

The effectiveness of psychedelics as a treatment for mental health issues is far from proven

Supporters of psychedelics often point to their potential for treating mental health issues, particularly depression, anxiety, and post-traumatic stress disorder (PTSD). In April 2022, the New York Times reported, “Several psychedelic drugs are [touted](#) as effective treatments for drug and alcohol abuse.” Some of the most popular treatments include psilocybin (magic mushrooms), LSD, mescaline (peyote), and ayahuasca. Conversely, those who are skeptical of psychedelics note that they remain classified as Schedule 1 substances, meaning the federal government deems them to have no medical benefit, in addition to a high potential for abuse.

Time reported, “The drugs kind of escaped the laboratory [in the 1960s] and were embraced by the [counterculture](#).” The American Addiction Centers found, “[typical users](#) of psychedelic drugs are younger, often fairly well educated, and often individuals seeking to broaden their spiritual or cognitive experiences.”

However, despite their long-standing use by native populations and natural occurrence, their effectiveness is far from proven. Many questions remain about their potential harms and benefits, which led the American Psychiatric Association to release a statement in July 2022 that said, “There is currently [inadequate scientific evidence](#) for endorsing the use of psychedelics to treat any psychiatric disorder except within the context of approved investigational studies.”

A 2022 [study](#) in the Journal of Psychopharmacology concluded, “These findings demonstrate that the substantial antidepressant effects of psilocybin-assisted therapy may be durable at least through 12 months following acute intervention in some patients.” However, the researchers added that the treatment of psilocybin “did not predict improvement in depression.” Although some studies find temporary benefits, others “have shown that around [one-third](#) of people with mental health conditions like depression don’t respond to psychedelic treatments.”

A 2022 [study](#) in Nature found, “low doses of psilocybin mushrooms can result in noticeable subjective effects and altered EEG rhythms, but without evidence to support enhanced well-being, creativity and cognitive function.” Further, “While small amounts of dried Psilocybe cubensis mushrooms reliably induced significant subjective effects, their impact in other domains was negligible or even indicative of impaired performance. Clearly, more research is needed to decide whether microdosing with psychedelics can deliver at least some of its promised positive effects.”

A 2014 [study](#) found psilocybin had an 80% success rate in treating tobacco addiction, compared to a 35% success rate for other traditional antismoking drugs. A 2022 study found individuals with an alcohol use disorder who received ketamine abstained from using alcohol 10% more than individuals who did not receive it in the control group. However, the researchers found “[no significant difference](#) in relapse rate between the ketamine and placebo groups.”

Another consideration, as noted in a 2022 [article](#) in Science, is that “because the drugs cause hallucinations, their medical use requires intensive monitoring by clinicians. That drives up treatment costs, making psychedelics impractical for widespread therapeutic use.” For example,

Johnson & Johnson received FDA approval for its drug Spravato, an antidepressant derived from ketamine that must be “administered under [strict supervision](#) at healthcare facilities”—its cost is estimated to be approximately \$3,500 per month. In response, researchers are now pursuing “nonhallucinogenic psychedelic analogs.” The high costs of these drugs—and the accompanying medical supervision during multi-hour “trips”—will likely put these potential therapeutics out of reach of low-income communities, potentially resulting in concerns about equity.

The use of psychedelics can harm users and place them in vulnerable situations

Dr. Michael Bogenschutz, a psychiatrist at New York University’s Grossman School of Medicine, said, “The old rule of thumb is that one-third of people get better, one-third stay the same, and [one-third continue to get worse](#).” Notwithstanding the potential for a “bad trip,” a 2010 [study](#) in *Lancet* rated psychedelics as posing a lower risk to users and others, compared to substances like heroin and crack cocaine.

A 2016 [study](#) surveyed nearly 2,000 individuals about the “acute and enduring adverse effects of psilocybin,” finding that 39% rated their use of psychedelics “among the top five most challenging experiences of his/her lifetime.” 11% of users said the psychedelic put themselves “or others at risk of physical harm; factors increasing the likelihood of risk included estimated dose, duration and difficulty of the experience, and absence of physical comfort and social support.” 2.6% became physically aggressive or violent, and 2.7% received medical help. Other cases were associated with “enduring psychotic symptoms” and “attempted suicide.”

Beyond the potential harms related to use, the environment—stemming from the associated medical supervision—also places users at increased risk for harm and exploitation. Quartz reported, “psychedelic therapy also carries a [serious risk of sexual abuse](#).” This is because “patients in psychedelic therapy are intensely vulnerable. They are high, in a power imbalance with their therapist, and dealing with mental health issues. And MDMA, known colloquially as ecstasy and a ‘love drug,’ can create feelings of sexual arousal and emotional intimacy.” Concerningly, “Allegations of sexual abuse are not unusual within the field of psychedelic therapy, and the risks are widely known among practitioners.” A blog from Harvard Law School acknowledged “the [urgent need](#) for ethical guidance in psychedelic-assisted therapies (P-AT), and particularly relating to touch and consent.”

Additionally, the American Addiction Centers reported that psychedelics, “are frequently mixed with other drug. Individuals who mix psychedelic drugs with other drugs are often putting themselves [at risk](#) due to poor judgment and potential overdose issues with drugs like alcohol, narcotic drugs, benzodiazepines, and stimulants.” Although the Drug Enforcement Administration notes that deaths from psychedelics are “extremely rare,” they concluded, “[Deaths](#) generally occur due to suicide, accidents, and dangerous behavior, or due to the person inadvertently eating poisonous plant material.”

Some users may develop a [hallucinogen persisting perception disorder](#) (HPPD), which a study defined as “a long-lasting condition characterized by spontaneous recurrence of visual disturbances reminiscent of acute hallucinogen intoxication.” “Such experiences [among those

who develop HPPD] may take the form of various geometric shapes, objects in the peripheral visual fields, flashes of different colours, enhanced colour intensity, trailing and stroboscopic perception of moving objects, after images, halos and macro- and micropsia. Furthermore, these episodes may persist for years.”

The National Institute on Drug Abuse found that [persistent psychosis](#) is also a potential long-term side-effect of psychedelics. NIDA said cases of HPPD and persistent psychosis “are seen more often in people who have a history of mental illness, but they can happen to anyone, even after using hallucinogens one time. For HPDD, some antidepressant and antipsychotic medications can be used to improve mood and treat psychosis. Behavioral therapies can be used to help people cope with fear or confusion associated with visual disturbances.”

NIDA also reported, “LSD does produce tolerance, so some users who take the drug repeatedly must take higher doses to achieve the same effect. This is an extremely dangerous practice, given the unpredictability of the drug. In addition, LSD produces tolerance to other hallucinogens, including psilocybin.” Moreover, “PCP is a hallucinogen that can be addictive. People who stop repeated use of PCP experience drug cravings, headaches, and sweating as common withdrawal symptoms.” There is no FDA-approved medication to treat addiction to hallucinogenic drugs.

There is reason to be skeptical of the claims about psychedelics

Much remains unknown about the efficacy and potential side effects of psychedelics. The Johns Hopkins Center for Psychedelic and Consciousness Research, which received a \$4 million grant from the National Institutes of Health, wrote, “scientific and medical experts are [just beginning to understand](#) its effects on the brain and mind and its potential as therapeutics for mental illnesses.” A 2022 article in Science reported, “How these hallucinogens exert their effects remains something of a mystery.” And when asked “What do psychedelics do to the human mind,” Michael Pollan, a leading proponent of psychedelics, responded, “The honest answer: [nobody quite understands](#). We’re really just at the beginning of exploring that frontier.” In light of the many unknown aspects surrounding psychedelics, researchers—and especially potential users—should proceed with caution and be skeptical of claims about their efficacy.

The American Psychiatric Association [noted](#), “given growing public interest and commercial interest, and the ever-compelling need to advance treatments for challenging psychiatric conditions, there is the risk that use of psychedelics for purported clinical goals may outpace evidence-based research and regulatory approval.” Stemming from the state-level legalization of psychedelics, like in [Oregon](#) in 2020—although it remains a Schedule 1 substance—the APA added, “Clinical treatments should be determined by scientific evidence in accordance with applicable regulatory standards and not by ballot initiatives or popular opinion.”

Despite preliminary evidence that psilocybin might be helpful in treating addiction, the New York Times reported, “It’s still [uncertain how effective](#) using psilocybin to treat addiction is in the long-term and whether some individuals are more likely to benefit than others.”

As we've seen with the industry-backed takeover of the marijuana, tobacco, and alcohol industries, well-financed organizations are now taking steps to create a for-profit psychedelic industry. According to Business Insider, 10 venture capital firms have invested a combined [\\$79 million](#) into psychedelic therapies. Highlighting the emergence of the psychedelic industry, Fierce Biotech reported, "Compass Pathways, which is [developing](#) the magic mushroom compound psilocybin to treat depression, raised \$146 million in its September initial public offering, and \$144 million in a secondary offering seven months later. And in June, Atai Life Sciences—backed by PayPal co-founder Peter Thiel and advancing a broad pipeline of psychedelics—raked in \$258 million from its IPO." Big Pharma will likely buy out these startups and solidify its grip on the psychedelic industry. As was done with medical marijuana, the industry and its allies will likely oversell the benefits of psychedelics. Even so, researchers should continue to learn more about its potential applications and consequences.

A columnist in Forbes argued, "In an emerging industry trying to avoid negative press, the open discussion of an issue like abuse is seen as [a potential threat](#) to the advancement of approved psychedelic medicine, and could potentially bring legal attention and repression to underground communities." The profit-driven mission of psychedelic companies may ultimately harm the individuals it purports to help, particularly those with pre-existing mental health issues and those who previously suffered traumatic experiences.