

**From Ritual to Treatment: The Role of Psychedelics in Medicine**

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*I'll prescribe this. It would make you feel better.* That was a lie that I had heard over fifteen times. Throughout three years, I was prescribed fifteen different medications for major depressive disorder and severe anxiety. Depression and anxiety significantly impacted my life; I experienced panic attacks countless times a day, I lost my appetite, and I reached a point of self-harming. These medications did me more harm than good. One of the last medications that my psychiatrist had prescribed to me was Fluoxetine, better known as Prozac; Prozac did the most damage of all. When I was in inpatient care, I was diagnosed once more, this time adding four more diagnoses to my chart –PTSD, Drug use Disorder, severe underweight, and most importantly, Bipolar I – I later learned that Prozac was a significant reason that I went into psychosis. You see, when a person has bipolar disorder, most of the time, it's misdiagnosed or not noticed at all, so when a doctor prescribes antidepressants, specifically selective serotonin reuptake inhibitors, SSRI, there is a chance that those SSRIs strongly contribute to the development of psychosis. Through the next few months, my symptoms continued. I was at the point where I had tried everything in my power to feel even the slightest happiness, and nothing was working. That was until one day, I stumbled upon psychedelics.

Psychedelics have been used for millennia by indigenous cultures. The indigenous groups with documented usage of psychedelic psilocybin-containing mushroom species include Nahuatl, Mayans, Olmec, Mazatecs, Chinamecs, Mixes, Zapotecs, Chatinos, Colima, Purepechans and Totonacs of Mexico and some people of Central and South America. From 1325 through 1521 A.D., the Aztec Empire thrived in Tenochtitlan, Mexico. Psychedelics were very important for the people of Tenochtitlan; they used them in various ways, but they most commonly used them for ceremonial purposes. These ceremonies are designed to allow direct communication with spirits, predict the future, or understand otherwise unexplainable events, such as illnesses, adversity of fortune, inclement weather, bad harvests, and war or combat outcomes. Psilocybin was found to be sacred, and many depictions of psychedelic plants can be found in sculptures and paintings made during the time of the Aztec Empire. Most famously, a statue of the Aztec god Xochipilli, god of the flowers, displayed in the National Museum of Anthropology in Mexico City, Mexico, has psychedelic flowers and plants. The body and pedestal of Xochipilli are decorated with plants, including ololiuhqui and teonanácatl, the flesh of the gods, thus expressing the importance these psychedelic plants had to the people of Tenochtitlan in their daily lives and worship. Psychedelic plants were integral and celebrated by the people of Tenochtitlan until the fall of the Aztec empire.

Four hundred years after Hernán Cortés conquered Tenochtitlan, Dr. Richard Evan Schultes found himself fascinated with understanding how hallucinogens help the human mind and body. In 1938, Dr. Schultes headed to modern-day Oaxaca, Mexico, where he connected with indigenous people who still use psychedelics in their day-to-day practice. Over the course

of a decade, Dr. Schultes collected over 24,000 plant specimens and published over 450 articles. During his research in Mexico, he became the first to discover plants and seeds that contain naturally produced lysergic acid diethylamide, LSD. Ultimately, Dr. Schultes' discoveries proved to be helpful in cardiac beta blockers but also treatments for addiction, depression, and post-traumatic stress disorder, PTSD.

As Dr. Schultes progressed in his studies in psilocybin, Dr. Albert Hofmann did his part equally. In 1938, Dr. Hofmann was the first ever to synthesize LSD and the first ever to record a human to ingest it. Although Dr. Hofmann is considered to be "The Father of LSD," LSD wasn't the only thing he was interested in. Twenty years later, in 1958, Dr. Hofmann and his co-workers were the first to isolate and synthesize psilocybin and Psilocin, both compounds of the hallucinogenic properties of mushrooms. This spark of interest in hallucinogens caught the attention of Dr. Schultes and Dr. Hofmann but also struck Dr. Timothy Leary.

In the summer of 1960, Dr. Timothy Leary and assistant Richard Alpert founded the Harvard Psilocybin Project. As explained by Harvard University, Dr. Leary and Alpert sought to document its effects on human consciousness by administering it to volunteer subjects and recording their real-time descriptions of the experience. Following the project, Dr. Leary and other colleagues began administering psilocybin to inmates at the Concord Prison in Concord, Massachusetts. Through this project, it was discovered that the prisoners were changing, but they were changing in a way that made science uncomfortable: they were getting religious. Coincidentally, at this time, the Vietnam War was still taking place, and the United States drafted over 2.2 million American men to serve their country. Also, during the 1960s, was the rise of the cultural movement of LSD. LSD was starting to get a bad reputation, and it wasn't because it was terrible, but because this became threatening to the political society. Considering the people who indulged in psychedelics were the same people who were protesting for the Vietnam War to end.

While the interest and research of psilocybin were advancing, this all was suddenly halted. In 1970, former President Richard Nixon declared drugs and drug abuse as "public enemy number one," thus starting the "war on drugs". Nixon then went on to implement an entirely new national drug policy where the Drug Enforcement Agency (DEA) was born, as well as the Controlled Substance Act (CSA). The DEA enforces control of substance laws and regulations in the United States; they implement this by conducting investigations, enforcing laws, and seizing illicit drugs. The CSA developed a scheduling for illegal drugs going from Schedule I through Schedule V.

A Schedule I substance, drug, or chemical is defined as "drugs with no currently accepted medical use and high potential for abuse." This includes the following: Heroin, LSD, Ecstasy/MDMA, peyote — a psychedelic mushroom native to Mexico — and Marijuana. While

Schedule II drugs are defined as “drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence.” This includes the following: Cocaine, Methamphetamine, Fentanyl, and OxyCodone. Although it is a bit out of the ordinary that marijuana and other hallucinogenic drugs are alongside heroin and above fentanyl, which is responsible for nearly seventy percent of deaths in the United States, one thing that stood out in particular; these drugs have a higher sentencing rate than schedule II drugs which include Oxycontin, Adderall, Cocaine, Vicodin, Methamphetamine, and Fentanyl. To this day, 15 – 100 grams of Methamphetamine would be considered a class 1 felony with 4 to 15 years in prison with a fine of \$25,000, and LSD with the same amount would be a class 1 felony with 4 to 15 years in prison and a fine of \$200,000.

In 2016, John Ehrlichman, Nixon's former domestic police chief, admitted to Harper's Magazine that Nixons was more than just trying to “fix” drug abuse and drug trafficking problems in the United States; but was merely to target two groups: “the antiwar left and Black people.” This new set of agencies and acts was not only created to target people but ultimately led to mass incarceration, going from 320,000 in the 1970s to 2.3 million in 2016.

A couple of months later, I was talking to one of my friends who had been in a similar situation to mine. We talked about their experience and how they got better by microdosing. Microdosing can be done with various psychedelics, but most common with psilocybin. It consists of taking 1/5 to 1/20 of a recreational dose. It can be taken in different cycles, such as taking it five days and stopping two or taking it two and stopping one, and so on. I was intrigued as it was indeed my last resort. Unfortunately, it is still illegal at the federal level as well as in the state of Illinois. *My only problem was how I was going to get it.*

In 2019, Denver, Colorado, became the first city to decriminalize psilocybin, ergo, starting a movement of decriminalizing psychedelics in other states such as Oregon, Rhode Island, New Jersey, and the District of Columbia. This allows police departments not to prioritize arrest for these offenses and allows the creation of psilocybin treatments and the medicalization of psilocybin, also allowing these communities to push back on the war on drugs as many come to recognize that it was proposed to criminalize a specific group of people. In 2023, Illinois state senator Rachel Ventura filed the Compassionate Use and Research of Entheogens Act, CURE Act. The CURE Act provides authorization for the use and distribution of psilocybin for medical, psychological, and scientific studies, research, and other information relating to the safety and efficacy of psilocybin and other entheogens to treat mental health conditions, including, but not limited to, addiction, depression, anxiety disorders, headache disorders, and end-of-life psychological distress. Vilmarie F. Narloch, an advocate for the end of the War on Drugs and Co-founder and director of Sana Healing Collective, works hand in hand with state senator Rachel Ventura to further develop the CURE Act; Narloch stated that the act was modeled after Oregon Measure 109. Measure 109 allows for the regulation and licensing of all psilocybin

products, allowing the manufacturing, sale, delivery, purchasing, and transportation of these products. In 2024, the bill will be on the committee.

I searched online if any clinics were doing psychedelic services for mental health. At the time, my search was very limited, and when I did these clinics, they were costly and had no insurance coverage. So I took matters into my own hands. I purchased the capsules filled and measured with the necessary amount from someone for less than 1/4 of the clinic's price. When I administered this myself, I would take it in the morning and go about my day; in my free time, I would journal, draw, read, and reflect. This experience was life-changing; it made me feel something for the first time in years and allowed me to fully process my feelings and thoughts in a way that was almost spiritual for me. I did this for about three months, and after those three months, I felt better. I'm not saying it cured me one hundred percent, but it did help me in ways that I never thought. I was finally able to go out of my house, go out with friends, and just do the things that I truly loved to do. It still did take a lot of work for me to get to where I am today, but microdosing alleviated a lot of the stress and mental distress I was going through.

In 2024, the research for medicinalized psilocybin reignited. Universities nationwide are continuing their research on the benefits of psilocybin in the mental health field. Harvard Law School, although taking a different approach, is developing its research in examining the social, legal, and ethical implications of using psychedelics in commerce, therapeutic, and research. Johns Hopkins Medicine has a center focusing on psychedelic and consciousness research; in 2000, Dr. Ronald Griffiths and colleagues became the first center to get approval from the United States to research psychedelics. This research has been ongoing since then, but not only do they study psilocybin for depression and alcohol abuse treatment, but they have branched out to potential treatments for opioid use, obsessive-compulsive disorder, anorexia, and many more. Following in their footsteps, the University of California San Francisco also started their research on psilocybin and its potential use for treatment for depression in Bipolar II disorder. As more and more universities are developing their research, the Department of Veterans Affairs has also joined the reignition of this research development, announcing their new funding for the potential use of psychedelic substances to treat depression and Post Traumatic Stress Disorder in former military personnel. As research further develops, some may start to wonder if people can become dependent on them; there is little evidence that people can create a dependency, physically or psychologically, on psilocybin, although people can become tolerant to it with regular use. In more recent news, as of May 1, 2024, the DEA has moved toward and proposed that Marijuana should be reclassified from Schedule I to Schedule III, recognizing its potential medical use. This proposal has opened new doors for the possible reclassification of psilocybin and has brought a sliver of hope for further medicinal development.

With that being said, as the use of psilocybin has been around for decades and has been used for various reasons, the continuation of research is something that should be more open to

in the field of science. Hopes that decriminalization could happen or even reclassification to allow researchers to study its benefits long term could be groundbreaking in the world of mental health, considering many people are in the position I once was in. As activists such as Vilmarie F. Narloch and myself bring awareness to these treatments and push back against the stigma that the Nixon administration has created, we can see in the near future the use of psychedelics and alternative treatments for mental health.