

Cafe Scientifique on Psychedelics and Health Equity: Final Report

November 4, 2024

Overview

The purpose of the Cafe Scientifique was to bring together a panel of leading researchers in Canada with expertise on psychedelics and health equity. An Advisory Committee was comprised of 13 members (see Appendix A) to provide oversight on the project, including selecting the panelists and deciding on the format of the event. Support was provided by the partner organizations, MAPS Canada, the National Collaborating Centre for Determinants of Health, and Hollyhock Leadership Institute.

The event was held on March 10, 2024 in Vancouver at Simon Fraser University's downtown campus, an accessible venue and centrally located. It was a hybrid event with participants attending in-person and virtually online via zoom. Catering was provided for in person participants. Approximately 130 participants attended, with over 100 participants joining online from all over Canada and a few other locations. The event was facilitated by Kim Haxton, a skilled Indigenous facilitator with experience in the psychedelics community. The event was attended by three vendors in the psychedelic community who provided information on their programs or services.

The event was video recorded and a graphic recording (see Appendix C) of the panel presentations was created during the event by Michelle Buchholz, an Indigenous graphic recorder and facilitator from Cassey Consulting. The program agenda (see Appendix D) included presentations from 4 panelists, followed by a question and answer session and breakout discussions for both in-person and virtual participants. The breakout sessions were facilitated by members of the Advisory Committee and other volunteers working in the psychedelic sector. The event was concluded with a report back from groups on the discussion and a presentation by the graphic recorder showing the final recording of the day.

Panelists

The panel of speakers included four researchers whose presentations focused on psychedelics in an equity-oriented lens in different areas:

1. Erika Dyck, University of Saskatchewan - The history of psychedelics among marginalized populations
2. Monnica Williams, University of Ottawa - Psychedelics in Communities of Colour
3. Amy Bartlet, University of Ottawa - Psychedelics in LGBTQ2S+ communities
4. Otis Jasper - University of Saskatchewan - Psychedelics in Indigenous communities

Summary of Discussion: Key Themes

Following the panel presentations, participants engaged in small groups discussions to answer four questions. A summary of key themes raised during the discussions is provided below.

1. *How do you see people being impacted by the psychedelic community, psychedelics services or the psychedelic industry in Canada?*

Negative impacts include:

- Inequitable access to psychedelic medicines and services, including being cost prohibitive
- Continued ongoing stigma around psychedelics and substance use
- Increase in underground services because of illegality and lack of regulation
- Issues related to sovereignty with Indigenous medicines
- Lack of oversight leading to abuses of power such as sexual assault and misconduct
- Access through the mainstream medical sector takes the spirit out of the healing, loses richness in the experience, increases stigma by viewing psychedelics as a 'treatment', and is used within a siloed approach thereby limiting holistic healing
- Increased access promotes use that is too individualistic, losing the healing power of relationship and community
- Some therapists avoid getting licensed in order to do psychedelic assisted therapy

Positive impacts include:

- More independence and agency in self-treatment with psychedelics
- Having hope that psychedelics can treat conditions that have not been successfully treated with biomedical or pharmacological approaches
- Healing and transformation, as well as preventative impacts such as increased connection and thriving in life
- Psychedelic exceptionalism, meaning psychedelics are becoming more legitimized even though other substances are still illegal; psychedelics are an exception to the rule
- Psychedelics are being used as part of a transdiagnostic approach; they are being used in combination with other psychological approaches to address mental illness

2. *What gaps, barriers or inequities do you see in the psychedelic community?*

Inequities in Individual Access:

- Lack of cultural safety and ceremonial spaces creates barriers for Indigenous peoples

- Barriers faced by individuals trying to access to psychedelics and psychedelic-assisted services include: cost and economic barriers, chronic pain, legal/migratory status, language barriers, bureaucracy and administrative requirements, stigma
- Criteria for acceptance may create barriers for those at risk for child apprehension or facing legal issue
- Illegality of psychedelics is a barrier to access and also service provision
- Monetization and commodification of psychedelics contributes to economic inequities in access

Barriers in Training and Service Provision:

- Barriers in accessing training includes length of time and cost required
- Training lacks translation of how to navigate intersections between spirituality, culture and science
- Gaps include ceremonial leaders not having adequate experience or knowledge from culture or plants
- Other gaps in service provision and training include lack of balanced assessments, knowledge of mental health conditions and how they intersect with psychedelics, and knowledge and application of harm reduction approaches

3. *What opportunities do you see for making psychedelics more equitable, fairer, or safer for different groups of people?*

Learning and Education:

- Developing better education around psychedelics
- Learning from each other and sharing knowledge between different cultural groups
- Learning from elders or older generations
- Supporting communities in self-determination through community education and harm reduction guidelines
- Increasing awareness through celebrities and media to gain attention and legitimacy of psychedelics (e.g. psychedelic films, Gabor Mate)
- Targeting education towards people in power, using storytelling to reduce stigma and decriminalization
- Developing education on preparation before use, how to use, what to expect, etc.

Research

- Promotion of psychedelic research
- Support and research for individuals and groups who have historically been excluded
- CIHR working group on psychedelics
- Asking communities what they want/need

Improving Services:

- Reducing the stigma of psychedelics
- Increased responsibility and accountability with clients, with the medicine and with each other when using the medicine
- Ethical guidelines, practices and principles such as forgiveness, love, solving conflict, and open safety
- Addressing the paranoia that comes from past experiences of harm with psychedelics
- Diversification of practitioners
- Building capacity to address conflict, social/corporate responsibility, ethical guidelines

Excluded Communities:

- Providing psychedelic support, resources and/or services for youth
- Viewing recreational use of psychedelics as an opportunity for healing and to address stigma
- Research, education, and knowledge made by and for underground or grassroots communities or people with real world experience
- Ensuring psychedelics are not removed from context, culture and supported by skilled guides
- Reparations, reconciliation and building relationships with First Nations

4. *What strategies or ideas do you have about making psychedelics safer or fairer for different people?*

Research:

Groups or Programs:

- Developing cultural-specific centers/activities
- Creating safety networks for people using psychedelics
- CIHR working groups
- More group therapy
- Integration circles

Principles or Approaches:

- Using privilege and power to open the way to support the leadership of people with less power and privilege
- Working bottom up and grassroots
- Viewing psychedelics services through a cultural safety and anti-racist lens, including paying attention to the way services or approaches may be white/Eurocentric or western

- Using psychedelics for diverse reasons including rites of passage, processing, existential reasons, preventative measure for wellness
- Philanthropic fundraising

Education, Awareness and Training :

- Developing consciousness among people that hold power positions to advocate for the ones that are not historically heard/represented
- More facilitation training access to all identity groups
- Support for community leaders
- Public awareness

Policy and Regulation:

- Creating regulations or guidance on counseling for use in the psychedelic sector
- Creating systems of accountability
- Naming cultural theft and appropriation where needed

Innovations:

- Putting psychedelic medicines into the hands of spiritual leaders (with support from therapists for initial guidance, etc.)
- Providing services or using psychedelics in different environments such as nature or with families/relatives


5. What are some shared values or principles that you feel should guide the use of psychedelics using a health equity approach? (Online poll for virtual participants)

- Trauma informed
- Peer expertise
- Integration
- Sovereignty
- Reverence for all life
- Sacred ceremony
- Psychedelic exceptionalism
- Access for most in need
- Move at speed of trust
- Unconditional acceptance

Appendix A: Advisory Committee Terms of Reference

1. Purpose
 - a. To provide oversight and/or direction on the project
2. Roles and Responsibilities
 - a. Advise, share knowledge, and contribute ideas to the project
 - b. Make decisions on budget and other key aspects of the event
 - c. Participate in planning, promotion, and/or attend the event(s)
 - d. Roles
 - i. Sponsor - Erika Dyck - accountable to funder, holds funds
 - ii. Coordinator - Alycia Fridkin - leads and coordinates overall project
 - iii. Members (see last section) - participate in Advisory Committee Meetings
3. Membership and Term
 - a. Diversity of people with experience and/or vested interest in psychedelics and equity, including diversity of profession/discipline, social identities i.e. race/ancestry or gender/sexual orientation, lived experience
 - b. Participate until end of project - March 31, 2024
4. Scope
 - a. In scope - overall direction, ideas, making linkages to other work
 - b. Out of scope - detailed planning
5. Frequency and Format of Meetings
 - a. Once a month, with possibility of smaller group meetings in between to support planning if needed
 - b. Hybrid virtual and In-person in Vancouver
6. Decision-Making
 - a. Decisions made by consensus
 - b. Stop the Line - anyone can “stop the line” to speak up on something that doesn’t feel right or safe, then the Coordinator facilitates an immediate pause, debrief, and decision on action/correction
7. Members
 - a. Erika Dyck - Canada Research Chair, University of Saskatchewan, Chacruna
 - b. Francine Douglas - Sacred Circle, MAPS Canada
 - c. Rielle Capler - MAPS Canada
 - d. Kim Haxton - Canadian Psychedelic Summit
 - e. Nandini Saxena - National Collaborating Centre on Determinants of Health
 - f. Sheena Taha - Canadian Centre on Substance Use and Addiction
 - g. Katrina Goetjen - Documentary Filmmaker
 - h. Kerry Rea - Social Worker/Therapist
 - i. Otis Jasper - Sacred Circle, All Nations, University of Saskatchewan
 - j. Stephanie Stewart - Psychiatrist
 - k. Alycia Fridkin - Indigenous Health at Provincial Health Services Authority
 - l. Amy Bartlet - University of Ottawa
 - m. Laurel Dault - Hollyhock Leadership Institute

Appendix B: Event Poster



Cafe Scientifique
On Psychedelics And Health Equity:
 An Interactive Public Dialogue with Leading
 Researchers in Canada

Panelists:

- Dr. Monnica Williams**
(Psychedelics and Communities of Colour)
- Dr. Erika Dyck**
(Psychedelic Diversity: Lessons from the Past)
- Amy Bartlett**
(2SLGBTQ Communities and Psychedelic Spaces)
- Otis Jasper**
(Promising Practices with Psychedelics and Indigenous Communities)


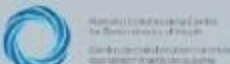
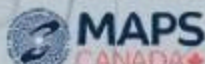
Facilitated by
Kim Haxton

Graphic Recording by
Michelle Buchholz
 with Cassyex Consulting

March 10, 2024
2 - 5 PM PST

[Click here for in-person registration](#)
SFU Goldcorp Centre for the Arts
149 W. Hastings St
Second Floor, World Art Centre

[Click here for virtual registration via Zoom](#)

Psychedelics & Health Equity

Lead by:
ALYCIA FRIDKIN

Facilitated by:
KIM HAXTON

DR. ERIKA DYCK
Psychedelic Diversity
LOOK BEYOND BORDERS
we recognize reality.
BEYOND the PUBLISHED
& CLINICAL

DR. MONNICA WILLIAMS
RACISM is
SYSTEMIC to
advantage one
racial group
over others....

AMY BARTLETT
QUEERNESS &
PSYCHEDELICS
ABUSE of QUEER PEOPLE
Globally: Marginalization
& exclusion in Research

OTIS JASPER
SACRED CIRCLE
PLANT MEDICINES
OUR SHARED HISTORY
IN CANADA: HEALING
FROM GENOCIDE & DOING
IT IN AN INDIGENOUS WAY

MOTHERS OF THE PSYCHEDELIC
MOVEMENT
Understand historic
INFLUENCES on PSYCHEDELICS

SUSTAINABLE SOLUTIONS
PSYCHEDELIC
PLANT MEDICINE
FOR RACIAL TRAUMA

**DIVERSITY
SUSTAINABILITY
ACCESS &
RESEARCH**

TREATMENTS that
are GOOD for EVERYONE

**NEED MORE QUEER
STORIES & DIVERSITY
in them**


**LOVE
in OUR
STORIES**
Legalities:
STORIES
are NOT
ILLEGAL.
we can discuss
experiences....

**SEEKING: HEALING
WITH MEDICINES**

HOPE IN THIS WORK
& FOR OUR
PEOPLE

**ADDRESS
EQUITY issues
- move ahead
with SUPPORT
& SAFETY....**

Work on BIAS
& STIGMA in
our communities



CIHR IRSC

National Collaborating Centre for Understanding of Health
Centre de collaboration nationale pour la compréhension de la santé

HOLLYHOCK

MAPS CANADA

Michelle Buchholz

CASSYEX CONSULTING

Appendix D: Appendix Program Overview

Date & Location: March 10, 2-5pm, World of Art Centre, SFU downtown.

Time	Activity	Notes
12:30 - 1:30 pm	Set up room and virtual room Vendor and registration set up	
1:30 pm - 4:00 pm	Doors open, registration and vendor areas are open	1:45 pm rush line can access seats if ticket holders do not show. Virtual zoom room opens and virtual hosts manage.
2:00 - 2:15 pm	Event starts	Facilitator provides welcome and introductions. Graphic recorder introduces themselves. Virtual zoom recording begins.
2:15 - 3:15 pm	Panel presentations	Each presenter has 10 minutes.
3:15 - 3:45 pm	Audience Q & A	Questions submitted virtually using Slido and post-it notes in room.
3:45 - 4:00 pm	Break & Refreshments	Participants can check out the vending area and art, get snacks.
4:00 - 4:30 pm	Break out sessions	Volunteer notetakers and table facilitators at each table. Discussion questions are on the tables. Virtual breakout rooms are self facilitated and notes are entered into google docs.
4:30 - 4:45 pm	Report back	Virtual and in-person report backs are separate. Nandini facilitates virtual report back, Kim facilitates in-person.
4:45 - 5:00 pm	Closing remarks	Virtual and In-person groups come back together Graphic recorder will present highlights. Facilitator provides thank you and closing.
5:30 - 6:00 pm	Room clean up	Vendor and art tear down