



# **Psychedelic Medicines and Our Patients: Promoting Safety, Guiding Consciously and Optimizing in an Easy Access World**

International Congress for Integrative Medicine & Health

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Seattle, Washington

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# 2024 Cleveland

- Arriving and nesting psychedelics within integrative medicine
- Historical and cultural context of psychedelic substances
- Broad overview of psychedelics from conventional medicine viewpoint
- Ethics, Safety



# From last year in Cleveland, IRCIMH 2024

- Mescaline from Peyote, San Pedro and Peruvian Torch cacti
- DMT and Ayahuasca
- 5-Methoxy-DMT or “The Toad”
- Ibogaine
- LSD
- MDMA
- Kratom\*
- Psilocybin
- Ketamine

\*not a psychedelic substance

As your questions and comments arise,  
enter them in the WHOVA app.

You can upvote questions or ask your own.





# Cultural Roots & Westernization

**It is our job to acknowledge and respect the wisdom of the cultures that have shared their tools of healing and medicine with the world.**

“There is a lack of diversity within the field of psychedelic researchers, with Indigenous people and people of color underrepresented both as researchers, therapists, and participants in studies.”



George JR, Michaels TI, Sevelius J, Williams MT. The psychedelic renaissance and the limitations of a White-dominant medical framework: a call for indigenous and ethnic minority inclusion. *J Psychedelic Stud.* 2020;4:4–15.  
Michaels TI, Purdon J, Collins A, Williams MT. Inclusion of people of color in psychedelic-assisted psychotherapy: a review of the literature. *BMC Psychiatry.* 2018;18:1–9.

# Agenda

- I. Toxicity, hospitalizations from psychedelics
- II. Ketamine & MDMA
- III. Psilocybin & Ayahuasca
- IV. Compare & contrast
- V. The patient experience
- VI. Moderated Q & A

## Hold these patients in your mind

### **Peter**

A 55 y veteran with severe combat - related PTSD and treatment-resistant depression.

Many medications have failed with minimal or only temporary benefit from therapy and lifestyle changes.

### **Kate**

A 62 y with metastatic ovarian cancer struggles with accepting death and finding faith again.

She wants to try psilocybin after reading small trials showing strong benefit in palliative settings.

### **Brian**

A 36 y with decades of depression impacting his relationship with wife and 2 children

He wants to try psilocybin after his friend had a good experience.

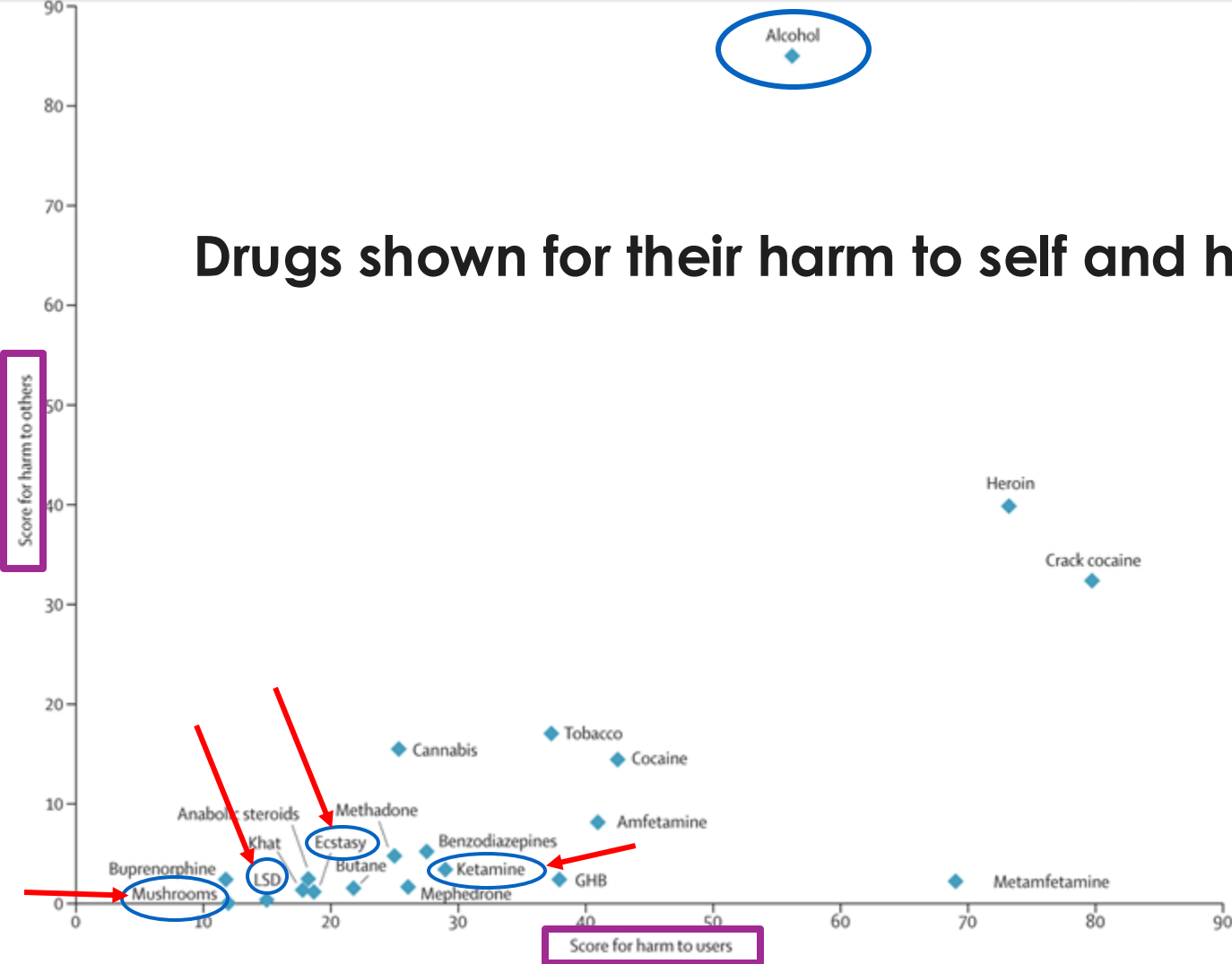
### **Henry**

A 53 y going through divorce is feeling anxiety and depression.

He is curious about going away on an Ayahuasca retreat in South America and asks what you think of the idea.

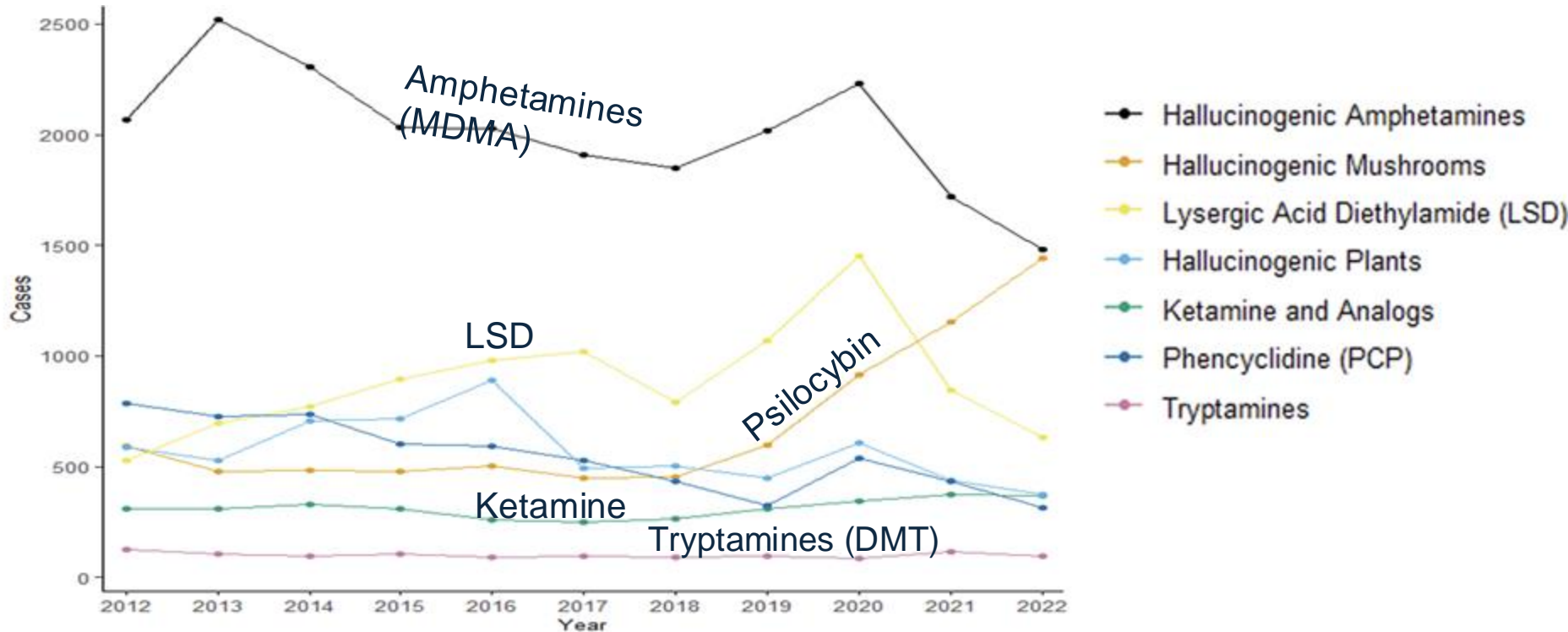


# Drugs shown for their harm to self and harm to others

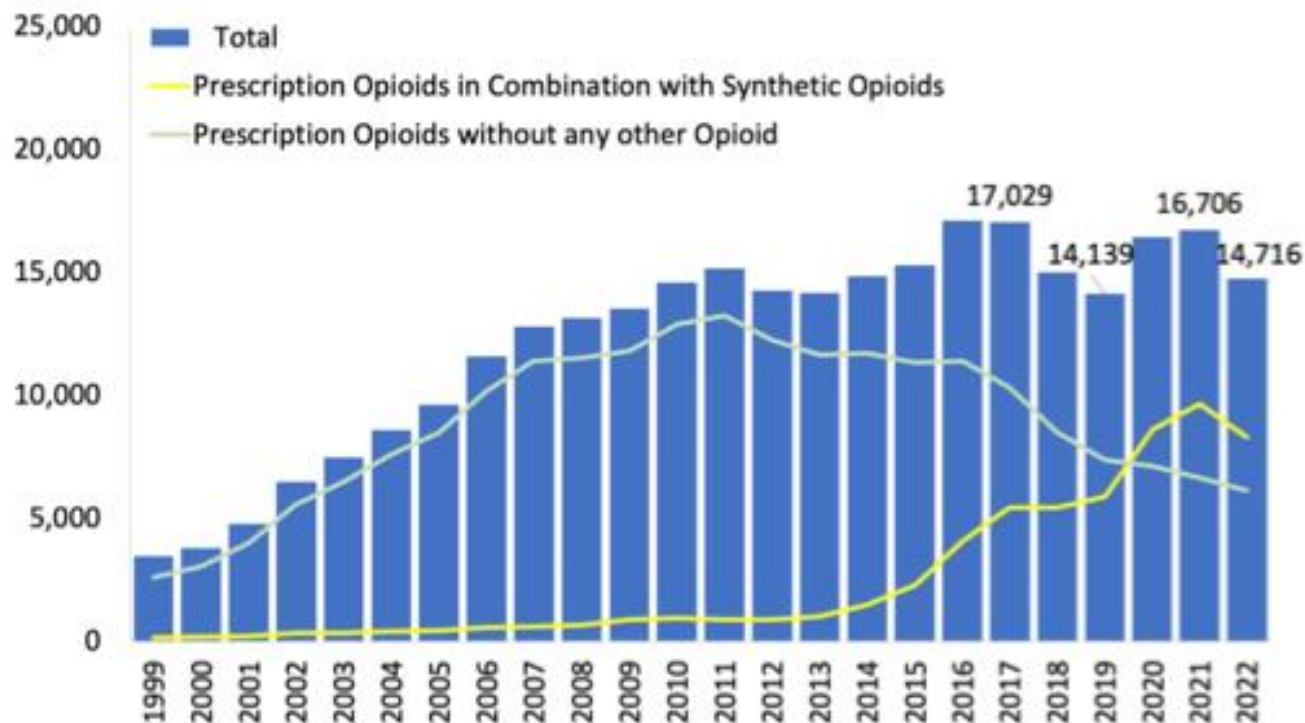


Nutt DJ, King LA, Phillips LD. Drug harms in the UK: a multicriteria decision analysis, *The Lancet*, Vol 376, Issue 9752, 2010,

# 10 year National Poison Data: 54,605 psychedelic exposures. 42% required medical treatment; 0.5% died (265 patients)



### Figure 4. U.S. Overdose Deaths Involving Prescription Opioids\*, 1999-2022



\*Among deaths with drug overdose as the underlying cause, the prescription opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2) or methadone (T40.3). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2022 on CDC WONDER Online Database, released 4/2024.

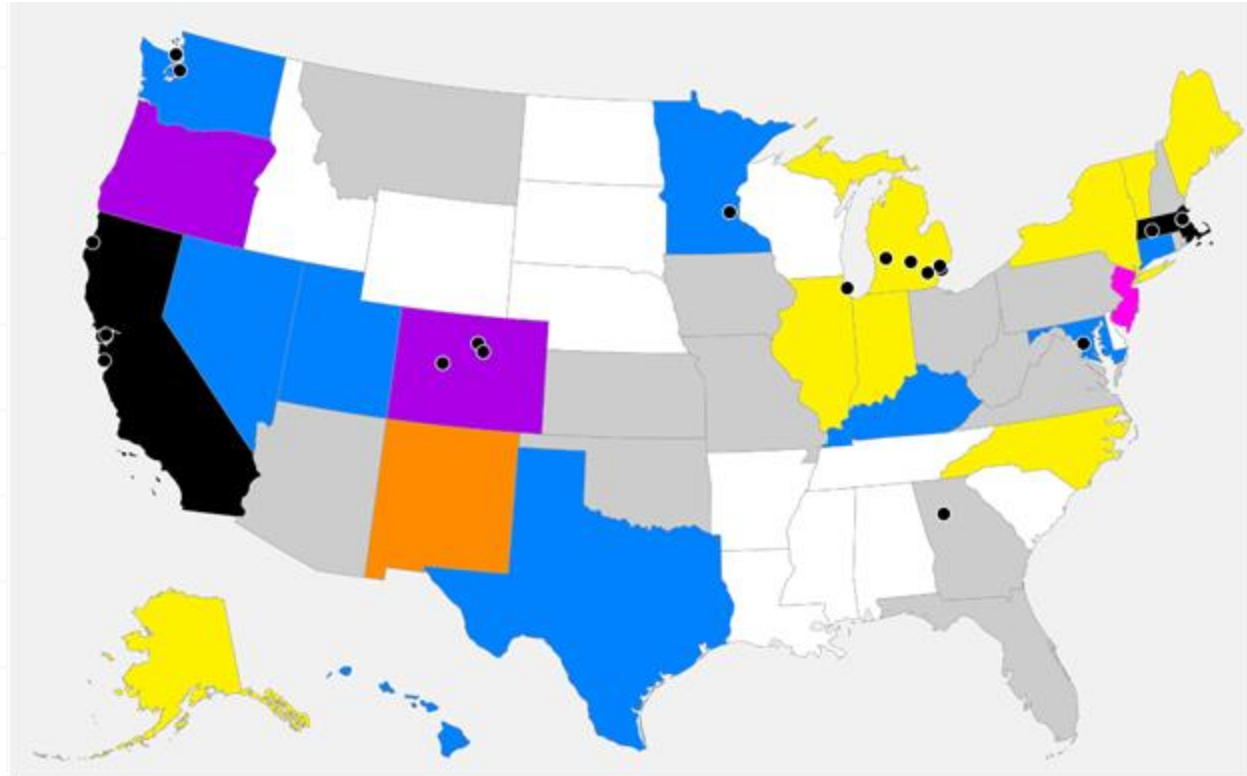
# Regulation



# Where are psychedelics (psilocybin) legal in the U.S?

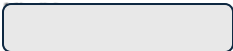
Ketamine is legal in U.S.

- Legalization
- No Notable Legislation
- Decriminalization
- Reduced Penalty
- Judicial Exceptions
- Active Legislation
- Inactive/Failed Legislation
- Medical Research
- Local Reforms



# What about mail ordering psychedelic mushrooms & ketamine?

Sponsored



Discover [redacted] Today - From the Comfort of Your Home

Discover the Clarity You Need to Live the Life You Deserve with Guided Psychedelic Therapy.

Achieve Lasting Relief with At-Home...

[Program](#) · [Science](#) · [Results](#) · [Safety](#)

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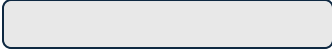
Online Ketamine Therapy - As Low as \$100 Per Treatm...

Achieve an Emotional and Neurological Reset to Help Combat Symptoms Depression and Anxiety. Free 2 Minute Assessment: Quick Survey to See if...

4 Ketamine Sessions · \$125.00 - Per Session · [More](#) ▾



Sponsored



Depression Ketamine Therapy - \$129 a Month No Commitment

Compatible With Other Anti-Depressant & Anxiety Medications. Improve Your Mental Health.

Mental Health Improvement is Possible with [redacted] Ketamine Therapy. [Learn More!](#)

Low-dose Ketamine Therapy.

[What is Low-dose Ketamine](#) · [Microdosing & Anxiety](#) · [The Science of Ketamine](#) · [Pricing](#)



Psilocybe cubensis : B+ Strain Spore Syringe

\$20.00



Psilocybe cubensis : Ecuador Spore Syringe

\$20.00



Psilocybe cubensis : Oak Ridge Spore Syringe

\$20.00



Psilocybe cubensis : Mazatapec Spore Syringe

\$20.00



Your Super Magic Mushroom Powder Mix

\$34.99

Your Super & more

Free by 11/13



Psilocybe cubensis : Treasure Coast Spore PRINT

\$25.00



We do not endorse any company. For illustrative purposes only.

# Diamond Shroomz recall: FDA reports new hospitalizations, finds illegal substances



Mary Walrath-Holdridge  
USA TODAY

Published 2:29 p.m. ET Aug. 9, 2024 | Updated 2:29 p.m. ET Aug. 9, 2024

“On Thursday, the [FDA released the first round of lab results](#) from testing done on different **Diamond Shroomz** chocolate bars, revealing that some of the products contained prescription or controlled substances and unlisted compounds.

*Psilocin* found (expected for *Psilocybe* spp).  
*Muscimol* found (in *Amanita muscaria*).  
*Pregabalin* (*Lyrica*™) found in 3 of the bars.  
*Kavalactones* also found (from kava).



**113 total reported illnesses**

**42 hospitalizations**

**2 potentially associated deaths  
across 28 states.**



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Institute for  
Integrative  
Healogy



# Ketamine vs. MDMA: A Case-Based Approach

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**Erika Steinbrenner, MD**

Imagine Healthcare, Epiphany Wellness,  
Symetria Recovery







# Patient Profile - Peter

**55-year-old male veteran with PTSD and TRD**

- **Psych History:**
  - Childhood sexual trauma, military trauma
  - Multiple failed antidepressant trials
  - Minimal benefit from therapies (EMDR, CBT)
  - No psychosis, no substance abuse.
- **Current Symptoms:**
  - Severe PTSD (CAPS-5 Score: 50)
  - Severe Depression (PHQ-9: 22)
  - Passive suicidal ideation.



# Patient Profile

- **Medical History**
  - Denies significant chronic health concerns
- **Current Medications**
  - Venlafaxine 225 mg
  - Prazosin 3 mg qHS

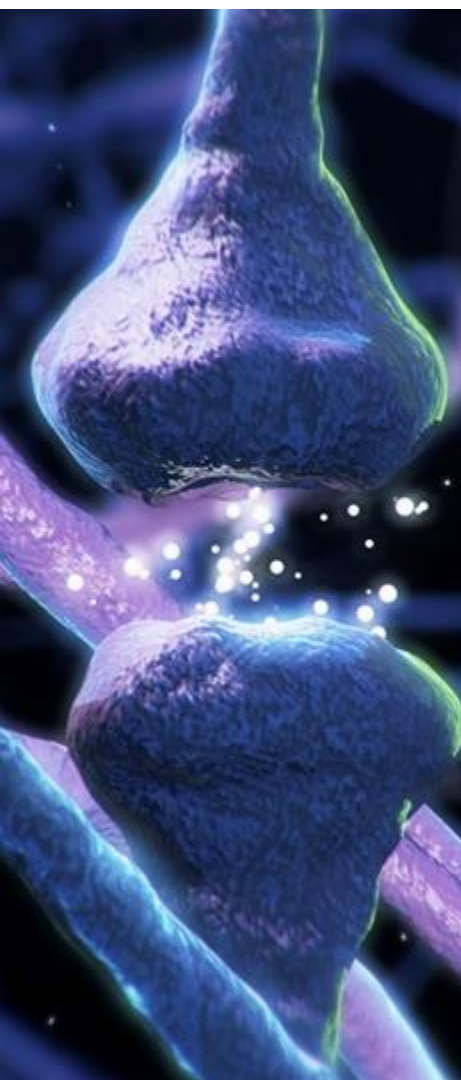
# Ketamine or MDMA-Assisted Therapy?

## Look at the Therapies

- Mechanism of Action
- Subjective Effects
- Indications

## Patient Considerations

- Contraindications
- Medication Interactions
- Accessibility



# Ketamine

## Mechanism of Action:

- NMDA receptor antagonist  $\Rightarrow$   $\uparrow$  BDNF and mTOR activity  $\Rightarrow$  **synaptic plasticity**
- Disrupts the Default Mode Network (DMN)  $\Rightarrow$  **cognitive flexibility**

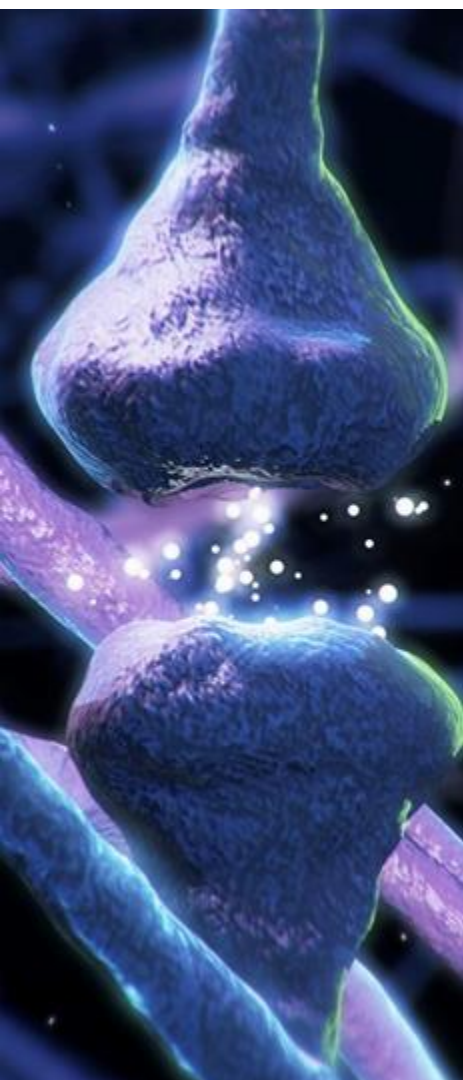
## Subjective Effects:

- Dissociative - out of body experience, detached bird's eye view of one's life & situation

## Therapeutic Result:

Promotes neuroplasticity and ability to alter negative thought patterns

- Krystal, J.H., et al. (2023). *Ketamine and rapid antidepressant action: new treatments and novel synaptic signaling mechanisms*
- Kang, M.J., et al. (2022). *The mechanisms behind rapid antidepressant effects of ketamine*



# Ketamine

## Administration

Most Common:

- IV Infusion - Series of 6 treatments → Maintenance dosing 1x/month.
- Esketamine (nasal spray) - 2x/week x 1 month, 1x/week x 1 month, 1x every 1-2 weeks ongoing for maintenance

## Indications:

- **Treatment-Resistant Depression**
- **Acute Suicidality**
- Generalized Anxiety Disorder
- PTSD
- OCD
- Eating Disorders
- Substance use disorders
- Frontline healthcare worker burnout



# MDMA- Assisted Therapy

## Mechanism of Action:

- ↑ release of neurotransmitters ⇒ **serotonin, dopamine, NE**
- Neurohormonal Effect ⇒ increases **oxytocin**
- ↑ BDNF ⇒ **neuroplasticity**

## Subjective Effects:

- Empathogen ⇒ engenders feelings of love & warmth
- Lowered anxiety/fear response, enhances emotional openness and trust
- Rarely causes hallucinations or alterations in perception of self

## Therapeutic Result:

- **Therapy adjunct** ⇒ Patients can revisit trauma whilst fear or other emotional defense mechanisms are suspended
- **Memory reconsolidation** ⇒ rewrites maladaptive memory associations and enhances fear extinction

Sottile R.J., et al. (2022). *A proposed mechanism for the MDMA-mediated extinction of traumatic memories in PTSD patients treated with MDMA-assisted therapy*

# MDMA- Assisted Therapy

## Administration

- One prolonged treatment period (months)
- Intensive therapy framework

## Indications:

- PTSD

## *Under Investigation:*

- Eating Disorders
- Social Impairment in Autism
- Anxiety related to Life-threatening Illness
- Substance use disorders
- Couples therapy

# Patient Considerations - Contraindications

## KETAMINE

### PSYCHOLOGICAL

Active mania/psychosis

### MEDICAL

Uncontrolled HTN

Aneurysm (\*clearance)

Hx aortic dissection, ICH (\*clearance)

Hx MI, arrhythmia (\*clearance)

Cystitis (\*relative contraindication)

Pregnancy/lactation

## MDMA-ASSISTED THERAPY

### PSYCHOLOGICAL

Primary psychotic disorder

Bipolar I

DID / Severe Personality disorders

Eating Disorder w/ Purging

Active substance abuse disorder

Serious Suicide Risk

### MEDICAL

Uncontrolled HTN

Baseline QTc prolongation / cardiac risk factors

Symptomatic liver disease

Pregnancy/lactation



# Patient Considerations - Medication Interactions

## KETAMINE

**Benzodiazepines** → Muted effects; hold day of tx

**Lamotrigine** → Muted effects

**Stimulants** → hold day of tx

## MDMA-ASSISTED THERAPY

**SSRIs/SNRIs/TCAs** → Muted effects and ↓ efficacy

**Mirtazapine & Trazodone** → Muted effects

**MAOIs** → Contraindicated - serotonin toxicity

**Benzodiazepines** → Muted effects, possible ↓ efficacy

**Stimulants** → Added stimulant toxicity

**Lithium** → Contraindicated - increased risk seizures

**CYP2D6 inhibitors (Bupropion)** → Increases blood concentrations of MDMA

**CYP3A4/5 inhibitors (Ritonavir/cobicistat)** → Potentially fatal serotonin toxicity

# Patient Considerations - Accessibility

## KETAMINE

Legal in all 50 states

## MDMA-ASSISTED THERAPY

Only legal if part of clinical trial

Recruiting (as of 2/16/25):

**MDMA Plus Exposure Therapy for PTSD**

(Emory University)

**MDMA for AUD/PTSD Comorbidity**

(Brown University)

**MDMA-Assisted Massed Prolonged Exposure for PTSD**

**(MDMA-PE)** (VA - San Diego)

**MDMA-Assisted Brief Cognitive Behavioral Conjoint Therapy**

**for PTSD (MDMA-bCBCT)** (VA - San Diego)

Not Yet Recruiting (as of 2/16/25):

**MDMA-Assisted Therapy vs CPT for Veterans with Severe PTSD** (VA - Palo Alto)

**MDMA-Assisted Therapy for Veterans with Moderate to Severe PTSD** (VA - Los Angeles)



# Back to Our 55y Veteran with PTSD...

- **Ketamine** = Rapid relief, help with depression, ongoing treatment.
- **MDMA** = Deep trauma processing, lasting change.

In an ideal world .....could benefit from both

Ketamine first to help taper off antidepressant & improve depression & SI

MDMA to focus on PTSD





# Psilocybin

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**Mikhail Kogan, MD**

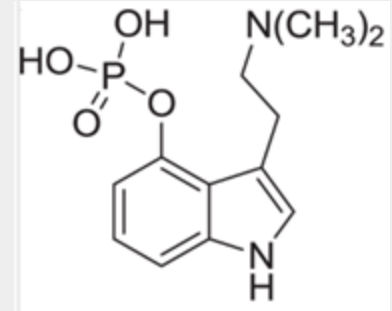
George Washington University

GW Center for Integrative Medicine



# Psilocybin (Mushrooms)

- **MOA:** Serotonin receptor agonist, particularly targeting 5-HT<sub>2A</sub> receptors
- **Route:** Typically oral, consumed in dried mushroom form or as an extract (note most trials to date use injection of pure extract)
- **Effects:** Euphoria, altered perception of time and space, visual and auditory hallucinations, introspection, spiritual experiences
- **Side Effects:** Nausea, anxiety, paranoia, increased heart rate, pupil dilation, derealization or depersonalization
- **Combining with SSRIs/SNRIs:** May diminish effects due to serotonin receptor competition; potential for increased risk of serotonin syndrome, use caution



# Let's look at 2 cases

<b>Who?</b>	<b>Kate</b> 62 year old woman with metastatic ovarian cancer. on palliative care	<b>Brian</b> 36 year old man with long standing mild depression contributing to problems at home with wife and children. Never felt any help from Antidepressants
<b>Why?</b>	Struggling with accepting death and looking for more peace in last months	Hoping to improve depression and better family relationships
<b>Why Psilocybin?</b>	Perception of “softer more mystical experience”	Friend did it for his depression and had amazing improvement
<b>Anticipation/Expectation</b>	Mystical experience/Closer connection to God, reinstate lost faith	Break from reality into nonlinear healing

## 2 Cases continue

	<b>Kate</b>	<b>Brian</b>
<b>Settings</b>	Weekend long retreat in cabin the woods 2 participants - Kate and her husband	Weekend long retreat in cabin the woods 5 participants all young people in 20s-40s
<b>Preparation</b>	Several meetings with psychedelic coach, meeting with psychiatrist and palliative care social worker	One meeting with psychiatrist and conversation with friend and one meeting with psychedelic coach
<b>Dose/Type</b>	High dose (ground mushroom) mixed with yogurt (patient's request)	High dose mushroom chewed directly (patient's request)
<b>Psychedelic effects</b>	Minimal psychedelic effect, more like relaxation and periods of peace without any major "God like moments"	Profoundly deep state of awareness of unity and peace for 3-4 hours, long profound conversation with one of the coaches at the end of the trip



## 2 Cases continue

	<b>Kate</b>	<b>Brian</b>
<b>Side effects</b>	Intermittent nausea and vomiting that led to need for IV hydration.	None
<b>Day after/Early Integration</b>	Some decrease in anxiety, difficult integration due to severe side effects.	Barely can speak, feels that entire world shifted, lots of tears of joy, integration mostly listening and meditating with others.
<b>Long term feedback after 12 weeks</b>	Felt that experience was not worth money and effort despite still grateful for being able to do it.	“My life is so different, as if I had 10 years of therapy squeezed into 6 hours.”

# So what happened with our patients?

	<b>Kate</b>	<b>Brian</b>
<b>Anticipation vs Reality</b>	Anticipated a lot but being frail and struggling with pre-existing cancer related symptoms led to severe purging that patient was not able to get through to the actual true psychedelic experience despite coaching.	Was guarded but effect was beyond anything anticipated.
<b>Right Choice? Wrong Choice? How could this be improved?</b>	Pretreating with strong anti-emetic if patient insists on trying but really - may be not the best substance and trial of Ketamine would have been better.	Right Choice
<b>Main lessons</b>	<b>Frailty and advanced illness makes psilocybin sessions unpredictable and physiological side effects more common.</b>	<b>High dose combined with decent preparation for depression can be life transforming in 1 session.</b>

# Real Life vs Studies?

Original Paper

## Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial

Roland R Griffiths<sup>1,2</sup>, Matthew W Johnson<sup>1</sup>, Michael A Carducci<sup>3</sup>, Annie Umbricht<sup>1</sup>, William A Richards<sup>1</sup>, Brian D Richards<sup>1</sup>, Mary P Cosimano<sup>1</sup> and Margaret A Klinedinst<sup>1</sup>



Journal of Psychopharmacology  
2016, Vol. 30(12) 1181-1197  
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DOI: 10.1177/0269881116675513  
jop.sagepub.com






“Participants, staff, and community observers rated participant moods, attitudes, and behaviors throughout the study. High-dose psilocybin produced large decreases in clinician- and self-rated measures of depressed mood and anxiety, along with increases in quality of life, life meaning, and optimism, and decreases in death anxiety. At 6-month follow-up, these changes were sustained, with about 80% of participants continuing to show clinically significant decreases in depressed mood and anxiety. Participants attributed improvements in attitudes about life/self, mood, relationships, and spirituality to the high-dose experience, with >80% endorsing moderately or greater increased well-being/life satisfaction.”

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# Contraindications

-  Unstable psychiatric conditions or significant risk of psychosis
-  Uncontrolled cardiovascular disease
-  Pregnancy & breastfeeding
  - No clinical safety data available

# Precautions

-  Serotonergic Medications - decrease efficacy  
theoretical risk of serotonin syndrome
-  Severe Anxiety, PTSD with Dissociation, or History of Panic Attacks
  - Can exacerbate acute distress or induce extreme panic episodes.
-  Anticipate psychological and physical distress and be ready to manage it:
  - Anxiety, Panic Attacks, Prolonged perceptual disturbances
  - Nausea, Vomiting, Diarrhea, accidents if tries to move while disoriented (must have 1:1 seater at all times)



# “The Psychedelic Experience” - Practical Guidance for Conscious Journeying & Harm Reduction

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**Thais Salles Araujo, MD:** Institute for Integrative Healology, UCLA East-West Medicine, Modern Medicine, Mystic Health, Roze Room Hospice & Palliative Care

**Justin Laube, MD:** Institute for Integrative Healology, UCLA East-West Medicine, Modern Medicine, Everyday Health



# What is our role, as integrative practitioners, in guiding our patients with psychedelic medicines?



- Patients under report psychedelic use, just like CAM use
- There is mounting evidence of benefits for deep suffering states
- If a patient is bringing up psychedelics, it's likely a sign of their trust in you to help them navigate a confusing landscape
- What is a way to engage with your patient using evidence and safety guided directioning without quick judgment or dismissal?
- Perhaps we can apply our integrative open-minded evaluative capacity to psychedelics, just like any other complementary or integrative therapy



## Usual State:

Prescribing medications that don't cause significant acute changes in **consciousness**, therefore don't require special considerations around intentionality, preparation, where it's taken, facilitation, or after-care.

## Psychedelics Medicine Experience:

To understand psychedelics requires **engaging new lenses that includes these considerations**. Plus, Psychedelic medicines are **more of an experience than a purely drug effect**.

–e.g Experiences of alterations for e.g. in time perception, visual and sensory shifts, ineffable mystical encounters (More of a “trip” or “journey”).

–Some can be life changing, healing and can also be challenging without support or quality care.



# Psychedelics as a mind-body-spirit **Surgery-Journey**

## Decisions



Your patient comes with **questions** or intentions to explore psychedelics for healing.

- Focus on safety, education and risk minimization without judgment or stigmatizing
- Respect for patient's autonomy and longing to heal

## Pre-Op

Pre-operative risk guidance visit

“Travel” visit



[Psychedelic-informed health practitioner]

## Surgery

“Mind-body-spirit”  
Psychedelic  
Surgery experience”



[Depends on setting]

## Post-Op & Recovery



Immediate, short term & longer term



[Trusted allied health, CAM practitioners, therapeutic integration 1:1/groups]

## Who?

[Trusted health practitioner]



# Case: Henry

53 year old man going through a divorce who is feeling anxiety and depression. He has a friend who had a positive experience at an Ayahuasca healing retreat in South America and at his medical visit he asks what you thought about it...



## Decisions

**Goal: Reduce potential harms & supporting potential benefits (and patients goals to just feel better)**

[Trusted health practitioner]

Gorman, I., Nielson, E. M., Molinar, A., Cassidy, K., & Sabbagh, J. (2021). **Psychedelic harm reduction and integration: A transtheoretical model for clinical practice.** *Frontiers in Psychology*, 12, Article 645246. <https://doi.org/10.3389/fpsyg.2021.645246>

# Ayahuasca - “aya, what?”

Traditional healing plant from the Amazon basin - a leaf containing DMT and a vine containing an MAO inhibitor into a brew.

**Mechanism of action:** 5-HT<sub>2A</sub> receptor activation.

**Duration:** 4-6+ hours

**Subjective effects:** Visual patterns, contact with ‘beings’, heightened perception.

**Side effects:** “The purge”: vomiting, diarrhea; increase BP, HR

**Growing research use:** depression, anxiety, substance use disorder, grief

**Considerations:** Most often used ceremonially in jungle by indigenous people, or religious settings; Has most potential drug interactions due to MAO activity. Difficult to know dosing (variable concentrations, proportions)



# Psychedelic Medicines - Practical Comparing for Evidence-Informed and Safer Steering

## MDMA

### Empathogen

Connection/Love - Self & others  
Lowers fear responses  
Somatic: activating, energizing  
3-6h

PTSD

## KETAMINE

### Dissociative

Bird's Eye Perspective  
Rapid effects  
Somatic: sedative, relaxation,  
nausea/motion sickness sens  
1-3h

TRD (FDA-approved esketamine), MDD w/  
suicidality (FDA), Chronic Pain

## PSILOCYBIN

### Entheogen

Organic, softer, introspective  
Connection with nature/spiritual  
Somatic: variable, some nausea  
4-6h

MDD, TRD, Existential Distress  
in terminal Illness

## AYAHUASCA

### Entheogen

Introspective, deep psychological  
processing  
Connection with nature and  
spiritual realms.  
Somatic: highly activating, physical  
& emotional release, Purging  
4-8h

Addiction, Depression, Grief  
(research early though)

## Non-drug Natural "Psychedelic States"

*E.g. Prolonged meditation retreats, spiritual retreats, pilgrimages, holotropic breathwork, fasting, nature quests, shamanic journeying, music/drumming deep experiences. **Yes, these can be just as powerful.***



# Henry's

## Decisions Pre-Op



**1. Start: “Tell me more...” “Why now?”**

“Sadness is impacting my work, and therapy + antidepressants didn’t cut it, and my sexual function is impacted...”

**2. Previous tx - Other options?**

s/p SSRI + CBT 6 months

**3. Indication and Intention**

Depression, ongoing grief s/p divorce

**4. Where/Who - Training Standard**

Research, clinical, underground, church, abroad – (1:1, group, multi-day, retreat)

Retreat center in Colombia with US physician advisory. With therapists, and relationship to local indigenous shaman. Trauma-informed. Has ethical guidelines, medical evac plan.

**5. Contra-indications**

No CV disease or psychotic disorder. No FHx of psychotic disorders.

**6. Medication interaction**

Off SSRI, only amlodipine for HTN

**7. Physical health - METS**

Exercises 5x per week, high METS. No GI issues.

**8. Mental health and therapy support**

Has strong family support, friend who’s been to the center. Has therapist still available.

# Henry visit continued:

## Pre-Op



## Additional Considerations, which may fall to the psychedelic medicine specialist:

1. Finances involved and patients resources?
2. Preparation and integration offered? **Standard of care.**
3. What: Dosing and Purity
  - a. (Substance purity testing, verification - how do you know, for sure?)
  - b. Risk exploration across settings and legality
4. **When to refer to a psychedelic medicine specialist (e.g ...)** and who?
  - a. MAPS, CIIS, Fluence, PRATI, Integrative Psychiatry Institute (IPI), Usona, Polaris
  - b. Experience at a psychedelic-ketamine clinic, clinical research
5. **End of visit:** *“Send me a message, or telehealth, to check in after you’re back with a safety and support needed update. I wish you well on your healing journey, if it doesn’t feel right*



# "Surgery trip"



Henry's  
experience  
-7 day retreat  
-5 overnight  
ceremonies  
-Dieta - traditional  
preparatory diet  
-Prep/Integration  
circles -English  
speaking guides



# Henry's Return and Follow-up Visit with his health care team



## Post-Op & Recovery

1. Q's: *How is your returning process?*
2. Recognize the Neuroplasticity window - few days to weeks.
3. Give resources for challenging experiences
4. Encourage integration group w/ trained mental health professionals
5. Encourage healing as a journey not just peak moments
6. Consider delaying big decisions
7. **Utilize integrative therapies to support grounding and integration**



# Resources - Psychedelic harm reduction and for patients struggling after a psychedelic experience

<https://zendoproject.org/>

Provides professional harm reduction education and psychedelic peer support services to organizations and communities.

<https://firesideproject.org/>

Free, confidential, non-clinical emotional support by phone and text message to people in the midst of psychedelic experiences, people exploring the meaning of past psychedelic experiences, and people who are supporting others who have psychedelic experiences





# Call to action: To strike a balance between seemingly opposing forces.

Engineer safe supply of psychedelic substances when legislation allows.

Keep the cost of the medicine session within reach. Insurance may cover integration talk therapy, depending on the therapist.

Promote public and professional education to maximize benefit and minimize potential harms.



# Speakers

**Leslie Mendoza Temple, MD:** Endeavor Health, University of Chicago Pritzker School of Medicine

**Erika Steinbrenner, MD:** Imagine Healthcare, Epiphany Wellness, Symetria Recovery

**Mikhail Kogan, MD:** George Washington University, GW Center for Integrative Medicine

**Thais Salles Araujo, MD:** Institute for Integrative Healology, UCLA East-West Medicine, Modern Medicine, Mystic Health, Roze Room Hospice & Palliative Care

**Justin Laube, MD:** Institute for Integrative Healology, UCLA East-West Medicine, Modern Medicine, Everyday Health



# Discussion

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