

## NEWS

# Why Is Ottawa Stalling Proven Magic Mushroom Therapy for the Dying?

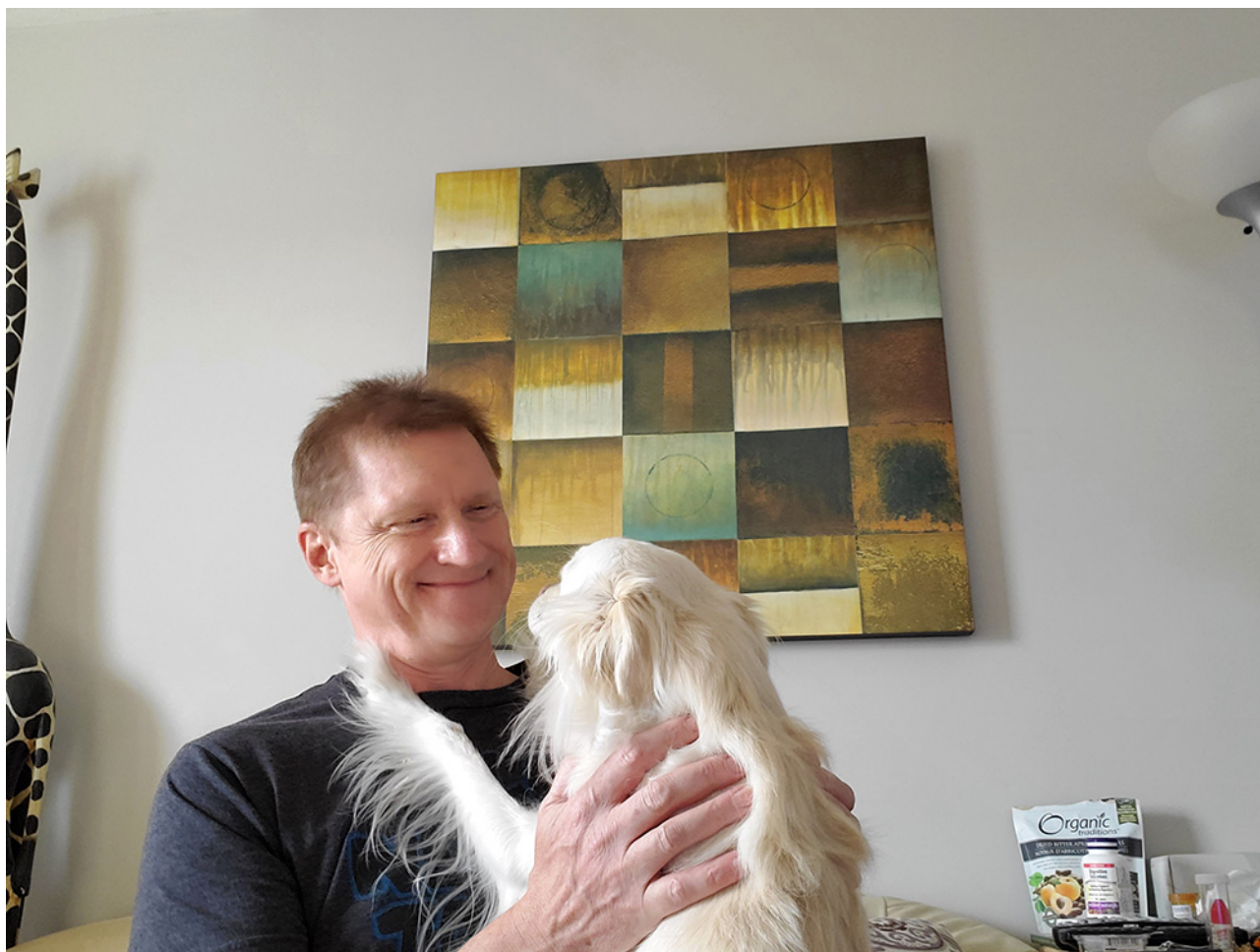
Psilocybin treatment can bring terminal patients understanding and peace. But the government is blocking access.



**Curt Petrovich**

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**Cancer patient Thomas Hartle, with Ellie, says psilocybin therapy has been a huge benefit. 'Even now, I can't emphasize enough how much of my life it has given back.... Even months later, it's much easier for me to be able to clear my head of those useless, anxious thoughts.'** Photo from Thomas Hartle.

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For many, COVID-19 has made one day blur into the next and each month merge with another in a sameness that's different from the pre-pandemic feeling of time passing.

But there are some who are never untethered from clocks and calendars as they confront something far more personally profound than even COVID-19.

They cope with terminal illness, and the existential grief and anxiety that comes with an end-of-life diagnosis.

Last year I wrote about what seemed to be enlightenment and compassion from the federal health minister. Patty Hajdu used her authority under Section 56 of Canada's Controlled Drugs and Substances Act to grant legal access to psilocybin for terminal patients. In at least one case Hajdu gave the exemption to a woman with a crippling life-long mental illness.

Psilocybin, a potent psychedelic, is illegal. But the government appeared satisfied by a wealth of scientific study and anecdotal experience backing the efficacy of the compound derived from so-called "magic mushrooms" to ease mental suffering and dramatically diminish the ruthless anguish that can hound someone facing death.

Thomas Hartle received the first Section 56 exemption for psilocybin last year.

"It's kind of changed my perspective on that whole, you know, living and dying," Hartle tells me as he reaches for an icepack to soothe one of the migraines he gets from the chemotherapy for his stage four colon cancer.

"Once you hit stage four," he says "they don't really talk in terms of curative, or anything like that. What they talk about is quality of life."

Hartle had two intensive therapy sessions using dried, pulverized *psilocybe cubensis* — magic mushrooms. They combined careful preparation, therapy during the experience and an integration process with the therapist to ensure lasting benefits.

"Even now, I can't emphasize enough how much of my life it has given back. Just in sheer terms of removing the clutter that I couldn't do anything about in my mind."

Hartle's last session was in November.

"Even months later, it's much easier for me to be able to clear my head of those useless, anxious thoughts," he says. "Like the 'what-if' sort of scenarios and things like that."

Hartle's application for legal use of magic mushrooms was shepherded by TheraPsil, the B.C.-based non-profit that has so far helped 30 patients secure exemptions. TheraPsil also made a compelling case to the government that therapists conducting these end-of-life psychedelic sessions should be permitted to experience it themselves. To date, 19 doctors, therapists and counsellors across Canada have that legal permission.

"When I was going through my search for finding a therapist, it was really, really difficult," Hartle says.

"It's like learning to swim from somebody who doesn't know how to swim, right? Or going to a marriage counsellor who's never been in a relationship. You would like the people who are providing you with this sort of therapy to be really intimately familiar with how it works."

But over the last few months the exemptions, at least for therapists, have hit a roadblock. Some 80 therapists signed up for TheraPsil's newly-developed, first-of-its-kind training program this spring. But only a fraction have been able to complete it, because they aren't legally allowed to undergo the experience themselves. They also can't practise their training with colleagues who are similarly without that legal permission.

Health Canada hasn't publicly explained what's behind the apparent freeze on Section 56 exemptions for therapists. Some have been told the department is prioritizing the applications from patients. But those are also succumbing to inertia.

A spokesperson for Health Canada says that as of this week there are 119 exemption applications that are still awaiting review.

For some doctors, ending that bottleneck is a clear ethical issue.

"Because it's not about just grinding up mushrooms and throwing it at people. It's about the therapy," one oncologist and palliative care doctor tells me. She wants her name withheld, not because of any stigma with psychedelics but because she says the need is so great, she doesn't want to be in the heart-wrenching position of turning people away. She simply can't handle any more patients.

"You can give all the Section 56s you want to patients, but unless you have people who could actually treat them, then you're going to be sitting with a lot of very unhappy patients."

Unhappiness may be the least of it, she adds.

“I hear about people just sort of saying ‘Here, pay me 500 bucks. I’ll give you some mushrooms and I’ll sit with you but that’s it,’” she says.

“That is not psychedelic psychotherapy. That’s just taking a drug and hoping for the best. If you do not have people trained, people are going to have bad experiences. People may have real injury. They could have mental injury. They could have physical injury. Psilocybin is safe, but people are so physically and cognitively emotionally vulnerable during their treatment that if they have somebody from the underground sitting with them, they can be completely, you know, traumatized.”



**The therapy approach uses psilocybin mushrooms, which have hallucinogenic properties.** Photo by Curt Petrovich.

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It's all about the training, she says.

“And you just don't get that at all by reading textbooks and watching videos. It's just not the same. It's experiential training that's so important, but in order to do that, you need your Section 56.”

She's one of the 19 health-care professionals to receive it. It meant that as part of her training, she was able to consume five grams of magic mushrooms. It led her into what she experienced as a lucid dream, aided by carefully



chosen music, an eye mask and her “intentions” to use the altered state to focus on her own personal relationships.

“It helped me really understand how vulnerable you are physically and emotionally... cognitively,” she says of the experience, which involves preparation, the experience itself and what’s known as the “integration” after the six-hour psychedelic trip.

If you think of the brain as a computer, integration is a bit like working with a programmer to debug a piece of software by making sure the lines of code written during the experience were saved.

For the patient, that code can be as simple as recognizing that they’re loved, or as complex as finding peace and satisfaction with the life they’ve led.

“So, what’s holding me back from that?” Certified therapist David Phillips says that question can be at the root of some patients’ experience. Phillips is also a trainer with TheraPsil and has himself received a Section 56 exemption.

“It’s possible that up to 60 per cent of people who go through this experience revert back to old patterns within six-months if they don’t integrate,” Phillips says. “So, the burden of integration is ethically high for us to do. We can’t just leave people with the possibility of going back to where they started six months later.”

That requires qualified, experienced therapists who not only know what they’re doing, but what patients will go through using psilocybin. Phillips says it takes four to five months to complete the training and they are anxious to get it up and running not just in B.C., but in the rest of Canada.

“This is a very detailed and specific therapy that needs to be practised and worked through well, before you can just go do it on somebody. We’re already a little behind. We can get significantly behind if we don’t grant exemptions to therapists to do the full training.”

No one understands that more than TheraPsil’s founder, Bruce Tobin. The Victoria-based clinical counsellor and psychologist was instrumental in getting the health minister to grant the first Section 56 exemptions for psilocybin.

Tobin was Thomas Hartle’s therapist and flew to Hartle’s bedside in Saskatchewan. When Tobin himself was given one of those 19 exemptions as a provider, he used it to confront his own experiences with loss, aging and death in order to find meaning.

“I had an intuition of really being one with all that is, and there being a really important sense in which I’m eternal. I had an overwhelming sense of gratitude to life. I came out of that session with a real sense of deep acceptance and peace. And so, I feel that experience immeasurably increases my personal and professional understanding of what patients undergo with their experiences.”

Tobin suspects he knows why the federal government appears to be slow-walking exemption applications.

“The psychedelic space has really become a lot more complex over the last year or two,” he says, noting that TheraPsil is explicitly a humanitarian non-profit patient rights advocacy organization. Thirty of the 35 exemptions granted to patients were shepherded by the organization.

Since TheraPsil’s first successful application, at least two for-profit psychedelic providers have been asking the health minister for the same exemptions.

“Now there are many other for-profit organizations beginning to come into the picture, and I’m expecting that many of them are filing applications on behalf of patients, and also perhaps on behalf of therapists. I can understand if the feds want to be very, very careful in loosening things for for-profit organizations. Because the tendency is when there are shareholders involved, the risk is that there’s going to be a relentless pressure on the clinical side of things to cut corners in order to enhance shareholder profits.”

Still, Tobin says the current process of essentially requiring someone to be at death’s door is unworkable. He anticipates that psilocybin access will go the way cannabis first did, through new regulations making it available for medical use.

“My intuitions are that’s where we’re going to go, and I think it’s not a matter of ‘if’ but ‘when.’ If we do find that there are serious impediments coming up to block that, we may have to consider going to Federal Court to have the courts affirm the rights of Canadians to access psilocybin to treat their medical needs just as the courts affirmed that was true for cannabis.”

Spencer Hawkswell, TheraPsil’s CEO, says the slowdown in granting exemptions isn’t related to Health Canada’s inability to deal with the applications, which require detailed written submissions from qualified medical and therapeutic professionals treating the applicant.

“We’ve had patient exemptions granted in as little as 48 hours... and it shouldn’t take too much work to look at a health-care practitioner, realize that they’re a doctor and grant them the same rights as their peers.”

Hawkswell says Health Canada has been pushing TheraPsil to do clinical trials.

“And at this point it’s just not possible. That’s a route most medicines go through. But you know, clinical trials are incredibly labour-intensive, they do not get access to all patients. You’ve got to meet strict criteria and they cost millions.”

Some advocates for legalizing medical access to psilocybin are trying to get the law changed by singing the psychedelic’s praises as an adjunct, if not an outright alternative, to Canada’s Medical Assistance in Dying legislation.

MAID, as it’s known, was passed five years ago but the controversial and divisive law was updated and expanded this past March. A joint committee of the House and Senate is reviewing its provisions right now.

Over the past couple of weeks, Dr. Pam Kryskow — a founding board member of the Canadian Psychedelic Association — has shared screen time with other psilocybin advocates in virtual meetings with MPs, senators and government policy advisors. She and others have been trying to convince them to amend MAID so that psychedelic therapy is added to what’s considered palliative care.

“It certainly seems that if you have the right to end your life, certainly you have the right to have a medicine that you choose, at the end of your life,” the B.C.-based Kryskow insists.

The reality, however, is that it can be less onerous and less intrusive for someone to legally hasten their death than to receive psilocybin therapy to improve the quality of life they have left. The current approach makes patients go to the government for permission to use psilocybin.

“Whereas MAID patients don’t have to apply to the government. They meet with two physicians and then if they qualify, they get MAID. And it should be the same.”

But it’s not the same, and Kryskow says that’s absurd.

“The situation we’re in right now is basically asking members of Parliament, ‘Can my patient have this medicine that has medical benefit?’” Kryskow says. “I don’t have to do that anywhere else in medicine. I don’t have to ask my MP if my patient can have a heart drug. It’s unethical at this point. It’s unethical



not to have these medicines available, given their safety profile, given their efficacy, given how cheap they are... at this point it's unethical to not be doing this."

I reached out to each of the federal parties' leaders in the House of Commons on the subject. Most declined to comment or simply didn't respond.

The Green party did refer me to Paul Manly, MP for Nanaimo-Ladysmith, who has written letters in support of patients seeking the legal exemption to use psilocybin. Last year Manly tabled a petition in Parliament to decriminalize plant medicines.

"Clearly that's what needs to happen," he says. But it won't, he adds, at least not any time soon, "because we have a minority government and we're heading into an election."

"People don't understand this issue well enough to deal with the kind of messaging that would come from social conservatives around this. The government is going to take a cautious approach. I think they messed up a little bit with legalizing cannabis, and it's baby steps. The public needs to be on side before politicians make those kinds of moves."

In the meantime, people who are dying, or enduring unbearable mental illness, must continue an elaborate process of applying and proving to the government's satisfaction that they're deserving of the right to a therapy that could ease their suffering.

Even setting aside the significant problem of restricting the number of trained therapists, there is another troubling consequence of the piece meal system.

The psilocybin exemptions are only good for one year.

Thomas Hartle, the stage four colon cancer survivor who was the first to receive an exemption last August, will have to go through it all over again in a few months. 🍄