

## Land Acknowledgement

We acknowledge that the lands on which we are hosting this workshop include the traditional territories of many nations. I am joining you from the traditional territory of the Anishnawbe people and the unceded territory of the Ojibway peoples of Biigtigong First Nation, in the Robinson Superior treaty territory.

We recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. I invite all of us to reflect on the territories you are calling in from, and what contribution we can make to reconciliation in our various roles in healthcare (and beyond).

## Financial Disclosures

Disclosure of Affiliations, Financial Support, and Mitigating Bias Speaker Name: Dr. Ryan Patchett-Marble

## **Affiliations:**

Advisory: 2020-21 volunteer clinical advisor for the non-profit patient advocacy group TheraPsil.

*Research*: Investigator for psilocybin qualitative research involving patients with life-threatening disease, caregivers and therapists

## **Financial Support:**

This session/program has not received financial or in-kind support.

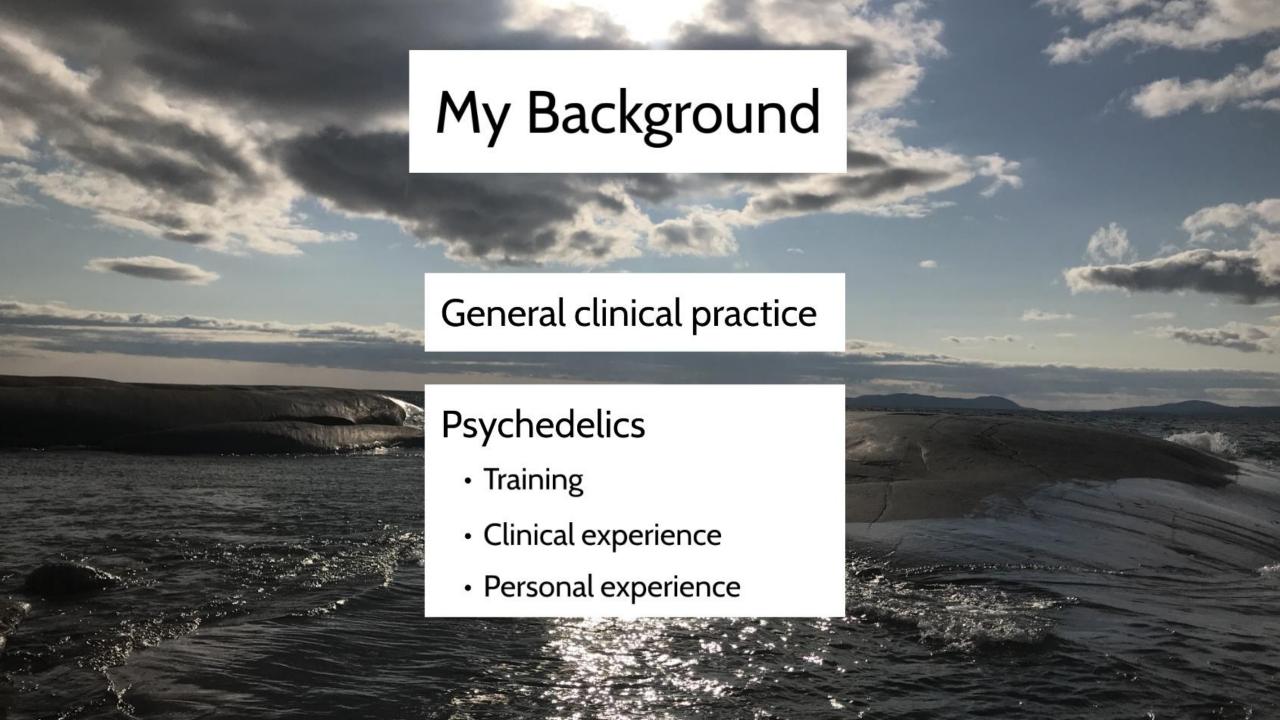
## Mitigating Potential Bias:

Referencing peer-reviewed publications

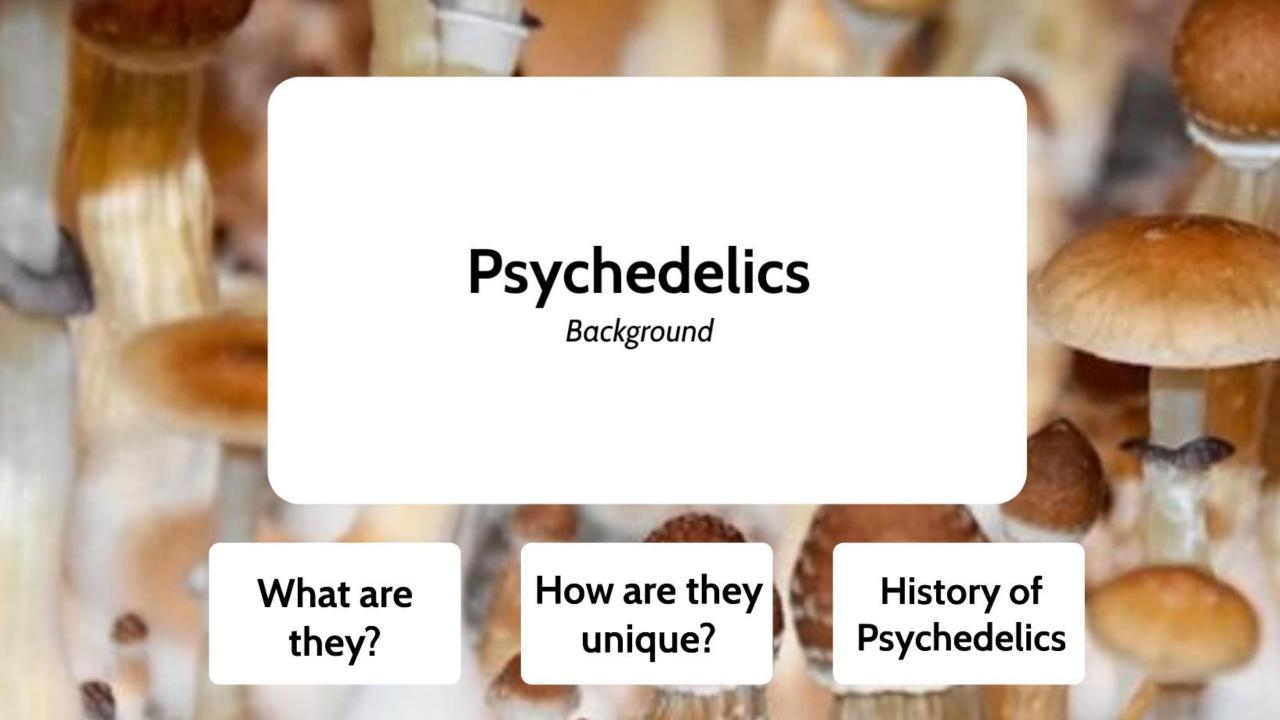
# Objectives

By the end of this session, participants will be able to:

- Describe the terminology and relevant history of psychedelic medicine
- 2 Summarize the medical evidence for psilocybin at end-of-life
- 3 Apply knowledge to direct patient care







Terminology

## Psychedelic

- "psyche" = mind/soul/spirit
- 'deloun' = reveal/manifest/appear/make clear
- 'mind-manifesting capability, revealing useful or beneficial properties of the mind' (Osmond, 1957)

Classification

- Classic Psychedelics
  - Psilocybin, LSD, Mescaline, DMT
- Dissociative Anaesthetics
  - Ketamine, Dextromethorphan, Nitrous Oxide
- Empathogen/Entactogen
  - MDMA
- Other
  - Ibogaine and many more...

How are they unique?

- approach to discomfort
- underlying causes
  - widespread application
- mechanism of action

How are they unique?

- discordance between opinions and evidence
- psychedelic therapist skillset
- the next "magic bullet" people will come to for "fixing"?

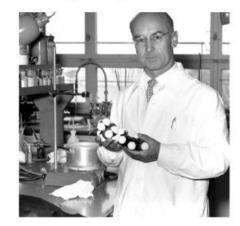
A long time ago...

- Shamanism ~30-40K years old
- Naturally occurring psychedelics have been employed across the world for centuries, or even millennia (Nichols 2016)
- Non-ordinary states have been developed and used in Hinduism, Buddhism, Jainism, Taoism, Islam, Judaism, and Christianity (Grof 2019)

The Science...

1897 - Mescaline first isolated and identified

1943 - LSD-25 properties discovered



1957 - "Magic Mushrooms" brought to America

1959 - Psilocybin isolated

The Science...

This was not a quickly rejected and forgotten fad. Between 1950 and the mid-1960s there were more than a thousand clinical papers discussing 40,000 patients, several dozen books, and six international conferences...it aroused the interest of many psychiatrists who were in no sense cultural rebels or especially radical in their attitudes.

- Grinspoon 1979

The Dark Days?

1960s - "Hippie" Counterculture Movement



early 1970s - psychedelics made illegal in Canada

The Dark Days?



Rebirth...

1990s - small studies resume

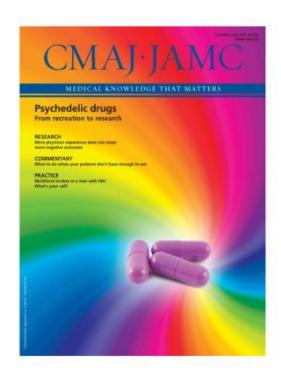
2000s-2010s - RCTs at prestigious research institutions



For the history of Psychedelics and Palliative care, see Psychedelics and Dying Care: A Historical Look at the Relationship between Psychedelics and Palliative Care (Dyck 2019)

Present day

• In the news...







Crime + Justice Energy + Environment Extreme Weather Space + Science

LIVE

## Denver becomes the first city to decriminalize hallucinogenic mushrooms

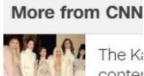




By Nicole Chavez and Ryan Prior, CNN

Updated 4:25 PM ET, Thu May 9, 2019





Your questions answered

CORONAVIRUS NUMBERS

Virus numbers by state

HOLIDAY SHOPPING

Deals to your inbox

[ News ]

Sports

Entertainment

Life

Money

Tech

Travel

**Opinion** 

**NEWS** 

# Oakland in California decriminalizes magic mushrooms and peyote

Elizabeth Weise and Marco della Cava USA TODAY

Published 2:40 a.m. ET Jun. 5, 2019 | Updated 2:27 p.m. ET Jun. 5, 2019







SAN FRANCISCO – First pot, now 'shrooms. Oakland City Council in California on Tuesday voted unanimously to decriminalize hallucinogenic fungi, otherwise known as "magic mushrooms."

The vote makes Oakland the second U.S. city to decriminalize the natural



LIVE

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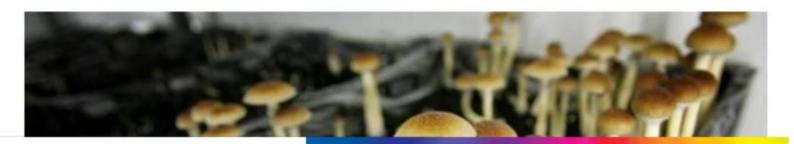


# Canada Is Allowing Dying People to Do Psychedelic Mushrooms

Health Minister Patty Hajdu has granted four people with terminal cancer access to psilocybin mushrooms through an exemption to the Controlled Drugs and Substances Act.



5.8.20 SHARE TWEET Snap



# Ann Arbor Decriminalizes Magic Mushrooms, Psychedelic Plants

The city of Ann Arbor has decriminalized psychedelic plants and fungi, including magic mushrooms, and police officers will no longer make them an enforcement focus.

By Associated Press, Wire Service Content Sept. 26, 2020, at 10:57 a.m.

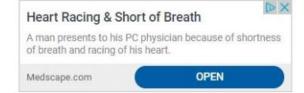












**HEALTH AND SCIENCE** 

# Oregon becomes first state to legalize magic mushrooms as more states ease drug laws in 'psychedelic renaissance'

PUBLISHED WED, NOV 4 2020-10:55 AM EST | UPDATED FRI, NOV 6 2020-6:31 AM EST



SHARE









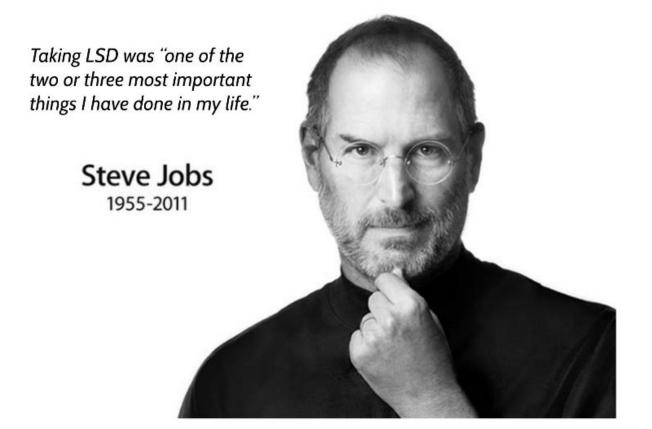


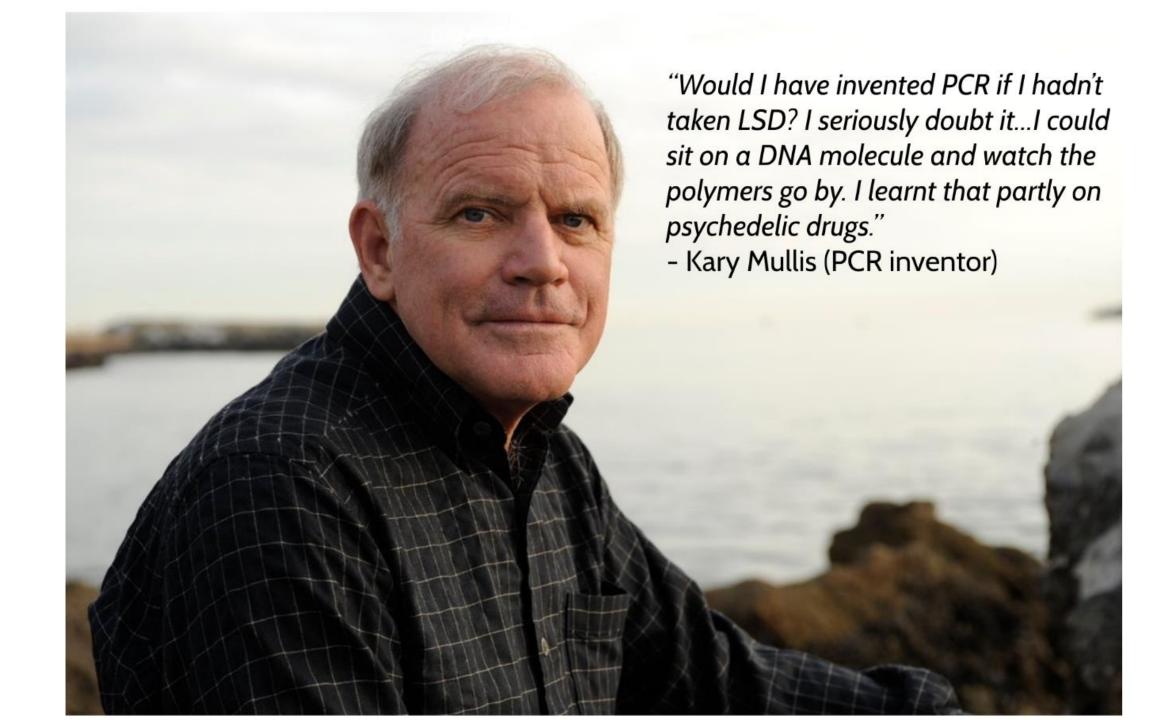
 Oregon on Wednesday became the first state to legalize the active ingredient in socalled magic mushrooms on an election night that saw more states ease restrictions on drugs across the country.



Present day

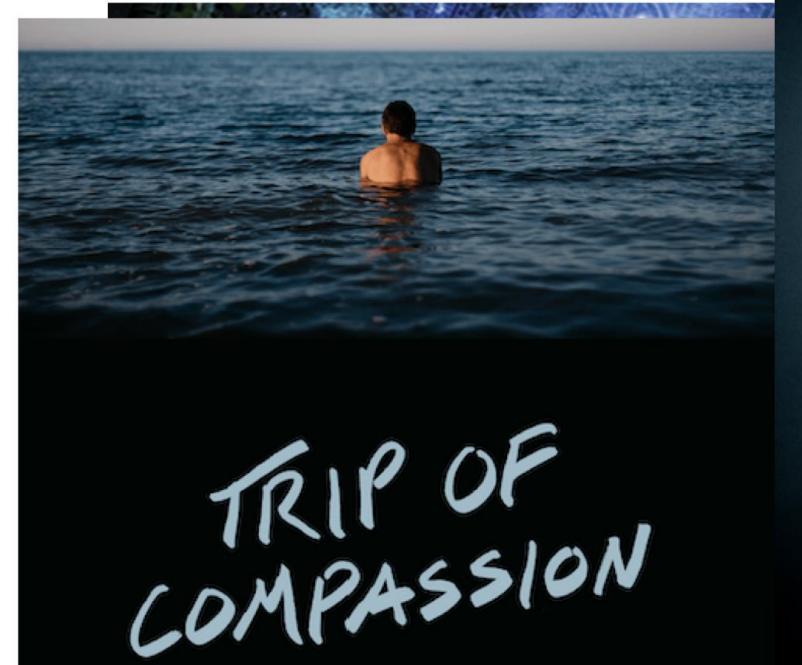
pop culture...

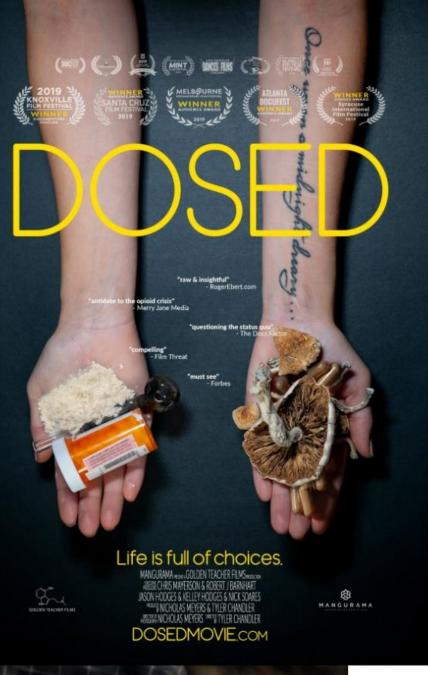


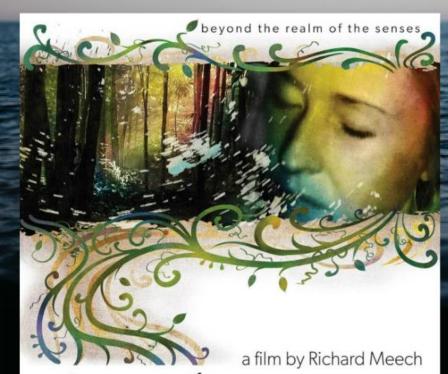










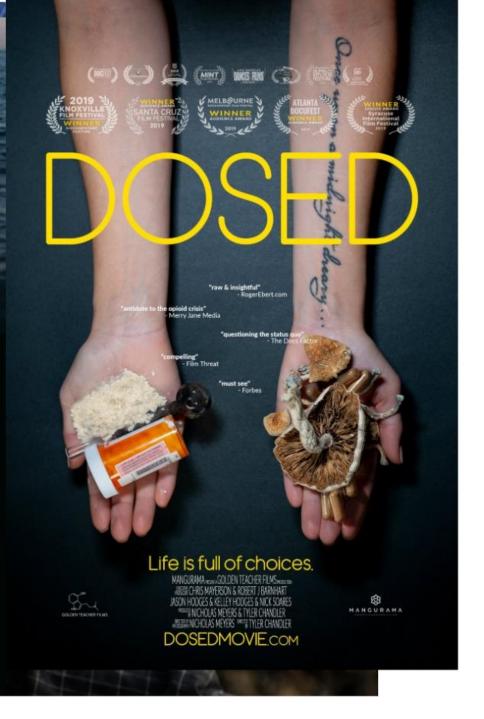


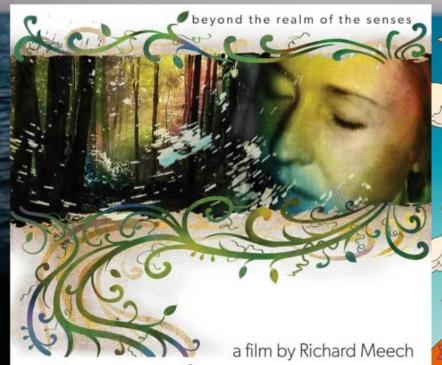
# Ayahuasca vine of the soul









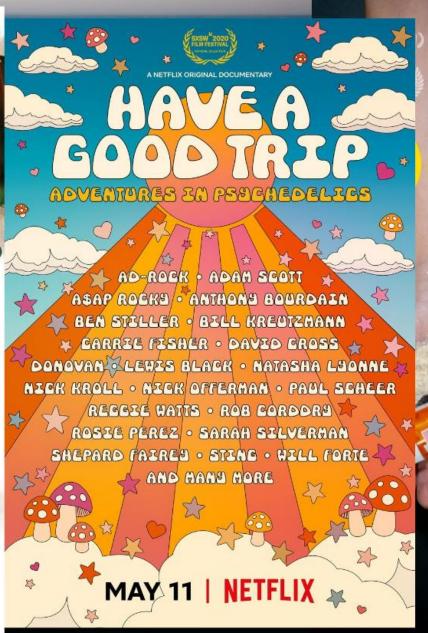


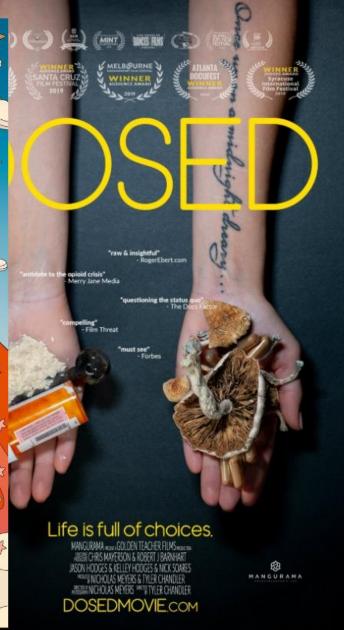
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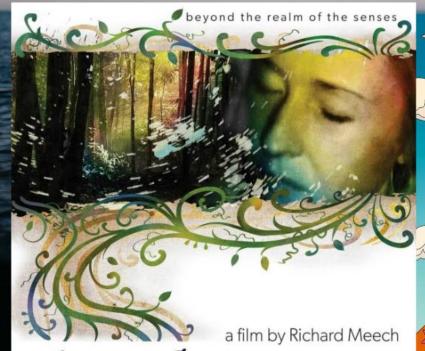






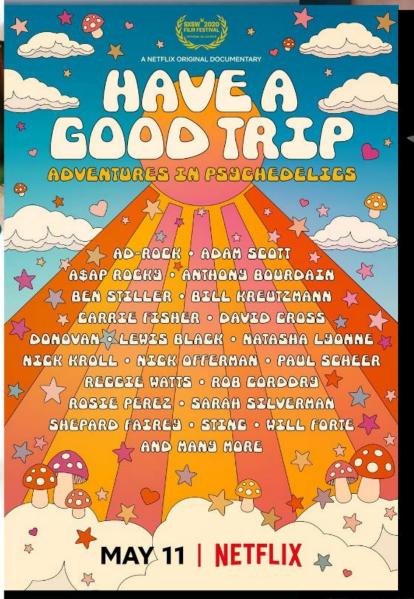






## Ayahuasca vine of the soul







What the New Science of Psychedelics Teaches Us About Consciousness, Dying, Addiction, Depression, and Transcendence

Michael Pollan

Author of The Omnivore's Dilemma





# Clinicial Trials

## clinicaltrials.gov, active or completed/terminated (2021)

## **Psilocybin**

MDD

TRD

BAD II

Anxiety/depression in cancer

Demoralization in LTAS

**EtOH Use Disorder** 

Tobacco Use Disorder

Opioid Use Disorder

Cocaine Use Disorder

OCD

Anorexia Nervosa

Body Dysmorphic Disorder

Headache

### MDMA

**PTSD** 

EtOH Use Disorder

**Anxiety in Serious Illness** 

**Anxiety in Cancer** 

Social Anxiety in Autism

## Ayahuasca (DMT)

**TRD** 

### **LSD**

**MDD** 

Anxiety in Serious Illness Headache

## **Ibogaine**

Methadone detoxification

# Clinicial Trials

clinicaltrials.gov, active or completed/terminated (2021)

**Psilocybin** 

**MDMA** 

PTSD

LSD

MDD

TRD

Anxiety/depression in cancer

**Ibogaine** 

**EtOH Use Disorder** 

Tobacco Use Disorder

Ayahuasca (DMT)

N>50?

# Clinicial Trials

clinicaltrials.gov, active or completed/terminated (2021)

Psilocybin MDD MDMA PTSD

LSD

Anxiety/depression in cancer

**Ibogaine** 

Ayahuasca (DMT)

N>50 AND published?

# Psychedelic Clinical Research

What does the medical evidence show?

"Palliative Care"

Depression

**Addiction** 

**PTSD** 

**Spirituality** 

Other

#### Background

- Life-threatening disease associated with psychological and existential distress (Reiche 2018)
- Growing consensus that existential distress is a core determinant of QOL in palliative care (Reiche 2018)
- Conventional treatments are largely ineffective (Chochinov 2005, Lemay 2008, Iovieno 2011, Laotidis 2013, Grassi 2014,Ostuzzi 2018)

#### Overview of Clinical Trials

2011-2020: Only four recent RCTs. Three looked at psilocybin:

Population	Life-threatening cancer
Intervention	Moderate to high-dose psilocybin (one session)
Comparison	Very low-dose psilocybin, or niacin
Outcome measures	Depression, anxiety, death anxiety, death acceptance, quality of life, life meaning/satisfaction, optimism, demoralization, spiritual well being.

Overview of Clinical Trials

2011-2020: Only four recent RCTs. Three looked at psilocybin:

Population	Life-threatening cancer
Intervention	Moderate to high-dose psilocybin (one session)
Comparison	Very low-dose psilocybin, or niacin
Outcome measures	Psychological and Existential Distress

(Grob 2011, \*Gasser 2014 (LSD), Griffiths 2016, Ross 2016, Agin-Liebes 2020)

#### Results of Clinical Trials

- From largest study (JHU Griffiths 2016)
  - 2/3 of patients had one of the top 5 most spiritually significant, and/or personally meaningful, experience of their lives
  - Over 80% said psilocybin increased well-being or life-satisfaction moderately or very much at 6-month study completion
  - "psilocybin produced large and significant decreases in depression, anxiety or mood disturbance, and increases in measures of quality of life, life meaning, death acceptance, and optimism. These effects were sustained at 6 months."

Results of Clinical Trials

- From 2nd largest study (NYU Ross 2016):
  - \* Results sustained at 4.5y (Agin-Liebes 2020)

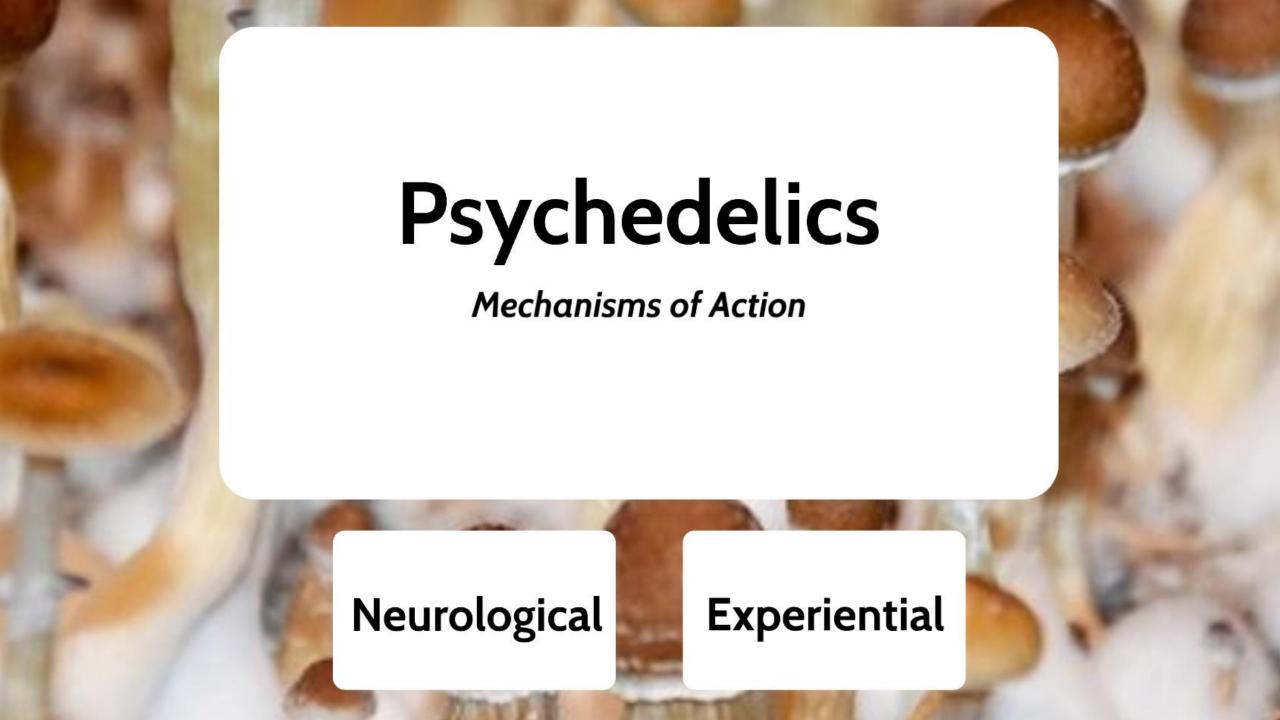
#### Results of Clinical Trials - Adverse Events

- Short-term effects (Johns Hopkins study):
  - No serious adverse events attributed to psilocybin administration occurred
  - Elevated BP (34% vs 17%) Nausea or vomiting (15%), Physical discomfort (21% vs 8%), Psychological discomfort (32% vs 12%), Anxiety (26% vs 15%)
- Psilocybin has been administered to human participants over 2000 times since the 1990s, in controlled academic settings, reporting no serious adverse events (Studerus 2011).

#### Conclusions of Clinical Trials

- RCTs suggest that psilocybin-assisted psychotherapy leads to immediate and substantial improvement in QOL and psychological/existential distress (Griffiths 2016, Ross 2016)
  - Results sustained to study completion (up to 4.5y in one RCT) (Agin-Liebes 2020)
- Clinical outcomes appear to be mediated by the degree of mystical experience (Griffiths 2016, Ross 2016)





## **Psychedelics**

Neurological Mechanism of Action

- Neurochemistry:
  - "Classic" psychedelics are full or partial agonists at the serotonin 2A (5-HT2A) receptor (Glennon 1984)
  - 5-HT2A receptors are abundant throughout the neocortex (Carhart-Harris 2014)

## **Psychedelics**

Neurological Mechanism of Action

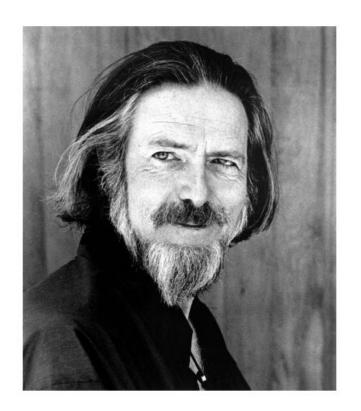
- Default Mode Network (DMN):
  - network of brain structures neurological basis for "self"?
     (Andrews-Hanna 2012)
- DMN implicated in depression, GAD, PTSD, and many others (Buckner 2008)
- Psychedelics (and meditation) reduce the activity of DMN (Milliere 2018)

For more information on neurological mechanism of action, check out:
i) Robin Carhart-Harris (numerous articles/talks)
ii) Nichols 2016

## **Psychedelics**

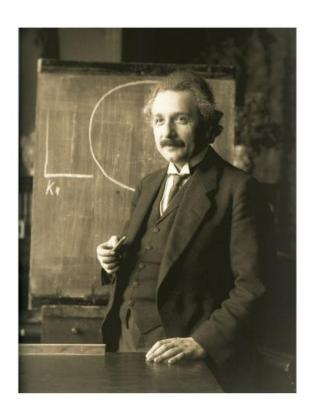
Experiential Mechanisms of Action

- what types of experiences do psychedelics induce?
  - see Dr. Stanislav Grof's extensive work, including cartography of the psyche
  - one domain of experience is the "mystical" experience...



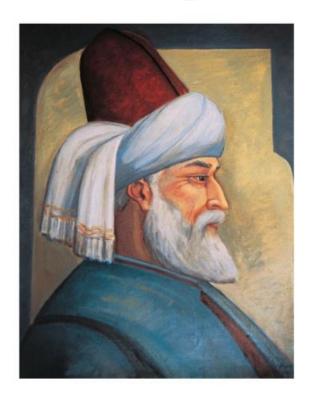
"[Mystical experiences are] those peculiar states of consciousness in which the individual discovers himself to be one continuous process with God, with the Universe, with the Ground of Being, or whatever name he may use by cultural conditioning or personal preference for the ultimate and eternal reality."

- Alan Watts



The most beautiful and profound emotion we can experience is the sensation of the mystical.

- Albert Einstein



By trying to say these things, you conceal them.

- Rumi

What are they?

- Direct experience of a transcendent reality (sometimes called spiritual/religious/ sacred experience)
- "Mystics" may be considered "empirical" theologians (Huxley, 1947)
- Numerous definitions for trying to qualify a "mystical experience"
  - Pahnke 1963 nine criteria...

Definition and Core features





Definition and Core features

Doesn't see "It":



"There's nothing there"
"You're crazy..."



Sees "It":

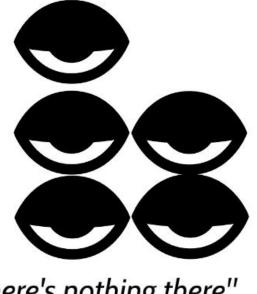


"Wow! It's so obvious!" "You can't convince me it's not there."

Definition and Core features

Noetic Quality ("Ultimate Truth")

Doesn't see "It":



"There's nothing there"



Sees "It":



"You STILL can't convince me it's not there."

Definition and Core features

- 2 Alleged Ineffability
- 3 Unity
- 4 Transcendence of Time and Space
- **5** Sacredness (Awe, humility, wonder)

Definition and Core features

- 6 Deeply felt positive mood
- 7 Transiency
- 8 Paradoxicality
- \*Persistenting positive changes in attitude and behaviour

Why are they important?

 associated with abrupt, substantial, and sustained changes in behavior and perception (Miller 2001)

unpredictable and low probability of occurring "naturally" (Griffiths 2018)

Induction with Psychedelics - Clinical Trials

What about clinical trials - how effective are psychedelics at inducing a "complete" mystical experience?

Healthy volunteers - 61% (Griffiths 2006)

Healthy volunteers - 72% at doses of 20mg and/or 30mg (Griffiths 2011)

Smoking cessation study - 60% (Garcia-Romeu 2014)





Assessing Patient Interest

Options for patients wondering if psilocybin treatment is for them:

- 1 Knowledgeable healthcare providers
- 2 Other patients
- Books, online resources, published papers, etc. (see handout)

Medical Assessment

- Medical history
  - Includes spiritual history and detailed biographical history
- Pertinent exclusion criteria from clinical trials:
  - personal or family history of schizophrenia/bipolar, cancer with known CNS involvement, hepatic dysfunction, uncontrolled HTN
  - SSRIs, etc.
- Informed consent

Legal Access

Option A: Section 56 Exemption

Option B: Special Access Program

# Option A: Section 56 Exemption

- Route since Aug 2020: We have some sense of what to expect
- Slow responses...
- Psilocybin only
- Patient applies
- Patient responsible for sourcing

# Option B: Special Access Program

"serious or life-threatening condition where conventional treatments have failed, are unsuitable, or are not available in Canada"

"level of scientific evidence, including evidence pertaining to safety and efficacy...for the treatment of the patient's specific condition"

## Option B: Special Access Program

- New route for psychedelics (Jan 5/22)
- Psilocybin, MDMA, others?
- Prescriber applies to Health Canada
- Prescriber responsible for sourcing
- "Requests are generally processed within 1–2 working days following receipt"

#### Legal Access

#### Option A: Section 56 Exemption

- Route since Aug 2020: We have some sense of what to expect
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https://www.gazette.gc.ca/rp-pr/p2/2022/2022-01-05/html/sor-dors271-eng.html



Preparation for psychedelic session(s)

- cultivation of radical openness
- set and setting

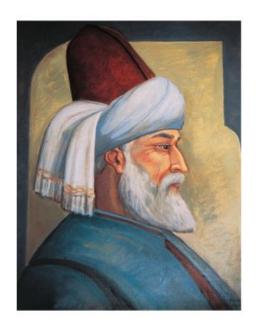
# Psychedelic Treatment Process

Psychedelic session



# Psychedelic Treatment

Integration of psychedelic session(s)



I'm like an ant that's gotten into the granary...and trying to lug out a grain that's way too big

- Rumi

# Psychedelic Treatment

Integration of psychedelic session(s)

Critical component of treatment is what to do afterward ("integration"):

- 1 What rises up?
- 2 What does it mean for my life?
- How do I integrate this into my day-to-day life?

For more information: www.psychedelic-integration.org and others



# Summary

### Psychedelics, Psilocybin and End-of-life

- discordance between opinions and evidence
- psychedelic medicine challenges conventional paradigms:
  - approach to suffering, underlying causes, mechanism of action for healing
- Life-threatening illness
  - small RCTs suggest psilocybin is safe and effective for existential and psychological distress
- Canada leading the world in opening up access?
- psychedelic research is exploding...stay tuned!
- \*next "magic bullet" people will come to for "fixing"?

# Thank you

Contact: rpatchett@mfht.org

## References

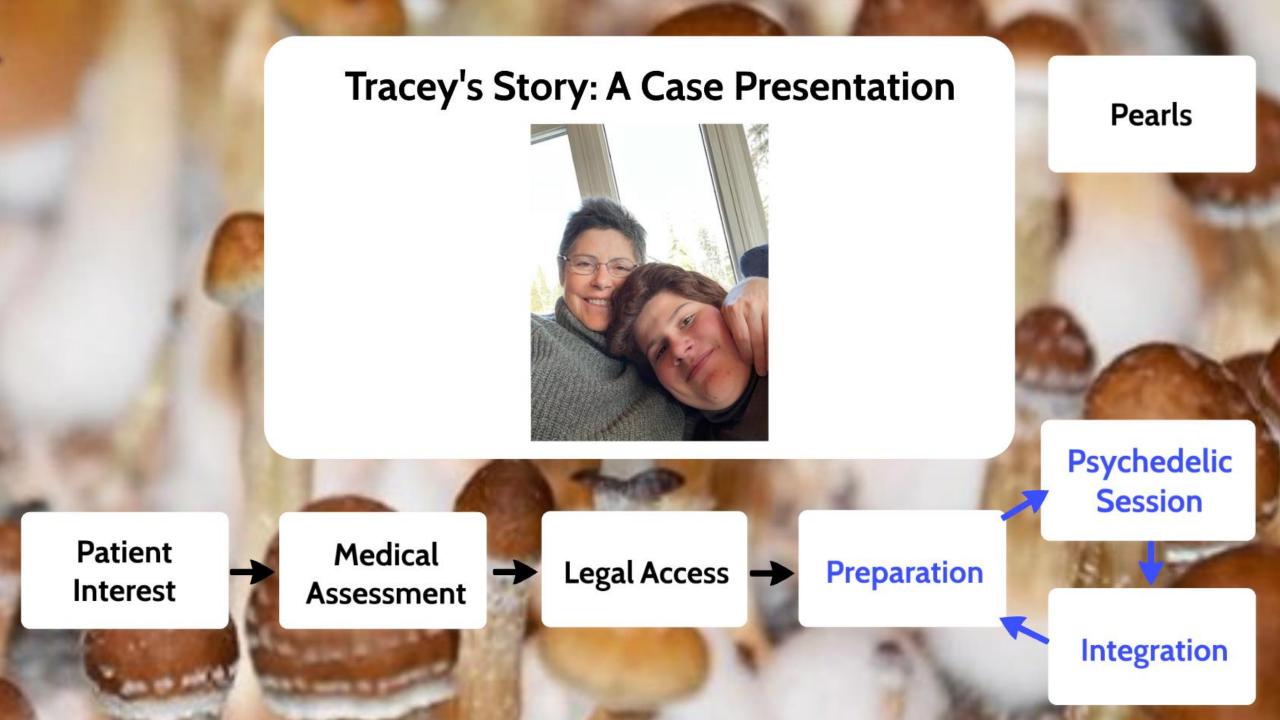
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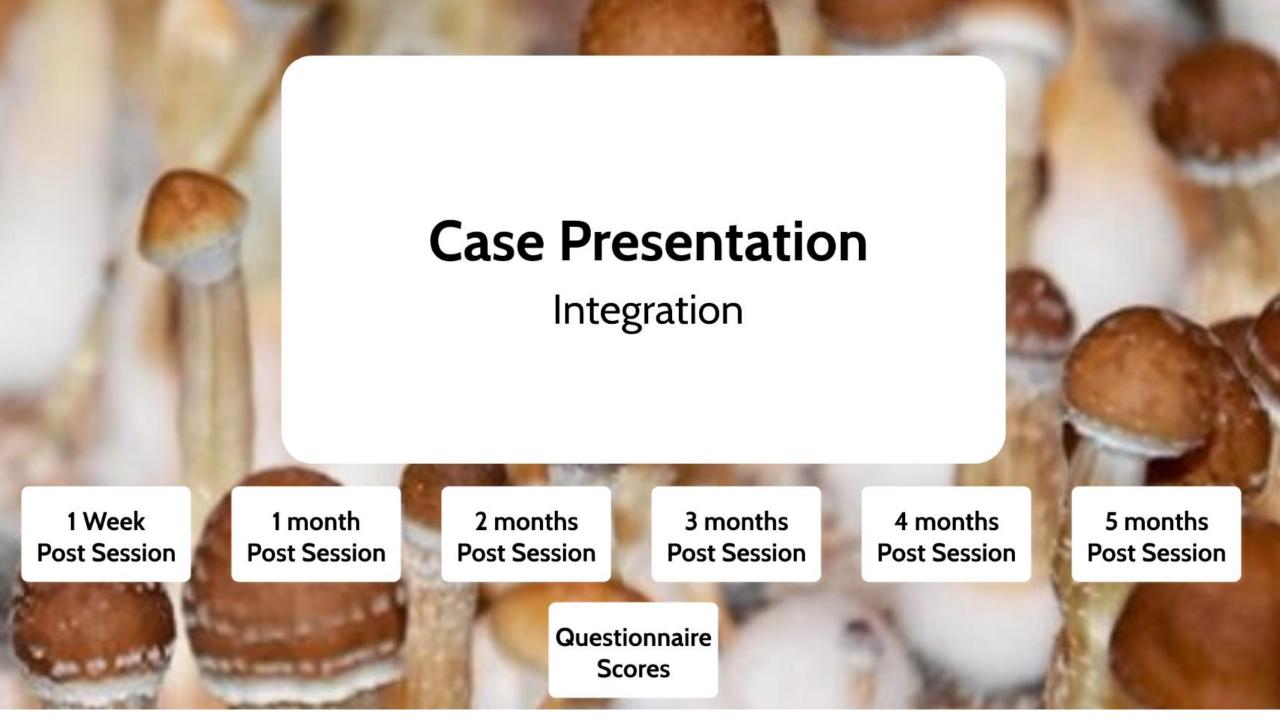
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#### Recommended Books

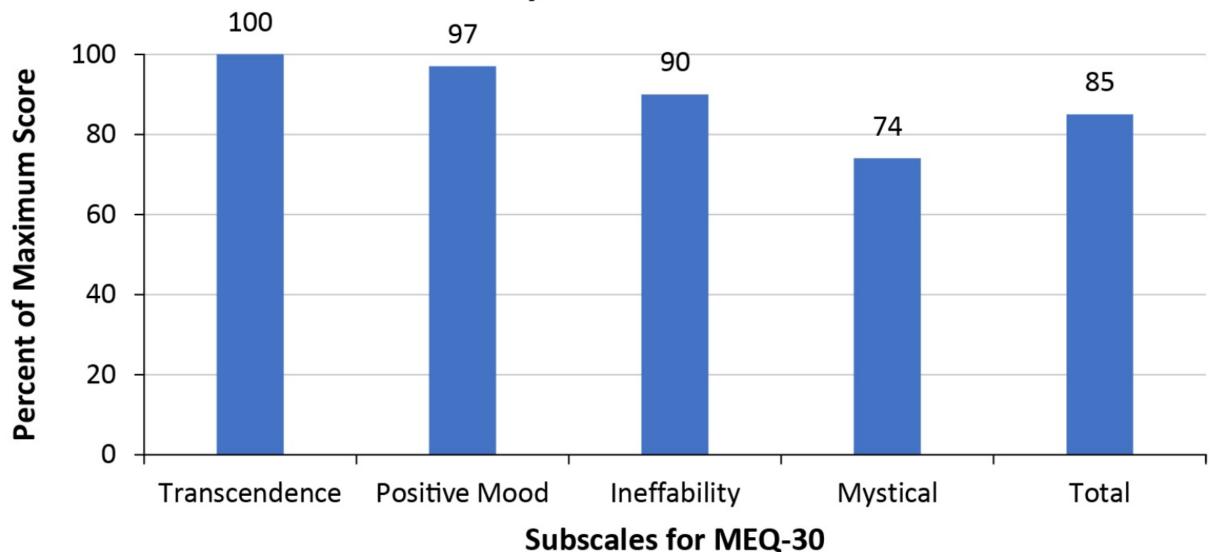
- Overview of psychedelics (non-medical): How to Change your Mind (Michael Pollan)
- Psychedelic medicine: Handbook of Medical Hallucinogens (Grob and Grigsby)
- Psychedelics and mystical experiences: Sacred Knowledge (William Richards)
- Non-ordinary states of Consciousness: The Way of the Psychonaut Volume 1 and 2 (Stanislav Grof)
- First-person description of psychedelic experience: Joyous Cosmology (Alan Watts)



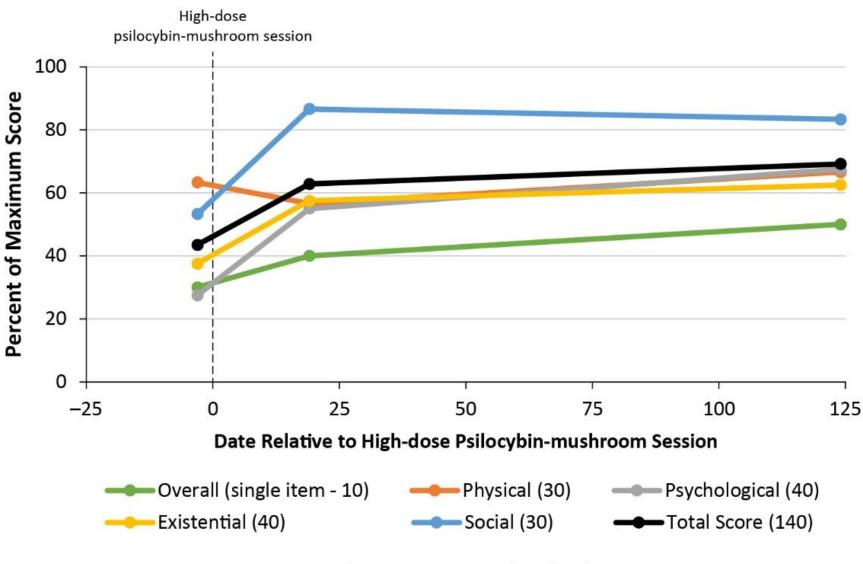




### Mystical Experience Scores after High-dose Psilocybin-mushroom Session

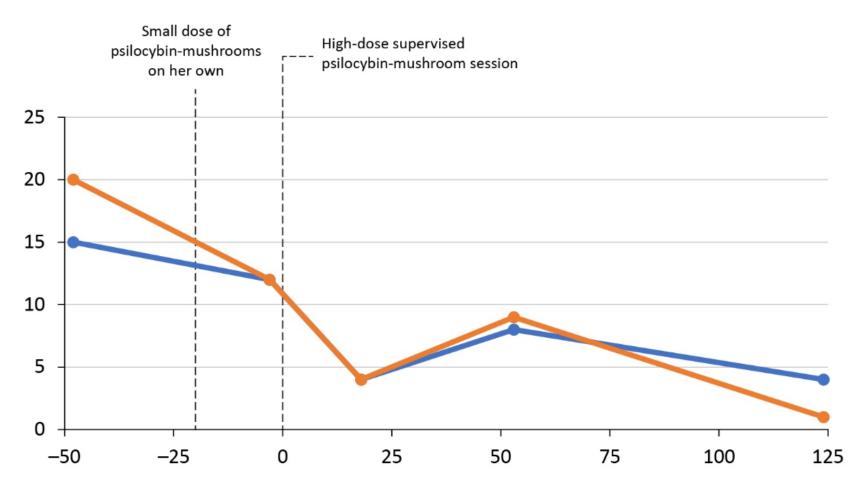


#### Quality of Life Scores Before and After High-dose Psilocybin-mushroom Session



(maximum score in brackets)

# Depression and Anxiety Scores Before and After High-dose Psilocybin-mushroom Session



Date Relative to High-dose Psilocybin-mushroom Session

(maximum score in brackets)

#### Validated Questionnaires:

Date relative to treatment	PHQ-9 (27)	GAD-7 (21)	MQOL-R					
			Overall (single	Physical (30)	Psychological (40)	Existential (40)	Social (30)	Total Score
			item - 10)					(140)
~-2 months	15	20						
-3 days	12	12	3	19	11	15	16	61
Treatment day								
~3 weeks	4	4	4	17	22	23	26	88
~ 2 months	8	9						
~4 months	4	1	5	20	27	25	25	97

#### **Questionnaire Scores**

#### Persisting Effects Questions (4 months post-psilocybin):

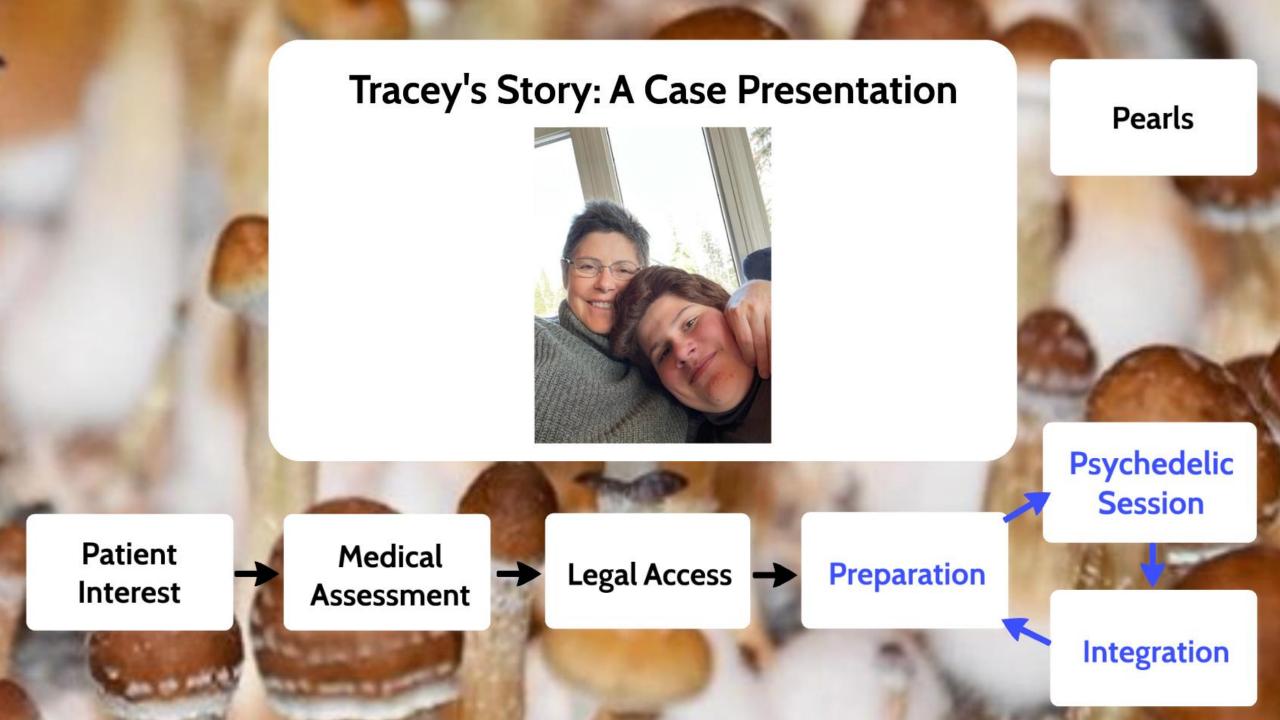
How personally meaningful were the experiences? (Select the highest number that
---

- 1. no more than routine, everyday personally meaningful experiences
- 2. similar to personally meaningful experiences that occur on average once or more a week
  - 3. similar to personally meaningful experiences that occur on average once a month
  - 4. similar to personally meaningful experiences that occur on average once a year
- 5. similar to personally meaningful experiences that occur on average once every 5 years
  - 6. among the 10 most personally meaningful experiences of my life
  - 7. among the 5 most personally meaningful experiences of my life
  - 8. the single most personally meaningful experience of my life

**Questionnaire Scores** 

#### Persisting Effects Questions (4 months post-psilocybin):

PEQ-5			
Personally meaningful	Single most of life		
Spiritually significant	Top 5 of life		
Psychologically challenging	Single most of life		
Psychologically insightful	Single most of life		
Change in personal well-being and life satisfication	Very much		



Pearls for Psychedelic Therapists

- seek mentorship and/or a community of practice
- documentation
  - 'case reviewed with...'
  - cite scientific evidence

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EXAMPLE: ... 'Golden Teachers'... estimates for percentage of psilocybin in this species are generally about 0.6% (Gartz, 1994). In other words, there is about 6mg of psilocybin per gram of dried mushrooms. This is an estimate since this supply is of course not regulated. Recommended dose would therefore be 3-5g based on previous studies. Some studies used lower doses (20mg/70kg or about 3g of dried Psilocybe cubensis mushrooms) to effect however given the logistical challenges of setting up psilocybin assisted psychotherapy in rural northern Ontario at all - when we are 7h apart - this could present challenges. Namely, given that she has an aggressive cancer and there are significant logistical challenges of expeditiously setting up another session, the higher-end dose seems warranted to give her the best chance of achieving her intention and having a mystical experience.

Pearls for Psychedelic Therapists

- seek mentorship and/or a community of practice
- documentation
  - "case reviewed with..."
  - cite scientific evidence
  - informed consent very explicit
  - use validated tools

Pearls for Psychedelic Therapists

- involve family members (and secondary therapist) early
- do your own inner work
- beware of "magic bullet" phenomenon