

PSILOCYBIN

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INTRODUCTION

Psilocybin is a chemical compound produced by more than 100 species of mushrooms, many of which belong to the genus *Psilocybe*, found growing around the world. Because of the psychedelic effects that these mushrooms produce when consumed, psilocybin-containing mushrooms have been colloquially referred to as “magic mushrooms” or “shrooms.” Psilocybin is classified as a classic psychedelic, along with lysergic acid diethylamide (LSD), mescaline, and dimethyltryptamine (DMT). Classic psychedelics all interact with serotonin receptors in the brain and central nervous system. Serotonin is a neurotransmitter with the primary role of regulating various functions throughout the body, including mood, happiness, sleep, memory, and learning. A lack of serotonin in the body can result in depression, anxiety, and other health conditions. When consumed, classic psychedelics produce visual and auditory distortions; hypersensitivity to touch, light, and sound; an altered or slowed perception of time; synesthesia;¹ and, in rare cases, hallucinations. Classic psychedelics are also associated with mystical or spiritual experiences.

Psilocybin works by metabolizing into psilocin when consumed; this metabolite is the psychoactive form of psilocybin and closely resembles the structure of serotonin, which allows it to bind to serotonin receptors in the body. Psilocybin-containing mushrooms can be orally ingested whole in a fresh or dried form, or they can be brewed into a tea or added to other foods, such as chocolate or gummies, to mask the mushroom’s bitter taste. Many psilocybin-containing mushrooms appear similar to toxic mushrooms, so poison control experts warn that wild mushrooms should not be consumed unless identified by an expert in mushroom identification. The psychedelic effects of psilocybin typically onset within 20 to 40 minutes after consumption and last for three to six hours. Possible side effects of psilocybin consumption include nausea and vomiting, increased heart rate and blood pressure, and muscle weakness. There is also the possibility that an individual using psilocybin has a “bad trip,” in which he or she experiences extreme anxiety, fear, and paranoia. In rare cases, psilocybin use can trigger a psychotic episode; this is more likely to happen in individuals with a predisposition to certain psychiatric conditions. For this reason, medical professionals advise that individuals with pre-existing mental health conditions and/or those that take medications that interact with serotonin (*e.g.*, anti-depressants) not use psilocybin without medical guidance.

LEGALITY OF PSILOCYBIN

Various indigenous cultures have consumed psilocybin-containing mushrooms for medical purposes and as part of spiritual ceremonies for thousands of years. During the 1950s and 1960s, psychiatrists in the U.S. investigated the therapeutic potential of certain psychedelic substances, including psilocybin. With the rise of the emerging counterculture in the U.S. during the late 1960s, there was an increase in the recreational use of psilocybin-containing mushrooms, which resulted in political pushback against psychedelic drugs. In 1970, Congress enacted the Controlled Substances Act (CSA)² and categorized psilocybin and other psychedelic substances as Schedule I controlled substances, which effectively stopped the research into the therapeutic effects of psilocybin for several decades. Today, psilocybin remains a Schedule I controlled substance at the federal level. It is also currently

¹ Synesthesia is when the brain routes sensory information through multiple unrelated senses, causing an individual to experience more than one sense simultaneously. Examples include hearing colors and feeling sounds. *Synesthesia*, CLEVELAND CLINIC (May 3, 2023), <https://my.clevelandclinic.org/health/symptoms/24995-synesthesia>.

² 21 U.S.C. § 812.

classified as a Schedule I controlled substance in 47 states, the District of Columbia, and the five U.S. territories.³ In Alaska, all psychedelics, including psilocybin, are classified as Schedule II controlled substances.⁴ In Maine, psilocybin is scheduled as a Schedule X controlled substance.⁵ Vermont regulations list psilocybin in the state's regulated drug rule.⁶ Note that in every jurisdiction where psilocybin is scheduled, its metabolite, psilocin, is also scheduled within the same scheduling class.

The U.S. Drug Enforcement Administration (DEA) does not consider the spores⁷ of psilocybin-containing mushrooms to be Schedule I controlled substances because the spores themselves do not contain psilocybin or psilocin.⁸ However, if the spores are allowed to germinate and grow into psilocybin-containing mushrooms, any psilocybin-containing material of the fungi would be considered a controlled substance under the federal CSA. While the spores of psilocybin-containing mushrooms are not federally prohibited, four states (California, Florida, Georgia, and Idaho) criminalize such spores. In Idaho, the spores of psilocybin-containing mushrooms are considered Schedule I controlled substances.⁹ In the other three states, the spores are not considered controlled substances, but they are illegal to transport, import, sell, or give away.¹⁰

RESEARCH AND MEDICAL USE OF PSILOCYBIN

Despite the continued challenges of researching Schedule I controlled substances, the 21st century has brought forth a renewed interest in investigating the therapeutic potential of psilocybin. Recently conducted research studies and clinical trials have opined that psilocybin may be a potential treatment for various mental and physical health conditions, including depression, post-traumatic stress disorder (PTSD), substance use disorder, anorexia nervosa, certain types of chronic pain, and end-of-life anxiety and distress in individuals with terminal illness.¹¹ Psilocybin has become the most researched of the classic psychedelics and the most advanced in terms of



progress through the U.S. Food and Drug Administration's (FDA) clinical development and drug approval process. To date, the FDA has granted two breakthrough therapy designations for psilocybin, one in 2018 for treatment-resistant depression and another in 2019 for major depressive disorder. The FDA's breakthrough therapy designation is a process designed to expedite the development and review of drugs that have the potential to be a substantial improvement when compared to existing therapies in treating a severe or life-threatening condition.¹² The biotechnology company, Compass Pathways, is in the final stages of clinical trials to investigate a synthetic form of psilocybin called

³ See *Psilocybin: Summary of State Laws*, LEG. ANALYSIS AND PUB. POL'Y ASS'N (Nov. 2025), <https://legislativeanalysis.org/psilocybin-summary-of-state-lawsry-of-state-laws/>.

⁴ ALASKA STAT. ANN. § 11.71.750 (West 2025). Unlike the federal scheduling system which often classifies by medical use, Alaska schedules substances based on their degree of danger or probable danger to a person or the public.

⁵ ME. REV. STAT. ANN. tit. 17, § 1102 (West 2025). In Maine, Schedule X includes hallucinogenic drugs, including mescaline, peyote, and ibogaine, as well as methaqualone, gamma hydroxybutyrate (GHB), and ketamine.

⁶ VT. STAT. ANN. tit 18, § 4201 (West 2025). Vermont's regulated drug rule designates drugs and other chemical substances that are illegal or judged to be potentially fatal or harmful for human consumption unless prescribed and dispensed by a professional licensed to prescribe or dispense them and used in accordance with the prescription.

⁷ Mushroom spores are microscopic reproductive units that serve as the starting point for a new mushroom; they are analogous to the seeds of plants. *What are Mushroom Spores? Key Things to Know About*, SPORE GENETICS (Oct. 12, 2023), <https://sporegenetics.com/what-are-mushroom-spores-key-things-to-know-about>.

⁸ Letter from Terrence L. Boos, Drug & Chemical Evaluation Section, Drug Enforcement Administration, to Micheal McGuire, New York Cultivation Law (Oct. 1, 2014), <https://www.documentcloud.org/documents/24253679-dea-psilocybin-spores-letter/>.

⁹ IDAHO CODE ANN. § 37-2705 (West 2025).

¹⁰ CAL. HEALTH & SAFETY CODE §§ 11390 through 11392 (West 2025); FLA. STAT. ANN. § 500.75 (West 2025); and GA. CODE ANN. § 16-13-71 (West 2025).

¹¹ See Matthew W. Johnson and Roland R. Griffiths, *Potential Therapeutic Effects of Psilocybin*, 14 NEUROTHERAPEUTICS 734, 735-738 (2017), <https://doi.org/10.1007/s13311-017-0542-y>; see also Shawn Ziff, et al., *Analysis of Psilocybin-assisted Therapy in Medicine: A Narrative Review*, 14 CUREUS e21944, (Feb. 5, 2024), <https://doi.org/10.7759/cureus.21944>.

¹² *Breakthrough Therapy*, FOOD & DRUG ADMIN. (Jan. 1, 2018), <https://www.fda.gov/patients/fast-track-breakthrough-therapy-accelerated-approval-priority-review/breakthrough-therapy>.

crystalline polymorph psilocybin (and referred to by the company as COMP360) for the treatment of treatment-resistant depression.¹³ The company is expected to present its new drug application for its synthetic psilocybin treatment sometime between late 2026 and 2027.¹⁴

In anticipation of the FDA's potential approval of crystalline polymorph psilocybin for the treatment of treatment-resistant depression, as of November 2025, five states (Arizona, Colorado, Iowa, Nebraska, and North Dakota) have enacted trigger laws¹⁵ that will distinguish FDA-approved crystalline polymorph psilocybin from natural psilocybin in order to exempt the approved drug from Schedule I and immediately reschedule crystalline polymorph psilocybin based on the recommendations and guidelines from the FDA and DEA upon the substance's approval.¹⁶ Moreover, in 2025, an additional seven states (Georgia, Kansas, New Mexico, Pennsylvania, Utah, Virginia, and West Virginia) introduced trigger law legislation related to crystalline polymorph psilocybin.¹⁷ Trigger laws are not a necessity for states because most, if not all, jurisdictions often update their controlled substance laws and regulations after the FDA approval of a new drug, but they can speed up state availability of the new drug. The proposal and enactment of crystalline polymorph psilocybin trigger laws as well as laws establishing psilocybin research funds¹⁸ indicates that there is a growing acceptance among some states of the potential for psilocybin-assisted therapy.

DECRIMINALIZATION

While no jurisdiction has legalized the personal, private possession and use of psilocybin, there are a few places that have decriminalized such behavior for certain individuals. Decriminalization is the act of removing criminal sanctions against certain activities and replacing them with civil penalties or other non-criminal punishment, such as fines.¹⁹ The umbrella of decriminalization efforts also includes de-prioritization, which is a policy instructing law enforcement to treat certain crimes with the lowest level of enforcement priority.²⁰ In May 2019, Denver Colorado became the first U.S. jurisdiction to decriminalize psilocybin when voters approved Ordinance 301, the Denver Psilocybin Mushroom Initiative, which prohibited the city from spending money and other resources on the enforcement of psilocybin possession offenses.²¹ Oakland and Santa Cruz, California soon followed in Denver's footsteps and decriminalized adult possession of psilocybin in June 2019 and January 2020, respectively.²² Today, over two dozen cities across the U.S. have decriminalized psilocybin possession in some fashion.²³

There have also been efforts to decriminalize psilocybin on the state and district levels. In February 2021, New Jersey reclassified the possession of small amounts of psilocybin from a crime of the third degree to a disorderly persons offense, which is a petty offense that is not considered a crime within the meaning of the New Jersey Constitution.²⁴ In March 2021, the District of Columbia enacted a law requiring the Metropolitan Police Department to make the investigation and arrest of individuals 18 years of age or older for non-commercial

¹³ Haylee May, *Synthetic Psilocybin Nears FDA Review, Signaling a Potential Shift in American Mental Healthcare*, CPR NEWS (July 20, 2025), <https://www.cpr.org/2025/07/20/synthetic-psilocybin-nears-fda-review/>; see also Treatment-resistant Depression, COMPASS (last accessed Nov. 3, 2025), <https://compasspathways.com/our-work/treatment-resistant-depression/>.

¹⁴ May, *supra* note 15.

¹⁵ A trigger law is a statute designed to take effect automatically or quickly once a specific condition is met. Megan Thorsfeldt and Gali Racabi, *What are Trigger Laws?*, ILR CAROW CORNELL UNIVERSITY (Mar. 12, 2025), <https://www.ilr.cornell.edu/carow/carow-policy/what-are-trigger-laws>.

¹⁶ See *Psilocybin: Summary of State Laws*, *supra* note 3, at 7.

¹⁷ *Id.*

¹⁸ *Id.* at 10.

¹⁹ *The Difference Between the Decriminalization of Legalization of Substances*, ACLU OF WASHINGTON (Feb. 3, 2023), <https://www.aclu-wa.org/news/difference-between-decriminalization-and-legalization-substances>.

²⁰ See Mason Marks, *The Varieties of Psychedelic Law*, 266 NEUROPHARMACOLOGY 109399 (Mar. 15, 2023), <https://doi.org/10.1016/j.neuropharm.2022.109399>.

²¹ *Id.*

²² *Id.*

²³ *Id.*

²⁴ N.J. STAT. ANN. § 2C:35-10 (West 2025) and N.J. STAT. ANN. § 2C:1-4 (West 2025).

planting, cultivating, purchasing, transporting, distributing, engaging in practices with, and/or possessing entheogenic plants and fungi, which includes psilocybin-containing mushrooms, among its lowest enforcement priorities.²⁵ In July 2023, Colorado categorized psilocybin as a “natural medicine” and decriminalized the personal use, possession, and cultivation of psilocybin-containing mushrooms for individuals aged 21 or older.²⁶ Under Colorado law, “personal use” is defined as “the consumption or use of natural medicine or natural medicine product; or the amount of natural medicine or natural medicine product a person may lawfully possess, cultivate, or manufacture that is necessary to share with another person who is 21 years of age or older within the context of counseling, spiritual guidance, beneficial community-based use and healing, supported use, or related services.”²⁷ Colorado’s definition of “personal use” does not include the sale of natural medicine for remuneration or the possession, cultivation, or manufacture of natural medicine with the intent to sell for remuneration.²⁸ The open and public display and use of psilocybin is not permitted.²⁹ Individuals that cultivate natural medicine in Colorado for personal use are limited to an area of no more than 12 feet wide by 12 feet long on their private property, and the cultivation must occur in an enclosed and locked space.³⁰ In 2025, eight states (Connecticut, Maine, Massachusetts, Michigan, Minnesota, New Hampshire, Rhode Island, and Vermont) introduced legislation to decriminalize the personal, private use of psilocybin in some manner.³¹ Also in 2025, New York introduced legislation that would legalize the possession, use, cultivation, production, creation, analysis, gifting, exchange, or sharing of psilocybin by individuals 21 years of age or older and remove psilocybin from the list of Schedule I controlled substances.³²

SUPPORTED ADULT USE AND MEDICAL USE PROGRAMS

In jurisdictions where psilocybin is not decriminalized for personal, private use, individuals may still be able to access psilocybin through regulated supported adult use programs or medical use programs. Laws that allow for the medical use of psilocybin grant certain licensed healthcare practitioners in the jurisdiction the ability to be providers of psilocybin therapy and may limit access to only certain patient populations (*i.e.*, veterans) or certain qualifying medical conditions such as PTSD or depression.³³ In comparison, supported adult use laws establish non-medical psilocybin service centers where participating individuals are guided by a facilitator who is not required to be a healthcare practitioner.³⁴ The supported adult use model allows individuals who meet a service center’s requirements to access psilocybin for any reason, including for personal or spiritual growth and wellbeing.³⁵ As of November 2025, four states (Connecticut, New Mexico, Utah, and Washington) have enacted laws to establish psilocybin medical use programs.³⁶ New Mexico law specifically states that psilocybin used for medical use under the Medical Psilocybin Act is exempt from Schedule I.³⁷ The medical use laws in Connecticut and Washington are only for pilot programs. As of November 2025, two states (Colorado and Oregon) have enacted laws to allow for the supported adult use of psilocybin.³⁸ Oregon law exempts psilocybin that is manufactured, delivered, or possessed in compliance with the Oregon Psilocybin Services Act from Schedule I.³⁹ In both Colorado and Oregon, psilocybin service centers must be licensed by the state, operated by licensed facilitators, and adhere to certain regulations. Clients of psilocybin services centers in both Colorado and Oregon

²⁵ D.C. CODE ANN. § 48-921.52 (West 2025).

²⁶ COLO. REV. STAT. ANN. § 18-18-434 (West 2025).

²⁷ *Id.*

²⁸ *Id.*; “Remuneration” is defined by Colorado law as anything of value, including money, real property, tangible and intangible personal property, contract right, chose in action, service, any right of use or employment or promise or agreement connected therewith, business promotion, or commercial activity.

²⁹ *Id.*

³⁰ *Id.*

³¹ See *Psilocybin: Summary of State Laws*, *supra* note 3, at 8.

³² *Id.*

³³ Marks, *supra* note 19

³⁴ *Id.*

³⁵ *Id.*

³⁶ See *Psilocybin: Summary of State Laws*, *supra* note 3, at 9

³⁷ N.M. STAT. ANN. § 30-31-6 (West 2025).

³⁸ See *Psilocybin: Summary of State Laws*, *supra* note 3, at 9

³⁹ OR. REV. STAT. ANN. § 475.005(6)(b) (West 2025).

must be at least 21 years of age and do not need to be a resident of the state. Prior to the administration of psilocybin at a licensed psilocybin service center, the client is required to participate in a preparation session with a licensed facilitator to determine if he or she has any physical or mental health conditions that make him or her ineligible for services, to review informed consent information, and to establish a safety and support plan. The client consumes the psilocybin at the center within the presence of the facilitator and remains there until the effects have worn off. Afterward, the client may participate in an integration session in which he or she discusses his or her experience with the facilitator, reviews their safety and support plan, and possibly receives referrals to other community resources, such as mental health services or support groups.

CONCLUSION

The revival of psilocybin research in the 21st century has led to a cultural shift in how Americans, particularly policymakers, view the substance. With the FDA approval of synthetic psilocybin possible by the end of the decade, jurisdictions are taking steps to make psilocybin more accessible to individuals who may benefit from its potential therapeutic effects. For more information on psilocybin, including jurisdiction-by-jurisdiction tables describing aspects of psilocybin-related laws currently in effect, please refer to LAPPA's [Psilocybin: Summary of State Laws](#).

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The Legislative Analysis and Public Policy Association (LAPPA) is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

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