

Psilocybin-Occasioned Mystical-Type Experience Predicts Less Heavy Drinking in Patients with Alcohol Use Disorder

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Methodological Issue Being Addressed What roles does the subjective psychedelic experience play in predicting treatment outcomes in psilocybin-assisted psychotherapy (PAP) for alcohol use disorder (AUD)?

Introduction PAP is emerging as a promising intervention for substance use disorders, but the mechanisms by which psilocybin reduces substance use are not fully understood. Previous pilot studies on PAP for alcohol and tobacco dependence found significant correlations between psilocybin-occasioned mystical-type experiences and reductions in substance use. However, these relationships have not been examined in controlled clinical trials.

Methods In this controlled trial (NCT02061293), 93 patients with AUD were randomized to receive two doses of either psilocybin (25-40 mg/70kg, n = 48) or control (diphenhydramine 50-100 mg, n = 45). Following each session, participants rated their subjective experiences across six scales: (1) 43-item Mystical Experience Questionnaire (MEQ), (2) 30-item MEQ, (3) Hood Mysticism Scale (M-Scale), (4) 5-Dimensional Altered States of Consciousness Scale (ASC), (5) 11-Dimensional ASC, and (6) Hallucinogen Rating Scale.

Principal components analysis consolidated these scales into six core components of the psychedelic experience: (1) Mystical Experience Type 1 (unity, sacredness, noetic quality, oceanic boundlessness, insightfulness), (2) Challenging Experience (dread of ego dissolution, impaired control, anxiety), (3) Visual Experience (audio-visual synesthesia, complex and elementary imagery), (4) Bodily Experience (somaesthesia, disembodiment), (5) Mystical Experience Type 2 (introvertive/extrovertive mysticism per M-Scale), and (6) Mystical Experience Type 3 (ineffability per MEQ-43/MEQ-30). A linear mixed model examined the relationship between these components and post-treatment heavy drinking, controlling for baseline heavy drinking.

Results In the psilocybin group, mystical experience significantly predicted less post-treatment heavy drinking: Component 1 (unity, sacredness, noetic quality, oceanic boundlessness, insightfulness) ($\beta = -6.615$, $t = -2.072$, $p = .045$) and Component 6 (ineffability) ($\beta = -6.770$, $t = -2.199$, $p = .034$). The remaining components showed no significant association with less heavy drinking.

Conclusion Mystical-type experiences significantly predict positive treatment outcomes in PAP for AUD. As psychedelic therapies continue to develop, it is essential to consider these mystical components, as they may enhance therapeutic efficacy and patient engagement when integrated

thoughtfully into treatment protocols.

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Keywords

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