



Could the science of psychedelics bring new solutions to mountain town woes?

by Dave Zook

The connection between psychedelics and skiing is

traditionally personified by a salt-and-peppery dude at the bar with a wispy beard offering a dissertation on how, after chewing a cap, he can *seeee* that turn before it happens. Or maybe, seeing as it's 2019, it's a 25-year-old software engineer from San Jose who microdoses for focus at work and is now employing LSD to ooze down sunny groomers on a euphoric afternoon.

Either way, these folks might be tapping into a little studied power of newly in vogue psychedelics, specifically their apparent ability to produce a flow state, or state of peak performance. Anecdotally—at California ski areas anyway—microdosing for flow seems to be a legit trend. But although it's trending, my research would qualify this side of psychedelics as probably true, but not proven. For another cautious assessment, look to the pro-microdosing website “The Third Wave.” “We have no specific, non-anecdotal evidence to suggest that microdoses of psychedelics can induce flow states, but we know that moderate doses can change the function of the brain in a way very similar to that seen in flow states,” reads their analysis.

While dosing for flow is a titillating notion for (some) skiers, a different application of psychedelics has emerged with the potential to *really* help mountain town locals. Thanks to a confluence of recent studies, a slight easing of government regulations on psychedelic research, and a more accepting population, we may be at a tipping point in how we look at, and possibly even prescribe, these old hippie drugs.

Turns out that seemingly idyllic mountain town life comes with vexing problems like depression, addiction, and trauma, which, research shows, hits such communities harder than the general population. It might be due in part to a lack of services and high populations of war veterans, but increased suicide and depression rates have been linked to higher altitudes, earning the Intermountain West the grim moniker “the suicide belt.” And drug and alcohol problems also run rampant in the loose-and-fast ski culture, where the phrase “a drinking town with a skiing problem” is a joke—until it's not. Counterintuitively, a significant body of studies from institutions like Johns Hopkins University, UCLA, and many more is now positing that small doses of LSD and other psychedelics might help with those same afflictions. And the researchers are backing these claims with hard science.

The research—while varied—employs carefully screened participants and supervised treatments. A 2016 Imperial College London peer-reviewed report showed promising results for treating depression with psilocybin—the stuff your dad's generation called magic mushrooms. Carried out by Dr. Robin Carhart-Harris, the study involved 12 participants with severe depression who had previously been prescribed accepted depression medication with little or no success. Supervised by a clinical psychologist, the patients were given two doses of psilocybin a week apart. The result? Every patient reported improvements in their depression after one week. More notably, after three months, five of the

patients went from a score of ‘moderate to severe depression’ to a score of ‘no depression.’ Although a small study, the fact it reduced some patients' depression to zero brought positive attention to this once taboo field. A quick search of the medical journals reveals studies of MDMA (a drug with the same underlying chemical as ecstasy or Molly) helping with PTSD, and psilocybin being studied to treat alcohol and smoking addictions among other research.

“There is a definite shift happening, especially in the last six to seven years,” says Brad Burge, the director of strategic communications for the Multidisciplinary Association for Psychedelic Studies. “There is more cultural acceptance of psychedelics and their potential for benefitting personal growth and mental health, as well as for spiritual and therapeutic purposes.” Books, like 2018's, *How to Change your Mind*, by cultural phenom Michael Pollan, and actions, like celebrity blogger Tim Ferriss going so far as to fund research, are also helping the public see these substances in a new light.

So how do they work? Neuropsychopharmacology is wildly complex, but most explanations boil down to the idea of rewiring our mental circuitry. “By affecting a certain type of serotonin receptor, psilocybin and other psychedelics seem to acutely destabilize brain networks to globally increase cross-talk between brain regions, and perhaps decrease network activity associated with the sense of self,” Matthew W. Johnson, an associate professor for the behavioral pharmacology research unit at Johns Hopkins University wrote via email. “This seems to relate to a sense of unity, which is an aspect of ‘mystical experience,’ which we know is related to more positive long-term outcomes.”

In other words, our snow globe of a brain gets a nice shake, perhaps for the first time in life, and we come out on the other side with a new perspective on some of the deeply-ingrained beliefs that are holding us down.

Sounds promising. But before those of us dealing with mental health issues celebrate, the substances are still classified as Schedule 1 drugs, right next to heroin. Using psychedelics to actually treat people still only legally exists in small clinical trials. That might be changing. Either way, though, expect the informal experimentation related to microdosing and the flow state to continue. “I've been dropping a little acid and ripping around Jackson Hole since the '80s,” says a skier who asked to be called Joe. “But as I've learned more over the years about the science and potential behind these substances, it's relegated the skiing-on-acid component to merely the tip of the iceberg.”