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Psilocybin Decriminalization and Legalization

Decriminalization = a once-banned drug is still prohibited by federal or state law, but prosecution will not be pursued against a person for carrying under a certain amount.

Legalization = a once-banned drug is made legal under federal or state law.

After decades of dormancy, we find ourselves on the verge of a psychedelic renaissance backed by the revival of research that supports the plausibility of psychedelic therapeutic benefit. One drug, in particular, has become the center of a substantial portion of this discourse: psilocybin. Psilocybin is a naturally occurring compound in fungi that has potent psychedelic effects. When considering whether psilocybin ought to be decriminalized and/or legalized, it is important to examine the implications on the bioethical principles of autonomy, beneficence, nonmaleficence, and justice. The following essay will dissect the merits and potential risks and harms of psilocybin, the path to decriminalization and legalization--if any--and policy recommendations based on the availability of psychedelic research, cultural context, and ethical decision-making.

Psilocybin has been cited to inspire a transcendental experience that can expand self-awareness and evoke a self-exploratory awakening. It is consumed to give users a sense of spiritual and cognitive liberty through the opportunity to pursue freedom of thought and open up the mind to boundless possibilities. Psilocybin has been documented to aid in alleviating depression, anxiety, and post-traumatic stress disorder; in fact, a large driving force behind the

push to recognize the power of psilocybin comes from veterans, many of whom struggle with these mental health conditions (Zhang & Crampton 2022). What differentiates psilocybin from other psychedelics and even legal psychiatric medications is the notion that psilocybin has little-to-no accompanying harms whereas drugs like MDMA, ketamine, and barbiturates (legal hypnotics) bolster varying degrees of addiction and overdose risk. Psilocybin is not found to be addictive nor is it hypothesized to be lethal when combined with other substances. Evidently, more information in this area is necessary in order to cement boundaries of safety when it comes to partaking in psilocybin use. At the most rudimentary level, if psilocybin yields a heightened sense of self-knowledge and autonomy, is equipped with the prospect of spiritual and therapeutic benefit, and is associated with minimal risks, then psilocybin ought to be deemed ethically permissible.

When one takes the legalization of psilocybin into account, however, this could pose an issue for justice, equity, and equality, as is typically the case with our private, free market that is characteristic of a capitalist economy and society. With its legalization, a major--and profitable, may I add--way in which psilocybin would be accessible is by service centers. Psilocybin would be distributed at these centers under the supervision of a certified facilitator who would have to undergo extensive training. Additionally, it is possible that these facilitators would be required to be mental health professionals. Either way, the acquisition and consumption of psilocybin at these centers would come with a hefty cost because of the stringent caliber of regulation, thereby barring certain populations from obtaining the benefits of psilocybin. While mental health disorders are not caused by low socioeconomic status per se, mental health disorders can be exacerbated by food, housing, and employment insecurity and other factors that are linked to low socioeconomic status. Coupled with the fact that low socioeconomic status populations have

decreased exposure to counseling, therapy, and psychiatric medications--on top of the stigma surrounding mental health and mental health treatment among communities of color--this is why we tend to see a negative correlation between mental health disorders and socioeconomic status. Yet the populations that could perhaps gain the most from the promising spiritual and therapeutic qualities of psilocybin would have the least access to these psychedelic service centers. Finally, we must ask ourselves whether these centers are displacing local businesses and propelling gentrification forward. For example, in “‘It’s not medical’: Oregon wrestles with how to offer psychedelics outside the health care system,” we are immediately told that a local fabric store will be converted into a psychedelic service center in the near future (Goldhill 2022). Due to the fact that ethics breeds intersection and interdiscipline, it is crucial to deliberate the socioeconomic elements and effects of an ethical issue.

Nevertheless, what does the journey to psilocybin decriminalization and legalization look like? Are either of these paths attainable goals? One could argue that the decriminalization of psilocybin is on the forefront of our horizons considering the legislative steps that have already been taken in a multitude of states. As a testament, Oregon recently decriminalized all drugs and legalized psilocybin therapy, in addition to Washington D.C. decriminalizing all plant- and fungi-based psychedelics, including psilocybin (Hartman & Margolin 2021). Furthermore, the state of Hawaii introduced a psilocybin therapy bill to their senate, and a Florida state representative has been pushing for legislation to legalize psilocybin therapy for people with a mental health condition diagnosis (Hartman & Margolin 2021). While psilocybin is classified as a Schedule I drug under the Controlled Substances Act--meaning there is a high risk of abuse and no determined medical use--clinical research and psychedelic studies have strongly suggested that psilocybin does indeed present therapeutic benefits, such as the aforementioned mitigation

of depression, anxiety, and post-traumatic stress disorder (Hartman & Margolin 2021). Unlimited Sciences, a non-profit research and advocacy organization, is committed to creating the largest collection of real-world data on psychedelic use through observational research with the intent to publicly disseminate information on the safe and effective use of these drugs (Lowe 2022). Courtesy of emerging documentation from the Unlimited Sciences database, as well as other studies and databases, each state is obligated to hold a hearing before a judge, hear witnesses, and review relevant evidence in order to set forth legislative policies on psilocybin status in that state, possibly leading to the reclassification of psilocybin from a Schedule I drug as another class (Hartman & Margolin 2021). This may be the most linear pathway to the eventual legalization of psilocybin.

Moreover, the rich cultural history of psilocybin use among indigenous communities must never be neglected, as religion and spirituality often shape legislation (i.e. policies on abortion and euthanasia have been influenced by dominant religious beliefs). Psilocybin-containing mushrooms have been ingested for many generations in Aztec ritualistic settings within particular regions of Mexico (Lewis-Healey 2021). In ceremonies called Veladas, “magic” mushrooms are consumed under the guidance of designated healers to render the user closer to God and the divine (Lewis-Healey 2021). In this context, psilocybin serves a similar function to prayer.

In 1957, a banker and ethnomycologist from the United States recorded his psychedelic trips with one of these healers--famously bringing one of the first introductions of ritualistic psychedelic use to the West, yet simultaneously exposing this healer and her indigenous community to invasion from the West (Lewis-Healey 2021). The Aztec community in Mexico is proof that psychedelics can be conducive to religion, spirituality, self-realization, integration, and

togetherness. These interests should not be ignored, but rather embraced in enhancing the fabric of culture and society as we know it. Although, we must take precarious care to avoid the exploitation of all that we have learned and borrowed from indigenous communities in regards to psychedelics. It is indispensable that cultural appreciation and respect are never conflated with cultural appropriation.

In summation, because of the enormous promise of therapeutic merit, spiritual and cognitive autonomy and liberty, and minimal risk that psilocybin carries, one could postulate that psilocybin not only ought to be decriminalized in the United States, but legalized altogether. Psilocybin therapy, when tacked onto more traditional forms of therapy, has the profound potential to help with treating depression, anxiety, and post-traumatic stress disorder by inhibiting the amygdala (fear center of the brain) and allowing the brain to confront the true origins of these ailments without being hindered by self-censorship (Goldhill 2022). Instead of medicating the mind with psychiatric medications and dampening the effects of mental health disorders without curing the causes, psilocybin may lead to a more long-term solution through self-healing and self-actualization (Goldhill 2022).

Here, we must differentiate between the therapeutic and medical bearings of psilocybin--as we do not have enough concrete evidence to support medical benefits--so that consumers will be clearer on and more informed about the scope of psilocybin use (Goldhill 2022). We must also address the socioeconomic and social justice problems of psilocybin legalization, such as diminished access for certain populations and gentrification. Lastly, we must dignify how indigenous communities have incredulously advanced the development of psychedelics and psychedelic research.

I would like to add an anecdotal reflection to conclude this essay by stating that prior to taking Bioethics and Emerging Biotechnologies with Professor Gumer in Spring 2022, I did not recognize the value of psilocybin or psychedelics in general due to their animated and active stigma after the first wave of the psychedelic revolution of the 1960s. Contrarily, I now believe in the therapeutic and spiritual enlightenment that psilocybin and psychedelics are capable of. On the heels of the COVID-19 global pandemic where our collective mental health was adversely affected, maybe psilocybin and other psychedelics are a safe and long-term alternative to treating our global trauma and fostering our mental, emotional, and spiritual well-being.

Discussion Questions

- 1) With the looming decriminalization and legalization of psilocybin, how do we recommit ourselves to the bioethical principle of justice by taking measures to promote socioeconomic equity and equality in psilocybin access and distribution?
 - a) Medical benefits of psilocybin would have to be determined and confirmed -> psilocybin would become part of our healthcare system and consequently covered by medical welfare programs
 - b) Psilocybin service centers not only located in wealthy and upper middle class areas, thereby expanding psilocybin access and distribution, but also not displacing local businesses
 - c) If psilocybin service centers located in middle class and lower class areas, a portion of their profits could be re-invested into their communities
- 2) Do the decriminalization and legalization of psilocybin unleash a gateway to the decriminalization and legalization of other drugs that perhaps carry a higher risk of addiction and overdose? How do we regulate the use of these substances?
 - a) Perhaps, but psilocybin is a unique drug in the sense that it carries so much therapeutic, spiritual, and medical promise without much risk or harm -> not similar to many other drugs
 - b) Other drugs on the horizon of decriminalization and then legalization (i.e. ketamine) would have to be regulated a lot more stringently -> access and distribution to these drugs would have to be limited for safety reasons

3) What would the incorporation of psilocybin in palliative care hospital settings look like?

Is there a fine line between psychedelic use at the end of life and physician-assisted suicide?

- a) Psilocybin could be incorporated in palliative care measures to alleviate pain and suffering and promote peace of mind, self-acceptance, and a sense of togetherness with loved ones prior to death -> psilocybin use would make the dying process more pleasant and easier for all involved parties
- b) Psilocybin use would not hasten death or create a new pathophysiological state guaranteed to lead to death -> therefore, not morally or ethically similar to physician-assisted suicide/euthanasia

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