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PROVIDER PERCEPTIONS ON THE USAGE OF PSYCHEDELIC-ASSISTED
THERAPY TO INFLUENCE BEHAVIOR CHANGE IN INDIVIDUALS WITH
SUBSTANCE USE DISORDERS

by

LEIA RAUSCH

A thesis submitted in partial fulfillment of the requirements
for the Honors in Research Program in Sociology
in the College of Sciences
and in the Burnett Honors College
at the University of Central Florida
Orlando, Florida

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ABSTRACT

Recent research studies and clinical trials have suggested that psychedelic therapy with psychological support can offer beneficial and synergistic effects in reducing or eliminating substance use disorder (SUD) patterns and symptoms. However, very little is known about SUD healthcare providers' perceptions of the usage of psychedelic-assisted therapy in SUD treatment. The present study assesses biomedical SUD healthcare providers' perceptions and concerns to better understand potential barriers to the effective implementation of psychedelic-based therapies and formulate further recommendations for research efforts surrounding them. This study collected data through a short survey and qualitative semi-structured interviews from nine participants involved in SUD patient treatment and care. Open discussion was encouraged in the interviews which were recorded and transcribed using the Otter app. Data was analyzed using Charmaz's two-step coding process, which identified common themes and specific issues about translating psychedelic-assisted therapy into clinical application. Four interconnected themes were identified: personal responsibility, patient safety and expectations, a call for further research, and societal structures as barriers. The findings of this study indicate that SUD healthcare providers have optimism and openness surrounding psychedelic-assisted therapy and generally view it as a positive treatment. However, this optimism was often followed by concerns for safety, legality, and the providers' role in this treatment. Participants also expressed a critical need for further research with rigorous clinical trials to explore the effectiveness of psychedelics in a therapeutic setting. The results provided in this study act as basis for engaging with biomedical SUD healthcare providers to address concerns about psychedelic-assisted therapy in future research for SUD treatment.

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TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS	iii
LIST OF TABLES	vi
LIST OF FIGURES	vii
INTRODUCTION	1
METHODS	13
RESULTS	15
DISCUSSION	27
CONCLUSION	31
APPENDIX A: IRB APPROVAL LETTER	32
APPENDIX B: INITIAL SURVEY	34
APPENDIX C: INTERVIEW QUESTIONS	38
REFERENCES	40

LIST OF TABLES

Table 1: Patient Demographics	16
Table 2: SUD Healthcare Providers' Survey Responses	17

LIST OF FIGURES

Figure 1: Key themes related to SUD healthcare providers' perceptions of psychedelic-assisted therapy	20
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INTRODUCTION

In the 2020 National Survey on Drug Use and Health, 40.3 million American individuals were reported to have a substance use disorder (SUD) (CDC, 2022). The DSM-V classifies SUDs as having 11 different criteria in these categories: impaired control, social impairment, risky use, and pharmacological (McNeely & Adam, 2020). They are classified as mild, moderate, or severe based on how many of the 11 criteria are filled (McNeely & Adam, 2020). SUDs have been shown to be difficult to treat and are often highly comorbid with other mental health disorders (National Institute on Drug Abuse, 2021) which creates a positive feedback cycle that is difficult to break. Current mainstream treatments have only been partially effective and often have high relapse rates which can range from 40-60% (de Veen et al., 2016; Garcia-Romeu, 2019; NIDA, 2023). Exploration into alternative treatments is an important endeavor to increase the effectiveness and success of SUD therapy. In recent years, there has been a rapid expansion into the study of psychedelics and their possible translation into medical therapies. Emerging studies have suggested that psychedelic therapy along with psychological support can provide synergistic effects in reducing or eliminating the habitual patterns of SUD behavior (Corrigan et al., 2022).

The main psychedelic compounds currently being researched for SUD treatment are psilocybin and lysergic acid diethylamide (LSD) (de Veen et al., 2016; Johnson et al., 2017). These compounds are being investigated for their effects on an individual's subjective experience and how that can facilitate and maintain positive behavior change. The neurobiological mechanism for psychedelics involves the activation of the serotonin 5-HT receptors to which all psychedelics have a high affinity (López-Giménez et al., 2018).

Dysregulations of cognitive control and emotional function have been suggested to contribute to the development and persistence of SUDs (de Veen et al., 2016). Following repeated excessive drug use, the brain gets accustomed to the dopamine release and habitual and compulsive behaviors begin emerging (Mavrikaki et al., 2020). However just as these patterns can be learned, they can also be unlearned by retraining of the brain through therapy. With its low toxicity and low physical dependency risk, psychedelics may offer a modality to facilitate this retraining. They induce a wide variety of subjective experiences that are often very personal to the individual. These experiences are an important aspect of psychedelic-assisted therapy and tend to spur mystical-type effects, meaningful insights, and belief changes that lead to overall positive effects in self-identity, self-belief, and motivation (Yaden & Griffiths, 2020). In studies administering psychedelics, it has been shown that people often rate their psychedelic experience as among the most profound experiences of their entire lives which may help serve as a catalyst to instigate a change in their patterns of behaviors, thoughts, and feelings (Yaden & Griffiths, 2020). Along with psychological therapies such as cognitive behavioral therapy (CBT), psychedelics may help facilitate the attenuation of typical SUD behavioral patterns and replace them with healthier learned behaviors.

Using psychedelics must be handled with caution and in a controlled environment that is conducive to the individual's care. The influence of those who are providing the therapy plays an important role in that individual's comfortability. Clear communication between the provider and the patient is imperative for the therapy to be effective (Corrigan et al., 2022). It is important to consider the perspectives and perceptions on psychedelic-assisted therapy of biomedical healthcare providers involved in SUD treatment, as they will be the ones to translate clinical research findings into practical care applications. By taking an inside-out approach, critical

assessments can be made for the future of psychedelic-assisted therapy. There have only been a few studies investigating the attitudes of SUD healthcare providers so research in this area is limited. The present study will assess biomedical SUD healthcare providers' perceptions and concerns to better understand potential barriers to effective possible implementation of psychedelic-based therapies and formulate further recommendations for research efforts surrounding them.

LITERATURE REVIEW

Psychedelics have had a long history of use with the earliest direct use dating back 5700 years in a Northeastern region of Mexico (Rucker et al., 2018). These compounds were also used - and continue to be used - in religious and spiritual ceremonies, such as mescaline in Native American church ceremonies and ayahuasca in Brazil and the Amazonian Basin for ritual healing and spiritual ceremonies, before they became of interest for medical research and therapies (Rucker et al., 2018). Early clinical studies suggested the therapeutic potential of psychedelics; however, the studies were largely lacking in their methodology and had an array of ethical issues accompanying them (Rucker et al., 2018). In 1967, many psychedelics, like psilocybin and LSD, were classified as Schedule 1 drugs and labelled as having no accepted medical use with the maximum potential for harm and dependence (Rucker et al., 2018). Without a clinical focus and the hardening of socio-political attitudes, research was halted in the 1970s.

In recent years, psychedelic research has reemerged with stricter regulations and a new focus on the holistic aspect of an individual's health. These are largely based on the individual's subjective experiences and perspectives to facilitate behavioral change. SUDs commonly involve the release of dopamine, which moderates the reward system in the brain. The consistent release

of extracellular dopamine due to long-term substance use relates to reduced sensitivity of dopamine D2 receptors. This results in a dysregulation that further mediates continued drug use (de Veen et al., 2016). The dopamine release reward system is highly influenced by the serotonin 5-HT2A receptor. It has been reported that manipulation of these serotonin receptors has effects on reward processing and habitual behaviors (de Veen et al., 2016). These effects can be demonstrated by their location densities. 5-HT2A receptors mainly concentrate in areas that influence cognitive control, perceptual awareness, and emotional learning (de Veen et al., 2016). Psychedelics produce their effects by an agonist relationship with 5-HT serotonin receptors. Although they do not bind exclusively to these receptors, evidence has pointed towards the action of 5-HT receptors, specifically 5-HT2A, as being necessary for their effects (López-Giménez et al., 2018). This can explain why psychedelics may reduce the effect of the maladaptive patterns seen in SUDs. By using psychedelic's downregulating and desensitizing effects on 5-HT2A receptors, it may play a role in reducing stress-induced relapses (Pisano et al., 2017).

Psychedelics have also been shown to influence the brain's neuroplasticity (Ly et al., 2018). Neuroplasticity affects learned behaviors via the dopamine reward system. SUDs manifest themselves in the brain as a reflex activation in the reward system and encourage habitual behaviors when certain cues occur (O'Brien, 2009). The brain does not distinguish between good or bad habits, only between those that are repeated. This is the difficulty of neuroplasticity with SUDs; neuroplasticity is stable and often solidifies habits that may last an individual's lifetime, especially since using substances often comes with a greater reward than what would be received naturally (O'Brien, 2009). Those synapses have been strengthened repeatedly, often over a long period of time, which explains why those who develop SUDs often relapse and find it difficult to

break out their habits. Psychedelics may assist with breaking these habits by inducing changes in neuroplasticity (de Vos et al., 2021). Studies have demonstrated rapid plasticity changes after a single administration of the psychedelics, psilocybin, LSD, or N,N-dimethyltryptamine (DMT) across molecular, neuronal, synaptic, and dendritic levels (de Vos et al., 2021). The Brain-Derived Neurotrophic Factor (BDNF) is one of the main proteins that is influenced by psychedelics. It is involved in multiple levels of neuroplasticity and is shown to be diminished in populations affected by anxiety, depression, and SUDs (de Vos et al., 2021). In instances of repeated administration of psychedelics, they have produced increased BDNF mRNA levels and directly stimulate neurogenesis which further suggests their therapeutic potential (de Vos et al., 2021).

Recent success has been seen in multiple studies in analyzing or utilizing psychedelics' therapeutic potential. One study published in 2019 examines the correlation between naturalistic psychedelic use and the cessation or reduction of alcohol consumption and misuse (Garcia-Romeu et al., 2019). Specifically, it reviewed the effects in individuals who have taken doses of psilocybin or LSD in naturalistic settings. Naturalistic psychedelic use was defined as the use of psychedelics in non-medically regulated settings (Garcia-Romeu et al., 2019). The study was an anonymous cross-sectional online survey and included 343 participants, mostly White (89%) males (78%), who have experienced a cessation or reduction of their alcohol use disorder (AUD) after taking psilocybin or LSD. The participants provided detailed information about their AUD as well as lifetime drug use data which was used to assess their alcohol use before and after their psychedelic experience. Only about 10% of participants included in this research engaged in psychedelic use with the intention of reducing or quitting drinking alcohol. The findings of this study suggest that naturalistic psychedelic use is followed by pronounced and persistent

reductions in alcohol misuse. The data that stood out the most were these results: 45.2% reported a reduction or cessation of alcohol use, 62.7% reported an improved diet, and 76.1% reported improved relationships with others. About 28% of participants attributed their reductions in alcohol use to a change in life values and priorities initiated by their psychedelic experience. 72% of participants reported meeting the criteria for severe AUD in the year prior to their psychedelic experience with an average of seven years of problematic alcohol use (Garcia-Romeu et al., 2019). After their psychedelic experience, the majority of participants indicated a significant reduction in their AUD, with 83% of participants no longer meeting the AUD criteria (Garcia-Romeu et al., 2019). This study did have some notable limitations, including recall error and bias as the study only recruited individuals who had experienced a reduction in alcohol use after naturalistic psychedelic use. However, the study provides considerable evidence that points towards psychedelics having the potential for behavior change accompanied by positive influences in their daily life lasting beyond the period of acute drug action.

Another study done in 2017 described the association of psychedelic use with opioid use disorders. This relationship was analyzed using data from respondents who completed the National Survey on Drug Use and Health (NSDUH) from 2008 to 2013 (Pisano et al., 2017). The NSDUH's ten dependence criteria were analyzed as well. The DSM-IV criteria were used to define dependence and abuse in the results of this study (Center for Substance Abuse Treatment, 2012). Among the respondents who reported illicit opioid use, psychedelic use was associated with a 27% reduced risk of opioid dependence and a 40% reduced risk of opioid abuse with significant p values: 0.002 and 0.006 respectively (Pisano et al., 2017). Besides psychedelics and marijuana, almost all other drug use corresponded to an increased risk in dependence and abuse. Psychedelic use also showed significant reduction in seven out of the ten dependence criteria.

These results were largely consistent with the study's original hypothesis that psychedelic drug use would be associated with reduced opioid misuse and supports further investigation into the therapeutic effects of psychedelic use with opioid use disorders (Pisano et al., 2017). This study also had limitations in recall errors and bias, underrepresentation of institutionalized individuals, and that the NSUDH's cross-sectional design prevents causal inferences (Pisano et al., 2017).

Lastly, a study done in 2016 assessed long-term follow-up measures on tobacco smoking outcomes after combined psychedelic use and cognitive behavioral therapy 12 months after the original pilot study. In the pilot study, 15 participants, who smoked an average of 19 cigarettes a day, were selected and underwent a 15-week combination treatment of cognitive behavioral therapy and mindfulness training, along with a moderate dose of psilocybin in week 5, high dose of psilocybin in week 7, and an optional dose at week 13 (Johnson et al., 2016). Follow-ups in the original study were made 10 weeks after the combination treatment was completed. This study sought to review the long-term results of the pilot study and performed a follow-up at 12 months, which all participants completed, and a long-term follow-up that had a mean of 30 months after the pilot study, which twelve of the fifteen participants completed (Johnson et al., 2016). The results reported significant improvement from previous smoking cessation efforts. Smoking status was assessed using biomarkers from breath and urine samples: breath carbon monoxide levels were measured along with the amount of cotinine, a metabolite of nicotine, in the urine (Johnson et al., 2016). Biological abstinence was judged based on these criteria: if breath CO value was ≤ 6 ppm, urinary cotinine was < 200 ng/mL, and if no smoking was reported during the last seven days (Johnson et al., 2016). Ten out of the 15 participants (67%) were biologically abstinent at the 12-month follow-up and at the long-term follow-up, 9 out of the 15 participants continued to be biologically abstinent (Johnson et al., 2016). Results indicated

persisting positive effects, and it was suggested that greater mystical effects initiated by the psilocybin lead to better smoking cessation outcomes. Spirituality was found to be associated with smoking cessation as participants consistently attributed spiritual significance to their psilocybin sessions (Johnson et al., 2016). This study had its limitations as well, including its small sample size and lack of a control condition. However, these issues are being used to further psychedelic research in smoking cessation.

An ongoing study is currently being conducted to determine efficacy on a larger sample size and is analyzing smoking cessation outcomes of a single high psilocybin dose with standard nicotine replacement therapy (Johnson et al., 2016). It is estimated to be completed in December 2023.

The associations made in the above studies indicate that psychedelic use, even in uncontrolled settings, can lead to positive therapeutic effects in the reduction of SUDs. This contrasts with the conventional belief that psychedelic use is associated with negative outcomes (Schlag, 2022). However, this remains a controversial topic in the public and among politicians because of its negative stigmatization and the impression of risk. Many of the potential risks and adverse effects can often be reduced or avoided with modern advancements in participant screening, ethical concerns, and medical observation (Schlag, 2022).

The dominant biomedical perspective of the mechanism of SUDs follows the brain disease model of addiction (BDMA) which is a medical-based model that views SUDs as various neuroadaptations that “hijack” the brain and make certain behaviors more impulsive and less voluntary (Weirs & Verschure, 2021). This view has helped lead to neurobiological advances that changed the way SUDs are understood and many have adopted the claim of SUDs as a brain

disease. It has provided more empathy for people with SUDs and pushed for medical treatment instead of prison for drug offenders (Reinarman & Granfield, 2014). It is less stigmatizing than the previous perception of SUDs as a moral failing and has allowed the medical community to address SUDs with preventative measures, treatment interventions, and public health policies (Volkow et al., 2016).

However, controversy and limitations still surround the BDMA. The criticisms include its neglect of psychological and social factors; its inability to accommodate sudden recovery; and how it obscures economic and systemic patterns of SUDs (Raikhel, 2015; Weirs & Verschure, 2021). It largely ignores the biopsychosocial factors that may premeditate and exacerbate the individual's SUD and only provides a medical fix which is often insufficient on its own for full recovery. Although it counters the previous view of moral failing, it can also create its own stigma of the individual feeling that they are powerless to their disease and absolved of responsibility (Sunshine Coast Health Centre, 2022). With behavioral and mental disorders being more difficult to define than physical ones, it is important to acknowledge that the BDMA is not the clear objective lens that many believe it to be (Reinarman & Granfield, 2014). The definition of SUDs will shift and change as our understanding of it develops. Many researchers are seeking to move beyond the restrictiveness of the BDMA and have begun exploring links between biological mechanisms, environmental influences, and developmental histories (Raikhel, 2015). A recent article has proposed an alternative method to BDMA, called system-orientated neurorehabilitation, which acknowledges the neuroadaptations of SUDs while also emphasizing the dynamic nature of the human mind (Weirs & Verschure, 2021).

Risky use, impaired control, and social impairment (McNeely & Adam, 2020) are main concerns associated with psychedelic use. The fourth criteria of SUDs, pharmacological effects,

is not applicable in SUDs involving prescription medications in the context of appropriate medical use (McNeely & Adam, 2020). Although psychedelics such as psilocybin and LSD have some potential for abuse, as found in a review of the eight factors of the U.S. Controlled Substance Act, it is low in comparison with other scheduled drugs (Johnson et al., 2018). For example, a 1993 study previously concluded that psychedelics had a lower dependence risk than caffeine (Gable, 1993). The Substance Abuse and Mental Health Services Administration also found a low risk of dependence, with an estimated 9% of users developing a dependence (SAMSHA, 2017). However, this percentage may be skewed by the inclusion of \pm 3,4-methylenedioxymethamphetamine (MDMA) and phencyclidine (PCP) which have a higher dependency risk than psilocybin and LSD (SAMSHA, 2017). The perception of psychedelics as addictive is largely based on misinformation and misrepresentation. More adverse effects are seen when psychedelics are taken in uncontrolled conditions and without proper education. Emotional states can be intensified and have a major impact on an individual's psychedelic experience (Schlag et al., 2022). In unsafe settings, it may lead to dangerous or risky behavior. There have been instances of individuals ending their lives while using psychedelics however, these instances are uncommon when compared to other substances such as alcohol and are often overrepresented in media which contributes to false perceptions (Schlag et al., 2022).

Those who do encounter challenging experiences often experience paranoia, dysphoria, fear, and anxiety. Most generally find that these feelings are short in duration and may even act as a catharsis. It has been found that even with challenging experiences, they do not take away from psychedelics' therapeutic effects (Schlag et al., 2022). There are some cases of psychedelics triggering a psychotic episode in an individual. The majority of these reports were made in studies conducted in the 1950s and 1960s. However, these resulted largely from

unethical methods, including insufficient screening and neglect of safety (Schlag et al., 2022). The risk of psychotic episodes has been greatly reduced with modern psychiatric screening as those with a personal or family history of psychotic disorders are restricted from psychedelic clinical treatment (Schlag et al., 2022). Other common exclusion criteria may also include cardiovascular disease, epilepsy, or other comorbidities that have an unknown or higher risk of adverse effects.

Another aspect that can reduce risks and enhance the effects of psychedelics is the perception and beliefs of the individual and their provider, also known as “set”. Set, along with setting, are necessary for implementing harm reduction strategies and ensuring the safety of the individual to allow for positive patterns of drug use. Set refers to the personality, preparation, expectation, and intention of the individual having the experience, and setting as the physical, social, and cultural environment in which the experience takes place (Hartogsohn, 2017). Set and setting has shown to be difficult to standardize as a neutral setting might be seen as negative from one individual, but positive for another (Hartogsohn, 2017). This is why it is fundamental for the individual’s experience to be integrative, personal, and comfortable to accurately assess the beneficial effects of psychedelic-assisted therapy. Learning to create a positive set and setting is essential for harm reduction in future research and clinical trials. This is even more important in the context of recreational psychedelic use that, without proper education on set and setting, can result in a higher risk of adverse effects. Provider beliefs also play an important role in translating clinical findings to treatment application. Healthcare providers are the gatekeepers to medical treatments and by relation, the well-being of their patients. Currently, there is very limited knowledge on the perspectives of SUD treatment healthcare providers on psychedelic-

assisted therapy. It is important to understand their perceptions and concerns to better formulate future research efforts.

The likelihood and acceptance of a patient's treatment plan often leans on the providers' beliefs and opinions. One study highlighted that 55% of their sample population stated they would accept psilocybin therapy if their doctor recommended it while another 25% stated they were neutral (Corrigan et al., 2021). It was speculated that acceptance may be even higher if it pertained to a real-world scenario rather than a hypothetical question. In another survey conducted with psychiatrists, 77.2% of respondents believed psychedelics could play a therapeutic role under controlled environments however, 60.2% were not familiar or only slightly familiar with their use for this purpose (Page et al., 2021).

This demonstrates a need for further research to ascertain a substantial evidence and knowledge base for healthcare providers and the general public alike. The psychiatrists' views in this study encompassed three main themes: the need for knowledge, openness to change, and uncertainty (Page et al., 2021). Although their opinions reflected optimism and openness to psychedelic-assisted therapy, there were concerns about the amount of involvement a psychiatrist should have; how their specific skills should be used; and if current structures that support psychiatry are able to support the delivery of this new therapy (Page et al., 2021). Although healthcare providers seem generally open to the idea of psychedelic-assisted therapy, these views are met with concern and the need for further research to ensure the safety, efficacy, and effectiveness of this newfound approach.

METHODS

Study Procedure

Data for this study was collected using two methods from nine participants: qualitative, semi-structured interviews and a short survey.

The interviews were conducted through a HIPAA-compatible Zoom platform and follow a qualitative semi-structured format to encourage open discussion. The discussion begins with broad questions about medical and personal experience with providing SUD treatment before moving on to specific questions involving psychedelic-assisted therapy. Participants are encouraged to speak freely about their impressions, perceptions, and concerns under confidentiality. The interviews were recorded and transcribed using the Otter app. Recorded interviews are stored under a password protected computer in a UCF OneDrive account and will be retained for a minimum of five years per the IRB's regulation.

Before the interviews took place, participants completed a survey to collect data about their demographic information, such as age, sex, religious affiliation, and how long they have been involved in SUD treatment and care. The survey also included a section that analyzes their general attitudes towards psychedelic-assisted therapy using a 6-point Likert scale with options from Strongly Disagree to Strongly Agree and Don't Know. This survey was administered via Qualtrics.

Participant Recruitment

Participants were recruited from a group of biomedical SUD healthcare providers involved in SUD treatment in Orlando, Florida. These groups include providers with the Recovery Connections in Orange County, FL STEPS, Inspire Counseling and Support Center, The Transition House, Everyone's Counseling Center, Florida Treatment Services LLC, and

various other SUD treatment organizations. Recruitment involved snowball sampling as participants are asked to refer others who may be willing to participate in the study. Participants are eligible if they are over 18 years of age, fluent in English, and currently work with SUD patients in a treatment capacity. Recruitment focused on obtaining a range of ages, sexes, and medical experience as those factors have been suggested to influence different perspectives (Reynolds et al., 2021). The recruitment process was completed through email in the Spring 2023 semester. This study was advertised in neutral terms as “alternative therapy for SUD treatment”. This worked to reduce recruitment bias and ensure there is a range of perspectives included. Written consent was obtained before the interview began and confidentiality was maintained throughout the study. Participants are given an individual number which is used instead of names to deidentify the data.

Data Analysis

Data from the demographic survey and standardized questionnaire was used to identify specific trends that may relate to each other. Interview transcriptions done by the Otter app are checked for accuracy then analyzed for central themes in the participants’ responses. Data analysis will follow Charmaz’s two-step coding process: open and focused coding (Chun et al., 2019). In the open coding stage, interview data is transcribed and reviewed for similarities and differences in patterns. General notes are made, and significant quotations are highlighted. In the focused coding stage, common themes are identified from the basic data obtained during open coding to allow for boundaries and specific meanings to emerge. These aspects are used to write the results report and emphasized in the discussion.

RESULTS

Survey Results

Nine healthcare providers working in SUD care and treatment in Orlando, Florida took part in the study. The sample had a mean age of 38.2 years with a standard deviation of 6.9 years. The majority of participants were female (77.78%) and white (87.50%). There was a wide range of religious preferences with Protestant (22.22%) and Other: Spiritual (22.22%) being the highest. The mean years of experience was 10.6 years with a standard deviation of 7.5 years. Participants 7 and 9 completed the survey portion but did not complete the follow-up interview due to a loss in contact.

Table 1: Patient Demographics

Participant Number	Age	Gender	Race	Hispanic/Latino or Spanish origin?	Profession	Years of Experience	Religious Preference
1	45	M	White	No	Recovery Care Specialist	3	Spiritual
2	43	F	White	No	Regional Director	17	Protestant
3	45	M	Declined	Mexican	Clinical Psychologist	22	Agnostic
4	44	F	White	No	Art Therapist	9	Catholic
5	30	F	White	No	Clinical Therapist	5	Spiritual
6	27	F	White	No	Counselor	3	Atheist
7	32	F	African American	No	Outpatient Program Director	Unknown	Christian
8	40	F	White	No	Clinical Director	15	Declined
9	38	F	White	American Chicano/a	Nurse Practitioner	Unknown	Protestant

The survey questions were designed to generalize the healthcare providers' responses to various statements regarding psychedelic-assisted therapy. The majority of responses followed similar trends to each other. Only a few expressed variable responses.

Table 2: SUD Healthcare Providers' Survey Responses

Statement	SD	D	MD	N	MA	A	SA	DK
I would say I am knowledgeable about psychedelics	11.11%	0.00%	11.11%	11.11%	22.22%	33.33%	11.11%	0.00%
Psychedelics with psychological therapy support can be a therapeutic tool for SUDs	0.00%	0.00%	0.00%	22.22%	0.00%	33.33%	22.22%	22.22%
I would find psychedelic-assisted psychotherapy to be acceptable in standard therapy practice	0.00%	0.00%	0.00%	22.22%	22.22%	11.11%	33.33%	11.11%
I would be willing to recommend psychedelic-assisted psychotherapy to a patient	0.00%	11.11%	0.00%	33.33%	11.11%	0.00%	33.33%	11.11%
Psychedelics can increase a person's connection to nature	0.00%	11.11%	0.00%	22.22%	11.11%	22.22%	33.33%	0.00%
Psychedelics can increase a person's connection to others	0.00%	11.11%	0.00%	33.33%	0.00%	11.11%	44.44%	0.00%
Psychedelics can lead to a mystical-type experience	0.00%	0.00%	0.00%	11.11%	22.22%	22.22%	44.44%	0.00%

Statement	SD	D	MD	N	MA	A	SA	DK
Psychedelics are highly likely to be misused	11.11%	11.11%	0.00%	11.11%	44.44%	22.22%	0.00%	0.00%
Taking psychedelics, even under medical supervision, is unsafe	22.22%	22.22%	22.22%	22.22%	11.11%	0.00%	0.00%	0.00%
Psychedelics have a high risk of dependence	33.33%	11.11%	11.11%	11.11%	11.11%	11.11%	0.00%	11.11%
Psychedelics commonly trigger psychotic episodes	0.00%	11.11%	44.44%	11.11%	11.11%	11.11%	0.00%	11.11%
Psychedelics can be safely used and enjoyed in recreational settings	0.00%	11.11%	0.00%	33.33%	11.11%	33.33%	11.11%	0.00%
Psychedelics should be tested for medicinal value	0.00%	0.00%	0.00%	11.11%	0.00%	33.33%	44.44%	11.11%
The government should fund studies to explore the medicinal value of psychedelics	0.00%	0.00%	0.00%	22.22%	0.00%	11.11%	55.55%	11.11%

Qualitative Interview Results

Throughout the qualitative interview session, participants were encouraged to speak freely and generally seemed to have eager and curious attitudes when discussing psychedelic-assisted therapy. The interview session began by asking about the provider’s experience in the field of SUD care and what their opinions were with current treatment options. Most participants reported feeling unsatisfactory with the current available options due to a lack of accessibility and their inability to consider factors outside the medical model – *“they're fairly ineffective...that's in part due to a lack of good effective treatment approaches...treatments fine*

and good, but it doesn't address what it's like to not have enough rent money, to have a car accident, and all the other stressors that exist in the real world” [Participant 3]. Despite this, some reflected a hopeful outlook for the future of medication-assisted therapy stating *“it's becoming more and more common and accepted, less stigma...I think that we're moving forward”* [Participant 4] and *“medication-assisted treatment has been a really powerful tool and a game changer, but I think combined with other therapies and modalities is just, you know, try and take the holistic approach”* [Participant 1]. Another notable observation was that although there was a range in knowledge and awareness between participants, most expressed a willingness and optimism for psychedelic-assisted therapy as a modality for SUD treatment. Participants discussed their familiarity with psychedelics by hearing about them through professional connections or personal references from their own perspectives or social circles – *“first time I ever heard about it was coming from clients themselves...I was not trusting of it. I thought it was just them looking for a quick fix...hearing it from a medical professional that's reading up on the latest research on medications, yeah, opened me up”* [Participant 4]. Participants also quoted being familiar with treating patients with ketamine for depression and MDMA for PTSD by seeing it through billboards, documentaries, and other professional sources. Those who heard about psychedelics through professional or scientific sources exhibited more of a solid understanding of them as a therapy modality than those who heard about psychedelics through personal connections. It is important to recognize that the perceptions of healthcare providers will shift and change as more research emerges.

Key Themes

The focus of this study was to assess healthcare provider's perceptions on psychedelic-assisted therapy to find specific themes to help guide future research efforts and identify barriers to implementation. After using Charmaz's two-step coding process, four themes emerged from the interview sessions: personal responsibility, patient safety and expectations, a call for further research, and societal structures as barriers. These themes will be described below using direct quotations from participants.

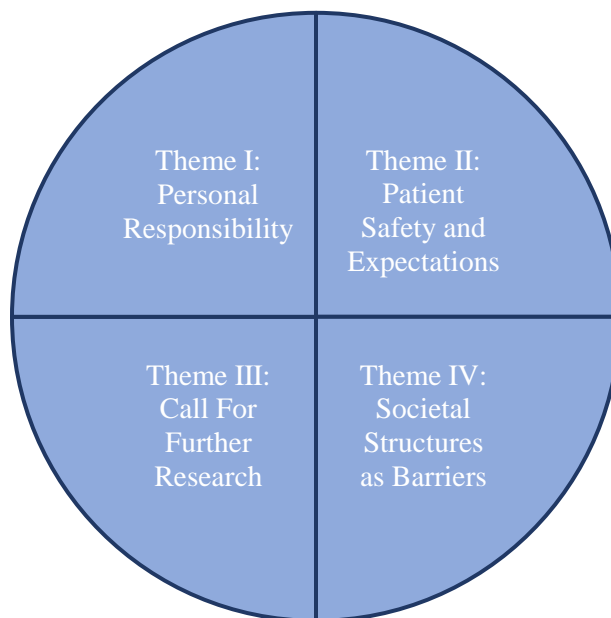


Figure 1: Key themes related to SUD healthcare providers' perceptions of psychedelic-assisted therapy

Theme I: Personal Responsibility

All participants mentioned concern for their personal role in the psychedelic-assisted therapy process, whether that be with recommending the treatment to a patient or guiding the patient through the treatment session itself. Many pointed out that with adequate training and education, they felt like they could play a significant role in a patients' psychedelic-assisted

therapy treatment. An important aspect of this is the providers' ability to maintain the relationship that they had previously built on with their patients rather than referring them elsewhere to receive this treatment – *“As long as I understood more about medication and I was working on a team with medical doctors, and we had good communication there. I would be open to it...really building up a relationship with people and just sticking with them over time and meeting them where they're at has been helpful”* [Participant 4] and *“if I had enough knowledge and training in it, I definitely would...I like to do a lot of like, with my own individual clients, I want to make sure there's that care coordination and sometimes when you refer elsewhere, you lose that connection”* [Participant 5].

Following this participants described their trust in their patients to know what is best for them – *“I don't know enough personally to know whether it [psychedelic-assisted therapy] is or isn't greatly effective, but I have heard people say that it is and when somebody, generally like a patient tells me, I generally like to trust them. They say something's working and I like to encourage that”* [Participant 2] and *“this is a personal decision...do your research and make a well-informed decision for yourself”* [Participant 1].

Participants also mentioned training of healthcare providers as important as well, but one participant specifically emphasized the significance of how this would be handled: *“I think the biggest barrier is one that would probably go away if we were allowed to do it, and that's training. You can't sit with somebody with a DMT experience or a psilocybin experience and not know what you're doing. So training is the biggest barrier aside from the really obvious wall that exists and that's we're not allowed to do it. It's not legal or ethical... I could see a lot of folks diving into this just like they do in this field with everything else...you have to really know*

what you're doing and not have just taken an online course or read an article or a book. You really have to take it seriously" [Participant 3].

In summary, these quotes describe the theme and importance of the providers' personal responsibility with their education, training, and trust in the patients and their care.

Theme II: Patient Safety and Expectations

All participants had a perception of risk involved with psychedelic-assisted therapy as it is their responsibility to create a safe and conducive healing environment for their patients.

However, as one participant pointed out, there are risks involved in any type of therapy as they are often dealing with highly sensitive information to the patient: *"People experience a lot of emotional and psychological harm at points with therapy no matter how, like trained with provider is or how competent, you know, things go wrong all the time"* [Participant 6]. Following along with this concern is that *"most of our evidence in our field is, none of it's 100%. So compelling evidence for a treatment doesn't mean it's going to work all the time for all people. It doesn't mean it's gonna work all the time for the same person, depending on where they're at in life...it doesn't always have the benefits that the research finds for everybody"* [Participant 3].

However, participants were also quick to suggest measures to help mediate any negative side effects or consequences and stated the importance of the set and setting for the individual.

"Safety, the appropriate setting...dosing...doing these things in a controlled setting with a, you know, therapeutic approach" [Participant 1], *"it would be in a setting that was previously made physically safe or patient and comfortable"* [Participant 2], and *"proper screening for someone being in the right mindset, the right mood space, the right place...readiness for change"* [Participant 3]. They also described the physical monitoring of the individual in case of any

negative health aspects — *“I would look at my client's background for any like potential health aspects...refer them to a primary care physician first to kind of get an overall idea of what their physical health looks like, and do the simple mental health evaluation, maybe talk with a psychiatrist to see if there's any alternative medications or potential conflicts within medication they're already taking and probably even have some sort of safe space for them to actively participate in the treatment with a nurse or some doctor level person there in case something goes wrong”* [Participant 5] and *“if their vitals needed to be monitored in a certain way or whatever medically once I knew that was safe, I wouldn't have any concern”* [Participant 2].

There was also an emphasis on talking with the patient on setting clear expectations on what the psychedelic-assisted therapy process would look like and creating goals on what they hope to get out of the experience. It is critical to make sure the patients' expectations are realistic — *“people who abuse drugs are in general looking for escapism...I'm gonna take this pill and it's gonna make me better...they compensate what they think is their goal quickly and then leave aside the psychological emotional components of their addiction”* [Participant 4] and *“If you set the stage that this is going to be revolutionary and change your life, that's a high bar...that's a problem”* [Participant 3]. By having a discussion on realistic expectations with the patient before the treatment, providers can help moderate the patients' experience and individualize it to fit what their personal goals are — *“I would think you would want to know what they hope to achieve...have an understanding of what the goals were with the patient, setting some treatment planning goals, and then giving them some education around what common experiences are what they could expect”* [Participant 2] and *“there should be more ways to follow up with people and check in with them... it's not like the cure all, like it should be in combination with that therapy”* [Participant 8]. There were also comments on ensuring the process is introduced

gradually so that the patients can understand whether this treatment is right for them or not – *“It will be very important to have that discussion between the provider and the client...let's think about this and take some time. No rash decisions, you know, kind of safeguards against that”* [Participant 6].

This theme captures the perception of psychedelic-assisted therapy as a process that needs to be done with caution and careful consideration of each individual patient.

Theme III: The Call for Further Research

Participants reported similar opinions on what future research should look like. They noted that research should be more open and expansive to incorporate diverse groups of people and disorders – *“Research should be wide open...I think it should be explored because it's, to me the best thing about it is you have long lasting relief of symptoms”* [Participant 1]. Many participants had suggestions on how to expand this research – *“larger sample sizes, more diverse sample sizes, looking at an approach with different medications with co-occurring disorders versus SUDs alone...substance abuse is rarely comes by itself”* [Participant 4], *“which population we're going to target with it. And the side effects of that population...different age brackets would be more open minded...whereas others might be more reserved or hesitant”* [Participant 5], and *“what diagnoses have the greatest response to psychedelics or specifically which psychedelics...the differentiating effects...between different psychedelics”* [Participant 2].

There was also interest in the negative effects of psychedelics as this type of therapy may not be correct for every patient – *“more research in the negatives...post case analyses, interviews with folks...it will tell you a story...that would be crucial, to have a better sense of*

what's going on for the folks it's not working for, and having negative, pretty long-lasting, and even permanent effects on” [Participant 3].

One participant mentioned the possibility of patients self-administration — *“if there's ways that patients benefit from being able to administer it themselves at home, versus in a clinical setting to make it more accessible to patients” [Participant 2].*

This theme describes the necessary need for more rigorous research to be completed to ensure that psychedelic-assisted therapy is done correctly and in a way that maximizes its potential with individual patients.

Theme IV: Societal Structures as Barriers

When participants were asked about what barriers they see for the implementation of psychedelic-assisted therapy, three main concepts arose: issues with the healthcare system, specifically concerning insurance, politics, and social stigma. These three concepts also lead into issues with treatment accessibility and acceptance – *“the current government in general, but along with any type of health care is not very modernized...I just don't think it's supported very well. I would assume it is not or is rarely covered by insurance. A lot of patients that would probably benefit from it the most may not have insurance” [Participant 2]* and *“our current medical infrastructures terrible. So I guess all the entire system is a concern, especially insurance at this point is really fighting back against providers” [Participant 6]*. One participant expressed concern with the differences in opinions from the medical community to the general public – *“science can butt up against opinions or belief systems are worldviews that are incredibly different...they're almost two opposite directions of the train traveling two different*

ways... It's true for legislative bodies, the federal and state level... Politicians are pretty much good for nothing when it comes to integrating science into legislation” [Participant 3].

There was also a general consensus on how the social stigma can affect psychedelic-assisted therapy in the patients’ social surroundings – *“there's a lot of like, drugs are a bad mentality...I think a lot of people would have lash back against the idea of like, giving a substance to someone with substance use as a concern...It doesn't necessarily fit with what a lot of people consider to be therapy or treatment” [Participant 6]* and *“I think the stigma behind it because oftentimes, when we think of substance use, we think, hey, they're just trying to find a different device. I think that would be the main barrier is to recognize this as a treatment option, compared to just another device or substance” [Participant 5].* One unique perspective came from a participant who had the personal experience of going through their own recovery treatment – *“stigma is going to be the biggest barrier...I faced the same stigma with my use of buprenorphine and in my recovery, right. So yeah, I learned when to disclose and when to not disclose certain things that I’m doing to support my recovery” [Participant 1].*

This final theme captures the difficulties psychedelic-assisted therapy may face with its implementation and the struggle patients may experience because of these issues. This can also tie back to Theme II to emphasize the importance of accurate education and setting clear expectations to reduce negative stigma associated with the therapy process.

DISCUSSION

Although psychedelic-assisted therapy is not yet available to the public as a treatment for SUDs, interest in its therapeutic properties is growing rapidly. With many ongoing clinical trials, this new modality has shown promise in inducing synergistic effects with psychological support to reduce or eliminate the habitual patterns of SUDs. One area that is currently lacking in research and attention is how SUD healthcare providers perceive this treatment. With psychedelics being highly stigmatized, it is essential to understand what perceptions providers have to identify any gaps in research and avoid misinformation in this medical community to ensure the safety, efficacy, and effectiveness of this reemerging approach. The current study identified two overarching concepts that appeared during the qualitative interview sessions: the role of the healthcare provider and their perceptions of psychedelic-assisted therapy. It is also important to note that the themes identified in this study are highly interconnected and often have areas of overlap. This discussion will go in depth into the explanations of each theme and why they are integral to the future of psychedelic-assisted therapy before considering study limitations and proposing areas for future research.

The Role of the Healthcare Provider: Personal Responsibility and Patient Safety and Expectations

It is known that SUD patients are a vulnerable population often affected by co-occurring mental disorders that can make treatment increasingly difficult. It is the role of the healthcare provider to create a conducive healing environment with individualized care so they can treat their patients' SUD with the best available treatment options that research supports. It was clear that the providers included in this study understood the importance of creating an atmosphere of

growth by showing concern for what their role would look like in this therapy and how they can influence the patients' expectations to maximize benefit over risk. Many participants stated they would feel comfortable discussing and performing this therapy with a patient if they were adequately trained. By training the healthcare providers themselves to perform this therapy rather than referring elsewhere, the previously built patient-provider relationship could be maintained and provide a better therapeutic outcome.

There was also notion of trusting the patients to decide if psychedelic-assisted therapy was right for them. When healthcare providers are better trained and knowledgeable on the topic being discussed, it allows the patient to make informed decisions on their care. If the healthcare provider is not well-educated, they may provide misinformation to the patient which can further perpetuate negative stigma and cause them to avoid a treatment that may be beneficial to them or it can create inaccurate expectations and lead the patient to believe that the psychedelic administration would be a cure-all. This is especially important when undergoing a mind-altering psychedelic experience. If the wrong expectations are set or the patient is not fully aware of what will happen during this experience, there is a risk of adverse effects. To reduce adverse effects, the participants suggested procedures such as screening for any potential health risk factors, ensuring the patient is in the right headspace, and providing a safe and pleasant setting for the therapy to take place in.

Overall, it is critical that the healthcare providers who may be treating SUD patients with psychedelic-assisted therapy are well-educated in the process, its risks, and how they can act to reduce those risks to ensure it is a beneficial experience for the individual.

Perceptions about Psychedelic-Assisted Therapy: The Call for Further Research and Societal Structures as Barriers

Results of this study suggest that SUD healthcare providers generally show optimism for psychedelic-assisted therapy, but are concerned with the lack of research behind it. The providers who participated in this study stated being willing to support this treatment if it had the evidence base to back it up. They largely supported future research to be open and expansive to test psychedelics for their medicinal value and agree that it should be funded through governmental studies. Participants also offered their own thoughts on what future psychedelic research should look like. Suggestions included larger, more diverse sample sizes, analysis into different co-occurring disorders with SUDs, assessing differentiating effects between different types of psychedelics, and providing more research into individuals who had neutral or negative experiences.

Decisions about treatment implementation should be made through the rigorous conduction of clinical trials and a well-defined evidence base. However, participants recognized that implementation of psychedelic-assisted therapy may prove to be difficult with our current medical infrastructure. Concerns were shown about insurance coverage, accessibility, and differing opinions within the medical community, political community, and the general public. Social stigma was also quoted to have harmful consequences to patients; one participant highlighted this by describing their own experience through recovery and having to be cautious of who they shared their recovery process with.

Study Limitations and Recommendations for Future Research

The primary limitation of this study is the small sample size which is unable to fully capture all the differing perceptions of SUD healthcare providers or quantify the results. It also made it difficult to assess meaningful differences between demographic factors such as age, religious preference, profession, race and ethnicity, and years of experience. To make it more generalizable to the sample population, future work can expand on the number of providers interviewed to include more varying perspectives and identify trends that can be seen across different demographics. This study was also limited to interviewing providers in Orlando, Florida so future research could also focus on assessing geographical differences between SUD healthcare providers.

Other aspects of this study are also worth noting. All interviews took place over a HIPAA-compatible Zoom platform which may have influenced the personality of the interview. In-person interviews could have elicited further responses by producing a more personal discussion. Although the study was advertised in neutral terms, the participants filled out the initial survey which asked questions about psychedelics before the interview session. This limited the ability to get the participants' initial reaction and responses to psychedelic-assisted therapy.

CONCLUSION

This study highlighted the importance of understanding SUD healthcare providers' perceptions in developing new therapies since they are the ones who will be translating clinical research findings into practical care applications. Overall, the participants expressed optimism for psychedelic-assisted therapy and view it as being a possible effective therapy treatment. This was followed by concern for their role as a provider and how it would fit into standard therapy practice. The findings emphasized a critical need for further research for the safety, efficacy, and effectiveness of this reemerging approach.

APPENDIX A: IRB APPROVAL LETTER



UNIVERSITY OF CENTRAL FLORIDA

Institutional Review Board
FWA00000351
IRB00001138, IRB00012110
Office of Research
12201 Research Parkway
Orlando, FL 32826-3246

EXEMPTION DETERMINATION

March 1, 2023

Dear Amy Donley:

On 3/1/2023, the IRB determined the following submission to be human subjects research that is exempt from regulation:

Type of Review:	Initial Study
Title:	Provider Perception on the Usage of Psychedelic-Assisted Therapy to Influence Behavior Change in Individuals with Substance Use Disorders
Investigator:	Amy Donley
IRB ID:	STUDY00005149
Funding:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • Interview questions.docx, Category: Interview / Focus Questions; • Study 5149 HUT Recruitment Email track changes (1).docx, Category: Recruitment Materials; • Study 5149 UPDATE CHS Form 254 EXPLANATION OF RESEARCH v.2 track changes.pdf, Category: Consent Form; • Study 5149 UPDATE CHS HRP-255-FORM - Request for Exemption track changes (1) (1).docx, Category: IRB Protocol; • Survey questionnaire.docx, Category: Survey / Questionnaire;

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made, and there are questions about whether these changes affect the exempt status of the human research, please submit a modification request to the IRB. Guidance on submitting Modifications and Administrative Check-in are detailed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system. When you have completed your research, please submit a Study Closure request so that IRB records will be accurate.

If you have any questions, please contact the UCF IRB at 407-823-2901 or irb@ucf.edu. Please include your project title and IRB number in all correspondence with this office.

Sincerely,

Kristin Badillo
Designated Reviewer

APPENDIX B: INITIAL SURVEY

EXPLANATION OF RESEARCH

Title of Project: Provider Perception on the Usage of Psychedelic-Assisted Therapy to Influence Behavior Change in Individuals with Substance Use Disorders

Principal Investigator: Leia Rausch

You are being invited to take part in a research study. Whether you take part is up to you.

The purpose of this research is to assess biomedical healthcare providers' perceptions and concerns with psychedelic-assisted therapy to identify possible barriers with implementation and formulate recommendations for further research efforts.

As a participant, you will be asked to take part in a phone interview. It is expected to last approximately 30 minutes to an hour. Interview questions will ask about your experiences with substance use disorder treatment and your perceptions on psychedelic-assisted therapy for SUD treatment.

Your participation in this study is voluntary. You are free to withdraw your consent and discontinue participation in this study at any time without prejudice or penalty.

If you choose to participate, the only identifiable information which will be collected is your name. Each consenting participant will be assigned an ID number and the master file with participant ID numbers and names will be stored separately from interview responses. Additionally, participants will be asked for permission to record the interview. Nothing will be recorded without consent of the interviewee. If you do not consent to recording the interviewer will take notes during the interview.

In order to participate you must be 18 years or older and currently involved in SUD patients in a direct treatment capacity (i.e. therapist, counselor, case manager, doctor, etc.).

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints please contact the Principle Investigator, Leia Rausch by email at ltrausch0930@knights.ucf.edu or the Faculty Advisor, Dr. Amy Donley, Department of Sociology by phone (407) 823-1357 or by email at amy.donley@ucf.edu.

IRB contact about your rights in this study or to report a complaint: If you have questions about your rights as a research participant, or have concerns about the conduct of this study, please contact Institutional Review Board (IRB), University of Central Florida, Office of Research, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901, or email irb@ucf.edu.

I have read the above section and wish to continue with my participation.

- I DO wish to participate: select CONTINUE
 - I DO NOT wish to participate: Please close the browser
1. Please write your name and where you work? _____
 2. What is your position title? _____
 3. What is your age? _____
 4. Which one or more of the following would you say is your race?
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Pacific Islander
 - Other: _____
 5. Are you Hispanic, Latina/o, or Spanish Origin?
 - If yes, Are you...
 - i. Mexican, Mexican
 - ii. American, Chicano/a
 - iii. Puerto Rican
 - iv. Cuban
 - v. Another Hispanic, Latino/a, or Spanish origin
 - No
 - Don't know / Not sure
 6. What is your biological sex?
 - Male
 - Female
 - Intersex
 - Prefer not to say
 7. What is your gender identity?
 - Male
 - Female
 - Non-binary
 - Transgender
 - Other: _____
 - Prefer not to say

8. What is your religious preference?

- Atheist
- Agnostic
- Catholic
- Protestant
- Jewish
- Muslim
- Other: _____
- Prefer not to say

Please read the following statements and select the option that resembles your opinion.

Key: Strongly Disagree (SD), Disagree (D), Neutral (N), Agree (A), Strongly Agree (SA), Don't Know (DK)

	SD (1)	D (2)	N (3)	A (4)	SA (5)	DK (6)
I would say I am knowledgeable about psychedelics						
Psychedelics with psychological therapy support can be a therapeutic tool for SUDs						
I would find psychedelic-assisted psychotherapy to be acceptable in standard therapy practice						
I would be willing to recommend psychedelic-assisted psychotherapy to a patient						
Psychedelics can increase a person's connection to nature						
Psychedelics can increase a person's connection to others						
Psychedelics can lead to a mystical-type experience						

	SD (1)	D (2)	N (3)	A (4)	SA (5)	DK (6)
Psychedelics are highly likely to be misused.						
Taking psychedelics, even under medical supervision, is unsafe						
Psychedelics have a high risk of dependence						
Psychedelics commonly trigger psychotic episodes						
Psychedelics can be safely used and enjoyed in recreational settings						
Psychedelics should be tested for medicinal value						
The government should fund studies to explore the medicinal value of psychedelics						

APPENDIX C: INTERVIEW QUESTIONS

1. How long have you practiced medicine? How long have you been involved in SUD treatment? What made you decide to go into this field?
2. What are your opinions on current treatment methods for SUDs. [Probe: Are you satisfied with what is available? Why or why not?]
3. What treatment(s) do you recommend/prescribe for SUDs. [Probe: Why do you prefer these methods over others?]
4. What is your knowledge of psychedelics? [Probe: Are there any differences/similarities from what you have heard in the public/media versus in the medical community that you find interesting or surprising?]
5. How familiar are you with this type of treatment? [If at all familiar, where did you first hear of this type of treatment? What kind of treatment did you hear of?]
6. What is your view of using psychedelics with therapy as a treatment for SUDs? [Probe: why or why not do you think using psychedelics would be an effective treatment?]
7. How would you feel discussing this treatment with a patient? [Probe: Is this something you would recommend? Why or why not?]
8. With appropriate training, would you be comfortable guiding a psychedelic-assisted therapy session?
9. Do you have any safety concerns with the usage of psychedelics? [Probe: What procedures or measures would help with these concerns?]
10. What barriers/issues do you see with implementing psychedelic-assisted therapy in our current medical infrastructure?
11. What would you recommend for future research? What aspects do you think would be important to focus on or highlight?

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