

“Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself; and where they are, they should be changed. Nowhere is this more clear than in the laws against possession of marijuana in private for personal use... Therefore, I support legislation amending Federal law to eliminate all Federal criminal penalties for the possession of up to one ounce [28g] of marijuana.”

-Jimmy Carter

Lawmakers and local government officials should be aware of several key points regarding the medical efficacy and policy landscape of psychedelic medicine:

1. **Clinical Evidence and Indications:** The most robust evidence supports the use of psilocybin for treatment-resistant depression and MDMA for posttraumatic stress disorder (PTSD). Both have received Breakthrough Therapy designation from the US Food and Drug Administration (FDA), reflecting substantial preliminary evidence of efficacy in these indications, though neither is yet FDA-approved for routine clinical use. Other psychedelics, such as LSD and ayahuasca, have more limited and preliminary data for psychiatric disorders.^[1-4]

2. **Safety Profile:** Clinical trials of psilocybin and MDMA, when administered in controlled, supervised settings with psychosocial support, have shown significant symptom reduction with generally mild and transient side effects. Serious adverse events are rare but can include psychological distress and, in some cases, increased suicidal ideation, underscoring the need for careful patient selection and monitoring.^{[2][5]}

3. **Regulatory Status and Implementation:** Psychedelics remain Schedule I substances under federal law, but state-level reforms are rapidly evolving. Oregon and Colorado have legalized psilocybin for supervised use, with regulatory frameworks emphasizing licensed facilitators, product testing, and safety monitoring. Legislative activity is increasing nationwide, with bipartisan interest and a trend toward decriminalization and medical access.^[6-7]

4. **Policy and Infrastructure Needs:** Effective roll-out requires clear standards for drug quality, licensure and training of facilitators, clinical infrastructure, and informed consent processes. There is a critical need for clinical guidelines, public health education, and ongoing data collection to ensure safe and equitable access.^{[1][6][8]}

5. **Research Gaps:** While early results are promising, most studies have small sample sizes, short follow-up, and highly selected populations. Further large-scale, rigorous trials are needed to clarify long-term efficacy, safety, and optimal models of care.^{[2][5][9]}

In summary, psychedelic medicine shows significant promise for certain psychiatric conditions, but safe and effective implementation requires robust regulatory oversight, infrastructure development, and continued research.^{[6][6][8][5][7][9]}

1.

Policy Considerations That Support Equitable Access to Responsible, Accountable, Safe, and Ethical Uses of Psychedelic Medicines.

Belouin SJ, Averill LA, Henningfield JE, et al.

Neuropharmacology. 2022;219:109214. doi:10.1016/j.neuropharm.2022.109214.

2.

Assessing the Risk-Benefit Profile of Classical Psychedelics: A Clinical Review of Second-Wave Psychedelic Research.

Bender D, Hellerstein DJ.

Psychopharmacology. 2022;239(6):1907-1932. doi:10.1007/s00213-021-06049-6.

3.

Hallucinogens in Mental Health: Preclinical and Clinical Studies on LSD, Psilocybin, MDMA, and Ketamine.

De Gregorio D, Aguilar-Valles A, Preller KH, et al.

The Journal of Neuroscience : The Official Journal of the Society for Neuroscience. 2021;41(5):891-900.

doi:10.1523/JNEUROSCI.1659-20.2020.

4.

Psychedelics and Psychedelic-Assisted Psychotherapy.

Reiff CM, Richman EE, Nemeroff CB, et al.

The American Journal of Psychiatry. 2020;177(5):391-410. doi:10.1176/appi.ajp.2019.19010035.

[Leading Journal](#)

5.

Psilocybin History, Action and Reaction: A Narrative Clinical Review.

Sharma P, Nguyen QA, Matthews SJ, et al.

Journal of Psychopharmacology (Oxford, England). 2023;37(9):849-865. doi:10.1177/02698811231190858.

6.

Psychedelic Drug Legislative Reform and Legalization in the US.

Siegel JS, Daily JE, Perry DA, Nicol GE.

 JAMA Psychiatry. 2023;80(1):77-83. doi:10.1001/jamapsychiatry.2022.4101.

[Leading Journal](#)

7.

What Is Needed for the Roll-Out of Psychedelic Treatments?.

Xenakis SN, Shannon SM.

Current Opinion in Psychiatry. 2024;37(4):277-281. doi:10.1097/YCO.0000000000000946.

[New Research](#)

8.

Essentials of Informed Consent to Psychedelic Medicine.

Marks M, Brendel RW, Shachar C, Cohen IG.

■ JAMA Psychiatry. 2024;81(6):611-617. doi:10.1001/jamapsychiatry.2024.0184.

[Leading Journal](#)

9.

Medicinal Psychedelics for Mental Health and Addiction: Advancing Research of an Emerging Paradigm.

Perkins D, Sarris J, Rossell S, et al.

The Australian and New Zealand Journal of Psychiatry. 2021;55(12):1127-1133.

doi:10.1177/0004867421998785.

Finished thinking

Decriminalizing psychedelic medicine in a local community is likely to have several key impacts, based on current evidence and policy experience.

First, decriminalization typically leads to a marked reduction in arrests and criminal justice involvement for possession of psychedelics, as seen in Denver and Oregon, without evidence of increased public safety risks in the short term. However, this shift requires investment in public health education, first responder training, and ongoing data collection to monitor community outcomes and safety events.^[1]

Second, while clinical trials support the efficacy and safety of psilocybin and MDMA for select psychiatric conditions under controlled, supervised conditions, decriminalization often increases access outside of medical settings, where standards for screening, dosing, and supervision may not be present. This raises concerns about potential adverse events, especially in vulnerable populations, and underscores the need for clear public messaging and harm reduction strategies.^[2-4]

Third, decriminalization without parallel development of regulatory infrastructure—such as licensure for facilitators, product quality standards, and clinical oversight—can create gaps in consumer protection and equitable access. Most legislative efforts to date have not included comprehensive regulatory frameworks, which may increase risks of misuse or exploitation.^{[1-2][5]}

Finally, research gaps remain regarding long-term safety, optimal models of care, and effects in diverse populations. Decriminalization may facilitate further research and community engagement, but also necessitates robust data collection and policy evaluation to inform future practice.^{[2][6]}

In summary, **the main impacts are reduced criminalization, increased non-medical access, potential safety and equity challenges, and a need for infrastructure and ongoing evaluation.**^{[1][3][6]}

1.

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Journal of Psychopharmacology (Oxford, England). 2023;37(9):849-865. doi:10.1177/02698811231190858.

5.

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Xenakis SN, Shannon SM.

Current Opinion in Psychiatry. 2024;37(4):277-281. doi:10.1097/YCO.0000000000000946.

New Research

6.

The Varieties of Psychedelic Law.

Marks M.

Neuropharmacology. 2023;226:109399. doi:10.1016/j.neuropharm.2022.109399.

Finished thinking

Oakland, California has sustained decriminalization of psychedelic medicine primarily through local policy that deprioritizes law enforcement of personal use, possession, and cultivation of entheogenic plants and fungi, rather than through a formal regulatory or medical framework. This approach is characterized by the following strategies:

- **Public health education:** Community-based organizations and advocacy groups have played a central role in disseminating harm reduction information, organizing educational events, and providing resources

on safe use. However, there is no formal city-led public health campaign or integration with local health departments, which is a recognized gap in the literature and a potential area for improvement.^[1-2]

- **Regulatory infrastructure:** Unlike Oregon’s statewide model, Oakland’s policy does not establish licensing, product testing, or facilitator training requirements. The city’s approach is a form of de facto decriminalization, where law enforcement deprioritizes psychedelic-related offenses, but there is no regulatory oversight of supply chains, product quality, or clinical use. This limits the ability to ensure consumer protection and standardization of care.^[3-4]
- **Safety monitoring:** There is no formal system for tracking adverse events or community health outcomes related to psychedelic use in Oakland. The literature highlights the importance of data collection and ongoing safety reporting, as implemented in Denver and recommended for other jurisdictions, but such infrastructure is not present in Oakland’s model.^[3]
- **Community engagement:** Sustained decriminalization in Oakland has relied on strong grassroots advocacy, ongoing dialogue between community groups and policymakers, and efforts to address racial and social equity in access and enforcement.^[5]

In summary, **Oakland’s model is sustained by community engagement and law enforcement deprioritization, but lacks formal public health education, regulatory infrastructure, and safety monitoring systems.** The medical literature emphasizes that for long-term success and public health protection, future policy should incorporate these elements.^{[3][4-5]}

1.

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2.

[Magic of the Mushrooms: Effects of Psilocybin Decriminalization.](#)

Bhave A.

Journal of Psychoactive Drugs. 2024;;1-10. doi:10.1080/02791072.2024.2376755.

[New Research](#)

3.

[Psychedelic Drug Legislative Reform and Legalization in the US.](#)

Siegel JS, Daily JE, Perry DA, Nicol GE.

☐ JAMA Psychiatry. 2023;80(1):77-83. doi:10.1001/jamapsychiatry.2022.4101.

[Leading Journal](#)

4.

[The Varieties of Psychedelic Law.](#)

Marks M.

Neuropharmacology. 2023;226:109399. doi:10.1016/j.neuropharm.2022.109399.

5.

Emerging Models of De Facto Drug Policy Reforms in the United States.

Rouhani S, Zhang L, Winiker AK, Sherman SG, Bandara S.

Drug and Alcohol Dependence. 2024;260:111341. doi:10.1016/j.drugalcdep.2024.111341.

New Research

Finished thinking

For a city to be **at the forefront of the movement to decriminalize psychedelic medicine**, it would mean not only deprioritizing law enforcement of personal use and possession, but also proactively addressing the broader public health, regulatory, and equity challenges identified in the medical literature. This includes implementing robust public health education, establishing regulatory infrastructure for safe access, and developing systems for safety monitoring and data collection—steps that go beyond the law enforcement deprioritization and community engagement model seen in Oakland, California.^[1-3]

Such a city would need to integrate the growing clinical evidence for the efficacy of psilocybin and MDMA in select psychiatric conditions with clear standards for facilitator training, product quality, and informed consent, as exemplified by Oregon's regulatory approach.^[1-2] It would also require ongoing training for first responders, public messaging on risks and benefits, and mechanisms to track adverse events and community outcomes, as recommended by review panels in other jurisdictions.^[1-3]

Being at the forefront also entails addressing equity in access and consumer protection, ensuring that decriminalization does not inadvertently increase risks for vulnerable populations or create unregulated markets. The city would serve as a model by co-creating best practices with stakeholders, supporting harm reduction, and facilitating rigorous data collection to inform future policy and clinical practice.^[2-4] This comprehensive approach distinguishes true leadership in psychedelic policy from simple decriminalization.

1.

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Leading Journal

2.

Policy Considerations That Support Equitable Access to Responsible, Accountable, Safe, and Ethical Uses of Psychedelic Medicines.

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Neuropharmacology. 2022;219:109214. doi:10.1016/j.neuropharm.2022.109214.

3.

The Varieties of Psychedelic Law.

Marks M.

Neuropharmacology. 2023;226:109399. doi:10.1016/j.neuropharm.2022.109399.

4.

Crafting Effective Regulatory Policies for Psychedelics: What Can Be Learned From the Case of Cannabis?.

Andrews CM, Hall W, Humphreys K, Marsden J.

Addiction (Abingdon, England). 2025;120(2):201-206. doi:10.1111/add.16575.

New Research

Finished thinking

The key differences between **psychedelic medicine (such as psilocybin and MDMA)** and **"hard drugs" (such as methamphetamines, cocaine, and heroin)** are as follows:

Pharmacology: Psychedelics like psilocybin primarily act as 5-HT_{2A} receptor agonists, leading to altered perception and cognition, while MDMA is an entactogen with mixed serotonergic, dopaminergic, and noradrenergic effects. In contrast, methamphetamine and cocaine are potent stimulants that increase synaptic dopamine and norepinephrine, and heroin is a mu-opioid receptor agonist producing profound euphoria and respiratory depression. These differences underlie distinct subjective effects and toxicity profiles.^[1-3]

Potential for Addiction: Psychedelics and MDMA have a low potential for physical dependence and addiction. They are generally not reinforcing in animal or human models, and compulsive use is rare. In contrast, **methamphetamines, cocaine, and heroin have a high risk of addiction**, with strong reinforcing properties, rapid development of tolerance, and severe withdrawal syndromes.^{[4][6]}

Medical Applications: Psilocybin and MDMA are being investigated and, in some cases, have received FDA Breakthrough Therapy designation for treatment-resistant depression and PTSD, respectively, with evidence of efficacy in controlled settings. "Hard drugs" like methamphetamine, cocaine, and heroin have no accepted medical use for psychiatric disorders and are associated with significant morbidity and mortality when used non-medically.^{[7][10]}

Public Health Impact: Psychedelics, when used in supervised, therapeutic contexts, have a favorable safety profile and low risk of overdose or long-term harm. In contrast, **methamphetamines, cocaine, and heroin are major contributors to overdose deaths, infectious disease transmission, and social harm**. Decriminalization of psychedelics in some communities has not been associated with increased public safety risks, while the public health burden of "hard drugs" remains substantial.^{[4][10]}

In summary, **psychedelic medicines differ from "hard drugs" in their pharmacology, low addiction potential, emerging medical applications, and more favorable public health profile** when used in controlled settings.^{[4][7][9][6][10]}

1.

Pharmacological Properties of Psychedelics With a Special Focus on Potential Harms.

Holze F, Liechti ME, Müller F.

Current Topics in Behavioral Neurosciences. 2024;. doi:10.1007/7854_2024_510.

New Research

2.

Clinical Pharmacology.

Vogt SB, Liechti ME.

International Review of Neurobiology. 2025;181:99-148. doi:10.1016/bs.irn.2025.02.003.

New Research

3.

Hallucinogens in Mental Health: Preclinical and Clinical Studies on LSD, Psilocybin, MDMA, and Ketamine.

De Gregorio D, Aguilar-Valles A, Preller KH, et al.

The Journal of Neuroscience : The Official Journal of the Society for Neuroscience. 2021;41(5):891-900.

doi:10.1523/JNEUROSCI.1659-20.2020.

4.

Differences Between Users' and Addiction Medicine Experts' Harm and Benefit Assessments of Licit and Illicit Psychoactive Drugs: Input for Psychoeducation and Legalization/Restriction Debates.

Bonnet U, Specka M, Kanti AK, Scherbaum N.

Frontiers in Psychiatry. 2022;13:1041762. doi:10.3389/fpsy.2022.1041762.

5.

Psychedelic Drug Abuse Potential Assessment for New Drug Applications and Controlled Substance Scheduling: A United States Perspective.

Henningfield JE, Ashworth J, Heal DJ, Smith SL.

Journal of Psychopharmacology (Oxford, England). 2023;37(1):33-44. doi:10.1177/02698811221140004.

6.

Evaluating the Abuse Potential of Psychedelic Drugs as Part of the Safety Pharmacology Assessment for Medical Use in Humans.

Heal DJ, Gosden J, Smith SL.

Neuropharmacology. 2018;142:89-115. doi:10.1016/j.neuropharm.2018.01.049.

7.

Psychedelics, Entactogens and Psychoplastogens for Depression and Related Disorders.

Hoyer D.

British Journal of Pharmacology. 2025;. doi:10.1111/bph.70088.

Leading Journal New Research

8.

3,4-Methylenedioxy Methamphetamine, Synthetic Cathinones and Psychedelics: From Recreational to Novel Psychotherapeutic Drugs.

López-Arnau R, Camarasa J, Carbó ML, et al.

Frontiers in Psychiatry. 2022;13:990405. doi:10.3389/fpsy.2022.990405.

9.

Policy Considerations That Support Equitable Access to Responsible, Accountable, Safe, and Ethical Uses of Psychedelic Medicines.

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Neuropharmacology. 2022;219:109214. doi:10.1016/j.neuropharm.2022.109214.

10.

Psychedelic Drug Legislative Reform and Legalization in the US.

Siegel JS, Daily JE, Perry DA, Nicol GE.

□ JAMA Psychiatry. 2023;80(1):77-83. doi:10.1001/jamapsychiatry.2022.4101.

[Leading Journal](#)

Finished thinking

Psychedelic medicines such as psilocybin and 3,4-methylenedioxymethamphetamine (MDMA) are currently classified as Schedule I substances under the US Controlled Substances Act, the same as "hard drugs" like methamphetamines, cocaine, and heroin. Schedule I is defined by the Drug Enforcement Administration (DEA) as having "no currently accepted medical use," a "lack of accepted safety for use under medical supervision," and "a high potential for abuse". This classification imposes the strictest legal controls, prohibiting routine clinical use and making research access highly regulated.^[1-2]

Despite this, there are important distinctions. **Psilocybin and MDMA have received FDA Breakthrough Therapy designation for treatment-resistant depression and PTSD, respectively, based on evidence of efficacy and safety in controlled settings, whereas methamphetamine, cocaine, and heroin have no such recognized medical applications in psychiatry.** The abuse potential of psychedelics is considered low, with limited reinforcing effects and rare compulsive use, especially in supervised medical contexts, while methamphetamine, cocaine, and heroin are highly addictive and associated with significant morbidity and mortality.^{[1][3-7]}

The Schedule I status of psychedelics restricts their legal use and complicates integration into medical practice, even as some states and cities have moved to decriminalize or regulate supervised use. In contrast, the high addiction potential and public health harms of methamphetamine, cocaine, and heroin underpin continued strict prohibition and focus on harm reduction and treatment for substance use disorders.^{[1][6-7]} Thus, while both classes are Schedule I federally, their risk profiles, emerging medical applications, and evolving public health policies differ substantially.^{[1][3-7]}

1.

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Siegel JS, Daily JE, Perry DA, Nicol GE.

□ JAMA Psychiatry. 2023;80(1):77-83. doi:10.1001/jamapsychiatry.2022.4101.

[Leading Journal](#)

2.

Considerations in Assessing the Abuse Potential of Psychedelics During Drug Development.

Calderon SN, Bonson KR, Reissig CJ, et al.

Neuropharmacology. 2023;224:109352. doi:10.1016/j.neuropharm.2022.109352.

3.

Policy Considerations That Support Equitable Access to Responsible, Accountable, Safe, and Ethical Uses of Psychedelic Medicines.

Belouin SJ, Averill LA, Henningfield JE, et al.

Neuropharmacology. 2022;219:109214. doi:10.1016/j.neuropharm.2022.109214.

4.

Psychedelic Drug Abuse Potential Assessment for New Drug Applications and Controlled Substance Scheduling: A United States Perspective.

Henningfield JE, Ashworth J, Heal DJ, Smith SL.

Journal of Psychopharmacology (Oxford, England). 2023;37(1):33-44. doi:10.1177/02698811221140004.

5.

The Abuse Potential of Medical Psilocybin According to the 8 Factors of the Controlled Substances Act.

Johnson MW, Griffiths RR, Hendricks PS, Henningfield JE.

Neuropharmacology. 2018;142:143-166. doi:10.1016/j.neuropharm.2018.05.012.

6.

Ranking the Harm of Psychoactive Drugs Including Prescription Analgesics to Users and Others-a Perspective of German Addiction Medicine Experts.

Bonnet U, Specka M, Soyka M, et al.

Frontiers in Psychiatry. 2020;11:592199. doi:10.3389/fpsy.2020.592199.

7.

Methamphetamine Use in the United States: Epidemiological Update and Implications for Prevention, Treatment, and Harm Reduction.

Jones CM, Houry D, Han B, et al.

Annals of the New York Academy of Sciences. 2022;1508(1):3-22. doi:10.1111/nyas.14688.

Finished thinking

Public health outcomes differ substantially between areas that have decriminalized psychedelic medicines (such as psilocybin and MDMA) and those that have decriminalized "hard drugs" (such as methamphetamines, cocaine, and heroin), primarily due to differences in pharmacology, addiction potential, medical applications, and regulatory status.

In areas that have decriminalized psychedelic medicines, such as Denver and Oregon, there has been a significant reduction in arrests related to these substances, with no evidence of increased public safety risks or negative public health outcomes in the short term. Psilocybin, in particular, is associated with a low risk of overdose, low addiction potential, and emerging evidence for therapeutic benefit in mental health disorders when used in controlled settings. Decriminalization has shifted public interest toward safer psychedelics and away from more potent or riskier substances, with positive implications for public health. These reforms are often accompanied by recommendations for public health education, first responder training, and ongoing safety monitoring to mitigate potential risks.^[1-2]

In contrast, decriminalization of "hard drugs" such as methamphetamines, cocaine, and heroin is associated with a much higher risk of addiction, overdose, and morbidity. These substances have high abuse potential and are major contributors to overdose deaths and other health and social harms. While decriminalization can reduce criminal justice involvement and may facilitate access to treatment and harm reduction services, the public health burden remains substantial, and there is no evidence that

decriminalization alone reduces the inherent risks of these drugs. The medical literature consistently ranks heroin, cocaine, and amphetamines among the highest in terms of overall harm, while psilocybin and other classic psychedelics are ranked among the lowest.^[3-4]

In summary, **areas that have decriminalized psychedelic medicines have not seen significant negative public health impacts and may experience benefits related to reduced criminalization and safer substance use patterns, whereas areas decriminalizing "hard drugs" continue to face high rates of addiction, overdose, and associated harms.**^[1-4]

1.

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[Leading Journal](#)

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Journal of Psychoactive Drugs. 2024;;1-10. doi:10.1080/02791072.2024.2376755.

[New Research](#)

3.

[Differences Between Users' and Addiction Medicine Experts' Harm and Benefit Assessments of Licit and Illicit Psychoactive Drugs: Input for Psychoeducation and Legalization/Restriction Debates.](#)

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Finished thinking

Access to mental health services generally improves in communities that have decriminalized psychedelic medicines such as psilocybin and MDMA, compared to communities that have decriminalized "hard drugs" such as methamphetamines, cocaine, and heroin.

In communities with psychedelic decriminalization, there is increased public and clinical interest in evidence-based, supervised therapeutic use of these agents for conditions like depression and PTSD, supported by regulatory frameworks (e.g., Oregon's psilocybin program) that include licensure, product testing, and facilitator training. This has led to the development of new clinical service models, reduced stigma, and expanded access to innovative mental health treatments, particularly for those with treatment-resistant conditions. These changes are associated with a shift in public interest toward safer,

lower-risk substances and away from more harmful drugs, with positive implications for mental health service engagement and outcomes.^[1-5]

In contrast, decriminalization of "hard drugs" is primarily associated with reduced criminal justice involvement but does not directly improve access to mental health or addiction treatment. Individuals using methamphetamines, cocaine, or heroin continue to face significant barriers to care, including high rates of unmet treatment need, stigma, and limited availability of effective interventions. Even in decriminalized settings, the majority of people with substance use disorders do not receive adequate mental health or addiction services, and comorbid mental health conditions remain under-addressed.^[6-8]

In summary, **decriminalization of psychedelic medicines is associated with increased access to innovative mental health services and reduced barriers to care, while decriminalization of "hard drugs" does not substantially improve access to mental health services and is often accompanied by persistent unmet treatment needs.**^[1-8]

1.

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 JAMA Psychiatry. 2023;80(1):77-83. doi:10.1001/jamapsychiatry.2022.4101.

[Leading Journal](#)

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3.

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Bhave A.

Journal of Psychoactive Drugs. 2024;:1-10. doi:10.1080/02791072.2024.2376755.

[New Research](#)

4.

[Therapeutic Potential of Psychedelic Compounds for Substance Use Disorders.](#)

Valdez T, Patel V, Senesombath N, Hatahet-Donovan Z, Hornick M.

Pharmaceuticals (Basel, Switzerland). 2024;17(11):1484. doi:10.3390/ph17111484.

[New Research](#)

5.

[3,4-Methylenedioxy Methamphetamine, Synthetic Cathinones and Psychedelics: From Recreational to Novel Psychotherapeutic Drugs.](#)

López-Arnau R, Camarasa J, Carbó ML, et al.

Frontiers in Psychiatry. 2022;13:990405. doi:10.3389/fpsyt.2022.990405.

6.

Inability to Access Health and Social Services Associated With Mental Health Among People Who Inject Drugs in a Canadian Setting.

Wang L, Panagiotoglou D, Min JE, et al.

Drug and Alcohol Dependence. 2016;168:22-29. doi:10.1016/j.drugalcdep.2016.08.631.

7.

Illicit Substance Use and Treatment Access Among Adults Experiencing Homelessness.

Assaf RD, Morris MD, Straus ER, et al.

JAMA. 2025;333(14):1222-1231. doi:10.1001/jama.2024.27922.

[Leading Journal](#) [New Research](#)

8.

Methamphetamine Use in the United States: Epidemiological Update and Implications for Prevention, Treatment, and Harm Reduction.

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Annals of the New York Academy of Sciences. 2022;1508(1):3-22. doi:10.1111/nyas.14688.

Finished thinking

Notable side effects and risks of **psilocybin** and **MDMA** in the context of their current regulatory status, emerging medical applications, and public health outcomes include:

Psilocybin: In clinical and research settings, psilocybin is generally well tolerated, but acute side effects include **anxiety, paranoia, panic, nausea, headache, dizziness, and transient increases in blood pressure**. Serious adverse events (SAEs) are rare but have included **worsening depression, suicidal ideation, suicidal behavior, and psychosis**, particularly in individuals with preexisting psychiatric disorders or nonresponse to treatment. Persistent perceptual disturbances (hallucinogen persisting perception disorder, HPPD) are rare but possible. There is also a risk of **psychologically challenging experiences** that may be distressing or disorienting, and in rare cases, persistent personality or belief changes have been reported. These risks are heightened in unsupervised or nonclinical settings, which are more common in decriminalized environments lacking regulatory oversight and systematic adverse event monitoring.^[1-3]

MDMA: MDMA-assisted therapy is associated with **acute increases in blood pressure and heart rate, anxiety, jaw clenching, nausea, and fatigue**. Rare but notable risks include **cardiac arrhythmias** (e.g., premature ventricular contractions requiring hospitalization), **hyponatremia**, and **worsening mood or suicidality**. Late adverse events can include **fatigue, low mood, and anxiety**. The risk of serious medical complications is low in controlled settings but may increase with unsupervised use or in individuals with cardiovascular disease.^[4]

In contrast, **methamphetamines, cocaine, and heroin** are associated with **high rates of addiction, overdose, cardiovascular and neuropsychiatric complications, and mortality**, as emphasized by the American Academy of Addiction Psychiatry and the American Society of Addiction Medicine. Public health outcomes in areas decriminalizing psychedelics have not shown increased emergency events or overdose,

while decriminalization of hard drugs continues to be associated with substantial morbidity and mortality.^[5-6]

Overall, the main risks of psilocybin and MDMA are **acute psychological distress, rare serious psychiatric events, and cardiovascular effects**, with a need for ongoing pharmacovigilance and regulatory oversight, especially as access expands beyond clinical trials.^{[1-2][4]}

1.

[Adverse Events in Studies of Classic Psychedelics: A Systematic Review and Meta-Analysis.](#)

Hinkle JT, Graziosi M, Nayak SM, Yaden DB.

 JAMA Psychiatry. 2024;81(12):1225-1235. doi:10.1001/jamapsychiatry.2024.2546.

[Leading Journal](#) [New Research](#)

2.

[Essentials of Informed Consent to Psychedelic Medicine.](#)

Marks M, Brendel RW, Shachar C, Cohen IG.

 JAMA Psychiatry. 2024;81(6):611-617. doi:10.1001/jamapsychiatry.2024.0184.

[Leading Journal](#)

3.

[Pharmacological Properties of Psychedelics With a Special Focus on Potential Harms.](#)

Holze F, Liechti ME, Müller F.

Current Topics in Behavioral Neurosciences. 2024;. doi:10.1007/7854_2024_510.

[New Research](#)

4.

[Adverse Events in Clinical Treatments With Serotonergic Psychedelics and MDMA: A Mixed-Methods Systematic Review.](#)

Breeksema JJ, Kuin BW, Kamphuis J, et al.

Journal of Psychopharmacology (Oxford, England). 2022;36(10):1100-1117. doi:10.1177/02698811221116926.

5.

[The ASAM/AAAP Clinical Practice Guideline on the Management of Stimulant Use Disorder.](#)

Journal of Addiction Medicine. 2024 May-Jun 01;18(1S Suppl 1):1-56. doi:10.1097/ADM.0000000000001299.

6.

[Management of Stimulant Use Disorder.](#)

Steven Batki MD, Daniel Ciccarone MD MPH, Scott E. Hadland MD MPH, et al

7.

[Psychedelic Drug Legislative Reform and Legalization in the US.](#)

Siegel JS, Daily JE, Perry DA, Nicol GE.

 JAMA Psychiatry. 2023;80(1):77-83. doi:10.1001/jamapsychiatry.2022.4101.

[Leading Journal](#)

8.

[Magic of the Mushrooms: Effects of Psilocybin Decriminalization.](#)

Bhave A.

Journal of Psychoactive Drugs. 2024;:1-10. doi:10.1080/02791072.2024.2376755.

[New Research](#)