Psychedelic-Assisted Therapy

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Key takeaways

- Psychedelic-assisted therapy entails using a high dose of a psychedelic substance to treat a variety of behavioral and mental health issues such as addiction, mental health conditions like depression and anxiety, and post-traumatic stress disorder (PTSD).

- Most recently, renewed interest and investment have fueled additional research, much of which is ongoing. Currently, ketamine is the only clinician-prescribed psychedelic medicine available to mental health professionals.

- Psychedelic assisted therapy is disrupting two elements of healthcare: care delivery and generation of clinical evidence.
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What is it?

Psychedelics, also known as hallucinogens, are a class of psychoactive substances that are traditionally used recreationally, to change and enhance sensory perceptions, thought processes, and energy levels. Some are derived from plants, like psilocybin (mushrooms), DMT, peyote, ayahuasca, and ibogaine. Others — including ketamine, MDMA, and LSD — instead are chemical compounds. Psychedelic-assisted therapy entails using a high dose of a psychedelic substance to treat a variety of behavioral and mental health issues such as addiction, mental health conditions like depression and anxiety, and post-traumatic stress disorder (PTSD).

Most recently, renewed interest and investment have fueled additional research, much of which is ongoing. Currently, ketamine is the only clinician-prescribed psychedelic medicine available to mental health professionals. Ketamine-assisted psychedelic therapy typically combines the support of psychotherapy with the medicinal effects of ketamine, to alleviate symptoms of severe or treatment resistant depression, anxiety, and other mental health conditions.

Other hallucinogens such as MDMA and psilocybin are currently being tested to treat behavioral and mental disorders such as PTSD, suicidal ideation, drug and alcohol dependence, and depressed mood and anxiety. LSD, a long lasting, potent psychedelic is also currently being tested to help treat both alcohol use disorder and anxiety.

Why does it matter?

The global psychedelic drugs market is expected to have robust revenue growth over the next 5-10 years. The market is poised to benefit from the high prevalence of mental health diseases and conditions that are on the rise (and have been exacerbated by Covid-19) and a growing pool of patients with unmet treatment needs.

In 2019, the FDA approved Spravato, from Johnson & Johnson, which is a derivate of ketamine, which will allow the company to sell a more profitable, and potentially more effective version of the drug. More recently, in January 2022, the FDA authorized German psychedelics startup Atai Life depression to conduct a clinical trial on a nonpsychedelic form of ketamine for treatment-resistant depression.

Growing burden of mental health conditions

300+ M

Individuals globally suffering from some form of depression or anxiety. Current medications and existing treatments don’t adequately address the complexities of mental healthcare.

Recent developments

$275 M

Over 275 million USD has been awarded in the form of grants, to finance research related to the clinical significance of psychedelics for the treatment of behavioral and mental health disorders.

What makes it disruptive?

Areas of disruption

Care delivery

The delivery of psychedelic therapy disrupts the traditional care pathways of mental health care. Currently, there is no standard for how psychedelic therapy works; the method of administrator and practice is up to individual practitioners. Clinicians still need to be involved in the administration of these substances in some aspect— to reduce risks of dependency and abuse.

Additionally, given the dissociative nature of these drugs, clinicians will have to strongly consider factors such as family history, social determinants of health, and cultural sensitivity.

Clinical evidence

Innovations in gathering evidence in this area is a current priority for many organizations. However, the efficacy of ketamine in patients with severe mental health conditions may be hard to prove long-term because of a lack of longitudinal data. For some patients who take ketamine, it could take up to two months to determine whether these interventions have any effect at all—which could potentially be a dangerously long time in patients with severe conditions who may be suffering from suicidal ideation and other mood disorders.

A note on health equity

Both major depressive disorder and substance abuse disorders disproportionately affect people of color, with Hispanic and African American populations having higher rates of major depression and Native American and multiple-race populations at higher risk of substance abuse.

In order for psychedelic assisted therapy to advance health equity for all populations, healthcare leaders must think intersectionally about how to address systemic issues and not perpetuate them in practice.

Conversations you should be having

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<th>Sector</th>
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| Health systems  | • What guidelines can be implemented to create cross-continuum care management? Which standards can be improved upon? (patient identification, outreach, enrollment, and graduation guidelines)  
• How can we educate communities about psychedelic therapy, harm reduction, and how these treatments intersect? |
| Manufacturers    | • How can we utilize and harmonize representative data across multiple trials, to prove adequate safety and efficacy?  
• Are there opportunities to partner with health systems for insight and evidence generation? |
| Cross-sector     | • Which areas are optimal for collaboration and partnership to prove value across segments, including payer, health system, and manufacturers?  
• How do we both acknowledge the stigma that plagues communities of color for seeking treatment for mental health ailments and apply practical solutions to help overcome that stigma? |
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