Introduction to Psychedelic Medicine

This is doctor talks. Real talk from real doctors. Only issues that matter to you most. Well. Hi everyone. Welcome back. We've got another wonderful episode here in our summit talking about depression and anxiety solutions.

And you can't really talk about mental health these days without talking about all the exciting new research about psychedelic and psychedelic medicine.

So we have to welcome one of our just favorite experts in the space, Julie Holland. Julie, it's really great to be with you. Thank you so much for coming and sharing all of your knowledge about this space.

Absolutely. Thanks for inviting me, drew. Yeah, well, you've been a wonderful friend and mentor to me is as we've been exploring, ketamine assisted therapy at our new clinic in Wyoming's Bruce Mental Health.

And it was just really wonderful to have you come and share some time together, visit, and just mainly to offer your your encouragement. And I just love your stance of both really being an expert psycho pharmacologist, working with patients who have depression and anxiety, but also having had a foot in the psychedelic space and in psychedelics medicine.

Really, since the beginning of this new renaissance. And so to thank you before, I would say, yeah, you've been in this space for a while, you've got some wonderful books you've got behind you, good chemistry, which I think is the most recent, which really did you know it.

Tell us a little bit about that. And then I want to get into some of the evidence. So well, good chemistry sort of came out of, you know, the, the last chapter of the book before Good Chemistry, was basically addressing why we feel so crazy and where the pathology is coming from.

And it comes down to this idea that we are sort of disconnected from nature and from our bodies, and that we are living this very disconnected life because we are on our phones and on our laptops, and we're not really present.

And so good chemistry really came out of that. How do we get more connected? Why do you want to be connected? And what is the pharmacology of connection?

And so at, at base, good chemistry is a book about oxytocin and the parasympathetic nervous system, which is sort of the opposite of the fight or flight system that we all know.

It's about the science of connection, what it looks like. Why why we're sort of wired for it and how to go about getting it. Well, and it's a wonderful way to think about chemistry and neurochemistry around how, we can form connection.

I think there's been so much focus on serotonin and happiness and a maybe a reductionist model of that molecule at least, and thinking there's a lot going on up there.

And the connection is really so essential to our mental health and how we get through periods of depression and anxiety. So we get right into the the latest psychedelic research.

There's been so much going on.

Good Chemistry and the Science of Connection

It's hard for me as a clinician in the space to I'm sure a lot of people have seen so many headlines. What's going

on? Oh, there's so much going on. So, I, I've been in the psychedelic community since 1985 when I first heard about MDMA, and my first book is called Ecstasy The Complete Guide. And it's all about everything.

Anybody knew about enemy MDMA back in 2001? What's going on now? I mean, what's front and center is at sometime in the next few days, FDA is going to announce whether or not MDMA can be a prescription medicine.

The drug company, like post, is pursuing a new drug application for what they're calling my Oma Fetterman, which is MDMA. And I don't think we know the brand name yet.

Actually, I think that would only happen once FDA approval comes out. But, go ahead. The research is kind of led to the, we're on the precipice now, kind of speaking with you at a historic moment where something like that or about to enter the market, actually, does that tell you what?

What do you know? I mean, you know, it's it's a you could do an hour just on this, but, you know, these studies have been going on for decades, and there some of them are really just coming to the to the forefront of public knowledge now.

And a lot of people don't really understand it. Some of the people on the FDA's advisory committee seem to really not understand some very basic premises of what's going on here.

And there was also some real prejudice, you know, one one advisory committee member was sort of, you know, saying with some derision, you know what, if these people come home from their MDMA session and then they're having, cocaine and alcohol and, I think they don't really understand this is a completely novel idea that you can take, a substance that helps you have a more effective psychotherapy session.

And you see this a little bit with ketamine assisted psychotherapy, right? That there are times where instead of lying in a stretcher and having a, huge bolus of ketamine, go into your arm IV or have a drip where no one's talking to you.

With ketamine assisted therapy, you're taking a substance that leaves you a little bit more open to psychotherapy and puts you in a little bit of a more plastic state.

So the same thing happens with MDMA, but it's really, MDMA is like very well suited to being a catalyst for psychotherapy. The problem is the FDA has never approved psychotherapy before.

And this is a drug that is bundled with psychotherapy. This is not a drug you take everyday at home. It's not a daily dose. So it's a completely different paradigm.

But the idea of kind of a protocol or a procedure which we really haven't had in psychiatry other than ECT, electroconvulsive shock therapy. And I just thought for everybody listening and maybe a little new to the psychedelic space, to some quick definitions.

MDMA sometimes you hear of is ecstasy.

MDMA Research and PTSD Treatment

It's now being studied for mostly PTSD. And as Doctor Hanlon noted, it's just on the edge of approval. Or where there have been a number of trials showing just incredible efficacy, just more people getting better than we've seen before in other trials of psychotherapy, some medications for PTSD, for ketamine, remember, because it's the only psychedelic right now where ketamine is currently legal.

And in certain doses, it's not FDA approval as provato as ketamine and inhaled version is FDA approved for depression. But, ketamine assisted therapy isn't FDA approved, but it's really the only legal way for clinical figures to that are aboveground to, help people engage in psychedelic states hoping to achieve this again, more open period and help folks out there access something that that, you know, regular talk therapies aren't helping them

access or, accelerate or help some healing process.

So I just wanted to kind of catch everybody up there. There are a couple other substances out there, Julian. I wonder. Yeah, doctor, I wish you could just tell us love psilocybin.

Is it magic mushrooms? There's a lot of people have heard about it, right? There have been trials about those. Yeah. So psilocybin containing mushrooms, which, by the way, contain lots of other things.

And some people call them magic mushrooms. So these clinical studies are taking sort of the, the refined chemical compound out of the mushrooms. They're not giving mushrooms.

They're giving they're giving psilocybin, which your body then converts into silicon. And that's what works in your brain. So there are studies looking at using psilocybin to treat depression, treatment resistant depression, which is even harder to treat obsessive compulsive disorder, smoking cessation.

There have been really tremendous success, you know, really great results, a lot of success with people quitting smoking, people who couldn't quit for 20 years and were able to quit once they had had these, psilocybin assisted therapy sessions.

So again, this is in the context of supportive therapy. It is not just sort of, you know, take home medicine. It is not a one and done. There's often multiple sessions.

And in between the sessions there's a lot of supportive therapy. So it's in the context of a lot of attention and support that these compounds like MDMA, also known as ecstasy or Molly or psilocybin or even LSD are being used.

Right. We've got we've got studies showing not just efficacy but durability with LSD, where people are getting better and staying better for one year or two years.

Same thing with psilocybin. They're measuring out one year people are doing better. And in the MDMA studies, when they measure out a year, people actually have even higher results than they did at the end of the study, like they're continuing to get better.

And it may have to do with this, this neuroplasticity, this sort of impressionable plastic period after the drug is ingested, where you can still do some work, do some cognitive restructuring, you know, change your way of thinking, change, change the way you look at things, change your perspective.

All of that can be really helpful in psychiatry. A lot of patients who have been struggling or suffering with depression and anxiety, especially if for whatever reason, conventional solutions haven't worked or only partially have worked, they often wonder where to start.

And there's so much excitement, there's so much buzz. Sometimes I worry because a lot of patients are seeking out these compound aids and settings where maybe there isn't such an emphasis on a protocol or a psychotherapy.

A lot of people have had folks come up to me and, you know, show me pictures of mushrooms and decide, you know, do we take all of these? Our son gave them to us, and they said they'd be great for our marriage.

Psilocybin, LSD, and Therapeutic Use

And, so how do people who are interested in this maybe explore or understand more about how it could help them if they're struggling with depression and anxiety?

Well, there are lots of great books about psychedelics, right? I mean, Michael Pollan's book How to Change Your Mind was on the bestseller list. It's a very easy to read, very enjoyable.

My book, Good Chemistry, goes through everything explaining not only psychedelics but also MDMA. And, James Fadiman wrote a great book called The Psychedelic Explorers Guide that really explains how to do things.

And there is a lot of, websites with reliable information. I'm a big fan of arrow with Borg er, with.org. They have really reliable drug information. It's true that it's new.

It's trending, there's more questions than answers and there's absolutely more demand and supply, especially if you're talking about a really structured, safe environment.

You know, there are people who are doing underground work, and there are people who are just buying these drugs and taking them on their own. And I, you know, those aren't the safest ways to do it.

And the safest way is and is obviously in a clinical context. You know, one of the things about the research is they screened a lot of people out. You know, if you had a history of psychosis, if you had a history of manic episodes, you're not in the study.

So, when if the general pop populations starts to try these things and they're not properly screened and they're not properly supervised, and also you just you don't know what you're buying in an unregulated drug market, you know, and poisonings happen in America when you buy drugs that you don't know what they are.

So the risks, unfortunately, the risks for the recreational model are considerably higher than the risk for the medical model. But it is on a spectrum.

What's a great, couple of notes for us all, as people are thinking about this, is one, really to to think about some of the risks or some of what we call the rule outs.

This isn't going to be a good option for you if there's a significant history of psychosis or bipolar disorder or mania. Other in yourself or in your family might just want to, you know, certainly be more cautious, concerned, stick with, you know, a significant expert around those issues.

Usually a rule out in a lot of studies and a lot of research is substance use. If you're drinking regularly, if you have, occasional cocaine habit, we think about, these individuals having maybe more propensity towards addiction or substance use.

And so we don't often think about them as candidates. However, the research, however, suggests the exact opposite. If you have, I would love to. Alcohol use disorder, binge drinking disorder, nicotine addiction, cannabis use disorder.

Maybe psychedelics could be part of a solution. How do individuals sort that out and clinicians sort that out kind of risk benefits ones? Well, it is certainly a complicated analysis.

But there are more, you know, studies coming out in peer reviewed journals that are showing that, people with addiction can be treated with psychedelics to, develop a better relationship with their drug use or their drug taking behavior.

So, there there are studies of cocaine, users or cocaine addicts, going on in the South by a guy named Peter Hendricks. There are these, smoking cessation studies going on at Johns Hopkins.

There are alcohol cessation studies going on at NYU. There was a really interesting alcohol cessation study with MDMA happening in the UK. The first three that I mentioned were primarily psilocybin containing mushrooms or just giving psilocybin to the patient.

So, you know, I wanted to I might have mentioned this idea of of restructuring, you know, cognitive framework. And what I'm really getting at is rigidity.

Cognitive rigidity. There are a lot of psychiatric diagnoses where the real basis of it is fixed thinking, rigid thinking, for instance, in alcoholism, a very strong belief that alcohol is going to make you feel better and is going to fix a problem that's happening now, even though that may not be true and it's it's not quite a delusion, mostly because other people also share this belief, but it is very fixed thinking.

You know, alcohol makes me feel better even though you have all this evidence to the contrary. Same thing with an eating disorder, right? I need to be thinner.

Even though everyone is like you're thin enough. Your belief, your rigid thinking is that you need to be thinner. OCD, you've got a rigid thinking about contamination or whatever it takes.

You know, whatever rituals you're doing to fix your anxiety. And even with the pressure of a preoccupation as well.

Safety, Screening, and Clinical Context

But at the mind, often in these disorders, there's both rigidity, but it's really it comes back sticky. It goes back over and over. Right. So with psychedelic assisted therapy, like with psilocybin or with LSD, you really get into a cognitively flexible state.

You go from cognitive rigidity to cognitive flexibility. And so it's easier to have these sort of what if statements and what if ideas and like, what if it's not true that alcohol is actually helpful to you?

And could you think of some times when it hasn't been helpful to you? And is that possibly even more true than the idea that it is going to fix things?

And, you know, same thing with, with anorexia or with OCD, where you can challenge some of those really fixed beliefs when someone is in a place of fluidity and flexibility instead of rigidity and, and they're in this sort of plastic, impressionable, moldable place where you can shift things up and shake things up a little bit and change the rules a little bit. Change your perspective.

However, this, impressionable plastic state does make you vulnerable, and that is why it's so important to be, around people who have your best interests in mind and are not going to manipulate you and are trying to help you because you are really very open and trusting, and particularly with MDMA.

And this is where, we've certainly gotten into trouble, is that you're in a very trusting, open, vulnerable state. And it really matters who you're working with and what we've seen, in the underground community and in the research community is that there have been egregious boundary violations and, people put in very compromising positions who probably would not have been put in those positions if it weren't, for the the drug.

And so we have to, you know, admit and talk about the fact that this is a real risk, that this is where the idea of setting and setting, you know, how you're feeling, the setup of the room and the people you're with, that you're going to be in a vulnerable state.

I also like how you're suggesting that these are compounds that that are kind of the preparation for a process. Sometimes in the psychedelic community, there's a lot of discussion of kind of activating an inner healer, of getting a lot of independence in some ways from treaters or a treatment system.

And I can certainly appreciate that. That is certainly a feeling that happens, but also like what you're suggesting, Doctor Helen, that really being an expert hands is quite important because you're in such a fragile state.

And so drawing things back towards the integration process, just like any good therapy. Yeah. You know, people integration about all kinds of things. Right.

But it's our job to hold a process and say, I hear all this, I hear all this. This can bring it back to some of where the pertinent issues sometimes it's hiding for us.

So we all get a little bit avoidant and psychedelics make you more open, certainly, and make you also more vulnerable. And being in the right set, the right setting.

And I also really appreciate Doctor Holland, you mentioning safety in terms of the supply, the, you know, one one of the things about, and one of the reasons there's so much talk about, you know, regulation, FDA approval is that guarantees a safe supply.

That's very, very important. These are very, very complex chemicals. Making them and making them safely and distributing them is a complex process. And I would say we look forward to a time when we're having this discussion with more data, when there a really a milieu of safety where everyone can seek out these compounds is, we're talking about, right now, you know, ketamine, ketamine assisted therapy as a way to access these compounds in some states, like Oregon, in Colorado, there are legal ways to access in many states, there's research going on, New York, Maryland at Johns Hopkins.

These studies have waiting lists. But you also Yale for OCD, I think is still recruiting. It's true. They have very long waiting lists. There are hundreds and hundreds of people who are signing up for these studies.

And, you know, they will only take 20 or 30 or 50. So, I mean, the biggest MDMA studies will show this 100 some large. So a few other options. But, I appreciate that.

You know, our the United States drug supply is very much compromised right now, and no white powder is safe. And most trust pills on the street also aren't safe.

We have a fentanyl glut that's been going on for years and years. But, cannabis is legal in many states, whether you're a medical patient or an adult recreational user.

And, cannabis is, psychedelic in, in that, it is mind manifesting. It does lend a certain amount of, of cognitive fluidity. And just like psychedelics, it has anti-inflammatory effects which can help anxiety and depression.

Addiction, Rigidity, and Cognitive Flexibility

And also it has direct antidepressant effects for many people and direct anti-anxiety effects for fewer people, but still some. So I like to reach for, certain, doctrine.

But how do you maybe sort out, so much of the messaging from traditional mental health and psychiatry has been that cannabis is bad for depression and anxiety, and there's a lot of comorbidity, meaning that people who have depression, you know, often, you know, use more cannabis than the average population.

At the same time, you often see that, for example, in conditions like schizophrenia as well. And those of us in the treatment community have wondered, you know, often it kind of observed that patients seem to be seeking out something, or patients seek out things that often help them in some ways.

And so are there certain kind of other strains or ways to approach this issue of depression and anxiety to get the health benefits? Well, what I do with my patients is really talk to them about what they're getting from it and what they're losing from it.

So that we can make a, you know, sort of educated assessment of whether it's helping or not. And it's not always easy to do. And, you know, I finally I'm practicing in a state that has a medical program.

But for years it wasn't. And it was very frustrating because I couldn't really help my patients to get cannabis or a safe supply. And, you know, I would have to ask them if they knew any teenagers.

So I'm really glad at least that I don't, that I don't have to do that. But I have some patients who I really think would benefit from cannabis. I have a lot of patients who would benefit from CBD, which is the sort of, a component of cannabis that doesn't necessarily get you high, but does help quite a bit with anxiety.

So I, I recommend that for some patients, I as you probably do, I really recommend an anti-inflammatory lifestyle. I focus on anti-inflammatory diet and anti-inflammatory activities, and anything that they can do to get out of fight and flight over into parasympathetic.

And the truth is, cannabis can be part, of a healthy anti-inflammatory lifestyle. So I do include it with some of my patients. I also have a lot of patients who are microdosing.

And that's worth mentioning, right? A microdose is when you take a very small dose of mushrooms or LSD, you basically take a 10th of a dose that would cause you to trip.

So, for instance, if 100 micrograms of LSD caused you to have a full blown trip, ten micrograms of LSD, which is one tenth, would give you a micro dose.

And so there I have patients who are microdosing once every 3 or 4 days. I have some patients who are microdosing five days on, two days off. I mean, those are two different microdosing protocols that are very available online.

If you want to learn about them. It's, fadiman protocol and the Stamets protocol after Jim Fadiman and Paul Stamets. These are ways for people to take very low doses of psychedelics to just see if, if it might be helpful, on a, on a very small scale to do like a little bit of inducing neuroplasticity, maybe allowing a little bit of traumas to, like, very gently bubble up to the surface.

You know, a lot of people with psychiatric complaints have got histories of childhood trauma, physical abuse, sexual abuse, emotional abuse, and a lot of people who've got histories in their childhood of being maltreated.

They don't want to think about it. They don't want to talk about it. They push it down. They keep it in a box. They keep the lid on and they sit on the lid.

For that requires a tremendous amount of psychic energy that can translate into panic attacks, anxiety, depression, and even look like bipolar disorder and PTSD can look like a lot of different things.

And I would argue that a lot of us are carrying childhood trauma and that also even from like Covid, many of us were really traumatized. And so when you're traumatized, you, a lot of times you kind of get stuck in fight or flight.

Your immune system get screwed up. You don't sleep well, you often get overweight and you rely more on these sort of, you know, vices to soothe you. And whether that is food or shopping or your phone, which all of us are sort of numbing ourselves and, and disconnecting ourselves from our trauma by, you know, being on our phones, being on social media, all of these things, they're sort of cyclical, you know, the worse you get, the worse you get, like, the more you don't sleep, the more you're abusing other substances and getting more out of control.

And then the harder it is to sleep like a, you know, a lot of these, fight or flight states or these proinflammatory states, create vicious cycles. And one of my main jobs with my patients is to get them over into the parasympathetic state and create a virtuous cycle that the more you're in this rest digest repair mode, the better your life is.

Cannabis, Microdosing, and Trauma

And part of repair. I mean, I imagine you tell this to your listeners, but when you're in fight or flight, your body can't fix itself. Any kind of injuries or repairs or garbage.

That's like accumulating in your body. It's it's not focusing on that. It's only when you're in the parasympathetic state, when you're resting or sleeping or relaxed or being held physically or emotionally.

It's when you're in that parasympathetic state that your body can repair itself. But it's also the only place where you repair your social disruptions.

You know, your social skills suck when you're in fight or flight, and you have to make amends when you're in parasympathetic. But repairing your body, repairing your social relationships, and being in an anti-inflammatory state will keep you calmer and happier, which will allow you to sleep better and eat better. And it creates a virtuous cycle.

I love the idea of a virtuous cycle. Doctor Hollander said that another way we often think about the psychedelics. You know, the idea that if using a substance like cannabis, maybe having an edible and that leads to a relaxed time, or I was seeing in some of the states where essentially California people use cannabis and then work out, you know, with all the caveats and warnings that come with that.

But just this, as you're saying, more kind of flexibility. And I think assessing how a substance any of these psychedelic substances is, how they're affecting you and, and having a good partner to keep track of that with, I think that's the part that I see is missing, you know, we I'm sure we you and I have both witnessed people in the space who maybe, don't feel like they have as much of either an anchor or someone that they're reflecting with to help them make sense of it.

Yeah. So anchors or anchors are tricky, you know, I mean, I, I mean, I joke that I'm sort of gas and he's breaks, but the, the truth is that, you know, when you're driving you, you mind everybody just listening for good.

And Jeremy and her husband, Jeremy, as my husband, lives. And he's been with you on this journey. So we we met artist. Wonderful man, 95 Jeremy wolff.com already.com.

Yeah. So Jeremy is an artist. We met in 95. We actually met at a party for Terence McKenna, which I love to tell people about. And really flirted with naming our daughter McKenna.

And the funny thing is that we named our daughter Molly before I knew that Molly was a nickname for MDMA. So that's kind of a weird coincidence. Anyway, it is good to have a partner or a therapist or a coach or a trainer or anybody who is sort of helping to keep you, accountable.

And, you know, you talk about set and setting and yes, that's so important. But there's also something called matrix, which is where the person's coming from.

You pluck them out of whatever life they have, and you and you put them in this room and you give them psilocybin or LSD, and they have this very intense experience, and they realize they were, molested by their uncle and they, you know, and they're going through all making sense of it, and they're in a very vulnerable place, and they need to do a lot of integration work.

And then you're putting them back in that matrix where they came from to do the work. And it may be an unhealthy household. It may be that the uncle lives in the basement, like, who knows?

But that is really important. It's not just setting, setting, it's where they're coming from and where they're going back to. You know, a lot of the research in the UK at Imperial College, Rosalind Watts looked at who didn't do well, like, okay, a lot of people we gave them psilocybin.

They did great. Their depression was gone. They stopped drinking. Great. Who didn't do well and why? And when she took apart the people who didn't do well, a lot of it came back to their environment. They were going back to.

They were in a dysfunctional relationship and they were going back. They were in an abusive household and they were going back. They were in a shelter for domestic violence victims, and they're going back, you know, those aren't the best places to process after a big psychedelic experience.

So it is a whole long protocol. You know, the MDMA protocols, like three drug assisted therapy sessions with three therapy sessions in between each one, a total of 16 sessions before in the middle and after surrounding these three drug sessions.

Weeks and weeks and weeks of being in a holding environment. Yes, they got better. And the people who just got therapy without MDMA, they got better too, because they were in this amazing holding environment.

So we really have to think about the matrix. It's, not the movie, but the concept of where people are coming from and going back to before and after the challenging sessions.

Yeah. Is that too challenging? Yes, because we have depression and we have anxiety, kind of, you know, in the context of our real lives.

Integration, Somatic Work, and Closing Thoughts

If you are, let's say, a core of your depression is you having work conflict or you got fired and you're looking for a job and you're depressed, you go back to that job search and maybe, you know, for a lot of people, there's more optimism, cognitive flexibility.

You get a little one in your cells okay. There's also folk where it's really derailing or it's not, you know, a good idea or as we say in our clinic, you know, it's not a good time right now.

We've met people in crisis who really feel psychedelics solution. And it's in our clinical opinion and like, no, not increasing. Our testing is really shaky right now already.

There's so many stressors, it's hard to make sense of this. Yeah. Doctor Allen I want to hear does a specific thing for people who are involved in this space or anybody listening who gets involved in psychedelic medicine as part of your journey.

One, I hope you hear all of the caveats and the really great wisdom from Doctor Holland about some of the real risks that don't get talked about. And Doctor Holland, I love talking about that with because you're such an expert on both the compounds.

You're such an enthusiastic psycho. Not and at the same time, you're so clear with us all that there are risks. There concerns. There's a certain setting for this.

There's safety concerns at the compound. So thank you for being so clear eyed about it. I want to talk about integration quickly just now, having had a psychedelic clinic for a while, the part that seems very challenging is finding and executing great integration, particularly non-verbal integration.

And by that I mean a lot of our mental health are anxiety or depression, you know, lives in our bodies or can be expressed through our bodies and through our creativity in a way that traditional mental health often doesn't happen to.

You know, psychotherapy is a very creative process. What we're talking can you talk to us a little bit about integration in some of the ways, especially non-verbal ways that you see people reading psychedelic experiences?

Well, I made a joke at South by Southwest because, there was a presentation about how how cardio is really anti-inflammatory and does amazing things for your brain and enhances neuroplasticity.

And specifically, dancing is good for your brain and anti-inflammatory enhances neuroplasticity. And then I spoke up and said, oh my gosh, you guys, I just got this amazing brainstorm.

Can you imagine if somebody combined psychedelics and dancing how much neuroplasticity you again and everybody laughed because of course people are already combining psychedelics with dancing at Burning Man and Lightning in a bottle and boom and all, you know, and raves and, you know, they probably have been for millennia.

But there really is something there. This, there's a lot of people who do somatic work and somatic body work, and

even like massage therapy or hydrotherapy, I think incorporating the body and integration is really important.

Wow. Well, Julie, Doctor Holland, thank you so much for all this insight. I really appreciate your helpful thoughts around how to make sure things are safe for people.

I think with all of the excitement and all of the interest and a lot of new research, people are treading into these waters more and more and I hope everyone listening can really appreciate doctors.

Holland's concerns about the safety of the supply, even in the underground world, about the need for integration and really emphasizing and all of the research protocols, the really immense amount of psychotherapy that is also going on.

And then I really appreciate this encouragement around, making sure that we, we, integrate in ways, moving our bodies using our creativity. Thank you, Doctor Holland, for all you've done throughout your career to really educate us all and and keep us thinking in non stigmatizing ways and in ways that, emphasize harm reduction and everyone watching.

The reason that we put this summer together in part, was to think about some of the solutions, some of the ideas the people have offering us solutions within the psychedelic medicine space, but wanting to bring experts in who really can, help put that in the framework, in the context that's so important when we're thinking about important conditions, like depression and anxiety, everyone I hope you hear our excitement or encouragement to to make sure and explore these within the legal, ethical and I would say reasonable, parameters within your own life and your own circumstance.

This has been another episode of the Anxiety and Depression Solutions Summit. I'm Doctor Drew Ramsey. Thanks so much for joining us. And I'll see you.

Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your wellbeing.

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