

Brief for Senate Subcommittee on Veterans' Affairs

Emerging treatments for Canadian Armed Forces and Royal Canadian Mounted Police Veterans suffering from occupational stress injuries.

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Summary Of Main Points:

- MAID is set for further expansion in 2024, including eligibility based on mental illness.
- Veterans should have predictable and uncomplicated access to Psilocybin Assisted Psychotherapy in general, and should certainly have his option when all other interventions other than MAID have been exhausted.
- TheraPsil encourages the Subcommittee to support funding for Veterans who have tried and failed, or ruled out, every treatment option other than Psilocybin Assisted Psychotherapy through the SAP.

Brief:

TheraPsil thanks the Senate Subcommittee on Veterans Affairs (the "**Subcommittee**") for taking the time to review this brief about psilocybin, psilocybin assisted psychotherapy, access to the same, and importantly, refusal by Veterans' Affairs Canada ("**VAC**") to fund psilocybin assisted psychotherapy.

TheraPsil is a non-profit organization that supports Canadians, including Veterans, in efforts to access psilocybin through one of three regulatory routes: Clinical Trials, Section 56 Exemptions or the Special Access Program (the "**SAP**"). Many of these Canadians now have the right to choose death through medical assistance in dying ("**MAID**"). The right to access MAID is subject to important conditions and restrictions, which are being loosened.

MAID access was originally limited to mentally competent adults having a "grievous and irremediable medical condition" that causes enduring physical or psychological suffering that is intolerable to them. They had to be in an advanced state of irreversible decline, in which their natural death was reasonably foreseeable.

MAID eligibility was expanded in March 2021. MAID now requires that patients have incurable illnesses and intolerable suffering, but no longer requires that a person's natural death is reasonably foreseeable. This opened MAID to Canadians suffering from chronic degenerative diseases such as ALS or muscular dystrophy.

Access to MAID is set for further expansion in 2024. Proposed changes for 2024, which were originally planned to come into effect during 2023, include eligibility of mature minors and access for Canadians whose sole medical condition is a mental illness.

Some Canadians worry about the slippery slope that further expansion of MAID might unfurl. In a recent National Post op-ed [1], Chris Selly winces at the prospect of MAID being offered to Veterans who had been nudged in toward MAID when seeking psychological support. He rightly recoils at the potential for a policy to treat MAID as a solution to non-medical problems such as poverty, inadequate treatment, lack of housing or the prospect of homelessness.

Canadian media reports suggest that Veterans are now presented with a choice between treatments that are not helping them and MAID. TheraPsil understands that some of these reports may present distorted details of any particular situation regarding a Veteran and what was offered, nudged or suggested.

Exaggerations by media notwithstanding, it is critical for Canadians to consider where we draw the line on access to MAID and on which principals. At what point is genuine humanitarian compassion overtaken by convenience for others, placing vulnerable populations at risk? Where along the spectrum of liberalization with respect to MAID does our comfort disappear?

These questions deserve direct and clear answers. But in this worthy attention to the right to die, we are ignoring what should be an equally important right for those suffering: the right to try – to try a new option offered by the emerging field of psychedelic medicine. An option that does not end the patient's life and provides some hope of recovery or improvement.

Recent research has shown that psilocybin, a controlled substance that is naturally found in “magic mushrooms”, can provide dramatic improvements in patients suffering from post-traumatic stress disorder (“PTSD”), anxiety and depression, including treatment-resistant depression (“TRD”).

A landmark clinical trial in 2016 at Johns Hopkins found that “psilocybin produced large and significant decreases in ... depression, anxiety or mood disturbance, and increases in measures of quality of life, life meaning, death acceptance, and optimism”. These effects were sustained at six months. No serious adverse events attributed to psilocybin administration occurred. [1]

A companion study at New York University concluded that “psilocybin produced immediate, substantial, and sustained improvements in anxiety and depression and led to decreases in cancer-related demoralization and hopelessness, improved spiritual wellbeing, and increased quality of life”. The study confirmed that psilocybin has a well-established physiological and psychological safety profile in humans, as evidenced by the results of laboratory and clinical trial research. There were no serious adverse effects, either medical or psychiatric, in the trial that were attributed to psilocybin. [2]

Current data showing the safety and efficacy of psilocybin has supported access to psilocybin through the SAP for Canadian Veterans suffering from TRD. While some Veterans are able to access this treatment through the SAP, there is a struggle to find funds for treatment as VAC has refused to cover psilocybin-assisted psychotherapy.

VAC should make funds available to support Veterans in Psilocybin-assisted psychotherapy when there may be no other possible treatment. Lack of other appropriate treatment is after all a foundational requirement of the SAP. Where all other possible treatments have been tried and failed or ruled out, the SAP provides access but without funding to pay for psilocybin-assisted psychotherapy, the SAP is cold comfort.

Psilocybin is a controlled substance. It is a criminal offence to possess it without authorization from Health Canada. Clinical trials, though promising, are not complete, so psilocybin is not available as a prescription drug. When a Veteran is seriously suffering, has exhausted all other potential treatments, and may be eligible for MAID, shouldn't they be able to access a medicine that has a reasonable chance of making their lives more livable?

If suffering Veterans have the right to try psilocybin through the SAP, surely, the VAC should provide the funding to support Veterans' access to this promising treatment. This right flows from the bedrock humanitarian principles of compassionate treatment and patient-centred care. The same core values include support of patient dignity, autonomy and freedom of choice.

Canada has made a faltering start in recognizing patients' right to try psilocybin. In August 2020, Health Canada approved the first four applications for the compassionate use of psilocybin. Now, some 80 patients have been successfully treated through Section 56 Exemptions or the SAP.

However, when it comes to funding treatment navigating the labyrinth of SAP, VAC appears to be influenced by the same darkness that Afghanistan Veterans Association founder Bruce Moncur recently testified has degraded Veterans' support the "triple-D policy - delay, deny, die". [3] For Canadian Veterans to gain false hope by navigating the significant regulatory obstacles to accessing psilocybin through the SAP, but then be denied funding for the treatment is doubly cruel – both because treatment is denied and because of the false hope of receiving federal authorization and yet still being denied access due to lack of funding from VAC.

I am currently working with over a dozen Veterans who are seeking funding for their Psilocybin-assisted psychotherapy through VAC, but are being denied. I encourage the Subcommittee to make a recommendation supporting funding for Veterans who have tried and failed every treatment and are now left with one final option: Psilocybin Assisted Psychotherapy through the SAP.

References:

[1] [Chris Selley • National Post Nov 26, 2022: Canadian euthanasia quickly went from a good death to very dark places.](#)

[2] [Griffiths R, Johnson M, Carducci M, Umbricht A, Richards W, et al. \(2016\) Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial. J Psychopharmacology 30\(12\): 1181-1197. doi:10.1177/0269881116675513 \(available thru Google\)](#)

[3] [Ross S, Bossis A, Guss J, et al. \(2016\) Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: a randomized controlled trial. Psychopharmacology 30: 1165-1180. doi:10.1177/026988111667551 \(available thru Google\)](#)

[4] [Sean Boynton • Global News • December 2, 2022: Trudeau says assisted dying offers to veterans 'unacceptable' as cases mount.](#)