

RENMUN XI

REJUVINATION



March 14th & 15th, 2026

Chair Report 2
World Health Organisation

**Discussing the Legalisation and Regulation of
Psilocybin Mushrooms for Therapeutic Use**
Elise Yip

Chair Introduction

Dear Delegates,

Welcome to the World Health Organisation at RENMUN XI! We are your chairs, Chloe Leung and Elise Yip, Year 12 and Year 11 students at ESF Island School and Sha Tin College, respectively. We are more than looking forward to meeting you all at Renaissance College this March!

Founded 28,465 days before RENMUN XI, on the 7th of April, 1948, the WHO is the principal organ of the United Nations, promoting the quality and accessibility of healthcare worldwide. Protecting the key human right, the WHO works to establish global health standards and coordinate international responses to health threats and crises.

At this conference, the Organisation will be discussing two topics on its agenda:

- I. Addressing the collapse of healthcare during conflict and humanitarian crisis
- II. Discussing the Legalisation and Regulation of Psilocybin Mushrooms for Therapeutic Use

, but also to explore outside sources to make research specific to their stance. We understand that, as a beginner council, the majority of delegates may be new to Model United Nations. For this reason, please do not hesitate to contact either of us if you have any questions or concerns.

We look forward to seeing you all in March!

Sincerely,

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Topic Introduction

Psilocybin mushrooms, containing the psychoactive compound psilocybin, possess a rich history of cultural and spiritual use spanning millennia among indigenous peoples across the globe. Today, this ancient sacrament stands at the forefront of a modern psychiatric revolution. Significant growing bodies of clinical research demonstrates remarkable therapeutic potential, with recent controlled trials showing great promise and often rapid benefits in treating some of the most debilitating and treatment-resistant conditions, including major depressive disorder (MDD), post-traumatic stress disorder (PTSD), and substance use disorders.

The primary mechanism behind these effects is psilocybin's action as a partial agonist on serotonin receptors, particularly the 5-HT_{2A} subtype. This triggers a temporary, profound alteration in brain network connectivity, effectively "resetting" rigid patterns of thought and emotion linked to conditions like depression. Crucially, when administered in a controlled clinical setting alongside preparatory and integrative psychotherapy (a protocol known as psilocybin-assisted therapy), a single or few doses have been shown to produce rapid symptom reduction that can endure for months, a stark contrast to the daily regimen required by conventional antidepressants. Furthermore, psilocybin exhibits a non-addictive profile and lacks the toxic physiological effects associated with many drugs of abuse, underscoring its unique medical potential.

However, psilocybin remains a Schedule 1 drug under U.S. federal law, creating tension between emerging research and outdated drug policies. Psilocybin mushrooms can cause adverse reactions such as anxiety, panic attacks, paranoia, and, in rare cases, acute psychotic episodes or prolonged psychosis resembling schizophrenia, which raises questions about the effects of this drug for consumption. In the United States, approximately 3% of adults (around 8 million people) reported psilocybin use. While the clinical promise of psilocybin is a primary focus, it is crucial to acknowledge its parallel existence in recreational contexts. Outside of regulated research, psilocybin mushrooms are widely used for personal exploration, sensory enhancement, and social or spiritual experiences. This unregulated use presents a complex contrast to the clinical model. It occurs without professional screening, medical preparation, or therapeutic integration, potentially increasing the risk of adverse psychological reactions, such as anxiety or paranoia, especially in vulnerable individuals or unsupportive environments. Furthermore, the current Schedule I status of psilocybin mushrooms in numerous nations, which criminalises all use, fails to distinguish between a supervised therapeutic dose and recreational consumption, pushing all use into an unregulated grey market devoid of quality control or safety guidelines. This reality underscores a core tension in the debate: as society considers legitimizing psilocybin as a medicine, it must also contend with the existing landscape of personal use and consider how a strictly medical legalization

framework would interact with, or exist alongside, these well-established cultural practices.

Key Terms

Term	Definition
Psilocybin Mushrooms	Psilocybin mushrooms, or "magic mushrooms," are a group of fungi containing the psychedelic compounds psilocybin and psilocin, which induce hallucinations by mimicking serotonin in the brain, leading to altered perceptions, thoughts, and feelings.
Psychoactive Substance	A drug or other substance that affects how the brain works and causes changes in mood, awareness, thoughts, feelings, or behaviour.
Psychedelic-Assisted Therapy	Psychedelic-assisted therapy (PAT) is a novel form of mental health treatment that involves a combination of psychotherapy and psychedelic experiences.
Decriminalisation	Removal of criminal penalties for an act, making it a civil offense with fines or no punishment. However, the act remains technically illegal, unlike legalization where the act becomes fully lawful and regulated.
Antidepressant	Prescription medications primarily used to treat depression by improving mood and brain chemistry. They also treat anxiety disorders, chronic pain, and other conditions like PTSD and eating disorders.
Post Traumatic Stress Disorder (PTSD)	Mental health condition that is caused by an extremely stressful or terrifying event, either being part of it or witnessing it
Depression	Common mood disorder characterized by a persistent feeling of sadness, loss of interest or pleasure (anhedonia). Also includes changes in thinking, behavior, and physical well-being that interfere with daily life.

Addictive Potential	A substance's inherent capacity to produce compulsive use, dependence (physical or psychological), and addiction determines how likely it is to cause a substance use disorder, influenced by brain reward systems, withdrawal effects, and individual factors like genetics and stress.
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Background Information

Historical Context

In early human history, the search for food often led to the accidental discovery of wild mushrooms. Their consumption for survival has continued for tens of thousands of years, with evidence pointing to Paleolithic foraging and even early Neanderthal use. Among these early finds, the psilocybin mushroom's origin is traced to Central America, where evidence of mushroom worship dates back to around 1000 BCE. Archaeological discoveries reveal that indigenous cultures worldwide long recognized the spiritual and healing potential of psilocybin mushrooms. In Mesoamerica, ancient mushroom-shaped sculptures and figurines have been unearthed, symbolising their role in spiritual practices. Across Africa, certain tribes also incorporated psychoactive mushrooms into healing rituals and spiritual traditions. The Spanish conquest of the Americas in the 16th century brought about the systematic, violent oppression of Indigenous spiritual practices, including the religious use of psilocybin mushrooms. Under Spanish rule, indigenous practices involving mushrooms were outlawed. Those caught participating in ceremonies faced harsh punishments, including torture and death, over the two centuries of colonial rule. To survive, the rituals often merged with Catholicism, blending Indigenous practices with Catholic elements to avoid detection.

Beyond the Mesoamerican Aztecs, numerous indigenous tribes throughout Central and South America have used psilocybin mushrooms for centuries. The Mazatec people of Oaxaca, Mexico, are particularly well known for their continued use of these mushrooms in traditional healing ceremonies. Maria Sabina, a Mazatec curandera (healer), played a crucial role in introducing psilocybin mushrooms to the Western world in the 1950s when her rituals were recorded and shared by R. Gordon Wasson, an amateur mycologist and banker. Building on these discoveries, Swiss chemist Albert Hofmann first isolated and named the compounds psilocybin and psilocin in 1958 from the *Psilocybe mexicana* mushroom. In the mid-1960s, the "hippie movement" popularised psilocybin as a tool for self-discovery and challenging social norms. This association with anti-establishment values, rebellion, and the anti-war movement led authorities to view psychedelics as a threat to the established social order. In 1965, The Drug Abuse Control Amendments first regulated "hallucinogenic

drugs" under the Food, Drug, and Cosmetic Act and the Controlled Substances Act (CSA) designated psilocybin as Schedule I, the most restrictive category, effectively ending nearly all scientific research for decades in 1970s. While indigenous Mesoamerican cultures had long understood their spiritual significance, it was Wasson and his wife Valentina's participation in a 1955 Mazatec ceremony that first brought psilocybin mushrooms to the attention of Western science and culture

Psychedelic Drugs

Psilocybin mushrooms are psychoactive fungi containing compounds (psilocybin and psilocin) that act as serotonergic psychedelics. As a psychedelic drug, also known as hallucinogens, it means its consumption can affect all the senses, altering a person's thinking, sense of time and emotions. The key ingredient in magic mushrooms is psilocybin. When psilocybin is taken, it is converted in the body to psilocin, which is the chemical with psychoactive properties. The effects, often called a "trip," are characterized by altered consciousness, visual, and auditory hallucinations, euphoria, and a distorted sense of time. People who take psilocybin may experience intense emotions, including extreme fear, anxiety, panic attacks, and paranoia, which can be frightening and potentially lead to dangerous behavior, self-harm, or physical side effects such as increased heart rate and nausea. A 2025 RAND report estimated that 4.3% of U.S. adults (approximately 11 million people) used psilocybin in the past year. Lifetime use of psilocybin increased from 10% to 12.1% of the U.S. population between 2019 and 2023, making it one of the most frequently used psychedelic substances. Use has risen across age groups, with a 44% increase among young adults (18-29) and a 188% increase among older adults (30+) between 2019 and 2023. Psilocybin users are more likely to be male, younger, and reside in the Western U.S. While research suggests psilocybin is not physically addictive and has low toxicity, recreational use outside of controlled settings carries significant risks.

Mental Health and Addiction

Nowadays, modern usage of psilocybin mushrooms largely focus on recreational, spiritual, and emerging therapeutic purposes. Psilocybin mushrooms have been increasingly used for mental health in controlled, clinical environments as part of psilocybin-assisted therapy to treat mental health treatment resistant conditions like depression and anxiety in terminally ill patients. Psilocybin's effects are attributed to its active metabolite, psilocin, as the body converts it after consumption.

Psilocin, the active metabolite of psilocybin, primarily exerts its effects by binding to serotonin 5-HT_{2A} receptors in the brain. Researchers believe this specific action triggers the profound shifts in mood, perception, and consciousness characteristic of the experience. By stimulating these receptors, psilocin significantly alters global brain connectivity, some regions increase in activity and communication while others

decrease. A key finding is the temporary disruption of the brain's default mode network (DMN), a circuit most active during self-referential thought and rumination. One leading hypothesis is that by briefly "resetting" these entrenched pathways, psilocybin allows them to reform in healthier patterns in the ensuing weeks. This neurological "flexibility" is believed to underpin the lasting therapeutic effects, reducing a person's rigid focus on negative internal narratives and fostering greater openness. Critically, this change persists long after the compound clears the body; in landmark trials, a single dose of psilocybin, combined with therapy, produced rapid antidepressant effects where approximately 30% of patients with treatment-resistant depression achieved remission at a 3-week follow-up, and over 50% showed a clinically significant response, a rate often sustained for months. This mechanism, promoting lasting neural change rather than daily symptom management, represents a fundamental departure from conventional antidepressants.

Psilocybin-assisted therapy is a highly structured process that typically involves three phases. Firstly, preparation: the patient meets with trained therapists to build trust, discuss their personal history and intentions, and prepare for the experience. Secondly, during the session: The patient ingests a carefully measured, pharmaceutical-grade dose of psilocybin in a safe, comfortable, and supervised setting. The session can last six to eight hours, the full duration of the drug's effects, during which the patient often wears an eye mask and listens to a curated music playlist to facilitate an internal, introspective experience. The therapist remains present throughout the session to provide support. Finally, integration: In the days and weeks following the dosing session, patients participate in talk therapy to help process their experiences and integrate any insights gained into their daily lives.

Legal and Regulatory Status

Under the 1971 UN Convention on Psychotropic Substances, psilocybin (the active compound in these mushrooms) is placed in Schedule I, meaning countries are expected to prohibit non-medical use and restrict it to scientific and medical research. The convention text and later UN commentary clarify that, strictly speaking, the plant or fungal material itself is not automatically scheduled, but most national laws have chosen to criminalise both psilocybin and psilocybin-containing mushrooms. Its official legal status nationally varies dramatically worldwide, reflecting different cultural attitudes, policy priorities, and enforcement approaches.

While illegal federally in many places, legal shifts are occurring: Oregon and Colorado have legalised or decriminalised them for therapeutic use, and several U.S. cities have decriminalised possession. Many countries, such as Australia, have increasing adoption and approval rates for its usage in treatment-resistant depression, however, the extent of its legality varies greatly between different member states and nations. Many psychedelics, such as psilocybin, have reportedly been used for their medicinal and spiritual effects for many centuries. In the majority of states, possession, sale,

and cultivation of psilocybin mushrooms remain criminal offences. However, in recent years, their therapeutic benefits are becoming more widely accepted in scientific and medical potential, leading to a small but growing group of countries or regions to either legalise tightly regulated medical use or adopt decriminalisation / non-enforcement policies for personal possession and use.

Potential Clashes

Medical Potential vs. Legal Barriers

Psilocybin mushrooms show strong promise and are experiencing a significant shift from a highly restricted illegal substance to a promising therapeutic agent in mental health treatment. Yet legal barriers rooted in decades-old drug policies slow its rollout and create access inequities as it faces stringent, federal, and regulatory barriers. Psilocybin mushrooms' significance in medical potential have been increasing vastly in recent years. Studies indicate efficacy in treating depression, anxiety (including cancer-related, end-of-life distress), post-traumatic stress disorder (PTSD), and addiction. Psilocybin therapy, when combined with psychotherapy, could produce rapid and lasting reductions in mental health condition symptoms, sometimes lasting several months or more after just one or two doses. Clinical trials have also reported that over 50% of participants no longer qualified as depressed four weeks after treatment. Its effects tend to be significantly quicker and more enduring compared to conventional antidepressants, such as SSRIs. A 2021 study found that two doses of psilocybin, paired with therapy, were as effective as 43 daily doses of the leading antidepressant escitalopram. Some studies even found higher remission rates in the psilocybin groups compared to SSRI groups. However, it is important to note that most clinical trials conducted have been completed within small sample groups and do not represent the population. Despite its therapeutic promise, major hurdles restrict its use to specialised, legal research environments. In many countries, psilocybin is classified as a Schedule I substance, defined as having a high potential for abuse and "no currently accepted medical use. Schedule I status makes conducting research legally complex, expensive, and time-consuming, requiring specific licenses. No psilocybin product is currently FDA-approved for general medical use, though some experts anticipate approval within the next few years. It is also important to note that while therapeutic research is growing, a majority of use is still for recreational purposes. Common self-reported motivations include general mental health and well-being (63.6%), self-exploration, and creativity.

Public Health and Safety Risks

While psilocybin itself has a relatively low physical toxicity, with fatal overdose being extremely rare and a lack of the same addictive potential seen in substances like opioids or stimulants, its use is not without risks. The drug can cause adverse bodily reactions such as increased heart rate and blood pressure, posing dangers for

individuals with pre-existing heart conditions. Psychologically, it can trigger anxiety, panic attacks, confusion, paranoia, and, in rare cases, particularly among those with a predisposition, acute or prolonged psychotic episodes. This is especially apparent in adolescents and young adults with a predisposition to psychiatric conditions, which may trigger or worsen underlying mental health issues like psychosis or schizophrenia-like syndromes. In addition, long term health risks as a consequent health risk are rare but possible. This may include Hallucinogen-Persisting Perception Disorder (HPPD), involving spontaneous flashbacks of the drug experience, which can be distressing. Furthermore, unsupervised use carries significant hazards: a survey found nearly a quarter of past-year users experienced a panic attack, and without regulation, users risk taking excessive doses or engaging in dangerous polysubstance combinations. There is also the risk of accidental poisoning from misidentifying and consuming a toxic mushroom, which can cause symptoms like muscle spasms, confusion, and delirium. Although repeated use does not lead to physical dependence, rare long-term effects may include persistent visual disturbances or psychological distress in susceptible individuals.

Cultural Legitimacy vs. Legal Uniformity

Psilocybin mushrooms possess a rich history that long predates contemporary legal systems, deeply rooted in the spiritual, medicinal, and social fabric of indigenous societies across Mesoamerica. For millennia, cultures such as the Mazatec, Mixtec, and Nahua peoples have revered these fungi as sacred entheogens, or "divine generators," integral to rituals of healing, divination, and communion with the spiritual realm. In nations where this lineage is strongest, such as Mexico and Peru, governments have been compelled to acknowledge this legitimacy, resulting in unique, often ambiguous legal accommodations. Mexico's approach is emblematic of this delicate balance. While the General Health Law technically prohibits the possession and use of psychedelic substances, the Mexican Constitution, specifically Article 2, recognises the nation as pluricultural and guarantees the self-determination of indigenous peoples creates a critical legal aperture. This has led to de facto tolerance and specific legal protections for the ceremonial use of psilocybin (known traditionally as *teonanácatl*, or "flesh of the gods") within defined indigenous communities. The law draws a distinction between recreational consumption and sanctioned ritual practice, however uneasy that distinction may be to maintain. These cultural exceptions create a significant indifference to the logic of universal prohibition. They expose the inherent limitation of a one-size-fits-all legal model when confronted with deeply embedded, pre-existing cultural systems. The state, in these cases, tacitly admits that its uniform law is not absolute; its authority yields, however unevenly, to the older authority of tradition. Delegates would have to balance between the protection of cultural traditions and legal regulations regarding the consumption of the psychedelic drug.

Public Health Equity vs. Commercialisation

The conflict between public health equity and the commercialisation of psilocybin mushrooms centers on balancing the need for safe, accessible, and affordable therapeutic access with the profit-driven motives of the emerging psychedelic industry. While commercial interests (venture capital, pharmaceutical companies) are accelerating research and development to turn psilocybin into a regulated medication, this approach risks creating high-cost treatments, excluding marginalized populations, and misappropriating traditional indigenous knowledge. Conversely, a public health approach emphasises harm reduction, equitable access for underserved communities, and the protection of Indigenous, Black, and other equity-deserving groups.

Key Stakeholders

Stakeholder	Involvement with the Issue
United States	Under the Controlled Substances Act, the federal government classifies psilocybin as having a high potential for abuse and no accepted medical use, prohibits its use, sale, and possession. Despite this, the Food and Drug Administration (FDA) has twice granted “breakthrough therapy” designation to psilocybin-based treatments for severe depression, which speeds clinical development and review because early data suggest substantial benefit over existing therapies. However, states have been experiencing major shifts through decriminalisation and therapeutic research. Since Denver became the first city to decriminalize psilocybin in 2019, various cities and states have followed suit. Oregon (2020) and Colorado (2022) are notable for passing measures allowing for supervised, therapeutic, and decriminalized use. There is significant, growing research into using psilocybin for mental health treatment, particularly for depression and PTSD. The FDA has also given breakthrough status to at least one psilocybin analog for major depressive disorder, signalling strong federal interest in psychedelic-based therapeutics within the standard pharmaceutical pathway.

Australia	Since 1 July 2023, Australia allows medical use of psilocybin when prescribed by specially authorised psychiatrists for treatment-resistant depression under a Therapeutic Goods Administration (TGA) decision to reclassify psilocybin from a prohibited substance (Schedule 9) to a controlled medicine (Schedule 8) for this indication. Only psychiatrists approved under the Authorised Prescriber Scheme can prescribe, and use must occur within strict clinical conditions; outside this narrow pathway, psilocybin remains prohibited. For non-medical use, psilocybin and psilocybin-containing mushrooms are still treated as illegal drugs, with penalties for possession, supply, and cultivation set under federal and state drug laws, including the Criminal Code Act 1995 (Cth) and state drug misuse legislation. In New South Wales, for example, possession can carry up to two years' imprisonment and a fine, while supplying "commercial" or "large commercial" quantities can attract sentences of up to 20 years or even life imprisonment and very high fines.
Brazil	Psilocybin and psilocin have been on Brazil's list of controlled substances since the 1990s and are prohibited under national drug and health regulations. However, they exist in a legal grey area due to psilocybin-containing fungi such as <i>Psilocybe cubensis</i> not named as prohibited organisms, which means the mushroom itself is not clearly banned in statute. Brazil's main drug law focuses on plants used to make narcotics and barely mentions fungi, creating a mismatch: the molecule is illegal, but its natural source is not clearly regulated. They are sold mainly over the internet on specialized websites, without facing persecution from Brazilian police
United Kingdom	In the United Kingdom, psilocybin mushrooms are classified as a Class A drug under the Misuse

	of Drugs Act 1971, making them illegal to possess, consume, or supply at the highest penalty category. Possession, even in dried or prepared form, is prohibited, and the substance is tightly controlled solely for licensed medical or scientific research purposes only. The government stated its Schedule 1 status does not prevent research with psychedelics, However, there has been growing support in the UK for the rescheduling of psilocybin mushrooms, particularly for therapeutic and medical youth to be moved from Schedule 1 to Schedule 2 under the Misuse of Drugs Regulations 2001.
Netherlands	Psilocybin mushrooms have been banned in the Netherlands since 2007. However “magic truffles” also known as sclerotia which contain the same psychoactive compounds of psilocin and psilocybin are legal and widely available in smart shops. Recreational use of any psilocybin containing substance is not illegal in the Netherlands at a national level. The sale of dry and fresh psychoactive mushrooms is illegal, but the truffle form of psilocybin mushrooms is not covered under the Dutch legislation, rendering them legal and widely available in specialised “smart shops”.

Possible Solutions

Decriminalisation of Psilocybin Mushroom Consumption

Drug decriminalisation is the reduction or elimination of criminal penalties (like jail time) for possessing small amounts of drugs for personal use. While the act remains illegal, it shifts the focus from punishment to treatment, often replacing fines or arrests with health-focused interventions, education, or civil penalties. Psilocybin is considered one of the safest recreational drugs, with a very low risk of addiction and a non-existent risk of a lethal overdose. Decriminalisation can shift the conversation around drug use from a legal issue to a public health matter, allowing for a harm-reduction approach that prioritises treatment and support over punishment. Through an increase in harm reduction practices through decriminalisation, people who use psilocybin mushrooms for recreational purposes are more likely to seek

treatment and emergency medical services without fear of legal repercussions. Psychedelics like psilocybin have shown promise as "breakthrough therapies" for treatment-resistant depression, anxiety, PTSD, and substance use disorders. Decriminalization allows for more research and eventual therapeutic access to these potentially transformative treatments.

Legalising Psilocybin Mushrooms purely for Therapeutic Use

Through the legalisation of psilocybin mushrooms purely for therapeutic purposes through licensed individuals, this represents a significant shift in mental healthcare, moving from blanket criminalisation to a regulated medical model. This approach would not create a recreational market but would instead establish a strict, prescription-based framework akin to other controlled psychiatric medications. Treatment would be limited to licensed clinics for specific, evidence-based indications such as treatment-resistant depression, PTSD, or end-of-life anxiety, under the guidance of trained medical professionals. Crucially, legalisation for therapy would enable rigorous quality control, standardised dosing, and professional oversight, factors entirely absent in illicit use, thereby mitigating risks while unlocking a potentially transformative treatment for conditions where conventional therapies often fail.

Past Actions

1971 UN Convention on Psychotropic Substances

Signed in Vienna on 21 February 1971 and entering into force on 16 August 1976, the UN Convention on Psychotropic Substances is a treaty designed to control psychoactive drugs like stimulants, barbiturates, and psychedelics. It was developed in response to the widespread availability and perceived societal dangers of these substances during the 1960s, the treaty imposes strict import/export limitations, restricting usage to scientific and medical purposes. The Convention, which contains import and export restrictions and other rules aimed at limiting drug use to scientific and medical purposes, came into force on 16 August 1976. As of 2013, 183 member states are Parties to the treaty. The treaty is not self-implementing; individual countries must pass domestic laws to enact punishments and restrictions. Though not all scheduled substances are restricted in all signatory countries, many laws have been passed to implement or exceed the requirements of the Convention

FDA Breakthrough Status

In October 2018, The U.S. Food and Drug Administration (FDA) granted Breakthrough Therapy Designation to psilocybin-assisted therapy on two separate occasions for different, but related, depression indications, signaling a significant shift toward recognizing its potential medical benefits. In November 2019, a second designation

was granted to the Usona Institute for their Phase 2 clinical trial (PSIL201) evaluating psilocybin for major depressive disorder. In March 2024, the FDA granted breakthrough status to CYB003 (developed by Cybin), a psilocybin analog designed for faster onset and shorter duration. However, while the breakthrough status accelerates the process, psilocybin remains an investigational drug and has not received final FDA approval for any medical use. It is still classified as a Schedule I controlled substance under federal law, though some U.S. states like Oregon and Colorado have established regulated state-level programs for its use.

Guiding Questions

- How can a balance between preserving cultural traditions with psilocybin usage and the regulation of the drug be balanced?
- Is the current state of clinical trials for psilocybin mushrooms worth implementing on a large mass scale for therapeutic use?
- What are the established short-term and long-term risks (psychological and physical) associated with psilocybin use, both in controlled clinical settings and in recreational contexts?
- What is the current effect of psilocybin mushrooms legal and bureaucratic barriers as a Schedule I status to further medicinal and therapeutic research?
- What are the projected economic implications (costs and benefits) of legalising and regulating psilocybin for therapeutic use, considering healthcare savings, new industry, and reduced criminal justice expenditure?
- How might the decriminalising or legalisation of psilocybin mushrooms affect public health and safety?

Bibliography

- <https://nida.nih.gov/research-topics/psilocybin-magic-mushrooms#effects-psilocybin>
- <https://pubmed.ncbi.nlm.nih.gov/32398764/>
- <https://www.beckleyretreats.com/the-history-of-psilocybin-usage/>
- <https://www.medicalnewstoday.com/articles/308850#what-is-psilocybin>
- <https://asm.org/articles/2023/february/psilocybin-and-mental-health-the-magic-in-the-mush#:~:text=Multiple%20clinical%20trials%20support%20psilocybin's,controlled%20environments%20under%20supportive%20care.&text=%22The%20only%20thing%20we%20know,by%20the%20end%20of%202025.>
- <https://www.nccih.nih.gov/health/psilocybin-for-mental-health-and-addiction-what-you-need-to-know>
- <https://www.bbc.com/future/article/20240320-legal-status-of-psychedelics-around-the-world>
- <https://calpoison.org/about-magic-mushrooms-psilocybin-safety>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC11661494/>
- <https://jaapl.org/content/early/2024/11/19/JAAPL.240089-24>

- <https://www.nccih.nih.gov/health/psilocybin-for-mental-health-and-addiction-what-you-need-to-know>
- <https://www.iceers.org/mexico-reopens-debate-psilocybin-mushrooms/>