

## Psychedelics: Harm Reduction for Inexperienced Users

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**Peter Sobota** [00:00:10] From the University at Buffalo School of Social Work, welcome back to the InSocialWork podcast. I'm Peter Sobota. It's good to have you along everybody. In case you haven't noticed, there's been a movement toward the structured use of psychedelic substances based on studies and clinical trials, studying the benefits to mental health and treatment of substance abuse, especially when it's accompanied by psychotherapy. Further proof of whatever's old is new again, the use of psychedelics is on the increase in the United States. Perhaps the awareness of clinical trials checking out the therapeutic benefits might result in increasing numbers of people who will try psychedelics on their own for the very first time. Of course, human beings have been seeking ways to alter their consciousness for a long, long time. Users of psychedelics often report positive experiences while using them, but clearly there are risks. And further, while cannabis has become increasingly legal and regulated, People who are using psychedelics outside of those guardrails are trying it sometimes for the first time without the safeguards that legalization, education, and regulation provide. Our guest today is Dr. Daniel Kruger, and he gets it. He and his colleagues dared to study and develop a harm reduction resource to facilitate safe and beneficial psychedelic experiences outside of clinical and research settings. And even more interesting, I think, he went to the psychedelic community and surveyed practical recommendations from people who have been using psychedelics, recommendations for first time and experienced users. Today, he'll talk about what he had to overcome and what he and his colleagues have learned. Whether they know it or not, social workers currently work and will work with clients who are using psychedelic regardless of the settings they work in. Dr. Kruger will tailor his comments to the implications for social work, including ethics, assessment, research, and education. Daniel Kruger, PhD, works with the Department of Community Health and Health Behavior, the School of Public Health and health professions at the University at Buffalo, and the Michigan Psychedelic Center at the University of Michigan Medical School. Dr. Daniel Kruger, welcome to In Social Work.

**Daniel Kruger** [00:02:33] It's great to talk with you, Peter.

**Peter Sobota** [00:02:35] Oh, I'm looking forward to it, Dan. Thank you very much for agreeing to do this. So you are asking some really interesting questions in your latest study. And I'm only going to imagine that you are getting, or it's possible you're gonna get some flak for even asking those questions. We can talk about that later. But today we're gonna discuss what you learned about best practices for folks who are having their first psychedelic experiences And even better, harm reduction advice from... the psychedelic community. Wow, you went big.

**Daniel Kruger** [00:03:17] I appreciate your recognition of that.

**Peter Sobota** [00:03:21] I think when you do creative, innovative work, I think that's kind of what happens. Open minds sometimes are not always embraced. So before we get into the work specifically, I'm just really curious briefly, how did you end up studying this topic?

**Daniel Kruger** [00:03:40] Sure. Well, you know, this was not something that was a topic of study, you know, when I went to college or graduate school, it just was not, not on the radar at all. And I went into two primary areas. One was psychology and then especially trying to integrate psychology into the life sciences. So basically taking a very deep theoretical approach, you know, understanding human evolution and how that shaped our psychology behavior. You know, the very, very deep theoretical work, which I still find fascinating. And then I also did a lot of work on the very other end of the spectrum, applied community-based work. I trained with a community psychologist and we did projects that were designed to directly benefit the communities that we were involved with. In fact, when I was in graduate school and working on this. Um, you know, I think my professor is tenured. I mean, she had kids. She might've had other priorities. Uh, we didn't even really follow up so much on the academic aspects of this. These are all projects where we're doing something that, you know, was, was helping the community. And we were collaborating with a school or a neighborhood organization or a small nonprofit, uh, to do very applied research, you know, survey research and program evaluation. And that... That gave me my community-based collaborative background. Then later on in my career, I took a position in public health where it was community-base collaborative research. I had the research skills and I had conducted health research before, but it was everything from school to work programs, to neighborhood conditions and such. So. So this brought me into the world of public health. And to make a long story short, it was a culture shock for me. One, being trained in other areas, being in public health and going to public health conferences, and particularly in how substances were treated. And there's a huge need and there's a huge investment for this kind of work. And there is. A lot, a lot of research on, you know, all the all the harms of tobacco and all the harms of alcohol. You know, I understand that. There really wasn't. The legal problems. Well, the legal substances. Substances, right. You can walk into a store and buy, no problem. But there wasn't much differentiation between substances. And there were a few things that really caught my attention. One was that a lot of it was really sophisticated in some ways that the research was done, like the data were collected. But then they would just dump all the data into a correlation matrix and say, oh, well, look at all these things that cannabis use correlates with. And there are presentations that were even following the gateway drug approach, which, you know, even by then I knew had been, had been debunked. Um, you, know, and I would say to these people like, okay, well. You know, you're, you've literally saying that, you know, cannabis use is leading to these other much riskier behaviors. But even in your own study... 85% of the people who said they use cannabis aren't doing this other thing. So, you know, it's these 15% that are and that's what's driving this relationship You know, but also You know it even understandably understand it will be just because of The whole you know social climate and the war on drugs and you know the Nancy Reagan, you Know just say no era. You know. It's it was an abstinence only approach You know, I see the value of these programs in the sense that, you know, there's certain populations that, we wouldn't want to be using cannabis or psychedelics, you're young and you're 13 years old and your brain is still developing. You know if you're pregnant or if you were going to be driving vehicles, you know there are risks, but you know at the same time. At that time, you know, this is a dozen years ago or so, California, Oregon and Colorado had created medical cannabis programs. But then millions of adult Americans had legal access to cannabis and they were using it to treat anything and everything. Right? So I would go up

to these presenters and I would say this, I would, say, well, you don't, I see what you're doing here. You know, this has value, but. You know, what about these medical cannabis programs and the adults are using cannabis? You know what, what's the public health framework for that? And, well, the reaction was like deer in the headlights. Like people were stunned. Most of them, most of them couldn't process the phrase medical cannabis. Like, you know, I got a lot of, I got some dirty looks even, but the best answer, the best answer I got was. We don't know enough about that. And it's like, well, I mean, what do you do if there's a critical issue and you don't enough about it? I mean the way I was thinking was like legalized cannabis is like a freight train coming down the tracks and the field is standing on the tracks and they're just gonna get completely run over if all they have is an abstinence model and pretty soon half of America is gonna have legal access to cannabis, right? Yeah. You know, I said to my wife, I'm like, well, you know, she, because she is actually trained, you know, in health education, you know, her degrees are in public health. And I was like, is this really the way the field is? Like, this is crazy. Like, and she's like, yeah, that's, you know, that was pretty much it. They're not alone.

**Peter Sobota** [00:09:51] I'm not alone to be fair, though. I think medicine and psychology and even social work, they were slow on the uptake with this stuff, too.

**Daniel Kruger** [00:09:59] Yeah, no, it really is something that emerged in the recent decades. You know, even in the 1990s, you know, in the Clinton years, you know it was pretty controversial when California was implementing its medical cannabis program, you know 1996, I believe. So, yeah, so it's understandable, but I was like... This is crazy, you know, somebody has to do something about this, somebody to do about this. And then after about the third conference where I had the same experience, I was like, all right, I guess it's us. We have to do something about this because nobody else is. Yep. And later on, you know, so we basically, we did some very uh, you know, very basic, you know, surveys of cannabis users. And fortunately we were able to reach them because, you know, at the time, you know, it was at the university of Michigan in Ann Arbor. And Ann Arbor has an event called Hash Bash where the cannabis, you know, cannabis users come, you know come to the university campus. Yeah. There's literally thousands on, on the quad, which called the Diag. Uh, and it was like, well, that's where we got our survey population. So, uh, you know, so that it was before, you know, really before, um, you know, we're doing online surveys. It's like, how are we going to reach people? How are we gonna get people to talk about, you know, their illegal behaviors? Um, you know, what's going to happen? You know, are people going to get mad at us? Are they, you know, or are they going to accuse us of, of something or, or, you know, is the campus police going to try to kick us off campus because This was not an event the university really liked. There were several times where they really tried to try to shut it down, but the students won out on the free speech argument. So it's officially sponsored by a student organization and it kept happening. So, and honestly, we are thrilled. It worked out really well. People were very interested and curious. And honestly, I'm a survey a researcher by training. And I have had on the ground grassroots survey research experience walking around Chicago neighborhoods on a NIDA drug study. So, you know, ringing buzzers and knocking on doors and trying to get people to tell me all the different kinds of drugs that they used. So I had real world experience with survey research and I knew like, okay, what we're actually going to be able to accomplish going to an event where many people are actually gonna be high on cannabis. They're not gonna, you know, we're not going to be able to use the same kind of like 36 item psychological measures, right? Or you know the introductory psychology subject pool, you know or the bread and butter of most academic psychology research, right. But you know we were able to craft a survey that got a lot of information and just a little time from participants and we're able to publish a couple of papers on it.

Yeah, so very, very thrilled about that. And honestly, it was only when we were actually submitting our manuscripts to some certain journals, like even then there's just like a handful of journals that would even consider touching entering this. That's, that's when we learned about, oh, there's like a handful of other people in the world. You know, like Philippe Lucas in Canada, you know, some other folks who you know who are actually interested in this type of approach and taking this uh you know broader maybe even towards like harm reduction perspective so um yes you know and and then honestly the cannabis and then cannabis research has just boomed from there so i like to think that we got in you know pretty early and um you know we were we're still active in it uh you because we work closely with the community. We find, you know, we find out what's going on and we tend to know like what are the trends and what are the big things happening in the cannabis world. So I like to think that we're still on the leading edge of cannabis research.

**Peter Sobota** [00:14:23] Yeah, sorry, go ahead.

**Daniel Kruger** [00:14:24] Oh, but it's a huge field now. There's just so much cannabis research going on now, compared to even like five years ago. But, and then I'll segue into psychedelics, but you have a question.

**Peter Sobota** [00:14:39] Yeah, no, it's more of a comment in some ways is that I think it's One of the reasons, one of the big reasons I wanted to talk with you is because you went and talked to and collaborated with the people who use the substance, right? Right. And so I think, you know, the U.S. Household Survey of Alcohol and Other Drugs has been, I think publishing their results I think every two years, they've been very clear about the number of people who have been using drugs and you know, recreationally, drugs that they're not supposed to be able to be using recreationally or who have practiced their own version of harm reduction quite successfully. So we have kind of known that this is what people do and are able to do it pretty successfully and I just think it's great that you and your colleagues are actually collaborating and listening to them. Um, and I'm sure you know better than I, the caveat is when you walk into the harm reduction realm, um, and then start talking about it or training or doing research, you get accused of promoting drug use, which is, you know, that it's, that's such a, uh, a lame, uh, pushback on the whole thing.

**Daniel Kruger** [00:16:03] The other thing- Well, there's research on that. Yeah. There's research showing that harm reduction efforts do not lead to increased substance use or to novel substance use.

**Peter Sobota** [00:16:13] None.

**Daniel Kruger** [00:16:13] You know, that's in the literature. So we've we've cited that and, and some of our papers. But, but yeah, and then, honestly, I really think that it's been it's been building, right, the interest in psychedelics has been building. But I really think that, you know when Michael Pollan came out with his book, how to change your mind.

**Peter Sobota** [00:16:35] Best seller, by the way.

**Daniel Kruger** [00:16:36] That was like the watershed moment where the American Intelligentsia was talking about psychedelics again, because there have been other books by, you know, other other even prominent people. But Michael Pollan, he's just, you know, such a great writer and such a well respected writer. And he's had a series of books, you

now that that, you know, people have loved. So when he wrote a book, you know, it's just going to get a lot of attention. And it was a pretty glowing account, right? So it was, yeah. That, you know, that was kind of like the queue where it's like, okay, well, we've got to do with this with psychedelics too, because this is going to be the next big thing. So we, you know we launched, you know we launched our psychedelic projects and, you know I lead what I call the, the psychedelic community survey, which when it was launched, it was the largest survey of psychedelic users at the time. And you know, we continue to work on new topics every year. So, you know so that's how we got into it. And then also we feel like, you know, we were kind of on the leading edge in terms of like large scale research on psychedelics, but it's also an area where psychedelic research is booming. And it's, you know it's difficult to keep up with, but to tell you the truth, you when we started, there were, there was a lot of investment already in psychedelic research, but it tended to be in clinical trials where pharmaceutical companies wanted to bring products to market in neuroscience. And by that, I mean like brain scan research, you know, fMRI and other ways to scan your brain and see what's going on. And, and that's fascinating. Like I like, It's really fascinating stuff and Um, you know, like this idea of the, the Bayesian brain, where you have these top down processes, and then you have the bottom up information coming in and the psychedelics, uh, tuned down the top down processes. I mean, it's, it'd be fascinating work. Um, but it's in a different, you know, different sort of realm. And then there's all these studies with rodents, which, uh you know I wouldn't even get into, um, cause they, they kind of disturbed me to tell you the truth. But, sorry. But there really wasn't the kind of like research with humans other than how many people are taking these substances right so so that's so that was where the gap was and we basically wanted to fill that gap and basically say like what what do we need to know if we want to have a holistic approach you know to cannabis or or psychedelics what would you want to for watching. Food or medicine. You know, all the different, you know, what would you want to know? How would you want regulate them? How do you, how do you keep people safe? How to protect people? How do you minimize the costs, risks and harms? And then I know this is even more controversial, but how do you also maximize the benefits? Yes, yes, I was waiting.

**Peter Sobota** [00:19:48] I was gonna throw that in if you didn't because that's kind of the whole thing with harm reduction, right? You want to reduce, you know, negative outcomes. That's the, like, low-hanging fruit. But I really like what you've addressed in terms of, and daring to address that, what about also looking that beyond that, that these are experiences that people value, they find it beneficial and Dare, I think you should say it, therapeutic.

**Daniel Kruger** [00:20:20] Yeah, well, we're seeing that in the clinical trials. I mean, the pharmaceutical companies think that this is going to be the next big thing in psychiatry. So people are aware of this now. I mean people with resources and power. It is a big shift for these fields. It is big shift of these fields and to understand these perspectives, I understand that so many people were trained in the drug war era and were trained at a time where, I mean, I literally, when I was in high school, there was a health class with a section on drugs and there was like this matching, matching exercise with all the drugs. And the correct answer was cannabis is the gateway drug. Right. And then I knew that I knew enough to write, you know, to match that as the correct answer, but I knew it was false. It was like, you know, I know this is what they're telling us. But, you know, and and also, you know, to to give people, you know, a little more understanding. You know, there's often complaints about ivory tower academics. Yep. People who are, people are elite, you know, elite or removed from what's going on. And I think a lot of people who work in these areas, I mean, they're motivated because, you know, they want to help people. You know they want improve conditions. They're not the ones who partied in college, right? Yeah.

And a lot of folks, even those who research these substances don't seem to really have any personal experience or even like one or two degrees of separation from what's going on in the real world. So it's understandable that you have this big gap and you have big divide of folks who are really from different cultures. But, you know, of course, that creates problems, you know, when you want to normalize something, regulate something and protect people's health, because you have to have you have to have a real and deep understanding of what is actually happening and what is actually going on.

**Peter Sobota** [00:22:42] I think also some of that, in addition to what you just said, you know, some of the work I think is complicated by what I think I would call the writing reflex that is kind of, I think, almost like a hallmark of people who are in the helping professions. You know, we see a problem, we wanna alleviate it, we want to make it better, and there's nothing wrong with that in many ways, but at the same time, it really prevents us from listening to the people who have had the lived experience and who and valuing the experiences they had with an open mind. You know I'm always struck in these conversations how people forget that I'm pretty sure that human beings as a species have been seeking to alter their consciousness since they were aware that they had consciousness. So this is kind of something that's innately human. And certainly goes wrong for many people, causes and problems, but I really like the fact that we're getting slightly more open-minded about what constitutes health and living with the costs and the potential risks and also the benefits of these substances. So kudos to your work. Now, the paper that you just wrote, the people who are... The article, I think, was focused on folks who were having some of their first experiences with psychedelics.

**Daniel Kruger** [00:24:17] Well, it was going to the psychedelic community and asking them to give advice for people who are having their first experiences with psychedelics. So everyone in the survey, everyone participating the survey had had experiences with full doses of psychedelics, but we're asking them like, what recommendations would you have for someone using for the first And, you know, there's a lot of there's a lot of knowledge in the psychedelic community, but it's largely underground. And there is advice out there, right? Set and setting, right. But that's something that's, it's understood by the psychedelics community. It's understood by people who already have these experiences, but not so much by people who have never had any kind of experience. Like set and setting. What does that mean? Is that like a T-set, a table setting? You know, surrender to the void, okay? What does that mean? Like, okay, how do I surrender to The Void? You know, people, you know these are things that might resonate with people who have experience, but you know how do you start? Like how would you even have your first experience for those who are. Contemplating it so so that was our approach to get you know really practical practical usable advice for for people who are using psychedelics for the first time and and they would say i mean and part of the importance of that is yeah there are risks there are risk and of course for harms

**Peter Sobota** [00:25:57] So, I'm curious, how did you find these?

**Daniel Kruger** [00:26:01] Well, we have connections in the community. We have collaborators who work as psychedelic therapists and are involved in psychedelic organizations. And fortunately, there was also another event in Ann Arbor called EntheoFest. What was that? Say that again. It's called EnthioFest for entheogens.

**Peter Sobota** [00:26:29] Yes

**Daniel Kruger** [00:26:30] So Ann Arbor, you know, it's just like the archipelago, college town, very, very progressive. It's probably one, I mean, it is probably one of the most progressive places, you know. It's kind of like Ithaca in a way, you know, in between the coasts of being this very, very, very progressive place.

**Daniel Kruger** [00:26:50] And this, it was actually the city council, the city council who led the, you know, de-prioritization of, you know, psychedelic, uh, you, know, law enforcement. So decriminalization, because Ann Arbor, it is a college town, you know education is very, you know, central, uh they declared that September was going to be entheogen awareness month. Nice. And they use the term you don't see

**Peter Sobota** [00:27:18] You don't see a lot of posters like that, but I like that.

**Daniel Kruger** [00:27:21] Well, actually, I think there were some in Ann Arbor, like in the lab posts, because it was an official thing. It was an officially thing. And they declared that there was gonna be an educational event to coincide with this that was going to be called EntheoFest. So when we saw that opportunity, we're like, okay, well, we have to be there. So that's another place where, you know, we've recruited people. So we use a variety of means, you now, We basically try to. You know, we use these social networks, you know, we go online and even my colleagues who are more active in like Facebook groups and such, they'll post to different, you now, Facebook groups that are folks who might have an interest. And we basically just try to get people however we can to take our online survey. And then we ask them if they would like to be contacted, you know, for future research. So we have a completely separate survey. So the surveys, they're all anonymous. Like there's no, you know, there's no identifying information. We even scrub the metadata. So there's like IP addresses or anything in there. Um, but, but we have a second survey where we just collect people's email addresses, it's not linked to their data, but then we can recontact them and gradually we'll build that list over time. But, you know, it is a challenge. It's like how do you, yeah, how do even get participants to participate in something like this? That is, you now, that's challenge number one.

**Peter Sobota** [00:28:52] Yep, and so like, I know this is a tough question, but in a nutshell, and we can talk more, we can tease it out a little more as we start talking, but what did you learn after you talked with these folks?

**Daniel Kruger** [00:29:09] Yeah, well, a lot of, you know, a lot of interesting, you know advice. No, we have, you know a lot, a lot of different ways to digest the information. So folks did talk about the importance of mental preparation, you know, so you have to prepare for the experience, learn about learn about the psychedelic experiences and substances you're taking in advance beforehand. You know, set intentions for what you want to accomplish through the experience. You know, clear time both before and after for preparation and recovery, you know. So build in like at least one day to recover in your schedule. You know and also when you're going through the experience, you know embrace the experience and whatever you encounter in your journey. You know because people do have difficult and challenging times. You know, prepare for these anxieties and challenges. Know that whatever you're feeling, you know will go away eventually. But you know people like Bill Richards, you know he has decades of work. He was involved in the first, you know over the mid century, you know mid 20th century, you know psychedelic research and therapy. And you know so he has lots and lots of experience you know guiding people in legal settings and he likes to say to you know to confront these fears like if you see you know if you see a demon you know ask that demon like who are you what are you about why are you here and like and then go you know understand it and go

through it we have a study on the challenging experiences that people can have with psychedelics and what we find is that most people. At least some of the time do experience things like anxiety or depressive symptoms or the feeling that this might go on forever. You know, and it's not like all the time, it's all during their psychedelic experience, but most people do actually have these challenges, at least at times. And then there's some people who have even more extensive challenges. And then there's some people, a minority, but there's, I mean, even one case, I think is substantial. There are a small proportion of people who have persisting challenges long after the acute effects of the psychedelics are gone. So that's something that we were aware of and we want people to know about. We want to help them navigate through those experiences. And we're hoping that, I mean, one of the values of going to the psychedelic community and getting this advice is that people will trust it more. If they hear these anti-drug messages that they later find out were false, then they're not going to trust the information. You know, by getting information from the community and sharing that, you know we hope that, you know people will have more trust in it when we say, you know you do have to watch out, you know here are some challenges, here are difficulties that people have, you know so educate yourself, be informed of it, and here are somethings that you can do about it.

**Peter Sobota** [00:32:52] Yep, there's a certain degree also, I think, of myth-busting here that I really like in what you're studying. I mean, you know, even when you were talking about the mental prep, that sounds like very responsible behavior, right? People are thinking this through. You know, kind of like the conventional wisdom is people who are using, you know, psilocybin or acid, they're not thinking it through. Well, hold on here. Wait a minute, so- What I also really liked about your study was that the users who you spoke to obviously spoke you know pretty positively about the experiences they had but once again they also discouraged the use of certain substances and actually gave you recommendations specific combinations of drug use for inexperienced users. So they're kind of This is exceedingly thoughtful and I just love the fact that you were able to document them.

**Daniel Kruger** [00:33:57] Yeah, no, I'm glad to hear it. I should also mention, you know, we talked about set and setting before, so the mental preparation, you now, that's part of the mindset. You also want to really carefully cultivate your setting, your environment. So one of the strongest things that people said was, you know be with people that you trust. You know, be with the people that you care about, that they care about you, you know even people that love. A lot of people even said, you know, have a guide or a sitter, someone, someone to be there, sometimes safe, and sometimes not not on psychedelics themselves and being the safe, you know, being a safe, familiar, and comfortable location. You know, some people like to go into nature, but you know also have things on hand that could help facilitate your experience. So make sure you have water hydration. Uh you know music that you enjoy listening to comfortable clothing and blankets you know even a little snacks you know eye masks if you want them so a lot of a lot of really specific advice for you know things that might be useful you know during this experience and then also uh you know things that you shouldn't do so like don't drink alcohol beforehand uh don't eat too much beforehand You know prepare have a have a plan in case an emergency arises. What would you actually do, you know, so So yeah, so educate yourself prepare And you know hope hopefully this would ameliorate most of The issues that that could arise

**Peter Sobota** [00:35:41] Absolutely, and I'm thinking back to when, before I was an academic, I was a practitioner and I worked in outpatient chemical dependency settings. And I was also really, I learned a ton because I spoke with people, I think like you, who

were using drugs and unfortunately, many of the people who I ended up talking to were people who had gotten into trouble with them, obviously. But even from them and even with some of the people who I met, for example, at AA and NA meetings, were very conversant with the so-called non-academic literature. For example, like the writings of Carl Jung and the writings William James, who wrote the varieties of religious experiences. And I believe it was Bill White, who I believe was the kind of the architect of AA. Who I think was an LSD advocate, but at the time kind of had to keep that under wraps. So the fact that people have been using- Oh, no.

**Daniel Kruger** [00:36:52] Oh, Bill Wilson. Bill Wilson, what did I say? Bill Wilson was such an advocate for integrating LSD into their, you know, STEP program.

**Daniel Kruger** [00:37:04] He almost got kicked out of his own organization because he wouldn't stop talking about it. So he was an advocate. It was just suppressed by others at the time.

**Peter Sobota** [00:37:13] And also just parenthetically, after Young's death, the correspondence between him and Young about the spiritual experience of drug use were kind of published. And so, you know, it seems like a lot of this is coming full circle. And obviously, I believe MDMA was not approved. By the FDA, I think in the last round, right?

**Daniel Kruger** [00:37:44] No, not yet. But there are literally hundreds of clinical trials with psychedelics and psychedelic derived compounds. So it's very likely that within the next few years, they will start getting approved as pharmaceuticals, basically. So it doesn't seem like it's gonna happen immediately. Uh, but in the, in the very new near future, you know, so during this decade, you know, people fully expect to have, you know, some of these, some of these compounds approved, but I had to, I had to go back to what you said about Carl Young, because, uh, he, you know, Young and Jungian derived theories are incredibly prevalent in the psychedelic underground, you know. And it's, you know, if you're like a cultural anthropologist, I mean, this would be, you're a sociologist, this would really be fascinating to go into because when psychedelics were criminalized, you know the psychedelic movement, psychedelic therapy, you know it was out of institutions, but it didn't go away, it went underground. Exactly. And then there's been this sort of like parallel and even separate evolution. The psychedelic underground from the academic, you know, academic researchers and other researchers. So, you know it's really fascinating when you now have psychedelic conferences that bring everyone together, you know it's really interesting to see just how so much of the interpretive framework is based on Jung and it's based on people that you know were influenced by Jung, you know, like Stan Grof and such. Whereas if you're, you know, if you are like an academic psychologist, this is like 1960s, like this is what was popular like the late 1960s and you know the human potential movement and all that, like new age, new age kind of thing. So it's really kind of fascinating. So, so really. You know, I like to think of this psychedelic world, you know, compared to my other fields, it's not just an entirely different animal. It's like a zoo. It's a zoo of all these different, you know fantastic creatures.

**Peter Sobota** [00:40:14] And, and, you know, I think some of the challenges, I mean, ketamine assisted therapy has kind of become more mainstream. I see advertisements here in the Western New York area all the time. And, so I think the movement is, is moving forward. I think, I, think you're right about that. And I, but I think that the challenges now are going to be not only approval, but also affordability and access in terms of in an equitable way, because I know right now ketamine is pretty expensive for therapy and is a deterrent.

**Daniel Kruger** [00:40:52] Yeah, and the legal psychedelic, in Colorado, Oregon, legal psychedelics therapy with psilocybin, for example, that could be like \$6,000 for a course of treatment. And it's not currently covered by insurance. So there are some people who could afford it. And to tell the truth, they might see the value in that investment. Uh you know having having a substantial return on investment even for something that costs as much as like you know possible like a used car or something but um but that is that is definitely a barrier so there are folks who have been talking about well what about group therapy You know, what about, you know, community-based groups? There's research, now I just saw a recent study coming out about sort of like a group psychedelic session and how that process could be successful. But there's a lot of people who are very interested in decriminalization, basically deprioritization of law enforcement for the laws that are on the books regarding psychedelics, and they feel that that would enable the emergence of. You know, sort of community based, you know, psychedelic groups, you know people, you sort of like AA where, you know, you're helping guide each other.

**Peter Sobota** [00:42:23] Which is probably already the infrastructure is kind of there. It just needs to be tapped into in many ways. I mean, your populations that you found are a good example of.

**Daniel Kruger** [00:42:35] Yeah, well, I think that's a challenge where there's a lot of people in need and there's an underground, but you can be in the same city and you would have no clue. Like, well how do I reach these people, especially when it is something that's illegal and people could go to prison for these kinds of activities, they're gonna be really cautious about who they would bring in, right? So, yeah, it's a real dilemma. This is

**Peter Sobota** [00:43:03] This is our bad, I'm sorry for talking over you, this is our bad habit of putting obstacles into services that actually could help people. We just have a knack for this. I don't know why we do it over and over, but...

**Daniel Kruger** [00:43:16] Yeah, well, I mean, there are concerns. But if anything, it looks like both cannabis and psychedelics would actually work. Not only would you look at them through the lens of harm reduction in terms of reducing the risk of harm from the substances themselves, but also reducing people's alcohol use, reducing people's opiate use. So that's another angle to think about it and maybe to educate people on just the diversity of drug classes and how certain drugs are much more dangerous than others. So in a way, you could think of it as harm reduction if you're taking something that's far more dangerous and replacing it with something that does have risks but is less dangerous.

**Peter Sobota** [00:44:11] Absolutely. All right. So if we were, we still have some time left, but what I wanted to do is, so you, I mean, you know, we're primarily a social work podcast. So I was going to try and be a little selfish here toward the end of our discussion. So social work is, and I know you work with social workers and you know that social work as big on the whole environment, community knowledge, social justice. And even harm reduction as an ethical approach to practice education and research. And so I wanted to ask you, based on your collaboration and your knowledge of social work, if I could ask you to try to talk a little bit about what you feel are the implications of the work that you're doing and what you're learning about this are for social work practice and including We could start with practice, but we could also talk about education and research, because I'm, you probably know this, I mean, even given what you said earlier, there's not a lot of courses, at least in our curriculum, that would teach this to practitioners. So in some ways, those

barriers exist. So I know that's a long-winded question, but Essentially, what do you think might be, at least for you, the implications for social work practice?

**Daniel Kruger** [00:45:41] Well, you're really hitting on some important points there. And one thing you're mentioning is you absolutely have to be informed about these substances and about the dynamics of people using them. So we've done a lot of work where we basically look at the relationship between the medicinal use of cannabis and mainstream healthcare or the therapeutic use of psychedelics and primary care providers. And point out that there's a huge gap right now, there's huge gap. And people who use these substances often don't trust their care providers because in part stigma, but they're doing something they won't get in trouble for, but also in a large part because they don't think that their providers are informed enough. They don't they're knowledgeable enough. And guess what? They're not. Because we've done that research too. You know, we've actually, you know, we actually created a knowledge test about psychedelics and cannabis. And we find that, right, you now, this is not something that was really covered, you know in their training. So, knowledge is moderate at best. And that becomes a problem, you know because you have this communication gap. You know if you're clients, if you know your patients, aren't telling you about this stuff that they're doing because they don't think you know enough about it. You wouldn't be able to handle it. You couldn't relate to it. That's a problem. Especially for something as significant as psychedelic use, right? So, yeah, so you definitely have the education. Like even if somebody has no interest in taking these substances themselves, you know, that's fine, but you have to understand it. You know, you have understand it and understand what, you know, other people. Know, might be might be experiencing, you know, so that so that is key that you want to have that, you know you want have that education there. And actually, some of the collaborators or work with collaborators I work with have degrees in social work. Right. And right now they're they're underground. They're underground psychedelic therapy practitioners. But This is an emerging field. You know, not many years, you know, during this decade, we will see legal psychedelic therapy, but right now, a lot of it, you now, right now especially with the current ketamine model is kind of just like bring someone into a center and give them the drugs, right? And then send them on their way. A lot of people in the psychedelic community and researchers documenting this really believe that you need the therapy. If somebody has PTSD or treatment of resistant depression, having a psychedelic experience might be wonderful, but you really maximize the benefits. You really get the most out of it. If you have that whole, the therapeutic preparation and integration, you know, long-term. Words. In five years, I mean, that literally may be a viable career path for people because the people who are administering the substances, they don't have time for it. But you couldn't just go to any old therapist because they would have no idea what you're talking about. So for social work, Uh, honestly, not, I mean, it's not for, may not be for everyone. But it really does look like there's actually going to be a viable career path in the near future. So yeah, so those are things to be aware of. But then putting on the academic hat and talking about the philosophy behind it, this project really embodies epistemic justice, right? Nice. Recognizing the value of knowledge in marginalized communities. You know, that was traditionally devalued or ignored at bringing that into the light. And that's a big theme in my work, or my work with my collaborators is, you know, to daylight all this knowledge that's in the underground and even translate it for practical advice and practical applications.

**Peter Sobota** [00:50:25] Well, you know, we better get good at it. I mean, I think social workers are now and have been for a number of years now the largest providers of behavioral health and mental health services in the country. So I think it would be about time that we understand that legitimizing harm reduction is actually ethical social work

practice. If we believe that we would expand our assessment. I know quite accidentally in my practitioner career, I didn't call it integration, but I found myself helping my clients integrate some of the experiences, positive ones, mostly, that they had had when using substances. So I think, again, with typical of social work, we should be in on the ground floor and not be reactive to these movements. And I'm thrilled to hear that you're collaborating with them with social workers.

**Daniel Kruger** [00:51:26] Yeah, it's very everything you say is very true.

**Peter Sobota** [00:51:30] The other thing that I really liked about your paper and your study is, and also I think this comes along to social work practice implications, is that when you spoke to people in the community, who are using in the community, your focus was on real-life experiences. As opposed to points of view that are kind of baked into with ideology, preconceived ideas. And I think social workers and other health professionals, you know, we're people, and we bring some of that close-mindedness to our interactions as well. I'm sorry, yeah, I wanted, I'm doing too much talking. I want you to talk about what you think the applications are. For social work practice if you have any more.

**Daniel Kruger** [00:52:27] Sure, well, I think these are all good points to make. And on the note that you said, I think especially people who are getting into these positions, they've worked hard. They've studied a lot. They have long time horizons. Sometimes I think it would be valuable for you know, folks, whether they're in an academic position or in therapy have to realize that not everyone is like them and not everyone makes the choices that they would make. And this is one of my big, you know rants about some of these fields is that I think there's very little understanding of what the world and what life is actually like for most folks. I mean, a lot, you know, so many academics You know, they grew up in a very comfortable, suburban environment. You know their parents went to college. They were expected to go to college, they studied hard. You know they might have, you know, sure they had some fun but you know for the most part, they were just working hard and trying to get ahead and you know very long time horizons and they just assume that, well everyone's like that, right? So. Why, you know, so it's like, if everyone, if everyone had the opportunity, they would make the same choices that they made. Right. You know, and I'm all about infrastructure. Like, I, I would love to have, you know, like European style, you know, mass transit systems and everything, you know universal health care. I'm, I'm about the infrastructure, but I also think that people make choices and people have different motivations. And some people... Are motivated just to have fun. And it's like, well, I just want to have a good time. You know, and, you know, yeah, of course, they want to be healthy. Of course, they want be healthy, but there's trade offs. And sometimes people do things that might put them at risk just because they want to live an enjoyable life. And that's, you know, that's something you just kind of have to realize about, about people.

**Peter Sobota** [00:54:48] And I dare people to make the argument that there's something wrong with that, but he'd have fun. So

**Daniel Kruger** [00:54:55] Well, our nation our nation was founded by Puritans, right? Or at least some of the first, you know, English speaking Europeans that came over.

**Peter Sobota** [00:55:06] So, yeah, I'm having all sorts of thoughts there, Dan, that I'm gonna leave now for the interest of time. For next time. Yeah, for next time, but we are kind of bumping up against our time limit. So I wanted, first of all, I wanna thank you. This has really been, this is right up my alley. I hope listeners really like this and use this. And we'll post a link, some show notes with a link to your paper if people wanna. Kind of read,

you know, do the deeper dive. But here at the end, you know, I've asked you a bunch of questions. Do you have any concluding thoughts or comments that you really want to make sure that you get in here before we say goodbye?

**Daniel Kruger** [00:55:52] Sure, yeah, I do want to say, you know, some of the standard, you know, disclaimers about research that, you know, this is a survey project and we're asking people's, you know basically their opinions about things, their advice, and we get a lot of content from that, which I think has a lot of value, but we really need to validate some of these things. We need more research, more research more systematic research where we're actually like testing out harm reduction techniques.

**Peter Sobota** [00:56:21] Yep.

**Daniel Kruger** [00:56:21] You know, we want this all empirically verified. So I think, you know, I think we're hopefully opening the door a little bit more, but much more research is needed before we could say, well, you know, we have all the answers and we want to, you know we know all there is to know about this.

**Peter Sobota** [00:56:43] Which has been, I think, the problem as we attempt to help people with this in clinical settings for a while. So hopefully we can change that. Dan Kruger, thank you so much for joining us. We really appreciate it.

**Daniel Kruger** [00:56:57] Well, it's great to talk with you, Peter. I look forward to the next time.

**Peter Sobota** [00:57:02] Wonderful. Thanks again to Dr. Daniel Kruger for joining us today. The tuned in and often turned on team at the inSocialWork podcast are Steve Sturman, our tech and web guru, Ryan Tropf, our GA production assistant and guest coordinator, Ryan? (Ryan: Hello!) And I'm Peter Sobota, we'll see you next time, everybody.