

# Exploring the use of psychedelic drugs for personal growth and mental health improvement: early qualitative lessons from focus groups

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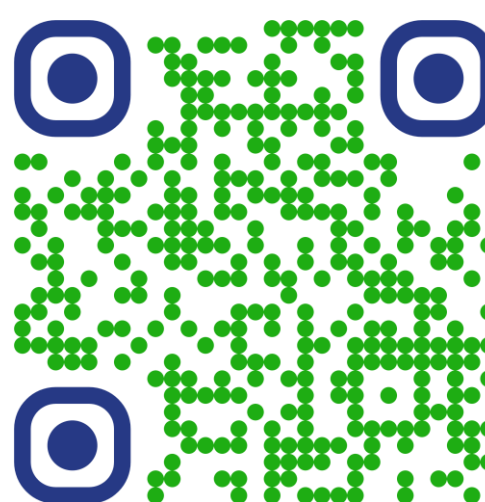
## Background

- Recent evolution of psychedelic use to treat medical conditions and aid in self-exploration in informal and formal settings
- Conducted focus groups of key stakeholders in the psychedelic community

## Objectives

- To understand psychedelic use patterns to maximize benefit and safety of psychedelics
- To inform future data collection instruments surrounding psychedelic use

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People who use psychedelics recreationally often use “with intention” and this use may influence the likelihood of a “good or bad trip.”

“Whatever I do is always with intention because you never know what it's gonna open you up to. I have yet to have a bad trip or maybe it's just that I go in and I understand that even the things that are hard are just lessons that are coming to me, and it might not be fun. But that doesn't mean that it's bad.” – Person 1

“I think like the older I get, the more I would always do psychedelics with intention.” – Person 2

“Whenever I take medicine, I take it with intention. So even if I'm just at a party, right? Every experience can be a spiritual experience.” – Person 3

Several people who use psychedelics for mental health began as psychedelic pain patients and then noticed significant mental health improvement – this will be important to quantify at the population level.

“I was in a car accident, and I got a TBI. I came across the psilocybin and started microdosing. I actually saw improvements right off the bat. The psilocybin is the first thing that has actually made improvements towards healing me, not just treating a symptom. Some of the symptoms was the pain, which I've seen improvement with that. And then another one was mood.” – Person 4

“My doctor gave me ketamine for the pain. I noticed that whenever I take the ketamine [it] makes me feel better. The depression and the anxiety was not really there at any time I take it, so I just kept on taking ketamine.” – Person 5

“So mine started out as pain management treatment. I did two years of ketamine infusions, like every two weeks. I do have a diagnosis of anxiety and depression that I've had since the beginning of my life pretty much. I stopped doing those treatments just because my insurance changed, and it wouldn't cover it anymore, and I started using Mindbloom.

It's kind of been like an integration of what I experienced in those heavy doses and then like being able to tap back into it and bring it into like my regular day to day. When I was doing at the pain management clinic, there was no therapeutic support, and I had some pretty bad experiences there, but I no longer have anxiety and depression after that two-year period. It's totally gone.” – Person 6

## Methods

- **Data:** Collected from focus groups with individuals who use psychedelics in Colorado and throughout the US; data collection is ongoing
  - Groups include: recreational users (n=13), mental health users (n=14)
- **Analysis:** Qualitative analysis used Grounded Theory and inductive and deductive coding to uncover underlying themes within and across groups.

## Conclusions

- Data from focus groups can inform point-of-care and population-level data collection systems.
- There is useful harm reduction information in focus group data.
  - Intention may influence the trip experience and outcome.
- Further data collection in patients that began their patient journey in pain clinics is warranted.
  - There may be unmet needs with special challenges and unique circumstances that require focused understanding to accurately describe the population.
- There may be a subset of ketamine pain patients in the population that is experiencing secondary mental health outcomes without psychotherapeutic support.
  - An effort should be made to identify these individuals and support them with appropriate care, such as referrals to mental health practitioners.

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