

ONTARIO COURT OF JUSTICE  
(South West Region)

**B E T W E E N:**

**HIS MAJESTY THE KING**

**Respondent**

**- and -**

**SAMER AKILA**

**Applicant**

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**AFFIDAVIT OF ZACHARY WALSH**

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I, Zachary Walsh, PhD., R. Psych, Professor, Department of Psychology at the University of British Columbia of 3333 University Way, Kelowna, British Columbia Campus, MAKE OATH AND SAY/AFFIRM:

Area of Expertise

1. My proposed area of expertise is use of psychedelics with a specific expertise in psilocybin use, effect, and access.

Personal Qualifications

2. I am a Full Professor with the Department of Psychology at the University of British Columbia. Attached hereto and marked as Exhibit "A" is a true copy of my Curriculum Vitae. I received my B.Ed. English 1997. I have been trained in Psychology: BA Honours 2001, MA Psychology 2004, and PhD Clinical Psychology 2008. I have conducted extensive research and have had research published in peer-reviewed journals on the subject of psilocybin use and behavior, and on psychedelic use more generally. I am currently funded by the Social Sciences and Humanities Research Council of Canada

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and the Canadian Institutes for Health Research to study substance use. I have authored highly cited scientific articles on psilocybin use and mental health. I am the principal investigator for the Microdose.me study which is the largest study to date of microdosing psychedelics – primarily psilocybin. I am senior author on two widely accessed articles based on data from that study and my work in the area has received wide coverage in the media.

3. I have been part of several panels to develop clinical guidelines and recommendations for regulation of psychedelics including the BC Ministry of Mental Health and Addictions Steering Committee on Psychedelic Medicine Assisted Therapy in British Columbia. I have been consulted on psilocybin-related issues by the Canadian Senate, am a founding member of the International Society for Research on Psychedelics and a founding member of the Editorial Board of the peer reviewed journal Psychedelic Medicine. I have also worked as a paid consultant to emerging psychedelic companies Entheotech and Numinus where I have received compensation in the form of shares and options (value <\$5000 each) and Mycomedica Life Sciences where I have received hourly compensation (<\$1000). I teach an advanced undergraduate psychology course at UBC on the topic of drugs and behavior which includes detailed coverage of psilocybin and psychedelics generally and I have also delivered psilocybin/ psychedelics education seminars and workshops for diverse health professionals.
4. I have experience with psilocybin assisted psychotherapy as a therapist on a clinical trial of psilocybin assisted psychotherapy for alcohol use disorder and as a therapist working within the Health Canada Special Access Program to provide access to psilocybin for certain conditions – most notably anxiety associated with serious diagnoses such as cancer. I am principal investigator for a clinical trial of psilocybin to assist with opioid titration among individuals attempting to reduce their use of prescription opioids in the context of chronic pain. I was also a member of the clinical team for one of Canada's first trials of psychedelics to treat a mental health condition. I have led several large surveys of psilocybin and psychedelic use in Canada. Note that the use of psilocybin and

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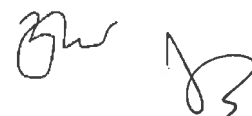
psychedelics has been among my key research topics. In the course of my research and clinical work over the past decade I have had the opportunity to work with diverse participants in the psilocybin industry including patients, physicians, and countless other users of psilocybin.

5. I acknowledge that it is my duty to give evidence in relation to this proceeding as follows:
  - (a) to provide opinion evidence that is fair, objective, impartial, and non-partisan;
  - (b) to provide opinion evidence that is related only to matters that are within my area of expertise; and
  - (c) to provide such additional assistance as the court may reasonably require, to determine a matter in issue.
  
6. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

#### Opinion

Can a person who consumed psilocybin reasonably expect to potentially experience changes in any of the following thought-related effects during or after their psilocybin experience: cognitive flexibility, spirituality, life-meaning, ego dissolution, connectedness, mindfulness, creativity or other similar effects?

7. Psilocybin use can cause consumers to experience positive changes in the thought-related domains of cognitive flexibility, spirituality, life-meaning, ego dissolution, connectedness, mindfulness, and creativity. These thought -related effects are overlapping but also meaningfully distinct and as such warrant distinct examination.
  
8. The vast majority of research on thought-related effects of psilocybin has focused on larger – rather than micro – doses of psilocybin. In general, the category of thought-related effects is the primary domain in which psilocybin effects are experienced.



9. Among the most thoroughly researched category of thought-related effects involves mystical experience which includes spirituality, life-meaning, ego dissolution, and peace. Ego-dissolution is a positive thought-related experience characterized by the feeling of being outside of - or beyond – one’s typical sense of self or perspective. An article published in the journal *Psychopharmacology* entitled *Psilocybin occasioned mystical-type experiences: immediate and persisting dose-related effects* (Griffiths, Johnson, Richards, Richards, McCann & Jesse, 2011) confirm the capacity of psilocybin to reliably engender *mystical experiences* and *ego dissolution*.
10. Among adults with no prior experience with psilocybin 72% of participants in this study experienced a complete mystical experience. In addition to these mystical experiences participants reported - and were assessed to have experienced - lasting positive changes in other thought-related domains. These changes may have been at least partially resulting from the highly valued mystical experience and associated shifts in perspective and consciousness. As the authors of the study report:
- “The present study also extends previous observations indicating that psilocybin can occasion persisting positive changes in attitudes, mood, life satisfaction, behaviour and altruism/ social effects (Griffiths et. al. 2006, 2008). All of these domains showed dose-related increases one month after sessions, with effects at the highest doses sustained at the 14 month follow up. One month after sessions at either or both the two highest dose sessions, 94% of volunteers endorsed that the experience increased their sense of well-being or life satisfaction moderately or very much, and 89% rated moderate or higher changes in positive behaviour. At the 14-month follow-up, these ratings remained high. The types of behaviour change most frequently cited by volunteers were better social relationships with family and others, increased physical and psychological self-care and increased spiritual practice (Table 6). Ratings by community observers before and after the study as well as ratings by study monitors after the study monitors were consistent were persisting positive changes in behaviour and attitudes claimed by the volunteers. The persisting positive changes, particularly in attitudes, mood and life satisfaction occasioned by psilocybin appear similar in kind and breadth to the enduring changes reported in case studies of individuals who have had spontaneously-occurring mystical or insightful-types of experiences (Miller and C’ de Baca, 2001).”
11. These experiences have clear thought-related impacts. For example, one characteristic participant statement:

“I have a thousand ideas to write about and am making time and space in my life to accommodate them.”

12. The results of this study have been replicated several times and are reliable. In sum, replicated evidence across several samples indicates that use of psilocybin can engender mystical experiences and these experiences are distinctly characterized by several of the thought-related effects identified in the question with a particular emphasis on positive ego-dissolution, spirituality, and life-meaning.
  
13. A study recently completed by our researcher team at UBC in collaboration with investigators from University of Toronto and approved by the UBC Behavioral Research Ethics Board and *in preparation for submission* to a peer reviewed journal provides further detailed information regarding other aspects of thought related effects. The survey included responses from more than 740 adult users of psychedelics among whom psilocybin was the most widely used substance - used by over 80% of respondents. Positive impacts of psychedelic use on *General Thinking* were reported by 97% of respondents with 61% reporting large positive effects. More granular analysis indicated that 93% reported improvements in *Positive Thinking*, 86% reported increases in *Creativity* and 84% reported increases in *Mental Clarity*. Other highly endorsed thought-related effects included 95% reporting increases in *Personal Sense of Spirituality* and 93% reported increases in *Appreciation of Nature*. In sum, thought related effects were ubiquitous in our recent survey of psychedelic users.
  
14. Research has also specifically identified positive impacts of psilocybin use on creativity. A double-blind, placebo-controlled study published in the journal *Translational Psychiatry* entitled *Spontaneous and deliberate creative cognition during and after psilocybin exposure* (Mason et al., 2021) indicated that spontaneous creative insights was enhanced acutely following administration of psilocybin, and that the generation of novel ideas increased in the subsequent week. Neuroimaging indicated that these effects were accompanied by neurological changes related to cognitive flexibility, leading the

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authors to conclude that they had established an empirical basis for the broadly reported anecdotal accentuation of creativity associated with use of psilocybin use.

15. Mindfulness is a thought-related skill involving the capacity to attend to the active and present contents of one's mind. Accentuation of mindfulness and ego-dissolution are frequently reported thought-related effects of ingesting psilocybin. This is reflected in the findings of a 2019 article published in the journal *Nature: Scientific Reports* after a blind peer review process, entitled *Characterization and prediction of acute and sustained response to psychedelic psilocybin in a mindfulness group retreat* (Smigielski et al., 2019). In this study experienced meditators who ingested psilocybin during a meditation retreat experienced deeper meditative states and accentuated mindfulness compared to those who completed the meditation retreat but received placebo. Participants who received psilocybin were also more likely to experience ego-dissolution related to the mystical experience. This private, thought-related experience has been widely found to have salutary effects, and meditators who received psilocybin and experienced high levels of ego-dissolution had greater positive changes in perspective on self, environment and other people when queried 4-months after the experience.

When a psilocybin consumer experiences some or all of the thought-related effects listed in question #1, does the person tend to view these effects as valuable and/ or important?

16. The subjective value and importance of the thought-related experiences is immense. An article published in *Journal of Psychopharmacology* after a blind peer review process, entitled "*Mystical-type experiences occasioned by psilocybin mediate the attribution of personal meaning and spiritual significance 14 months later*" (Griffiths, Richards, Johnson, McCann & Jesse, 2008) reported that adults who were administered psilocybin viewed their experience as among the most important of their lives, such that 58% rated among the top 5 most *personally meaningful* experiences of their lives and 67% rates as among the most *spiritually meaningful* of their lives.



17. The enduring impact of these effects is highlighted by an article published in *Journal of Transpersonal Psychology* after a blind peer review process, entitled “*Pahnke’s Good Friday experiment: A long-term follow-up and methodological critique*” (Doblin, 1991). This paper reports on a unique opportunity to examine the very long-term thought-related effects of psilocybin use. The study builds on an early study of psilocybin-occasioned mystical experience that in 1962 administered psilocybin to divinity students. Assessments conducted shortly after the experiment indicated that participants in the psilocybin condition experienced profound thought related mystical type experiences and that these experiences were considered highly meaningful and valuable. Interestingly, when followed up 25 years later participants maintained their high esteem for the psilocybin experiences, rating them as being among the most important spiritual event of their lives. As one participant reported:

“Just in that one session I think I gained experience I didn’t have before and probably could never have gotten from a hundred hours of reading or a thousand hours of reading.” (p.16)

18. In sum the acute and long-term perceived importance of thought related psilocybin experiences is extremely high.

#### What are the reasons people consume psilocybin?

19. This query warrants distinct discussion for microdoses and for larger doses, as the subjective experiences of and motivations for each practice overlap but are also distinct in important ways.

20. With regard to larger doses, thought-related motives are the primary reason people consume psilocybin. This reflected in the findings of a 2021 article published in *Drug and Alcohol Review* after a blind peer review process, entitled “*Motives for the use of serotonergic psychedelics: A systematic review*” (Basedow & Kuitumem-Paul, 2021). The article presents a comprehensive review of the literature on motivations for the use of serotonergic psychedelics, of which psilocybin is the most widely used in North

America. The review included 37 relevant studies with a total of over 12800 participants queried across diverse time periods, locations, and methodologies making it an extremely robust, comprehensive, and reliable analysis. That review identified *Expansion* motives as the primary motives for the use of psilocybin and other serotonergic psychedelics. The authors described *Expansion* motives as being clearly thought-related such that they involve:

“...subjectively increasing self-knowledge and creativity...” (p.1398)

21. Enhancing spirituality is another widely cited reason for psilocybin use, as psilocybin containing mushrooms have an extensive and well-documented history of use as entheogens. Entheogenic plants are plants used to enhance spiritual experience. There is evidence of entheogenic use of psilocybin among the Indigenous peoples of the Americas dating back to the precolonial era. This is reflected in the contents of a 2024 article published in *Journal of Psychedelic Studies* after a blind peer review process, entitled “*Indigenous psilocybin mushroom practices: An annotated bibliography*” (Spiers et al., 2024). This article documents 49 research articles that identify Indigenous approaches to the use of psilocybe mushrooms with evidence from several centuries clearly documenting use of psilocybin for thought-related purposes such as spirituality and communication.
  
22. Motivations for microdosing are clearly outlined in a 2021 article published in *Nature: Scientific Reports* after a blind peer review process, entitled “*Adults who microdose psychedelics report health related motivations and lower levels of anxiety and depression compared to non-microdosers*” (Rootman et al., 2021). This study is the culmination of research by myself and an international team of leading health researchers from prominent universities in Canada, Europe and Australia. The data for this article were drawn from the Microdose.Me (MM) study, which is the largest detailed study to date of psychedelic microdosing. The MM study was externally funded and reviewed by the Mitacs Foundation and was carried out between 2019 and 2021.

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The findings of this study highlight the broad thought-related motivations for microdosing psilocybin. Among the 3486 adults who reported microdosing psilocybin, 3 of the 4 most frequently endorsed motivations were entirely thought-related. Specifically, the most prevalent motivation was *Enhance Mindfulness*, which was endorsed by 83% of those who microdosed psilocybin. The thought-related motive of *Enhance Creativity* was the third most prevalent being endorsed by 74%, and the fourth most prominent was *Enhance Learning* which was endorsed by 58% of respondents. In sum, as is the case with the use of larger doses of psilocybin, thought-related motives are by far the most prominent reasons why people use psilocybin.

Is it possible to estimate the number of people in Canada accessing psilocybin through the unregulated market?

23. The most recent national statistics pertaining to the numbers of individuals in Canada who consume psilocybin accessed from an unregulated source (i.e. not clinical trial or Health Canada Special Access) are drawn from the 2019 edition of the Canadian Alcohol and Drug Survey. That study reported that approximately 587,000 Canadians consumed drugs from the category of hallucinogens in 2019. In that survey hallucinogens was the category within which psilocybin was included. That survey did not report specific numbers regarding psilocybin, however our more recent survey of psychedelic users indicated that psilocybin was the most widely used psychedelic relative to the other substances that were classified as hallucinogens, being used by over 80% of respondents. Recent research from the US indicates that psilocybin use has increased since 2019 and this trend likely also extends to the Canadian context. As such, my best estimate is that over 500,000 Canadians have used psilocybin accessed from the illicit market in the past year. This estimate is accompanied by the caveat that illegality, stigma and other factors complicate estimation.

What are the health risks to consuming psilocybin? (for micro doses and larger doses)

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24. Estimating the health risks of psilocybin requires consideration of several aspects of risk, including risks of addiction, long-term health effects, risks during acute intoxication, and risks to public health. With regard to larger doses of psychedelics, an article published in *Journal of Psychopharmacology* after a blind peer review process, entitled “*Adverse effects of psychedelics: From anecdotes and misinformation to systematic science*” (Schlag, Aday, Salam, Neill & Nutt, 2022) presents a comprehensive review of the literature on harms related the use of psilocybin and other serotonergic psychedelics, wherein the authors review risks across several distinct domains.
25. Across all domains the evidence supports the conclusion that the health risks of consuming psilocybin are very low. Regarding *risk of addiction and misuse*, the authors note that this class of substances - which includes psilocybin - as having extremely low prevalence of dependence – even lower than caffeine. Another aspect of harms involves the potential for individuals to engage in dangerous *behaviors under the acute effects* of psychedelics. Regarding this concern the authors note that the risk of engaging in harm to self or others does not appear to be exacerbated among users of psychedelics. Indeed, psilocybin was estimated to have the lowest incidence of emergency hospital visits of all recreational drugs; fewer than 1% of users reports seeking help from emergency services related to psychedelic use and the use of psychedelics is estimated to be involved in a very low 0.1% of admissions to hospital. Among those who do seek emergency services related to the acute effects of psilocybin concerns are very typically short lived and not serious. A recent article published in *Journal of Psychopharmacology* after a blind peer review process, entitled “*Adverse experiences resulting in emergency medical treatment seeking following the use of magic mushrooms*” (Kopra, Ferris, Winstock, Young & Rucker, 2022) used data from the Global Drug Survey – which is the world’s largest survey of drug users – to reveal that among more than 9200 psilocybin users the likelihood of a psilocybin use event leading to emergency service use was less than 0.1%. Further analyses of cases that led to emergency service use indicated that the few events that did lead to seeking services were short lived and self-resolving; transient

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anxiety and paranoia were the most common complaints and all but one case resolved within 24 hours.

26. In cases where individuals have engaged in harmful behaviors under the influence of psilocybin, psilocybin was usually consumed together with other substances – such as alcohol – which have known potential to increase risk for harmful behaviors. In such cases it is not possible to parse the extent to which – if any – the increased risk is distinctly attributable to psilocybin, making it more parsimonious to attribute the harmful behaviors to the substances for which there is an empirically validated association with violence and self harm such as alcohol or stimulants. Importantly, the small risk of engaging in harmful behaviors can be almost entirely mitigated by following best practices safety procedures discussed in more detail below such as screening and facilitation by an attendant not under the influence of psilocybin.
  
27. With regard to *long-term health impacts* psilocybin also appears to have an excellent safety profile for both mental and physical health. Psilocybin has an outstanding safety ratio (i.e., therapeutic index) such that a potentially harmful dose is several hundred times larger than what is used for thought-related effects, making it an order of magnitude safer than aspirin from the perspective of frank toxicity. The low physiological toxicity of psilocybin is well-established and as such most potential concerns relate to mental health. However, convincing populations evidence suggests that psilocybin use is not harmful to mental health and may actually confer benefit. This is reflected in the findings of a 2015 article published in *Journal of Psychopharmacology* after a blind peer review process, entitled “*Psychedelics not linked to mental health problems or suicidal behavior: A population study*” (Johansen & Krebs, 2015). This study presents the results of a large population study of more than 135,000 US adults of whom more than 14,000 had used psilocybin. The analysis did not identify increased risk for mental health problems, suicidality or mental distress associated with use of psilocybin, but rather found that psilocybin use was associated with lower levels of severe psychological distress, reduced likelihood of using inpatient psychiatric services, and lower prevalence of being diagnosed with depression.



Moreover, the careful assessments of neurocognitive effects that are embedded in clinical trials have determined that there are no apparent deficits associated with the use of psilocybin. In sum, the acute and longer-term risks of psilocybin use to mental and physical health are very low.

28. A final and distinctive longer-term health concern associated with psychedelic use is the development of hallucinogen persisting perceptual disorder (HPPD) which is sometimes colloquially described as “flashbacks.” The authors of the review note that despite anecdotes and public perceptions there have been no reports of HPPD among the hundreds of participants in clinical trials of psilocybin. As such they conclude that the condition is very rare and may present exclusively among illicit psychedelic use. In such use the actual nature of the psychedelic substance cannot be reliably ascertained and as such the apparent harms of illicit psychedelic use may not be directly translatable to potential harms of regulated psilocybin use. In light of this inconsistency in product purity and the rarity of the condition even among illicit use, pending further investigation it does not appear appropriate to include HPPD among the substantial risks of regulated psilocybin use. In sum, although there are anecdotal reports of HPPD there is no conclusive evidence that it represents a substantial health risk associated with the use of psilocybin in particular.
29. Evaluating the health risks associated with psilocybin use requires consideration of both individual and *public health*. A useful and widely adopted heuristic to contextualize the risk of a given substance is to compare its harms to those of other substances, and this process has been widely adopted to rank the relative combined individual and public health harms of various substances. Across diverse international ranking systems psilocybin is routinely scored to be the very lowest - or among the few very lowest - in terms of combined harms to personal and public health. An example of such ranking is a 2015 article published in *Journal of Psychopharmacology* after a blind peer review process, entitled “*European ratings of drug harms*” (Amsterdam, Nutt, Phillips & van den Brink, 2015) which I accept and adopt as part of my evidence. This study identifies

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psilocybe mushrooms as having the lowest risk of the 20 most widely used psychoactive substances ranked on 16 criteria that capture the combined harms to self and public. By way of context, on the weighted 100-point harm scale the most harmful drugs such as alcohol and heroin had scores greater than 50 whereas the score for psilocybin was less than 5. Moreover, this finding of low ranking is corroborated by other ranking systems and has been observed based both on the formal rankings of clinical experts in substance use and substance use treatment and on ranking by people with lived experience of drug use. In sum, psilocybin is among the least or perhaps the least harmful of all widely used legal and illegal psychoactive drugs.

30. With regard to public health, violence related to use of substances such as alcohol and stimulants represents a substantial public health concern, particularly with regard to violence toward intimate partners (i.e. domestic violence). However, a series of studies from our group indicates that psychedelics such as psilocybin are protective against domestic violence. This protective relationship has been identified for psychedelics in general among male jail inmates; inmates who had a history of psychedelic use were less likely to be arrested for domestic violence (Walsh et al., 2016) and male university students in Canada who had a history of psychedelic use were less likely to report violence and aggression against intimate partners (Thiessen, Walsh, Bird & LaFrance, 2018).
31. The evidence base related to psilocybin microdosing is much less well developed than the research involving larger doses. With regard to acute and public health risks the acute effects of microdosing are intended to be subperceptual and as such it is reasonable to assume that the impacts of microdosing on harmful behaviors and risks to public health would be extremely low. With regard to long-term health impacts, the Microdose.me study described above (paragraph 22; Rootman et al., 2021), which is the largest study to date of microdosing found that with regard to the widely used and well-validate measures of stress anxiety and depression individuals who microdosed demonstrated slightly better health, suggesting at minimum that microdosing is at least



not harmful to longer term mental health. However, because microdosing is relatively novel as a widespread practice and is generally understudied, more time will be required to establish the absolute safety of microdosing with regard to potentially subtle physiologically effects. Nonetheless, taken together, the good safety of larger doses, preliminary evidence from microdosing studies, and widespread adoption of microdosing provide a strong signal of acceptable safety for microdosing.

What are the protocols generally when someone uses psilocybin at a clinical trial or via the Health Canada Special Access Program?

32. The best practices for the use of psilocybin in a clinical trial are articulated in review article published in *International Review of Psychiatry* after a blind peer review process, entitled “*Current perspectives on psychedelic therapy: use of serotonergic hallucinogens in clinical interventions*” (Garcia-Romeu & Richard, 2018). This article provides a thorough review of practices in clinical trials and psilocybin assisted psychotherapy more generally. The authors note that contemporary approaches to psilocybin assisted psychotherapy pay particular attention to *screening, preparation, dosing, setting,* and post-session *integration*.
33. This process is consistent with the formal programs of US states such as Oregon which has developed a mechanism for facilitating access to psilocybin outside of clinical use, such as use for thought-related purposes. Now produced and marked as Exhibit “B” to this my affidavit is a copy of the 2022 *Oregon Psilocybin Services Fact Sheet* developed by the *Oregon Health Authority* to inform citizens of the nature of the state program. Note that program participants are required to undergo screening, attend a preparation session, only access psilocybin from a licensed quality-assured source and consume it under the supervision of a trained and licensed facilitator. Now produced and marked as Exhibit “C” to this my affidavit is a copy of the 2022 *Client Information Form* also developed by the *Oregon Health Authority*. The purpose of this form is to assist in the screening of potential participants in order to minimize harms for medical and for non-

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medical use. To this end, the presence of intentions to engage in self-harm, and the presence of psychotic disorders or high risk of psychosis exclude potential participants from ingesting psilocybin. Note also that the presence of other medical and psychological issues that warrant ongoing treatment requires potential participants to consult with the health care experts engaged in their care to provide a personalized evaluation of appropriateness to consume psilocybin. The features presented in Exhibit B and Exhibit C are also consistent with my own experience working on clinical trials and on psilocybin-assisted therapy cases approved under the Health Canada Special Access program.

34. The *screening* is effective for minimizing the risk or excluding patients with severe mental illness – most notably psychotic disorders - who may have difficulty orienting to and integrating the experience. While safe – as described in paragraphs 24 - 30 above – the psychedelic experiences engendered by psilocybin can be psychologically intense and acutely disorienting. Among individuals with psychotic disorders (e.g. schizophrenia), or at high risk of such disorders, the intense and disorienting psychedelic experience may risk potential exacerbation of symptoms. The risks of an unpleasant or distressing experience is further reduced by *preparation* sessions that provides patients with realistic expectations regarding the experience, allows them to ask any questions, and to develop and briefly practice skills for navigating the psilocybin experience. Attention to *setting* further reduces risks of unpleasant or potentially harmful acute experiences by ensuring that the patient is attended to by trained assistants in a controlled environment throughout the session. This prevents accidents related to disorientation (e.g. falls) and allows for the provision of reassurance should patients become confused or agitated. The *setting* extends to the physical space which is organized in a manner that minimizes risk and maximizes comfort and tranquility through the use of environmental factors such as soft lights and music. Attention to *dosing* provides consistency and allows for moderating the intensity of the experience based on individual levels of familiarity and comfort with altered states of consciousness. Finally, *integration* sessions with the same trained specialists who



provided preparation allow for patients to ask questions that may emerge post session and also allows the trained facilitator to address any concerns and monitor for unexpected negative reactions.

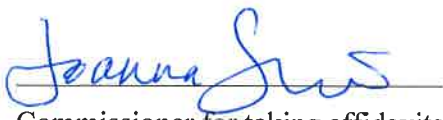
What are the health and safety risks from consuming psilocybin when consumed in a manner similar to the Health Canada approved Special Access Program or clinical trials?

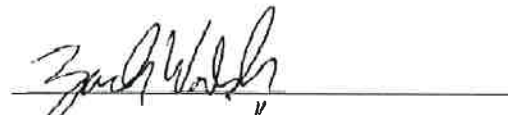
35. The health and safety risks of consuming psilocybin are very low from the perspective of harm for the development of problematic use (i.e. addiction), from the perspective of long-term risks to mental and physical health, and in term of acute risk during the effects of psilocybin. Indeed, the disorientation associated with acute effects likely represents the most substantial risk and this risk can be clearly mitigated with the presence of a trained facilitator and with attention to the setting in which psilocybin is administered.
36. In sum, numerous clinical trials have carefully monitored adverse events and concluded that with the type of protocols established by those trials (see paragraphs 31 - 33) psilocybin can be consumed in a manner that minimizes the already small risks associated with consuming psilocybin. In this context the health and safety risks of psilocybin compare favourably to the type of activities that constitute mainstream recreations such as sport and travel. In other words, with proper attention to accessible and well-known protocols psilocybin can be used in a very safe manner. Indeed, it is noteworthy that participants in the clinical trials and patients accessing the Special Access Program must be experiencing substantial mental and or physical health problems in order to qualify for participation. That psilocybin can be consumed very safely by such individuals who may be reasonably expected to be at heightened risk for the negative effects of any intervention speaks strongly and positively to the safety of

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psilocybin use among the relatively healthier adults who may be expected to use psilocybin for non-medical, thought-related purposes.

Sworn remotely via videoconference by )  
Zachary Walsh in the city of West )  
Kelowna. British Columbia, and the )  
Commissioner Joanna Shaw in the city )  
of Toronto, Ontario this 4<sup>th</sup> day of )  
June 2024. )

  
Commissioner for taking affidavits  
Joanna Shaw

  
Zachary Walsh

**JOANNA KATHLEEN SHAW,**  
a Commissioner, etc., Province of Ontario,  
for LEWIN & SAGARA LLP,  
BARRISTERS AND SOLICITORS.  
Expires October 16, 2026.