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

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

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

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

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

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

Whereas, Psilocybin or its related substances should not be used in any safety sensitive position in that impairment is likely to occur; and

Whereas, quality control (for dose confirmation and contaminant detection) is difficult to obtain for a fungal based product; and
Whereas, Psilocybin is not detected with usual toxicological screening methods and blood/urine concentrations of the active ingredient (Psilocin or 4-hydroxy-dimethyltryptamine; 4-OH-DMT) is not possible for the clinical application (requiring at least one-week turnaround from most reference labs [https://www.nmslabs.com/tests?test=psilocybin]; and

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

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

Fiscal Note: Minimal - less than $1,000

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References:


