

Invited Commentary on Psychedelic Therapy: A Primer for Primary Care Clinicians

Lynn Marie Morski, MD, JD*

Despite psychedelic substances being banned for decades, determined researchers in the 1990s and 2000s rekindled the study of psychedelic substances in pre-clinical and clinical settings, leading to a contemporary psychedelic research renaissance.¹ The evolving body of evidence underscores the effectiveness of psychedelic medicine in addressing difficult-to-treat conditions like post-traumatic stress disorder (PTSD), substance use disorder, and depression when administered in the proper clinical settings.²

Multiple randomized controlled trials involving psychedelics like 3,4-methylenedioxymethamphetamine (MDMA), psilocybin, and ketamine have produced remarkable results, including remission of conditions with which study subjects had previously struggled to find any relief.³ Findings have been so extraordinarily positive that the Food and Drug Administration (FDA) has designated MDMA and psilocybin as “breakthrough therapies” to accelerate their development and FDA review.⁴

However, a substantial gap exists in the awareness and understanding of psychedelic medicine among medical professionals. Without a foundational understanding of how these substances work, or their risks and benefits within medicinal contexts, many practitioners still perceive all psychedelic use as dangerous or without merit.⁵ This contributes heavily to the continued stigma that can hinder patient access to medicines that could benefit millions struggling with challenging mental and physical health conditions. The work by Tabaac, Shinozuka, et al uses education to counter that stigma by providing a thorough look at some of the most researched psychedelic medicines,

including discussions of the history, mechanism of action, and therapeutic uses of each. Their review spans 7 psychedelics: lysergic acid diethylamide (LSD) (Part II), N,N-dimethyltryptamine and ayahuasca (Part III), psilocybin (Part IV), ibogaine (Part V), MDMA (Part VI), and ketamine (Part VII).

As essential providers directing patient care options and referrals, educating primary care clinicians on current findings regarding psychedelic medicine’s safety and efficacy could significantly improve patient access to these therapies. Primary care practitioners are often the first professionals whom the patients consult about their physical and mental health concerns. They serve as gatekeepers charged with determining what interventions patients ultimately pursue. Part of the challenge that primary care practitioners face in this role is that they must stay informed and up to date on nearly every field of medicine.

Navigating the realm of psychedelics poses a challenge for primary care practitioners, who received minimal training in this field during medical school or residency. Compounding this challenge is the historical stigma associated with psychedelic substances, owing to the Nixon’s administration response to the 60s counterculture and media sensationalization of psychedelics during that time. Overcoming this ingrained stigma is the initial hurdle in bringing primary care practitioners up to speed on psychedelic medicine. Beyond dispelling misconceptions, practitioners must acquaint themselves with a field comprising diverse substances, administered to patients in a manner distinct from conventional medical practices.

The primer by Tabaac, Shinozuka, et al expertly accomplishes the above. The authors have provided a meticulous exploration of 6 of the most researched psychedelic medicines, offering a valuable resource for clinicians seeking to familiarize themselves with this evolving field. This work is incredibly timely as well, as growing media coverage of psychedelic research will inevitably lead to increasing numbers of patients

Psychedelic Medicine Association, San Diego, CA.

The author has no conflicts of interest to declare.

**Address for correspondence: Lynn Marie Morski, MD, JD, 1055 Wilbur Ave, San Diego, CA 92109. E-mail: lynnmarie@psychedelicmedicineassociation.org*

asking their primary care providers about psychedelics.⁶

Tabaac, Shinozuka, et al skillfully initiate their primer by delving into the historical tapestry of psychedelic medicines. They meticulously explore the preprohibition research landscape, shedding light on the foundation that predates the outlawing of psychedelics. The authors go beyond a historical narrative, providing essential political and social context elucidating why substances like LSD and psilocybin found themselves unjustly labeled as Schedule I. By intertwining these historical dimensions, Tabaac, Shinozuka, et al effectively challenge the misplaced stigma attached to these medicines, which, despite evidence of their medical utility, were erroneously categorized as lacking any such value. Their nuanced discussion highlights that a combination of rare yet serious adverse events and sociopolitical pressures contributed to the banning of psychedelics. Highlighting this aspect is valuable in assuring clinicians about the safety and viability of psychedelic options for their patients.

The authors also provide a crucial perspective for readers to consider while reading the primer. They draw attention to the longstanding inadequacies of many traditional treatments routinely prescribed by clinicians, emphasizing the ongoing suffering of patients and the imperative for access to more effective options.⁷ By highlighting the frequent inefficacy and undesirable side effects associated with conventional pharmaceuticals, the authors set the stage for a thoughtful exploration of how specific psychedelic medicines have proven highly effective in addressing conditions where traditional therapeutics often fall short, like depression, PTSD, and suicidality.² The growing body of research demonstrating psychedelics' therapeutic promise across an array of mental and physical conditions deserves thoughtful consideration from the medical community, especially primary care providers confronting diverse patient struggles.

Integral to the destigmatization of these medicines is the elucidation of their mechanisms of action, skillfully undertaken by Tabaac, Shinozuka, et al in this primer. The authors meticulously delve into the individual properties of 6 psychedelic substances, conducting an in-depth exploration of the chemistry and mechanism of action of each. By illustrating how these medicines operate on receptors shared with more commonly used pharmaceuticals, Tabaac, Shinozuka et al contribute to demystifying psychedelics, thereby mitigating the prevailing mystery and associated apprehensions surrounding them.

Equally crucial to destigmatizing psychedelics is the acknowledgment that numerous areas of uncertainty persist, primarily because of the lack of large-scale

clinical trials on psychedelic medicines, as a result of decades of research time lost when they were first classified as Schedule I. Beyond the uncertainties inherent in any discussion of psychedelics, a balanced consideration must also encompass known risks associated with these medicines. Although psychedelics, on the whole, exhibit fewer side effects than many commonly prescribed medications,⁸ it is essential to recognize that specific psychedelic medicines carry known risks—some linked to misuse and others affecting individuals with particular mental or physical conditions in their personal or family history.⁹ Extensive discussion of these considerations by Tabaac, Shinozuka, et al not only offers a nuanced perspective on these medicines but also aids clinicians in better identifying patients for whom psychedelic therapeutics are likely to be safe.

Finally, Tabaac, Shinozuka, et al expertly address common misconceptions around psychedelic safety. They highlight how clinically administered psychedelics can prove quite safe despite perceptions to the contrary. The authors describe how strict protocols—including medical screening, patient preparation, guided dosing sessions, and integration of insights afterward—actively mitigate risks.

Additionally, the authors note how therapeutic psychedelic experiences require a paradigm shift from traditional treatment methods. In contrast to the conventional daily, long-term medication approach, the article highlights the distinctive nature of psychedelic treatments, typically requiring only a few supervised dosing sessions to yield enduring effects.¹⁰ This is an important aspect for clinicians to be aware of in discussing these treatments with patients because it likely differs from their previous forms of treatment.

Tabaac, Shinozuka, et al have significantly advanced the emerging literature dedicated to educating primary care practitioners about psychedelic medicine. By presenting clinicians with a precise and extensive overview of the potential of psychedelic medicine, the authors enhance their ability to educate patients and caregivers effectively. This comprehensive understanding also fosters a greater willingness among providers to recommend or refer patients to psychedelic-assisted psychotherapies when appropriate. Furthermore, providing accurate education encompassing historical context, ongoing research, proper methodologies, and potential benefits and risks instills confidence in understandably cautious medical professionals. This confidence, coupled with the mounting evidence of therapeutic efficacy, acts as a catalyst for propelling this innovative treatment into mainstream medicine. As psychedelic medicine literacy expands among primary care clinicians, it not only accelerates clinical adoption but also

Downloaded from http://journals.lww.com/americantherapeutics by 74gkqau+rh67IZWVZ+48g0uicB3EUK+D/K4h
QF-c7trwI0HSbcIQmIDYYYFK4mbUN08wBG4GOUZIX3S5ub4FQITZEG9c+WGD6S6ZJq2sz0gs/ZcCNV/Vq4QZCuJhWanW
dfljAfaxPcc8Dj0midc2Sk2etV1ufvbnQ19sq9W5+glnZGw09w+hEJGm31Gk4B10CdaBXhQLMTKVIS08Iw on 03/22/20

broadens patient access to these vital therapeutic options.

REFERENCES

1. Sessa B. The 21st century psychedelic renaissance: heroic steps forward on the back of an elephant. *Psychopharmacology*. 2018;235:551–560.
2. Acero V, Cribas ES, Browne KD, et al. Bedside to bench: the outlook for psychedelic research. *Front Pharmacol*. 2023;14:1240295.
3. Goodwin G, Aaronson S, Alvarez O, et al. Single-dose psilocybin for a treatment-resistant episode of major depression. *N Engl J Med*. 2022;387:1637–1648.
4. Niles H, Fogg C, Kelmendi B, et al. Palliative care provider attitudes toward existential distress and treatment with psychedelic-assisted therapies. *BMC Palliat Care*. 2021;20:191.
5. Ólafsson R, Kvaran K, Ketilsdóttir K, et al. Psychedelics and treatment of mental disorders: a survey of attitudes

and knowledge among psychiatrists, general practitioners and psychologists in Iceland. *Læknablaðið*. 2023; 109:495–503.

6. Daniaş G, Appel J. Public interest in psilocybin and psychedelic therapy in the context of the covid-19 pandemic: google trends analysis. *JMIR Formative Res*. 2023;7:e43850.
7. Gaynes B, Rush A, Trivedi M, et al. The star*d study: treating depression in the real world. *Cleveland Clinic J Med*. 2008;75:57–66.
8. Schlag A, Aday J, Salam I, et al. Adverse effects of psychedelics: from anecdotes and misinformation to systematic science. *J Psychopharmacol*. 2022;36:258–272.
9. Bremler R, Katati N, Shergill P, et al. Case analysis of long-term negative psychological responses to psychedelics. *Sci Rep*. 2023;13:15998.
10. Mitchell J, Ot’alora G M, van der Kolk B, et al. MDMA-assisted therapy for moderate to severe PTSD: a randomized, placebo-controlled phase 3 trial. *Nat Med*. 2023;29:2473–2480.

Downloaded from <http://journals.lww.com/americantherapeutics> by 7d9kqau+n67IZWWZ+8g0uIGb3EUK+D/K4n
 QF7trw1OH5Sbc1QqImDYYrFK4mbUN08wBG4GOUZIX\3sSubP4FQITZE2gc+WGD6SszJq2szogsYZcCNyViq4QZCuJhWanW
 dHjA1axPcc8Dj0mIdc2Sk2eV11ufvbnV1ur9s9W5+gNjZGGuw09w+hEJGm3IGK4B10CDAxBXhQLMTTKVISO8Iwe on 03/22/20
 24