
Code of Conduct for Psychedelic Retreats

T h e r a p y & C a r e

Ethical Standards and Safety Principles Every Responsible Psychedelic Retreat Should Adhere To – A Framework for Participants, Facilitators, and Organisers

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Psychedelic experiences, whether undertaken for personal growth, spiritual exploration, or therapeutic purposes, involve **profound states of psychological vulnerability**. This vulnerability places extraordinary ethical responsibilities on those who hold the space.

This Code of Conduct sets out the minimum standards that PSBE considers essential for any retreat or ceremonial setting involving psychedelic substances. It is intended as a resource for participants evaluating retreat offerings, for facilitators striving toward ethical practice, and for the broader community working toward the responsible integration of psychedelics into society.

Legal context. In Belgium and in most European jurisdictions, the possession, distribution, and administration of classical psychedelic substances remain illegal. This document does not constitute encouragement to use or provide illegal substances. It exists because people do participate in psychedelic retreats, and PSBE believes that harm reduction through clear ethical standards serves the public interest regardless of the current legal framework.

Scope. This document primarily addresses retreat settings where facilitators hold space for participants. The principles apply whether the context is therapeutic, ceremonial, or oriented toward personal development. A companion document may address traditional or shamanic ceremonial contexts in greater detail.

This document draws on the Charter of Values and Harm Reduction Manual of the Société Psychédélique Française, the MAPS Code of Ethics for Psychedelic Psychotherapy, the Synthesis Institute Code of Ethics and Conduct, and the ethics frameworks of the Psychedelic Association of Canada and the Council on Spiritual Practices. It is a living document, open to revision as our collective understanding evolves.

1 Transparency & Integrity

We act in conscience. Every knowledge is partial and fallible.

- **No proselytism.** The retreat must not seek to convert participants to a specific dogma, religion, ideology, or belief system. Spiritual or philosophical frameworks may be offered as context, never as doctrine.
- **Diversity and inclusivity.** The retreat should welcome and accommodate a diversity of beliefs, spiritual practices, cultural backgrounds, and personal orientations. No participant should be made to feel excluded or pressured to adopt a particular world-view.
- **Honesty about expectations.** Facilitators must be transparent about the legal status of the substances used and realistic about potential benefits based on the current state of scientific evidence. No retreat should promise miracle cures, guaranteed healing, or specific outcomes.
- **No excessive or over-promising advertising.** Marketing materials must accurately represent the retreat experience. Exaggerated claims about therapeutic benefits, transformation, or spiritual awakening are misleading and potentially harmful.
- **Intellectual humility.** Facilitators should recognise the limits of their knowledge and training. The field of psychedelic science is still emerging; certitude is premature, and humility is a sign of competence, not weakness.
- **Transparency about methods and credentials.** Participants have the right to know the qualifications, training, and experience of all facilitators, as well as the substances, dosages, and protocols being used.
- **Financial transparency.** Costs, inclusions, and exclusions must be clearly communicated in advance. Aggressive up-selling or opaque pricing structures are unacceptable.

2 Screening & Safety

Before the retreat: reducing risks begins with information.

A responsible organisation must conduct thorough screening to identify contraindications and assess the appropriateness of participation. At a minimum, screening should cover:

Psychiatric & psychological history

- Personal or family history of psychotic episodes (e.g. schizophrenia spectrum, bipolar disorder).
- Recent episodes of mania, acute psychiatric crisis, or severe dissociative conditions.
- Evaluation of suicidal risk.
- Prior experiences with psychedelics, including any difficult or adverse reactions.

Physical health

- Cardiovascular conditions (hypertension, heart disease, arrhythmias), liver or kidney conditions, epilepsy, and any other relevant medical contraindications.

- Pregnancy or breastfeeding.

Drug and food interactions

- Current medications, with special attention to antidepressants (SSRIs, SNRIs, MAOIs, lithium), antipsychotics, and stimulants, in order to prevent potentially life-threatening conditions such as serotonin syndrome or hypertensive crisis.
- Dietary restrictions and food interactions relevant to the specific substance protocol (e.g. tyramine-containing foods in the context of ayahuasca/MAOIs).
- Use of other psychoactive substances, including alcohol and cannabis.

Where contraindications are identified, the retreat has a duty to decline participation or to require clearance from a qualified health professional. The absence of any screening process is a serious red flag.

3 Preparation for Participants

The experience begins long before the session itself..

- **Clear preparation guidelines.** Participants should receive explicit instructions on how to prepare physically and psychologically for the retreat, including dietary recommendations, sleep, substance abstinence, and emotional readiness.
- **Intention setting.** The retreat should guide participants in clarifying their personal intention (the "set"), ideally through a one-on-one preparatory conversation with a facilitator.
- **Establishing therapeutic rapport.** Prior contact between facilitator and participant helps build relational safety and trust. This rapport forms the foundation for a sense of containment during the experience itself.
- **Informed consent.** Participants should receive a clear, written description of the experience, the substances involved, the potential risks and benefits, and the protocols in place, and should give their explicit consent before proceeding.

4 Facilitator Ethics & Boundaries

During and after the retreat: holding the space with care and sobriety.

Sobriety & presence

- At least one designated facilitator must remain completely sober and attentive at all times during a session to ensure the physical safety of the group.
- Facilitators who consume substances alongside participants without a sober supervisor present are failing in their duty of care.
- *Note:* In the specific context of traditional shamanic ceremonies, the ceremonial leader may partake in the substance as part of their practice. Even in this setting, a sober support person should be present to attend to participants' physical safety.

Consent & physical touch

- Psychedelic states involve heightened suggestibility and emotional openness. Strict boundaries around physical contact are therefore essential.

- Any physical contact, even for reassurance or comfort, must be explicitly agreed upon beforehand during the preparatory phase. Explicit consent should be sought continually throughout the session, as the participant's state and needs may shift.
- Facilitators must never exploit a participant's altered state for sexual, financial, emotional, or power gratification. Any form of sexual contact between facilitator and participant is a grave ethical violation, regardless of perceived consent during the session.

Power dynamics & autonomy

- The ultimate goal of the retreat is the participant's autonomy and empowerment, not dependency on the facilitator, the method, or the organisation.
- Facilitators must be aware of transference and countertransference dynamics and should seek supervision or peer consultation when these arise.
- Claims of special authority, spiritual superiority, or "guru" status are incompatible with ethical practice.

Separation of relationships

- Facilitators should do their utmost to avoid overlapping therapeutic, professional, and personal relationships with participants. Dual relationships compromise the ethical frame and create potential for exploitation.
- Where dual relationships are unavoidable (e.g. in small communities), this should be acknowledged transparently and additional safeguards put in place.

Confidentiality

- What participants share during the retreat must be treated as strictly confidential.
- Any exceptions to confidentiality (e.g. risk of harm to self or others) should be clearly explained during the preparation phase.

Supervision & professional accountability

- **Therapists and facilitators offering psychedelic-assisted experiences must engage in regular clinical supervision.** This is not optional. Working with non-ordinary states of consciousness exposes facilitators to intense emotional material, complex transference dynamics, and ethical grey zones that cannot be navigated in isolation.
- Supervision should be provided by a qualified professional with relevant experience in psychedelic-assisted work or, at minimum, in the facilitation of non-ordinary states (e.g. holotropic breathwork, MDMA-assisted therapy, depth psychotherapy).
- Facilitators should also participate in peer consultation or peer review groups on a regular basis, creating a culture of mutual accountability and reflective practice.
- Facilitators must commit to ongoing professional development and continued education in the evolving field of psychedelic science and ethics.

Facilitator self-care & self-awareness

- Facilitators have a responsibility to monitor their own psychological, emotional, and physical wellbeing. Working with altered states is demanding, and unacknowledged burnout, personal crisis, or unprocessed material can compromise the safety of participants.
- Facilitators should have their own personal therapy or supervision support, distinct from the professional supervision mentioned above.

- A facilitator who is not in a fit state to hold space should step back and ensure appropriate cover, without shame or stigma.

5 Set & Setting

The environment shapes the experience.

Physical safety

- The space must be secure, calm, and private, with appropriate measures to prevent participants from wandering off or inadvertently harming themselves.
- Basic needs (water, food, clean restrooms, temperature control, and comfortable resting areas) must be easily and continuously accessible.

Psychological safety

- The atmosphere should be welcoming, non-judgemental, and free from pressure to perform, conform, or achieve particular outcomes.
- Participants must feel free to express whatever arises, including fear, grief, confusion, or silence, without being pathologised or dismissed.

Emergency protocols

- Facilitators must be trained to support difficult experiences (“challenging trips”) with empathy, calm presence, and non-directive reassurance.
- A clear medical emergency protocol must be in place, including the ability to contact outside emergency services at all times.
- Ideally, at least one member of the staff should have emergency medical training (first aid, CPR).
- An emergency contact should be collected for every participant during the intake process.
- Participants must never be forbidden from contacting the outside world in the event of an emergency.
- A first-aid kit and, where appropriate, emergency medications should be available on-site.

6 Integration & Aftercare

After the retreat: where the real work begins.

- **Post-experience debriefing.** The retreat should offer structured time for integration, helping participants begin to make sense of their experience after the acute effects have subsided. This may include group sharing circles, a few individual sessions with a facilitator, or creative expression.
- **Ongoing availability.** Facilitators should remain available by phone or other agreed-upon channels for a defined period after the retreat, particularly for participants who may need support in processing their experience.
- **Follow-up support and referrals.** The retreat should provide resources, referrals, or contacts for ongoing therapeutic support, particularly for participants who may experience delayed difficulties, emotional upheaval, or ontological disorientation in the days or weeks that follow.
- **Personal therapy encouraged.** Participants are encouraged to have their own personal therapist or counsellor as an anchor, someone they can turn to independently of the retreat context for continued integration work.
- **Realistic framing.** Participants should be informed that psychedelic experiences sometimes raise more questions than they answer, and that integration is a gradual process, not a single event.

- **Community of care.** Where possible, peer-support circles or integration groups should be offered or recommended to participants after the retreat.

7 Participant Rights & Responsibilities

A shared ethic of care.

Participants have the right to

- Full and honest information about substances, dosages, risks, and protocols before consenting to participate.
- Withdraw consent or leave the retreat at any time, without coercion or penalty.
- Decline any physical contact, intervention, or activity.
- Privacy and confidentiality regarding their participation and anything shared during the retreat.
- Access to emergency communication and medical services at all times.

Participants are encouraged to

- Disclose relevant medical and psychological history honestly during the screening process.
- Respect the confidentiality and boundaries of other participants.
- Engage with the preparation and integration phases as seriously as the experience itself.
- Communicate openly with facilitators about their needs, concerns, or discomfort before, during, and after the session.

Red Flags: Warning Signs

Exercise extreme caution with any retreat that:

- does **not require a medical or psychological screening** form before participation.
- **forbids contact with the outside world**, or restricts access to personal phones in ways that prevent emergency communication.
- claims their method is the **“only truth”** or demands absolute obedience to a leader or doctrine.
- uses facilitators who **consume substances alongside participants** with no sober supervisor present.
- **promises guaranteed results**, such as curing depression, addiction, or trauma in a single session.
- refuses to disclose the **identity, qualifications, or training** of its facilitators.
- **shows lack of clarity about financial fees**: opaque pricing, hidden costs, or high-pressure up-selling tactics.
- offers **last-minute psychedelic experiences** added to the initial programme without proper screening, preparation, or informed consent.
- uses **peer pressure** to coerce participation, discourage withdrawal, or shame hesitation.
- shows **no clear or continual respect for consent**, particularly regarding physical touch, participation in activities, or the right to withdraw.
- allows or encourages an **inappropriate mixing of psychedelics and sexuality**, including sexual rituals or sexualised dynamics during sessions.
- demonstrates a general **lack of respect for boundaries**, whether physical, emotional, or relational.
- has **no clear emergency protocol** and no access to medical support.
- discourages participants from seeking **outside therapeutic support** or second opinions.

- has facilitators who operate **without any form of clinical supervision**, peer accountability, or professional oversight.
- trivialises or dismisses participants' **difficult experiences** as “resistance” or spiritual failure.

Legal disclaimer

Legal status of psychedelic substances in Belgium

Readers should be aware that, under current Belgian legislation, most psychedelic substances are classified as illegal psychotropic substances. These substances are listed in the annexes to the Royal Decree of 6 September 2017 on narcotic drugs and psychotropic substances.

Consequently, the **import, export, manufacture, production, transport, possession, sale, offering for sale, supply or acquisition** of such substances may constitute criminal offences under Belgian law and may be subject to criminal sanctions. Belgian law may also regard the **facilitation, encouragement or organisation of the use of illegal substances** as criminal offences.

Furthermore, healthcare professionals may face **professional and legal consequences** if it transpires that they misuse, incorrectly prescribe, administer or facilitate the use of substances that may cause or perpetuate dependence outside the legally permitted medical frameworks.

The purpose of this document is **purely educational and advisory**. It presents ethical considerations, safety principles and perspectives on harm reduction for discussion within the broader international debate on psychedelic practices. It **does not promote, encourage, organise or provide guidance on engaging in illegal activities**, nor does it constitute legal, medical or therapeutic advice.

Readers remain **personally responsible for understanding and complying with the laws and regulations applicable in their jurisdiction**. Legislation regarding psychedelic substances varies considerably from country to country and may change over time.

The authors and publishers of this document **accept no responsibility for the actions of individuals or organisations that interpret or use this material outside the applicable legal frameworks**.

Sources & Inspiration

- Société Psychédélique Française: Charte des valeurs (2022) & Psychédéliques : Manuel de réduction des risques
- MAPS Public Benefit Corporation: Code of Ethics for Psychedelic Psychotherapy (2022)
- Synthesis Institute: Practitioner Code of Ethics and Conduct (2024)
- Psychedelic Association of Canada: Code of Ethics
- Council on Spiritual Practices: Code of Ethics for Spiritual Guides

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