



Toward a Canadian Framework for Psychedelic Access: Executive Summary of the National Dialogue on Psychedelic Access June 15, 2026

In April 2026, Multidisciplinary Association for Psychedelic Studies (MAPS) Canada convened the first-ever National Dialogue on Access to Psychedelics, bringing together clinicians, researchers, policymakers, Indigenous knowledge holders, legal experts, community and industry leaders, advocates, veterans, and people with lived experience to explore the future of psychedelic access in Canada. The dialogue was timely, as evidence supporting psychedelic-assisted therapies for conditions such as PTSD, depression, substance use disorders, and end-of-life distress continues to grow, alongside increasing public interest and demand. Yet access remains limited, fragmented, and dependent on narrow regulatory pathways, while substantial use continues outside formal systems.

Amid the urgent mental health and addictions crisis, participants focused on how Canada can expedite the development of access pathways that are safe, equitable, culturally appropriate, evidence-informed, and sustainable. The dialogue revealed broad consensus that Canada has entered a preliminary implementation phase. The central challenge is no longer just to demonstrate that psychedelic therapies show promise, but how to integrate them into health, community, and cultural systems in ways that maximize benefit and minimize harm.

Key Findings

1. Evidence Supports Action While Learning Continues

The evidence base is substantial and strengthening, but participants understood “evidence” as broadly encompassing clinical trials, real-world outcomes, lived experience, and Indigenous knowledge systems and cautioned against letting the pursuit of perfect evidence delay action. The burden of mental illness, growing evidence, and rising unregulated use creates real urgency, but participants paired that urgency with a commitment to careful implementation and ongoing evaluation.

2. Access Is an Equity and Public Health Issue

The dialogue consistently framed psychedelic access as a public health and equity issue rather than solely a clinical or regulatory matter. Current pathways disproportionately favour those with financial resources, geographic proximity, and the ability to navigate complex systems, leaving rural, remote, Indigenous, and underserved communities behind. Equitable access requires more than available medicines, it depends on culturally safe care, preparation and integration services, community support, and meaningful participation. This also means resisting an over-medicalized model: while oversight matters, effective care attends to the relational, experiential, social, cultural,

and spiritual dimensions of healing.

3. Regulatory Reform Is the Primary Barrier

Participants identified current regulatory structures, particularly the Special Access Program, as the most significant obstacle to access, viewing them as insufficient for meeting population-level need. They called for a shift from exceptional, case-by-case approvals toward clear, scalable, and transparent pathways that support clinician judgment that remain responsive to evolving evidence while maintaining appropriate safeguards. No single model will meet all needs: clinical, community-based, peer-supported, research, and Indigenous-led pathways were seen as complementary parts of one broader ecosystem.

4. System Building Must Accompany Regulatory Change

Regulatory reform alone will not achieve meaningful access. Canada must also invest in workforce development, research infrastructure, public education, clinical capacity, data systems, and implementation supports, since current provider capacity is insufficient and there is no nationally coordinated approach to training or service delivery. Participants stressed that this requires coordination across governments, health systems, Indigenous communities, and civil society and that trust, between patients and providers, communities and institutions, and Indigenous peoples and governments, is the foundation all of it rests on. They broadly supported phased implementation that allows systems to evolve through learning, evaluation, and adaptation.

Looking Forward

The National Dialogue did not seek to produce a single model of psychedelic access. Rather, it established a shared understanding of the opportunities, challenges, and priorities facing Canada. The findings suggest that Canada has an opportunity to develop an approach to psychedelic access that is evidence-informed, equity-oriented, culturally responsive, and grounded in public health principles. Realizing this opportunity will require coordinated leadership, sustained investment, meaningful Indigenous partnership, regulatory modernization, and a commitment to ongoing learning. Above all, it will require recognizing that access is not simply a question of medicines, but of systems, relationships, and the conditions that support healing.

Priority Areas and Calls to Action

1. Community Engagement

- Invest in community-led and peer-supported models of care, including meaningful inclusion of lived experience in program design and evaluation. (*Provincial Ministries of Health; Health Authorities*)
- Establish ongoing engagement processes that bring together policymakers, clinicians, Indigenous leaders, researchers, and community representatives to guide system development. (*Health Canada; Provincial Ministries of Health*)

- Support local implementation partnerships that strengthen community readiness, trust, and access to services. *(Health Authorities)*

2. Indigenous Leadership and Inclusion

- Support Indigenous self-determination in the stewardship, governance, and use of psychedelic medicines and healing practices. *(First Nations, Inuit and Métis Governments; Health Canada; Crown Indigenous Relations and Northern Affairs Canada; Indigenous Services Canada)*
- Invest in Indigenous-led models of care, research, workforce development, and community capacity-building. *(Federal Government; Provincial Governments)*
- Ensure Indigenous leadership and knowledge systems are meaningfully represented in policy, regulatory, and system-design processes. *(Health Canada; Provincial Ministries of Health)*

3. Regulatory Reform

- Develop clear, scalable access pathways that move beyond reliance on exceptional case-by-case mechanisms such as the Special Access Program. *(Health Canada)*
- Enable appropriately trained clinicians to exercise greater professional judgment in determining patient eligibility and treatment pathways. *(Provincial Regulatory Colleges; Provincial Ministries of Health)*
- Modernize regulatory frameworks to reflect emerging evidence, real-world patterns of use, and diverse models of care. *(Health Canada; Provincial Ministries of Health)*

4. Funding and Research Support

- Invest in implementation research, real-world evidence generation, and longitudinal outcome monitoring. *(CIHR; Health Canada)*
- Expand funding for workforce development, training programs, and service delivery infrastructure. *(Provincial Ministries of Health; Health Authorities)*
- Support collaborative initiatives that accelerate knowledge translation and system innovation. *(CIHR; Health Research Funders)*

5. Public and Clinician Education

- Develop coordinated public education initiatives that provide balanced, evidence-informed information about benefits, risks, and access pathways. *(Health Canada; Health Authorities)*
- Establish competency frameworks, training standards, and continuing education opportunities for healthcare providers. *(Professional Regulatory Colleges; Educational Institutions)*
- Reduce stigma and misinformation through transparent communication and public engagement. *(Health Canada; Professional Associations)*

6. Safety and Quality Standards

- Develop national principles and practice standards that support safe, ethical, and culturally responsive care across diverse settings. *(Professional Regulatory Colleges; Health Canada)*
- Establish quality assurance, monitoring, and continuous improvement mechanisms to support accountability and public confidence. *(Health Authorities; Accreditation Canada)*

- Promote consistent approaches to preparation, administration, integration, and follow-up care. (*Professional Regulatory Colleges; Health Authorities*)

7. Sustainable Funding and Coverage

- Evaluate public and private reimbursement models to reduce financial barriers to evidence-informed psychedelic-assisted therapies. (*Provincial Ministries of Health; Private Insurers, Veterans Affairs Canada*)
- Integrate psychedelic therapies into broader mental health and substance use service-planning frameworks. (*Provincial Ministries of Health; Health Authorities*)
- Prioritize equitable access for underserved populations and communities. (*Health Authorities; Provincial Ministries of Health*)

Overarching Call to Action

Develop a coordinated Canadian framework for psychedelic access that is evidence-informed, equity-oriented, culturally responsive, and capable of supporting multiple pathways to care while maintaining public trust, safety, and accountability.

