

Massachusetts Psychiatric Society Position Paper

Psychedelics for All: Ballot Question 4

This question legalizes five potent hallucinogens - psilocybin, psilocyn, mescaline, DMT (in ayahuasca) and ibogaine – for purported psychiatric benefits as well as recreational use. If passed, this measure would allow the public to grow, share and use (but not sell) limited amounts of hallucinogens at home in uncontrolled environments, and a non-medical, non-professional “facilitator” (with only a high school education and minimal teaching on hallucinogens) could administer them in “therapy centers.”

MPS, the state branch of the American Psychiatric Association, represents about 1500 psychiatrists in Massachusetts. Both MPS and APA formally oppose this ballot question, as does the Massachusetts College of Emergency Physicians and the Massachusetts State Trooper Association. The Massachusetts Medical Society also opposes important aspects of the ballot question. APA has made this statement: “Clinical treatments should be determined by scientific evidence in accordance with applicable regulatory standards and not by ballot initiatives or popular opinion.” Patients are helped most by receiving carefully selected proven treatments, supervised in a medical setting. While there is some promising early research that indicate some psychedelic medicines could provide adjunctive therapeutic relief to various mental illnesses, but further studies are needed to assess its effectiveness and to explore potential long-term benefits and risks. These are complex substances, with known harms and unclear benefits.

Specific points:

1. *Harm to the general public:* These hallucinogens have been shown to lead to 50% increase in emergency room visits and hospitalizations. 1/3 of regular hallucinogen users admit to driving under the influence in the past year. Fatal car accidents have doubled in Massachusetts in the past few years, along with a 65% increase in drugged driving. If passed, the public will face further overcrowding and delays in emergency rooms and hospitals, and higher risks of disability/death from car accidents.
2. *Harm to patients:* At least 5% of the population (hundreds of thousands of residents of the Commonwealth) have mental illnesses (bipolar disorder, some types of depression, schizophrenia) that make them prone to psychosis, mania, or more severe depression as effects of hallucinogens.
 - a. As noted, “therapy centers” are staffed by “licensed facilitators” who do not meet professional qualifications, overseen by the psychedelic control commission. This is inadequate training to appropriately select, treat, and manage hallucinogen treatment.
 - b. Hallucinogens can be addictive, despite absence of physical dependence, just as cocaine is addictive without physical withdrawal.
3. *Questionable efficacy:* Advocates claim major benefit for conditions like depression or PTSD, but these studies are short-term, usually 6 weeks or less, with only temporary mood improvements. They provide zero evidence about any long-term efficacy for an underlying disease, certainly nothing like a cure. Further, most randomized trials show hallucinogens are not more effective for depression than safer standard antidepressants.
4. *Politics/Economics*
 - a. Decriminalization can occur through legislation, without full legalization.
 - b. Venture capital millionaires have spent over \$5 million to get this question on the ballot and to advertise it. They stand to make more billions via legalization. If there was no money to be made, there wouldn't be a vote.

In sum, the ballot question is not about public health, but private wealth and recreational use and abuse.