Associations between psychedelic use, abuse, and dependence and lifetime panic attack history in a representative sample

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Abstract

The present investigation evaluated the associations between lifetime psychedelic use, abuse, and dependence and panic attacks. The study consisted of a representative epidemiological sample from a state wide survey of the Colorado general adult population (\( n = 4745; 52\% \) female). Consistent with prediction, after controlling for theoretically relevant variables, psychedelic abuse and dependence, but not use, were significantly related to an increased lifetime risk of panic attacks. The results are discussed in terms of better understanding the role of psychedelic use in relation to the occurrence of panic attacks.

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It has been increasingly apparent that psychedelic drug use is a major public health problem due to their association with adverse medical, social, and personal events (\textit{National Institute of Drug Abuse [NIDA], 2001}). Psychedelic drugs typically refer to the psychoactive substances of phencyclidine (PCP), lysergic acid diethylamide (LSD), mescaline, peyote, psilocybin, and dimethyltryptamine (DMT). Although these drugs differ from one another in many respects, they share in common an ability to elicit acute and marked change in sensory-perceptual processes (\textit{NIDA, 2001}). With the exception of cannabis, psychedelic use is one of the most prevalent forms of illicit drug using behavior (\textit{Giannini, 1987; Office of Applied Studies [SAMHSA], 2002}). In

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2003, as an illustrative example, it was estimated that 10.3% of Americans who were above the age of 12 had used LSD at least once in their lifetimes (Office of Applied Studies [SAMHSA], 2004). Similarly, in 2002, 131,000 Americans initiated PCP use (Office of Applied Studies [SAMHSA], 2003).

There has been a long-standing recognition that psychological disorders are related to drug use and addiction. The vast majority of the work addressing relations among psychopathological processes and drug use, abuse, and dependence has been focused on a relatively narrow band of psychopathology phenotypes and drug problems (Zvolensky & Bernstein, 2005; Zvolensky & Leen-Feldner, 2005). This body of empirical work has indicated that there often are clinically meaningful relations among psychopathological characteristics such as anxiety and drug use as well as abuse. In light of this empirical work, it is striking that scientific attention devoted to understanding the relations among anxiety problems and use of psychedelic substances has been rather circumspect.

Existing work on anxiety problems associated with psychedelic drug use, though limited in overall scope, has thus far led to a number of observations. Among individuals seeking treatment for drug-induced problems with psychedelic substances, many report problems with anxiety symptoms (Abraham & Fava, 1999; Griffin, Garey, Daul, & Goethe, 1983; Nicholi, 1984; Smith & Seymour, 1994). For example, Yago et al. (1981) found that approximately 50% of individuals presenting for drug-induced problems in an emergency room setting and meeting criteria for PCP use in the past 48 h reported significant elevations in anxiety symptoms. Though many of the above mentioned studies have shown links between psychedelic use and broad based anxiety symptomatology, a number of uncontrolled reports and case studies suggest associations between use of various types of psychedelic drugs and the acute onset of panic attacks, more specifically. The studies examining panic-psychdelic relation represent the majority of literature documenting relations between specific forms of anxiety and psychedelic drug use (Ames, 1958; Boer & Sipprelle, 1969; Garey, Daul, Samuels, Ragan, & Hite, 1987; Price & Giannini, 1987). These same reports have noted that there is little empirical information pertaining to longer term use of psychedelic substances (Abraham, 1996; Gold, 1994; McWilliams & Tuttle, 1973).

Though existing research suggests an association between psychedelic substance use and panic attacks, this same body of work is limited in a number of key ways. First, investigations have not evaluated lifetime associations with psychedelic use and panic attacks in a representative sample. That is, existing studies have typically involved convenience sampling from university or treatment settings (Yago et al., 1981). Although these investigations have been a useful starting point, they are apt to involve unique selection biases and restrict the generalizability of observed findings (e.g., represent only treatment-seeking segments of the population). Second, past work addressing psychedelic drug use and panic attacks have generally not statistically controlled for other theoretically relevant variables that may account for observed associations between the predictors and outcome criteria. This limitation hinders efforts to parcel the effects attributable to the use of psychedelic substances from those due to other types of drug and alcohol use and perhaps common demographic factors related to panic attacks. For example, the observed associations between panic and psychedelic substances may be due to other forms of drug use that co-occur with psychedelic substance use and that are associated with panic. Thus, it is important that future work evaluating psychedelic use in relation to panic attacks control for other substance use problems such as alcohol abuse and polysubstance use that may co-occur with psychedelic drug use and are linked with panic (Marshall, 1997).
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