Psilocybin mushrooms are like serotonin in chemical structure, and bind to specific serotonin receptors in the brain. While their use dates to pre-history, they were not scientifically identified and investigated until the early 20th century. Their potential as adjuncts to therapy was investigated with great success, but a number of political factors resulted in their complete prohibition in the 1970s. This stopped their use in research and in practice overnight, although they continued to be used recreationally, spiritually, and in underground therapy.

In 2013, Health Canada began allowing patients to access psychedelics in clinical trials through section 56 exemptions. In January 2022, Health Canada changed its Special Access Program (SAP), to permit access to restricted drugs, including several psychedelics. The SAP provides the ability for physicians to request drugs which are not normally available, to be used in situations of “emergency treatment”. Outside of clinical trials and the SAP, psychedelics remain restricted on Schedule I and are inaccessible to most Canadians.

Concurrently the regulatory environment around Psychedelic Assisted Psychotherapies (PAP) is rapidly changing in response to a growing body of literature supporting their use for a wide range of mental health conditions. The potential of PAP to improve outcomes, even in mental health conditions which have been treatment resistant, may be of particular interest for patient groups which are subject to socially engineered traumas and systemic oppression.

Historical pathologization and contemporary marginalization of 2SLGBTQ+ persons contribute significant barriers to access health care services. These issues of risk and barriers to access are compounded for those who experience discrimination due to age, ability, race, and ethnicity, in addition to gender identity and sexual orientation.

As psychedelic medicines ‘come out of the closet’ it is imperative that 2SLGBTQ+ patients are not left behind. There is a need to develop intersectional queer-affirming models of Psychedelic Assisted Psychotherapies (QA-PAP). In order to do so, large gaps in the literature must be addressed. Queer patients’ safe, equitable, and effective access to psychedelic medicines is dependant on understanding how queer persons experience psychedelic states of consciousness.