

1. Overview: Why This Is Timely

- Cannabis and psychedelics are being re-evaluated as legitimate therapeutic tools in wellness, mental health, and chronic disease management.
 - Public interest is growing, with increasing decriminalization/legalization globally.
 - The wellness industry is beginning to integrate these modalities—often ahead of regulatory clarity.
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◆ 2. Key Talking Points

✓ *Therapeutic Potential*

- **Cannabis:** Used for pain, anxiety, PTSD, sleep disorders, IBD, and neurodegenerative conditions.
- **Psychedelics** (e.g., psilocybin, MDMA, LSD): Shown to support trauma recovery, treatment-resistant depression, addiction, and existential distress in palliative care.

✓ *Mechanisms of Action*

- **Cannabis** acts via the endocannabinoid system, regulating inflammation, mood, and homeostasis.
- **Psychedelics** promote neuroplasticity and interrupt rigid cognitive and emotional patterns via serotonin 5-HT2A receptor activation.

✓ *Integration in Wellness*

- Increasing interest in **microdosing** (psilocybin, LSD) for cognitive function, creativity, and emotional balance.
 - Use in **guided therapy** or ceremonial contexts to enhance personal insight and emotional processing.
 - Some wellness practitioners support use **adjunctively** with breathwork, somatic therapy, or trauma release modalities.
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◆ 3. Concerns & Considerations

⚠ *Legal Status & Regulation*

- In Canada, cannabis is legal federally for medical and recreational use; psilocybin is still restricted except for limited medical exemptions.
- The U.S. has state-by-state variation for cannabis and growing local-level psilocybin decriminalization (e.g., Oregon, Colorado).

⚠ *Safety & Contraindications*

- Cannabis: Long-term high-THC use may increase anxiety, impair cognition, or worsen some psychiatric conditions.
- Psychedelics: Not appropriate for those with a personal/family history of psychosis; can lead to destabilization without proper set and setting.

Ethical Use

- Who facilitates sessions? Are there standards of care?
 - Informed consent, client readiness, and trauma-informed practices are critical.
 - Issues of cultural appropriation in the use of indigenous medicines.
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◆ 4. Supporting Research & Statistics

Cannabis

- **88%** of Canadian medical cannabis users reported improved quality of life in a 2021 survey (source: *Cannabis Survey Data Portal, Health Canada*).
- **Systematic review** (Whiting et al., *JAMA*, 2015): Moderate-quality evidence supports cannabis use for chronic pain and spasticity.

Psychedelics

- **Psilocybin**: A 2020 *JAMA Psychiatry* randomized trial found a **71% reduction in depression scores** with psilocybin-assisted therapy.
 - **MDMA for PTSD**: Phase 3 trials (MAPS, 2021) showed **67% of participants no longer met PTSD criteria** after MDMA-assisted therapy.
 - A **2022 survey** in *Frontiers in Psychiatry* found that 79% of microdosing users reported improved mood, focus, and well-being.
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◆ 5. Questions to Spark Discussion

- Should wellness practitioners be involved in psychedelic integration? Where is the line between support and facilitation?
- How do we responsibly guide clients exploring these modalities—especially when working outside formal clinical settings?
- What role can nutrition, lifestyle, and somatic work play in supporting integration?
- Should we advocate for practitioner training or certification if supporting clients using these substances?

. Should wellness practitioners be involved in psychedelic integration? Where is the line between support and facilitation?

Talking Points:

- **Support vs. Facilitation:**
 - *Support* includes education, emotional processing, integration tools (nutrition, journaling, movement).
 - *Facilitation* involves being present during or directly administering a psychedelic experience—typically outside the legal scope for non-clinicians.
 - **Ethical involvement:** Wellness professionals can play a **complementary role** in preparation and integration, not in administering or overseeing sessions unless legally trained and authorized.
 - **Key considerations:** Consent, boundaries, scope of practice, and understanding altered states are essential. Referral to qualified therapists for trauma or unresolved psychological issues is best practice.
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◆ **2. How do we responsibly guide clients exploring these modalities—especially when working outside formal clinical settings?**

Talking Points:

- **Meet clients where they are:** Many clients are self-exploring. Denial or moralizing can sever trust. Offer grounded, evidence-informed conversations.
 - **Stay within scope:** Focus on helping clients prepare their mindset (intention setting, emotional awareness) and body (nutrition, sleep, nervous system regulation).
 - **Post-experience support:** Provide tools for meaning-making (e.g., reflective practices, food/mood journaling, bodywork) that enhance integration and reduce confusion or distress.
 - **Red flags:** Recognize when someone may be destabilized or at psychological risk and **refer appropriately**.
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◆ **3. What role can nutrition, lifestyle, and somatic work play in supporting integration?**

Talking Points:

- **Nutrition:**
 - Supports neurotransmitter balance (e.g., tryptophan, magnesium, omega-3s).
 - Assists liver detoxification and gut-brain communication—important after intense psycho-emotional experiences.
 - **Lifestyle:**
 - Sleep, nature exposure, and reducing inflammatory inputs (e.g., alcohol, sugar) can stabilize post-journey processing.
 - **Somatic work:**
 - Helps reconnect to the body and safely process unresolved emotional content.
 - Movement, breathwork, and grounding practices are essential after deep cognitive shifts.
 - These interventions **anchor insights into embodied, actionable change**.
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◆ 4. Should we advocate for practitioner training or certification if supporting clients using these substances?

Talking Points:

- Yes—if wellness professionals choose to engage in psychedelic integration support, **specific training is vital** (e.g., trauma-informed care, altered states, ethics, legal risks).
- Certification helps define **clear ethical guidelines and boundaries** for non-clinical practitioners.
- Training also reduces harm: poorly supported integration can lead to misinterpretation of experiences or psychological fragmentation.
- Encourage programs that include cultural sensitivity, especially when discussing traditional or Indigenous medicines.

 Cannabis and Gut Health

Benefits:

May reduce IBS and IBD symptoms like pain, cramping, nausea, and diarrhea by acting on CB1/CB2 receptors in the gut.

It can stimulate appetite and improve weight gain, and it is especially helpful in chronic GI illness.

May improve stress-related gut symptoms via the gut-brain axis and mood regulation.

Microbiome Effects:

Cannabis use can alter gut microbiota composition:

Some studies show increases in *Akkermansia muciniphila*, linked to gut lining health and reduced inflammation.

Other studies find increases in *Bacteroides*, associated with gut inflammation in some contexts.

Gut microbes can metabolize cannabinoids, affecting how cannabis works in the body.

The impact varies with dose, frequency, and individual microbiome makeup.

Risks:

Cannabis does not consistently reduce IBD inflammation; symptom relief may not reflect internal healing.

Can slow gut motility, helping with diarrhea but potentially worsening constipation.

Heavy use may lead to cannabinoid hyperemesis syndrome (CHS)—recurrent vomiting and abdominal pain.

Long-term effects on gut flora and barrier function are not well understood.

 Psychedelics and Gut Health

Benefits:

In IBS, psilocybin may help reset brain-gut pain circuits, reducing chronic gut pain and hypersensitivity (under study).

Lab studies show psilocybin reduces gut inflammation, lowering pro-inflammatory cytokines in human tissue models.

Psychedelic therapy may improve stress-related GI symptoms through enhanced emotional processing and reduced anxiety.

Microbiome Effects:

Early evidence suggests psychedelics may shift gut microbial diversity, though specific effects are still being mapped.

The gut microbiome may influence how psychedelics are metabolized and how individuals respond.

Researchers propose future personalization of psychedelic therapy based on microbiome profiles.

Risks:

Often cause nausea, vomiting, or diarrhea during acute use due to serotonin activity in the gut.

May temporarily disrupt digestion; not recommended for use during active GI flares.

No clinical trials yet for IBD; use remains experimental outside mental health contexts.

Legal and safety concerns still limit accessibility and oversight.

Gut-Brain-Microbiome Axis: Shared Mechanism

Both cannabis and psychedelics act on neurotransmitter receptors (CB1/CB2, 5-HT2A) found in the brain and gut.

These compounds modulate stress, emotion, and inflammation, all of which affect gut function and microbial balance.

The microbiome influences the metabolism and effects of both substances—highlighting the need for personalized approaches in the future.

Bottom Line:

Cannabis and psychedelics may support gut health through pain relief, anti-inflammatory effects, stress reduction, and microbiome interactions. However, effects vary widely, and both should be used cautiously, ideally under supervision. The science is promising but still emerging—especially regarding microbiome impacts and clinical use for IBD or IBS.

Core Qualifications of a Psychedelic:

Activates serotonin 5-HT2A receptors – this is the hallmark mechanism of action.

Induces altered perception – including visual or auditory distortions, synesthesia, or changes in sense of self.

Promotes neuroplasticity – ability to increase connectivity and flexibility in brain circuits.

Triggers mystical-type or introspective experiences – often with emotional or existential insights.

Low or no addiction potential – classic psychedelics are generally not habit-forming.

Emerging Tools in Psychedelic Science

Microdosing (sub-perceptual doses of classic psychedelics) is being explored for mood, cognition, and creativity, though mechanisms and benefits are still under study.

Novel compounds (e.g., 5-MeO-DMT, synthetic tryptamines) are under investigation in clinical trials.

Important Distinctions

Cannabis is not considered a psychedelic, though it can have mild perceptual effects at high doses. Its primary action is via the endocannabinoid system (CB1/CB2), not serotonin.

Deliriants (e.g., diphenhydramine at high doses) can cause hallucinations but are not classified as psychedelics due to their unpredictable and non-insightful effects.

Why Psilocybin?

Psilocybin is the most studied classic psychedelic in current clinical trials, especially for mental health and emerging gut-brain applications like IBS.

It has documented anti-inflammatory effects in human gut tissue models and has been approved for IBS trials (e.g., at Massachusetts General Hospital).

It has a well-characterized mechanism via serotonin 5-HT_{2A} receptors, which are present both in the brain and gut, making it a prime candidate for exploring gut-brain axis modulation.

The gut-related findings in current research are almost entirely based on psilocybin, with some theoretical or mechanistic overlap with other classic psychedelics (like LSD), but no equivalent clinical or preclinical gut-focused data exists yet for those.

LSD (Lysergic Acid Diethylamide)

Microbiome Impact: In animal studies, repeated LSD administration decreased gut microbial diversity but increased the abundance of beneficial bacteria like Bifidobacterium. It also altered the Firmicutes:Bacteroidetes ratio, a marker often associated with gut health .

DMT & Ayahuasca

Microbiome Interaction: Preliminary evidence suggests that DMT, a primary component of ayahuasca, may be metabolized by gut bacteria, potentially affecting its bioavailability and effects .

Gut-Brain Axis: Ayahuasca has been associated with modulating the gut-brain axis, possibly influencing mood and emotional processing through its effects on the microbiome .

MDMA (3,4-Methylenedioxymethamphetamine)

Microbiome Modulation: Studies in rats have shown that MDMA administration can alter gut microbiota composition, increasing beneficial bacteria like Lactobacillus and Bifidobacterium .

Thermoregulatory Effects: The gut microbiome appears to play a role in MDMA-induced hyperthermia, with antibiotic-treated animals showing attenuated temperature responses.

Ketamine

Antidepressant Mechanism: Ketamine's rapid antidepressant effects may be partly mediated by its influence on the gut microbiome, including increasing beneficial bacteria and reducing pro-inflammatory species.

Gut-Brain Communication: Changes in the microbiome induced by ketamine may affect the production of short-chain fatty acids and other metabolites that influence brain function and mood .

Key Takeaways

Bidirectional Relationship: Psychedelics can modulate the gut microbiome, and the existing microbial composition may influence the metabolism and effects of these substances.

Personalized Medicine: Individual differences in gut microbiota could explain variability in responses to psychedelic therapies, highlighting the potential for personalized treatment approaches .