THE ELECTRIC SASKATCHEWAN ACID TEST

If addictions are an illness, shouldn't we consider more holistic treatment?

By FIL FRASER

Oddly, I never considered quitting smoking during all my years trying to help people beat their own addictions. I didn't get around to it until the early 1970s, when a friend I hadn't seen in years came up behind me in Toronto's then fascinating Yorkville district and exclaimed, "Fraser—I recognize that cough!"

I had been smoking and coughing for more than 20 years, yet that incident shocked me into an attempt to beat the weed. I went cold turkey. With as much gravitas as I could muster, I informed family, friends and associates that I'd be bloody miserable for the next few months. And I lived up to my warning. I was grouchy, irritable, often angry and frequently depressed. But I didn't smoke. I thought I had won the battle when, six months later at a party, I looked down and saw a half-smoked menthol cigarette in my hand. I couldn't remember how it got there. This addiction was serious and sneaky. I butted out and haven't smoked since.

It's surely more good luck than good management that smoking is the only addiction I've ever had. But I have long been fascinated by the power of chemical comforts. I worked as the head of education for provincial alcoholism programs in Alberta and Saskatchewan in the 1960s. And after watching two respected broadcasting colleagues drink themselves to death, I developed and taught a University of Alberta extension course called "Man and Chemical Comforts" and later produced a handbook titled *Drugs: Our Bittersweet Companions*.

"Bittersweet" was an apt word for me at least partially because of a group of researchers in Saskatchewan. They claimed that therapeutic use of an accidentally discovered drug—d-lysergic acid diethylamide, otherwise known as LSD or "acid"—was the most effective way to treat alcoholics. Psychologist Duncan Blewett, one of the principal researchers, described the drug's emergence as "one of the three major scientific breakthroughs (alongside the splitting of the atom and the ability to manipulate genetic structure) of the 20th century."

Like their contrasting approaches to politics, Alberta and Saskatchewan dealt with alcoholics in cosmically different ways in the early 1960s. In both provinces, attitudes toward drinking were predominantly moralistic, with remnants of the Women's Christian Temperance Union still preaching against the "demon rum." Alcoholism was perceived as the major addiction of the era; treatment regimes relied on the principles of Alcoholics Anonymous, which included a spiritual component and acknowledgement of an undefined "higher power."

In Alberta, the Department of Health oversaw established clinics staffed by psychiatrists, psychologists and professional social workers—pretty standard stuff. In Saskatchewan, however, home of medicare and North America's first socialist government, the Bureau on Alcoholism was mostly run by recovering alcoholics who were still active members of AA. And for a few years in the early 1960s, when patients were sent (or dragged) to the bureau, the ultimate treatment was LSD therapy.

LSD was discovered in 1943 by Swiss researcher Albert Hofmann. While trying to find a cure for migraine headaches, he accidentally ingested a small amount of what a 2002 National Film Board documentary describes as "Hofmann's potion." For the next few hours, Hofmann found himself swept away by a torrent of wonderfully bizarre, otherworldly perceptions that, even half a lifetime later as an old man, he recalled as the most profound of his life.

In the late 1950s, psychiatrist Humphrey Osmond, in correspondence with novelist Aldous Huxley, coined the term "psychedelic," meaning, from the Greek, "mind manifesting." (The men became friends after Huxley offered to serve as an LSD test subject and they exchanged rhymes to come up with a name for this new class of drugs. "To make this trivial world sublime, take half a gram of phanerothyme," Huxley wrote, to which Osmond responded, "To fathom hell or soar angelic, just take a pinch of psychedelic.") Osmond, alongside Duncan Blewett, chair of the psychology department at what was then the University of Saskatchewan, Regina Campus, began using LSD to treat alcoholics. By the time I joined the Bureau on Alcoholism in 1963, the LSD program was well underway, with some stunning results. Alcoholics, many seen as hopeless, were being rehabilitated into productive members of society.

One friend and former colleague—let's call him "Andy"—was on the verge of being killed by the bottle. His wife and children had abandoned him; his father and most of his friends had nearly given up on him. Two of Andy's remaining friends literally kidnapped him from a Prince Albert bar, wrestled him into a car and drove him to the provincial psychiatric hos-

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In Switzerland in the early 1970s, forward-thinking private and public institutions initiated an art program for the treatment of addictions. Art was an important component in helping addicts to recover control over their lives. Some of their works appear in this issue on the following pages: page 22, "The key to my thoughts," LSD patient; page 25, "Morphine addict dying;" page 27, "Conscience and unconscience," heroin patient; page 28, "The patient itself," alcoholic patient.

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pital in Weyburn, then under the direction of Osmond. Andy was given a large dose of LSD and spent several days painfully working through the process that ultimately saved his life. His impulse to drink disappeared. He remarried, started a new family, re-established relations with his old family and is now a happily retired senior citizen living in Calgary.

"It was a spiritual experience that never left me," Andy told me recently, talking about his LSD encounter. "I absolutely changed. In 44 years I have never, never again, ever, wanted a drink." Andy became friends with Blewett, sometimes dragging other "recruits" in for treatment. Blewett became the most innovative therapist in the field, staying with patients around the clock as they worked through the tortured, convoluted roots of their addiction.

In the "Nightmare" sequence of a 1954 Gordon Jenkins album called *Seven Dreams*, a singer wails "I stole some bricks when I was six and I'm afraid to die." Jenkins nailed the irrational fears that drive both nightmares and life-threatening addictions. Blewett once described LSD to me as "a microscope you put inside your skin." It can magnify the inner workings of your mind with startling, sometimes terrifying clarity. His thesis was that addictions were often the product of massive self loathing and insecurity, that many people drank to dull their demons.

"In the LSD experience the vast extension of subjective time telescopes objective time so that all the emotional possibilities that would ordinarily be played out over years of the individual's life are crowded into brief hours," Blewett wrote in his book *The Frontiers of Being*, outlining his therapeutic process. "The intensity of emotion is magnified as it is concentrated in time. The individual finds himself in a dilemma that has been described as comparable to finding oneself in complete darkness, clinging to a vine over what appears to be a terrible chasm. Every manoeuvre fails to find any support until, at last, one is forced by fatigue to 'let go.' When one does let go, it is to find that one has been suspended only a foot off the ground in the sunlight and wearing a blindfold."

We all have hidden demons, Blewett explained to me—things that we are ashamed or frightened of, things we desperately don't want the outside world to see. So we build walls of psychic repression, fantasy and denial to conceal and contain them. The trouble is, we're trapped on the same side of the walls as our demons, which tend to get bigger and stronger, forcing us to build the walls higher and higher. Drinking can temporarily keep these demons at bay. But to contain them, we need more and more alcohol. And then, of course, drinking becomes the problem.

LSD has the capacity to blow holes (or open windows) in the walls between our conscious and unconscious minds. It's no surprise, then, that when LSD and other psychedelics became street drugs, they often led to bizarre tragedies, including suicides. The experience can be terrifying, even life threatening, if not managed properly. Blewett often took LSD with his patients, and when puffed-up demons like "I stole some bricks when I was six" rose to the surface, he helped patients put their fears into perspective. The goal was self acceptance, and, ultimately, self forgiveness. Nobody wants those old junkyard bricks anyway.

The Saskatchewan approach was beginning to attract interest and credibility in the scientific world when LSD hit the streets alongside other hallucinogenic drugs in the early 1960s. American authorities, reacting as they had in the 1930s when marijuana was criminalized, declared LSD an illegal substance. Prohibition pushed LSD underground, increasing its allure, especially among young people. Canada promptly cancelled the drug's experimental status, bringing the work which had shown such potential in Saskatchewan to an abrupt halt.

Blewett, now in his mid 80s, lives on British Columbia's Gabriola Island. Alzheimer's disease is creeping up on him, according to his wife, June, but his memory for events in the distant past is strong. When I phoned him this past spring, we reminisced about those "remarkably wonderful" times in Saskatchewan. "A lot of people helped me," Blewett said, sounding happy and serene.

After two years as the education supervisor of Saskatchewan's Bureau on Alcoholism, I moved to a similar position in Alberta in 1965. The change was dramatic. The Alberta Department of Health's program operated well within the scientific and therapeutic mainstream. No LSD here.

In Alberta, "the disease" was fought on two fronts. The first was based on AA: patients were encouraged to admit they'd lost control of their lives. The second front, which I oversaw until 1969, was education. Alcoholics, we repeated constantly, were not bad people; they were sick. We worked closely with doctors, nurses, psychologists and counsellors. Our message was simple: early intervention was the key.

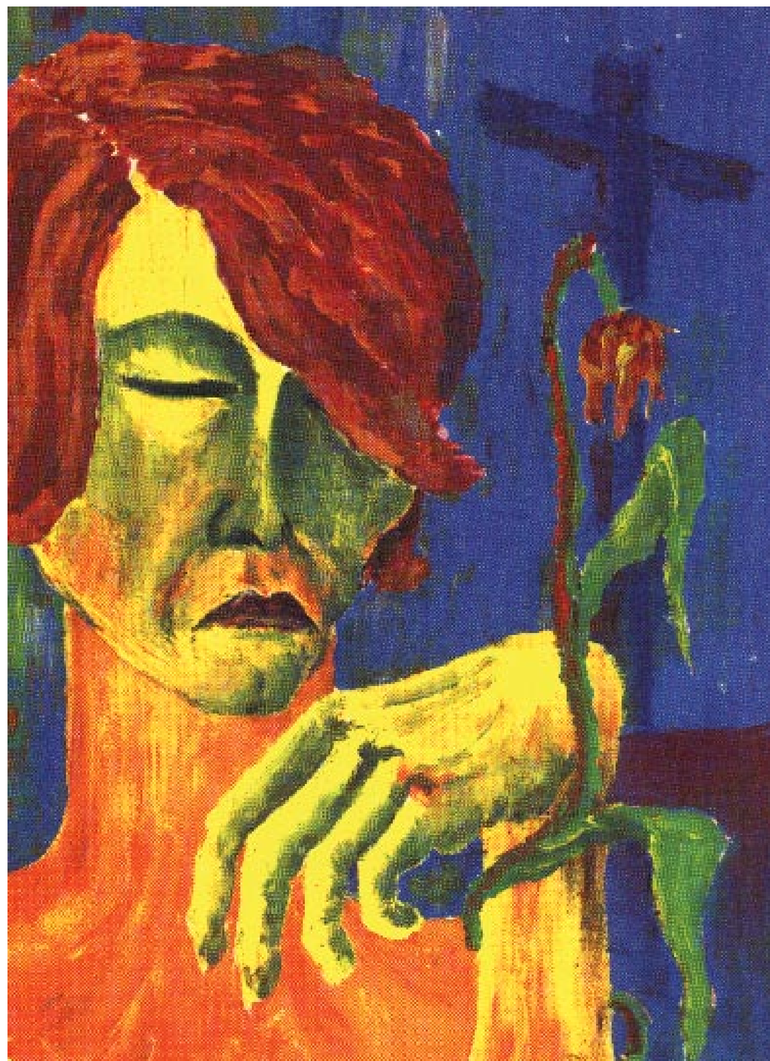
According to AA, alcoholics generally must "bottom out" before treatment will work. Early intervention meant "raising the bottom," setting clear limits and not tolerating unacceptable behaviour, such as booze on the breath at work or "I only had a couple of drinks" excuses to spouses. This creates a crisis for alcoholics, bringing closer the day when they realize they're out of control. We taught health workers to recognize early symptoms (drinking alone or at inappropriate times, acting aggressively, alienation from family and friends) and to see through the manipulations (stashing bottles, switching to odourless vodka) addicts created to cover up their condition.

I worked with the conviction that this was the best way to counter alcoholism. Meet it head on by making sure that its signs and symptoms were as widely understood as possible. Moreover, true education, I argued, meant "teaching the teachers" in the public school system. We had to infuse all aspects of the curriculum with information on addictions; not only obvious areas like health and social studies, but also chemistry, biology, geography, sociology, history and even literature and economics.

But many education and health professionals resisted. They felt that addictions could only be dealt with successfully by specialists. Schools preferred to have outside "experts" come into the classroom to give graphic and sometimes fearful lectures about the "evils" of alcohol and drugs. Health workers preferred dedicated treatment centres. Hospitals generally resisted admitting alcoholics in crisis—people who had to "dry out" from "the shakes" of delirium tremens. They were messy, hard to control, and never seemed to learn their lesson.

In an argument that resonates even more loudly today, most Alberta health care professionals at that time insisted they were already overloaded with too many responsibilities and had too few resources. Alcoholism and addictions programs became more expert driven, more institutionalized. I argued against turning the challenge over to experts. In hindsight, perhaps I was too idealistic, if not naive, but I tried to make the case that the broader the intervention, both on the education and the health fronts, the better the long-term chances of mitigating the devastating effects of addictions on society at large. If addictions were seen as everybody's problem—families, physicians, educators, employers—early intervention would save both lives and dollars. Leaving it to the experts, I believed, would create increasingly cumbersome, bureaucratic institutions that, under their own weight, would be rendered increasingly ineffective.

It was a battle I lost. In the late 1960s, the provincial



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Division of Alcoholism began planning a specialized treatment centre for alcoholics. I argued that the facility would let mainstream health professionals and hospitals off the hook. But the Alberta government created Henwood, a highly specialized in-patient treatment facility, in a complex originally designed to serve as a minimum security prison.

When Canada followed the United States and made LSD illegal in the mid 1960s, the treatment of alcoholism, and addictions in general, went back to the tried and traditional methods created by Alcoholics Anonymous in the 1930s. The promising Saskatchewan experiments ended. Today, we struggle to cope with a growing list of dangerous addictions using the old approach. Addiction programs are bigger and more expensive, but success rates haven't really changed over the decades. Roughly 75 to 90 per cent of all alcoholics or addicts relapse within a year of their release from traditional treatment programs.

The Alberta Alcohol and Drug Addiction Commission was created in 1970, absorbing the Division of Alcoholism. I had already left the program to resume a career in broadcasting. In 2004, more than a generation later, I set out to learn how today's institutions are dealing with a complex range of addictions.

With an annual budget of $66-million and a staff of nearly 600, AADAC offers treatment and education programs for alcoholism and an array of drug dependencies, including tobacco, and for gambling addictions. It handles more than 30,000 treatment admissions, 70,000 shelter admissions and 120,000 prevention and education contacts every year. AADAC's offices, clinics, institutions and community service agencies are located in more than 45 communities throughout the province. In addition to Henwood, there are 22 other in-patient facilities for detoxification and for intensive and long-term treatment.

AADAC is a big organization, arguably the most advanced and well funded of its kind in Canada. In the 1960s, Ontario's Alcoholism and Addiction Research Foundation led the way, and there were strong agencies in B.C. and Quebec. But today, according to the CEO of AADAC, Murray Finnerty, on a per-capita basis Alberta's program is the best funded in Canada, perhaps in North America. Still, AADAC officials are struggling to keep up with the demand for services. "It's an increasingly complex world," Finnerty said. "There's more stress, a growing population, more seniors with time on their hands, more family break-ups, more substances more readily available, more multi-drug addicts. All of our treatment centres have waiting lists."

Up to 50 people turn up at AADAC facilities every day looking for help. Those in severe need of detoxification go to the head of the line and are usually admitted the same day. But people looking for individual counselling may have to wait up to 12 days. For patients seeking intensive day treatment, the wait can be two to four weeks. To get into Henwood, the province's flagship in-patient facility, one must wait five to six weeks. AADAC studies indicate that the rate of most addictions is not changing—between 5 and 10 per cent of Albertans, more or less, can be deemed addicts. But a growing population, particularly in booming centres like Calgary, Fort McMurray and Grande Prairie, is putting pressure on the system.

These days, there's little talk about "saving" alcoholics, or addicts of any kind. That approach motivated us in the 1960s, but today's focus is on "harm reduction" (which doesn't mesh with the AA maxim about alcoholics always being one drink away from a drunk). "We're just being realistic," Finnerty said. "The ultimate goal is still total abstinence from the harmful substance. But there can be many steps along the way." One example of harm reduction is AADAC's support of needle exchange programs for intravenous drug users. "We may, over time, be able to get some of those people off drugs," Finnerty said. "But if they end up with HIV, nobody wins."

Finnerty has a four-point strategy for tackling addictions in Alberta. First, we need to do a better job of managing demand. "We need to develop a comprehensive strategy for early intervention on alcohol issues like drinking and driving, binge drinking, and the kind of excessive behaviour that follows Stanley Cup hockey games, for example. We need to work with police, with health authorities, with social agencies, with educators. Second, we need a comprehensive drug strategy, emphasizing a community approach. Third, we need an up-to-date tobacco reduction strategy. And fourth, we need to be proactive and throw more light on gambling and its problems." The key to all four points, Finnerty told me, is to make these problems everybody's problems. This sounds familiar, and it's the truth: no agency can succeed on its own.

Although dealing with alcohol and drugs alone would be a handful, in the mid 1990s AADAC's mandate was expanded to

include tobacco and gambling. Alcoholism remains the largest part of its work, accounting for nearly 60 per cent of its caseload, and the eruption of cheap and powerful designer drugs like crystal meth presents a fresh challenge. But so does a 2001 decision to make AADAC's offices and staff smoke free. If you want to work for the commission today, you have to be a nonsmoker. Gambling, too, is a new foe for traditional addictions counsellors because it involves no physical drug. Considering the spread of gambling venues, including the weed-like proliferation of instant-pay, instant-gratification video lottery terminals, coping with this addiction has become a growth industry. Gambling is now stigmatized the way alcoholism was in the 1950s. Addicts rationalize and hide their problem and avoid seeking help until they lose everything—savings, jobs, family.

But there's no point asking AADAC officials about the growth of gambling in Alberta. Their budget, like those of many arts and culture groups, as well as many community and charitable organizations, depends on the roughly $1.5-billion the province rakes in from gaming and horse racing every year. As we start to question our society's increasing reliance on gambling, some groups are backing away on moral grounds. In a dramatic announcement last April, the Alberta Knights of Columbus, a Roman Catholic fraternal organization, said it would no longer participate in fundraising casinos, giving up an estimated $1-million a year. The KCs are not alone. The Edmonton Food Bank, for instance, has opted out of lottery funding.

These decisions may indeed influence government policy, but I suspect gambling won't be the last addiction our province asks AADAC to tackle. What about eating disorders? Sex and the booming porn industry? Unbridled greed? Whatever the future conjures, we already know that today's resources can't meet the demands of a growing population that has a proliferating constellation of addictions. This imbalance between demand for services and our means to deliver them is one of the great challenges of the early 21st century. And until we realize that addictions are everybody's problem, we're really just adding more bricks to the walls that trap us with our demons.

FIL FRASER is an Edmonton-based writer, broadcaster and film and television producer. He served as the head of education for provincial alcoholism programs in Alberta and Saskatchewan in the 1960s and was chief commissioner of the Alberta Human Rights Commission for three years. His most recent book is *Alberta's Camelot: Culture and the Arts in the Lougheed Years.*

A LITTLE HELP FROM MY FRIEND

Because LSD was a legal, albeit experimental, drug in Saskatchewan in the early 1960s, you didn't have to be an addict to experience "the microscope inside your skin." I embarked on my single "trip" with Duncan Blewett on a stunningly beautiful autumn day at his cottage at Regina Beach (it's not an oxymoron—there actually is such a place on a lake in the Qu'Appelle Valley). We pre-arranged a musical landscape, which included the Beatles' "With a Little Help from My Friends." Every song seemed to speak directly to me, evoking memories, passions, secrets and anxieties I had forgotten. The fall-painted leaves, the shimmering water, the animated clouds, the unforgettable blue of the sky—all seemed lighted from within with an intensity that, I suddenly recalled, was the way I as a preschooler had seen the world. Time expanded and contracted like a stretchy concertina played by a dancing clown. I came away from a wholly satisfying day with the feeling that all was right with the world, knowing the experience would stay with me forever.

—FIL FRASER