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Money Visions

What's behind the UCP's approval of psychedelics?

By BONNIE LARSON

IN JANUARY 2023 ALBERTA became the first province in Canada to greenlight the therapeutic use of historically illegal psychedelic substances. The intention, we were told, was to improve access and safety in addictions care. Depending on how the rules were to be implemented, it seemed like a potential softening in the UCP's hardline approach of abstinence. A rare ripple of optimism, albeit very cautious, lifted spirits in the community that cares for Albertans who use drugs. We held our collective breath.

The past few years have seen a resurgence of interest in the use of psychedelic substances. The word "psychedelic" is an umbrella term for natural or synthetic substances that alter the senses, change thinking and impact mood. Also known as hallucinogens, they belong to various classes of drugs, and include peyote, MDMA, LSD, ayahuasca, ketamine, psilocybin, ibogaine and others. Though it is not fully understood how the different classes of psychedelics might have a therapeutic effect, neuroplasticity—the ability of the brain to "rewire" associations, impulses, emotions and memories—is thought to play an important role.

Psychedelics have been used by humans for various reasons, including traditional healing, spiritual practices and recreation, for millennia. They have received special legal and moral scrutiny in North America since their use became associated with the so-called "counterculture" of the 1960s. During that time in the US, the criminalization of psychedelics granted authorities a reason to target Vietnam war protesters. Since then, psychedelics have been subject to the "war on drugs." In Canada psychedelics are considered a controlled substance with criminal repercussions whether one has them for personal use or with the intention to share with or sell to others.

This is why it was such a surprise to hear Mike Ellis, associate minister of mental health and addiction at the time, announce on October 5, 2022, that for patients with substance use disorders and trauma, psychedelics would now be available as treatments. Did I hear that correctly? Alberta's UCP has consistently opposed decriminalization and regulation of illegal drugs. In the words of its previous leader, Jason Kenney, "flooding the market with government-provided illegal drugs is not something Alberta will be doing." Yet, with this new policy, the UCP would allow criminalized drugs to be used in as-yet unproven therapies for substance use disorders.

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As an addictions physician, I pay close attention to changes in drug policy. As a street doctor with family-physician values, I'm constantly on the lookout for new resources for my patients. I wanted to believe there was something in Alberta's new regulations that would help my patients.

I had grounds for skepticism. At the same October 2022 press conference, in just as radical a departure, Ellis announced new restrictions to supports for patients with opioid use disorder. Those patients' physicians would be prohibited from offering certain treatments, and would even be required to send patients to a difficult-to-access clinic called the Narcotic Transition Service to be taken off

BEATE WICHMANN

their medication. Tapering stable patients off their opioid medications can sharply increase the risk of death from drug toxicity and should only be done cautiously in the context of a strong therapeutic alliance, such as with one's primary care provider. It was devastating news for patients who were stable on these medications. For some the change proved fatal.

At the time, the juxtaposition of these two changes puzzled me. Why were evidence-based harm-reduction interventions being quashed while unproven therapies using illegal psychedelic drugs—that the UCP until recently found abhorrent—were receiving enthusiastic endorsement?

ON TUESDAYS I WEAR WORK boots and cargo pants. The extra pockets are needed for latex gloves, a mask and hand sanitizer. I stuff donated socks, first-aid supplies and throat lozenges into a backpack. In winter I layer on thick long johns and a toque. A portable oxygen monitor and naloxone kit are clipped to a D-ring on my waistband, and my boot treads have spikes. I want to be prepared for anything. Not only are Tuesday patients often quite ill, but many have had terrible experiences in the healthcare system: stinging moments, while sick and asking for help, of dehumanization or outright racism.

Having internalized the stigma of violence over many years, homeless people often tolerate subpar conditions of outreach care. They don't expect anything more than what US medical anthropologist and physician Paul Farmer calls "shitty care for the poor." They will express gratitude for a bit of antiseptic spray and a band-aid to cover chronic ulcers and emotional wounds. Just doing my job, I say, struggling to tuck in ragged edges of tattered gauze. I try to hide my fury and sadness from patients who need their doctor to have a strong back.

The chronic rubbing of the bandage's ragged edges, combined with the recent government announcements and my stubborn yearning for less-shitty care for the poor, may be why, one day last winter, I noticed a chic new storefront clinic near downtown. The interior gleams with glass and white marble. Plants thrive on windowsills streaming with natural light. I imagine the air is filtered just so, warm and humid with a hint of eucalyptus. I gaze up from my slushy streetcorner at shiny chrome letters: The Newly Institute.

I pull out my smartphone: "More like a spa than a clinic," reads an online review. The Newly Institute website confirms it is a facility for psychedelic treatments enabled by new UCP legislation—ibogaine, psilocybin and ketamine, though Newly's director is also "looking forward to pushing the boundaries of psychedelic therapy by employing substances like LSD and ayahuasca." Photos portray clinicians in immaculate scrubs while executives in smart suits exude corporate confidence. A beautiful place, filled with beautiful people, for helping folks struggling with their mental health. I feel dowdy and damp in my muddy boots and sweaty layers.

Nevertheless I try to imagine practising within the Newly Institute's pristine walls. In my mind I steam up a fresh espresso between appointments as patients relax amongst the plants and pleasantries. I stride across gleaming maple hardwood in spotless sneakers, dripping with efficacy. If this place, I reason, provides the newest treatments for the most intractable cases, then my current patients would be good candidates for its services. I think especially of one soul who lives with complex post-traumatic stress and substance-use disorder. He has been to residential treatment programs many times and to residential school before that. So many of my patients carry the most severe forms of the illnesses the innovative Newly Institute treats. I want to get them inside. So I make a call.

"I have a few patients I would like to refer to your clinic," I say. A staffer in the spa clinic reassures me that they can help.

I had noted that the website mentions drumming, so the first thing I ask is whether there is an Indigenous adviser or elder on staff. The staffer apologizes. No, there is not.

Most of my patients live in homelessness or poverty, I explain, still a little hopeful. Is there a cost for treatment? Well, yes. Consultations and treatment are "fully private," I'm told, and paid for by the "client, an employer or by an insurance company." Later I discover that the cost of psychedelic treatment courses varies widely but can range into the thousands of dollars. The standard one-month "intensive outpatient" program for mental health at Newly, for example, costs $12,950. Bloom Clinic in Calgary advertises a 10-week ketamine-assisted program for $5,965.

I try again. If someone has Alberta disability or income supports, will they be covered? No. What about Indigenous patients with status under the Indian Act? No.

The friendly person educates me cheerily: most of their clients—I feel chastised for saying "patients"—with substance-use disorders use only alcohol, or maybe cannabis, but not opioids. Those clients, I am advised, should first go to medical detox if they have opioid-use disorder.

THANKING THE PERSON ON THE PHONE, I feel a familiar disappointment, but also bafflement. If only their suggestion were that easy. So-called "detox," or safe withdrawal, is a notorious bottleneck in Alberta's system of care. Getting a spot when it's needed is nearly impossible. Instead, in a wealthy province that now sees a drug poisoning death every five hours, our government is ushering in an intervention that helps only those who can afford it and are using the "right" substances.

I asked Dr. Leah Mayo, Parker Research Chair in Psychedelics at the University of Calgary, about the access disparity in the world she studies. She agreed that "major limitations to these interventions [are] becoming mainstream, and a lot of thought will need to go into how to make access equitable."

And equity is about much more than simply access or cost. As a young anthropologist, I worked in rural Mexico with a group of *curanderos*, or traditional healers. During long drives between Indigenous villages, where they worked with young mothers learning to grow and use medicinal herbs, I listened to the healers as they grappled with the problem of commercialization of their plant medicines. In

a recent forum on psychedelics, the Canadian Public Health Association voiced a similar concern: "…We must question how traditional Indigenous knowledge, cultural rights and opportunities for economic participation will be adequately protected as psychedelics gain prominence in Canada."

Though services might struggle to be inclusive of Indigenous practices and perspectives, they must. We have the guidance: biomedical colonialism is addressed in Canada's Truth and Reconciliation Commission Calls to Action and in the UN Declaration on the Rights of Indigenous Peoples and should always be explicitly included in any new health-related regulations, programs or services.

Maybe, after witnessing the toxic-drug crisis rampage for the better part of the past decade, I'm becoming impatient. Novel approaches take time; we have to gather data and properly implement sensitive aspects such as inclusion and reconciliation.

It has been well over a year, however, since Alberta's new regulations were implemented, and though scientific evidence might someday prove the therapeutic value of psychedelics, it hasn't happened yet. In a search of clinical trials registered by Health Canada for two of the psychedelic drugs approved under the UCP's new regulations, one of the drugs—psilocybin—had only two clinical trials, both now closed. The other—a traditional central African root medicine called ibogaine—has no clinical trials registered. Dr. Mayo acknowledged that only one psychedelics clinic in Calgary, SABI Mind, is currently involved in a regulated clinical trial of its therapies. (The Newly Institute website has since removed references to treatments using ibogaine and psilocybin. Other clinics, including ATMA CENA in Edmonton and Calgary, are offering MDMA and psilocybin as well as ketamine.)

Meanwhile, evidence in favour of the interventions blocked by the UCP's new legislation, including studies of prescribed safer supply of opioids, continues to accumulate.

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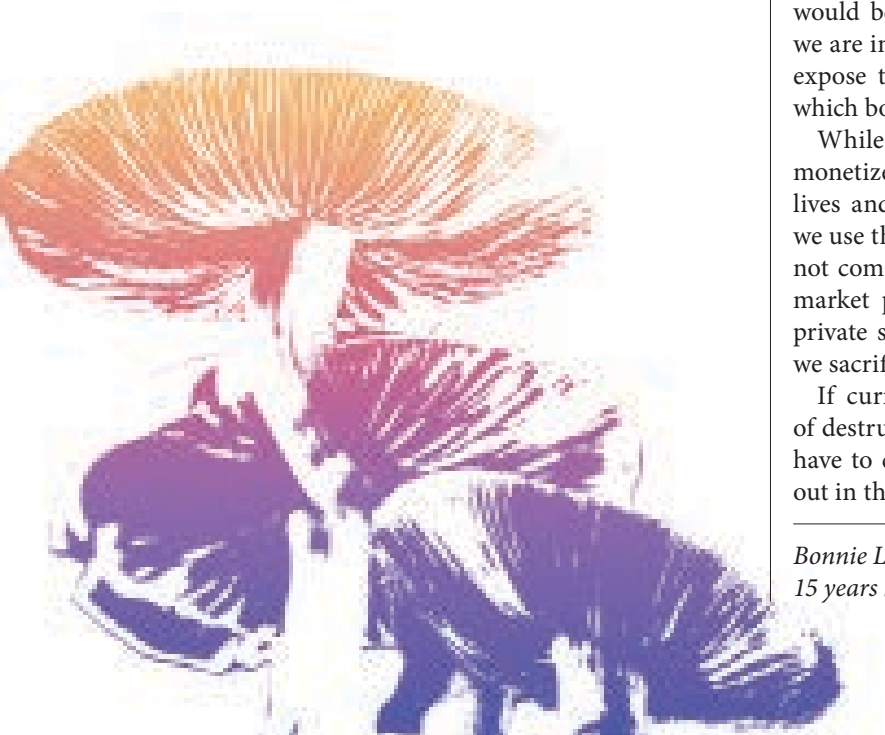

DESPITE MIKE ELLIS'S STATED RATIONALE, his ministry's mash-up of regulatory changes improves neither access nor safety for my patients. So, what's really behind the changes? The answer is disconcerting. Many psychedelic facilities and, it should be noted, residential treatment facilities receiving massive taxpayer-funded "investments," are run by privately held, for-profit companies. The reality is that the public system of care holds no market prospects, while, as noted on Nasdaq.com, "psychedelic stocks have a bright future."

The truth is that even during a crisis that annually kills thousands of Albertans, and despite sneaking in words such as "compassion" and "stewardship," drug policy in this province is determined not by principles of science, safety, access, equity or human rights but by commercial potential. Alberta's UCP government believes that health services should be driven not by a patient-centred mission but by marketing strategies like the Newly Institute's: "We are firmly rooted in our collective commitment to excellence, whether it's patient care, inter-office communication, or the impact of the colour we choose for our wallpaper in the office bathrooms. No detail is too small to be considered."

As I lace up my spiked boots for yet another Tuesday of street medicine, I'm conflicted. While I'm glad for the existence of clean and beautiful places for patients, and for new approaches to treating severe mental health disorders, I recognize the pipe dream. My espresso fantasy melts away like dirty snow as I realize that neither my patients nor I would be any more welcome in a fancy private clinic than we are in general society. This is because, wherever we go, we expose the marble-clad foundation of discrimination upon which both for-profit clinics and society itself are built.

While the UCP cheers on the psychedelics industry to monetize its visions, I am deeply sad for the ongoing loss of lives and dreams in my community. Regardless of whether we use the word "patients" or "clients," people are still people, not commodities, with challenges that are still illnesses, not market prospects. It turns out that what we sacrifice in a private system is accountability. Even more chilling is what we sacrifice in a for-profit health system: care.

If current conservative governments continue their path of destruction all in the name of profit, too many people will have to continue to hold their breath while waiting for care out in the cold, some until they simply stop breathing. ■

Bonnie Larson is a physician and community organizer who for 15 years has worked with people experiencing homelessness.