

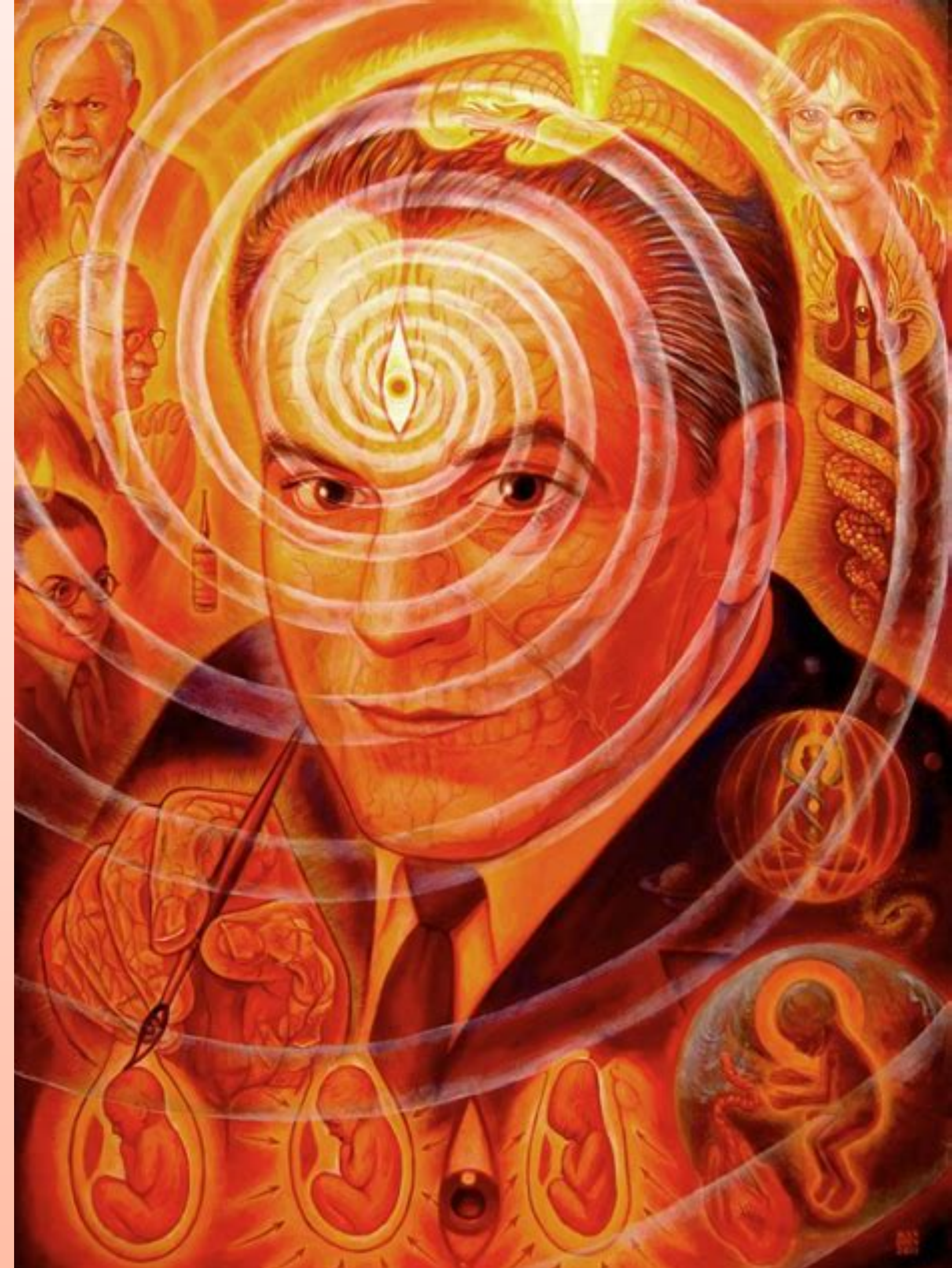
# THE EMERGING FIELD OF PSYCHEDELICS

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## A NEW PARADIGM IN HARM REDUCTION & MENTAL HEALTH

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Halifax Psychedelic Society



# AGENDA

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- ❖ Who are we, and what do we do
- ❖ An exploration of psychedelics through a scientific and medical lens - what are they, how do they work, and what does psychedelic therapy look like
- ❖ A discussion of Harm reduction Strategies
- ❖ We will end with a look at the future, the path towards legalization of therapeutic psychedelic treatments, and what means for accessibility
- ❖ We will end with Q&A. If we can't get to all of your questions, please reach out to us after!!



# DISCLAIMER

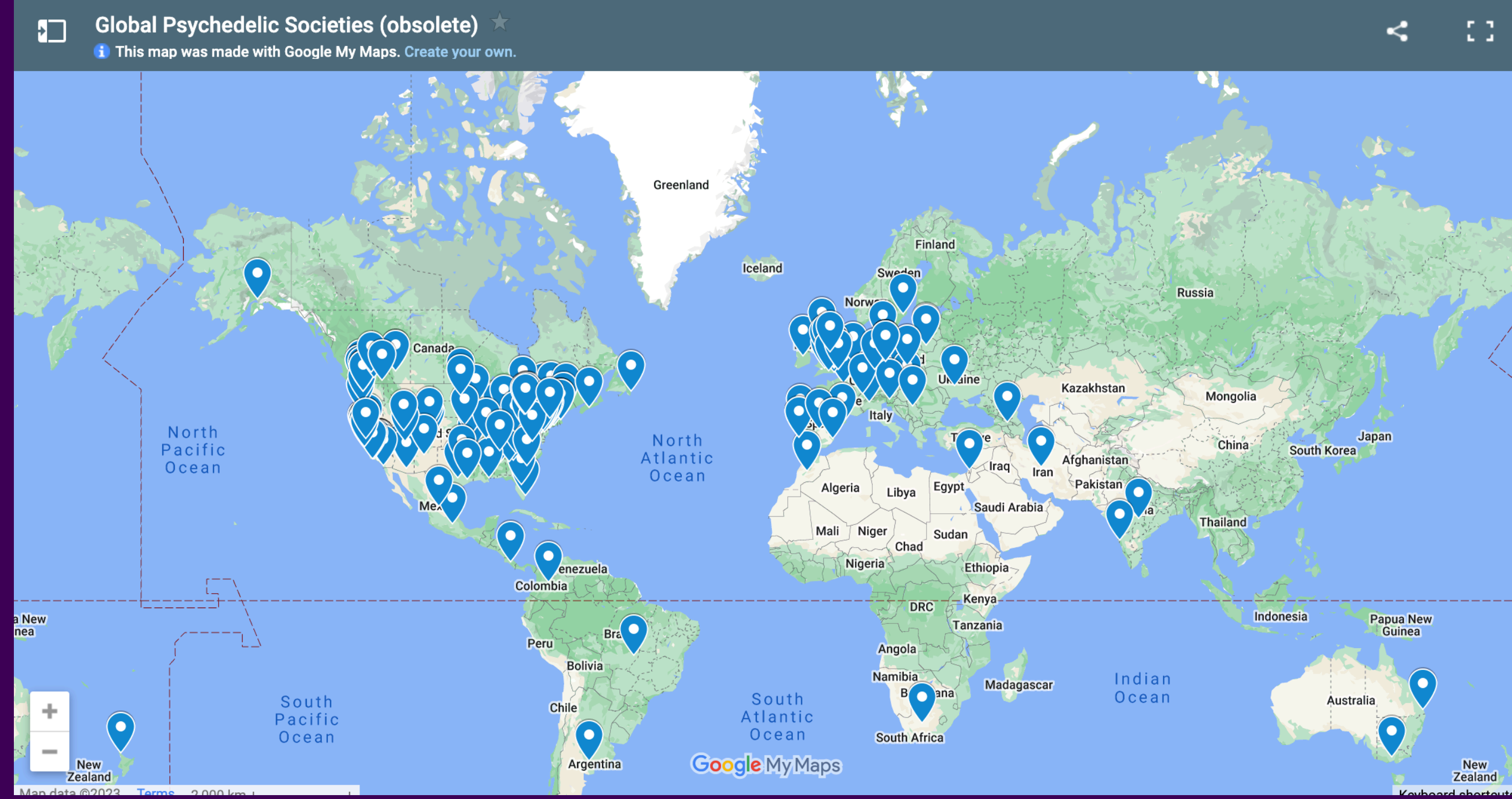
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- ❖ The health related information on this presentation is provided as an information resource only, and is not to be used or relied on for any diagnostic or treatment purposes. This information should not be used as a substitute for professional diagnosis and treatment. Never disregard your doctor's advice or delay treatment because of what you have heard from us. Listeners should consult their own physicians concerning the recommendations in this website.
- ❖ We do not provide illegal substances nor do we offer connections to suppliers. Any possession of an illegal substance, discussion of where to acquire them or produce illegal substances is not allowed at our events. Violators will be asked to leave. We do not promote or encourage illegal activity. Even though this is crystal clear on our website, we get regular emails and messages from people asking us where to get mushrooms, acid etc.
- ❖ We do not condemn or condone the use of illegal substances. The Halifax Psychedelic Society is dedicated to harm reduction and policy reform activities that take place within the existing legal framework.



# WHO IS HPS?

- ❖ First, what is a Psychedelic Society?
  - They range from Grass Roots groups to formal institutional
- ❖ We are part of an every growing global community committed to sharing knowledge & supporting communities
- ❖ We take both a bottom up & Top Down Approach
- ❖ We began informally as a group in 2017, and became an officially registered Non-Profit in 2020



[HTTPS://WWW.PSYCHEDELICASSOCIATION.NET/MAP](https://www.psychedelicasassociation.net/map)



# OUR VISION

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- ❖ We envision a world where substance users are informed, safe, supported and respected, both socially and legally, and where psychedelic therapies are affordable, diverse and accessible for all those that wish to participate. By providing evidence-based education, harm reduction services, policy change and spreading radical compassion, we believe psychedelics will play a pivotal role in the larger movement of human rights and world peace.



# WHAT WE DO & DONT DO

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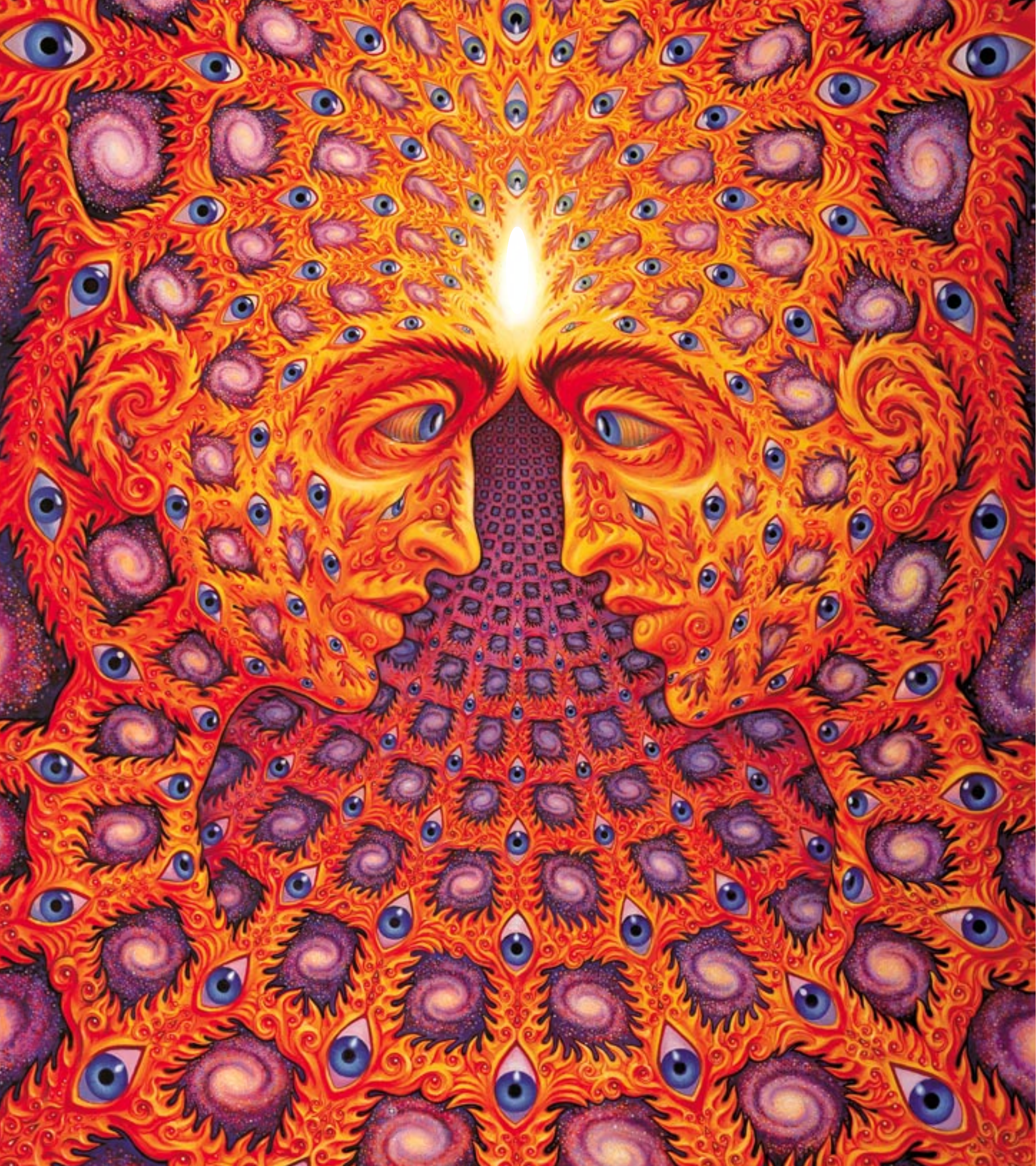
## ❖ Dont's

- Supply substances or direct people on where to find them
- Refer people to “underground” psychedelic therapy
- Provide Trip Sitting Service, although our most frequent request

## ❖ Do's

- Host film screening/discussiong
- Organize lectures & Conferences
- Lead harm reduction trainings
- Network with health authroiesi and licensing bodies to navigate paths towards legal therapies
- Advocate for policy changes/reforms when necessary





# PSYCHEDELICS 101

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- ❖ Term psychedelic was coined by psychiatrist Dr. Humphrey Osmond in the 1950s,(from the Greek psyche: mind, delos: make visible, reveal), meaning mind manifesting.
- ❖ Refers to a class of naturally derived and chemical compounds that induce altered states of consciousness impacting perception, mood and numerous cognitive processes.
- ❖ Serotonergic hallucinogens are generally considered physiologically safe and do not lead to dependance or addiction.

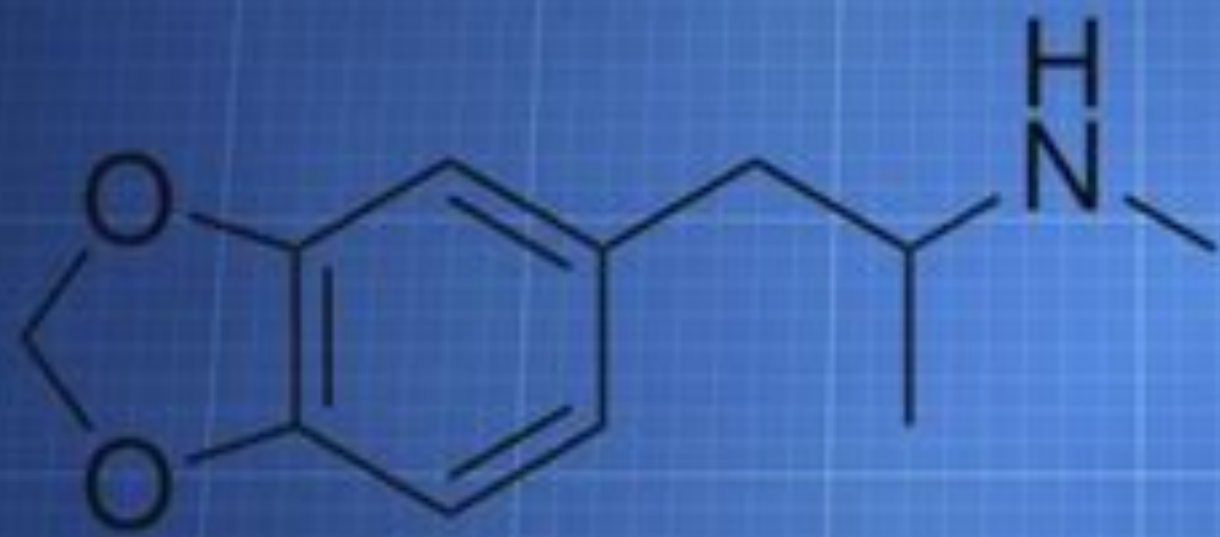


# PSILOCYBIN

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- ❖ Chemical name: 4-phosphoryloxy-N, N-dimethyltryptamine
- ❖ Commonly referred to as magic mushrooms or shrooms.
- ❖ Subjective experience involve alterations in visual imagery, sensory synthesis, feelings of expansiveness and awe, ego dissolution, and mystical experiences (Agape, feeling of oneness with the universe, transcendence)
- ❖ Dried mushrooms are commonly consumed orally or as a tea. Dose range from micro dose (100-500mg) or macro dose (1-7g)





# MDMA

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- ❖ Chemical name: methylene-dioxy-methamphetamine.
- ❖ Commonly referred to as ecstasy or “Molly”.
- ❖ Subjective experience involves euphoria, heightened empathic connections with others, increased energy, heightened sensory perceptions, embodied sense of trust and safety.
- ❖ Typically consumed orally as capsulated powder or pill, dose range from 60-200mg.





## DECOLONIZATION OF PSYCHEDELIC PSYCHOTHERAPY

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- ❖ An acknowledgement that there is a rich indigenous tradition of using psychedelics for therapeutic purposes, each with their own unique cosmology and epistemology.
- ❖ Various psychoactive plants (including psilocybin) were commonly used in pre-Columbian Mesoamerican societies, including the Olmec, Zapotec, Maya, and Aztec cultures.
- ❖ Use of the hallucinogenic cactus, peyote by Native Americans in the American Southwest and North Mexico date back 5700 years.
- ❖ Ayahuasca, an Amazonian plant medicine hallucinogenic, has a long history of use among the Shipibo tribe in Peru.
- ❖ Ibogaine, a traditional psychedelic indigenous to central Africa, has been used throughout Gabon, Cameroon, the Democratic Republic of Congo, and the Republic of Congo.

# A BRIEF HISTORY OF PSYCHEDELIC PSYCHIATRY

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- ❖ Started with the pioneering work of English psychiatrist, Dr. Humphery Osmond, who in 1951 became the deputy director of psychiatry Weyburn Mental Hospital in Saskatchewan. He collaborated with Swiss chemist, Albert Hoffman, who discovered LSD, and by the end of the 1960s treated over 2000 patients for alcoholism with LSD and adjunctive psychotherapy, reporting 40-45% remained sober after 1 year.
- ❖ Between 1950-65 approximately 40,000 patients were prescribed LSD for a range of psychiatric conditions, producing over 1000 scientific papers, and six international conferences.
- ❖ Dr Osmond's model of LSD assisted psychotherapy was endorsed by the co- founder of Alcoholics Anonymous and the director of Saskatchewan's Bureau on Alcoholism.



## WAR ON DRUGS ENDED PSYCHEDELIC RESEARCH

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- ❖ In 1962 the US Congress passed new drug safety regulations, and the Food and Drug Administration designated LSD as an experimental drug and enforced limitation on research.
- ❖ Psychedelics became associated with the hippy counterculture and antiwar movement, resulting in swift and measured political scapegoating by US president Richard Nixon.
- ❖ It was not until the 1990s that clinical trials with psilocybin, MDMA, and ketamine renewed interest on the neurobiological effects and therapeutic potential of psychedelics.

# CURRENT STATE OF THE RESEARCH: JOURNAL #1

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- ❖ “Therapeutic effects of classic serotonergic psychedelics: A systematic review of modern-era clinical studies.”,(2021)Acta Psychiatrica Scandinavica, conducted out of the Imperial College London, UK , joint collaboration between their Centre for Psychedelic Research and Centre for Neuropsychopharmacology.
- ❖ Data from 16 papers, representing 10 independent psychedelic-assisted therapy trials(psilocybin = 7, ayahuasca = 2, LSD = 1)
- ❖ Across these studies, a total of 188 patients were suffering from a range of psychiatric conditions including cancer or illness-related anxiety and depressive disorders, major depressive disorder (MDD), obsessive-compulsive disorder (OCD) or substance use disorder (SUD).
- ❖ Consistent demonstration of long lasting therapeutic gains from 1-3 sessions. Psilocybin therapy for cancer patients demonstrated an average clinical response rate of 83% for anxiety and 78% for depression at 6 month follow up.

## CURRENT STATE OF THE RESEARCH: JOURNAL #2

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- ❖ “A Meta-Analysis of Placebo-Controlled Trials of Psychedelic-Assisted Therapy”, (2020) Journal of Psychoactive Drugs.
- ❖ Data utilized from 9 randomized, placebo-controlled clinical trials of psychedelic-assisted therapy, studies examined psilocybin (2), LSD (1), ayahuasca (1) and MDMA (5).
- ❖ A total of 211 patients were involved in these studies, clinical presentations ranging from post-traumatic stress disorder, anxiety/depression associated with a life-threatening illness, unipolar depression, and social anxiety among autistic adults.
- ❖ Results support the efficacy of psychedelic assisted therapy for these clinical presentations, with an effect size (Hedges  $g = 1.21$ ) that reflects an 80% probability that a randomly selected patient undergoing psychedelic-assisted therapy will have a better outcome than a randomly selected patient receiving a placebo.



## MDMA ASSISTED PSYCHOTHERAPY FOR PTSD

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- ❖ In the United States the FDA has designated MDMA-assisted psychotherapy for PTSD a “Breakthrough Therapy”, is now in phase 3 clinical trials and was granted expanded access as of December 20, 2019. This ruling recognizes PTSD as an urgent and life-threatening condition in patients who do not currently have promising treatment options. Data on suicide rate among veterans with PTSD was influential in this process.
- ❖ Multidisciplinary Association for Psychedelic Studies (MAPS) completed Phase 2 trials with 107 participants, diagnosed with chronic, treatment-resistant PTSD, and had suffered from PTSD for an average of 17.8 years. After three sessions of MDMA-assisted psychotherapy 56% no longer qualified for PTSD 2 months following treatment. At the 12-month follow-up, 68% no longer met the diagnostic criteria for PTSD.
- ❖ Phase 3 trials are expected to be complete in 2022, meaning that FDA could approve the treatment as soon as 2023.

# PSYCHEDELIC PSYCHOTHERAPY IN PRACTICE

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## PHASE 1: PREPARATION (3-6 SESSIONS)

- ❖ Assessment for medical and therapeutic readiness (exclusions include primary psychotic disorder, bipolar disorder, history of psychosis, currently taking antidepressants, lack of readiness).
- ❖ Establishing rapport and trust.
- ❖ Preparing and shaping intentions (exploring values, beliefs and life circumstances). Defines the therapeutic focus, guiding cognitive and emotional processes that will emerge during the psychedelic experience.
- ❖ Preparing for the dosing session (psycho-education and orientation to process). Metaphor and guided meditation of diving for a pearl is used to help guide experience and encourage ACE model (Accept, Connect, Embody).



# PSYCHEDELIC PSYCHOTHERAPY IN PRACTICE

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## PHASE 2: DOSING (6-7 HOUR SESSION)

- ❖ Ensuring a safe and calm setting that is aesthetically conducive to the experience.
- ❖ Minimal interaction with client during session, practice of “being with” as a guide and to assist with difficult experiences if necessary (more relation processing is often experienced with MDMA as opposed to psilocybin).
- ❖ 5g dose of psilocybin is provided as per Therapsil clinical protocol.
- ❖ Sensory deprivation with blindfold and music are provided to help guide the experience inward.
- ❖ Post-session factors to consider include emotional and physical stability of client post session, early integration practices, and social supports to aid in logistics after session and aid in integration.



# PSYCHEDELIC PSYCHOTHERAPY IN PRACTICE

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## PHASE 3: INTEGRATION (3-6 MONTHS)

- ❖ Ongoing therapy sessions to unpack psychedelic experience as it related to their intention and support further processing of thoughts and emotions that arise (modalities often include Internal Family Systems, Logotherapy, Acceptance and Commitment Therapy, & Accelerated Experiential Dynamic Psychotherapy).
- ❖ Deepening connection with community (integration groups can encourage fostering of meaningful interpersonal supports).
- ❖ Body work and creative expression (art, dance, writing, yoga, tai chi, meditation, massage).
- ❖ Reinforcement and strengthening of core themes, supported with practicing mindfulness, self compassion, and gratitude.

# HARM REDUCTION

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- ❖ What Is Harm Reduction
- ❖ Principles of HR
- ❖ Peer support model (not therapy or psychiatric treatment)
- ❖ Testing, safer use supplies, overdose prevention, overdose response
- ❖ Not just substance-related!



PICTURE BY DAVE GOGAN

# ORGANIZATIONS

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- ❖ Tea Hive Collective (Local peer support/harm reduction organization)
- ❖ MAPS (Multidisciplinary Association for Psychedelic Studies, leading non-profit research & educational organization)
- ❖ Zendo Project (Psychedelic Peer Support project)
- ❖ DanceSafe (Reagent testing & substance Information)
- ❖ TRIPSIT (Drug Interactions Chart, support chat)
- ❖ Fireside Project (Psychedelic Peer Support Line)
- ❖ Chacruna (Institute for Psychedelic Plant Medicines)



# TRIP SITTING TIPS

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AI GENERATED ARTWORK

- ❖ Set & Setting
- ❖ Dosage, interactions with other medicines
- ❖ Be neutral. Say less.
- ❖ Regulate to De-Escalate: bring it back to breath
- ❖ Energy Matching

# ZENDO PILLARS

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- ❖ Sitting not Guiding
- ❖ Create a Safe(r) Space
- ❖ Talk Through, not Down
- ❖ “Difficult” is not necessarily “Bad”



# INTEGRATION

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- ❖ Preparation/Experience/Integration/Embodiment
- ❖ For you and for them!
- ❖ Transforming the “Bad Trip” experience
- ❖ Helpful questions



# RESOURCES

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- ❖ [MAPS Manual of Psychedelic Support](#)
- ❖ [Zendo Training Manual](#)
- ❖ [Harmreduction.org](#)
- ❖ [Erowid.org](#)



ALEX GREY ("METAMORPHOSIS")





## LOOKING TOWARDS THE FUTURE

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- ❖ Pending legislative frameworks are required for legal and ethical practice outside of clinical trials or Health Canada exemptions. Currently ketamine is the only authorized form of psychedelic therapy.
- ❖ Increased popularity and demand from the public needs to be met with best practice guidelines for safe and effective practice.
- ❖ If current research findings on treatment efficacy translate into professional practice then this will represent a significant advancement in mental health treatment.
- ❖ Affordability may prove to be a barrier for accessing treatment due to intensive model of therapy and cost of psychedelic medicine.

# ACCESSIBILITY & REGULATIONS

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- ❖ Cost
- ❖ Public vs. Private Model
- ❖ Practitioner Availabilities Across Different Communities
- ❖ Legalization vs. Medicalization vs. Decriminalization
- ❖ Lessons Learned from Cannabis

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