

LSD's military history exposed and patients allege 'ruined' lives

MPs have been expressing concerns about the experimental use of LSD for medical and military purposes in Britain. These two separate developments have spotlighted the extent and potential consequences of the legitimate use of LSD in the 1950s and 1960s.

The CIA's LSD experiments during the height of the Cold War are well documented. LSD figured in the CIA's search for an effective truth drug and for a drug to disable enemy armies. Less well known was the involvement of our own Ministry of Defence through the Chemical and Biological Defence Establishment at Porton Down during the '60s.

Last October the *New Statesman & Society* published an article which for the first time exposed the extent of LSD testing on animals and volunteer servicemen in the UK and the degree of collaboration between the UK and other NATO allies, particularly the USA, in exchanging information on test results. On the back of this piece, MP Dr David Clark asked the Secretary of State for Defence for further details of "the Moneybags experiments". A reply from Graham Pearson, Chief Executive of Porton Down, confirmed much in the original article about the use of human volunteers, but stated

categorically (perhaps with a view to the current strength of animal rights groups) that "no animals were involved".

4500 treated with LSD

Also last year, an ex-patient of Powick mental hospital in Worcester wrote to the *Wolverhampton Express and Star* to complain that the LSD psychotherapy she had undergone had later ruined her life.

In the years following Albert Hoffman's first LSD trip in 1943, doctors in several countries investigated the therapeutic potential of LSD. They hoped it could produce a model psychosis through which to study mental illnesses and unlock the childhood memories of psychiatric patients, suppression of which was believed to be blocking treatment. A team at Powick hospital headed by Dr Spencer led Britain's LSD therapy programme, publishing a paper on results with 36 patients as early as 1954.

Therapeutic use of LSD expanded in the '60s. A survey conducted in 1968 by Dr Nicholas Malleon of London University in association with ISDD reported on 4500 LSD-treated psychiatric patients who between them had undergone nearly 50,000 LSD sessions. Given proper medical supervision, Dr Malleon con-

cluded that the incidence of adverse reactions "is not great".

In 1973, the *Lancet* published two case reports of delayed psychosis from LSD which concluded that its therapeutic use should be discouraged. This brought a riposte from clinicians involved with LSD therapy on the basis that the victims were recreational users, but also a letter from an ex-psychiatric patient complaining about the long-term effects of her LSD therapy. However, this was also the year the Misuse of Drugs Act came into force. LSD became a designated drug that only those holding a Home Office licence could use for medical or research purposes. The subsequent dearth of UK papers on the subject suggests therapeutic use of LSD fizzled out.

LSD 'ruined patients' lives'

Little more was heard about the subject until the letter in the *Wolverhampton press*. Labour MP for Wolverhampton East, Ken Purchase, took up the case and tabled two questions in the House of Commons after which he received several letters from other ex-Powick hospital patients. Mr Purchase asked how many patients had been tested, how many had been NHS patients and whether there had been any long term

monitoring, but Health Minister John Bowis simply said LSD was not now in medical use and there was no evidence to suggest that it had been in recent years.

Ken Purchase then wrote to Worcester District Health Authority which was able to state that 46 patients had been given LSD at Powick. But the DHA said it would cost £45,000 for a clinician to go through the 10,000 hospital records to ascertain the full extent of LSD testing. Believing that the scale of testing has not been fully reported, the MP intends to table more questions and there is the possibility of legal action by patients – though, with the risk of reliving past mental traumas, there are no signs that those allegedly affected are willing to go down that route.

In February, the tale of two Powick patients, plus the wife of one since deceased, was taken up by BBC Radio 4's *You and Yours* programme. Chris Green, the reporter who researched the story, provides an interesting footnote to a saga that will probably end here, one which may link these medical applications to the military's interest in LSD. According to Green, the three people he spoke to said American observers were present during LSD therapy.

Harry Shapiro ISDD

ISDD is known by *Druglink*'s readers and many others, as the national information collection on drugs. But from our research over the last year, we know we could do much to provide more information in more useful ways to all of you, and to the many others now in need of information about drugs. ISDD is making a new commitment to information provision – we are planning lots of improvements to our current services and some new developments. Here, we describe the changes we think will be of most interest to *Druglink* readers.

ISDD has to change for three key reasons:

- The number and types of people involved in drug policy and practice are increasing. *Tackling Drugs Together* reinforces these changes. New groups of people will inevitably have different information needs – their level of expertise will be different and they may want information presented in different ways. ISDD has to provide the best available information in the most usable ways for all these people.
- Funding is a problem for all voluntary agencies and ISDD is no exception. If ISDD is to be here in two years time to provide information about drugs, we have to find new and larger sources of income.

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From information collector to information provider

That means finding new ways to raise money to subsidise services and charges for some things now free.

• Europe wants information from the UK, and information about policy and practice in other EU member states is potentially very valuable to us all. ISDD is uniquely placed to make this exchange of information possible because of the European and national recognition we already have as a UK information centre.

We have encapsulated our new direction in the following statement: **ISDD is here to advance knowledge, understanding and policy making about drugs.**

In the next three years we want to establish ISDD as the leading drug information agency in Europe. Clearly the key to success is serving UK users – the more information we have for and about the UK the more we will be able to offer our European counterparts. This will make it possible for us to exchange information with other EU member states, giving you the benefit of European information.

We will continue to provide the

services you know – *Druglink*, *Drug Misuse in Britain*, *Drug Abuse Briefing*, *Drug Notes* and the library enquiry service among others. But we hope to make these better. For example, we will be producing factsheets to answer the most standard enquiries so that we can concentrate on answering your more detailed enquiries. We will produce a range of new publications to meet new information needs and keep in touch with what information users want so the list is always being added to. This could mean more magazine-style materials as well as books, leaflets, videos, posters and multi-media products.

Among the new services we plan are:

- **Better access to the library database** by making it available on-line or on CD-ROM or both, and increasing the speed with which you can get full text copy of material in the database.
- **Information to suit your needs** with customised briefings and reviews on the topics you are interested in.
- **Rapid information and electronic networking** with a bulletin board to give you new information as quickly as possible and provide

an opportunity for users to exchange ideas and data.

• A **statistical database** will be created to pull together existing UK data about drugs in electronic form.

Before we do any or all of these things, we have to be sure we can fund them. So the first step will be to find out more about what people would like, whether they are prepared to pay, and whether we can get funding. But we expect to launch one new service like those above in each of the next three years. If there are particular things you would like us to consider, please let us know.

Research amongst our users shows that you value ISDD's independence from government and other powerful interests in an increasingly political field. This will not change. Our explicit commitment to advancing policy making does not mean we will be taking 'policy positions' for their own sake. Our prime role is to provide information, and this includes information to aid policy making. Often we are asked what we conclude from that information. When we do draw conclusions we will always identify them as the interpretation of ISDD or a member of our staff.

Anna Bradley Director, ISDD