



OPIS

Organisation for the
Prevention of
Intense Suffering

An open letter to The Honourable Patty Hajdu, Minister of Health, Government of Canada

31 August 2021

Re: An ethical solution to the emergency of cluster headache patients

Dear Honourable Minister,

I'm the Executive Director of the Organisation for the Prevention of Intense Suffering ([OPIS](#)), a think-and-do tank promoting compassionate, evidence-based governance. One of our main areas of focus is ensuring access to effective medications for people in severe pain. We have been advocating internationally for better access to morphine for terminal cancer patients in lower- and middle-income countries, and more recently, for access to certain psychedelics for patients with [cluster headaches](#) – one of the most painful conditions known to medicine. You can read more about our work on pain relief [here](#).

I would like to start by acknowledging the important step you took in August 2020 in granting the first section 56 exemptions allowing end-of-life patients to use psilocybin for the medical treatment of anxiety and distress. This decision was an important signal that patients in need should not be legally hindered from accessing medications that can help relieve their suffering. Unfortunately, the section 56 exemption process has shown its limits in responding rapidly to the large number of patients in need of access to medications currently restricted by law. This includes the many patients with cluster headaches for whom psilocybin and related substances offer the greatest hope of relief.

Our work is driven by the central importance that relieving suffering has to ethical decision-making, and by the self-evident principle that the most severe suffering has the greatest urgency associated with it and must be given the highest priority. It is difficult to fully convey in words the agony endured by cluster headache patients, but the pain is often likened to having a red hot ice pick driven into the eye, and patients often experience multiple hour-long episodes day after day for months at a time, or even years in the case of chronic patients. Many are driven to suicide to escape the pain. We produced a short animated [video](#) to help convey the reality of the condition.

As we detailed in a [policy paper](#) produced at the end of 2020, signed by prominent neurologists, researchers and ethicists, there is a strong body of evidence demonstrating the dramatic preventative and/or abortive capacities of psilocybin, LSD and DMT in cluster headache patients, with psilocybin often preventing entire cycles from occurring. While we fully subscribe to the usefulness of clinical trials for producing high-quality data, for patients in agony there is simply no time to lose. Given the severity of the condition, there is no justification for legally withholding effective and safe medication, and forcing patients who self-medicate to risk prosecution on the basis of antiquated drug laws.



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OPIS established a partnership with TheraPsil to support cluster headache patients in Canada in accessing psilocybin. As has been requested in separate correspondence, we urge you to take rapid action and establish regulations to ensure that cluster headache patients, in consultation with their doctors, can be legally prescribed psilocybin to treat this horrendous condition. As a Canadian citizen myself, I would welcome this strong demonstration that our government policy can be driven by compassion and reason.

Best wishes,

Jonathan Leighton, PhD

Executive Director, Organisation for the Prevention of Intense Suffering (OPIS)

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