Don’t Trip Out: A Case for Psychedelic Psychotherapy

By Lila Abassi — January 26, 2016

LSD, ecstasy (MDMA), Magic mushrooms (psilocybin) and marijuana have, for decades, been designated as drugs of abuse. But there has been a resurgence of interest in utilizing psychedelic/psychoactive substances to treat mental disorders including depression, anxiety, post-traumatic stress disorder and addictions.

In the 1950s and 1960s psychedelics, particularly LSD, or lysergic acid diethyl amide, offered significant promise in the treatment of a broad range of psychiatric and psychological conditions. However, national laws and international conventions put a stop to all that. The Controlled Substances Act of 1970 declared that these drugs have no currently accepted medical use and classified them as Schedule I, the most stringently regulated category of controlled substances.

However, small clinical trials have been conducted recently to assess the psychopharmacological properties and therapeutic efficacy of these drugs, as adjuncts to existing psychotherapeutic approaches.

These studies are focusing on the importance of several key factors such as: the importance of set (i.e. psychological expectations), setting (i.e. physical environment) and the therapeutic clinician-patient relationship these are considered part and parcel of obtaining positive outcomes.

The authors of a paper published in the Canadian Medical Journal argue for the validity of, and the need for, more studies on psychedelic substances.

The re-emerging paradigm of psychedelic medicine may open clinical doors and therapeutic doors long closed, according to Dr. Evan Wood, Professor of Medicine and Canada Research Chair, University of British Columbia, Vancouver, BC, one of the coauthors of the study. The authors
added that, studies on psychedelics as therapeutic agents can conform to the rigorous scientific, ethical and safety standards expected of contemporary medical research.

Another poignant argument the authors make is that psychedelic therapies only require relatively time-limited interventions no need for long-term pharmacotherapy which may make them more cost effective, in contrast to very expensive, large-scale trials. Additionally, there will be minimal placebo effect [6] which seem to confound drug trials, especially in the United States.

Even the editors at Scientific American [7] are urging the federal government to reclassify psychedelic substances as Schedule II [8] which would make the legal hurdles to obtaining them for research purposes less burdensome. Under the current classification, most scientists are reluctant to run through the bureaucratic labyrinth to study these drugs.

With the millions of people, worldwide, suffering from addiction and other mental health disorders with a relatively limited arsenal of effective medications to combat them, it would behoove us to start looking into the promising results of the currently available research. We need larger scale randomized controlled trials to say with confidence that psychedelics are serious contenders in improving health outcomes in tough to treat conditions.

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