



CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

FORUM ON A PUBLIC HEALTH APPROACH TO PSYCHEDELICS

Summary Report

VIRTUAL FORUM | JUNE 2023



THE VOICE OF PUBLIC HEALTH

The Canadian Public Health Association is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice. We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wide-ranging discussions and information sharing.

We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

OUR VISION

Healthy people and communities thriving in inclusive, equitable, sustainable environments

OUR MISSION

To enhance the health of all people and communities in Canada, particularly those who are structurally disadvantaged, and to contribute to a healthier and more equitable world

For more information, contact:

Canadian Public Health Association

404-1525 Carling Avenue, Ottawa, ON K1Z 8R9

T: 613-725-3769 | info@cpha.ca

www.cpha.ca

TABLE OF CONTENTS

1.0	Background	
1.1	Context	4
1.2	Purpose	4
1.3	Introduction	4
2.0	Presentations	
2.1	Clinical and research developments on psychedelics	7
2.2	Advocacy perspectives on non-medical usage of psychedelics	11
2.3	Corporate determinants of health and lessons from other substances	15
2.4	Public health approaches to potential legalization and regulation	18
2.5	Equity-oriented perspectives on participation in the growth of psychedelics	24
2.6	Toward respectful engagement with traditional Indigenous medicine in psychedelic research and practice	27
2.7	Combining harm reduction and wellness orientations to psychedelics	31
3.0	Next steps for public health in policy and practice	
	Closing remarks	34
APPENDICES		
A	Forum Program	35
B	List of Acronyms	36
C	Resources	37

1.0 BACKGROUND

1.1 Context

In recent years, the use and potential applications of psychedelics have risen with remarkable speed and prominence in Canada. Their potential for treating and healing for mental illness and trauma has led to increasing clinical, research, and commercial interest and investment. Media and popular culture regularly highlight current therapeutic, spiritual, and recreational uses for psychedelics among various populations. Storefront businesses selling psychedelics are opening across the nation, with local authorities often turning a blind eye.

As the psychedelics terrain evolves, there are parallels with Canada's recent experience with the medical-regulation-to-legalization pathway of cannabis, and with other regulated substances as well. It is important that experts and stakeholders draw on these lessons in considering current and future uses of psychedelics from a public health perspective. It is also essential that a public health approach incorporates awareness of the longstanding traditional and spiritual uses of psychedelics. These topics have already been the focus of considerable academic research from a range of health and social science perspectives. As well, traditional, spiritual, and professional practitioners in the psychedelics space have developed provisional statements of ethical practice. These existing approaches must inform public health's engagement with the use of psychedelics as it exists today and as it evolves in years to come.

1.2 Purpose

This two-day virtual event provided a platform for participants to have open, expert- and stakeholder-informed dialogue about various aspects of potentially decriminalizing and regulating psychedelics in Canada. Participants discussed different facets of

taking a public health approach to psychedelics in Canada, including clinical/medical approaches, perspectives on commercial determinants of health and regulatory approaches, equitable engagement by and with structurally disadvantaged populations, and intersections with existing traditional, spiritual, and recreational uses. The six themes explored included:

1. **Clinical and research developments on psychedelics**
2. **Corporate determinants of health and lessons from other substances**
3. **Public health approaches to potential legalization and regulation**
4. **Equity-oriented perspectives on participation in the growth of psychedelics**
5. **Toward respectful engagement with traditional Indigenous medicine in psychedelic research and practice**
6. **Combining harm reduction and wellness orientations to psychedelics**

Forum sessions included 30 minutes of presentations followed by a 30-minute discussion session in Question and Answer (Q&A) style for each of these themes. Forum participants provided insights on issues to be considered by public health professionals in advance of potential statutory and regulatory reform. Attendees came from government and non-governmental organizations, advocacy and religious groups, as well as academia.

1.3 Introduction

Part of recognizing the historical and contemporary contributions of Indigenous Peoples in Canada is recognizing their place in the policy work done by the Canadian Public Health Association (CPHA). This was reflected in the speakers and the themes of this forum. CPHA is deliberately foregrounding issues related to Truth and Reconciliation with Indigenous

Peoples while committing to equity and stakeholder community participation as part of its new approach for sound public health policy development.

In Canada, the developments and potentials of psychedelics are moving quickly in the clinical, research, and commercial spheres and are consequently rising on the radar of the public and the media. CPHA is mandated to advocate for healthy public policy in Canada; therefore, it is leading in spurring public health reflection in this fast-moving area. This forum was an exercise in collective early-stage policy reflection to help Canada's public health community tackle a new area of substance policy and practice with a broad lens. Scanning the range of issues at play is important because the substances classed as psychedelics present exceptionally broad challenges for public health policy, practice, and education. On one hand, there are some overlaps and resonances with other psychoactive substances that governments and public health have long addressed. On the other hand, there are some novel aspects to psychedelic substances and their contexts of use which pose unfamiliar challenges and demand a broader societal lens.

In surveying the terrain for a public health approach to psychedelics in Canada, the following five angles must be considered:

1. Psychedelics are a diverse category of substances.

Some psychedelics are naturally occurring with a long history of use in traditional contexts, while some are synthetic and relatively new, with many newer synthetic psychedelics in the research and development (R&D) pipeline, each having different profiles of risks and benefits. Both categories can be used for recreational and therapeutic purposes.

2. Psychedelics have diverse histories and spheres of use.

The preparation, uses, and location of naturally occurring psychedelic substances originated with and continue to be part of traditional knowledge and practice of Indigenous Peoples around the world. Following a decade of cultural and scientific prominence in the West, starting in the mid-1960s, psychedelics went underground although recreational use continued. Recent years have seen the resurgence of cultural attention and popularization. There is increasing interest in psychedelic retreats and micro-dosing, psychedelic art and experiential exhibits, alongside mushroom-themed marketing and daily news articles on the developments of psychedelics. Today, there is a great deal of research activity and commercial investment into the potential of psychedelics to treat mental health conditions, with new private clinics offering Psychedelic-assisted therapy (PAT) opening their doors across Canada.

3. Psychedelics resonate with various societal challenges.

Psychedelics bring up some major questions with respect to Canadian society. For example, in relation to Truth and Reconciliation with Indigenous Peoples, we must question how traditional Indigenous Knowledge (IK), cultural rights, and opportunities for economic participation will be adequately protected as psychedelics gain prominence in Canada. There are also concerns for societal equity: which populations are being included in and excluded from research and clinical applications, which populations will benefit most and soonest from psychedelic treatment for mental health disorders, and which populations will be able to access commercial opportunities in the psychedelics industry.

4. Psychedelics have significant regulatory issues.

Today, Health Canada permits the manufacture and use of psychedelics for research and clinical treatment. There is also a special regulatory exemption allowing the import of ayahuasca for religious practice in Canada. Psychedelics are currently not legal for sale to consumers, although many Canadian cities have stores openly selling these substances. Recent experience with cannabis legalization, and major evolutions in regulation with respect to other substances, may have relevant lessons to be applied. The current context may also underline the rationale for a unified approach to substance regulation in Canada. There are also regulatory issues for the clinical context and healing uses of psychedelics. Practitioners of psychedelic-assisted religion, spirituality, healing, and therapy agree that the safe and effective use of these substances calls for preparation, support, and accompaniment by an expert practitioner. How should governments regulate and possibly

provide health care coverage for a substance that requires extended trained facilitation for its use? How will standards for psychedelic facilitation be developed? Psychedelic advocates and communities of practice are already addressing these issues, but institutions and professions must begin to tackle them as well.

5. Individual engagements with psychedelics are complex.

Engagement with psychedelics today spans many different sectors, and the people most active in the space of psychedelics may have multiple kinds of involvement in it. For instance, they might be traditional or religious practitioners, researchers, or participants in community practice, and be active in industry advocacy or commercial enterprises. In hearing and assessing perspectives at this forum and elsewhere, it is important to understand where people are coming from in terms of their interests and stakes in the psychedelics terrain.

2.0 PRESENTATIONS

Forum participants heard presentations on clinical and research developments, advocacy and non-medical uses, corporate determinants of health, public health approaches to potential legalization and regulation, equity-oriented perspectives, respectful engagement with traditional Indigenous medicine as well as harm reduction and wellness orientations to psychedelics. These presentations were followed by discussion periods with audience members. Summaries of all presentations as well as highlights from these discussions are provided in this section.

2.1 Clinical and research developments on psychedelics

This first theme shared a current understanding of the range of psychedelic substances and their risk/benefit profiles. It helps us understand why many advocates, patients, and would-be users are very much interested in these substances and what is at stake for various population groups, including access to research and treatment. It also offers insight as to how commercial interests in psychedelics are taking shape and the concerns that this is raising. The theme of clinical and research developments on psychedelics included the two following presentations.

2.1.1 Olivia Marcus on “General overview of psychedelics”

Definitions

Psychedelics are substances that share the subjective experience of a significantly altered state of consciousness with profound capacity to induce reliable shifts in perception, cognition, and mood. Although some in the field hold that psychedelics refer only to 5HT_{2a} receptor agonists, others offer three classifications of psychedelics:

- Classical psychedelics (5-HT_{2A}R agonists e.g., Lysergic acid diethylamide [LSD], psilocybin, N,N-Dimethyltryptamine [DMT], mescaline);
- Atypical psychedelics (e.g., 3,4-Methylenedioxymethamphetamine [MDMA], ketamine, ibogaine, salvia); and
- ‘Entheogens’ as an alternative term that refers broadly to this class of substances that ‘generate god within’. Some consider the term ‘entheogen’ to refer specifically to nature-derived substances used in ritualistic contexts (e.g., psilocybin mushrooms, peyote, ayahuasca, iboga).

Psychedelics are used in these broad categories: pharmacotherapy; psychedelic-assisted therapy (PAT); psycholytic therapy; ritual-ceremonial use (i.e., shamanic/Indigenous/mestizo/métis); and/or religious.

Psychedelic-assisted therapy (PAT) involves the use of psychedelic substances as an adjunct to psychotherapy for facilitating therapeutic breakthroughs and insight (e.g., MDMA-AT, ketamine-AT, psilocybin-AT). The number of psychotherapeutic sessions taking place before and after the psychedelic session is variable in clinical research and practice. Various ritual-ceremonial practices may have their own therapeutic benefits and contribute to the evidence base for safety and effectiveness of PAT-related practices. PAT typically takes place in a comfortable room, often with different kinds of art and objects, as well as music. Patients are usually lying down and may have a blanket and/or eye shades. Some protocols require two therapists of opposite genders to be present; however, it is important to consider the needs of gender non-

conforming patients, as well as the large cost of having two therapists attend to each session.

Psychoanalytic therapy loosely fits within this model, but it differs from PAT in the dose and timing of administration. It involves the administration of smaller doses in which people are having psychotherapeutic or psychodynamic sessions during the experience. It was more popular in the mid-20th century, and is currently more popular in Europe.

Historical context

Psychedelics showed great promise as psychotherapeutic aids in the 1950-1960s, but subsequently were designated as Schedule I substances under the *UN Convention on Psychotropic Substances*, and as Schedule 3 in the *Canadian Controlled Drugs and Substances Act*. Research was ongoing but very limited since the 1970s, due to the controlled substance designation, sociopolitical climate, shrinking funding opportunities, and methodological issues.

Today there is a (re)emergence of psychedelic medicine due to a treatment gap in numerous countries, where needs outweigh current capacity to respond to mental health issues, among other health concerns. Current treatment options are not helping many people, and evidence is quite strong that psychedelics can be beneficial for some, notably for post-traumatic stress disorder (PTSD), treatment-resistant depression, end-of-life distress, and substance use disorders. It is also important to acknowledge the market-driven excitement that has influenced renewed interest in psychedelic medicine, as well as the societal-level disillusionment with the ‘war on drugs’ and criminalizing policies in the United States.

Clinical evidence

Most registered studies investigated MDMA (46%) and psilocybin (41%), but recently interest has shifted

towards psilocybin (58%) rather than MDMA (31%). There is mounting evidence for the clinical safety and efficacy of MDMA and psilocybin in treating various mental health problems. The clinical literature on ketamine is vast, since it is a WHO ‘essential medicine’ and accessible for legal off-label use, but major methodological inconsistencies between studies and small sample sizes must temper conclusive statements. Nevertheless, there is robust evidence that ketamine is a safe and effective rapid-acting, short-term antidepressant when administered with careful clinical oversight.

Policy models

Within the U.S., the Oregon Psilocybin Service Centre model (2021) and the Colorado Natural Medicines Health Act (2022) are the only state-wide models available for studying policy challenges (e.g., safety, eligibility, and regulatory oversight) when providing regulated therapeutic access within existing federal drug laws for adults (21+ years old). Both have applied an incremental two-tiered approach designed to allow time to develop appropriate safety and regulatory structures for psilocybin use. Oregon has established a wellness model, while Colorado has established a therapeutic model. These models remove criminal sanctions for personal use, oppose the establishment of legal commercial retail systems, and aim to avoid over-medicalization. Importantly, neither model includes peyote in the decriminalization measures, out of respect for Native American peoples who have the right to protect it for sacred use.

Public health needs

Public health needs related to psychedelics in Canada include:

- Surveillance at population health levels of incidence and prevalence of naturalistic psychedelic use;
- Monitoring of emergency department presentations for evidence of adverse effects and polydrug use interactions;

- Risk and harm reduction guidelines for psychedelic use in various contexts (religious, ceremonial, therapeutic, personal use);
- Management of public expectations, with attention to media representations;
- Implementation and evaluation research, knowledge translation projects, and investments in best practice guidelines for clinicians (e.g., low-risk use guidelines and harm reduction framework for psychedelics); and
- Military and veteran health portfolio for mental health treatment (which is a federal responsibility).

Considerations

There must be consideration for:

1. *Safety*: Generally, classic psychedelics are well tolerated with little physiological risk (psilocybin presents the strongest safety profile while ketamine has unique addiction-risk profile). Common side effects include nausea, transient anxiety, and headache. Unique risk profiles of atypical psychedelics such as iboga must be considered.
2. *Research design*: Naturalistic and observational studies of personal, group, and recreational use are needed. There is a lack of standardization for definitions (i.e., defining ranges for micro dose, very low dose, low dose, and threshold dose). Minimizing expectancy bias and blinding are challenges in trials. Historically, clinical trials have restrictive inclusion criteria.
3. *Indigenous/First Nations Peoples*: Indigenous Peoples have the right to maintain their traditions, including plant medicines for community wellbeing, healing, rites of passage, and spirituality. There are longstanding traditions, cultural mores, and guidelines concerning who is qualified to serve as a traditional healer or practitioner. Further, their autonomy for how to practice with these substances must be respected.

2.1.2 Leah Mayo on “Psychedelics as novel clinical interventions: What do we know and where do we go from here?”

How psychedelics work

Several psychiatric disorders have repetitive negative thought or behavioural patterns. For example, depression includes ruminations and negative self-referential thoughts, while eating disorders are a preoccupation with body image and controlling food intake. Neuroscience uses the concept of ‘neurons that fire together, wire together,’ meaning that the more often one engages in thoughts and behavioural patterns, the stronger they become and the harder they are to change. Psychedelics can provide neuroplasticity, giving the brain an opportunity to change its wiring. Classic psychedelics (e.g., LSD and psilocybin) act on the serotonergic system, while other non-classical psychedelics, like MDMA and ketamine, act on other systems.

Evidence supporting the use of psychedelic-assisted psychotherapy

Psychedelic-assisted psychotherapy is a process that includes a preparatory phase (to build a rapport with a therapist; 3-10 hours multiple visits), the administration of the medication (8 hours; 1-3 sessions with minimal therapeutic interaction), and an integration phase (1-3 sessions per medication session).

- *Psilocybin* has been studied primarily as a treatment for major depression. Findings indicate no significant difference between psilocybin (psychedelic) and escitalopram (common anti-depressant) treatment groups. Other studies have examined its use for smoking cessation and alcohol use disorder (AUD).
- *MDMA* has been studied mainly as a treatment for PTSD. Thus far, a second phase III study has positive results that have yet to be published. It has also been examined as a treatment for AUD and autism spectrum disorder (ASD).

Overall, there is currently encouraging but preliminary evidence for psychedelics usage as treatment for substance use disorders, PTSD, obsessive compulsive disorder (OCD), eating disorders, ASD, and social anxiety.

Existing concerns around psychedelic-assisted psychotherapy

There are concerns for:

1. *Study design:* There are challenges in managing the effects of expectation as well as properly blinding studies (placebo and control groups).
2. *Psychotherapeutic component:* There is a lack of evidence-based best practices and psychedelic therapy training. Also, current protocols are resource- and time-intensive.
3. *Ethical considerations:* Patients need to be protected, since psychedelics enhance suggestibility in already vulnerable populations.

2.1.3 Discussion highlights

Questions / Answers

There is evidence in the literature that stronger tetrahydrocannabinol (THC) content or cannabis strains are producing the same sort of effects as psilocybin. Where would you place that in our dialogue and in our considerations for psychedelics?

There are definite differences in the mechanisms of action between serotonergic classic psychedelics and

THC (which binds to the endocannabinoid receptors). A lot more is known about the mechanisms of THC and cannabinoids, including the fact of great variability. In general, lower doses of THC can reduce anxiety whereas higher doses can promote anxiety (with high doses promoting paranoia and having the potential to lead to psychosis). It is at high doses that the psychedelic effects occur, so the therapeutic window tends to be small. However, phenomenologically speaking, many people do consider THC to be psychedelic, and it was at some point included in that group. This has become a political issue. To gain more social capital, the cannabis advocacy players wanted to separate themselves from psychedelics.

In the literature, some of the measurements reported include the concept of ego dissolution and this is often spoken about by practitioners who use psilocybin.

Could you comment on this?

There are different ways to measure the psychedelic experience in a clinical setting, such as through standardized questionnaires, which are informative to an extent. There are also other questionnaires, like the mystical effects questionnaire, which tap into effects like ego dissolution and transcendence of space and time. These results are usually used to compare the psychedelic experience that people have, yet they can be variable across individuals and sessions.

2.2 Advocacy perspectives on non-medical usage of psychedelics

The second theme of the forum focused on the need for public health to be aware of involving traditional perspectives on the non-medical usage of psychedelics. This includes the sphere of community-based practice treatment and the advocacy that goes along with it. Communal practice of psychedelics draws on a long history of traditional knowledge and developed protocols for safe beneficial use of naturally occurring psychedelic substances. The theme of advocacy perspectives on non-medical usage of psychedelics included the two following presentations.

2.2.1 Rev. Dr. Jessica Rochester on “Entheogens & psychedelics in Canada: Proposal for a new paradigm”

Context

In November 2019, an interdisciplinary committee assembled to discuss the rapidly evolving use of psychedelics and entheogens, and to review the current entheogen and psychedelic landscape in Canada. This collaboration led to the development of a framework and models that exemplify best practices for the licensed use of entheogens and psychedelics.

Definitions

Entheogen is a term for plants used historically and cross-culturally in ritual, for divination, rites of passage, community ritual, spiritual development, and healing (often done in a community setting and/or with a community’s support). Examples of historical and current religious use in Canada include Native American Church (peyote) and Santo Daime, União de Vegetal (ayahuasca).

Psychedelics are defined as synthetic or chemically isolated psychoactive substances, of diverse histories and usages (e.g., psilocybin, LSD, MDMA, and ketamine). Psychedelics are attracting significant public and commercial interest, both of which are outpacing research and clinical access requests.

Alternative usage of these substances includes personal exploration and healing, recreational and group events. Some group events are led by individuals with extensive training while others

are not, and post-experience support may or may not be available. Participants are left to determine the integrity and safety of the event as well as the potential effects, potency, quality, and legality of the substance.

Non-ordinary states of consciousness (NOSC) are not easily defined in the absence of any definition of a normal state of consciousness. In Eastern and Indigenous cultures, NOSC are part of everyday life in rituals, rites of passage and daily practice. Western civilization lacks NOSC. During the early 20th century, NOSC were pathologized and often labelled as symptoms of mental illness, intoxication, or demonic possession.

Proposals and recommendations

To support the development of safe and effective use of entheogens and psychedelic substances in Canada it is proposed to have:

- Education programs that include courses and training specific to NOSC such as experienced with the use of entheogens and psychedelics.
- Credentialing of practitioners/clinicians, with defined grandfathering for practitioners long experienced and trained in traditions of use.
- A code of ethics specific to the sensitive states achieved in NOSC.
- Continuous open dialogue with Health Canada’s Office of Controlled Substances (OCS), even though health matters fall under the policies and mandates of provincial and territorial governments.

It is recommended that public health:

- Recognize traditional, heritage, and legitimate religious/spiritual use of entheogens.
- Promote the sustainability of ritual plants.
- Use the core principle of maximizing spiritual and therapeutic benefits of entheogenic/psychedelic use while reducing potential harm.
- Continue research and education, credentialing and oversight of persons involved in activities that include these substances.
- Develop norms and standards for core clinical competencies, ethical codes of conduct and credentialing for clinicians seeking to provide psychedelic treatment.
- Create norms and standards for education for the various universities currently forming programs on entheogen and/or psychedelic clinical/therapeutic use, including the development of a credentialing council.
- Support the coordination of research programs to directly share proposals, programs, and results.
- Provide equal and fair compassionate access for patients who may benefit significantly, according to current scientific evidence.
- Create clinical access for university-based or health authority-based teams.
- Provide research-informed information to the Canadian public.
- Facilitate processes for qualified healthcare providers to receive structured and supervised experiential training, in pursuit of improved patient care.

2.2.2 Jazmin Pirozek on “Camarampi”

Education in plant medicine

There is much to learn in plant medicines in the Peruvian Amazon because it is the most biodiverse

forest on the planet. Since 2013, Jazmin Pirozek has been visiting an educational centre in the Peruvian Amazon to learn about traditional plant medicines, specifically camarampi (an alternate name for the ayahuasca brew). The learning process involved adhering to a strict diet while spending long periods in isolation from others. Once the maestro (teacher) deems that a student has learned enough, the student attends a graduation ceremony where the maestro gives a document certifying sound training. There is no defined period of study for the certification; it depends on an individual’s time invested and learning.

Camarampi is the marriage of plants: Psychotraiviridis-Chacrunaand Banisteriopsiscaapi-Ayahuasca

According to legend, camarampi is the marriage that occurred between plants when a woman bathed with psychotraiviridis (considered as the female part of the plant) and a male bathed with ayahuasca (considered the male part of the plant). In preparing camarampi, the ayahuasca vine is macerated by hand and placed in a pot with water from the river nearby. The ayahuasca is then pulled out of the pot and the liquid mixture is strained.

Bringing teachings back to Canada

Jazmin has brought back these learnings to Indigenous communities in Northern Ontario. Since 2016, she has been teaching people about plant medicines found in Canadian boreal forests, which contain many plants with anti-inflammatory properties. In her perspective, ‘clean living’ and responsible learning can heal bodies, and this knowledge is available to everyone. Knowledge of sacredness in the plants is important to the people of the North.

2.2.3 Discussion highlights

Questions / Answers

With reference to advocacy and policy making to enable the continuation of traditional Indigenous practices, what would you like to see from governments and regulators in Canada with respect to what you do?

Allowing Indigenous and other communities an import exemption (which some people have had to get a lawyer for) enables communities to return to their traditional teachings. This is an act of true Reconciliation, where we can recover ourselves from many of the illnesses that people have succumbed to by not ingesting traditional foods and diets. The efficacy in doing so would be very beneficial for Reconciliation in Canada.

Some people may struggle with this idea of there being a legitimate religious or spiritual purpose to psychedelic use. Someone cannot simply claim that using psychedelics is part of their tradition or spiritual practice. Could you comment?

People around the world are free to believe what they want to believe. They are free to practice their own spirituality. Entheogens have their roots in Indigenous traditional practices. For example, the Santo Daime and União de Vegetal churches use ayahuasca. It became recognized as a legitimate spiritual practice because it has a set of principles, beliefs, assurance of responsible and accountable ethical practice, and a legitimate apprenticeship or training process. The Canadian government itself makes this distinction. For the right to practice, you must go through the Freedom of Rights and Religious Practices in the Canadian Charter of Freedoms and Rights. The Canadian government has criteria for legitimate religious practice.

The OCS at Health Canada is overwhelmed by applications for exemptions. It used to be that they would receive weekly applications from some society that considered themselves a religion and wanted to

be able to smoke cannabis when it was illegal. The government would respond that there is no precedent and that it cannot consider that a religious use. This is in alignment with the government's responsibility to protect the sustainability of sacred plants, the education of non-ordinary states of consciousness, etc. In traditional practice, you are responsible for the person's wellbeing as well as their spiritual and psychological safety when serving the substance.

Do you think that there could be individuals that benefit from these traditional practices, which are now considered recreational, but only because of government oversight and processes? How could we access more understanding of this traditional knowledge and research for such groups or individuals while their usage is being labelled as recreational?

There are criteria in Canada to be followed and presented to the government for exemption. If a person has the credentialing (training and apprenticeship in a tradition) that speaks to a true, legitimate, and recognized tradition, which has a long history of respect and cultural significance in the country of origin, this is a great case for the 'grandfathering' clause.

There is also the issue of people now independently micro-dosing psilocybin as a therapy to relieve depression. Mis-dosing can have long-term effects (e.g., being stuck with strange visions for months or unable to look at patterns). It requires a lot of education even for dosages, and this is what apprenticeships are for.

What are your initial reactions to the potential involvement of the public health community in psychedelics, given how long psychedelics have been used traditionally for healing and wellness?

CPHA is uniquely positioned to facilitate the psychedelic movement toward legalization and be a bridge of education. It could collect information

on research and present educational pieces, through podcasts or events, on an ongoing basis to educate its members and support policymaking.

Health Canada's Office of Controlled Substances is currently overwhelmed with applications, especially for MDMA and psilocybin usage in palliative care and psychotherapy. This office is trying to develop special access programs, but they need credible research and science-based evidence to support this. Universities, research centres, and other organizations in the field play an exceedingly

important role in educating the public and being a bridge to government and the policymakers.

Having the country move towards decriminalization of psychedelics could bring about a framework to allow more people to access this way of healing. Having access to psychedelics without having to go to another country could be very valuable for healing, and also for Indigenous people in Canada to get back to their roots. There could be a cascade of development in communities to get clean, drinking water and proper access to food and electricity.

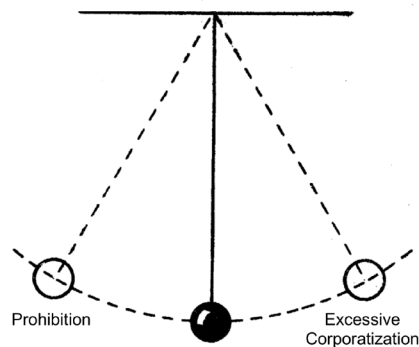
2.3 Corporate determinants of health and lessons from other substances

As seen in the evolution of the alcohol, tobacco, and cannabis industries, corporate interests can warp the landscape of research, law, and regulation, often in ways that are at odds with public health goals. Unsurprisingly, the same is happening in the psychedelic sphere. At this relatively early stage, it is important to outline what the ethical and political concerns might be, in order to consider possibilities for advocacy and policy engagement. The theme of corporate determinants of health and lessons from other substances included the two following presentations.

2.3.1 Daniel Eisenkraft Klein on “Lessons from the commercial determinants of health for psychedelics”

Various strategies and approaches are used by the private sector to promote products and choices that are detrimental to health. How do we harness the strengths of psychedelics and end prohibition, while avoiding the pitfalls of commercial greed? There are lessons from other industries such as tobacco, alcohol, cannabis, fossil fuels, ultra-processed food and drink, infant formula, social media and pharmaceuticals.

The North American Drug Pendulum



Lessons from prescription opioids

As seen with prescription opioids (and psychedelics may follow the same route), we have overly restricted and tapered access to prescription opioids (over-regulated) for many people with chronic pain, leading many people to shift to illegal supply or to lack access to proper pain management. At the same time, we

were far too liberal about the permissions given to the industry to have influence (under-regulated).

2.3.2 Daniel Buchman on “The commercial determinants of health as a public health ethics issue: Lessons for psychedelics”

Academic and healthcare relationships with industry

Industries (such as tobacco, food, pharmaceuticals, and technology) frequently seek out partnerships with academic researchers, healthcare professionals, and institutions. The commercial influence on scientific research, its ethical implications, and impact on population health have been explored in the literature. Relationships with industries can provide much-needed financial support, but also produce ethical risks (e.g., distrust, lack of credibility, and conflicts of interest).

The emergence of ‘big psychedelics’

While research in psychedelics is currently enjoying a psychiatric ‘re-medicalization’, challenges due to prohibition and limited public funds for research have opened the door for private philanthropy. There is great commercial incentive for industry to fund research and treatment, given the predicted valuation of the psychedelics market at \$8-12 billion USD by 2029. The psychedelics market seems to be following the Big Pharma model, using patents and prescribed medications, in contrast to the Big Cannabis model which relies on broad retail availability.

Industry-sponsored research and (mis)alignment with public health priorities

Sponsorship of drug and device studies by industry tends to lead to more favourable efficacy results and conclusions than sponsorship by other sources. Research on ‘manufacturing doubt’ has shown that exposure to industry-sponsored messages tends to produce greater reported uncertainty/false certainty about risk in populations (with this effect being greater in less knowledgeable populations). Similarly, research on cannabis companies’ sponsorship of scientific research found sponsored research related to product development, expanding indications of use, and supporting key opinion leaders. Industry-healthcare relationships have developed in psychedelics, and may lead to financial conflicts of interest. Health policymaking has a primary interest in developing sound policy on psychedelic regulation, but a conflict of interest can arise if an organization receives funds from a psychedelic company involved in government lobbying on legalization, or if board members of a charitable foundation are funded by the for-profit psychedelic industry. Similarly, conflicts of interest can happen in research: for example, if a researcher investigating therapeutic potentials of psychedelics receives funding from or holds shares in a psychedelic company. This situation creates a conflict of interest because the financial entanglement may bias the researcher’s professional judgement toward the secondary financial interest over the primary research interest.

Why this matters for population health and ethics

Deep relationships between industry and healthcare demonstrate considerable epidemiological evidence of harm. Harms of financial entanglements are experienced disproportionately by vulnerable populations. Therefore, standard approaches for managing industry relationships (e.g., transparency and disclosure) are necessary but insufficient. Major considerations for a public health approach to psychedelics include:

- There are many opportunities to create a policy climate that can mitigate the ‘funding effect’ on research integrity, agendas, and decision-making.
- The impact of bias is magnified if the biases persist over time, affecting the entire evidence base.
- Public health policymakers should prioritize financial independence from industry.

2.3.3 Discussion highlights

Comment

Conflicts of interest can sometimes arise from unexpected quarters. For example, the Cannabis Act is currently under review and the Competition Bureau recently recommended increasing the percentage of cannabis and/or THC concentration in certain products in order for the industry to be more competitive.

Questions / Answers

Are there any parts of the world that are handling psychedelics better? Do we have any models from other places in the world (e.g., Europe)?

The European Union (EU) and the United Kingdom (UK) are going through clinical trial reform and consultation. One thing that came up through this was the unavailability of pre-registration for clinical trials. With respect to transparency, pre-registering clinical trials is a basic requirement, i.e., being upfront about the outcomes that are being measured in the study. There is also the issue of reworking data to find the wanted outcomes, which is currently problematic in the psychedelics realm. When standards are put in place, you need to enforce it, but also follow up on it.

Transparency is a critical first step, but other principles of open science and open data may be helpful to enable others to evaluate the data. There is a lot to be done for industries, researchers, and their institutions who accept industry funding to ensure trustworthiness by the people that they are caring

for and for structurally disadvantaged populations. For instance, try to avoid intensifying inequities. Charging \$1,500 per treatment of ketamine in a private clinic renders the treatment inaccessible to many. How will a broader public health approach help demonstrate trust?

There is also the issue of patents, which are meant to protect intellectual property but have been used to keep generics off the market and drive the price up.

Part of the solution could also be to ensure the existence of a pool of journalists who are specialized enough to be able to do high-quality science reporting on psychedelics.

We have seen with cannabis companies that industry can be highly successful at persuading government

to allow for many different products and formats of a product (e.g., from traditional cannabis form to drinks and gummies) and for colourful labels and wrappers. What are your thoughts about this and what could we do better to get out ahead of this in the case of psychedelics?

If you want people to know what they are taking, it is sometimes in the best interest of the public for products to be a little stronger than not; this is in reference to over-regulating products that can push people to the illicit market and the risks of synthetic products. In terms of marketing, there is no solid evidence that under-marketing makes a product unattractive or that if a product is made attractive people will tend to listen to suppliers. It seems to be a hypothetical issue for public health.

2.4 Public health approaches to potential legalization and regulation

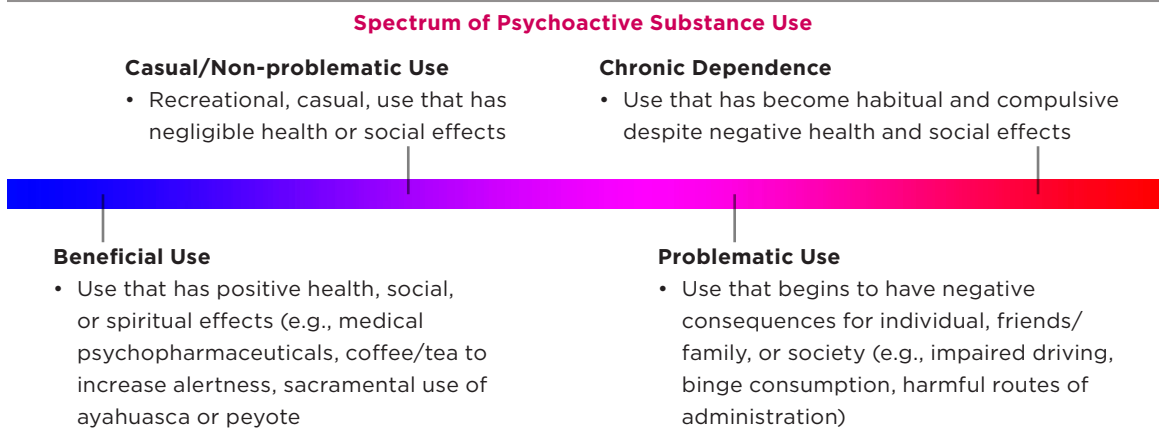
Within the public health terrain, a main question is ‘how is government going to approach legalizing and regulating psychedelic substances?’ This leads to subsequent questions: how will it compare to current and previous approaches that governments have taken to legalize and regulate other substances? And should there be a unified approach to regulating such substances? Psychedelics pose distinctive challenges related to the personnel involved. Most practitioners of psychedelic therapies, healing, and traditional practice recognize the need for highly trained supervision, facilitation, and accompaniment for safe use. What would it mean to regulate a substance along with professional practice related to its use? We must consider these questions within the context of the opioid crisis in Canada as well as how other countries are approaching these questions. The theme of Public health approaches to potential legalization and regulation included the two following presentations.

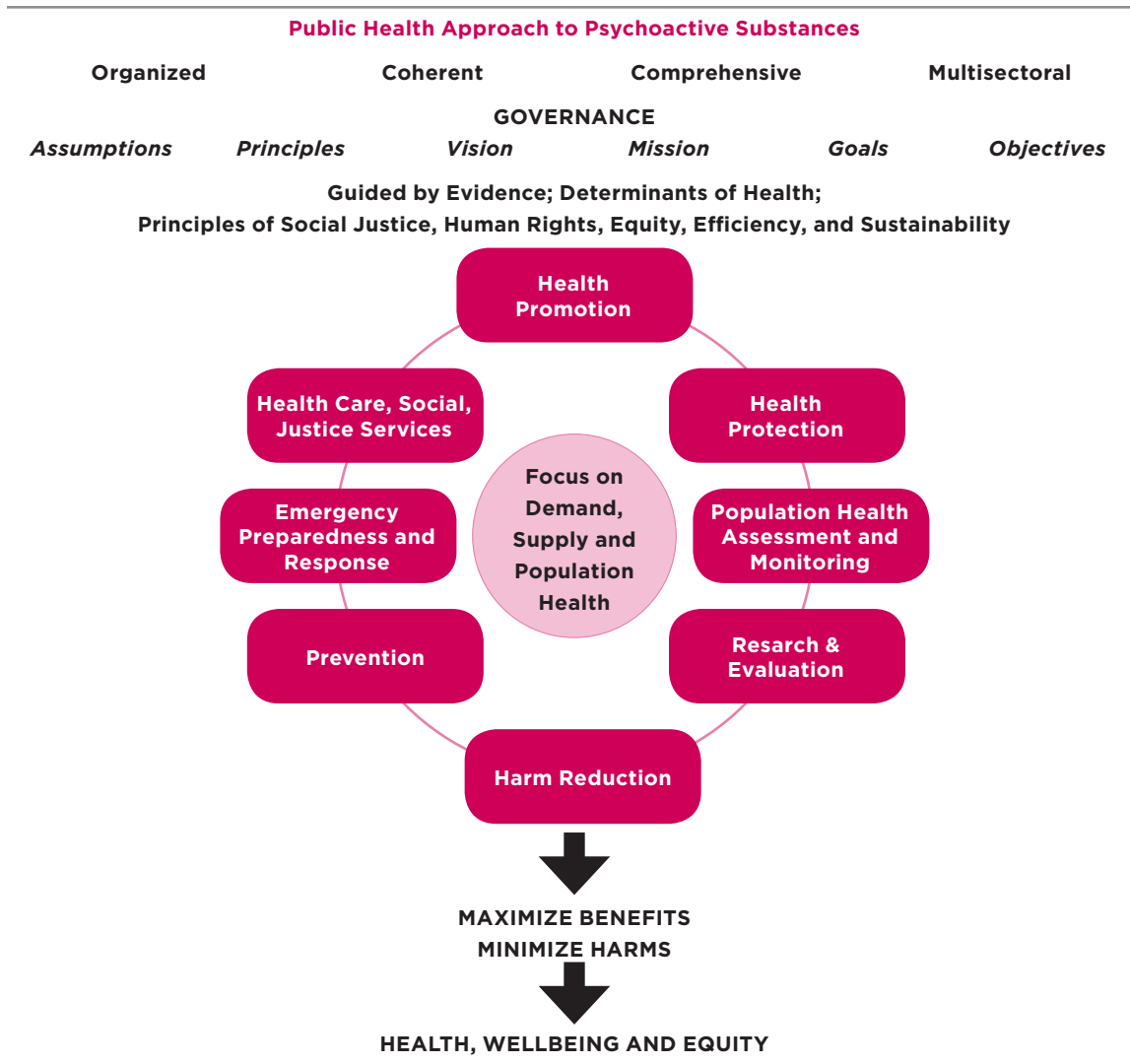
2.4.1 Brian Emerson on “Public health approach to psychedelic substances”

Key concepts and definitions

Spectrum of psychoactive substance use: See figure below.

- *Prohibition and criminalization*: Criminal law to stigmatize, denounce, deter, punish.
- *State control*: Government monopolies or partial monopolies.
- *Commercialization*: Free market – manages substances as commodities.
- *Prescription*: Health professionals are gatekeepers.
- *Social/Sacred control*: Social norms and rituals include wine with food, no alcohol with breakfast, Japanese tea ceremony, coca leaf ritual. Sacred rituals include tobacco, peyote, and ayahuasca.
- *Self-control*: Self-management and self-imposed controls on use.
- *Population health impact*: Population levels of use and substance risk and benefits determine population levels of harms and benefits. Public health perspective ideal is low harm/benefit ratio, while minimizing unintended effects of control measures.
- *Supervised access*: Usually done through prescription with therapist participation in traditional, ceremonial, sacramental experiences.
- *Non-medical, unsupervised access*: Include options like purchasing a licence after taking training, including participating in supervised psychedelic experiences, which would allow self-supervision or supervision of friends, adult purchase with a purchase authorization card, or adult purchase without restriction.





Application of a public health approach to psychedelics

Governance would involve a government agency or government-delegated agency given the authority to regulate psychedelics, explicitly guided by public health principles, goals, and objectives to oversee production, wholesale distribution, retail sale, and regulation of practitioners. This includes authoritative establishments like a College of Psychedelic Supervisors, that would oversee quality assurance of practice, grant certificates and licences, address

complaints, licence facilities and environments where psychedelics are administered, and develop best practices, regulations, standards, procedures, and guidelines, as well as embody the concept of psychedelic supervisors providing guidance. This entity would also ensure the training and competency of experienced psychedelic supervisors and ‘grandfathered’ practitioners who are part of existing traditions for ceremonial and sacramental psychedelic experiences and who provide guidance for maintaining safe environments and experiences.

Strategies include:

- *Supply control:* Production, commercial growing, wholesale distribution, and retail sale controlled and monitored by the governing agency, ensuring that vulnerable plant species are protected, cultivated, harvested, and fairly traded in a way that ensures sustainability. Only certified or licensed people could acquire psychedelics, purchased from authorized retail outlets or grown as permitted. The final product would be labelled with product details, dosage, and warnings.
- *Demand mitigation:* Ban on the promotion of psychedelics, through advertising, branding, corporate sponsorship, or celebrity endorsement. The packaging of final products, including non-promotional retail, would be plain. Mitigation would include the provision of evidence-based information and honest health promotion oriented to the public (including school-based education) about the risks and benefits.
- *Monitoring, evaluation, and research:* Baseline measurement of patterns of use, harms, and benefits, including early detection of unanticipated effects, potential adverse consequences, and benefits for course correction. Monitoring of production, distribution purchasing, and retail patterns. Ultimately, follow-up research to broaden scientific knowledge base.

2.4.2 Mason Marks on “The varieties of psychedelic law”

Overview of current psychedelics law in the U.S.

Five distinct categories of regulation are emerging across the U.S.:

1. *Decriminalization:* There are different degrees of decriminalization (decriminalization of possession or cultivation or sharing among community members, etc.). The trend of local-level decriminalization began in 2019, when Denver decriminalized psilocybin mushrooms through the passage of a voter-initiated battle measure initiative (i.e., the Drug Enforcement Administration [DEA] prioritization of criminal penalties). They did not abolish the criminal laws relating to psilocybin. Instead, the city issued an ordinance making those laws the lowest law enforcement priority, so the city and county could not spend any resources on enforcing those laws. Today, approximately 15 other cities across the U.S. have decriminalized psychedelics. Most of them have added other substances (e.g., iboga, dimethyltryptamine, and mescaline). At the state level, only two states have passed decriminalization legislation. Oregon was the first in November 2020, when it decriminalized possession of small amounts of psychedelics; this is comparable to British Columbia (BC)’s implementation of such an approach. Colorado more recently passed the Natural Medicine Health Act through a ballot initiative.
2. *Supported adult use/supervised adult use:* There are many similarities between adult use of psychedelics and recreational cannabis. In the U.S., over half the states have either medical or recreational cannabis, meaning that people can walk into a dispensary or a facility to purchase a cannabis product. For recreational or adult use, a medical diagnosis or prescription is not required. Supported adult use is similar in that it does not require a diagnosis or prescription

either, but the substance must be consumed and its effects experienced under the supervision of a professional. This type of program has just opened in Oregon after a two-year rule-making period which was controversial. Some of the challenges that the Advisory Board and the State Health Authority faced included pushback from the medical community, specifically on the training required to become a licensed psilocybin facilitator (i.e., a high school diploma and no requirement for a healthcare background) and with respect to the law's prohibition against these facilitators diagnosing or treating health conditions. Facilitators may operate within healthcare facilities, but if they are licensed healthcare professionals, they are not allowed to use these privileges while acting as a psilocybin facilitator. It is important to highlight that these types of programs do play a role in harm reduction, in that they bring psychedelic users into a supervised, controlled setting and provide products that are quality controlled through lab testing.

3. *Medical use:* Medical use involves a licensed healthcare provider offering psilocybin, MDMA, or another psychedelic to a patient with a specific diagnosis. Connecticut has implemented this type of legislation and has leveraged the Food and Drug Administration (FDA)'s expanded access program which enables people with serious life-threatening illnesses to access an experimental drug (comparable to Canada's Special Access Program [SAP]). Colorado's current approach is a hybrid between Connecticut's medical approach and Oregon's nontherapeutic approach, since Colorado technically allows people to use psychedelics for non-medical reasons (i.e., spiritual, religious, or creative purposes) but does not have the restrictions that the Oregon law

does; hence practitioners in Colorado can make medical claims and diagnoses as well as treat health conditions and operate within a healthcare facility. The new advisory board in Colorado started meeting in 2023 and is primarily focused on a medical program, with minority voices pushing for representation of non-medical use.

4. *Research/clinical trials:* Some states are experimenting with supported adult use or medical use legislation, but more common approaches are related to research, whereby a state passes a law to allocate state funding for clinical trials. Texas was the first to take this approach in 2021. Such an approach is often described as a means of creating access, but this is misleading, since clinical trials are open only to a small, narrow portion of the population.
5. *Policy analysis:* Policy analysis is becoming most popular and is the most conservative approach, where a state creates a task force or an advisory board that does research on the evidence regarding psychedelics and the potential for pursuing more substantive legislation in the future.

Challenges

- *Diverse representation:* Representation is needed by Indigenous or non-Western groups as well as religious perspectives on psychedelics, since these perspectives are often marginalized in the rule-making processes.
- *Cost and access:* In relation to equity and access, advisory boards will often think of ways to reduce the costs after the fact (e.g., through insurance reimbursement or scholarships for communities trying to access services) instead of focusing on how to reduce the cost of the services from the ground up.

2.4.3 Discussion highlights

Questions / Answers

Given the high cost of these substances, were challenges to the supervised consumption approach made in the name of economic access or equity? And could you expand on making services less costly from the outset as opposed to getting reimbursed?

There has been little support for non-supervised use or less supervised use. Oregon demonstrated a concerted effort to create a separate licensing scheme that could accommodate religious groups and churches as an add-on to the more traditional clinical model.

In the U.S., many assume that religious groups and churches that use psychedelics as their sacrament are automatically protected by the Constitution, but that remains to be determined. There is some statutory protection through the Religious Freedom Restoration Act, but this is not automatic. Some people feel that if a church wants to become a licensed psilocybin service centre, it should be given equal opportunity; refusal could be a form of discrimination against religious institutions.

Regarding the cost of services, it is possible to over-regulate programs (which adds expenses), so regulators should consider pruning where necessary. There was little questioning in Oregon about the cost of these services, as its Health Authority believed that cost is not within their mandate under the law.

How would it be possible to avoid political interference? Would framing it as a public health issue depoliticize the topic?

In Oregon there has been a lot of resistance to the decriminalization measure. Some people believe that decriminalization two years ago has not resolved the drug problem; therefore, it has failed and should be reversed. However, Oregon's program was marketed as a medical and therapeutic answer to the mental health problem.

Florida has a very complex political landscape where veterans are playing a huge role. Some groups (often Republican conservatives) are pushing for more research, including from within the Veterans Administration and Department of Defense. It would be possible in Florida, if people tailored it to veterans' rights, to allow for a very narrow, research-oriented bill as opposed to a supported-adult-use bill.

A lesson learned from cannabis in Canada was the strategy of making it a constitutional issue and taking it through the court system, which is a very long, expensive, and arduous process. There is also the approach of people working within various political parties to bring forward platform resolutions through these parties (e.g., as the Liberals adopted on cannabis legalization). By comparison, the U.S. tends to use the referendum approach.

One approach is having constant dialogue with lawmakers to educate them. Often, national organizations are the ones that have the funding required to get signatures on ballots.

In Canada, British Columbia has been the leading edge of drug policy for decades, with a pilot project to decriminalize personal possession of certain substances just completed. Where do you think the political or the public appetite is for taking the next step?

A major difference between the U.S. and Canada is in the criminal law under which psychedelics are prohibited. In Canada psychedelics fall under federal law, so the provinces have no latitude. They can ask for a section 56 exemption, which is the decriminalization route used in BC.

What will probably shift the discussion for psychedelics is research findings that show medical benefits. This is what occurred with medical marijuana, which took a long time, but eventually medical benefits were evident and permission to use

medical marijuana was granted, which then led to legalization.

On the other side of the politics related to psychedelics is where all illegal drugs are looked at in the same light because they are illegal. The reality is that people continue to die at a terrible rate due to opioids and stimulants, whereas we are not seeing that same effect of public health harm with psychedelics.

Study tours to Colorado and Washington state to study their legalization of cannabis (when Canada was considering that move) revealed that industry played a huge role in the ballot initiatives and in putting timeframes on how quickly initiatives had to be underway. Did industry play a significant role in the ballot initiatives in Oregon and elsewhere when it comes to psychedelics?

Industry is playing a huge role in psychedelics, but it is indirect; non-profits are funded by people who are shareholders in drug companies. Essentially, the people who are funding drug development are the same people funding these ballot initiatives.

Could you comment about the college oversight and what professions would be appropriate for the role of psychedelic facilitators and/or supervisors?

It should not be owned by any profession. Having training programs to enable people to be supervisors is an interesting model where different types of supervision would be included. For example, there could be training for supervisors to help somebody experience a drug safely, as opposed to a more therapeutic approach where the supervisor is treating somebody for a medical and/or mental health condition.

Given that younger generations are already learning about these substances from personal use and

relying on lived experience for their education about psychedelic substances, what would it take for the educational sector to start integrating this information into curricula?

This is a big challenge for the education system because it is continually being bombarded by all kinds of sectors to teach about a variety of topics. It would be important to educate educators about the way that drugs are regulated and perceived through a public health perspective to open the conversation.

As seen in Colorado, educational programs are being developed for first responders.

Public education is a large piece. For example, in the Netherlands people can buy psychedelics or cannabis over the counter in a dispensary, where they will be given pamphlets, asked if they have ever used this substance before, and offered some education on-site.

Could you elaborate on the ways that Oregon and Colorado have not adequately incorporated equity-deserving groups?

In Oregon and Colorado there was some confusion about the purpose and parameters of the laws. While there is nothing wrong with taking a more medical/clinical approach, often groups who have historically used psychedelics (such as Indigenous communities and religious groups that blend Christianity with Amazonian traditions) are not included. Discussion is a first step to creating a mechanism for that.

Things need to be made clear in the law to avoid inequities. For instance, when there are different types of licences for facilitators there cannot be a hierarchy of licences, at risk of having people who come from traditional backgrounds having their licence seen as inferior to that of a psychiatrist's.

2.5 Equity-oriented perspectives on participation in the growth of psychedelics

Concerns about inequity across population groups are being mirrored within the space of psychedelics. They include who gets to be part of clinical trials, how people are recruited, how people are treated during trials, who gets access to psychedelic therapy through private clinics, and who is participating (and positioned to participate) in the growing psychedelics industry. There are systematic ways of exploring these concerns and developing guidelines and frameworks to shape advocacy and practice toward greater equality. The theme of Equity-oriented perspectives on participation in the growth of psychedelics included the two following presentations.

2.5.1 Bruce Wallace on “Enhancing equity-oriented care in psychedelic medicine: Utilizing the EQUIP framework”

Raising questions of equity

Psychedelic-assisted therapies may exemplify the inverse law of care, where services are most inaccessible to communities with the most need, especially if these therapies are regulated into the private sector. Now is a critical time to consider how health equity may be promoted within psychedelic medicine.

Equity-oriented health care

Equity-Oriented Health Care (EOHC) directs adequate resources to those with the greatest needs. It does not aim to treat everyone equally, because not everyone has the same needs. Equity-oriented psychedelic medicine practices and policies would have an explicit health equity mandate to reduce:

- The effects of structural inequities (e.g., poverty, sexism, racism) on people’s access to and receipt of care as well as the social determinants of health.
- The impacts of multiple, intersecting forms of racism, discrimination, and stigma.
- The mismatches between usual approaches to care and the needs of people most affected by inequities.

The EQUIP framework

The EQUIP framework is an organizational-level intervention with three key dimensions of equity-oriented care: trauma- and violence-informed care, harm reduction, and culturally safe care. Each dimension is tailored to ten strategies for equity-oriented system improvement. It focuses on enhancing organizational capacity and system-level changes. This framework has been used to inform emergency departments, dental care, responses to

Key Dimensions of Equity-Oriented Health Care



Modified from: Browne, A. J., Varcoc, C., Ford-Gilboe, M., Nadine Wathen, C., Smye, V., Jackson, B. E., ... & Blanchet Garneau, A. (2018). Disruption as opportunity: Impacts of an organizational health equity intervention in primary care clinics. *International Journal for Equity in Health*, 17(1), 1-16.

10 Strategies to Guide Organizations in Enhancing Capacity For Equity-Oriented Services

- Explicitly commit to equity
- Develop supportive organizational structures, policies, and processes
- Re-vision the use of time
- Attend to power differentials
- Tailor care, programs and services to local contexts
- Actively counter racism and discrimination
- Actively seek input from community partners and people with living and lived experience
- Tailor care to address inter-related forms of violence
- Enhance access to the social determinants of health
- Optimize use of place and space

chronic pain, child and family services, services for people experiencing homelessness, and substance use. See [EQUIP Health Care](#).

1. Trauma and violence-informed care

Public health should:

- Develop treatment modalities which facilitate healing from trauma and violence resulting from structural violence, including racial trauma.
- Be aware of how psychiatry, healthcare, and drug laws have been and continue to be used as instruments of oppression towards people who experience social inequities.
- Recognize the sensitive nature of psychedelic experiences (i.e., loss of control), and that maintaining a sense of safety when experiencing altered states may be more challenging for those who have experienced structural violence.

2. Harm reduction/Substance use health

Public health must:

- Engage people who use substances in the process of developing psychedelic medicine treatments, modalities, and programs.
- Create protocols for people who use substances and wish to access psychedelic medicine, including practices to support substance use cessation or reduction, as well as conditions unrelated to substance use.
- Recognize that people who use substances and wish to engage in PAT may not hold the goal of ceasing or reducing their substance use patterns.
- Pursue decriminalization of all use to avoid further inequities (such as certain uses for some populations being deemed therapeutic while other uses for other populations are considered abuse and are criminalized).

3. Cultural safety/Anti-racism

Public health should:

- Ensure that LGBTQIA2+, Black, Indigenous and people of colour are fully included in the development and provision of psychedelic medicine.

- Start from a place of cultural humility to avoid replicating Western science and medicine paradigms that exclude diverse voices and maintain inequities and legacies of trauma. This includes respecting and acknowledging Indigenous knowledge paradigms.
- Attend to the importance of appropriate ‘set’ and ‘setting’. Pay special attention to cultural representation in the spaces where therapy takes place, including artwork, music, reading material, décor and more.

4. Contextually tailored care

Public health must also:

- Address income-based inequities through public health and/or insurance coverage of psychedelic medicine therapies and treatments.
- Invest in community-based participatory research processes that include people with lived experiences in underserved groups to better address inequities in service design and delivery.

2.5.2 Akwasi Owusu-Bempah on “Towards a more equitable future in psychedelics: Lessons learned from cannabis”

Race and cannabis in Canada

- Cannabis prohibition in Canada has roots in racism (see e.g., [The Black Candle](#) by Judge Emily F. Murphy).
- For race and cannabis arrests, Canada lacks race-based criminal justice data (including no data on arrests of Indigenous people). A Toronto Star investigation revealed that although Black people represent 8.4% of Toronto’s population, they accounted for 25.2% of cannabis arrests from 2003 to 2013.
- Data analysis on cannabis arrest data from major cities in Canada (Vancouver, Edmonton, Regina, and Ottawa), obtained through Freedom of Information requests, shows an overrepresentation of Black and Indigenous people in cannabis arrests.

The Cannabis Act (2018)

Despite an acknowledgement of the racialized harms of prohibition, study tours in the U.S., and vocal advocacy (including the presence of Jody Wilson-Raybould and Bill Blair at the table), Canadian cannabis legalization lacked any measure of social/racial equity provisions. There is no mention of race in the Act itself.

Key features of equitable models

1. *Amnesty*: It is currently lacking in Canada. For example, only 484 marijuana pardons have been granted since 2019.
2. *Inclusion*: Diversity is lacking. A Centre on Drug Policy Evaluation (CDPE) report published in 2020 assessed data on race and gender of executives and directors of licensed producers and their parent companies in the cannabis industry in Canada. It was found that most companies were run by white men (84% white and 86% men).
3. *Paying it back/reinvestment*: Ongoing impacts of the ‘war on drugs’, as well as a lack of adequate amnesty, cause broad inequality. Investments are needed to counter-balance these effects.

What we currently observe in psychedelics

Disparities exist in the racial and ethnic makeup of research subjects in psychedelic studies, in the professional research community and in the psychedelics industry. This parallels the research and commercial scenes for cannabis. Recommendations for public health moving forward with psychedelics include:

- Respect Indigenous traditions and support groups (like the People of Color Psychedelic Collective)
- Push for inclusive law and policy
- Diversify the science
- Encourage industry to do better
- Look in the mirror

2.5.3 Discussion highlights**Questions / Answers**

Regarding the concept of corporate social responsibility, do you have any examples of companies, whether cannabis or psychedelics or otherwise, with corporate social responsibility programs that stuck to their values and principles—in promoting health equity while reducing inequality, or a commitment to social justice, and so forth?

Through work done at Cannabis Amnesty, this concern of corporations leveraging partnerships with such organizations for publicity as cannabis legalization rolled out has emerged as a real issue. Some companies would do press releases about working on social justice initiatives to gain access in public areas where they might have not been able to get otherwise.

As examples of successful companies, Ben and Jerry’s (who have recently entered the cannabis space) and Dr. Bronner’s both contribute to social justice causes.

The principle of equity would involve making psychedelic treatment open to people who are currently using other substances and ensuring that they have equal access. Given the state of clinical research and the restrictiveness of the clinical criteria, how do you envision an equitable approach to the use of psychedelics for people who realistically will never be included in research studies?

It is time to raise these questions before psychedelic treatments are completely institutionalized, since some models can reinforce such inequities. One way is to create trials and models for the development of psychedelic science that will be inclusive from the beginning (e.g., inclusive to people who are going to use drugs), while respecting that some clinical trials must have strict criteria and controls in place.

We need to change the narrow societal perspective of a ‘good’ therapeutic drug vs. a ‘bad’ dangerous drug. This includes accepting that drug abuse is part of society.

2.6 Toward respectful engagement with traditional Indigenous medicine in psychedelic research and practice

CPHA recognized early on that a discussion paper on a public health approach to psychedelics would have to foreground our organization's commitment to truth and reconciliation with Indigenous Peoples. This commitment was reflected in the forum's program. Recognizing the rights and history as well as the traditions of Indigenous Peoples in the landscape of psychedelics is very important. It is a high-profile issue within Indigenous communities and the psychedelics community more broadly. The theme of Toward respectful engagement with traditional Indigenous medicine in psychedelic research and practice included the two following presentations.

2.6.1 Nicole Redvers on respectful engagement with Indigenous knowledge and tradition

Relationship

This topic of psychedelics is incredibly delicate, tricky, and complicated in many Indigenous communities.

Very different and divergent views must be respected in this conversation. This was highlighted most recently by Indigenous people protesting at the MAPS Psychedelic Science Conference over MAPS' lack of inclusivity and the co-opting of ancestral traditions. On one hand, real and continued harm in the way that plant medicines are being commodified through the psychedelic industry have many Indigenous communities concerned, and this needs to be properly acknowledged. On the other hand, some Indigenous communities have been able to successfully partner in the psychedelics movement with self-determination through free, prior and informed consent, to ensure that their community members can participate or not as they see fit.

Last year, Indigenous knowledge holders, elders, and community members got together to discuss this topic from a community perspective. One of the main issues that Indigenous communities brought up is the representation of communities that have used these sacred medicines; currently, the Western psychedelic field is widely represented by Westerners. There was clear discomfort when it came to openly discussing psychedelics in the context of putting forth guidelines

or recommendations to the movement, whether it was for research or practice. This is due to traditional protocols that are in place to ensure harmony and balance in the way that ceremonies are performed. Removing such medicines from outside of their cultural context is against protocol. Concerns also touched upon:

- Cultural appropriation and the lack of recognition of sacred cultural positioning of these medicines. There is fear of this 'one pill, one ceremony' approach to healing, which inadvertently commodifies the organic Indigenous experience. There is a need to respect Indigenous leadership as well as gain informed consent from Indigenous communities when engaging in traditional psychedelic practice.
- This also links to the risk of people coming to local communities to freely pick these plant medicines for personal use or commercial purposes. This can put the environmental stability of these plants at risk, to the point where Indigenous communities themselves may have a hard time accessing their own traditional medicines.
- There was also discussion about psychedelic retreats, where often Western providers are financially benefitting from these events and local communities receive very low compensation for the ceremonies.
- There are also challenges around training and development in psychedelic science and therapy. It seems that the Indigenous voice is minimized

within institutional settings due to the lack of Indigenous presence in research institutes and universities. Universities should more widely, openly, and earlier be putting forward the acknowledgement and respect for Indigenous traditions to help reorient intentions towards better relationships between Western science and Indigenous knowledge. This could lead to the establishment of Indigenous-led intellectual foundations in Western psychedelic science therapy and institutional curricula.

Overall, there was emphasis on the restoration of Indigenous authority as a high priority for Indigenous communities within the realm of psychedelics. It was agreed that Indigenous scholars, knowledge holders, and practitioners should be actively included as leaders in deliberations related to the development of Western psychedelic research and practice.

Indigenous principles

A public health approach to psychedelics should include the following Indigenous principles:

1. Reverence for Mother Nature
2. Respect Indigenous ways of knowing and being
3. Responsibility for use, benefits, and harms
4. Relevance of Indigenous knowledges in psychedelic medicine
5. Regulation of tangible and intangible use of traditional Indigenous medicines
6. Reparation and sharing of benefits
7. Restoration of Indigenous authority
8. Reconciliation of Indigenous-Western relations.

Ceremony

“We are the land ... the Earth is the mind of the people as we are the mind of the earth. The land is not really the place (separate from ourselves) where we act out the drama of our isolate destinies. It is not a means of survival, a setting for our affairs ... It is rather a part of our being, dynamic, significant, real. It is our self ...” – Paula Gunn Allen, Pueblo

There is a concern among Indigenous communities relating to traditional medicines, like plant-based psychedelics, being taken out of their traditional context. The fear is that when a substance is separated from its cultural context and ceremony, it becomes a commercialized component of a society. It is then used by people who are looking for something, like a need to connect, which is lacking when taken out of its ceremonial/communal context. The connection is really within us.

2.6.2 Shannon Dames and Elder Geraldine Manson on “Lessons learned from Roots to Thrive programs”

Roots to Thrive

The intention was to develop programming that could work to heal those still working in the healthcare field. The Roots to Thrive program started through the Vancouver Island Health Authority and Vancouver Island University. Grants received were used to invite Indigenous elders (including Elder Geraldine Manson) into the process of developing these programs, to help work beyond curriculum and to work with medicine as adjunct for mental disorders or trauma-related mental health issues. There was exploration on how to weave some of these psychedelic medicines into mental health trauma-informed programming. Other government grants were then received to develop a Resilience Program, interweaving ketamine-assisted therapy, as a learning container for other medicines, such as psilocybin and MDMA. This further helped embrace the idea of Indigenous ways of knowing and Western science coming together.

In 2021, the program tried to become a non-profit by splitting from Vancouver Island University. There were challenges with running a treatment centre out of a relatively rural university. The program then partnered with a First Nations community. Afterwards, a multidisciplinary education program was launched: a year-long event specifically around

psychedelic-assisted therapies, weaving in Indigenous and Western ways of knowing.

Reconciliation and a relational approach

Reconciliation is often talked about within a cultural context, but there is also the concept of reconciliation with our own bodies and reconciliation within relationships with others. Through the education program, there were sometimes tensions and protectiveness of knowledge. It was discussed, and people learned how to work together with sacred knowledge and Western ways of knowing. Within a colonial system, knowledge exists as an objective thing and not in a relational manner. For example, to reference a piece of knowledge we write it in black and white and insert a reference that includes someone's name and publication without having a relationship with that person or knowing that person's background and context. There can be misuse of information by not being in good relationship with that knowledge, purely because it did not come from a place of relationship. Regarding relationship on a deeper level, some mental health challenges can stem from a place of deep disconnection and learning how to mentor relationships can be part of a healing journey.

There is a need to expand our definition of medicine in Western cultures to include this idea of relationship and medicine. For example, in early conversation with Health Canada it was often commented that PAT was not medicine because it had not been clinically approved. We need to adopt a broader perspective, looking at what we put into our bodies (including food) considered as medicine. Regarding concerns about addictions and addictive use of psychedelic substances, we need to foster this idea of coming into relationship with substances as medicines in a way that is mindful, intentional, and free of shame. This relates to the concept of ceremony, which we have lost within Western culture.

Part of reconciliation must include the recognition that Indigenous and non-Indigenous communities have been traumatized in their own ways by colonization, and this has had impacts on ways of healing. The 'truth' part of Truth and Reconciliation is incredibly important, and grace needs to come as well. There is shame that many non-Indigenous people carry, and we cannot come into equal relationship with another human, Indigenous or not, if we hold onto this shame.

Harm reduction and embracing those who need healing

The goal of the Roots to Thrive program is to embrace those who need healing and can benefit from healing through psychedelics. When it comes to medicines, the focus should always be to help others. The program allowed for elders to share their points of view and ways that Indigenous people helped their own during struggling times. The education program and working in Indigenous communities helped understanding of the spirituality component of PAT.

Addiction and homelessness are issues within Indigenous communities, but also within other communities. It is important to recognize that these are vulnerable people who need support, and that this knowledge may help them. Some communities use psychedelics behind closed doors and do not want to be questioned or analyzed. It is important to understand how communities can come together to help others.

2.6.3 Discussion highlights

Questions / Answers

The list of principles was a result of a consensus group of Indigenous representatives from around the globe, and the group defined the next step as translating these principles into practice-oriented recommendations. Could you elaborate on the recommendations currently available for public health

organizations that might be eager to translate these principles to practice?

Internationally, there has been a lack of engagement on this topic. In Canada, from a First Nations, Inuit and Métis perspective, these conversations are still very preliminary. One of the lead authors of that report is from the Mayan Indigenous community in Nicaragua and is starting a postdoctoral fellowship at Berkeley to continue this conversation. There still needs to be internal conversations and engagement within Indigenous communities on the matter, and they need resources to do so.

From an Indigenous perspective, is there any space for recreational use of psychedelic medicines?

The Indigenous opinion on this is that these medicines are never used without a purpose. There must be serious consideration as to why a person would engage with psychedelic medicines, because of the concept of the land being an extension of ourselves. Abuse of a substance or use of a substance for fun could be interpreted as a disrespect to the life within that medicine.

Would you agree that the tension between traditional practice of healing with these substances and the commercialization of them is irreconcilable?

Correct. There were some discussions about reparations in relation to forced removal of objects or ceremonial items or even bones in museums, those types of things. The concept of reparations usually only comes up if there has been irreparable harm.

In Western Canada, there are psychedelics clinics that have incorporated certain practices, like drum circles, which allude to Indigenous traditional and ceremonial practices. Should it be part of public health's responsibility to take a stand and point out these issues as being problematic or not? What is considered accepted practice?

This would touch upon the topic of cultural appropriation which was brought up as a concern. Many communities struggle with the way that certain sacred items and tools are being used, due to the existence of specific traditional protocols. Most Indigenous communities would probably not be in support of Indigenous-informed ceremonies without their consent and permission.

2.7 Combining harm reduction and wellness orientations to psychedelics

The final panel was designed to synthesize learnings and identify priorities for public health action. Public health must consider what it would mean to bring harm reduction and wellness orientations to psychedelics, while addressing other priority issues. The theme of Combining harm reduction and wellness orientations to psychedelics included the three following presentations.

2.7.1 Rielle Capler on “Balancing safety and access in regulations for psychedelics”

Currently we are still in the underground-psychedelics phase, with many communities of support, and we do not want to lose that. An observational study on ayahuasca-assisted therapy for addiction among Indigenous communities in Canada revealed that the ceremonies, when coupled with therapy, resulted in increased connection to self, others, nature, and spirit. It is important to consider how to build connectedness, which is a big part of the psychedelics experience, into regulations in Canada.

Supporting safe, legal, and equitable access to psychedelics through research, education, and advocacy

Vision and values: Psychedelic, cultural, and sacred medicines are legally, equitably, and affordably accessible and are used safely, free from stigma, and based on research (existing and emerging evidence) as well as ancestral and cultural experience.

Truth, reconciliation, trust, and reunion: We recognize and honour the historical, ancestral, cultural, and sacred role of plant medicines for all peoples.

MAPS Canada’s recommendations in response to Alberta’s approach to regulating psychedelic drug treatment services

For psychedelic drugs, prescribers, and dose:

- Clarify the rationale for including ketamine in the regulation.
- Provide an assessment on continuity of care with ketamine.
- Broaden the list of prescribers.

- Advocate for psychiatrists to have cross-jurisdictional licensing.
- For set and setting:
- Broaden the list of providers who can assume the role of medical director.
- Include providers who are not authorized regulated members if they demonstrate appropriate qualifications, training, and experience to provide psychedelic-assisted psychotherapy under the supervision of authorized regulated members.
- Stipulate the minimum training and experience required for medical directors, prescribers, and other authorized regulated members, including psychiatrists and clinical psychologists.
- Ensure that licensing requirements account for non-traditional settings that support Indigenous communities and other populations.

For preparation and integration:

- Develop ongoing mechanisms of engagement as part of the evolution of regulations and standards that prioritize the inclusion of established NGOs, national associations, established psychedelic-assisted psychotherapy education and training programs, Indigenous communities, and patients with lived experience.

2.7.2 Brian Rush on “Psychedelic medicine: Therapeutic applications and implications for future research”

The medical and spiritual sides of psychedelics

With all the clinical, medical, and psychiatric work going on with psychedelics, it is important to bring the public health perspective into the conversation

in Canada. A clear role for public health exists in relation to harm reduction and mental wellbeing. One of the leading models in Canada now is PAT. We also need to recognize the ritualistic or ceremonial use which has a clear structure, especially in light of retreats happening all around the world, including in Canada. There is a need to understand the complex links between the wellness, spirituality, Indigenous and traditional plant medicine components of the psychedelic science space. The following are a few examples of spiritual and mental wellbeing through psychedelics:

- In the early trials on psilocybin for depression at Johns Hopkins University, three out of four participants reported a profound spiritual experience and a profound sense of connectivity to something bigger than themselves, which stayed with them for a long period of time.
- A population health survey found that many people who have experience with different plant medicines reported many benefits from the ritualistic ceremonial experience (e.g., helping with insight into problems, a sense of community, and improved empathy towards other people).

Roles for public health for psychedelics in Canada

Roles for public health include:

- Surveying, through population surveys and existing surveillance systems in the healthcare system, especially for mental health.
- Completing a benefit-to-risk ratio analysis for psychedelics.
- Supporting the acknowledgement of and respect toward Indigenous cultures and traditions.

2.7.3 Rebecca Haines-Saah on lessons from Alberta's drug policies

Vigilance is needed in a public health approach due to existing inequities in the use of psychedelics as treatment and therapy. Everyone operating in the field of psychedelics must critically reflect on roles and relationships, as researchers, colleagues, organization

members, and part of the broader public health community.

Lessons learned from drug policy and public health in Alberta

In January 2023, Alberta became the first Canadian province to regulate psychedelics, with psychiatrists being at the core of its model. Being first does not automatically equate to being progressive leaders in drug policy, and Alberta's approach should be critically examined within its political environment. This can be examined on three levels:

1. *Safe supply and increased policing:* The Alberta government has been refusing to consider harm reduction and safe supply in the context of deaths from toxic unregulated drugs. Its policy on psychedelics comes at a time when the United Conservative Party (UCP) has been regressive: closing supervised consumption sites, decreasing access to Injectable opioid agonist therapy (iOAT), refusing federal money for safe supply pilot programs, and creating government panels and reports with handpicked experts who dismiss scientific evidence on harm reduction. Under the Alberta Model, the emphasis has been on recovery and abstinence from substances, while increasing police funding and involvement. Street-involved drug users get less harm reduction and more policing, while police and first responders get access to innovative psychedelic treatments for trauma (i.e., those with privilege and whose needs are seen as legitimate are granted special legal access). Another deep inequity is that Indigenous people in Alberta are seven times more likely than other Albertans to die of drug poisoning. In addition, a campaign promise from Alberta's premier includes a widening of the grounds for involuntary addiction treatment, which is being rebranded as a type of "compassionate intervention."
2. *Industry involvement:* Today, Alberta sees six opioid-related fatalities per day. It is worrisome

to have psychedelic therapy now being regulated when people who use opioids and other drugs have been refused safe supply and other lifesaving treatments and die preventable deaths. The Government of Alberta continues to disavow emerging evidence from Canada on safe supply programs. Yet when it comes to emergent research around psychedelics, it appears they have fast-tracked regulation to the benefit of those with commercial interests in this space.

3. *Shared values*: It is important to have honest discussions about ethical dilemmas and conflicts of interest, and to be clear about the boundaries between public health and commercial interests. For example, cannabis researchers were told early on that if they accepted any industry funding or collaborated in any way, they would be excluded from public health conferences and government grants; yet this did not happen. This approach tends to create fear and hostile environments that inhibit dialogue on important research issues; we need greater transparency and shared practices to guide researchers working in this new space.

2.7.4 Discussion highlights

Comments

To draw a parallel with vaping laws, the former Liberal government of Ontario had a plan to keep the sale of vaping devices in adult-only locations. When the Conservative party came into power, suddenly a senior executive in the convenience store trade association was part of Doug Ford's campaign election team, and quickly vaping devices were available in convenience stores across the province. We need to be mindful of industry's influence on government.

Embodying a harm reduction approach within public health can sometimes create tension, but harm reduction requires meaningful engagement with people and communities who use substances.

The people who are currently doing this work are operating under the radar but have found ways to help people in need. Some will accept money from individuals who are participating in psychedelic treatment in order to subsidize others who cannot afford it. This model should be further explored to address equity issues.

Equitable access is a problem in the entire Canadian healthcare system. Solutions explored for psychedelics could be helpful in healthcare overall, such as building the ideas of connectedness, ceremony, and healing into regulations.

Questions / Answers

The public health community largely came out strongly opposed to vaping and has been sticking to its position on it (for nicotine and cannabis products). This has made it difficult to include a harm reduction approach. When approaching psychedelics, we need to avoid a one-size-fits-all approach for regulations, but do we have the tools for a nuanced approach?

There are tools developed for substance use and mental health, such as a framework that organizes the population according to the severity of challenges, experiences, and social determinants of health. For instance, people in the top tier usually suffer from severe PTSD or have severe chronic comorbidities, or debilitating struggles with managing pain, etc. These individuals would be high priority for receiving certain therapies and services.

For psychedelics, a public health approach could include organizing the population according to level of need and looking at the kinds of substances paired with the kinds of supports needed to develop an equitable model. Such a model should also integrate Indigenous knowledges.

3.0 NEXT STEPS FOR PUBLIC HEALTH IN POLICY AND PRACTICE

Closing remarks

It will be a great benefit to synthesize and reflect on all the different perspectives and contributions that were shared during this forum. They will be used by CPHA to develop a discussion paper, and we hope they will be used among other participating organizations at the forum to develop a collective public health approach to psychedelics.

APPENDIX A – FORUM PROGRAM

TUESDAY 27 JUNE 2023

- 12:00 - 12:15 Opening
- 12:15 - 13:15 Clinical and research developments on psychedelics
- Olivia Marcus, Postdoctoral Fellow, New York University Rory Meyers College of Nursing; co-author of Psychedelic Medicine: A Rapid Review of Therapeutic Applications and Implications for Future Research
 - Leah Mayo, Parker Psychedelics Research Chair; Mathison Centre for Mental Health Research & Education; Hotchkiss Brain Institute; Department of Psychiatry, University of Calgary
- 13:15 - 13:30 Break
- 13:30 - 14:30 Advocacy perspectives on non-medical usage of psychedelics
- Rev. Dr. Jessica Rochester, Santo Daime, Montreal; co-author of Entheogens and Psychedelics in Canada: Proposal for a New Paradigm
 - Jazmin Pirozek, board member of the Psychedelic Association of Canada and the Boom Bay Integrative Healing Centre
- 14:30 - 14:45 Break
- 14:45 - 15:45 Corporate determinants of health and lessons from other substances
- Daniel Eisenkraft Klein, Dalla Lana School of Public Health, University of Toronto
 - Daniel Buchman, Independent Scientist, Campbell Family Mental Health Research Institute, CAMH; co-author of Cannabis companies and the sponsorship of scientific research
- 15:45 - 16:00 Break
- 16:00 - 17:00 Public health approaches to potential legalization and regulation
- Brian Emerson, British Columbia Deputy Provincial Health Officer
 - Mason Marks, Florida Bar Health Law Section Professor, Florida State University College of Law; Senior Fellow & Project Lead of POPLAR, Petrie-Flom Center, Harvard Law School; author of The Varieties of Psychedelic Law All times are Eastern Daylight Time.

WEDNESDAY 28 JUNE 2023

- 12:00 - 12:15 Opening
- 12:15 - 13:15 Equity-oriented perspectives on participation in the growth of psychedelics
- Bruce Wallace, Professor, School of Social Work, University of Victoria; co-author of Enhancing equity-oriented care in psychedelic medicine: Utilizing the EQUIP framework
 - Akwasi Owusu-Bempah, Associate Professor, Department of Sociology, University of Toronto; Senior Fellow, Massey College; Affiliate Scientist, CAMH; Director of Research, Campaign for Cannabis Amnesty; co-author of Waiting to Inhale: Cannabis Legalization and the Fight for Racial Justice
- 13:15 - 13:30 Break
- 13:30 - 14:15 Toward respectful engagement with traditional Indigenous medicine in psychedelic research and practice (Part 1)
- Nicole Redvers, Associate Professor, Schulich School of Medicine & Dentistry, Western University; co-author of Ethical principles of traditional Indigenous medicine to guide Western psychedelic research and practice
- 14:15 - 14:45 Break
- 14:45 - 15:45 Combining harm reduction and wellness orientations to psychedelics
- Rielle Capler, Adjunct Professor, School of Population and Public Health, Faculty of Medicine, University of British Columbia; Co-chair, Multidisciplinary Association for Psychedelics Studies (MAPS) Canada
 - Rebecca Haines-Saah, Associate Professor, Department of Community Health Sciences, University of Calgary
 - Brian Rush, Senior Scientist, Homewood Research Institute; Scientist Emeritus, Institute for Mental Health Policy Research, CAMH; Professor, Dalla Lana School of Public Health, University of Toronto; Executive Lead, Virgo Planning and Evaluation Consultants, co-author of Psychedelic Medicine: A Rapid Review of Therapeutic Applications and Implications for Future Research
- 15:45 - 16:00 Break
- 16:00 - 16:45 Toward respectful engagement with traditional Indigenous medicine in psychedelic research and practice (Part 2)
- Shannon Dames, Health Professional Investigator, Vancouver Island University; Naut sa Mawt Centre for Psychedelic Research with Geraldine Manson, Vancouver Island University, Elder in Residence/ Snuneymuxw First Nation
- 16:45 - 17:00 Closing Remarks

APPENDIX B LIST OF ACRONYMS

ASD	Autism spectrum disorder
AT	Assisted therapy
AUS	Alcohol use disorder
BC	British Columbia
CDPE	Centre on Drug Policy Evaluation
CPHA	Canadian Public Health Association
DEA	Drug Enforcement Administration
DMT	N,N-Dimethyl-tryptamine
EOHC	Equity-Oriented Health Care
EU	European Union
IK	Indigenous Knowledge
iOAT	Injectable opioid agonist therapy
LGBTQIA2+	Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit (and the countless affirmative ways in which people choose to self-identify)
LSD	Lysergic acid diethylamide
MAPS	Multidisciplinary association for psychedelic studies
MDMA	3,4-Methylene-dioxymethamphetamine
NOSC	Non-ordinary states of consciousness
OCD	Obsessive compulsive disorder
OSC	Office of Controlled Substances (Health Canada)
PAT	Psychedelic-assisted therapy
PTSD	Post-traumatic stress disorder
Q&A	Question and Answer
SAP	Special Access Program
THC	Tetrahydrocannabinol
U.S.	United States
UCP	United Conservative Party
UK	United Kingdom

APPENDIX C RESOURCES

- [Antiaddictive potential of psychedelics](#)
- [A Public-Health-Based Vision for the Management and Regulation of Psychedelics](#)
- [Balancing Safety and Access: MAPS Canada's Response to Alberta's Psychedelic Drug Treatment Services Regulation and Service Standards](#)
- [Cannabis companies and the sponsorship of scientific research](#)
- [Centro de Estudios de Plantas Medicinales](#)
- [Enhancing equity-oriented care in psychedelic medicine: Utilizing the EQUIP framework](#)
- [Ensuring Momentum & Accountability: Countering Resistance to Equity Actions](#)
- [Entheogens and Psychedelics in Canada: Proposal for a New Paradigm](#)
- [Ethical principles of traditional Indigenous medicine to guide western psychedelic research and practice](#)
- [Psychedelic Medicine: A Rapid Review of Therapeutic Applications and Implications for Future Research](#)
- [Psychedelics, Ethics and the Commercial Determinants of Health](#)
- [The Varieties of Psychedelic Law](#)
- [Waiting to Inhale: Cannabis Legalization and the Fight for Racial Justice](#)



**CANADIAN
PUBLIC HEALTH
ASSOCIATION**

The Voice of Public Health

The Canadian Public Health Association is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

For more information, contact:

Canadian Public Health Association

404-1525 Carling Avenue, Ottawa, ON K1Z 8R9

T: 613-725-3769 | info@cpha.ca

www.cpha.ca