



The University of Vermont

LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Vermont stakeholder views regarding psychedelics

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- No conflicts of interest to disclose

Outline

Background

Rationale

Project 1. Stakeholder interviews

Project 2. Primary Care survey



Timeline

- Psychedelic (“mind-manifesting”) compounds have been used by Indigenous communities for millennia
- 1940s: Psychedelic research onset
- 1960s: Increased use in the Counterculture Movement, and subsequent criminalization in the War on Drugs
- 1971: FDA Schedule I status restricts scientific study
- 2000s: Increased interest in psychedelics in academia, industry, and the law, both for treatment of health conditions and for spiritual exploration
- 2020s: States and cities enact laws to enable access to psychedelics

Which “psychedelics” are we talking about ?

Substance (Street Name)	Target condition	Strength
Dissociative mechanism		
Ketamine (Special K)	Refractory depression	++
MDMA (Ecstasy)	PTSD	+++
Hallucinogenic mechanism		
Psilocybin (Mushrooms)	Anxiety	+++
LSD (Acid)	Addiction/Alcoholism	++
Ayahuasca	Anxiety	+

Rationale

- Stakeholder views regarding psychedelics are not well understood
 - Clarification may help guide
 - policymaking
 - research prioritization
 - educational programming

Goal:

Assess the knowledge, attitudes, and beliefs of stakeholders regarding psychedelics in Vermont

Project 1. Stakeholder interviews - Methods

- Literature review to develop interview guide
- Semi-structured interviews of 16 stakeholders
 - Primary care, Psychiatry, Palliative Care, Psychologist/Counselor, Nursing, Legislators, Law Enforcement, Advocates, and Investors
- Thematic analysis to summarize what was heard

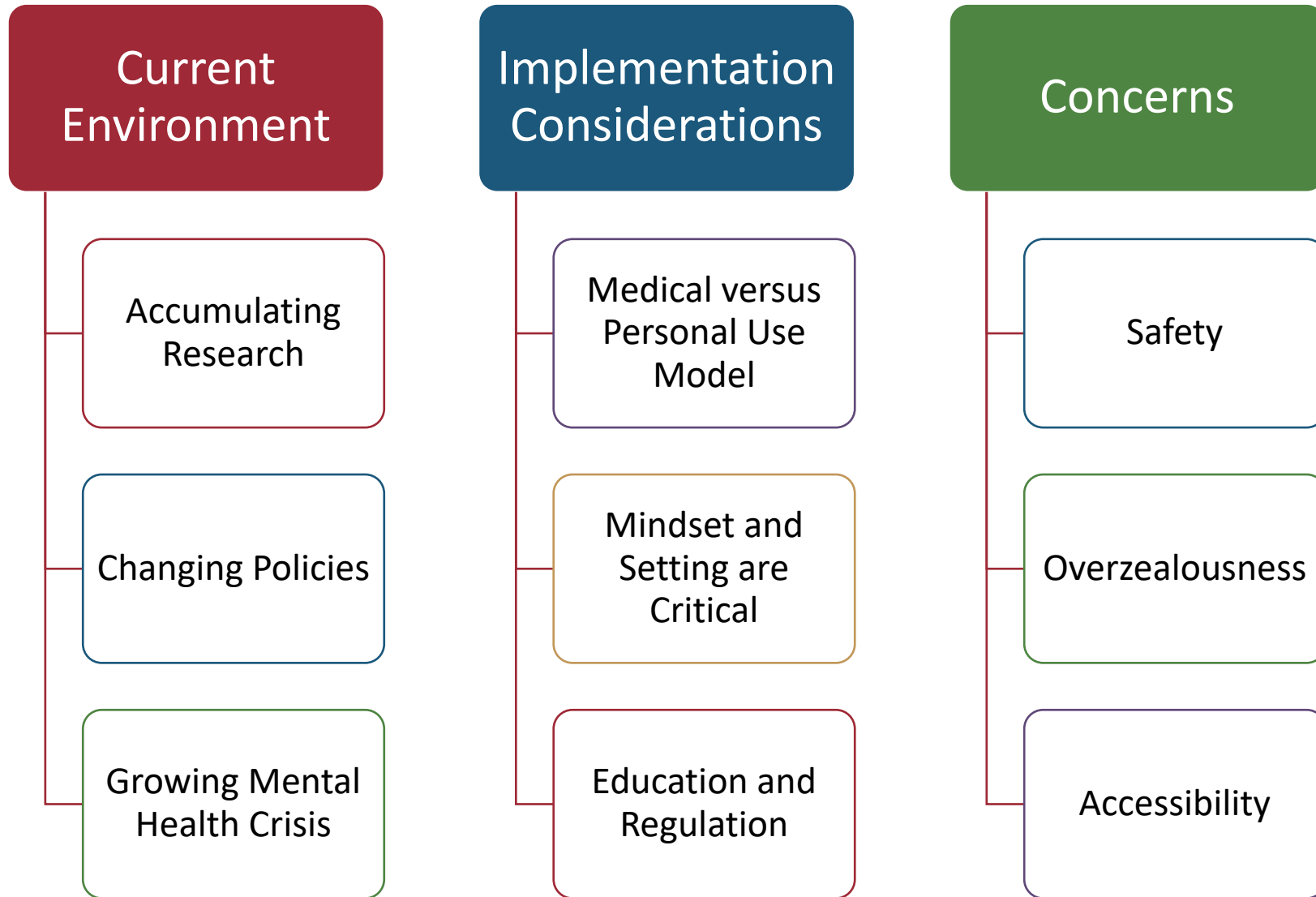
Results of stakeholder interviews

Current
Environment

Implementation
Considerations

Concerns

Results of stakeholder interviews



Current Environment

Accumulating Research

"Psychiatry is now recognizing the promise that psychedelics seemed to offer more than half a century ago."

Changing Policies

Jurisdictions around the world and in the US have taken steps in making psychedelics more accessible, including Canada, Australia, Oregon, and Denver, CO

Growing Mental Health Crisis

"We need to do something different. We need to treat [this] crisis in a way that is not the norm because whatever we're doing isn't working."

Implementation Considerations

Medical versus Personal Use Model

“Individual[s] should be able to define if they're using it for a spiritual reason or medical.”

Mindset and Setting are Critical

“The counseling isn't, ‘Get ready for your trip!’ it's, ‘Are you sure this is the right thing for you?’”

“[A] mix of pre- and post-care ensures good results going forward.”

Education and Regulation

“Who gets to decide what a good guide is?”

E.g. Multidisciplinary Association for Psychedelic Studies (MAPS) protocol for MDMA

Concerns

Safety

"I would want the provider to prove to me that [the drugs and the therapist] are safe."

"I have concerns, but they're less than my concerns about alcohol or benzodiazepines."

Overzealousness

"I feel it's overenthusiastic...Some will pan out but not all of it."

"We readily accept some drugs like caffeine and alcohol...we lump other drugs under an umbrella that paints them as 'deadly and evil.'"

Accessibility

"I think we shouldn't legalize this until we can offer it to people who can't pay for it."

"We need reform in the medical system to make it equitable and accessible, a more holistic approach in a system that historically has not [been]."

Discussion

- The therapeutic potential of psychedelics is still not known
- Prominent barriers to U.S. research
 - Federal Schedule I status
 - Anti-drug stigma
- Over-enthusiasm could foster backlash
 - Premature implementation and widespread use could set science back as it did in the 1960s
- There is an opportunity to strategically explore mental health treatment with psychedelics
 - Many implementation uncertainties

Project 2. Primary Care Survey

Goal:

Assess knowledge, attitudes, and beliefs regarding psychedelics amongst Vermont primary care providers

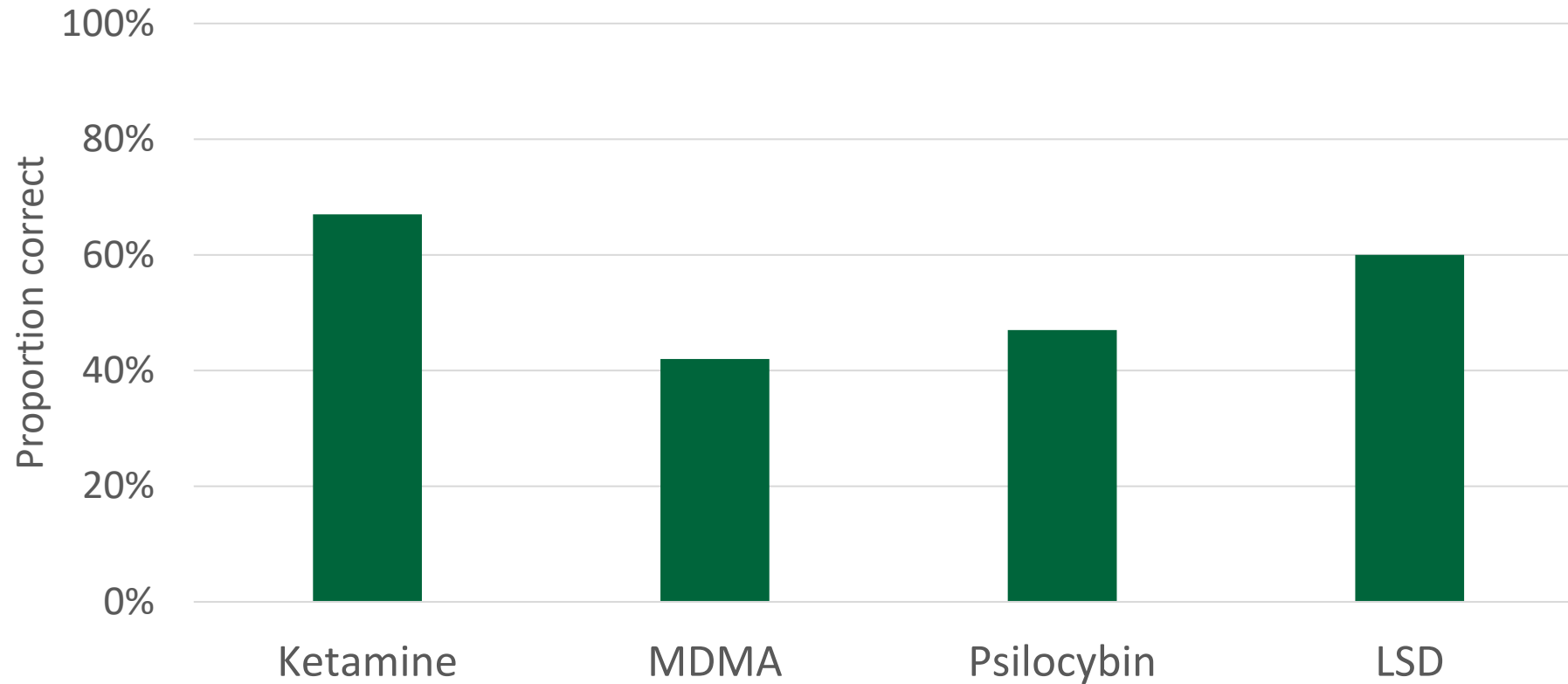


Methods

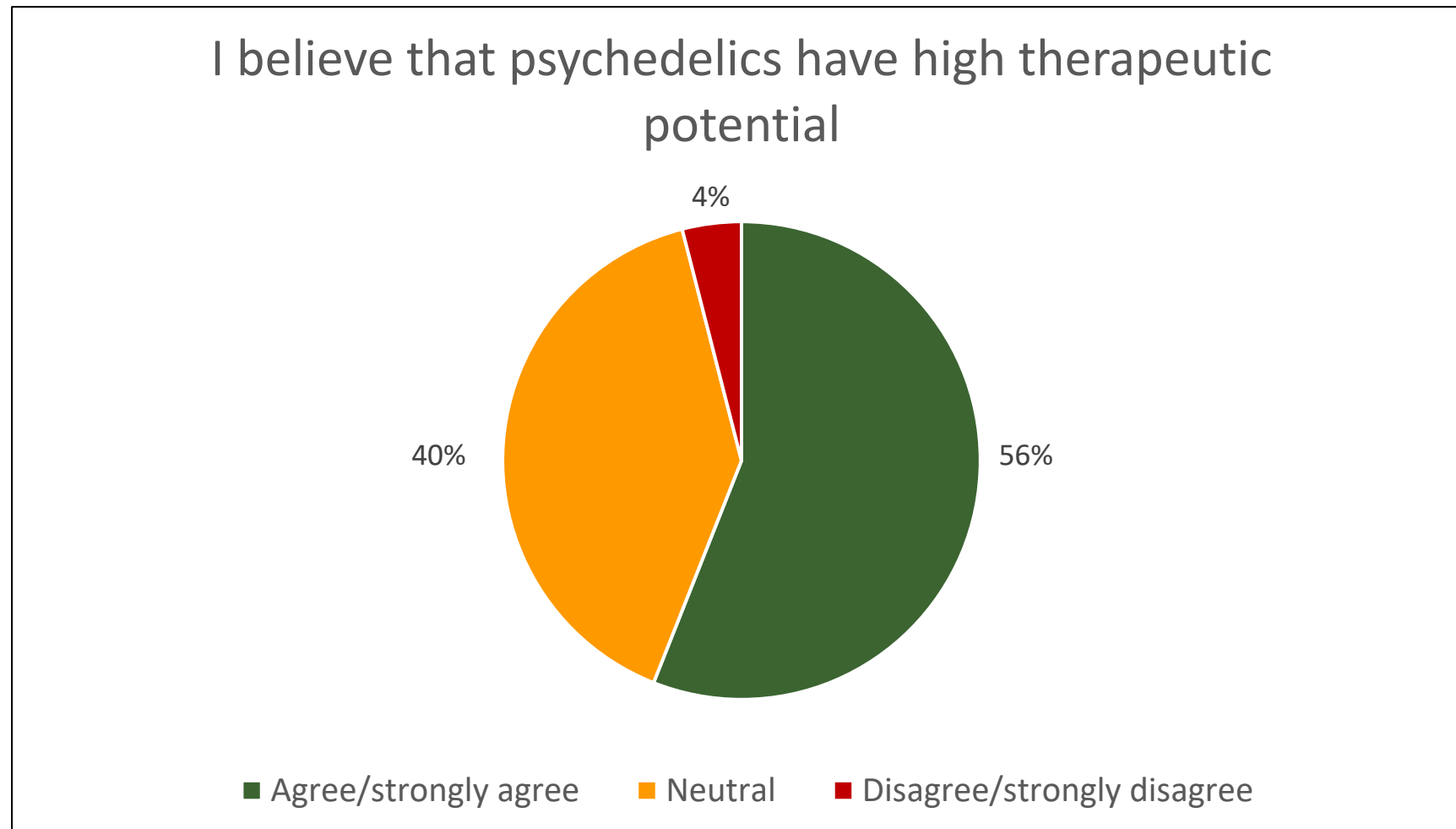
- Survey based on findings from our stakeholder interviews
- Distributed to 770 PCPs in VT
 - 410 MD/DO
 - 255 APRN
 - 73 PA
 - 32 ND
- Response rate $133/770 = 17\%$
- Demographics
 - Age median 47 (28-77)
 - 70% Female
 - 66% Family Medicine
- Business model
 - Private practice 27%
 - Hospital owned 26%
 - FQHC 25%
 - Academic 20%

Results – Knowledge

PCPs who correctly identified regulatory status of psychedelics



Results – Beliefs



Results – Concerns

Moderately to very concerned about

Use among youth	71%
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Driving safety	61%
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Psychedelics being deleterious to one's health	17%
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Results – Education and Research

- Interested in education regarding psychedelics – 77%
- Agree/strongly agree that research on risks/benefits of psychedelics should be a high priority – 64%

Discussion

- PCPs have knowledge gaps but are interested in further education
- There is guarded optimism regarding potential benefits
- Many concerns regarding safety

Limitations

- Participants may not be representative of all important stakeholders or all PCPs
- Relatively low response rate in survey
- Research evidence is being rapidly updated so these results may need periodic updating

References

- See accompanying document

Questions?

