



Psychedelics and Racial Justice

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Abstract

Psychedelics are being studied for the treatment of numerous mental health disorders, as well as a means of bringing people together. Nonetheless, people of color and those with other marginalized identities have not been fully included. Studies and research on psychedelic-assisted therapies have largely excluded people of color, leaving out fundamental clinical issues for these populations. This paper provides a narrative review of relevant research on this topic, racial trauma, ethnic minority mental health, and how psychedelic therapies can advance recovery for people of color. It also discusses potential harms and steps needed to promote culturally inclusive access to care. Many psychedelic therapy trials are in their final stages and access is being expanded, making it important to consider equitable practices in research that can foster inclusion, such as community-based participatory research and culturally informed research design.

Keywords Psychedelics · Racism · Mental health · Culture · Racial trauma · Cultural appropriation

Psychedelics and Mental Health

Psychedelics are potent psychoactive substances that when ingested produce intense, varied effects on the mind and body (Chi & Gold, 2020). Of late, these substances have garnered much attention in the scientific world owing to their potential of remedying mental health problems (e.g., Luoma et al., 2020). This renewed interest in psychedelics has ushered in what researchers and clinicians of the Western world have termed as “the psychedelic renaissance,” bringing to the forefront psychedelic drugs such as psilocybin, DMT, ketamine, and MDMA (Rochester et al., 2022). The use of psychedelics for their therapeutic properties, however, is in no way a novel phenomenon. Indigenous cultures all over the world have traditionally been using plant medicines to remediate illness and enhance health in their communities (George et al., 2022). For instance, ayahuasca, a hallucinogenic brew,

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has been consumed by the Amazonian tribes for generations with the purpose of identifying and ameliorating illness (Fotiou, 2020). Such indigenous practices, as they came into the Western consciousness, led to a resurgence of psychedelic science (George et al., 2022). At present, research indicates that psychedelic drugs hold great promise in treating a host of mental health conditions, such as depression, anxiety, trauma, end-of-life distress, and substance use disorders (Chi & Gold, 2020; Luoma et al., 2020).

Racism and Racial Justice

Racism, which is defined as “prejudice, discrimination, and aggression against a subordinate racial group based on attitudes of superiority by the dominant group” (Williams et al., 2018, p. 243) still permeates the social fabric of North America. In general, because of their skin color, White Americans continue to enjoy greater opportunities and privileges (e.g., better medical care, more job opportunities) as opposed to people of color because of the racism embedded in societal institutions, such as legal, political, educational, and healthcare systems (Desmond & Emirbayer, 2009).

Racial justice refers to the fair and equal treatment of individuals of all racial and ethnic backgrounds (Williams et al., 2022b). This includes addressing and eliminating systemic racism and discrimination in institutions and policies. The pursuit of racial justice requires acknowledging and challenging the ways in which racism (Table 1) has historically

Table 1 Seven types of racism

Old-fashioned/dominative racism is a type of racism that is based on an open, overt belief in the superiority of one racial group over another and involves beliefs and actions that are meant to maintain power and control over people of color. This type of racism is characterized by exclusionary practices, discriminatory policies, and practices of violence.
Modern/symbolic racism refers to more subtle forms of prejudice that are embedded in attitudes, values, beliefs, language, media images, and other social structures. This type of racism often relies on stereotypes to rationalize unequal treatment or privilege for certain groups while disadvantaging others.
Aversive racism involves ambivalent feelings towards people of color. On the surface it appears as if people who hold these views do not have any prejudicial feelings towards them and may even act supportive of antiracist practices, but deep down, they have negative feelings towards them which they deny but enact covertly.
Microaggressions refer to everyday slights or insults directed at people from marginalized groups due to their race or ethnicity. These types of experiences can be both verbal (e.g., tone policing) or nonverbal (e.g., avoiding eye contact).
Internalized racism occurs when members of oppressed groups begin to self-identify with the oppressor’s view of them. This can lead to a sense of self-hatred and powerlessness, as well as feelings of worthlessness or inferiority.
Institutional racism is when racialized groups have decreased access to goods, services, and opportunities in a specific institution (e.g., university, health care system, professional organization) due to practices and policies perpetuate racial inequality.
Structural racism involves the way in which institutional practices and policies collectively perpetuate racial inequality at a societal level. These systems are based on the idea that certain races are superior to others and are designed to give advantages to people with privileged identities while disadvantaging those with racialized identities.

Sources include Haeny, Williams et al., (2021), and Williams et al., (2022a)

impacted marginalized communities. Additionally, it involves actively working to create a more inclusive and equitable society for everyone.

Achieving racial justice requires acknowledging and addressing the intersectionality of race with other forms of discrimination, such as class, gender, and sexual orientation. It is important to recognize that racism is not just a personal issue, but a societal one that requires collective action to address and dismantle. The pursuit of racial justice involves challenging the power dynamics and privilege that have mediated the oppression of marginalized communities (Williams et al., 2022b). This includes acknowledging the privileges that individuals may hold and actively working to use that privilege to create positive change. Racial justice also involves educating oneself about the history and ongoing impacts of racism, as well as actively supporting and advocating for the rights and needs of marginalized communities. To create lasting and meaningful change, it is essential to prioritize and center the voices of those most impacted by racism. Ultimately, the meaning of racial justice is centered on the belief that all individuals have the right to be treated with dignity and respect.

Racial Trauma

Defining Racial Trauma

Psychological trauma is the outcome of experiencing an adverse negative event or series of events that are experienced as painful and threatening and have an inimical impact on an individual's physical, emotional, social, and spiritual well-being. *Racial trauma* refers to the psychological and emotional harm experienced by individuals as a result of racism and discrimination (Williams et al., 2021). Racial trauma can have long-term effects on an individual's mental and physical health, including increased risk of anxiety, depression, and other mental health issues (Cénat et al., 2022). It can also have broader impacts on communities, including increased rates of poverty, poor health outcomes, and social and economic disadvantage (Cénat, 2023). Understanding and addressing racial trauma are important aspects of promoting racial justice and improving the well-being of individuals and communities affected by racism.

In racialized societies, people of color are at a disproportionately higher risk of trauma exposure (e.g., Gran-Ruaz et al., 2022). Repeated experiences of racial discrimination, be it in the form of institutional racism (differential access to goods, services, and opportunities based on perceived race) or in the form of microaggressions (everyday slights based on racial prejudices), can result in feelings of distress, frustration, and helplessness and may precipitate symptoms of anxiety and depression (Clark et al., 2015; Haeny et al., 2021). Racial trauma predisposes people of color to develop debilitating mental health conditions such as posttraumatic stress disorder (PTSD; Cénat, 2023).

There are many different types of racism that combine to cause racial trauma (Table 1). Racial trauma may be caused by covert or overt actions perpetrated by individuals or society (Williams et al., 2018). In a majority of cases, an isolated event is not sufficient to result in trauma, rather it is the cumulative impact of multiple experiences of race-based discrimination which leads to clinically significant racial trauma (Cénat, 2023; Williams et al., 2018).

Although most people think of trauma (including racial trauma) as a condition that affects the individual, racial trauma can also take place at the community level. Therefore,

whereas individual racial trauma is experienced by an individual who has been personally targeted or impacted by racism, whether through direct experiences of discrimination or witnessing the oppression of others, *community trauma* refers to the collective experiences of a group that have been affected by racism. One example of an event that can cause community trauma is the racially motivated shooting of 10 people in Buffalo, New York, by a White gunman. He drove three hours from his home to find the most segregated community he could, to ensure the highest body count possible of Black people. Community trauma can manifest itself in multiple ways including feelings of fear, anger, distrust, helplessness and sadness. One study linked police killings of unarmed Black people to lost days of work due to community mental health repercussions (Bor et al., 2018). Community trauma may result in feelings of alienation from one's culture or identity due to its devaluation from White supremacist ideology (e.g., Liu et al., 2019).

Historical trauma is caused by traumatic events that are rooted in history but still affect individuals today (Gone et al., 2019). Historical trauma refers to the collective experience of traumatization of a group or community that was inflicted on them because of their shared group identity, such as nationality or ethnicity (Evans-Campbell, 2008). Examples include slavery, colonialism, segregation, and other forms of institutionalized racism which continue to shape our society today and create ongoing traumas for those who are descendants of its victims (e.g., posttraumatic slave syndrome; Degruy-Leary, 2017). The source of the trauma is rooted in historical events that the group has had to endure, but the impact of those events reverberates through generations and continues to affect individuals' health and behavior in the present (see Table 2). Two defining features of historical trauma are that firstly, the traumatic events are carried out by privileged members with the purposeful intent of causing harm, and secondly, even though the traumatic events may be spread over time, they are seen as having a single traumatic trajectory (Evans-Campbell, 2008).

Response to deliberate perpetration of mass trauma (such as in the case of genocide, slavery, and colonialism) is notably different from the response to traumatic incidents that

Table 2 Historical trauma becomes community trauma in Black America

In 1915, Joe sent a postcard to his mother that read, "This is the barbeque we had last night. My picture is the left with a cross over it. Your son, Joe." This was not a benign correspondence. On the back of the postcard was a photo of the charred body of Will Stanley, lynched by burning in Temple, Texas, July 1915. Since slavery started in America, Black people and others accused of wrongdoing were often publicly hung, burned, and/or castrated, as a means of terrorizing and oppressing other potentially rebellious people of color, and these killings were sometimes facilitated by law enforcement. By the turn of the century, postcards depicting photos of lynched victims, surrounded by smiling White men and their families, became so common that the US postal service tried to ban them via the 1873 Comstock Act. In 1908, Section 3893 was added to the Act, clarifying that the ban included material "tending to incite arson, murder, or assassination"; nonetheless, this media continued to be popular into the 1930s. The censorship was bypassed when people sent the material in envelopes or mail wrappers. Many White people sent lynching postcards to friends and family sometimes for birthdays, invitations, or just to say hello. On the postcards, it is typical to see proud perpetrators posing for the photo, at a picnic or other community event, often with children present.

These horrific events have spawned tools that are used even today to terrorize Black people. Because of the history of these objects, symbols, and behaviors, they are particularly effective at triggering trauma in Black Americans. Special historical weapons of terror include the noose (Telford, 2021), White women pretending to be harmed and calling police on Black people (Ransom, 2020), and the use of the N-word which was typically followed by threats and violence (Shoaib, 2022). For example, the Washington Post reported that dozens of nooses have shown up on US construction sites, and culprits rarely face consequences; the nooses are placed in locations where they are found by primarily Black workers, who make up only 6% of the sector (Telford, 2021).

are a result of natural forces (such as a natural disaster), in that it produces a profound sense of dismay and alienation (Sotero, 2006). Intentional violence motivated by a person's racial or ethnic identity is perceived as an assault on their personhood and integrity; as a consequence, it effectively changes their perception of the world, as well as their sense of self and has a lasting impact on their interpersonal relationships (Bryant-Davis & Ocampo, 2006).

Impact of Racism on Mental Health

Racism has a profound impact on the mental health of people of color (Cénat, 2020). People of color who experience racism are more likely to suffer from psychological distress, depression, anxiety, and substance abuse than those who do not experience racism (Berger & Sarnyai, 2015). Racism can lead to feelings of powerlessness, shame, and guilt which can further exacerbate mental health issues (e.g., Johnson, 2020). Additionally, people of color may be less likely to seek help for their mental health due to a lack of trust in healthcare providers or fear that they will be discriminated against or misunderstood (see Table 3). This is compounded by the fact that many medical professionals lack cultural competency and do not understand how racism impacts mental health outcomes for people of color (Hemmings & Evans, 2018).

The Racist War on Drugs

The War on Drugs had taken a terrible toll on communities of color due to disproportionate enforcement and stigmatization. Unjust laws, such as the Controlled Substances Act in 1971 and their unfair application, have resulted in higher levels of criminalization among people of color than White people (Smith et al., 2022). The origins of the contemporary War on Drugs can be traced to President Richard Nixon when he declared substance use

Table 3 Community trauma: the case of Joyce Echaquan

The death of Joyce Echaquan, an Indigenous woman who died in a Quebec hospital in September 2020 after being subjected to racial abuse, highlights the impact of systemic racism on the health and well-being of Indigenous communities. When Echaquan came to the hospital with severe abdominal pains, she was initially misdiagnosed as an opioid addict and given morphine, to which she was allergic. They then misdiagnosed her as having a psychotic episode. Hospital staff restrained her and placed her in the care of a nurse in training, who taunted and accused her of faking symptoms and being a sex worker. Echaquan secretly live-streamed this abuse on Facebook before her death, which the coroner later concluded was due to inadequate treatment and monitoring based on prejudice. These racist stereotypes led to fatal consequences, leaving her 7 children without a mother.

Echaquan's case is not an isolated incident, as Indigenous communities in Canada have long faced systemic racism in healthcare settings, including dismissive treatment, racist slurs, and a lack of language and cultural accommodations. A Superior Court Justice released a report on the treatment of Indigenous people in Quebec, which concluded that it is impossible to deny that they face systemic racism in the healthcare system. The Grand Council of the Cree in Quebec also released a statement condemning the hospital staff's treatment of Echaquan as a failure to see her as a human being and an act of abuse that was allowed to continue unchecked due to systemic racism. Echaquan's tragic death not only represents an act of individual racism, but also a community trauma caused by the ongoing impact of systemic racism on Indigenous communities.

Sources include Cabrera (2022), Morin (2020), and Perreux (2021)

as “public enemy number one” (Cohen et al., 2022). As a result, people of color are more likely to be arrested for drug-related offenses, even though they are no more likely to use or sell illegal drugs than White Americans (Jahn et al., 2021). Additionally, studies have shown that Black people receive longer sentences when convicted of drug crimes compared to White people (Faber et al., 2022). In Canada, many people of color are overrepresented in the prison system; that is 9% for Black people and 32% for Indigenous people despite each of these groups making up about only four percent of the total population (Khenti, 2014; Zinger, 2022).

Prejudice also plays a role in how the War on Drugs is carried out. Police officers are often biased against certain racial groups and disproportionately target these communities for searches and arrests related to drugs—even though research shows that White people commit similar drug-related offenses at comparable rates (e.g., Beckett et al., 2006). This discrimination can lead to cycles of poverty in these communities due to high incarceration rates that prevent individuals from obtaining employment after release from prison or jail (Webster, 2022; Zinger, 2022). Moreover, politics has played an important role in the implementation of the War on Drugs over time. It was initiated by Nixon during his administration as a means to target certain demographics deemed “undesirable” by politicians at the time—namely Black Americans who were associated with anti-war protests and civil rights activism during this period (Smith et al., 2022). Over the years, however, the War on Drugs has undergone several significant shifts in policy and approach, including the “tough on crime” approach of the 1980s, which specifically targeted communities of color. These factors all contribute to why the War on Drugs is inherently racist due its unequal enforcement across different groups, as well as its historical roots in racism and prejudice towards communities of color today (Khenti, 2014).

The War on Drugs Stigmatized Psychedelics for People of Color

Data from the 2018 National Survey on Drug Use and Health (NSDUH) was used to analyze ($N = 56,313$) lifetime hallucinogen use by race/ethnicity and age cohort (Jahn et al., 2021). There were significant differences between racial groups in regard to hallucinogen use, with 15.9% of the population reporting that they had used hallucinogens in their lifetime. White American groups reported significantly higher use than the Black American and Asian American groups. In spite of this, Black Americans experience greater criminalization and incarceration for drug use of any kind.

As such, it is evident that the War on Drugs has had a huge impact on attitudes about psychedelics among people of color. Historically, psychedelics have been used for spiritual and cultural practices within certain ethnic communities. However, the criminalization of these substances due to the War on Drugs resulted in negative stigmas that have made it difficult for people of color to explore their use (George et al., 2020; Michaels et al., 2018, 2022).

Moreover, as previously mentioned, people of color are more likely to be arrested and incarcerated than White people when caught with illicit drugs such as psychedelics. This further contributes to an environment where these substances become associated with danger and criminality—and makes it harder for individuals from marginalized backgrounds to access them safely without fear of legal repercussions or discrimination.

Furthermore, due to racism in healthcare institutions and mental health treatment centers, many racialized individuals may not feel comfortable seeking out services related to psychedelic use or therapy—especially, because there is still a lack of research focused

specifically on how they affect different racial demographics differently (Michaels et al., 2018, 2022; Williams et al., 2020b). This creates an additional barrier for accessing what could otherwise be beneficial treatments for mental health problems like depression or anxiety that disproportionately affect communities of color.

Psychedelics and Racial Trauma

The use of psychedelics has the potential to play a significant role in healing racial trauma and bringing about racial justice for people of color. One reason for this is that psychedelics have been shown to have therapeutic benefits for individuals struggling with mental health issues, which can be exacerbated by experiences of discrimination and oppression (Williams et al., 2021). Psychedelics have been shown to facilitate experiences of spiritual and personal growth, which can be important for individuals seeking to heal from the trauma of racial discrimination and oppression. Additionally, the use of psychedelics has been shown to increase feelings of connectedness, compassion, and openness, which can be important for building bridges and fostering understanding between different racial groups.

The use of psychedelics to address issues of racial trauma in individuals of color has garnered increasing attention in recent years. In a series of studies conducted in our lab and in collaboration with colleagues, we aimed to investigate whether psychedelics were being used by individuals of color as a means of addressing racial trauma and whether such use was associated with changes in mental health symptoms (Williams et al., 2021). We conducted a national survey of over 400 individuals of color in the USA and Canada, focusing on those who had used psilocybin (31%), LSD (28%), or MDMA (21%) and had experienced notable improvements in managing racial and ethnic discrimination ($N = 313$). Participants were Black/African American/Canadian (32%), Asian American/Canadian (29%), Native American/Indigenous Canadian (18%), and Latin American/Canadian (19%). Changes were assessed by retrospective report of the 30 days before and after a memorable psychedelic experience that was intended to address the pain of racism. We found that greater acute, mystical, and insightful experiences and lower challenging experiences during the psychedelic experience were significantly related to decreases in trauma symptoms. In addition, the intensity of the acute psychedelic effects was significantly correlated to changes in mental health symptoms. We also found that there was an increase in psychological flexibility, which in turn was strongly related to changes in trauma symptoms, and this pattern was similar regardless of the psychedelic used (Davis et al., 2021).

Nevertheless, our findings suggest that psychedelics may hold promise in helping to reduce the negative impact of racial trauma. However, it is important to note that our study was based on self-reported data and that further research, including clinical trials, is needed to fully understand the potential efficacy of psychedelic-assisted therapy for individuals with a history of racial trauma. To date, no psychedelic substances have been approved for the treatment of any condition outside of research studies. The lone exception to this is the legal anesthetic ketamine, which is approved for the treatment of severe depression and has been used for other mental health conditions as well (e.g., Dore et al., 2019). Notably, studies of ketamine have largely excluded people of color (Michaels et al., 2022)

One exception is a case study conducted at our clinic in Connecticut, we described the use of ketamine-assisted therapy for the treatment of racial trauma in a person of color (Halstead et al., 2021). The participant, a 58-year-old African American woman (pseudonym: Robin) with complex PTSD and a secondary diagnosis of dysthymia and ongoing

suicidality had experienced race-based discrimination in the workplace and encountered microaggressions from white providers during traditional talk therapy. Prior to seeking treatment at our clinic, Robin's symptoms included hypervigilance, intense recollections, and anxiety.

Robin participated in an intensive outpatient treatment program over a 13-day period, comprising both drug and non-drug sessions. These included 150 mg of ketamine administered sublingually on 4 days of the treatment, along with preparatory dosing and integration sessions. During these sessions, cognitive restructuring and mindfulness techniques based on cognitive-behavioral therapy (CBT) and functional analytic psychotherapy were utilized to address Robin's specific therapeutic needs. After each dosing session, a risk assessment was conducted to ensure her safety during this potentially vulnerable and difficult process. At the end of the treatment, she showed improvement on many of the measures that she had been given to assess the severity of her symptoms, and she reported that she was able to reconceptualize how the trauma she had endured had impacted her life. She was able to move through her difficult memories and emotions, rather than letting it consume her or pushing the emotion away. Overall, the combination of ketamine-assisted therapy and supportive therapeutic interventions appeared to be effective in addressing Robin's racial trauma and improving her mental health symptoms.

A recent case study of MDMA-assisted psychotherapy for PTSD described the experience of a South Asian American college student who had suffered from several traumatic events, including sexual abuse, the sudden death of close friends on a camping trip, and a lifetime of racism (Ching et al., 2023). Kenneth (pseudonym) used alcohol and cannabis to cope with intrusive memories of these experiences, often drinking to the point of passing out. He received culturally informed MDMA-assisted therapy, which enabled him to gain new insights into his trauma and process his emotions associated with it (Williams et al., 2020a). This enabled Kenneth to feel more connected to himself and others and develop healthier coping strategies for managing distress in the future. During sessions, he shared a feeling of emotional connection and safety that facilitated the exploration of difficult feelings without fear or judgment. At one point, he even created a rap song about his experiences and sang it for his therapists as part of his processing. After completing treatment, he experienced significant reductions in PTSD symptoms that were maintained at follow-up assessments (Ching et al., 2023). Kenneth shared that the culturally informed approach was essential for building trust and promoting healing.

Weaponization of Psychedelics

In addition to promoting health and well-being, psychedelics can and have been used as tools of oppression, including efforts by the CIA from the 1950s through the 1970s to create mind-control drugs in their MKUltra program (Strauss et al., 2022), as well as uses by clinicians to force changes to sexual orientation in sexual minorities (e.g., Dubus, 2020).

Psychedelics have also been used as a form of weaponized medicine (Faber et al., 2023). The first account of this was in 1928 in Hawaii, according to the *Journal of the American Medical Association*, where a Japanese American handyman and chauffeur had been arrested as a suspect in the kidnapping and murder of a young White boy. A police surgeon injected him with hyoscyamine to extract a confession, which he later recanted as another person was later found to be the perpetrator. Using similar drugs, this approach was later used on hundreds of convicts to compel confessions (Calkins, 2010).

Two tragic incidents in Colorado illustrate the weaponized use of ketamine as a law enforcement tool to subdue Black suspects in current times (Faber et al., 2023). In 2020, 23-year-old Elijah McClain and 25-year-old Elijah McKnight were both given doses of ketamine in separate police incidents. McClain went into cardiac arrest and died a few days later. McKnight was hospitalized and placed on life support but survived. Video footage of both incidents showed that neither of the two men were resisting law enforcement when the ketamine was administered.

McClain was an autistic musician and massage therapist, walking home from the corner store when three White police officers confronted him. It was later determined that law enforcement was unjustified in stopping him and unjustified in administering ketamine. Two years after McClain's death, three police officers and two paramedics were indicted by a Colorado grand jury on charges of manslaughter and criminally negligent homicide, but only after public outcry where more than four million people had signed a petition demanding an independent investigation into his death (Sylte, 2020).

Psychedelics to Bring Diverse Communities Together

One question often raised in the context of psychedelics is whether they can bring individuals and communities together. While the psychedelic community may aspire to unity, it is important to recognize that we continue to live in largely segregated societies, with segregated neighborhoods and friendship groups (Cox et al., 2016). In order to use psychedelics as a tool for promoting connection and understanding between different groups, we must be intentional in our efforts and actively work to bridge these divides.

This can involve asking ourselves how we can be forces for change and allies for racial justice, and seeking out ways to connect with others across our differences. Real connections require vulnerability and an acceptance of risk, and true growth often involves taking these risks and stepping outside of our comfort zones (Williams et al., 2022a). By actively working to create a more inclusive and equitable society, we can better utilize the potential of psychedelics to bring individuals and communities together.

As a community interested in the potential of psychedelics to address issues of racial trauma, it is important to consider the steps we can individually take to promote racial justice and eliminate racism. One key step is increasing the diversity of our own circles and work, which involves actively seeking out connections with individuals from diverse racial, ethnic, and cultural backgrounds (Williams et al., 2022a). This requires acknowledging and addressing our own biases, and engaging in ongoing efforts to eliminate them, recognizing that this is an ongoing process (Cénat, 2020).

It is also important to respect different ways of knowing, including those that are older than Western medicine and science, and to act as allies for racial justice by leveraging our privileges to center and support marginalized communities (George et al., 2020). These efforts can help create a more inclusive and equitable psychedelic community and support the use of psychedelics as a tool for healing and promoting racial justice.

Cultural Considerations in the Psychedelic Space

It is important to recognize that the use of psychedelics is not a panacea and must be approached with caution and respect. Efforts to utilize psychedelics in the pursuit of racial justice should prioritize the safety and well-being of individuals and communities and should be guided by principles of harm reduction and informed consent (Buchanan, 2021; Gorman et al., 2021).

- *Set and setting* are a critical component of psychedelic-assisted therapy and important drivers of the experience (George et al., 2022). Set and setting are inherently cultural, and as such, it is important to create an atmosphere that is safe and supportive, free from judgment or bias, especially for people of color (Fogg et al., 2021; Neitzke-Spruill, 2020). In addition, the environment should reflect comforting elements of the cultural backgrounds of those being treated by incorporating symbols, art, and language from their culture (Williams et al., 2020a).
- *Diversification within the psychedelic space* is critical and cannot be overstated. This includes not only representation among clinicians, researchers, and other professionals in this field but also ensuring access to psychedelics for people of color who may face unique barriers due to systemic racism (e.g., racial trauma, discrimination, and poverty; Michaels et al., 2018; Williams et al., 2020a). A diversity of psychedelic providers is essential for those seeking to work with someone from their own ethnic or racial community (Buchanan, 2021).
- *Specialized training* should be provided for clinicians working with psychedelics so they can better understand how racism impacts mental health outcomes in their patients and provide culturally competent care (Williams et al., 2020a, b). Furthermore, clinicians must have a deep understanding of the historical context surrounding psychedelics so they can appropriately address cultural material and issues related to colonialism or cultural appropriation (Eriacho, 2020).

Individuals and communities with histories of severe trauma may be more vulnerable to abuse and exploitation, particularly in the context of psychedelic use. To address this issue, it is important to empower Black, Indigenous, and other People of Color (BIPOC) to protect themselves in both medical and ceremonial settings. This can be achieved through education, as there are many misconceptions surrounding psychedelics due to the War on Drugs. Additionally, it is important to establish standards, ethics, and accountability for those working with psychedelics, particularly as they become more mainstream, to reduce the risks of abuse and exploitation in the psychedelic field (Rochester et al., 2022).

Additional Concerns in Psychedelic Therapies

Cultural Appropriation

Cultural appropriation is a complex issue that has been widely debated in the context of psychedelics, particularly in regard to their use in spiritual and therapeutic practices. At its core, cultural appropriation refers to the adoption and use of elements of a culture by members of another culture for personal gain, typically without proper acknowledgement

and at the expense of the original cultural group (Lenard & Balint, 2020). In the context of psychedelics, cultural appropriation can occur when non-indigenous individuals or groups appropriate indigenous spiritual practices and rituals that involve the use of psychedelics, such as ayahuasca or peyote, for their own purposes (George et al., 2022).

This can be problematic for a number of reasons. Firstly, the use of psychedelics in Indigenous spiritual practices is often deeply interconnected with the cultural beliefs and values of those communities, and their appropriation can be seen as a form of disrespect and exploitation (Eriacho, 2020). Secondly, Indigenous communities may have a long-standing and intimate relationship with these substances that is not easily replicated or understood by outsiders, and the use of psychedelics in these contexts requires a level of knowledge and understanding that may not be readily available to those who are not part of the culture (Fotiou, 2020).

Furthermore, cultural appropriation in the context of psychedelics can be linked to broader issues of racial justice. Indigenous communities, particularly in the Americas, have often been marginalized and oppressed, and the exploitation of their cultural practices can be seen as a continuation of this exploitation. In addition, the use of psychedelics in spiritual and therapeutic contexts has often been associated with privilege and access, and the appropriation of these practices by non-Indigenous individuals or groups can perpetuate these inequalities (George et al., 2020).

Addressing cultural appropriation is necessary to ensure that traditional practices are respected and honored while avoiding any exploitation or misuse of these practices by non-Indigenous individuals or organizations (Fotiou, 2020). It is important to recognize that cultural appropriation is not always intentional, and that individuals may not be aware of the impact of their actions. Furthermore, when any two cultures come into contact, both cultures are changed as they naturally adopt practices from the other. This is not a problem when the exchange is equitable and bidirectional. However, this has not been the case historically, and so, it is important to acknowledge and address these issues in the pursuit of racial justice and the promotion of respect and understanding between different cultures. Clinicians should familiarize themselves with different cultures in order to understand how their own biases might affect patient care as well as recognize any potential issues regarding cultural appropriation that could arise during psychedelic-assisted therapy (George et al., 2022). This can involve educating oneself about the cultural significance of practices and rituals involving psychedelics, seeking out authentic and respectful ways to learn about and engage with these practices, and supporting Indigenous communities and organizations that are working to preserve and protect their cultural heritage.

Spiritual Bypassing

Spiritual bypassing has been defined as the use of spiritual practices and beliefs to avoid addressing personal issues such as unresolved wounds and unmet emotional needs. Spiritual bypassing is common, and this phenomenon may intersect with issues of race and racial justice. In the context of the current psychedelic landscape, it is important to consider how spiritual bypassing may potentially impact the way in which psychedelics are used within the field. As it is common for spirituality to play a central role in the individuals' psychedelic experiences, this is an issue which should be addressed. Spirituality can be used as a means of avoiding personal growth and connection with others (Gorman et al., 2021). This phenomenon has been observed throughout history, and it is necessary to critically evaluate whether one's approach to spirituality is facilitating this type of avoidance. This

can occur on the part of the client or the therapist. It may be necessary to re-examine and possibly modify one's approach to spirituality in order to promote growth and connection.

Increasing Accessibility

There are various challenges that vulnerable populations may face in accessing psychedelic treatments (e.g., single parents with childcare responsibilities, inability to take time off work). It is important therefore for clinicians, researchers, and policymakers to be aware of and sensitive to these challenges to ensure that well-intentioned efforts do not exclude the most vulnerable populations (Thrul & Garcia-Romeu, 2021). This may involve considering the expense of treatment, which may include costs for the medicine and clinical hours, as well as the need for multiple therapists and assessments. In order to increase accessibility, it may be beneficial to offer treatments within communities, rather than solely in medical centers. This allows for the customization of treatment approaches based on the specific needs and cultural context of each community and may make treatment more accessible and effective (e.g., Williams et al., 2020a). It is important to recognize that the Western medical model may not be appropriate or effective for all communities, and it is necessary to consider alternative approaches that may be more culturally sensitive and appropriate.

There are also challenges in terms of access to psychedelic-assisted therapy, particularly for individuals with health conditions, who may be excluded due to strict safety rules. It is well established that people of color, who may have more health conditions (e.g., hypertension, schizophrenia spectrum disorders) due to the effects of trauma, are disproportionately impacted by certain exclusion criteria (e.g., Faber et al., 2023). One potential solution to increase access for these individuals is to track the outcomes of psychedelic use in real-world settings, rather than relying solely on the results of clinical trials with strict inclusion criteria (e.g., Johansen & Krebs, 2015). This may involve tracking the use of psychedelics in a naturalistic manner, which has the potential to provide valuable data on the safety and effectiveness of these treatments for individuals with comorbidities and other challenges that may be excluded in traditional clinical trials (e.g., Jones & Nock, 2022). Funding limitations, including the lack of federal coverage for the costs of studies, may present a challenge in implementing this approach. However, the available data on the safety and effectiveness of psychedelics for individuals with multiple diagnoses suggests that this approach may be a promising way to increase access to these potentially beneficial treatments.

Equitable Research Practices

Many people are asking how diverse voices can better be integrated into research (Michaels et al., 2018; Thrul & Garcia-Romeu, 2021). When homogeneous research groups are doing the work, it is impossible to understand different ethnic communities if there are no people from those communities as part of the team. To ensure that psychedelic research is conducted with equitable representation, community-based participatory research is recommended (Muvuka et al., 2020; Nguyen et al., 2021). By involving leaders and people from the communities being studied in the development of research questions and results, researchers can better understand the needs of those groups and how psychedelics are impacting them. This method of inquiry allows for investigators to ask better questions about how to make the results of their work beneficial for all involved. Community-based

participatory research serves as a platform for equity by allowing members from diverse backgrounds to fairly and meaningfully contribute to psychedelic science.

Conclusion

The psychedelic space has seen a recent increase in diversity, both in terms of the individuals participating in research and clinical trials, as well as the range of cultures and traditions being studied and incorporated (e.g., McCowan, 2020). This diversity brings a wealth of knowledge and perspective and also highlights the importance of understanding and acknowledging one's own biases. It is crucial for researchers and clinicians to approach studies and treatments with cultural sensitivity and openness to approaches outside of Western science.

There is a growing recognition of the interconnection between all ethnic and racial groups, and the importance of considering the unique cultural contexts and histories of these groups in the research and treatment process. For example, Indigenous cultures have long utilized plant-based psychedelic medicines in spiritual and healing practices, and there is a need to respectfully and equitably incorporate these traditions into Western models of research and treatment.

To fully understand and benefit from the diversity present in the psychedelic space, it is necessary to actively work towards inclusivity and cultural competency. This includes acknowledging and addressing one's own biases, as well as being open to learning from and collaborating with individuals and communities with different backgrounds and approaches. By doing so, we can create a more holistic and effective understanding of the potential of psychedelics in mental health and well-being.

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Declarations

Conflict of Interest Monnica T. Williams and Victor Cabral report no conflicts of interest. Sonya Faber is employed by the pharmaceutical company Angelini Pharmaceuticals.

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