

APA Official Actions

Position Statement on the Use of Psychedelic and Empathogenic Agents for Mental Health Conditions

Approved by the Board of Trustees, July 2022

Approved by the Assembly, May 2022

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

Promising preliminary research involving psychedelics for the treatment of serious and disabling conditions such as treatment-resistant depression and posttraumatic stress disorder have stimulated growing interest in the therapeutic potential of these agents. Classical psychedelics, both plant derived and synthetic compounds, include serotonin-2A receptor agonist drugs that have powerful dose-related effects on perception, cognition, and emotion. Examples include lysergic acid diethylamide (LSD), psilocybin and ayahuasca. Another medication class considered within this document are the empathogens or entactogens (i.e., drugs that do not directly stimulate the serotonin-2A receptor but which potently release serotonin and other monoamines). These drugs produce dose-related effects on self-perception and social relationships, but are devoid of hallucinogenic properties, and are exemplified by the amphetamine derivatives 3,4-methylenediosymethamphetamine (MDMA), 3,4-methylenedioxyethamphetamine (MDE), and N-methyl-1,3-benzodioxolylbutanamine (MDBD). Dissociative anesthetics, particularly ketamine and its enantiomers, and other hallucinogenic drug classes, such as the kappa opiate receptor agonist, salvinorin, are sometimes included in reviews of these agents though are not strictly classified as psychedelics and are not the focus of this statement. Use of psychedelics can pose short-term and long-term risks, including hallucinogen use disorder and other mental health related risks.

The use of psychedelic and empathogenic agents for psychiatric and other medical indications is currently investigational. The safety and efficacy of these agents have not yet been fully reviewed by the FDA nor have these agents been approved for any clinical indication. In preliminary research, these agents have been administered to carefully screened study participants under closely monitored conditions. They have generally been combined with structured psychotherapy protocols proposed by investigators as integral to achieving full therapeutic benefit and ensuring participant safety and wellbeing. The Food and Drug Administration (FDA) has granted breakthrough therapy status for psilocybin and MDMA. This means that intensive FDA guidance is provided for designing the clinical trial programs and expedited timelines are applied when FDA reviews the safety and efficacy data from the completed Phase III studies. Nevertheless, given growing public interest and commercial interest, and the ever-compelling need to advance treatments for challenging psychiatric conditions, there is the risk that use of psychedelics for purported clinical goals may outpace evidence-based research and regulatory approval.

APA Position:

There is currently inadequate scientific evidence for endorsing the use of psychedelics to treat any psychiatric disorder except within the context of approved investigational studies. APA supports continued research and therapeutic discovery into psychedelic agents with the same scientific integrity and regulatory standards applied to other promising therapies in medicine. Clinical treatments should be determined by scientific evidence in accordance with applicable regulatory standards and not by ballot initiatives or popular opinion.

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