 1950s. Some work appeared to be merely 'tests', with imprecise objectives; more of a simple observation of the drug's curious effects on human consciousness. Conventional subjects, including suburban housewives, were interviewed under its influence and filmed gasping at wild spectrums of colours. Christopher Mayhew MP was famously filmed for TV in 1955 recording his experiences under the influences of another hallucinogenic drug, mescaline. The experiment was conducted by Humphrey Osmond, who coined the term 'psychedelic'.

Other, more sinister, trials of LSD were carried out by the military (in the US, UK and the Communist Bloc) designed to explore its effectiveness in incapacitating the enemy and as a truth drug for interrogations. Often subjects were administered the drug without giving their consent and seemingly without much screening on their suitability or any assessment of their existing mental health.

There was also a lesser known branch of clinical research carried out in the 1950s and 60s which has been largely forgotten. Before LSD and other psychedelics like psilocybin became associated with cultural rebellion, there were many research projects into their effectiveness in therapy for conditions including depression and alcoholism.

Psychedelic-assisted psychotherapy combined the administration of the drug through a therapeutic approach; the drug was only administered once or just a few times. The work on dependence was of particular interest as the effects of the drug appeared to be able break 'ego boundaries' and so disrupt cycles of addictive behaviour.

Dr Ronald Sandison carried out thousands of tests on psychiatric patients in Powick Hospital in Worcester. He published a paper in 1954 ('Psychological Aspects of the LSD Treatment of the Neuroses', *British Journal of Psychiatry*, April 1954 100:508-515) describing the use of LSD-assisted psychotherapy on 36 patients with severe neurotic disorders: the results showed positive psychological benefits with no serious adverse effects. Sandison's paper aroused great international interest at the time but failed to achieve sustained scientific credibility. He went on to work until 1972 with a total of 683 patients, who by then had received over 13,000 doses of LSD. In 1997, 250 former patients launched legal action for compensation claiming that they were used as guinea pigs in LSD trials (*Worcester News*, 26 January 2004).

Eventually, in 2002, according to the *British Medical Journal*, the NHS agreed to pay £195,000 damages to settle the claims of 43 of the patients.

The cessation of research into psychedelics coincided with the main psychedelic drugs being brought under domestic and international control, with their classification as Class A drugs under the UK Misuse of Drugs Act, and a United Nations Convention which deemed all psychedelics as "substances posing a...serious threat to public health which are of very little or no therapeutic value."

So was that the end of research into the possible clinical applications of psychedelic drugs? For many years, yes, although before it was banned in the USA in 1985, MDMA was being used by some marital therapists, a practice which continued in a few other countries. Warring couples were given a low dose prior to the consultation in order to encourage a more empathic environment.

Meanwhile, the Multidisciplinary Association for Psychedelic Studies (MAPS), based in Santa Cruz, California, was established in 1986. Surprisingly, MAPS has government support. Brad Burge, MAPS Director of Communications, says, "In the US, the Federal Drug Administration's willingness to evaluate proposals for psychedelic research on the basis of their scientific rigor rather than on political attitudes towards psychedelics in general has been a major catalyst for the resurgence of the field."

“As a result of our focus on the specific uses of psychedelics in combination with therapy for specific, diagnosable conditions, our research got a great deal of attention from both international media and the research community. Our specifically medical and therapeutic approach to psychedelic research makes it easy for people to see the value of our work.”

MAPS have also been working with psychotherapist Dr. Peter Gasser, on LSD-assisted psychotherapy trials on Swiss patients in advanced-stage cancer and other terminal illnesses. Dr Gasser said, “I am convinced that LSD can be a good aid for psychotherapy. You have to imagine that people are facing death and are terrified of dying... even panicking. They look back on their lives for a spiritual meaning. It is well known that LSD can often help this happen.” There were only 12 subjects in the study, but in 30 treatment sessions, there were no reported serious negative reactions. Full results are expected soon.

MAPS Director, Rick Doblin says, “With careful research and honest education, we are whittling away at the culture of fear and irrationality that has restricted research on psychedelics for decades. Study by study, subject by subject, we are showing the world that in the right contexts psychedelics can be effective tools for healing and personal growth.”

So what about the UK? Professor David Nutt of Imperial College, London, has established a Psychedelic Research Programme in conjunction with the Beckley Foundation. Their first research study indicated some therapeutic potential for psilocybin in the treatment of depression and also cluster headaches. They are now preparing a research programme into LSD. If granted, it will be the first application for human research using LSD in the UK in forty years.

He says, ‘I believe that the complete absence of research on the utility of these drugs for brain research and treatment is a scandal of massive proportions and the most serious failure of the research community over the past fifty years. It derives completely from their legal status and this should urgently be rectified.’

The UK Medical Research Council (MRC), which is backed by the Department for Business, Innovation and Skills (BIS), funds a wide range of research projects but keeps an impartial

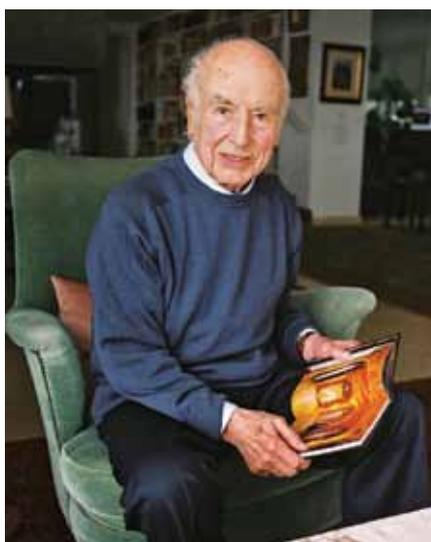


PHOTO: MAPS

Albert Hofmann, the father of LSD shortly before his death in 2008

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view on the legal status of psychedelic drugs. Catherine Elliott, Head of Clinical Research and Ethics at the MRC says, “The MRC see there is a need to develop new treatments for mental health problems, particularly as they affect 2-3 percent of the population. We need find ways to identify the mechanisms of how mental health worsens and what is effective treatment. But we assess applications on the basis of their scientific validity which is not determined by the regulations under which a drug is controlled.”

The range of drugs with psychedelic properties in the UK has recently broadened with the rapid emergence of legal highs and club drugs. But that is not to say there are increased opportunities for research. When these new drugs become controlled, they are placed in Schedule I of the Misuse of Drugs Regulations as having little or no medical value. There is some concern,

particularly from David Nutt, of the proportionality and appropriateness of this policy. He told *The Guardian*, “The situation [on research] is about to get worse; the government’s new temporary drug control orders, under which methoxetamine is the first substance to be controlled, automatically puts new substances under Schedule I for the year that they are controlled. The likelihood of the drug then being downgraded is very remote, given that research will be practically impossible, especially within the year’s timeframe.”

The Home Office administers the licensing regime and a spokesman said, “The Home Office licensing regime already enables research to take place through a system of controlled drug possession licences, allowing bona fide institutions to carry out scientific research.

“This regime recognises the importance of such research and enables that to take place in an appropriate environment, ensuring the necessary safeguards are in place.”

The medical profession may still be waiting for a concerted research programme, but Channel 4 has gained permission to air a series (with a transmission date of 26/27 September, at time of writing) called *Drugs Live*, which promises to be “a live drug trial”. Professor David Nutt (Imperial College, London) and Professor Val Curran (University College, London) are leading research into MDMA, to which Channel 4 has negotiated access. The broadcaster says, “With outstanding access to the leading researchers in the field, viewers will be able to see for themselves the actual effects drugs have in unparalleled detail and get a front row seat to witness compelling science as it unfolds.” Whatever the merits of this research, using subjects such as the actor Keith Allen taking ecstasy in an MRI scanner, it risks being presented by the media as indulgent and lacking the necessary scientific robustness.

This kind of activity is probably more of a hindrance than a help to those scientists trying to overcome decades of public fear, media scepticism and political caution, to persuade the powers that be that drugs more associated with hippies than hospitals can have a legitimate role to play in clinical medicine.

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