

Vermont Legislative Research Service

<https://www.uvm.edu/cas/polisci/vermont-legislative-research> resea88.0.75(9W345-)7B8.2818415r (01008 and (as) cognitive processes.”

¹ Synthetic psychedelics refers to hallucinogens that are human made, whereas natural psychedelics refer to naturally occurring psychedelics.² Some examples of naturally occurring psychedelics include:

- Psilocybin (typically found in psychedelic mushrooms);
- Dimethyltryptamine (DMT);
- Mescaline (peyote cactus);
- Reversible Monoamine Oxidase A-inhibitors; and,
- Muscimol and Iobtenic Acid.³

For this report, we will be focusing on the use of natural psychedelics unless stated otherwise.

Clinical Trials

With growing interest and support around the potential uses of psychedelics in recent years, there has been a plethora of new research conducted on the subject. With more studies being undertaken with psychedelics, the U.S. Food and Drug Administration (FDA) has recently

Most psychedelics are listed as Schedule I drugs under the Controlled Substances Act.⁶ The Drug Enforcement Administration (DEA), which is charged with creating and enforcing the drug scheduling program, classifies Schedule I drugs as “drugs, substances, or chemicals [that] are defined as drugs with no currently accepted medical use and a high potential for abuse.”⁷ Schedule I drugs can exclusively be used for research purposes, and all research involving Schedule I drugs must be explicitly approved by the DEA, among other regulations and restrictions.⁸

The psychedelic that has received the most attention in recent years, in both clinical trials and the public consciousness, is psilocybin. Psilocybin is a hallucinogenic compound found in numerous species of mushrooms, which are often collectively referred to as “magic mushrooms.”⁹ It is worth noting that while psilocybin, psilocin, and magic mushrooms are used interchangeably, they are not the same. Psilocybin, on its own, does not induce hallucinogenic effects in humans. When the psilocybin enters the body, it is stripped of a molecule, which forms a new molecule known as psilocin.¹⁰ The psilocin then induces hallucinogenic effects as it binds with the same receptors as serotonin, the molecule found in the b1 (not)TJ-1h t(2 (nduc4 Tp-1h 1)0.5i)-2 ((n t)-2P)-4 (s) ha5i(

days spent drinking heavily than the control group.¹⁴ Another trial found the use of psilocybin

Connecticut

One state that has developed a pilot program for the testing of psychedelics is Connecticut. The bill establishing this program was passed during the February 2022 session and labeled Substitute HB No. 5396, “An Act Increasing Access to Mental Health Medication.”²⁹ This bill established the Psychedelic-Assisted Therapy Pilot Program to be carried out within Connecticut’s Department of Mental Health and Addiction Services (DMHAS).³⁰ This pilot program became effective as of July 1st, 2022, and is expected to run until the US Drug Enforcement Agency (DEA) approves synthetic and natural psychedelics for medical use.³¹ The bill establishes the qualifications for patients

- The Secretary of the DOH and the Director of the LCB or their designees; and
- The following individuals, as appointed by the Director of the HCA or their designee:
 - A military veteran or representative of an organization that advocates on behalf of military veterans with knowledge of psilocybin;
 - Up to two recognized indigenous practitioners with knowledge of the use of psilocybin in their communities;
 - An

of November 2023, the bill (H.371) is still in committee.⁵⁰ This bill aims to make findings that depict the therapeutic benefits of psilocybin.⁵¹ Additionally, the bill wants to establish a “Psychedelic Therapy Advisory Working Group” to examine the use of psychedelics to improve physical and mental health and to make recommendations regarding the establishment of a state program...to permit health care providers to administer psychedelics in a therapeutic setting.”⁵² In the Senate, a similar bill has been proposed (S.114). It was read for the first time on March 3rd, 2023, and referred to the Committee on Health and Welfare.⁵³ As of November 2023, the bill has not left the Senate committee. The proponents of this bill mirror the one proposed in the House of Representatives.⁵⁴

Recent Policy Changes

Overview

Beginning with Oregon in 2020, states have begun to enact or consider policies relating to psychedelics.⁵⁵ According to the authors of an article published in *JAMA Psychiatry*, the number of psychedelic reform bills reached a peak last year in 2022, with 36 bills considered across the United States; in 2019, the number was far lower, with only five bills being considered that year.⁵⁶ A large majority of these bills reform the status of natural medicines such as psilocybin, with an emphasis on decriminalization as opposed to legalization.⁵⁷

Oregon

Originating from a ballot measure, The Oregon Psilocybin Services Act (Codified as ORS 475A) began the progressive legalization of the usage of psilocybin within controlled settings in Oregon.⁵⁸ The Act does not permit recreational use and prohibits the sale of psilocybin for that purpose. People seeking administration of psilocybin must go to licensed individuals who are certified to administer the drug through a process the act calls “Psilocybin Services.”⁵⁹ The

⁵⁰ Vermont Legislature “Bill Status H.371,” <https://legislature.vermont.gov/bill/status/2024/H.371>.

⁵¹ Vermont Legislature, “Bill as Introduced,” <https://legislature.vermont.gov/Documents/2024/Docs/BILLS/H-0371/H-0371%20As%20Introduced.pdf>.

⁵² Vermont Legislature, “Bill as Introduced.”

⁵³ Vermont Legislature, “Bill Status S.114,” legislature.vermont.gov, accessed November 23, 2023, <https://legislature.vermont.gov/bill/status/2024/S.114>.

⁵⁴ Vermont Legislature, “Bill as Introduced S.114,” 2023, <https://legislature.vermont.gov/Documents/2024/Docs/BILLS/S-0114/S-0114%20As%20Introduced.pdf>.

⁵⁵ Joshua Siegel, James Daily, Demetrius Perry, Ginger Nicole, “Psychedelics Drug Legislative Reform and Legalization in the US,” *JAMA Psychiatry* 80, no. 1 (Jan 2023): 77-83, <https://www>.

Oregon Health Authority (OHA) regulates the entire process with advice from the Oregon Psilocybin Team housed within the OHA.⁶⁰

Licenses and Regulation: In Oregon, a person can obtain four license types relating to psilocybin services: a manufacturer license, a testing laboratory license, a service center license, and a facilitator license. A manufacturer's license is required to produce psilocybin within regulation and generate psilocybin products for transfer to licensed service centers for use in psilocybin services. The only form of psilocybin that is admissible to cultivate with this license is *psilocybe cubensis* mushrooms.⁶¹ These mushrooms can be harvested and made into various products, such as extracts, dried mushrooms, and edible products. As part of the licensing process, the mushroom growing facility must be inspected and comply with local land use and zoning 0 Tw and maand d[(a)4 (nd m)-2 e 0 Tw 14l (0 Tw (')[4db)/esu1u[(1)-2 .-0.004l (0 T (s)o)-14 (r)-1 Tc

- Have a high school diploma;
- Be an Oregon resident;
- Pass a criminal background check;
- Have taken an OHA-approved education course and training prescribed by the OHA; and,
- Complete an examination administered by the Oregon Psilocybin Services.

The OHA can revoke the license for any reason it deems worthy of revocation, including, but not limited to, negligence, abuse of substances (alcohol, marijuana, etc.), or receiving a felony charge while the license is in effect.⁷¹

The OHA manages the product tracking system for all parts of this process to regulate the production, distribution, and use of psilocybin in the state. This is done to prevent products from passing to other states, ensure the safety of the products, and make sure stock is accounted for, among other things.⁷² Manufacturers, testing labs, and service centers must have a psilocybin tracking administrator to regulate psilocybin movement.⁷³

Psilocybin Services: Psilocybin service facilitators are responsible for all aspects of the direct administration of the drug to people. They can only administer psilocybin products after they earn a facilitator license. For unlicensed citizens to obtain psilocybin services, they will need to go to a licensed facilitator at a psilocybin service center who is certified by the Oregon Health Authority to administer the drug.⁷⁴

The act details three distinct parts of the psilocybin services process that are required of the facilitator:

- A preparation session. This is a meeting between the client and the psilocybin service facilitator, either at the administering location or remotely. Upon completing this, the

Colorado

Much like Oregon's ORS 475A, Colorado's first natural psychedelic reform legislation came from a ballot measure in 2022. The act passed by the people of Colorado, known as the Natural Medicine Health Act of 2022 (Article 107, Title 12), sets up the framework for adults over 21 to access "natural medicine." The act defines "natural medicine" as "dimethyltryptamine; ibogaine; mescaline (excluding *Lophophora williamsii* ("peyote")); psilocybin; or psilocyn." Till June 1, 2026, "natural medicines" will only include psilocybin and psilocin.⁷⁸ After that date, the other substances mentioned can be added to the legislation with the recommendation of the newly established Natural Medicine Advisory Board.⁷⁹

The Natural Medicine Advisory Board was established by "SB 23-290: Natural Medicine Legalization and Regulation" and is an advisory board for other regulatory departments and agencies to assist in implementing these laws.

This Act lays the framework for two primary things:

- It begins legalizing access to natural medicine for people 21 or older within state-regulated facilities administered by trained and state-licensed facilitators.
- It decriminalizes the personal use of natural medicines

The administration process mirrors Oregon’s process detailed in ORS 475A. Colorado’s administration consists of a Preparation, administration, and integration session.⁸³

The NMHA decriminalizes possession and permits people to grow natural medicine in their private residences.⁸⁴ While home growing is permitted, doing it for profit is not permissible. Only healing centers are allowed to profit from the sale of natural medicines. The act provides for the transfer of natural medicines between people, but no funds can be involved.⁸⁵ Homegrown natural medicines must be grown privately in a location without residents under 21 years of age. Otherwise, they must be grown in a location where underage individuals are not able to access them.⁸⁶

Washington D.C.

D.C. Law 23-268, the “Entheogenic Plant and Fungus Policy Act of 2020”, was passed by the people of DC through a ballot initiative during an election in December 2020. For its use in the legal text, the law defines “entheogenic plant and fungus” as “any plant or fungus of any species in which there is naturally occurring any of the following substances in any form, which would cause such plant or fungus to be described in [§ 48-902.04\(3\)](#): ibogaine, dimethyltryptamine, mescaline, psilocybin, or psilocyn.”⁸⁷

D.C. Law 23-268 caused two significant changes in DC relating to natural psychedelics:

- First, it makes arresting and investigating people ages eighteen or older for crimes relating to entheogenic plants and fungi the lowest law enforcement priority for the Metropolitan police. These crimes include Non-commercial planting, purchasing, transporting, distributing, engaging in practice with, and/or processing entheogenic plants and fungi.⁸⁸
- Second, the Attorney General of the District of Columbia is ordered to cease prosecution of D.C. residents for Non-commercial planting, purchasing, transporting, distributing, engaging in practice with, and/or processing entheogenic plants and fungi.⁸⁹

Conclusion

Overall, clinical research, pilot programs, and legislation involving psychedelic use and legalization have significantly expanded in recent years. Clinical research has shown that certain psychedelics show promise in treating different types of addiction and depression. As for pilot programs, states have been able to effectively implement guidelines and criteria to allow for successful testing of psychedelic use within the respective states. States and cities across America have begun to adopt a regulatory framework to allow psychedelics to be administered to

⁸³ Colorado, “Article 170,” Initiatives, <https://www.sos.state.co.us/pubs/elections/Initiatives/titleBoard/filings/2021-2022/58Final.pdf>.

⁸⁴ Colorado, “Senate Bill 23-290.”

⁸⁵ Colorado, “Senate Bill 23-290.”

⁸⁶ Colorado, “Senate Bill 23-290.”

⁸⁷ Council of the District of Columbia, “D.C. Law 23-

those who live there. Through a gradually increasing number of participating states and locations, psychedelic decriminalization has worked to change the stigma associated with psychedelics.

This report was completed on December 18, 2023 by Morgan Ambrose, Nate Biscotti, and Luke McDermott under the supervision of VLRS Director, Professor Anthony “Jack” Gierzynski in response to a request from Representative Brian Cina.

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