

**Reading and Reflection Paper**

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AAR 5800-2: Emerging Trends in Psychopharmacology: Ethical Use of Psychedelics & Other

Substances Used to Treat Addiction

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## Reading and Reflection Paper

The two therapeutic models that I would use with psychedelic-assisted psychotherapy (PAP) are art therapy and cognitive behavioral therapy (CBT). While I have yet to discover published research on the application of art therapy in PAP contexts, I am living proof that art can be utilized as a visual and linguistic bridge for meaningfully integrating ineffable trauma and mystical experiences. Because art therapy is non-verbal communication, I believe it can access broader dimensions of consciousness that are compatible with PAP (Hogan, 2016, p. 1). In my four years of undergoing ketamine-assisted psychotherapy (KAP) for post-traumatic stress disorder (PTSD) and depression, I have been able to make sense of my healing ketamine journeys through drawing and painting representations of my hallucinations. As I created these representations, I was able to access a cache of associative memory regarding the thoughts and feelings I was experiencing during my KAP sessions. From creating images to recalling words, I pieced together my deepest thoughts and feelings into poems and brought them into my CBT sessions, where I worked with my therapist to analyze and compassionately reframe cognitive distortions. Over the course of three years, this multi-modal process increased my neuroplasticity, provided new perspective and insight, replenished my faith, expedited my healing, and ultimately inspired me to become an art therapist in order to offer integrative care to clients undergoing PAP. I believe art therapy and CBT could also be applied to PAP clients with addiction, because it often presents alongside PTSD and depression with similar overlapping challenges like repetition compulsion and relapse; however, more research needs to be conducted using these therapeutic models to validate my hypothesis.

As an art therapist, I may be working with clients recovering from substance use disorder (SUD), who are struggling with a combination of three key factors: input, biology, and environment (Cohen et al., 2022). These factors may involve abusing substances as a maladaptive means of chemically rebalancing themselves (input), activating genetic proclivities for addiction (biology), and existing in a “rat cage”, totally isolated from social support systems (environment) (Cohen et al., 2022; Gage & Sumnall, 2019). Current research shows that KAP has promising results in the treatment of SUDs, particularly with alcoholism (Garel et al., 2022, p. 13). In a 1992 study conducted in Russia, 70% of participants in the ketamine group remained abstinent from alcohol compared to 24% in the control group at a one-year follow-up (Garel et al., 2022, pp. 5-7). Ketamine’s unique ability to normalize cortical glutamate homeostasis and increase brain-derived neurotrophic factor protein (BDNF) allows for dendritic spine regrowth in neurons and increased neuroplasticity, which can disrupt both traumatic memory flashbacks and maladaptive behavior patterns such as addiction (Garel et al., 2022; Krystal, 2023; Underwood, 2019). Additionally, the highly dissociative properties of ketamine can work to produce healing mystical experiences that may provide a fresh perspective on life and feelings of rebirth (Underwood, 2019). Such mystical experiences may allow clients to access and meaningfully integrate the underlying trauma fueling their addiction. As the only legal and most accessible psychedelic, I would direct my clients toward ketamine, because there is the opportunity for careful clinical oversight throughout their treatments (Underwood, 2019). This oversight can reduce the risk of a client getting caught up in the criminal justice system or abusing ketamine. Another benefit of ketamine is its ability to be taken with anti-depressants such as selective serotonin re-uptake inhibitors (SSRIs) (Vando, 2023). If a client has a common co-morbidity

such as depression, they may supplement their KAP sessions with an SSRI to increase the overall efficacy of their treatment.

The illegality of all other psychedelic medicines makes many safe and efficacious treatments for addiction highly inaccessible. This is why I vehemently oppose the racist “War on Drugs”. When I worked for a year as a legal assistant with defendants in the Texas criminal justice system, I witnessed the direct effects of the “War on Drugs” and how many of our clients were locked up and separated from their families due to drug possession charges. Some of them were low-income people of color stuck in private prisons that profited off of their high incarceration rates and recidivism. Despite Black and White Americans using substances at the same rates, Black Americans are far more likely to be racially profiled, incarcerated, and exploited for their labor (Moore & Elkavich, 2008, pp. 283-284). It is no secret that the prison system is an extension of slavery-era chain gangs, designed to turn prisoners into coerced, cheap, and exploited laborers (American Civil Liberties Union, 2022).

This punitive system did not prioritize healing, growth, or positive behavioral change. Instead, it kept our clients isolated in “rat cages” where more unsafe and highly addictive substances were smuggled in and readily available (M. Shulman, personal communication, July 28, 2023). Many of our clients remained addicted to these substances in prison with little to no access to mental healthcare or addiction treatment (Moore & Elkavich, 2008, p. 284; M. Shulman, personal communication, July 28, 2023). In some of our cases, the illegality of psychedelic medicines such as cannabis led to small dealers being robbed, assaulted, or even shot and murdered by juvenile and youthful gang members (M. Shulman, personal communication, July 28, 2023). Pushing substances like cannabis into underground sources, along with making

firearms easily accessible (especially in Texas), increased violent crimes and the perpetuation of generational-racial trauma (M. Shulman, personal communication, July 28, 2023). With outcomes like this, Nixon's "War on Drugs" is an abject failure.

In order to begin the process of healing this horrifically racist trauma cycle, I agree that the United States should follow Switzerland's four-pillar model, which includes needle-exchange programs, safe injection rooms, and shelters within its prevention, treatment, harm reduction, and law enforcement protocols (Herzig & Wolf, 2019). Making sure there is a sustainable infrastructure in place before federally decriminalizing psychedelic medicines will ensure that people struggling with addictions to substances like opioids can safely transition into PAP if deemed medically appropriate by licensed providers. In the meantime, psychedelic medicines such as cannabis, ibogaine, psilocybin, LSD, MDMA, and mescaline should be moved down from the U.S. Drug Enforcement Administration's Schedule I status (Anderson, 2022). The conflation of these psychedelic medicines with high-risk and low-benefit substances like heroin is misleading to the general public and perpetuates social stigmas that prevent legal and medical progress. Lastly, reparations should be retroactively made to those who were affected by the criminalization of psychedelic medicines by expunging their criminal records (National Institute of Justice, 2022). Further, enacting new policies such as pre-trial diversion programs that refer people arrested for small quantities of substances to drug treatment can result in more successful rehabilitations without criminal convictions (M. Shulman, personal communication, July 28, 2023).

As an aspiring psychedelic art therapist, I intend to promote anti-racist harm reduction by providing psychoeducation to clients seeking PAP. First, care-coordination with a psychiatrist

would be required to properly diagnose and recommend any medication treatment. Using trauma-informed protocol, I would interview a client about what kind of treatment they are seeking and why they are seeking it, then review potential contraindications such as pre-existing health conditions and medications. Next, I would make sure the client knows the risks and benefits, as well as what to expect during a specific PAP session. Additionally, I would confirm that the client has a holistic support system such as competent and ethical providers, family, and close friends throughout the entire treatment process, including pre-and post-treatment. As a licensed professional, I would only be able to legally refer clients to KAP providers; however, I would exercise careful discretion when advising clients who are seeking PAPs with illegal medicines purchased off the streets (A. Hope, personal communication, July 23, 2023). As their therapist, I would want to increase my clients' safety by providing basic harm reduction and psychoeducation (e.g., trauma-informed practice, informed consent, possible drug interactions, safe drug testing resources, or emergency contacts in case of adverse reactions or overdose... etc.) without making any explicit recommendations for such treatments (A. Hope, personal communication, July 23, 2023).

If a client were seeking PAP for addiction, I would first make sure they were able to abstain from the substance(s) long enough to avoid any negative drug interactions during treatment and then advise them about the difference between medicine use and substance abuse. Specifically, I would explain all the warning signs of chemical and emotional dependency, such as thinking about the medicine all of the time, not taking the medicine as prescribed/increasing dosages and tolerance beyond a therapeutic range, having physical symptoms of withdrawal, and using the medication to numb and escape rather than to intentionally confront and integrate

(American Addiction Centers, 2023). Finally, I would explain that PAP is not a silver bullet; rather, it is a critical component of a multi-modal treatment plan that involves brave introspection and integration, personal commitment and honesty, and good care-coordination between multiple providers to ensure safe and successful rehabilitation.

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