Lead with curiosity

We want them to ask us
Curious teens who feel safe asking bring their questions to trusted adults.

Or they find answers elsewhere
If we stifle or shun the question, they go looking on their own.

Where "elsewhere" is

Social media
Trend posts and short videos

Ads
Wellness and microdosing marketing

Friends
Stories and secondhand advice

Parents and guardians
Our goal: the first stop

News
Headlines on breakthroughs and risks

AI
Chatbots that answer anything

The internet
Forums and search results

Mixed messages
Often with no safety information

Adolescent brains are under construction



Naturally curious

Teens are drawn to new experiences, including mind-altering substances.



Brains still developing

The brain keeps changing through the teen years, especially areas for planning and impulse control.

(Casey et al., 2008)



More likely to take risks

Reward and emotion systems mature earlier than the prefrontal regions that support impulse control.

(Casey et al., 2008)

Casey BJ, Jones RM, Hare TA. The adolescent brain. Ann N Y Acad Sci. 2008;1124:111-126.

What studies on adolescents and psychedelics do we even have?

Limited.

Modern clinical trials, 2000 to April 2025

0	completed trials of classic psychedelics or MDMA in ages 10 to 17
4	registered trials or trial plans, all since 2022
0	published findings from those studies

Rajwani K, et al. Clinical psychedelic research in adolescents: a scoping review and overview of ethical considerations. Lancet Child Adolesc Health. 2025;9(10):744-752. Searched January 2000 to April 2025. Ketamine and older studies were not counted.

What can raise the risk with psilocybin

Unregulated products and uncertain doses

Outside clinical or regulated settings, potency may be unknown, and look-alike mushrooms can be poisonous.

(NCCIH, 2024)

Medications

Possible interactions with medications such as antidepressants (SSRIs) are still being studied.

(NCCIH, 2024)

Mental health history

Not considered safe for people with psychotic conditions or severe bipolar disorder. Trials also exclude people with a family history of these.

(NCCIH, 2024; Johnson et al., 2008)

Risk depends on the person, the product, and the setting.

NCCIH. Psilocybin for Mental Health and Addiction: What You Need To Know. Updated May 2024. Johnson MW, Richards WA, Griffiths RR. Human hallucinogen research: guidelines for safety. J Psychopharmacol. 2008;22(6):603-620.

These sources describe psilocybin. Other psychedelics differ.

What can we do? Education is harm reduction

Honest
Developmentally appropriate

Harm reduction doesn't require abstinence. It can sit alongside clear messages about risk.

(Winer et al., 2022)

Responsive
Built with youth, not just for them

Inclusive, concrete, and adaptable to different identities, experiences, and ways of processing information.

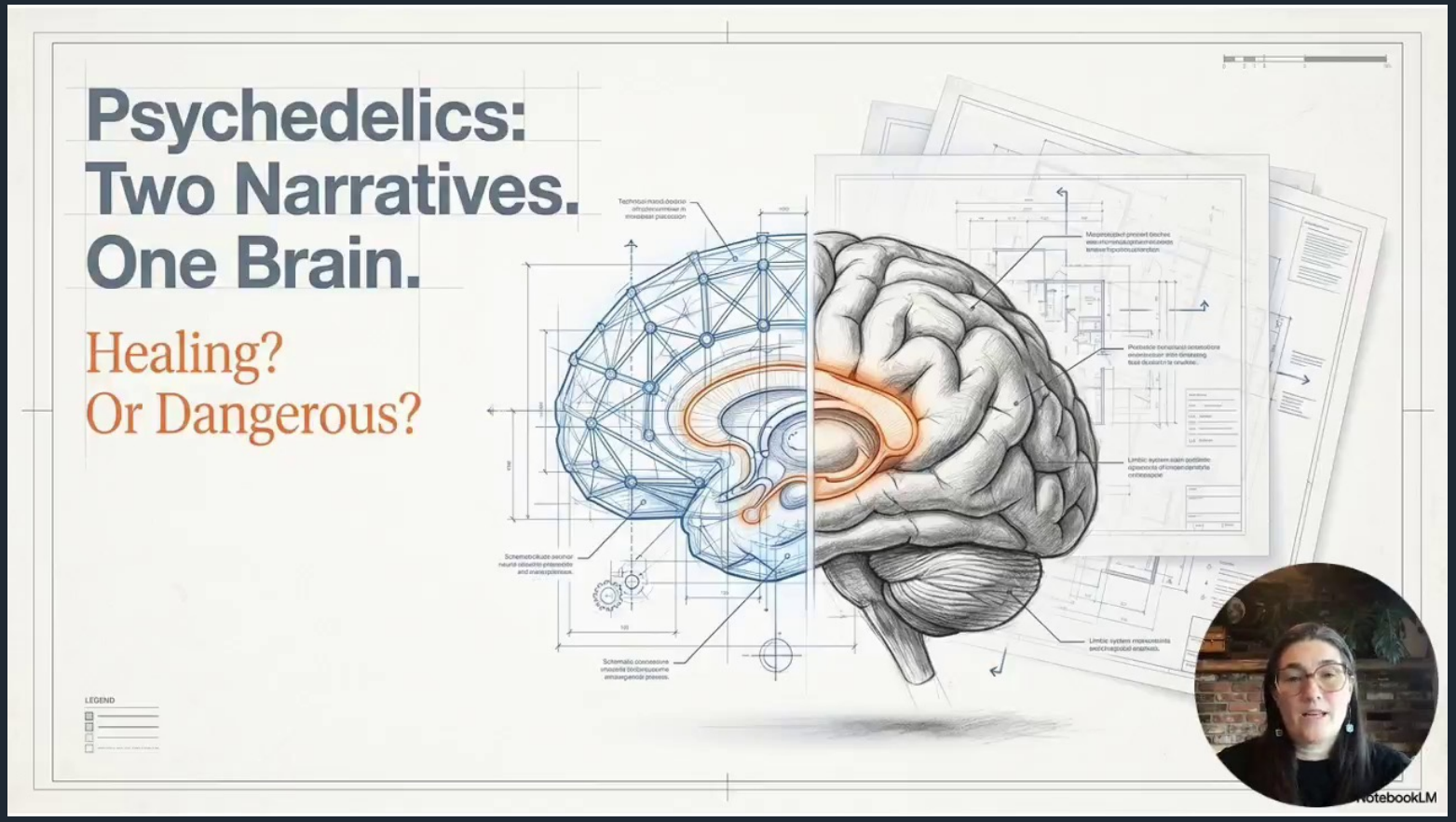
Trusted
Adults who show up, stay curious

Teens who fear punishment or disclosure hold back information. Agreements like "call me, no punishment" keep the door open.

(Winer et al., 2022)

Winer JM, Yule AM, Hadland SE, Bagley SM. Addressing adolescent substance use with a public health prevention framework: the case for harm reduction. Ann Med. 2022;54(1):2123-2136.

Our PSA: Psychedelics and the Teen Brain



Our plan for this school year

1. Fall survey to gather information, spring survey to check learning
2. Bite-sized psychedelic education through the school year
3. Discussion prompts based on survey results
4. Community presentation and discussion for parents and community members
5. Resource hub for sharing what we build

What we want teens to take away

By the end of the school year, teens can:

Use harm reduction tools

Say why unknown products and doses are risky, recognize an emergency, and know who to call.

Explain that teen brains are under construction

Say why that matters for risk-taking.

Find reliable resources

Name trustworthy places to get information and help.

Know that mental health and medications matter

Understand they may change the risks of psychedelics.

What we ask: the survey

Imagine a friend has taken mushrooms and becomes extremely anxious, frightened, or confused. What could you do to help keep them safe?

How do you think using psychedelics might affect a teenager differently than an adult?

If you wanted accurate information about psychedelics, which sources would you trust?

Do you think medications someone takes can change the risks or effects of psychedelics?

No names or emails. A private code matches fall and spring answers. Asks about perceptions, knowledge, sources, and interest, not personal use.

Washington policy: under construction

Classic psychedelics such as psilocybin and LSD remain Schedule I under federal law. States are developing different forms of supervised adult access.

RCW 19.410
Psilocybin therapy pilot, adults 21+

SB 5921
Medical psilocybin, adults 18+. Referred to Ways and Means

2027
Would require reintroduction in the new legislative biennium

Cannabis precedent
RCW 69.50.540 funds youth prevention education

Should youth education be built into future psilocybin policy?

Looking ahead

If 18 becomes old enough for medical psilocybin, what should a 16- or 17-year-old know before then?

Not how to use it. How to understand the messages, weigh the claims, and ask for help.

Take this home

Resources

Guides, sources, and help lines

meganmclaughlinconsulting.com

Talk with me

Consulting and community talks

meganmclaughlinconsulting.com

If someone is having a difficult experience

Fireside Project

62-FIRESIDE

Text or call. Confidential, nonjudgmental.

Mental health crisis

Call or text 988

Emergency

Call 911

Poison Control

1-800-222-1222

Education is harm reduction.

The adolescent brain
is under construction.

Psychedelic science
is under construction.

Public policy
is under construction.

Your community's approach to psychedelic education
is under construction.

