

Vote no on Question 4, promoting psychedelic use

I am a believer in the power of certain psychedelic medications to help depression, awaken spiritual experiences, and break damaging compulsive behaviors such as smoking or alcohol use. I have used ketamine in my clinical practice in several forms, and under a variety of circumstances, to help my patients. In some cases, I have seen dramatic transformations. I fully support decriminalization of psychedelics, but for a variety of reasons, I cannot support the proposal currently in front of voters.

Early on, I prescribed ketamine without accompanying therapy, simply as a pharmacologic intervention. Repeatedly, I saw it give temporary relief from anxiety and depression, but I did not see lasting transformation. Then, after being trained in ketamine-assisted psychotherapy, I started to prescribe it in combination with psychotherapy. In that setting, I did see lasting changes. Psychedelic medication precipitates a period during which there is increased connectivity between parts of the brain that don't regularly communicate. There is a period of about 72 hours after the experience during which there is a marked increase in the brain's ability to change and adapt its structure, and function in response to stimuli. In other words, there is an opportunity for the brain to learn new skills and change its perspective. Theoretically, that is why psychedelics help some alcoholics to completely lose their interest in drinking, or smokers to lose their interest in smoking. At best, if psychedelics are used recreationally, without well-trained professionals assisting with psychotherapy tools, an opportunity for mind expansion may be lost. At worst, these powerful substances can do damage.

Here is a relatively mild example. A curious colleague of mine went to a psychotherapist who specializes in psychedelic psychotherapy. Her experience with psilocybin was profound. Afterward she said, "I just don't sweat the small stuff anymore. Now, instead of experiencing road rage, I experience road incredulity: 'Gee, cutting me off that way strikes me as not a safe way to drive.'" After a couple of years, hoping for another transformative experience, she used mushrooms recreationally with two friends. The experience was characterized by severe anxiety, and led to weeks of unease. Years later, memories of her experience still trouble her.

Question 4 will increase the availability of five drugs: psilocybin, psilocin, mescaline, DMT (found in ayahuasca) and ibogaine for recreational and — purportedly — for psychiatric use. In the right setting, and with proper dosing, these substances can induce profoundly meaningful experiences. Some indigenous cultures have used "plant medicine" for generations for life-altering spiritual awakenings. Those who administer these medicines are part of a lineage and study under an elder for decades before being qualified to work with participants on their own.

But none of the substances in Question 4 have been well-studied or proven effective as psychiatric treatments. If Question 4 passes, these powerful substances would be available for people to grow, share, and use at home, where, presumably, they would receive little or no professional guidance or support. The psychedelics would also be available for use at "therapy centers" under the guidance of nonprofessional assistants who are required to have no more than a high school degree and minimal training, which would make for an experience that, at best, would almost certainly be less helpful than one guided by a practiced and well-trained professional. At worst, it could be dangerous and damaging.

The Massachusetts College of Emergency Physicians, which opposes Question 4, is concerned that it will "increase the likelihood of overdose, especially in minors and individuals with pre-existing or susceptibility to psychotic disorders and bipolar disorders. Moreover, the ballot question includes

ibogaine, which has known risks for inducing arrhythmia, which can lead to cardiac arrest. Until the science is more conclusive, MACEP would support decriminalization over legalization.”

According to the Massachusetts Psychiatric Society (MPS), “These hallucinogens have been shown to lead to a 50 percent increase in emergency room visits and hospitalizations. A third of regular hallucinogen users admit to driving under the influence in the past year. Fatal car accidents have doubled in Massachusetts in the past few years, along with a 65 percent increase in drugged driving.” Furthermore, some people with bipolar disorder, anxiety, and depressive disorders, and schizophrenia have severe worsening of symptoms under the influence of hallucinogens like these five substances. This bill requires no medical or psychiatric screening of would-be users by professionals.

I agree that we should decriminalize these substances. There is no reason the users should be sent to jail. But let’s remember that this bill is supported by money from venture capitalists like Peter Thiel, who have a financial interest in promoting use and access. If there were not billions to be made if this bill and similar initiatives pass, there would be no bill. Is it ever a good idea to let medical decisions be made by people whose primary interest is maximizing financial profit? I think not. There are good reasons why the Massachusetts Medical Society, the American Psychiatric Association, and the State Police Association of Massachusetts oppose this measure.

My opposition to this bill is informed by experience with the commercialization of cannabis. For most people, recreational use of cannabis is harmless, and can bring joy and relaxation. However, as the New York Times has reported, its harms are increasingly evident. About 18 million people — nearly a third of regular users — have developed cannabis use disorder, which is often characterized by physical dependence, decreased IQ in minors, psychotic disorders like schizophrenia, sleep and anxiety disorders, and multiple medical problems. And even if psychedelic substances are not legal for minors, minors and people with mental illnesses whose brains are vulnerable will have increased access — just as they do with cannabis. Cannabis is a far better-known substance than the substances that Question 4 promotes. Do we really want to repeat this gigantic, inadequately studied, and dangerous experiment on the American public with these substances?

Let’s continue to make use of psychedelic medications in safe and well-controlled situations while we intensively study their effects and side effects. In the meantime, Question 4 simply goes too far, too fast, and the damage that it will do to many people is certain. As the Massachusetts Psychiatric Society sums up, “The ballot question is not about public health, but private wealth and recreational use and abuse.”

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