



## *AyahuascaCanada*

### *Investigation, Community Response and Recommendations: The “Trafficking” Prosecution of Mr. Michael Adzich, Nova Scotia*



*Mr. Michael Adzich, a highly-respected  
facilitator and much-loved member of the  
Ayahuasca community in Canada*

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## ***Falsification of Evidence***

***This document is an AyahuascaCanada community response to the prosecution of Michael Adzich in Nova Scotia for “trafficking in Dimethyltryptamine (DMT)” - charges that were really about ayahuasca, in which evidence was clearly falsified.***

### ***Summary – Falsified Evidence***

A Nova Scotia Senior Crown Prosecutor decided to prosecute a case of “trafficking” and **represent to the Court that 3.2 kilograms of a dark tar-like substance was 3.2 kilograms of Dimethyltryptamine (DMT), a restricted substance in Canada.**

However, from the inception of the case it became apparent that this prosecution was not about DMT and **the Crown Prosecutor was in actuality prosecuting for ayahuasca, a substance that is not named in the Canadian Criminal Code.** While ayahuasca may contain trace amounts of DMT ayahuasca, a plant decoction as defined by the United Nations International Narcotics Control Board (UNINCB), is not DMT (a refined chemical.) **This distinction was made abundantly clear by the United Nations International Narcotics Control Board when DMT was criminalized in 1971.**

### ***Inconclusive Lab Results Ignored***

There have been a handful of previous DMT arrests in Canada. **In the last five years that have been 32 arrests for DMT by the RCMP as verified by an RCMP Access to Information request. DMT is also not listed as a Drug of Concern in the Canadian Drug Strategy.**

Recognizing that this is indeed a “novel” case, the Crown Prosecutor has two avenues open to him. **He could have verified that the dark tar-like substance is indeed 3.2 kilograms of DMT through readily-available lab tests. Or, he can proceed with the case without verification** that the “novel” tar-like substance is in fact 3.2 kilograms of the restricted substance DMT.

In the Case of Michael Adzich, **despite inconclusive lab tests,** the Crown Prosecutor decided to proceed with charges against Mr. Adzich including:

- Trafficking in DMT, a Controlled Substance,
- Possession of DMT, a Controlled Substance for the Purpose of Trafficking,
- Attempting to Import DMT, a Controlled Substance,
- Attempting to Traffic in DMT, a Controlled Substance and
- Possession of DMT, a Controlled Substance

### ***Is Ayahuasca or DMT in the Canadian Criminal Code?***

According to the Canadian Justice Laws Website searchable **list of banned substances** ([link](#)) under the Canadian Drugs and Substances Act (CDSA)): Schedule III, Sections 2, 4 to 7.1.10.29.55 and 60, item 7, DMT is the restricted substance:

**7. N,N–Dimethyltryptamine (DMT) (3–[(2–dimethylamino) ethyl]indole) and any salt thereof**

**However, a search for Ayahuasca, Yuasca, Yage or Huasca or other variations of “ayahuasca” in the list of banned substances fails to turn up any mention.**

See - <https://laws-lois.justice.gc.ca/eng/acts/C-38.8/>



Dimethyltryptamine



Ayahuasca

### ***The UNINCB says Ayahuasca is not DMT***

Canada is a signatory to the United Nations Convention on Psychotropic Substances in which Dimethyltryptamine (DMT) was deemed a restricted substance in 1971.\* ***The UN Conventions on Psychotropic Substances, are legally binding on its signatories, requiring them to implement its provisions into their domestic laws.***

\*See: United Nations 1971 Convention on Psychotropic Substances – Page 17, ([link](#))

***The 1971 and subsequent 1988 United Nations Conventions specifically excluded plant-based materials from the ban on DMT. As clarified by the United Nations International Narcotics Control Board (UNINCB) - DMT is a refined substance and is not ayahuasca.***

From the 2010 UNINCB Annual Report\* (page 46, paragraphs 284 and 285 (UNINCB [Link](#)):

*In contrast, although some active stimulant or hallucinogenic ingredients contained in certain plants are controlled under the 1971 Convention, **no plants are currently controlled under that Convention or under the 1988 Convention.** Preparations (e.g. decoctions for oral use) made from plants containing those active ingredients **are also not under international control.***

***Examples of such plants or plant material include..... ayahuasca, a preparation made from plants indigenous to the Amazon basin of South America,*** mainly a jungle vine (*Banisteriopsis caapi*) and another tryptamine-rich plant (*Psychotria viridis*) containing a number of psychoactive alkaloids, including DMT;

As can be seen from the UNINCB statements, ***made by the people who criminalized DMT in the first place – Ayahuasca, a plant-based decoction is not under international control*** and has never been under international control. However, the ***UNINCB did provide a pathway for countries to criminalize ayahuasca if they choose to do so.***

\*[https://www.incb.org/documents/Publications/AnnualReports/AR2010/AR\\_2010\\_English.pdf](https://www.incb.org/documents/Publications/AnnualReports/AR2010/AR_2010_English.pdf)



## **Health Canada Confirms Ayahuasca is Not Under International Control**

In the official Health Canada Policies and Procedures for Religious Exemptions\* Health Canada states:

***Daime tea/Ayahuasca and its plant ingredients remain uncontrolled under the United Nations drug control conventions.***

\*Access to Information Release Package [A-2022-001575](#), 2023-06-05. Unpublished. Contact AyahuascaCanada for a copy of this file – [\(link\)](#)

## **Ayahuasca Would Have to be Added to the Canadian Criminal Code**

***Ayahuasca is specifically named in the UNINCB report (Paragraph 285) as a “plant material.”\*\* [\(link\)](#)***

***Michael Adzich’s trial was clearly about Ayahuasca and not DMT.*** However, Ayahuasca is not in the Canadian Criminal Code list of banned substances. ***In order to prosecute a case against Ayahuasca, it would have to be added to the Canadian Criminal Code List of Banned Substances.***

From the United Nations International Narcotics Control Board (UNINCB) 2010 Annual Report:\*\*

*287. The Board notes that, in view of the health risks associated with the abuse of such plant material, some Governments have placed certain types of plant material and preparations under national control. The Board recommends that Governments that have not yet done so and have experienced problems with regard to persons engaging in the recreational use of or trafficking in such plant material, to remain vigilant (since the risks associated with such use may increase) and to notify the Board and the WHO of those problems. The Board recommends that Governments should consider controlling such plant material at the national level where necessary.*

***However, the Government of Canada has not criminalized Ayahuasca by adding it to the Canadian Criminal Code.*** If the Government of Canada intended for Ayahuasca to be criminalized, it would have to be put on the Canadian list of banned substances as per the instructions from the UNINCB, ***which would require an Act of Parliament.*** The Government of Canada has not listed ayahuasca in the CDSA.\* [\(link\)](#)

***Canada is a signatory to the UN Conventions on Psychotropic Substances, which is legally binding on its signatories, requiring them to implement its provisions into their domestic laws.***

\*See: Canadian Justice Laws Website (searchable ***list of banned substances*** under the Canadian Drugs and Substances Act (CDSA)) [\(link\)](#)

\*[https://laws-lois.justice.gc.ca/Search/Search.aspx?](https://laws-lois.justice.gc.ca/Search/Search.aspx?txtS3archA11=cannabis&txtT1tl3=%22Controlled+Drugs+and+Substances+Act%22&h1ts0n1y=0&ddC0nt3ntTyp3=Acts)

[txtS3archA11=cannabis&txtT1tl3=%22Controlled+Drugs+and+Substances+Act%22&h1ts0n1y=0&ddC0nt3ntTyp3=Acts](https://laws-lois.justice.gc.ca/Search/Search.aspx?txtS3archA11=cannabis&txtT1tl3=%22Controlled+Drugs+and+Substances+Act%22&h1ts0n1y=0&ddC0nt3ntTyp3=Acts)

\*\*2010 International Narcotics Control Board Annual Report -

[https://www.incb.org/documents/Publications/AnnualReports/AR2010/AR\\_2010\\_English.pdf](https://www.incb.org/documents/Publications/AnnualReports/AR2010/AR_2010_English.pdf)

## **Thousand of Plant Species Contain DMT – Are These Illegal?**

**Thousands of plant species contain DMT — even the rinds of a few common citrus fruits contain DMT.**

**The pea family (Fabaceae) is home to the most numerous of the DMT-containing plants.** This includes genera such as Mimosa, Acacia, Petalostylis, Desmodium, Mucuna, and Lespedeza — just to name a few.

**The other most predominant family of herbs that produce DMT is the nutmeg family.** (Myristicaceae). Notable DMT-containing members of this family include Horsfieldia and Virola.

Most DMT-containing plants produce a combination of N,N,DMT, 5-MeO-DMT, and 5-HO-DMT (AKA “bufotenin”). **The ratio of these different forms of DMT varies depending on species, environmental conditions, and the time of year the plant was harvested.**

## **What Exactly was in the Evidence? – You Don’t Get to Pick and Choose**

**Testing of the evidence for DMT in Mr. Adzich’s trial was inconclusive at best.** Health Canada provided four results of their tests – Two tests were positive for DMT, one test was negative and one was inconclusive. **To put this in perspective – when 50% of the tests are negative or inconclusive in a laboratory analysis, the standard procedure is for law enforcement to conduct further tests.**

**From the Expert Institute\* ([link](https://www.expertinstitute.com/resources/insights/field-drug-testing-how-to-confront-false-positives-with-expert-testing/)):**

If two tests for a substance are inconclusive, **it typically indicates that the results are not definitive enough to confirm the presence or absence of the substance.** In such cases, further testing or a different method may be required to achieve a conclusive result, as **quality control standards in law enforcement emphasize accuracy and reliability in testing procedures.**

Referred to as qualitative analysis, this type of testing can determine the types of substances present in the sample. **Confirmatory testing may also include quantitative analysis, which can determine the amount, or purity, present in the sample.** Forensic chemists are able to perform batteries of tests such as a microscopic analysis to view the structure of the substance, **a microcrystalline test which crystallizes the substance in order to identify its components,** an ultraviolet spectroscopy which measures the substance’s ability to absorb light, and gas chromatography, which is used to separate each component of the substance.

**In addition to the inconclusive testing, the Crown also failed to provide a quantitative analysis of the alleged DMT, which is standard procedure in cases of trafficking in a restricted substance.**

**[\\*https://www.expertinstitute.com/resources/insights/field-drug-testing-how-to-confront-false-positives-with-expert-testing/](https://www.expertinstitute.com/resources/insights/field-drug-testing-how-to-confront-false-positives-with-expert-testing/)**

### ***How Much DMT – 3.2 Kgs, or 4.72 Grams?***

The Crown alleged that the 3.2 kilograms of evidence in question was 3.2 kilograms of DMT. This is patently false, as ayahuasca, a black tar-like substance is not DMT, a yellowish-white powder. **A quantitative analysis was never done,** although it was clearly warranted, given the ambiguous nature of the Health Canada testing.

***Extrapolating the amount of DMT in 3.2 kilograms of ayahuasca can be done using published studies. Since the DMT in ayahuasca is a small component of the black tar-like substance, we can extrapolate the amount of actual DMT in the package by using verifiable published studies.***

see - <https://pubs.acs.org/doi/10.1021/acsomega.0c03196>

If we take the median value (the average value of the DMT) found in the ayahuasca brews tested in the indicated study, ***the amount of DMT in 3.2 kilograms of ayahuasca paste could potentially be 4.72 grams of DMT.***

***However, this was never verified through scientific testing, despite a clear obligation on the part of the Crown to ascertain the evidence in question, especially in light of two inconclusive tests for DMT conducted by Health Canada. This is gross negligence on the part of the Crown Prosecutor, who is solely responsible for the charges and understanding the evidence.***

## **PPSC Deskbook - Crown Prosecutor Directives**

### **The PPSC Deskbook is a Directive of the Attorney General of Canada**

On June 16, 2014, the *Attorney General of Canada* issued a directive\* ([link](#)) under section 10(2) of the Director of Public Prosecutions Act **directing that all federal prosecutors and persons acting as federal prosecutors respect his directives set out in the Public Prosecution Service of Canada (PPSC) Deskbook.** This applies concurrently with the guidelines issued by the Director of Public Prosecutions (DPP) and those contained in the PPSC Deskbook.

See: <https://www.ppsc-sppc.gc.ca/eng/pub/fpsd-sfpg/index.html>

The following is **quoted directly from the Deskbook** of the *Public Prosecution Service of Canada's Principles Governing Crown Counsel's Conduct*:\*\*

#### **Statement of Policy**

**Crown counsel are obliged to exercise independent judgment in making decisions.**

Because their decision-making powers are delegated to them by the DPP, whose own powers, duties and functions to act under and on behalf of the Attorney General are delegated under the DPP Act, **Crown counsel are accountable for their decisions, and they must consult where required. Prosecutorial independence is not a license to do as one wishes, but to act as the Attorney General and the DPP should act.**

\*\*see: <https://www.ppsc-sppc.gc.ca/eng/pub/fpsd-sfpg/fps-sfp/tpd/p2/ch03.html>

#### **1. Decision to Prosecute**

##### **Overview**

**Crown counsel must only proceed with prosecutions where two conditions are met:**

There is a reasonable prospect of conviction; and  
**The prosecution is in the public interest.**

#### **2. Prevention of Wrongful Convictions**

**Wrongful convictions result in a miscarriage of justice, and significant harm to the convicted person.** When the criminal justice system fails, **the human cost can be substantial,** and public confidence in the justice system is lost. Therefore, Crown counsel must always be scrupulous in **their role as ministers of justice to prevent wrongful convictions and to zealously guard against it.**

**Crown counsel must be mindful of the "environmental" or "predisposing circumstances"** that have been identified as fostering wrongful convictions. These circumstances include:

- **Tunnel vision** (potentially caused by unconscious bias or close contact between Crown counsel, investigative agencies, or victims)
- Decisions influenced by biases, including racial bias, stereotypes, or prejudices of any kind;

- Public pressure to convict in high-profile cases;
- **Inadequate or misinterpreted evidence;**
- Eyewitness identification error;
- False confessions;
- An unpopular accused;
- **A legal environment or culture which focuses on winning - the presence of what has been labeled as "noble cause corruption," or the belief that the ends justifies the means.**

### **3. Duty to present a fair, clear, and comprehensible case**

**"The practice of overcharging is not appropriate,** whether it is through the duplication of counts, the laying of additional **or heightened charges that are marginal,** or laying charges where **the evidence barely meets the directed verdict threshold.** Overcharging unduly lengthens and complicates a trial. **Charges must always be tailored to focus on the key evidence and the key issues relevant in the context of the individual case.**

Crown counsel must carefully consider whether the public interest would be better served by declining to prosecute marginal charges or **deciding not to pursue them once the evidence at trial is complete."**

### **4. The Decision to Prosecute**

As noted earlier, a prosecution should not be undertaken unless there is a reasonable prospect of conviction and **the prosecution would best serve the public interest. The test applies to each individual accused, and every charge on the information or indictment.**

**If charges have been laid, those charges should be withdrawn or a stay of proceedings entered.** Crown counsel must continue to consider the decision to prosecute criteria **throughout all stages of the prosecution,** until the exhaustion of all appeals. It is particularly important for Crown counsel to reconsider the criteria **when new and credible information comes to light, including from the accused.**

#### **4.1.2 Irrelevant Factors**

The decision to prosecute must not be influenced by any of the following:

**Crown counsel's personal views or feelings about the accused, victim(s), or witness(es);**  
or

**The possible effect of the decision on the personal or professional circumstances of Crown counsel, the investigative agencies, or its members, including personal or institutional gain.**

#### **4.2 Public Interest**

The approach set out in this guideline directs Crown counsel to **focus on the most serious cases. A serious case is one that involves violence or raises issues of public safety.** In cases that are not considered serious, **Crown counsel should turn their mind to the availability of alternative measures.**

### 4.2.1 Factors to Consider

#### a) Nature and Gravity of the Alleged Offence

Aggravating and mitigating circumstances will influence the public interest assessment. Generally speaking, **the more serious an alleged offence is**, the more likely it is that public interest considerations will weigh in favour of a prosecution. **Conversely, the less serious an alleged offence is**, the more likely public interest will weigh in favour of **discontinuing the prosecution, or pursuing an alternative measure.**

There are many factors that influence the nature and gravity of the alleged offence. For example:

**The harm, such as serious personal injury, or risk of harm caused by the offence.** The public interest generally weighs in favour of proceeding with cases involving serious offences such as terrorism, the **trafficking or importation of large amounts of controlled substances**, the trafficking of harmful opioids such as fentanyl or carfentanyl, or personal injury offences;

**The amount and nature of the controlled substance, including the prevalence of that controlled substance in the community;**

**Whether the accused is alleged to be part of a criminal organization or a terrorist group.**

#### d) Confidence in the Administration of Justice

**Where the charges are serious or a victim is involved**, Crown counsel must weigh the evidence of the state misconduct with any impact the discontinuation of the prosecution may have on the administration of justice and the victim. In serious cases, **or where there is a victim involved**, Crown counsel must consult with the Chief Federal Prosecutor (CFP) or their designate before making a final determination.

#### e) Harm to the Community

Crown Counsel should take steps **to gain knowledge and understanding of the communities in which they prosecute.** This includes an understanding of communities that may be under-policed or over-policed. **Prosecutors can learn more about their communities by consulting public documents.**

The public interest analysis **must include consideration of the impact of the alleged offence and prosecution on the local community.** Potential harms include any loss or injury caused by the alleged offence, and the impact of the alleged offence on **public safety, public health, public welfare**, the environment, natural resources, and other economic, cultural or societal public interests.

## 5. Consultation

In some cases, it will be appropriate for Crown counsel to **obtain the views of the investigative agency or the victim** before making the decision to prosecute. Crown counsel are encouraged to consult to gain knowledge about how the prosecution, or the

***discontinuation of the prosecution, may impact the victim or the particular community where the alleged offence took place.***

## **7. Providing Advice to Investigative Agencies on the Decision to Prosecute**

Public safety and effective prosecutions are promoted when Crown counsel maintain a cooperative relationship with investigative agencies.

***Crown counsel should provide timely legal advice*** to investigating agencies when ***reasonable and necessary to do so.*** Upon request, Crown counsel may provide a preliminary confidential legal opinion addressing whether the ***decision to prosecute analysis would be met on the available evidence.*** Such requests may be made prior to charges being laid or referred for approval. Generally speaking, it is advisable that ***such legal advice be given when all the available evidence has been gathered by the investigative agency,*** after a thorough and complete investigation. Crown counsel should ensure they have all the relevant information to arrive at an informed opinion.

***It is Crown counsel, not the investigative agency, who are ultimately responsible for making the decision to prosecute,*** except where the consent of the Attorney General is required. Crown counsel must make this decision ***objectively and independently from the investigative agency.***

\*\*see: <https://www.ppsc-sppc.gc.ca/eng/pub/fpsd-sfpg/fps-sfp/tpd/p2/ch03.html>



## **Ayahuasca Publicly-Available Information**

**The following information is readily available from public sources and can be publicly verified.**

**The onus is on the Crown Prosecutors to understand the evidence and the impact of the alleged offence on the community.** This would include researching “novel” substances when law enforcement officers present evidence to a Crown Prosecutor about an alleged offence. **As noted in the DeskBook, it is duty of the Crown Prosecutor to make the decision to prosecute. It is his or her decision alone.**

Much of the information presented in this section can also be found in the **AyahuascaCanada White Paper on Enforcement Recommendations, a publicly available document** which can be downloaded for free on the AyahuascaCanada website - <https://ayahuascacanada.com/wp-content/uploads/2024/12/WHITEPAPER-Recommendations-for-Police-Response-to-Ayahuasca-Enforcement-current.pdf>

### **A Rich History of Spiritual Healing**

In the Quechua language of the north Andes, **ayahuasca is the ‘vine of the soul’ or ‘vine of the dead’ and is consumed as a psychotropic beverage in both indigenous and non-indigenous ceremonies.** Within its original indigenous context, **ayahuasca is traditionally consumed across the upper reaches of the Amazon river system (that is, Bolivia, Brazil, Colombia, Ecuador and Peru) by over 160 indigenous ayahuasca cultures.**

**It is considered a spiritual medicine by healers throughout South America and around the world.** Ayahuasca is a liquid produced by cooking the Banisteriopsis caapi vine (vine of the dead) and the Psychotria viridis shrub, (Chacruna) which contains trace amounts of Dimethyltryptamine (DMT) (Schultes & Hofmann, 1992).

**Ayahuasca is used as a spiritual medicine in ceremonies officiated by Amazonian Indians, mestizos, and diverse NeoShamanic (New World) shamans who have learned to use it in its places of traditional origin (Labate et al., 2009; Labate & Jungaberle, 2011; Luna, 2011; Labate & Bouso, 2013).**

While originating in the Amazon, **ayahuasca is now used worldwide in underground or illegal ceremonies, in “grey-area” ceremonies or in completely legal ceremonies depending on the specific laws of the country.** There are also a number of established world-wide ayahuasca churches mostly originating in Brazil.

### **3,500 Years of Continual Ayahuasca Use – Scientifically Verified**

**Pre-Hispanic ritual use of psychoactive plants at Chavín de Huántar, Peru ([link](#)) -** Here, we report results of independent microbotanical and chemical analyses **that demonstrate use of psychoactive plants such as ayahuasca in institutionalized ritual in the first millennium BCE, (1,000 BCE to 1 BCE) demonstrating that even in their early stages, sociopolitically complex societies incorporated psychoactive plants into ritual activity.**

This direct identification of contents of psychoactive paraphernalia from pre-Hispanic Peru sheds light on the content and function of ritual at Chavín de Huántar and other early monumental centers.



**National Geographic has verified the use of ayahuasca to at least 1,000 years. ([link](#)).**

It is generally accepted that the use of Ayahuasca predates recorded history. **Shipibo Amazonian shamans have stated that ayahuasca was introduced to their ancestors by the Incas, an ancient South American people.**

### **Shaman-Chiefs Guided Tribes**

Historically, the chief of Amazonian Indian tribes was a shaman-chief who had mastered the use of ayahuasca. **The shaman-chief would guide the tribe based on visions and premonitions gleaned from communal ayahuasca ceremonies.\*** Ayahuasca would also be used as a teaching plant to help people identify healing plants and for hunters to understand the jungle environment and the habits of animals.

For one of the best resources on indigenous ayahuasca use from the early 1900s, see *\*The Wizard of the Upper Amazon* by F. Bruce Lamb ([link](#))

### **Historical Recognition and Acceptance by HealthCare Systems ([link](#))**

Traditional Indigenous medicine has faced stigmatization for years, often dismissed as superstitious or ineffective. **However, international declarations like the Alma-Ata Declaration of 1978, the International Labour Organization Convention 169 of 1989, and the United Nations Declaration on the Rights of Indigenous Peoples of 2007 have underlined its significance. They emphasize the holistic nature of health and advocate for integrating traditional medicine into official healthcare systems.**

**Countries in Latin America have taken significant steps to integrate traditional medicine into their healthcare systems.** Each nation has developed unique policies and institutions, acknowledging the role of traditional practices in their national health systems. Africa has also made an effort to integrate these practices into mainstream healthcare. Ghana, for instance, has been a leader in this integration, incorporating herbal medicine within its official healthcare system and launching academic programs to promote and regulate these initiatives.

### **Brazil Legalizes Ayahuasca – Concludes it's Beneficial for Society**

Ayahuasca is not criminalized in Brazil, Peru, Ecuador and Colombia which recognize ayahuasca's unique cultural heritage.

**After a 20-year investigation, in 2010 Brazil formally approved ayahuasca for religious and ritual use. Prior to 2010, ayahuasca had been illegal.**

This was the culmination of a 20-year investigation involving state agencies and numerous formal committees. **The investigation found that the use of ayahuasca was not associated with social disruption and even found that those using ayahuasca were healthier and more productive than average citizens.**

As part of the investigation, CONFEN (Brazilian Drug Agency) members actually participated in ayahuasca ceremonies and **their personal experiences reinforced the findings that ayahuasca was doing far more good than harm in Brazilian society.** ([link](#))

In Ecuador, Ayahuasca is used legally for traditional ceremonies. In Colombia there are no laws against using ayahuasca. **"Yuruparí," an ayahuasca ritual, is recognized as intangible heritage.**

**Further north in Central America, Costa Rica does not regulate ayahuasca. Numerous ayahuasca retreats operate there, including Rythmia, one of the most high-end ayahuasca retreats in the world.** Numerous Hollywood celebrities have attended ceremonies there. ([link](#))

### **Peru Declares Ayahuasca Cultural Patrimony**

In Peru, the Directorate of the National Institute of Culture **has declared the knowledge and traditional uses of Ayahuasca practiced by the native Amazon communities as Cultural Patrimony of the Nation (Resolution Number 836/INC),** based on the UNESCO Convention for the Safeguarding of the Intangible Cultural Heritage.

Peru states that the use of Banisteriopsis caapi and Chacrana-Psychotria plants (the traditional ayahuasca brew) structured around the ayahuasca ritual have "an extraordinary cultural history" **with "religious, therapeutic and culturally affirmative" properties and is "one of the fundamental pillars of the identity of Amazonian peoples."**

The institute, which is charged with documenting and protecting Peruvian cultural heritage, described ayahuasca as **"a wise or teaching plant, which shows to initiates the very foundations of the world and its components."**

It also stated that, when used in a traditional ritual, it "leads to a variety of effects which are always within culturally defined limits, **and with religious, therapeutic, and culturally affirmative intentions."** ([link](#))

### **Christianity and other Mainstream Religions Endorse Ayahuasca**

Ayahuasca and other entheogens provide a sacred or mystical experience that strengthens religious faith, according to mainstream religious scholars. **In Canada, Fr. Geoffrey Ready at the University of Toronto, School of Theology, teaches an Orthodox Christian seminary course - Mystical Traditions and the Sacred Journey of Transformation: Narrative, Ritual, and Entheogens.** From the course description:

*As we examine the rich history of Christian mystical experience and parallels within other ancient spiritual traditions, **we will recognize the special role of entheogens, or sacred fungus and plant medicines, alongside other practices, in facilitating or deepening transcendent experience.** We will examine the potential role of entheogens in mystical encounters today, mindful of both ethical considerations and diverse perspectives on their usage.* ([link](#))

In Brazil people can attend traditional Shamanic, Buddhist, Hindu, Christian, African-based, Shamanic and other religious ayahuasca centers. **All co-exist quite peacefully and there are an estimated 1,000 or more ayahuasca centers in Brazil.**

### **Other Religious Use of Entheogens (links):**

Ligare: A Christian Psychedelic Society ([link](#)). Shefa – Jewish Psychedelic Society ([link](#)).  
Entheogens and the Ancient Mystery Religions ([link](#)) Enthomedia: Entheogens and human spirituality: ([link](#)).

## **Brazil – Ancestral Model vs Pharmaceutical Model**

Brazil offers an example for any country grappling with how to regulate ancestral medicines such as ayahuasca. **After 20 years of studies, commissions and committees, with some regulators actually participating in ceremonies, in 2010 the Brazilian government decriminalized ancestral plant medicines for religious use. ([link](#)).**

Based on the most reliable estimates, there are over 1,000 ayahuasca centers in Brazil, including centers affiliated with major religions, ayahuasca churches, indigenous communities, and independent groups.

What Brazil found was:

- Society didn't fall apart
- There is no violence or gang activities associated with ancestral medicines
- Ancestral medicines have never become mainstream
- Pharmaceutical Industry profits have not been affected
- Spiritual healing can easily co-exist with the Pharmaceutical model
- Ayahuasca churches are a net benefit to society

In Brazil people can attend traditional Shamanic, Buddhist, Hindu, Christian, African-based, Shamanic and other religious-based ayahuasca centers.

## **Spiritual Healing vs. Pharmaceutical Medicines**

Unless your doctor is a shaman, the ayahuasca spiritual approach to mental/emotional spiritual healing is distinctly different than pharmaceutical medicines. **The Pharmaceutical model assumes any problems are related to physicality while ayahuasca shamanism assumes problems are spiritual in origin.**

Pharmaceutical medicines attempt to establish a protocol that will work for a broad population base while **shamanic healing maintains that individual human spirituality is the pathway to emotional healing.**

And while the pharmaceutical model uses a standard approach, **shamans work with an individual's spiritual journey. This concept recognizes that true healing is brought about when the participant(s) recognize and accept their own spiritual nature.**

## **Ayahuasca Will Never be a Pharmaceutical Drug**

Ayahuasca cannot be distilled into a "medicine" in the Western pharmaceutical concept. **The entire objective of an ayahuasca ceremony is to produce a spiritual or sacred experience. Entire religions, such as Axeti Nete, Santo Daime and UDV have been inspired and created through the use of ayahuasca.** Ayahuasca ceremonies are conducted by shamans or facilitator in a spiritual setting to produce a spiritual outcome.

**Which means the idea of patenting ayahuasca for clinical use is diametrically opposed to the ceremonial use of this ancient medicine.** While western studies have documented ayahuasca's

healing powers, any healing done in a ceremony is produced through the spiritual experience.

***Ayahuasca will never be a medicine in the context of the pharmaceutical model unless medical doctors become shamans.***

### ***Axeti Nete - a Health Canada Recognized Amazonian Shamanic Religion***

The Companionship of the Sacred Vine (CSV), an ayahuasca church in Canada practices one of the original shamanic religions of the Amazon jungle, Axeti Nete.

The Canadian federal government, through its Section 56 Religious Exemption Program, formally recognized this Amazonian religion in Canada with the granting of an exemption on July 04, 2023. ([link](#)).

***This is the first and only Amazonian Shamanic Religion formally recognized in Canada.*** All other exemptions for ayahuasca churches that have been granted in Canada are for syncretic ayahuasca churches such as Santo Daime and The União do Vegetal (UDV). These are not Amazonian shamanic churches.

***The CSV is a true pastoral religion and its core philosophy is to recognize and assist anyone seeking spiritual healing.***

### ***Early 1900s - Ayahuasca Churches Established***

***In the early 1900's the spiritual use of ayahuasca spread from traditional Indigenous Amazonian shamans to structured ayahuasca churches.*** Santo Daime ([link](#)), the União do Vegetal or UDV ([link](#)) and Barquinha are three of the main ayahuasca churches founded in Brazil and are now located worldwide. For an overview see ([link](#))

***All of these ayahuasca churches attempt to improve the human condition.*** For example, UDV "works for the evolution of the human being in the sense of his or her spiritual development." Santo Daime promotes a lifestyle in conformity with ***"Harmony, Love, Truth and Justice as well as key doctrinal values such as strength, humility, kinship, and purity of heart."***

### ***Decades of Ayahuasca Studies Confirm Safety and Efficacy***

***With the reported therapeutic effects of ayahuasca in traditional spiritual ceremonies, the use of ayahuasca also gained the attention of western ethnobotanists, doctors, pharmacologists, clinicians and researchers.***

Over the last four decades ***hundreds of studies have been conducted into ritual ayahuasca ceremonies and its effects on PTSD, addictions, suicidal ideation, treatment-resistant depression, childhood traumas and other serious spiritual/emotional issues.*** Long-term large-scale studies of regular ayahuasca users indicate the positive effects of ayahuasca spiritual healing for individuals and society. ([Link](#))

### ***Canadian Facilitators – New World Shamans***

***People who work with ayahuasca in Canada typically undertake at least a 3-year apprenticeship with a shaman in the Amazon jungle or someone who has learned to work with ayahuasca that has undertaken an apprenticeship, a survey of facilitators (unpublished) by AyahuascaCanada has found.*** Further, most Canadian facilitators continue to work with their "maestros" once they have been initiated into cultural shamanic practices.

***A hallmark of the Amazonian ayahuasca cultures is a willingness to share and initiate non-Amazonian cultures into the use of sacred traditional plant medicines such as ayahuasca.*** While it is difficult to generalize as there are over 160 distinct ayahuasca cultures in the Amazon ([link](#)), cultures such as the Shipibo-Conibo (Peru), Zar (Ecuador), Saliba (Columbia), Quechua, Shuar (Columbia), Cofan (Ecuador, Columbia) Huin Kuin (Brazil) and many others are sharing their culture and medicines with non-Amazonian peoples. ***Perhaps more importantly, they are willing to take on Canadians and other westerners as apprentices and initiate them into the ayahuasca and plant medicine spiritual practices.***

The acknowledged experts in working with ayahuasca are these cultures and an apprenticeship to a maestro in the Amazon is a life-long learning experience for the vast majority of Canadian practitioners (internal survey, AyahuascaCanada).

Perhaps the most significant event in terms of this present consideration of the emergence and context of New World (neo-shamanism) in the West is the 1980 publication by Michael Harner of his landmark manual of shamanic methodology, *The Way of the Shaman*.

***In it he precisely articulated a synthesis of shamanic methodology he termed core shamanism, a distillation of common themes of shamanic practice having global or near-global distribution, illuminated by his own ethnographic experience in South America among the Conibo and Shuar (Jívaro).*** This core of shamanic methodology was presented by Harner as the bare essentials of shamanic practice, stripped of traditional, regional, and cultural specifics.

This volume, experiential workshops in core shamanism, and the creation of the Foundation for Shamanic Studies by Harner, have significantly affected the growth of shamanism in the West, as well as having repercussions worldwide. (From the Foundation for Shamanic Studies ([link](#)))

### ***Ayahuasca is not a “Recreational” Drug***

An ayahuasca ceremony can induce vomiting (la purga) and/or diarrhea. ***People who wish to undertake a ceremony must also prepare themselves physically and mentally with a special diet before and after ceremonies.***

Ceremony preparation also includes a health and mental health questionnaire, designed to screen out applicants for any medical conditions or psychological contraindications. ([link](#))

During a ceremony participants can be confronted with their deepest traumas or have to face their deepest fears – often referred to as “shadow work.”

***After the ceremony the knowledge or revelations gained in the ceremony must be incorporated into a person’s life.*** This “integration” or ceremony follow-up can be another challenging experience and participants may require help from experienced people.

While the ceremony itself is over in hours, the integration process can potentially take several days or even weeks. ***It is important for people conducting ceremonies to provide an after-care program.*** ([Link](#))

### ***Ayahuasca - the Spiritual Medicine of Last Resort***

***Most people seeking ayahuasca do so as a last resort when standard pharmaceutical interventions have failed. This is borne out in a large cross-sectional study of over 11,000***

**ayahuasca users where therapeutic motivation was the primary reason given for attending an ayahuasca ceremony:**

*Drinkers of Ayahuasca in naturalistic settings perceived remarkable benefits for their affective symptoms in this survey assessment. **There is no obvious evidence of negative mental health effects being associated with long-term consumption.***

*Of participants reporting depression (n = 1571) or anxiety (n = 1125) at the time of consuming Ayahuasca, 78% reported that their depression was either ‘very much’ improved (46%), or ‘completely resolved’ (32%); while 70% of those with anxiety reported that their symptoms were ‘very much’ improved (54%), or ‘completely resolved’ (16%).*

The Global Ayahuasca Project ([link](#))

### **Long-term Societal Benefits**

What people are confronted with in an ayahuasca ceremony is often very deep-seated traumas or behaviors that have come about from traumatic childhood events. **In shamanic terms this would be seen as “inherited” or familial problems which must be addressed for wholistic spiritual healing in order for the person to reclaim their place in their community and family lineage.**

**It is well-recognized in Amazonian countries that ayahuasca is beneficial for society.** These benefits are also indicated in large-scale studies. The data suggest that the study participants have high levels of general, mental, and positive health, and show excellent levels of adjustment and coping strategies, in addition to healthy lifestyles. ([link](#))

### **Ayahuasca is not a Threat to Pharmaceutical Industry Profits**

**Ayahuasca will never become “mainstream” medicine. Even in countries where ayahuasca is legal pharmaceutical industry profits have never been affected by ayahuasca ceremonies.**

The projected revenue of South American pharmaceutical markets is estimated to reach US \$33.85 billion in 2025. **South American revenues are anticipated to exhibit an annual growth rate of 4.88%, as estimated by CAGR from 2025 to 2030. ([link](#))**

Brazil decriminalized ayahuasca in 2010 and is the only South American country ranked among the top pharmaceutical markets in the world, with a global share of approximately two percent and pharmaceutical revenues of more than \$20 billion U.S. dollars.

**The Brazilian market has one of the fastest growth rates among leading pharmaceutical markets in the world, with an estimated nine percent increase in 2023 and a pharmaceutical industry that has been increasingly growing in recent years. ([Link](#))** There are an estimated 1,000 ayahuasca centers in Brazil.

# ***The Worst Drug Crisis in Canadian History***

## ***Nova Scotia and the Opioid Crisis in Canada***

***The government of Canada, through the Canadian Health Minister has officially acknowledged that Canada is in the midst of the most serious drug crisis in Canadian history.***

From the Government of Canada, House of Commons Research Publication\*:

### ***Executive Summary***

***Opioid-related harms have reached CRISIS PROPORTIONS in many countries, including Canada. Almost 23,000 Canadians died due to apparent opioid toxicity between January 2016 and March 2021.***

Many other people faced life-threatening medical emergencies or other harms. These harms have been linked to many causes, including opioid-prescribing practices and the ***presence of very potent opioids such as fentanyl and fentanyl analogues in the drug supply***. The COVID-19 pandemic has further worsened outcomes.

***The opioid crisis has touched Canadians from all walks of life, although it has not done so equally: people with certain identities, including men and Indigenous people, have been disproportionately harmed.***

In response to the crisis, the federal government has made investments and launched a variety of initiatives. ***Parliament has also addressed the issue by enacting legislation and proposing a range of other measures.***

[https://lop.parl.ca/sites/PublicWebsite/default/en\\_CA/ResearchPublications/202123E](https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/202123E)

AI Generated (DuckDuck Go Internet Search):

The opioid crisis in Canada is a significant public health emergency, primarily driven by the rise in the use of powerful illegal opioids like fentanyl. ***The Canadian government is implementing a comprehensive strategy that includes prevention, treatment, and harm reduction efforts to address the crisis and its underlying causes.***

### ***Overview of the Opioid Crisis in Canada***

The opioid crisis in Canada is a significant public health emergency, primarily driven by the rise of powerful illegal opioids like fentanyl. This crisis has resulted in a dramatic increase in overdose deaths, ***with more than 18 Canadians dying daily from opioid toxicity.***

### ***Key Factors Contributing to the Crisis***

#### ***Prescription Practices***

- Overprescribing of legal opioids has contributed to addiction.
- Misleading studies in the past suggested opioids were less addictive, leading to liberal prescribing.

#### ***Illegal Drug Market***



- **Fentanyl and other potent opioids are increasingly found in the illegal drug supply.**
- **These drugs are often mixed with non-opioid substances, heightening overdose risks.**

## **Government Response**

### **Federal Actions**

The Government of Canada has implemented a comprehensive strategy to combat the crisis, **focusing on prevention, treatment, and harm reduction.**

Key initiatives include:

- Increased availability of Naloxone, a life-saving drug that reverses opioid overdoses.
- Funding for community-based treatment programs and harm reduction services.
- Regulatory changes to facilitate access to supervised consumption sites.

### **Funding and Support**

Significant investments have been made, including:

- **\$150 million for the Emergency Treatment Fund to address urgent needs.**
- **Over \$750 million for innovative community-based pilot projects since 2017.**

## **Overview of Drug Deaths in Canada**

**The rate of drug-related deaths in Canada has been a growing concern, particularly in recent years.** The following table summarizes the most recent statistics on drug deaths per 100,000 population.

### **Drug Death Rates in Canada\***

Year	Deaths per 100,000 ppk
2019	8
2020	10.7
2021	12
2022	14
2023	15
2024	16
2025	17

## **Key Points**

- The rate of drug deaths has increased significantly over the years, **with a notable rise from 8.0 deaths per 100,000 in 2019 to an estimated 17.0 in 2025.**
- **Opioids, particularly fentanyl, have been a major contributor to these deaths.**
- The increase in drug-related fatalities reflects broader trends in substance use and the **challenges of addressing addiction and overdose crises.**



These statistics highlight the urgent need for effective public health strategies to combat the rising rates of drug-related deaths in Canada. \*paho.org

## ***Canada is in the Most “Serious and Deadly” Public Health Crisis in History says the Health Minister***

From the Canadian Drugs and Substances Strategy October 30, 2023\*

### ***Minister’s Message:***

***Canada is in the midst of one of the most serious and deadly public health crises in our country’s history***—the toxic and illegal drug and overdose crisis. No community has been left untouched. ***Since 2016, more than 38,500 people have died of apparent opioid toxicity in Canada.***

This crisis is tragic, and I want to recognize and remember the lives of people in Canada we have lost. ***Every person who overdoses is somebody who has a family and people that care about them and that we must do everything we can to support and protect them.***

People who use substances, their families, and the communities around them, need us to use every tool at our disposal to provide compassionate care ***and maintain community safety.*** There is so much to be done ***and no one government, community or family can end this crisis alone.***

That is why we are launching a renewed Canadian Drugs and Substances Strategy (CDSS) that has been designed to support a comprehensive and compassionate approach centered on promoting both public health and public safety. ***This whole-of-government initiative includes timely access to a full range of strategies to help people access the prevention, harm reduction, treatment, or recovery services and supports they need, when and where they need them.***

\* <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/canadian-drugs-substances-strategy-approach-related-harms-overdose-crisis/cdss-report-eng.pdf>

### ***Government of Canada Strategy for Dealing with the Crisis ([link](#))***

***To support the administration and enforcement of our substance control laws,*** we are focusing our efforts on authorizing activities with controlled substances and precursor chemicals for legitimate purposes, such as clinical trials or medical uses, ***while also giving health inspectors, law enforcement and border control authorities the tools that they need to enforce the laws that keep people living in Canada safe and address the harms of the illegal drug trade.*** To achieve this objective, we will:

Provide law enforcement and public health officials with new tools to respond to the overdose crisis

***Law enforcement interact daily with people who use substances and have a crucial role to play in supporting a public health approach to substance use related harms. We are supporting law enforcement in this role by:***

- + offering training to raise awareness of drug stigma; and
- + piloting an overdose monitoring platform to provide near real-time suspected overdose surveillance data

to support an immediate community-level response to a sudden increase or spike in overdose events and

***collect information on organized crime's drug trafficking patterns to support decision-making.***

### **Strategy Targets Organized Drug Crime**

We are working with law and border enforcement partners across the country ***to address the role of organized crime in the production, diversion and trafficking of toxic illegal drugs.*** Our activities include:

- + preventing cross-border movement of illegal drugs and precursor chemicals through on-going enforcement efforts.

- + supporting major drug enforcement operations both domestically and internationally and the dismantling of illegal drug labs.

- + collecting, assessing and sharing criminal intelligence on the illegal drug supply among law enforcement partners.

- + working closely with the United States and other countries to identify and disrupt shipments of illegal drugs destined for Canada.***

- + providing forensic accounting services to support law enforcement agencies in conducting complex and sophisticated organized drug crime investigations;*** and

- + identifying drugs seized by law enforcement agencies to support police investigation and enforcement of our drug laws.***

Support the diversion of people away from the criminal justice system and towards the health and social services

- + Bill C-5, which repealed mandatory minimum penalties for all drug offences in the Controlled Drugs and Substances Act; it also requires police and prosecutors to consider diverting people who commit simple drug possession offences toward health and social services***

- + guidance to prosecutors to encourage them to consider alternatives for simple drug possession offences, except when there are serious public safety concerns***

### **Guiding Principles for Dealing with the Crisis**

The CDSS is led by four guiding principles. It is:

- + Compassionate by treating substance use as a health issue and people who use substances with compassion and respect, and recognizing stigma as a barrier to accessing health and other services.***

- + Equitable by recognizing the distinct impacts that substance use policies and interventions can have on Indigenous Peoples, African, Caribbean, Black and other racialized and marginalized populations.

+ Collaborative by engaging all levels of government, Indigenous Peoples, communities, stakeholders, people with lived and living experience, law and border enforcement and international partners.

+ Comprehensive by recognizing that substance use is different for everyone and requires a range of policies, services and supports to promote overall well being and that many substance use related harms arise from the toxic illegal drug supply and illegal drug market more broadly.

\* <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/canadian-drugs-substances-strategy-approach-related-harms-overdose-crisis/cdss-report-eng.pdf>

**Recent Major Drug Busts in Nova Scotia**

In recent months, Nova Scotia has seen significant drug busts, including a seizure of over 100 kilograms of cocaine valued at approximately \$10.1 million linked to an outlaw motorcycle gang. Additionally, the Canada Border Services Agency seized over 800 kilograms of cannabis and more than 1.5 tonnes of cocaine at the Port of Halifax, highlighting ongoing efforts to combat drug trafficking in the region. [Government of Canada](#)

**Overview of Significant Operations**

Nova Scotia has seen numerous large drug busts in recent months, involving substantial quantities of illegal substances and firearms. These operations highlight ongoing efforts to combat drug trafficking and organized crime in the region.

**Key Drug Seizures**

Date	Substance	Quantity	Estimated Value	Details
April 5, 2025	Cocaine	5 kg	Not specified	An Ontario man was arrested during a traffic stop linked to a motorcycle gang.
September 5, 2025	Cannabis	801.5 kg	Not specified	Seized during an export examination at the Port of Halifax.
March 19, 2024	Cocaine	1,556 kg	\$194 million	Found concealed in a cargo container, based on a tip from U.S. authorities.
August 19, 2025	Cocaine	Large quantity	Not specified	Four individuals arrested in Dartmouth; the arrest involved firearms and drug paraphernalia.
Nov 18, 2025	Cocaine, Suspected Fentanyl	40 kg cocaine, 10,000 counterfeit pills	\$40 Million	A Dartmouth, NS man was arrested by RCMP and a vehicle search revealed a hidden compartment that contained 40 kg of cocaine and 10,000 counterfeit oxycodone pills believed to contain fentanyl.

**Implications of Drug Trafficking**

The illegal drug trade poses significant risks to communities, contributing to violence and other criminal activities. Law enforcement agencies, including the RCMP and Canada Border Services Agency, are actively collaborating to disrupt these networks and enhance public safety.

## ***RCMP seize \$4M in cocaine, counterfeit pills; Dartmouth man charged***

SaltWire - Nov. 18, 2025 ([link](#))

Investigators believe the counterfeit pills may contain fentanyl; testing is underway.

Nova Scotia RCMP have charged a Dartmouth man with drug trafficking following a large seizure valued at over \$4 million.

The Halifax regional detachment's street crime enforcement unit began investigating the movement of cocaine into HRM in September. The investigation led officers to identify a suspect as a drug transporter and monitor his movements, Supt. Don Moser, senior operations officer for the detachment, said Tuesday.

***Inside the compartment, officers found 40 kilograms of cocaine and about 10,000 counterfeit pills designed to look like prescription oxycodone. Moser said investigators believe the pills could contain fentanyl and that testing is underway.***

The drugs "were believed to be destined for the Halifax Regional Municipality," he said, adding that the cocaine alone has an estimated street value of \$4 million.

## ***CBSA border officers seize over 1.5 tonnes of cocaine at Port of Halifax***

From: Canada Border Services Agency ([link](#))

News release – March 19, 2024

***CBSA seized more than 1.5 tonnes (1556 kg) of cocaine concealed inside a cargo container in Halifax, Nova Scotia (NS), based on a tip from the United States' Homeland Security Investigations.***

The Canada Border Services Agency (CBSA) and its law enforcement partners are committed to keeping harmful substances out of communities and disrupting organized crime.

In early March 2024, more than 1.5 tonnes of suspected cocaine was seized by CBSA border services officers at the Container Examination Facility in Halifax, Nova Scotia (NS). ***The seizure has been valued at approximately \$194 million.***

## ***Nova Scotia Health issues drug warning after 'unexpected reactions' to crack***

By [Natalie Lombard](#), CTV NEWS ([link](#))

Published:

A drug alert issued by Nova Scotia Health on March 18, 2025.

[Nova Scotia Health](#) is issuing another drug warning for users in the province.

***The health authority says it has received reports from community partners of "unexpected reactions" to crack in the West Hants area. It's suspected the crack contains meth.***

Nova Scotia Health says it has also received reports of unexpected reactions to crack and ice blocks/meth in the West Hants area.

***That drug is suspected to contain an opioid or benzo based on users' reactions.***

See - <https://www.ctvnews.ca/atlantic/nova-scotia/article/nova-scotia-health-issues-drug-warning-after-unexpected-reactions-to-crack/>

## ***Opioid toxicity deaths in Nova Scotia***

***There are 20 confirmed or probable opioid toxicity deaths reported to date in 2025 (as of 1 June 2025).***

Note: Monitoring relies on results of toxicology testing which can lag by 1-2 months.

### **Confirmed and probable acute opioid toxicity deaths in Nova Scotia**

2024	68
2023	73
2022	62
2021	40
2020	49
2019	56
2018	55
2017	64
2016	54
2015	58
2014	66
2013	54
2012	67
2011	56

(Note: Numbers are subject to change; case investigations are ongoing.)

see - <https://novascotia.ca/opioid/>

## ***Opioid found in counterfeit pill seized in N.S. more potent than deadly fentanyl ([link](#))***

Tablets discovered in Bridgetown contain 'extremely risky' substances that slow breathing and heart rate

[Lauren Ella Burke](#) · CBC News ·

***Nova Scotia Health has issued a public alert about a potent new drug never before seen in the province's illegal drug supply.***

The white pills, seized in Bridgetown, N.S., contain protonitazene, a synthetic opioid that is up to 20 times stronger than fentanyl, said Rebecca Penn, a harm reduction consultant for the health authority.

They also contain butonitazene, a synthetic opioid more powerful than morphine, and a benzodiazepine. ***Opioids and benzodiazepines work to slow down breathing and heart rate, which can lead to a fatal overdose.***

"The combination of these [synthetic opioids] plus the benzodiazepine makes it extremely risky, particularly if people have no idea that that's what they're taking," said Penn.

### ***Cumberland County woman facing charges after fentanyl, meth, cocaine seized: Nova Scotia RCMP***

By [Melanie Price](#)[Opens in new window](#)

Published:

A Nova Scotia woman is facing a dozen charges after police seized drugs and cash as part of a trafficking investigation in Cumberland County.

The RCMP executed a search warrant at a property on Highway 2 in Upper Nappan on May 5.

***“Officers safely arrested a woman and seized quantities of fentanyl, methamphetamine (crystal and tablets), oxycodone, cocaine, prescription drugs, unstamped cannabis and cash. Officers also seized a conducted energy weapon and drug paraphernalia,” reads a news release from the Nova Scotia RCMP.***

See: <https://www.ctvnews.ca/atlantic/nova-scotia/article/cumberland-county-woman-facing-charges-after-fentanyl-meth-cocaine-seized-ns-rcmp/>

### ***Five toxic drug alerts in West Hants in six weeks***

Author of the article:

By [Ian Fairclough](#)

Published May 07, 2025

Last updated May 07, 2025

Public Health says opioids are being contaminated by other drugs and vice versa in West Hants, resulting in several drug alerts being issued this year.

***There have been five drug alerts issued for western Hants County so far this year, and officials say that and the types of incidents themselves are worrisome.***

They’re described as “unexpected reactions,” and health officials are hoping to get more help from users in reporting them.

Sometimes, if the product can be tested, it’s found that the drugs are being laced with something different than what the users anticipated. Other times, it’s just the reaction that is reported.

See - <https://www.saltwire.com/nova-scotia/five-toxic-drug-alerts-in-west-hants-in-six-weeks>

### ***Drug alert issued for powerful opioid detected for first time in N.S.***

Synthetic opioid found in Amherst area twice as powerful as fentanyl, says Nova Scotia Health advisory

[Giuliana Grillo de Lambarri](#) · CBC News ·

A warning has been issued about the discovery of a powerful drug that's never been previously detected in Nova Scotia's illegal drug stream.

***It's the second similar public alert posted online by the Nova Scotia Health Authority within the last month.***

RCMP found N-Pyrrolidino metonitazene, a synthetic opioid known as "brown sugar," during a search they conducted in December in the Amherst, N.S., area as part of an investigation into a stolen dirt bike, an RCMP spokesperson said.

***Testing at the national drug analysis service laboratory recently confirmed the sample also contained a mix of fentanyl, cocaine, caffeine and a tranquilizer.*** The drug was also identified in Quebec and Ontario earlier this month.

See - <https://www.cbc.ca/news/canada/nova-scotia/drug-alert-issued-for-powerful-opioid-detected-for-first-time-in-nova-scotia-1.7485642>

## ***Nova Scotia Opioid Crisis***

(Ai Generated) - Nova Scotia is experiencing an escalating opioid crisis, with a record number of deaths in recent years driven by a highly toxic and unpredictable illicit drug supply, often contaminated with fentanyl. ***This crisis is placing significant strain on healthcare, social services, and law enforcement, particularly impacting vulnerable populations and rural communities.***

### ***Key Statistics and Trends***

***Mortality Rates:*** Nova Scotia recorded a record 73 confirmed or probable opioid toxicity deaths in 2023, the same number as in 2022, a sharp increase from 40 in 2021. Preliminary data for 2025 shows 20 confirmed or probable deaths as of June 1.

***Toxic Supply:*** Fentanyl has become a "prominent player" in the province's drug market, and the supply is increasingly unpredictable, often containing contaminants like stimulants or sedatives (benzodiazepines), which increases overdose risk.

***Geographic Variation:*** The crisis is affecting different regions of the province differently, with the Eastern health zone (including Cape Breton) having a high rate of drug-related deaths. Rural areas face unique challenges due to limited access to emergency services.

***Vulnerable Populations:*** The crisis disproportionately affects individuals experiencing homelessness and those with co-occurring mental health disorders.

### ***Initiatives and Challenges***

***The Nova Scotia government and health organizations have implemented a multi-pronged approach based on its Opioid Use and Overdose Framework.***

#### ***Harm Reduction:***

**Naloxone Distribution:** The Take-Home Naloxone Program has distributed over 32,000 kits since 2017, providing the overdose-reversal drug for free without a prescription.

**Overdose Prevention:** Public health has issued warnings about illicit drug use risks, and services like the National Overdose Response Service (NORS) phone line are promoted for those using alone.

#### **Treatment and Support:**

**Safer Supply:** There are calls to expand access to "safer opioid supply" programs, where patients receive prescribed pharmaceutical-grade opioids as a safer alternative to the illicit market. Currently, very few doctors in the province offer this on a small scale.

**Mental Health and Addictions Services:** The province is working to increase access to mental health and addictions services, including a provincial crisis line and peer support services.

**Challenges:** Key challenges include reducing the stigma associated with substance use, addressing underlying social determinants of health like homelessness and trauma, and the limited capacity within the healthcare system to provide specialized care like safer supply programs. The province has also joined a class-action lawsuit against pharmaceutical companies to recover costs associated with the crisis.

### **The Ongoing Opioid Crisis in Canada: Nova Scotia's Battle Unveiled**

Graham Norton -

April 24, 2024

The opioid crisis in Nova Scotia poses grave challenges, impacting healthcare, homelessness, and law enforcement, demanding urgent intervention and solutions.

#### **The Ongoing Opioid Crisis in Canada: A Deep Dive into Nova Scotia's Battle**

In the past few years, the opioid crisis has kept escalating, hitting communities across Canada hard – Nova Scotia being no exception. According to this detailed report by the Times Colonist, the province faces an ever-increasing burden of opioid-related hospitalizations, overdose occurrences, and deaths. As the crisis continues to afflict Canadian society, the demand for comprehensive solutions becomes more crucial than ever.

#### **Effects of Opioid Crisis in Nova Scotia**

A combination of factors, including widespread homelessness, a rising rate of crime, and escalating impacts of opioid offenses, continues to exacerbate the opioid crisis in Nova Scotia. The fallout takes a toll on not only the affected individuals and their families but also exerts tremendous pressure on the region's healthcare system and the community at large.

#### **Homelessness**

The homeless population in Nova Scotia is particularly vulnerable. The concurrent epidemics of homelessness and opioid misuse often feed into each other, leading to a more complex and challenging situation.

#### **Crime**



The province has also witnessed an increase in crime relating to opioids, with many offenses directly or indirectly linked to the drug trade. **This is causing a strain on law enforcement agencies who are grappling with both the root causes and the subsequent effects of the crisis.**

### **Healthcare System**

**The opioid crisis also significantly impacts Nova Scotia's healthcare system.** The rise in opioid-related incidents translates into a surge in hospital admissions, longer waiting times, and increases healthcare costs.

See - <https://opioidclassaction.com/the-ongoing-opioid-crisis-in-canada-nova-scotias-battle-unveiled/#:~:text=of%20the%20crisis.-,Healthcare%20System,times%2C%20and%20increases%20healthcare%20costs.>

### **Reward Raised for Canadian Trafficker Ryan Wedding**

**Bounty for Canadian alleged narcotics trafficker now \$15 million ([link](#))**

The U.S. has raised the reward for Canadian alleged narcotics trafficker Ryan Wedding to \$15 million, with additional rewards offered for information leading to the arrests of unknown assassins who murdered a potential witness last January in Medellín, Colombia.

**Wedding, who is on the FBI's Ten Most Wanted Fugitives list, is a snowboarder who represented Canada in the 2002 Winter Olympics** in Salt Lake City, Utah. After his snowboarding career, Wedding turned to a life of crime as a transnational narcotics trafficker.

In a November 19 press conference at the Department of Justice in Washington, D.C., **officials from the U.S. and Canada described Wedding as a narco-trafficker on par with notorious drug lords like Joaquín "El Chapo" Guzmán and Pablo Escobar.** U.S. Attorney General Pam Bondi said Wedding's operation was responsible for more than \$1 billion a year in illegal drug proceeds.

**"He controls one of the most prolific and violent drug-trafficking organizations in this world," Bondi said, adding that under Wedding's direction his operation has trafficked 60 metric tons of cocaine per year. "He is the largest distributor of cocaine in Canada."**

### **UN experts call for end to global 'war on drugs' ([link](#))**

23 June 2023

GENEVA (23 June 2023) – The international community must replace punishment with support and promote policies that respect, protect and fulfill the rights of all, UN experts said today.

Ahead of the International Day Against Drug Abuse and Illicit Trafficking 2023, they called for transformative change in the international approach to drugs, focusing on health and other human rights and issued the following statement:

***“The ‘war on drugs’ may be understood to a significant extent as a war on people. Its impact has been greatest on those who live in poverty, and it frequently overlaps with discrimination directed at marginalised groups, minorities and Indigenous Peoples. In our reporting and experience, we have found that such discriminatory impact is a common element across drug policies with regard to the widest range of human rights, including the right to personal liberty; freedom from torture, ill-treatment and forced labour; fair trial rights; the right to health, including access to essential medicines, palliative care, comprehensive drug prevention and education, drug treatment, and harm reduction; the right to adequate housing; freedom from discrimination and the right to equal treatment before the law; right to a clean, healthy and sustainable environment; cultural rights and freedoms of expression, religion, assembly and association.***

### **Secretary-General's message on the International Day against Drug Abuse and Illicit Trafficking ([link](#))**

Statements | António Guterres, Secretary-General

The global illicit drug trade continues to exact a devastating toll: claiming lives, ravaging public health services, and fueling violence and organized crime.

***Drug trafficking is tearing through communities with substances that are more potent, more dangerous, and more deadly than ever. Meanwhile, criminal networks prey on the most vulnerable – particularly women and youth – as they rake in hundreds of billions annually through the illicit drug trade.***

### **Is DMT Contributing to Canada's Drug Crisis?**

***At no place in the Government's statements on one of the worst public health crises in history is DMT or ayahuasca mentioned as a drug of concern or that these substances are in any way contributing to the on-going devastation caused by the illegal and dangerous drugs ravaging Canadian communities in Nova Scotia at this time.***

And yet, set against the backdrop of the most serious drug crisis in the history of Canada, a senior Crown Prosecutor committed hundreds of hours of law enforcement and court time into a prosecution that has, by all accounts, no impact on the health and safety of Canadians and, indeed ***the argument is easily made that ayahuasca, in this case presented as “DMT” to a court of law, is actually part of the solution, given its known efficacy in treating addictions of all types including opioids.***

## **AyahuascaCanada Commentary on the “Show Trial”**

### **No Attempt to Understand the Evidence or the Community**

*Tunnel vision* (potentially caused by unconscious bias or close contact between Crown counsel and investigative agencies)

Clearly, based on how the Crown presented its case, there was no attempt to understand what evidence they were dealing with and how ayahuasca is used in the Nova Scotia communities. **No research on the history or background of this “novel” substance was conducted based on the remarks and evidence presented by the Crown Prosecutor.** The Crown Prosecutor simply accepted the evidence as presented by law enforcement officials and blindly proceeded with this case.

**There was no attempt to understand the community in which the offence took place nor any attempt to consider the impact of the offence on the alleged victims (ceremony participants.)**

*Inadequate or misinterpreted evidence;*

**This “DMT” case was clearly about ayahuasca, which is a gross misrepresentation of the evidence presented to the court.** As numerous United Nations documents attest and as the Canadian Criminal Code makes clear – ayahuasca is not DMT. **If Parliament had wanted to outlaw ayahuasca, they could have simply followed the United Nations publicly available instructions to countries on how to do so as articulated in the legally-binding Conventions. Canada did not.**

**This is a clear case of fabricated evidence presented to a Canadian court.**

Even in regard to the alleged DMT in the samples tested – according to the Health Canada laboratory analysis, it is a 50/50 chance that the evidence even contained DMT.

Despite all of this, senior Crown Prosecutor Glen Scheuer “bulldogged” ahead with his case.

### **Magic Mushroom Comment**

As reported by the CBC ([link](#)), in his summation, Chief Federal Crown Prosecutor Glen Scheuer was quoted as saying:

**But federal prosecutor Glen Scheuer argued Monday that ayahuasca was a “potent drug” that has the potential for serious side-effects and is more powerful than psilocybin, another illegal psychedelic commonly known as magic mushrooms.**

Scheuer is not an expert on plant medicines, the relative strengths of plant medicines and there is no research that backs his public allegations.

**Magic Mushrooms – There was no evidence presented on the relative strengths of psychedelics in relation to each other or to common drugs of abuse such as heroin, cocaine, meth or other opioids.** No expert witnesses gave testimony as to the relative effects of any drugs in relation to other drugs that may be consumed. This was never an issue presented in trial. **And yet, the Crown Prosecutor, in his closing arguments issued this bizarre statement as what, a public justification of the charges against Mr. Adzich?**

**Serious Side Effects** - What serious side effects was Scheuer talking about? There are no “serious side effects” mentioned in copious scientific studies published about Ayahuasca. **This again illustrates the complete lack of research and ignorance about the evidence Scheuer presented to a court of law.**

## **Ayahuasca – Physically and Psychologically Safe**

**The International Center for Ethnobotanical Education, Research and Service (ICEERS) is a United Nations Sanctioned NGO with special UN Consultative Status.** ICEERS engages with “some of the fundamental issues resulting from the globalization of ayahuasca, iboga, and other ethnobotanicals.” ICEERS is considered a world authority on Traditional Indigenous Medicines.

In their Fact Sheet – [Ayahuasca Safety Profile](#) ICEERS states\*:

**Studies in both animals and healthy humans have shown that ayahuasca is a physically and psychologically safe substance** when its composition is known, and when it is administered in controlled doses in appropriate environments with the necessary support.

\*[https://www.iceers.org/wp-content/uploads/2020/05/ICEERS\\_factsheet\\_1\\_Safety\\_EN\\_web.pdf](https://www.iceers.org/wp-content/uploads/2020/05/ICEERS_factsheet_1_Safety_EN_web.pdf)

## **Ayahuasca Slightly Increases Blood Pressure**

From the ICEERS [Ayahuasca Decision-Making Guide](#)

In medical terms, ayahuasca has few contraindications. **Only if you have a serious cardiovascular disorder should you not take ayahuasca, as it slightly increases blood pressure.** No alterations of liver function and other biochemical parameters have been observed after the administration of ayahuasca in the laboratory. Only a modulation of the immune system has been detected, but this is temporary and does not seem to have clear effects on health.

**See -** <https://www.iceers.org/deciding-to-take-ayahuasca/>

## **Are Mainstream Media Reported Deaths Accurate?**

In 2023 ICEERS published the results of a three-year study entitled [Ayahuasca Global Consumption and Reported Deaths in the Media](#). As part of the study they examined media-reported deaths attributed to ayahuasca. A conclusion of the study states:

**To date worldwide, no forensic examination or toxicological analysis has determined the combination of *Banisteriopsis caapi* and *Psychotria viridis* or *Diplopterys cabrerana* (the traditional ayahuasca brew) has caused poisoning leading to death. ([link](#))**

**A legal environment or culture which focuses on winning**

**Despite knowing nothing about Ayahuasca cultures, history or context of use, Scheur proceeded with a prosecution that was based entirely on ignorance, as evidenced by public statements that ayahuasca was a “dangerous” drug that could have serious “side effects” including for people with heart conditions.**

The opportunity for a senior Crown Prosecutor as presented by this case was to find out about a substance that he knew nothing about. **Instead of availing himself of this opportunity, he chose to**

**plow full steam ahead, his enthusiasm for gaining a conviction exceeded only by his complete ignorance of the substance he was dealing with.**

The presence of what has been labeled as "noble cause corruption," or the belief that the ends justifies the means.

### **RCMP - 32 Arrests for DMT in Five Years, Two for Ayahuasca**

AyahuascaCanada obtained the five-year RCMP arrest records for all DMT offences (synthetic and ayahuasca). This was done through an Access to Information (ATI) request, otherwise known as a Freedom of Information request.

**The ATI document indicated 32 arrests in Canada in the past five years for all DMT offences, of which it appears that two arrests were made specifically for ayahuasca. ATI File Number – A-2024-08989 Request a copy of the file ([link](#))**

### **The RCMP Have no Arrest Protocols for Ayahuasca**

**AyahuascaCanada also filed an ATI (Freedom of Information) request to obtain the RCMP written Policies and Procedures, arrest protocols or written instructions to RCMP officers regarding enforcement of ayahuasca regulations in Canada. There aren't any. Obtain a copy of the ATI - A-2023-12379 ([link](#))**

### **DMT is Not a "Drug of Concern" in Canada**

**DMT is not listed as a drug of concern in the Canadian Drugs and Substances strategy ([link](#))**

**The Government of Canada Drug Analysis Service (DAS) has also not listed DMT under their list of Main Controlled Substances in Canada. ([link](#))**

**However, the Canadian government does have a major concern with opioids such as heroin or pharmaceutical opioids including morphine, oxycodone and fentanyl in Canada ([link](#)).**

It is interesting to note that **many people who attend ayahuasca ceremonies to treat addictions will often give up their drug of choice after a single ayahuasca ceremony** and numerous addiction studies bear this out ([link](#)).

### **DMT – the Active Ingredient in Ayahuasca**

**N,N-Dimethyltryptamine (DMT) found in trace amounts in the ayahuasca brew, is an endogenous substance, meaning it is naturally produced in the human brain.** Research shows DMT manufactured by the human body plays a role in the nervous system and influences dream states.

DMT synthesis is thought to occur in the pineal gland. Some theories suggest DMT levels may rise during sleep to induce the dream state. DMT may also be related to other natural changes in awareness, including near-death experiences.

### **Thousands of Plants Contain DMT**

**Thousands of plant species produce DMT — even the rinds of a few common citrus fruits contain DMT.** However, DMT is more common in a few specific families of plants than others.

The pea family (Fabaceae) is home to the most numerous of the DMT-containing plants. This includes genera such as Mimosa, Acacia, Petalostylis, Desmodium, Mucuna, and Lespedeza — just to name a few.

The other most predominant family of herbs that produce DMT is the nutmeg family (Myristicaceae). Notable DMT-containing members of this family include Horsfieldia and Virola.

Most DMT-containing plants produce a combination of N,N,DMT, 5-MeO-DMT, and 5-HO-DMT (AKA “bufotenin”). The ratio of these different forms of DMT varies depending on species, environmental conditions, and the time of year the plant was harvested.

### **StatsCan DMT Reported Deaths in Canada - (There Aren't Any)**

**The fatal dose of DMT has been estimated at 8,800 mg for a person weighing 80 kg. The average dose of DMT in tested ayahuasca brews has been measured at 60 mg. ([link](#))**

**A search of the StatsCan database by AyahuascaCanada ([link](#)) failed to turn up any DMT-attributed deaths in Canada.**

### **Direct Contradiction of Section 56 “Religious Exemption” Testimony**

During the trial, the Crown contended that Mr. Adzich could have applied for a legal exemption to serve ayahuasca through the Health Canada “Section 56” religious exemption program. **Evidence was given at Adzich’s trial that this process had an average approval time of 13 months or 395 days. According to an ATI filed by AyahuascaCanada for Health Canada application processing times, this is patently false.**

As of July 03, 2024, (time of filing of the ATI) - the Health Canada section.56 program had seven active religious exemption requests. AC obtained this data through a Health Canada ATI – File number A-2024-000398.

<b>Religious Exemption Application Date</b>	<b>Date of Approval</b>	<b>Number of Days “Under Review”</b>
1. 2010-11-25	Not Approved	5,384
2. 2022-03-22	Not Approved	1,249
3. 2022-06-15	Not Approved	1,164
4. 2022-07-02	Not Approved	1,147
5. 2023-06-13	Not Approved	801
6. 2023-10-10	Not Approved	682
7. 2024-06-03	Not Approved	445

**Average Time applications were “under review” – Four Years, Three Months** (without approvals)

**The average time s.56 has had each application “under review” is four years and three months and counting without any approvals. To obtain a copy of the ATI file click this ([link](#))**

**The Companionship of the Sacred Vine – the only exemption issued by Health Canada for shamanic ayahuasca ceremonies, which Mr. Azdich performs, was granted to the Companionship of the Sacred Vine (CSV).** All other exemptions (approximately eight) have been for syncretic ayahuasca (non-shamanic) churches from Brazil.

The **first s.56 religious exemption** issued to an ayahuasca church in Montreal **took 17 years to process** ([link](#)). **The CSV application took two and a half-years to process and was only issued after the intervention of the Health Minister.**

The request for the CSV to add a legal ayahuasca supplier to its exemption has been sitting in front of s.56 bureaucrats **for over 18 months.** **It is obvious to the CSV that this supplier will never be added to our exemption, effectively negating issuance of the exemption itself.** For a complete background paper on the CSV and its application process see:

<https://ayahuascacanada.com/wp-content/uploads/2025/09/CSV-BackgrounderJL2.pdf>

### **Ayahuasca – Physically No More Dangerous than a Cup of Coffee**

The International Center for Ethnobotanical Education, Research, and Service (ICEERS) is a United Nations sanctioned NGO with UN Special Consultative Status. ICEERS studies and makes recommendations on the use of entheogens including ayahuasca.

From ICEERS Safety Fact Sheet:

**Studies in both animals and healthy humans have shown that ayahuasca is a physically and psychologically safe substance when its composition is known, and when it is administered in controlled doses in appropriate environments with the necessary support.** ([link](#))

Ayahuasca (and Coffee) slightly raise blood pressure -

*In medical terms, ayahuasca has few contraindications. **Only if you have a serious cardiovascular disorder should you not take ayahuasca, as it slightly increases blood pressure. No alterations of liver function and other biochemical parameters have been observed after the administration of ayahuasca in the laboratory.** Only a modulation of the immune system has been detected, but this is temporary and does not seem to have clear effects on health.* ([link](#))

Coffee (caffeine) also raises blood pressure ([link](#)):

**Caffeine may cause a brief rise in your blood pressure, even if you don't have high blood pressure.** This short-term spike in blood pressure happens mainly in people who don't drink caffeine often, rather than in those who do. Still, the blood pressure response to caffeine differs from person to person.

### **No Danger to the Canadian Public – Health Canada**

**There is no recreational or black market for ayahuasca according to Health Canada's official Policies and Procedures for religious exemptions for ayahuasca,** obtained by AyahuascaCanada through the Access to Information (Freedom of Information) Act - Health Canada File Number - A-2022-001575 /MC2. The document states:

- **There is no evidence of risk to public safety associated with Daime tea/Ayahuasca,** in terms of illicit production and trafficking, even in countries where it has been used for centuries.
- **There is no evidence of widespread use and diversion in Canada**



- Daime tea/Ayahuasca specifically does not appear to be the object of common abuse.
- Physical dependence and tolerance to Daime tea/Ayahuasca do not appear to develop.
- Consumption of Daime tea/Ayahuasca induces vomiting, which limits the amount that can be ingested at one time and thus its abuse potential.

To request a copy of this ATI file ([link](#)).

### **Senior Prosecutor Glen Scheuer**

**As Senior Counsel for the Public Prosecution Service of Canada, Mr. Scheuer has extensive resources under his direct supervision.** According to the PPSC Atlantic Canada Regional Office website\*, Scheuer's **40-member legal team** includes:

- Four Team Leaders and Legal Counsels including a Senior Counsel member
- Twenty Legal Counsels, three of which are Team Leaders
- Twelve Legal Assistants including a Team Leader
- A Paralegal, an HR Finance Assistant, an Administrative Assistant, iCase Administrator, a Database Administrator, a Regional Office Administrator and an Articling Student.

### **Senior Crown Prosecutor Glen Scheuer's 40-Person Legal Team ([link](#)):**

**If Mr. Scheuer had this much legal expertise under his direct supervision in a private law firm, he would probably be considered a senior partner in a mid-sized law firm in Canada.**

<a href="#">Angela Parks</a>	Legal Assistant	<a href="#">902-426-7031</a>	Duke Tower 5251 Duke Street, Suite 1400	Halifax	Nova Scotia
<a href="#">Angela Caseley</a>	Team Leader / Senior Counsel	<a href="#">902-426-2733</a>	Duke Tower 5251 Duke Street, Suite 1400	Halifax	Nova Scotia
<a href="#">Angela Nimmo</a>	Counsel	<a href="#">902-426-2774</a>	Duke Tower 5251 Duke Street, Suite 1400	Halifax	Nova Scotia
<a href="#">Anna-Marie Castellarin</a>	Legal Assistant	<a href="#">902-478-1372</a>	Duke Tower 5251 Duke Street, Suite 1400	Halifax	Nova Scotia
<a href="#">Annie Grant</a>	Legal Assistant	<a href="#">506-851-6879</a>	777 Main Street, Suite 400	Moncton	New Brunswick
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<a href="#">Bernard Roux</a>	Senior Counsel	<a href="#">506-851-2412</a>	Suite 400, 777 Main Street	Moncton	New Brunswick
<a href="#">Bethany Johnson-Theedom</a>	Regional Office Manager (Atlantic)	<a href="#">902-426-0041</a>	Duke Tower 5251 Duke Street, Suite 1400	Halifax	Nova Scotia
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<a href="#">Bronwyn Manuel</a>	Legal Assistant	<a href="#">902-426-5758</a>	Duke Tower 5251	Halifax	Nova Scotia



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<https://www.goc411.ca/en/368859/Glen-Scheuer>

### ***AyahuascaCanada Previous Complaint About Falsified Evidence***

During Mr. Adzich's trial, AyahuascaCanada initiated a complaint concerning falsified evidence through the Crown Prosecutor's official complaint and feedback website ([link](#)). To request a copy of the email trail, click this [link](#).

AC Pointed out that a study initiated by the United States National Institute of Justice and published in the National Library of Medicine Website showed, using the median values of the ayahuasca brews studied, that the ayahuasca (DMT?) confiscated from Mr. Adzich may have contained approximately 8 grams of actual DMT ([link](#)).

***The complaint was acknowledged by the PPSC and forwarded to the Chief Federal Prosecutor in Nova Scotia, Mr. Shaun O'leary who advised Mr. Scheuer of the complaint.*** The Complaint Process is a formal system at the PPSC. The AC complaint pointed out the discrepancy between DMT and Ayahuasca in the evidence and referenced a [scientific study](#) sponsored by the US National Institute of Justice quantifying the typical amount of DMT in the ayahuasca brews sampled:

Reported here is the development of a rapid validated method for the quantification of DMT in ayahuasca by direct analysis in real time-high-resolution mass spectrometry (DART-HRMS). This ambient ionization approach also enables identification of ayahuasca through detection of the secondary metabolites associated with its plant constituents. **Analysis of six ayahuasca brews created using different combinations of DMT/harmala alkaloid-containing plants resulted in beverages with DMT levels of 45.7–230.5 mg/L. The detected amounts were consistent with previously reported values determined by conventional approaches.**

From the Study - At 45.7 – 230.5 mg/L – **the amount of DMT in the tar-like substance presented as “3.2 Kilograms of DMT” to the courts may actually have been 0.182 GRAMS to 9.2 GRAMS of actual DMT.** However, this was simply an extrapolation of the amount of DMT in the brews tested. **The actual amount of DMT in the evidence was never quantified by the Crown Prosecutor.**

From the PPSC Deskbook -

**“The practice of overcharging is not appropriate,** whether it is through the duplication of counts, the laying of additional **or heightened charges that are marginal,** or laying charges where **the evidence barely meets the directed verdict threshold.**

Crown counsel must carefully consider whether the public interest would be better served by **declining to prosecute marginal charges or deciding not to pursue them once the evidence at trial is complete. If charges have been laid, those charges should be withdrawn or a stay of proceedings entered.**

Crown counsel must continue to consider the decision to prosecute criteria **throughout all stages of the prosecution, until the exhaustion of all appeals.**

**It is particularly important for Crown counsel to reconsider the criteria when new and credible information comes to light, including from the accused.**

### **Expert Testimony About the “DMT” Evidence**

During the trial, ICEERS experts on ayahuasca spent three days testifying including testimony by ICEERS Scientific Director Dr. José Carlos Bouso, a Clinical Psychologist with a PhD in Pharmacology - Universidad Autónoma de Madrid, the Instituto de Investigación Biomédica IIB-Sant Pau de Barcelona, and the Instituto Hospital del Mar de Investigaciones Médicas de Barcelona (IMIM).

**Dr. Bouso pointed out that typical ayahuasca brews may contain 0.005% DMT, which would mean that the 3.2 Kilograms of ayahuasca that was submitted as DMT to the courts may have, in fact contained 16 grams of DMT.**

**Here again, the actual amount of DMT in the evidence was in question.**

From the PPSC Deskbook:

**It is particularly important for Crown counsel to reconsider the criteria when new and credible information comes to light, including from the accused.**

## ***How Much “DMT” was in the Evidence??***

As can be seen – based on the one negative, one inconclusive and two positive Health Canada tests for DMT, ***there was ample reason to question the evidence prior to trial.***

***As the trial unfolded, further information casting doubt on the evidence was forwarded to Mr. Scheuer*** through the PPSC Public Complaint and Feedback process via the Chief Federal Prosecutor. Perhaps more importantly a world-recognized expert presented evidence at trial that cast doubt on the evidence as well. ***Clearly a stay of proceedings was warranted until conclusive testing of the evidence was obtained as outlined in the PPSC Deskbook:***

*Crown counsel must carefully consider whether the public interest would be better served by declining to prosecute marginal charges or deciding not to pursue them once the evidence at trial is complete. ***If charges have been laid, those charges should be withdrawn or a stay of proceedings entered.****

Crown counsel must continue to consider the decision to prosecute criteria ***throughout all stages of the prosecution, until the exhaustion of all appeals.***

***It is particularly important for Crown counsel to reconsider the criteria when new and credible information comes to light, including from the accused.***

## ***The Evidence and De Minimis Considerations***

De minimis is a legal term meaning something that is too minor or trivial to merit consideration by the law. ***It refers to actions or violations that are so insignificant that they do not warrant legal action or penalties.***

In light of literally tons of cocaine, heroin, opioids, methamphetamines, tens or hundreds of thousands of counterfeit pills, often containing fentanyl or worse, being trafficked or sold daily in Nova Scotia, to the point that the Government of Canada has declared a public safety crisis in this country, what was the motivation that prompted a prosecution of what may be a few grams of DMT, if any? There was never a conclusive quantitative testing of the evidence over three years of trial time.

***DMT is not named in Canada’s Drug Strategy or even listed as a Drug of Concern in Canada. Given the safety record of DMT or ayahuasca (take your pick) there is no public safety or public health concern.***

And yet, set against this worsening drug crisis, that has been steadily increasing over the last years, a senior Crown Prosecutor decides to continue this trivial “public safety” trial over three years. Why?

## **Prosecution of Mr. Adzich - Possible Motives**

### **Noble Cause Corruption**

Noble cause corruption is corruption caused by the adherence to a teleological ethical system **in which the ends justify the means - people will use unethical or illegal means to attain desirable goals**, a result which appears to benefit the greater good. Where traditional corruption is defined by personal gain, noble cause corruption forms **when someone is convinced of their righteousness, and will do anything within their powers to achieve the desired result.**

### **Mr. Scheuer's "Bulldog" Reputation**

**Apparently Mr. Scheuer has cultivated or encouraged a "bulldog" reputation among his legal team, peers and the wider legal community in Nova Scotia.** While it is beyond the capabilities of this community assessment to characterize this, it could provide a possible motive **for his obsessive pursuit of this case in direct contradiction to the directives of the PPSC Guidebook** – from the quality of the evidence, the impact on the community, expert testimony from the ICEERS expert and the statements of the alleged victims in court – **all of which presented Mr. Scheuer with ample opportunity to enter a stay of proceedings in this case. Mr. Scheuer instead chose to "hang on" to the case, perhaps reveling in or providing further proof of his "bulldog" reputation.**

The other very salient question in this trial is why a senior Crown Prosecutor chose to personally prosecute a case that, given the huge and on-going impact of opioids, meth, cocaine and other illegal drugs that cause actual violent damage in the community, could have been clearly handed to any one of the 20 Counsels under his direct supervision including Team Leaders? **Does this type of obscure case warrant the personal attention of a senior Crown Prosecutor with a 40-person legal team?**

### **Scheuer's Bizarre Public Statement**

According to a CBC article\*, Scheuer made the following statement in court:

*But federal prosecutor Glen Scheuer argued Monday that **ayahuasca was a "potent drug" that has the potential for serious side-effects and is more powerful than psilocybin, another illegal psychedelic commonly known as magic mushrooms.***

Here again, it is readily apparent the Crown Prosecutor made absolutely no effort to ascertain the known and incredibly well-researched effects of ayahuasca, ayahuasca safety or ayahuasca ceremony protocols. **What serious side-effects is he alluding to? Slightly raising blood pressure?**

**The "more powerful than psilocybin" remark is bizarre at best. Psilocybin was not part of the court testimony nor was evidence given concerning the relative strengths of various legal or illegal drugs versus the relative strength of ayahuasca.**

This statement in and of itself by a Senior Federal Crown Prosecutor shows the Crown made absolutely no effort to follow the Attorney-General's Directives as outlined in the Federal Prosecutor's Guidebook, **including understanding the evidence and the effects of the drug in question on the health and safety of the community.**

***Is ayahuasca “more powerful” than heroin, cocaine or meth? These are drugs that are killing people daily in Nova Scotia.*** Is Mr. Scheuer arguing that “magic mushrooms” are killing people? Is he saying that there are deaths from ayahuasca? ***If this was the summation and basis for Mr. Scheuer to continue his prosecution for case involving a “novel” substance, it displays a complete and utter disregard for the actual evidence in question and a complete and willful ignorance of how ayahuasca is used in the spiritual healing community.*** But it does perhaps reinforce Mr. Scheuer's reputation for “bulldogging” ahead in spite of his profound ignorance of the evidence he has falsified in a Canadian court of law.

\*<https://www.cbc.ca/news/canada/nova-scotia/ayahuasca-nova-scotia-sentencing-1.7647114>

## **Community Commentary on the PPSC Deskbook**

### **Decision to Prosecute**

In light of what the Health Minister of Canada has deemed the worst drug crisis in Canadian history and the wholesale drug smuggling being perpetrated in Nova Scotia and throughout Canada, **what was the motivation in conducting a 3-year trial to prosecute an alleged “trafficker” in “DMT” (ayahuasca) for conducting a women’s healing circle?** In the past five years the RCMP have made 32 arrests for DMT, with two apparently for ayahuasca. There are police officers who were using ayahuasca in an effort to heal their PTSD according to news reports.

### **Prevention of Wrongful Convictions**

**Tunnel Vision** – despite the plethora of information concerning the benign nature of ayahuasca and despite expert witnesses testifying in this regard, why wasn’t a stay of proceedings entered?

**Inadequate or misinterpreted evidence – the charges of trafficking in DMT can hardly be supported when Health Canada tests were inconclusive.** The Crown has considerable resources as evidenced by three years of involvement of a senior Crown Prosecutor, yet failed to re-test the evidence when **initial testing was inconclusive. Further, a quantitative analysis of the evidence was never conducted.**

**A legal environment or culture which focuses on winning – the reputation of senior Crown Prosecutor Glen Scheuer as a “bulldog” prosecutor precedes him.** However, the PPSC Deskbook Directives specifically precludes this type of behavior by a Crown Prosecutor:

**Noble Cause Corruption – Noble Cause Corruption, or “the ends justify the means,” is readily evident throughout this trial,** if that was indeed the motivation of Mr. Scheuer. Actions speak louder than words.

### **Duty to present a fair, clear, and comprehensible case**

**The Practice of Overcharging is Not Appropriate – charges of “trafficking” typically indicate a highly-organized criminal venture predicated on the exploitation of members of the public.** There was no evidence that Mr. Adzich’s motivation was financial and his only “exploitation” of the public was to conduct a women’s healing circle.

### **The Decision to Prosecute**

**The Public Interest** – what public interest was being served in this case? **A trained ayahuasca practitioner who had conducted an apprenticeship in ayahuasca with recognized experts (Shipibo) was conducting a non-violent women’s healing circle?** There is absolutely zero indication of public harm or violence being perpetrated by Mr. Adzich.

**Decision to Continue Prosecution** – the Crown Prosecutor failed in his duty to understand the implications of the trafficking charges prior to trial. **However, as the evidence came to light, most notably by ayahuasca experts, Mr. Scheuer never once considered that this “trafficking” case did not warrant continued prosecution.**



## **Deskbook - Irrelevant Factors**

**Effect of the Decision on Mr. Scheuer** – **it can only be assumed that Mr. Scheuer was “saving face” in his dogged pursuit of trafficking charges, perhaps for personal notoriety as a “bulldog” prosecutor or to bolster the institutional reputation of the PPSC** as these charges originated with US Homeland Security and US Border Services.

The other pertinent question is why is a senior Crown Prosecutor, with a 40-person legal team personally involved in a relatively obscure charge (32 charges by the RCMP in the last five years)? This case could have been easily handled by any one of the Crown Prosecutors on Scheuer’s team.

**A Serious Case Involves Violence or Raises Issues of Public Safety** – **Since there is no violence associated with ayahuasca in Canada and since the substance is eminently safe** (as even a cursory web search would have confirmed), **Crown counsel should turn their mind to the availability of alternative measures.**

**Gravity of the Offence** – from the PPSC Deskbook – **Conversely, the less serious an alleged offence is, the more likely public interest will weigh in favour of discontinuing the prosecution, or pursuing an alternative measure.**

**Serious Offences** – the Deskbook gives examples of serious offences predicated upon the amount and nature of the controlled substance, the prevalence of that controlled substance in the community and **whether the accused is alleged to be part of a criminal organization or a terrorist group. None of which applied to the charges against Mr. Adzich.**

## **Consultation**

**Knowledge and Understanding of the Community** – **the Ayahuasca community in Canada is a small but robust group of individuals dedicated to spiritual healing.** These individuals include persons seeking spiritual healing, ceremony helpers (guardians), property owners providing ceremonial space in naturalistic settings, curanderos, ayahuasceros, shamans and facilitators. **As far as we are aware, at no time did Mr. Scheuer or any of his 40-person legal team reach out to members of the ayahuasca community in Canada or even contact the alleged “victims” – the women in attendance at the healing circle when it was raided by the RCMP.**

At the very least, as noted in the Deskbook - Prosecutors can learn more about their communities by consulting public documents. **All of the information in this document is publicly available.**

**Consideration of the Impact on the Local Community** – including public safety, public health and public welfare. **Four decades of world-wide scientific research confirms the safety and efficacy of ayahuasca. In ayahuasca cultures in the Amazon, children will be given age-appropriate doses of ayahuasca and pregnant women will take the medicine up to the eighth month of pregnancy.**

**Obtaining the Views of the Victims** – The RCMP raid coincided with a women’s healing circle. **As this was a “novel” case and as the identities of the women’s healing circle were known by the RCMP officers, why weren’t any of the alleged victims contacted?**

**Senior Crown Counsel Glen Scheuer is Responsible** – as clearly articulated in the Deskbook - **It is Crown counsel, not the investigative agency, who are ultimately responsible for making the**



***decision to prosecute***, except where the consent of the Attorney General is required. Crown counsel must make this decision objectively and independently from the investigative agency.

## **Analysis and Conclusions**

### **The “Show Trial” of Michael Adzich**

**This “DMT” prosecution, which was really about ayahuasca, stinks to high heaven.** It amounts to a Stalinist “show trial” in which state resources are brought to bear against someone for political or propaganda purposes. And who was the “criminal?” Mr. Michael Adzich was providing a valuable service to the community to the point that the “victims” testified in court in favor of the “criminal.” Mr. Adzich had been acting as a spiritual healer in the community for the past 15 years without any health incidents or complaints from the public.

**The state did not want to risk severe public backlash and send a healer to prison, so they opted for a suspended sentence,** which by all accounts, was going to be the outcome even before the “case” went to trial. Here again we see the elements of a “show trial” in which the outcome is a foregone conclusion.

### **Ayahuasca is not illegal in Canada**

The Canadian laws are in place for DMT, not ayahuasca. And yet the trial was all about ayahuasca. This is clear falsification of evidence.

What was the possible motivation for the Crown to not only initiate an arrest, but then, **in light of contradictory test results and a question of whether the tar-like substance even contained DMT – a 50/50 proposition at best - to continue with the prosecution instead of following the very clear directives contained in the PPSC Deskbook?**

### **Is Michael Adzich a Drug Trafficker?**

**From Mr. Adzich’s Court Statement:**

**The spiritual use of ayahuasca has profoundly shaped my life since my first ceremony in 2009.**

At that time, I was struggling with the progressive abuse of alcohol which contributed to periodic episodes of depression. **I was fortunate to be referred to an ayahuasca community led by group of respected healers from the indigenous lineage of the Shipibo-Conibo peoples of the Amazon.**

From the onset of my experience, I found myself undergoing a profound spiritual transformation, and it was through the curanderos reverent singing of sacred medicine songs that I was introduced to, and felt touched by, the spirit of ayahuasca.

**I awoke the following morning feeling that an insurmountable weight had been lifted from the core of my being, and had the absolute confirmation that the chapter with alcohol in my life was now closed.** There is much more I could share from this sacred spiritual experience, **but want it to be known that I have not consumed any alcohol since my introduction in 2009.**

**I continue to hold my utmost gratitude for the healers who helped me, and for the spirit of ayahuasca which altered the direction of my life to a new found place of purpose and happiness.**

### **Mr. Adzich’s Spiritual Practices**

My spiritual practice of the Shipibo based vegatalismo tradition and the ritual use of ayahuasca has been the centrepont of my life for 15 years. **My work as facilitator of**

*ayahuasca ceremony has required rigorous discipline and commitment to the Shipibo tradition, which has involved prolonged time in isolation combined with periods of fasting in order to commune with and receive blessings and songs from the spirits of these sacred plants.*

*Over time, I've personally worked with 3 master teachers from the Shipibo lineage known as Onanyas, based in the Ucayali region of Pulcallpa, and the villages outside the city of Iquitos, both located in the Peruvian Amazon.* I remain grateful to the Shipibo people and all of my teachers for their exceptional generosity in sharing their traditional healing and botanical knowledge with me.

*My spirituality is guided from these indigenous traditions and practices, and my ceremonial offerings to community are informed by them completely.*

### **Ceremony Safety Protocols:**

I would like to state that the safety and well-being of each individual has always been paramount to my facilitation of ayahuasca ceremony. *My training has involved recognizing the sensitivity required for the appropriate dosage for each participant, and what specific traditional remedies and energetic approaches are needed should someone have a strong experience.* Facilitating ceremony requires consistent vigilance and awareness of each and every participant.

Ceremonial directives and communication between myself and my assistants is essential for maintaining a protected space. During our morning sharing circles, participants are given the opportunity to speak about their ayahuasca experience, process their emotions in a supportive environment, and obtain guidance from myself and the tradition if needed.

This shared space is vital to help with participant's personal integration after they depart and return to their homes and families. *The medical intake form (and any follow-ups for people returning) has always been provided along with my personal availability to ask and answer any questions.*

These details I've mentioned have been the requisite for holding ceremony, without exceptions. In addition, the Annapolis Community Health Center, which at the time had emergency room facilities, is a 12 minute drive from Pinesong. *I'd like to state that for the past 13 years, I've participated in hundreds of ayahuasca ceremonies throughout the world with many different facilitators and communities, and I have not personally witnessed a single incident where hospital admission or paramedic intervention was required*

*Does this sound like a "drug trafficker" that requires the full weight of the Canadian Crown to investigate, prosecute and punish? Where are the victims? Who was harmed by any violence?* Is a women's healing circle being catered to by a compassionate individual, without ties to organized crime, worthy of a trafficking charge?

## **Do “Traffickers” Have Community Support?**

One would be hard-pressed to imagine that a fentanyl trafficker that is devastating Nova Scotia communities with tainted drugs would be shown community support should he or she be brought to justice.

**However, in the case of Mr. Adzich, his ayahuasca community rallied behind him and even raised funds for his defence. Members of the women’s healing circle, the alleged victims in this case, testified on his behalf at his trial and many members of the ayahuasca community were in attendance at court throughout his trial.**

Does this sound like a typical “drug trafficker?” **Would the community rally to support a narcotic, opioid or fentanyl trafficker?** This show of support was readily evident at Mr. Adzich’s trial and yet the Crown Prosecutor, in direct contravention of the directives contained in the Deskbook, chose to neither consult the Nova Scotia or Canadian ayahuasca communities, conduct research into ayahuasca (as evidenced by the Crown Prosecutor’s remarks) or take into account the effects of Mr. Adzich’s “trafficking” on the local community or on Mr. Adzich himself.

## **Is DMT a “Trafficking” Offence?**

There are quite literally tons of dangerous street drugs being smuggled into and through Nova Scotia. Almost daily the news is full of reports of seized shipments.

## **Was the Health Canada Section 56 Exemption Program A Viable Option?**

During the trial, the Crown contended that Mr. Adzich could have applied for a legal exemption to serve ayahuasca through the Health Canada “Section 56” religious exemption program. **Evidence was given at Adzich’s trial that this process had an average approval time of 13 months or 395 days. According to an ATI filed by AyahuascaCanada for Health Canada application processing times, this testimony is patently false.**

As of July 03, 2024, (time of filing of the ATI) - the Health Canada section.56 program had seven active religious exemption requests. AC obtained this data through a Health Canada ATI – File number A-2024-000398.

<b>Religious Exemption Application Date</b>	<b>Date of Approval</b>	<b>Number of Days “Under Review” as of Nov.14, 2025”</b>
1. 2010-11-25	Not Approved	5,468
2. 2022-03-22	Not Approved	1,333
3. 2022-06-15	Not Approved	1,248
4. 2022-07-02	Not Approved	1,231
5. 2023-06-13	Not Approved	885
6. 2023-10-10	Not Approved	766
7. 2024-06-03	Not Approved	529

**Average Time applications were “under review” – Four Years, Four Months** (without approvals)

**The average time s.56 has had each application “under review” is four years and four months and counting without any approvals. To obtain a copy of the ATI file click this ([link](#))**

The first s.56 religious exemption issued to an ayahuasca church in Montreal took 17 years to process ([link](#)).

***The CSV application took two and a half-years to process and was only issued after the intervention of the Health Minister.***

***The Companionship of the Sacred Vine – the only exemption issued by Health Canada for shamanic ayahuasca ceremonies, which Mr. Adzich performs, was granted to the Companionship of the Sacred Vine (CSV).*** All other exemptions (approximately eight) have been for syncretic ayahuasca (non-shamanic) churches from Brazil.

The request for the CSV to add a legal ayahuasca supplier to its exemption has been sitting in front of s.56 bureaucrats ***for over 18 months. It is obvious to the CSV that this supplier will never be added to our exemption, effectively negating issuance of the exemption itself.*** For a complete background paper on the CSV and its application process see:

<https://ayahuascacanada.com/wp-content/uploads/2025/09/CSV-BackgrounderJL2.pdf>

### ***Was the Decision to Prosecute in the Public Interest?***

***There are two overriding criteria for making a decision to proceed with the prosecution*** of a case in Canada, according to the PPSC Deskbook. The first being – is there enough evidence to obtain a conviction and the second – is the prosecution in the public interest?

***Based on the evidence presented in the trial, it can easily be argued that neither of these pre-prosecution evaluations were met, unless the “ayahuasca” evidence was falsified as DMT to the courts and the incredibly rich history of ayahuasca as a spiritual healing medicine was completely ignored.***

And given the inconclusive results of the Health Canada testing, it remains questionable whether there even was DMT in the evidence or not. Clearly, the Crown should have re-tested the evidence but chose not to do so.

The Government of Canada says the Canada is in the most serious public health crisis in its history due to the illegal activities of cartels and other organized criminal drug trafficking. ***There are literally tons of illegal narcotics being smuggled into Nova Scotia. And yet, set against the backdrop of this public health drug crisis, a senior Canadian Crown Prosecutor with a 40-person legal team decided to personally spend his time on a “DMT Trafficking” case?***

***The motivation to proceed with this case, given the deaths and devastation being caused by the drug crisis, could hardly be construed by even the most jaundiced neutral observer as being remotely in the public interest.***

### ***If this is a Crime, Who are the Victims?***

***Who were the victims of this “trafficking” crime?*** A healing circle of women who were making an informed decision to participate in an ayahuasca ceremony for their own personal or perceived spiritual benefits? Many of Michael’s “victims” testified on his behalf in court, an act of bravery in itself.

Those are the victims in this case? **What exactly was the violence perpetrated against the alleged victims? Where was the exploitation of the “victims” by organized criminals which is the hallmark of a trafficking crime?** Were the Chinese or Mexican cartels behind these activities? We didn’t hear any evidence about this in the trial.

And all of this set against what the Government of Canada is calling the worst public health crisis in the history of Canada. There are organized criminal activities associated with this crisis, however, Mr. Adzich is not among them. **The real threat to the health and safety of Nova Scotians is methamphetamine use, heroin, cocaine and other truly dangerous drugs that are being trafficked daily on a globally-organized scale in Nova Scotia, as a port of entry in Canada.**

### ***PPSC Deskbook Directives Ignored***

**And this is how a senior Canadian Crown Prosecutor, with 40 staff at his disposal chose to direct his staff and personally prosecute this case?** His own remarks indicate how much research was done into not only assessing the evidence, but understanding the Ayahuasca community in Canada, the Ayahuasca community in Nova Scotia or the impacts on the lives of the “victims” of this supposed criminal enterprise.

The motivation of the “victims” to attend the ceremony was spiritual healing, which is how Mr. Adzich ended his own addiction to alcohol. **How many victims of drug traffickers show up in court to testify on behalf of the alleged trafficker?**

### ***Ayahuasca is not a threat to Canadians***

Even a cursory web search would have brought up the ICEERS Ayahuasca Safety Profile which shows that **the physical effects of ayahuasca are no more dangerous than a cup of coffee and only slightly raise blood pressure. And all of this set against a backdrop of at least 20 Canadians dying every day from actual illegal drug activities.** The Government of Canada does not include ayahuasca or DMT on its list of Dangerous Substances or Drugs of Concern.

The ICEERS Fact Sheet also brings up that the psychological contraindication for taking ayahuasca is psychosis – such as schizophrenia, hearing voices, an inability to hold a coherent conversation, a break from reality. **Is that who the Crown was “protecting” here – schizophrenics or people suffering from a break with reality who may want to participate in an ayahuasca ceremony?** Is the ICEERS Fact Sheet credible? ICEERS is a United Nations Sanctioned NGO and even provided world-recognized experts to testify in Michael’s case. This evidence was not challenged by the Crown and it gave the Crown Prosecutor ample incentive to enter a stay of proceedings.

### ***A Clear Miscarriage of Justice***

**Is the PPSC Deskbook, the Attorney General’s Directive, in place so that clear procedures and directives can be arbitrarily ignored by Crown Prosecutors?**

Crown Prosecutors have “ministerial” powers, and, it would be assumed the Nova Scotia Chief Federal Crown Prosecutor, Shaun O’Leary is there to supervise these powers. This prosecution was not done in a vacuum and there was a 40-person legal team involved. **Why was this obvious miscarriage of justice allowed to run its course? Why wasn’t a stay of proceedings entered when the evidence was put into question through Health Canada’s own testing, or when a credentialed**

**expert on ayahuasca presented evidence that directly contradicted the Crown's evidence?** Clearly, the DeskBook would indicate a stay of proceedings should have been entered until adequate testing with clear results was obtained.

Why were the Crown Prosecutor guidelines, as so clearly and intricately outlined by the Attorney-General in his Deskbook, blatantly ignored by not only the Crown Prosecutor but his direct supervisor, Mr. O'Leary and also by Mr. Scheuer's 40-person legal team? All of these Crown Prosecutors have "ministerial" powers, according to the Deskbook.

**How, exactly, does a Crown Prosecutor prosecute for an offence when the substance is not even listed in the Canadian Criminal Code's list of banned substances? Ayahuasca is not illegal in Canada.** That is clear from the statements issued by the United Nations in which they provide a pathway for countries to criminalize this plant material if they want to take on the herculean task of making another plant illegal.

**In this case, the Crown Prosecutor was acting not only as a Justice Minister, but as Parliament itself** by prosecuting for ayahuasca, which he seemed to personally add to the Criminal Code. However, it takes an Act of Parliament to modify the Canadian Criminal Code. And all of this conducted with the complicity and knowledge of Mr. Scheuer's 40-person legal team including numerous Crown Prosecutors, the Chief Federal Prosecutor in Nova Scotia and the federal Crown Prosecutor Services in Ottawa. **Qualified people knew about this and did nothing.**

**There is no DMT or Ayahuasca Crisis in Canada**

**The senior Crown Prosecutor, with 40 staff including Legal Assistants, Paralegals and a bevy of Prosecutors,** didn't understand this? No one had the time to do a simple web search? And even then, when it came to light in the trial, **continued to push through this prosecution instead of entering a stay of proceedings which would have been clearly justified and should have been entered at several points in the trial?**

**Canada is in the midst of one of the most serious and deadly public safety crises in our country's history** - the toxic and illegal drug and overdose crisis, according to statements by the Health Minister. **So on one hand we have an opioid crisis as articulated by the Government of Canada on their website and on the other hand, a Crown Prosecutor who arbitrarily chooses to spend significant public enforcement resources on prosecuting a "crime" which actually treats opioid addictions,** as attested to by over four decades of research into ayahuasca's efficacy in treating opioid addictions, PTSD, alcoholism, heroin addiction, treatment-resistant depression, traumas, suicidal ideation and other serious spiritual traumas. **And this is deemed worthy of this huge outlay of public enforcement resources?**

**What was the Result – A Suspended Sentence (aka a Show Trial)**

**And what was the end result of this 3-year odyssey? This huge marshaling of the combined efforts of five law enforcement agencies, including US enforcement agencies, the RCMP, Canadian Border Services and the Crown Prosecutors office,** an RCMP undercover operation and an RCMP raid timed to coincide with the women's healing circle? What was the result of the full weight of the federal government's considerable enforcement and prosecutorial powers? After three years and the virtual bankrupting of the defendant? **The result of all of this combined effort was a**



**suspended sentence. Seriously? This is an example of Canada's "community" justice system as outlined in the PPSC Deskbook?**

**Falsifying evidence is a serious crime in Canada - the courts don't like to be lied to, as ascertained by a potential 14-year jail term.** And with good reason, the administration of justice is perverted. And it doesn't matter who is doing the falsifying, the Crown or the Accused. Canada's laws are unequivocal. **So who is going to pursue this travesty of justice in a court of law for the next three years?**

### **PPSC Deskbook - When the criminal justice system fails, the human cost can be substantial**

What was Michael Adzich's "trafficking" crime? **Mr. Adzich healed himself of his alcoholism with the spiritual healing provided by an ancient and very safe substance – ayahuasca, and completely turning his life around.** He then spent the next years of his life learning from his Shipibo-Conibo Amazonian Indian friends how to work with this ancient medicine. The Shipibo-Conibo Indians are considered masters of this ancient spiritual brew.

After undertaking his apprenticeship and adding modern safety protocols, including a comprehensive health and mental health questionnaire for potential attendees at his ceremonies, **Mr. Adzich shared the healing power of this sacred spiritual medicine with members of a women's healing circle.**

After his arrest, he spent the next three years of his life trying to defend himself against these "trafficking" allegations in which ayahuasca was presented to a court of law as "DMT." **His ayahuasca community rallied behind him and raised money on his behalf. However, the personal financial and psychological stresses incurred were tremendous and included near-bankruptcy.**

Who were the victims? A women's healing circle? Conducting a women's healing circle motivated the full weight of the prosecutorial powers of Canada's national police service and a senior federal Crown Prosecutor with a 40-person legal team? And with this huge outlay of resources, has anyone bothered to assess how this RCMP raid and arrest affected the women attending the healing circle?. **And this is how the Crown Prosecution Services of Canada chooses to protect the health and safety of Canadians in the midst of one of the worst public health crises in the history of Canada? This beggars belief.**

### **Canadian Ryan Redding is one of the Largest Drug Dealers in the World**

The FBI has raised the reward to catch Redding to \$15 Million. **According to the FBI, he is the largest drug dealer in the world and is the largest cocaine importer in Canada. According to the CBC report he has trafficked 60 Metric tons of cocaine into Canada annually.** The 1.5 ton cocaine seizure in Nova Scotia may well have been part of his criminal enterprise.

So where should Canada's enforcement community commit its limited resources? Prosecuting a "DMT" offence or committing enforcement time and resources to trying to apprehend known traffickers?? **Nova Scotia has seen imports of TONS of cocaine and a senior Crown Prosecutor considers this "DMT" case important enough to tie up RCMP enforcement time for reports, witnesses and undercover operations??**



**Seriously, go do something productive instead of making up “trafficking” charges against a trained healer.**

### **Michael Adzich Financially Ruined for What?**

As can be clearly seen in the studies done on Ayahuasca and the 4 million people annually who seek out the spiritual healing provided by this ancient beverage, **the effects of this plant can be life-saving. PTSD, addictions, alcoholism, trauma, sexual abuse, suicidal ideation and other problems can be addressed by spiritual healing when other modalities fail.** Ayahuasca is clearly part of the solution to societal problems and is not the problem.

**Michael Adzich provided 15 years of community services in Nova Scotia without any health or enforcement incidents whatsoever.** No one lodged criminal complaints, no one reported him to the police, no one called ambulances or doctors for medical services. The community accepted and embraced his healing services.

Mr. Adzich was providing a community service using a structured, disciplined approach after learning how to work with ayahuasca from acknowledged world experts – the Shipibo Indians of Peru. **He combined his Shipibo apprenticeship with modern safety protocols as recommended by world experts.**

**He provided community support, integration support and deep spiritual healing and was a well-respected and beloved member of the ayahuasca community in Nova Scotia for 15 years.** And his 15 years of work has been wrenched away from him and from Nova Scotia for no reason whatsoever.

The idea that he could have applied for an “exemption” are not borne out by the timelines in Health Canada’s own files as provided through an ATI request. **The average time applications were “under review” is four years and four months and none of these requests have been approved. And here again we see another discrepancy in the evidence** – who testified that it takes an average of 13 months to obtain an exemption?

After his three-year battle with a Crown Prosecutor who completely ignored the evidence and the Attorney-General’s Directives as outlined in the PPSC Deskbook, Mr. Adzich’s status in the community and his ability to provide his spiritual healing services have been cast asunder. To what end?

**Financially, the toll was devastating as he battled to defend himself in this case. He valued his work and his spiritual healing process that required his passport for travel, to the point that every dime that he had went to pay his substantial legal fees.**

The ayahuasca community gathered around him as well and helped defray some of his legal fees but Mr. Adzich has been personally financially devastated. Nova Scotia has lost a dedicated curandero and a caring healer that delivered hard-won knowledge of an ancient healing modality from the jungles of Peru to Nova Scotians.

**Mr. Adzich was endangering no one. He was not engaged in “drug trafficking” by any known definition of the word. There was no violence and no “victims” of his activities.** Was Mr. Adzich’s

“crime” important enough that enforcement manpower can be drained away from publicly identified and world-renowned traffickers like Canadian drug czar Ryan Wedding?

***Mr. Adzich was a huge benefit to the ayahuasca community. There’s no replacing a man like this and the 15 years of service he provided in Nova Scotia. Pity the loss.***

### **Summary of Crucial Points**

- Falsified evidence was presented in a Court of Law in Canada
- Ayahuasca is not in the Criminal Code
- Ayahuasca was presented to the court as “DMT”
- Even that was in doubt - there was no clear evidence of DMT in the evidence – testing was inconclusive
- Despite Health Canada contradictory test results, no new tests were ordered
- Quantitative testing for DMT was never conducted to ascertain that there was 3.2 kilograms of “DMT” in the evidence
- Published studies show that there was possibly 4.72 grams of DMT in the evidence, which was never verified
- The PPSC Deskbook threshold for prosecution in the public interest was not met
- The PPSC Deskbook threshold for trafficking was not met
- There were no victims or violence in this “trafficking” case
- The “victims” testified on behalf of the accused
- There is a serious drug crisis in Canada and Nova Scotia – the worst in Canadian history
- Ayahuasca is used for spiritual healing and incorporated into numerous countries’ healthcare systems
- Ayahuasca is used to treat drug and alcohol addictions, among other addictions and traumas
- DMT (ayahuasca) does not pose a threat to the health and safety of Canadians
- DMT is not a drug of abuse and it is not identified as a Drug of Concern in Canada
- Dangerous drugs are being wholesale smuggled into Canada, including through Nova Scotia
- Canada is in the midst of one of the most serious and deadly drug crises in our country’s history, according to Canada’s Minister of Health
- 20 people in Canada are dying every day due to the drug crisis in Canada, including in Nova Scotia
- No Canadians are dying at ayahuasca ceremonies or even through the use of refined DMT
- This 3-year arrest and prosecution took police resources away from the enforcement of actual violent crimes
- This 3-year arrest and prosecution used valuable Crown Prosecutor time and effort
- This 3-year arrest and prosecution utilized already strained court time that could have been dealing with serious criminal activity

- This 3-year arrest and prosecution ruined the life of an advanced ayahuascero who was delivering spiritual healing to his community

## ***Recommendations***

***The Crown Prosecutor, Mr. Glen Scheuer, who was solely responsible for deciding to proceed with these charges, should be held accountable for his clearly negligent actions in the prosecution of this case*** and Mr. Adzich should be exonerated and compensated. In this case the Crown Prosecutor:

- Misrepresented the criminal code to prosecute for a substance that is not contained in the CDSA – ayahuasca.
- Presented falsified evidence to a court of law in Canada – ayahuasca is not DMT
- Failed to verify the amount of DMT in the evidence after inconclusive tests
- Misrepresented a possible few grams of DMT as 3.2 kilograms of DMT in a court of law
- Failed to undertake his sworn duties in a responsible manner as directed by the Attorney-General of Canada
- Completely ignored the Directives in the PPSC Deskbook as directed by the Attorney General
- Willfully ignored new evidence from expert testimony that should have resulted in a stay of proceedings
- Taken in total, the actions of the Crown Prosecutor clearly amounts to willful negligence
- Mr. Adzich's suspended sentence should be dismissed and monetary awards for time and legal fees should be awarded

***This arrest and prosecution stinks to high heaven. Michael Adzich was railroaded by the Crown Prosecutor. There was absolutely no justification for trafficking charges or for the continued prosecution of Mr. Adzich in light of the evidence presented at trial.***



***Dimethyltryptamine***



***Ayahuasca***

## **Contact Us – We Would Love to Hear From You**

This document was put together by volunteers from AyahuascaCanada. **All information was obtained from publicly available and verifiable sources.**



*Mr. Michael Adzich, a highly-respected facilitator and much-loved member of the Ayahuasca community in Canada*

These are the same search engines and documents that are readily available to the Crown Prosecutor's office, if they had chosen to conduct even minimal research into this "novel" substance or chose to reach out to the Ayahuasca community in Canada.

**For further information, comments or clarifications, please contact the AyahuascaCanada Public Affairs Committee:**

[PublicAffairs@AyahuascaCanada.com](mailto:PublicAffairs@AyahuascaCanada.com)

## **APPENDIX A - Ayahuasca Studies and Further Resources**

### ***A Small Sample of Over Four Decades of Scientific Research into Spiritual Healing***

**Please note** - This is **a very small sample** of the large volume of ayahuasca studies that have been published in English in various government, medical and pharmacological journals. **Non-English studies dating back over four decades can also be found in institutions such as the University of Madrid in Spain, Natal in Brazil and in other South American medical and pharmacological journals.**

Much of the initial interest from western researchers, pharmacologists, ethnobotanists and clinicians started with reports of healing generated by Ayahuasca churches.

#### ***1. Takiwasi - Center for the Rehabilitation of Drug Addicts and Research on Traditional Medicines for Forty Years***

See – (TW [link](#))

One of the original evidence-based South American ayahuasca mental health centers is Takiwasi located in Tarapoto, Peru which has over 40 years of practical and clinical experience. Their focus is on Drug Addiction Rehabilitation and Traditional Medicine using ayahuasca.

Takiwasi is considered the oldest institution to combine the use of psychotherapy and medicinal plants for the treatment of mental health. With over four decades of experience in this field, our model, in perfect balance between medicine, psychology and spirituality, has been the subject of study in more than 60 international research projects, articulating an interdisciplinary academic community made up of scientific institutions of world excellence.

#### ***Results***

Over 40 years of clinical experience indicate that the interaction between traditional Amazonian medicine, psychotherapy and spirituality, proposed by the therapeutic model of the Takiwasi Center, turns out to be very successful in the treatment of addictions and other mental health disorders. We believe that the articulation of these different therapeutic approaches greatly benefits the outcome of the treatment and thus is showing a path to follow in the global search for mental well-being and good living.

It is the initial vocation of the Takiwasi Center to associate clinical practice with research as it appears in its full name: Center for the Rehabilitation of Drug Addicts and Research on Traditional Medicines. Since the beginning of its operation, the Takiwasi Center has permanently evaluated its activities, its patient population and the results of its therapeutic interventions (Giove 1996, 2002; Mabit, 2007; Mabit & González, 2013) in order to constantly improve its model. A study published by Dr. Rosa Giove in 2002 shows that in a group of 100 former patients contacted two years after leaving the Center, the recovery rate is 54%, reaching 67% considering only those patients who completed the treatment receiving therapeutic discharge.

#### ***2. The Therapeutic Potentials of Ayahuasca: Possible Effects against Various Diseases of Civilization***

(National Library of Medicine [link](#))

As a sacrament, ayahuasca is still a central element of many healing ceremonies in the Amazon Basin and its ritual consumption has become common among the mestizo populations of South America. Ayahuasca use amongst the indigenous people of the Amazon is a form of traditional medicine and cultural psychiatry.

During the last three decades, the substance has become increasingly known among both scientists and laymen, and currently its use is spreading all over in the Western world. In the present paper we describe the chief characteristics of ayahuasca, discuss important questions raised about its use, and provide an overview of the scientific research supporting its potential therapeutic benefits.

A growing number of studies indicate that the psychotherapeutic potential of ayahuasca is based mostly on the strong serotonergic effects, whereas the sigma-1 receptor (Sig-1R) agonist effect of its active ingredient dimethyltryptamine raises the possibility that the ethnomedical observations on the diversity of treated conditions can be scientifically verified. Moreover, in the right therapeutic or ritual setting with proper preparation and mindset of the user, followed by subsequent integration of the experience, ayahuasca has proven effective in the treatment of substance dependence.

This article has two important take-home messages: (1) the therapeutic effects of ayahuasca are best understood from a bio-psycho-socio-spiritual model, and (2) on the biological level ayahuasca may act against chronic low-grade inflammation and oxidative stress via the Sig-1R which can explain its widespread therapeutic indications.

### ***3. Research on Traditional Indigenous Medicine within an intercultural medicine model***

(Nierka A.C. [link](#))

The Nierika Institute of Intercultural Medicine promotes scientific research on the therapeutic potential of the ceremonial use of sacred plants in therapeutic contexts and their interdisciplinary and intercultural integration in public health. The institute brings together researchers in psychology, medical anthropology, ethno-psychiatry and pharmacology, to collaborate in developing a multidisciplinary and intercultural scientific approach to the study of sacred plants.

Recent studies conducted in other countries indicate that participation in indigenous peyote and ayahuasca ceremonies can have clinically positive effects on different mental conditions in patients receiving treatment with these plants. The integration of ayahuasca rituals in different psychotherapeutic treatment models has proven to be effective for patients with substance dependence problems, depression, eating disorders, post-traumatic stress and complicated grief, among other conditions.

Currently, the Nierika cultural institute collaborates in the ATOP project (Ayahuasca Treatment Outcomes Project), an international research project that evaluates the effectiveness of Ayahuasca in the treatment of addictions, depression and anxiety; AC is also collaborating on an international study evaluating the effects of ceremonial use of Ayahuasca in the treatment of eating disorders with Laurentian University, and the University of British Colombia, as well as UNAM



#### **4. Ayahuasca and Public Health: Health Status, Psychosocial Well-Being, Lifestyle, and Coping Strategies in a Large Sample of Ritual Ayahuasca Users**

PubMed ([link](#))

This study involved a sample of long-term ritualistic ayahuasca users in Spain. To our knowledge, this is the first study to assess regular ayahuasca users from a communitarian public health perspective. The data suggest that the study participants had high levels of general, mental, and positive health, and showed excellent levels in terms of adjustment and coping strategies, in addition to having healthy lifestyle habits. Study results do not suggest the possible effects of ayahuasca, but they show how the ritualistic use of a drug considered a hallucinogen is not associated with negative consequences in terms of adjustment or physical and psychological health.

#### **5. New Insights into the Chemical Composition of Ayahuasca**

National Library of Medicine (NIH [link](#))

Recently, ayahuasca has captured the attention of the scientific community as part of the “renaissance of psychedelic studies”. Several reports highlight its potential therapeutic applications in clinical and nonclinical settings for the treatment of depression, grief, eating disorders and substance use disorders (SUDs). In addition, preclinical studies have shown that DMT,  $\beta$ -carbolines, and ayahuasca preparations present antidepressant-like effects in animal models and that administration of the beverage can block ethanol (alcohol) preference in an animal model of dependence.<sup>26</sup>

Ayahuasca, commonly translated from the Quechua language as “vine of the spirits” or “vine of the dead”, is a psychedelic beverage originally from the Amazon rainforest used in different shamanic settings for a variety of medicinal, spiritual, and cultural purposes.<sup>1</sup> It is prepared by boiling in water an admixture of the vine *Banisteriopsis caapi*, which is a source of  $\beta$ -carboline alkaloids, and other plants containing N,N-dimethyltryptamine (DMT), usually *Psychotria viridis* (Figure Figure11) or *Diplopterys cabrerana*, (where the preparation name is usually referred to as yagé).<sup>2</sup>

Almost four decades ago, ayahuasca traveled from its traditional uses in the Amazon basin to religious, therapeutic, and spiritual centers with a worldwide distribution.<sup>3,4</sup> Brazilian churches that use ayahuasca as part of their religious practices, such as the Santo Daime and União do Vegetal, as well as shamanic practices involving the ingestion of the beverage in group rituals, have expanded globally within the psychospiritual transnational networks.<sup>4–7</sup>

#### **6. Ayahuasca and public health II: health status in a large sample of Ayahuasca ceremony participants in the Netherlands**

Leisen University Scholarly Publications (LU [link](#)) - The findings of this study indicate that long-term participants in ayahuasca ceremonies have better general well-being, fewer chronic and lifestyle diseases, and are more physically active compared to the normative Dutch data, as well as having a more balanced diet. (according to national dietary guidelines; Health Council of the Netherlands 2015).

Other studies that investigated the health of ayahuasca ceremony participants similarly reported differences in lifestyle, well being, nutrition, and physical activity (Kaasik and Kreegipuu 2020;

Ona et al. 2019). It had been suggested that hallucinogens may promote healthful behaviors and may reduce the risk of developing “lifestyle diseases” such as diabetes, high cholesterol and blood pressure, which contribute to personal suffering, premature mortality, and public health costs (Teixeira et al. 2021).

Two recent studies report an association between classic hallucinogens and lower odds of being overweight or obese, and lower odds of having diabetes, cardiometabolic diseases, and/or cancer (Simonsson et al. 2021; Simonsson, Sexton, and Hendricks 2021). In addition, observational studies

reported improvements of indicators of mental health and overall well-being among ayahuasca ceremony participants (Gonzalez et al. 2021; Kaasik and Kreegipuu 2020; Maia, Daldegan-Bueno, and Tófoli 2020).

### ***7. Ayahuasca's entwined efficacy: An ethnographic study of ritual healing from addiction***

PubMed – NIH Library of Medicine (NIH [link](#))

Background: A range of studies has demonstrated the efficacy of the psychoactive Amazonian brew ayahuasca in addressing substance addiction. These have revealed that physiological and psychological mechanisms are deeply enmeshed. This article focuses on how interactive ritual contexts support the healing effort. The study of psychedelic-assisted treatments for addiction has much to gain from ethnographic analyses of healing experiences within the particular ecologies of use and care, where these interventions are rendered efficacious.

### ***8. Associations between ayahuasca consumption in naturalistic settings and current alcohol and drug use: Results of a large international cross-sectional survey***

National Library of Medicine – (NIH [link](#))

In the context of both expanding naturalistic use and academic research interest in the therapeutic use of ayahuasca, our dataset of 8,629 ayahuasca drinkers from more than 40 countries provides a unique opportunity to investigate associations between ayahuasca consumption in naturalistic settings and the use of alcohol and other drugs.

We identified a strong positive association between the consumption of ayahuasca and the likelihood of never or rarely drinking alcohol, never or rarely engaging in risky drinking (>4 standard drinks on one occasion) and having not consumed a range of drugs in the past month.

Our findings suggesting anti-substance use effects are consistent with those reported in several smaller studies. Analysis of outcomes for 36 patients at the Takiwasi (therapeutic community) drug treatment centre in Peru, which uses ayahuasca along with other traditional plants, identified significant decreases in addiction severity outcomes for drug and alcohol use, as well as reduced emotional distress and enhanced wellbeing [60].

Similarly, an observational study of First Nations young people in Canada provided with ayahuasca-assisted treatment for problematic substance use reported psychological and wellbeing benefits as well as reductions in tobacco, alcohol and cocaine use at 6 months [30].



A global survey of drug users, including 527 ayahuasca drinkers, found this group to have lower problematic alcohol consumption than other psychedelic users, but not non-psychedelic users; however, heterogeneity of groups was noted [61].

A number of studies have also reported lower rates of alcohol and other drug use among members of ayahuasca churches in Brazil, when compared to a comparison group or the Brazilian population, with these effects visible even among samples with a higher lifetime incidence of illicit drug use or dependence.

### ***9. Ayahuasca-assisted therapy for addiction: results from a preliminary observational study in Canada***

PubMed National Library of Medicine (NIH [link](#))

This paper reports results from a preliminary observational study of ayahuasca-assisted treatment for problematic substance use and stress delivered in a rural First Nations community in British Columbia, Canada.

Ayahuasca-assisted therapy appears to be associated with statistically significant improvements in several factors related to problematic substance use among a rural aboriginal population. These findings suggest participants may have experienced positive psychological and behavioral changes in response to this therapeutic approach, and that more rigorous research of ayahuasca-assisted therapy for problematic substance use is warranted.

### ***10. Psychotherapeutic and neurobiological processes associated with ayahuasca: A proposed model and implications for therapeutic use***

Frontiers in Neuroscience (FN [link](#))

Observational and qualitative studies investigating ayahuasca's therapeutic effects have identified improvements in some psychological skills or traits such as decentring (Franquesa et al., 2018; Domínguez-Clavé et al., 2019); certain mindfulness capabilities (acceptance, non-judgmental and non-reactive processing, and improved observation) (Thomas et al., 2013; Soler et al., 2016; Uthaug et al., 2018); cognitive flexibility (Stemme et al., 2008; Murphy-Beiner and Soar, 2020); and emotional regulation (Domínguez-Clavé et al., 2019).

Broader psychological and well being benefits have also been identified among those drinking ayahuasca. These include increased confidence, optimism, independence, and positive mood (Barbosa et al., 2009), higher levels of self-transcendence and lower harm avoidance (Bouso et al., 2012), increased satisfaction with life (Uthaug et al., 2018) as well as increased openness to therapeutic interventions and improvements in both anxiety and depression (Perkins et al., 2021a).

Beneficial effects have also been reported in relation to interpersonal relationships, sense of self, creativity, somatic perception, sense of connection, substance use, and other health behaviors (Thomas et al., 2013; Lafrance et al., 2017; Bathje et al., 2021; Perkins et al., 2021a).

Additional benefit may also be associated with the reported modulation of some personality traits after ayahuasca consumption including increased agreeableness, openness to experience, and extraversion, and reduced neuroticism and negative emotionality (Mendes Rocha et al., 2021).

## **11. Changes in mental health, well being and personality following ayahuasca consumption: Results of a naturalistic longitudinal study**

Frontiers in Pharmacology (FP [link](#))

Fifty-three attendees (32 women, 21 men) completed pre and post ayahuasca assessments with 55.6% of the sample reporting a complete mystical experience based on the MEQ-30. One-month post-ayahuasca, significant reductions were identified in depression, anxiety, stress, alcohol and cannabis use, body dissociation, accepting external influence, self-alienation, impulsivity, and negative affect/emotionality.

Significant increases were identified in positive mood, self-efficacy, authentic living, extraversion, agreeableness, open-mindedness, spirituality, and satisfaction with relationships. While facets of the mystical experience held little predictive validity on outcome measures, baseline traits, particularly high negative emotionality and body dissociation, and low sense of self-efficacy, robustly predicted improvements in mental health, well being and personality following ayahuasca consumption: Results of a naturalistic longitudinal study.

## **12. Potential Use of Ayahuasca in Grief Therapy**

ResearchGate (RG [link](#))

This is the first study to explore the therapeutic potential of ayahuasca in grieving processes. The findings from this study indicate that people who used ayahuasca reported lower level of grief than people who attended a peer-support group. This result stems from the fact that although both groups were comparable in the level of grief at the moment of death, the level of grief presented in the Present Feelings scale (TRIG) was lower in the ayahuasca group. Also, a significantly greater proportion of ayahuasca participants reported direct benefits on some of the psychological and interpersonal dimensions that are central to grief processes.

## **13. Ayahuasca Global Consumption and Reported Deaths in the Media**

ICEERS ([link](#)).

For years, a number of concerns have been raised in the field of ayahuasca research that, so far, no one has tried to systematically resolve. The first consideration:

How many people in the world have taken ayahuasca in their lifetime? How many people take ayahuasca each year? How many servings of ayahuasca are taken each year? And another important question:

What do we know about the deaths the media has attributed to ayahuasca?

It seems that answering the first question by estimating the prevalence of ayahuasca consumption globally is valuable to understand ayahuasca's expansion and its social, economic, and environmental implications. Comparing these numbers alongside an analysis of the deaths the media attributed to ayahuasca would amplify the value of this information collectively. It can also help shed light on the alleged danger of ayahuasca which can be a tool to guide public policies.

### ***Deaths Attributed to Ayahuasca***

As part of this three-year study ICEERS examined media-reported deaths attributed to ayahuasca. One of the conclusions of the study was that:

*To date worldwide, no forensic examination or toxicological analysis has determined the combination of Banisteriopsis caapi and Psychotria viridis or Diplopterys cabrerana (the traditional ayahuasca brew) has caused poisoning leading to death.*

#### **14. Therapeutic Effects of Ceremonial Ayahuasca Use for Methamphetamine Use Disorders and Other Mental Health Challenges: Case Studies in an Indigenous Community in Sonora, Mexico**

PubMed ([link](#))

The cases presented above suggest that the application of traditionally used entheogens within a culturally adapted community-based therapeutic programme for Indigenous mental health can be an effective therapeutic resource for supporting recovery from depression, grief, anxiety, PTSD and systemic trauma, and substance use disorders. The selected cases show specifically how ceremonial use of ayahuasca within a culturally adapted, community-based treatment program may be safe, tolerable, and demonstrates therapeutic potential.

Perhaps, most significant is the way in which this intervention has potential to support recovery from diverse mental health challenges among family and community members in addition to, and often as part of, individual recovery. Incorporating family members and community practices into treatment is of utmost importance for improving quality of life and well-being among historically oppressed Indigenous communities.

#### **15. Influence of Context and Setting on the Mental Health and Well being Outcomes of Ayahuasca Drinkers: Results of a Large International Survey**

Frontiers In Pharmacology (FP [link](#))

Our study has a number of important strengths, including a large sample size, international cross-cultural sampling frame, and inclusion of ayahuasca drinkers from a range of different contexts of consumption. Therapeutic motivation was the most consistently associated of the motivation variables, including with a greater number of self-insights, stronger subjective spiritual experience and higher PWG. Moreover, unlike previous studies, we are also able to identify and consider separately the sizable wellbeing and mental health benefits associated with the social and community aspects of ayahuasca drinking, on which ceremony practices, additional support, and drinkers motivations also have an influence.

#### **16. Ayahuasca use and reported effects on depression and anxiety symptoms: An international cross-sectional study of 11,912 consumers**

Journal of Effective Disorders Reports – Science Direct (SC [link](#))

Of participants reporting depression (n = 1571) or anxiety (n = 1125) at the time of consuming Ayahuasca, 78% reported that their depression was either ‘very much’ improved (46%), or ‘completely resolved’ (32%); while 70% of those with anxiety reported that their symptoms were ‘very much’ improved (54%), or ‘completely resolved’ (16%).

A range of factors were associated with greater reported affective symptoms improvement, including subjective mystical experience, number of Ayahuasca sessions, and number of personal

psychological insights experienced. 2.7% and 4.5% of drinkers with depression or anxiety, respectively, reported worsening of symptoms.

### ***17. Psychedelic Medicine: A Rapid Review of Therapeutic Applications and Implications for Future Research (Canada)***

Homewood Research Institute, Guelph, ON. (HRI [link](#))

Amidst growing medico-therapeutic interest in psychedelics, the socio-political factors of the 1960s and 70s driven by racist policy and political persecution led to these drugs being declared illegal, including in Canada, despite a lack of evidence for toxicity or addictive potential. Their designation as Schedule I substances under the UN Convention on Psychotropic Substances, and consequently within the Canadian Controlled Drugs and Substances Act, meant that they were considered as having a high potential for non-medical use<sup>1</sup>, no currently accepted therapeutic application, and a lack of accepted safety for use under medical supervision.

The combination of the socio-political climate, shrinking funding opportunities, and methodological issues have severely limited new research and development since the 1970s. The past 15 years has seen a rapid resurgence of work in both basic and clinical psychedelic science, with the majority of the work focused on substance use, mental health, and related conditions. A wide range of topics are being covered within the domains of: neuroscience and psychopharmacology; treatment effectiveness with associated mechanisms of action and safety considerations; palliative, end-of-life, and spiritual care; treatment guidelines; training and certification of therapists and other practitioners; health policy and prevention; as well as anthropology, sociology, and global health.

### ***18. The Impact of Ayahuasca on Suicidality: Results From a Randomized Controlled Trial***

Frontiers in Pharmacology (FP [link](#))

Interestingly, within the ayahuasca group, the relationship between changes in suicidality and changes in nonsuicide-related depressive symptoms approached significance, with a large effect size (i.e.,  $r = .53$ ). These findings suggest that the impact of ayahuasca on suicidality may, in part, be due to its impact on nonsuicide-related depressive symptoms or mechanisms overlapping both non-suicide-related depressive symptoms and suicidality. Research suggests that suicide functions as a means of escaping intense emotional distress (Baumeister, 1990; Shneidman, 1998). Extant research indicates that psychedelics in general, and ayahuasca in particular, leads to decreases in emotional distress (for a review, see dos Santos et al., 2018). Similarly, a recent study found that the administration of ayahuasca led to decreases in emotion dysregulation, within a community sample and among individuals with BPD traits (Domínguez-Clavé et al., 2019). Similarly, among males in a community sample, lifetime use of psychedelics was associated with lower levels of emotion dysregulation (Thiessen et al., 2018). One particular means through which ayahuasca may decrease emotion dysregulation is via increased mindfulness-related capacities (e.g., acceptance and decentering), which have been shown to increase after administration of ayahuasca (Thomas et al., 2013; Soler et al., 2016; Sampedro et al., 2017; Domínguez-Clavé et al., 2019; Soler et al., 2018; Uthaug et al., 2018).

## **19. Ayahuasca Treatment Outcome Project (ATOP): One Year Results from Takiwasi Center and Implications for Psychedelic Science**

(PubMed [link](#))

**Results:** The group change from baseline to the one-year follow up was significant and in the anticipated direction for alcohol and drug use severity, depression and anxiety, and some dimensions of quality of life. There was considerable individual variation in outcomes and treatment duration. The majority of participants rated all aspects of the program as important, including the spiritual and therapeutic significance of the ayahuasca experience which was rated as very significant.

**Conclusion:** Based on the positive one-year outcomes, and within the limitations of an uncontrolled observational study design, the findings suggest promise for the effectiveness of the use of ayahuasca in a multifactorial treatment context for individuals with significant treatment histories, high levels of comorbidity and treatment motivation. Results highlight considerable variation in individual experience that merit in-depth qualitative analysis. Implications for ayahuasca-assisted and other psychedelic-assisted treatment alternatives are discussed.

## **20. Neuropharmacology of N,N-Dimethyltryptamine (DMT)**

(National Library of Medicine [link](#))

This paper reviews the current literature of both the recreational use of DMT and its potential roles as an endogenous neurotransmitter. DMT appears to have limited neurotoxicity and other adverse effects except for intense cardiovascular effects when administered intravenously in large doses. Because of its role in nervous system signaling, DMT may be a useful experimental tool in exploring how brain works, and may also be a useful clinical tool for treatment of anxiety and psychosis.

## **21. Rapid antidepressant effects of the psychedelic ayahuasca in treatment-resistant depression: a randomized placebo-controlled trial ([link](#))**

We observed significant antidepressant effects of ayahuasca when compared with placebo at all time points. MADRS scores were significantly lower in the ayahuasca group compared with placebo at D1 and D2 ( $p = 0.04$ ), and at D7 ( $p < 0.0001$ ). Between-group effect sizes increased from D1 to D7 (D1: Cohen's  $d = 0.84$ ; D2: Cohen's  $d = 0.84$ ; D7: Cohen's  $d = 1.49$ ). Response rates were high for both groups at D1 and D2, and significantly higher in the ayahuasca group at D7 (64% v. 27%;  $p = 0.04$ ). Remission rate showed a trend toward significance at D7 (36% v. 7%,  $p = 0.054$ ).

**Conclusions.** To our knowledge, this is the first controlled trial to test a psychedelic substance in treatment-resistant depression. Overall, this study brings new evidence supporting the safety and therapeutic value of ayahuasca, dosed within an appropriate setting, to help treat depression. This study is registered at <http://clinicaltrials.gov> (NCT02914769)

## **22. Safety and tolerability of inhaled N,N-Dimethyltryptamine (DMT): A phase I clinical trial ([link](#))**

Highlights

- First clinical trial evaluating inhaled DMT's effects in a controlled setting.
- No serious adverse event were observed, indicating potential safety.
- Profound, yet manageable, subjective psychological effects reported by participants.
- Inhaled DMT offers a rapid, non-invasive, and cost-efficient tool for psychiatry.

We investigated subjective experiences (intensity, valence, and phenomenology), physiological effects (blood pressure, heart rate, respiratory rate, blood oxygen saturation, body temperature), biochemical markers (liver, kidney, and metabolic functions), and adverse events during the acute and post-acute effects of DMT.

DMT dose-dependently increased intensity, valence and perceptual ratings. There was a mild, transient, and self-limited increase in blood pressure and heart rate. There were no changes in safety blood biomarkers and no serious adverse events. DMT dose-dependently enhanced subjective experiences and positive valence. Inhaled DMT might be an efficient, non-invasive, safe route of administration, which might simplify the clinical use of this substance.

### **23. Changes in inflammatory biomarkers are related to the antidepressant effects of Ayahuasca ([link](#))**

Ayahuasca is a traditional Amazon brew and its potential antidepressant properties have recently been explored in scientific settings. We conducted a double-blind placebo-controlled trial of ayahuasca with treatment-resistant depression patients (n = 28) and healthy controls (n = 45).

We observed a significant reduction of C-reactive protein levels across time in both patients and controls treated with ayahuasca, but not with placebo. Patients treated with ayahuasca showed a significant correlation ( $\rho = +0.57$ ) between larger reductions of C-reactive protein and lower depressive symptoms at 48 hours after substance ingestion (Montgomery-Åsberg Depression Rating Scale).

**Conclusions:** These findings enhance the understanding of the biological mechanisms behind the observed antidepressant effects of ayahuasca and encourage further clinical trials in adults with depression.

### **24. The Psychedelic State Induced by Ayahuasca Modulates the Activity and Connectivity of the Default Mode Network**

The experiences induced by psychedelics share a wide variety of subjective features, related to the complex changes in perception and cognition induced by this class of drugs. A remarkable increase in introspection is at the core of these altered states of consciousness. Self-oriented mental activity has been consistently linked to the Default Mode Network (DMN), a set of brain regions more active during rest than during the execution of a goal-directed task. Here we used fMRI technique to inspect the DMN during the psychedelic state induced by Ayahuasca in ten experienced subjects.

Based on these ROI, the signal of the DMN changed significantly when comparing rest with task periods, both before and after Ayahuasca intake (S2 Fig.). Statistical comparison between maps obtained for the two moments (before vs. after) revealed a significant signal decrease for most parts of the DMN as a result of Ayahuasca intake (Fig. 1)



## **25. Modulation of Serum Brain-Derived Neurotrophic Factor by a Single Dose of Ayahuasca: Observation From a Randomized Controlled Trial ([link](#))**

Forty-eight hours after treatment (D2), we observed higher BDNF levels in both groups (patients and controls) who were treated with ayahuasca, compared to those treated with placebo. In addition, at D2 patients treated with ayahuasca, and not with placebo, presented a negative significant correlation between BDNF levels and MADRS scores.

Additionally, patients that were treated with ayahuasca, and not with placebo, presented a negative significant correlation between BDNF levels and MADRS scores at D2: higher serum BDNF levels were correlated with lower depression symptomatology after the session with ayahuasca.

## **26. The Impact of Ayahuasca on Suicidality: Results From a Randomized Controlled Trial ([link](#))**

Interestingly, within the ayahuasca group, the relationship between changes in suicidality and changes in non-suicide-related depressive symptoms approached significance, with a large effect size (i.e.,  $r = .53$ ). These findings suggest that the impact of ayahuasca on suicidality may, in part, be due to its impact on non-suicide-related depressive symptoms or mechanisms overlapping both non-suicide-related depressive symptoms and suicidality.

Research suggests that suicide functions as a means of escaping intense emotional distress (Baumeister, 1990; Shneidman, 1998). Extant research indicates that psychedelics in general, and ayahuasca in particular, leads to decreases in emotional distress (for a review, see dos Santos et al., 2018). Similarly, a recent study found that the administration of ayahuasca led to decreases in emotion dysregulation, within a community sample and among individuals with BPD traits (Domínguez-Clavé et al., 2019).

## **27. Shannon entropy of brain functional complex networks under the influence of the psychedelic Ayahuasca ([link](#))**

More specifically, we believe that the observed increase in entropy may be related to the temporary removal of some of the restrictions that are necessary for sustaining ordinary (adult trained) consciousness. With these restrictions temporarily gone, the entropy increases and the mind may become effectively more “free”, attaining a more flexible state in which self-referential narratives and thoughts about the past or the future are no longer mentally identified with the reality that they represent.

Our results are broadly consistent with the entropic brain hypothesis, hence we discuss the latter in the context of our findings. The hypothesis maintains that the mental state induced by psychedelics, which the original authors term “primary-state,” presents relatively elevated entropy in some features of brain organization, compared to the ordinary waking state (termed “secondary”)<sup>11</sup>. Although it may be somewhat counter-intuitive that the psychedelic state is considered primary while ordinary consciousness is secondary, their hypothesis is inherently plausible considering that a wider spectrum of experiences is possible with psychedelics than in ordinary consciousness.



## **28. Seeing With the Eyes Shut: Neural Basis of Enhanced Imagery Following Ayahuasca Ingestion ([link](#))**

The broad range of neuroanatomical sites significantly affected by Ayahuasca during intentional imagery underlies the remarkable psychological changes produced by the tea. The findings from the connectivity analysis indicate that Ayahuasca intake strongly alters fronto-occipital relationships, producing marked changes in the temporal ordering of events across several brain regions.

Ayahuasca-induced seeings have been traditionally used within religious contexts to give access to a deeply meaningful internal world. Altogether, our results indicate that these seeings stem from the activation, during voluntary imagery, of an extensive network of occipital, temporal, and frontal cortical areas respectively involved with vision, memory, and intention. By boosting the intensity of recalled images to the same level of natural image, Ayahuasca lends a status of reality to inner experiences. It is therefore understandable why Ayahuasca was culturally selected over many centuries by rain forest shamans to facilitate mystical revelations of visual nature.

## **29. The Antidepressant Effects of Vaporized N,N-Dimethyltryptamine (DMT): An Open-Label Pilot Trial in Treatment-Resistant Depression ([link](#))**

Significant reductions in MADRS and PHQ-9 scores were noted from Day 1 to Month 1 (M1). The mean MADRS score variation from baseline to Day 7 (D7) was –22 points and –17 points at M1. PHQ-9 scores also showed significant decreases, mirroring the MADRS results. By D7, 83.33% of patients responded to treatment, with 66.67% achieving remission. At M1, 66.67% maintained response, and 50% maintained remission.

Discussion: The rapid onset and sustained antidepressant effects of vaporized DMT align with the paradigm of rapid-acting antidepressants to be used in the scope of interventional psychiatry. The noninvasive route and short-acting nature of DMT offer practical advantages, potentially enhancing accessibility to psychedelic treatments.

Clinical Trial Registration: Clinicaltrials.gov NCT06094907

## **30. Associations Between Ayahuasca Use in Naturalistic Settings and Mental Health and Wellbeing Outcomes: Analysis of a Large Global Dataset ([link](#))**

With growing research and community interest in the potential therapeutic use of ayahuasca, our global dataset of 7,576 drinkers provides unique insights into possible mental health effects associated with naturalistic use. We identified significant positive associations between the number of ayahuasca uses and current mental health status (measured via the K10 and SF-12) and reported psychological wellbeing improvement (PWG), for individuals both with and without a lifetime mental health diagnosis. These associations were evident in bivariate analysis and remained highly significant in multivariate models, with little evidence of these diminishing over time.

Additionally, we found various ayahuasca experience variables to be associated with current mental health and PWG. Consistent with studies of other psychedelics where subjective mystical experiences have predicted therapeutic outcomes (Russ et al. 2019), we found highly significant associations (in bivariate, multivariate and GSEM models) between our two spiritual experience variables and both current mental health and PWG.

### **31. Intercultural Health: Bridging Traditional and Western Medicine ([link](#))**

Intercultural health is emerging as a transformative approach to healthcare, integrating Western medical practices with traditional Indigenous healing methods. This comprehensive system is becoming increasingly vital in countries with Indigenous populations. The latest [report from ICEERS](#) offers a deep dive into this concept, covering its historical, political, theoretical, and practical aspects.

The Intercultural Health Report analyzes successful examples, such as in India and China, where traditional medicine has been effectively incorporated into healthcare systems. Additionally, it presents practical cases and strategies implemented in Latin America, Africa, and Oceania, aimed at overcoming the common challenges of including Indigenous and traditional medical practices in global healthcare systems. The purpose of this guide is to analyze intercultural health proposals in countries with Indigenous and traditional populations, identifying obstacles and suggesting strategies to improve the health of these communities.

### **32. The Effects Of The Ayahuasca Ceremony On Participants As Measured By qEEG And The Cognitive Emotional Checklist ([link](#))**

The renewed interest in psychedelics has opened many new pathways of research. Of these, Ayahuasca is one of the most intriguing plants from an investigative perspective because the cultural institutions still exist surrounding the experience. Previous investigations in clinical settings have demonstrated the effectiveness of psychedelics in having a profound therapeutic effects. Now, with this study and others to follow, more field investigations will likely shed light on the therapeutic effect of Ayahuasca in the traditional ceremonial setting.

To conclude, this study confirmed our hypotheses of reductions in anxiety and depression and possible QEEG changes relating to lack of sleep. The QEEG changes relating to decreased anxiety and depression were confirmed in the CEC questionnaire. These results have been observed in other studies' questionnaires and this study confirmed these findings through QEEGs as well.

In addition to the decreased level of anxiety, we found other fascinating results. One of the truly important findings and one the most surprising was that Ayahuasca appears to have many other positive cognitive effects in a seemingly wide variety of areas. Most interesting to the research team was how after three days of participating in Ayahuasca ceremonies significantly decreased one of the subjects ADD symptoms and this was confirmed in both the QEEG and the CEC self-inventory. This research team has never heard of Ayahuasca being able to help with attention-deficit issues either in the scientific literature or from anecdotal reports.

### **33. N,N-dimethyltryptamine (DMT) mitigates experimental stroke by stabilizing the blood-brain barrier and reducing neuroinflammation ([link](#))**

N,N-dimethyltryptamine (DMT) is a psychoactive molecule present in the human brain. DMT is under clinical evaluation as a neuroprotective agent in poststroke recovery. Yet, its mechanism of action remains poorly understood. In a rat transient middle cerebral artery occlusion stroke model, we previously showed that DMT reduces infarct volume. Here, we demonstrate that this effect is accompanied by reduction of cerebral edema, attenuated astrocyte dysfunction, and a shift in serum protein composition toward an anti-inflammatory, neuroprotective state. DMT restored tight junction integrity and blood-brain barrier (BBB) function in vitro and in vivo. DMT suppressed the

release of proinflammatory cytokines and chemokines in brain endothelial cells and peripheral immune cells and reduced microglial activation via the sigma-1 receptor. Our findings prove that DMT mitigates a poststroke effect by stabilizing the BBB and reducing neuroinflammation. Such interactions of DMT with the vascular and immune systems can be leveraged to complement current, insufficient, stroke therapy.

### ***34. Resilience and Brain Changes in Long-Term Ayahuasca Users: Insights From Psychometric and fMRI Pattern Recognition ([link](#))***

Ayahuasca is an Amazonian psychedelic brew that contains dimethyltryptamine (DMT) and beta carbolines. Prolonged use has shown changes in cognitive-behavioral tasks, and in humans, there is evidence of changes in cortical thickness and an increase in neuroplasticity factors that could lead to modifications in functional neural circuits.

Ayahuasca users (mean = 43.89; SD = 5.64) showed significantly higher resilience scores compared to controls (mean = 39.05; SD = 5.34). The MKL classifier distinguished users from controls with 75% accuracy ( $p = 0.005$ ). The GPR model significantly predicted individual resilience scores ( $r = 0.69$ ).

**Data conclusion:** Long-term Ayahuasca use may be associated with altered emotional brain reactivity and increased psychological resilience. These findings support a neural patterns consistent with long-term adaptations of Ayahuasca detectable via fMRI and machine learning-based pattern analysis.

### ***35. DMT mitigates experimental stroke by stabilizing the blood-brain barrier and reducing neuroinflammation ([link](#))***

*N,N*-dimethyltryptamine (DMT) is a psychoactive molecule present in the human brain. DMT is under clinical evaluation as a neuroprotective agent in poststroke recovery. Yet, its mechanism of action remains poorly understood. In a rat transient middle cerebral artery occlusion stroke model, we previously showed that DMT reduces infarct volume.

Here, we demonstrate that this effect is accompanied by reduction of cerebral edema, attenuated astrocyte dysfunction, and a shift in serum protein composition toward an anti-inflammatory, neuroprotective state. DMT restored tight junction integrity and blood-brain barrier (BBB) function in vitro and in vivo. DMT suppressed the release of proinflammatory cytokines and chemokines in brain endothelial cells and peripheral immune cells and reduced microglial activation via the sigma-1 receptor.

Our findings prove that DMT mitigates a poststroke effect by stabilizing the BBB and reducing neuroinflammation. Such interactions of DMT with the vascular and immune systems can be leveraged to complement current, insufficient, stroke therapy.

### ***36. A psychedelic surprise: DMT helps the brain heal after stroke ([link](#))***

Scientists have discovered that DMT, a natural compound found in plants and even the human brain, can dramatically reduce brain damage caused by stroke. The psychoactive molecule, long known for its hallucinogenic effects, restored the blood-brain barrier and reduced inflammation in animal and cell studies. These findings suggest that DMT could complement existing stroke treatments, potentially transforming recovery outcomes.

DMT, a natural compound in the brain, has shown powerful protective effects against stroke damage. Scientists believe it could become a groundbreaking addition to modern stroke therapy.

### **37. Why DMT matters: unique features and therapeutic potential beyond classical psychedelics ([link](#))**

A nuanced understanding of DMT's pharmacology and its redefinition among psychedelics is necessary to recognize its full potential. In mental health treatment, an exploratory study with intravenous DMT has shown next-day antidepressant effects in treatment-resistant depression (23). Ayahuasca has been long used in traditional Amazonian ceremonies with the aim of facilitating profound introspection and emotional healing.

Modern preliminary research suggests its therapeutic potential for treating mood, anxiety, substance use, and trauma-related disorders (24–35), as well as suicidality (34) – possibly by modulating emotion and trauma processing (36–41).

### **38. Pre-Hispanic ritual use of psychoactive plants at Chavín de Huántar, Peru ([link](#))**

Ritual activity is commonly argued to have played an important role in the development of complex sociopolitical formations worldwide. Here, we report results of independent microbotanical and chemical analyses that demonstrate use of psychoactive plants in institutionalized ritual in the first millennium BCE, demonstrating that even in their early stages, sociopolitically complex societies incorporated psychoactive plants into ritual activity.

This direct identification of contents of psychoactive paraphernalia from pre-Hispanic Peru sheds light on the content and function of ritual at Chavín de Huántar and other early monumental centers.

### **39. The “Police Science” Magazine in Spain acknowledges that ayahuasca is not illegal in Spain, and “brings benefits to those who consume it” (Spanish, [link](#))**

This 40-page article appeared in the July-August 2020 Police Science Magazine in Spain **and concluded that the benefits of ayahuasca were apparent**. It detailed the effects, the modern expansion in Spain and the legal status of the brew.

While researching this extensive article, a police officer actually participated in three ayahuasca ceremonies. This article (over 40 pages) details the history and current use of Ayahuasca in Spain and its legality. It analyzes the history, effects, expansion and the legal status of the brew in Spain.

### **40. These Ontario police officers are using ayahuasca to treat their PTSD ([link](#))**

Global News, Ontario - For many years, Chorny suffered from the trauma that came from his work, which frequently included responding to sexual assaults and other violent crimes.

“The worst is when people die in your arms,” Chorny told Global News.

He started doing research online and came across a video of U.S. army veterans talking about treating their PTSD with ayahuasca, a tea that contains dimethyltryptamine (DMT) and harmaline, which are both banned in Canada and the U.S. Only a small number of religious groups have been

able to get special federal exemptions that allow them to legally import ayahuasca for religious purposes.

Those ceremonies have helped him turn his whole life around and finally get a handle on his PTSD. He likened the experience to peeling back the layers of an onion to reveal the roots of his anger and frustration with life.

#### **41. Heroic Hearts: A Path to Healing for Veterans and Their Families ([link](#))**

MANY VETERANS TRY EVERYTHING, FROM DOCTORS TO THERAPISTS, AND NOTHING WORKS. Join the mission – learn how psychedelic programs prevent veteran suffering and suicide.

80% of veterans experience significant improvement after participating in just one psychedelic program.

PTSD has killed more soldiers by suicide in the U.S. than were killed in war since 9/11, and even more sobering, fewer than 10% of veterans who begin traditional PTSD treatment programs complete treatment and experience marked improvement. Many veterans try everything — from doctors to therapists and nothing works. Veterans and their families feel helpless, alone, and out of options.

“When people have these big psychedelic experiences during a week long retreat, no matter what, they will have lasting changes. They’re going to have new perspectives when it comes to how they perceive themselves and the world. Many Veterans can permanently overcome hypervigilance, depression, and anxiety – Jesse Gould, Founder, HHP.

#### **42. From ayahuasca to psilocybin, execs turn to psychedelic retreats to cope with stress - The Globe and Mail ([link](#))**

[The Globe and Mail](#) September 24, 2025

Around the world and in Canada, options range from ayahuasca retreats with shamans in Peru or the jungles of Costa Rica, to psilocybin vacations in Jamaica and the Netherlands. There are discreet domestic offerings of all types, including retreats and urban clinics that administer ketamine, a dissociative anesthetic that’s become a party drug popular with Silicon Valley titans and celebrities (it was implicated in the overdose death of Friends actor Matthew Perry). A ketamine-derived nasal spray was approved by Health Canada in 2020 to treat depression.

At home, there’s been a push toward decriminalization of all kinds of psychedelics, including an effort last year to turn Prince Edward Island into an ayahuasca retreat hub that might draw both celebrities and wellness influencers.

“It helps you see the bigger picture: Money’s just an illusion, but the true currency is the relationships we have with each other,” says Jamie Larkin, a Charlottetown real estate broker and former financial adviser who spearheaded the effort. Larkin told me he has done ayahuasca about 150 times.

As the global economy flashes warning signs all around us, and when the scourge of emptiness persists even once the mountain of conventional success has been scaled, a generation of C-suite

seekers now has an increasing array of options to temporarily zap their brains out of reality in the hopes of beating depression and improving focus, discovering a path forward and healing their childhood wounds. And some insist they're becoming not just better people, but better leaders.

#### **43. Assessing the Psychedelic “After-Glow” in Ayahuasca Users: Post-Acute Neurometabolic and Functional Connectivity Changes Are Associated with Enhanced Mindfulness Capacities ([link](#))**

Ayahuasca is a plant tea containing the psychedelic 5-HT<sub>2A</sub> agonist N,N-dimethyltryptamine and harmala monoamine-oxidase inhibitors. Acute administration leads to neurophysiological modifications in brain regions of the default mode network, purportedly through a glutamatergic mechanism. Post-acutely, ayahuasca potentiates mindfulness capacities in volunteers and induces rapid and sustained antidepressant effects in treatment-resistant patients.

However, the mechanisms underlying these fast and maintained effects are poorly understood. Here, we investigated in an open-label uncontrolled study in 16 healthy volunteers ayahuasca-induced post-acute neurometabolic and connectivity modifications and their association with mindfulness measures.

#### **44. Peru Declares Ayahuasca Cultural Patrimony**

In Peru, the Directorate of the National Institute of Culture has declared the knowledge and traditional uses of Ayahuasca practiced by the native Amazon communities as Cultural Patrimony of the Nation (Resolution Number 836/INC), based on the UNESCO Convention for the Safeguarding of the Intangible Cultural Heritage.

Peru states that the use of *Banisteriopsis caapi* and *Chacruna-Psychotria* plants (the traditional ayahuasca brew) structured around the ayahuasca ritual have “an extraordinary cultural history” with “religious, therapeutic and culturally affirmative” properties and is “one of the fundamental pillars of the identity of Amazonian peoples.”

The institute, which is charged with documenting and protecting Peruvian cultural heritage, described ayahuasca as “a wise or teaching plant, which shows to initiates the very foundations of the world and its components.”

It also stated that, when used in a traditional ritual, it “leads to a variety of effects which are always within culturally defined limits, and with religious, therapeutic, and culturally affirmative intentions.” ([link](#))

#### **45. Christianity and other Mainstream Religions Endorse Ayahuasca**

Ayahuasca and other entheogens provide a sacred or mystical experience that strengthens religious faith, according to mainstream religious scholars. In Canada, Fr. Geoffrey Ready at the University of Toronto, School of Theology, teaches an Orthodox Christian seminary course - Mystical Traditions and the Sacred Journey of Transformation: Narrative, Ritual, and Entheogens. From the course description:

As we examine the rich history of Christian mystical experience and parallels within other ancient spiritual traditions, we will recognize the special role of entheogens, or sacred fungus and plant medicines, alongside other practices, in facilitating or deepening transcendent experience. We will examine the potential role of entheogens in mystical



encounters today, mindful of both ethical considerations and diverse perspectives on their usage. ([link](#))

In Brazil people can attend traditional Shamanic, Buddhist, Hindu, Christian, African-based, Shamanic and other religious ayahuasca centers. All co-exist quite peacefully and there are an estimated 1,000 or more ayahuasca centers in Brazil.

***Other Religious Use of Entheogens ([links](#)):***

Ligare: A Christian Psychedelic Society ([link](#)). Shefa – Jewish Psychedelic Society ([link](#)). Entheogens and the Ancient Mystery Religions ([link](#)) Enthomedia: Entheogens and human spirituality: ([link](#)).

***46. Could psychedelics offer a key to solving the Israeli-Palestinian conflict? ([link](#))***

The *Jewish Chronicle* – July 10, 2025

From ayahuasca retreats to MDMA-assisted therapy, psychedelic researchers are exploring the peace-building potential of mind-altering drugs

A juggernaut in the movement to decriminalize psychedelic drugs for their healing potential, Doblin, 70, has always been in pursuit of a spiritual reckoning. At 13, he expected his bar mitzvah to offer a glimpse into the infinite; the spiritual emptiness he experienced instead led him to a different rite of passage. “For me, psychedelics were a key part of my spiritual and emotional maturation,” he says.

Last month’s line-up for Psychedelic Science Conference, a week-long expo of panels, workshops and presentations on the latest in psychedelic research, certainly confirms the intersectionality between Judaism and psychedelics. Hosted by MAPS, this year’s event emphasized the role psychedelics can play in social change and collective healing, especially in the context of the Israeli-Palestinian conflict.

***47. Ayahuasca and Human Spirituality ([link](#))***

ENTHEOS is a community of enthusiasts, scholars and scientists who share a common interest in the role of entheogens as it pertains to human spirituality. Recognizing the important role of the 'psychedelic' experience, both past and present, to the development of spiritual expression, the Journal Entheos will provide a much-needed forum for specialists while encouraging a wide popular readership.

It is our intention to provide a balanced and respectful perspective on this widely misunderstood and politically volatile subject. Broad discussion of the role of entheogens in human history can only widen the scope of humanity's collective pursuit of understanding.

***48. The ritual use of ayahuasca can be integrated socially without risk to public health ([Link](#))***

Marta Molina | November 2020



The report shows that ayahuasca could be integrated into modern societies without causing a negative impact on public health. On the contrary, the participants improved their health and well-being. ([link](#))

ICEERS published the [technical report](#) "ayahuasca in Spain: an assessment of the people participating in ayahuasca sessions using indicators of public health"

After having published numerous articles in scientific journals for more than a decade, ICEERS conducted a campaign (#InformeAYA2020) with the aim of transferring their research of the academic and scientific communities.

ICEERS was also interested in engaging the media and public health administrators to open a constructive dialogue about the uses of ayahuasca, increasingly prevalent in the West, and whose growing popularity is reflected specifically in the Spanish State.

#### **49. Ayahuasca: The power of a plant from the Amazon and the respect it demands ([link](#))**

**By Dr. Gabor Mate** – Please note, Dr. Gabor Mate is a world-renowned addictions specialist and was using ayahuasca to cure Vancouver street-addicts. A CBC “Nature of Things” documentary chronicles his work in Canada ([link](#)). After obtaining excellent results in curing street addicts with ayahuasca, Health Canada subsequently threatened to revoke his medical licence.

Thursday, 24 Dec 2015 18:42 UTC – This article originally appeared in the Globe and Mail.

As a Western-trained doctor, I have long been aware of modern medicine's limitations in handling chronic conditions of mind and body. For all our achievements, there are ailments whose ravages we physicians can at best alleviate. In our narrow pursuit of cure, we fail to comprehend the essence of healing.

Thus the popularity of ayahuasca, the Amazonian plant medicine that many Westerners seek out for the healing of physical illness or mental anguish or for a sense of meaning amid the growing alienation in our culture.

YouTube – David Suzuki The Nature of Things - [The Jungle Prescription](#), CBC Documentary 2011

#### **50. Detection and Quantification of Psychoactive N,N-Dimethyltryptamine in Ayahuasca Brews by Ambient Ionization High-Resolution Mass Spectrometry**

This [study](#) sponsored by the US National Institute of Justice quantifies the typical amount of DMT in the ayahuasca brews sampled:

Reported here is the development of a rapid validated method for the quantification of DMT in ayahuasca by direct analysis in real time-high-resolution mass spectrometry (DART-HRMS). This ambient ionization approach also enables identification of ayahuasca through detection of the secondary metabolites associated with its plant constituents.

Analysis of six ayahuasca brews created using different combinations of DMT/harmala alkaloid-containing plants resulted in beverages with DMT levels of 45.7–230.5 mg/L. The detected amounts were consistent with previously reported values determined by conventional approaches.

### **51. Determination of N,N-dimethyltryptamine in beverages consumed in religious practices by headspace solid-phase microextraction followed by gas chromatography ion trap mass spectrometry**

PMID: 23598143 ([link](#))

A novel analytical approach combining solid-phase microextraction (SPME)/gas chromatography ion trap mass spectrometry (GC-IT-MS) was developed for the detection and quantification N,N-dimethyltryptamine (DMT), a powerful psychoactive indole alkaloid present in a variety of South American indigenous beverages, such as ayahuasca and vinho da jurema.

The method described in the present study included the use of SPME in headspace mode combined GC-IT-MS and included the optimization of the SPME procedure using multivariate techniques. The method was performed with a polydimethylsiloxane/divinylbenzene (PDMS/DVB) fiber in headspace mode (70 min at 60 °C) which resulted in good precision (RSD<8.6%) and accuracy values (71-109%). Detection and quantification limits obtained for DMT were 0.78 and 9.5 mg L<sup>-1</sup>, respectively and good linearity (1.56-300 mg L<sup>-1</sup>, r(2)=0.9975) was also observed. In addition, the proposed method showed good robustness and allowed for the minimization of sample manipulation.

### **52. Subacute effects of the psychedelic ayahuasca on the salience and default mode networks**

Journal of Psychopharmacology ([Link](#))

Results: Our findings revealed increased anterior cingulate cortex connectivity within the salience network, decreased posterior cingulate cortex connectivity within the default mode network, and increased connectivity between the salience and default mode networks 1 day after the session in the ayahuasca group compared to placebo. Connectivity of primary sensory networks did not differ between groups. Salience network connectivity increases correlated with altered somesthesia scores, decreased default mode network connectivity correlated with altered volition scores, and increased salience default mode network connectivity correlated with altered affect scores.

Conclusion:

These findings provide preliminary evidence for subacute functional changes induced by the psychedelic ayahuasca on higher-order cognitive brain networks that support interoceptive, affective, and self-referential functions.

### **53. Neural Network Modulation of Ayahuasca: A Systematic Review of Human Studies**

([link](#))

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In general, the results presented were supported by different neuroimaging tools, allowing the verification of the brain regions affected during acute or prolonged use of ayahuasca, identifying a correlation between tea use with different neuropsychiatric factors [12,14,16,20]. In addition to imaging studies, psychometric scales used to assess short and long-term effects have also shown promising results. Reviewed studies have linked reductions in DMN activation to acute, subacute, and prolonged antidepressant effects [14,15,20]. Investigations with psychedelics show preliminary but promising results, as they may become a possible pharmacological therapy for the treatment of a series of psychiatric disorders such as post-traumatic stress, resistant depression, substance use disorders, obsessive-compulsive disorder, and anxiety [22,47].

#### ***54. Substance-related acute toxicity deaths in Canada from 2016 to 2017: A review of coroner and medical examiner files (DMT not listed)***

(CAN [link](#))

##### ***Message from the Chief Public Health Officer of Canada***

"Substance-related harms has long been a public health concern in Canada, and one that has been especially apparent since 2016. That year, a sharp increase occurred in the number of Canadians dying from substance-related acute toxicity in many jurisdictions. That same year, the Government of Canada committed to a fulsome and evidence-informed public health response to address this crisis. While a national surveillance system was introduced to capture the toll of drug toxicity deaths and other substance-related harms, research was also needed to better understand the potential drivers of the crisis. This time-limited study was developed to improve our understanding of the people who lost their lives, including the circumstances in which they lived and died.

Each person described in this study died in 2016 or 2017, at a time when many broad-scale efforts to reduce substance-related harms were just beginning to be introduced or expand across the country. Tragically, recent surveillance data suggest that the overdose crisis in Canada has worsened considerably since 2017, and particularly since the onset of the COVID-19 pandemic."

***Please note – DMT is not listed in any of the deaths mentioned in this study***

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