City of Chicago

R2019-735

Office of the City Clerk

Document Tracking Sheet

Meeting Date:	10/16/2019
Sponsor(s):	Hopkins (2)
Type:	Resolution
Title:	Expression of support for adult use of Entheogenic Plants and call for hearing(s) to discuss findings from Department of Public Health on feasibility of use of Entheogenic Plants and its plant compounds as alternative treatment options
Committee(s) Assignment:	Committee on Health and Human Relations

COMMITTEE ON HEALTH AND HUMAN RELATIONS
OCTOBER 16, 2019

A Resolution supporting Entheogenic Plant practice, declaring that the investigation and arrest of individuals involved with the Adult Use of Entheogenic Plants on the Federal Schedule 1[1] List be amongst the lowest priority for the City of Chicago and the Chicago Police Department, and ordering a hearing to be held in committee to study and advise guidelines and resources for non-pharmacological treatment options in Chicago.

WHEREAS, Entheogenic Plants, based on the term "entheogen," originally conceived by Ott, Ruck, and other colleagues from a working group of anthropologists and ethnobotanists in 1979; and defined herein as 'the full spectrum of plants, fungi, and natural materials deserving reverence and respect from the perspective of the individual and the collective, that can inspire personal and spiritual well-being', can benefit psychological[ii] and physical wellness[iii], and can re-establish human's inalienable and direct relationship to nature; and

WHEREAS, substance abuse[iv], addition, recidivism[v], trauma, post-traumatic stress symptoms, chronic depression, severe anxiety[vi], end-of-life anxiety, grief[vii], diabetes[viii], cluster headaches[ix], and other conditions plaguing our community and that the use of Entheogenic Plants have been shown to be beneficial to the health and the well-being of individuals and communities in addressing these afflictions via scientific and clinical studies and within continuing traditional practices, which can catalyze profound experiences of personal and spiritual growth; and

WHEREAS, practices with Entheogenic Plants have long existed and have been considered to be sacred to human cultures and human interrelationships with nature for thousands of years[x], and continue to be enhanced and improved to this day by religious and spiritual leaders, practicing professionals, mentors, and healers throughout the world, many of whom have been forced underground; and

WHEREAS, seeking to improve their health and well-being through the use of Entheogenic Plants use them in fear of arrest and prosecution; and

WHEREAS, the Entheogenic Plant practices of certain groups are already explicitly protected in the U.S. under the doctrine of religious freedom – the Native American Church's use of peyote and the use of ayahuasca by two other churches, a Santo Daime congregation and the União do Vegetal; and

WHEREAS, the United Nations considers Entheogenic Plant material used for ritual purposes as excluded from Schedule 1 substances; and

WHEREAS, Entheogenic Plants containing ibogaine, for example, have been shown to alleviate treatment-resistance causes of opiate and methamphetamine addition at a significantly higher

[1] Refers to plants and natural sources (as defined herein), such as mushrooms, cacti, iboga-containing plants, and/or extracted combinations of plants similar to Ayahuasca; and limited to those containing the following types of compounds: indole amines, tryptamines, phenethylamines.

rates than all other treatments for addiction[xi]. In addition, ibogaine is reported to be beneficial for addiction therapy related to specific work-related PTSD encountered by first responders, such as EMT, police, and firefighters, as well as military veterans; and

WHEREAS, Ibogaine is known as an addiction interrupter, which addresses both psycho-emotional mental states, as well as the physical cravings and withdrawals which often inhibit the recovery process.

WHEREAS, the opiod crisis[xii] is a national concern with an increasing rise in opioid overdose deaths from prescription opioids, heroin, and synthetic opiods like fentanyl. In 2017, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 6 times higher than in 1999, with an average of 130 Americans dying every day from an opioid overdose; and

WHEREAS, the U.S. Department of Health and Human Services (HHS) announced more than $1.8 billion in funding to states to combat the opioid crisis by expanding access to treatment and supporting near real-time data on the drug overdose crisis[xiii]; and

WHEREAS, The National Institute of Drug Abuse (NIDA) advocates for science driven solutions and new treatments that can support opioid use disorder. However, NIDA neglects to mention ibogaine on their list of effective medications. Ibogaine has a significantly higher success rate than other available treatments and demonstrates efficacy after a single dose, in contrast to long-term treatments such as methadone; and

WHEREAS, Entheogenic Plants or combinations of plants such as Ayahuasca that contain forms of DMT, a naturally occurring compound in the human body that is listed as a Schedule 1 substance, can lead to experiences that are reported as mystical or experientially similar to near-death experiences[xiv] and that are or can be demonstrably beneficial in treating addiction[xv], depression[xvi], PTSD[xvii], and in catalyzing profound experiences of personal[xviii] and spiritual growth[xix]; and

WHEREAS, Entheogenic cacti that contain phenethylamine compounds such as mescaline can be beneficial in healing drug and alcohol addiction[xx] and for individual spiritual growth[xxi], and have been utilized in sacred initiation and community healing by diverse religious and cultural traditions for millennia and continuing use as religious sacraments in modern times; and

WHEREAS, psilocybin, naturally occurring in Entheogenic mushrooms, can alleviate end-of-life anxiety for hospice and terminal cancer patients[xxii], can reduce prison recidivism[xxiii], and can effectively treat substance abuse, depression[xxiv], and cluster headaches[xxv]; and

WHEREAS, a Johns Hopkins University study on "healthy normal" found that psilocybin can on occasion mystical-type experiences in a subject's life for over 75% of their subjects within the first year after the study, and also found continuing positive life-style changes after a 14-month follow-up; and

WHEREAS, the Cities of Denver and Oakland have since passed legislation that establishes a framework to decriminalize Adult Use of Entheogenic Plants on the Federal Schedule 1 List by ordering cessation of expenditures of city resources towards investigations, detentions, arrests, and/or prosecutions related to any violations of state and/or federal law regarding the use of Entheogenic Plants; NOW THEREFORE

BE IT RESOLVED, That the Mayor and members of the Chicago City Council, hereby declare that it shall be the policy of the city of Chicago that no department, agency, board, commission, officer, employee, or any other individual representing the City, including without limitation, the Chicago Police Department and its personnel, shall use ANY funds or resources to assist in the enforcement of laws imposing any penalties for the use and possession of Entheogenic Plants for Adult Use; and

BE IT FURTHER RESOLVED, that all city employees who lobby at the city, county, state, and/or federal level, be instructed to work in support of efforts to decriminalize Entheogenic Plants and plant-based compounds that are listed on the Federal Controlled Substances Schedule 1 List; and

BE IT FURTHER RESOLVED, that the Mayor and members of the Chicago City Council hereby declare that it shall be the policy of the City of Chicago that investigation and arrest of adult persons for planting, cultivating, purchasing, transporting, distributing, engaging in practices with, and/or possessing Entheogenic Plants or plant compounds on the Federal Controlled Substances Schedule 1 List shall be amongst the lowest level of Chicago Police Department law enforcement priorities; and

BE IT FURTHER RESOLVED, that the Mayor and members of the Chicago City Council call upon the Cook County States' Attorney and the Chief Judge of the Cook County Circuit Court to cease prosecution of persons involved in the use of Entheogenic Plants or plant-based compounds on the Federal Controlled Substances Schedule 1 List; and

BE IT FURTHER RESOLVED, that the Chicago Department of Public Health (CDPH) be ordered to review the end note research material in this resolution, and study the feasibility of the use of Entheogenic Plant and such plant compounds noted in this resolution as alternative treatment options. The CDPH shall not take the end notes provided in this resolution to be comprehensive to the scope of consideration for this resolution and its declarative intent. The report should be prepared within 90 days of the passage and publication of this resolution, at which time the Committee on Health and Human Relations shall hold a hearing to discuss the findings of the report, and should include materials that can be provided to residents seeking alternative treatments; and

BE IT FURTHER RESOLVED, that if any provision of this resolution is hereby declared by a court of competent jurisdiction to be contrary to any statute, regulation, or judicial decision, or its applicability to any agency, person, or circumstances is held invalid, the validity of the remainder of this resolution and its applicability to any other agency person, or circumstance, shall not be affected.

BRIAN HOPKINS
Alderman, 2nd Ward

[i] **Entheogens for Personal and Spiritual Growth**

Frecksa, E., et. al. (2012). Enhancements of Creative Expression and Entoptic Phenomena as After-Effects of Repeated Ayahuasca Ceremonies. Journal of Psychoactive Drugs 44(3), pp. 191-199

Hartogsohn, I. (2018). The Meaning-Enhancing Properties of Psychedelics and Their Mediator Role in Psychedelic Therapty, Spirituality, and Creativity. Frontiers in Neuroscience, 12 (129). doi:10.3389/fnins.2018.00129

Maclean, K., et al. (2011). Mystical experiences occasioned by the hallucinogen psilocybin lead to increases in the personality domain of openness. Journal of Psychopharmacology, 25(11) 1453-1461.

Moro, L., et al. (2011) Voice of the Psychonauts: Coping, Life Purpose, and Spirituality in Psychedelic Drug Users. Journal of Psychoactive Drugs, 43 (3), pp. 188-198. DOI: 10.1080/02791072.2011.605661

Nour, M., et al. (2017): Psychedelics, Personality and Political Perspectives. Journal of Psychoactive Drugs. DOI: 10.1080/02791072.2017 .1312643

Sweat, N., et al. (2016). The Associations of Naturalistic Classic Psychedelic Use, Mystical Experience, and Creative Problem Solving. Journal of Psychoactive Drugs, 48 (5), pp 344-350, DOI: 10.1080/02791072.2016.1234090

[ii] E**ntheogens and Psychological Wellness**

Frecska E., et al., (2016). The Therapeutic Potentials of Ayahuasca: Possible Effects against Various Diseases of Civilization. Frontiers in Pharmacology, 7(35). doi: 10.3389/fphar.2016.00035

McKenna, D. (2004). Clinical investigations of the therapeutic potential of ayahuasca: rationale and regulatory challenges. Pharmacology & Therapeutics 102(2), pp. 111-129.

dos Santos, R. et al. (2017). Effects of the Natural□- Carboline Alkaloid Harmine, A Main Constituent of Ayahuasca, in Memory and in the Hippocampus: A Systematic Literature Review of Preclinical Studies. Journal of Psychoactive Drugs, 49 (1), pp. 1-10, DOI: 10.1080/02791072.2016.1260189

Wilcox, J. (2014). Psilocybin and Obsessive-Compulsive Disorder. Journal of Psychoactive Drugs, 46 (5), pp. 393-395. DOI: 10.1080/02791072.2014.963754

[iii] **Entheogens and Physical Wellness**

Djamshidian, A., et al. (2015). "Banisteriopsis caapi, a Forgotten Potential Therapy for Parkinson's Disease?" Movement Disorders Clinical Practice: n/a-n/a.

Liu, X., et al., (2017) Harmine is an inflammatory inhibitor through the suppression of NF-kB signaling. Biochemical and Biophysical Research Communications, http://dx.doi.org/10.1016/j.bbrc.2017.05.126

Ly et al. (2018). Psychedelics Promote Structural and Functional Neural Plasticity. Cell Reports 23, pp. 3170-3182.

McCleary, J., et al., (1960). Antibiotic activity of an extract of peyote (Lophophora Williamii). Economic Botany, 14(3), pp. 247-249.

dos Santos, R. (2014) Immunological Effects of Ayahuasca in Humans. Journal of Psychoactive Drugs, 46 (5), pp. 383-388.

Samoylenkoa, V., et al. (2010). Banisteriopsis caapi, a unique combination of MAO inhibitory and antioxidative constituents for the activities relevant to neurodegenerative disorders and Parkinson's disease. Journal of Ethnopharmacology, 127 (2), pp. 357-367. doi:10.1016/j.jep.2009.10.030.

[iv] **Entheogens and Substance Abuse**

Bogenschutz, M., et al. (2015). Psilocybin-assisted treatment for alcohol dependence: A proof-of-concept study. Journal of Psychopharmacology 29(3), pp. 289-299.

Bogenschutz, M., and Forcehimes, A. (2017). Development of a Psychotherapeutic Model for Psilocybin-Assisted Treatment of Alcoholism. Journal of Humanistic Psychology, 57(4), pp. 389-414.

Johnson, M. et al. (2017). An on line survey of tobacco smoking cessation associated with naturalistic psychedelic use. Journal of Psychopharmacology 31 (7), pp. 841-850.

De Veen, B. (2017) Psilocybin for treating substances use disorders? Expert Review on Neurothepeutics, 17 (2), pp. 203-212. DOI: 10.1080/14737175.2016.1220834

[v] **Entheogens and Recidivism**

Romero, S. (March 28, 2015). In Brazil, some inmates get therapy with hallucinogenic tea. The New York Times.

[vi] **Entheogens and Anxiety**

Sarris, J., et al. (2013). "Plant-based medicines for anxiety disorders, part 2: a review of clinical studies with supporting preclinical evidence." CNS Drugs 27(4), pp. 301- 319.

[vii] **Entheogens and Grief**

Gonzalez, D., et al. (2017). Potential Use of Ayahuasca in Grief Therapy. OMEGA-Journal of Death and Dying, pp. 1-26.

[viii] **Ayahuasca and Diabetes**

Wang, P. et al., (2015). A high-throughput chemical screen reveals that harmine-mediated inhibition of DYRK1A increases human pancreatic beta cell replication. Nature Medicine 21, pp. 383-388.

[ix] **Entheogens and Cluster Headaches**

Schindler, E., et al. (2015) Indoleamine Hallucinogens in Cluster Headache: Results of the Clusterbusters Medication Use Survey, Journal of Psychoactive Drugs, 47:5, 372-381, DOI: 10.1080/02791072.2015.1107664

[x] **Historical Use of Entheogens**

El-Seedi, H., et al. (2005). Prehistoric peyote use: Alkaloid analysis and radiocarbon dating of archaeological specimens of Lophophora from Texas. Journal of Ethnopharmacology 101(1), pp. 238-242.

Guzman, G. (2008). Hallucinogenic Mushrooms in Mexico: An Overview. Economic Botany, 62(3), pp. 404-412.

Miller, L. et al., (2019). Chemical evidence for the use of multiple psychotropic plants in a 1,000-year-old ritual bundle from South America. Proceedings of the National Academy of Sciences. DOI:10.1073/pnas.190217411

Samorini, G. (1992). The Oldest Representations Of Hallucinogenic Mushrooms In The World (Sahara Desert, 9000 - 7000 B.P.). Integration, Journal of Mind-moving Plants and Culture 2/3

[xi] **Iboga/Ibogaine for Addiction Therapy**

Alper, K., et al. (1999). Treatment of acute opioid withdrawal with ibogaine. American Journal of Addictions, 8(3), 234-242. doi: 10.1080/105504999305848

Brown, T. K. (2013). Ibogaine in the treatment of substance dependence. Current Drug Abuse Reviews, 6(1), 3-16. doi:10.2174/15672050113109990001

Brown, T. and Alper, K. (2017): Treatment of opioid use disorder with ibogaine: detoxification and drug use outcomes. The American Journal of Drug and Alcohol Abuse. DOI: 10.1080/00952990.2017.1320802

Luciano, D. (1998). Observations on treatment with ibogaine. American Journal of Addictions, 7(1), pp. 89-89. doi:10.1111/j.1521-0391.1998.tb0_0472.x

Mash, D., et al. (2001). Ibogaine in the treatment of heroin withdrawal. In K. Alper, & G.A. Cordell (Eds.), The alkaloids: Chemistry and biology (1st ed., Vol. 56, pp. 155- 171). London: Academic Press/Elsevier.

Mash, D., et al., (2018) Ibogaine Detoxification Transitions Opioid and Cocaine Abusers Between Dependence and Abstinence: Clinical Observations and Treatment Outcomes. Frontiers in Pharmacology. 9:529. doi: 10.3389/fphar.2018.00529

Sheppard, S. G. (1994). A preliminary investigation of ibogaine: Case reports and recommendations for further study. Journal of Substance Abuse Treatment, 11(4), 379-385. doi:10.1016/0740-5472(94)90049-3

[xii] **Opioid Overdose**. United States Centers for Disease Control and Prevention. Accessed online, https://www.cdc.gov/drugoverdose/epidemic/index.html

[xiii] **Trump Administration Announces $1.8 Billion in Funding to States to Continue Combating Opioid Crisis**. Accessed online, https://www.hhs.gov/about/news/2019/09/04/trump-administration-announces-1-8-billion-funding-states-combating-opioid.html

[xiv] **Ayahuasca Experience similar to Near-Death Experience**

Liester, M. B. (2013). Near-death experiences and ayahuasca-induced experiences - two unique pathways to a phenomenologically similar state of consciousness. Journal of Transpersonal Psychology 45(1), p. 24.

[xv] **Ayahuasca for Addiction Therapy**

Barbosa, P. et al. (2018) Assessment of Alcohol and Tobacco Use Disorders Among Religious Users of Ayahuasca. Frontiers in Psychiatry, 9 (136). doi: 10.3389/fpsyt.2018.00136

Brierley, D., and Davidson, C. (2012). Developments in harmine pharmacology-Implications for ayahuasca ·use and drug-dependence treatment. Progress in Neuro-psychopharmacology & Biology 39(2), pp. 263-272.

Liester, M. and Prickett, J. (2012) Hypotheses Regarding the Mechanisms of Ayahuasca in the Treatment of Addictions. Journal of Psychoactive Drugs, 44 (3), pp. 200-208. DOI: 10.1080/02791072.2012.704590

Loizaga-Velder, A. and R. Verres (2014). Therapeutic effects of ritual ayahuasca use in the treatment of substance dependence--qualitative results. Journal of Psychoactive Drugs 46(1), pp. 63-72.

Mabit, J., et al. (1996). Takiwasi: The Use of Amazonian Shamanism to Rehabilitate Drug Addicts. Yearbook of Cross-Cultural Medicine and Psychotherapy. W. Andritzky. Berlin, International Institute of Cross-Cultural Therapy Research.

Talina, P., and Sanabriab, E. (2017). Ayahuasca's entwined efficacy: An ethnographic study of ritual healing from addiction. International Journal of Drug Policy 44, pp. 23-30.

Thomas, G., et al. (2013). Ayahuasca-assisted therapy for addiction: results from a preliminary observational study in Canada. Current Drug Abuse Review 6(1), pp. 30-42.

[xvi] **Ayahuasca and Depression**

Anderson, B. (2012). Ayahuasca as Antidepressant? Psychedelics and Styles of Reasoning in Psychiatry. Anthropology of Consciousness, 23 (1), pp. 44-59.

de L. Osorio, F., et al. (2015). Antidepressant effects of a single dose of ayahuasca in patients with recurrent depression: a preliminary report. Revista Brasileira de Psiquiatria 37(1), pp. 13-20.

Palhano-Fontes, F., et al. (2014). The Therapeutic Potentials of Ayahuasca in the Treatment of Depression. The Therapeutic Use of Ayahuasca. B. C. Labate and C. Cavnar, Springer: Berlin, Heidelberg, pp. 23-39.

dos Santos, R., et al. (2016). Anti-depressive, anxiolytic, and anti-addictive effects of ayahuasca, psilocybin and lysergic acid diethylamide (LSD): A systematic review of clinical trials published in the last 25 years. Therapeutic Advances in Psychopharmacology, 6(3), pp. 193-213. doi:10.1177/2045125316638008

[xvii] **Ayahuasca and PTSD**

Nielson, J. and Megler, J. (2014). Ayahuasca as a Candidate Therapy for PTSD. The Therapeutic Use of Ayahuasca. B. C. Labate and C. Cavnar, Springer: Berlin, Heidelberg, pp. 41-58.

[xviii] **Ayahuasca and Personal Growth**

Bouso, J. C., et al. (2012). "Personality, Psychopathology, Life Attitudes and Neuropsychological Performance among Ritual Users of Ayahuasca: A Longitudinal Study. PLoS ONE 7(8).

Kuypers, K., et al. (2016). Ayahuasca enhances creative divergent thinking while decreasing conventional convergent thinking. Psychopharmacology. DOI 10.1007/s00213-016-4377-8

Soler J., et al. (2018). Four Weekly Ayahuasca Sessions Lead to Increases in "Acceptance" Capacities: A Comparison Study With a Standard 8-Week Mindfulness Training Program. Frontiers in Pharmacology, 9 (224). doi: 10.3389/fphar.2018.00224

[xix] **Ayahuasca and Spiritual Growth**

Harris, R., and Gurel, L. (2012). A Study of Ayahuasca Use in North America. Journal of Psychoactive Drugs 44(3): 209-215

Trichter, S., et al. (2009). Changes in spirituality among ayahuasca ceremony novice participants. Journal of Psychoactive Drugs 41(2), pp. 121-134.
Tupper, K. (2010). Entheogenic healing: The spiritual effects and therapeutic potential of ceremonial ayahuasca use. The healing power of spirituality: How faith helps humans thrive, Volume 3. J. H. Ellens. Santa Barbara, Praeger: pp. 269.:.282.
Tupper, K. W. (2002). Entheogens and Existential Intelligence: The Use of Plant Teachers as Cognitive Tools. Canadian Journal of Education 27(4), pp. 499-516.

[xx] **Peyote for treatment of alcohol and drug dependence**

Winkelman, M. (2014). Psychedelics as Medicines for Substance Abuse Rehabilitation: Evaluating Treatments with LSD, Peyote, lbogaine and Ayahuasca. Current Drug Abuse Reviews 7, pp. 101-116.

[xxi] **Peyote**

Calabrese, J. (2007). The Therapeutic Use of Peyote in the Native American Church Chapter 3 in Vol. 1 of Psychedelic Medicine: New Evidence for Hallucinogens as Treatments. Michael J. Winkelman and Thomas B. Roberts (editors). Westport, CT: Praeger/Greenwood.
Feeney, K. (2007). The Legal Basis for Religious Peyote Use. Chapter 13 in Vol 1 of Psychedelic Medicine: New Evidence for Hallucinogens as Treatments. Michael J. Winkelman and Thomas B. Roberts (editors). Westport, CT: Praeger/Greenwood.

[xxii] **Psilocybin for End-of-Life Anxiety**

Blinderman, C. (2016). Psycho-existential distress in cancer patients: A return to entheogens. Journal of Psychopharmacology 30 (12), pp. 1205-1206.
Kelmendi, B., et al. (2016). The role of psychedelics in palliative care reconsidered: A case for psilocybin. Journal of Psychopharmacology 30(12), pp. 1212-1214.
Ross, S., et al. (2016). Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: a randomized controlled trial. Journal of Psychopharmacology, 30(12), pp. 1165- 1180.

[xxiii] **Entheogens and Reduced Recidivism**

Hendricks, P., et al. (2014). Hallucinogen use predicts reduced recidivism among substance-involved offenders under community corrections supervision. Journal of Psychopharmacology 28(1), pp. 62-66.
Walsh, Z. , et al. (2016). Hallucinogen use and intimate partner violence: Prospective evidence consistent with protective effects among men with histories of problematic substance use. Journal of Psychopharmacology, pp. 1-7. DOI: 10.1177 /0269881116642538.

[xxiv] **Psilocybin and Treatment-Resistant Depression**

Hendricks, P., et al. (2015). Psilocybin, psychological distress, and suicidality. Journal of Psychopharmacology, 29(9), pp. 1041-1043.
Lyons, T. and Carhart-Harris, R. (2018). Increased nature relatedness and decreased authoritarian political views after psilocybin for treatment-resistant depression. Journal of Psychopharmacology, 32(7), pp. 811-819.

[xxv] **Psilocybin and Cluster Headaches**

Schindler, E. et al., (2015) Indoleamine Hallucinogens in Cluster Headache: Results of the Clusterbusters Medication Use Survey, Journal of Psychoactive Drugs, 47(5), pp. 372-381. DOI:10.1080/02791072.2015.1107664