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EXPERT
RECOMMENDATIONS
FOR MDMA-ASSISTED
THERAPY

REPORT FROM AN INTERNATIONAL
CONFERENCE ON THE ETHICS OF MDMA-
ASSISTED THERAPY

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SUMMARY

3,4-Methylenedioxyamphetamine (MDMA) is currently illegal in most jurisdictions. However, the drug, which has powerful psychoactive effects, has shown significant promise in recent clinical trials when combined with psychotherapy. MDMA-Assisted Therapy has been granted “breakthrough status” by FDA and is currently in the final phase of FDA approval for treatment of post-traumatic stress disorder, showing strong effect sizes and great clinical promise. Initial studies also show that MDMA-Assisted Therapy has a great potential for relationship treatment. During our November 7, 2020 conference “MDMA-Assisted Therapy: Ethics and Law” international experts gathered to discuss pertinent issues related to this new form of therapy. In this report, we provide a summary of the most important issues that were raised as well as a summary of recommendations. This report should prove useful for policy makers, researchers, clinicians, and professional regulatory colleges.

BACKGROUND

The Conference

“MDMA-Assisted Therapy: Ethics and Law” was held on 7 November 2020 via Zoom. It featured nine international experts from a variety of disciplines. Nearly two hundred people attended. A full list of presenters and topics is available at <https://enhancedtherapy.ca/conference/>. Full conference video replay is available at <https://youtu.be/AOVhTJ4e2DU>.

Background

While 3,4-Methylenedioxymethamphetamine (MDMA) is currently illegal in most jurisdictions, it is widely available as an unregulated street drug. It is known to generate a feeling of euphoria, and to enhance people’s sociability and sense of connection to others. It also carries chemical and behavioral risks. It can cause a rise in body temperature, increase in heart rate, a loss of fine muscle coordination, seeking physical proximity, propensity for disclosure, a propensity to engage in high-risk sexual behaviors, and feelings of depression as the drug wears off. Occasional account of MDMA related deaths have also been reported, especially when MDMA is combined with alcohol and strenuous physical activity that leads to dehydration in a party context.

However, when used properly in clinical settings, MDMA shows a great therapeutic promise. For example, following promising clinical research, the US Food and Drug Administration (FDA) has recently designated MDMA-Assisted Therapy as a “breakthrough therapy”¹ for treatment of Posttraumatic Stress Disorder (PTSD)². Clinical trials are currently being conducted by the Multidisciplinary Association for Psychedelic Studies (MAPS) with results confirming robust statistical significance and significant effect sizes³, and it appears that MDMA-Assisted Therapy will be approved for clinical use as early as 2023.

Because of its ability to foster sociability and connection, experts have long suggested that MDMA might be also effective in relationship therapy, and preliminary research in this area indeed shows significant clinical promise⁴. Other indications, such as alcohol abuse, eating disorders, and Depression are also currently being research using this new treatment⁵.

MDMA-Assisted Therapy consists of four phases: Screening, Preparation, Dosing, and Integration. Dosing sessions with MDMA are typically several hours long. A typical bout of treatment might include anywhere from one to three dosing sessions. These are interspersed with Integration sessions designed to integrate insights from dosing experience into everyday life to ensure the positive effects of treatment are long lasting. Participants are accompanied at all times by two qualified therapists, with a prescribing physician overseeing the therapy from the medical view-point.

¹ “Breakthrough Therapy designation is a process designed to expedite the development and review of drugs that are intended to treat a serious condition and preliminary clinical evidence indicates that the drug may demonstrate substantial improvement over available therapy on a clinically significant endpoint(s)” <https://www.fda.gov/patients/fast-track-breakthrough-therapy-accelerated-approval-priority-review/breakthrough-therapy>

² <https://maps.org/research/mdma>

³ <https://maps.org/research/mdma> for ongoing updates on FDA approval MDMA-Assisted Therapy research results

⁴ <https://maps.org/research/mdma/ptsd/conjoint-therapy>

⁵ <https://maps.org/research/mdma>

During the conference, experts have identified a number of clinical, ethical, and legal issues. We summarize these issues here with the hope that this report might serve as a guide to regulators, policy makers, researchers, and clinicians.

Note that this report focuses exclusively on MDMA-Assisted Therapy, which is just one kind of Psychedelic-Assisted Therapy. However, many of these recommendations are equally applicable to other forms of Psychedelic-Assisted Therapies.

ISSUES DISCUSSED

1. Need for interdisciplinary collaboration

MDMA-Assisted Therapy is a novel form of therapy that combines psychotherapy with a psychoactive medication as part of a single integrated programme. The medication helps enhance the therapeutic process and the therapy is designed around the therapeutic properties of the medication. In fact, upcoming FDA approval will be granted not for MDMA as a medication alone but for MDMA-Assisted Therapy as a whole. In this unprecedented way, MDMA-Assisted Therapy is irreducibly interdisciplinary in nature, as it involves two therapists and a prescribing doctor, thus requiring a close collaboration between clinical disciplines such as Psychiatry, Psychology, Social Work, Counseling, or Marriage and Family Therapy. For this reason, the field of MDMA-Assisted Therapy can be greatly advanced by a joint cross-disciplinary effort with regards to issues such as establishing ethical protocols that will guide research and development of Specialized Practice Guidelines for each participating clinical discipline. Academic researchers and ethicists could have valuable contributions to these collaborative efforts to assure safe, ethical, and effective future delivery of MDMA-Assisted Therapy.

2. Need for public funding of research

Nearly all MDMA-Assisted Therapy research to date has been supported by private donors. MAPS has raised nearly 100 million dollars in private, non-partisan donations in the past several years. This generosity is a testament to how much faith these private donors have in the new form of therapy. Private benefactors likely respond so positively because of strong initial research results. On a broader political level however, these donations, which reportedly represent all sides of political spectrum, signal the end of the era of the so-called war on drugs, which polarized approaches to drug use problems along the right/left political lines (War on Drugs vs Harm Reduction).

However, given the promise of significant clinical benefit of MDMA-Assisted Therapy, it is clearly time now for public funding agencies to step in and provide grants to advance the promising field of MDMA-Assisted Therapy. Not doing so at this time, given the strong research results, would result in delays in approval of this much needed treatment (maps footnote).

3. Canadian regulatory process

MDMA-Assisted Therapy will likely be approved in the USA in 2023. It is expected that Health Canada will follow the FDA's lead. However, as Dr. Ken Tupper observed in his presentation, Canadian regulatory process is more complicated and longer than the FDA process. Given how badly these new therapies are needed, it would be pertinent for Canadian regulators to avoid any undue delays that might result in unnecessary suffering of patients in need.

4. Need for Special Access approvals

FDA recently granted MAPS a bulk approval under Special Access protocol to deliver MDMA-Assisted Therapy to dozens of Americans with PTSD⁶. Experts agree that there is currently sufficient safety and efficacy research evidence to broaden the scope of Special Access approvals in USA and Canada to deliver this much need therapy to people in need without undue delays. Canadian and American regulators might simplify the Special Access approval process by allowing bulk approvals rather than providing approvals on an individual basis.

5. Need for MDMA-Assisted Therapy to treat relationships

According to experts and existing clinical research, MDMA-Assisted Therapy has great potential to treat relationships. Notably, primary relationship health is one of the strongest determinants of health, mental health, and general well-being, and given the current great promise of MDMA-Assisted Therapy to heal relationships, experts agree that it would be essential to work towards the approval of this treatment method for relationship treatment. There is clearly a strong need for regulators, researchers, and clinicians to figure out how to make MDMA-Assisted Therapy available to treat relationships. Here are some possible ways in which this can happen:

- i) **A paradigm shift towards relational diagnosis.** The difficulty we are currently facing is that mental disorders have so far been diagnostically conceptualized as individual phenomena, and that all pharmacological treatments to date are approved for individual disorders only. While MDMA might prove to be an effective relationship medication, so far there is no medication approved to treat relationships. We submit that there is a great need today for a paradigm shift in mental health field to allow relational diagnosis. For example, diagnoses such

⁶ <https://maps.org/research/mdma/ptsd/expanded-access>

as “Primary Relationship Dysfunction” might become primary diagnoses that are given to both individuals in a relationship when a relationship dysfunction exists. Thus far, DSM-5 uses relational diagnosis as a V code category (e.g., V61.10 – “Relationship distress with spouse or intimate partner”), classified as: “Other Conditions That May Be a Focus of Clinical Attention, addresses issues that are a focus of clinical attention or affect the diagnosis, course, prognosis, or treatment of a patient's mental disorder. However, these codes are not mental disorders.” Bringing such a V code to the status of main diagnosis would constitute a paradigm shift in mental health treatment that make MDMA-Assisted Therapy directly accessible to relationship treatment, with potentially broad positive effects on the well-being of our society.

ii) Combining trauma treatment with relationship treatment. Short of the diagnostic paradigm shift, researchers and clinicians are becoming creative in finding ways to provide relationship treatment within the current individual-oriented diagnostic system. One such current effort is combining trauma therapy with relationship therapy. For example, a recent small study used Cognitive Behavioral Conjoint Therapy to treat trauma within the couples context⁷. In this study, one participant of each couple was diagnosed with PTSD, but both partners received treatment, including the administration of MDMA. Results, though preliminary, show effect sizes that are even larger than when MDMA-Assisted Therapy is used in individual treatment. The shortcoming of this combined approach is that at least one of the participants has to have PTSD diagnosis, which makes MDMA-Assisted Therapies unavailable to relationships that struggle with other or less severe problems but could still greatly benefit from this treatment.

ii) Off-label use of MDMA-Assisted Therapy. Allowing clinicians to use MDMA-Assisted Therapy off label would at this time be the simplest way to make this therapy available for relationship treatment when clinically appropriate. Of course off-label use can bring other potential problems, in that this therapy might then be prescribed for conditions that were not properly studied and for which this treatment is not approved. This problem can be at least partially mitigated by the requirement of ongoing specialized training for both therapists and the prescribing physician.

6. Training and Certification

Because it is a unique and specialized treatment method, MDMA-Assisted Therapy will require specialized training that will ensure that standardized ethical and clinical protocols are followed. Because MAPS is conducting the current approval research, they will likely have a 5-year monopoly in USA on providing MDMA-Assisted Therapy training and certification as well as the distribution of MDMA. It is less clear at this point whether MAPS will have similar monopoly for training and

⁷ <https://maps.org/research/mdma/ptsd/conjoint-therapy>

drug distribution in Canada. It remains to be determined whether and when other qualified organizations will be able to provide this specialized training. However, no matter the future training and certification landscape, experts agree that specialized training should be required to deliver MDMA-Assisted Therapy.

7. Need for uniform screening and exclusionary criteria

Given the MDMA risk/benefit profile, experts agree that patients will have to be screened very carefully. Practitioners must ensure that people's expectations for the therapy are realistic. They must understand MDMA is not a wonder drug, and that it can only be effective as a way of helping a patient actively engage in the therapeutic process. MDMA can be problematic for people suffering from depressive or bipolar disorders. It can interact with other pharmaceuticals (e.g., the effectiveness of MDMA might be decreased for those who use SSRI/SNRIs). Those with a history of problematic drug use may also not be appropriate patients. The development and ongoing refinement of MDMA-Assisted Therapy screening procedures and exclusionary criteria should continue to be the focus of researchers and clinicians, and a uniform set of guidelines should be adopted by all researchers and clinicians who use this treatment method.

8. Need for two therapists during dosing sessions

MDMA stimulates Oxytocin, a bonding hormone that elicits feelings of trust, openness, suggestibility, and interpersonal connection. The client's connection-seeking behavior might also be directed towards the therapist, which creates conditions that are more conducive to ethical violations on the part of unethical therapists. Because of these powerful psychoactive properties of MDMA, it is fundamental for the development of the field of MDMA-Assisted Therapy to guard against ethical violations. Experts agree that one of the easiest and most effective way to guard against such potential violations is to mandate the presence of two therapists during the Dosing sessions. At this point, MAPS approval research protocol utilizes two therapists for all treatment sessions, including Preparation and Integration sessions. However, due to cost and access issues, two therapists will likely not be required during sessions outside Dosing. In fact, while there is a clear need to mandate two therapists during Dosing sessions, there is no good rationale to mandate two therapists outside Dosing sessions.

9. Therapeutic touch

For the same above stated reasons, the issue of the use of therapeutic touch should receive extra attention in MDMA-Assisted Therapy. Experts agree that specific informed consent protocols should be developed to specify what forms of therapeutic touch are allowed and indicated. These issues should be clearly discussed and agreed upon with clients prior to the onset of treatment. These protocols might slightly vary given the therapeutic modality employed, and therapist prior training

and experience, the wishes of the client, etc. Some therapists and/or some clients might clearly contract that no touch be used at any point in therapy. Despite these differences and variations, what is clear is that there should be very clear informed consents and restrictions on how and when therapeutic touch is used, if it is used at all.

10. Need for flexible psychotherapeutic approach

While there is a clear need for a uniform set of ethical and screening guidelines, including the mandated presence of two therapists during dosing sessions and specialized consent form, most experts agree that clinical psychotherapeutic approach should remain flexible to allow clinicians to use their own clinical psychotherapy treatment expertise. Different psychotherapy approaches typically produce similar clinical effects and common factors (such as therapeutic relationship) are typically considered to account for much of the healing variance in psychotherapy. MAPS currently uses a non-directive approach during the Dosing sessions, allowing clients to access their own healing resources when under influence of MDMA. Therefore there is no need to attach MDMA to any specific psychotherapy approach. Mandating a specific manualized therapeutic approach (because, for example, such an approach received research support), would be counterproductive to clinical practice and public access to this new treatment.

11. The level of credentials for psychotherapists

There is on-going discussion about what credentials will be required for therapists. FDA is currently proposing that MDMA-Assisted Therapy require the primary therapist to be either a PhD or MD. MAPS is arguing that this will limit access to this form of therapy, and points out that the approval studies were conducted by therapists with various levels of training and from different therapeutic disciplines. One future model that might strike the right balance here would be MDMA-Assisted Therapy clinics where everyone's work is overseen by at least one PhD or MD level therapist.

12. The role of prescribing physician

FDA and MAPS are also currently in discussions on whether the doctor prescribing MDMA has to be on site or merely on-call. Again, issues of cost and access have to be balanced with issues of safety here.

13. Need for specialized Informed Consent

MDMA-Assisted Therapy involves a unique set of clinical and ethical issues that require the utilization of specialized Informed Consent protocols. Issues arising from altered states, suggestibility, disclosure, unforeseen therapeutic changes (radical world-view or value shifts, relationship breakdowns), and so on might all require necessary additions to conventional psychotherapy consent

forms. These issues become even more pertinent for couples treatment, as internal changes in one partner might result in dissatisfaction and even trauma for the other.

14. Need for stable MDMA supply chain

Access to high quality MDMA is of course key to MDMA-Assisted Therapy. Because treatment involves only a small number of doses, there will be little financial incentives for commercial drug companies to mass produce MDMA, possibly leaving production to a small number of highly-specialized facilities. Hence, once this therapy is approved, MDMA supply may become a challenge. At this point, MAPS Public Benefit Corporation will likely become the sole provider of medical grade MDMA. In the future, reliance on one company might pose risks to the availability and continuity of this new treatment.

15. Need for equitable access

Many issues discussed in this report will directly affect the level of access people in need have to MDMA-Assisted Therapy. Equitable access issues should at least partially guide current regulatory, ethical, and clinical controversies related to MDMA-Assisted Therapies. MDMA-Assisted Therapy is time consuming and expensive. It requires access to psychedelic medication, a doctor, two therapists, and several-hour-long dosing sessions. Clinics have to be equipped in safe drug storage, sound proofed walls, and overnight stay provisions. Given the relatively high initial cost of MDMA-Assisted Therapy, it is especially important that public funding agencies and insurance companies pay special consideration to funding these clinically very promising therapies. Notably, the recent cost/benefit analysis⁸ show that while the initial costs of MDMA-Assisted Therapy is relatively high, the long-term clinical benefits more than outweigh these initial high costs and make MDMA-Assisted Therapy cost effective.

16. Need for public education

There is urgent need for public education about the therapeutic potential for MDMA-Assisted Therapy. The challenge is two-fold. First of all, many people view MDMA as dangerous and associate its use with criminal activity. It is classified as a “schedule 1” drug, ranking it among the most highly controlled narcotics, and its production and sale currently carries significant legal penalties. A second challenge comes from the fact that many people see it as a party drug. It is frequently used recreationally, and it is associated with raves and music festivals. The occasional reports of harm and even death related to abuse of MDMA in the party context, procurement of harmful MDMA substitutes, or mixing MDMA with alcohol have earned MDMA some bad reputation. Finally, the opposite challenge comes from the current growing excitement about the

⁸ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0239997>

legal emergence of MDMA-Assisted Therapy, which is sometimes associated with overreaching perception of it as a panacea for many problems.

There is a need for a programme of public education to ensure that the public properly understands the appropriate use of MDMA as well as actual risks involved. It will need to show that, within an approved therapeutic context, MDMA is a pharmaceutical intervention that, like other pharmaceuticals, has a specific medical purpose with a defined risk/benefit profile. Practitioners will have to ensure that potential patients do not shy away from seeking treatment where it is appropriate, due to fear or stigma. Practitioners will also have to ensure that people do not seek out MDMA-Assisted Therapy in order to obtain the drug for medically inappropriate purposes, including recreational use. Occasionally, patient perception will need to be curbed down to realistic levels to avoid viewing this form of therapy as a panacea for all sort of problems, which it clearly is not.

17. Urgency

The preliminary research with MDMA-Assisted Therapy shows a “Breakthrough” clinical promise that might surpass in effectiveness the existing mental health treatment methods, at least in the context of PTSD and likely also in the context of relationship treatment. Given the current epidemic of mental health problems and relationship dysfunction, combined with the promising potential benefits of MDMA-Assisted Therapy, we argue that there is an obligation on the part of all stakeholders to advance the research and clinical delivery of this method without undue delay.

RECOMMENDATIONS

Proceeding from the discussion by experts at the conference, we recommend that:

1. an ethics working group be established consisting of experts from a variety of relevant disciplines to address in detail the ethical issues related to MDMA-Assisted Therapy.
2. professional regulatory colleges, in collaboration with ethicists, researchers, and clinicians, establish a robust set of ethical protocols that can ensure MDMA-Assisted Therapy can be studied and implemented safely and effectively, including developments of Specialized Ethics Guidelines for Clinical Practice for each participating professional discipline.
3. public funding be provided for researchers studying the effectiveness of MDMA-Assisted Therapies for various clinical indications, including Relationship Dysfunction.
4. MDMA-Assisted Therapy be studied to treat Relationship Dysfunction in its own right.

5. Canadian regulators avoid any undue delays in approving MDMA-Assisted Therapy in Canada once it is approved by FDA.
6. the FDA and Health Canada simplify the application process and broaden the use of Special Access permissions to treat patients that are currently in need of MDMA-Assisted Therapy.
7. policy makers, the discipline of psychiatry, and public and private insurance companies participate in a paradigm shift that broadens the definition of mental disorder beyond the individual to include relational diagnosis (e.g, Relationship Dysfunction).
8. off label use of MDMA-Assisted Therapy be allowed to treat conditions such as Relationship Dysfunction.
9. ongoing specialized training be mandated for clinicians and prescribing doctors.
10. uniform screening and exclusionary criteria be developed to guide MDMA-Assisted Therapy research and clinical practice.
11. while there is a clear need for uniform ethical treatment protocols, including the mandated inclusion of two therapists during dosing, clinical psychotherapy protocols should remain flexible to allow clinicians to tailor MDMA-Assisted Therapy to utilize treatment methods of their own expertise.
12. issues of access be granted special attention by public health agencies and private health insurance companies, clinicians, and other relevant stakeholders, in order to assure that this initially expensive therapy are equally available to all in need.
13. public education about the potential risks and benefits of MDMA-Assisted Therapies should begin immediately.
14. these recommendations be implemented with urgency to guide research and bring these promising treatment methods to those in need without undue delays.

Author Biographies

Neil McArthur is Associate Professor of Philosophy and Director of the Centre for Professional and Applied Ethics at the University of Manitoba. He is the author of the book *The Ethics of Sex* (forthcoming). He is a frequent contributor on ethical issues to media outlets such as VICE, the Guardian, and the Globe and Mail.

Darek Dawda is a clinical psychologist in private practice in Winnipeg with extensive experience working with trauma and relationships. He is the founder of Enhanced Therapy Institute, an information, research, and training hub for future delivery of MDMA-Assisted Therapy. Darek believes in a world in which optimal conditions exist for all living creatures to live safe and fulfilling lives.

Presenter Biographies

Zach Walsh is a clinical psychologist, a Research Affiliate with the BC Centre on Substance Use, and an Associate Professor of Psychology at the University of British Columbia, where he directs the Therapeutic, Recreational, and Problematic Substance Use lab. He has published and presented widely on topics related to psychedelics, cannabis, mental health and psychotherapy. He is an investigator on several clinical trials of psychedelics and cannabis, including the MAPS sponsored study of MDMA-assisted psychotherapy for PTSD, and upcoming trials of psilocybin-assisted psychotherapy for problematic substance use. Zach's clinical focus is on the application of "third wave" mindfulness-based behavior therapies to address trauma, relationship conflict, and problematic substance use.

Anne Wagner is a clinical psychologist and researcher who is committed to helping understand and improve trauma recovery. She is the founder of Remedy, a mental health innovation community. She is an Adjunct Professor in the Department of Psychology and an Associate Member of the Yeates School of Graduate Studies at Ryerson University. She is the Past-Chair of the Traumatic Stress Section of the Canadian Psychological Association, and sits on the Quality Committee of Casey House (Toronto's HIV/AIDS Hospital). Anne has presented and published extensively in the use of trauma-informed care, trauma treatment, stigma and interpersonal factors. Anne has a particular focus on innovating mental health interventions, for example by using different treatment formats (e.g., with couples), and facilitators of treatment (e.g., MDMA). Anne, alongside Michael Mithoefer, Annie Mithoefer, BSN, and Candice Monson, was one of the investigators of the MAPS funded pilot study of Cognitive Behavioral Conjoint Therapy for PTSD + MDMA. Anne is the lead investigator for the upcoming MAPS funded pilot study of Cognitive Processing Therapy for PTSD + MDMA.

Bruce Sanguin is a psychotherapist living on Denman Island, B.C. After 30 years as an ordained minister he took early retirement and began an intensive period of personal healing with the use of psychedelics. He is the author of seven books, the latest of which *Dismantled: How Psychedelics Broke and Clergyman Apart and Put Him Back Together* describes his healing journey with various medicines. Bruce is a Clinical Fellow of the Canadian Association for Marriage and Family Therapy.

Mark Haden is an adjunct professor at the University of British Columbia School of Public and Population Health and Executive Director of MAPS Canada (Multidisciplinary Association for Psychedelic Studies). Mark has published on the issue of drug control policy and psychedelics in the following Journals: Canadian Journal of Public Health, International Journal of Drug Policy, Encyclopaedia of Public Health, Harm Reduction Journal, Open Medicine, Journal of Psychoactive Drugs, Journal of Studies on Alcohol and Drugs. Mark teaches in the UBC school of medicine (Population and Public Health). He obtained an MSW from UBC, and worked for the Addiction Services for 28 years in counselling and supervisory roles. He has provided public education on drugs and drug policy for over 30 years. Mark also works with the Health Officers Council of British Columbia on their position papers on the issue of a regulated market for all currently illegal drugs. He has presented in conferences and training events in many countries, Mark was awarded the Queen's Diamond Jubilee Medal for drug policy reform work in 2013.

Julie Holland is a psychiatrist and psychopharmacologist, and author of the New York Times bestseller “Moody Bitches” and “Weekends at Bellevue”. She is the editor of two non-profit books: “Ecstasy: The Complete Guide” and “The Pot Book: A Complete Guide to Cannabis”. While now a medical advisor to MAPS, she was a medical monitor for several clinical studies examining the efficacy of using MDMA-assisted psychotherapy or cannabis in the treatment of Post Traumatic Stress Disorder. Her newest book is “Good Chemistry: The Science of Connection, From Soul to Psychedelics”.

Erika Dyck is a Professor and a Canada Research Chair in the History of Health & Social Justice. She is the author or co-author of several books, including: *Psychedelic Psychiatry* (2008); *Facing Eugenics* (2013); *Managing Madness* (2017); and *Challenging Choices* (2020). Erika is the co-editor of the *Canadian Bulletin for Medical History/Bulletin canadien d'histoire de la médecine* and the co-editor of a book series on the global history of alcohol and drugs, called *Intoxicating Histories*.

Jazmin Pirozek is of Kinosao Sipi, Norway House Cree Nation in Manitoba and lives in Kenora, Ontario. She is a student of Maestro Juan Flores, a Plant Medicine Teacher of the Peruvian Amazon. Jazmin has received her Master's degree in Biology, focussing on Boreal Forest Ethnobotany, as well, she is a graduate of Boreal Forest Archaeology and Cultural Anthropology. Jazmin has travelled

across Canada to share her knowledge, as well as to the United Kingdom to present at Breaking Convention 2019. She assisted in writing Science North's Planetarium film "Under the Same Stars: Minwaadiziwin," including narration and singing for the piece. Jazmin shares her knowledge of Boreal forest medicines, continually working with Indigenous people of Northern Ontario. Currently, Jazmin works as a consultant with a Tribal council and a Community Organization teaching knowledge that promotes well-being, healing and self-knowing. The construction of her Healing Centre, located on Lake of the Woods, begins in 2021.

Kenneth Tupper is an Adjunct Professor in the School of Population and Public Health at the University of British Columbia and Adjunct Professor in the School of Child & Youth Care at the University of Victoria. His doctoral research developed the concept of "entheogenic education," a theoretical frame for understanding how psychedelic plants and substances can function as cognitive tools for learning. Kenneth's current research interests include: psychedelic studies; the cross-cultural and historical uses of drugs; public, professional and school-based drug education; and creating healthy public policy to maximize benefits and minimize harms from psychoactive substances. He has published in numerous peer reviewed academic journals, presented at international health and drug policy conferences, and has twice been appointed to Canadian delegations to high-level United Nations international drug policy.

Rick Doblin is the founder and executive director of the Multidisciplinary Association for Psychedelic Studies (MAPS). He received his doctorate in Public Policy from Harvard's Kennedy School of Government, where he wrote his dissertation on the regulation of the medical uses of psychedelics and marijuana and his Master's thesis on a survey of oncologists about smoked marijuana vs. the oral THC pill in nausea control for cancer patients. Rick studied with Stanislav Grof and was among the first to be certified as a Holotropic Breathwork practitioner. He founded MAPS in 1986, and currently resides in Boston with his wife, dog, and empty rooms from three children, one of whom is in college and two have graduated.