

May 2023

Legal psilocybin mushrooms in **Oregon:** a prologue

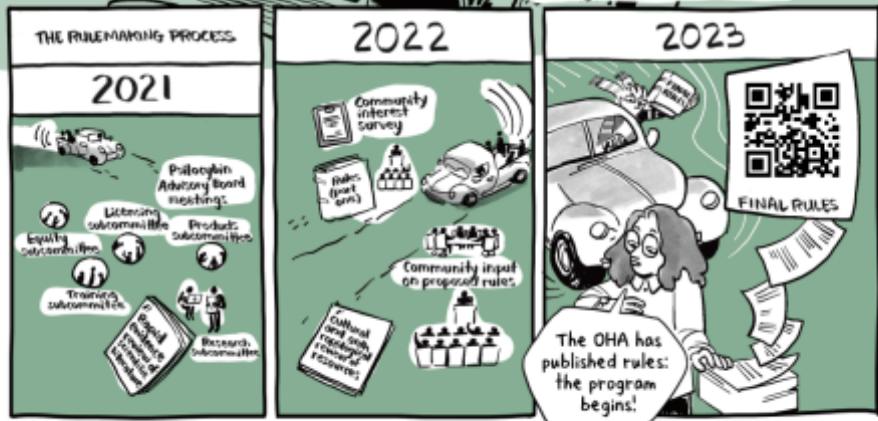


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Written May 2023. Your local laws and regulations may have changed since this comic was released.





WHAT THE OREGON PSILOCYBIN SERVICES ACT DOES NOT DO:

The Oregon Psilocybin Services Act does not make it legal to fake psilocybin mushrooms...



...in your home



...on a hike

...at a festival

...in a hospital

The Oregon Psilocybin Services Act does not create cannabis-style dispensaries.



The Oregon Psilocybin Services Act does not make it legal to grow your own mushrooms.

THE PSILOCYBIN SERVICES ACT DOES NOT LEGALIZE OR DECRIMINALIZE PSYCHEDELICS

Psilocybin is a Schedule One drug federally. Psychedelic drugs were decriminalized in Oregon in 2020, under ballot measure 110, or the Drug Addiction Treatment and Recovery Act. The Act decriminalized possessing small amounts of many different drugs.

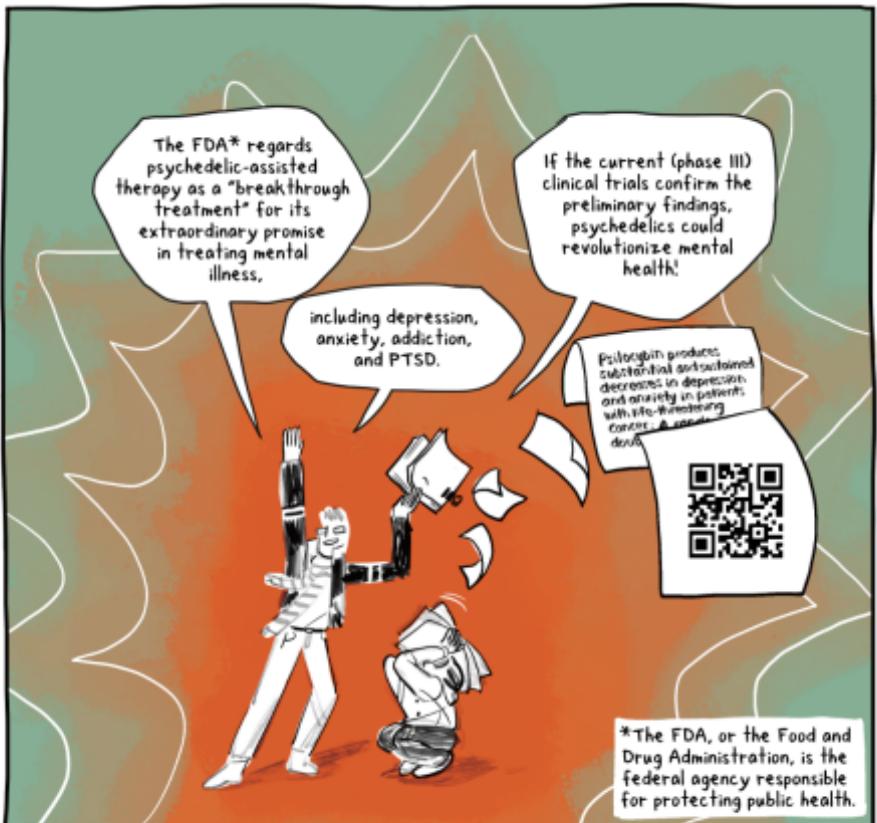
Now, if you're found to possess less than 12 grams of psilocybin in Oregon, you'll pay a \$100 fine or complete a health assessment. Possessing more than 12 grams could lead to jail time.

What is Schedule One?

The most restricted kind of drug, considered to have "high potential for abuse and no medical use."

Federal rules didn't keep up with the science...







Roland
Griffiths, PhD
John Hopkins
Psychiatry &
Neuroscience

As a scientific phenomenon, if you can create a condition in which 70 percent of people will say they have had one of the most meaningful experiences of their lives...well, as a scientist that's just incredible.



Monnica
Williams, PhD
University of
Alabama School
of Psychology

I feel like I have stone-age tools in comparison to what psychedelics can do for people.



The research on psilocybin-assisted therapy is promising, but...

**OREGON'S
PSILOCYBIN
SERVICES ARE
NOT PSILOCYBIN
MEDICAL THERAPY.**



We need the phase three clinical trials still, but the preliminary data is remarkable. If the promise is fulfilled, then they're going to transform how we treat a whole host of conditions.



Let me say that again, in a couple different ways.

Oregon psilocybin services are not medical, not even a little. Insurance won't cover them.

If you participate in psilocybin services, you're not participating in the kind of programs all those clinical trials are about.

You don't need a diagnosis to participate in psilocybin services. You can access them for any reason.



Bryan Roth,
PhD, PHS
University of
North Carolina
School of Medicine



The rules are dead clear on this.

Before you engage in psilocybin services, you will sign an informed consent document confirming that:

I, _____, understand that psilocybin services ^{initial here} do not require medical diagnosis or referral and that psilocybin services are not a medical or clinical treatment.

But confusion on this point is understandable. The ballot measure itself begins:

Voters' Pamphlet
2020

MEASURE NO. 109

proposed by initiative petition to be voted on at the General Election, Nov. 3, 2020
The People of the State of Oregon find that
 1. Oregon has the highest prevalence of mental illness among adults in the nation.
 2. An estimated one in every four adults in Oregon is coping with a mental health condition.
 3. The Governor has declared addiction as a public crisis in this state...

ENTITIES LICENSED UNDER THE OREGON PSILOCYBIN SERVICES ACT



MANUFACTURERS

grow mushrooms &
make products indoors



LABS

test for potency
and speciation



FACILITIES
where the
~magic~ happens



FACILITATORS
support clients
through the process

PSILOCYBIN SERVICES CONSIST OF

the PREP session



"and now
lets talk about
your intention..."

the ADMINISTRATION session



& the OPTIONAL
INTEGRATION session(s)





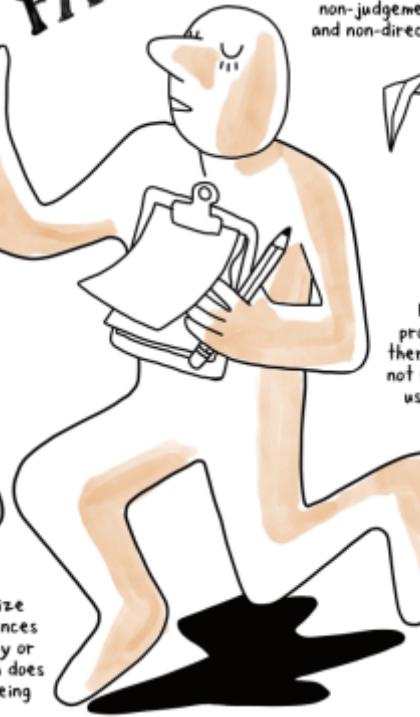
THE FACILITATOR

is "affirming, non-judgmental, and non-directive."

Your facilitator is required to have a high school diploma or equivalent, 120 hours of classroom training, 40 hours of practical training, and to have passed their training program's test and an OHA test.



Facilitators could specialize in certain kinds of experiences (none of which would legally or medically be therapy, which does not preclude them from being meaningful), such as:



If your facilitator has a professional license (nursing, therapy, massage, etc) they're not working in that capacity or using those privileges during the session.



Reconnecting with nature and one's body



Fostering creativity



Having an experience with a partner



Thinking about grief, or racial, sexual, or childhood trauma

The facilitator may refer you to someone else if you're seeking a particular experience they don't specialize in, or if you have specific risk factors they don't feel prepared to handle. Ideally, a strong network of facilitators will help clients find a perfect fit.



PREPARATION SESSION

Step one: a preparation session at least 24 hours before psilocybin administration.

A prep session is a dialogue with the facilitator "discussing factors that could impact a psilocybin experience and a client's intention and expectation." It may be virtual.



Facilitators will ask specific questions about you and your life; you don't need to disclose your entire medical history.

QUESTIONS INCLUDE

Have you taken Lithium in the last 30 days?

Y

N

Do you have thoughts of causing harm to yourself or others?

Y

N

You may not participate in psilocybin services under the current rules.

Have you been diagnosed or treated for active psychosis?

Y

N

Please consider consuming a psilocybin product that is not whole or homogenized fungi.

Have you ever had an allergic reaction to mushrooms?

Y

N

Will you require assistance consuming psilocybin?

Y

N

Will you require assistance consuming medication during the session?

Y

N

You can select an appropriate client support person to have in the room.

Will you require assistance with mobility, mobility aids, or communication aids?

Y

N

Do you need an interpreter?

Y

N

This isn't the standard set of exclusion criteria for psilocybin clinical trials, where participants are excluded if they have a personal or family history of bipolar depression or schizophrenia; are currently taking SSRIs; or have cardiac conditions.



And now, the paperwork!

Fill out the:

Client Information Form



& Safety and Support Plan

& the
Transportation
Plan



No driving
after 5
serving!

You can take a ride
share or have a friend
pick you up.
Your facilitator must
convince you to stay if
you try to leave before
the experience is over,
and call emergency
services if you persist.



Client Bill of Rights, whose rights include:
being treated with dignity, receiving equitable
care, having privacy and confidentiality.

Informed consent document, making sure
you understand Oregon Psilocybin Services
and potential effects of psilocybin.

Product information document for psilocybin
products that may be consumed.

And read the:

& (of course) obtain written
consent if participating
in activities including:

- A group administration session.
- Use of supportive touch during an administration session.
- Video or audio recording of the session.
- Presence of an interpreter or a client support person.
- Opting out of sharing de-identified client data.



All the documents you create during
this session will be saved by your facilitator
and the facility you were at.

BIRD'S EYE VIEW OF THE Administration Session





To introduce the mushrooms, we turn to



We know that psilocybin fungi have been used by peoples across Mexico, Central America, and likely North and South America for centuries. It's important to honor that. This is not a new idea.

"When we were deciding what fungi to allow, we considered fungi that grow here in the Pacific Northwest."



P. azurescens

"but they have the potential to be confused with visually similar poisonous ones. So we didn't go with those."



Galerina marginata

"The species we did go with, *Psilocybe cubensis*, grows from tropical Florida all the way down into Central and South America."



P. cubensis
(Mexican Dutch King)

"Cubensis grows indoors fine, in legit labs."



P. cubensis
(Penis Envy)

"We chose naturally occurring psilocybin over synthetic because there is a long, safe history of consumption. Not only in pop culture but also indigenous cultures."



P. cubensis (B+)

"That's our first goal, consumer safety. We want people to have safe experiences."



P. cubensis
(Golden teacher)

Eventually you may be choosing between dried whole mushrooms, extracts, and edibles as diverse as the cannabis industry's.



25mg psilocybin

You may have up to two servings, where a serving contains approx. 25mg of psilocybin.



25mg is the amount served to people in many clinical trials.

And may also combine the mushrooms with any prepackaged food you bring (as long as it doesn't contain other adulterants, like cannabis, alcohol, or caffeine).

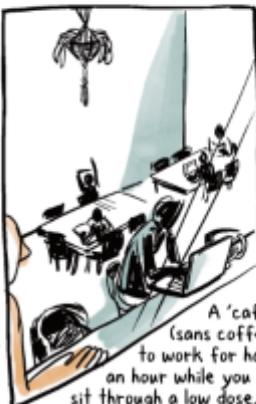


Selecting your service center

Many kinds of psilocybin service facilities are possible under the current rules:

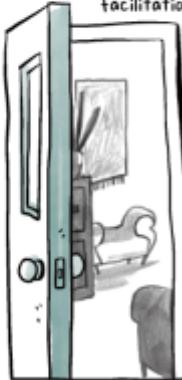


High priced luxury resorts for weekend retreats.



A 'cafe' (sans coffee) to work for half an hour while you sit through a low dose.

Small practices run by a facilitator offering one-on-one facilitation sessions.



Group sessions outside.



Depending on where you live, your closest service center may be far away.

• Psilocybin services allowed

Pets aren't allowed unless they're a service animal.



Similarly, a client support person is present for a specific reason, such as: assistance consuming psilocybin or other medication during the session; aiding mobility; or aiding communication.



With your permission, your facilitator may provide "supportive touch" consisting of hand-to-hand, hand-to-shoulder, hand-to-foot contact, and hugs.



If you would like documentation of your session, you may request for it to be recorded.





Let's talk about



You may pay for services in cash. Like cannabis, it's a federally illegal substance and service centers won't necessarily be able to work with banks and take cards.



How much will this cost? Will it be affordable?

It could cost hundreds or thousands of dollars.



And the way the Oregon Psilocybin Services Act is written requires the program to be fully funded by licensing fees, which will be highest as the program begins.

Plus the nature of psilocybin trips—4-6 hours of direct supervision—are labor intensive.

This is for many reasons—the federal illegality of the substance increases the tax burden on licensees.

dose	min duration	min facilitator to client ratio
>2.5 mg	30 min	1:25
>5 mg	1 hr	
>10 mg	2 hr	1:15
>15 mg	4 hr	1:8
>25 mg		1:6
>35 mg	5 hr	1:4
>50 mg	6 hr	1:2

Group sessions will be cheaper, and so will taking smaller doses where you're at the facility for a shorter time.

And it's not a medical program, insurance will not cover it.

Not to sound like a broken record

The Psilocybin Services Act mandates the creation of a program accessible to all Oregonians, and the OHA is working hard to meet this goal.

But it's undeniable many Oregonians will be priced out of Psilocybin Services as they currently stand.

Integration SESSION



I've heard the word 'integration' a lot. Nearly every clinical trial on psilocybin has at least one, and often has several integration sessions.

Integration is a pretty important part of the psilocybin process, yeah?

Yes, and...

There's integration in the cultural psychedelic sense, which has a broader definition than integration in the Oregon Psilocybin Services sense.

Integration in the psychedelic sense refers to processing your experience.

The Oregon Psilocybin Services integration session specifically is an optional session your facilitator must offer, where you review your experience with their non-directive facilitation.

However, you can integrate your psilocybin experiences outside the Oregon Psilocybin Services integration session.



You can integrate in a peer support group in your community.



You can integrate with a therapist or other guide outside the OPS framework.



Talking with friends and family is integration.



and so is thinking and writing about your experience.

TL;DR

Oregon Psilocybin Services may be accessed by adults 21 years and older.

They're not medical therapy or a take-out dispensary.

For any reason.



There is no other program like Oregon Psilocybin Services. It's not quite medical and not quite recreational.

It's not about getting high. This is a journey, and sometimes it's

difficult. It's a brave thing to go within and spend hours addressing things coming up from your life story. This is about being present and going within.

Angela Allbee
Oregon Psilocybin Services Section Manager



In the past, experimental legislation has fruited in Oregon before spreading to other states.

see: bottle bills
death with dignity
legal gay marriage

Now Oregon has a first-in-the-world chance to make an accessible, clearly regulated path to experiencing psilocybin mushrooms. Which have immense cultural meaning to a lot of people, including indigenous groups.



Oregon is deciding how to create legal access to psilocybin, using scientific data limited by years of prohibition along with cultural knowledge of the mushrooms.

It's trying to make the program as safe as possible for people in all situations, with all levels of knowledge of psychedelics.

That's what Oregon Psilocybin Services are, which is just the tip of the iceberg.



Resources, footnotes, and further reading

Don't like typing in URLs but want to check our work? Scan here:



More about Oregon Psilocybin Services on the OHA web page, oregon.gov/psilocybin:



PAGE 1:

The QR code leads to ORS 475A, oregonlegislature.gov/bills_laws/ors/ors475A.html.
The final adopted rules can be found on the Oregon Secretary of State website, under the Oregon Health Authority Public Health Division Chapter 333, Division 333.

PAGE 2:

More about M110 is at the Oregon Health Authority's Drug Addiction Treatment and Recovery Act (Measure 110) web page, oregon.gov/oha/hsd/amh/pages/measure110.aspx

PAGE 3:

The QR code leads to Roland Griffiths, et al. "Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial." *Journal of psychopharmacology* (Oxford, England) vol. 30,12 (2016): 1181-1197. doi.org/10.1177/0268881116675513

Further reading:

Davis AK, Barrett FS, May DG, et al. Effects of Psilocybin-Assisted Therapy on Major Depressive Disorder: A Randomized Clinical Trial. *JAMA Psychiatry*. 2021;78(5):481-489. doi.org/10.1001/jamapsychiatry.2020.3285

Oregon Psilocybin Advisory Board Rapid Evidence Review and Recommendations, oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/Oregon%20Psilocybin%20Advisory%20Board%20Rapid%20Evidence%20Review.pdf

PAGE 4:

Bryan Roth, personal correspondence.

Roland Griffiths, from Michael Pollan's *How to Change Your Mind*.

Monnica Williams quote from "Psychedelics and Race: A Profile of Dr. Monnica T. Williams", written by Patricia Kubala in *Society for Cultural Anthropology*.

PAGE 7:

Oregon Psilocybin Advisory Board Rapid Evidence Review and Recommendations, page 12 and page 27.

PAGE 10:

The trials by organizations currently furthest on the path towards FDA approval, Usona's PSIL201 trial for Major Depressive Disorder (clinicaltrials.gov/ct2/show/NC03866174?term=PSIL201&draw=2&rank=2) and Compass Pathways' COMP Single-Dose Psilocybin for a Treatment-Resistant Episode of Major Depression (nejm.org/doi/full/10.1056/NEJMoa2206443), both gave 25mg of psilocybin to trial participants as the primary dose size.

PAGE 11:

Map of possible service center location from Psychedelic Alpha's Oregon Psilocybin Services Act Local Jurisdiction Tracker, psychedelicalpha.com/data/oregon-psilocybin-tracker

PAGE 13:

The previously mentioned Usona and Compass Pathways trials have three and two integration sessions respectively.

Acknowledgements

Audra and Luca began their comics collaboration within the University of Oregon's Science and Comics Initiative, led by Drs. Kate Kelp-Stebbins and Tien-Tien Yu. This project originated from a scientific collaboration between the two neuroscience labs led by Cris Niell and Luca Mazzucato at the University of Oregon, funded by the National Institute on Drug Abuse research grant R01-DA055439. This comic was informed by our illuminating conversations with many neuroscientists (Zach Mainen, Alex Kwan, Yi Zuo, Bryan Roth, Athir Abbas), mycologists (Jessie Uehling, Roberto Garibay Orijel), journalists (Shayla Love), anthropologists (Giorgio Gristina), and ODA leadership (Angela Allbee); and many colleagues at the University of Oregon and other research institutes, including David Wyrick, Phil Parker, Angie Michaiel, Rolf Skyberg, and Danny Brown.

Thank you all for making this comic possible.

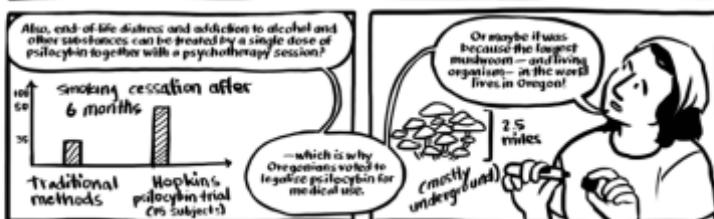
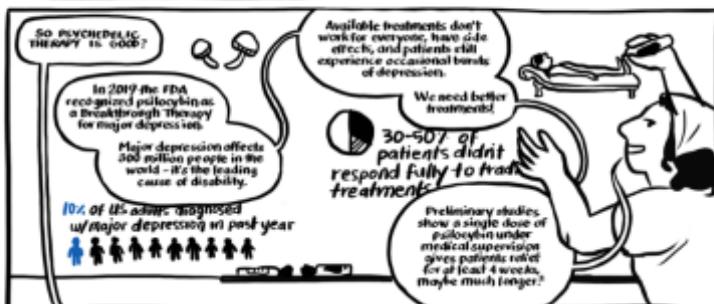
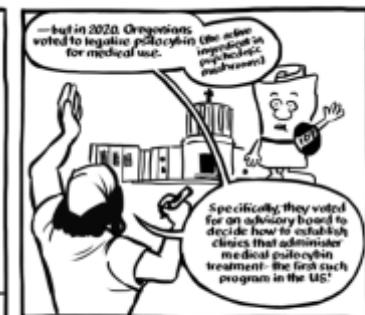
Mazzucato lab website: mazzulab.com

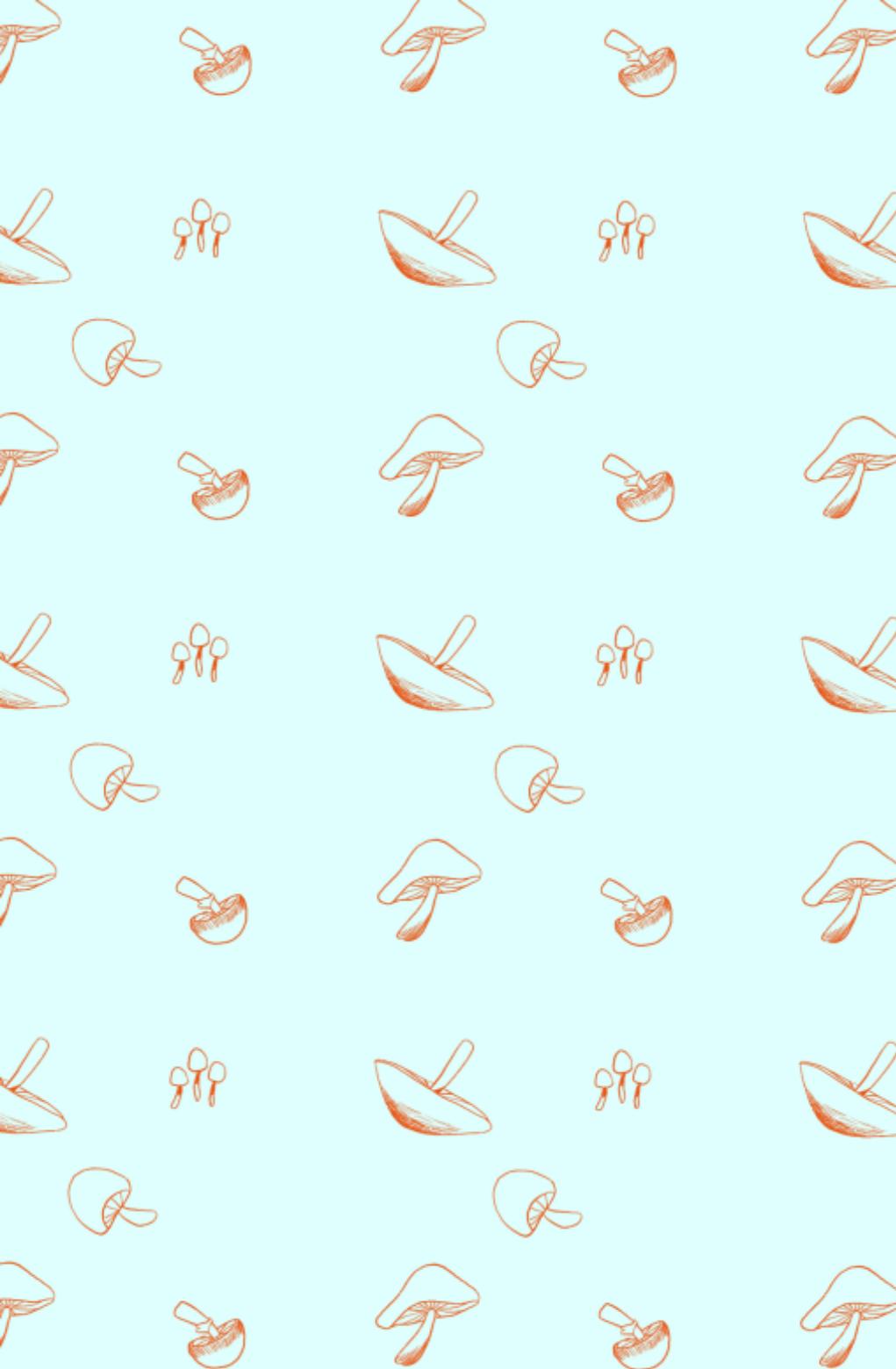
Audra McNamee: audmcnamee.com

Part two coming out later in 2023!

Sketchbook:
Draft comic about the neuroscience of psychedelics
prominently featuring a talking computer (2021)









In 2020, Oregon voters approved a first-in-the-nation framework for legally consuming psilocybin-containing ("magic") mushrooms.

After a robust rulemaking process, people in Oregon may now access Psilocybin Services in the state, where they choose a licensed facilitator who works with them through the preparation session, the administration session at a licensed service center, and an optional integration session.

