

# MAPS' Policy Statement: Considerations for the Regulation and Decriminalization of Psychedelic Substances

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SINCE ITS 1986 INCEPTION, THE Multidisciplinary Association for Psychedelic Studies' (MAPS') stated mission has been the development of medical, legal, and cultural contexts for people to benefit from the careful use of psychedelics, including cannabis.<sup>1</sup> The ongoing criminalization of drugs and people who use them has long increased the dangers of using psychedelic substances, so MAPS believes that no one should be criminalized for the possession, use, or sale of psychedelic substances—or any other drugs. Therefore, we support efforts to decriminalize all drugs and to create safe, regulated access to currently scheduled substances.

Marginalized communities experience the highest rates of trauma, as well as high rates of criminalization, further limiting their access to psychedelic medicines as a therapeutic tool. In light of this reality, MAPS encourages movements working to reform laws regarding individual substances to collaborate with broader movements for drug policy, health access, and criminal law reform.

MAPS believes that all substances should be regulated by evidence-based, practical, and equitable frameworks—medical and otherwise—so people can benefit from intentional and safe use. MAPS encourages reformers to include measures to eliminate or substantially reduce criminal penalties associated with drug manufacture, use, possession, and distribution.

MAPS centers healing, education, risk reduction and full-spectrum harm reduction in considerations around legalization, decriminalization, and regulation. Reforms based on these concepts would include (for example) comprehensive drug education, legal, universal, and rapid access to drug purity analysis, and accessible mental health support. Ongoing mental health access would consist of both therapeutic integration for psychedelic experiences, and ongoing mental health support for those seeking to reduce or eliminate substance use disorders. Community building and public education must also play an essential role in creating safe social contexts to integrate and benefit from the use of psychedelic substances.

MAPS' recommendations are based in research, public health, and risk reduction; we also prioritize community building and deeply consider the history and current state of criminalization. We expand upon some of our leading considerations below.

## HISTORY OF CRIMINALIZATION

The United States government developed, exported, and continues to enforce the “war on drugs” the world over. The U.S. government pioneered strategies to target drug users, and has in-

carcerated more people per capita than any other country in the world, though this number is finally decreasing. Thus MAPS encourages people pursuing drug policy reform within the United States—no matter the compound or botanical—to also study and understand the drug war (including its race-based history and present), and the ongoing trauma of mass incarceration. The designation of psychedelics as Schedule I drugs (drugs with a “high potential for abuse” and “no medical use”) was not the result of scientific research but rather the result of explicit political efforts to target political opponents and racial and ethnic minorities.

MAPS also encourages those interested in reforming laws related to psychedelic substances to closely study the history of the U.S. government's systematic elimination of Native American people through genocide, and through the criminalization of the indigenous ceremonies, practices, and traditions from which psychedelic plant traditions originate. Native American traditions practiced for centuries before colonization, ranging from sweat lodges to ceremonial dances, were made illegal by the U.S. government until the passage of the Indian American Religious Freedom Act in 1978. The intergenerational trauma resulting from genocide and the erasure from traditional practices persists today among Native American communities.

In context of this history, MAPS believes that psychedelic policy change should center, be informed by, and include the perspectives of people who have been most harmed by psychedelic criminalization, especially indigenous communities and people experiencing mental health disorders. Cannabis reform has taught us that failing to intentionally consider the needs and perspectives of the people most impacted by prohibition leads to reforms that perpetuate their marginalization. So, MAPS believes it is critical that indigenous people participate in visioning new frameworks. MAPS encourages non-indigenous advocates to build with indigenous communities, respect indigenous perspectives and traditions, and learn from indigenous stories of healing, plant medicine use, survival, and resilience.

Psychedelics are poised to be the “next major breakthrough” in mental healthcare; and while this is undoubtedly an exciting opportunity, actors in the space must also consider the historical context in which the “psychedelic renaissance” is happening, and work to ensure the intellectual property rights of indigenous cultures are protected from theft and misuse by the pharmaceutical industry, unlike in the past.

Centuries of colonization, criminalization, and propaganda produced a fear of unfamiliar cultural practices and traditions, compounding a deep stigmatization of drugs and drug users.

Stigma—and the discrimination it causes—is one of the primary drivers of drug-related harms, so efforts that attempt to drive drug policy away from prohibition—including efforts to decriminalize or regulate psychedelics—must consider the wide-ranging impact that the language, messaging, and positioning used within these campaigns can have on the larger movement for more compassionate and human-centered drug policy. Decriminalizing one drug (or even one category of drugs) at a time may tacitly encourage the perpetuation of a “hierarchy” of drugs and drug users, which can reinforce stigma. Disparaging people who use other “more dangerous” drugs in order to show the benefit of legalizing psychedelics is antithetical to building trauma-informed community and policy.

## DECRIMINALIZATION, LEGALIZATION, AND REGULATION

Colonization, criminalization, and the stigma they cause have prevented people from accessing psychedelics—from synthetic drugs like MDMA to plant-based entheogenic healing traditions like ayahuasca—in safe, legal, and intentional spaces, while simultaneously producing generations of trauma. These factors have also inhibited critical, life-saving risk reduction practices, ranging from substance purity analysis to accessing free water at events. In the interest of both healing from historical trauma and ensuring the safety of people using psychedelics, MAPS urges policy reform that centers risk reduction and healing.

For example, MAPS encourages those pursuing single-substance focused policy change to consider the number of people arrested for MDMA relative to psilocybin. MDMA is one of the most commonly used illicit substances, and its criminalization has inspired people to develop more dangerous and often legal substances. Additionally, its criminalization has prevented purity regulation: in a five-year study conducted by Johns Hopkins School of Medicine of purported “molly,” “MDMA,” or “ecstasy” samples collected at festivals across the United States, only 60% of substances contained any MDMA, and most containing MDMA were adulterated with other substances.

Given these considerations, MAPS believes that reformers should allow principles of public health and risk reduction to guide visionary new paths to healing and reform. MAPS encourages people proposing regulations to consider:

- Science, safety, and health, including:
  - Evidence-based acknowledgement of risks and benefits of a substance
  - The physical and mental safety of participants within a regulated framework
  - Legal, affordable, and user-friendly substance purity analysis
  - Event oriented risk reduction support services, including: peer support services, on-site drug analysis and education, and free water, ear plugs, and condoms
  - Environmental impacts of the procurement and/or manufacture of the substances
  - Dedicating funds towards accessible psychedelic integra-

tion and other consensual ongoing mental health support, including for those seeking to improve problematic relationships with substances

- Education, equity, and criminal law reform, including:
  - Dedicating funds to honest and evidence-based public education campaigns
  - Dedicating funds for the education of law enforcement about psychedelic risk reduction
  - Prioritizing communities impacted by psychedelic prohibition within policy changes
  - Criminal and civil record modifications (including automatic, retroactive expungement of drug-related criminal records)
  - Financial reimbursement for time served, fines paid, or assets lost in forfeiture
  - Dedicated programs focused on healing those formerly incarcerated for drug related crimes to facilitate reintegration into society
- Logistics, operations, and accountability, including:
  - Scope, intention, impact, and enforceability of the regulations
  - The qualifications and experience of the entities tasked to administer and implement the regulations
  - The protection of certifications, licenses, and livelihoods of practitioners or facilitators implicated or identified in the regulations
  - The oversight mechanism for people with elevated standards of care (like licensed practitioners), and procedures for resolution of allegations of misconduct
  - Inherent barriers associated with regulation, including equitable access to treatment and safe spaces for use

## MEDICALIZATION

MAPS anticipates Food and Drug Administration (FDA) approval for MDMA-assisted psychotherapy as a treatment for posttraumatic stress disorder (PTSD) in 2021. Psilocybin will also likely be approved by the FDA for medical use soon thereafter. However, FDA approval alone does not promise medical access for everyone in the United States.

### *State Rescheduling*

FDA approval is an acknowledgment of a drug’s medical use by the US federal government. So, when the FDA approves a new drug—including a psychedelic—the Drug Enforcement Administration (DEA) has 90 days to reschedule the substance under the federal Controlled Substances Act. However, 23 states<sup>2</sup> and Washington, D.C., do not automatically reschedule the drug under their state regulatory framework; so, in these states, if a drug is currently in Schedule I, it will remain so even after FDA approval until sponsors proactively engage in preparing for rescheduling in all states that don’t automatically reschedule when DEA does. Additionally, the process is different in different states. MAPS will prioritize this rescheduling work, but it will be an expensive and time-consuming process.

As long as a drug remains in Schedule I, the barriers and costs to researching that substance—or using that substance in a federally-legal treatment—are significantly more onerous than they are for other substances.

In order to ensure that practitioners in these states can legally provide psychedelic-assisted therapy after FDA approval, and can continue to conduct research, state rescheduling must follow the federal government’s rescheduling. Thus, MAPS encourages efforts in the aforementioned states to work to ensure that the federal rescheduling of FDA-approved medicines will also trigger rescheduling at the state level. This will also serve state-level movements for decriminalization and regulation.

### *Health Equity*

Efforts to create access to psychedelics in medical frameworks must consider incorporating health equity measures into those efforts. This may include providing free or reduced-cost training for practitioners who come from or work with marginalized populations, actively working to improve health outcomes for people impacted by drug criminalization and substance use disorder, and supporting trauma-informed and healing-centered research within public health, risk reduction, and clinical contexts.

MAPS is currently working to get MDMA-assisted psychotherapy covered by both public and private health insurance. However, many Americans remain without health insurance, or rely on high-cost private health insurance to cover their health-care needs. This means that even after FDA approval of MDMA, psilocybin, or any drug, medical access to these substances will continue to be limited to people with insurance or those who can afford the treatment. An ideal psychedelic therapy paradigm would include universal coverage for mental healthcare as well as low-cost or subsidized treatment for people suffering from mental health disorders, regardless of their access to insurance.

MAPS looks forward to centering healing and equity in the movement for legal and safe access to psychedelic substances.

## **MOVEMENT BUILDING AND ADVOCACY**

### *Community Organizing*

Ultimately, MAPS believes that community organizing is what most effectively creates social and political change, so we prioritize building and supporting global, intersectional and interdisciplinary communities. Community organizing seeks to unite individuals with shared visions to make change as a community, to ensure change best reflects the community at large.

Over the last decade, over 90 psychedelic societies have blossomed around the world! These communities and networks of active, multifaceted, kind-hearted people around the globe demonstrate how effectively psychedelic communities are already uniting and organizing for change. Many of these groups have specifically formed for psychedelic risk reduction, providing safe spaces, substance purity analysis, and peer support for people having difficult psychedelic experiences at festivals, in nightlife settings, or at other events. These communities have played a

large role, alongside researchers, in educating broader society.

Individual conversations among circles of trust are also deeply impactful in broadening people’s understanding. More and more people are feeling emboldened to educate their classmates, their colleagues, their friends, and their families. Adrienne Maree Brown describes the importance of “moving at the speed of trust” in her book *Emergent Strategy*, which looks to patterns in nature to inform her organizing principles.

We believe that psychedelic movement builders are particularly well equipped to understand the emergent and spiritual capacity of community organizing: when we are all working from a place of mindfulness, compassion and trust, rather than urgency, fear and scarcity, beautiful things unfold, and we can avoid perpetuating the very traumatic systems we are working to heal through psychedelic policy reform.

We encourage reformers to find the intersection of psychedelic reform with a wide range of coalitions and movements. Perhaps most urgently, we are inspired by the potential collaborations of the psychedelic reform movement with the movement for environmental protection and justice. If psychedelics can increase people’s “nature-relatedness” and creativity, how might they help us all vision new ways of living on this planet?

### *Art and Media*

We want to highlight the powerful role that narrative media has—including television, film, music, news, and other art—in shifting cultural understanding and helping inspire community. James Baldwin describes the role of the artist as “mak[ing] you conscious of the things you don’t see;” similarly, the role of organizers and activists—and we would argue of psychedelics themselves—is to increase awareness. We believe that narrative art has a particularly useful role to play in helping people naive to the psychedelic experience better understand its complexity, including its risks, benefits, and contexts, such as “set and setting.”

## **CONCLUSION**

MAPS looks to our community to be bold and visionary as we co-create a world where all people are free from criminalization and have safe access to the full potential of psychedelic substances. We believe in grounding visionary ideals in strategy, and in recognizing that this important work is a marathon not a sprint. MAPS was founded in 1986, and indigenous people have been criminalized for their ancestral medicine practices for centuries. We look forward to continuing to build a future with drug policies that center people’s health and well-being, by looking to science, history, and community as our guides.

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<sup>1</sup>“Psychedelic” means “mind-manifesting.” Many people report mind-manifesting experiences after consuming cannabis, especially people who ingest high doses of edible cannabis.

<sup>2</sup>Maine, Delaware, Colorado, Virginia, Pennsylvania, Georgia, Oklahoma, Iowa, Kansas, Nebraska, New York, Arizona, California, Maryland, South Dakota, New Mexico, Florida, Mississippi, West Virginia, Louisiana, Minnesota, Alaska, and Connecticut.