

Can Magic Mushrooms Heal Us?

A very promising mental health experiment is taking shape in Oregon.



By Ezra Klein
Opinion Columnist

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Gov. Kate Brown of Oregon announced the members of the state's newly formed Psilocybin Advisory Board this week. Why does Oregon need an official board to offer advice about the active ingredient in magic mushrooms, you ask? Because Oregon is about to become the first state in the country to try to build a support infrastructure through which psychedelic mushrooms can be woven into everyday life. This framework is different from what we've seen before: not legalization, not medicalization, but therapeutic use, in licensed facilities, under the guidance of professionals trained to guide psychedelic experiences. Whoa.

"Like many, I was initially skeptical when I first heard of Measure 109," Brown said in a statement. "But if we can help people suffering from PTSD, depression, trauma and addiction — including veterans, cancer patients, and others — supervised psilocybin therapy is a treatment worthy of further consideration."

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Measure 109, the Oregon Psilocybin Services Act, approved as a ballot measure in November, is the brainchild of Tom and Sheri Eckert, who shared a therapy practice in Portland. In 2015, the Eckerts read an article by Michael Pollan in *The New Yorker* titled "The Trip Treatment." The article described the emerging research around using psychedelics as a therapeutic tool and unearthed the largely forgotten pre-Timothy Leary period in which psychedelics were widely used by psychiatrists. In the past, the government had funded more than a hundred studies, and as Pollan recounts in "How to Change Your Mind," his subsequent book, Anaïs Nin, Jack Nicholson and Cary Grant all underwent LSD-assisted therapy. Bill Wilson, a co-founder of Alcoholics Anonymous, who'd given up drinking with the aid of a hallucinogenic plant called belladonna, considered bringing LSD-assisted therapy into AA in the 1950s, but was met with disapproval from his board.

This was a very different model of psychedelic use: There was a trained mental health professional in the room and subsequent therapy to help turn the insights into action. The early results were promising, though the studies were poorly designed. At times, the fear was that the compounds were too powerful and left people too malleable to the suggestions of their guide. One early practitioner worried that on psychedelics, "the fondest theories of the therapist are confirmed by his patient," and that even though the healing was real, the pathway was "nihilistic," bordering on something like hypnosis. This era of study ended before these questions could be resolved, when psychedelics slipped into the counterculture, where they were used without therapeutic safeguards, and the Nixon administration targeted them as part of its culture war. A remnant of healers who used psychedelics in their work remained, but they were driven underground.

The Eckerts had personal experience with psilocybin, and Pollan's piece, and the research it led them to, made sense to them as therapists. This was work they could do, should do, but the law made it impossible. "It was a desire to specialize in this field, and we realized we couldn't," Tom Eckert told me. "And then the question was: Would we accept that answer or were we going to do something about it?"

Sheri Eckert passed away unexpectedly, after a surgery in December, but Tom recounted a hike they had taken together before embarking on what they knew would be a consuming, multiyear political project. "We decided to consult the mushroom," he said. They drove to Mount Rainier, hiked through the woods and took psilocybin over a campfire. Tom found his mind wandering to the far future, when historians would look back on our era. "I got to thinking that they probably wouldn't care so much about our politics and technologies," he said. "They'd probably notice how estranged and detached we are from our own consciousness." The couple couldn't have children but Tom remembers Sheri's voice piercing the quiet. "An idea could be like a child," she said.

This is where I should stop for a moment, before I lose you. The only thing worse than hearing about someone else's dream is hearing about their mushrooms trip. But these experiences have an unusual power, a power Oregon is trying to harness. "The definition of personality is it's a trait, it doesn't change," Matthew Johnson, a professor psychiatry at Johns Hopkins University and the associate director of its Center for Psychedelic and Consciousness Research, told me. But Johnson has conducted multiple studies in which participants ranging from the very ill to so-called healthy-normals report profound changes to outlook and even personality after one well-facilitated dose.

In particular, traits revolving around openness to change and uncertainty seem to loosen, with people questioning their own judgments, holding other viewpoints and tolerating more ambiguity with greater ease. Openness to new experiences tends to diminish as we age, so the potential of psychedelics to unlatch the windows of the mind is, in Johnson's words, "a bit of a fountain of youth effect." Psilocybin is also a reliable generator of profound, mystical experiences in people who try it with the right intentions and the right support — experiences that, months and years later, many recall as among the most meaningful of their lives. "Until our work with psilocybin, there was never an experimental manipulation which you could schedule for a Thursday and change your personality," Johnson told me.

But the more pressing case for psilocybin comes from research out of Johns Hopkins, U.C.L.A., N.Y.U. and elsewhere that has shown it to be a potentially effective treatment for major depression, end-of-life anxiety and drug addiction. "One of the things I've come to is that addiction medicine in 2021 is in desperate need of transformative technologies," Todd Korthuis, a professor of medicine who specializes in addiction at Oregon Health & Science University and a member of Oregon's Psilocybin Advisory Board, told me. The studies so far are preliminary, but they are "showing dramatic change in people's lives — that's what we need for cocaine use disorder, methamphetamine use disorder, even alcohol and tobacco."

Some of the early results are so remarkable that they fall into the too-good-to-be-believed category, at least until far more research is done. A recent study on major depressive disorder, published in *JAMA Psychiatry*, found more than half of the subjects in remission four weeks later, after just two treatments alongside psychotherapy. A study on tobacco addiction, out of Johns Hopkins, found two-thirds of the subjects who received psilocybin in combination with cognitive behavioral therapy abstinent a year later. These would be miraculous effect sizes if they hold up in larger samples and other contexts. Even if further research finds psilocybin only 50 percent as effective as these experiments suggest, it would be still be a breakthrough.

There isn't a simple explanation for why psychedelics possess these powers. M.R.I. scans show the psychedelic brain aflame with activity, with areas that rarely connect lighting up in electric conversation. "I think that's what's responsible for this radically different associative net, this different ability to absorb the gestalt," Johnson told me. You are hearing, thinking, processing differently than normal, which can lead to new experiences and epiphanies. Some of those are classic psychedelia, the kind of thing visualized in "Yellow Submarine." Synesthesia, for instance, where you'll hear in colors. But just as often, the experience defies those expectations: It's more like a difficult, but powerful, therapy session.

I avoided psychedelics when I was younger, fearful of the loss of control, and tried them later, desperately, when there was more darkness in my mind than light. It was not an easy time for me, and these were not easy experiences. They kicked down doors around my anxiety, my marriage, my work, my family, my resentments, my attachments, my self. Those rooms were often unpleasant to enter. There was ecstasy and beauty, yes, but also fear and, often, so often, intense nausea. Things I'd fought to ignore resurfaced. Disparate parts of my life and beliefs and personality connected, and I became more legible to myself. I am not cleansed of anxiety, but I am more aware that my outlook, at any given moment, is just a dance of brain chemistry and experience, and far from the only state possible. That a few micrograms of chemical was all it took to upend my confident grip on reality shook me in ways I'm grateful for. I hold my judgments and worldviews more lightly, and I am friendlier to mystery and strangeness.

But as with more traditional therapy, to the extent that these experiences changed me, it is because I acted on the insights later, once sobriety had returned. A trip is of little value if you refuse to leave the hotel after you arrive. "You can have an amazing experience, but if you don't do the work to ground it in a practice of self-development, it may not have the impact you would hope," Eckert told me. It "can fade, like a dream."

Or it can crack you. Psilocybin isn't addictive, and there is no known lethal dose. "If you look at the safety profile of psilocybin, it's dead last in terms of its risk of harm either to self or others," Korthuis told me. But these experiences can be psychologically searing, even scarring. There is evidence that terror-filled trips can cause lingering trauma or even trigger psychosis or suicide in rare cases. Looking back, I wish I had had the option of skilled support, both to get more out of the experiences and to protect me from harm. These are not trivial chemicals. Here there be dragons.

The Eckerts wanted to bring back not the louche psychedelic use of the late '60s and '70s, but the supported psychedelic use of the '50s and early '60s. "We wanted to put psychedelic therapy and wellness on its own foundation," Tom told me. Under Measure 109, no one will be able to walk into a store and buy magic mushrooms. Instead, there will be regulated centers, with trained and licensed facilitators who are there both for the trip itself and to help people integrate the experience afterward. There will be screening for psychological and physical conditions that could make the experience unsafe and help on-site for anyone who does fall into psychological or physical crisis. "We wanted to think deeply about how we might integrate psychedelics back into the culture," Eckert said.

The Eckerts' initiative caught the attention of a broader group of organizations trying to shift the laws around psychedelics. They were invited to present at a meeting of the Multidisciplinary Association for Psychedelic Studies, or MAPS. There, they met with other key groups that would become backers of their project: David Bronner, the chief executive of Dr. Bronner's soaps, which uses some of its profits to support drug reform initiatives, and Graham Boyd, a co-founder of the Psychedelic Science Funders Collaborative, who brought his experience winning ballot initiative campaigns to the effort.

MAPS, which is led by its founder, Rick Doblin, is at the center of the decades-long effort to revive research into the medical benefits of psychedelics and is currently deep in F.D.A. trials to get MDMA, an empathogenic chemical associated with the drug ecstasy, approved as a treatment for post-traumatic stress disorder. Doblin supports the Oregon initiative, but he is cautious about the difficulties inherent in getting it right. How will facilitators be trained? How will patients be screened? Psilocybin remains illegal at the federal level, and the federal government could choose to act on that at any time, he noted. In the early years of state cannabis legalization, there were raids on dispensaries. “I worry those with the most at stake in terms of licenses will be fearful of participating, when those are the people we most want to participate,” Doblin told me.

Lurking in Doblin’s comments is a concern I heard from many reformers working to change the legal status of psychedelics: Too much, too fast could imperil decades of hard work and steady progress. A few stories, even exaggerated ones, of harmful trips and incompetent or predatory facilitators, could turn this into a rerun of the ’70s, when society turned sharply against these substances. “There’s a real Achilles’ heel,” Boyd told me. “Public opinion can really turn against this. Just because you’ve got science on your side doesn’t mean public policy will follow.” It was his influence, in part, that got a two-year implementation process included in the ballot initiative, where regulators and scientists could come together to carefully devise the program and to roll it out slowly, with plenty of public education and legal consideration.

What’s striking to me about Measure 109, though, is that it breaks away from the medicalization-legalization binary that has defined drug reform for the past few decades. It does not allow anyone to sell psilocybin pills in stores. Nor does it restrict treatment to those with a diagnosis of mental illness. The measure does not grudgingly accept psilocybin as the lesser evil compared with, say, the drug war or PTSD. Instead, it is based on the idea that psilocybin has the potential to change our lives for the good, whether we are sick or well, and so it is worth investing in the frameworks and safeguards so that it can be used safely and productively. It would be foolish to posit psilocybin-assisted therapy as an answer to all that ails our society, or even our mental health system. But it would be one more option for those who need it, and both evidence and anecdote suggest it would be life-changing for many. That would be enough. That would be so much.

“Oregon has always been a pioneer state,” Korthuis told me. “It’s been a hotbed of innovation around drug policy for at least 25 years. This is just the next contribution in that history.”

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