Denver votes to decriminalise psilocybin mushrooms



A provisional result from a local ballot means so-called magic mushrooms use could be decriminalised in Denver, raising questions for research and commercial use. Paul Webster reports.

A local ballot initiative in Denver, CO. to deter criminal charges for the use of psilocybin mushrooms—popularly known as magic mushrooms—received very narrow majority support in a vote on May 9, according to local elections officials in advance of final certification of the results. The measure would, however, not legalise the mushrooms, as this would require additional state and federal measures. Instead, this measure would place possession, use, and cultivation of the mushrooms by people over 21 on the lowest crime priority level for police in Denver and Denver county.

Similar efforts regarding psilocybin mushrooms are underway in California and Oregon, notes Jag Davies, the director of communications for the New York City-based Drug Policy Alliance, an advocacy group calling for comprehensive drug decriminalisation. In 2005, a New Mexico appeals court ruled that growing mushrooms for personal use is not illegal. Louisiana also allows the cultivation of psychoactive plants and funqi for aesthetic purposes.

Davies says the Denver initiative's apparent success is encouraging, but "it doesn't go nearly far enough. Given the scientific and public support for drug decriminalisation—as was done in Portugal—we need broader reforms that can scale back the mass criminalisation of people who use drugs."

Prosecutors in two counties in Washington state and in Philadelphia have ceased pursuing any prosecutions for drug use and possession, Davies notes. Meanwhile, last month Colorado's legislature passed a socalled drug defelonisation bill, which is expected to be signed into law soon, Davies explains. "This bill would reduce simple possession of almost every prohibited drug from a felony to a misdemeanour, as California, Oklahoma,

Oregon, Connecticut, and other states have already done in recent years."

As with cannabis, the push for decriminalisation of psilocybin mush-rooms for recreational purposes is accompanied by considerable interest among medical researchers probing their safety and efficacy as commercially-marketable therapeutics.

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In Canada, which decriminalised cannabis for recreational use in October, 2018, a British Columbiabased company is seeking regulatory approval for compassionate use of the mushrooms by terminally ill patients. Health Canada, the federal drug safety regulator, told The Lancet there have been numerous clinical studies evaluating the use of psilocybin as a potential treatment for various disorders such as depression and anxiety. The primary safety concerns with recreational use of hallucinogens are psychological effects that generally occur after a one-time use, Health Canada said, and in rare cases, such as patients with psychotic predispositions, this may lead to behaviour that could pose a risk to others or one-self.

Last summer, the US Food and Drug Administration gave approval to COMPASS Pathways, a company based in London, UK, for a clinical trial in psilocybin therapy for treatment-resistant depression. "We have just completed a healthy volunteers study, in conjunction with the Institute of Psychiatry, Psychology, and Neuroscience at King's College London, looking at the effect of psilocybin on cognitive function. The data from

this will be analysed and reported out later in the year", says Tracy Cheung, communications director at COMPASS. "We have a phase 2b study underway looking at psilocybin therapy for treatment-resistant depression in 216 patients across the EU, the USA, and Canada. This received Breakthrough Therapy designation from the FDA last year", Cheung added. The trial has been approved in Canada, Ireland, the Netherlands, the UK, and the USA, Cheung explained. "Other countries in Europe will join the study over the next few months."

At Johns Hopkins University in Baltimore, Matthew Johnson, a psilocybin researcher who receives commercial support, notes that a broad array of psychedelic compounds "that have been universally ignored in pharmaceutical drug development may soon constitute a library of potential therapeutics". Johnson says that, although screening is essential and some people should not be exposed, psilocybin's risks are "well characterised", based on a robust body of existing research. Regarding decriminalisation initiatives such as Denver's, Johnson says "I think we need to be very clear that this is not about encouraging use and not about encouraging people to self-medicate."

Benjamin Kelmendi, an associate research scientist at the Yale University Department of Psychiatry warns "that unsupervised use of psilocybin has significantly more psychological risks than, say, cannabis, which is why all psilocybin research treatment includes a diagnostic evaluation to rule out any psychiatric conditions that could worsen with psilocybin, like psychosis and mania. Hours of therapy before, during, and after the session by trained clinicians are required to administer it safely".

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