NEO.LIFE

INSIDE THE MOVEMENT TO DECOLONIZE PSYCHEDELIC PHARMA

As Western medicine brings psychedelics into mainstream use, a growing movement is innovating new business models grounded in reciprocity and inclusion.

By Carolyn Gregoire
Illustrations by Wesley Allsbrook

María Sabina, a traditional Mexican healer, has gone down in psychedelic history as the woman to introduce magic mushrooms to the world.

A *curandera* from the Mazatec tribe of the Sierra foothills of Oaxaca, Sabina led healing ceremonies and rituals using hallucinogenic *Psilocybe mexicana* mushrooms (known to her as the "holy children"), which her peoples have used for thousands of years. Sabina was an extraordinary healer known for her ability to cure serious illnesses and connect with the divine. Her reputation spread beyond her tiny village of Huatla de Jimenez, and eventually word of her healing mushroom ceremonies reached all the way to R. Gordon Wasson, vice president of J.P. Morgan and ethnobotany enthusiast. In 1955, Wasson tracked down Sabina and (with the help of a persuasive local official) convinced her to allow him to come to her village with a photographer and participate in a healing ceremony. His journey became the subject of a famous *Life* magazine cover story, "Seeking the Magic Mushroom," which introduced psilocybin to the Western world—including to Timothy Leary, who was "turned on" by Wasson's journey and traveled to Mexico for his first of countless psychedelic trips, bringing the mushrooms back with him to research at Harvard.

That's where the story tends to leave off, but it certainly isn't the end. After Wasson's article (and subsequent book) was published, Sabina's village was inundated with tourists seeking a glimpse of God. Once regarded as a leader of her community, Sabina was blamed for the disturbance and her people began to turn against her, believing that she was selling their traditions for personal gain. Her house was burned down and her son murdered. Local officials, accusing her of selling drugs to American tourists, regularly raided her home. In 1985, she died in poverty.

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But Sabina's legacy of bringing magic mushrooms to the West lives on—perhaps more powerfully than she could ever have imagined. Today, psilocybin-assisted therapy is on the precipice of FDA approval and already a billion-dollar industry. As we enter a new phase of an ancient experiment in the use of mind-expanding plant compounds for healing purposes, the story of María Sabina serves as a cautionary tale for the emerging psychedelic pharma industry—and a reminder of the long and complicated history of these medicines.

There's no question that the psychedelic renaissance is in full bloom. After a decades-long battle to push through regulatory barriers and overcome long-enduring stigmas, psychedelics are poised to cross the threshold into a post-prohibition future of FDA approval, legalization, and a thriving biotech industry.

Hundreds of clinical trials have demonstrated the extraordinary potential of psychedelic compounds to treat post-traumatic stress disorder, anxiety, depression, eating disorders, obsessive-compulsive disorder, substance-use disorders, and other psychological ailments. Today, ketamine is legal and widely available in clinics across the country. MDMA is projected to become FDA-approved for the treatment of post-traumatic stress disorder as early as 2021. Psilocybin for treatment-resistant depression follows closely behind, with trials currently in Phase 2 of 3. Parallel decriminalization efforts have led to the legalization of psilocybin in Denver, Oakland, and Santa Cruz, with a ballot on the ticket in Oregon this November to legalize psilocybin for statewide use.

To investors, psychedelics are increasingly looking like a good bet. Last month, the psychedelic renaissance reached a new milestone when Compass Pathways, a London-based psilocybin research and therapy company, became the first psychedelic company to go public—receiving a post-IPO run-up valuation of $1.1 billion. Compass (which received seed investment from Peter Thiel's Thiel Capital) was granted Breakthrough Therapy designation from the FDA for COMP360, a new method for the large-scale production of synthetic psilocybin. The company is currently conducting an FDA Phase 2b clinical trial of psilocybin therapy for treatment-resistant depression, with results expected in 2021.

A handful of new biotech companies have joined the race to develop psychedelic therapies and to patent synthetic variations of plant-based psychedelic compounds including psilocybin (the main compound from magic mushrooms), mescaline (found in the peyote and San Pedro cactus), and ibogaine (a psychoactive rainforest shrub native to West Africa). Other research companies are conducting trials on treatment applications for non-plant-derived psychedelics like MDMA and LSD. New York-based psychedelic biotech firm Mind Medicine broke into the market with a Phase 1 MDMA-LSD clinical trial and a Phase 2 study of LSD for the treatment of anxiety disorders. (The company applied to uplist to the Nasdaq in September.) And big pharma players like Johnson & Johson and AbbVie have wasted no time getting in on the game, developing their own ketamine derivatives.

In a mental healthcare industry that's made little progress in novel treatments over the past 50 years—and whose current treatments are generally agreed to be woefully inadequate—the market potential of psychedelic medicine is clear. The psychedelic drug market is projected to grow at more than 16% annually and reach $6.85 billion by 2027, with a potential $100 billion market opportunity.

But this phenomenal growth hasn't come without its growing pains. A rising movement within the psychedelic community is voicing concern that the emerging industry is poised to repeat colonial patterns that have appropriated Indigenous knowledge and led to the destruction of the habitats and communities from which these sacred plant medicines originate—while also making these new treatments inaccessible to many of the underserved populations who need them most.

"We used this medicine before Jesus Christ walked this Earth."

"This is a civil rights issue," says Francoise Bourzat, a psychedelic guide, advisor to psychedelic research teams and businesses, and author of *Consciousness Medicine*, who has studied and practiced ceremonial mushroom healing with the Mazatecs since

1998. “Civil rights are not just the rights of people of color in this country, but also the rights of Indigenous peoples who are being exploited and mistreated, and whose knowledge is being extracted, monetized, and commodified.”

As psychedelic medicine goes public, researchers, advocates, and members of the psychedelic community are calling for innovative and “decolonized” new business models to support the creation of a new kind of healthcare industry—one that avoids recreating the mistakes of the past. This movement is rooted not only in Indigenous rights but also in the historical exclusion of women and people of color from the field of psychedelic science. Without a commitment to equal access, critics say that the mainstream adoption of psychedelic medicine may perpetuate systemic inequalities and create barriers to access for people of color as patients, therapists, and stakeholders in psychedelic businesses.

There is a growing demand for new business models based on access and reciprocity, and the recognition of Indigenous people as stakeholders in the companies developing novel treatments based on their ancient healing wisdom and technologies.

“We can look at potentially different kinds of business models that have a principle of not just extracting and taking, but of reciprocity,” says Charles Flores, an addiction specialist and psychedelic researcher who has spoken out about the ethical complications of psychedelic commercialization. “The Quechua term is *ayne*, sacred reciprocity. We’re taking something from the Earth, so what are we giving back to society? We want to be looking at something beyond profit, to goals that really support human flourishing.”

Ancient medicines and new business models

Psychedelics have been used for millennia by Indigenous peoples around the world, from the Amazon basin to Gabon to the American Great Plains. Many of the synthetic psychedelic compounds now in development are derived from these sacred plant medicines, including psilocybin mushrooms, ayahuasca, peyote/mescaline, and ibogaine. Their techniques of use are governed by Indigenous shamans and medicine men and women, each of whom may have a knowledge and use of up to 300 plants, according to ethnobotanist Mark Plotkin. As Indigenous oral history specialist LisaNa Macias Red Bear puts it, “We used this medicine before Jesus Christ walked this Earth.”

It’s a tale as old as colonialism itself: European settlers and explorers come into Indigenous lands, pillage their natural resources, and patent new medicinal compounds based on those resources, furthering modern medicine while bringing destruction to Indigenous habitats and ways of life.

It’s not just hallucinogens, either: Upwards of 40% of the pharmaceutical drugs in the Western world are derived from plants that have been used by Indigenous peoples for centuries, including aspirin, chemotherapy drug Taxol (paclitaxel), and vincristine and vinblastine, which are derived from the Madagascar periwinkle plant and produced by pharma giant Eli Lilly for the treatment of leukemia and Hodgkin’s disease. Many come from the Amazon, where Indigenous communities have faced centuries of devastation and oppression—most recently suffering one the world’s most under-resourced and fatal COVID-19 outbreaks and fires destroying millions of acres of Native lands.

The search for botanical miracle cures is a practice long known as "bioprospecting." But in many cases, bioprospecting was often just a thinly veiled form of "biopiracy," in which foreign agents extracted local resources and knowledge while directing little or no benefits to the nations that have been cultivating that practice. As ethnobotanists Robert Voekle and Charlotte Green explain, "Many medicinal plants as well as Native knowledge were treated as open-access resources, attainable by whoever was sufficiently charming, clever, or, if need be, cruel."

Consider the famous case of quinine. The popular antimalarial drug comes from the bark of the cinchona tree, long used among the Quechua peoples of the Andean Mountains of Peru and Bolivia. After sharing the remedy with Spanish in the 1660s to help cure a sick viceroy's wife, the colonial quinine craze began. That led to destructive harvesting practices by the Spanish and a brazen act of biopiracy from the British, who smuggled more than 10,000 cinchona seeds out of South America. The Brits ultimately denied the Indigenous roots of its healing use so that the "Indians" would not have claim to the intellectual property of such an important medical treatment. In a stunning colonial plot twist, quinine ended up fueling the rise of the British empire's slave trade in Africa, too. "It was quinine that allowed colonialists to survive in the malaria-infested jungles of Africa long enough to colonize and enslave Indigenous Africans," writes Cameroonian biochemist Lom Bryan-Bill Ning.

That tale of pillage and plunder was from a few centuries ago. But how much has really changed now?

Many medicinal plants as well as Native knowledge were treated as open-access resources, attainable by whoever was sufficiently charming, clever, or, if need be, cruel.

"There's a great deal of conversation in the community of psychedelic work right now around the exploitation of Indigenous peoples and traditions, and the perpetuation of colonialist patterns of behavior," says Bourzat, the psychedelic guide and researcher. "There are companies lacking in integrity who are focused on profit and are not grounded in an experiential knowledge of the nature and depth of psychedelic experiences."

In a small sign of psychedelic research beginning to make reparations, Bourzat is currently a lead investigator—along with an oncologist and palliative care physician—on an FDA-approved research project studying the use of psilocybin for COVID-related grief. It's the first time that a non-clinician expert on the Indigenous use of entheogenic mushrooms has been included in such a role. (Entheogens are psychoactive substances used for spiritual purposes.) "This is reciprocity too," she says.

Now, the business world may be following suit. In May, the Bay Area-based advocacy group North Star announced an Ethics Pledge to act as a set of guiding principles for individuals and companies operating in the emerging psychedelic medicine industry. The group calls the pledge "a first step in the demanding work of shaping the psychedelic industry around psychedelic wisdom."

North Star arose out of concerns about the potential ethical compromises of bringing psychedelic medicine into a profit-first, scale-driven economic system that prizes market share over ethics and patient experience. Take ketamine, for example. Johnson & Johnson was accused of price gouging last year when it announced that its ketamine-derived depression treatment, Spravato, would be priced at $590 for a 56mg dose; the average cost for a 50mg dose of generic ketamine is $11.99, according to WebMD. The

Institute for Clinical and Economic Review said that it was "concerning to have an overpriced therapy where there is such need for treatment."

North Star and other groups—including nonprofits like the Chacruna Institute for Psychedelic Plant Medicines and Auryn Fund, and small venture-capital firms including Field Trip and Tabula Rasa Ventures—are among those working to create new ways of doing business that reflect the values of the researchers, advocates, and Indigenous peoples who built the industry. Another is Journey Colab, launched this month, which is the first startup out of the gate to experiment with this new approach.

Journey is innovating a stewardship model built on reciprocity and access, allotting 35% of the company to the team developing the therapies, the therapists who will administer them, and the indigneous communities from which the work originates. Founders Jeeshan Chowdhury and Jennifer Pisansky crafted the stewardship model after conducting more than 250 conversations over the course of 12 months with psychedelic researchers, therapists, investors, philanthropists, Indigenous communities, and elders.

"This is about setting a standard for what we as a society want psychedelic pharma to do as a business model," says Miriam Volat, ecologist and co-director of the small family foundation Riverstyx, who is advising on Journey's indigenous reciprocity model. "We're hopeful that Journey is creating a model that others will follow suit on."

Sam Altman, former Y Combinator president and investor, is also betting on Journey's approach. With an initial $3 million investment from Altman's Apollo Projects fund, Journey will be taking a portfolio of plant-inspired psychedelic compounds through the FDA approval process for therapeutic use, starting with mescaline. The company plans to begin clinical trials for alcohol-use disorder in 2021.

Popularized in the West with Aldous Huxley's infamous 1953 visionary voyage documented in *The Doors of Perception*, mescaline was one of the first psychedelics to be scientifically studied before the research focus shifted to LSD in the early 1960s. The compound, which comes from the peyote and San Pedro cactus, has shown strong clinical outcomes for depression and substance-use disorders, and has a long history of use among Indigenous peoples of Mexico and the American tribes of the Southern Plains. Today it is commonly used as a sacrament within the Native American Church.

Journey is currently working with representatives from the Comanche Nation, a tribe that are native to western Texas and now based in Oklahoma, who have a history of peyote use. With their help, they are beginning to consult with other tribes with peyote traditions to inform their research and guide a system for directing profits toward conservation initiatives.

"If we're entering a space where we're going to be profiting from Indigenous knowledge and traditions, then Indigenous people should be stakeholders and should have a seat at the table," says Sutton King, Journey's chief impact officer, who is an Afro-Indigneous health activist for Native communities and a social entrepreneur. "We can take this totally different community stakeholder approach without scaring away investors, and we can show that this does work."

More companies are now seeking out Indigenous representation and directing a percentage of revenue towards biocultural conservation efforts. That's a boon for Native American communities, who currently benefit from less than .05% of all U.S. philanthropic dollars, according to Riverstyx. But reciprocity isn't a simple matter. If not approached properly, outreach efforts can be disruptive to Indigenous communities, who may not have a designated spokesperson to represent their interests in state or federal governmental and business affairs.

With guidance from Volat and other Indigenous rights advocates, Journey is following the U.N.-established principles of Free, Prior, and Informed Consent (FPIC), an emerging standard in the Indigenous Rights movement that requires governments and corporations to recognize Indigenous peoples' rights to self-determination, consultation, and participation in decision-making on any issues concerning their own lands, resources, and traditions. As Indigenous rights lawyer Grand Chief Edward John of the Tl'azt'en Nation of Canada explains, "In plain terms, FPIC is knocking on somebody's door and asking for permission before you come in."

In addition to FPIC, Journey is also following the Nagoya Protocol, a U.N. biodiversity agreement based on 35 years of collaboration with Indigenous leaders, with the goal of fighting biopiracy. The protocol is used in Gabon to benefit Indigenous communities who are lineage-holders of the ibogaine plant, which has shown remarkable outcomes for treating addiction. Riverstyx recommends the Nagoya Protocol as the reciprocity standard for all psychedelic pharma companies, and is currently working with a legal team to create a set of guidelines for how to utilize the protocol. So far, Journey is the first psychedelic-drug-development company to pledge their adherence.

"If you're going to respect these medicines, then you have to be respectful of the human cultures that have maintained a relationship with these medicines for so many years," says Volat.

While these protocols have historically focused on the extraction of resources from Indigenous lands, they also apply to the use of plant-based synthetic compounds. Journey, for instance, will not be using actual peyote plants or compounds derived from them but instead will make purely synthetic mescaline in the laboratory. Nevertheless, they will follow the protocol of engagement with indigenous communities as an example of best practices. As the Nagoya Protocol specifies that the company attach a "cultural heritage" to the compound and engage in a direct reciprocity to the communities who have worked with that plant, Journey will direct proceeds to the tribes and involve them in decision making.

Peyote in particular needs protecting, as its cultural heritage has recently come under attack. The Navajo Nation is currently fighting peyote decriminalization efforts led by Decriminalize Nature, a group whose mission states that it is a fundamental human right to consume substances that grow in nature. Currently, only members of the Native American Church are able to legally consume peyote, thanks to the 1994 passing of the American Indian Religious Freedom Act Amendments. But Decriminalize Nature argues that peyote and other entheogens should be accessible to everyone, not just Native Americans.

The Navajo have opposed the movement, citing that there is already a shortage of the peyote plant and that decriminalizing it will further decrease accessibility for its use in Native medicine. The shortage is attributed to the plant's limited natural habitat (it only grows in a small area of southern Texas), unsustainable harvesting practices, and the current black market for peyote, which has led to illegal trespassing on the ranches where the cactus is grown.

The Navajo opposition was also born of concern for the preservation of tribal spiritual and healing traditions. "Peyote is sacred medicine crucial to our religious identity and the survival of our community," Navajo spiritual leader Steven Benally told the *Los Angeles Times*, adding that the healing power of the medicine is only available through Native American ceremonial protocols.

"Dominant-culture white society, as a bottom line, should always give preference to listening to Indigenous representative people—as complicated as that is," says Volat. "If they say 'We don't want you to eat peyote,' then don't eat peyote. With ceremonial technology, we should just listen."

Ceremonial technologies and psychedelic therapy

Psychedelics have some fundamental differences from other psychiatric drugs. For one, they are not traditionally self-administered but are consumed with the guidance of a local shaman (an Indigneous medicine person) who has undergone lengthy training and apprenticeship. They're also not geared to providing ongoing symptom relief. And because their therapeutic potential is tied to their ability to trigger profoundly altered states of consciousness and often spiritual experiences, treatment in a clinical setting is usually overseen by a trained psychotherapist with specialized knowledge of altered states of consciousness who provides preparation sessions, guidance throughout the journey itself, and follow-up care.

While there are emerging best practices, as of now, there is no standard of care, or federally recognized training program for psychedelic-assisted therapy. MAPS, the nonprofit Multidisciplinary Association for Psychedelic Studies, and the California Institute for Integral Studies, a private, nonprofit university, are pioneers in this space. Soon they'll be joined by MindMed, which announced in October its commitment to provide $5 million for a psychedelic medicine research training program in collaboration with NYU Langone Health and NYU Grossman School of Medicine, with an initial focus on the treatment of substance-use disorders. In 2021, Bourzat will launch the Center for Consciousness Medicine, a psychedelic-facilitation training program that blends Western and Indigenous practices, and will be open to both clinicians and non-clinicians.

So how do non-Indigenous folks work with traditional ceremonial practices that have governed the safe and effective use of sacred plants for thousands of years? The culturally appropriate way to integrate Native healing technologies and therapist training, according to Volat, involves looking to universal, cross-cultural tools and principles—rather than training therapists in culturally specific practices like the use of tobacco to move stagnant energy or the singing of *icaros* (medicine songs).

"It's not about appropriating traditions or rituals or practices," Flores adds. "It's about honoring and respecting the medicine and where it came from, and applying certain best practices that have been traditionally used."

For example, there's the communal format in which many sacred plant medicines have traditionally been used. To reflect this, in its first clinical trial for alcohol-use disorder, Journey will be administering mescaline in a group therapy setting. It will be among the first trials where mescaline has been used in this format instead of a more traditional one-on-one therapist-patient format.

"We know that peyote works in a group setting already because of the traditional knowledge that comes before us," says King. "Now we're just going to be verifying this through a Western approach. We can use Indigenous knowledge in tandem with Western science. It's the yin and yang."

"The healing is about how you renegotiate reality based on the experiences you have."

Another Indigneous way of thinking that's increasingly being adopted as a best practice for psychedelic-assisted therapy is the principle of integration, which suggests that the therapeutic value of the experience is contingent on the assimilation of new insights into one's life, and the concrete changes made in its aftermath. (As Huxley put it in *The Doors of Perception*, "The man who comes back through the Door in the Wall will never be quite the same as the man who went out.")

Bourzat describes herself as a "crusader" for integration, which she views in the context of the more holistic Indigenous approach to healing. In the Mazatec tradition, the mushroom experience is viewed as a journey of transformation, with the actual ingesting of medicine being only the first step in a greater process of creating positive change in oneself, one's community, and the environment. In her book *Consciousness Medicine*, she details various methodologies for integrating psychedelic experiences, including daily spiritual and mindfulness practices, creative processes, and service work.

"The Mazatec say, 'What are you going to do with this? Who are you going to be as this transformed self?'" says Bourzat. "Who you become within that transformative space is the person that you are now. How are you going to live your life according to that new self? That is the message from the Mazatec: *Who are you going to be now?* It's an invitation to accept change."

Flores expresses concern that as psychedelics are adopted into a pharmaceutical model, we may see a shift toward symptom resolution rather than transformational experience, which could limit the therapeutic benefits. "It's not enough just to take a psychedelic," he says. "The healing is about how you renegotiate reality based on the experiences you have."

This sentiment is supported in the research: A 2006 Johns Hopkins study showed that patients found profound new meaning in their lives after a high-dose psilocybin experience. This newfound meaning was directly correlated with the strength of positive outcomes for mental health and emotional wellbeing. While little research has focused specifically on integration protocols, a 2017 study on ketamine found that patients who received follow-up support experienced more sustained depression relief than those who received no follow-up care.

Psychedelic integration has recently become a field of coaching unto itself and the focus of several new training programs for therapists and clinicians. Fluence, a psychedelic education group cofounded by former MAPS clinical trial investigator Elizabeth Neilson, now offers a postgraduate certificate in Psychedelic Integration Therapy (PIT) designed to provide therapists with the knowledge and tools necessary to support patients in the aftermath of consciousness-expanding experiences. It's knowledge that, to a large degree, lies beyond the scope of traditional psychotherapeutic education. As one of their guiding principles, PIT calls for respect for "wisdom traditions and other care modalities that may lie outside the therapist's experience or practice."

From psychedelic research to psychedelic access

Another colonial shadow within the more recent history of the psychedelic research movement has been the glaring exclusion of people of color from research, advocacy efforts, and policy conversations.

It was only a few years ago that people of color were included in any of the clinical trials investigating psychedelic treatments. In 2016, the first research initiative featuring a POC research cohort was conducted in Louisville, Kentucky to investigate the use of MDMA for PTSD, which by that time had shown overwhelmingly positive outcomes in dozens of trials on white participants. Sponsored by MAPS and led by clinical psychologist Monnica Williams (who studies anxiety, OCD, and the mental health impacts of racism), the study featured only patients of color and a majority of therapists of color, including Charles Flores.

"When we're not a part of the research and the development of the clinical trials, we don't benefit from the research," says King. "The white dominant culture over and over again borrows from our ceremonial practices, and we end up alienated from the practices and we don't get the medical benefits."

It's not a new story in mental health care. Communities of color experience disproportionately higher rates of mental illness, yet have substantially lower access to mental health and substance abuse services. And while people of color make up 39% of the American population, roughly 90% of therapists are white—and traditionally do not receive training in multicultural approaches or the mental health impacts of systemic racism. POC individuals may also be less likely to receive a medical diagnosis that would allow them to access psychedelic therapists when they are medically available.

But perhaps the greatest barrier to entry is the cultural trauma and enduring stigma created by the War on Drugs, which ravaged inner-city communities and led to the incarceration of POC for drug possession at an exponentially higher rate than whites. (It's worth noting that the DEA places cannabis, peyote, and LSD in the same drug-scheduling category as heroin and meth.)

For many people of color, the association of these drugs with violence and incarceration is deeply ingrained, and the enduring fear and shame are part of the complex cultural "set and setting," so to speak, within which people of color come to psychedelic work. This contributes to a sense of discomfort around psychedelics within these communities and a lessened tendency to seek out these therapies. There is also a sense of alienation for POC within psychedelic communities, where white people can often speak freely about consciousness-expanding hallucinogenic journeys without fear of consequences or judgement.

This inequality is also reflected in those who research psychedelics. There have been significant recent movements to diversify the historically white male-dominated space, and Journey has committed to the inclusion of therapists and patients of color in their future clinical trials with mescaline, according to King. Looking ahead to legalization, the company also plans to partner with clinics on a set of standards to ensure diversity and inclusion. (Some critics, including members of the Decriminalization Nature movement, have argued that medicalization itself creates a barrier to access, and that decriminalization is essential to a decolonized approach.)

In Oregon, where the legalization of psilocybin is on the ballot next month, the nonprofit Oregon Psilocybin Society is seeking to provide education and make psychedelic mushroom experiences accessible in safe environments with trained, experienced facilitators. According to Bourzat, who sits on the advisory board with mycologist Paul Stamets and Robin Carhart-Harris, founder of the Centre for Psychedelic Research at Imperial College London, the initiative will include funding to ensure accessibility for members of POC communities and lower-income individuals who may not be able to afford expensive treatments.

In the meantime, the need for resources for people of color is clear. Earlier this year, The Sabina Project, a psychedelic education and harm-reduction group named after the

Mazatec *curandera*, launched a series of monthly psychedelic integration circles by and for POC individuals. Many of the conversations are centered around topics that don't get as much play in other integration circles, like healing intergenerational trauma, psychedelic anti-racism, and the application of traditional practices for safe and effective psychedelic journeys. The group also runs a donation-based Mutual Ceremony Fund, which provides resources for people of color seeking out trained and experienced facilitators of color.

"Our approach is that returning to ancestral practice is a form of harm reduction," says Sabina Project cofounder and harm-reduction specialist Charlotte James. "Clinical trials have a few years of evidence, versus thousands of years of safe practice and communal use … That means establishing a community of trust with a clan-like family, and then working to ensure that you're supporting each other, creating a safe 'set and setting,' establishing intention, and encouraging integration in community."

Many Indigenous peoples have foreseen this cultural moment, and not just with respect to the commercialization of their medicines and traditions. Some also foretold the dawning of a new era of collaboration—bringing with it the opportunity to unite the best of ancestral knowledge and traditions with Western scientific and technological advances.

The Achuar peoples of the Ecuadorian Amazon have an old prophecy, that of the Eagle and the Condor. The prophecy states that humanity split into two paths many years ago: The path of the Condor (the way of the heart and intuition, represented by Native peoples of the world) and the path of the Eagle (representing the rational-scientific, progress-driven way of modern Western society).

As the prophecy goes, the 1490s (when the Spanish arrived in the Americas) signalled the beginning of a 500-year period during which the Eagle peoples would overtake the Condor peoples and drive them into extinction. During the next 500-year period, starting in 1990, the potential would arise for the two peoples to come together; for the Eagle and Condor to "fly in the same sky" once again.

"If we're polite and we go slow and listen, there will be a natural exchange between cultures," says Volat. "But it doesn't happen at the speed of an economic feeding frenzy."

This story was updated on January 11, 2021, to clarify that Journey Colab's mescaline will be purely synthetic.

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By **Carolyn Gregoire** on Oct 29, 2020

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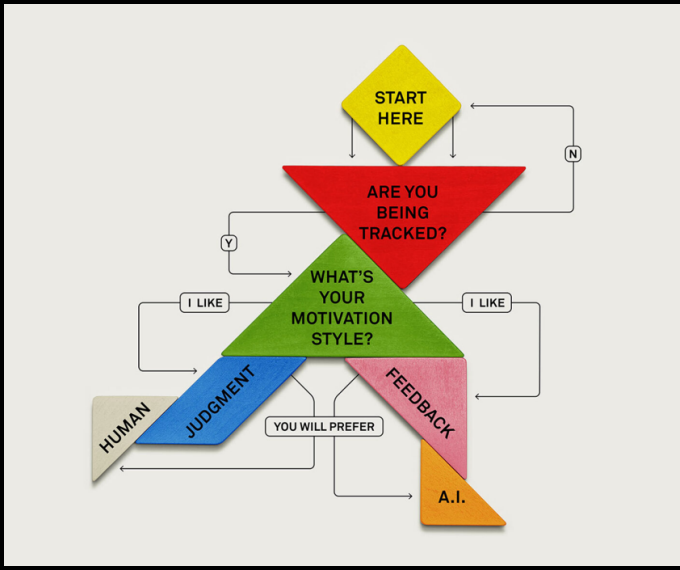
BUSINESS



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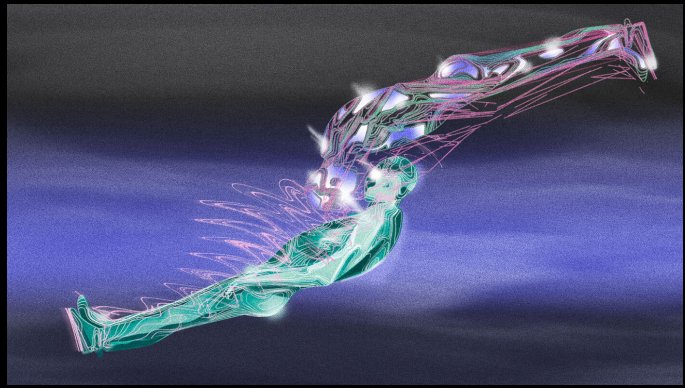

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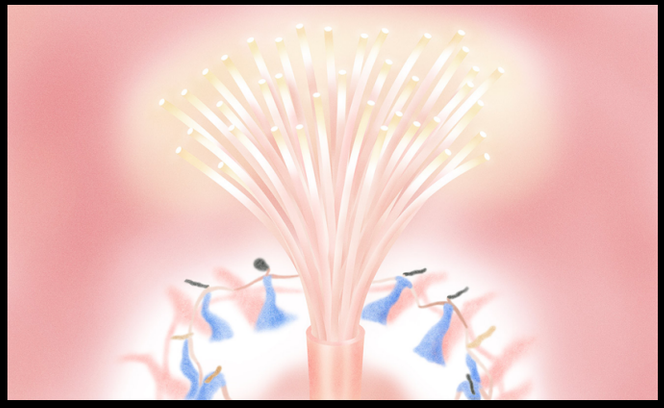

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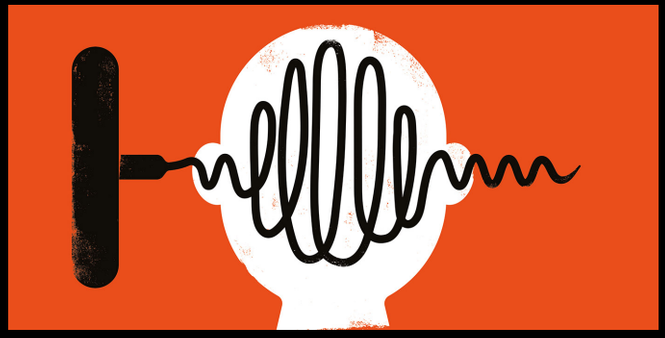

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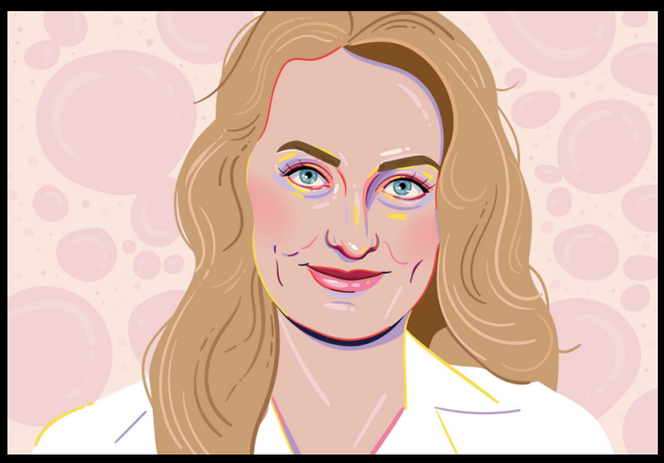
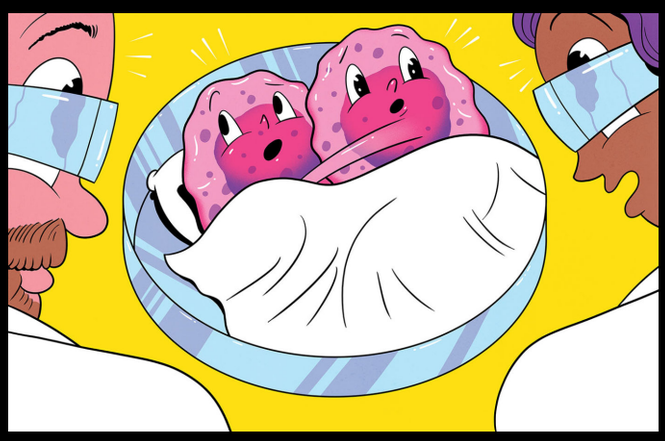


She Has Stem Cells in Her Crosshairs

Bone marrow transplants are harrowing. Agnieszka Czechowicz is working to make them safer.

Living Pharmacies Could Remedy Disrupted Sleep

DARPA is developing an implantable device with bioengineered cells for treating everything from traveler's diarrhea to jet lag.



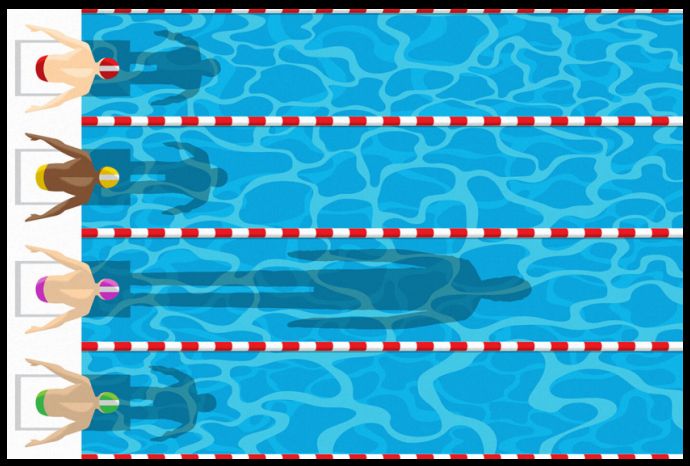
How Did HIV/AIDS Prepare Us for COVID-19?

Forty years after a 1981 report hinted at the coming HIV/AIDS pandemic, we look at how the response to global public health threats has changed.

The Sex, Lies, and Videotape of Cancer Cells

Cells we were taught to ignore have been caught on tape doing the unthinkable.

ETHICS

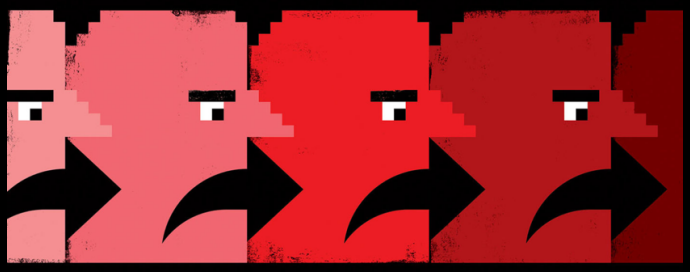


21st Century Olympic Doping

Gene editing for performance enhancement may not be the Tokyo cheat, but we asked the experts how far off it might be.

Portrait of a Professional Baby Maker

With 27 biological children and three surrogate pregnancies under her belt, it's all business as usual for Tyra Reeder.



Misinformation is a Public Health Crisis—So Let's Treat it That Way

The fast transmission of bad information is dangerous. A new approach employs "infodemiologists" to fight outbreaks.

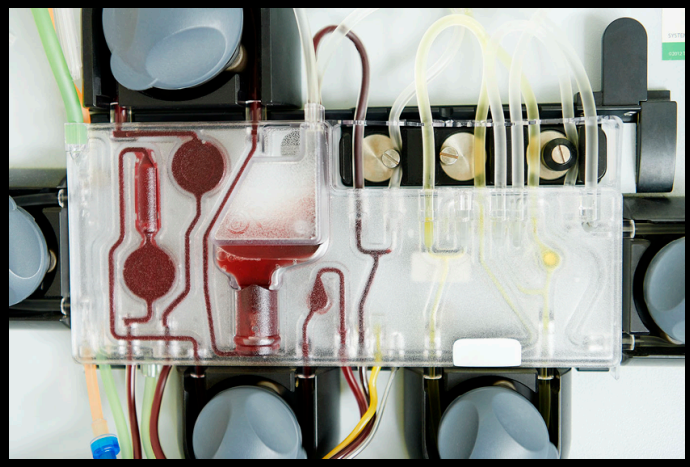
Cloning Wildlife and Editing their Genes to Protect Them and Us

Tweaking the genes of wild animals could save endangered species and protect humans from disease. What could possibly go wrong?

MEDICINE

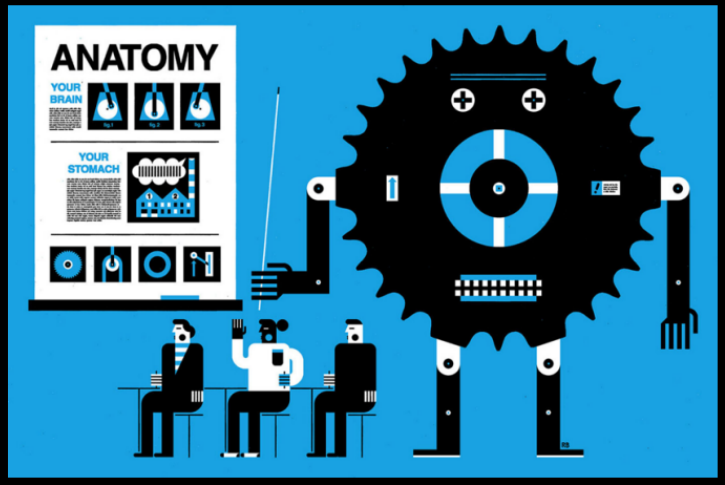
Will My Dog Get Precision Medicine Before Me?

The canine health and wellness market is full of innovation, with new products for early cancer detection, genetic testing, and behavior tracking.



Perspective: Therapeutic Plasma Exchange & the Future of Aging

A first-person account of a simple clinical blood treatment that may extend healthy life.



Rethinking the Biology-as-Machine Metaphor

As the line between nature and technology blurs, we need new ways to describe how the body works.

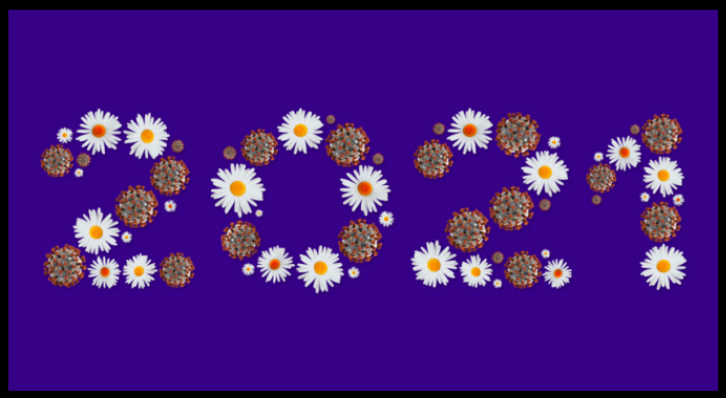
The Future of Chronic Pain

For the millions of people suffering with daily physical pain, nerve stimulation and gene editing offer new hope beyond addictive opioids.

MENTAL HEALTH

Immersive Environments to the Rescue

Mirelle Phillips designs spaces to ease the mind, accelerate healing, and generate awe.



Predictions for 2021: Welcome to the New Uncertainty

This could be a “hinge year” in history: the opportunity to grasp a new and improved future for ourselves, our children, and our planet—or not.

All the Lonely People—What Do They All Think Of?

Paradoxically, people who are lonely may have more active social brains.

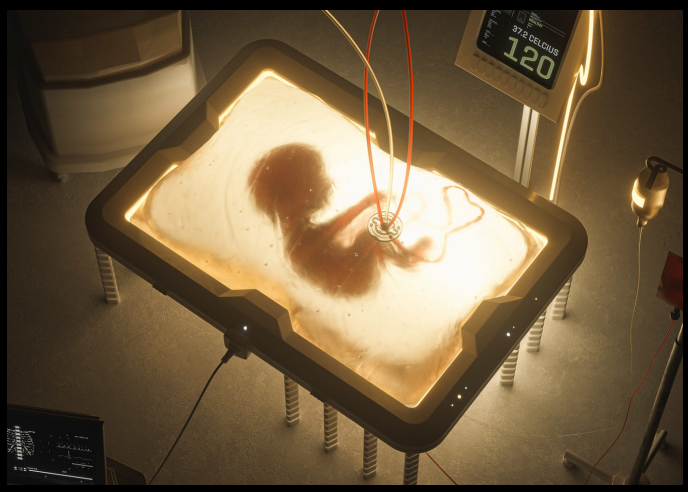
Biophilic Homes Prove Nature is the Best Medicine

Living design elements create a serene, multisensory, healing experience.

SOCIETY

Healed... by Fungi?

Mushrooms are waiting for their moment in medicine.



A Womb with a View

Bio bags, robotic preemies, artificial wombs, and the coming revolution in postnatal care to save babies born too soon.

Where Have All Your Sperm Gone?

Despite the growing, unsolved mystery of why sperm counts around the world are declining, society still treats fertility as a female issue.

The Neuropolitics of Extremism

New research may shed light on political polarization—and how we could protect against the incitement of violence.

WELLNESS

The Antidote to Snapchat Dysmorphia? Getting Weird.

AR-enhanced face filters are here to stay, and Ines Alpha is working to free them from tired beauty standards.

An Experienced Health Tracker Gets the COVID-19 Vaccine

In the countdown to my second Pfizer dose, I covered my quantified self in a blanket of warm data. Here's what happened when I pulled apart the threads.

Lost Your Sense of Smell Due to COVID-19? Here's What to Do

Smell training is helping those with coronavirus-related anosmia restore this vital sense.

30 Great Gifts for Biologically Inspired People

Featuring cactus shoes, custom probiotics, never-ending glow sticks, and more.

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