

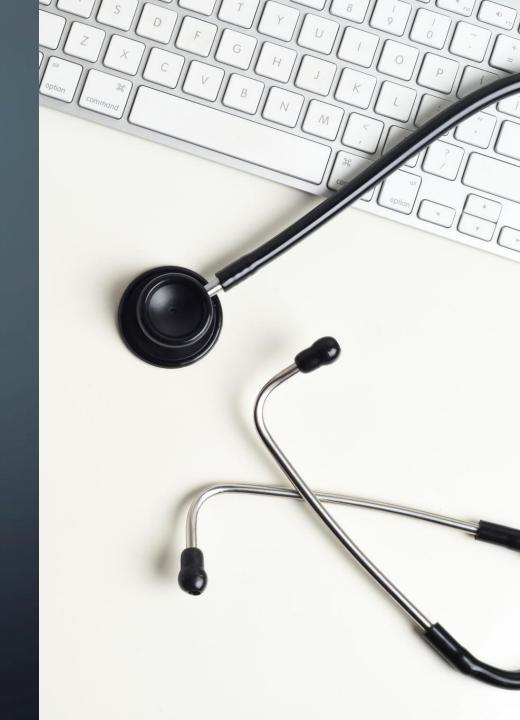
ACCESS TO PSYCHEDELICS FOR PEOPLE OF COLOR

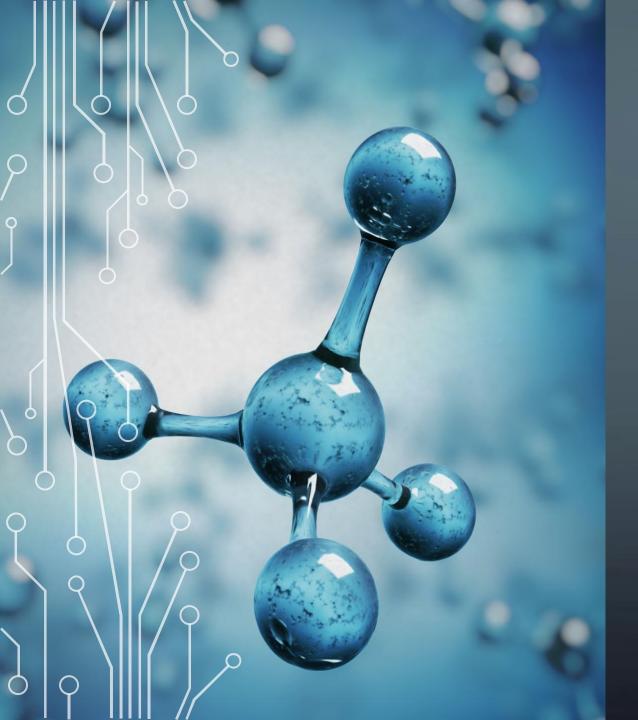
DARRON SMITH, PHD, PA-C



ASSOCIATIONS

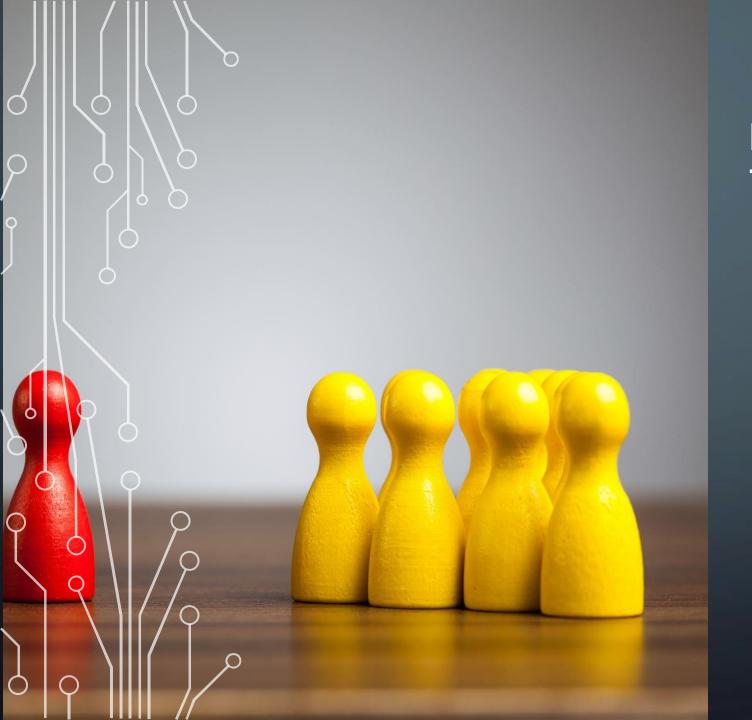
 University of Washington Department of Family Medicine





RACE-BASED TRAUMA

- Persistent exposure (direct or indirect)
 to dehumanizing treatment,
 discriminatory behavior, or racial
 violence
- Interpersonal racism (microaggression)
- Structural / Institutional racism
 - Healthcare, education, prison industrial complex, sports industrial complex, etc.



PERSISTENT DISCRIMINATION LEADS TO:

- -Negative health behaviors
- -Negative health outcomes

NEGATIVE HEALTH BEHAVIORS



DELAYS IN SEEKING TREATMENT



TO TREATMENT
REGIMEN



LOWER RATES OF FOLLOW-UP CARE



POORER QUALITY OF CARE



ALCOHOL, TOBACCO AND OTHER DRUG USE



DEPRESSION

NEGATIVE HEALTH OUTCOMES

Infant mortality (Blacks 10.3% vs whites 4.8%)

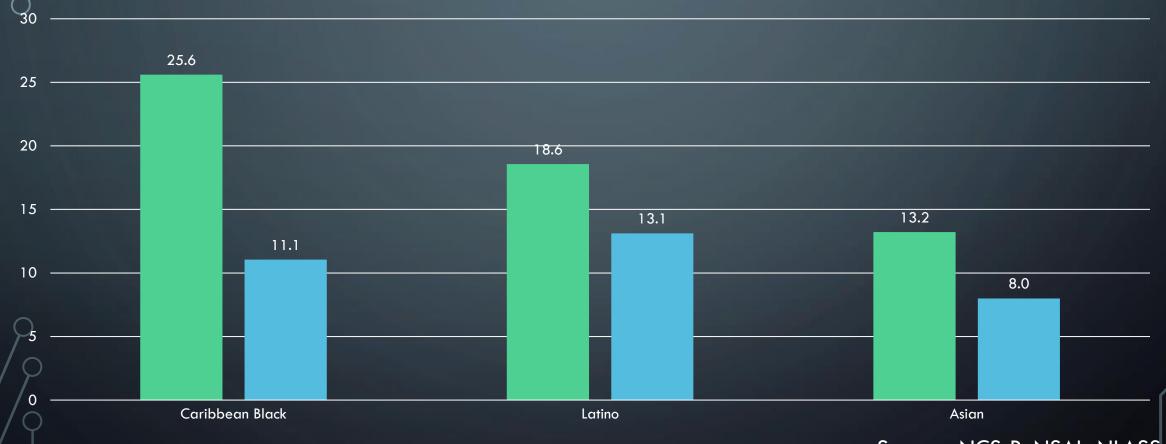
Maternal mortality (Blk 41.4% vs whites 13.7%)

Health conditions (black higher rates vs whites): diabetes, hypertension, obesity, asthma, heart disease, and COVID-19

Life expectancy (Whites live, on average, 14 years longer than Blacks)

Mental Health Disparities

12-MONTH PREVALENCE OF PSYCHIATRIC DISORDER—BY RACE AND NATIVITY STATUS (%)



■US-born ■Foreign-born

Source: NCS-R, NSAL, NLASS

LIFETIME PREVALENCE OF PSYCHIATRIC DISORDER—BY RACE AND GENERATIONAL STATUS (%)



POTENTIAL TREATMENTS FOR RACIAL STRESS & TRAUMA

Traditional psychotherapeutics

Traditional psychotherapy

Neurotech: neurofeedback (QEEG), photobiomodulation, brain tapping, VR-based intervention

Psychedelic-assisted facilitation



NO SINGLE TREATMENT IS EFFECTIVE ALONE

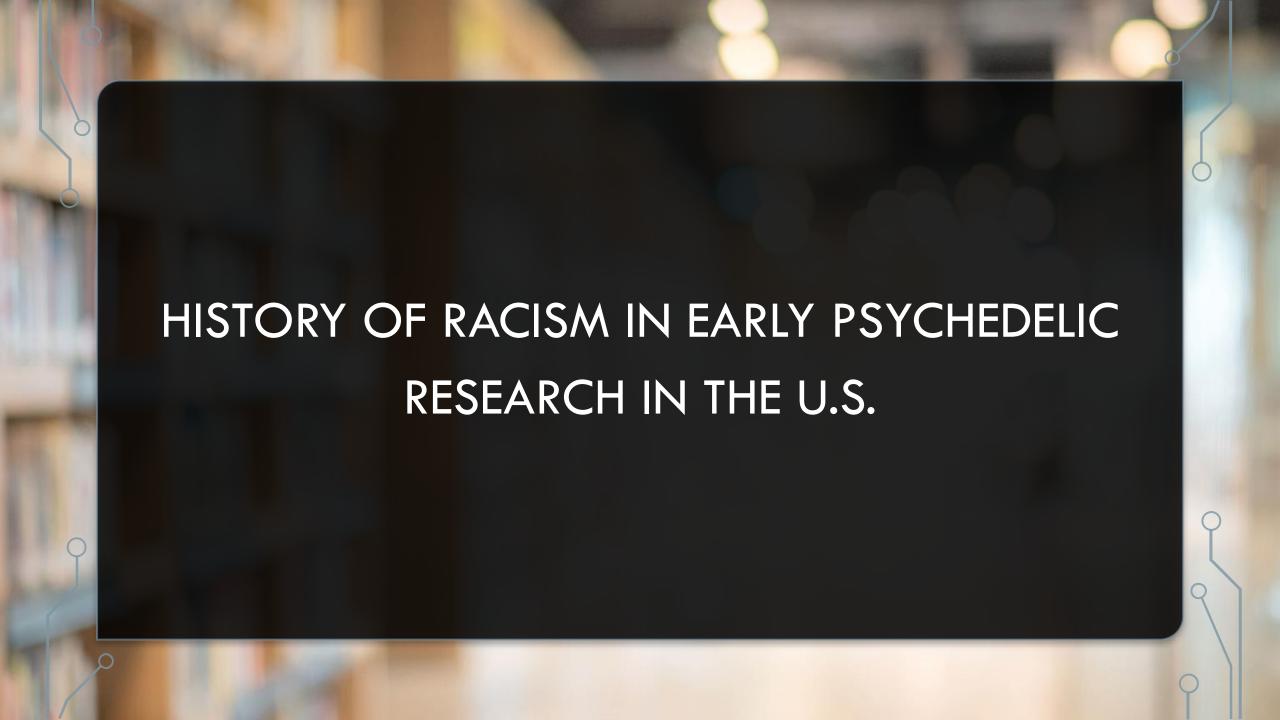
Ex) OCD treatment:

- Long-term remission rate with CBT = 39%; with medication = 21%
- POTS trial (2004) showed medication in combination with CBT to be superior (54%) to either treatment independently



BENEFITS FOR BIPOC

- **Healing Racial Trauma**: Utilizing psychedelics to process and heal from racial trauma.
- Mental Health Outcomes: Improving mental health outcomes with culturally informed psychedelic therapy.
- Community Empowerment: Strengthening community bonds and empowerment through shared healing experiences.



HISTORY AND POLITICS OF PSYCHEDELIC RESEARCH

First wave of modern Psychedelics research

Nixon Era "War on Drugs" policies in response to Civil Rights and resistance to Vietnam War.

Stigma associated with psychedelic use halted research until the 1990s, where it has since been slowly gaining traction

Continues to influence drug policies today as new administrations disproportionately criminalize racial minorities for drug use.

1950s-1960s

1970s

1990s

today

Smith, D. T., Faber, S. C., Buchanan, N. T., Foster, D., & Green, L. (2022). The Need for Psychedelic-Assisted Therapy in the Black Community and the Burdens of Its Provision. Frontiers in psychiatry, 12, 774736.

PROJECT MK-ULTRA

PROJECT MICHTRA, THE CIA'S PROGRAM OF RESEARCH IN BEHAVIORAL MODIFICATION

JOINT HEARING

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SELECT COMMITTEE ON INTELLIGENCE

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SUBCOMMITTEE ON

HEALTH AND SCIENTIFIC RESEARCH

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COMMITTEE ON HUMAN RESOURCES

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"WAR ON DRUGS"



Nixon's war on drug addicts

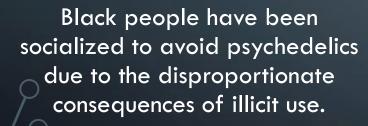
From RICHARD SCOTT

Washington, June 17
President Nixon told Congress today that the drug problem in the United States had assumed the dimensions of a national emergency. He asked for an additional £64 millions to provide emergency measures for dealing with it.

Source: Smith et al., 2022

CONSEQUENCES







Black people may, for good reasons, not perceive psychedelics as safe.



Statistics show that Black folk in the US have the lowest use of any racial group for psychedelics.



LACK OF REPRESENTATION

"Although there is an extensive global history of psychedelic use among peoples of various cultures, ethnicities, and intersectional identities, psychedelic research has been conducted almost exclusively on White populations in North America and Western Europe. The failure to include Black, Indigenous, and People of Color (BIPOC) in psychedelic research trials neglects the ethnic, racial, and cultural factors that may impact individual responses to PAP and thereby prevents generalizability of findings."

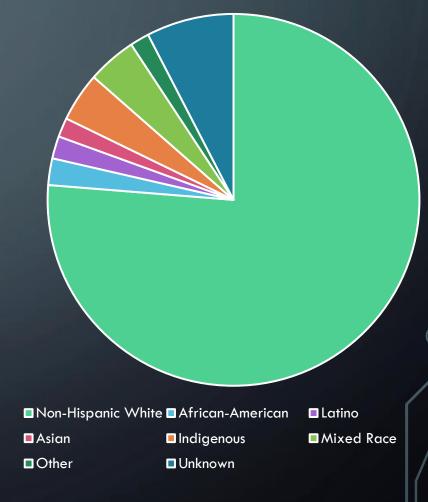
Fogg et al., 2021

LACK OF REPRESENTATION

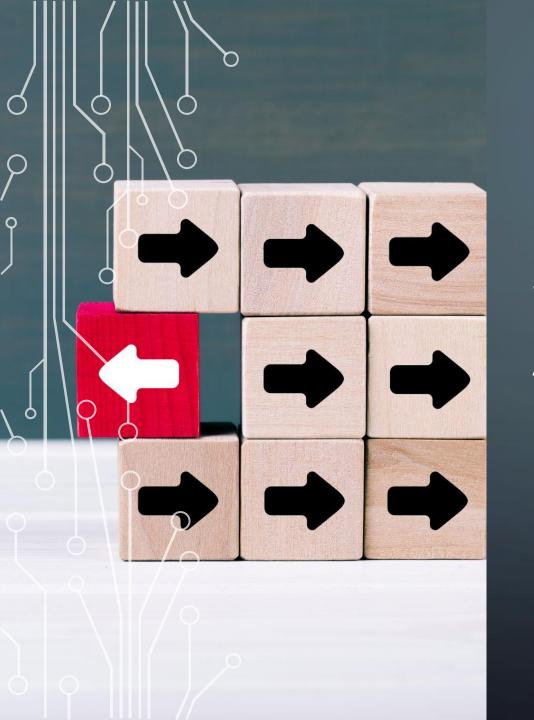
A methodological search of psychedelic studies from 1993 to 2017 was conducted to evaluate ethnoracial differences in inclusion and effective methods of recruiting people of color.

Of the 18 studies that met full criteria (n = 282 participants):

- 82.3% of the participants were non-Hispanic White
- 2.5% were African-American
- 2.1% were of Latino origin
- 1.8% were of Asian origin
- 4.6% were of indigenous origin
- 4.6% were of mixed race



Source: Michaels et al., 2018



Strategies for Better Access for BIPOC

RACIAL INEQUITIES: A MULTI-LAYERED PHENOMENON

Legalization of psychedelics does not ensure <u>access to</u> <u>communities</u> who need them most

The need for *culturally sensitive providers* in an industry where many mental health practitioners harbor unexamined white-imposed implicit biases while also being the gatekeepers of diagnosis and treatment

Lack of understanding of Black people can result in overdiagnosis with psychotic disorders and underdiagnosis of anxiety, depression, and PTSD

ADDRESS BARRIERS TO ACCESS

Legal & Regulatory Hurdles: Navigating the complex landscape of laws restricting psychedelic use.

Cultural Stigma: Combatting societal misconceptions and cultural stigma around psychedelic therapy.

Financial Barriers: Addressing the cost of therapy and lack of insurance coverage.

Research Representation: Increasing BIPOC representation in psychedelic research studies.

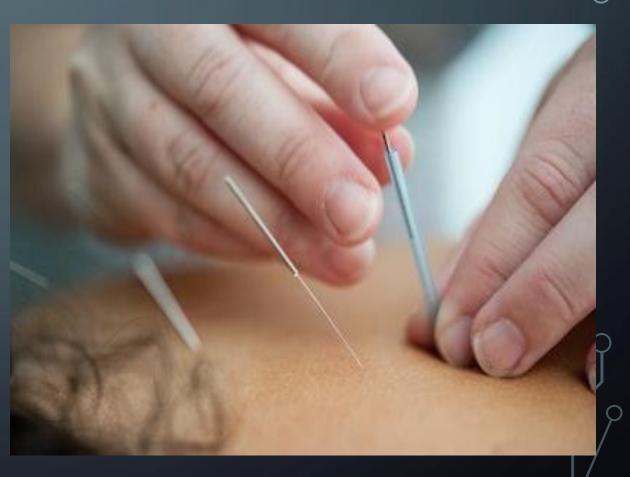
CULTURALLY INFORMED HARM REDUCTION FOR BIPOC

- Incorporating Cultural Sensitivity: Develop harm reduction strategies that acknowledge and respect the cultural backgrounds of BIPOC individuals. Include traditional healing practices and community rituals to enhance the therapeutic process.
- <u>Training for Therapists on Racial Trauma</u>: Provide specialized training for therapists in understanding and addressing racial trauma, ensuring they can offer supportive, empathetic care that acknowledges the lived experiences of BIPOC individuals.
- <u>Support Networks and Safe Spaces</u>: Create support networks and safe spaces where BIPOC individuals can share experiences, receive guidance, and build community with others who have similar backgrounds and experiences in psychedelic therapy.
- Community-led action-oriented partnerships with federal and state agencies

CULTURALLY INFORMED CARE

Integrating Cultural Competence

- Cultural Competence Importance:
 Essential for creating a safe, supportive therapy environment.
- Traditional Healing Practices:
 Incorporating ancestral and community healing methods.
- **Provider Training:** Ensuring therapists are trained in cultural sensitivity and awareness.



SUMMARY AND CONCLUSION

- Racially induced trauma and PTSD caused by racist acts are serious and widespread psychosocial issues that remain undertreated and under-researched.
- Black people endure race-based discrimination, and those with racial trauma are living with a heightened state of fear which has lifelong repercussions. This leaves individuals vulnerable to a spectrum of diseases of the brain, mind, and body.
- Psychedelic-assisted treatment has great promise to provide relief for those suffering PTSD and racial trauma, but medical gatekeeping and implicit bias are major hurdles that must be overcome if we do not want to risk causing more harm to Black people.
- Some Universities are offering isolated courses, but none have psychology or medicalbased programs offering a specialization of therapy for racial trauma
- Current sites that are using culturally informed therapeutic practices need to be bolstered and funded, and collaborations between psychedelic community, PWIs and HBCUs is paramount to the advancement of accessibility to underserved populations