Community Health Commission

Community Health Commission
Thursday, January 26th, 2023, 6:30 – 9:00pm
Virtual Meeting (Zoom):
https://cityofberkeley-info.zoomgov.com/j/1616383982?pwd=TFZWb0x3MnlUdVRyWUpBWk1Yak13Zz09
Meeting ID: 161 638 3982
Passcode: 695502

AGENDA

(Note: Meetings will continue on Zoom until further notice)

Preliminary Matters

1. Roll Call
2. Announcements & Introductions of any new members
3. Approval of Draft Minutes from 11/29/2022 meeting – ***Attachment 1***
4. Confirm note taker
5. Public Comment

The public may comment virtually about any item **not** on the agenda. Public comments are limited to two minutes per speaker. Public comments regarding agenda items will be heard while the Commission is discussing the item.

Subcommittee Reports

1. Basic Needs Subcommittee
2. Chronic Disease Prevention Subcommittee
3. Entheogenic Subcommittee
4. Health Equity Subcommittee
5. Health Facilities Subcommittee
6. Policy Tracking Subcommittee

Discussion and Action Items

Public comments regarding agenda items will be heard while the Commission is discussing the item. Public comments are limited to two minutes per speaker.

1. Updates from Janice Chin and Dr. Lisa Hernandez (Katz)
2. Approval of 2023 Commission Work Plan (Katz) – ***Attachment 3***
3. Peace and Justice Commission Letter (Spigner) – ***Attachment 7***
4. Status update regarding 11/29/2022 CHC City Council Recommendation and appointment of Commission representative for City Council meeting (Katz) – ***Attachment 8***
5. February 2023 Officer Elections (Katz)
6. Add/Remove Subcommittees/ Members (Katz) – ***Attachment 4***

Attachments

1. Draft minutes from November 29th, 2022 CHC special meeting
2. Approved minutes from October 27th, 2022 CHC regular meeting
3. CHC Work Plan
4. CHC Subcommittee Roster 2022
5. CHC Meeting Calendar 2023
6. City Council and Community Health Commission Timeline 2023
7. Peace and Justice Commission – Letter on reproductive access
8. Responsible Psychedelic Drug Policy Reform in Berkeley – Recommendation

The next meeting of the Community Health Commission will be held on February 23rd, 2023. Dates are subject to change. Please contact the Commission Secretary to confirm.

CONFLICT OF INTEREST INFORMATION: City commissioners, pursuant to Government Code section 1090, are responsible for recusing themselves from all commission discussions and actions in which they may have a conflict of interest. If your affiliation, paid or unpaid, with other agencies has changed since the last meeting of this commission, your ability to participate in commission activities may have changed. Individual guidance is available from the City Attorney's Office (CAO). Commissioners are encouraged to consult with the CAO if they have questions, concerns, or would like clarification about matters related to potential conflicts of interest.

The CAO may be reached at:
Email: attorney@cityofberkeley.info
TEL: (510) 981-6950 TDD: (510) 981-6903, FAX: (510) 981-6960
2180 Milvia Street 4th Floor, Berkeley, CA 94704 - Office Hours: Mon-Fri, 8am-5pm

AMERICAN DISABILITIES ACT DISCLAIMER: This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. Please refrain from wearing scented products to this meeting.

SB 343 DISCLAIMER:
Any writings or documents provided to a majority of the commission regarding any item on this agenda will be made available for public inspection at the Public Health Division located on 1947 Center Street, Berkeley, CA 94704.

COMMUNICATION DISCLAIMER:
Communications to Berkeley boards, commissions or committees are public record and will become part of the City's electronic records, which are accessible through the City's website. Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record. If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the commission secretary for further information.

Community Health Commission

Community Health Commission

Draft MINUTES
Special Meeting, Tuesday, November 29th, 2022

The meeting convened at 6:30p.m. with Commission Chair Katz presiding.

ROLL CALL

Present: Commissioner Webber, Bechtolsheim, Smart, Spigner (6:49), Adams, Katz (6:42).

Absent: Commissioner Nightingale.

Excused: Commissioner Rosales.

Staff present: Roberto Terrones.

Community Members: 3.

COMMENTS FROM THE PUBLIC: 3.

ACTION ITEM

1. M/S/C (Adams/Webber): Motion to adopt minutes from the October 27th, 2022, CHC regular meeting.

Ayes: Commissioner Webber, Bechtolsheim, Smart, Adams, Katz.

Noes: None.

Abstain: Commissioner Spigner.

Absent from vote: None.

Excused: Commissioner Rosales.

Motion Passed.

2. M/S/C (Smart/Spigner): Motion to approve the Commission recommendation (Responsible Psychedelic Drug Policy Reform in Berkeley) for City Council referral on Entheogenic Plants.

Ayes: Commissioner Webber, Bechtolsheim, Smart, Adams, Katz, Spigner.

Noes: None.

Abstain: None.

Absent from vote: None.

Excused: Commissioner Rosales.

Motion Passed.

3. M/S/C (Smart/Adams): Motion to extend Commission meeting to 9:15p.m.

Ayes: Commissioner Webber, Bechtolsheim, Smart, Adams, Katz, Spigner.

Noes: None.

Abstain: None.

Absent from vote: None.

Excused: Commissioner Rosales.

Motion Passed.

4. M/S/C (Adams/Webber): Motion to approve CHC 2023 meeting dates as every fourth Thursday of the month with the exception of August and December.

Ayes: Commissioner Webber, Bechtolsheim, Smart, Adams, Katz, Spigner.

Noes: None.

Abstain: None.

Absent from vote: None.

Excused: Commissioner Rosales.

Motion Passed.

This meeting adjourned at 9:17 p.m.

Respectfully submitted, Roberto Terrones, Commission Secretary.
Minutes will be approved at the January 26th, 2023, meeting.

Community Health Commission

Community Health Commission

MINUTES
Regular Meeting, Thursday October 27th, 2022

The meeting convened at 6:31p.m. with Commission Chair Katz presiding.

ROLL CALL

Present: Commissioner Webber, Nightingale, Smart, Spigner, Adams, Rosales, Katz.

Absent: None.

Excused: None.

Staff present: Roberto Terrones.

Community Members: 3.

COMMENTS FROM THE PUBLIC: 1.

PRESENTATIONS:

Joshua White, Fireside Project: Psychedelic Harm Reduction

ACTION ITEM

1. M/S/C (Smart/Rosales): Motion to adopt minutes from the September 22nd, 2022, CHC regular meeting.

Ayes: Commissioner Webber, Nightingale, Smart, Spigner, Adams, Rosales, Katz.

Noes: None.

Abstain: None.

Absent from vote: None.

Excused: None.

Motion Passed.

2. M/S/C (Nightingale/Smart): Motion to extend Commission meeting by 15 minutes.

Ayes: Commissioner Nightingale, Smart, Spigner, Adams, Katz.

Noes: None.

Abstain: Commissioner Webber, Rosales.

Absent from vote: None.

Excused: None.

Motion Passed.

This meeting adjourned at 9:17 p.m.

Respectfully submitted, Roberto Terrones, Commission Secretary.
Minutes were approved at the November 29th, 2022, meeting.

Office of the City Manager

Community Health Commission 2021 Work Plan

Guiding Philosophy: To look at health through the lens of equity, and to address, ameliorate, and abolish health inequities in Berkeley through our work while advancing other public health efforts.

Mission/Purpose:

1. Collaborate with the community and the Berkeley Public Health Division, and City of Berkeley to eliminate health inequity by:
    a. Advocating for good policy to council that has the potential to improve the health of Berkeley residents that can be implemented, monitored, and evaluated.
    b. Representing the community through the diversity of this commission
    c. Increasing the public education/social marketing efforts, understanding, and awareness of issues
    d. Advocating together with the residents of Berkeley most affected by institutional, social, organizational inequities/disparities
    e. Providing a public forum for all community members to share concerns, ideas
2. Achieve general public health progress by being responsive to community needs and facilitating general health and safety.

Overall goals, issues & priorities: All issues can be addressed through a health equity lens.

- ➢ Include a focus on the impact of covid-19 and the city's response to it
- ➢ Increase healthy food security
- ➢ Advocate for the expansion of affordable housing
- ➢ Continue to urge that Alta Bates Berkeley Medical Campus remain open while also helping to suggest actions to address consequences of planned closure
- ➢ Be responsive in potential recommendations to help Berkeley residents, and care providers and clinics cope with potential federal disruption in healthcare policy and federal spending cuts
- ➢ Further address more social determinants of health
- ➢ Continue to be a community advocate to City Council to address structural, institutional, and health inequities impacting all underserved populations

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- ➢ Work to have community health data measures documented in a timely manner and to promptly evaluate and act on novel data such as the Health Status Report
- ➢ Work to support policies and initiatives that advance UHC such as Medicare for all
- ➢ Advise the City Council as the Public Health Department develop their strategic plan

General steps and actions needed to meet priorities:

1. Better follow up with council implementations
2. Conduct outreach to encourage the Berkeley community to engage with the CHC
3. Collaborate with other commissions to share resources and support recommendations
4. Focused/specialized ad-hoc subcommittees
5. Keep track of local, state, and federal policy and data flow

Specific steps and actions needed to meet priorities: Subcommittees

- ➢ **Strategic Planning subcommittee**
  - Serve as point of contact with Public Health Division for city's strategic plan and facilitate deliberation between full commission and division.
  - Recommend structure of portion of agenda to educate commission on strategic plan development
- ➢ **Acute Services for Berkeley**
  - Continue to recommend actions to keep Alta Bates open
  - Consider ways to increase emergency care access in Berkeley
- ➢ **Basic Needs Security**

  Focus on healthy food security and affordable/accessible housing
  - In terms of healthy food security:
    - Identify food recovery donation systems
    - Connect communities with healthy food resources (awareness)
    - Advocate for policies to mitigate unhealthy food consumption
    - Advocate for affordability and accessibility of healthy foods
      - in supporting programs like the Berkeley Food Institute, etc.,
  - In terms of accessible/affordable housing:
    - Identify areas of stark homelessness
    - Connect homeless communities with resources (awareness)
    - Advocate for affordable housing
    - Advocate for increased rent control

- Investigate how Covid-19 has exposed and increased the impact of inequities on basic needs of Berkeley residents
- Connect with the community based organizations and appropriate city of Berkeley departments to acquire information about available resources for Berkeley residents.
- Work with community based organizations to disseminate resources to Berkeley residents around basic needs, including housing, food, healthcare, and public health care

➢ **Policy tracking**

- Track City Council minutes, state, and national legislative actions
- Priority areas:
  - Affordable housing throughout the city of Berkeley
  - Homeless encampments: ensure they are receiving necessary care and resources
  - Covid-19 related policies
    - Access to education due to remote learning

➢ **Health Equity Subcommittee**

- Engage Stakeholders on LGBT health equity issues to help complement findings of the Health Status Report
- Follow up on status of the African American Holistic Resource Center
- Work on cultural competency for health care providers
- Review the Health Status Report- dialogues with staff and community to investigate the data and inequities, and recommend program interventions for the City Public Health Division
- Implement efforts to improve immigrant access to health care
- Investigate community access to telehealth and other technologies to improve healthcare equity
- Meet with the public health officer to be informed and updated regarding the city's response to Covid-19, including the vaccination program, and ensure the consideration of health equity to include at risk populations based on emerging literature

➢ **Chronic Disease Prevention**

- Recommend presenters that can educate the commission on innovative approaches to chronic disease prevention
- Consider the use of high profile figures in media campaigns to educate the community about chronic disease prevention.
- Recommend interventions to address diabetes, obesity, heart diseases, and other chronic conditions highlighted by the Berkeley health status report.

- Recommend interventions to respond to deferred preventative care due to covid-19

➢ **Cannabis**

- Advocating for holistic education of cannabis use throughout the community
- Assessing holistically the risks and benefits of cannabis use in terms of community health
- Assessing holistically how cannabis should be integrated within the local economy while maintaining the health of the community .i.e. nurseries, dispensaries, etc.
- Prioritizing community health following the legalization of cannabis with emphasis on holistically understanding the risk and benefits of cannabis

District	Last	First	Community Health Commission Subcommittees 2022				
			Health Facilities	Health Equity	Basic Needs Security	Chronic Disease Prevention	Entheogenic
1	Webber	Sara			X		
2	Vacant	Vacant					
3	Nightingale	Jamila				X	
4	Smart	Karma		X	X		X
5	Spigner	Tora		X			
6	Adams	Joseph					X
7	Vacant	Vacant					
8	Rosales	Ces	X	X			
M	Katz	Andy	X				
			2	3	2	1	4

2022 Commission Meeting Dates

Name of Commission: Community Health Commission

Commission Secretary: Roberto Terrones

Please Note the Commission Meeting Dates for 2023 Below

Please fill in meeting date below. If no meeting for the month is scheduled please note as "No Meeting."

Example

Month	Meeting Day and Date	Time
February 2022	**Wednesday 2/10/2022**	**7:00 pm**

Month	Meeting Day and Date	Time
July 2022	**No Meeting**	

2023 Meeting Dates

Month	Meeting Day and Date	Time
January 2023	Thursday 1/26/2023	6:30 pm
February 2022	Thursday 2/23/2023	6:30 pm
March 2023	Thursday 3/23/2023	6:30 pm
April 2023	Thursday 4/27/2023	6:30 pm
May 2023	Thursday 5/25/2023	6:30 pm
June 2023	Thursday 6/22/2023	6:30 pm

Month	Meeting Day and Date	Time
July 2023	Thursday 7/27/2023	6:30 pm
August 2023	CHC Does not meet in August 2023	
September 2023	Thursday 9/28/2023	6:30 pm
October 2023	Thursday 10/26/2023	6:30 pm
November 2023	Thursday 11/23/2023	6:30 pm
December 2023	CHC does not meet in December 2023	

commission@cityofberkeley.info
City Clerk Department
Please contact our office at (510) 981-6908 with any questions.

2023			Thursday 12:00 PM	Thursday 12:00 PM	Monday 2:30 PM	Wednesday 11:00 AM	Thursday 5:00 PM
COUNCIL MEETING DATE	Reports Due to Dept. Director	Reports Due to CAO	Dept. Reports Due to Clerk **Day 33**	Agenda Committee Packet to Print **Day 19**	Agenda Committee Meeting **Day 15**	Final Agenda Meeting - (Print Agenda on wed.) **Day 13**	Council Agenda Delivery **Day 12**
Winter Recess [December 14, 2022 through January 16, 2023]							
Jan 17	12/1	12/1	12/15	12/29	1/4	1/4	1/5
Jan 31	12/9	12/9	12/29	1/12	1/16	1/18	1/19
Feb 14	12/29	12/29	1/12	1/26	1/30	2/1	2/2
Feb 28	1/12	1/12	1/26	2/9	2/8 (Tues)	2/15	2/10
Mar 14	1/26	1/26	2/9	2/23	2/22 (Tues)	3/1	3/2
Mar 21	2/2	2/2	2/16	3/2	3/6	3/8	3/9
Spring Recess [March 22 through April 10, 2023]							
Apr 11	2/23	2/23	3/9	3/23	3/27	3/29	3/30
Apr 25	3/9	3/9	3/23	4/6	4/10	4/12	4/13
May 9	3/23	3/23	4/6	4/20	4/24	4/26	4/27
May 23	4/6	4/6	4/20	5/4	5/8	5/10	5/11
May 30	4/13	4/13	4/27	5/11	5/15	5/17	5/18
Jun 6	4/20	4/20	5/4	5/18	5/31 (Tues)	5/24	5/25
Jun 13	4/27	4/27	5/11	5/25	5/29	5/31	6/1
Jun 27	5/11	5/11	5/25	6/8	6/12	6/14	6/15
Jul 11	5/25	5/25	6/8	6/22	6/26	6/28	6/29
Jul 25	6/8	6/8	6/22	7/6	7/10	7/12	7/13
Summer Recess [July 26 through September 11, 2023]							
Sep 12	7/27	7/27	8/10	8/24	8/28	8/30	8/31
Sep 19	8/3	8/3	8/17	8/31	9/6 (Tues)	9/6	9/7
Oct 3	8/11	8/11	8/25	9/8	9/12	9/14	9/15
Oct 10	8/25	8/25	9/8	9/22	9/28 (Wed)	9/28	9/29
Nov 7	9/15	9/15	9/29	10/13	10/19 (Wed)	10/19	10/20
Nov 14	9/28	9/28	10/12	10/26	10/30	11/1	11/2
Nov 28	10/12	10/12	10/26	11/10	11/13	11/15	11/16
Dec 5	10/19	10/19	11/2	11/17	11/20	11/22	11/23 (Wed)
Dec 12	10/27	10/27	11/9	11/23 (Wed)	11/27	11/29	11/30
Winter Recess [December 13, 2023 through January 15, 2024]							

Revised 09/29/2022

VTO Affected Dates

Holiday Affected Dates

Religious Holiday Affected Date

Honorable Mayor Arreguin and members of the Berkeley City Council:

Thank you for your September 13, 2022 referral to the Peace and Justice Commission about the question of resources for and obstacles to reproductive care and education. Per your request, this is our four-month interim report.

As you directed, we are meeting regularly together with representatives of the Community Health Commission and the Commission on the Status of Women to "study what resources exist for reproductive health and educational services, what obstacles residents of Berkeley face in accessing them, and what disparities may exist on the basis of race and class."

Several City staff members have graciously given devoted precious time to share their experience and perspectives on reproductive services that the City provides. We particularly appreciate the insights given to us by Health, Housing, and Community Services (HHCS) Director Dr. Lisa Warhuus and Public Health Division Manager Janice Chin. We understand that not only is this department impacted by reduced staffing levels, but also it must focus on service to community members in need. Their cooperation indicates a shared concern for the reproductive rights of Berkeley residents in this time of national retrenchment on a woman's right to choose.

Our joint committee has also met with several community-based organizations and service providers, the Youth Commission, BUSD staff, and UC Berkeley and Berkeley High students. We were fortunate to have a detailed presentation from and visit to the BHS Health Clinic, managed by the Public Health Division of HHCS.

Here are a few things we have learned, or confirmed, in our brief research to date.

- Reproductive concerns include but are much broader than simply access to abortion. It is important to also consider access to birth control; appropriate and ongoing education about Reproductive and Sexual Health (RSH) rights, choices, and technology; financial, insurance, transportation and logistical barriers; family, faith, and cultural support and education; pre-natal and post-natal care; and mental health/counseling and trauma-informed care.

  Per HHCS leadership, the impact of these concerns is focused most heavily on Black and people of color communities. In large part, the cause lies in the context of more general disparities in health access and outcomes. Steps to address disparities in reproductive services access, therefore, cannot be addressed outside of the effort toward transformation in overall health inequities.

  This understanding is supported by African American community-based health leaders we interviewed. We learned about systemic deficits in health outcomes based in generations of white supremacist relations, both within healthcare and in many other social institutions. We heard testimony of a lack of cultural responsiveness in healthcare, and of historical mistrust in the Black community for the healthcare industry.

- We heard that the HHCS-operated Health Center at the high school is doing strong work to address reproductive care needs through direct services and outside referrals. The Center sees about 1400 students a month out of a diverse BHS population of around 3500. All their services are free, and reproductive care and mental health are completely confidential. They define themselves as a department that must hold equity as central, and they prioritize engaging and listening to what people feel is most needed.

  HHCS recommends a policy "where we ensure that our Public Health Division continuously includes RSH work as a part of their broader health education, prevention, and outreach strategy because it is of deep value to Berkeley as a community; and that we report to council periodically on the status of RSH services to Berkeley residents."

  We asked HHCS leaders about the Berkeley Health Status Reports that were published up until 2018. This had been a very important way that the community was informed about health disparities in our city. HHCS is bringing on a consultant who will organize and engage community members and other stakeholders to create a Community Health Assessment and a Community Health Improvement Plan, including a pilot program to create a health innovation zone to work toward remedying severe health inequities. Performance measures will be tracked through a new web-based population data health platform that will be rolled out as part of this process,

  HHCS would benefit from hiring two community health educators who are paid out of the general fund so that they are not constrained to work only on specific health issues. The department is facing the lack of sufficient resources to do culturally responsive, outreach, engagement, and prevention on an unconstrained basis. Engagement of these educators would assist with RSH outreach as part of the larger health outreach.

- In conversations with other stakeholders outside of HHCS, we have identified the following concerns:
  - Women come in to Labor & Delivery rooms who have not had any medical contact till delivery date, sometimes not even realizing they are pregnant until they are due.
  - Some UC students, who do not qualify for Medi-Cal, report being unable to access certain reproductive services. Others report that information about birth control options is sparse at the University level.
  - Among unhoused women, many people are not getting healthcare, especially pre-natal and particularly mental health.
  - The study committee would like to engage in additional research to gain more specific information on the needs of homeless, LGBTQ+ folks and the disabled.
- Our understanding has benefitted greatly from discussion with City of Berkeley health leaders. Our study committee needs to gather additional information directly from the reproductive care clients and the people who serve them, in a continuing effort to understand what obstacles regular people may be facing. It is our hope to return to Council with an additional report by the late spring of 2023.

- Representatives of the various commissions need to discuss together, and with their home commissions, their priorities for and commitment to a second phase of study.

The Peace and Justice Commission recommends to Council that it support hiring two health outreach workers. We recommend a referral to the budget process for approximately $150,000 per fiscal year, the estimate given by Dr. Warhuus. This expenditure could be approved in the AAO #2 or the annual budget process in June as appropriate. Please see the attached Report for details.

Sincerely yours,

George Lippman

Chair,

ACTION CALENDAR
December 13th, 2022

To: Honorable Mayor and Members of the City Council

From: Community Health Commission

Submitted by: Andy Katz, Chairperson, Community Health Commission

Subject: Responsible Psychedelic Drug Policy Reform in Berkeley

RECOMMENDATION

Adopt a Resolution that refers to the City Manager to work with external organizations to provide psychedelic harm reduction, education, and support resources to the Berkeley Community, refers to the City Manager work with City Departments and external organizations to create, and return to the City Council with, a policy for collecting public health data on psychedelic drug use in the City, and deprioritizes the enforcement of laws that impose criminal penalties for the possession of psychedelic drugs for personal use (with the exception of Peyote), and laws that impose criminal penalties for the cultivation, processing, and preparation of psychedelic-containing plants and fungi for personal use (with the exception of Peyote).

SUMMARY

- The purpose of this report is to make a recommendation to the City Council regarding psychedelic drug policy reform in the City.
- Public perceptions of psychedelic drugs have dramatically shifted in the past few years, with mainstream media outlets reporting enthusiastically about the beneficial potential of psychedelic drug use (sometimes touting the substances as miracle cures or magic bullets), psychedelic drug policy reforms being proposed and often passed in various jurisdictions throughout the United States, billions of dollars of investment pouring into the psychedelic space, a trend towards increasing use of psychedelic drugs within the population, and a wave of interest in receiving psychedelic treatments. Given these rapid changes, there is a need for the provision of unbiased, evidence-informed psychedelic harm reduction, education, and support resources to the public, as well as for the collection of public health data on psychedelic drug use.
- This report recommends that the City Council adopt a resolution that refers to the City Manager to work with external organizations to provide psychedelic harm reduction, education, and support resources to the Berkeley Community, refers to the City Manager work with City Departments and external organizations to create, and return to the City Council with, a policy for collecting public health data on

psychedelic drug use in the City, and deprioritizes the enforcement of laws that impose criminal penalties for the possession of psychedelic drugs for personal use (with the exception of Peyote), and laws that impose criminal penalties for the cultivation, processing, and preparation of psychedelic-containing plants and fungi for personal use (with the exception of Peyote).

- This recommended action would help provide the needed resources to the Berkeley Community, create a policy for public health data collection regarding psychedelic drug use in the City (which is particularly important for policy-tracking going forward), and prevent the possibility of individuals facing criminalization for the personal use of the substances in the City. The recommended resolution would serve as an example or template for other jurisdictions to follow.
- Implementing the recommended action would only cost the City in terms of staff time, and in terms of resources such as the use of City webpages, community spaces such as libraries, etc. All of the psychedelic harm reduction, education, and support resources would be provided to the Berkeley community for free by external organizations who are working in collaboration with the City.
- No specific funding is required for implementing the recommended action.

BACKGROUND

"Psychedelic drugs" (or "classical psychedelics") are LSD, psilocybin, DMT, mescaline, and other compounds that exert similar psychoactive effects by stimulating a specific subtype of serotonin receptor (5-HT_{2A}) on nerve cells in the brain and elsewhere in the body.

Although ketamine, MDMA, and ibogaine are often called "psychedelic drugs," these substances produce different psychoactive (and physiological) effects through different pharmacological mechanisms of action, and are not considered "psychedelic drugs" in this resolution.

Psychedelic drugs can induce extra-ordinary, altered states of consciousness, involving significant changes in thought, feeling, and perception, with these psychoactive effects becoming more intense and unpredictable when the drugs are taken in higher doses. Psychedelic drug use has the potential to produce positive effects and beneficial outcomes (such as a sense of spiritual well-being, and improvements in the symptoms of mental health disorders), and to produce adverse effects and negative outcomes (such as intense confusion, fear, and panic, and even erratic behavior that can lead to harming oneself or others).

The acute effects and outcomes of psychedelic drug use are dependent in part on individual personality trait, medical health, and mental health factors. Psychedelic drug use can be beneficial for one person, but dangerous for another. Individuals with particular contraindications are known to face an increased likelihood of adverse effects and negative outcomes; for example, individuals who have a history of or predisposition

to psychotic disorders are at risk for triggering the onset of psychosis as a result of psychedelic drug ingestion.

The acute effects and the outcomes of psychedelic drug use are also extremely dependent on “container,” which is the particular context/conditions/circumstances within which the substance is used. “Container” includes the user’s “Set,” which in addition to the user’s personality traits and health conditions, is all of the expectations, intentions, emotions, beliefs, etc. that the user brings to the situation, and the “Setting,” which is the physical, interpersonal, social, cultural, etc. environment, or external conditions, within which the use occurs (including what the sitter, guide, facilitator, therapist, etc. brings into the situation, if they are present in the situation).

While there is still much to learn about the factors that contribute to how individuals react to psychedelic drugs and how these factors relate to acute effects and outcomes of use, it is clear that adverse effects and negative outcomes are significantly less likely to occur and beneficial effects and outcomes are more likely to occur when psychedelic drugs are used within containers that are intentional, structured, and include the support of trained, competent, and well-intentioned sitters, guides, facilitators, therapists, etc. It is also clear that adverse effects and negative outcomes are significantly more likely, and beneficial effects and outcomes less likely, when the drugs are used outside of these containers (for example, when the user decides to use the substance spontaneously without intentional preparation, when they are alone, in a chaotic or unpredictable environment, etc.).

The outcomes of psychedelic drug use are also dependent on “integration,” which refers to the process of unpacking and exploring the meaning of one’s psychedelic experience and applying it to one’s life, with integration being vital not only because it helps one fulfill the beneficial potential of one’s experience, but also because the absence of integration can create risks and lead to negative outcomes, such as in scenarios when trauma surfaces in the experience, but is not integrated afterwards.

A variety of plants and fungi contain psychedelic drugs, and many have been used for religious and medicinal purposes by indigenous groups for at least hundreds of years. A variety of species of psilocybin-containing fungi, the LSA-containing seeds of morning glory species (ipomoea tricolor and turbina corymbosa), Ayahuasca (a brew of DMT-containing and MAOI-containing plants, with the latter being included to allow the DMT to be absorbed through oral ingestion), and mescaline-containing cacti such as San Pedro (echinopsis pachanoi), Peruvian Torch (echinopsis peruviana), and Peyote (lophophora williamsii) all have well-documented histories of indigenous and synchretic traditional use in the Americas, and all continue to be used in a variety of traditional contexts to this day. This use often occurs (though not always) within highly intentional, structured, time-tested ceremonial containers that include the guidance of trained practitioners, followed by integration practices, and occurring within cultural contexts that differ quite significantly from that of contemporary American society.

Some religious groups with a history of traditional ceremonial use of psychedelic-containing plants and fungi have been granted religious-use protections in the United States, such as the Brazil-based Ayahuasca-using churches “Uniao do Vegetal” (UDV) and “Santo Daime,” and the Peyote-using Native American Church (NAC), which arose in the North American Southwest. Peyote currently only grows wild in South Texas, and the population is very fragile, which is why the National Council of Native American Churches and the Indigenous Peyote Conservation Initiative released a statement requesting that decriminalization and legalization policies do not include this species, to prevent the possibility of increased poaching threats to the wild population.

The history of psychedelic drug use in Western society is closely tied to the discovery and proliferation of LSD (lysergic acid diethlyamide). The Swiss scientist Albert Hoffman accidentally discovered the psychoactive effects of the substance in 1943, in his work for Sandoz Laboratories. Following Hoffman’s discovery, Sandoz Laboratories believed that LSD had potential for clinical applications, and encouraged researchers to experiment with the substance to explore its potential. For about 15 years, LSD was the focus of extensive research and testing, but this first wave of scientific experimentation was derailed when LSD began to gain popularity among countercultural groups, and utopian-minded psychedelic-drug-use-evangelicals such as Timothy Leary began to publicly call for widespread use of the substance (and other psychedelics). As the use of LSD became more visible, associated with countercultural and activist movements, associated with recreational use, and associated with adverse reactions such as psychosis and erratic behavior, jurisdictions moved to ban the substance. In 1970, the federal government of the United States moved to classify LSD as Schedule 1, which is a category of controlled substances that supposedly have been found to have “a high potential for abuse,” “no currently accepted medical use in treatment,” and “a lack of accepted safety for use under medical supervision.” Other psychedelic drugs such as psilocybin, DMT, and mescaline, were also classified as Schedule 1 controlled substances along with LSD. For a long time after this, psychedelic drugs and psychedelic drug use became a stigmatized topic in much of Western society, and legal research ceased for many years. After psychedelic drugs became illegal and stigmatized, use of the substances continued underground, including in the context of underground psychedelic-assisted therapy, psychedelic ceremonies, and other psychedelic practices.

While the discovery and proliferation of LSD was incredibly important to the history of psychedelic drug use in Western society (especially in that first wave from 1943 to 1970), it is important to note that Western interest in psilocybin-containing mushrooms and the traditional ceremonial use of psychedelics was invigorated by Gordon Wasson’s 1957 Time article documenting his visit to the Mazatec curandera Maria Sabina, who used psilocybin-containing mushrooms in her practice. This article ultimately led to a flood of tourists visiting Maria Sabina’s village and other areas of Mexico, seeking to experience psilocybin-containing mushrooms, which was not Maria Sabina’s intention in

sharing her knowledge with Wasson. The unwanted attention created severe problems for Maria Sabina, for her community, and for other curanderos and indigenous communities who traditionally used psilocybin-containing mushrooms. In the 1960s, however, psilocybin-containing mushrooms were not used by Westerners at anywhere near the same rate that LSD was used. LSD was being produced in massive amounts in (eventually illicit) laboratories, and was easily transported and distributed (largely because an active dose of LSD is a miniscule amount of material). Techniques for cultivating psilocybin-containing mushrooms were not developed or available until the 1970s, and foraging for the mushrooms could not create enough of a supply to in any way compete with LSD. Things have changed, however. A survey study that investigated contemporary psychedelic drug use found that psilocybin-containing mushroom use accounted for half of all psychedelic drug use reported by participants.

Legal scientific research into psychedelic drugs in the United States started up again in the 1990s when Rick Strassman was able to successfully secure approval to conduct experiments with DMT on human subjects. DMT is an endogenous compound (meaning it occurs naturally in the human body), so it was much easier to convince the appropriate authorities that this substance was worthy of scientific study (compared to LSD or other non-endogenous psychedelic drugs). Although Strassman eventually stopped his DMT research before he fully completed the project, his work was crucial to putting the gears in motion again for legal psychedelic research. After Strassman's successful securing of approval for his DMT research, "the door was open for further human experimentation with psychedelic drugs," because the FDA was now "more willing to accept protocols for psychedelic research."

In the 2000s and onward, a number of research teams began to increasingly study the therapeutic applications of psychedelic drugs, primarily psilocybin, showing promising initial results. This generated more scientific and medical interest in psilocybin and psychedelics in general, leading to more and more studies being approved, funded, and conducted. This new wave of psychedelic research was fueled in part by the availability of new tools and models for studying the pharmacology and neuroscience of psychedelic drugs, as well as by the development of new ways to collect and analyze quantifiable data about research subjects' psychedelic experiences.

In the past several years, the resurgence of psychedelic research has only accelerated. There has been an explosion of research into the use of psychedelic-assisted psychotherapies for treating mental health conditions such as major depressive disorder and substance use disorder, with a number of studies showing promising preliminary evidence for therapeutic benefits when screened, prepared patients are administered with the substances within structured, clinical containers, with the support of trained therapists, and with integration following the administration sessions. These promising preliminary findings led the FDA to issue "breakthrough therapy" designations to psilocybin-assisted treatments, expediting the process of review and approval. While psychedelic therapies have not yet been demonstrated to be safe and effective

treatments for any health condition, and have not yet been approved by the FDA, this year, the federal government created an interagency task force to study and address issues related to the projected approval, rollout, and regulation of psychedelic medicine in the United States, with the goal of creating a "framework for the responsible, accountable, safe, and ethical deployment of psychedelic therapies for mental health disorders when the FDA approves their use."

While psychedelic drug use has been highly stigmatized in Western society, especially since the beginning of the Drug War in the United States, public perceptions have dramatically shifted in the past few years, with mainstream media outlets reporting enthusiastically about the beneficial potential of psychedelic drug use, psychedelic drug policy reforms being proposed and often passed in various jurisdictions throughout the United States, billions of dollars of investment pouring into the psychedelic space, first from a small number of wealthy psychedelic-enthusiasts, and now increasingly from commercial/industry/venture capital interests, a trend towards increasing use of psychedelic drugs within the population, and a wave of interest in receiving psychedelic treatments. This wave of interest in receiving psychedelic treatments has been referred to as the "Michael Pollan Effect" (in reference to the social and cultural impact of Pollan's book and docuseries) and is evidenced by the massive increase in the number of individuals seeking to participate in the limited number of active or recruiting psychedelic clinical trials.

David B. Yaden and some other researchers in the psychedelic research field have argued that we have become trapped in a "psychedelic hype bubble" that is "driven largely by media and industry interests." They note that the term "bubble" is "often applied to something of value that has become overvalued in popular perception," typically when a "rapid increase in extreme visibility and expectations" leads to "a peak of inflated expectations," which is then followed by "an equally steep decline in which highly inflated expectations are dashed." Yaden et al. argue that psychedelics are "currently cresting" the peak of inflated expectations, citing the observation that "in the past few years, a disturbingly large number of [mainstream media] articles have touted psychedelics as a cure or miracle drug."

It is important to remain aware of the possibility that we are indeed in the midst of a "psychedelic hype bubble," and of the fact that psychedelic research, and our understanding of psychedelic drugs and psychedelic practices, are still in the early stages. Psychedelic drugs are clearly very powerful tools, and contemporary American society is only beginning to understand how they work, what they are capable of, and how to use them safely, beneficially, and ethically. Psychedelics and psychedelic practices may be beneficial for some people in some contexts, and not for others in other contexts, and we must be careful about allowing expectations of the substances' universal beneficial potential and safety to become excessively inflated.

Psychedelic drug reform policies are, in part, public health policies. In order to craft evidence-based public health policies regarding psychedelic drug use, we must look to the available scientific research into the individual and public health outcomes of psychedelic drug use, and seek accurate, comprehensive public health data, and avoid basing policy decisions on rapidly-shifting, media-influenced (and possibly, at this time, overly-enthusiastic) public perceptions of the substances' safety and efficacy. However, we must consider public perceptions of the substances when evaluating the potential need for the provision of psychedelic harm reduction, education, and other support resources. Furthermore, we must consider long-term equitable access concerns in our psychedelic public health policy decision-making.

Psychedelic drug reform policies are also, in part, criminal justice policies. In order to craft appropriate criminal justice policies regarding psychedelic drug use, we must take into account a number of issues, such as the current laws, the actual enforcement situation on the ground in the jurisdiction in question and its criminalization consequences for members of the community, the human rights concerns that are at stake, the actual consequences (particularly unintended consequences) of psychedelic drug reform policies in other jurisdictions, and the various (public health) trade-offs involved in different policy options.

RATIONALE FOR RECOMMENDATION

This resolution deprioritizes the enforcement of laws imposing criminal penalties for the possession of psychedelic drugs for personal use (with the exception of Peyote), and laws imposing criminal penalties for the cultivation, processing, and preparation of plants and fungi containing psychedelic drugs for personal use (with the exception of Peyote). This resolution DOES NOT deprioritize the enforcement of laws against giving away, sharing, distributing, transferring, dispensing, or administering of psychedelic drugs to other people, and does not authorize these activities in any way.

The decision to limit deprioritization to possession of psychedelic drugs for personal use, and cultivation, processing, and preparation of psychedelic-containing plants and fungi for personal use was motivated by examining the trade-offs involved in the different policy options.

Deprioritizing the enforcement of laws against possession of psychedelic drugs for personal use in Berkeley would prevent individuals from being investigated, arrested, prosecuted, or imprisoned for engaging in this activity in Berkeley. According to reports from BPD sources (BPD was unable to provide provide data after a request was sent), the police department very, very rarely investigates or arrests individuals for offenses involving psychedelic drugs, and when this does occur, it is virtually always for commercial distribution, rather than possession for personal use, or cultivation, processing, and preparation of psychedelic-containing plants and fungi for personal use. This suggests that very few people face the risk of criminal consequences for offenses

involving psychedelic drugs in Berkeley, with the main risk being to those who sell the substances.

Given that very, very few (if any) people are already subject to investigation or arrest in Berkeley for possession of psychedelic drugs for personal use, this policy option would probably not have significant concrete criminal justice consequences for members of the Berkeley community, although it would prevent the highly unlikely (and blatantly unjust) scenario in which someone was indeed investigated and/or arrested for possession of psychedelic drugs for personal use in Berkeley. However, this policy option sends a symbolic message about the importance of decriminalizing possession of psychedelic drugs for personal use, particularly to jurisdictions where individuals actually do face a significant risk of criminalization for this activity.

The deprioritization of investigation and enforcement of laws against giving away, sharing, or distributing psychedelic drugs to other individuals has, in jurisdictions such as Oakland, CA, demonstrably led to the emergence of unregulated gray markets for psychedelic drugs. In these gray markets, we see enterprising entrepreneurs opening commercial operations such as delivery services (advertised with fliers and posters), storefront dispensaries, pop-ups, and outdoor market booths, sometimes asking for “suggested donations,” and sometimes not bothering at all with the pretense that they are merely “giving away” the substances. For example, at least one convenience store in Oakland is now openly offering psilocybin mushroom chocolate bars for sale. This deprioritization policy has also demonstrably opened access to unregulated facilitated psychedelic dosing sessions (with practitioners and groups accepting payment for their services), including one-on-one psychedelic-assisted practices and group practices such as ceremonies (often with public-facing websites and other promotional materials). It is important to carefully consider the implications and potential public health consequences of opening this kind of access to the substances at this time.

While there is much we do not know yet about the individual and public health consequences of psychedelic drug use, we do know that these are very powerful psychoactive substances (far more powerful than cannabis) that can present serious risks, especially for some individuals, and when used in different circumstances. While many of these risks can be mitigated when use occurs within an intentional, supportive, guided “container,” there is still much to learn about how specific individual and container factors are connected to safety and benefit, and about how to create safe and beneficial containers for different individuals, and for different purposes (e.g. treating depression, PTSD, etc.). Additionally, the use of psychedelic drugs under the guidance or supervision of another person places the user in a highly vulnerable position in which they are susceptible to (conscious or unconscious) manipulation, exploitation, and abuse at the hands of their sitter, facilitator, guide, therapist, etc. Without having effective safeguards in place, opening unregulated access to psychedelic drugs and psychedelic services would create a dangerous situation, particularly for individuals with contraindications, and individuals who are members of vulnerable populations.

While there is a body of promising scientific research into the potential therapeutic applications of psychedelic drugs, the findings from this research are still quite limited and preliminary. However, psychedelic drugs are increasingly perceived by the public as being safe and effective “medicines,” despite the current lack of FDA approval, and despite the large gaps in our scientific knowledge about the substances’ risk/benefit profiles and long-term effects (for different individuals and populations, when used in different contexts, and when used in the treatment of different health conditions). Governments have public health imperatives to develop and implement policies that fully acknowledge these complex (and rapidly-changing) circumstances. Policies must be developed and implemented with the understanding that psychedelic drug policy reform involves unique issues that are not present when considering (for example) methamphetamine or fentanyl policy reform, in part because these other substances, unlike psychedelics, are generally perceived by the public as being dangerous, addictive, recreational drugs, rather than as safe and effective “medicines” that will supposedly be the magic-bullet solution to the mental health crisis.

Because psychedelic drugs are increasingly promoted as being actively beneficial substances with great therapeutic, medical, or even spiritual and societal value, this is generating significant and unique demand for psychedelic drugs and psychedelic services. Deprioritizing the enforcement of laws against giving away, sharing, distributing, transferring, dispensing, or administering of psychedelic drugs to other people opens the door for individuals and groups to provide an unregulated supply to meet this demand. Some of these individuals and groups, even those with entirely good intentions, would likely end up presenting or marketing their goods and services in ways that are not accurate or evidence-based, and that make misleading or unfounded claims about the safety and efficacy of what they are providing. This situation, again, would be dangerous, particularly for individuals with contraindications, and for vulnerable populations (such as severely depressed people who are desperate for a solution to their suffering).

We carefully considered issues related to long-term equitable access to psychedelic drugs and psychedelic services in our policy-making decision process. One often-raised concern is that if local jurisdictions and states do not decriminalize (or even legalize) the unrestricted giving away, sharing, or administering of psychedelic drugs right now, that future regulatory frameworks will inevitably become overly-restrictive, and shaped by corporate interests, making access expensive and inequitable.

In response to this concern, we argue that immediately opening unregulated gray markets for psychedelic drugs and psychedelic services, at least without first establishing a robust and widely-accessible safety/harm reduction/education/support scaffolding, represents inequitable public health policy. For example, if unregulated gray market access was opened without any safeguards in place, individuals who have more time, education, experience, skills, resources, etc. to conduct their own research/educate themselves (e.g. about using psychedelics within a safe container,

about contraindications, about detecting red flags that may indicate abusive guides, etc.) would likely be able to make safer and more beneficial decisions about using the substances, about selecting a guide, etc. These individuals would presumably be more likely to experience positive outcomes and less likely to experience negative outcomes from accessing psychedelic drugs or psychedelic services, which is an inequitable situation (and vulnerable populations in particular would be subject to inequitable levels of risk). This is one of the reasons it is necessary to include a safety scaffolding in psychedelic drug policy, and to fully establish this safety scaffolding before opening widespread access.

Furthermore, we are optimistic that a transparent, comprehensive public conversation about the issues, with the participation of representatives of different communities and impacted groups, a variety of interdisciplinary experts, etc. will lead to the development and implementation of psychedelic drug reform policies that promote equitable access to psychedelic drugs and psychedelic services (whatever those policies may ultimately look like). We are optimistic that the people of the State of California, either through their representatives in the legislature or through ballot initiatives, will in the (probably near) future approve psychedelic drug policies that create access that is equitable, safe, beneficial, and ethical. We can learn from mistakes with cannabis legalization, and work to prevent corporate and other commercial interests from shaping psychedelic policy decisions towards their own interests.

Moving on from public health concerns, we identified and analyzed several criminal justice concerns that may provide reasons in favor of deprioritizing the enforcement of laws against giving away, sharing, distributing, transferring, dispensing, or administering of psychedelic drugs to other people in the City of Berkeley. One criminal justice reason to select this policy option would be to prevent individuals from being investigated, arrested, prosecuted, and incarcerated for engaging in these activities in Berkeley. However, as stated previously, very few people are investigated or arrested in Berkeley for offenses involving psychedelic drugs, with the rare cases involving the sale of the substances. Therefore, including giving away, sharing, etc. in our deprioritization policy would not have a significant impact on keeping individuals from being criminalized for the psychedelic-involved activities they are already engaging in, because these individuals are not currently at significant risk for investigation or arrest in Berkeley. If we did include giving away, sharing, etc. in our deprioritization policy, we would, however, be actively opening the gates for a widely-accessible, but completely unregulated gray market to emerge in Berkeley. We see the need to avoid this unintended consequence (and its public health implications) as outweighing the criminal justice value of deprioritizing enforcement of laws against giving away, sharing, etc. of psychedelic drugs.

Another relevant criminal justice concern we considered is the imperative to respect and protect the right to religious freedom. It has been argued that the right to religious freedom entails that every individual has the right to use psychedelics in religious

practices, particularly in community with others, free from government restriction or interference. If this is the case, then this would provide reason to deprioritize enforcement of laws against giving away, sharing, distributing, transferring, dispensing, or administering of psychedelic drugs to other people *within the context of religious practices*.

We decided that while the right to religious freedom may entail that every individual has the right to use psychedelic drugs in religious practices, including in community with others, there are many problems involved in identifying "religious practices" and distinguishing them from other activities, such that it would be intractably difficult to write a religious use protection into the resolution without creating many ambiguities and easily-exploited loopholes (for commercial activity, insincere religious practice, etc.). Additionally, deprioritizing enforcement of laws against possession of psychedelic drugs for personal use would allow individuals to engage in psychedelic religious practices in community with others, as long as everyone brought their own substances to these gatherings. Furthermore, because psychedelic practices involve the use of powerful drugs that place users in highly vulnerable positions in which they are susceptible to (conscious or unconscious) manipulation, exploitation, and abuse, we are concerned that our attempts to specifically open the door for religious use any further at this time would open the door to these dangers, particularly when charismatic leaders and guru-figures are involved in the psychedelic practices.

When making the decision to omit giving away, sharing, distributing, transferring, dispensing, or administering of psychedelic drugs to other people from the resolution's deprioritization policy, we considered the public health concerns along with the criminal justice concerns. We determined that the public health reasons to refrain from opening unregulated gray-market access at this time (at least without first fully establishing a robust safety scaffolding) outweigh the criminal justice reasons in favor of deprioritizing enforcement of laws against giving away, sharing, administering, etc. of psychedelic drugs to other people.

An essential part of this resolution is referring to the City Manager to work with external organizations (including the Fireside Project) to provide accurate, evidence-informed, and widely-accessible psychedelic education, harm reduction, and other support resources to the Berkeley community. The goal here is to help individuals make informed and responsible decisions about using psychedelic drugs, and if they choose to use the drugs, to help them do so as safely and beneficially as possible. We are seeing this component of the resolution as being particularly important right now due to the marked shift in public perceptions of psychedelic drugs, and due to the increasing interest in and use of the substances (and unregulated gray market access in Oakland). We believe that the provision of psychedelic harm reduction, education, and support resources is essential for providing a "safety scaffolding" for psychedelic drug use within the City, and that this safety scaffolding must be fully in place before we can consider

opening widespread, unregulated access to psychedelic drugs and psychedelic services.

The final element of this resolution is referring to the City Manager to create, and return to the City Council with, a policy for collecting public health data regarding psychedelic drug use in the City. As of right now, the City of Berkeley has no policy for psychedelic drug use public health data collection, and no City department collects any of this data. There are extremely significant gaps in our knowledge of current patterns of psychedelic drug use and the public health outcomes of use generally, so improved data collection is needed to arrive at a better understanding of psychedelic drug use in the population and its effects on public health in the City, particularly for the purpose of preparing for policy tracking and for crafting evidence-based psychedelic public health policies in the future.

In creating the “safety scaffolding” and the public health data collection policy, we also aim to send a message to other jurisdictions about the necessity of including these elements in responsible psychedelic drug reform policies.

ALTERNATIVE ACTIONS CONSIDERED

- We considered the resolution that the advocacy group Decriminalize Nature proposed in 2019, which is very similar to the policy passed in Oakland, CA and a number of other jurisdictions. This proposed Berkeley resolution would have opened the door for the emergence of an unregulated gray market in Berkeley, without first establishing a safety scaffolding and a policy for public health data collection. For the reasons discussed in the above “rationale” section, we chose a different policy approach.
- We decided against the “no action” option because there is so much public interest in psychedelic drug use right now, and we believe that it is crucial for the City of Berkeley to address this topic in a responsible, public-health-focused manner.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

- Possession, cultivation, processing, and preparation of Peyote (lophophora williamsii) for personal use is being omitted from this resolution’s deprioritization policy, in order to protect the sustainability of the endangered plant’s population in the Southwest. The National Council of Native American Churches and the Indigenous Peyote Conservation Initiative have asked for this plant to be excluded from psychedelic decriminalization and legalization proposals for this reason.

FISCAL IMPACTS OF RECOMMENDATION

- Adoption of this resolution may very, very slightly reduce City expenditures associated with enforcement of laws imposing criminal penalties for possession of psychedelic drugs for personal use, and laws imposing criminal penalties for

the cultivation, processing, and preparation of psychedelic-containing plants and fungi for personal use.

- Adoption of this resolution would decrease any present and future City expenditures associated with addressing adverse reactions to and negative health outcomes of psychedelic drug use, as a result of provision of psychedelic harm reduction, education, and support resources.
- Adoption of this resolution would require the use of City resources (including City staff time) to work with the external organizations to provide the psychedelic harm reduction, education, and support resources and to create and implement a public health data collection policy. However, because the City would be partnering with external organizations who would provide these resources (and collaborate in creating the data collection policy) for free, the costs to the City would be quite limited.

CITY MANAGER

The City Manager [TYPE ONE] concurs with / takes no position on the content and recommendations of the Commission's Report. [OR] Refer to the budget process.

CONTACT PERSON

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Attachments:
1: Resolution
2: References

RESOLUTION NO. ##,###-N.S.

RESOLUTION CALLING FOR THE PROVISION OF EVIDENCE-INFORMED PSYCHEDELIC HARM REDUCTION, EDUCATION, AND SUPPORT RESOURCES TO THE BERKELEY COMMUNITY, CALLING FOR THE CREATION OF A POLICY FOR COLLECTING PUBLIC HEALTH DATA ON PSYCHEDELIC DRUG USE IN THE CITY, AND DEPRIORITIZING THE ENFORCEMENT OF LAWS THAT IMPOSE CRIMINAL PENALTIES FOR THE POSSESSION OF PSYCHEDELIC DRUGS FOR PERSONAL USE AND LAWS THAT IMPOSE CRIMINAL PENALTIES FOR THE CULTIVATION, PROCESSING, AND PREPARATION OF PSYCHEDELIC-CONTAINING PLANTS AND FUNGI FOR PERSONAL USE

WHEREAS, "psychedelic drugs" (or "classical psychedelics") are LSD, psilocybin, DMT, mescaline, and other compounds that exert similar psychoactive effects by stimulating a specific subtype of serotonin receptor (5-HT_{2A}) on nerve cells in the brain and elsewhere in the body;[1] and

WHEREAS, psychedelic drugs can induce extra-ordinary, altered states of consciousness, involving significant changes in thought, feeling, and perception,[1,2] with these psychoactive effects becoming more intense and unpredictable when the drugs are taken in higher doses;[1] and

WHEREAS, psychedelic drugs have the potential to produce positive effects and beneficial outcomes (such as a sense of spiritual well-being, and improvements in the symptoms of mental health disorders),[1-4] and to produce adverse effects and negative outcomes (such as intense confusion, fear, and panic, and even erratic behavior that can lead to harming oneself or others),[1-4] and individuals with particular contraindications face an increased likelihood of adverse effects and negative outcomes, with those who have a history of or predisposition to psychotic disorders being at risk for triggering the onset of psychosis as a result of psychedelic drug use;[4-5] and

WHEREAS, the acute effects and the outcomes of psychedelic drug use are extremely dependent on "container,"[1-6] which is the particular context/conditions/circumstances within which the substance is used, including "Set" (the user's expectations, intentions, mood, beliefs, medical and health conditions, etc.) and "Setting" (the physical, interpersonal, social, cultural, etc. environment within which the use occurs);[1-6] and

WHEREAS, while there is still much to learn about the factors that contribute to how individuals react to psychedelic drugs and how these factors relate to acute effects and outcomes of use,[15] it is clear that adverse effects and negative outcomes are significantly less likely to occur and beneficial effects and outcomes are more likely to occur when psychedelic drugs are used within containers that are intentional, structured, and include the support of trained, competent, and well-intentioned sitters, guides, facilitators, therapists, etc.,[1-6] and that adverse effects and negative outcomes are significantly more

likely, and beneficial effects and outcomes less likely, when the drugs are used outside of these containers (for example, when the user decides to use the substance spontaneously without intentional preparation, when they are alone, in a chaotic or unpredictable environment, etc.);[1-6] and

WHEREAS, the outcomes of psychedelic drug use are also dependent on "integration," which refers to the process of unpacking and exploring the meaning of one's psychedelic experience and applying it to one's life,[7] with integration being vital not only because it helps one fulfill the beneficial potential of one's experience, but also because the absence of integration can create risks and lead to negative outcomes, such as in scenarios when trauma surfaces in the experience, but is not integrated afterwards; and

WHEREAS, psychedelic-containing plants and fungi have a long history of traditional use in some indigenous societies,[6,7] with this use typically occurring within highly intentional, structured, time-tested ceremonial containers that include the guidance of trained practitioners, followed by integration practices, and occurring within cultural contexts that differ quite significantly from that of contemporary American society;[6,7] and

WHEREAS, in recent years, there has been resurgence of scientific research into the use of psychedelic-assisted psychotherapies for treating mental health conditions such as major depressive disorder and substance use disorder,[8] with a number of studies showing promising preliminary evidence[15] for therapeutic benefits when screened, prepared patients are administered with the substances within structured, clinical containers, with the support of trained therapists, and with integration following the administration sessions;[8] and

WHEREAS, at this time, while psychedelic therapies have not yet been demonstrated to be safe and effective treatments for any health condition, and have not yet been approved by the FDA,[8,15] the federal government has created an interagency task force to study and address issues related to the projected approval, rollout, and regulation of psychedelic medicine in the United States, with the goal of creating a "framework for the responsible, accountable, safe, and ethical deployment of psychedelic therapies for mental health disorders when the FDA approves their use;"[9] and

WHEREAS, while psychedelic drug use has been highly stigmatized in Western society, especially since the beginning of the Drug War in the United States, public perceptions have dramatically shifted in the past few years,[8-12,15] with mainstream media outlets reporting enthusiastically about the beneficial potential of psychedelic drug use (sometimes touting the substances as miracle cures or magic bullets),[8,10-12,15] psychedelic drug policy reforms being proposed and often passed in various jurisdictions throughout the United States,[7,12,15] billions of dollars of investment pouring into the psychedelic space, first from a small number of wealthy psychedelic-enthusiasts and now from commercial/industry/venture capital interests,[10,15] a trend towards increasing use of psychedelic drugs within the population,[12,13] and a wave of interest in receiving

psychedelic treatments,[11] which has been referred to as the "Michael Pollan Effect,"[11] and is evidenced by the massive increase in the number of individuals seeking to participate in the limited number of active or recruiting psychedelic clinical trials;[11] and

WHEREAS, given the profile of use for this class of drug, and given recent shifts in public perception and policy, the City of Berkeley has a responsibility to make efforts, through collaborations with external organizations, to provide accurate, unbiased, evidence-informed, and widely-accessible psychedelic harm reduction, education, and other support resources to the Berkeley community, to help individuals make informed and responsible decisions about using psychedelic drugs, and if they choose to use the drugs, to help them do so safely and beneficially; and

WHEREAS, there are extremely significant gaps in our knowledge of current patterns of psychedelic drug use and the public health outcomes of use,[12,14,15] so improved data collection is needed to arrive at a better understanding of psychedelic drug use in the population and its effects on public health, particularly for the purpose of preparing for policy tracking and for crafting evidence-based psychedelic public health policies in the future; and

WHEREAS, while the possession of psychedelic drugs for personal use is illegal at the federal level in the United States, arrests and prosecutions for engaging in psychedelic drug offenses almost always follow state law, and laws and penalties vary widely between different states, with possession of psychedelic drugs for personal use being considered in California to be a misdemeanor, punishable by up to one year of imprisonment; and

WHEREAS, arresting, prosecuting, and incarcerating people for the possession of psychedelic drugs for personal use and for the cultivation, processing, and preparation of psychedelic-containing plants and fungi for personal use is unjust, needlessly harmful to individuals and communities, represents a waste of resources, and does not promote public health; and

WHEREAS, deprioritization of investigation and enforcement of laws against giving away, sharing, or distributing psychedelic drugs to other individuals has, in jurisdictions such as Oakland, CA, demonstrably led to the emergence of unregulated gray markets for psychedelic drugs, with enterprising entrepreneurs opening (sometimes "donation"-based) commercial operations such as delivery services, storefront dispensaries, pop-ups, and outdoor market booths, and now with at least one convenience store in Oakland openly offering psilocybin mushroom chocolate bars for sale; and

WHEREAS, the deprioritization of investigation and enforcement of laws against giving away, sharing, distributing, or administering psychedelic drugs to other individuals has, in jurisdictions such as Oakland, CA, demonstrably opened access to unregulated psychedelic administration/dosing sessions (with practitioners and groups soliciting payment for their services), including one-on-one psychedelic-assisted therapy and group

practices such as ceremonies (often with public-facing websites and other promotional materials), and while some of these practices appear to operate in ways that are largely safe, ethical, and responsible, others do not, and are not required to, operate by the same standards, guidelines, and procedures; and

WHEREAS, at this stage, given the present circumstances in our society, the City of Berkeley's perspective is that it is prudent public health policy to pass a psychedelic drug reform proposal that does not lead to the unintended consequences of the emergence of an unregulated gray market for psychedelic drugs and the opening of access to unregulated psychedelic administration/dosing sessions, without first fully establishing a robust psychedelic harm reduction, education, and support scaffolding, without first creating a policy for public health data collection on psychedelic drug use, and without having a transparent, comprehensive public conversation, involving a variety of interdisciplinary experts, representatives of different communities and impacted groups, etc., about opening access to psychedelic drugs in a way that is safe, beneficial, ethical, and equitable, including discussion of the potential role of religious, ceremonial, and traditional use protections, public education campaigns, harm reduction programs, possible regulatory frameworks, consumer and client protections, licensing or certification systems for therapists and facilitators etc.; and

WHEREAS, the City of Berkeley wishes to declare its desire to create a psychedelic education, harm reduction, and support scaffolding for the community, to create a policy for collecting public health data on psychedelic drug use within the community, and to not expend City resources to assist in the enforcement of laws imposing criminal penalties for the possession for personal use of psychedelic drugs, or for the cultivation, processing, and preparation of psychedelic-containing plants and fungi for personal use; and

WHEREAS, a foundational part of the psychedelic harm reduction infrastructure is the "Psychedelic Peer Support Line," operated by a Bay Area-based nonprofit organization called Fireside Project, which has provided free, confidential peer-to-peer emotional support by phone and text message to over 5,000 people during and after psychedelic experiences, and has averted thousands of emergency room visits and calls to 911, and it is imperative that every member of the Berkeley community become aware of the Psychedelic Peer Support Line before they take any psychedelic substance.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the Mayor and City Council hereby declare that it shall be the policy of the City of Berkeley that no department, agency, board, commission, officer, or employee of the city, including without limitation, Berkeley Police Department personnel, shall use any city funds or resources to assist in the enforcement of laws imposing criminal penalties for the possession of psychedelic drugs for personal use, or laws imposing criminal penalties for the cultivation, processing, and preparation of psychedelic-drug-containing plants and fungi for personal use. For the purposes of this resolution, "psychedelic drugs" refers to

the “classical psychedelics” LSD, psilocybin, DMT, mescaline, and all other compounds that exert similar psychoactive effects through stimulation of the 5-HT_{2A} receptor. This resolution’s deprioritization policy does not apply to the mescaline-containing cactus Peyote (lophophora williamsii), due to sustainability and poaching concerns raised by the National Council of Native American Churches and the Indigenous Peyote Conservation Initiative, who have released a statement requesting that decriminalization policies do not include this species.

BE IT FURTHER RESOLVED that this resolution defines the “personal use of psychedelic drugs” as an individual ingesting or self-administering psychedelic drugs.

BE IT FURTHER RESOLVED that this resolution defines “possession of psychedelic drugs for personal use” as an individual possessing psychedelic drugs for the purpose of being ingested or self-administered by that same individual, and not by any other person or people.

BE IT FURTHER RESOLVED that this resolution defines the “cultivation, processing, and preparation of psychedelic-containing plants and fungi for personal use” as an individual cultivating, processing, and preparing any of these plants and fungi for the purpose of the resulting material being ingested or self-administered by that same individual, and not by any other person or people.

BE IT FURTHER RESOLVED that this resolution does not authorize or enable any of the following activities: giving away, sharing, distributing, transferring, dispensing, or administering of psychedelic drugs to another individual.

BE IT FURTHER RESOLVED that the City of Berkeley shall, in the future, consider adopting policy that deprioritizes enforcement of laws imposing criminal penalties for the possession of MDMA, ketamine, ibogaine, and other psychedelic-adjacent compounds for personal use.

BE IT FURTHER RESOLVED that the City of Berkeley declares its support for a transparent, comprehensive public conversation about opening access to psychedelic drugs and psychedelic administration/dosing sessions in a way that is safe, beneficial, ethical, and equitable, including discussion of the potential role of religious, ceremonial, and traditional use protections, public education campaigns, harm reduction programs, possible regulatory frameworks, consumer and client protections, licensing or certification systems for therapists and facilitators, etc., and that the City urges the California State Legislature to take part in this conversation, and consider passing legislation that addresses the relevant issues.

BE IT FURTHER RESOLVED that the City Council refers to the City Manager to work with external organizations such as non-profits and academic institutions to provide and promote unbiased, evidence-informed psychedelic harm-reduction, education, and

support resources to the Berkeley community, including but not limited to the harm reduction-based drug education curriculum for high school students, Safety First, educational materials, workshops and other resources such as those provided by Fireside Project, DanceSafe, and other organizations for adults generally, as well as for adults who use the drugs in relevant settings, such as within nightlife, at festivals, and the use of drug purity/adulteration checking technologies, etc.

BE IT FURTHER RESOLVED that the City Council refers to the City Manager to collaborate with the non-profit organization Fireside Project to ensure that every citizen of Berkeley becomes aware of the Psychedelic Peer Support Line before consuming psychedelic drugs. Such collaboration may include but is not limited to sharing the Psychedelic Peer Support Line's number - 62-FIRESIDE | 623-473-7433 - with law enforcement and other City employees who may come into contact with people who may use psychedelic drugs, posting this information on City websites; encouraging schools to share this information with their students, and encouraging business such as bars, clubs, concert halls, and nightlife venues to share this information with their customers.

BE IT FURTHER RESOLVED that any organization or individual who works with the City to provide psychedelic education, harm reduction, or support resources shall not, through their work with the City, actively facilitate access to psychedelic drugs or psychedelic administration sessions, while current State law is in place. If an organization or individual is found to be acting in violation of this provision of the resolution, the City shall review the partnership with the organization or individual, and consider ending the partnership, depending on circumstances of the violation.

BE IT FURTHER RESOLVED that the City Council refers to the City Manager to collaborate with the Public Health Department, other City Departments, and external organizations and individuals to create, and return to the City Council with, a policy for collecting public health data on psychedelic use in the City.

BE IT FURTHER RESOLVED that the City of Berkeley urges other local jurisdictions to pass proposals that would establish psychedelic education, harm reduction, and support scaffoldings for their communities, create policies for collecting public health data on psychedelic drug use within their communities, and deprioritize the enforcement of laws imposing criminal penalties for the possession of psychedelic drugs (except Peyote) for personal use, and for the cultivation, processing, and preparation of psychedelic-containing plants and fungi (except Peyote) for personal use.

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