

Psychedelics and Consumers

The United States Drug Enforcement Administration organizes drugs into categories called schedules, based on their abuse potential, accepted medical uses, and addictiveness. Psilocybin, MDMA, and other orally ingested psychedelic chemicals are categorized in Schedule 1, alongside heroin, and are heavily regulated, even for scientific research. In order to obtain access to these drugs, research institutions must comply with extensive safety protocols, registrations, and applications, making clinical studies using these drugs difficult or impossible.

Despite these restrictions on psychedelic substances in the laboratory, companies have begun selling psychedelic tablets, oils, and compounds to consumers in America, Europe, and Asia, based on the promise of a potential new market. Designed to attract customers with colorful packaging and trendy names like “Jedi Mind Trick” and “Golden Teacher,” companies promise improved memory, mood, and cognition from microdosing and consumption of their products. In areas where legality wanes, mushroom dispensaries operate via legal ambiguities and loopholes, such as religious freedom exemptions, to sell their products. Business owners argue that their work is important as a form of pressure to change the legal system, which has stigmatized psychedelic usage since President Nixon’s War on Drugs.

The benefits of medicinal use of psychedelics have a scientific basis. Recent investigations of the use of psilocybin for migraines, anxiety, addiction, depression and Obsessive-Compulsive Disorder (OCD) have offered promising data. Under controlled use, some psychedelic substances like psilocybin have been shown to improve pathologies for psychiatric disorders and increase creativity and empathy towards others.

While psychedelic substances offer promising preclinical and clinical results, and they are considered by some to be the next frontier of medicine, researchers warn of the dangers associated with premature, unregulated consumer use. Researchers at Johns Hopkins caution that observed benefits gained in clinical human trials are specific to research and medical settings, and they caution the public from using psilocybin on their own. Consumption of psychedelics without experimental evidence to advance our understanding of their physiological effects may pose a threat to personal health and safety.

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Information sourced from: “With Magic Mushrooms, Small Businesses Lead, Hoping Laws Will Follow,” Bloomberg (<https://www.bloomberg.com/news/articles/2022-07-21/shrooms-psilocybin-psychedelics-black-market-business-moves-to-mainstream>); Gukasyan et al., “Efficacy and safety of psilocybin-assisted treatment for major depressive disorder: Prospective 12-month follow-up” in *Journal of Psychopharmacology*, vol. 36, issue 2, Feb. 15, 2022; “Psilocybin Treatment for Major Depression Effective for Up to a Year for Most Patients, Study Shows” Johns Hopkins Medicine (<https://www.hopkinsmedicine.org/news/newsroom/news-releases/psilocybin-treatment-for-major-depression-effective-for-up-to-a-year-for-most-patients-study-shows>); “Drug Scheduling,” United States Drug Enforcement Agency (<https://www.dea.gov/drug-information/drug-scheduling#:~:text=Schedule%20%20drugs%2C%20substances%2C%20or,%2C%20methaqualone%2C%20and%20peyote>); “Drug Fact Sheet: Psilocybin,” Department of Justice/Drug Enforcement Administration (https://www.dea.gov/sites/default/files/2020-06/Psilocybin-2020_0.pdf); and “Can psilocybin mushrooms be used as medicine or therapy?” The Drug Policy Alliance (<https://drugpolicy.org/drug-facts/psilocybin-mushrooms-medicine-therapy>).