



Episode Transcript

Natalie Ginsberg – Psychedelic Policy and Advocacy

December 28th, 2016

Kyle: I guess just let's jump into your background a little bit, and how'd you get involved at MAPS and the policy and advocacy?

Natalie: Sure, so I'm kind of a windy road a bit. I was getting my masters in social work, and in that time, my first year I was working as a guidance counselor at a middle school in the South Bronx with one of the highest poverty rates in the country. Then I was working, also, as a therapist with people arrested for sex work. My work with these highly-traumatized populations kind of got me pretty frustrated with our current approach to mental health, and I just felt like all the tools we were given were really about addressing the symptoms, and not really about addressing the root of what was happening. That was kind of bubbling and frustrating to me. In that work I also started looking at the policies and systems, like racism, that were in play that were really screwing over my clients.

Then I started working the next year as a policy fellow at the Drug Policy Alliance to work on drug policy reform, because I saw that that was really a huge driving force in mass incarceration and a lot of these really horrible policies that I was observing. When I was working at Drug Policy Alliance with my background in therapy work with trauma survivors, I started reading about MAPS' research, and a light went off. Actually, at that point, I hadn't even really had personal experiences with psychedelics. I enjoyed smoking cannabis and could understand how that was kind of a healing and inspiring medicine, but I just from literally reading the research got super-interested in how psychedelic therapy could be a much more effective modality, and how by addressing the root cause instead of addressing the symptoms, it was actually a really radical, different approach to mental health in general. It really kind of confronted the pharmaceutical industry's whole approach of how can we get people to take pills every day for this profit-driven mode, when I saw psychedelic healing could work in as little as one session.

Then I just started learning more about MAPS and reaching out to MAPS, and I got lucky through DPA to be able to meet with some MAPS researchers who hooked me up with this adherence rating program, so I was super-lucky to get to watch videos from the MDMA therapy sessions, and get a really powerful sense of what was happening in these sessions. Then when I was reaching out to MAPS when I was graduating from grad school, luckily Rick Doblin, the director and founder, needed some support with his policy work. At Drug Policy Alliance, I had worked to pass medical marijuana in New



York, my home state. I had experience doing that, and got super-lucky and been helping MAPS' policy and advocacy team since two-and-a-half years ago.

Joe: That's really great. Yeah, I see a similarity with me a little bit. It took me about seven, eight years of reading the research before jumping into psychedelic materials at all, and then breathwork forever, but then finally jumping in after a bit. That's really interesting. It's cool you're doing a lot in your home state, too. A lot of people leave and will just stay in California or something.

Natalie: Well, honestly I did leave and went to California. I had been doing work in New York at DPA, but then when I started working at MAPS, I left for California. I'm one of those, but I will say that with MAPS' work, the vast majority of my policy work is focused on federal and international policy, so I'm super-grateful to be living in California, but I'm actually not really working so much on California-focused policy.

Joe: Could you talk a little bit about what the international stuff looks like? International policy?

Natalie: Sure. This past year, the UN met for the first time in 20 years to revisit international drug treaties, the UN General Assembly. A special session was called on the world drug problem. This was a really incredible past year of convening international drug policy reform community. There were a series of different meetings. Vienna hosts something called the Commission on Narcotic Drugs every year, so first there is a big gathering in Vienna where reformers from around the world, and non-reformers ... so people working both from civil society on drug policy kind of came to meet with delegates from around the world and educate them, and tried to move drug policy from a criminalization approach to a more public health and harm reduction kind of approach.

And then after Vienna, the General Assembly in New York in April hosted the bigger, more unique, once-in-20-year meeting. That was pretty also inspiring, and though it was a bit frustrating in terms of progress... We would've liked the outcome document to reflect much more progressive drug policy stances, but they're very influenced by countries like Russia and China, who are really not open to the harm reduction approaches at all. But being there, you met so many ... For example, the so-called drug czar, but he doesn't like that name. The national drug coordinator of Czech Republic, for example, is really supportive of psychedelic advocacy and was able to host a lot of more innovative, progressive events. The Columbian health minister gave a really powerful speech on the floor of the UN, basically saying the drug war... using that Einstein quote. The definition of insanity is doing the same thing and expecting different results. It was really epic for the minister from Columbia to be saying that to the whole UN.

Overall, for me what was so, so valuable was really this coming together of the international reform community. Now I work super-closely with advocates from literally Afghanistan, Mexico, Nigeria. Being much more in the same loop of what's going on and learning about how we're doing work in different countries is super-important, because the UN is a really slow body that is quite reactionary, and it's really driven forward by

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individual countries' progress. So the more we can support individual countries moving forward, the better chance we have for them to kind of influence the UN later. That's been a really cool and personal ... I used to do Model UN in high school, and I definitely never imagined I'd get to be going to the UN to talk about cannabis and psychedelics, but that's pretty amazing.

Speaker 3: Yeah, that's got to be some experience to stand in front of those people and talk about this stuff.

Natalie: It really was.

Joe: Are there any star countries that you noticed that are really doing stuff that might not be on the radar yet? We know Portugal and Switzerland, and I think Uganda? Not Uganda, sorry. Bolivia legalized marijuana fully recently, or something?

Natalie: Uruguay.

Joe: Uruguay.

Natalie: Uruguay.

Joe: I knew it was a U.

Natalie: Bolivia actually legalized coca leaves and has done some really important work around protecting cultural indigenous plant medicines, like promoting the traditional use of these substances. I'd say it depends on what areas. As I mentioned, Czech Republic is really I'd say the leader on all things psychedelic that are not traditional, indigenous use. I would also say that though Portugal gets a lot of attention for decriminalizing drugs, they actually weren't the first place to do that. Czech Republic has been decriminalizing them longer than Portugal, as has Spain. Yeah, Spain was also before Portugal. Portugal got all this attention because they did it in response to a big opiate crisis, so there's some incredible results to show how dramatically things have shifted, but other countries have kind of taken that stance for a while, so there isn't as much of a shift, but they do have really promising results from not having a crazy drug war.

Spain is also really cool because of cannabis social clubs. I was lucky to spend a few weeks in Barcelona this fall, and they have these incredible spaces that basically was like a mix between coffee shop, co-worker space, maybe a little bar worked in there, just like a community space where you can go buy... not buy. You join the club, and then once you're a part of the club, you can use cannabis. They'll come bring you a bong or rolling papers to your table, and just a really cool... It got me thinking about a lot of things, especially because this, to me, is like a model that they're trying to remove profit from the cannabis model, and in the US, we do see how big business is driving cannabis reform forward pretty quickly. It was really powerful to me to see other modes. I was really excited by this kind of community space.



I was dreaming about the day in California where we can have a social club, and maybe we need a better name, but like a hang-out space with cannabis, where maybe you have a shared garden with the community where you're growing cannabis and vegetables. Maybe psychedelic mushrooms one day, too. It's just kind of a different mode than this consumer buy-sell. I guess I'm concerned when we see the impact that profit has on the pharmaceutical industry, I do have concerns about what it would do to things like the cannabis industry. Sorry. I'm kind of going all over the place with other countries.

Also, keep an eye on Columbia. They're kind of still in the process of reforming their drug policies, and though they haven't made as dramatic of strides as the other countries, a lot of the ministers and people doing work are a lot more conscious, and they see all of the horrible impacts of the drug war on their country. So, I think they will continue to do this work and lead some reform in South America. Then also of course Canada is leading the way in so many ways on the drug policy front. I'm half-Canadian, super-proud. Even at the UN, actually, the representative from Canada's speech made all of the Canadian drug policy reformers I was working with literally start crying. They're like, "We've been working for this for so long, just to see them speak in that way," from legalizing cannabis to really strongly supporting harm-reduction measures in response to opiate crises, or just really a range of things. I think Canada is going to be the leader on drug policy reform, and probably on a lot of other policies as well.

Joe: So let's talk about iboga, because we're talking about the opiate crisis, the international scene. We talked earlier that you're getting involved in the iboga movement to a degree with MAPS, I guess being the sole policy person working that stuff. So, what's going on in the iboga world?

Natalie: Well, I guess I'll kind of be more specific about MAPS' role in that, which is that I began an iboga... the research that we have available, for the most part, is observational and not so-called clinical, like the type of rigorous research that a lot of the medical community relies on, which is problematic in its own way. What types of research are valid and not? But regardless, we do feel like we want to work with the community so that they're open to learning about these substances.

MAPS as a research organization is interested in trying to develop the type of research that medical community and politicians would be more open to understanding. ICEERS is this group based in Barcelona. Are you guys familiar with ICEERS?

Joe: Sounds really familiar. I think I've heard of them.

Natalie: They do really incredible work. They're more focused on ayahuasca and ibogaine, but also cannabis and greater drug policy reform. They have started something called the Ayahuasca Legal Defense Fund, so when people are in trouble with the law over ayahuasca around the world, they will put together cases that build a network so they can help support one another. If there's another case that comes up, they can more easily reference past cases in other countries and try to put together jurisprudence. But anyways, they're doing an ibogaine study in Barcelona, but because Barcelona ... they've



had decriminalized drug use and harm-reduction practices, they don't have an opiate crisis anymore, but they do have a lot of people using methadone for long periods at a time.

Their study is using ibogaine to get off of methadone, but what's really exciting about their protocol, and what we're definitely looking to work and adopt their protocol for the US, is that ibogaine is usually used in these big, heroic doses, and that can be a really difficult thing to integrate and also can be a bit dangerous. With the right precautions, we can definitely dramatically increase the safety profile, but things still happen, and with their protocol, they're using titrated, smaller doses and building up so that it's an incredibly high safety profile, and it isn't just this big, crazy dose. Even a really small dose of ibogaine can block withdrawal symptoms, which I think is something super-powerful in the US to even start speaking about, because we have so few tools to help just those withdrawal symptoms. I think that's a lot more manageable to start dealing with these imperceptible doses that are blocking your withdrawal symptoms. Then they titrate and make those doses a bit bigger, and then that starts allowing people to process and integrate some of the deeper reasons for their use.

We're hoping to work with something like that in the US, and we're seeing ... the opiate crisis is insane. I think it's around 80 people a day now dying from opiate overdose? Which is more than car accidents, more than ... it's just really soaring to the top of our danger list, unfortunately. It was also really interesting in this election to see that the counties that voted for Trump most overwhelmingly were the same communities that are suffering the most from opiate overdose deaths. I think that's really a telling, interesting thing as a mental health worker, addiction and drug uses are a response to a trauma, and to me, to see that correlation the way Trump speaks a lot to people's fears. I think that's a really powerful thing, if he's speaking to that same trauma that unfortunately is also causing people to really self-harm in other ways besides their votes. I'm hopeful that we might be able to develop some ibogaine research to help target some of these populations that are really suffering a lot.

There's this concept I've been reading about recently called "despair deaths," and it's basically that white men are dying at much earlier ages than they have a in a long time, and they're dying from overdose, suicide, alcoholism, these so-called despair deaths. We think that's something that's really worth focusing on, especially in this political climate. I'm speaking about fear, and to me, through my lens, so many problems in this world are driven by people acting from a reactionary place of fear and pain instead of from a place of compassion or love, or these things that might sound really cheesy, but really allow you to be more thoughtful and reflective, and think with a much more broad perspective than just these limited fear-based reactions. That's why I think psychedelic healing in general is so important, and why I'm very excited to see how we can move conversations around ibogaine research and access forward amidst this really scare opiate crisis.

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- Kyle: Yeah, that's really interesting. I'm thinking about my hometown. I think a lot of people voted for Trump, and I've already had at least three people that I know in my life that overdosed and died from opiates, and plenty more through association.
- Natalie: Sorry to hear that.
- Speaker 3: Oh, yeah. It's all right. I guess it's life. But yeah, it is really interesting that this really conservative area, there's a lot of heroin and opiate, opioid crisis. Yeah, hopefully we can push through it and get some of these new medicines available. What do you think the chances are for that, like in the policy world?
- Natalie: I'm pretty optimistic, at least-
- Speaker 3: Are you?
- Natalie: -our MAPS research, for example. We recently had a meeting with FDA which gave us the green light to continue through to phase three, which is our final phase of research. We're still estimating we'll have MDMA approval by 2021, and maybe even sooner. We, after that meeting, had another meeting with the FDA where they basically said we want to help you move through the system as fast as possible, because we see what an urgent population you're working with. That was the most encouraging, cool thing, that the FDA recognizes how important our work is and wants to help us move forward. I guess I mentioned this in our talk before, but we have many people from all political backgrounds that are really benefiting from MDMA therapy for PTSD. We work with many veterans, so I'm hopeful. Trump talks a lot about wanting to support veterans and we do have a lot of support from that community.
- I'm hopeful that we won't have some political stuff coming in and interfering with the research, because we're getting more and more support from across the spectrum. Because we're working through the FDA, the FDA was intentionally created to be insulated from political pressure, so we hope that will stand. They didn't want lobbyists influencing the FDA approval process, so we're cautiously optimistic. Looking at broader drug policy reform, it's harder to be as optimistic. Looking at who Trump's appointing, and even in the person he's appointed to head HHS, which is in charge of the FDA, is quite worrisome. But we're hopeful that the structures that are in place in protecting this medicine, and that will at least allow this stuff to move forward, and cannabis as well. We're starting our cannabis for PTSD study in January.
- Cannabis was more popular than anything else this election. Even in states that elected Trump, cannabis got more votes. That, in combination with the big business that I was mentioning before that is driving forward cannabis that I am a bit concerned about, but I do think that would be more likely to gain understanding from this new administration that is probably interested in business. I will just say that with all of those optimistic thoughts, I definitely am gravely concerned about a lot of other elements, and even the fact that I started doing drug policy work because of my interest in racial justice and social justice, and I am quite concerned if this movement is moving forward, how it's



going to be moving forward. That's something I think we do have to be really conscious of, but I know for sure we're going to need a lot of cannabis these next four years.

Speaker 3: Yeah, and I wonder ... I've seen these little scares around CBD oil being rescheduled, but I've been doing some reading on it. It seems like it's just for extractions from cannabis plants versus extractions from hemp. Maybe you know a little bit more, Joe, since-

Joe: That's exactly ... My buddy Mike works for Bluebird Botanicals, and I know the owner, too, but they exclusively do hemp. He said, "We're fine, because we're not using marijuana," but it totally makes sense that marijuana-derived CBDs would be classified under the same laws, especially if you're selling THC.

Natalie: They already were, from my understanding.

Joe: Yeah, exactly.

Natalie: Nothing really changed. It was more that they were looking the other way, and they've made more clear like, "No, this is actually the law."

Joe: So, you need the hemp-derived stuff.

Natalie: I don't think they ...

Joe: So it makes sense, but there's this whole entourage effect where you need a certain level of THC in combination with the CBDs and whatever else to have a more beneficial effect for some therapies, so I get it.

Natalie: The entourage effect is pretty important. Sanjay Gupta gave this great metaphor to describe that which is like, "You can take a vitamin, but it's never going to be as healthy, as good for you, as eating a whole fruit." It's the same kind of thing. You can take pieces out, compounds out from cannabis that can definitely have healing properties, but it's never going to be as healthy and healing as when you have the whole entourage working together in its natural form.

Joe: Absolutely. You had something in the recent *Psymposia*, can drug policy be trumped, article about this healing model. You said something about psychedelics give you the opportunity to resolve fear by re-experiencing, reprocessing it. Could you just give us a quick gloss on that?

Natalie: Sure. I think I said it allows you to kind of revisit and reprocess. I think what that means is a lot of the deep traumas are really a difficult thing to ... even thinking about trauma, besides being mentally difficult, can make you have physical reactions like heart rate. Something that's really difficult for people to not only think about, but then to think about from a not-fear-based space, so it's not a limited, constricted space. MDMA particularly is a really incredible medicine for PTSD because it reduces your fear at the part of your brain, the amygdala, that is your fear response. You're able to not have



those intense, fearful responses when these traumas emerge. In that space, you are more able to have a broader perspective on your trauma, and to maybe see things a bit differently and have a lot more compassion for yourself and for others involved in the situation. That kind of allows a lot of guilt, and shame, and fear to be released in that process.

Also, once you start examining your fears, they're far less scary than when they're unexamined. That doesn't mean that they're not still scary. Certainly, people go through extremely real, terrifying traumas, but it's never as scary when you're deconstructing it as when it's pushed down as this really scary thing. MDMA allows that reprocessing. That's kind of what I mean by reprocessing, like understanding it a bit differently, also associating with a different physical symptom. Maybe your heart rate doesn't go up as much when you're thinking about something, so it's literally different ways of storing that memory in your body and in your mind, and that really has incredible results later where things don't pop up as nightmares or flashbacks, or physical responses. Does that answer it?

Joe: Absolutely. Yeah. Sorry if that was a little tangential, but I think it's relevant ...

Natalie: It's important.

Joe: ... in all of this discussion. We're trying to target the professional audience, and the students interested in the field generally speaking. I don't know that people think with that kind of model all the time when they're approaching issues, trauma or otherwise. I think it's always good to revisit.

What else is going on in your world? Are you projected a couple years out to be working on some other interesting projects, or what do you see happening?

Natalie: Nothing interesting going. No. There are so many things, and it's December. I'm really trying to take stock and really make some decisions, because there's so many promising things and different directions to go, which I'm thrilled about. I can speak about something that's really near to my heart, and really something that I think is super-important, which is that I'm working to develop MDMA for PTSD study cohort. One would be focused on racial trauma, or PTSD from racism. Another focused on PTSD in trans communities, so I think I'm really interested in talking about how social injustice can manifest in individual PTSD. I think that's going to continue, I hope, to be a really important conversation.

I guess along those lines, other work I've been really thinking about is the so-called psychedelic community of conferences and media and these spaces, looking around and seeing how incredibly white the community is, is something that I've been pretty conscious of. I think it's really important that we as a community are starting to engage with why that is, and how we change that. I think anti-racist work within the psychedelic community is really important. A lot of us I know are these peace-loving, hippie types who have really beautiful ideals, but don't necessarily know the details or the reality of



certain situations. I've heard from so many amazing, well-intentioned people in this community, "I don't see race. All people are the same." I think the concept is beautiful and well-intentioned, but that's also really ignoring the experience of people of color in this country.

Unfortunately, police officers do see race, so it's nice that this ... Just kind of breaking that conversation open I think is super-important, if we're a community that really talks about healing and working in solidarity with other social justice movements, I think that is really essential. I have seen more and more progress on that front, but I just want to definitely flag that because I think we have a lot of room to improve in that space.

Joe: What does that look like to you? How could we heal a bit? I know the research itself is very white, really kind of bland, but in terms of diversity, how do we heal that? What do you see?

Natalie: Yes, the research is quite white, unfortunately. This study focusing on racial trauma, we're working with Dr. Monica Williams in process, but she's a leading researcher on PTSD from racism. I think working with experts and therapists of color to do outreach to their own communities so it's not... We have to work with communities and not just go in and be like, "Why don't you come into our space?" but rather meeting people where they are and really listening, and hearing what different communities need from us and how we can best work with them. I think really the best way, when you ask how can we heal, it's really we as white, psychedelic enthusiasts need to do our own work, and need to do our own reading, need to start asking questions. And not questions just of people of color, and asking them to do this emotional labor for us, but maybe other white people who are doing this work who might be able to help support this process.

It's a really long, difficult process that requires a lot of self-reflection, which is why I think there's so much potential in our psychedelic community when we're a community so focused on being conscious and self-reflection, and all of these things that are essential to understanding racial consciousness, and the impact of racism on white people. There's a lot of hugely harmful bases of racism in white people, the way that sexism deeply harms men in patriarchy. I think it's really important that we are doing some of our own work, and that is a difficult process but a healing one, because the more conscious we are of things, I believe that is really a way to move towards healing.

Joe: Have you ever communicated with Kilindi Iyi or Dimitri Mugianis on the subject of diversity?

Natalie: Yes. I've spoken to Kilindi a bit. I think his work, from my understanding, is more focused on the mushroom work that he does-

Joe: Very divergent from the research in therapy.

Natalie: Yeah. It's really interesting. Maybe I will reach out to him again, but I think this was less of his specific area of interest. Definitely more and more people are coming out. I also



wrote a piece for a *Psymposia* about this and it's been really cool to see how people are responding, and moving this conversation forward. I definitely think that that's an encouraging thing. It's also been cool that people from outside of the psychedelic community have been reaching out and saying this is resonating, and how can we bring psychedelic healing to communities of color, and marginalized communities in general? Just recognizing that if we're going to be talking about healing trauma, that marginalized communities are the most traumatized.

Returning war veterans are incredibly traumatized and don't have adequate support, but yet compared to someone living in a poor, black neighborhood in Atlanta ... There was a study that returning war veterans had way lower rates of PTSD than people living in this community. These people are also underdiagnosed, and don't have the resources that even... It's just interesting context because certainly, we dramatically need to improve our support for veterans as well, but even just stepping back and seeing that there's so many people suffering from PTSD who have no access, or no even language to understand what they're going through.

Joe: That's huge. We have about five minutes left. I'm really psyched on what we've talked about so far, and I really agree about the diversity thing. We had a long talk with Dimitri Mugianis about his criticisms-

Natalie: He's doing some awesome work around that.

Joe: He's done some great work, but he's some really interesting criticisms, too. We've also talked to... I forget who else we talked to who ...

Speaker 3: We talked to Katherine about it.

Joe: Katherine MacLean, yeah.

Speaker 3: Especially within the research realm. It's definitely been a conversation that's been coming up a whole lot, and I think in the past year, maybe year-and-a-half, it's really excelled. It's something that doing a lot of research in this early on, I didn't hear too much about it, and now it's just like yeah, everybody has a say in it. They're really interested in talking about it. I think it's really important.

Joe: I'm really happy with how phase three is really geographically distributed. Is there a Louisiana site?

Natalie: New Orleans. I don't think we've 100% confirmed all of our sites, but definitely I think New Orleans is going to happen. We've been speaking a lot about that. Yeah, we have sites around the world as well, and not just in the US. That's actually something I guess I'll mention. I forgot to. We're developing a study in Columbia, for example, for MDMA for PTSD which will be particularly interesting with the end of the civil war and everything. We're really hoping to kind of engage with some of those political types of trauma as well.

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Joe: That's a really hurt country, so that's going to be really meaningful, especially if they adopt it after seeing how great the results are.

Natalie: Yeah.

Joe: That's really cool.

Natalie: Yeah, at the UN, the Columbian health minister, when Ismail and I, my colleague from the policy team, spoke to him for a moment about MDMA therapy, and he was like, "Yeah, that sounds really promising." I'm optimistic about that.

Kyle: Do you have any last-minute advice for students or somebody to get into policy work? Because now maybe with this fear of the new administration taking over, and we don't really know what the climate is going to look like, but yeah, any last-minute advice?

Natalie: Yeah. I think that in this political climate, it's more important than ever to do work also outside of the so-called direct political system, and advocacy even means talking to your family or friends, kind of creating this space culturally to be supporting this work politically is the most important thing we can do. I guess this ties back into the conversation about the whiteness and privilege of the psychedelic space, because I totally understand that there are such a span of people who are able to speak openly about this, depending. You can be at risk for losing your job, your children, and certainly people of color are far higher risk for being arrested for drugs or things like that. I think that's a really powerful part of recognizing, being conscious of your privilege in this community, that if you feel safe enough to speak in certain communities and speak out, that it's super-important to do that and use that privilege to move the conversation forward.

My work in this policy and advocacy realm, I'm definitely thinking a lot more about the community-building and advocacy side in these times because the most important of any for me, any movement needs to start from the community and the people anyway to really make the kind of change I'm looking for on a policy level. I think there's so many ways for people to get involved. MAPS alone has a million volunteer opportunities, or we'll help you host a global psychedelic dinner if you want help inviting people in your community, and having things to talk about. I encourage people also to just think of whatever they're most passionate about and do that, and see how psychedelics can intersect with that, and how they can speak in their space.

Someone reached out to me, he was a graphic designer, and he's like, "I just want to do something for MAPS," and I was like, "We would love the help from a graphic designer. Let's use those skills to work with us." It doesn't all have to be about the research or a direct thing. That is really what we need, the variety of people working in all different disciplines to be integrating psychedelics into their work and into their world.

Kyle: Thank you. That's awesome.

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Joe: Cool, so how can... Yeah, I really appreciate it. Do you have a website or any place can reach out to you or check up on your work?

Natalie: Well, I mean the MAPS website is maps.org, and you can find stuff about me there and reach me through there, or on Twitter you guys first contacted me, definitely works. @natalie_lyla. I recently changed my handle from @respectthegins because I thought it was time. People who are now confused, this is the new update. Yeah, those are great ways. Also, on Facebook, I post a lot of articles, so you can follow me on Facebook. I post probably more than on Twitter. Yeah.

If you have any questions, feel free to email us – psychedelicstodayemail@gmail.com