

Psychedelics

A short introduction to substances that alter perception, emotion and the sense of self, and to the forms of support that surround them.



What does the word mean?

The classic psychedelics are psilocybin, found in certain mushrooms; LSD; and mescaline, the active compound of the peyote and San Pedro cacti. They act mainly on the brain's serotonin receptors. Under their influence, perception, the sense of time, emotion and the sense of being oneself can change markedly. MDMA and ketamine are often discussed alongside them, although they work differently. MDMA tends to heighten emotional openness and closeness. Ketamine produces dissociation, a temporary sense of distance from one's body or surroundings. ¹

The experience

A non-ordinary state of consciousness is first a change in how one is present. The usual flow of thought loosens; attention turns inward or opens outward; perceptions and feelings gain in intensity; the boundaries of the self may soften. Memories, images and emotions can arise unbidden, sometimes with great clarity. What emerges depends as much on the person, their intention and the setting as on the substance.

Recreational use seeks the experience for its own sake, usually in a social setting and without a frame for what comes up. Therapeutic use places the same experience within a course of care: preparation beforehand, a trained person present throughout, and time afterwards to make sense of what was lived. The difference lies less in the substance than in the frame.

These experiences can be intense and, at times, deeply troubling. Fear, panic, confusion or the sense of losing one's footing can occur even with careful preparation, and some of what surfaces does not settle on its own. A difficult experience is not a failure, but it needs to be held and worked through. This is one reason the frame matters. ¹



Classic psychedelics

Psilocybin · LSD



MDMA

Emotional openness



Ketamine

Dissociation

Different effects and clinical questions. These substances are not interchangeable.

What is being studied?

Current research concerns specific substances for specific conditions. Psilocybin is being studied for depression, including depression that has not responded to other treatments, for alcohol dependence, and for the anxiety and depression that accompany a life-threatening illness. MDMA is being studied for post-traumatic stress disorder. Ketamine, and its derivative esketamine, are used and studied for depression; esketamine is an authorised treatment for major depression in Canada. ^{1, 4–7}

The open questions are concrete: how long benefits last, which adverse effects occur and for whom, and how much is owed to the substance, to expectation and to the psychological care that accompanies it. These are several distinct interventions, each with its own evidence, not one treatment called « psychedelics ».

Choosing the right conversation

For someone drawn to these approaches, the first step is to clarify what they are looking for: to learn, to consider a treatment, or to make sense of an experience already lived. A qualified clinician can set out the established treatments and say whether a fuller assessment is warranted. Psychedelic harm reduction and integration (PHRI) offers support around choices and past experiences without administering any substance. ³

Questions to bring to a consultation

- Given what I wish to address, what is the best way forward?
- Which substance, and which treatment model, are we talking about?
- What does the evidence say for my difficulty?
- Can I be accompanied without taking a substance?

Canada · Psilocybin and MDMA are not approved treatments in Canada. Authorized research and certain exceptional access pathways exist; they do not establish general availability or individual eligibility. Health Canada. ²

Sources and further reading

1. NIH (NIDA) · Psychedelic and Dissociative Drugs.
Public overview of effects, adverse reactions and ongoing research.

2. Health Canada / Santé Canada · Psilocybin and psilocin.
Effects, risks and Canadian access pathways; French version available.

3. Gorman et al. (2021) · Psychedelic Harm Reduction and Integration.
Original clinical framework; open-access article.

4. Goodwin et al. (2022) · Single-dose psilocybin for a treatment-resistant episode of major depression.
New England Journal of Medicine. doi 10.1056/NEJMoa2206443

5. Bogenschutz et al. (2022) · Psilocybin-assisted psychotherapy in alcohol use disorder.
JAMA Psychiatry. doi 10.1001/jamapsychiatry.2022.2096

6. Griffiths et al. (2016) · Psilocybin in patients with life-threatening cancer.
Journal of Psychopharmacology. doi 10.1177/0269881116675513

7. Mitchell et al. (2023) · MDMA-assisted therapy for moderate to severe PTSD, phase 3.
Nature Medicine. doi 10.1038/s41591-023-02565-4

General information to support a clinical conversation. This resource does not determine treatment suitability or offer access to a substance.