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**SPEAKERS:**

[AL]: Arielle Lomness  
[ZW]: Zach Walsh

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[Music Intro]

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[AL] This is Arielle Lomness and you're listening to Frequencies, a podcast from the Library at UBC Okanagan.

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[AL] Today we will be speaking with Zach Walsh, Assistant Professor in the UBC Department of Psychology and Co-Director for the Centre for the Advancement of Psychological Science and Law.

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[AL] Hi, welcome Zach.

[ZW] Great to be here.

[AL] First can you tell us a little bit about your position and research here at UBC?

[ZW] I am an associate professor in the Department of Psychology at the Barber School of Arts and Sciences and my research focuses on substance use with a specific interest in the use of cannabis and hallucinogens.

[AL] Uh, so starting off in the classroom, what are some of the misconceptions surrounding the medicinal, recreational, and problematic use of psychotropic drugs that you see students routinely bringing to the class?

[ZW] Well you know when it comes to certain drugs, we've had um, 50 or more years of active uh campaigns of disinformation, misinformation. So uh people come into with a lot of different biases and it uh really depends ah where they are coming from. So, one of the problem when we have with these, I guess the war on drugs, and the way the information has been put out there tends to make people pretty partisan. So there are some people who think there is no concerns whatsoever with drugs uh they think that medical cannabis is a cure for everything and so that's one side of misconceptions, the other is misconception is people thinking that all illegal drugs are equally harmful and that legal drugs are the only good

ones and really what we know is that things like alcohol and tobacco are the most harmful drugs, other drugs that are highly illegal like psilocybin and LSD, cannabis perhaps, actually are substantially less harmful in a lot of ways than some of the legal ones. So it's really one of the challenges that I enjoy is kinda disentangling the web of misconceptions that people carry about drug use and ah delving a little bit into the history of how we got some of these mistaken ideas uh where the drugs come from, how we know what we know, and then going right down into what they do in the brain so it allows me to integrate some history, some sociology, some ethnobotany uh with a more typical perception, neuropharmacology, behavioural-psychopharmacology that you might expect from a psychology class.

[AL] So on the theme of science literacy, what are some of the strategies that you employ to encourage literacy amongst your students in relation to these drugs?

[ZW] One of the big issues when it comes to research looking at say the harms of something like cannabis is that there are so many confounds in the existing research and when something is illegal there's um so many other factors at play that may not be directly related to the actual physiological effects of the drug so if you have to break the law to get something if something is only illegal in a black market or an illegal market, that can introduce all kinds of problem that aren't necessarily related to the drug. So differentiating the social aspects from the pharmacological aspects of drugs I think is a nice way to develop some of those critical thinking skills about disentangling maybe some other social problems that have what we might call a hard science aspect but also a social aspect, and sometimes we ignore the social aspect when we are trying to look at what's true and what's false, and recognizing that um the information that's out there it's often out there because uh of various power dynamics in society that allows some information to be privileged and cause other information to be uh suspect.

[AL] And you mentioned a little bit about bringing in different science perspectives, or ethno-botany as you mentioned, so do you find yourself diversifying in the perspectives that you teach in your courses?

[4:28]

[ZW] Absolutely, I think it's so important, first of all that students recognize, particularly when it comes to you know some of the drugs that are popularly used today to understand that they have rich and diverse histories, often from cultures outside of uh of North America. So when we look at things like say uh the hallucinogenic

drugs it's one thing to think of them as starting in the 60's with Timothy Leary, and that's certainly very interesting in the role of the culture wars and it's something that we talk about, but we also have to go back hundreds and maybe even thousands of years to some of the uh practices in South America where a lot of what we call psychedelic drugs today are central to their spiritual and uh medical practices, and understanding how those were used and what those contextual aspects of having this be something that's part of your society that is being used with maybe some older members of your family, with elders who are respected in the community it is part of a rite of passage, very different than scoring some drugs on the street and maybe not so much, we have rights of passages here too, we just don't see them as such so. Drawing those connections, showing where there are differences, showing how what we think is new may not be so new and trying to understand you know some of the knowledge that has been left behind and suppressed and as we sort of come to terms with how do we integrate some of the knowledge from those traditions particularly in South America of using those ah psychedelic drugs, how do we integrate those with what we know about them now?

[AL] Are there are any specific skills that you endeavor to have your students learn in relation to evaluating some of the bias that we see in science and amongst drug culture?

[ZW] Well you know, when we try to regulate social behaviours, we tend to focus on the things that people are going to do anyways so, you know uh, and I'm not a sociologist, so my understanding of this is probably not as sophisticated as it might be, but it seems that when we try and control people, we want to control their access to the things that are important to them. We try to put regulations around what's acceptable sexual practices, what are acceptable drug taking practices, and recognizing that those are culturally defined, and that they are not based on necessarily the actual physiological effects of the drug, but based on where the drug comes from. Is it a drug that has been imported from Europe and part of um Judeo-Christian culture for a long time, is it a drug that was used by people who are uh outside of that culture? And how does that affect the way we look at it? Why is cannabis illegal when it has such a relatively benign risk profile. Why is alcohol legal when it is among the most dangerous of drugs? How can we start to understand that, how do we turn that common knowledge about some drugs being okay and some drugs being bad, how do we turn that on its head, and I think that leads to broader profile of critical thinking, that really is at the core of what we want a university to do. I mean even amongst people who are um cannabis users, perhaps, perhaps even medical cannabis users they may be

reluctant to use cannabis in front of their kids, but they don't think twice about opening up a beer or having a couple cocktails. Why is that? Virtually all cultures that we know of throughout history have altered their consciousness in some ways by ingesting plants with psychoactive properties uh so this is part of the human experience. Saying no to drugs is really um doesn't make a whole lot of sense, it doesn't, it's not consistent with our history as a species uh so then the question is what drugs, when, and how if no is not going to be acceptable for a lot of people. And when it comes to that we have got really intelligent young adults uh in this university, and I think giving them the most information that they can have so they can make wise decisions themselves uh is really what I hope for.

[AL] So moving a little bit more into your own research, um can you describe what it means for society to be scientifically literate in the context of psychoactive drugs?

[ZW] I think there's a lot of levels to that, at the most basic level I think it's having a realistic understanding of the relative harms and benefits of different substances, and we don't have that now. You know the way that certain drugs are classified, their bunched together in ways that don't really reflect the actual harms. So drugs that can cause fatal overdose are grouped together in terms of criminal sanctions, with drugs that have no distinct toxic effects, or at least nothing that lasts beyond a few hours. So getting people to really understand that there are different risks, how do we understand those risks, I mean when it comes specifically to drugs, you wanna look at, can something kill you, will it stop you from breathing. We are seeing with the opioid crisis, that there are some drugs out there that can kill you if you try them just once. That's a risky drug. Is a drug likely to cause intense cravings for repeated use. That's also going to increase the risk. If something is going to make you want to use it a lot, and each time you use it there is a risk of dying, that is a very dangerous drug. On the other hand if there is a drug that has no real toxicity, and is not habit forming, that's going to be a less dangerous drug for the most part. So, um getting people to have the skills to evaluate, which drugs are more or less harmful above and beyond some of the cultural superstitions that surround drug use uh I think is really important.

[10:16]

[AL] How do you see your work contributing to a more in depth understanding of psychotropic drugs in medicine and in therapy?

[ZW] Well that's one of the things that really excites me so much about being in this field. We are at a turning point in our approach to the war on drugs. I mean, it's

exciting to be in Canada where we are starting to lead the charge on this, with the legalization of cannabis. But across North America, Europe, and South America as well, we are seeing some renewed interest in the therapeutic potential of drugs that were previously considered to be just dangerous drugs of abuse. However the regulations haven't really caught up with I think public opinion and with the scientific interest, so it's still very hard to do some of this research, it's not easy to do clinical trials with cannabis or with psychedelic medicines. It's happening and it's happening, uh it's accelerating, we have seen big increases in the last five to ten years. Just last year I presented at the Psychedelic Science 2017 conference in Oakland, it was the biggest conference yet, um looking at the therapeutic use of some of these drugs. And it looks like down the road, I expect within a decade, we will see things like MDMA, ecstasy, and psilocybin the active ingredient in magic mushrooms. We may see those uh change their classification from being uh entirely restricted drugs to being prescribable medications. Ah but that's uh just in the beginning stages so I think we are going to see increased opportunities, and it's just really exciting to be sort of in there on the ground floor. I mean there's a lot of people who come before us, and as I said earlier, a lot of these substances have millennia of history but ah in the past 50 years, since we have had the war on drugs it's also been paralleled with our increase in our sophistication in um, in evaluating uh how medications work. So, uh you know, we have all kinds of people using medical cannabis but the research on what cannabis does as a medicine is really lagging behind. Our trial that we are doing right now of cannabis for PTSD, is the first clinical trial of cannabis for a mental health condition uh in Canadian history, so there's lots of opportunity moving forward to do new stuff, and to overcome some of these hurdles, but for now there's still a lot of obstacles. So it's an exciting time and it's really at the ground floor.

[AL] And do you see that that's a shift that's happening more in North America or is it happening worldwide?

[ZW] I think it is happening worldwide certainly South America there is a lot of thought leadership there. Um, you know, Europe, Portugal, and uh Spain have been experimenting with different models of regulating drugs. Whether its decriminalization or legalization, and across the board uh what we see is that the war on drugs has uh been a complete catastrophe, it's done nothing but increase harms and damage lives, and it's prevented us from understanding really what are the actual harms and uh the potential benefits of these substances. So, it's not just here, but it is exciting in Canada to be ah the first large country to legalize

cannabis and see what that's going to mean. I expect that it's going to lead to some uh public health benefits.

[AL] And do you see that that legalization may lead to a broader understanding or science literacy based in drugs with that legalization?

[ZW] I think absolutely, I think giving people access to uh factual information, giving them access to personal experience. Taking drugs out of the hands of um the illicit market where there's no reliable labeling or understanding of what's in a given drug or what the potency is. When we have those sort of regulations like we have for food, like we have for pharmaceutical drugs, it's going to allow people to learn uh i guess first hand, what the drugs do and it's also going to allow scientists to be much more sophisticated in our analyses of these drugs, as the barriers to doing this research start to decline, so I think we are going to see a real renaissance of drug literacy. Of course if we go back a few hundred years we can find all kinds of cultures that were very sophisticated uh in their understanding of how to use a lot of these medicines uh unfortunately a lot of them were um burned and tortured as part of the inquisition of the Americas. So we really, it's almost like we lost this incredible uh storehouse of knowledge when it came to um the conquest of the Americas.

[14:57]

[AL] So cannabis straddles a very interesting line, being now medicinally and recreationally used, and soon legally so as you mentioned, ah do you see this as an avenue for opening up novel dialogue on how we understand drugs in relation to health as a society?

[ZW] I think absolutely, you know it's quite interesting to think about what is medical cannabis use and what's recreational use and is there ah sorta a firewall between them? I think we would like them to be, right, just for our own conceptualization, but I don't think that is really the case you know one analogy that i use sometimes for cannabis is like a dog, dogs cause all kinds of problems. You can make a case for criminalizing dogs. If you were to fight against that though, and started to say, well, you know, some people really need a dog, you might start off with people who need guide dogs and who have a medical need to have a dog and you let them have it, and you might find some people uh maybe they have emotional needs that are met by having a pet and then eventually you might find yourself just saying hey I like to hang out with my dog. Do I have to be sick to have a dog? And I think we see the same thing with cannabis, so where do we

draw that line between reducing suffering and extenuating well-being I think it's a really interesting question.

[AL] Do you think it creates any confusion around how or why we medicate in general?

[ZW] You know I think that humans and plants have a long history of coevolution, and I think there are times where the line between health and spirituality and wellness and entertainment maybe they are all merged together in some ways. Medicating I think is helpful in, the concept of medicating can be helpful in creating empathy in people who want to use substances. But does there have to be a problem? I guess that's really at the heart of the question and if we say that there has to be a problem before people alter their consciousness, then there are certainly a lot of people out there who are misbehaving uh because there are a lot of people who wouldn't identify themselves as having a chronic illness or being in anything but good health who nonetheless alter their consciousness with alcohol and with caffeine and with television and with all kinds of things that they use to control their consciousness and maybe if we start to think of people uh of drugs as tools, and as humans as curious tool users, then it becomes less about who's medicating and more about what you are doing with your mind and why, and how and what are the outcomes.

[AL] So in certain circles in society, cannabis use brings with it a great stigma, which might inhibit an individual from using it medicinally and there are obviously strong relationships here between cultural norms and informed literacy on the substance. So do you see an increased literacy contributing to broader acceptance of stigmatized substances for medicinal use?

[ZW] When I talk to some physicians that I work with who are more on the frontlines of seeing patients, they certainly are seeing more and more maybe older adults who would have grown up at a time when there was stronger stigmatization of cannabis sort of tip toeing around the topic and wanting to try it but making it very clear that they didn't really want it or that they wanted a cannabis that wasn't going to have psychoactive effects, we see a lot of enthusiasm around CBD uh which is an active ingredient in cannabis that does not have psychoactive effects, that doesn't make it you high uh and I certainly come across people who are saying I want the CBD uh and what I sometimes understand them to be saying is I want to try this medicine uh but I don't want to be part of the uh stigmatized subculture that goes with it so I think we see that happening where people have competing motivations, they want to explore what could be an effective medicine

but they are also uh reluctant to engage in something that understandably they have been told for most of their lives is uh is the devil incarnate.

[AL] So some of this research is taking place in public institution and some through pharmaceutical which brings up questions of marketing, information dissemination, can you talk about the impact of this on these psychoactive drugs including cannabis that maybe making their way into modern medicine?

[19:39]

[ZW] I think there's a lot we can do at all those different levels. One of the things about many of these uh the hallucinogens in cannabis it may be that there are derivatives of those substances that will be patentable. But in general a lot of them are in the public domain, so there may not be the same kind of motivation, same kind of profit motivation uh for pharmaceutical companies to get involved but i think though there should be enough of a profit motive for people to uh to investigate their potential and to get that information out there. Physician's like to um I mean understandably physicians are conservative they have a massive responsibility to not be taken in by uh false claims, so they tend to rely, and this is a generalization of course, but they rely largely on what they learn in medical school because it is coming from a reliable source, so I think working with the medical school curriculum will be a big part of this and I think that is going to feedback from the research which has to come from the academy and the uh ability to get funding for that kind of research is reliant on political factors which are, which are to some extent reliant on public opinion which is reliant on the media so it all sorta feeds back and that's what's exciting about seeing the shift in a kind of iterative system like this is that we see everything coming into line, we are seeing different kinds of media discussions around substance use and I think we are seeing a different kind of openness from physicians and we're seeing less of a hardline from politicians at least in some cases and when that happens, then you see the scientists start to step up and say this is a place where I can have a career and study this stuff and not just be on the outside, not just be an activist but be a scientist as well. So I think it all feeds back on each other and it's what's making this an exciting time for drug policy and hopefully for public health.

[AL] So thank you Zach for joining us today it was a pleasure having you discuss a little bit more on cannabis and some of the research that you are doing it was very very interesting.

[ZW] Well thanks so much for having me, it was fun being here.

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[AL] You have been listening to Frequencies a podcast from the Library at UBC Okanagan. Your host today was Arielle Lomness. Editing by Karin Haug, Larissa Macklem and Mathew Vis-Dunbar. Music by Trevor Neill. Artwork by Alison Ward. Additional support provided by Michelle Tinling and Sajni Lacey. Thank you for listening.

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