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Psychedelic forum member preferences for carer experience and consumption behavior: Can “Trip Sitters” help inform psychedelic harm reduction services?

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Psychedelic forum member preferences for carer experience and consumption behaviour: Can 'trip sitters' help inform psychedelic harm reduction services?

Abstract

Background. There is limited research on the provision of harm reduction services to people who use psychedelics. Little is known about provision of care to people consuming psychedelics outside of clinical trials.

Methods. We investigated how people who used psychedelics discussed their preferences for care (or 'trip sitting') on two online forums: *The Shroomery* and *DMT Nexus*. A thematic analysis of the discussion was conducted to better understand consumer preferences for harm reduction services and resources.

Results. We identified two key themes: experience and remote sitting. Forum participants valued trip sitters who had experienced psychedelic and other non-ordinary states of consciousness, who had knowledge of the health and medical industry, psychedelic literature and/or had previously cared for other psychedelic consumers. Forum participants also identified the value of consuming a psychedelic without somebody who was in their physical proximity, through communicating their plans to a remote trip sitter. The use of online tools was identified as a way to maximise the benefit of privacy whilst retaining carer benefits.

Conclusion. Demand for trip sitters with lived psychedelic experience is likely influenced by stigma and empathy. Trip sitters who could relate to the effects of psychedelics assisted consumers in avoiding stigma whilst vulnerable under the effects of psychedelics. As such, psychedelic harm reduction services should be delivered by peers to ensure care maximises the benefits of empathy. Psychedelic harm reduction services should consider how remote

workers could be employed. There is a clear demand for remote psychedelic care services and to our knowledge this has not yet been explored.

Keywords. Psychedelic, harm reduction, online forum, lived experience, abstinence.

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Introduction

Harm reduction involves the dissemination of resources and strategies with the intent to mitigate drug-related harm, without necessarily requiring abstinence (Simon & Lenton, 1998). Harm reduction also encompasses activities that maximise drug benefits, although these positive dimensions of drug use are harder to recognise and support due to stigma and drug prohibition (Móro and Rácz, 2013). Because harm reduction has prioritised health issues relating to injected drugs, such as reducing the incidence of blood-borne virus transmission, psychedelic harm reduction has received comparatively little attention. Besides drug checking (Carvalho et al. 2014), 'chill spaces' or 'care spaces' at music events and festivals have been identified as a key psychedelic harm reduction strategy (Quaranta, et al. 2017). Such services allow people who are having difficult psychedelic experiences to engage with a trip sitter (a person who provides care for a psychedelic consumer during the consumer's psychedelic experience, without providing psychotherapy) in a safe space. These services are important because other psychedelic harm reduction resources (outside of clinical studies) are mostly limited to the provision of psychotherapy before and/or after a challenging psychedelic experience (Pilecki, et al. 2021).

Challenging psychedelic experiences, colloquially termed 'bad trips', have been extensively documented in online, anecdotal bioassay reports (e.g. Erowid.org, n. d.) and clinical investigations of substance-assisted psychotherapy (Kaelen, et al. 2018; Barrett et al., 2016; Carbonaro et al., 2016; Garcia-Romeu & Richards, 2018). The psychedelic effect of ego dissolution has been identified as a unique factor in challenging psychedelic experiences. As in non-psychedelic psychological crises, self-centric thinking may be used as a defence

mechanism that leads to rumination and negative affect (Twemlow & Bowen, 2012). In clinical settings, it is hypothesised that the intensity, duration and quality of challenging aspects of acute psychedelic experiences may mediate positive therapeutic outcomes (Carbonaro et al., 2016; Roseman, Nutt, & Carhart-Harris, 2018). As such, psychedelic harm reduction services are well placed to not only reduce drug-related harm, but also engage in opportunities for benefit maximisation (Tupper, 2008).

Clinical researchers have struggled to accurately predict challenging experiences using historical and clinical factors (Ungerleider, et al. 1968; Adjay, et al. 2021). Meanwhile, challenging psychedelic experiences in non-clinical settings have been hypothesised to also be influenced by stigma, prohibition and the social construction of psychedelics (Bunce, 1979). Neuroticism, inexperience, recreational settings and large, open, outdoor spaces have been identified as variables commonly associated with challenging psychedelic experiences (Barrett, Johnson & Griffiths, 2017; Ona, 2018). The latter two variables are more prevalent in festival settings than clinical environments, implying that more strictly controlled clinical contexts decrease challenging psychedelic experiences. Yet many people use psychedelics in festival settings without reporting to health or emergency services. Strategies for reducing harm and maximising the benefit of psychedelic use are likely employed by the psychedelic community, but there has been a disconnect between psychedelic harm reduction practice and the research literature.

Since the 1960s there have been numerous organisations providing psychedelic harm reduction spaces. One of the earliest examples of such models of care is the White Birds, who provided trip sitting services in car parks outside Grateful Dead concerts. Currently, there are several providers of such services, such as the Zendo Project, the AIDS Network Kootenay Outreach and Support Society (ANKORS) and DanceWize, though only ANKORS (Michelow & Dowden, 2015) and KosmiCare (Carvalho, et al. 2010; Carvalho, et al. 2014)

services appear to have published service data relevant to trip sitting services. While evaluations have highlighted service efficacy and the prominence of psychedelic use among people using the service, psychedelic research is yet to explore consumer approaches towards harm reduction and benefit maximisation.

Some have suggested that personal experience with psychedelics can enhance outcomes for both trip sitters (Thal, et al. 2022b; Quaranta, et al. 2017) and psychedelic-assisted psychotherapists (Phelps, 2017). Past experience with psychedelics might help trip sitters and psychotherapists understand the subjective effects of psychedelics and related psychological states, which are often ineffable (Shah, 2019; Elsey, 2017), and may help build intersubjectivity and rapport (Kettner, et al. 2021). The inclusion of people who use drugs in the provision of harm reduction services is also a means of reducing stigma, empowering service users and improving service utilisation (Engel, et al. 2020). However, psychedelic consumers' understandings of psychedelic harm reduction and benefit maximisation is currently unexplored. It is unclear how the value of lived experience differs between psychedelic and other harm reduction contexts. Consequently, our project sought to investigate consumers' views on psychedelic harm reduction. In doing so, we took advantage of the accessibility of data contained on online discussion forums with the aim of generating data that could influence the design and delivery of related services.

Methodology

This paper analysed data from a larger project investigating psychedelic care discussion amongst participants of psychedelic forums (see Thal, et al. 2022a; Thal, et al. 2022b). Most data regarding drug-related harms have been obtained from clients receiving treatment for unwanted outcomes of their drug use (Miller and Sønderlund, 2010). People who reduce drug-related harms are thus a hard to research population, with online drug forums offering a platform to access this group. Within online drug forums, English speaking, caucasian, young

males who are employed or studying and consuming drugs recreationally are highly represented (Baggott, Erowid, Erowid, Galloway, & Mendelson, 2010; Temple & Brown, 2011; Orsolini et al., 2015). A vast majority of these forum participants also appear to reside in the United States of America, the United Kingdom, Australia and New Zealand (Orsolini et al., 2015). The demographics of online drug forum participants share similarities with many people who use psychedelics. Within both groups, young, employed caucasian males are highly represented.

We identified popular psychedelic forums and developed a search string through discussion between researchers drawing on their personal understandings of online and offline psychedelic communities and related care practices. The following terms were included in the string: “carer”; “guide”; “holding space”; “hold space”; “shaman”; “sitter” and; “trip sit”. We chose to conduct the search in two popular forums focussing on psychedelics: *The Shroomery* and *The DMT Nexus*.

In a second step, we used our search string and the Google search engine with the “site:website.com ‘search term’” function to identify relevant content. With the largest search returning just under 50,000 results, we ceased reviewing results for each search term once we received the message “In order to show you the most relevant results, we have omitted some entries very similar to the X already displayed”. We then reviewed the title and abstract of every search result. If the results were relevant to our research question, we followed the link to the original forum thread and located the search term using the ctrl+f function. The entire post was copied into a Microsoft Excel document page labelled with that search term.

LE and ST independently reviewed every forum post in the data set and attributed respective preliminary codes in separate columns. All authors then discussed the preliminary codes and subcodes and together developed them into final themes and subthemes. The themes

discussed in this paper were selected due to their increased relevance to psychedelic care outside of therapeutic settings, that is, in settings concerning psychedelic harm reduction.

Ethical considerations

When it is unfeasible to contact all online forum participants individually, Barratt and Lenton (2010) suggest engaging forum participants as an ethical approach to researching forum participants. As such, we gained consent for the project from the administrators of both platforms, and we created respective threads on each forum that described our research and provided participants an opportunity to opt out. Given the potential for participant discussion of potential criminal or private activities to result in the incrimination or stigmatisation of participants, we removed identifiable content that could be used for locating a participant's post or profile. We further ensured that quotations would not return related content in forum or Google search engines (Enghoff and Aldridge 2019). In doing so, we aimed to enhance transferability, credibility and participant representation by including as much unaltered content as possible (Charmaz, 2004). We received ethics approval for this project from Edith Cowan University (2020-01940-ENGEL).

Findings and Discussion

In this paper, we report on two themes appearing in an analysis of psychedelic care discussion on online forums that we identified as relevant to psychedelic consumers' perceptions of harm reduction services. These themes were labelled 'experience' and 'remote sitter'. There were a total of 244 posts in this subset of the data.

Experience

Discussions of work or life experience valued in psychedelic trip sitters were identified in ~80% of posts (n=195) in the subset of data used for this paper and labelled using the theme 'experience'. ~26% (n=52) of these posts were from The DMT Nexus. Within this theme,

five sub-themes were identified and labelled 'non-ordinary states', 'drug', 'health', 'information', and 'sitting experience'.

Forum participants remarked that trip sitters should have experience with 'non-ordinary of consciousness' to empathically relate to the situation of a consumer and respond where appropriate;

“Personally, I would prefer a sitter who has some experience with psychedelic drugs for a breakthrough trip. Someone who knows what types of mindsets/feelings they can induce.”

“The sitter needs to have had the psychedelic experience on numerous occasions. This helps the sitter understand and connect with what the consumer is going through.”

More specifically, forum participants consistently stated that they disliked trip sitters without experience. They were concerned such trip sitters might engage in detrimental behaviours;

“An inexperienced person would be horrible. I've been there. I asked my friend to be my trip sitter and she was so bad. She kept fucking with me and doing obnoxious things just for the fact that I was tripping. At one point she had her hand around my neck. They think that since you're tripping, it's okay to act weird and mess with you. A person with psychedelic experience would know to let you vibe out and only react when the tripper is acting too obscene.”

Participants suggested that confidence and experience with psychedelics might directly translate to experience and skills as a trip sitter;

“If you wanted to be a carer, traditionally you had to get acquainted with the "terrain". If you are confident and able to care for yourself then you should organically develop the necessary skills.”

“in a perfect world, the sitter should be very skilled and used to psychedelics, and someone the tripper already knows and is close to. If someone is very experienced with these substances it will often mean that they have the skills necessary to be a sitter.”

There has been a move away from top-down, institutionalised harm reduction, and towards harm reduction that is peer generated and led (Bilgri, 2017). Peers have been conceptualised as intermediaries, bridging the relational gap between services and drug community members. For example, peers have been found to be a uniquely useful vehicle for disseminating injecting equipment (Lancaster, Seear & Treloar, 2015). Yet the value of peers for harm reduction goes beyond community access – lived experience is key to combatting the stigma responsible for a majority of harms associated with drugs (Engel, et al. 2020).

Both empathy for people who use drugs, and the resistance of stigma towards these individuals, is likely encouraged by lived experience of drug use. Social stigma has been implicated in deficits in empathy (Decety, Echols & Correll, 2010), while it has also been suggested that psychedelic experience is linked to empathy increases (Blatchford, et al. 2020). Lived experience and empathy may improve the capacity of harm reduction workers to relate to psychedelic consumers and avoid projection of stigma onto a person under the influence of psychedelics. The impact of different types of lived drug experiences in general and/or different psychedelic experiences on stigma and empathy, and the implications of these experiences on capacities to provide psychedelic care deserves further exploration.

However, there are legal barriers to harm reduction workers gaining personal experience with psychedelics (Barratt, et al. 2020). Within clinical trials of psychedelic-assisted psychotherapy, a strategy for circumventing such obstacles among clinicians working with people in a psychedelic state has been to provide clinicians with experiences of non-ordinary states of consciousness by means other than illicit substances (Grof, 2014; Multidisciplinary Association for Psychedelic Studies, 2017). It is likely many trip sitters and medical practitioners without psychedelic experiences will be

required to care for people under the influence of psychedelics, which if done poorly, may generate challenging experiences (Quaranta, et al. 2017). Further research should address how to build trust with people under the influence of psychedelics. Strategies for constructing drugs and drug experience in positive ways is one potential approach (Engel, 2020; Engel, et al. 2020). Moreover, comparable experiences of non-ordinary states of consciousness do not necessarily have to be induced by psychoactive substances, but may also be facilitated by meditation, breathing, sensory deprivation, and other methods (see Schmidt & Berkemeyer, 2018).

Not only did forum participants have a preference for trip sitters with psychedelic experience, they also mentioned that experience with the specific psychedelic substance (or ‘drug’) ingested by the consumer was an important quality of the trip sitter. This preference seemed valued for similar reasons as experience with non-ordinary states of consciousness – it helped the trip sitter understand the consumer’s experience;

“Someone who has tried LSD might not be a good choice for sitting a person who is going to have psilocybin because they need to be familiar with the headspace of the drug the person is using.”

“A trip sitter for 5-MeO-DMT should have a lot of familiarity with the substance. There are possible intense body reactions 5-MeO-DMT can produce. I would worry lots of carers might get scared and call emergency.”

Some forum participants’ desire for trip sitters who had drug-specific experience suggests that in some cases, substitution of psychedelics for other strategies of consciousness alteration may not be sufficient. The indescribable character of the psychedelic experience (Shah, 2019; Elsey, 2017) may also undermine attempts to communicate the experiential education provided by psychedelics. Furthermore, the importance of psychedelic experience may extend beyond immediate effects of these substances, as the lived experience of people

who use psychedelics encompasses specific experiences of stigma and community. These non-immediate psychedelic experiences may be more relevant to the training of trip sitters than for psychedelic-assisted psychotherapists; however, further delineation between these and other psychedelic carer roles is required.

Some forum participants valued trip sitters with knowledge and experience in medicine. They believed that these skills could assist the trip sitter's capacity to distinguish between effects of high doses of psychedelics and potentially problematic 'health' symptoms, which can be complicated and highly dependent on the specific effects of different substances. For example, unconsciousness following a high dose of vaporised DMT may not be a significant concern, while unconsciousness following a low oral dose of MDMA may suggest health complications.

Forum participants suggested that trip sitters should be informed about how to properly take care of consumers during psychedelic experiences, and therefore suggested trip sitters be familiar with certain literature, resources and 'information'. Online resources commonly referred to, besides The Shroomery and DMT Nexus forums, included Erowid.org, Bluelight forums and YouTube videos of people consuming (primarily vaporised or smoked) psychedelics. Popular texts included Shulgin and Shulgin's *PiHKAL* (1991) and *TiHKAL* (1997), the Multidisciplinary Association for Psychedelic Studies' *The Manual of Psychedelic Support* (2017), as well as a variety of works from Terrence McKenna and Timothy Leary. While some educational resources discussed by forum participants are widely acclaimed, particularly the resources produced by Shulgin and Shulgin (1991; 1997) and the Multidisciplinary Association for Psychedelic Studies (2017), other material popular amongst forum participants, such as the work of McKenna and Leary, have received extensive criticism and might be seen to promote harmful or less socially cohesive psychedelic consumption behaviours (Elcock, 2013).

Many forum participants also discussed the educational value of videos showing people consuming and under the influence of psychedelics. Most of these videos concerned smoked or vaporised DMT, salvia or 5-MeO-DMT. Further, prominent video-distribution services recently banned and demonetised content showing and promoting substance use, which has reduced the accessibility of potentially harm reducing psychedelic videos (Google, n. d.). Materials developed in collaboration between scholars and people who use drugs are a crucial but largely absent psychedelic harm reduction resource.

Another important characteristic of trip sitters discussed by forum participants was that ideally, they should be experienced in providing psychedelic care. Such ‘trip sitting experience’ might allow trip sitters to act appropriately in various situations;

“You want someone fully trustworthy, experienced as a trip sitter if possible, and someone who can remain calm him/herself, keep YOU calm if need be, and who won't abandon you or panic and call the cops.”

“a sitter is only as good as what they know about their [*sic*] job as a sitter.”

Trip sitters with experience in trip sitting might even reduce anxiety in consumers;

“More importantly, having an experienced sitter may help with take-off anxiety.”

The wisdom and strategies of people with lived experiences have been valuable resources in various mental health settings and might enhance trust in person-centred care (Davidson, 2016). Similarly, those with lived experience have their practice uniquely informed by their experiences. These experiences might help foster constructive empathy with clients (Gilbert and Stickley, 2012). Since there is no manualised and licensed approach for caring for people who use psychedelics in recreational settings (as opposed to clinical studies), it is comprehensible that lived experiences are accessible resources for the provision of psychedelic care and that consumers feel less anxious around a carer who has had a similar

experience. However, experienced carers may project their expectations based on their past experiences onto the person they are caring for. Since psychedelics may be linked to increased suggestibility (Carhart-Harris et al., 2015) people who use psychedelics with an experienced carer might readily adapt their perspectives and interpretations of the experience.

Remote sitter

Discussion of communicating plans to consume psychedelics to someone who would not be in the physical presence of the consumer while they experienced psychedelic effects was identified in ~21% of posts (n = 49) in the subset of data used for this paper and labelled using the theme ‘remote sitter.’ ~71% of these posts (n = 35) were from The Shroomery. While the remote sitter theme was not as prominent in the data as the experience theme, we believed this theme is important to consider from the perspective of harm reduction service delivery given the COVID-19 pandemic. There is a clear demand for a unique psychedelic care service that provides opportunities for maximising the benefits of privacy and personal space while reducing the harms of unmonitored psychedelic consumption. To our knowledge such a service has not yet been discussed in the research literature. Within this theme, four sub-themes were identified and labelled ‘inform’, ‘nearby’, ‘online’ and ‘phone’.

The subtheme ‘inform’ referred to discussion of telling friends “when and where” a forum participant intended to consume psychedelics. One forum participant described this role as being “available but not present”. Informing someone about intentions to consume psychedelics and ensuring the remote sitter’s availability in case of physical or psychological emergencies seemed to increase forum participants’ perception of security when consuming psychedelics. Remote sitter posts categorised using the subtheme ‘nearby’ were seen to be linked to this concept of availability. A geographically close but physically absent remote sitter was able to avoid direct engagement with the psychedelic consumer, whilst being

available to intervene should it become required. A total of 30 posts were labelled using this subtheme ‘nearby’, which was the most common subtheme in the ‘remote sitter’ theme.

Most posts labelled with the ‘nearby’ subtheme expressed forum participants’ desires to be in the same house as their remote sitter, but in different rooms. Such desires were often tied to concerns that engaging with a person may have an unwanted influence on psychedelic effects. Meanwhile, forum participants expressed a concurrent understanding that engaging with a person could also be an important harm reduction measure.

“I really value the occasional trip alone with myself. What I have found to be a good compromise is to have a sitter present in another room. It is very reassuring when going for a breakthrough, for two good reasons. 1, if something were to happen to you during the trip (stumbling out the room, vomiting...), the sitter would be there to help. 2, if you happened to have a bad experience, you could integrate it by talking it out.”

Posts often suggested having carers within earshot, who would engage with the consumer at the consumer’s spoken request.

“have someone in another room/close by that you can call out for if you need help.”

A smaller number of posts advocated for unobtrusive monitoring of consumers.

“it's always better to have a clear headed individual monitoring the situation.”

“I stayed in another room and only popped in a few times to make sure things were going well.”

Posts conflicted in the extent of the monitoring they advocated for, and participants held different opinions in the debate of what was earlier described as a “compromise.” The following participant portrays such a compromise as a balance between idealism and safety.

“NOT having a sitter is ideal. BUT, note that it is always safer to have a sitter around.”

It becomes apparent that preferences for the physical proximity of carers and the degree of interaction between carers and consumers varied among forum participants'. As described in a previous publication (Thal, et al. 2022b), forum participants' preferences for interaction and availability was quite variable. It was indicated that carers might be helpful to prevent or control undesirable situations and controlling hazards. Compared to participants in clinical studies with psychedelics which exhibit a high degree of safety, control and supervision (Johnson et al. 2008), our study seems to evidence preferences for optional, flexible and diverse harm reduction measures, with these care preferences varying between consumers. .

Participants recommended a number of 'online' platforms for utilising a remote sitter, including The DMT Nexus and Shroomery forums, tripsit.me chat rooms and generic social media applications. The number of people in these spaces was seen as an advantage by some forum participants.

“many heads are better than one.”

Of course, preference for online remote sitters depended on personal comfortability with digital spaces.

“Nothing wrong with an online trip sitter if you dont mind being online.”

Multiple participants were vocal in their criticism of remote sitters, suggesting remote sitters were not a useful safety mechanism in emergencies.

“Still, there are plenty of cases (I witnessed a few myself) when things went remarkably wrong. In most of such situations the idea of speed-dialing someone or chatting over net or anything alike is just a joke.”

Other participants implied remote-sitters may be more useful for integration than for the provision of support to people currently under the influence of psychedelics.

“Online, through skype or something would be cool for afterwards... possibly next day even depending on how intense the experience is.”

Besides some limited analysis of online forums (Thal, et al. 2022a; Thal, et al. 2022b) and a unique study of online ayahuasca ceremonies undertaken by followers of the Santo Daimé religion following COVID-19 restrictions (Hartogsohn, 2022), online psychedelic care services are largely unexplored. The provision of social support through online peer counselling is being explored (Fukkink, 2011) and online therapeutic interventions have evidenced decreases in anxiety and depression (e.g., Cohen & Kerr, 1999; Kessler et al., 2009). Likewise, chat services for acute crises have been shown to reduce harms (Gould et al., 2021). The necessity of these services has increased dramatically during the COVID-19 pandemic. However, clients may show less engagement and openness in online settings (Barker & Barker, 2022). Integrated digital technologies have been accused of providing an ‘impoverished’ psychedelic experience, although this is likely linked to deficits in IT literacy and the digital divide (Hartogsohn, 2022). Regardless, even online interpersonal exchange are likely to offer some relief to consumers in cases of mild psychological distress. As such, harm reduction services should explore ways to leverage online platforms to minimise potential harms and maximise the benefits that were described by our participants.

Psychedelic-assisted psychotherapy guidelines suggest that therapists remind distressed participants that their current state of mind is the consequence of their consumption of psychoactive substances and that this state will subside (Phelps, 2017). This is something remote-sitters can also do to support consumers. Likewise, having someone to talk about the experience and assist with integration could be helpful. Nevertheless, complex psychological

or even minor physiological issues cannot receive adequate attention from someone who is not physically present with the consumer. Future research should investigate how best to utilise online support to care for people who use psychedelics. It is also worth considering whether online debriefing or “integration” services are perceived as valuable by people who use psychedelics, and how they value these services differently to other forms of psychedelic care.

Another ‘remote sitter’ subtheme categorised posts that discussed having people to contact via ‘phone’ during a psychedelic experience. Such a strategy was portrayed as more important for mental, rather than physical crises.

“Someone you trust, who knows what you're doing, and is available by pre-programmed phone number. Just a soothing voice if necessary.”

A number of other participants also discussed the use of such “pre-programming” or “speed dial” as well alerting the remote sitter of the intended psychedelic consumption and possibility of their phone call.

“Make them promise to pick up the phone if you call.”

Several forum participants indicated that having a trusted person readily available via telephone in case of distress and/or emergency may offer some sense of safety and peace of mind when using psychedelics. Emergency hotlines (e.g., police and ambulance) and telephone services available for acute psychological distress (e.g., crisis line services) are already used on a global scale, although their utility can be critiqued (Hoffberg et al., 2020). As evidenced by previous investigations regarding consumer preferences (Thal, et al. 2022a), having someone to reach out to in case of an emergency with whom a preexisting relationship has been established may allow for a reduction in anxiety. A pre-selected sober person who

knows the consumer well might be best placed to assess the situation, provide direct supports and call for professional help if needed.

Limitations

While there are many online forums concerning psychoactive substances, the current study only focused on two forums: The Shroomery and DMT Nexus. Alternative drug information sources or social media platforms that do not focus exclusively psychedelics, like Erowid.org, Psychonautwiki.org, Facebook or Twitter were not considered in this review. Forums may not accurately represent people who use psychedelics more frequently, particularly people that are less educated, less healthy or of other racial and ethnic backgrounds (Lyke & Kuti, 2019). The review was further limited by the predetermined search terms and the immense number of search results. Future investigations should extend beyond the scope of these two platforms and could also include self-report questionnaires and semi-structured interviews with community members and stakeholders.

Presuming participants are predominantly caucasian, western males (Baggott, Erowid, Erowid, Galloway, & Mendelson, 2010; Temple & Brown, 2011; Orsolini et al., 2015), the demographics of drug forum participants might generally be considered a more privileged/less stigmatised group. This provokes consideration of whether difficult psychedelic experiences, while regularly discussed, were less common for these participants than they may be for consumers in other contexts. It is possible that forum participants had an enhanced capacity to frame themselves and their challenging psychedelic experiences in positive ways and to perceive positive outcomes as a result. Whether it be due to inaccessible positive discourse (Engel, et al. 2020) and/or diverse people being more likely to encounter challenging psychedelic experiences, accessing diverse trip sitters capable of positive psychedelic representations could be a significant challenge for psychedelic harm reduction.

Conclusions

There is a lack of research literature concerning psychedelic care spaces, despite clear demand for such spaces at public events (Carvalho, et al. 2010; Carvalho, et al. 2014; Multidisciplinary Association for Psychedelic Studies, 2017). Our study suggests the demand for such care spaces extends to everyday, non-event contexts. Forum participants recognised divergent needs of people consuming different types of psychedelics, particularly iboga, salvia and 5-MeO-DMT, suggesting the concept of substance specific care spaces should also be addressed. Substance specific care spaces may be less important for public events, considering participant discussion of their avoidance of more physically debilitating substances such as iboga, salvia and 5-MeO-DMT in social contexts. It should also be recognised that substance specific spaces pose an additional risk of exclusion and stigma (Engel, 2020).

While many participants in our study emphasised the utility of remote sitters, this concept has not shown positive results in clinical studies. In the early stages of the first wave of psychedelic research, clients, on occasions, were free to take substances to their homes for self-administration, or were left alone with untrained, sometimes disinterested observers and a recording device. This resulted in traumatic and detrimental effects in a number of cases (Cutner, 1959; Hausner & Dolezal, 1963). It must be stressed, however, that clients in a clinical trial are also a unique cohort, who will typically have had to meet various eligibility criteria to be eligible for inclusion in the study (including, at present, criteria related to mental health such as a clinical diagnosis with anxiety or post-traumatic distress disorder). We must take care, therefore, in drawing lessons from the experiences of those involved in clinical trials since their experiences, motivations, needs and practices might differ from those of other populations.

Declaration of interest

None.

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