



# **Psychedelic Harm Reduction & Integration in the Community**

# Who we are

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# Who we are

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# Who we are

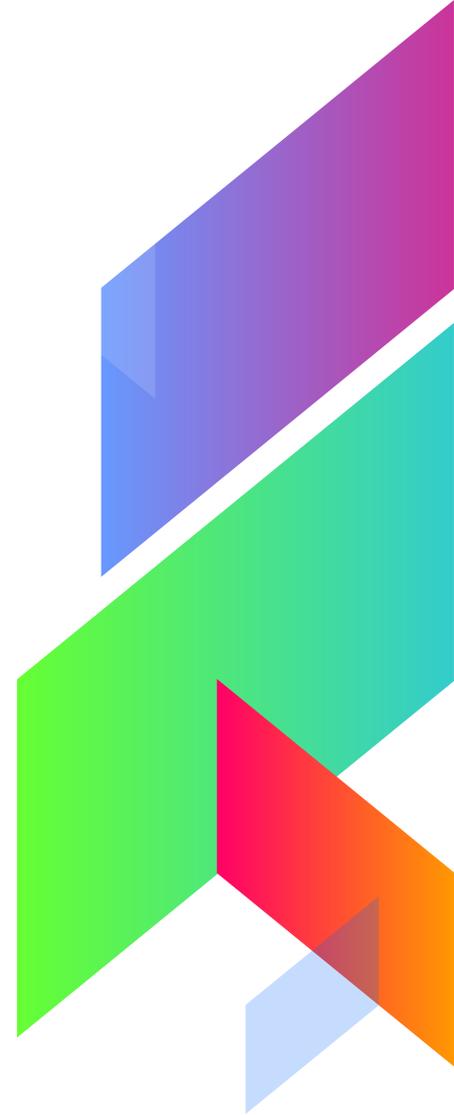
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Associate Professor, Adler University

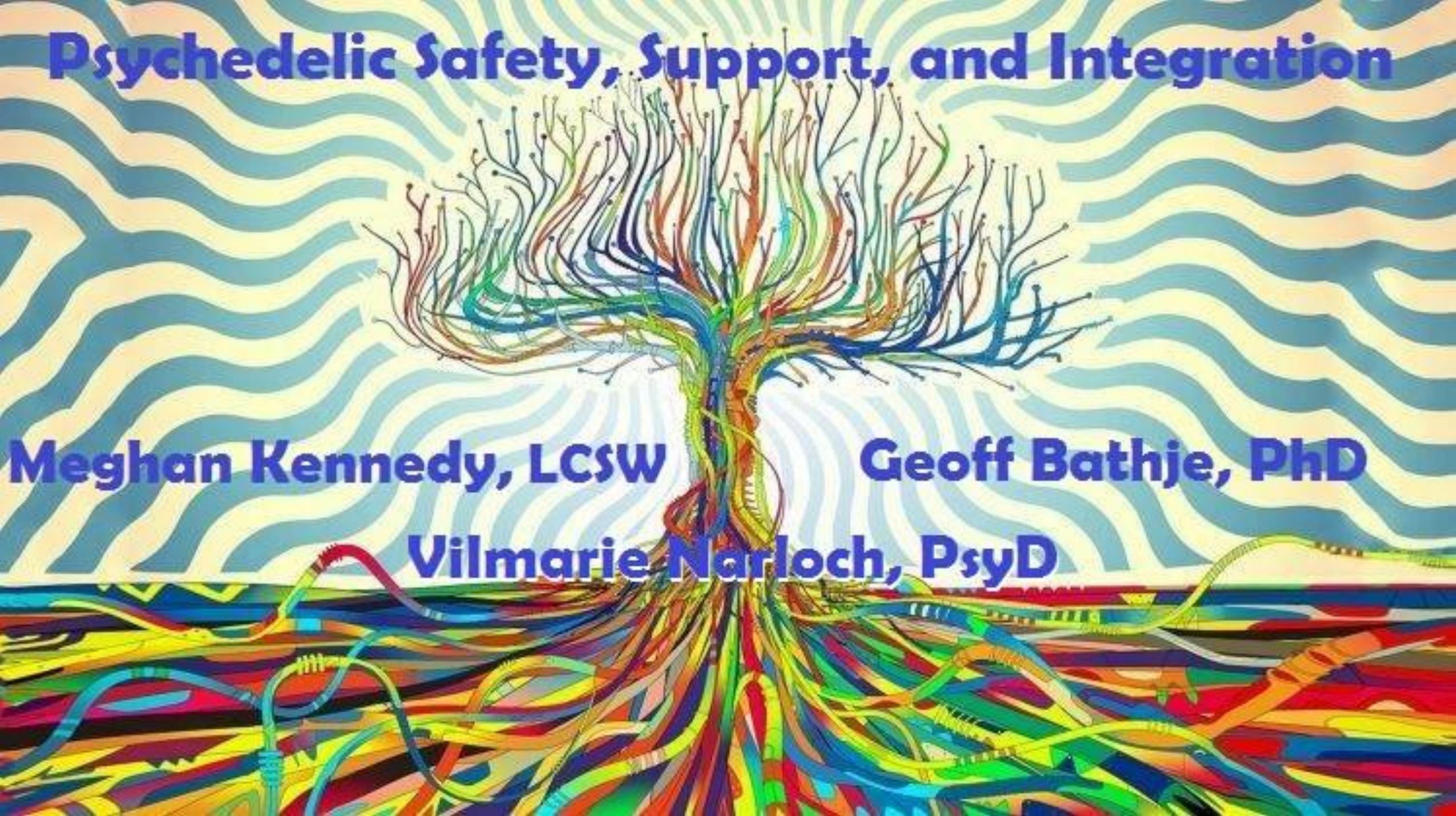
Coordinator of Counseling Services,  
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# Psychedelic Safety, Support, and Integration



**Meghan Kennedy, LCSW**

**Geoff Bathje, PhD**

**Vilmarie Narloch, PsyD**

# Need for a “psychedelic community”

- › People sometimes have difficulty explaining their experiences after
  - › Others may not understand
- › Stigma
- › Prohibition
- › Allows members to provide support, caring, and share knowledge that is helpful to others
- › Provides a safer space for people to discuss their experience with less risk of judgment and stigma

# The role of Harm Reduction

- › Providing drug knowledge
- › Providing safety information with regard to use (drug, set, and setting)
- › Informing group about other collateral risks and consequences
- › Non-judgmental space
- › Respect for community
- › Educational component



# Interruption



# Avoid “Psychedelic Bypass”

- › Psychedelics can be a facade for spiritual or emotional work
- › Aspects include
  - › Exaggerated detachment
  - › Emotional numbing and repression
  - › Overemphasis on the positive
  - › Anger avoidance
  - › Blind compassion
  - › Weak boundaries
  - › Delusions of arriving at a higher level of being

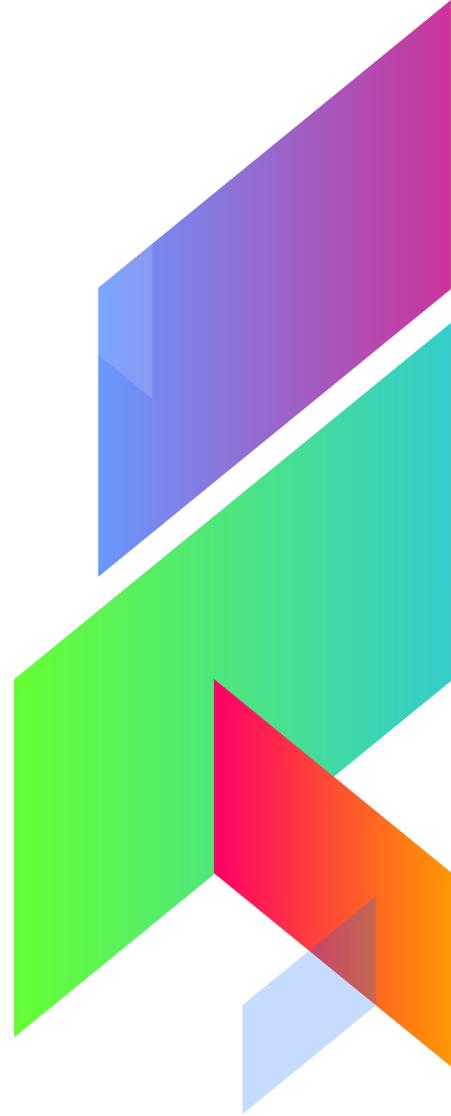
# Two levels of integration

## Individual

- › Deep, personal introspection immediately following an experience

## Interpersonal

- › “Witness” or “witnessing”



# Individual Integration

- › Reflecting in silence/meditation
- › Journaling
- › Art
- › Being in nature
- › Walk
- › etc



# Interpersonal integration

- › Sharing with a *trusted* person
  - › fellow journeyer
  - › sitter/guide
- › Share in a group (that's us!)
  - › "Open community"
    - › Witnessing, minimal direct feedback
    - › Support
  - › "Closed professional"
    - › Therapeutic - more feedback
    - › Process
    - › Interpretive



# Other aspects of integration

- › Consider intentions you may have had
  - › How did those play out in the experience?
- › Gathering evidence, connecting the dots, noticing patterns
- › The mind
  - › Changes in defenses, sense of vulnerability, awareness of new feelings, new or relieved symptoms
- › Attuning to the body
  - › relieved or new tensions, change in awareness of your body
- › The spirit

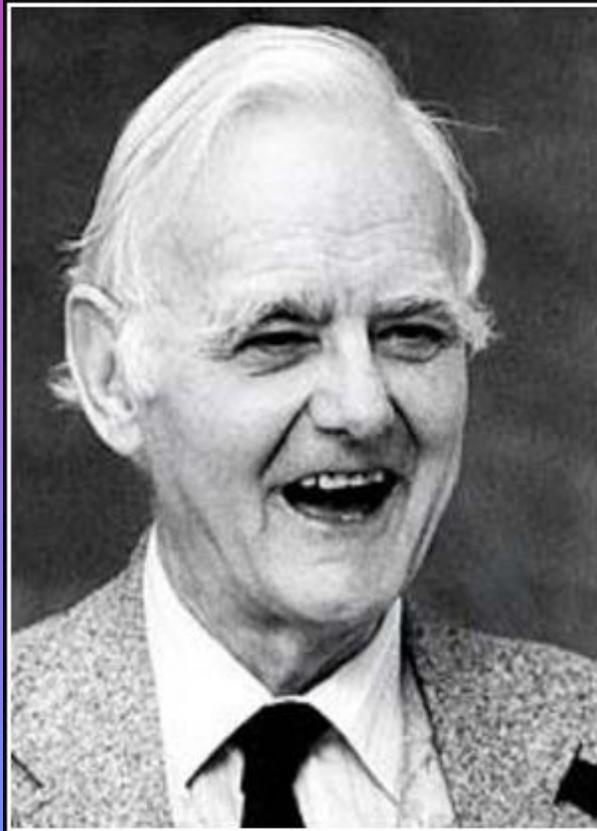
# Other integration practices

- › Journaling
- › Regular spiritual practice
  - › meditation, yoga, nature, church, etc
- › Overall wellness - taking care of body
- › Considering relationships
- › Consider your work
- › Maintaining an environment that reflects the lessons learned

## Educational component topics

- > Educational component of the group serves to
  - > provide much needed info
- > events and issues in the psychedelic world,
- > and conversation starters for processing

# Psychedelics



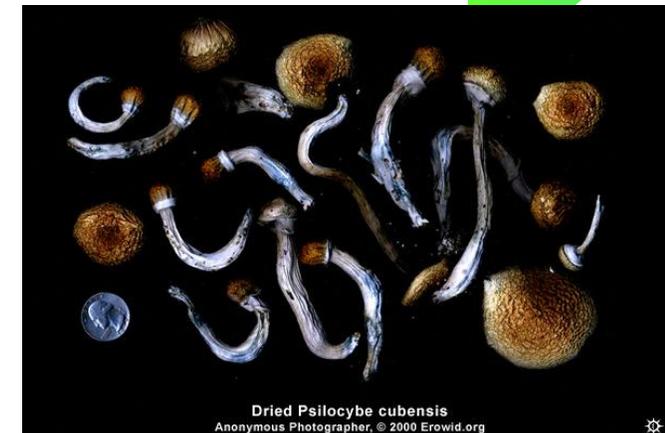
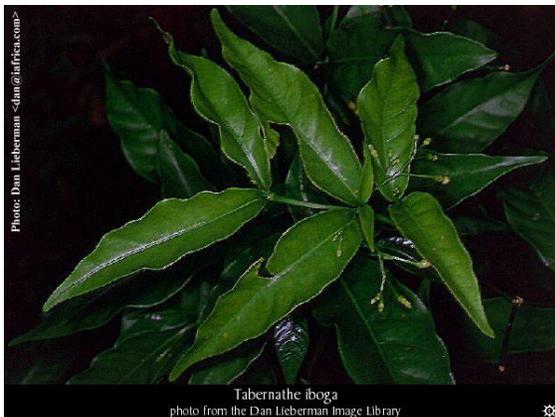
To fathom Hell or soar angelic, just  
take a pinch of psychedelic.

— *Humphry Osmond* —

AZ QUOTES

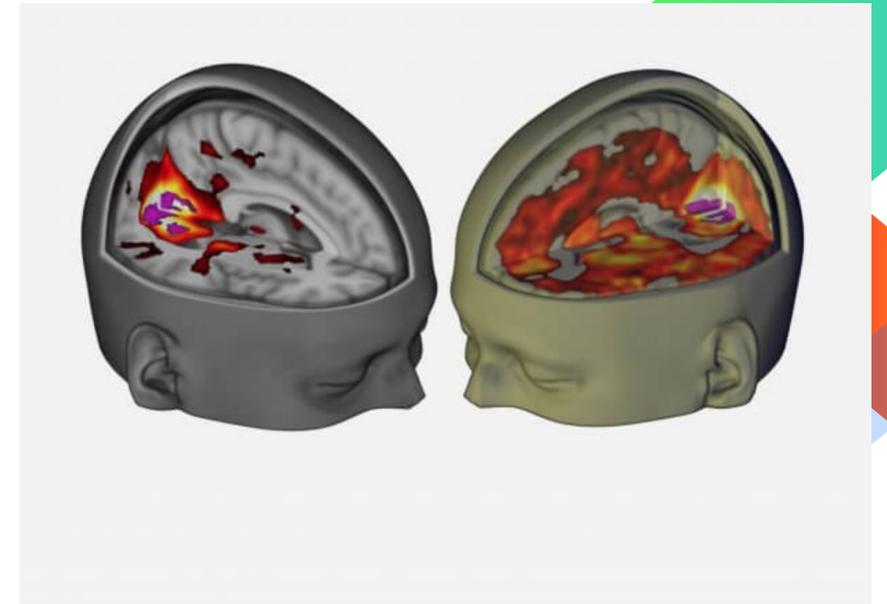
# Classical Psychedelics

- › LSD (Lysergic Acid Diethylamide)
- › Mushrooms (Psilocybin/Psilocin)
- › Ayahuasca (DMT-containing plant + MAOI)
- › Ibogaine (Iboga)



# Desired Effects

- › Mood lift, euphoria
- › Increase in creative thinking
- › Visuals (internal and external)
- › Spiritual experiences
- › Altered state of consciousness
- › Ego softening/ego loss
- › Feelings of connectedness
- › Insight
- › Therapeutic reflection



Increase in the brain connectivity after LSD (right), compared to placebo (left)

# Side-Effects

- › Stimulation
- › Jaw/muscle tension
- › Anxiety/fear
- › Nausea and/or vomiting
- › Changes in body temperature
- › Changes in body temperature
- › Feeling as though one is dying
- › Unwanted or overwhelming experiences



# Non-Classical Psychedelics

## MDMA:

- › Where does it fit?
  - › Psychedelic- To reveal, or manifest, what is within the mind
  - › Empathogen- Capable of inducing feelings of empathy
  - › Entactogen- To produce a touching within

## Ketamine:

- › Dissociative- class of hallucinogen, which distorts perceptions of sight and sound and produce feelings of detachment – dissociation – from the environment and self

# MDMA Desired Effects

- ›Mild to extreme mood lift, euphoria
- ›Increased willingness to communicate
- ›Stimulation
- ›Ego softening
- ›Decreased fear, anxiety, insecurities
- ›Feelings of love, empathy, and belonging
- ›Forgiveness of self and others
- ›Sense of inner peace
- ›Increased sensory experience
- ›Increased appreciation of music



# MDMA Side-Effects

- › Decreased appetite
- › Visual distortion
- › Nystagmus
- › Mild visual hallucinations
- › Increased HR/BP
- › Restlessness
- › Emotional lability
- › Desire to redose
- › Inappropriate and/or unintended emotional bonding
- › Agitation
- › Hyponatremia
- › Anxiety or paranoia
- › Jaw clenching, teeth grinding
- › Difficulty concentrating
- › Periods of disconnection
- › Muscle tension
- › Insomnia
- › Erectile dysfunction; difficulty reaching orgasm
- › Increase in body temperature, dehydration
- › Nausea and vomiting
- › Headaches, loss of balance

# MDMA Side-Effects (Comedown)

- › Unpleasantly harsh comedown from peak effects
- › Hangover, lasting days to weeks
- › Mild depression and fatigue up to one week
- › Severe depression/fatigue (uncommon)
- › Urge to repeat experience (not physically addictive)
- › In rare cases, possible psychological crisis (psychotic episodes, severe panic attacks, etc.)
- › Possible liver toxicity (rare)
- › Possible neurotoxicity (controversial)
- › Small risk of death; 2 per 100,000 new users have extreme negative reactions resulting in death

# Ketamine

## Dissociative with psychedelic-like effects

“A psychedelic is specifically a chemical substance (or substances within a plant) that induces a state of stimulatory as well as perceptual over-saturation. It due to this state that one may find one's self propelled into a mystical state of insight.

...a dissociative is a chemical substance that brings about a state of *under*-saturation of the senses and the perception thereof (in the case of dissociative *anaesthetics*, of which K is one, sensory input is cut off entirely), and within this vacuum may one be able to reach a mystical state of insight.”-Jamshyd

(<https://bluelight.org/vb/threads/519079-Do-you-consider-Ketamine-a-Psychedelic>)

# Ketamine

## Desired Effects:

- › Pleasant mental and/or body high
- › Increase in energy
- › Euphoria
- › Sense of calm and serenity
- › Meaningful spiritual experiences
- › Enhanced sense of connection with the world
- › Reduced or eliminated acute pain
- › Visual, dream-like, visionary ideations

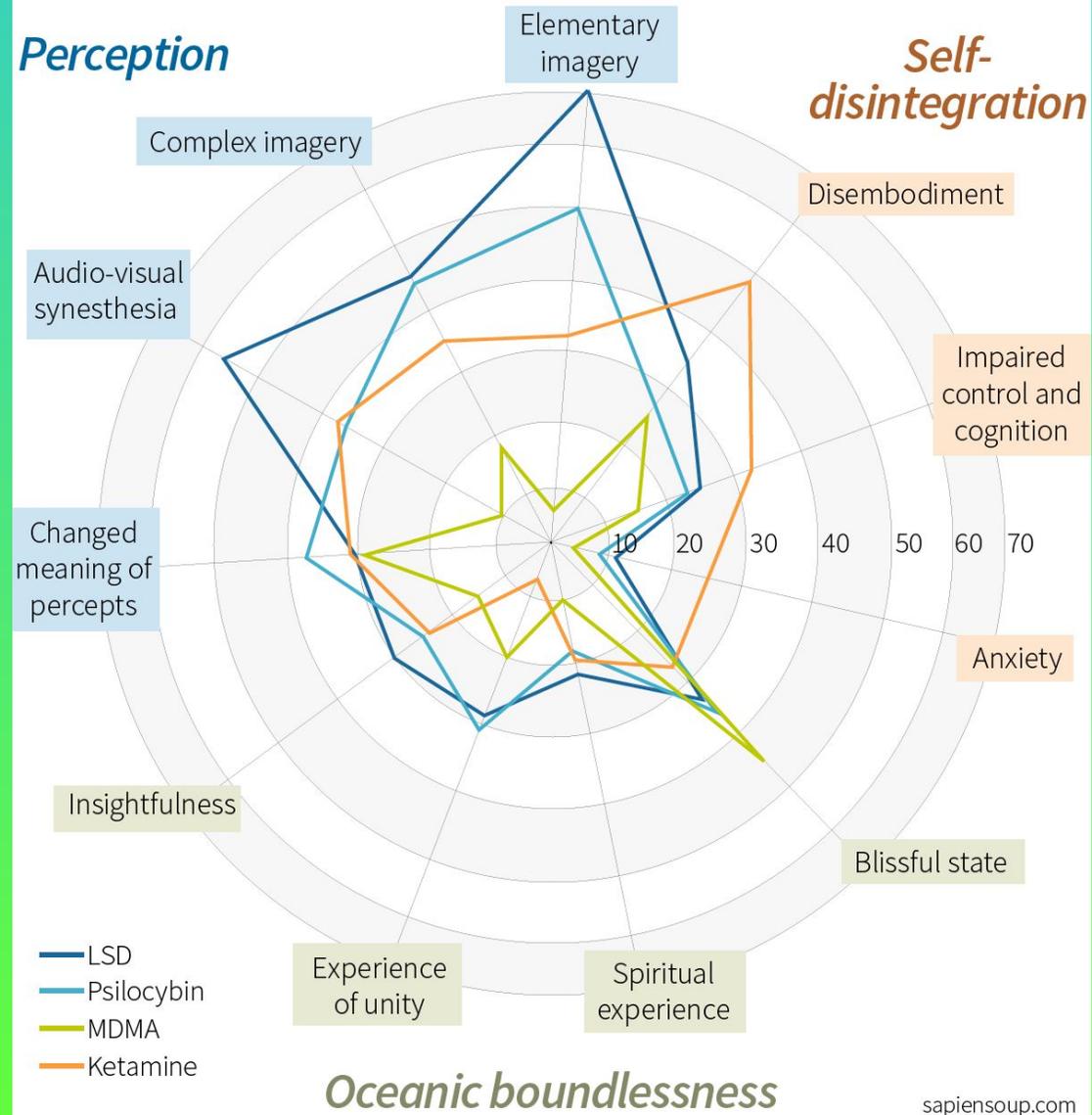


# Ketamine

## Side-Effects:

- › Distortion or loss of sensory perceptions
- › Visuals
- › Dissociation of mind from body
- › Analgesia
- › Ataxia
- › Change in perception of time
- › Increase in heart rate
- › Slurred speech
- › Confusion, disorientation
- › Out-of-body experience
- › "K-hole"-intense mind-body dissociation
- › Risk of psychological dependency
- › Discomfort upon insufflation or injection
- › Severe confusion
- › Paranoia and egocentrism
- › Nausea, vomiting
- › Frightening or untimely distortion or loss of sensory perception
- › Susceptibility to accidents (due to incoordination)
- › Loss of consciousness
- › Severe dissociation
- › Depression of heart rate and respiration

# The Psychedelic Experience



# Harm Reduction Tips for Psychedelic Experiences

- › Importance of set and setting
- › Know yourself and any genetic load
- › Test your drugs
- › Know your source
- › Understand drug combinations
- › Have a trip sitter
- › Prepare for the experience
  - › Set intentions
  - › Experience reports, user-informed effects lists
  - › [www.erowid.org](http://www.erowid.org)
  - › [www.bluelight.org](http://www.bluelight.org)
- › Integration

4 Principles of Psychedelic Harm Reduction



**Safe space**  
If someone is having a challenging experience try to move them into a comfortable, warm, and calm environment.

**Talk through, not down**  
Without distracting from the experience, help the person connect with what they are feeling.

**Sitting, not guiding**  
Be a calm meditative presence of acceptance, compassion, and caring. Promote feelings of trust and security. Let the person's unfolding experience be the guide.

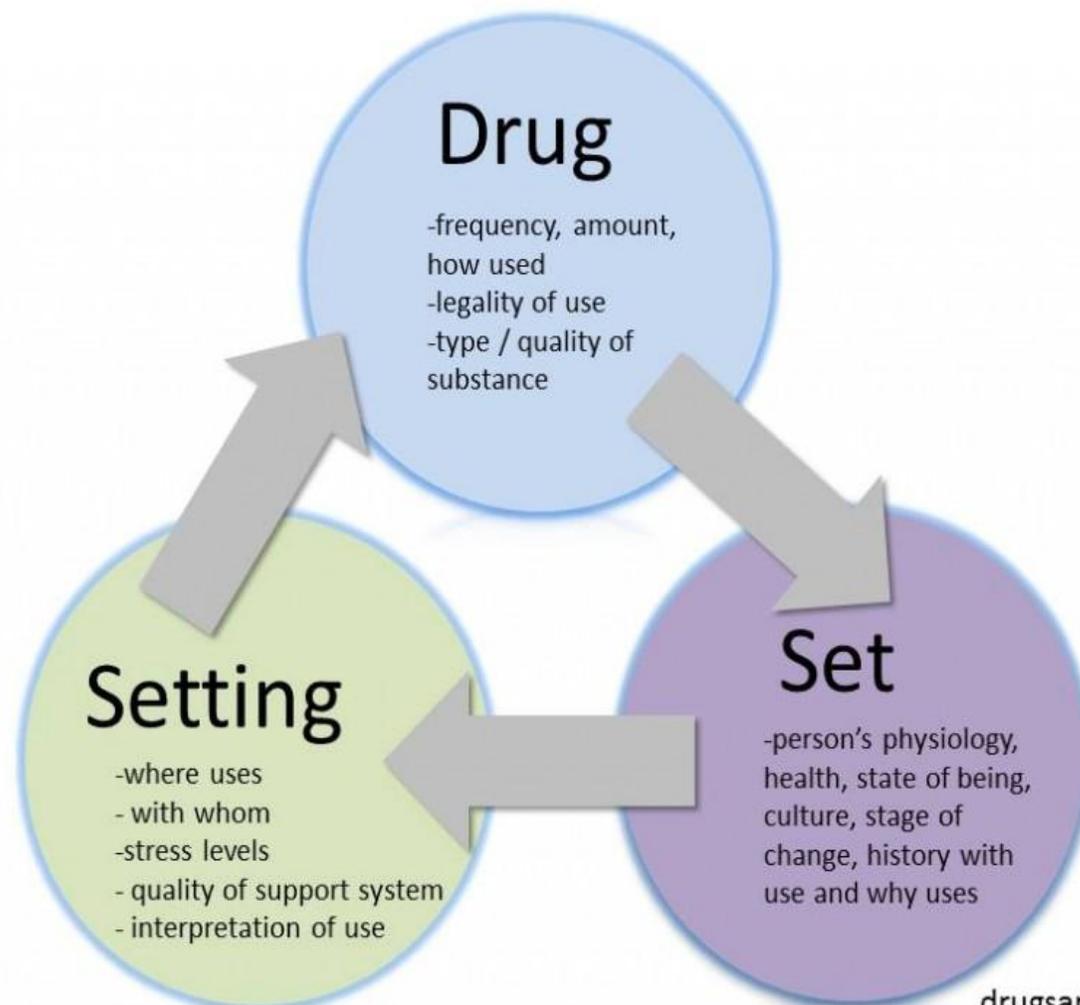
**Difficult is not bad**  
Challenging experiences can wind up being our most valuable, and may lead to learning and growth.

Trust. Let go. Be open.  
Breathe. Surrender.

Visit [zendoproject.org](http://zendoproject.org) to learn more and to support psychedelic harm reduction.

**BLUELIGHT** 

# SET & SETTING



Adapted from Zinberg's Model of Drug, Set and Setting

[drugsandstuff.co.uk](http://drugsandstuff.co.uk)

# THE LAW AND DRUG CHECKING

**"Drug paraphernalia" means all equipment, products and materials of any kind**, other than methamphetamine manufacturing materials as defined in Section 10 of the Methamphetamine Control and Community Protection Act, which are intended to be used unlawfully in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, **testing**, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing into the human body cannabis or a controlled substance in violation of the Cannabis Control Act, the Illinois Controlled Substances Act, or the Methamphetamine Control and Community Protection Act or a synthetic drug product or misbranded drug in violation of the Illinois Food, Drug and Cosmetic Act."—(720 ILCS 600/) Drug Paraphernalia Control Act, section 2.d.

# LAWS AND DRUG CHECKING

Paraphernalia laws are state-by-state

Harm reduction organizations may look into acquiring exemption status from the Drug Paraphernalia Control Act, allowing organizations to use drug checking kits legally

- › Chicago Recovery Alliance (fentanyl test strips)
- › Dancesafe
- › 3rd party labs
  - › Energy Control
  - › Ecstasy Pill Database



TestKitPlus.com MARQUIS

SUBSTANCE	Color Reactions
MDMA/MDA/MDE	0 sec 30 - 60
AMPHETAMINE	
METHAMPHETAMINE	
HEROIN	
MORPHINE	
CODEINE	
METHYLONE	
MESCALINE	
OXYCODONE	
DXM	
2C-B	
2C-I	
RITALIN	
ASPIRIN	
SUGAR	

No reaction: Cocaine, Ketamine, PMA, PMMA & others

# DRUG CHECKING

Many drug checking kits are available on the market to assess for presence of the desired compound or adulterants

## Common kits:

Mandelin, Mecke, Marquis, Folin  
Froehde, Liebermann, Erlich's,  
Fentanyl Strips



# Trends in Psychedelic Use

- › Positive press coverage of clinical research and “microdosing”, along with best selling books like Michael Pollan’s recent “How to Change Your Mind” are increasing awareness and interest in psychedelics as tools for change and healing
- › Popular awareness of the potential benefits of psychedelics, along with recognition that the risks have been overstated, are resulting in a resurgence of psychedelic use
- › It seems more people are seeking therapeutic benefit, though usually without the support of therapy that is available in clinical trials
- › Harm reduction also opposes barriers to the therapeutic uses of drugs and involves understanding drug policy

# History of Psychedelic Research

- Research with LSD began in 1947, mescaline in 1953, and psilocybin in 1957
- From 1953 to 1970, approximately 1000 clinical research reports were published, with 40,000 participants
  - Founder of Alcoholics Anonymous participated as well
- In 1970 research and clinical use were effectively ended by the Controlled Substances Act
- Research resumed in 2005, exploding in the past few years



# MDMA FOR TREATMENT RESISTANT PTSD

Design:



Prep  
sessions



Integration  
sessions

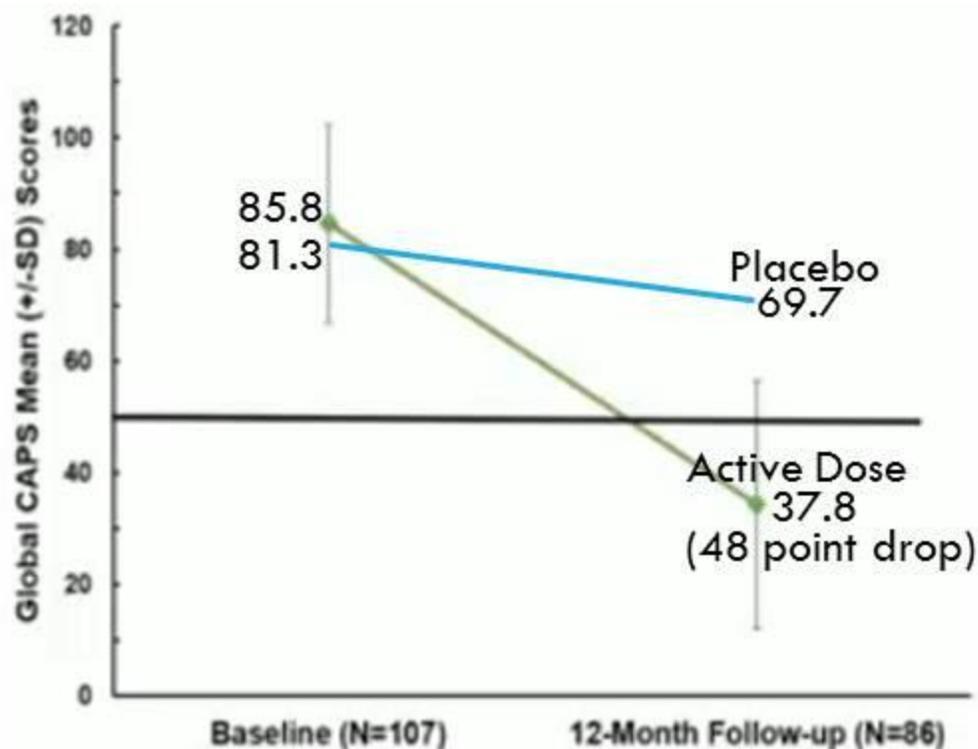


Integration  
sessions



Integration  
sessions

Mean CAPS Score by Group



- N=107; avg. of 28 years with PTSD; some on up to 20 medications to manage
- 63% no longer met criteria for PTSD two months after study (67% at one year).
- Effect size = 0.9 (large)
- Also experienced significant Posttraumatic Growth and reductions in Depression

(MAPS, 2016; Mithoefer et al., 2018)

# Psilocybin for End of Life Anxiety and Depression

- › Participants all had life-threatening cancer diagnoses accompanied by clinically significant depression and/or anxiety
- › N = 51; double-blind cross-over design (1 low (placebo-level) dose, 1 high dose)
- › 3 preparatory sessions, 2 psilocybin sessions, and several integration sessions (avg. of 8.2 hours)
- › Anxiety (HAM-A) reduced from “moderate-to-severe” to non-clinical
- › Depression (BDI) reduced from “mild-to-moderate” to non-clinical
- › 80% of participants experienced clinically significant reductions in depression/anxiety at 6 mo. follow-up (improved from 5 week follow up)
- › 80% endorsed moderately or greater increased well-being/life satisfaction

# QUOTES FROM PARTICIPANTS

"I was thinking about relationships I had with other people and thinking I could see them clearly almost as if for the first time. I had fresh insight into things. It was almost as if suddenly the scales dropped from my eyes, I could see things as they really are."

[During the dose] "Excursions into grief, loneliness and rage, abandonment. Once I went into the anger it went 'pouf' and evaporated. I got the lesson that you need to go into the scary basement, once you get into it, there is no scary basement to go into [anymore]."

"It was a change of state, to be stuck in that place of rumination and to be able to move out. It reconfigures you somehow."

"Now there's a greater sense of "we're all in the same boat"; less unease."

"I got a wider perspective, I stepped back. It helped me appreciate that the world is a big place that there's a lot more going on than just the minor things that were going on in my head."

"I had a clear mind, it lifted the fog of depression. I could see my life, like a light in the tunnel."

[After the dose] "When I went outside, everything was very bright and colourful and it felt different. I noticed things I didn't notice usually, the leaves on the trees and the birds, small details."

# Ibogaine for the Treatment of Addiction

- › Howard Lotsoff began promoting the anti-addictive properties of Ibogaine in the U.S. in 1962
- › Iboga is legal or unscheduled in many countries, though is schedule I in the U.S. with no current clinical trials
- › In addition to the psychological effects, ibogaine allows discontinuation of opiates with minimal withdrawal symptoms
- › Two human trials took place in U.S./Europe in the 1990's, which demonstrated significant decreases in opiate withdrawal symptoms, decreased cravings for opiates and cocaine, and alleviated depressive symptoms (sustained at one-month follow-up)
- › However, one participant died during the study and concerns about cardiotoxicity remain (screening is required, with medical monitoring during the experience)



## **FDA designates MDMA as "breakthrough therapy" for PTSD**

# Drug Policy Status

- › MDMA:
  - › Phase II clinical trials have been completed and reviewed by FDA and DEA for the treatment of PTSD.
  - › Phase III trails began in 2018
  - › MDMA has been given "Breakthrough Therapy" designation (only 20 to 30 drugs per year receive such designation, mostly for cancer)
  - › Expanded Access under the Compassionate Care Act appears likely in 2019, with full approval possible by 2021

# Drug Policy Status

- › Psilocybin:
  - › Psilocybin completed an FDA phase II clinical trial for distress (anxiety and depression) associated with life threatening illness
  - › Additional phase II research is ongoing to focus on depression, with phase III to commence in 2020.
  - › -Unknown whether expanded access will be pursued, though full approval is on track for 2023
- › Ketamine:
  - › A new formulation of ketamine (nasal esketamine) is nearing completion of phase III trials for depression and has been submitted for a new drug application (NDA)
  - › -Esketamine will be reimbursable by insurers who add it to their formulary and approve as a treatment
  - › -This may happen before the end of 2018 or early 2019

# Drug Policy Status

- › Ayahuasca:
  - › The Supreme Court in 2006 unanimously ruled that ayahuasca is a religiously protected sacrament for two Brazilian-Christian churches in the United States
  - › Another group in Florida is seeking a religious exemption (Soul Quest)
  - › -“Retreat” centers in Central and South America have gained increasing popularity
- › Peyote:
  - › The American Indian Religious Freedom Act of 1994 protected the use of peyote in religious ceremonies of the Native American Church
  - › NAC has the right to “harvest, possess, consume, and cultivate” peyote for bona fide religious use
- › Iboga/Ibogaine:
  - › Iboga remains classified as a schedule I drug in the U.S. There is a phase II clinical trial underway in Brazil to treat alcoholism.

# Conclusions

- › Expanded legal/medicinal availability of psychedelics appears likely in the near future, as the clinical trials appear very promising
- › Expanded interest and use of psychedelics is already occurring
- › While this generation may be more aware of safer use than in the 1960's, when these substances were new to most in the U.S., there is still a need for harm reduction
- › In particular, a focus on accurate drug information, along with information about the impact of "set and setting" appears much needed
- › Many great resources are readily available for information and harm reduction related to psychedelics, though some in psychedelic science are reluctant to join the broader harm reduction movement

# Where to find us

- › PSSI usually meets the 3rd Thursday of the month at Que4
  - › Next meeting will be Thursday, October 25th at 7:00pm

Facebook:

<https://www.facebook.com/PsychedelicSupport/>

Email:

psychedelicsafety@gmail.com

# Resources



**MAPS**  
MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES

