

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 229
(A-24)

Introduced by: Illinois

Subject: Opposition to Legalization of Psilocybin

Referred to: Reference Committee B

1 Whereas, the effects of psilocybin, psilocin, baeocystin, norbaeocystin, and indole alkaloids
2 similar to LSD (d-lysergic acid) are primarily central (hallucinogenic) but there are some
3 peripheral effects, probably through the serotonin-norepinephrine pathways similar to
4 bufotenine; and

5
6 Whereas, according to the Drug Enforcement Administration (DEA), "The physical effects
7 include: nausea, vomiting, muscle weakness, and lack of coordination. The psychological
8 consequences of psilocybin use include hallucinations and an inability to discern fantasy from
9 reality. Panic reactions and a psychotic-like episode also may occur, particularly if a user
10 ingests a high dose." (<https://www.dea.gov/factsheets/psilocybin>); and

11
12 Whereas, mild to moderate effects of hallucinogenic mushrooms include dilated pupils
13 (develops in over 90% of cases), confusion, vertigo, drowsiness, nausea, vomiting, tachycardia,
14 and mild hypertension. Psychotropic effects include sense of exhilaration, hallucinations
15 including vivid bright colors and shapes, euphoria, distortion of sense of time, dysesthesias,
16 anxiety, perceptual distortions (may result in either a pleasant or apprehensive mood; "good" or
17 "bad" trip), and impaired judgement. Although hallucinations usually do not persist after 4 to 5
18 hours, prolonged hallucinations persisting for up to 4 days have rarely been reported. Flashback
19 phenomena have occurred from 2 weeks to 8 months after ingestion; and

20
21 Whereas, severe toxic physical effects include: muscular weakness, increased deep tendon
22 reflexes, fever (particularly in children), flushing (primarily face and upper trunk), tachycardia,
23 hypertension, ataxia, paresthesias, seizures (more common in children), rhabdomyolysis (very
24 rarely), renal failure, or cardiopulmonary arrest. Intravenous injection of mushroom extract can
25 cause fever, hypoxia, or mild methemoglobinemia. Severe psychotropic effects include: mood
26 alterations, acute psychosis, panic reactions, and powerful distortions of space and time; and

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28 Whereas, psilocybin can induce complex changes at various levels of the brain which lead to
29 altered states of consciousness; and

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31 Whereas, there is little correlation between the quantity ingested and clinical effects. One to four
32 large Psilocybes (10 to 30 grams fresh weight) may yield 5 to 15 mg of psilocybin, and produce
33 hallucinations. A dose of 12 mg or more of psilocybin can produce vivid hallucinations; and

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35 Whereas, Psilocybin or it's related substances should not be used in any safety sensitive
36 position in that impairment is likely to occur; and

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38 Whereas, quality control (for dose confirmation and contaminant detection) is difficult to obtain
39 for a fungal based product; and

1 Whereas, Psilocybin is not detected with usual toxicological screening methods and blood/urine
2 concentrations of the active ingredient (Psilocin or 4-hydroxy-dimethyltryptamine; 4-OH-DMT) is
3 not possible for the clinical application (requiring at least one-week turnaround from most
4 reference labs (<https://www.nmslabs.com/tests?test=psilocybin>); and
5

6 Whereas, therapeutic drug monitoring, dose titration to effects and prediction of toxic sequelae
7 is not possible with Psilocybin; therefore be it
8

9 RESOLVED, that our American Medical Association oppose any legislative efforts relatable to
10 legalization of Psilocybin/Psilocin or its related substances use. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000

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References:

1. Tylš, Filip, Tomáš Páleníček, and Jiří Horáček. "Psilocybin—summary of knowledge and new perspectives." *European Neuropsychopharmacology* 24.3 (2014): 342-356.
2. Leikin, J. B., Krantz, A. J., Zell-Kanter, M., Barkin, R. L., & Hryhorczuk, D. O. (1989). Clinical features and management of intoxication due to hallucinogenic drugs. *Medical toxicology and adverse drug experience*, 4, 324-350.
3. Leikin, Jerrold B., and Frank P. Paloucek. "Poisoning and toxicology handbook." CRC Press (2008). Page 913
4. MUSHROOMS-HALLUCINOGENIC in: Merative™ Micromedex® POISINDEX® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: July 5, 2023).