



QUESTION 4: LEGALIZING PSYCHEDELIC DRUGS

September 2024

EXECUTIVE SUMMARY

After decades in the medical shadows, psychedelic drugs are increasingly being used in clinical research, mental health treatment, and self-care.

Is it time for Massachusetts to legalize some psychedelics and set clear rules for therapeutic and personal use? This is the choice at the heart of Question 4 on the November ballot.

Question 4 would allow a group of naturally occurring psychedelic drugs — psilocybin, psilocyn, mescaline, DMT, and ibogaine — to be grown, shared, used at home, and offered by licensed professionals in a more clinical setting.

As part of our commitment to help voters understand state ballot questions, we have reviewed the details of this proposal, evaluated relevant research on psychedelics, spoken with advocates, and interviewed experts involved with similar efforts in other states.

We found that:

- Psilocybin shows promise as a treatment for some [serious mental health conditions](#), including anxiety among patients with terminal illnesses. Less is known about other psychedelics, but there is widening interest in their potential positive effects.
- Psychedelics are associated with some substantial harms. For instance, ibogaine can cause [acute cardiac problems](#), while DMT (used in ayahuasca) may have [lasting neurological effects](#). Risks seem more muted with psilocybin (found in “magic mushrooms”) and mescaline (the active ingredient in peyote), but these drugs can still trigger [significant adverse reactions](#), especially for those with pre-existing mental health issues.
- Unlike marijuana, psychedelics would not be available for purchase at retail shops. Interested adults will need to grow their own, find a person willing to share, or use at a licensed psychedelic therapy center.
- Treatment at psychedelic therapy centers would likely be expensive, encouraging more at-home and personal use, where the lack of guidance and oversight brings heightened risk.
- Colorado and Oregon have already legalized some psychedelics. However, Question 4 has a broader scope, including allowing a wider range of drugs to be offered in therapy centers.

- Federal authorities consider all of these drugs illegal, so passing Question 4 could put Massachusetts at risk of a future federal backlash.

In the sections that follow, we discuss these and other issues in detail, including a summary of the ballot question, background on activities in Oregon and Colorado, and the leading arguments for yes and no votes.

WHAT QUESTION 4 WOULD DO

Question 4 is long and detailed, encompassing 35 pages of new rules, definitions, and adjustments to existing law.

Any summary will necessarily omit certain important elements. But in brief, Question 4 would:

- 1) Legalize the personal possession of certain amounts of naturally produced psilocybin, psilocyn, ibogaine, mescaline, and DMT by individuals over 21 years old.
- 2) Let adults grow limited amounts of the plants and fungi that produce these drugs.
- 3) Allow adults to share home-grown psychedelics with others, provided they don't sell or advertise them.
- 4) Support the establishment of psychedelic therapy centers where people could purchase and consume psychedelic substances under the supervision of licensed facilitators.
- 5) Nurture an industry of psychedelic drug cultivation and distribution to support these centers, with clear regulations and a 15 percent excise tax on sales.
- 6) Create a new oversight body, the Natural Psychedelic Substances Commission, modeled on the Cannabis Control Commission. The commission will get advice and guidance from an expert advisory board.

If passed, Question 4 would be implemented in stages.

Personal use would begin in December, rules allowing therapeutic centers to provide at least one drug would be in place by April 2026, and complete regulations for therapeutic centers to provide all named psychedelics would be ready by April 2028.

ACTION IN OTHER STATES

In this effort to legalize natural psychedelics, Massachusetts can build on the experience of two other states, Oregon and Colorado. But there are some dramatic differences between Question 4 and their efforts.

OREGON

Oregon was the first state to legalize psilocybin for adult use, but with very tight restrictions.

Psilocybin was the only psychedelic made legal, and it is only available in regulated therapy centers, without a matching right to grow or use at home.

These psychedelic therapy centers provide individual and group sessions, overseen by licensed facilitators who meet minimum education and training requirements. Facilitators can't make medical claims or provide medical services (even if they have a medical license), to maintain a strict separation from the formal medical system.

There are around two dozen functioning centers and more than 300 facilitators across Oregon. Not all areas of the state are covered, as [local communities can choose](#) whether to allow centers.

One surprise has been the expense, with individual sessions sometimes [costing more than \\$1,000](#) — entirely out-of-pocket, as there's no insurance coverage. High prices are not driven by the underlying expense of psilocybin, but rather the cumulative cost of training, licensing, and running sessions that can last multiple hours (to allow for the effects to wax and wane.)

No notable health incidents have been reported, but data is limited, as the state added information-gathering requirements late in the process.

COLORADO

Colorado passed a broader legalization framework, building on the Oregon approach.

Like Oregon, Colorado will create a network of licensed therapy centers offering psilocybin

treatments. No centers have opened yet, but most of the rules for licensing, training, and cultivation are in place.

Pushing further, however, Colorado also legalized the personal use of several psychedelic drugs, including psilocybin, ibogaine, mescaline, and DMT. Since the summer of 2023, adults over 21 have been allowed to grow these drugs in limited quantities, use them in private, and share most of them (all but ibogaine) for select purposes including counseling and spiritual guidance.

In some cases, unlicensed adults are even allowed to sell services connected to the use of psychedelics, provided they involve “bona fide harm reduction.” This allows independent healers and spiritual guides to charge for sessions that include psychedelics, but it also opens the door to extreme cases where you might purchase a T-shirt that comes with a free pouch of psychedelics.

STATES VS FEDS

Thus far, legalization efforts in Colorado and Oregon have not triggered any federal response, but that remains a risk. The psychedelic drugs at issue are considered illegal at the federal level, with limited exceptions for scientific research.

ARGUMENTS FOR A YES VOTE

A growing body of research suggests that psilocybin — and potentially other psychedelics — can provide significant relief to people struggling with [various forms of mental distress](#), including [treatment-resistant depression](#), [substance abuse](#), and the anxiety that surrounds terminal illness and the [prospect of death](#).

Offering relief to adults with these mental health challenges could be invaluable, even life-changing. And unlike some other drugs, psychedelics [aren't generally addictive](#).

For those with less severe, but still persistent mental health issues, there is [anecdotal evidence](#)

that psychedelic drugs can help, whether they are taken at a licensed center, grown at home, or obtained from a friend.

Even if the motivation is just to experience psychedelic drugs, that too can be part of a rich personal life. Absent some social contagion or broad public harm, it's not clear the state has a strong interest in limiting this freedom to experiment.

True, some psychedelics pose health risks, but we haven't seen severe impacts in Colorado, where they've been legal for a year.

And recall that psychedelics have been used around the world for decades and sometimes centuries, whether as part of ritual practice among different communities or in underground drug culture.

Already, eight cities and towns in Massachusetts have effectively decriminalized these drugs, making psychedelic use the lowest priority for law enforcement.

With a thoughtful approach to collecting data — an approach that will have to be worked out by the Natural Psychedelic Substances Commission — we might even advance the general understanding of the risks and potential of psychedelic use and psychedelic treatment, tracking outcomes across individuals with different challenges, motivations, and backgrounds.

ARGUMENTS FOR A NO VOTE

Some of the drugs that would be legalized under Question 4 carry serious risks.

Ibogaine can cause [cardiac problems, seizures, and occasional death](#). Ayahuasca (which uses DMT) can trigger [intense psychological stress](#) and lasting neurological effects. Mescaline and psilocybin appear to be less toxic, but they can cause “bad trips” that generate [anxiety, paranoia, and even psychosis](#).

Such risks are especially pronounced for folks struggling with mental illness. Psychedelics can exacerbate underlying conditions like schizophrenia and bipolar disease, sometimes triggering psychosis or mania. And they can also cause psychological addiction, especially in people with prior substance abuse.

And while you might hope that interested users would seek out psychedelic therapy centers, rather than opt for personal or home use, that may not be the most likely outcome.

For one thing, it'll take years to set up psychedelic therapy centers, as they require new systems for the safe production, distribution, and use of multiple drugs.

On top of which, the cost of treatment at a therapy center is expected to be relatively high, as in Oregon.

Meanwhile, the rules for growing at home and sharing with others will take effect quickly and won't carry the same steep costs. That will tend to push people — and particularly lower-income folks — toward personal and home use with fewer protections.

And if the market for personal use and sharing does grow beyond expectation, it will be hard to rein in.

Partly, that's because the penalties in Question 4 are limited. If you are found using in public, possessing too much, or failing to secure plants from minors, the maximum fine is \$100. Also, the allowable amounts set in the bill are described in terms of active ingredients — 1 gram of psilocybin or 18 grams of mescaline — which is not something users or police can readily assess by looking at a bag of mushrooms or plant material.

Finally, there is the risk of raising alarms in Washington. Question 4 encourages Medicaid to cover psychological services provided alongside psychedelic treatment, but it's highly unlikely that a federally supported program would pay for any-

thing connected with federally illegal drugs. Similarly, Question 4 allows psychedelic therapy centers to be co-located with medical facilities, but any joint facility would risk losing federal dollars for research and operations.

OPTIONS FOR THE LEGISLATURE

Most ballot questions in Massachusetts are just like regular laws, subject to alteration or amendment by the Legislature — without having to go back to voters. This gives lawmakers a vital role, allowing them to tweak ballot proposals in order to maximize impact and minimize risks.

If Question 4 passes, there are some changes the Legislature might consider to smooth implementation and limit risks. Voters should not assume that these adjustments will necessarily be made.

- Limit the law to psilocybin alone or legalize the listed drugs one at a time, rather than in batches.
- Sharpen the proposed boundaries between the psychedelic centers and the conventional medical system to avoid entanglements with federal law.
- Clarify the data collection rules to ensure robust, anonymous, and sound information from the outset, including quarterly data releases in addition to the annual summaries currently required.
- Undertake a vigorous public education campaign about the potential harms of each psychedelic drug and the precautions necessary for safe use.

By contrast, if Question 4 fails, the Legislature might:

- Bring stakeholders together to seek a compromise that maximizes the benefits of psychedelic use while minimizing harms.

CONCLUSION

A yes vote on Question 4 would legalize personal use of select psychedelics drugs — psilocybin, psilocyn, DMT, ibogaine, and mescaline — some with real promise to treat stubborn forms of mental illness but also some with significant toxicity and risk.

Question 4 would also create a system of psychedelic therapy centers where customers could use these same psychedelic drugs under the supervision of a licensed facilitator.

A no vote would maintain the status quo, where psychedelics are illegal but where a groundswell of interest has led to their decriminalization in a number of Massachusetts cities.

We at the Center for State Policy Analysis do not take a position on Question 4 — or any ballot initiative — but we hope this brief gives voters the information they need to make a sound decision on this important issue.



Contributors

In assembling this report, the Center for State Policy Analysis consulted a number of parties on both sides of Question 4. The final contents reflect our best judgment.

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