

“Humanitarian disasters” are manufactured by colonialism and imperialism. Can ritual psychedelic use repair multigenerational historical and ecological trauma?

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***Recommendations for humanitarian institutions and individual actors are formatted in bold text.**

Today's global health crises are haunted by the ghosts of historic mass violence. A 2023 *State of the Climate* report written by an international team of climate scientists recently warned that we are entering *uncharted territory* as 20 out of 35 of Earth's *vital signs* are being recorded at unprecedented extremes.¹ According to the United Nations World Food Program, we are living through the largest global food crisis in modern history.² An estimated 350 million people are experiencing the most extreme hunger, with an estimated 49 million people on the brink of famine. These populations are disproportionately located in Africa and West Asia. The World Food Program attributes the current global food crisis to conflict, the climate crisis and rising costs of food and fuel. This era marked by war, sophisticated military technology, forced migration, border enforcement, apartheid, mass incarceration and criminalization of migration requires us to take decisive action and explore new ways to mitigate destruction and increase chances of collective survival. Whether we are human rights advocates, humanitarian or healthcare workers, healers, artists or civilians mobilizing support to populations on the frontlines of crisis, we must engage in critical thought and action that challenges the humanitarian industrial complex.³ Humanitarian and philanthropic responses have historically mobilized as a reactionary, emergency response triggered by a catastrophic event. While such operations are necessary, they do not address the root causes that underly disparities in harmful exposures and health outcomes. Since they are reactionary in nature, humanitarian operations do not prevent humanitarian disasters from happening in the first place. Here it must be affirmed: “humanitarian crises” can be mitigated and prevented, if a unified, global political and economic will power exists. For those working or considering working in a humanitarian setting, we must examine the historic mass violence and consequential distorted relations of power between racialized populations that are responsible for creating the global instability that causes and sustains periodic and lasting humanitarian disasters. In this time of global crisis, we need spiritual guidance and inspiration to enhance our systems thinking and solution-oriented skills. **Because historic mass violence has inflicted multigenerational trauma on the global population, ecosystems and biodiversity, it is necessary for us to consider what we can learn from traditional Indigenous ritual uses of plant medicine and emerging psychedelic psychopharmacology to transform power relations between the “Global North” and “Global South,” and in doing so, healing epigenetic harms at individual and collective scales.** Epigenetics is the study of interactive dynamics between the external environmental

stimuli and the human genome. Specifically, it is concerned with whether the environmental events can catalyze heritable changes in the genome, particularly in the function of genomic DNA, its associated histone proteins, and non-coding RNAs, chromatin, in the process of DNA transcription. In this context, we consider how psychedelics may have the potential to repair trauma that affects the genome and gets passed down to offspring by parents.

Today's compounding global crises necessitate us to embark on a psychological and spiritual journey in understanding our relationship to the socio-economic privilege that comes at the expense of human suffering produced by multi-generational violence towards colonized peoples. According to a UN Report published in 2021, "the forests of Indigenous and tribal territories in Latin America are key for mitigating climate change and conserving biodiversity."⁴ Protecting these critical sites from deforestation will require committed investment and political will to support Indigenous communities who have historically inhabited these forests. The UN Report inextricably links Indigenous rights to climate change mitigation and global environmental health. For these reasons, I propose that we center the spiritual leadership of Indigenous peoples who have preserved Traditional Ecological Knowledge (TEK) rooted in their spiritual cosmogonies to guide us in a just transition away from resource extractivism, violent competition and exploitation, and towards pluricultural cooperation and ecological regeneration.⁵ Specifically, it is crucial to channel effort to build alliances with Indigenous peoples, psychedelic researchers and psychotherapists to design and mobilize public health interventions that are informed by Indigenous knowledge systems that can drive improvements in behavioral and psychosocial health among diverse global populations.

Due to political advocacy in the past several decades, psychedelic-assisted therapy and psychedelic research are undergoing a global resurgence. Although psychoactive substances derived from plants and fungi have been used in rituals, ceremonies, rites of passage and as healing modalities among diverse cultures, such practices have undergone multiple eras of violent prohibition. In 1979, the word *entheogen* was coined to destigmatize such substances and resist prohibition. The term is derived from ancient Greek *entheos* or *full of god, inspired, possessed* and *genesthai* or *to come into being*.⁶ *Entheogen* refers to a psychoactive substance that induces feelings of divine inspiration that comes from within and denotes a spiritual or religious experience. Today, the legacy of colonial-era prohibition on *entheogens* is enforced by the global war on drugs.⁷ In the context of European colonialism in the Americas, early missionaries reported on the ritual uses of the mescaline-containing cacti huachuma (San Pedro) and peyote among Indigenous communities in the Andean region of *Abya Yala* ("Latin/South America") and in North Central Mexico. In these accounts, missionaries disapproved of ritual use of these *entheogens*, associating such ceremonies with diabolical activities.^{8 9 10} Between 1620-1800, and with the earliest recorded investigation dating back to 1569, there were over forty Inquisition-related investigations of ritual peyote use in *Nueva España*, or *New Spain* (modern-day Mexico).¹¹ Peyote was banned in Mexico in 1620 and in 1970 in the U.S. In 1971, mescaline and other entheogens and synthesized psychedelics became globally prohibited when they were designated Schedule I substances in the U.N. Convention On Psychotropic Substances in 1971.¹²

Due to the demonization and attempted cultural eradication (ethnocide) of such practices, colonized people protected their sacred traditions by practicing them underground, in secret from

colonial authorities. The root bark from a shrub known as *Tabernanthe iboga* is a sacrament that has been used in ritual and ceremony by various tribes Indigenous to Central West Africa that collectively belong to *Bwiti* culture or the *school of life*. To survive European colonialism, including religious conquest through missionary expeditions, Bwiti practices were forced underground. Thank to the underground Bwiti cultural preservation, Iboga-derived and synthesized ibogaine is playing an increasing role in the treatment of substance use disorder (SUD), or “addiction” (an outdated and stigmatizing medical term). Underground ritual use and dissemination of peyote reached the reservations of Indigenous territory in the Southwestern present-day Oklahoma from Mexico in the 19th century. These pan-Indigenous/intertribal exchanges led to the formation of an emerging religion in 1870 that hybridized North Mexican Indigenous peyote traditions with the traditions and culture of the Indigenous of the Southern Plains. On October 10, 1918, the Native American Church of Oklahoma was formalized when an intertribal coalition came together to recognize peyote as a sacrament, a medicine and to create a legal definition for their religion. This would lay the foundation for the future legal battle to protect the Native American Church’s ritual use of peyote under the Religious Freedom Act, which would officially become amended to protect this right in 1978. Throughout Mesoamerica, traditional, Indigenous ritual uses with psilocybin containing mushrooms were also forced underground. The Mazatec people of Oaxaca, Mexico protected their ancestral psilocybin tradition from colonial eradication and today it is one of few if not the only Mesoamerican psilocybin tradition that survived with continuity since before the pre-colonial era. To survive violent persecution and protect their spiritual-healing practices, many of these traditions assimilated Catholic-Christian religious culture and imagery into ritual use of sacraments.¹³ This is how *huachuma* became more commonly referred to as *San Pedro*, Jesus’ apostle was known for holding the key to heaven.

Modern interest in Indigenous ritual uses with entheogens or psychedelic substances gained momentum in the wake of the publication of a Life Magazine edition in 1957 that revealed occult Mazatec psilocybin traditions. It is important to highlight that the Mazatec mushroom ceremony conducted by Mazatec mushroom priestess, Maria Sabina, for former Wall Street banker and ethnomycologist Robert Gordon Wasson was documented and published in Life without her informed consent.¹⁴ The Life Magazine special resulted in an influx of psychedelic tourists to the small village of Huautla de Jiménez, Oaxaca, which forever changed the world, as consciousness grew over “magic mushrooms,” at the expense of an Indigenous community and a Mazatec *curandera*, or traditional healer who was betrayed by a White, Wall Street banker. Just a few years prior, in 1943, Albert Hoffman discovered the psychoactive properties of diethylamide of lysergic acid, or LSD-25. Hoffman, a Swiss chemist working for Sandoz AG Pharmaceutical Company, initially synthesized the substance from the parasitic rye fungus *Claviceps purpurea* five years earlier when looking to synthesize a drug to constricts blood vessels.¹⁵ Shortly after Hoffman’s discovery, Sandoz distributed LSD as an investigational drug for psychiatrists to research. It is important to remember, early research on LSD occurred alongside early research on antidepressants and antipsychotics in the Post WWII era.¹⁶ Throughout the 1950’s and early 1960’s LSD and other psychedelics were studied by psychologists and psychiatrists for their potential to, “serve as new tools for shortening psychotherapy.”¹⁷ A 2016 meta-analysis of 19 studies published between 1949 and 1973 reported “clinically judged improvement” among 79% of treated patients.¹⁸ Some of the earliest research on LSD investigated its potential to cure alcoholism, finding encouraging results.¹⁹ A two year controlled trial found that out of 58

patients with alcohol use disorder (AUD), 38 remained abstinent throughout the follow up period.²⁰ As non-clinical use of LSD spread among the U.S. population, it became associated with the rise of mass “counter-cultural” protests for civil rights and against the Vietnam War and traditional values. Media coverage sensationalized anomalous cases of harm. In 1966, LSD was added to the U.S. Food and Drug Administration’s (FDA) list of illegal narcotics and Sandoz voluntarily terminated distribution. Under Richard Nixon’s Presidency, the Controlled Substances Act of 1970 classified psilocybin, LSD, mescaline, DMT, and other psychoactive substances into distinguished Schedules determined by the substance’s “acceptable medical use,” and “abuse or dependency potential.”²¹ The Act banned all existing research on the therapeutic effects of psychedelics, including government-sanctioned research.

In the wake of Nixon’s declaration of “war on drugs,” a small group of psychiatrists turned their attention to 3,4-methylenedioxy-methamphetamine (MDMA). In anticipation of the DEA targeting the legal status of MDMA, Rick Doblin Ph.D., Alise Agar, and Debby Harlow launched a nonprofit organization, the Earth Metabolic Design Lab, through which they filed a lawsuit against the Drug U.S. Drug Enforcement Administration (DEA) to prevent the classification of MDMA as a Schedule I substance.²² Despite this effort, the DEA designated MDMA a Schedule I substance in 1985. In response, Rick Doblin established the Multidisciplinary Association for Psychedelic Studies (MAPS) in 1986 to advance research on the healing potential of MDMA, as well as other psychedelic substances. By 1990, the FDA established a new division to oversee psychedelic research protocols.

Why should we decriminalize psychedelics and end the global war on drugs?

All must turn to remembering history processes and events to understand why the decriminalization of psychedelic substances and all drugs is a necessary act towards repair for historic, state driven violence rooted in centuries of racism. During an interview in 1994, John Ehrlichman, U.S. President Nixon’s domestic policy advisor revealed the motivation for Nixon’s declaration of war on drugs:

The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and Black people. You understand what I’m saying? We knew we couldn’t make it illegal to be either against the war or Black, but by getting the public to associate the hippies with marijuana and Blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.²³

The Controlled Substances Act of 1970 continued a racist, legal American tradition that first emerged with the prohibition of opium and cannabis. In the late 19th century campaigns to ban opium relied on racist propaganda against Chinese immigrant men, who were accused of luring white women into opium dens and seducing them into interracial relationships.²⁴ Similarly so, the campaign to ban the use of cannabis relied on propaganda that spread racist stereotypes of Mexican men who would become dangerous “savages” that would prey on white women upon smoking cannabis.²⁵ In the U.S. hearing to pass the Marijuana Tax Act of 1937, witnesses

testified to it being primarily used by Mexican male laborers, “who became murders and rapists after smoking it.”²⁶ Mexican “marijuana” dealers were also alleged to sell to white school children. According to the testimonies, “marijuana” was a substance that removed inhibitions and unleashed the most “primitive” of impulses. The FBI warned that “marijuana” users adopt “savage or cave man tendencies.” Those constructing the discourse in the courtroom acknowledged the immense production of marijuana that Mexicans were able to accomplish but believed it to be misdirected and wasted labor power. During this prohibition campaign, the Spanish word “marijuana” was strategically used, rather than the Latin word “cannabis” to reinforce a link in the popular imagination between the psychoactive-plant and the Mexican population in the Southwest, along the contested U.S./Mexico border. In the earlier two prohibition campaigns of opium and cannabis, government-instituted prohibition of the substances was tied to spreading xenophobia, or anti-immigrant sentiment, towards racialized populations. These campaigns and policies created the legal structure to institutionalize racism through mass incarceration and deportation for violating drug-related crimes, disproportionately affecting non-White populations and continuing the legacy of multigenerational historical trauma through harsh punishments for use of psychoactive substances. The prohibition campaigns of the 19 and 20th centuries in the U.S. and at the global level created the structural conditions for legal repression of medical research on the therapeutic potential for such substances, as well as reinforced divisions between globally oppressed Indigenous populations and knowledge production in the “Global North.” **Lifting global prohibition would transform the structural conditions to remedy the historic losses that prevented the formation of alliances between persecuted Indigenous populations and Western medical and environmental sciences. Such bridgebuilding between knowledge systems is necessary to drive ethical research design, health interventions, monitoring and evaluation for the benefit of the global population and to mitigate global crises stemming from the legacies of colonialism and imperialism.**

Why does decriminalizing psychedelics and ending the war on drugs matter to the humanitarian sector?

In 1967, Los Angeles-based mother and artist created a small print of a sunflower with the words “War is not healthy for children and other living things.” She called it her own “personal picket sign” to protest the Vietnam War. While the term “shell shocked” was coined in 1916 by Charles Myers to describe the symptoms of soldiers in the aftermath of WWI, post-traumatic stress disorder (PTSD) became a recognized mental health condition in 1980, five years after the end of the Vietnam War.^{27 28} Although the World Health Organization’s (WHO) data is outdated, in 2019 it was estimated that 1 in every 8 people in the world live with a mental disorder, with anxiety and depressive disorders being the most common.²⁹ The WHO notes that the prevalence of PTSD and other mental disorders is high in conflict-affected environments.³⁰ Risk and structural factors for developing a mental disorder include exposure to poverty, violence, disability, inequality and other adversities. Emerging research in the 21st on psychedelic-assisted therapy as treatment for PTSD, treatment-resistant depression (TRD), racial trauma, migration trauma and intergroup protracted conflict reinforces the need to advocate for governments, global health and humanitarian institutions to lift prohibitions rooted in colonialism and commit significant funding to psychedelic research as both treatments and preventative health interventions.^{31 32 33 34 35 36 37 38 39}

A landmark study was operationalized from 2019-2021 to examine relationship dynamics and processes between Palestinians and Israelis who drank Ayahuasca together in ceremony. The study is among the first to explore whether communal psychedelic experiences are conducive peacebuilding processes. Researchers situated the emergence of new social identities among Israelis and Palestinians from collective consumption of Ayahuasca within the broader historical evolution and cultural hybridity of Ayahuasca shamanism as a creative response to colonial pressures. This creation of new social identities through Ayahuasca ceremony is emphasized as personally and politically important, which researchers propose Ayahuasca as a potential sociopolitical bridge that merits further research. The researchers also propose that “participatory and relational elements” in Ayahuasca ceremonies, such as collective singing, merit further research due their role in invoking visions and healing, within Indigenous epistemologies and cosmogonies. Leor Roseman, the primary investigator, utilized the method of participant observation during two Ayahuasca ceremonies. Researchers of this study affirm that psychedelic-assisted, peacebuilding endeavors must be driven by the goal of emancipation from political injustice, rather than a goal of apolitical harmony that diverges from addressing institutionalized injustice. Through a grounded theory analysis, three themes were identified from the interviews: unity-based connection, recognition of difference and difference-based connection, and conflict-related revelations. This landmark study suggests that intercultural, interfaith exchanges and collective spiritual experiences during ritual use of entheogens can catalyze revelatory insight across a wide spectrum of dimensions, from the personal to the larger historical and socio-political context. Another observation research study conducted in the summer of 2022 was conducted by Unlimited Sciences to document the outcomes of fifteen immigrants and refugees participating in an Ayahuasca ceremony. The finding included “significant reductions in standardized measures of depression, anxiety and shame and increases in self-compassion. A majority of participants designated the experience as “one of the top 10 most meaningful experiences of their lives.”⁴⁰ **These foundational research initiatives on the role of ritual use of psychedelics for populations affected by war, protracted conflict, forced migration and human rights violations, which are common experiences in “humanitarian” contexts, should motivate advocacy by global health workers for a lifting of institutionalized prohibition and investment in further psychedelic therapy research for populations directly traumatized by crisis and workers in the humanitarian workforce who are susceptible to vicarious, or secondary trauma, who also need vicarious trauma interventions.**⁴¹

In Combination with Psychedelic-Assisted Therapy, Anti-oppression Education Promoting Historical Memory Must Be Institutionalized and Implemented as a Key Public Health Intervention to Transform the Structural Factors Manufacturing Humanitarian and Related Global Crises

Psychedelics and ritual use of entheogens in collective settings is not enough by itself to overturn centuries of genocide, ethnocide, ecocide and today’s industries that financially profit from globalized warfare and environmental plunder. **We also need critical education that motivates behavioral changes to combat the normalization of mass violence and bystander behaviors in which people abstain from intervening to prevent incidents of violence.**

As critical thinking health and humanitarian workers, we must ask ourselves why do humanitarian crises occur in the first place? Why do they occur in some parts of the world and

not in others? Are they not preventable? We cannot honestly answer these questions by avoiding analysis of multiple genocides, mass atrocities and ecocides (extermination of ecosystems) over the past 500+ years. We can use public health terminology to better understand global inequities shaped by the past. In public health we use terms such as *risk factors*, *structural factors* and *social determinants of health* to contextualize the variables that play a role in shaping individual and population health outcomes. Structural and social determinants of health refer to the economic, social, policy and organizational environments in which the production of risk occurs.⁴² *Risk factors* refer to a characteristic, condition or behavior that increases the possibility of disease or injury. In public health we combine the medical science of epidemiology (to investigate how such factors determine the presence or absence of disease and disorders) with the art of designing targeted health interventions to transform and improve population health outcomes. European settler colonialism, imperialism, which has been institutionalized into policy through governments and global institutions, can be thought of as *structural factors*, *social determinants of health* and *risk factors*. They shape environmental, individual and population health outcomes- such as racially-motivated violence and related deaths or injuries, including PTSD and other mental health disorders.

While mass violence has been recorded throughout human history, the scale of European settler colonial extermination of Indigenous peoples, culture, knowledge, and ecosystems beginning in the late fifteenth century was unprecedented. Motivated by the accumulation of material profit and desire for monopolization of power in the emerging global economy, European settlers, traders, companies and missionaries subjected Indigenous populations to their invented structures of domination, territorial dispossession (land theft), abduction, enslavement, mass murder and labor exploitation. Although Germany, Prussia, Bavaria and Saxony were not as involved in the earliest stage of European colonization, the Spanish, Portuguese, British, Dutch and French set the precedent for using systemic extermination to acquire access to land and natural resources to extract and appropriate diverse raw materials to sell in the global market. In 1528, King Charles V issued a charter that granted the German Welser family rights to explore and colonize lands within the province of Venezuela. Following the formation of the German Empire in 1871, Germany competed with other Western powers in the “scramble for Africa.” In 1884 Germany claimed dominion over South-West Africa, in modern day Namibia- home to the Nama and Herero peoples. In 1904, the Herero people rebelled against German colonial authorities, who retaliated with a genocide, or partial or whole extermination of a population, that was both structural and systemic. It was in this colonial context that the concentration camp, *konzentrationslager*, was first conceptualized and implemented in the German social-historical context, including the death camp- a designated space for mass killing by the German authorities.⁴³ Through mass incarceration at concentration camps, hangings, shootings and forced displacement to the Kalahari Desert, the Herero population was decimated by about 80% by 1910.

Why Historical Memory in Anti-Oppression Education is Relevant to Preventing Humanitarian and Global Crises

As we grapple with the ongoing horrors of genocide and intergroup mass violence around the world, **we must build historical memory as a public health practice to investigate how earlier genocides and institutionalized racist ideologies created the structural factors, social**

determinants of health and risk factors for the continuation of intergroup mass violence. A present day crisis and case study includes the antisemitic massacres at the Nova psytrance festival and Israeli Kibbutzim by Hamas on October 7th and the following two months (and counting) scorched-earth bombardment of Gaza by the IDF and widespread persecution of Palestinians in the West Bank by Israeli authorities and settlers. As we witness the conditions in Gaza that have been described by global humanitarian actors within the United Nations as some “of the worst we have witnessed,” “apocalyptic,” and “nearly impossible” to carry out humanitarian operations under⁴⁴, **it is our responsibility to trace the colonial-imperial geopolitical structures and social determinants that shaped the consequences of recurring intergroup mass violence today. As people benefiting from the socio-economic privileges of the “Global North,” manufactured at the expense of the human suffering in the “Global South,” we have a responsibility to investigate and generate understanding over how colonialism, imperialism and military occupation shape population behavioral health outcomes and whether those behavioral health outcomes perpetuate patterns of violence across multiple generations.**

We must also recognize that today, just like in the late 19th and early 20th century, genocide, territorial dispossession and resource extraction in Africa receives far less attention than mass murder that involves Europeans or colonized peoples with lighter skin complexion. Before the publication of *King Leopold's Ghost* by Adam Hochschild in 1998, the genocide of 10 million Congolese and ecological plunder of rubber and ivory under the Belgian colonial-imperial administration of King Leopold II was not widely known about. Similarly, today, the genocidal violence happening in the Democratic Republic of Congo (DRC) and Sudan are not garnering global attention, condemnation, and mass mobilizations for many reasons, including colorism, a media blackout and the lack of awareness on the neocolonial-imperial conditions of the environmental plunder and extremely exploitative conditions of cobalt mines in the DRC. Populations in the Global North are structurally deprived on the information of how raw materials in the supply chain of production are sourced through mass murder, exploitation and resource theft. Since the beginning of European colonialism and imperialism, the production of commodities for the global market produce “humanitarian disasters” for colonized populations. The humanitarian disasters/crisis we witness today can be mitigated, if not totally prevented by directly addressing the government and industries upholding neo-colonialism and imperialism. These forces rely on geopolitical destabilization of Indigenous populations to maintain control over resource-rich territories from which concentrated wealth is derived. Therefore, rather than taking on a reactionary role as a temporary agent of humanitarian response that normalizes the racialized relations of power and privilege in “humanitarian” settings, it is our moral responsibility to **challenge the structural factors, social determinants of health and risk factors that perpetually produce “humanitarian” conditions that are often produced by the arms and extractive industries to sustain concentrated wealth among world powers.**

European colonialism and imperialism, as sustained through ongoing genocides has relied on the dehumanization of non-European populations. The dehumanization of non-European populations was necessary to justify extermination of people, culture and theft of resource-rich environments. Racist ideologies are apparent in the diary entries of the first conquistadores and religious missionaries to report on the encounters between Europeans and the peoples of the “New World.” Bartolomé de las Casas was a Dominican friar and historian who became the earliest

defender and advocate on behalf of the Indigenous populations in the Americas. And even though he did extensively document and denounce the atrocities committed towards Indigenous peoples at the hands of Spanish colonizers in *A Short Account of the Destruction of the Indies*, he was a protagonist in debates around how to best facilitate religious conversion among native populations who “needed” spiritual salvation. Las Casas’ engaged in the debate over just/unjust wars in the emerging context of European colonization. Debates on Just War theory were taken up by Las Casas, Juan Ginés de Sepúlveda and Francisco de Vitoria which have and continue to significantly influence international law.⁴⁵ One of the key and controversial debates back then that persists today is between lenient or strict interpretations of when *jus ad bellum* can be legitimately invoked. “Barbarianism,” and “natural law” continue to be employed as ideologically racist justifications for war and mass violence today.

These early debates over whether “barbarianism” and “natural law” are just causes for waging war are relevant because they laid the ideological pretext for the emergence of racist pseudo sciences in Europe and the U.S. during the Enlightenment era that sought to scientifically prove European and White racial superiority and non-European, racialized inferiority to reinforce justifications for the mass atrocities under colonial-imperial regimes of power. One such ideology was the application of Charles Darwin’s theories on evolution and natural selection to racialized populations, known as Social Darwinism. Social Darwinism projected that competition among races is the “driving force of history” and that humanity would benefit from an inevitable disappearance of “inferior peoples.” Social Darwinism became a popular ideology among European populations who justified genocidal mass atrocities with the logic of “survival of the fittest.” From the earliest of colonial encounters, through the Enlightenment and today, becoming aware of our own ethnocentrism is central to our liberation from the manufacturing of “humanitarian crises,” as well as the ethical delivery of life-saving resources and services when crisis do happen. Ethnocentrism is the judgement of cultures, practices, behaviors, beliefs and peoples different than our own by comparing them to our own as a superior point of reference. It can also be thought of as a belief in cultural superiority or cultural bias. One of the leading critiques of humanitarianism is that it is fueled by a “white savior complex” that is rooted in the ethnocentrism and the belief that colonized peoples need to be saved- an idea that is traceable to those early colonial theological debates. This attitude or internalized belief may be hard for us to notice in our subconscious thinking but is communicated overtly in Rudyard Kipling’s 1899 poem, *The White Man’s Burden*. In this poem, Kipling communicates a call to action for White Americans to take up the necessary “burden” or responsibility of civilizing the captive Indigenous populations of the Philippines because they are “half devil and half child,” in other words lack the faculties of an adult human and are evil. As the poem progresses, Kipling describes “the White Man’s burden” as “the savage wars of peace” to “fill full the mouth of famine and bid the sickness cease.” Again, these lines express a sentiment that war against “savages” is necessary to maintain peace and that the “savages” depend on the benevolence of the White race to save them from starvation and disease.

While the infantilization of colonized peoples in the *White Man’s Burden* is overt, some “humanitarian” institutions and individual workers perpetuate internalized paternalist, ethnocentric and racist attitudes that replicate colonial power dynamics in which outsiders from the Global North “know what’s best” for native or local populations in the Global South who are suffering in a “humanitarian” setting and who “need to be saved” because they are incapable of

saving themselves. Global forces that produce global inequities such as the arms, fossil fuels, mining, and other unregulated industries continue to act with impunity in waging mass violence and environmental plunder. This is how the White savior complex plays out: the socio-economic, geopolitical, economic, environmental structural factors that manufacture humanitarian crises and human suffering go unchallenged. Humanitarian institutions and workers react to the consequences of the structural factors and remain silent on the structural factors themselves. This dynamic reveals a necessary point of intervention where we can **engage in iterative introspection to cultivate self-awareness over how we have internalized racist, ethnocentric attitudes we have been exposed to in our upbringing, education, media consumption, government policies and popular culture so that we do not perpetuate neocolonialism under the guise of humanitarian action.** This is one of the fundamental objectives of anti-oppression education: preventing the harmful perpetuation of oppressive behaviors and ideas rooted in domination, subordination, superiority and inferiority through educational interventions and reflection. **Anti-oppression education can and should be researched as a psychological, spiritual and behavioral health intervention guided by psychedelic-assisted therapy and/or ritual use of entheogens to prevent perpetuation of historic mass violence.**

It is necessary to ask ourselves and engage in critical dialogue over to what extent do we sustain commitment to the humanitarian principles of humanity, impartiality, neutrality and independence in scenarios that reveal how government policies, institutions and private industries create the structural factors, social determinants of health and risk factors for current and future humanitarian disasters. Such examples include ongoing debate over the U.S. Defense budget and disproportionate appropriations to foreign military aid, how U.S. “humanitarian” aid is diverted into fighting the catastrophic global war on drugs, and the debates taking place at COP28 over the continuation of using or phasing out fossil fuels to remain within the Paris Agreement target of 1.5 degrees Celsius above Industrial Revolution era global average temperatures. If we are called to commit to a life path of humanitarian action, **we must decolonize humanitarianism by advocating for humanitarian institutions to address structural factors including governments’ military budgets, the global arms industry, the extractivist industries and nations most responsible for the global climate crisis.**

What can be done to decriminalize psychedelics and end to the global war on drugs?

This year’s *State of the Climate Report* illustrates the severity of the volatile and unpredictable consequences of colonial, imperial industrialization. The extractive industries and global arms industries pose the largest threats to climate stability, global security and health by fueling ecological collapse, the collapse of the global food system, hunger, displacement and disease outbreaks in humanitarian settings. To prevent the exacerbation of compounding global health crises, we need a revolution of behavioral changes. Is it possible that ritual use of plant medicine and psychedelics can guide humanity’s transition away from mass violence and towards transitional justice, disarmament, demilitarization, repair, and peace? **Humanitarian institutions and individuals should pursue further education on traditional, Indigenous ritual uses of psychoactive plant and fungi medicines, research on psychedelic-assisted therapies for mental health disorders and non-traditional uses in dance parties or festivals, which are also reported to facilitate spiritual experiences and produce transformative, therapeutic benefits.**

Humanitarian institutions and individual actors should advocate at the national and global levels for a repeal of the legal and racist prohibition of all psychoactive substances on the principle that substance use should be addressed not by criminal punishment but rather through a public health approach, evidence-based science, compassion, dignity and respect for human rights. Humanitarian advocacy should emphasize positive results in research on using entheogens and synthesized psychedelics in treatments for mental health disorders and the need for emergency funding for further research.

The Commission on Narcotic Drugs (CND) is a United Nations body responsible for setting global drug policy, overseeing its implementation and making amendments to treaties. Established in 1961 with the UN Single Convention on Narcotic Drugs, the CND plays a critical role in shaping international drug control efforts and developing strategies to reduce drug-related harms.⁴⁶ The CND is composed of 54 member states selected by the UN Economic and Social Council (ECOSOC). The CND meets on an annual basis at the UN in Vienna, where member states convene to decide on resolutions that offer policy guidance on psychoactive substances. **The annual CND is a space where humanitarian institutions can participate in global advocacy efforts as civil society organizations to dismantle the global war on drugs.**

The 1961 UN Single Convention on Narcotic Drugs also established The International Narcotics Control Board (INCB) to implement the 1961 UN treaty. The 1961 UN Single Convention on Narcotic Drugs assigns responsibility to the World Health Organization to research and provide expert health consultation to inform decisions on the initial scheduling or amending & rescheduling the global status of psychoactive substances. The 1971 Convention on Psychotropic Substances reinforced a drug-scheduling system to categorize drugs based on medicinal value and abuse/harm potential. Although the 1961 Convention mandates conduct over "narcotic" drugs and the 1971 on "psychotropic" drugs, there is no scientific basis for how psychoactive substances were distinguished as "narcotic" or "psychotropic" in both conventions. The 1988 Convention Against Illicit Traffic In Narcotic Drugs and Psychotropic Substances mandated member states to adopt an enforcement approach to drug use and commerce, requiring countries to implement criminal sanctions for production, supply, trafficking and use of drugs. The 1981 Convention mandated confiscation of profits of criminalized drug-related activities, extradition between countries, restrictions on the manufacture and distribution of precursor chemicals used to make drugs scheduled in the 1961 and 1971 conventions. The International Narcotics Control Board (INCB) monitors the implementation of conventions, monitors & supervises the supply of controlled drugs for medical and scientific purposes. It is composed of 13 members selected by UN ECOSOC. Through statements, annual reports and private communications, the INCB exercises significant influence over global drug policy. The UN Office on Drugs and Crime (UNODC) formed in 1997 through the unification of the UN International Drug Control Program & the UN Crime Prevention & Criminal Justice Division. UNODC advises governments on enforcement of global drugs laws & produces an annual World Drugs Report. **These are all institutions that humanitarian institutions and actors can engage with to advocate for the divestment, demilitarization and disarmament of global drug prohibition and investment in psychedelic research for transitional justice, mental, behavioral and environmental health interventions amidst compounding global crises.**

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