



The acceptability of psychedelics in psychiatry and how overcoming myths, fears and stigma remain more than a little hurdle



**GLOBAL
DRUG
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2019

LISBON ADDICTIONS OCT 2019

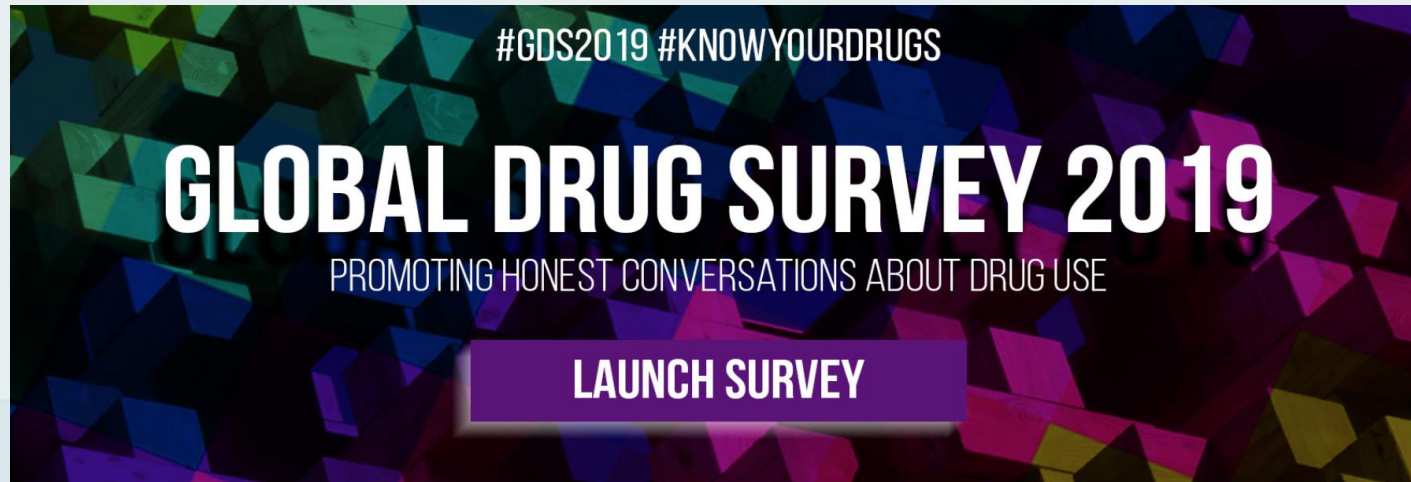
Professor Adam R Winstock Consultant Psychiatrist, Addiction Medicine Specialist

CEO Global Drug Survey

Acknowledgements – A/Prof Matt Johnson, Rupert McShane and Dr Ben Sessa

adam@globaldrugsurvey.com

GDS runs the world's largest drug survey > 750,000 participants since GDS2013



Our surveys have been translated into 20 languages, with partners in over 30 countries

> 125,000 people took part

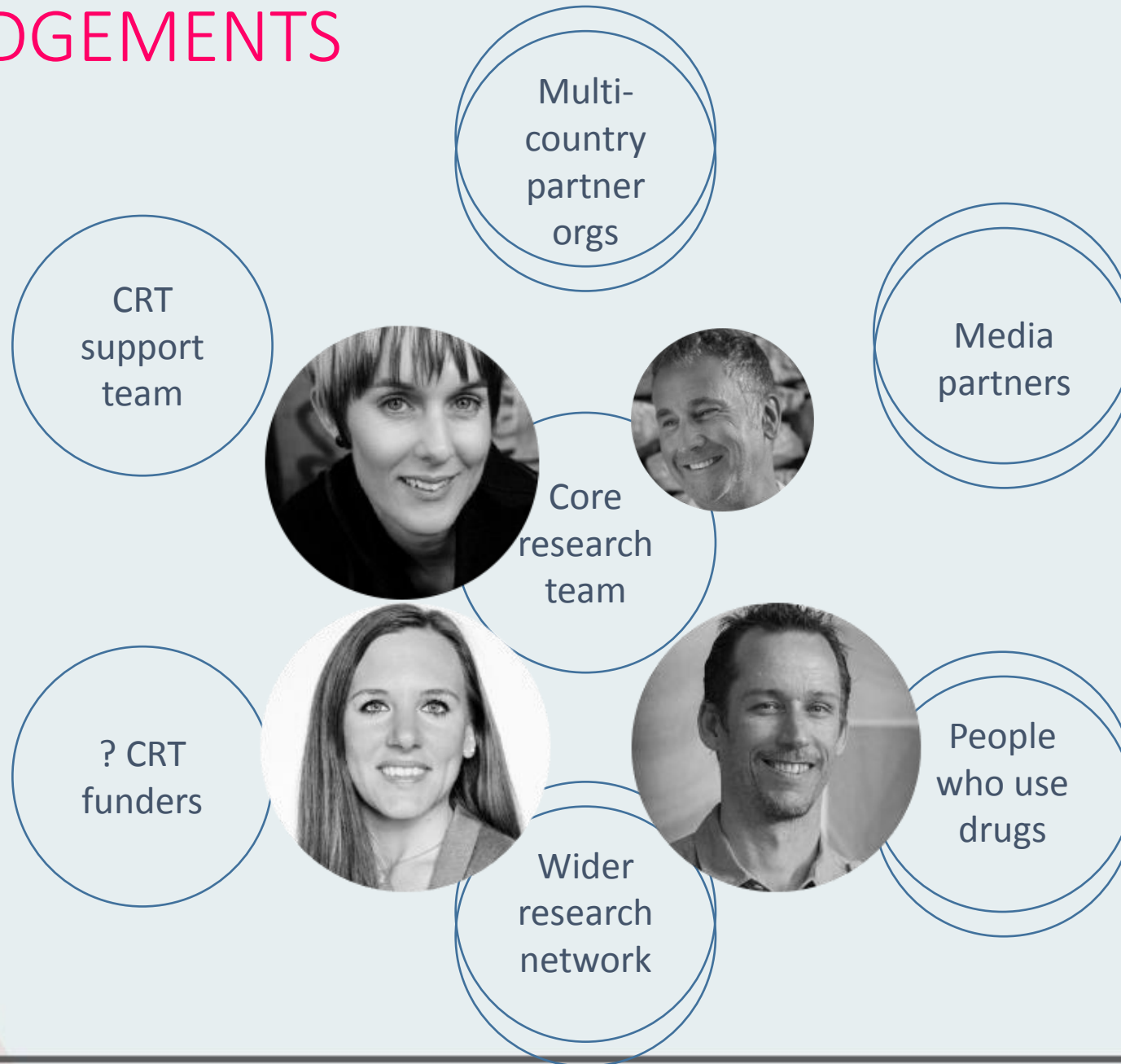
GDS2020 : 150,000 ?

If you want to help –just ask

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ACKNOWLEDGEMENTS



GET FREE APPS AND ADVICE
TO MAKE DRUG USE SAFER



REGARDLESS OF THE LEGAL STATUS
OF THE DRUG

Published >50 academic articles in last 6 years

Triangulation: data from multiple sources



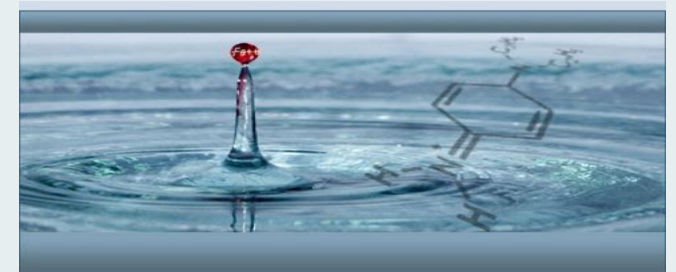
GLOBAL DRUG SURVEY



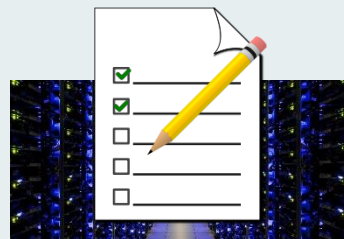
European Monitoring Centre
for Drugs and Drug Addiction



UNODC
United Nations Office on
Drugs and Crime



GLOBAL DRUG SURVEY



GLOBAL
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2017

Coverage of GDS2018

Changing the conversation to make drug use safer

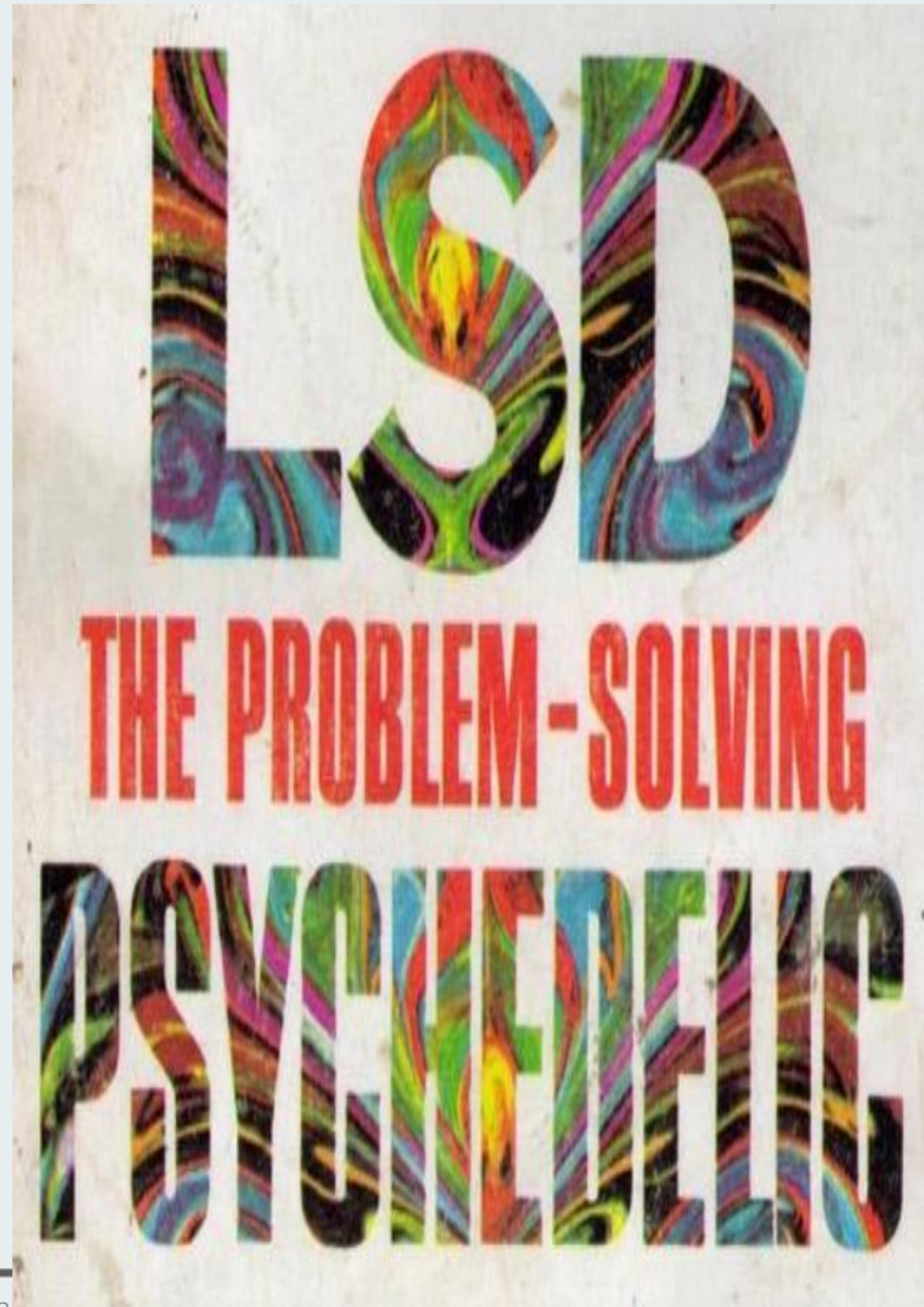
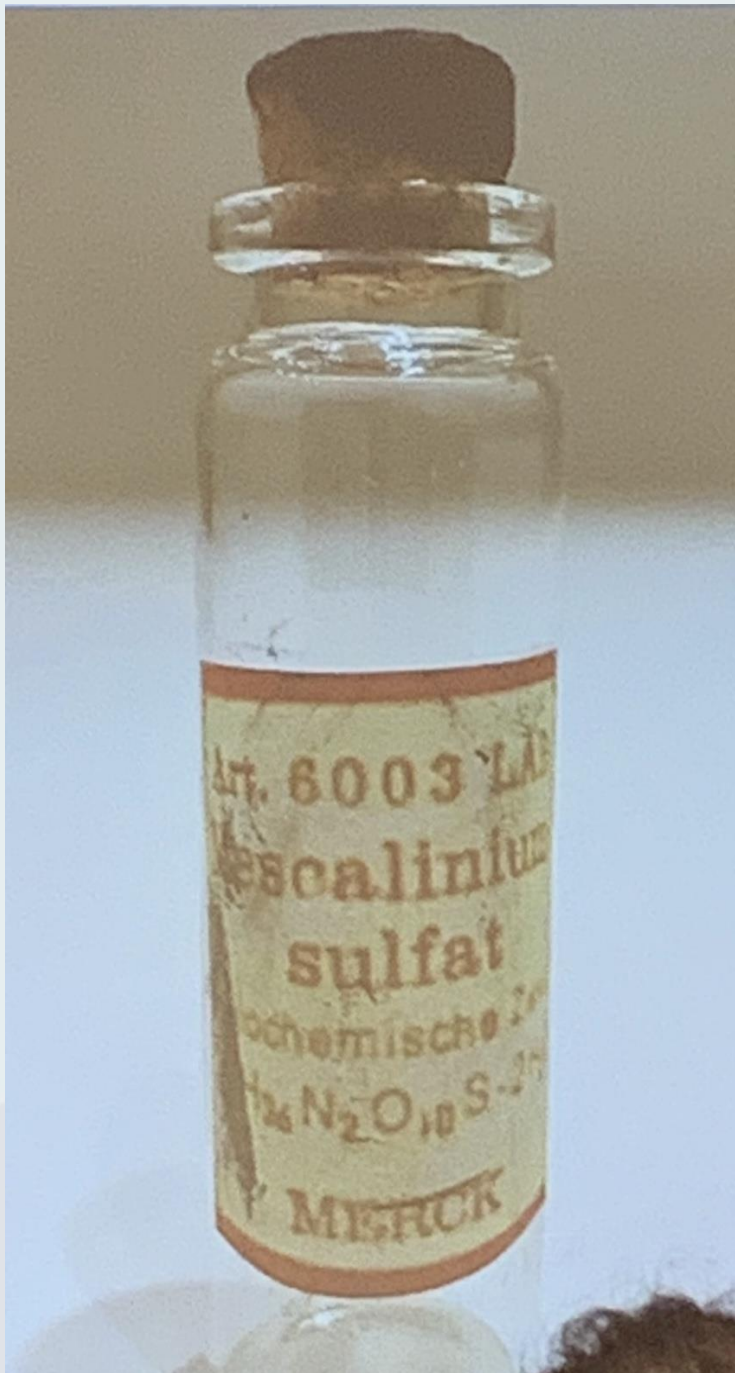


Last week, the 2018 Global Drug Survey (GDS) published its annual findings on recreational drug use (both legal and illegal) among 130 000 people across 44 countries. The anonymised online survey uses a detailed questionnaire to assess trends in drug use and health and wellbeing, expand treatment opportunities, and support and manage people with dependence issues will be crucial. Indeed, over the years, survey users have consistently supported governments establishing guidelines around safe cannabis use.



Psychiatryhas problems

- Social determinants of poor mental health cant be prescribed away
- Diagnostic schema that is not always helpful to clinical and patients groups
- Set of meds that basically have not changed much in 40 years
- Increasing concerning over side effects
- Often require life long treatment
- Many serious condition – no real effective treatment – PTSD, ED, addictions
- Script and go paradigm with little access jn may countries to god quality talig therapies
- Psychiatrist ability to real improve the lits of many of ur patient is not great
- We need something new ...



Love is a chemical reaction,
Compassidol® is the catalyst.



PRETTY DRUG THINGS

Changing the Perception of Drugs Using the Dark Arts of Advertising

Isak Gundrosen & Natalia Mojzych

Saturday, 12:30

Eisner Entrance Hall

(Not in the printed program, last minute changes that did not make the print)

Scan to see in BC2019 program



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The MORAL MOLECULE

'Philosophy, economics and biology have rarely been so enthralling.'
Matt Ridley

'Bound to overthrow traditional thinking about human behaviour.'
Frans de Waal



DRUG (BAD)

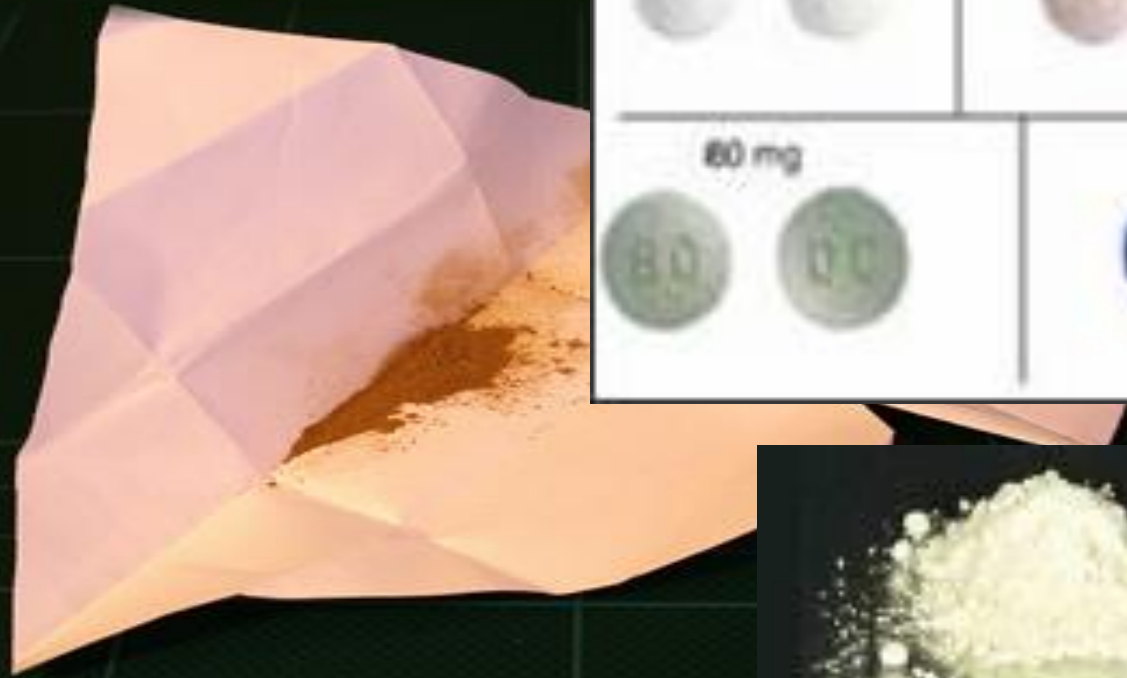
or

MEDICINE (GOOD)



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Dr Adam R Winstock
2010



Drugs

Study finds mushrooms are the safest recreational drug

People taking mushrooms in 2016 needed medical treatment less than for MDMA, LSD and cocaine, while one of the riskiest drugs was synthetic cannabis






This article is 3 months old

54,428 1,141

Olivia Solon

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email



Outside of recreational use, magic mushrooms have been shown in clinical trials to treat severe depression, anxiety and post-traumatic stress disorder. Photograph: Farmer Images/Getty Images/Moment Open

Mushrooms are the safest of all the drugs people take recreationally, according to this year's Global Drug Survey.

Results raise hopes that active substance in class 1 drug could be used to treat mental health conditions in future

OPEN

Psilocybin for treatment-resistant depression: fMRI-measured brain mechanisms

Robin L Carhart-Harris¹, Leor Roseman^{1,2}, Mark Bolstridge¹, Lysia Demetriou^{5,6}, J Nienke Pannekoek^{1,7}, Matthew B Wall^{1,4,5}, Mark Tanner⁵, Mendel Kaelen¹, John McGonigley³, Kevin Murphy³, Robert Leech², H Valerie Curran⁴ & David J Nutt¹

Received: 1 June 2017

Accepted: 19 September 2017

Published online: 13 October 2017

Radical ketamine therapy could treat alcohol addiction

A one-off dose of the drug could help alcohol addicts reduce their intake by 'erasing' drink-related memories, say psychologists testing treatment



▲ There is a growing body of research to support the idea that ketamine, a horse tranquiliser, can be used to disrupt harmful patterns of behaviour. Photograph: PYMCA/UIG via Getty Images



Psilocybin with psychological support for treatment-resistant depression: an open-label feasibility study

Robin L Carhart-Harris, Mark Bolstridge, James Rucker*, Camilla M J Day*, David Erritzoe, Mendel Kaelen, Michael Bloomfield, James A Rickard, Ben Forbes, Amanda Feilding, David Taylor, Steve Pilling, Valerie H Curran, David J Nutt

Study finds mushrooms are the safest recreational drug

People taking mushrooms in 2016 needed medical treatment less than for MDMA, LSD and cocaine, while one of the riskiest drugs was synthetic cannabis



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Wednesday 24 May 2017 20:18 AEST



Outside of recreational use, magic mushrooms have been shown in clinical trials to treat severe depression, anxiety and post-traumatic stress disorder. Photograph: Farmer Images/Getty Images/Moment Open

Mushrooms are the safest of all the drugs people take recreationally, according to this year's [Global Drug Survey](#).



GLOBAL GDS SAMPLE
VALUE FOR MONEY

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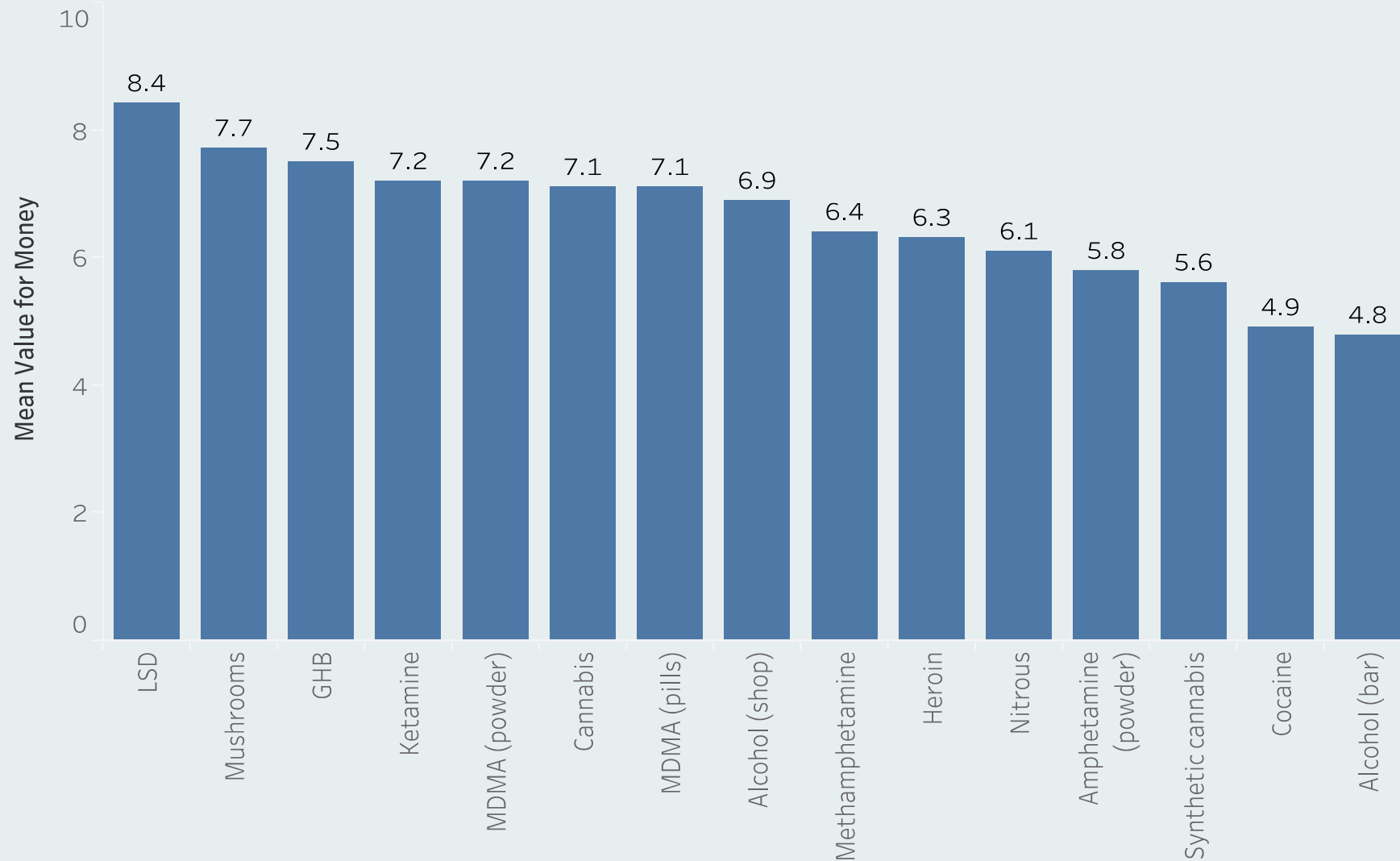
2019

> 70,000 PARTICIPANTS GAVE THEIR OPINION ON HOW ALCOHOL AND OTHER DRUGS COMPARED IN TERMS OF VALUE FOR MONEY RANKED FROM 1 = VERY POOR TO 10 = EXCELLENT

GDS2019 RATINGS OF VALUE FOR MONEY FOR THE 13 MOST COMMON DRUGS



On a scale from 1 (very poor) to 10 (excellent), the psychedelic drugs LSD and magic mushrooms scored highest. These drugs are usually used less frequently when compared to alcohol, cannabis, and stimulants.





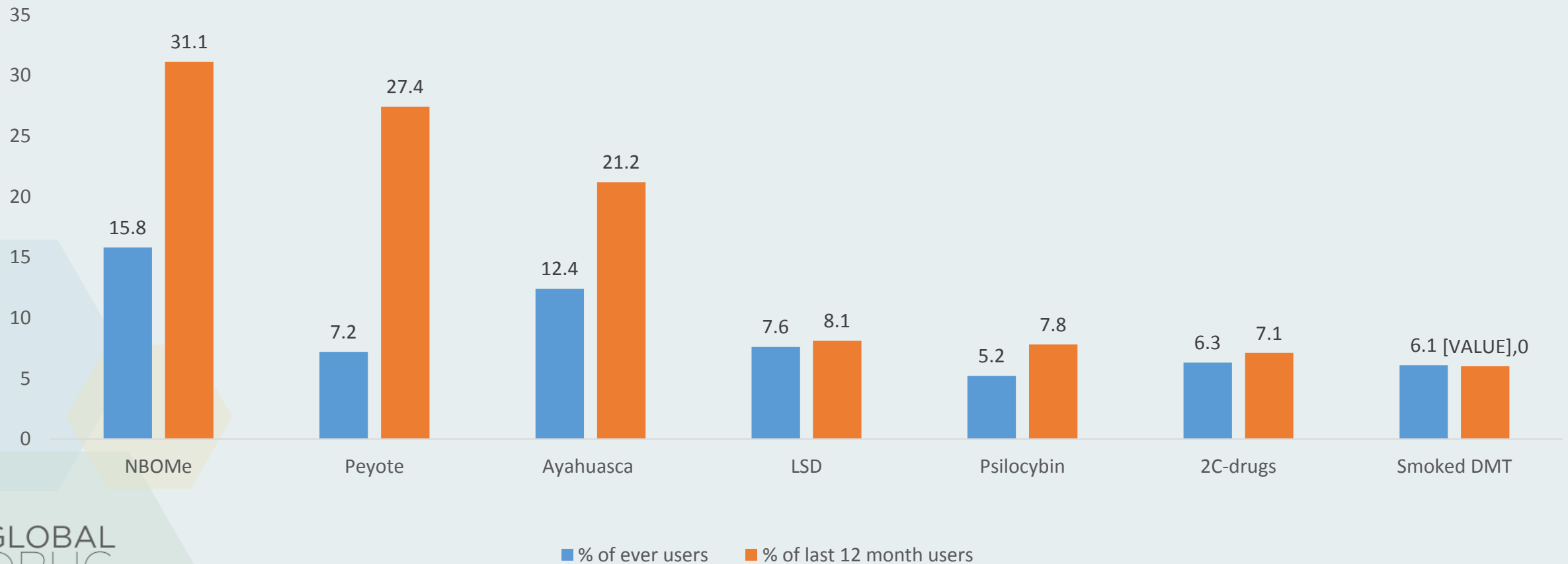
Bad trips are just bad press

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2017

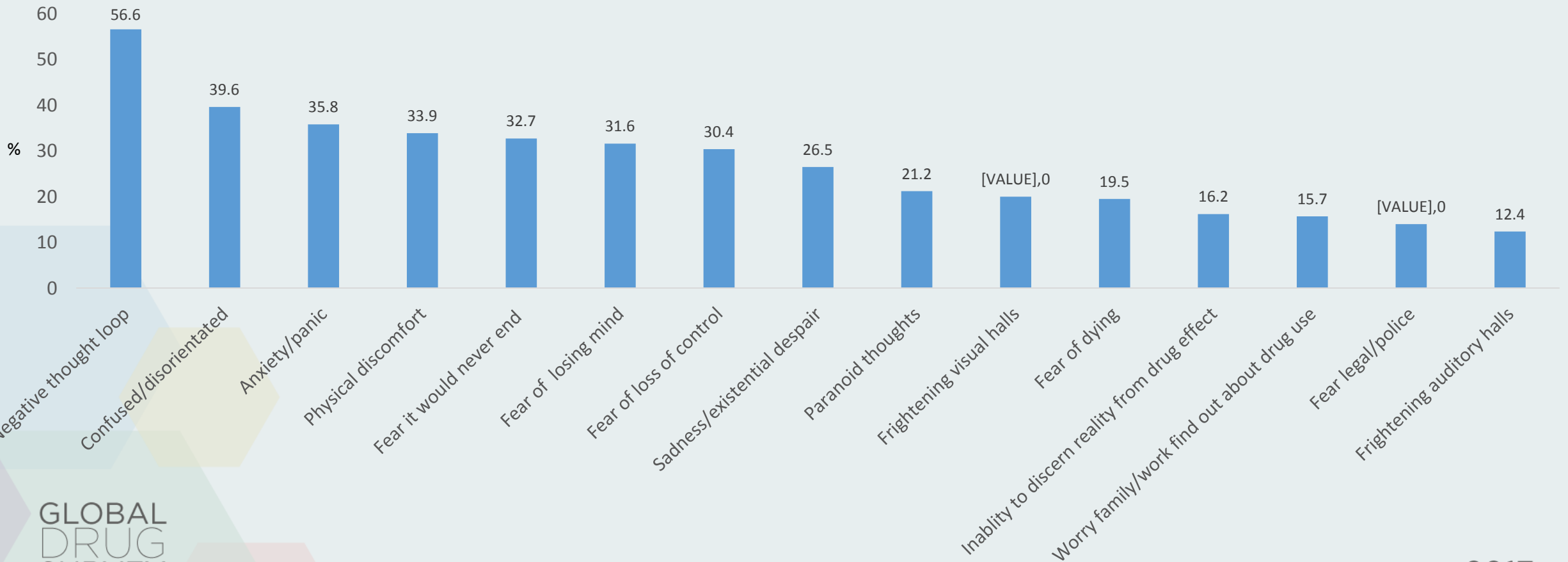
Psychedelics Specialist Section (n> 5000)

Have you ever had a difficult/negative experience while under the influence of LSD or any other psychedelic?



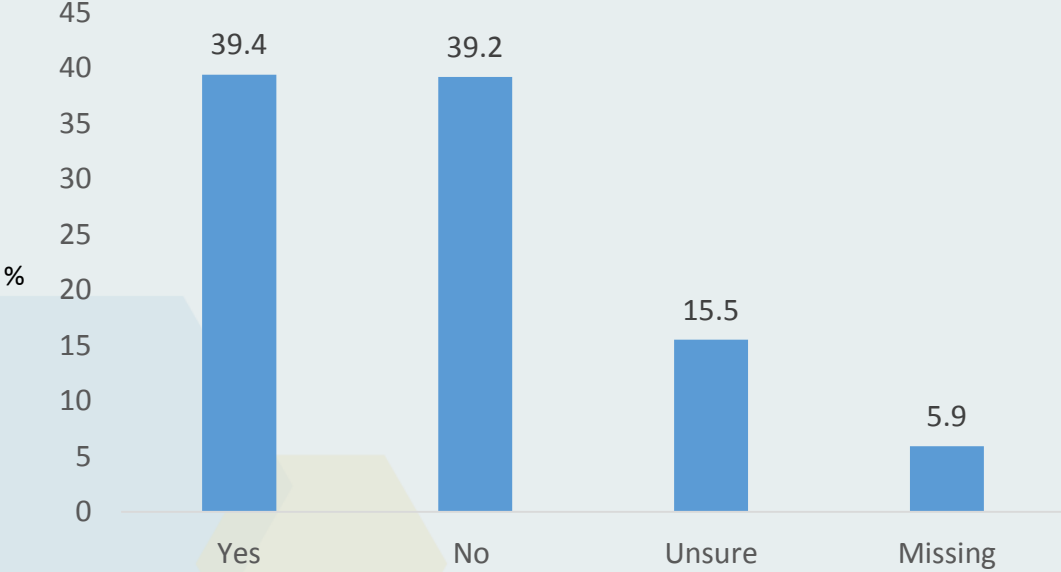
What makes a psychedelic experience difficult/ challenging?

Thinking back to the last time you had a difficult/ negative experience after taking a psychedelic, which of the following symptoms did you present with?

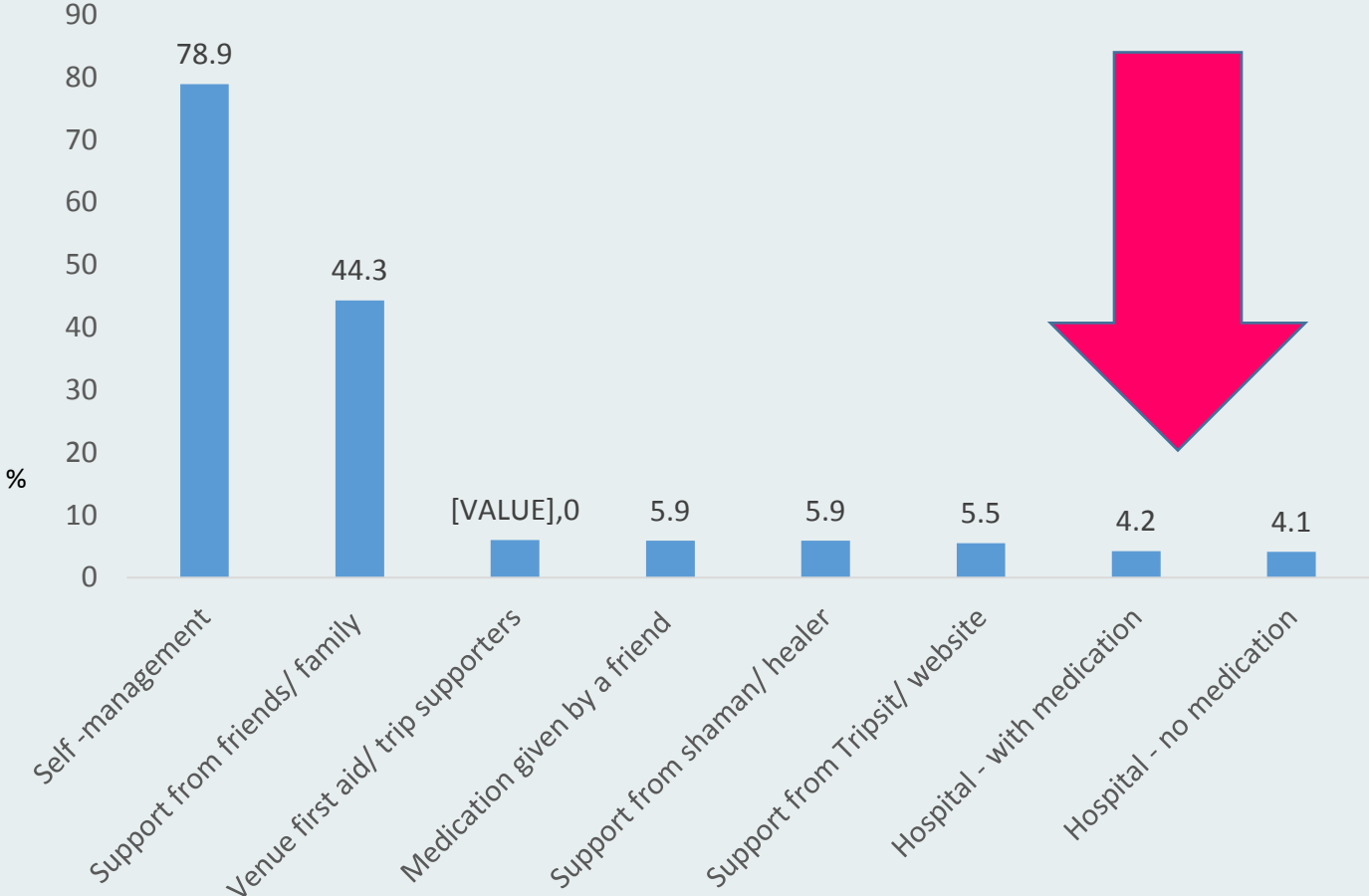


A Bad trip or just a challenging experience?

Would you describe the last time you had a difficult or challenging experience under the influence of a psychedelic as a 'bad trip'?



How did you cope with the



#GDS2019 #KNOWYOURDRUGS

GLOBAL DRUG SURVEY 2019

PROMOTING HONEST CONVERSATIONS ABOUT DRUG USE

LAUNCH SURVEY

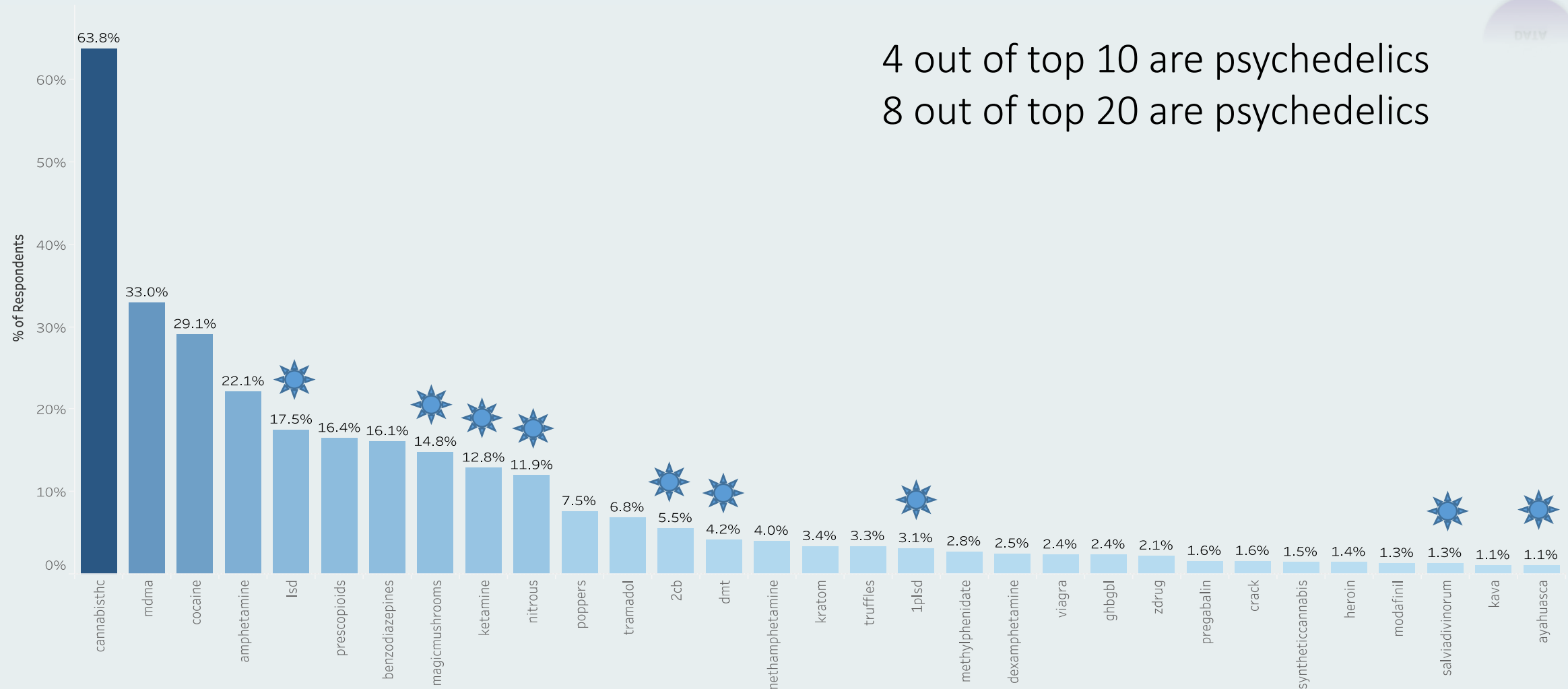
GDS2019 was translated into **19** languages, with active partners in over **30** countries.

GDS2020 launches in November 2019 and we hope to expand our reach and be available in over 20 languages. If you would like your country or organisation to be part of GDS2020 please contact us at info@globaldrugsurvey.com.

We are especially keen to expand into Africa, SE Asia and the Middle East.

GDS2019 DRUGS USED IN THE LAST 12-MONTHS:

EXCLUDING ALCOHOL, TOBACCO/NICOTINE & CAFFEINE CONTAINING PRODUCTS



4 out of top 10 are psychedelics
8 out of top 20 are psychedelics



GLOBAL GDS SAMPLE
LSD

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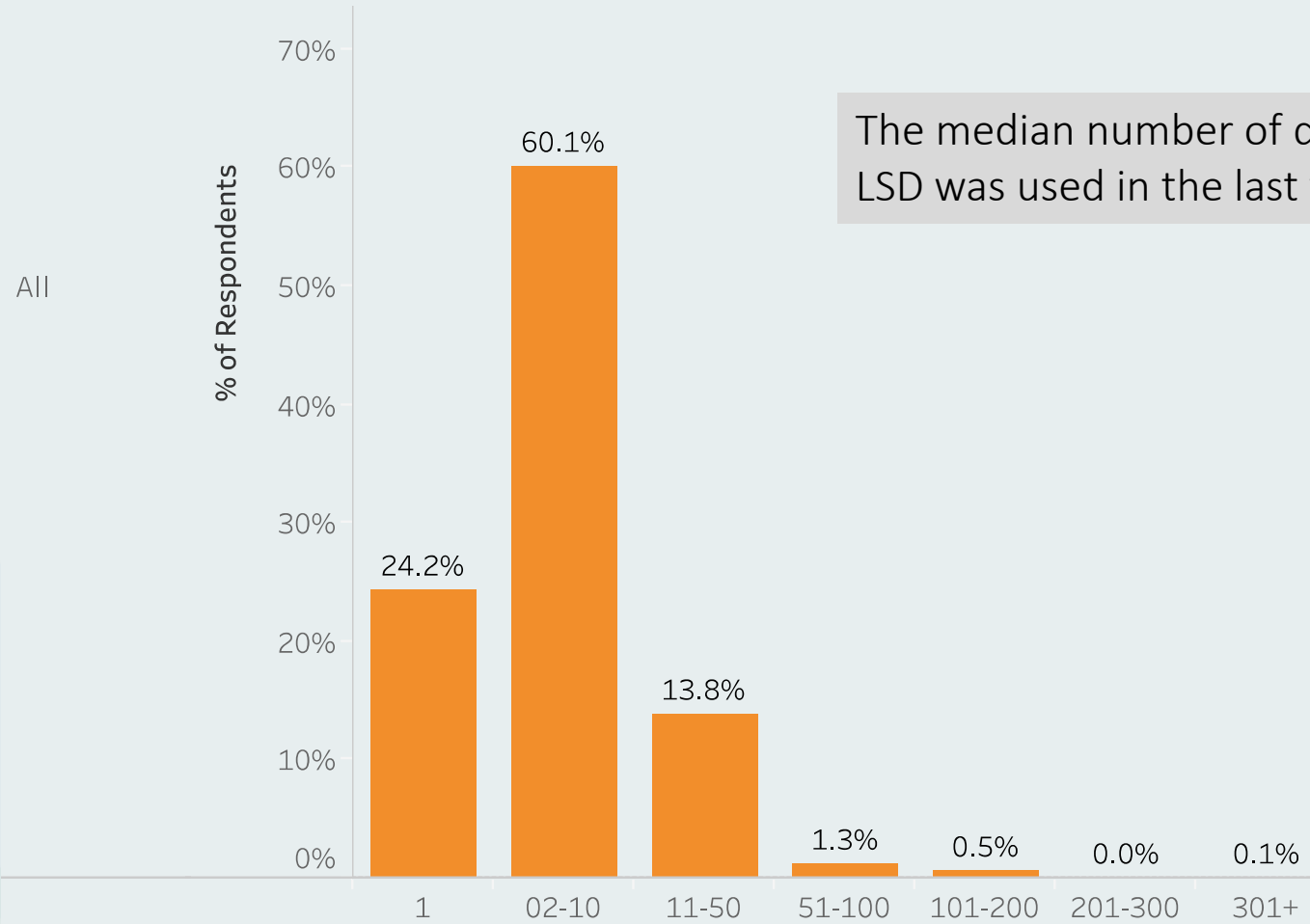
2019

33.6% OF THE GDS2019 PARTICIPANTS REPORTED EVER HAVING USED LSD

17.5% OF THE GDS2019 PARTICIPANTS REPORTED HAVING USED LSD IN THE LAST 12 MONTHS

> 13,000 PARTICIPANTS COMPLETED THIS SECTION (ELIGIBLE IF USED IN THE LAST 12 MONTHS)

NUMBER OF DAYS (RANGE) LSD USED IN THE LAST 12 MONTHS





GLOBAL GDS SAMPLE
ACCEPTABILITY OF PSYCHEDELICS IN PSYCHIATRY

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2019

- > 84,000 PARTICIPANTS COMPLETED THE 1st PART OF THIS SECTION – ALL WERE ELIGIBLE
- > 20,000 PARTICIPANTS COMPLETED THE 2nd PART OF THIS SECTION – ALL WERE ELIGIBLE

Special thanks to our collaborators on this section
Assoc Prof Matt Johnson, Dr Rupert McShane & Dr Ben Sessa

PART 1: ACCEPTANCE OF DIFFERENT THERAPIES – WHOLE SAMLE



MENTAL HEALTH SCREENING & SAMPLE CHARACTERISTICS

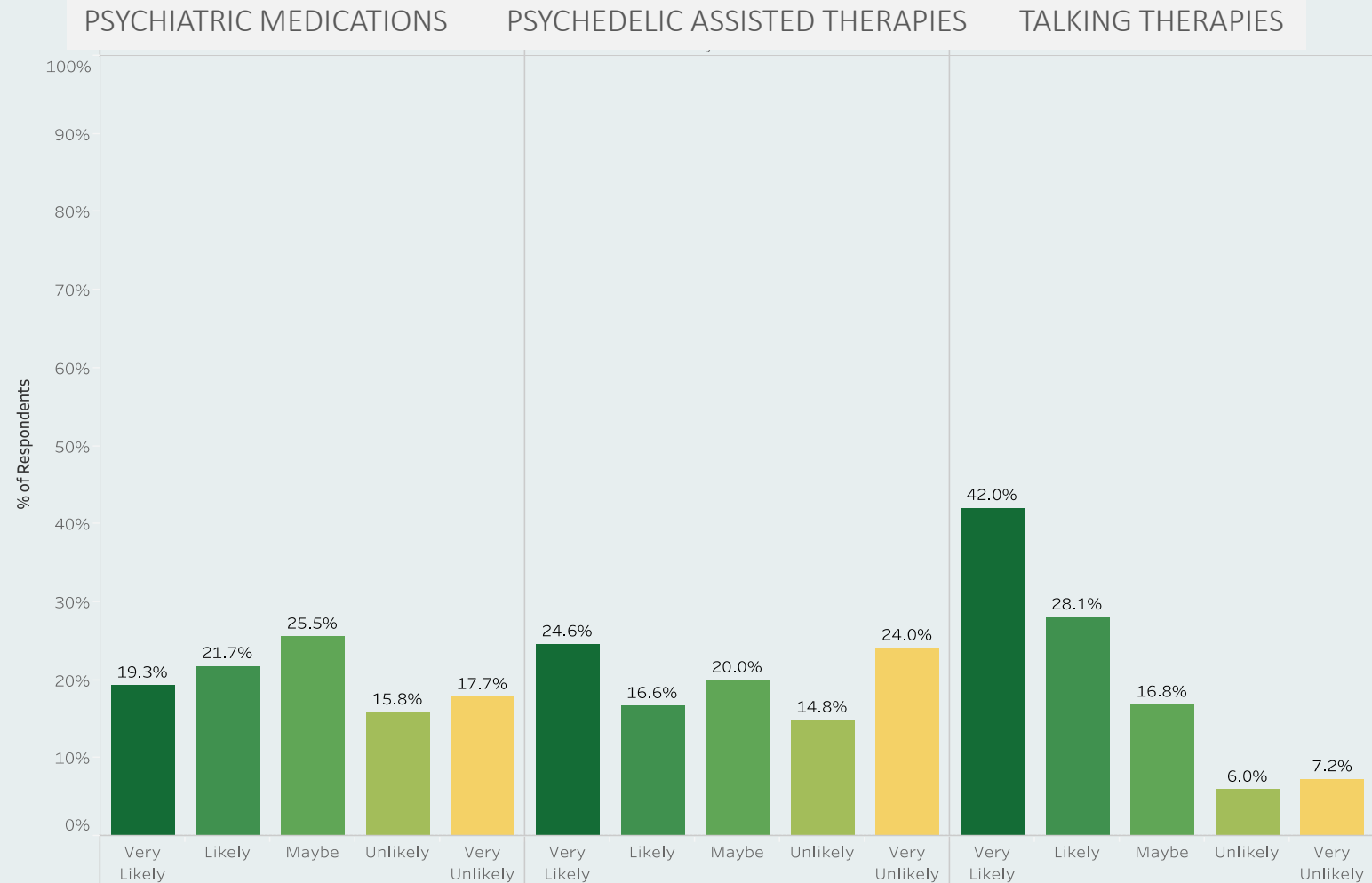
- Over 87,000 people who took part on GDS2019 answered questions about their past and current mental health and then expressed their likelihood of the accepting of 3 different broad categories of treatment (64.5% M, 34.4% F, 75.2% <21y, 24.8% 21y and older)
- Overall, 57.1% of the GDS2019 sample reported ever having used at least one of the following psychedelic drugs: LSD, Magic mushrooms, MDMA, ketamine or ayahuasca
- 25.8% of the GDS2019 sample reported having ever been diagnosed with a mental illness (19.8% with depression, 14.8% anxiety, 2.3% bipolar, 1.2% psychosis, 4.1% ADHD, 4.0% other)
- Overall, 19.5% had ever been prescribed any medication for their mental illness
- Overall, 9.6% reported currently being in receipt of any psychiatric medications, most commonly antidepressants (7.4%), mood stabilizers (2.1%) antipsychotics (1.2%), ADHD medications (1.6%) and other (1.5%)

GDS2019 ACCEPTANCE OF APPROACHES TO MANAGE MENTAL HEALTH DISORDERS



To estimate the acceptance of different approaches to managing common psychiatric disorders, the entire GDS sample was asked:

How likely is it you would accept the following treatment types if you were diagnosed as having a common psychiatric condition like depression or post-traumatic stress disorder (PTSD)?



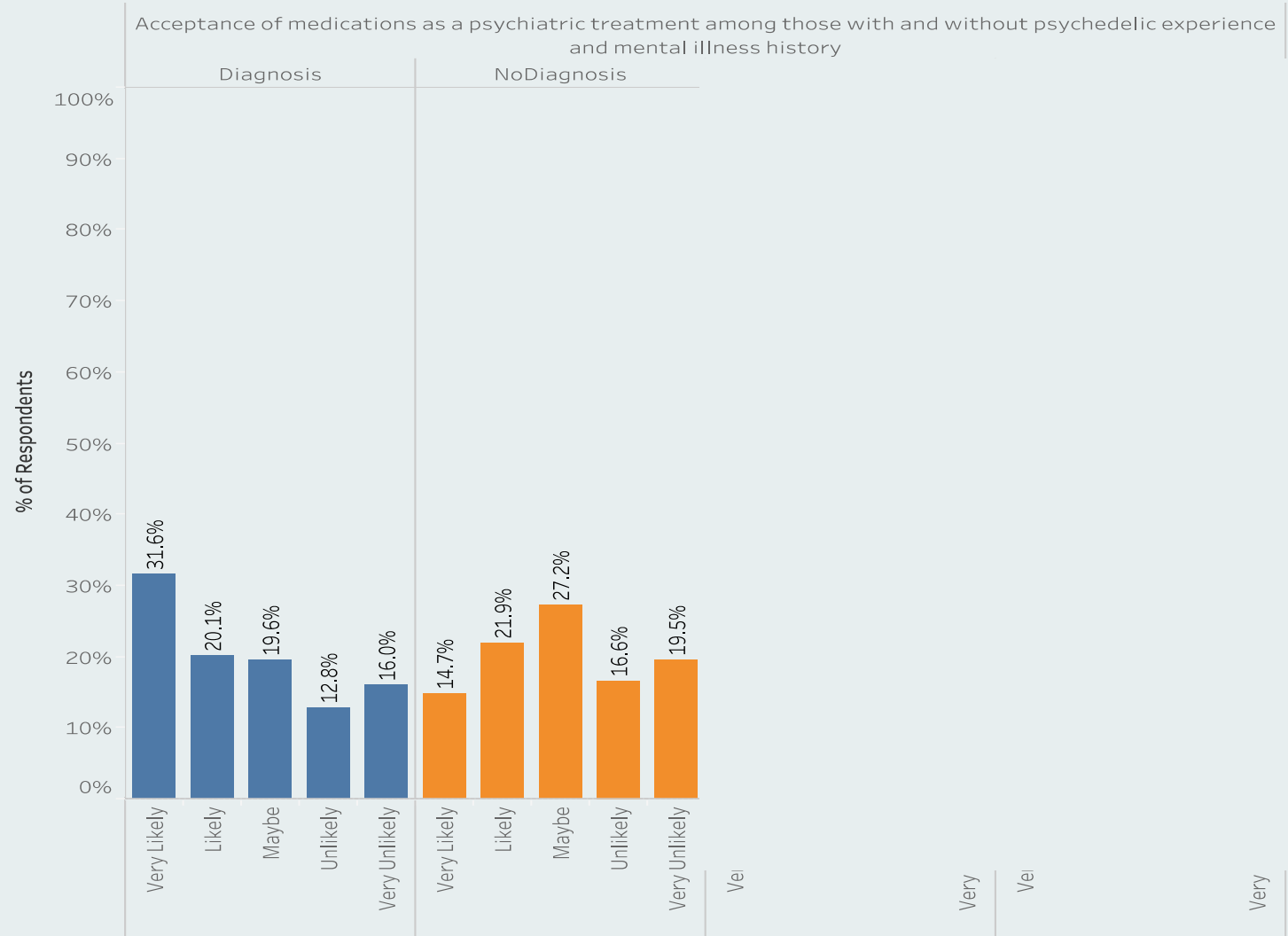
ACCEPTANCE OF PSYCHIATRIC MEDICATION TO MANAGE PSYCHIATRIC SYMPTOMS



This slide provides the analysis to estimate the impact of :

- *prior diagnosis of mental illness*
- *prior use of psychedelic drugs*

...on the acceptance of psychiatric medications such as antidepressants for the treatment of common mental health disorders



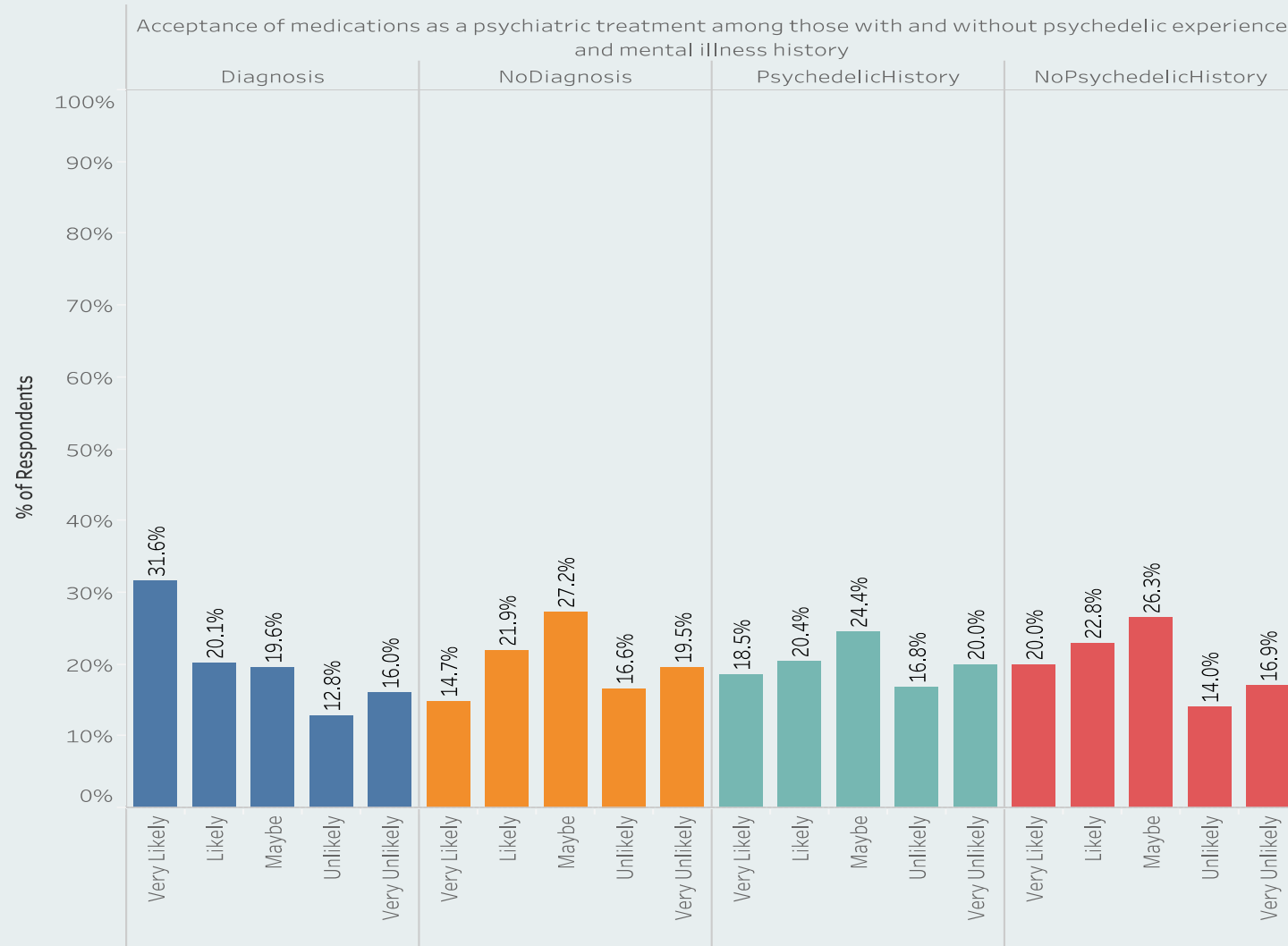
ACCEPTANCE OF PSYCHIATRIC MEDICATION TO MANAGE PSYCHIATRIC SYMPTOMS



This slide provides the analysis to estimate the impact of :

- *prior diagnosis of mental illness*
- *prior use of psychedelic drugs*

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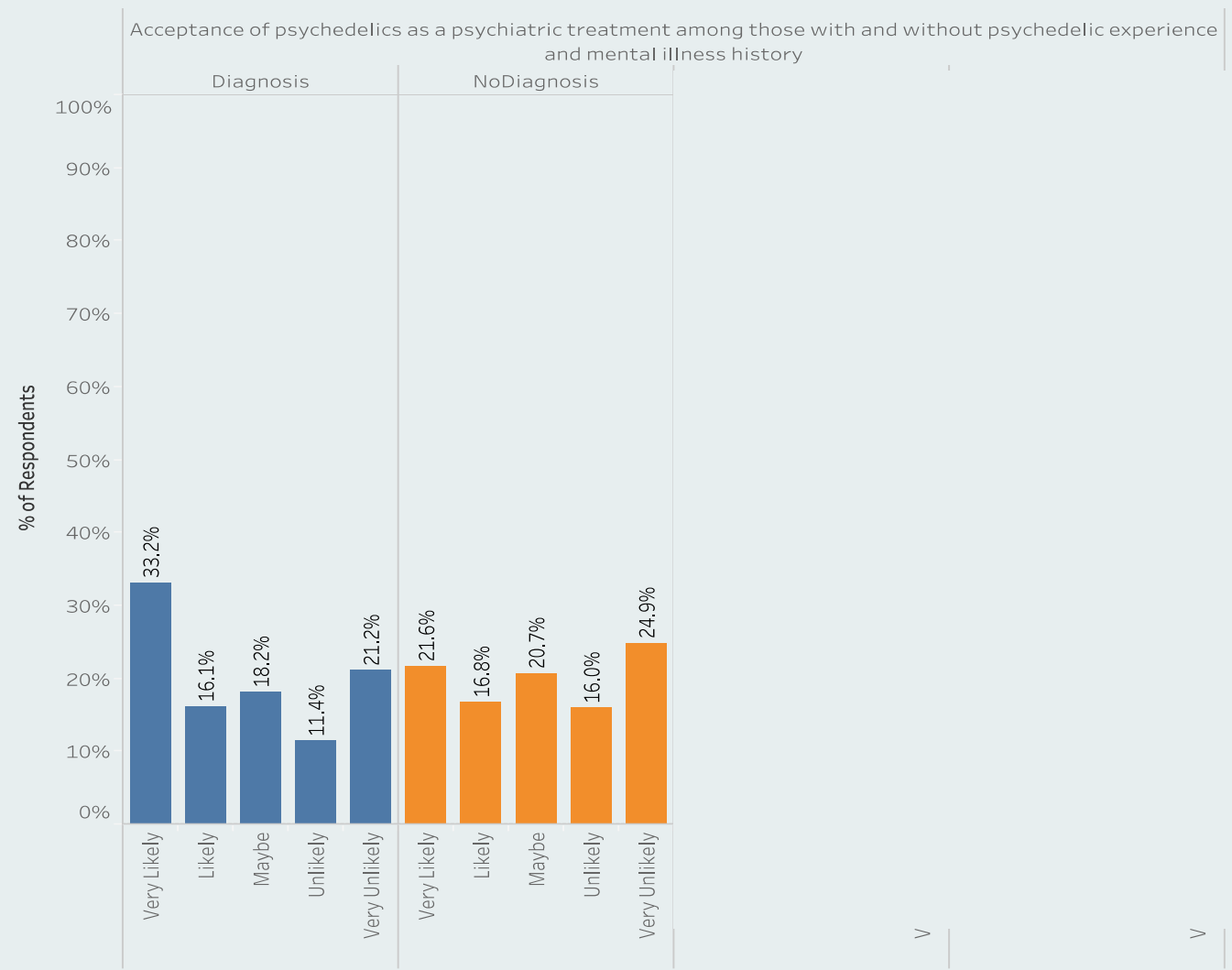
ACCEPTANCE OF PSYCHEDELIC-ASSISTED THERAPIES TO MANAGE PSYCHIATRIC SYMPTOMS



This slide provides the analysis to estimate the impact of

- prior diagnosis of mental illness
- prior use of psychedelic drugs

on acceptance of psychedelic-assisted (psycho-) therapies for the treatment of common mental health disorders



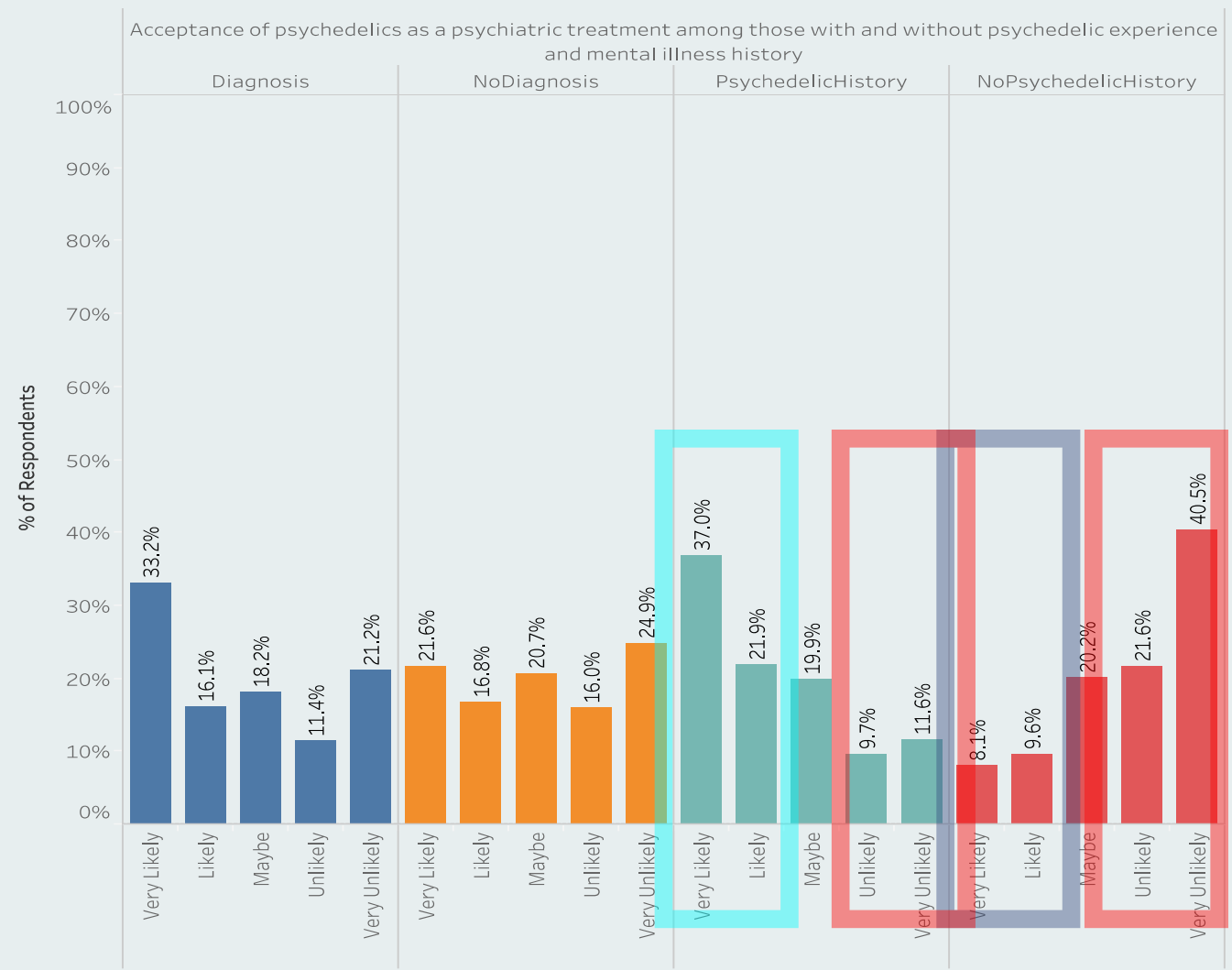
ACCEPTANCE OF PSYCHEDELIC-ASSISTED THERAPIES TO MANAGE PSYCHIATRIC SYMPTOMS



This slide provides the analysis to estimate the impact of

- prior diagnosis of mental illness
- prior use of psychedelic drugs

on acceptance of psychedelic-assisted (psycho-) therapies for the treatment of common mental health disorders



PART 2: ACCEPTANCE BASED ON A HYPOTHETICAL SCENARIO



DEMOGRAPHICS SAMPLE SPECIAL SECTION

- Over 23,000 people who responded 'very likely', 'likely' or 'maybe' to the question on accepting psychedelic-assisted therapies agreed to answer the GDS2019 special section on psychedelics in psychiatry which involved the use of a hypothetical scenario and a description of the different modalities we explored this year.

Of those who provided responses to this specialist section

- 80.2% reported ever having used at least one of the following psychedelic drugs: LSD/Magic Mushrooms/MDMA/Ketamine/Ayahuasca
- 43.5% reported ever having been diagnosed with a mental illness.
- 34.3% with depression, 26.4% anxiety, 4.7% bipolar, 2.2% psychosis, 8.8% ADHD, 7.4% other
- 17.9% reported currently being in receipt of any psychiatric medications, most commonly antidepressants (13.5%), mood stabilizers (4.0%) antipsychotics (2.5%), ADHD medications (3.6%) and other (3.1%)
- 15.3% reported the use of talking therapies, 8.6% yoga and other body therapies, 27.2% self management and 7.2% not applicable –fully recovered

HYPOTHETICAL SCENARIO* THAT WE USED TO ASSESS THE ACCEPTABILITY OF PSYCHEDELICS USED IN PSYCHIATRY



'We'd like you to imagine yourself as having been diagnosed with a common psychiatric condition such as depression or Post Traumatic Stress Disorder (PTSD) . Your condition is of sufficient severity that it's impacting negatively on your mood, memory and sleep as well as your ability to work and engage in significant relationships. You go to your family doctor, who after assessment offers you a number of different treatments. She says they have similar success rates and cost the same to you, but vary in the how they are delivered, their duration and the nature of side effects. She says, 'I'm not sure which would be best for you and she thinks there's not much basis to decide among them'. She asks which of the following treatments you would like. The treatment option are described on the next page'.

**Scenario was developed by the researchers who led this section of GDS2019: 3 Consultant Psychiatrists and a Senior Research Clinical Psychologist. To allow comparison with the most common traditional treatment modalities we included antidepressants +/- talking therapies. We also included mindfulness which we used as a non drug control that did however require significant personal investment, but can be offered by non clinically trained people .*

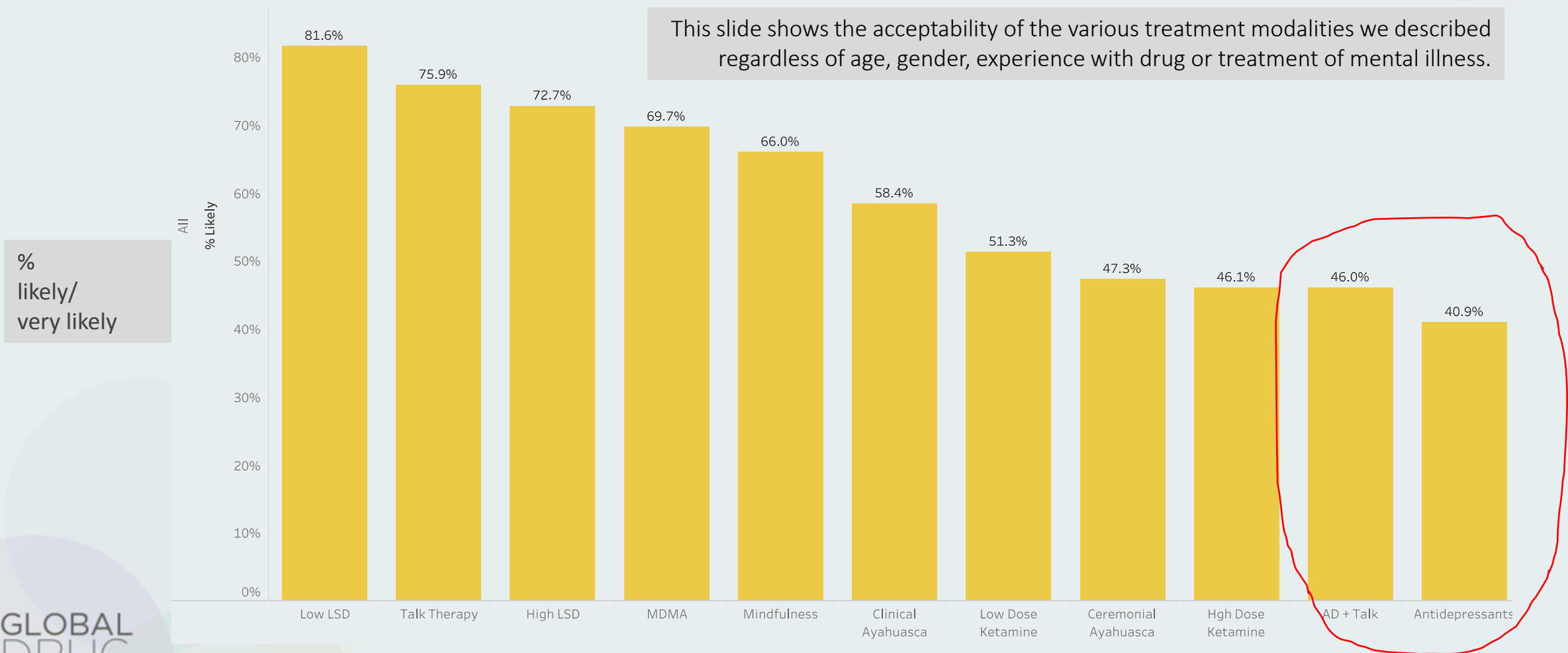
DESCRIPTIONS PROVIDED TO PARTICIPANTS OF THE 12 DIFFERENT TREATMENT INTERVENTIONS WE ASSESSED

		What it is	A summary of treatment	Where is treatment delivered / by whom	How often is the treatment given	Time to deliver each treatment	How long before I might start feel better	Total duration of treatment	How likely is it that you would accept this type of treatment
1	ANTIDEPRESSANTS	Tablet medication	Tablet usually taken once per day for at least 12 months. Should be provided with other support	At home by you	Every day	few seconds	2-3 weeks	1 year +	very likely likely maybe unlikely very unlikely
2	TALKING THERAPY (EG COGNITIVE BEHAVIOUAL THERAPY)	Talking to a trained therapist	Understanding more about the way you feel and learning ways to think differently	A trained therapist usually at an outpatient clinic or consulting room	Every 1-2 weeks	1 hour	Few weeks / months	3-6 month	very likely likely maybe unlikely very unlikely
3	ANTI-D + PSYCHOLOGY	Tablet plus talking therapy	Combining the two options above	At home and in a clinic	Tablet once day + therapy ever 1-2 weeks	One hour	Few weeks / months	1 year + medication, therapy 3-6 months	very likely likely maybe unlikely very unlikely
4	HIGH DOSE LSD/PSILOCYBIN	High dose (you could not function safely on this dose outside clinic) psychedelic experience	2-4 preparation sessions are then followed by several sessions several weeks apart with high dose of a drug like LSD or psilocybin. The therapist is more of an observer than active participant during the drug session(s), but in post-psychedelic session helps you integrate the experience	Clinic / possibility overnight stay needed	Once every 2-4 weeks	7-12 hours	1-2 days	3 months	very likely likely maybe unlikely very unlikely
5	LOWER DOSE LSD/PSILOCYBIN (A HIGHER DOSE THAN MICRODOSING)	Lower dose psychedelic assisted therapy	2-4 preparation sessions are then followed by several sessions several weeks apart with lower dose of a drug like LSD or psilocybin. The drugs augment talking therapy during the drug sessions.	At a clinic by specialists	Once every 2-4 weeks	7-12 hours	Few days to a few weeks	3-6 months	very likely likely maybe unlikely very unlikely
6	MDMA	MDMA-Assisted therapy	An 8 to 12-week course of weekly psychotherapy sessions. Most therapy sessions are 60-minute non-drug assisted sessions; with MDMA taken 2-3 times over the course, spaced several weeks apart. The drug augments talking therapy during the drug sessions.	At a clinic by specialists	Eight to Twelve weekly non-drug sessions 2-3 - MDMA -assisted sessions and an overnight stay in the clinic.	Non-drug sessions last 60 minutes. MDMA -assisted sessions last all day.	Few days to a few weeks	8 to 12 weeks.	very likely likely maybe unlikely very unlikely
7	AYAHUASCA (CLINICAL)	Clinical administration of ayahuasca one-on-one with psychotherapist(s)	1-2 preparation sessions are then followed by several sessions several weeks apart with high dose of ayahuasca The therapist is more of an observer than active participant during the session but in post psychedelic session helps them integrate /grow from the experience.	At a clinic by specialists	Once every 3-6 months	4-6 hours	Variable (a few hours, a few days, or up to a few weeks)	3-6 months	very likely likely maybe unlikely very unlikely
9	AYAHUASCA (CEREMONIAL)	Ceremonial consumption of ayahuasca in group setting with Amazonian indigenous-style ritual (e.g., shamanic practice)	Participants prepare for several days in advance by following a "diet" (e.g., abstinence from sex, alcohol and certain foods) and setting an intention, after which they partake in an all-night ceremony led by an individual with expertise in Amazonian indigenous folk healing practices, in which ayahuasca brew is drunk once (or perhaps twice).	In a selected ceremonial space (e.g., a yurt)	Once (or perhaps more)	6-8 hours	Variable (a few hours, a few days, or up to a few weeks)	Variable (may be just once, or follow-up sessions may be sought)	very likely likely maybe unlikely very unlikely
10	KETAMINE -high dose	High dose (you could not function safely on this dose outside clinic) dissociative experience	An initial assessment followed by 2-6 intravenous or intranasal ketamine or esketamine sessions. The therapist is more of an observer than active participant during the drug session(s), but post-dissociative session helps you to use your improved mood to address ruminations	At a clinic by specialists	2-6 ketamine sessions over 3 weeks. May augment existing or new therapy sessions	2 hours	A few hours to a few days	3 weeks plus variable therapy	very likely likely maybe unlikely very unlikely
11	KETAMINE lower dose	Low dose which causes mild, if any, dissociation	An initial assessment followed by 2 sessions of ketamine or intranasal esketamine per week.	At a clinic by specialists	Twice a week for first month then every one to two weeks	30-60 minutes	Variable – up to a month	Months and years	very likely likely maybe unlikely very unlikely
12	Meditation/mindfulness (probably unlikely to be useful in isolation of other treatments)	Focusing on breathing and achieving inner state of tranquility	Requires practice and guidance from teacher or app. Benefits and ability to engage grows with time	At home or in community. Can be done on own or in groups	Optimally daily for 30 mins or more day, but lower intensity schedules can be useful	5min – 60 min + /day	Few days to a few weeks	Months and years	very likely likely maybe unlikely very unlikely

ACCEPTANCE OF DIFFERENT TREATMENT APPROACHES TO MANAGE DEPRESSION/PTSD

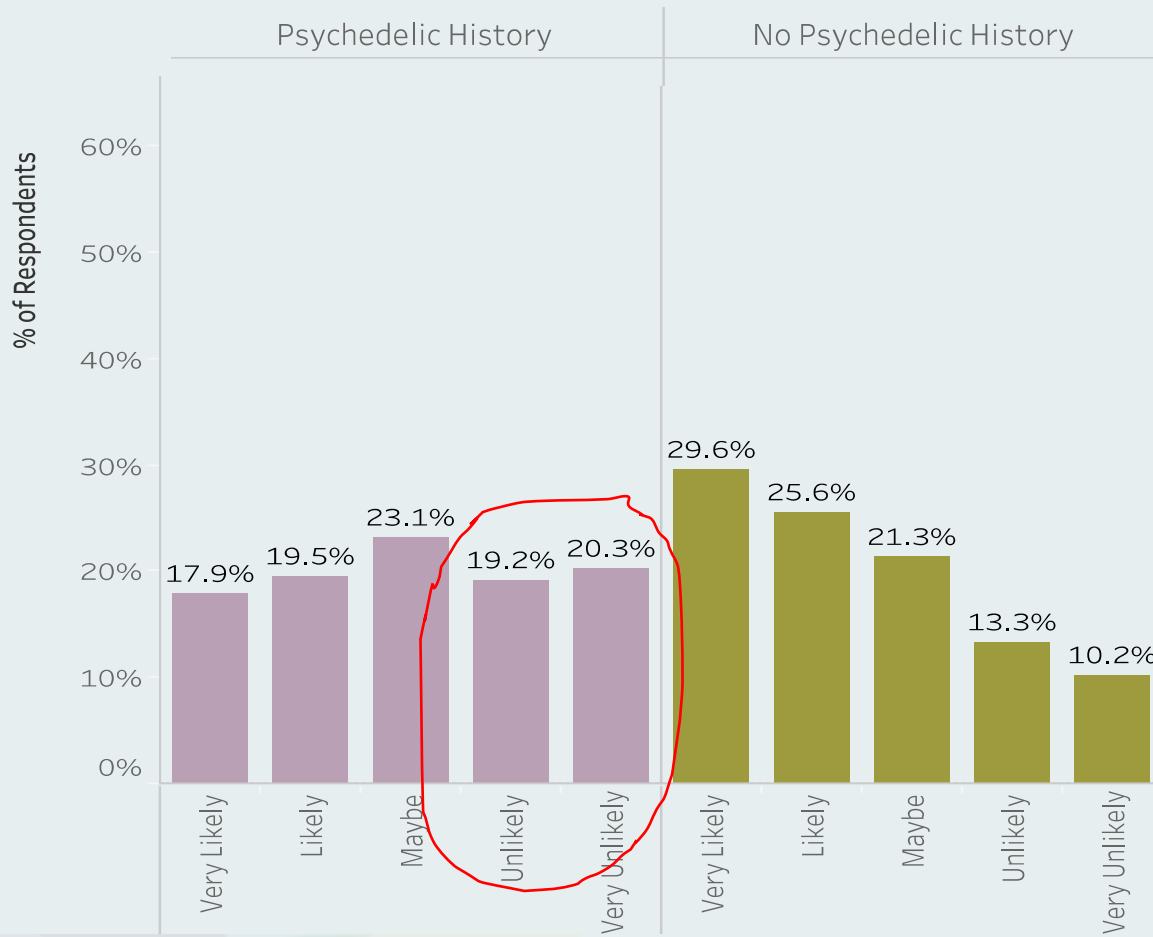


This slide shows the acceptability of the various treatment modalities we described regardless of age, gender, experience with drug or treatment of mental illness.

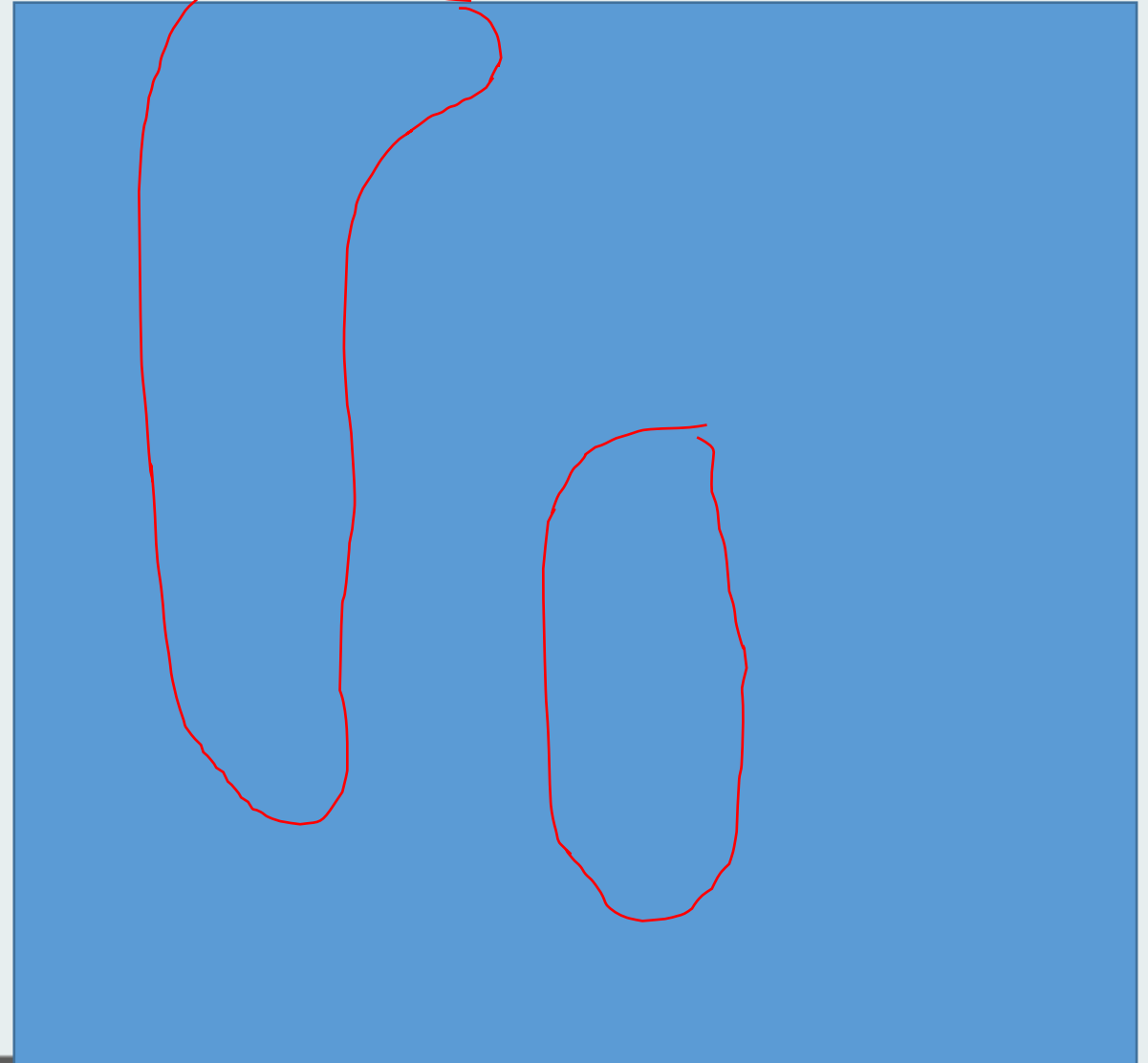


% likely/very likely

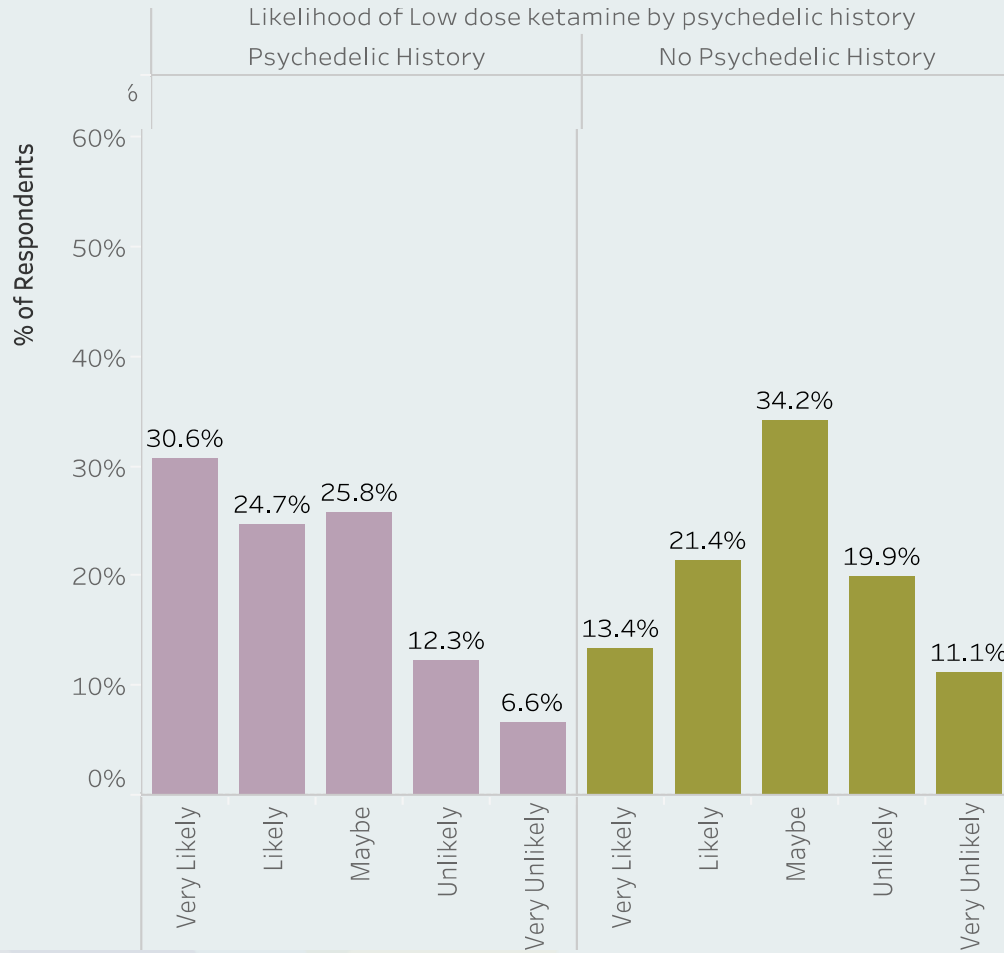
ACCEPTABILITY OF ANTIDEPRESSANTS LOWER AMONG THOSE WITH EXPERIENCE OF PSYCHEDELIC DRUGS



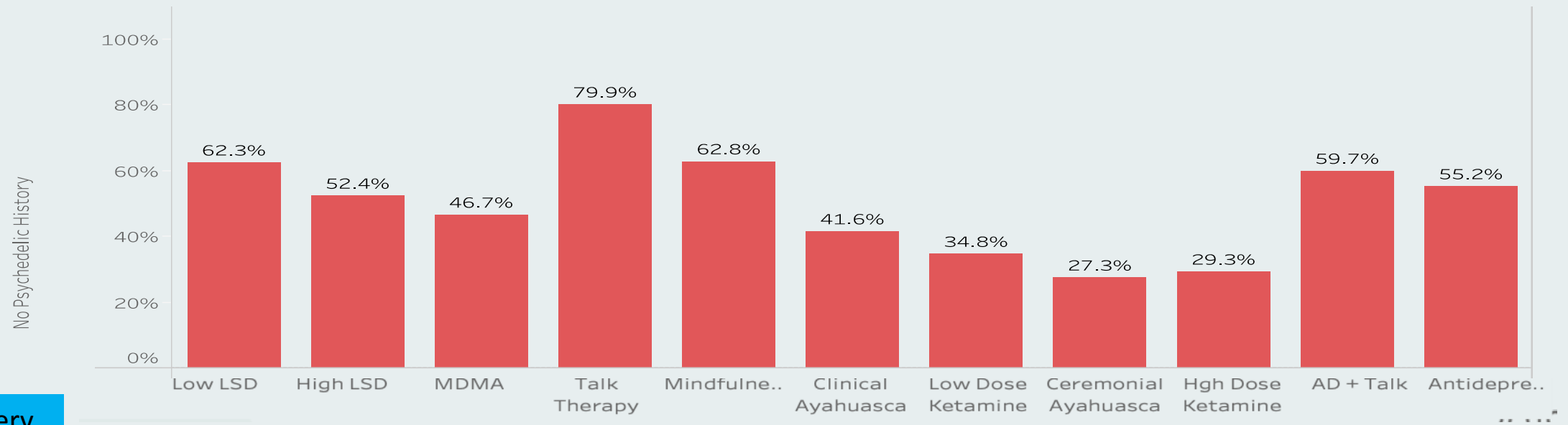
ACCEPTABILITY OF HIGH DOSE PSYCHEDELICS MUCH HIGHER AMONG THOSE WITH EXPERIENCE OF PSYCHEDELIC DRUGS



ACCEPTABILITY OF LOW DOSE KETAMINE MUCH HIGHER AMONG THOSE WITH EXPERIENCE OF PSYCHEDELIC DRUGS



% REPORTING LIKELY / VERY LIKELY THEY WOULD IT BE TO ACCEPT DIFFERENT TREATMENT MODALITIES BY PAST PSYCHEDELIC EXPERIENCE

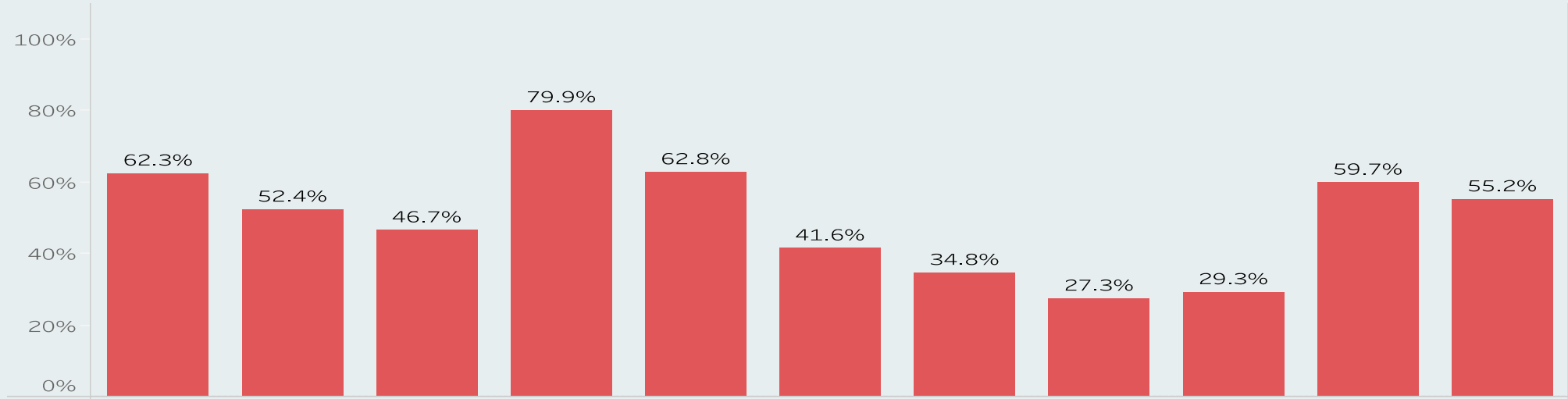


% Likely/very likely

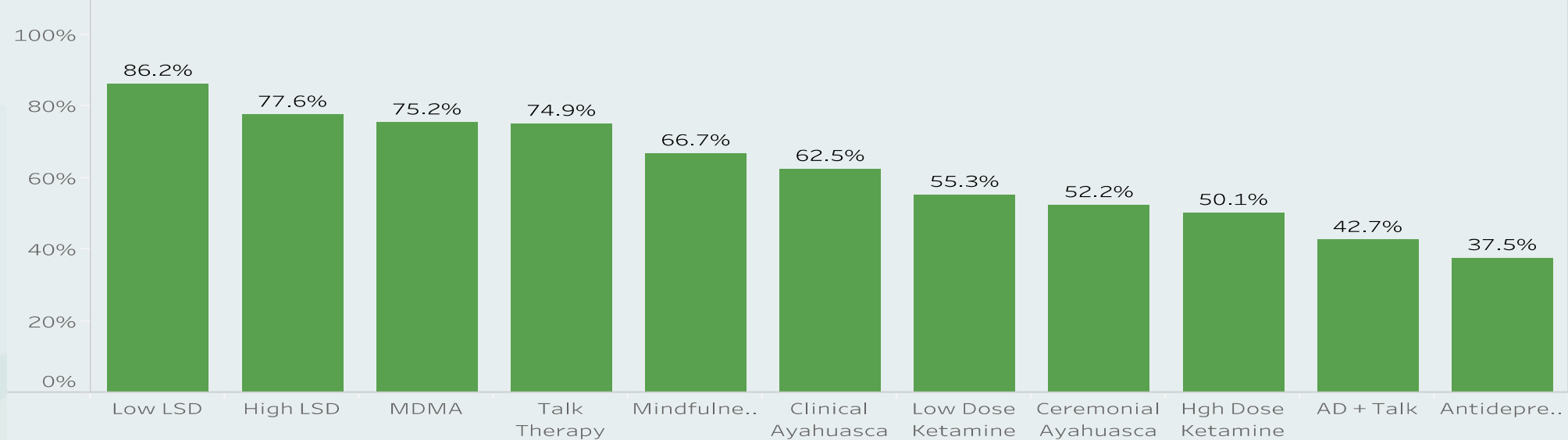
% REPORTING LIKELY / VERY LIKELY THEY WOULD IT BE TO ACCEPT DIFFERENT TREATMENT MODALITIES BY PAST PSYCHEDELIC EXPERIENCE

% Likely/very likely

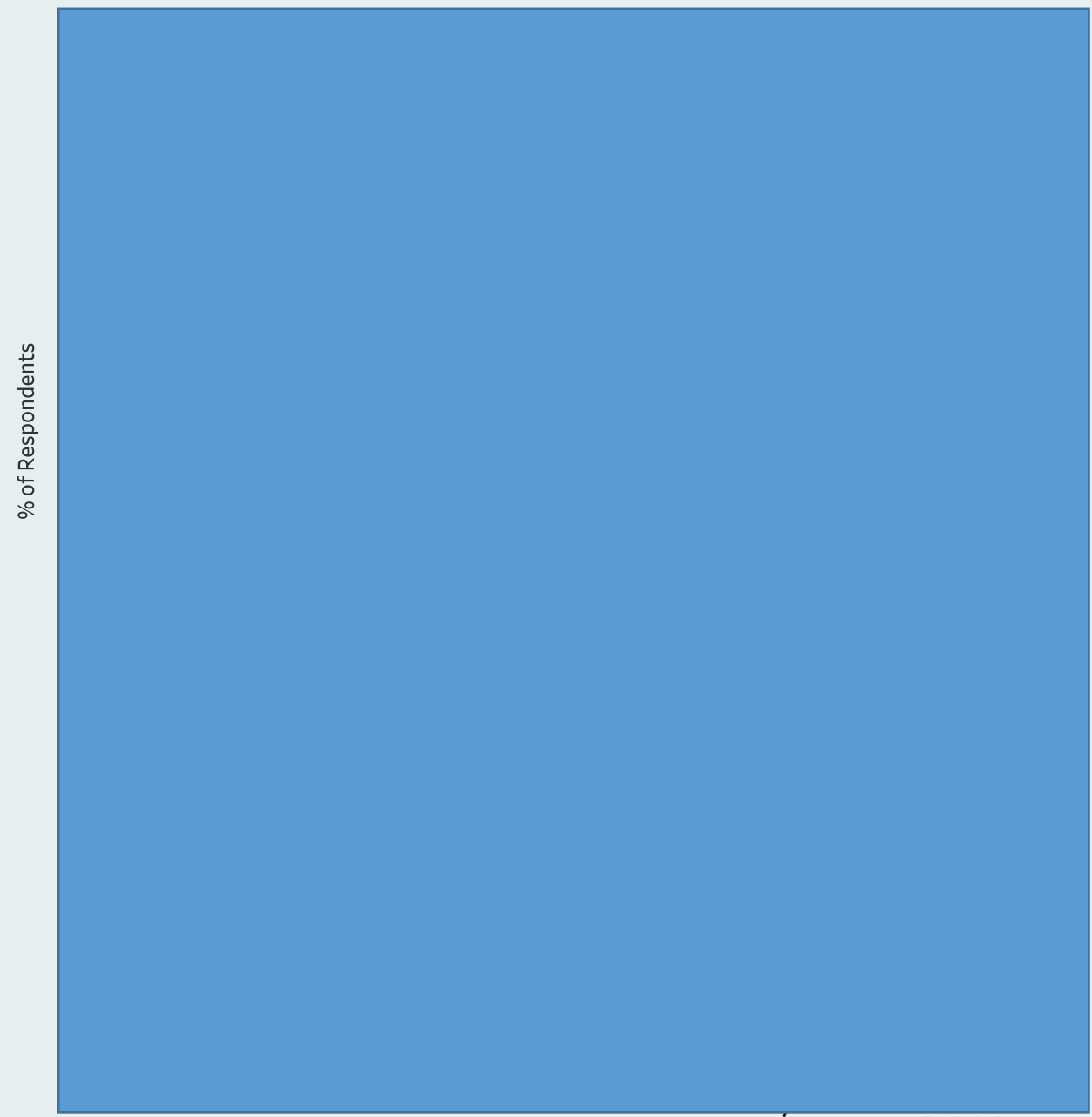
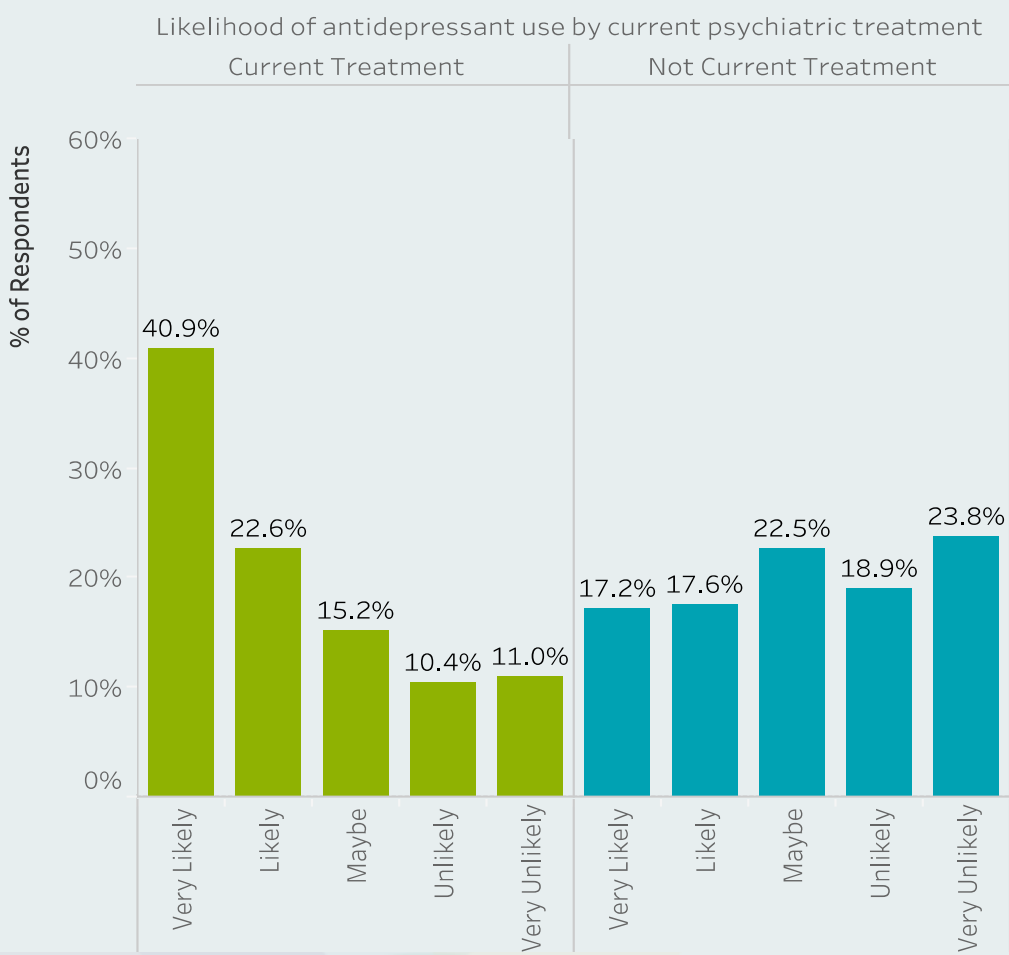
No Psychedelic History



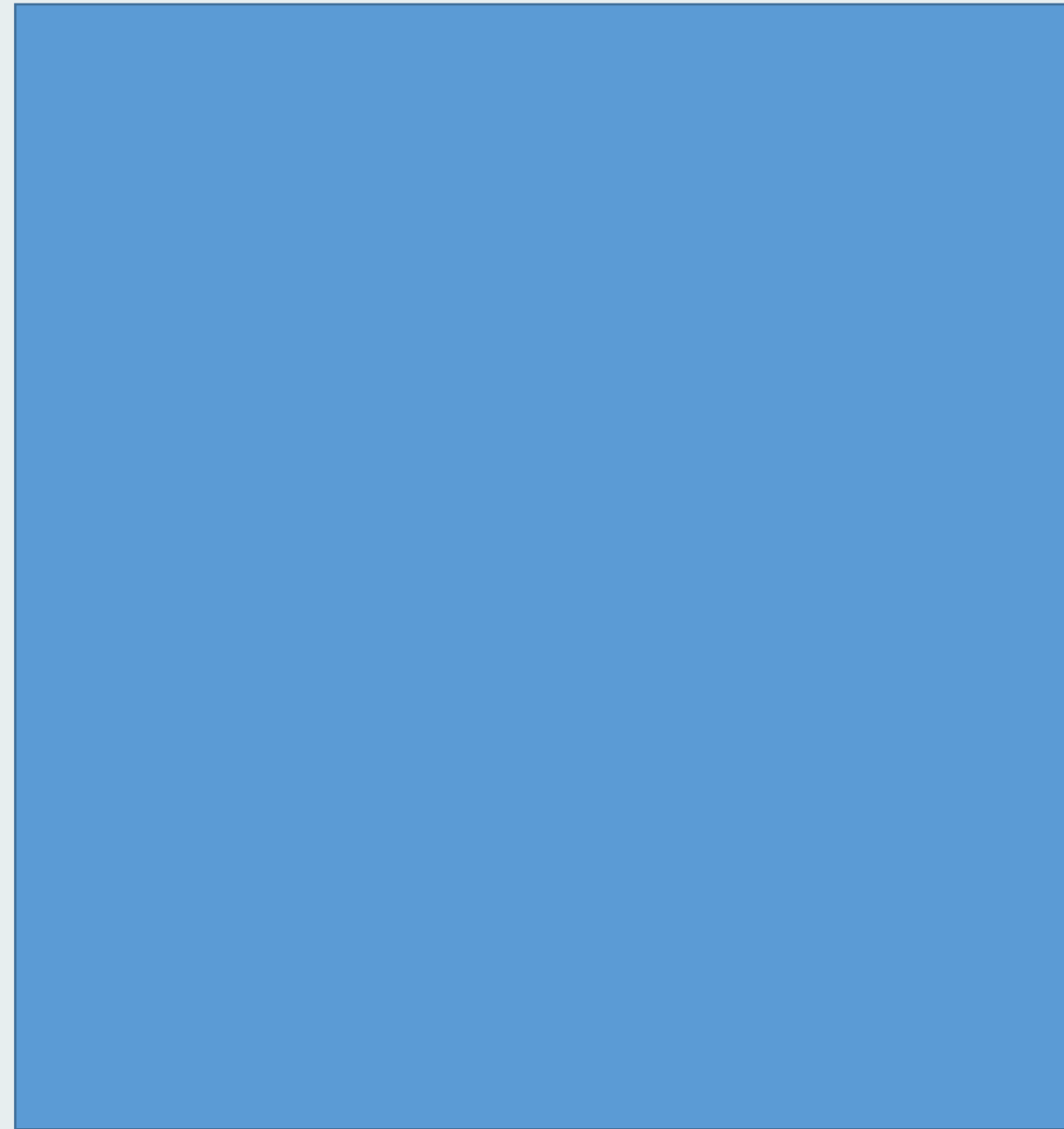
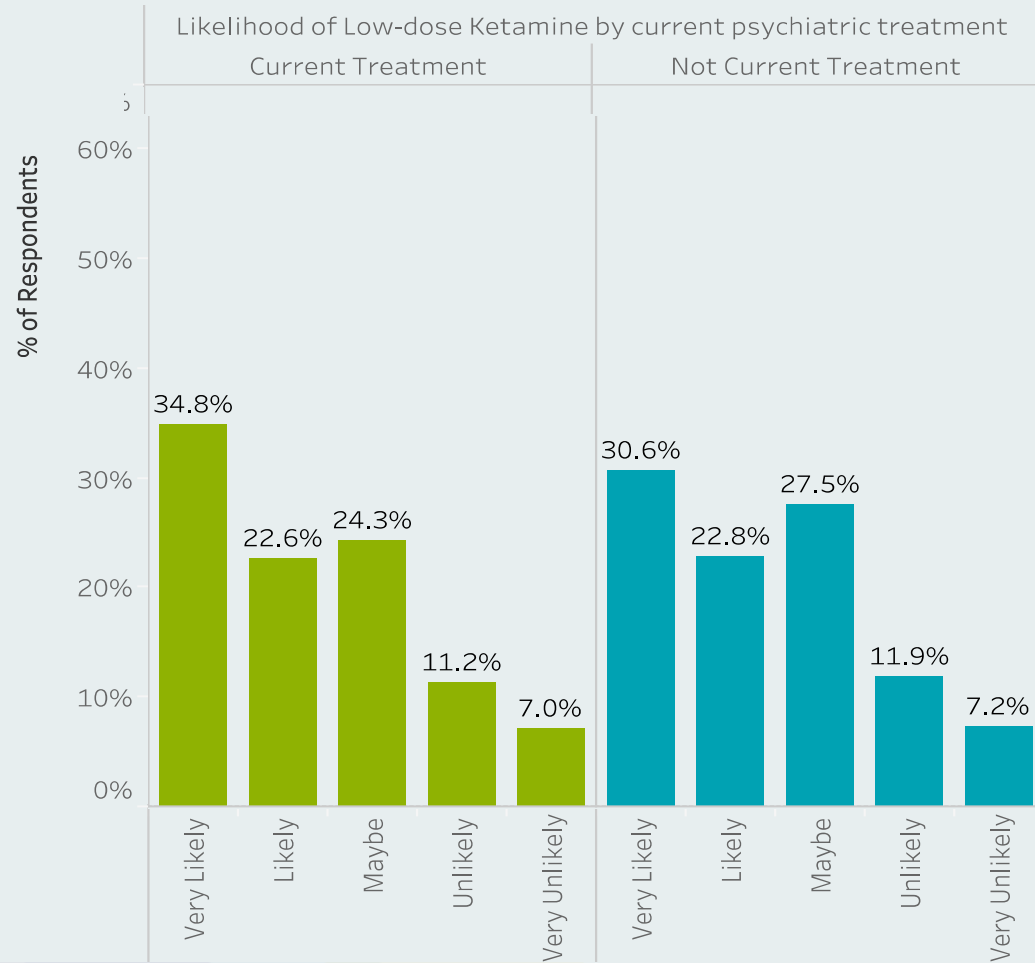
Psychedelic History



ACCEPTABILITY OF ANTIDEPRESSANTS IS MUCH HIGHER AMONG THOSE CURRENTLY RECEIVING PSYCHIATRIC TREATMENTS



ACCEPTABILITY OF LOW DOSE KETAMINE SIMILAR AMONG THOSE CURRENTLY RECEIVING PSYCHIATRIC TREATMENTS V NOT



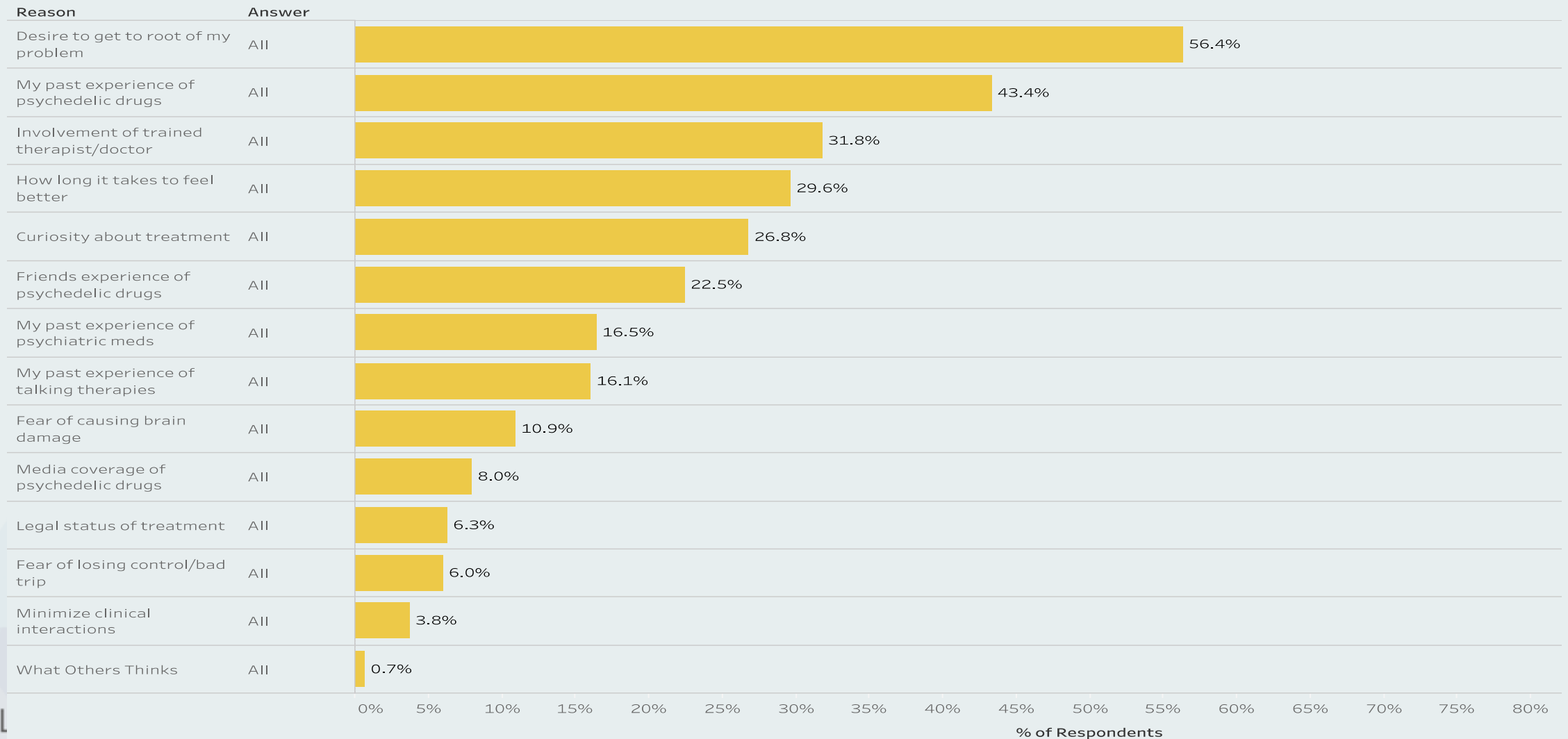
ACCEPTABILITY BY CURRENT PSYCHIATRIC TREATMENT : FAIMILIARITY SUPPORTS ACCEPTANCE

- Receiving current psychiatric treatment was associated with a two fold greeter acceptance of antidepressants than those not currently in receipt of treatment.
- Overall there was little difference between the two groups when it came to the acceptability of high dose LSD/psilocybin, MDMA or ketamine. So having experience of antidepressants does not preclude people being open to other treatments. That 21% of people with a psychiatric history said it would be unlikely or very unlikely that would accept antidepressants is consistent with the need for other treatment options.
- Given that currently most of these psychedelic therapies are being offered only as second / third line options or for for treatment resistant cases , our findings very much suggest that in time, these drugs could compete with antidepressants as first line therapeutic options. The earlier a person receives effective treatment for their psychiatric illness the quicker the time to recovery.

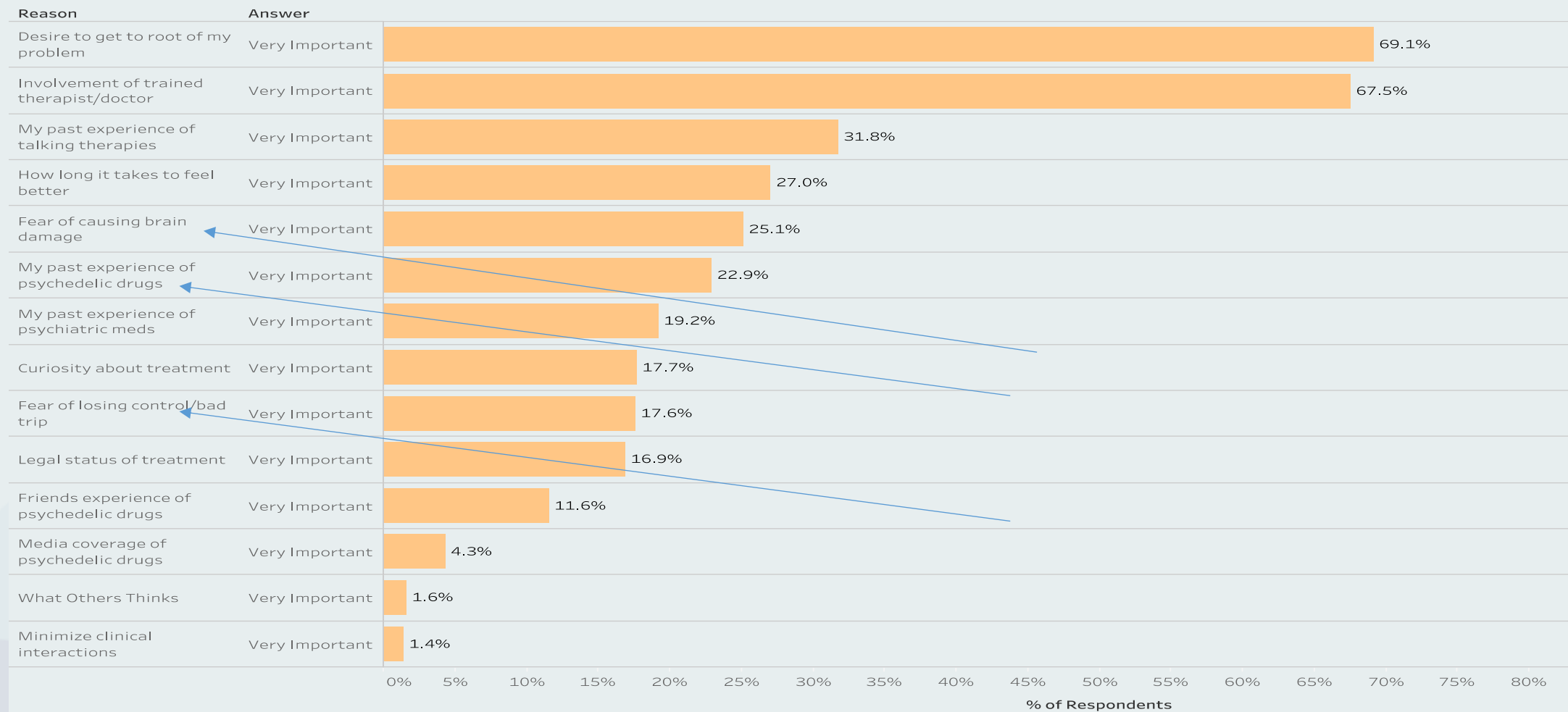
FACTORS ASSOCIATED WITH ACCEPTANCE OF PSYCHEDELICS or NOT



FOR THOSE NOMINATING ANY PSYCHEDELIC DRUG AS THEIR FIRST PREFERENCE – HOW IMPORTANT WERE EACH OF THE FOLLOWING FACTORS IN YOUR DECISION (% v IMPORTANT)



FOR THOSE INDICATING NON-PSYCHEDELIC THERAPY AS MOST-PREFERRED TREATMENT– HOW IMPORTANT WERE EACH OF THE FOLLOWING FACTORS IN YOUR DECISION (ALL)



FACTORS THAT INFLUENCE CHOICE OF TREATMENT OPTION

- One of the most important findings from this study is the consistent high ranking of people's desire to get the root of their mental health problems and [involvement of a trained therapist](#) regardless of the type of treatment they chose. This should reassure those in the psychiatric and allied profession that they still have an important role to play.
- While [past experience of psychedelics](#) was the second most important factor cited among those selecting any psychedelic treatment modality as their preferred treatment, it is prudent to note that among those selecting no psychedelic treatment as their preferred option, personal experience of psychedelics was cited as the fifth most important factor with 22% rating it as important. We can speculate that this experience may not have been positive and reminds us that the psychedelic experience can be challenging and not to everyone's liking. This hypothesis is consistent with 25% citing fear of brain damage (LSD and psilocybin don't cause brain damage – the jury is less consistent for the other drugs) and almost 20% citing fear of a bad trip as a reason they did not select any psychedelic treatment modalities.
- Decades of misinformation and ideologically driven, 'evidence resistance' to the potential of psychoactive drugs to cure not harm will need to be overcome. Our findings suggest that a more useful, informed and honest narrative is required about these drugs and their potential to heal as well as harm. We will need to be careful not to sway the pendulum too far and offer the promise of a panacea to all psychological ills. Experience, research and reorientation of both services and cultures take time. It is worth taking the time to ensure that potential benefits don't get waylaid by commercial interests and those with a strong interest to resist change.

CONCLUSION

Compared to traditional psychiatric medications, psychedelics compare very favorably among those with prior experience of these drugs. For drug naïve people, common popular myths offer a barrier to their acceptance. Things are changing – but both culture, policy and the medical profession will change in harmony if we are to optimize the benefits these new treatments offer in a timely fashion. Delays to legal access may end up causing more harm than good, with people tempted into unsupervised self-treatment and the appearance untrained therapists who could place vulnerable people at risk of harm.

It is critical that research continue on psychedelic assisted therapies, and that, if safety and efficacy continue to be shown, that they be approved for use in mainstream medicine. In this framework, society can ensure the proper safeguards against the very real risks that psychedelic based therapies entail. Within proper clinical settings we can ensure there is appropriate patient screening, preparation, monitoring, and follow up care in which will help to substantially mitigate these risks providing a risk/benefit package that compares favorably with other treatment methods common in psychiatry.

If these novel therapies are to become more widely available, re-orientation of public perception of these drugs will be required. Understanding more about the acceptability of different treatment options will become even more important. The promise of new therapies such as psychedelic assisted psychotherapy offers the opportunity to revisit the concept of the ‘engaged and informed patient as an active decision maker’ in their treatment. They also offer the possibility of providing both practitioner and patient the opportunity of having a ‘shared meaning in the treatment process’, Psychedelic assisted therapies can help lift up a psychiatric profession who should welcome additional mechanisms to understand, communicate and heal.

GDS2020

Launches Nov 2019

Self treatment with
psychedelics – type, dosing,
conditions managed, benefits
and negatives.

Underground/supervised
psychedelic treatments - type,
dosing, conditions managed,
benefits and negatives.

The best antidote to drug
use isn't tougher laws –
it's growing old

The Global Drug Survey 2015 shows most
drug users do so regardless of the law, but
it's a passing phase – so what's most needed
is some help to stay safe



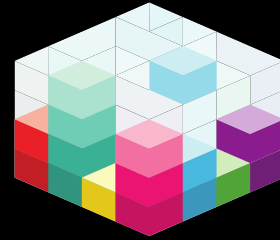
It is notable that while most ex-users did not make a
conscious decision to stop using cocaine or MDMA,
most did for tobacco, alcohol and cannabis.
Photograph: Reuters

Adam R Winstock and Michael Shiner

Tuesday 9 June 2015 12.27 BST



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Thank you

If you want to join the GDS international partner network and support GDS2020 come talk to me .

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