MAPS
MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES

MAPS Policy Guidebook

As of March 2026

Contents

MAPS' Principles in Practice

How we work is as important as what we are working toward. We ***Set the Setting*** by laying the groundwork for our advocacy and by strengthening guardrails so our efforts stay on track.

Competing policy priorities often come with sensitive economic, cultural, and ecological considerations, so our work requires ***Being the Bridge*** between very different worlds.

We ***Prioritize Public Benefit*** by doing our best to stay abreast of and respond to the needs of people in those different worlds — from seekers to facilitators and beyond.

Pursuing policy reform requires us to ***See Past the Paradox*** of different perspectives and utilize multiple tactics like legislative advocacy, community organizing, and impact litigation.

Forward

Psychedelic policymaking requires recognizing and understanding the field's unique and interlocking economic, ecological, and cultural elements. Inconsistent facts, outdated stigmas, and decades of misinformation further complicate the analysis. Over the last four years, we have seen the need for advocates and legislators to have trusted sources when making consequential decisions, so we created one: this MAPS Policy Guidebook offers a synthesis and overview of lessons learned from 2020-2024 and proposes paths forward in the 2025 and 2026 legislative seasons. Together, these resources reflect upon and offer paths forward gleaned from the first phase of psychedelic policy reform.

The Guidebook is meant to be utilized alongside our Policy Checklist, Glossary, and Fact Sheets to help activists and policymakers alike refine and better advocate for the positions they hold, independent of political affiliation. In tandem with MAPS' educational goals and offerings, including MAPS' Psychedelic Fundamentals course, Psychedelic Crisis Assessment and Intervention Training, and the Psychedelic Science conference series, we offer these tools to contextualize and provide insight into psychedelic policy topics, encourage nuanced and long-term thinking, refine proposals across the policy landscape, and inspire creativity and collaboration across the psychedelic ecosystem.[1]

While it is impossible to know how any given regulatory and political decision will turn out, we can carefully observe social trends and track cultural patterns to make better policy predictions. By acknowledging the complexity of trying to fit psychedelics into our current legal and political reality, being transparent about the contradictory dynamics at play, and being more intentional about our intended impact, the movement will be better prepared to negotiate trade-offs with integrity when they inevitably have to be made.

Given these tensions, our analysis is oriented toward protecting public health, advancing justice, and balancing the many competing factors at play to make both possible. In the following pages, we orient readers by putting context on our perspective,

[1] We use the term "ecosystem" to describe the psychedelic field as a whole, including the industry and the underground. The psychedelic "industry" refers to the legal (i.e. regulated) and openly commercial (i.e. transactional) aspects of the ecosystem. The term "underground" denotes illicit behaviors and interactions of all kinds including unregulated economies. Our ecosystem is home to a complex and at times contradictory range of cosmological, cultural, social, relational, and commercial dynamics and practices, and the term acknowledges this diverse and dynamic tapestry of people, plants, and practices within.

I. Orientation

Where we've been

Since 1986 MAPS has advocated for legal access to psychedelics and, over time, a chorus of voices across the political spectrum and world have joined in this dream. In the last decade, psychedelic policy reform has gone from a theory to a dream to a reality.

The discussion about legal access to psychedelics in the United States is happening in the wake of decades of scientific research that has opened the door to drug development as well as more creative policy approaches involving state regulatory and criminal legal reform. This research and the subsequent wave of investigational drug development trials have birthed an industry focused on regulated legal access through medicalization, in which licensed professionals can prescribe and administer FDA-agreed-upon formulations of psychedelic substances in a clinical context.

Despite the FDA's August 2024 response letter declining to approve Lykos Therapeutics' new drug application submission for MDMA-assisted therapy (for now)[2] the horizon of medical access inches closer. While dozens of companies, including Lykos, continue to pursue this approach, this delay has also brought renewed attention to the practical and cultural limitations of the current healthcare system and highlighted the need to design, develop, and implement other regulatory approaches.

Where we're at

While the emerging psychedelic industry has primarily focused on that medical pathway, alternative approaches have been building momentum. In 2019, municipal reform began with the deprioritization of psychedelic-related offenses like psilocybin possession or cultivation in cities like Denver, Colorado, and Oakland, California. Over the last five years, these municipal-level efforts have continued to spread across the country, with dozens of cities following suit.

Voters in Oregon and Colorado (in 2020 and 2022, respectively) approved ballot measures to create legal, regulated access to some psychedelics for adults and to decriminalize personal use amounts of certain substances. While Massachusetts voters decided against making a similar program in their state when a majority voted against Question 4 in November 2024, the existing programs continue unabated: as of Dec 2024, over five thousand people have gone through the Oregon psilocybin program, and Colorado's rulemaking process is concluding, and the state is preparing for program launch in January 2025.

On the legislative front, 2023 and 2024 saw the introduction of dozens of state policy proposals tackling task forces, rescheduling, adult-use, decriminalization, state funding, pilot programs, and more. The difference between legislative approaches and citizen-led referendums is striking; prior to 2025, legislative progress was mixed, with no regulated use program or broad (or even meaningful psychedelic) decriminalization making it through a legislature. This changed in April 2025, however, when New Mexico became the first state to establish a medical access program for psychedelic-assisted therapy through its legislature, rather than via voter initiative. Only two months later, Texas passed a bill authorizing the allocation of $50 million in state

[2] FDA Rejects Lykos Therapeutics' MDMA-Assisted Therapy For PTSD. (2024) Psychedelic Alpha. https://psychedelicalpha.com/news/breaking-fda-rejects-lykos-therapeutics-mdma-assisted-therapy-for-ptsd

funds to research ibogaine for the treatment of neurological and mental health conditions. This rise in state-based legislative support and ongoing grassroots momentum has continued at a steady pace as we've moved further into the 2025 - 2026 legislative seasons.

Meanwhile, significant federal efforts move in parallel. 2023 culminated with news from federal actors, including the Department of Defense, National Institute of Health, and the Veterans Administration, allocating funds, focus, or other resources for research or treatment with psychedelics, and 2024 saw continued government interest and institutional investment in the sector. How the new Trump administration affects the landscape remains to be seen, but one thing is for sure: the psychedelic ecosystem continues to evolve.

What we're doing

MAPS tracks and supports many of these advancements in regulated, clinical, and medical contexts, but when looking at the landscape, it is obvious most people will continue to have psychedelic experiences in the "underground."[3] These underground ecosystems already exist, and it is in everyone's interest for them to improve safety and quality standards, champion ethics and responsibility, and stay accessible even as novel legal contexts emerge around them. So, our analysis places particular weight on the needs and perspectives of people in unregulated or self-regulated environments, and the ways they are impacted by or invited into regulatory oversight. That way, individuals and communities maintain the agency to choose the pathway most appropriate for them, and can trust that there are systems to increase safety, encourage responsibility, and strengthen accountability regardless of the legal environment they are in.

A recent survey shed light on how people who currently use psychedelics think about some of these questions. In it, participants exhibited enthusiasm towards full legalization and decriminalization, with a minority preferring medicalization, and only a handful of approving of the current federal legal framework. Respondents generally approved of personal possession and growth of natural medicine, and of an individual gifting or selling natural psychedelics in an individual capacity.[4] Respondents were more split on the presence of patents and corporations, as well as on gifting or sharing synthetic chemicals.[5]

Ultimately, MAPS' policy goal is to repair historical harms and set responsible groundwork for the future by influencing the legal and cultural landscape of psychedelics in service of visionary, long-term reform. MAPS contributes to the design of these post-prohibition frameworks by bringing to bear our multigenerational and multidisciplinary network, in-house expertise with psychedelic risk reduction, clinical research, and policy

[3] We honor and acknowledge the historical and ongoing use of this word, which represents a rich tapestry of people, communities, and practices, but often tends to be reductively used as a catch-all for all illicit use, including use deemed recreational. We go back and forth between using the term "underground" and "unregulated" although they are not completely synonymous. Some underground contexts, including certain traditional, syncretic, or other community-based ones, are not regulated by state bodies but they are self- or community-regulated in other ways i.e. through codes of ethics, training standards, apprenticeship guidelines, initiations or rights of passage, and other internally consistent norms.

[4] The term "natural medicine" or "natural psychedelics" is a general term used in some legislation to refer to naturally-occurring plant matter or fungi that have psychedelic properties, often including psilocybin-containing mushrooms, and sometimes also including DMT-, ibogaine-, or mescaline-containing plants like chacruna, iboga, or San Pedro cactus, respectively. In some instances it may be interpreted to include animal derived substances like 5-MeO-DMT which is found in many plants and seeds but also in secretions from the Sonoran desert toad ("bufo"). While no instances have been seen in legislative language, the term is sometimes colloquially used to include kambo, which is a non-psychoactive, non-psychedelic purgative derived from a tropical frog that is used by multiple Amazonian tribes, sometimes in tandem with other psychedelic medicines like ayahuasca.

[5] Daniel J. Kruger, Julie Barron, Moss Herberholz & Kevin F. Boehnke (2023): Preferences and Support for Psychedelic Policies and Practices Among Those Using Psychedelics, Journal of Psychoactive Drugs, DOI: 10.1080/02791072.2023.2228784

reform, and the wisdom built from decades of interacting with and crafting contemporary drug culture. We recognize our perspective is limited, so we collaborate and consult with outside advocates and subject matter experts across identities, positionalities, and capacities to develop, design, and implement better policies across the country and world.

By understanding the strengths of each policy pathway, being realistic about their limitations, and coordinating across different points of access — from medical to unregulated and everything in between — we seek to harmonize the emerging policy ecosystem.

How we're doing it

MAPS has a bias toward policy that creates bridges of collaboration instead of expanding gaps of misunderstanding. We prefer to contribute to efforts informed by a balance of perspectives throughout the ecosystem. We believe harmonization between different policies will keep the whole picture in balance, so we stay in close communication with trusted allies across the landscape.

Industry and activists both have their shadows, and even good faith enthusiasm can lead to imbalance: scaling up a program may provide broader access to some people, but it also may mean relying on existing dysfunctional systems like the healthcare and insurance industries or rushing to certify providers before enough are sufficiently trained.

We maintain a holistic international perspective, and consider the global impacts of US policy. Increasing access to consumers in the global north can exert downward economic pressure in other parts of the world. We recognize the historical invisibility and exploitation of Indigenous people in the American narrative, and champion and celebrate the rising tide of respect and reverence to traditional people, practices, and lifeways reemerging throughout the ecosystem.

As the base of the psychedelic movement, MAPS looks forward to continuing to stand alongside our colleagues throughout the field and building toward policy solutions with multi-partisan support, input from key subject matter experts, and robust grassroots participation and input.

Our theory of change

MAPS seeks to permanently impact the law, the sciences, and the public by embedding healing, justice, and compassion into the blueprint for the future.

We believe advancing strategic policy reform, honest education, and breakthrough research — through the lens of the field's ecological, social, and cultural carrying capacity — can create the sustainable, ethical, and reparative psychedelic ecosystem we know is possible.

Whether or not one decision is better than another can never be known, but we have to engage directly with our shadows — and listen to our biggest critics — to build trust and make sustained and sustainable progress possible.

Taking an incremental approach to radical change, we incorporate subject matter expertise, leverage multi-partisan support, and build a movement with momentum to change the legal landscape, repair historical harms, and pursue visionary long-term reform.

II. Foundational Principles

Contemporary progressive drug policy is an essential vehicle for reversing inequitable trends put in motion during the War on Drugs, and responsibly bringing psychedelics into the purview of western regulatory frameworks requires a bridging of often very different worlds, with sensitive cultural, ecological, and ontological considerations.

From legislating about Indigenous medicines that have extensive traditional use, to ensuring reform doesn't leave vulnerable people behind, contemporary drug policy has an opportunity to reverse inequitable trends put in motion over the last decades — really, centuries — of criminalization and persecution.

Ultimately and at least, these powerful substances have implications for our physical and mental health. With this in mind, we've noticed a few general principles that help us balance public health and advance justice in this complex social reality: common sense, risk reduction, consumer protection, and social equity.

Common Sense

Regardless of the drug or medicine involved, any use comes with risks. While the risk can't be eliminated, it can be reduced in many ways. Access to known substances and secure settings, a reliable understanding of potential dangers, the support or guidance of a trained therapist or facilitators, and adequate time and space for preparation and aftercare can all contribute to safer and more beneficial use. As with any drug, using psychedelics alone or in uninformed ways can make people more vulnerable, and until compassionate policy overtakes historical stigma, we will continue to isolate our most desperate friends and family members.

Responsible policy reform has the potential to reduce harm across the board. Regulations or changes in legal status should be informed by existing use patterns to incentivize uptake by people in the underground while creating accessible onramps for new people seeking information, substances, or care. Ideally, policy should reduce the dangers of the clandestine drug trade, and reverse the public health impacts of criminalized drug use.

Pathways to legal access that reinforce existing harmful norms could undermine whatever long-term benefits psychedelics have to offer and cause untold harm along the way. Proposals to increase access should carefully guard against the subtle exploitation, coercion, and overconsumption baked into the history and present of existing medical care, legal practice, and market norms. While this can seem far away in the enthusiastic wave of today's media environment, even well-intentioned proposals can fall prey to corrosive social or commercial pressures. If we want to transform our social fabric through the healing of individual and collective trauma, we have to interrupt — not perpetuate — the systems that cause that trauma in the first place.

Understanding this context also points to the limitations of psychedelic exceptionalism, the viewpoint that psychedelics should be prioritized for legal reform because they are "good" drugs while other ostensibly "bad" drugs, like heroin and crack cocaine, should remain illegal. Bad regulation could make psychedelics more dangerous, just as good regulation could make those drugs safer.

Prioritizing Risk Reduction

Much has been written about the history of harm reduction — from its origins as a movement by drug users for drug users to stay safe in the face of state neglect to an increasingly respected public health strategy that

includes everything from peer to peer whisper networks on streets and in homes around the world to the nationwide distribution of naloxone and clean paraphernalia.

Harm reduction — which we call risk reduction here, in the context of psychedelics in particular — challenges stigma, provides individuals with necessary resources to bring about meaningful change in their communities, and rebalances information about drugs and their use in a way that results in safer outcomes.

Education

The first line of defense against risk is quality education. Often, people's first contact with harm reduction is in the context of sexual health — wearing protection, testing for STIs, safer sex practices, and so on. While sexual risk reduction hasn't changed much over the last 50 years, drug markets and use patterns change fast — especially over the last decade. Thus, creating pathways for timely education and dissemination of accurate information on psychedelics is an essential step to helping both naive and experienced users navigate emergent markets.

Like sexual health, transportation safety (like seat belts and stop signs), or other widespread public health priorities, funding for drug education ought to come, in part, from the state and include public and private mechanisms, like PSA campaigns, targeted information, and direct outreach and services. In the meantime, a patchwork of nonprofits and private projects have filled the gap.

We take an "everything-but-the-kitchen-sink" approach to getting information to users where they're at — every channel for education is important. While a regional Psychedelic Society may often have the best information about a local market and a community-based-organization may be best suited to share that information in culturally accessible ways, broad public health messaging can bolster safer use with evidence about nationwide trends. Meanwhile, businesses in regulated markets may be required to provide statements on dosing information, and youth educational curricula should be evidence-based and responsive to the present-day needs of young people.

Substance Analysis

In underground economies, one of the most significant vulnerabilities from a public health perspective is the lack of knowledge about what or how much of something is actually in an illicit product — put simply, most drugs bought on the street don't come with nutritional facts. Ideally, even unregulated products would have a way to ensure quality like voluntary anonymous testing and reporting programs. In the absence of any other mechanisms, use can be made safer by knowing how to use a volumetric scale to understand how much is being consumed. Laws that use possession of a scale as evidence that someone is distributing or trafficking drugs, however, prevent people from carrying one of the most critical tools for personal safety. This is just one example of a law that ultimately increases risks to individual users.

While mechanisms for safe-supply-style quality control don't yet exist due to legal and scaling constraints, substance analysis (also known as drug checking, not to be confused with drug *testing* like urinalysis) is an umbrella term for processes that check the contents of a drug and is a powerful tool to increase safety. Substance analysis is critical for safe consumption of drugs because it can allow users to know the content of a substance, its purity and potency, and whether or not a drug has been adulterated.

Since the underground drug market is unregulated, substance analysis is the best way to ensure the drug an individual believes they're taking is actually what they will be taking. The health implications are substantial.

A drug that has been cut with a different substance can drastically increase the likelihood of an overdose, and even adulterants that are not immediately dangerous can be harmful to long-term health.

Substance analysis can be done in a variety of ways. In a world where access to drugs is legal and regulated, one can imagine products being tested and regulated in the same manner as pharmaceuticals (or herbal supplements) are today. In the shorter term, a state actor or public service can also support these efforts by creating spaces or services where individuals can get drugs tested without fear of criminal charges. Community organizations also play a role, and can provide drug testing services at festivals and clinics.

Crisis Response

Despite our best efforts to educate consumers and ensure they have ways to seek help if they need it, crises happen. Even educated, experienced drug users can be vulnerable to substance use disorders or an adulterated supply. Mental health crises and psychedelic crisis overlap — they look similar in some ways but are differentiable often by their duration, intensity, and content.

Permitting and increasing capacity of peer support services, undertaken by individuals offering support in non-professionalized contexts, or offering super-low-barrier certifications for people offering supportive services to friends or family, might provide an initial circle of resources around someone if something goes wrong.

However, sometimes crises go beyond the ability for a community to support. For these reasons, it is important the people assigned to catch those who fall through the cracks - first responders including law enforcement, firefighters, emergency medical services, and mental health co-responders - are trained to understand how to respond.

This training should include understanding the history, usage, psychological and physiological response, and potential adverse effects of psychedelic ingestion, as well as the standards and protocols for effective psychedelic-related crisis response planning, training, and deployment. Practically speaking, it should include the legal considerations and implications of decriminalization and the role of first responders, and provide them with the best practices and techniques for assessing, de-escalating, and managing psychedelic crises.

In 2023, MAPS produced a first-of-its-kind, Psychedelic Crisis Assessment and Intervention Training for first responders, namely law enforcement, emergency medical, and public mental health personnel. These trainings have proven to be a powerful tool to support those tasked with providing frontline care and protection to the public.

Protecting “Consumers”

The concept of “consumer protection” was first introduced in the context of food and drugs, and it can be a helpful lens to think about psychedelic regulation. This is nothing new: even contexts that are legally unregulated like traditional or spiritual practice have internal norms to ensure the safety of the people participating in the experiences.

In the absence of culturally-enforced and socially understood practices and wisdom, however, and in the context of a consumption-based economy, the psychedelic movement has a responsibility to ensure people who choose to engage with these powerful substances are never pressured to do so, and are as prepared as possible if they do.

Education and other harm reduction practices are important, but in a world where commercial pressures can

compromise safety, bringing a consumer protection lens to psychedelic policy offers a way to mitigate the potential risks that come with expansion of access beyond seekers into an enthusiastic but less educated population.

Thus, the policy that emerges from our movement should reject manipulative marketing tactics that prey on desperate people. Instead, we should encourage accuracy of language, manage expectations in communications, and strive for practical and honest - not promotional and persuasive - materials.

Regulate Claims

The claims that companies can make about products in some legal markets, like medicine, are tightly regulated to enhance consumer protection. In the case of the federally regulated pharmaceutical industry, FDA uses safety and efficacy as cornerstones of its approval process and the basis of claims that it permits drug companies to make about their products. Claims about a drug's safety and efficacy can be used in the commercialization and distribution of the drug to consumers, through pharmacies managed by medical professionals. However, different schemes have different rules — everything from herbal supplements to organic produce have laws regulating them.

With psychedelic substances and practices, it is essential that a scope of permitted services, or the content of a product, is clear enough to be consented to. In short, people deserve to know what they are putting in their bodies, and it is deceptive and harmful to mislead them.[6] Policy proposals ought to carefully consider what claims can be made and by whom, and how to fairly enforce penalties for fraud or deceptive practices.

While ensuring quality control for a product is more straightforward, the range of support services and care modalities associated with psychedelics is more ambiguous. Over the last few years, a tension has emerged in the use of the word "therapy" as a catch-all for any facilitated use. The term "therapy" often implies professional or medicalized psychological care, and is a legally protected term in some places but not others. Some proposals have instead used the terms "services" or "care" to describe the facilitation or support role, differentiating it from therapy by removing diagnosis requirements, softening explicitly psychological frameworks, or otherwise pulling back on directional elements. These terms may also encompass legal permission for use beyond mental health treatment, like spiritual practice, existential exploration, personal development, or relational growth.

Depending on what is permitted, different terms may be accurate — but while psychedelics have entered the zeitgeist because of their potential benefits for mental health, it is important to avoid reducing all use to "therapeutic" just to score political points. Astute observers across the field on both sides of the issue have already begun to point out this discrepancy.

Because people rely on these claims and terms, it is vital to watch out when lines blur between medical, therapeutic, or other (like adult-use, community or "recreational") frameworks to ensure people know what they are getting into. While we believe in the power of psychedelics to heal, we also recognize how misaligned expectations can cause harm. If a desperate person is led to believe some psychedelic modality, intervention, or tool can help them — but it doesn't, because nothing is 100% effective for everyone — it can result in a

[6] We recognize that in the case of underground (unregulated) products, keeping controlled substances off of ingredient lists is one way that producers and distributors have avoided detection. We recognize how criminalization has led to an outcome that requires deception to avoid legal liability, and have also seen how unregulated markets have adapted by ensuring that people know what they are getting in other ways. Here we primarily reference the many recent cases of intentionally mislabeled (and misleadingly promoted) products including chocolate bars.

worsening of symptoms, compounded by the disappointment and grief of trying but failing yet again.

Limit Marketing

If "drugs sell themselves" as the old saying goes, what is the role of promotion besides to artificially grow a market? As we've seen throughout history with pharmaceuticals, alcohol, cigarettes, and — most recently — the cannabis and nicotine vaping markets,[7] perceptions about advertising substances that have health risks is a sensitive and complex issue lawmakers and constituents alike have strong opinions about. Psychedelics are different from other medicines that require daily use, or vices that reinforce habitual or repeated use, but they do have other risks that should be considered and mitigated when opening the door to legal access.

To avoid seeing psychedelics fall into the trap of other consumer products, we have concluded that in the field of psychedelics, active promotion should be strictly limited. Advertisements should be carefully monitored, and we recommend against permitting materials or practices that actively solicit new or repeat consumers who might not otherwise seek out psychedelics, or encourage them to use more often than they want or need to.

This is a gradient, not a binary — being able to make specific claims, or otherwise promote or advertise certain products or services, may be a valuable perk to incentivize participation in a regulated market. And, educational materials may have promotional elements, or vice versa. While examples are limited, existing regulated programs have developed some limitations and restrictions on advertising:

- In Oregon, advertising rules restrict both content and location. For example, content may not be attractive to minors (e.g. cartoons, a product resembling one that its typically marketed to minors, images of minors, etc.), and licensees may not use a medium if 30% or more of the audience for that medium is under the age of 21 (e.g. billboards, bus stops, etc.).[8]
- Colorado's final rules for advertising are divided into rules governing advertising the sale of a "Natural Medicine Product or Service," and rules specifically governing a facilitators' advertising. Facilitators receive their own, limited, rules for advertising, including states: "A facilitator must not make false, deceptive, or misleading statements and must take reasonable efforts to prevent others from making false, deceptive, or misleading statements on their behalf"[9] and "testimonials may be collected and displayed, [but] a facilitator may not solicit testimonials…"[10]

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[7] United States District Court, Northern District of California, *In re: Juul Labs, Inc. Marketing, Sales Practices and Products Liability Litigation*. A multidistrict litigation that resulted in a $300 million settlement, which involved allegations that Juul Labs, Inc. (JLI) has marketed its Juul nicotine delivery products in a manner designed to attract minors, that JLI's marketing misrepresents or omits that Juul products are more potent and addictive than cigarettes, that Juul products are defective and unreasonably dangerous due to their attractiveness to minors, and that JLI promotes nicotine addiction. The actions include punitive class actions, actions on behalf of school districts and other governmental entities, and individual personal injury cases. https://www.cand.uscourts.gov/judges/orrick-william-h-who/in-re-juul-labs-inc-marketing-sales-practices-products-liability-litigation/

[8] Oregon Health Authority, Public Health Division - Chapter 333, Psilocybin, 333-333-6110 Advertising Media, Coupons, and Promotions. *(1) A licensee may not utilize television, radio, billboards, print media or internet advertising unless the licensee has reliable evidence that no more than 30 percent of the audience for the program, publication or Internet website in or on which the advertising is to air or appear is reasonably expected to be under the age of 21. (2) A licensee who advertises via webpage must make reasonable efforts to prevent individuals under 21 years of age from visiting the webpage.* **Statutory/Other Authority:** ORS 475A.235; **Statutes/Other Implemented:** ORS 475A.235; **History:** PH 206-2022, adopt filed 12/27/2022, effective 12/27/2022

[9] Department of Revenue, Natural Medicine Division - *Colorado Regulated Natural Medicine Rules*, 1CCR 213-1;

[10] Department of Regulatory Agencies, Office of Natural Medicine Licensure - *Natural Medicine Licensure Rules and Regulations*, Section 4 CCR 755-1

- The more stringent rules come from CCR 213-1 and applies to any communication that "markets a Licensee, the Licensee's Regulated Natural Medicine or Regulated Natural Medicine Product, or Natural Medicine Services" In addition to not making misleading statements, there is a prohibition on marketing to minors, as well an obligation to compile data that the demonstrates that "at least 73.6% of the audience is reasonably expected to at least 21…" for a given communication.
- Notably, a prohibition also exists on safety claims, and on marketing that uses federally recognized tribes or Indigenous people and culture

Committing to Social Equity

Social equity refers to the process of treating people fairly based on their circumstances, providing them with the resources and opportunities they need to achieve an equal outcome.[11] This concept recognizes that, as a result of both innate and systemic factors, people do not all start from the same place and it is important for social policy to address imbalances caused by oppression and injustice. In the context of psychedelics, we interpret this as incorporating our awareness of the social and cultural circumstances of the ecosystem into our policy goals and approaches.

Lessons from Cannabis

One of the more potent lessons from cannabis legalization has been the emergence of social equity, which has specifically been applied to cannabis programs given the history of cannabis prohibition and the potential of economic benefit offered by the legal cannabis market. Programs in cities and states across the country have attempted to establish careful infrastructure around their cannabis industries to ensure the communities most impacted by the consequences of the War on Drugs are given a fair chance at participating in the regulated system.[12]

Psychedelic Social Equity

Psychedelic legislation touches on numerous topics that might increase equitable access in ways seen in the cannabis industry, like priority business and facilitator licenses, tiered regulations, or community reinvestment. In addition, policies permitting cultivation, community cooperation, and social sharing (non-commercial interpersonal transfer) have significant social equity implications and can ensure protections for individual and community use that is already happening.

However, psychedelic policy reform has elements not found in cannabis reform that offers additional oppor-

[11] *What's the Difference Between Equity and Equality?*, Annie E. Casey Foundation (2023), https://www.aecf.org/blog/equity-vs-equality#:~:text=The%20image%20also%20depicts%20what,increase%20health%20equity%20in%20Miami.

[12] For example, the City of Oakland Cannabis Equity Program "addresses disparities in the cannabis industry by prioritizing the victims of the war on drugs, and minimizing barriers of entry into the industry." Services include loan and grant programs, legal assistance programs, technical assistance, and shared use manufacturing facilities. Eight new cannabis permits are awarded by the City each year, and half must be to equity applicants, defined as: "Oakland residents with an annual income at or less than 80% of the Oakland Average Medium Income (AMI) adjusted for household size… and who have either lived in certain Oakland police beats for at least 10 of the last 20 years, or was arrested and convicted of a cannabis-related crime committed in Oakland, CA after a certain date." Ordinance amending Oakland Municipal Code Chapter 5.80, Medical Cannabis Dispensary Permits, which clarifies and strengthens the City's Equity Permit Program (2017). https://oakland.legistar.com/gateway.aspx?M=F&ID=751badbd-f30a-46da-90d2-639f831bb18f.pdf

tunities for increasing equity. For example, policymakers can strive to create opportunities for both licensed professionals — including therapists — and non-licensed facilitators, i.e. through multi-tiered facilitation. To help reduce costs to patients and maximize public health benefits from psychedelic treatments, states might consider schemes that increase choice and options related to group services.[13] Furthermore, regulated access programs can provide protections for people under state supervision (e.g., on probation or parole) to participate in regulated, psychedelic-assisted healing services.[14]

The urgency to create economic opportunities for people criminalized by psychedelic prohibition may be less salient than in the case of cannabis, but it also gives the psychedelic movement a chance to explore what equity looks like beyond subsidized products or a ticket to economic opportunity, like broader community reinvestment and reparations based on the more complex to track impact of preventing generations of people from accessing the medicine and tradition woven into these substances and their use.

Honoring Cultural Context

Another topic that may have more significant equity and justice implications within the psychedelic field than in cannabis is that of the participation and role of Native American and other Indigenous people in policymaking. Because some entheogens have been culturally used in a ceremonial context for hundreds or thousands of years, advocates in the west are increasingly recognizing the importance of acknowledging that cultural history, and include the practitioners and ceremonialists who carry that tradition through their lineage in policy decision making.

For example, legislation should consider how the first peoples (Native American and people from non-federally recognized tribes) within its jurisdiction have or have not interacted with the psychedelics it proposes to regulate. There are significant numbers of diasporic indigenous peoples in the U.S. who have unbroken traditions with these plants and fungi. We support legislation that includes provisions for these peoples to be represented within advisory boards and committees, so that their perspectives and recommendations are meaningfully considered.

Multiple bills have included in their recitals recognition of these issues and honoring the lifeways that have been repressed or nearly erased over the last hundreds of years:

- Passed in 2025, SB219 in New Mexico calls for the establishment of a nine-member advisory board and requires “at least one member” to be “an enrolled member of an Indian nation, tribe or pueblo located wholly or partially in New Mexico”. This board will be tasked with reviewing and recommending to the state’s Department of Health medical conditions that should qualify for medical use of psilocybin, dosage standards, and best practices for manufacturers and clinicians.
- SB1012 in California included the following language: “respect and support indigenous cultures, traditions, and uses of psychedelic substances and not affect rights or undermine any protected status, or practice under other laws related to indigenous uses of psychedelic substances”
- A10375 in New York included a requirement that curriculum used to train psilocybin support providers

[13] See: Oregon Measure 109 and Connecticut HB 5396, where the advisory board would advise on the use of group therapy or other therapy options in order to reduce cost and maximize public health benefits from psychedelic treatments, and to recommend “equity measures for clinical subject recruitment and facilitator training recruitment” as its equity considerations.

[14] See, for instance, Section 10 of New Mexico’s SB219, which provides participation protections for persons under state supervision.

include “the history of indigenous, religious, and cultural use” of psilocybin

- SB5263 in Washington directed a task force it created to reviewing indigenous practices with psilocybin and to include Indigenous practitioners “with knowledge of the use of psilocybin or other psychedelic compounds in their communities”

The peyote cactus and its history and context of use is a complex but essential case study to consider. Multiple pieces of legislation have pointed to the cultural, legal, and ecological reasons for why peyote has not been included in cultivation or other decriminalization schemes, generally focusing on the fact that it is a plant whose use is central to the protected religious practice of several Native American tribes, and to invite commercialized cultivation of peyote — even if implicit through decriminalization — would be to undermine its value as sacred to these communities.[15] While further details are extensive and outside of the scope of this resource, it is a critical case study to understand.

III. Harmonizing Approaches

There are many ways to get to where we are going, and we are all learning along the way. When developing a proactive policy agenda or proposal, it is critical to have an accurate understanding of the current legal and policy landscape, and stay open to new facts or circumstances that could rapidly change our collective understanding. It is also important to look honestly at how “mainstream” approaches to business, politics, and behavior influence and sometimes irreparably skew even the most well-meaning of intentions, and to recognize how dominant contemporary culture incentivizes adversarial instead of collaborative approaches. To maintain harmony in this rapidly-evolving field, proposals need to be evaluated in this context.

After careful consideration of the current policy landscape and social reality, we have concluded that different routes of access — from decriminalization to medical use and everything in between — can coexist, but only if they stay attuned to values that promote collaboration instead of devolving into competition. By both evaluating regulatory frameworks on their own merits, and recognizing how they fit into a larger social, legal, and cultural patchwork, we can better discern and predict how a given proposal will be impacted by the water we swim in.

To counterbalance the limitations of our existing social and political reality, including its archaic criminal legal system, cynically reductive political discourse, shortsighted fixation on consumerism, and implicit supremacies, we believe equilibrium can be achieved by championing policies that:

- ...set groundwork for broader drug policy reform, even while strategically advancing reforms for single substances or specific categories like psychedelics

[15] For a thorough example, see Section I(l) and I(m) of CA SB 28: “(l)Peyote is specifically excluded from the list of substances to be decriminalized, and any cultivation, harvest, extraction, tincture or other product manufactured or derived therefrom, because of the nearly endangered status of the peyote plant and the special significance peyote holds in Native American spirituality. Section 11363 of the Health and Safety Code, which makes it a crime in California to cultivate, harvest, dry, or process any plant of the genus Lophophora, also known as Peyote, is not amended or repealed. (m) The State of California fully respects and supports the continued Native American possession and use of peyote under federal law, Section 1996a of Title 42 of the United States Code, understanding that Native Americans in the United States were persecuted and prosecuted for their ceremonial practices and use of peyote for more than a century and had to fight numerous legal and political battles to achieve the current protected status, and the enactment of this legislation does not intend to undermine explicitly or implicitly that status.”

- ...consult with, protect the rights of, and reduce negative impacts on people, plants, and practices in Indigenous, traditional, and underground settings
- ...responsibly navigate geopolitical, ecological, and cultural origins, preparations, and sources of psychedelics, including plants, animals, and synthetics
- ...include reparative measures, including past— and forward-looking protections for historical and ongoing traditional, individual, and community use and relationships.

As we look into the future, a novel question emerges: what happens if there are multiple points of access to similar substances or services, governed by different rules, all in the same place?

Federal and State Interactions

The federal government's authority legally extends to all states, and individual states are not capable of overriding federal laws and regulations. States are capable, however, of making some laws and regulations within their own borders even if they are in tension with the federal system. While this state-legal conduct could be policed by the federal government if it so chose, the federal government can also be passive in the face of state legislation, as we have seen with marijuana and early psychedelic programs.

In this context, state governments can and do actively create — or passively permit — access to otherwise illegal substances including psychedelics through novel state-legal mechanisms (like regulated use schemes or decriminalization, respectively) — as long as those mechanisms don't include interstate commerce. For this reason, most state systems are designed to avoid interaction with other states or the federal government. A state licensing system is thus not constrained to only using FDA-approved drugs, and in fact may be effectively prohibited from using them. However, there are often points of overlap where federally licensed professionals, such as pharmacists and psychiatrists, do interact with elements of state-regulated programs.

While an explicit, Cole-memo-like[16] confirmation from the US Department of Justice would ensure state-legal psychedelic programs need not fear the federal government, the Biden Administration took a "hands off" approach to state psychedelic policy reform. We're watching the incoming Trump administration carefully to see how state and federal issues will interact.

Maintaining Parity Following Federal Rescheduling or Bifurcation

Controlled Substances are scheduled at both the federal and state levels. When the DEA makes a scheduling decision at the federal level, states must also schedule that substance to achieve what we call "parity" between the state and federal system.

Rescheduling refers to placing a controlled substance into a different schedule. While not common, this does occur with pharmaceutical products (which have "accepted medical use") in Schedules II-IV. To date, no Sched-

[16] The Cole memo is a 2013 memo from James Cole, then the Deputy Attorney General, outlining the priorities that law enforcement and Department of Justice attorneys should focus on in the prosecution of marijuana based crimes. The Cole memo shifted the focus off of individuals who were, under state law at least, legally using marijuana. Instead, the Department of Justice focused on the aspects of crime that they were most concerned about, such as preventing violence and profits associated with the black market drug trade, and preventing public health problems such as impaired driving and misuse of public land for cultivation. James Cole, *Guidance Regarding Marijuana Enforcement*, U.S. Dept. of Justice Aug. 19, 2013

ule I substance has been fully rescheduled at the federal level. Instead, when a Schedule I substance is the active ingredient basis for an FDA-evaluated drug product, the DEA will schedule that *drug product* in one of Schedules II–V, or remove it from scheduling altogether. This process of placing a specific form of a Schedule I drug into a different schedule is called *bifurcated scheduling*. Dronabinol, or synthetic THC, is an example: tetrahydrocannabinols (some of the active ingredients in cannabis) are in Schedule I, but FDA-approved dronabinol drug products are in Schedules II and III.

Each state maintains a system of controlling substances, similar to the federal CSA. If a state is controlling a drug in their Schedule I equivalent, a newly–federally-scheduled (or rescheduled) drug product will need to be scheduled at the state level in a manner that permits medical use to ensure the product is available in that state.

Today, twenty-seven states have laws or regulations that automatically trigger parity with the federal government upon or at some point after the federal scheduling decision. In other words, when the federal government places a substance or a pharmaceutical drug product into a schedule of the Controlled Substances Act, those states duly conform and place the substance into the same schedule of their state drug control statutes. In the remaining twenty-three states that do not automatically maintain parity with federal scheduling decisions, scheduling of controlled substances is determined through a state-level legislative, regulatory, or administrative process.

In their most restrictive form, "state-rescheduling-trigger" bills may identify a drug product by its trade name, essentially granting a monopoly to that product in that state. Less restrictive forms may use language such as "any FDA-approved prescription drug product containing [X substance] . . ." Ideally, trigger bills should use the broadest language possible, such as "any compound, mixture or preparation containing any Schedule I substance upon federal rescheduling or descheduling . . ." Where possible, trigger bills should include some degree of discretion for the state in responding to a federal scheduling decision. By utilizing broad language, states can avoid favoring certain drug producers, as well as the need for additional substance-specific legislation.

MAPS hopes to create legal pathways that benefit the public by supporting the entire field of psychedelic healthcare – not just our products or ones of our affiliates. Different jurisdictions with different political environments require different approaches and — as we can see with the wide variety of state-level reforms moving forward — have different tempos of reform. The case studies below demonstrate two possible approaches.

Case Studies: Colorado and New York

In 2022, Colorado passed a trigger bill to bifurcate MDMA scheduling upon FDA approval. In this approach, an FDA-approved prescription drug that contains MDMA and is placed on federal schedules II-V is exempted from the definition of MDMA in Colorado's controlled substance statute. The FDA-approved drug product is then required to be controlled in the same manner as it is federally. The result in Colorado is that federal scheduling of any FDA-approved drug product containing MDMA is mirrored in Colorado, while maintaining schedule I status for all other forms of MDMA.

In 2018, New York passed S.8275B, which provides significantly greater flexibility to the state in response to a federal scheduling decision. Here, where the state's controlled substance schedule is administered by the Commissioner of Health, the law directs the Commissioner to take action in the event of a federal scheduling decision. Following a federal scheduling decision of "any compound, mixture or preparation" containing a substance listed in New York's Schedule I, the Commissioner must either 1) Exempt the compound, mixture or preparation from the state controlled substance schedule, or 2) Reclassify the substance at a level not

higher than the federal equivalent. The broad language of "any compound, mixture or preparation" provides additional discretion to the state in reclassifying substances following a federal scheduling decision. For example, if an FDA-approved drug product containing MDMA was placed in Schedule II by the DEA, New York could, in theory:

1) Place that specific MDMA drug product onto the state schedules II-V;
2) Exempt that specific MDMA drug product entirely from the state schedule;
3) Place MDMA generally, including the drug product, onto the state schedules II-V;
4) Exempt MDMA generally, including the drug product, entirely from the state schedule.

Scenarios A and B achieve the same approximate result as the law in Colorado, where the generic form of MDMA remains schedule I while allowing the FDA-approved drug product to be utilized in the state. Scenario D is unlikely, but would effectively legalize all forms of MDMA in the state. Scenario C, however, would both permit the use of the FDA-approved drug product by professionals, reduce state-level penalties related to MDMA generally, and potentially permit state-regulated use of generic MDMA.

The approach taken in New York provides the additional benefit of conserving legislative resources and avoids favoring a particular drug manufacturer. Under Colorado's approach, new legislation will be required if the FDA approves products containing psilocybin or other Schedule I substances. Recently-introduced bills that refer to a specific formulation of a Schedule I drug exacerbate this problem, requiring additional legislation for drug products that fall outside of a narrow description.

Differentiating Cannabis and Psychedelics

The first wave of state-legal-but-federally-illegal expansion of medical marijuana programs, occurring over the late 1990s through the mid 2010s, involved a rapidly evolving patchwork of state and federal enforcement across the country. Until the 2013 Cole memo, everyday state-legal operators were at risk of federal prosecution due to the continued federal illegality of the activities they were participating in. In the decade since then, the federal government has mostly allowed state-legal cannabis markets — for "medical" or adult-use — to function unimpeded, except when the lines get too blurred between state and federal systems.[17]

Until a federally-legal pharmaceutical drug product exists that would actually compete with a state-only legal product, or until a state policy explicitly implicates elements of federal policy, this might lead to a conclusion that the federal government will treat state-legal psychedelic programs in a similar way, staying hands-off - until the lines get too blurry.

However, state— and federally-regulated cannabis or cannabis-derived products don't really compete with one another — while FDA has approved multiple cannabis-derived drugs, none are really comparable to or replace cannabis flower and its preparations and derivatives that are legal at the state level. Most state policy proposals haven't implicated federal policy and have drawn within the lines of their own jurisdictions, but

[17] For example, the DEA warned Georgia that marijuana could not be sold in regular pharmacies, despite the fact that it does not interfere with Georgia's medical marijuana program, which has dispensaries to distribute marijuana. *Federal agency quashes Georgia's plan to let pharmacies sell medical marijuana*, Associated Press, 2023

some have attempted to set up scenarios where the federal government does have an explicit part to play in state-legal access.[18]

Even when there aren't explicit points of contact between state and federal systems, the fact that some medical professionals, including physicians and psychiatrists, have to register with the DEA (a federal agency) means their participation in a state legal program could risk their licenses. State-legal cannabis programs got around this by allowing physicians to offer "recommendations" rather than making prescriptions (which requires registration with DEA and can't be done for unapproved drugs). Some of these considerations may transfer to state regulated psychedelic programs, which may have points of contact between people seeking services and state— or federally-regulated actors, like physicians (i.e. for screening) or therapists (i.e. for psychological support).

Interactions with the Existing Healthcare System

State and federal systems may overlap in some ways, but have key differentiators that impact access to psychedelic care. For example, access through a federally-legal medical pathway is likely to initially require a medical diagnosis due to the nature of pharmaceutical drug development which tends to focus on treating recognized pathologies.[19] New Mexico's "Medical Psilocybin" model does just that by limiting access to those with qualifying medical diagnoses (including major treatment-resistant depression, posttraumatic stress disorder, and substance use disorders, in addition to end-of-life care). In contrast, regulated systems like the ones established in Oregon and Colorado don't use diagnosis as a minimum threshold, but as a maximum one: all adults 21 and older are permitted to participate in the system, *unless* their medical screening (including diagnosis-based exclusion criteria) makes them ineligible.[20]

At the state level these nuances of non-medical but otherwise regulated care are often left up to departments of health or medical and psychological licensing boards to sort out, but inherent overlap between these systems has revealed some tensions.

For example, the lack of clarity about the scope and role of licensed practitioners has led to confusing regulations that show up in practice, like the role and function of state or federally regulated medical professionals. In Oregon, facilitators were initially not permitted to engage in any conduct that required additional professional licensure while providing psilocybin services to clients, including but not limited to diagnosing and treating physical or mental health conditions.[21] In other words, if a facilitator had a professional license in

[18] In 2024 the Utah legislature passed a bill that created a pilot program for certain drugs, and defined a "drug" to mean "any form of psilocybin or methylenedioxymethamphetamine that is in
federal Food and Drug Administration Phase 3 testing for an investigational drug
described in 21 C.F.R. Part 312." UT SB 0266.

[19] This could change in the future if psychedelic-assisted care becomes an elective intervention, but may not be the case for many years. Matt Lamkin, *Legitimate Medicine in the Age of Consumerism*, 53 U.C. Davis Soc. Just. L. Rev. 385 (2019)

[20] Oregon Health Authority, Public Health Division - Chapter 333, Psilocybin, 333-333-5050 Client Information Form. *A client may not participate in an administrative session if they have responded "yes" to any of the following questions on their "Client Information Form": (a) Have you taken the prescription drug Lithium in the last 30 days?; (h) Are you having thoughts of causing harm, or wanting to cause harm, to self or others?; (j) Have you ever been diagnosed with active psychosis or treated for active psychosis?.* Colorado Department of Regulatory Agencies, Office of Natural Medicine Licensure, Natural Medicine Licensure Rules and Regulations, Code of Colorado Regulations 4 CCR 755-1, 2.2 Facilitator: Original Licensure, A. Scope of Practice. *(7) Facilitator licensees may not provide natural medicine services to participants who are taking lithium or antipsychotic medications.*

[21] Oregon Health Authority, Public Health Division - Chapter 333, Psilocybin, 333-333-5130 Facilitator Scope of Practice. *(1) A facilitator shall not engage in any conduct that requires additional professional licensure while providing psilocybin services to clients, including but not limited to diagnosing and treating **physical or mental health conditions. (2) A facilitator is prohibited from transferring,**

psychology, therapy, massage, nursing, or other similar professions, they were not permitted to work in that capacity or use those privileges during the psilocybin service session.

This approach gave the appearance of solving the problem by creating a legal distinction between the scope of different licensed services, but in practice failed to resolve the dilemma because dual— or multi-licensed practitioners, especially in mental health settings, often implement skills from different areas of their professional experience to support their clients. By enforcing impractical restrictions that require practitioners to choose between ethical practice (utilizing all of their competence to support their clients' wellbeing) and regulatory compliance, this kind of misalignment may disincentivize licensure, increase uncertainty, and increase risk.

This issue was addressed in May 2025 with the passing of HB2387, which established dual licensure and simultaneous practice provisions for healthcare providers who are also licensed psilocybin facilitators. The law, which went into effect in January 2026, provides that members of seven named licensing boards may incorporate skills from their professional licenses into their psilocybin preparation and integration services so long as they hold a facilitators license and have notified the Oregon Health Authority of their dual licenses.

Another dilemma emerges when considering the limitation of existing inclusion or exclusion criteria for different frameworks. One can imagine scenarios in which people diagnosed with certain conditions may qualify for care in a federal and a state scheme, or undiagnosed people who may not qualify for either. These kinds of unresolved tensions in access to psychedelic care across different legal frameworks will continue to be complicated by existing variations of access to mental health and psychological care services across demographics, racial groups, and geographic location. Because it is unlikely that only one system can serve everyone's needs — many of which are not captured in the first place due to lack of access or interest in psychiatric evaluation services[22] — we encourage parallel efforts that consider the benefits and limitations of both medical and non-medical frameworks.

IV. Decriminalization

MAPS is committed to realizing a world where all people who can benefit have access to psychedelics for personal use, from effective and individualized healing modalities to expansion of spiritual— and religious-use paradigms. As we work to overcome the cultural, legal, and economic barriers to equitable psychedelic access, one of our primary targets is ending the ongoing criminalization of drugs, and the people who use them. Such a punitive approach has fueled violence in communities both nationally and abroad, increased the availability of adulterated and unsafe substances, and funneled low-income people of color into a deeply traumatizing criminal legal system.

Drug decriminalization is a critical step towards a reality where there is healing for all. Decriminalization is a

selling or otherwise handling any psilocybin product while they are facilitating a preparation, administration or integration session, regardless of whether the facilitator is also a licensee representative of a service center. (3) If a facilitator holds a professional license in another field, the facilitator shall not exercise the privileges of that license while providing psilocybin services to clients.* Statutory/Other Authority: **ORS 475A.235 & ORS 475A.340,** Statutes/Other Implemented: **ORS 475A.340,** History:** PH 206-2022, adopt filed 12/27/2022, effective 12/27/2022

[22] Polling done by Natalie Lupiana and Shannon Currie with the Benenson Strategy Group indicates that all demographic groups report difficulty in accessing psychedelic healthcare, and people of color report more difficulty accessing traditional healthcare and mental healthcare than white consumers.

process through which policymakers remove criminal sanctions for people growing, distributing, and/or using otherwise illicit substances. This removal of punitive measures may amount to reducing penalties to a fine, or the complete elimination of all statutory consequences. It can focus solely on personal possession, or be extended to include other behaviors like cultivation, preparing, harvesting, or non-commercial distribution (social sharing). Generally, once commercial distribution is triggered, an additional level of regulations becomes necessary.

As an increasing number of states move to decriminalize psychedelics and other substances, we have identified four recommendations when considering specific elements of decriminalization policies: (1) reduce criminalization to reduce risks , (2) weigh the pros and cons of threshold possession amounts, (3) ensure protections for community use including non-commercial sharing, and (4) consider eliminating rather than reducing statutory penalties.

Decriminalization Reduces Risks

In alignment with organizations like the World Health Organization and Release (UK), MAPS believes decriminalizing illicit substances is an essential element to a safer public health landscape. While decriminalizing the personal possession or cultivation of certain plants themselves seems like common sense, an honest assessment of the polycrisis of disordered drug use, adulterated supply, and overdose reveals that the drugs that have the highest literal and figurative cost on public safety are synthetically produced or highly processed, and also tend to be the most adulterable, most stigmatized, and most sensationalized. For these reasons, measures to decriminalize or regulate plant- or fungi-based psychedelics look different from proposals decriminalizing or regulating synthetic drugs or white powders. The latter category is often rejected entirely because of the implication that doing so would enable or incentivize more use of those drugs which are perceived as more dangerous.

While this perception is a reasonable assumption, it has failed to reduce use. In practice, criminalization does the opposite — by increasing stigma, reducing access to education, and incentivizing a rapidly adapting illicit market to race for increasingly concentrated substances with less understood risk profiles,[23] drug use becomes more dangerous and proliferates nonetheless. When the threat of criminalization is eliminated from the equation, when users are less stigmatized, and when the public has access to better education, public health successes and regulations in places like the Netherlands, Portugal, and Switzerland show that even illicit markets can be incentivized toward safer options.

Considering the underground market isn't just good policy —it is responsive to the reality of the current landscape. Decades of the naturalistic practices that continued throughout drug prohibition led to a unique landscape in which different kinds of knowledge about psychedelic substances exist in other demographics, with extensive databases like Erowid and Psychonaut.wiki built by users to educate one another in the absence of honest drug education.

In a 2023 study, confirming the belief that the majority of psychedelic use comes from personal use in criminalized contexts (not a clinic), a majority of the survey respondents' source of knowledge was personal experience and experimentation.[24] Besides personal experience, the other main ways people acquired knowledge

[23] Leo Beletsky & Corey Davis (2017) Today's fentanyl crisis: Prohibition's Iron Law, revisited. https://pubmed.ncbi.nlm.nih.gov/28735773/

[24] Daniel J. Kruger, Oskar Enghoff, Moss Herberholz, Julie Barron & Kevin

was through internet research or discussing with friends. Less than 5% of respondents talked to their doctor about psychedelics. Notably, this overlaps with the trust levels respondents placed on various institutions, where the government and pharmaceutical companies were seen as the least trustworthy source.

To date, a number of states have proposed, if not passed, bills that would start by decriminalizing specific psychedelics.

- Taking a bolder approach to decriminalization, Oregon's Measure 110 was the first viable state scheme that reduced the penalty for the personal, noncommercial possession of small amounts of LSD and MDMA (along with heroin, methamphetamine, cocaine, Oxycodone, and Methadone) to no more than a violation resulting in a fine of up to $100. For a myriad of reasons, less than 4 years later, Oregon Governor Tina Kotek signed House Bill 4002, which recriminalized use by making drug possession a misdemeanor once again.[25]
- In 2023, the California legislature passed SB58, which was vetoed by Governor Gavin Newsom but would have decriminalized the personal use and limited noncommercial sharing of psilocybin, DMT, and mescaline not from peyote (see Section B(e) for more information about why peyote was excluded). Prior to the passage in the state legislature, the multi-org coalition supporting SB 519 (SB 58's predecessor) grappled with these issues in detail. SB 519's original draft included the decriminalization of ketamine, LSD, and MDMA, but over time, first LSD, then MDMA and ketamine, were cut from future versions of the bill.[26]
- In the same window of time, legislators in Connecticut and New Jersey attempted to decriminalize the possession of small amounts of psilocybin, and a bill proposed in Montana would have allowed for the possession of marijuana, synthetic cannabinoids, MDMA, DET, DMT, 5-MeO-DMT, DiPT, ibogaine, LSD, mescaline, peyote, psilocybin, and psilocin.
- Many of the state proposals that have been introduced in the last four years have focused on "natural" substances: psilocybin mushrooms, mescaline-containing cacti, DMT-containing plants, and so on. There are common-sense, public health, and political reasons for this: mushrooms naturally grow everywhere and have an extremely low physical risk profile; ingesting psychoactive plants is often naturally self-limiting and rarely associated with addiction in the more sensationalized sense.

There are nonetheless significant complexities presented by decriminalizing or legalizing naturally occurring substances that are often tied to the territorial and cultural context of their historical use, especially by Indigenous peoples around the world; these are discussed further in Section (C)(a) and (C)(d).

F. Boehnke (2023): "How Do I Learn More About this?": Utilization and Trust of Psychedelic Information Sources Among People Naturalistically Using Psychedelics, Journal of Psychoactive Drugs, DOI: 10.1080/02791072.2023.2201263

[25] Before Measure 110, the idea of decriminalizing synthetic drugs seemed entirely off the table, and in the wake of its retraction, may still feel that way. Regardless, there were a lot of lessons learned: funding for the "treatment" part of the "treatment not jail" approach took time to measurably impact the cost and visibility of the crisis, limitations in availability of treatment facilities hindered recovery options, and across-the-aisle allegations of mismanagement, cynicism, and sabotage all likely contributed to the visionary proposal's demise.

[26] There were a number of reasons, including concerns about political baggage, but one to note is the limitations of criminal justice reform arguments with respect to these drugs in particular. While approaching drug decriminalization through the lens of undoing the effects of the War on Drugs took the effort a long way, some arguments started to fall flat when applied to these drugs. Put simply, it became clear that psychedelics don't have the same legacy of racially disproportionate enforcement that other drugs like cannabis and cocaine have, and thus reducing criminalization for users of psychedelics is seen as having less moral weight. When pressure came in from opposing legislators and law enforcement stakeholders, these synthetics were unceremoniously removed.

While there are many reasons to decriminalize drugs, the political argument is a legitimate hurdle, and the recent pendulum swings toward re-criminalization and escalated enforcement shows the movement has work to do in bringing the public and policymakers along. Even if the political hurdles can be managed through creative language, buffering decriminalization with treatment or other kinds of public health interventions, the more challenging question actually comes next: where do decriminalized drugs come from? One inherent limitation of decriminalization alone is that it cannot answer this question.

At-home cultivation is intuitive and increasingly recognized as a reasonable approach, not only because it feels like a common-sense personal liberty but also because it eliminates the need for someone in an unregulated environment from interacting with existing illicit networks entirely.

No matter what people think about someone growing mushrooms in their closet, many do not want illicit labs in residential neighborhoods. For that reason, in the case of manufacturing or synthesizing any synthetic drug beyond simple preparations that require water or alcohol, at least some kind of regulation — for quality control, zoning, and basic safety — appears necessary and impossible to solve in a purely decriminalized environment.

Possession Limits: Pros and Cons

Criminalizing mere possession and sentencing users and sellers based on the volume of drugs they are possessing has resulted in excessively long sentences that have no demonstrated impact on improving public safety.[27] This criminalization has also disproportionately harmed low-income communities of color, which are more heavily policed than others.

The racialized underpinnings and political baggage related to decriminalization makes conversations about reducing or eliminating penalties altogether challenging to advance and often, a compromise is found that allows for a certain amount to be possessed without triggering escalated charges like distribution or trafficking. In these cases, MAPS recommends policymakers think carefully about whether to impose such possession limits in their bills.

Decriminalizing amounts under a specific weight or volume threshold, above which possession would still be criminalized or presumptively a reason to escalate a charge, is essentially an arbitrary and political decision — there is no clear scientific rationale to recommend or evidence about the standardization of any specific quantity, although some attempts have been made to advance the conversation.[28] This is in part because personal use varies significantly between volume, tolerance, frequency, and purpose, and users rarely ever acquire one single dose at a time.

The arbitrariness of setting threshold limits is reflected in the fact that there are no consistent maximum allowable amounts across the states that have or are in the process of decriminalizing psychedelics (or cannabis, for that matter[29]), and every jurisdiction that has successfully decriminalized personal possession has permit-

[27] Nicolas Turner. Research Shows That Long Prison Sentences Don't Actually Improve Safety (2023). https://www.vera.org/news/research-shows-that-long-prison-sentences-dont-actually-improve-safety

[28] Thomas KL, Jesse R, Mehtani NJ, Mitchell JM, Anderson BT. Commentary: Evidence-Informed Recommendation to Achieve Approximate Parity in the Allowed Number of Doses for Common Psychedelics. J Psychoactive Drugs. 2024 Apr-Jun;56(2):206-210. doi: 10.1080/02791072.2023.2201244.

[29] Some states that have legalized personal cannabis possession for adults 21 and older include: California (up to 1 ounce of cannabis and up to 8 grams of concentrated cannabis), Colorado (up to 1 ounce of cannabis and up to 800 milligrams of THC in edibles), and Oregon (up to 1 ounce of cannabis in public and up to 8 ounces at home, as well as up to 1 ounce of concentrated cannabis).

ted more than an amount required for a single use. With something like psilocybin-containing mushrooms, that seems like common sense — in a home-grow situation, it is difficult to predict the weight of psilocybin mushrooms produced by a spore kit, let alone the amount of the psilocybin itself.

- Oregon's Measure 110 eliminated criminal penalties for possession of less than one gram of MDMA, less than 40 "user units" of LSD, and less than 12 grams of psilocybin (in addition to decriminalizing one gram or less of heroin; two grams or less of cocaine; two grams or less of methamphetamine; less than 40 "user units" of methadone; and less than 40 pills, tablets, or capsules of oxycodone).
- Meanwhile, Colorado's Natural Medicine Health Act decriminalized "natural medicines," including DMT, ibogaine, mescaline (excluding peyote), psilocybin, and psilocin, without setting a maximum allowable amount for possession.
- A Connecticut bill proposed to reduce to a "Class A misdemeanor" the possession of "psilocybin in an amount less than one-half ounce" (4(a)), while a New Jersey bill would not deem "unlawful" or consider an offense under State law "[p]ossessing, storing, using, ingesting, inhaling, processing, transporting, delivering without consideration, or distributing without consideration four grams or less of psilocybin," (29.b.(1)).
- On the more conservative end of the spectrum, if passed, California's SB 58 would have allowed people 21 years old and older to possess, prepare, obtain, and transport specific "allowable amounts" of psilocybin, psilocin, DMT, and mescaline. Specifically, SB 58 decriminalized the possession of up to one gram each of DMT, psilocybin, and psilocin and four grams of mescaline.

If setting threshold amounts is required to garner political or constituent support for decriminalization, we believe the goal should be to codify broadly defined limits based on realistic cultivation, acquisition, and use patterns rather than specific dosage-based quantities. Maximums should be easy to understand, and safe harbors should exist to allow users to understand precisely how much they can hold without fear of arrest or seizure.

Ultimately, we recommend that any proposed or adopted thresholds should default towards higher amounts to account for the significant variation in consumption behaviors, cultivation and harvest cycles; non-commercial sharing practices; and the difficulties associated with assessing quantities of psychoactive compounds in plants and their various preparations.

Create Protections for Community Sharing

In practice, psychedelics are most often taken in entirely illegal underground settings in which the market economics vary depending on the environment. In considering whether to set allowable possession amounts, however, it is vital to take into account actual community-sharing practices.

MAPS recommends legislators determined to set threshold limits incorporate protections for people in possession of larger quantities of psychedelics with the intent to share them with other consenting adults. This approach recognizes that groups of people who use psychedelics often consolidate on transportation and save money by purchasing in bulk; provides for more efficient drug testing; improves access for populations living in remote areas or people with mobility impairments; and reduces the number of points of contact with, and thereby the chances of violence within, the illegal market.

In short, providing affirmative protections for noncommercial community sharing reflects the realistic ways in which some individuals choose to engage with psychedelics instead of keeping that behavior outside of a

protected umbrella.

- Colorado's Natural Medicine Health Act presents a strong example of this framework by decriminalizing the personal use, possession, growth, and transport of "natural medicines" for people 21 years old and older alongside the creation of its regulated access program. This Act defines "personal use" expansively to include sharing in specific limited contexts.[30]
- Similarly, California's SB 58, Sec. 1. (j) proposed to decriminalize the "use of specified controlled substances for the purpose of group community-based healing, including facilitated and supported use, risk reduction, and other related services."

Eliminate Rather than Reduce Penalties

Whenever possible, MAPS encourages policymakers to explore decriminalization to eliminate completely, rather than merely reduce, criminal penalties. Even a reduced penalty is still a punishment that has the potential to establish contact between an individual and the criminal legal system. Such contact can escalate into more significant consequences than initially intended by legislation. For instance, reducing a period of incarceration to what some may consider a "small" fine (e.g., $100) may be difficult for a person already struggling with financial insecurity to pay. Similarly, a "short" sentence of a few days in jail may be damaging for a single parent with limited childcare options or an individual at risk of losing their employment. Those unable to satisfy such reduced penalties will often then be at risk of greater consequences and even deeper involvement in the criminal legal system as a result. This reality disproportionately impacts people of color as they are more likely to have lower incomes, as a result of generations of systemic racism, and live in historically oppressed and exploited neighborhoods with fewer resources.[31]

If a penalty can not be eliminated altogether, policymakers should think carefully about the underlying public safety concern they are trying to address — in other words, consider "what behavior do we want to stop?" From there, one can think creatively about imposing sanctions that will realistically address that underlying concern. This may include, for example, requiring a teenager found in possession of high amounts of a substance for the third time to participate in a one-day drug education program run by a trusted community-based organization or undergo a free substance-use disorder evaluation by a culturally appropriate mental health professional. Such penalties are much more logically suited for responding to the underlying, problematic behavior than a fine, a weekend jail sentence, or even a broad community service sanction.

V. Regulated Use

The term *regulated use* generally refers to systems that provide limited but sanctioned legal access through mechanisms like licenses, certifications, rulemaking, or audits. We use it as a catch-all the way many people

[30] See Sec (12-17-109): "the personal ingestion or use of a natural medicine and includes the amount a person may cultivate or possess of natural medicine necessary to share natural medicines with other persons 21 years of age or older within the context of counseling, spiritual guidance, beneficial community-based use and healing, supported use, or related services."

[31] Zare, How income inequality and race concentrate depression in low income women from 2005 - 2016, 2022

use "legalization" to mean permitted access to psychedelic substances, through activities like cultivation,[32] manufacture,[33] distribution, and facilitation. This section focuses primarily on regulations that operate at the state level.

State-regulated frameworks are one way to increase access to psychedelics that also allows for oversight, accountability, and enforcement mechanisms that create guardrails for safer and more responsible contexts.

In the spirit of our commitment to harmonized policy for the best public health outcomes, MAPS supports the creation of regulated contexts at both state and federal levels. We hope governments embrace the benefits of (and create appropriate accountability measures) for both.

State-regulated use programs are typically overseen by state agencies tasked with regulating issues similar to those found in state psychedelic access programs, though what problems are most adjacent depends on one's perspective. In the last few years, agencies focused on health, business, criminal justice, consumer protection, cannabis, and others have been tasked with evaluating or regulating the manufacture, cultivation, testing, storage, transfer, transport, distribution, training, delivery, sale, and/or purchase of psychedelic medicines by and between healing centers and other permitted entities. The field has not yet reached a consensus about which agency is the best fit — this always depends on the circumstances of that particular state.

In advising advocates and legislators on the implementation of state-based, regulated access programs, we have identified some key trends and elements. Given the high costs associated with running a program, it is important to create flexibility so the regulatory approach sets up the conditions for an equitable ecosystem. Potential facilitators have a wide range of experiences, and the contemporary professional field is in its early stage of developing best practices, so there is still a range of perspectives on how to encourage and enforce training and oversight that adequately prepare and protect facilitators while also safeguarding the public.

Special issues emerge when one jurisdiction includes both decriminalized and regulated contexts. As described further above in Section B, because state programs remain federally illegal, interactions between them and the federally-legal approach of FDA approval and medicalization should be tracked throughout.

Regulate for an Equitable Ecosystem

Regulated use programs may use various mechanisms to engage in the aforementioned activities. Licenses, permits, and certifications have distinct purposes within these programs. A license is an official authorization or legal permission granted by a governing body to an individual or entity to engage in a specific activity that is regulated by law. This grants the holder the right to operate or engage in a particular activity or business (e.g., business license, manufacturing license, etc.). A permit is an official document that grants permission to carry out a specific activity or action and is issued for a particular task that might not require a long-term license (e.g., building permit, health permit, etc.). A certification is awarded after completing specific training or meeting professional standards but does not grant authority to perform a regulated activity (e.g., certified facilitator). Each of these has different purposes, limitations, and advantages and can be applied in various

[32] Cultivation is most obviously limited to plants and fungi containing psilocybin, though cactus capable of producing mescaline, or plants capable of producing DMT may be considered here as well (California State Bill 58).

[33] Manufacturing licenses typically encompass all of the activities related to the product itself. Spelled out, that could include the planting, cultivation, growing, harvesting, production, preparation, propagation, compounding, conversion, or processing of a regulated psychedelic substance, either directly or indirectly by extraction from substance of natural origin, or independently by means of chemical synthesis, or a combination of extraction and synthesis, and may include labeling or packaging (see, Oregon Measure 109, Section 5: 7).

ways depending on the goals of the scheme.

In general, MAPS supports structures that increase the choices available to service providers and seekers alike. While licensing and certification create additional barriers to entry into the legal market, we recognize that the state's responsibility is to balance public health and safety, equity and access, and oversight and management of participants in the system. Many legislators and agency staff are rightfully cautious about what responsible access looks like, and safety is often a top concern, given psychedelics' reputation and current hype. However, we believe that more realistic approaches — even if they at times seem counterintuitive — are the best way to ensure as much safety as possible. With that in mind, we reserve our most critical eye for unnecessary hurdles that disincentivize participation in the regulated system and push people toward unregulated environments, which naturally have fewer points of accountability.

Any regulated program should balance safety concerns with a realistic understanding of actual behavior to prioritize harm reduction and public health. We can draw from lessons of past and existing cannabis regulation and underground psychedelic markets, where we can see examples of issues to watch out for:

- Unreasonable financial or logistical barriers make obtaining a facilitation, cultivation, or other license commercially unreasonable for people with low incomes. This keeps some facilitators or services underground and out of visibility due to their lack of ability to pay additional overhead, creating a de facto income threshold for those who do and do not legally participate.
- Requiring a dual or secondary license for all permitted activities and not offering multiple tiers of services prevents people without medical or psychological licenses from offering non-medical services like peer support or integration. While it may seem apparent to some people that requiring more, not less, licensing is in the interest of safety, it misses the reality that not all care requires medical oversight, and not all medical or psychological professionals are good fit for therapeutic or other guided care. Over-cautious regulations here could result in an environment where services that don't require the highest-touch care have no place in a regulated system, resulting in no oversight whatsoever on casual, social, or community use settings where even basic regulations like quality control on products could be beneficial without being burdensome.[34]
- Mismatching incentives to encourage participation in regulated programs. If regulated individuals or businesses were permitted additional privileges like insurance coverage and limited promotions, while unregulated individuals or services were more restricted in their claims and branding, the difference between each system may be enough for an individual to decide where they want to land. They may opt for the smaller and more limited contexts where unregulated use is permitted, or the more visible industry marketplace available by participating in the regulated system.

Case Studies: Oregon Measure 109 & Colorado Proposition 122

The licensing frameworks for both Oregon Measure 109[35] and Colorado Proposition 122[36] establish regu-

[34] Colorado Prop 122: 12-170-174; *see also*, Considering Complexities with Measure 109 Implementation

[35] Measure 109 passed in Oregon in November 2020 , representing the first state-level program in the U.S. to establish a legal, regulated psychedelic therapy program. It created a legal framework for adults 21 and older to access psilocybin - the active compound in psychedelic mushrooms - for therapeutic purposes under the supervision of licensed professionals.

[36] Proposition 122, also known as the Natural Medicine Health Act, was approved by Colorado voters two years later. Unlike Measure 109, this measure legalized a broader range of natural psychedelics, including psilocybin mushrooms, psilocin, DMT, mescaline (excluding peyote), and ibogaine for adults 21 years and older.

latory systems for the use of psychedelics for therapeutic purposes, but there are differences in how the licensing structures are organized, who is eligible to operate within the systems, and the overall scope of regulation. Oregon's program licenses growers who provide products to psilocybin service centers where licensed psilocybin facilitators guide clients through therapy sessions. Facilitators undergo a state-approved training program, set up by the Oregon Health Authority. In Colorado, the Department of Regulatory Agencies (DORA), through the Office of Natural Medicine, approves training for healing guides who facilitate at licensed healing centers, and have access to a broader range of psychedelic medicines including DMT, mescaline (excluding peyote), and ibogaine. Manufacturers are also permitted to produce psychedelic substances for therapeutic use in this state. Psilocybin remains illegal for adult-use in Oregon and is strictly confined to therapeutic use in a regulated setting, while Proposition 122 decriminalizes the possession, cultivation, and use of natural psychedelics for adults 21 and older in Colorado.

1. **Transportation/Delivery**

The Oregon Health Authority has powers to regulate transportation and delivery of psilocybin products, and has the duty to prevent diversion. Under OHA rules[37], producers and service centers must implement tracking systems to monitor chain of custody for secure, properly labeled and packaged psilocybin products as they move securely from the production facility to the service centers. Only authorized transporters are allowed to deliver products to licensed service centers. The OHA is responsible for monitoring compliance, inspecting facilities, and enforcing regulations to ensure safe transportation and delivery of psilocybin products.

Similarly, under Colorado's rules the psychedelic product must be tested, packaged in a child-resistant container, and labeled adequately before transportation.[38] Transport of up to 750 mg of psilocin can only be done by licensed parties, and must be between licensed facilities or directly to a licensed facilitator. The rules require detailed reporting, and cultivation licensees must implement a tracking system.

2. **Location Requirements & Restrictions (including Zoning)**

Service centers in Oregon are subject to local zoning ordinances and land use regulations, and must be located in areas where commercial or business activities are permitted. They may not be a residence, located on state or federally owned land, be mobile, or overlap with any site registered under a cannabis or health care facility license. Licensed premises cannot contain unlicensed areas within the boundaries of the licensed premises. Centers cannot be located within 1,000 feet of a public or private primary or secondary school, and may be subject to additional proximity restrictions to sensitive locations like daycare centers, parks, or community centers. Localities also have the authority to restrict or ban psilocybin service centers within their jurisdiction, including time and manner restrictions.

Colorado's rules also defer to local jurisdictions: an applicant must own the proposed licensed premises, and must present documentation "demonstrating that the address for the proposed licensed premise is permitted under the local jurisdiction's applicable zoning laws for the cultivation, manufacturing, testing, storage, distribution, transfer, or dispensation of Regulated Natural Medicine and Regulated Natural Medicine Product" (1 CCR 213-1). A proposed Healing Center must not be within 1,000 feet from a licensed child care center, preschool, elementary, middle, junior, or high school, or a residential child care facility. With certain

[37] Oregon Health Authority, Public Health Division, Chapter 333 Division 333: Psilocybin

[38] Department of Revenue, Natural Medicine Division, Colorado Regulated Natural Medicine Rules, 1 CCR 213-1.

limitations, a Healing Center may be co-located with another natural medicine business: a cultivation facility, products manufacturer, another Healing Center, or a health-care facility (Part 3, Section 3105).

3. **Manufacture/Cultivation**

Psilocybin production in Oregon must adhere to strict safety, health, and environmental standards. Genetically modified organisms, chemical synthesis, and manure/wood chips in cultivation are prohibited. Under this license, cultivators may only grow the mushroom species *psilocybe cubensis.* Manufacturers must comply with specific composting, sanitation, solvent, pesticide, and adulterant rules, and there are particular requirements for extraction, edible psilocybin production (can only be processed in a food establishment), and in the maintaining of detailed records. (Sections 333-333-2010 to 333-333-2110).

Colorado rules also prohibit synthetics and synthetic analogs of Natural Medicine (Section 3005). Clear guidelines are provided for manufacturers and cultivators to implement and manage security, sanitary requirements, and waste disposal (Sections 3110 to 3305). Psilocybin products are limited to the *psilocybe cubensis* strain, and all cultivated products must be tested for active compounds and contaminants before transfer to a manufacturer (if transfer is necessary). Specifically for cultivation, a licensee may only possess up to the maximum amount of Natural Medicine permitted by their cultivation tier, designated as either a micro-cultivation tier (to store up to 750 grams of dried fruiting bodies) or a standard cultivation (to store up to 5,000 kilograms of dried fruiting bodies at any one time) (Section 5005 and 5015).

4. **Creative Licensing**

One option deserving of special mention that touches on the range of possible size and scope of all the above activities is the "micro-tier" license. These are licenses that permit a limited size or number of activities compared to regular licenses, which allow for a more "mom-and-pop" or farmer's market style approach, or that simplify and reduce the cost of the process for people seeking more than one role in the regulated system.

- California's cannabis licensing agency, the Department of Cannabis Control (DCC) uses a "microbusiness" license for businesses engaging in at least three of the following activities at one location: cultivation, manufacturing, distribution, and/or retail. California places no limit on profits or employees but does restrict size — microtier licensees may not cultivate over 10,000 square feet. This approach allows businesses to apply for a single license, which is slightly less costly than the combination of licenses that would otherwise be required.
- New Jersey took a more restrictive approach with its cannabis regulations by, among other requirements, limiting cultivation to a total square footage of 2,500 feet, preventing businesses from having more than ten employees, limiting possession to no more than 1,000 mature plants per month, etc. By law, at least 25% of licenses granted in NJ must go to microbusinesses, with fees being at least half of what they would be for a non-microbusiness.
- In Colorado, rules were proliferated that allow healing centers to register as "Micro-Healing Centers" where a "restricted area" for medicine cultivation, testing, and storage is not required. Additionally, an applicant for a cultivation facility license may choose between the "micro-cultivation tier" or the "standard cultivation tier" for purposes of production and inventory management, and there is flexibility to change tiers (1 CCR 213-1).

Balance Responsibility and Accountability

Psychedelics increase the vulnerability of people who take them, so those tasked with ensuring their safety and supporting beneficial outcomes have tremendous responsibility that takes years of experience, apprenticeship, and service to achieve in traditional use settings. Much has been written about the importance of and challenges inherent in training people to provide legal psychedelic facilitation, especially within a regulated system where there is a therapeutic, guiding, or other directive element involved.[39]

Rulemaking processes in Oregon and Colorado, as well as training programs built into clinical trial applications, show us how far this conversation has gotten, setting bare minimum standards for ethical, competent care in those frameworks. But even within these legal, regulated systems, the conversion rages on: Is 120-200 hours of education (the minimum time required for the OR and CO programs, respectively) sufficient, or are we off by an order of magnitude? Are experiential elements needed for one's training to be complete? Is one experiential enough, or are more needed? Is it ethical to extract traditional knowledge from multigenerational, earth-based practices to place into reductive, western training environments?

While the details of training pedagogy are still up for debate and discussion, we are sure of a few things: psychedelic practitioners benefit from being trained in ways that give them insight into the experience that those in their care may have and that no theoretical or academic education can replace years of experience and tutelage or apprenticeship. How this best shows up in regulatory policies remains to be seen, but we're encouraged by the focus on this issue and believe the requirements put forth in Oregon and Colorado are a good start.

More complicated are the questions that intersect with cultural considerations. How does a state program measure past or personal experience, consider one's identity, including the status of tribal affiliation or Indigenous ancestry, or incorporate traditional knowledge into its metrics? These questions are more challenging to answer because they push up against the limitations of a system created to regulate quasi-therapeutic services: when spiritual or non-clinical elements that are not easily measured emerge, we can see how evaluating them according to the same standards as other kinds of behavioral health or medical interventions falls short.

Meanwhile, practitioners or entrepreneurs operating in state-regulated systems are among those taking the most significant risks: financial risks from investing in a brand-new professionalized environment, legal risks from participating in federally illegal transactions, and ethical risks related to the provision of services that may exist in legal gray areas, all of which increase susceptibility to malpractice and other scrutiny. While it may always be possible to get a few individuals to put other professional licenses or federal registrations at risk, broader uptake by many professionals will be impeded by the risk of malpractice or other legal exposure. Thus, practitioners don't just need to be well trained for their own and their client's safety — they also need to be sufficiently protected to make participation in these novel regulatory systems make sense.

If an adult-use program has any element that requires medical oversight or evaluation - like any kind of diagnosis-specific inclusion or exclusion criteria - it cannot completely divest its participants from some interaction with the medical profession, which has multiple federally-regulated elements. So, it matters exactly how and when a medical professional is involved, whether for a recommendation, a diagnosis, or other kind of evaluation within their scope of practice but not within others.

[39] Compared to non-professionalized (like peer support) approaches, which is outside of the scope of this section but discussed further in

- Colorado's regulated use program sets an important precedent in its approach to facilitator licenses. The Department of Regulatory Agencies, in its final rules on licensure, developed a tiered system. The levels of qualifications, education, and training requirements will vary depending on the participants the facilitator will be working with and the services the facilitator will be providing.[40]
  - For example, while all applicants for licensure must meet minimum qualifications, such as being 21, the presence of another license "in a profession that authorizes [the facilitator] to diagnose and treat physical or behavioral/mental health conditions" allows the facilitator to be considered a "Clinical Facilitator" and broadens the scope of their work. A separate license exists for the training of facilitators, and a "Distinguished Educator" License also exists to help capture the expertise of professionals with extensive experience who are not actively licensed in Colorado.
- SB266, passed by the Utah legislature in 2024, delegated training decisions to the healthcare systems it impacted, though limited potential providers to licensed professionals only.[41]

VI. Research

Knowledge gleaned in controlled environments through the scientific method is informative and essential. MAPS is committed to Open Science, Open Books, which includes the free sharing of research findings, data, and protocols. This transparency builds a robust and meaningful discourse in the public domain and facilitates collaboration across differently-positioned groups and individuals in service to a shared purpose. In addition to contributing to the scientific record, advancing academic scholarship, and drug development, research can inform policy proposals outside of the medical system.

For these reasons research is valuable for its own sake, but is at its best when it is ethical, inclusive, and serves the health and wellbeing of people and society as a whole. While we support research of all kinds, we'll focus this section on the underlying political and policy implications of different types of research.

Putting Research in Political Context

Our view is that all science is political, and transparency about that is a strength, not a weakness. From what topics are prioritized for scientific inquiry to where research funding comes from to the impact of that research on political changes, the performance, and pursuit of scientific progress are inherently woven into biased social systems.

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[40] Colorado Prop 122: 12-170-174. "Regulated natural medicine access program. (b) Establish the requirements governing the licensing and practice of facilitators that include: (II) The qualifications, education, and training requirements that facilitators must meet prior to providing natural medicine services. The requirements shall: (A) Be tiered so as to require varying levels of education and training depending on the participants the facilitator will be working with and the services the facilitator will be providing. (C) Allow for limited waivers of education and training requirements based on an applicants' prior experience, training, or skill, including, but not limited to, with natural medicines. (D) Not impose unreasonable financial or logistical barriers that make obtaining a facilitator license commercially unreasonable for low income people or other applicants. (E) Not require a professional license or professional degree other than a facilitator license granted pursuant to this section."

[41] Utah SB0266, 58-37-3.5(3): "A healthcare system described in Subsection (2): (a) shall ensure that a drug used under the exclusive authority of this section is used by a patient only under the direct supervision and control of the healthcare system *and the healthcare system's health care providers who are licensed under this title*…" [Emphasis added]. *See:* https://le.utah.gov/~2024/bills/static/SB0266.html

Recently, the psychedelic research community — and MAPS in particular — has been scrutinized for what some observers have deemed "political science" — that is, science in pursuit of political aims, like challenging the current drug policy paradigm, instead of appealing to an objective standard in which every person involved in an issue has absolutely no bias or preconceptions about the topic or any expectation or desires about the outcomes.

The concern about researchers or advocates exhibiting bias that could undermine the perceived legitimacy of an outcome is a fair one; however, it is an unrealistic standard that stifles progress and fails to account for the fact that the scientific method was created specifically to avoid allowing individual biases to alter the outcomes. We don't stop trusting nutritionists because they eat well and might be biased toward better food, and we shouldn't apply a double standard here, either.

Even in a perfectly controlled environment (and in fact, because of the controls in a research environment), research findings are inherently limited, and the extent to which they can be applied or extrapolated to other policy or regulatory environments depends on the circumstances. Given the extensive history and presence of traditional, Indigenous, and underground practices with psychedelics, and, of course, the limitations of controlled trials themselves (including strict inclusion/exclusion criteria and small numbers), research is informative but may not always be determinative in making policy decisions.

That said, reasonable concerns about bias or limited applicability can be mitigated further if states dedicate public funding to research efforts in the public interest. Ideally, governmental support and buy-in would reduce reliance on business, private, and nonprofit entities that have different goals and incentives, including commercial or philanthropic pressures like patents or donor bias.

In that spirit, we openly call for social science and nonclinical research that goes beyond mechanism of action or even efficacy and paves the way for a more compassionate, evidence-based drug policy. Different types of research may be helpful in responding to various kinds of inquiries, each with their own purposes and limitations:

- Clinical research helps investigators and the public to understand how drugs can be used to treat health needs or their impacts in controlled contexts and may be used to establish the safety and efficacy of a drug.
- Observational and social science research allows for expanding the scientific understanding of drug impacts outside of a strict clinical system. This knowledge can improve the systems and frameworks in which drugs are being administered and give valuable insight that might not be found in a more rigorously regulated clinical trial.
- Basic science is the study of drugs and their effects outside the context of decriminalization or therapy. The process of better understanding drugs and their properties can be beneficial to establishing a foundation of biochemical knowledge that can be built upon for future research.

State-Supported Research

While novel psychedelic policy proposals have emerged primarily in the wake of federally permitted clinical research under NIH and FDA, multiple federal agencies are now involved in additional research, including the VA, DOD, and SAMHSA. However, states also contribute to this research landscape by allocating funding or accelerating creative investigative efforts through their own budgets, for example, by funneling state resources to research directly through universities.

Already, a number of states have established special funds to look into specific clinical inquiries.

- Texas House Bill 1802, passed in 2021 (funding allocated in 2022), authorized a study on the efficacy of using alternative therapies in the treatment of Veterans who suffer from posttraumatic stress disorder. The Health & Human Services Commission of Texas, Baylor College of Medicine, and a military Veterans hospital or medical center would be the only institutions studying the efficacy of these therapies.
  - Subsequent bills introduced in the Texas legislature expand upon this study and create similar research frameworks to investigate a broader scope of psychedelic medicines and treatments.[42]
  - Texas Senate Bill 2308, passed in June 2025, provides for the establishment of a grant program to support the research of ibogaine as a treatment for opioid use disorder and other mental health conditions.
- In 2023, a bill was introduced (but quickly shelved) in North Carolina that would have created a competitive grant program to study the effectiveness of MDMA and psilocybin in treating mental health disorders.[43] WA, NY, and other states have followed suit, introducing or passing bills that set up in-state grant programs for the study of psychedelic medicine to treat mental health issues.[44]
- Also, in 2023, Kentucky became the first state to consider using $42 million of its opioid settlement allocation to fund research and potential drug development trials on ibogaine as a possible option for treating addiction, particularly opioid addiction.
  - This effort was unsuccessful, but this idea is still being considered in multiple states, including Ohio, Washington, and Texas. MAPS continues to look into the possibility of an “open ibogaine” effort, in which multiple states put some percentage of their opioid settlement funding toward the development of a generic ibogaine that is either off-patent or similar.

VII. Task Forces

Some state legislatures have navigated this phase of psychedelic policy expansion by establishing working groups or advisory boards to provide recommendations in order to validate research findings from other institutions, pressure-test existing assumptions and norms about proposed policy solutions, and build internal capacity.

These formal working groups or task forces can build a foundation for a more comprehensive policy in states with different regulatory levers. They may also serve as starting points to build trust within health departments, legislative bodies, and general populations that are still learning about psychedelics and need more information before making more significant policy advancements. In general, these committees are tasked with compiling, reviewing, and summarizing research and data on psychedelic-assisted therapy and other relevant topics for the purpose of advising and making recommendations to the applicable state departments

[42] For example, TX HB 4288 amends HB 1802 to add ketamine-related mental health service facilities to the potential research partners list, and TX HB 4423 created a research and treatment advisory council to support clinical trials for psilocybin.

[43] NC HB727, which would have appropriated $5 million in non-recurring funds for grants to support three-year studies and $400,000 to cover the administrative costs of the program.

[44] WA SB 5950 (allocating funds to study ibogaine), NY S3520 (to investigate psilocybin for research and treatment), and TX HB 4423 (to fund whole mushroom psilocybin phase one, two, and three clinical trials).

or legislatures for future proposals.

In their efforts to conduct comprehensive research on the risks and benefits of advancing psychedelic policy reforms, MAPS encourages these advisory boards to take all of the aforementioned factors into account.

Some examples:

- Maryland
- Washington
- Minnesota
- Hawaii

VIII. Conclusion

Our goal in developing this guidebook is to bring transparency, pressure test our own analysis, build trust by offering visibility to our tactics and theories of change, and to raise the capacity and competency of the movement by offering advocates and legislators arguments and examples to support policies we want to encourage.

Applying policy analysis to a specific political environment takes additional attention and a sense of the local political landscape. This guidebook is for evaluation and advisory or educational purposes, and we offer it as a step toward our bigger vision of Consciousness, not Criminalization.