

# Freedom of Recreation: A Critique of the Prohibition, Decriminalization, and Legal Regulation of Psychedelics for Recreational Use

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## Abstract

Established by the 1971 United Nations (UN) Convention on Psychotropic Substances, the prohibition of the recreational use of psychedelics (lysergic acid diethylamide [LSD], psilocybin, *N,N*-dimethyltryptamine [*N,N*-DMT], and mescaline) has two premises. First, recreational use poses a serious threat to public health because psychedelics are highly liable to addiction and abuse. Second, psychedelics have only limited scientific and medical uses. In this article, we raise the following questions: are these premises true such that prohibition is justified? If not, are decriminalization and legal regulation justified alternatives? Drawing on interdisciplinary research, we show that the premises of prohibition are false. Psychedelics are not highly liable to addiction or abuse, and so recreational use is not a serious threat to public health. Moreover, the uses of psychedelics exceed medical and scientific uses. Prohibition, we conclude, is therefore unjustified. We then show that decriminalization is based on the same false premises as prohibition, that legal regulation is based on weaker versions of these premises, and thus that both alternatives entail unjustified restrictions on recreational users. Finally, we present a fourth approach: communalization. This entails that all adults have the freedom to recreationally use psychedelics without restrictions and that communities provide harm reduction and benefit enhancement services to support this freedom.

## Keywords

psychedelics, recreational use, drug policy, prohibition, decriminalization, harm reduction

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## Introduction

Every year, millions of people around the world use psychedelics (European Monitoring Centre for Drugs and Drug Addiction, 2020; Keyes & Patrick, 2023; Krebs & Johansen, 2013a; Winstock et al., 2021). These substances include lysergic acid diethylamide (commonly known as LSD or “acid”), psilocybin (contained in “magic” mushrooms and truffles), mescaline (occurring in several species of cacti), and *N,N*-dimethyltryptamine (*N,N*-DMT, commonly known as “DMT” when vaporized, smoked or administered intravenously, and as the primary psychoactive component in ayahuasca).<sup>1</sup> Psychedelics are used in a variety of settings such as homes, forests, festivals, raves, retreat centers, and churches. The reasons for using psychedelics are likewise diverse. They include exploration of consciousness, improved sense of well-being, heightened appreciation of art and nature, and spiritual or religious practice. They are also often used simply out of curiosity about and for the enjoyment of deeply strange and often highly pleasurable psychedelic experiences or “trips” (Barba et al., 2024; Basedow & Kuitunen-Paul, 2022; Böhling, 2017; Cakic et al., 2010; Dollar, 2021; Durante et al., 2021; Palmer & Maynard, 2022; Roberts et al., 2020; Uthaug et al., 2021; Winstock et al., 2021). All these uses are rooted in the experiential effects that psychedelics reliably induce: extensive alterations in the user’s perception, imagination, and memory as well as their sense of time, space, embodiment, self, and reality.<sup>2</sup>

However, in 1971, the United Nations (UN) adopted the Convention on Psychotropic Substances. This means that today—by the agreement of 197 governments—the recreational use of psychedelics is near-globally prohibited (International Narcotics Control Board, 2022). Psychedelics are prohibited for recreational use because the aforesaid UN convention categorizes them as Schedule 1 substances. Psychedelics are thereby defined as “substances that are highly addictive and highly liable to abuse” and therefore as “posing a particularly serious threat to public health” in addition to being of “very little or no therapeutic value” (UN Office on Drugs and Crime, 2020, pp. 8, 15). As such, the convention “prohibits all use except for scientific and very limited medical purposes by duly authorized persons, in medical or scientific establishments which are directly under the control of their Governments or specifically approved by them” (UN, 1971, p. 14). The global prohibition of the recreational use of psychedelics can accordingly be identified as having two fundamental premises. By the UN’s negative definition, “recreational use” (also known as “naturalistic use”) broadly refers to any non-scientific and non-medical use of psychedelics:

1. Recreational use of psychedelics poses a particularly serious threat to public health.
2. Psychedelics have only limited scientific and medical uses.

In this article, we accordingly pose the following two questions:

1. Are the premises of prohibition true, such that the prohibition of recreational use is justified?
2. If not, are the decriminalization and legal regulation of recreational use justified alternatives?

While many researchers and activists have publicly called for an end to prohibition in favor of decriminalization or legal regulation, a rigorous philosophical argument has not yet been presented that critiques the premises and justification of prohibition and that does so by extensively citing evidence from recent interdisciplinary research on the recreational use of psychedelics. An evidence-based critique of decriminalization and legal regulation as alternatives to prohibition is also currently lacking. We aim to address this gap in the literature by answering the above two questions, with extensive reference to the evidence provided in recent interdisciplinary research. In answer to our first question, we argue that both fundamental premises of prohibition are false and thus that the prohibition of the recreational use of psychedelics is unjustified. In answer to the second question, we show that decriminalization

is still based on the same two false premises as prohibition and that legal regulation is based on weaker versions of both these premises. We consequently argue that both decriminalization and legal regulation of recreational use still entail unjustified, and furthermore harmful, restrictions on users. We conclude that they should thus be rejected as alternatives to prohibition. After addressing possible objections to our critique of the above three policy models, we finally introduce a fourth approach to recreational use: “communalization.” This has two key dimensions: the freedom of all adults to recreationally use psychedelics without restrictions and the provision of open-access harm reduction as well as benefit enhancement services to support this freedom.

## Critique of Prohibition

The recreational use of psychedelics is deemed a particularly serious threat to public health because psychedelics are considered highly liable to addiction and highly liable to abuse. However, the 1971 UN Convention on Psychotropic Substances does not provide any clear definitions of “addiction” and “abuse.” At least, the latest edition of *Terminology and Information on Drugs* published by the UN Office on Drugs and Crime (2016), and following the *Lexicon of Alcohol and Drug Terms* (1994) published by the World Health Organisation, provides the following updated definitions. Addiction has generally been abandoned in favor of using the phrase “drug dependence,” but given its wide use, it is defined as follows:

The repeated use of a psychoactive substance or substances, to the extent that the user is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means. (UN Office on Drugs and Crime, 2016, p. 60)

Furthermore, the term “abuse” has been replaced with “harmful use” and “hazardous use.” Harmful use is defined as follows:

A pattern of psychoactive substance use that is causing damage to health, physical (e.g., hepatitis following injection of drugs) or mental (e.g., depressive episodes secondary to heavy alcohol intake). Harmful use commonly, but not invariably, has adverse social consequences. (UN Office on Drugs and Crime, 2016, p. 60)

Hazardous use is defined as follows:

A pattern of substance use that increases the risk of harmful consequences for the user. In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user. (UN Office on Drugs and Crime, 2016, p. 60)

It is also stated that “in the context of international drug control, drug abuse constitutes the use of any substance under international control outside therapeutic indications, in excessive *dose* levels, or over an unjustified period of time” (UN Office on Drugs and Crime, 2016, p. 60). With these terminological specifications in view, we shall now proceed to critically evaluate the prohibitionist premises according to which all recreational use of psychedelics constitutes (1) a particularly serious threat to public health (by virtue of psychedelics being highly addictive and highly liable to harmful and hazardous use) and (2) illegitimate drug abuse (by virtue of falling outside the proper domain of scientific and medical use).<sup>3</sup>

### Premise 1: Threat to Public Health

**Addiction and Physiologically Harmful Use.** There is scientific consensus that psychedelics are non-addictive substances (Johnson et al., 2018; Morgenstern et al., 1994; Nichols, 2016; Schlag et al., 2022, pp. 260–261; Uthaug et al., 2021, pp. 310, 316). There are also no known withdrawal symptoms from psychedelics, and the inability to cut down or control their use is extremely uncommon (Rucker et al., 2018, p. 212; Schlag et al., 2022, p. 261). There is a low frequency of use among recreational users due to both the quick tolerance that is developed to a psychedelic substance after use (users typically wait at least 7–10 days between uses of a substance so that tolerance dissipates), as well as the intensity of the experiences that are induced by them, requiring extended time for most users to process (Schlag et al., 2022, p. 261). *N,N*-DMT is an exception with regard to tolerance, as there is no known tolerance to it (Strassman et al., 1996). Yet despite this, there is no published evidence to support the idea that recreational users of *N,N*-DMT are chronically intoxicated or that they have difficulty in voluntarily ceasing or modifying their use. Of course, absence of evidence is not evidence of absence. But if the UN prohibits recreational use of a substance, then the burden of proof is on them to provide evidence of high potential for addiction. They have failed to do so. We thus conclude that psychedelics are not highly addictive.<sup>4</sup>

Let us next consider whether the recreational use of psychedelics is highly liable to harmful use with respect to physical health. Research shows that psychedelics are non-toxic to the brain and organs within the typical dosage range of recreational use (Schlag et al., 2022, p. 264). They may potentially become toxic at extremely high doses, but the estimated amounts for a lethal overdose of any psychedelic are so far above the dosage range of recreational use that it is incredibly unlikely for this to occur (see, e.g., Klock et al., 1973; Kopra et al., 2022b; Nichols & Grob, 2018).<sup>5</sup> There are case reports of deaths in which a high level of a psychedelic substance was detected in the deceased, but these are extremely rare and most likely multifactorial (Bender & Hellerstein, 2022, p. 1918; Houle et al., 2021, p. 12; Johansen & Krebs, 2016, p. 7; Kopra et al., 2022a, p. 957; Kopra et al., 2022b, p. 966; Roberts et al., 2020, p. 2). A recent study of psychedelic-related deaths in England, Wales, and Northern Ireland between 1997 and 2022 identified only 19 cases in which LSD, psilocybin, or *N,N*-DMT were implicated (Kopra et al., 2025). Researchers moreover found that the majority of these cases involved multiple implicated drugs other than psychedelics, that is, polysubstance use, leaving only six cases in which psychedelics alone were implicated. Their categorization of “psychedelics,” however, included at least six other substances other than LSD, psilocybin, mescaline, and *N,N*-DMT—meaning that the classic psychedelics, which we consider in this article, may have been involved in even fewer cases. Considering that millions of doses of psychedelics are consumed recreationally each year and that the estimated amount for a lethal overdose is so far above the recreational dose range, the risk of death related to recreational psychedelic use is extremely low.

The use of psychedelics may sometimes incur physiologically adverse side effects during a psychedelic's period of acute action. These may include increased blood pressure and heart rate, nausea or vomiting, abdominal pain, shivering, headaches, and dizziness (Bender & Hellerstein, 2022, p. 1918; Bouso et al., 2022, pp. 1–4; Kopra et al., 2022b, p. 965). But these side effects are typically mild and transient, dissipating not long after experiential effects begin and rarely lingering once those effects wear off (D'Souza et al., 2022; Kopra et al., 2022b, pp. 965, 968; Nichols, 2016, p. 275). Data analyzed from the 2020 Global Drug Survey show that less than 1% of respondents who had recreationally used LSD or psilocybin mushrooms sought emergency medical treatment over the last 12 months of use (Winstock et al., 2021). Data analyzed from the Global Ayahuasca Survey conducted between 2017 and 2019 shows that only 2.3% of respondents who had used ayahuasca recreationally reported ever having needed medical attention after ayahuasca use (Bouso et al., 2022, p. 1).

We thus conclude that recreational use of psychedelics is not highly likely to be harmful to physical health by any measure. By contrast, the recreational use of alcohol causes more than 200 kinds of

diseases, injuries, and other health conditions, and causes three million deaths every year worldwide (World Health Organization, 2022).<sup>6</sup> Recreational use of tobacco is a major risk factor for more than 20 different types of cancer, as well as many other cardiovascular and respiratory diseases and is the cause of eight million deaths every year worldwide (World Health Organization, 2023, n.d.). It is clearly incoherent that the UN does not prohibit the recreational use of alcohol and tobacco but does prohibit the recreational use of psychedelics.<sup>7</sup>

**Psychologically Harmful Use and Socially Hazardous Use.** We shall now assess the risks of psychologically harmful use that the recreational use of psychedelics poses, followed by an assessment of their potential for socially hazardous use. Adverse psychological effects following the use of psychedelics may include distressing feelings of anxiety, confusion, panic, paranoia, derealization, dissociation, and fear in reaction to the radically altered states of consciousness that psychedelics can produce (Bouso et al., 2022, p. 2; Kopra et al., 2022b, p. 966; Palmer & Maynard, 2022, p. 2; Simonsson et al., 2023, p. 106; Uthaug et al., 2021, p. 310). However, these are generally transient during a psychedelic experience, and it is rare for these adverse psychological effects to linger after the acute effects of a psychedelic have ended—even if a psychedelic experience is characterized by distressing feelings in what is known as a “bad trip” or “challenging experience” (Bouso et al., 2022, pp. 2, 4, 10; Calder et al., 2025; Durante et al., 2021, p. 368; Kopra et al., 2022a, p. 956).<sup>8</sup>

Although recreational use may incur adverse psychological effects and bad trips, the occurrence thereof is strongly predicted by the co-presence of several factors and thus is not causally attributable to the mere use of psychedelics alone. Acute adverse effects are strongly associated with instances of using psychedelics in an uncomfortable or unsafe setting, using psychedelics when in a negative mindset or state of stress, mixing psychedelics use with other psychoactive substances such as alcohol or cannabis, taking too high of a dose relative to experience with a psychedelic or not having knowledge of the dose taken, and lacking social support or an experienced guide (Aday et al., 2021, p. 431; Carbonaro et al., 2016, p. 1273; Kopra et al., 2022b, p. 961; Simonsson et al., 2023b, p. 107). But these risk factors can be effectively managed through the implementation of basic harm reduction practices, which is moreover associated with having positive experiences. These include using psychedelics in safe and comfortable settings, when in a good mood and physical health, and with trusted and experienced companions or a guide; carefully measuring doses; and testing substances (Carbonaro et al., 2016, p. 1274; Palmer & Maynard, 2022; Simonsson et al., 2023b, p. 105).

Case reports of psychotic episodes being triggered by or psychotic symptoms arising after recreational use of psychedelics are also rare and prevalently multifactorial. Dos Santos et al. (2017) found only three case reports of psychotic episodes occurring or psychotic symptoms arising after recreational use of *N,N*-DMT. In the first case, a psychotic mania episode was concluded to have not been caused by *N,N*-DMT use but rather by a previous and ongoing cannabis-induced mania. In the second case, the user had a family history of psychosis. In the third, the user had a history of multiple substance abuse disorders and a family history of alcoholism, bipolar disorder, and obsessive–compulsive disorder (Dos Santos et al., 2017, pp. 144–146). Dos Santos et al. (2017) further stated that among the estimated 250,000 servings of ayahuasca by the *União do Vegetal* church over a period of 5–6 years in Brazil, the rate of psychotic incidents occurring was only 0.0032%–0.0052% (pp. 147–148). They further found one case study in which a psychotic episode occurred after use of ayahuasca, but it was combined with the use of cannabis, and there was another case in which someone with a prior history of hypomanic episodes had a manic episode after ayahuasca use (Dos Santos et al., 2017, pp. 148–149). A systematic review by Gard et al. (2021) found only 17 case studies that describe possible activation of a manic episode or psychotic episode with potentially manic elements after psychedelic use. In two of these cases, there was bipolar disorder diagnosis prior to use; in five cases, there was a family history of bipolar disorder; five cases involved polysubstance use; and nine cases involved the use of a psychedelic multiple times over a short period of time. A study by Carbonaro et al. (2016, p. 1275) found only

three cases from among 1,993 study participants in which psilocybin use was associated with the onset of psychotic symptoms associated with a challenging psychedelic experience. We additionally found nine published cases that described psychotic symptoms arising after recreational use of psychedelics (Barber et al., 2022; Bilhimer et al., 2018; Halim et al., 2023; Kim et al., 2025; Palma-Álvarez et al., 2021; Tapia et al., 2022; Wu, 2024). In four of these cases, there was a prior history of psychopathological symptoms; in one case, a prior diagnostic history of bipolar disorder and attention deficit hyperactivity disorder; and in four cases, polysubstance use. Finally, a study by Simonsson et al. (2024) of 16,255 participants further found that naturalistic, that is, recreational use, of psychedelics may even be associated with lower rates of psychotic symptoms among adolescents.

It is thus clear that incidents of psychotic symptoms arising after the recreational use of psychedelics are not only rare but, in the majority of cases, also multifactorial with respect to pre-existing psychotic or psychopathological symptoms, a family history of such symptoms, use of psychiatric medication, or polysubstance use. There is therefore no evidence to suggest that psychotic symptoms are highly likely to arise after the recreational use of psychedelics, nor that the mere use of a psychedelic is highly likely to be the sole cause of psychotic symptoms arising. However, given the above contraindications, basic harm reduction practice should be taken seriously. This includes not mixing substances without knowledge of their interaction with psychedelics and avoiding recreational use if one has pre-existing psychotic or psychopathological symptoms or at least using psychedelics with an experienced guide.

Population studies conducted by Johansen and Krebs have furthermore found no association between lifetime recreational use and a higher rate of mental health problems, nor with past psychedelic use in general (Johansen & Krebs, 2016; Krebs & Johansen, 2013b; see also Cavanna et al., 2021, p. 91). To the contrary, lifetime psychedelic use was found to be associated with decreased inpatient psychiatric treatment (Johansen & Krebs, 2016, p. 3; see also Schlag et al., 2022, p. 263). These studies also found no association between lifetime psychedelic use and suicidal thoughts, behaviors, attempts, or actual suicide (Johansen & Krebs, 2016, pp. 4, 7; Krebs & Johansen, 2013b, p. 7). Furthermore, a systematic review by Zeifman et al. (2021) found that suicides associated with instances of recreational use are rare. Only 11 case reports were found in which suicide was connected to recreational use of a psychedelic, but in many of these cases, it was unclear whether a psychedelic was in fact used at all, and in one case, the individual was also intoxicated with alcohol (Zeifman et al., 2021, p. 445). Sustained cognitive impairment has also not been shown to be caused by repeated use of psychedelics (Bender & Hellerstein, 2022, p. 1921). Hallucinogenic persisting perception disorder (HPPD) is considered rare among hallucinogen users in general (a class that includes non-psychedelic substances such as 3,4-methylenedioxymethamphetamine [MDMA], ketamine, and cannabis) and is defined as the “re-emergence of symptoms experienced during acute hallucinogen intoxication following drug cessation” (47-63). Johansen & Krebs (2016) also found that lifetime use of psychedelics was not associated with HPPD (p. 4). A study by Simonsson et al. (2023a) did, however, observe a higher rate of unusual visual experiences among lifetime users of psychedelics compared to non-users. These experiences were not reported as functionally impairing or distressing by lifetime users, though 1.3% of those who reported unusual visual experiences had been told by a doctor or medical professional that they had HPPD. So, based on current evidence, it is rare for recreational users of psychedelics to develop HPPD.

Finally, cases of individuals committing acts that are hazardous to others after recreational use of psychedelics are also rare. In the recent scientific literature that we surveyed on the risks of recreational use, we did not find any results or claims to the effect that recreational users are highly likely to pose a hazard to the health and safety of others (Bender & Hellerstein, 2022; Bouso et al., 2022; Bremler et al., 2023; Carhart-Harris & Nutt, 2013; Dos Santos et al., 2017; Durante et al., 2021; Evans et al., 2023; Johansen & Krebs, 2016; Jones & Knock, 2022; Kopra et al., 2022a, 2022b; Krebs & Johansen, 2013a, 2013b; Roberts et al., 2020; Schlag et al., 2022; Simonsson et al., 2023a, 108-109; Uthaug et al., 2021; Winstock et al., 2013; Zeifman et al., 2021). However, one 2016 survey study of 1,993

individuals who reported on their single most challenging experience with psilocybin found that “10.7% reported putting themselves or others at risk of physical harm and 2.6% reported behaving in a physically aggressive or violent manner towards themselves or others” (Carbonaro et al., 2016, p. 1274). Another 2023 study of 613 lifetime psychedelic users, the majority of whom reported never having had a challenging psychedelic experience, found that of those who did report having a challenging experience, 0.7% reported attempts to harm others (Simonsson et al., 2023b, p. 107). Note that in both studies actual physical harm to others was not reported. A systematic review by Holoyda (2020) further found only 10 case studies, from as early as 1962, that described a link between LSD and violence. In seven of these cases, there was either polysubstance use, a prior diagnosis or history of psychotic symptoms, a prior history of aggravated assault, a prior history of alcohol abuse, or merely suspicion of having been involved in a violent crime (Holoyda, 2020, pp. 3–4). We found 13 more cases reported in public media since 2020 of individuals either putting others at risk of physical harm or physically harming others. In 11 of these cases, either the incident occurred well after the psychedelic's period of acute action or the perpetrator had a history of psychopathological symptoms, had a psychiatric diagnosis preceding the instance of recreational use, were using psychiatric medication at the time, engaged in polysubstance use, or did not have a toxicology report confirm the presence of a psychedelic in their system (see Baker, 2023; Barnmann, 2024; Butler, 2020; Deeth & Davis, 2019; Maile et al., 2023; Muntean et al., 2023; Sims, 2023).

Thus, given that millions of recreational uses of psychedelics occur every year and instances of harm being done to others by recreational users are rare, there is no evidence to suggest that there is any pattern of recreational users acting in a manner that is highly hazardous to the health and safety of others. Moreover, the majority of these rare cases are multifactorial in nature, meaning that the mere use of a psychedelic cannot be identified as rendering users highly likely to endanger others. Additionally, given the earlier cited rarity of recreational users recorded as or reporting the need for medical or psychological treatment, there is no considerable burden that can be said to be placed on public health systems by the recreational use of psychedelics (more on this in the section on Possible Objections). Again, we wish to emphasize that, by contrast, millions of deaths occur each year worldwide as a direct result of the unprohibited recreational use of alcohol and tobacco.

Based on our analysis of evidence from recent interdisciplinary research on recreational use, the first premise of prohibition is shown to be false. Psychedelics are not highly addictive, and the recreational use of psychedelics is not highly liable to cause abuse understood as physiological or psychological harmful use (cf. Haden et al., 2025). While the recreational use of psychedelics is not without its risks, those risks that do exist are very low by comparison to the unprohibited recreational use of alcohol and tobacco. The comparatively low, but not negligible, risks of recreationally using psychedelics can furthermore be effectively managed by users themselves through basic harm reduction practices. Finally, recreational users are not highly liable to pose a hazard to others—they are not highly liable to place others at any direct risk of physical harm, nor do they place any considerable burden on public health systems. It is false, by all measures, that the recreational use of psychedelics poses a particularly serious threat to public health.

## *Premise 2: Uses of Psychedelics*

The so-called “psychedelic renaissance” in the past three decades has seen great progress in neuroscientific and psychopharmacological knowledge of how the brain functions through the study of how psychedelics affect its activity (see Lawrence et al., 2021; Van Elk & Bryce Yaden, 2022). Moreover, studies have shown the psychedelic-assisted treatment of a range of conditions such as depression, post-traumatic stress disorder (PTSD), addiction, and even cluster headaches to be highly promising (see Brekxema et al., 2020; Hadar et al., 2022; Kooijman et al., 2023; Zafar et al., 2023). We do not deny the value of these contributions to scientific knowledge as well as the potential

psychotherapeutic advances.<sup>9</sup> However, we will now argue that the second premise of prohibition is also false, namely, that psychedelics have *only* limited scientific and medical uses and that all recreational use is, by this standard, abuse.

To begin with, it is the case that the many settings in and reasons for which people recreationally use psychedelics far exceed scientific and medical uses and their clinical settings. The standard procedure in clinical settings entails a single participant undergoing their psychedelic experience in the following conditions: being restricted to an indoor hospital or research facility while reclining blindfolded, listening to a prescribed music playlist on headphones, and being kept under close supervision (Dollar, 2021, p. 1). In these settings, subjects are administered psychedelics with the purpose of either gathering scientific data on neural, physiological, or subjective effects or as part of psychiatric or psychotherapeutic treatments. This clinical approach is by far the rare exception in psychedelic use when more widely considered. By contrast, psychedelics are predominantly used in non-clinical settings, that is, naturalistic settings. The most common of these settings are private residences, retreat centers, outdoor locations such as forests, and concerts or festivals (Cakic et al., 2010, p. 33; Dollar, 2021, p. 2; Palmer & Maynard, 2022, p. 9). Experienced recreational users sometimes engage in solo use without any form of supervision or guidance, but most recreational users typically use psychedelics in group settings of two or more individuals, which can often involve an experienced user acting as a participating guide or sober “trip sitter” (Byrne et al., 2023).

Without intending to comprehensively list all the reasons for which people commonly use psychedelics, allow us to note some illustrative examples. People widely use psychedelics to explore their own consciousness, enhance their appreciation of art and nature, inspire their creative activities such as playing music or painting, bond with friends and enhance intimacy with partners, gain new perspectives on their personal lives, improve their general sense of well-being, and engage in their spiritual or religious practices. Psychedelics are also widely used to feel deep euphoria and pleasure, to satisfy one’s curiosity for what the unusual experiences induced by psychedelics may be like, and to explore the nature of psychedelic trips themselves. Moreover, one of the most reported reasons for using psychedelics is to *have fun*—to enjoy the strange and wonderful ways in which psychedelics produce altered states of consciousness (Barba et al., 2024; Basedow & Kuitunen-Paul, 2022; Bøhling, 2017; Cakic et al., 2010, p. 33; Dollar, 2021, pp. 7, 11, 13, 19–22, 27–28; Durante et al., 2021, p. 364; Palmer & Maynard, 2022, p. 5; Roberts et al., 2020, p. 6; Uthaug et al., 2021, pp. 310–313; Winstock et al., 2021, p. 19).

It is thus clear that the various settings in and purposes for which people use psychedelics “recreationally” far exceed the narrow limits of the current scientific and medical paradigm. We now wish to further argue that the various ways in which people use psychedelics have great benefit and meaning to them without needing to have any scientific or medical use. Users prevalently report that their recreational use of psychedelics is not only beneficial and meaningful to them for reasons commonly accepted as valuable to human life but are also *exceptionally* beneficial and meaningful to them in this regard. To refer to just a few of the illustrative examples of recreational use given above, users commonly report that the experiences induced by psychedelics are among the most personally meaningful experiences of their lives; provide them with novel insights into the nature of their consciousness; reveal new or usually unnoticed aspects of their world to them; greatly improve their sense of well-being; lead them to feel greater empathy for other people and connectedness to nature; and are the source of extraordinary wonder, joy, pleasure, and fun (Agin-Liebman et al., 2021, pp. 547–548; Blatchford et al., 2021; Bøhling, 2017; Dollar, 2021; Kettner et al., 2019; Palmer & Maynard, 2022; Roseby et al., 2025; Tsupari et al., 2025; Winstock et al., 2021). It is not necessary that in order for all this to have benefit and meaning that it must produce scientific data or psychotherapeutic treatments. To think otherwise would be to reduce human life to the aims of limited academic enterprise and the treatment of ailments (cf. Caraccio et al., forthcoming). This ignores most reasons for which people actually use psychedelics, as well as the benefit and meaningfulness that this recreational use affords them beyond any scientific or medical

purposes. If psychedelics have a diversity of uses beyond scientific and medical purposes and these uses are exceptionally beneficial and meaningful to recreational users, then the recreational use of psychedelics cannot be homogeneously characterized as drug abuse.

We have hitherto aimed to demonstrate that the two foundational premises of global prohibition are false. First, psychedelics are not highly addictive, and the recreational use of psychedelics is not highly likely to physiologically or psychologically harm users nor highly liable to be hazardous to others. As such, the recreational use of psychedelics does not pose a particularly serious risk to public health by any measure. Second, it is not true that psychedelics have only limited scientific and medical uses and that all recreational use is abuse. The current prohibition of recreational use is thus unjustified given the falsity of its premises. But what alternative approaches are available to us?

## **Critique of Decriminalization and Legal Regulation**

We have thus far argued against prohibition defined as a total ban on the use of psychedelics. Recently proposed alternative policy models to prohibition mainly include decriminalization and legal regulation. The “decriminalization” policy model maintains the legal ban of prohibition but does not fully enforce it. The “legal regulation” policy model allows for the recreational use of psychedelics but only within strict legal parameters. Upon detailing these policy models, we argue that neither of these two alternatives are justified because both continue to assume the two false premises behind prohibition and furthermore entail their own negative consequences.

### ***Decriminalization***

As a policy model, decriminalization generally involves a deprioritization of the enforcement and prosecution of prohibition laws that remain in place. This may range in practice from no penalties being exacted for those caught using or possessing psychedelics (below a specified amount) to a lowered severity of punishment being dealt for this (such as confiscation, fines, or mandated therapy rather than imprisonment). As a result, decriminalization is unjustified as it continues to assume the same two foundational premises of prohibition that we have already shown to be false. In fact, decriminalization can occur only if the benefits of a limited or lack of law enforcement strongly outweigh the medical and social costs of less strict prohibition. That is, decriminalization admits that prohibition is not worth the effort of legal prosecution. The harms caused by the recreational use of psychedelics are outweighed by the costs of enforcing prohibition. Decriminalization thereby undermines its own first premise: that recreational use is too dangerous to be freely allowed outside governmental restrictions. In fact, examples of the decriminalization of psychedelic use appear largely symbolic: they reflect both the sociopolitical and activist movements toward legalization as well as the pre-existing *de facto* treatment of psychedelics by law enforcement. In the cases of Denver, Colorado, and Portugal, for example, police had already deprioritized enforcement surrounding psychedelics and psilocybin mushrooms especially before decriminalization was codified (Blevins, 2019; Hughes & Stevens, 2012, pp. 110–111; Laqueur, 2015; see also Marks, 2023). The city of Denver and the rest of the state of Colorado then fully decriminalized psilocybin and psilocin in the “Natural Medicine Health Act of 2022” with legalization for licensed healing centers (The People of the State of Colorado, 2023, p. 170).

As decriminalization merely deprioritizes enforcement and prosecution, it creates an inherently arbitrary and unreliable situation. To varying degrees, depending on how decriminalization is implemented, it is up to individual law enforcement officers, prosecutors, and judges to decide whether or not to apply prohibitionist law. Moreover, as prohibitionist laws remain functionally in place, recriminalization can happen quickly and at any moment. This recently occurred, for example, in the state of Oregon where Measure 110, which decriminalized the possession of all substances, was replaced with HB 4002 (State of Oregon, 2024). This new bill reintroduced penalties for all drug possession in an effort to

combat opiate use. Psychedelics were caught in the crossfire, in what appears to be a mere oversight (Jarow, 2024).

Decriminalization may thus be a step in the legal codification of an already common practice, in terms of both use and enforcement, but it remains an unjustified, unreliable, and ultimately self-contradictory step. It rather reflects a broader and more radical need for the liberation of recreational users. The practice of decriminalizing psychedelic substances has become a legal loophole for cities and states where there is political and popular support for the free and recreational use of psychedelics but who remain bound to the unjustified classification of psychedelics as Schedule 1 substances.

### *Legal Regulation*

Legal regulation entails that recreational use is no longer prohibited or punished but is instead regulated by the government. This policy model holds weaker versions of both prohibitionist premises. First, it claims that the recreational use of psychedelics does not carry too great a risk of harm for citizens such that it needs to be prohibited entirely but that it carries great enough risks to be allowed only within the parameters of strict government regulation. These regulations differ in form and severity in the literature. Practical examples of such regulations include the requirement to use psychedelics in licensed centers or clubs under trained supervision; mandatory psychiatric prescreening; limitations on exactly which, how many, and how often psychedelics may be used; and even the requirement of a special “psychedelic” insurance (see, e.g., Earp et al., 2021; Harder et al., 2023; Metzinger, 2024). But none of these measures are justifiable in view of the manageable risks of recreational use outlined above. Indeed, Metzinger (2024), who has most recently proposed all the above legal regulations, provided no evidence whatsoever concerning the risks and benefits of recreational use to justify why such legal regulations are required.

Legal regulation also holds a weaker version of Premise 2: that recreational use may be beneficial and meaningful beyond limited medical and scientific use, but only so within the strict parameters that the government sets and that are modeled on clinical practices (e.g., that it must occur in a licensed facility with trained supervision). Thus, a great range of recreational use is still deemed abuse, such as recreationally using psychedelics in the comfort of one's own home, by oneself or with friends, at festivals, on walks in nature, and for enhancing sexual pleasure and intimacy. Consequently, legal regulation still unjustifiably restricts recreational use in its various forms.

Legal regulation assumes that a government is in the position to, and needs to, regulate harm potentials for its citizens, rather than leaving that decision up to citizens themselves. In the face of this, the movement for “cognitive liberty” has argued for the inclusion of the use of psychedelics in the definition of our autonomous self-determination of both the processes and contents of thinking (Roberts, 1997, p. 141; 126-86). Following liberal and libertarian schools of thought, cognitive liberty is conceived as an individual's liberty that should not be impeded by social or political intervention. As liberal philosopher John Stuart Mill summarized, individual liberty is fundamental such that “neither one person, nor any number of persons, is warranted in saying to another human creature of ripe years, that he shall not do with his life for his own benefit what he chooses to do with it” (Mill, 2010, p. 111). The emphasis is thus placed by the cognitive liberty movement on the personal autonomy and responsibility of the citizen in relation to their own body and mind. Because our cognitive liberties precede the authority of government, the onus is on the UN and governments to prove that they have any justification for interfering with citizens’ usage of psychedelic substances. In this case, governments are only justified in protecting the interests and safety of society at large (Mill, 2010, p. 109). For instance, assumed issues caused by the recreational use of psychedelics are that users are a substantial danger to others and that significant individual health risks lead to an unacceptably heavy toll on health care systems. However, as we have shown above, there is no indication of a significantly high social or medical risk that would justify political intervention in the personal cognitive liberty to recreationally use psychedelics.

## *Consequences of Prohibition, Decriminalization, and Legal Regulation*

In this article, we are primarily engaged in critiquing the two fundamental premises upon which the recreational use of psychedelics is prohibited by the 1971 UN Convention on Psychotropic Substances. As a result, we have rejected prohibition and its alternatives of decriminalization and legal regulation as unjustified, primarily on the grounds that they share the same false premises. Although our main argument does not depend upon this, focused as it is on evaluating premises and justification of policies rather than the consequences that arise from them, we wish to additionally sketch out some of the potential and real negative consequences of the prohibition, decriminalization, and legal regulation of recreational use. These constitute further possible reasons to reject these policy models.

First, prohibition directly harms recreational users through depriving them of their peace of mind under the constant threat of punishment; perpetuating their social stigmatization; and committing active violence through subjecting them to the confiscation of psychedelic substances, fines, and even imprisonment. This is an unjustified oppression of recreational users given that there is no evidence to support that they are putting either themselves or others at a high risk of harm. As will further be noted in the next section, prohibition also harms recreational users by restricting their access to harm reduction education and medical assistance.

Second, enforcement of the criminalization and legal regulation of illicit substances, including psychedelics, is racially biased (Viña & Stephens, 2023). People of color are far more likely than White people to be policed and, as a result, incarcerated for drug-related crime, despite lower usage rates of psychedelics (and illegal substances generally). As decriminalization is ultimately an arbitrary deprioritization of enforcement, it will inevitably perpetuate the same racism that is already present in the prohibitionist persecution of recreational users. Moreover, this arbitrary enforcement, and fear thereof, limits access to psychedelics and their potential benefits. As Viña and Stephens (2023) put it succinctly: “the threat of being arrested – potentially murdered – will deter use,” specifically by people of color (p. 14).

Third, legal regulation would potentially beget a “psychedelic elite.” Policies such as mandatory membership to licensed clubs, the purchase of a special insurance, or limitations on whether one can grow one's own psychedelic plants or fungi, as well as the exorbitant pricing of accommodation, facilitation, and substances at licensed “service centers” or facilities make psychedelics and psychedelic experiences even more exclusively accessible to a wealthy, educated, generally White elite (see, e.g., EPIC Healing Eugene, 2023; OMNIA Group Ashland, n.d.; Satya Therapeutics, 2023). For example, a single supervised psilocybin session at a licensed service center in Oregon currently costs between \$500 and \$5,000 (Double Blind Staff, 2024). These issues of exclusivity reappear within the stricter medicalization of psychedelics. Relatedly, Andrews et al. (2025) argued that the liberalization of psychedelics bears many relevant parallels to the legalization of cannabis across the globe in recent years. They indicate that legal regulations on cannabis, which restrict use to medicinal purposes, routinely lead to the misuse of medical cannabis licenses for recreational purposes—a loophole that is already reproduced in the case of psychedelic treatments (p. 203). Thus, medical licenses are available only to those with the economic privileges of health insurance (with broad coverage) or access to private healthcare. On the whole, these policies lead to a gentrification of psychedelics in which other economic, cultural, and racial demographics are pushed out of the cultivation, distribution, and use of psychedelics altogether or, more likely, continue to be prosecuted as they are in cases of prohibition. As such, legal regulation is only a “solution” for a select few while it remains an effective criminalization of most users, particularly those who are already in precarious social, racial, and economic circumstances.

Another significant consequence of legal regulation is the (continued) colonization of indigenous ways of knowing and doing (see Devenot et al., 2022; Hauskeller, 2022; Hauskeller et al., 2023). Psychedelics already have a history of colonizers traveling to the Americas to “discover” and extract

substances and knowledge solely for their own benefit and often at the expense of local communities and ecologies.<sup>10</sup> This process is perpetuated in the narrow legal regulation and medicalization of psychedelics. This leads to a further subsumption of the use and administration of substances into the medical market and to the regulation of practitioners by Western (medical) law at the exclusion of indigenous access to and freedom to use psychedelics.<sup>11</sup> This is a continuation of the appropriation of extraordinary substances and states of consciousness into Western ways of knowing, solely for the sake of profit, scientific understanding, and narrow medical treatment. Psychedelic practices, rituals, and experiences themselves are colonized. Through the process of commodification, plants and fungi producing psychedelic substances are stripped of their cultural context, geography, and any significance beyond their medical–therapeutic use and market value, while indigenous communities do not share in the profits (see Gerber et al., 2021).

Both decriminalization and legal regulation are thus unjustified based on their adherence to the same false premises as prohibition. If we take our cognitive liberties to be primary, then our earlier conclusion that the recreational use of psychedelics does not pose a significant public health risk indicates that there is no scientific evidence that justifies a limitation of the freedom to recreationally use psychedelics. Moreover, we have indicated some ways in which not only prohibition but decriminalization and legal regulation entail significant negative consequences.

## Possible Objections

Several objections to our evaluation of Premise 1 may be considered. It may be argued that we do not yet know enough about different approaches to recreational use, differences in usage patterns, and the extent of the user population to conclusively determine the risk profile of recreational use (Johnstad, 2021). Two recent studies by Bremner et al. (2023) and Evans et al. (2023) also suggested that persisting adverse psychological effects from recreational use may be underreported. In view of the above concerns, some may conclude that prohibition cannot be lifted before more extensive research has been conducted. Such a conclusion, however, would be misguided, for it is exceedingly difficult to conduct more extensive research on recreational use if the very subject under study is prohibited. Thus, ending prohibition should allow for more extensive research to be conducted on factors relevant to the risk profile of recreational use. It could also be objected that the extremely low rate of recreational users needing medical or psychological assistance, or perhaps reporting persisting adverse effects, is not indicative of the true situation. Recreational users may avoid doing so out of fear of punishment or for fear of social stigmatization as drug abusers. It may be true that there are instances in which recreational users did not seek assistance for these reasons and did not report persisting adverse effects. However, if the physiological and psychological risks of recreational use were as severe as claimed under the first premise of prohibition, then there would already have been public health crises of emergency medical technician (EMT) and hospital incidents despite users' attempts to avoid assistance or remain undetected. This has never been the case with psychedelics in any country. Furthermore, if prohibition deters some recreational users from seeking assistance when they might need to, then it is again prohibition that heightens rather than lowers risks to public health. While further research is certainly needed on the risks of psychedelic use and on recreational use more generally (see Evans et al., 2025), there is, as we have shown, more than sufficient evidence to know that the first premise of prohibition is false. The recreational use of psychedelics does not pose a particularly serious threat to public health.

To our critiques of decriminalization and legal regulation, advocates for these policy models may pose what can be called an incrementalism objection. Some may argue that even if there is agreement that recreational use poses manageable risks and a diverse range of meaningful and beneficial uses, it would be unwise to lift all restrictions on recreational use. Since its inception, prohibition has been characterized by government and media misinformation that has misled the public about the actual risks and benefits of recreational use. This has propagated a mass fear of psychedelics and stigmatization of

recreational users that acts as the basis for public support, or at least, acceptance of prohibition. Any “radical” call for immediate or swift freedom of recreational use, the incrementalist would argue, is therefore reckless. It could lead to a reactionary moral panic, harsher law enforcement, and a complete shutdown of psychedelic research as occurred when psychedelics were first prohibited. We must instead take slow steps through incremental policy changes, such as decriminalization and especially by pushing for the full legalization of medical use as a kind of Trojan horse—one that will allow for gradual acceptance of recreational use to be developed once it has gained mainstream acceptance through established medical use.

This objection fails for two reasons. First, and most importantly, it treats current recreational users as collateral damage: it simply accepts the unjustified oppression of recreational users until some vague future time in which they shall purportedly be afforded their freedom. Second, there is no good reason to believe that medical legalization will necessarily lead to greater freedom for recreational users. Solely, medical legalization is not a Trojan horse. Psychedelics are more likely to remain limited to medical use after this has been widely established, or use may be restricted to recreational use occurring under medicalized conditions and so exclude many meaningful and beneficial uses of psychedelics. If an opponent remains optimistic that full freedom of recreational use will be allowed after medical use is established, then it remains the case that any restrictions on recreational use in the full diversity of its forms is *presently unjustified* and treats current users as collateral damage. It may also be objected, however, that we have not assessed particular cases of and proposals for decriminalization and legal regulation in sufficient depth and thus have failed to dismiss them entirely. To this, we simply reply that any differences between various cases or proposals for decriminalization and legal regulation are ultimately irrelevant since every possible variation is developed from the starting point of the false premises that we have identified. They are therefore likewise unjustified in the restrictions that they do or would place on recreational users.

### **“Communalization” as an Alternative Approach**

The results of our earlier critique of prohibition can now be positively formulated as follows:

1. The recreational use of psychedelics carries manageable, though not negligible, risks to users.
2. There is a diversity of exceptionally beneficial and meaningful uses of psychedelics beyond scientific and medical use.

Now, we finally propose an alternative approach to prohibition, decriminalization, and legal regulation of recreational use that starts from these two evidence-based premises. We refer to this approach as “communalization” and it has two dimensions: individual freedom and community support. The first dimension of individual freedom entails that all consenting adult individuals should be free to recreationally use psychedelics without restrictions, that is, in whatever manner they determine to be meaningful and beneficial for themselves. There is only one caveat to this that is in line with the earlier discussed view that cognitive liberty should be protected insofar as it does not entail harm to others or impinging upon their freedoms. Recreational users must not engage in any activity during the period of acute psychedelic effects that could result in putting others at immediate risk—such as driving a car, performing surgery, or operating heavy machinery. Since there is no evidence to support the idea that recreational users are prone to engage in dangerous activities or to directly endanger others, as we earlier discussed, this is not a considerable worry in any case. We already commonly understand that drunk driving is unacceptable because it puts others at great risk, yet we do not prohibit drinking alcohol as such but instead work to prevent drunk driving as the objectionable practice (though, to be clear, the many risks associated with drinking are in no way comparable to that of recreationally using psychedelics).

The second dimension of communal support entails that communities provide open-access harm reduction resources and benefit enhancement services to the public, *but that they are not mandated to use in order to be accorded their freedom*. By “communities,” we refer to self-organized associations of recreational users that can operate with the further support of and collaboration with larger non-profit organizations and scientific expertise. We thus conceive of communalization as a bottom-up process or grassroots initiative that is primarily undertaken by recreational users for the benefit of themselves and the wider public. Governments may have two limited roles to play in communalization besides simply ensuring the individual freedom of recreational use. In those cases where significant funding is required for the provision of certain resources and services (e.g., the drug-checking sites described below), governments can re-allocate the money that is currently needlessly spent on enforcing prohibitionist law to instead providing grants to the initiatives of recreational associations, non-profit organizations, and scientific research so that harm reduction resources and services can be further developed and made widely available to the public. Second, governments should, as will be described below, develop and enforce legal regulations *only* in the case of commercial production, sale, and advertising of psychedelic substances for profit.

In what follows, we do not wish to propose a monolithic or fully worked out model that should be adopted. Instead, we agree with David Nickles:

People should engage in the noncommodified approaches that make the most sense to them, and within that organic patchwork of approaches, people would ostensibly find others with whom they share affinity, desires, and approaches, and the projects and paths that come out of those relationships would offer situationally relevant ways to integrate psychedelics into society in noncommodified ways. (quoted in Pace & Devenot, 2023, p. 157)

However, we can suggest general guidelines for communalization to move forward. These guidelines are shown to be plausibly actionable and effective because they already have many well-established and effective precedents.

First, basic harm reduction education should be made freely and widely available to the public and should be continually updated with reference to the most recent scientific research. For decades already, local communities, non-profit organizations, as well as online forums and publications in the psychedelic subculture (such as DMT-Nexus and PsychonautWiki) have extensively developed harm reduction knowledge and practices as well as made them freely available to the public (Enghoff & Aldridge, 2019; Josikins, 2025). We therefore already have a stock of tried and tested harm reduction knowledge and practices available to the recreational user. Moreover, studies show that recreational users of psychedelics are typically highly knowledgeable about the effects of psychedelics and actively seek out information from a diverse array of sources, including scientific literature (Kruger et al., 2023a, 2023b). Only once recreational use is freely allowed can this situation improve. Both regular and potential recreational users will then be able, and encouraged, to seek out and develop harm reduction education more openly and in closer dialogue with scientific researchers.

Second, free drug-checking services should become widespread. This will allow recreational users to be certain of the purity and exact dosage of the psychedelics that they intend to use. Free drug-checking services can either be fixed-site (with a permanent location and laboratory for chemical analysis) or on-site (temporarily set up for a particular event such as a festival). These services allow for recreational users to obtain reliable information about the purity and dosage of their supply. Drug-checking services in both forms are already available in many countries and have been shown to effectively reduce risks associated with impurity and unknown dosage (Giulini et al., 2023; Hirschfeld et al., 2021).

Third, besides freedom of recreational *use*, the ability to *produce, obtain, and share the material means* for actualizing this freedom should be allowed to private citizens. Without any highly

specialized training or knowledge required, it is possible to easily, cheaply, and safely grow psilocybin mushrooms, brew mescaline or ayahuasca concoctions, and extract freebase *N,N*-DMT for recreational use. In contrast and in this regard alone, there should be strict legal regulations enforced by governments on the commercial production, sale, and advertising of psychedelic substances for profit. As the drug policy foundation Transform (2023, pp. 77–106) has already laid out in detail, guidelines for the legal regulation of the commercial psychedelic market can include the following primary measures (among others that they suggest). Licenses and quality control according to regulated industry standards should be required for all commercial producers and retailers of psychedelic substances. This is already common practice in the legally regulated production and sale of alcohol worldwide. Packaging of psychedelic substances should also include all necessary information concerning dosage as well as basic information regarding harm reduction practices. This is already the case in the Netherlands, where psilocybin-containing truffles are legally sold at so-called “smart shops” (Blenheim, 2022). Finally, all advertising of psychedelic substances for sale should be prohibited (besides the most basic information on location of sale point and pricing) so as not to mislead recreational users, for the sake of profit, as to the benefit and harms of recreationally using psychedelics (cf. Andrews et al., 2025, for the lessons to be learned here from the legal cannabis industry). This is already implemented with respect to tobacco in many countries. Allowing private citizens to produce, obtain, and share their own psychedelic substances, while strictly regulating the commercial production and sale of psychedelic substances for profit, would have two major benefits. It would prevent pharmaceutical monopolies on psychedelics from forming and making psychedelics affordable to only a few, since private citizens will be able to produce their own or be gifted psychedelics. It would also allow for the synthesizing of LSD or the production of synthetic versions of other psychedelics—which does require some expertise in chemistry and can be dangerous—to be provided to the public by the pharmaceutical industry or by licensed and regulated not-for-profit organizations.

Fourth, psychedelic community centers that serve several key functions can be established. Kiosks staffed by knowledgeable personnel can provide tested psychedelics and in-person advice on best use practices. Various rooms and outdoor environments, tailored in various manners to reduce risk and enhance the enjoyment of psychedelic effects and experiences, can be made available both as open communal spaces and for private individual or group bookings. This is not an outlandish proposal, as we are already accustomed to cafes, pubs, bars, Dutch coffee shops, retreat centers, raves, and festivals as tailored communal spaces for the consumption of psychoactive substances. Furthermore, recreational users can be offered the possibility of booking sessions with supervisors or guides. It should be possible—similarly to the suggestions made by Haden et al. (2016, pp. 246–248) for a “college of psychedelic supervisors”—that supervisors or guides who work at such centers can undergo certified training and be registered to a professional association that provides this training, ensures best practice among its members, and continually updates training protocols. It is also possible for there to be on-call personnel who are trained to respond to anyone who may be in physiological or psychological distress. This is already an effective service available at music festivals in many countries, such as Boom in Portugal, and the Fireside Project already operates as a peer-support telephone helpline in the US to support recreational users during and after their psychedelic experiences (Carvalho et al., 2014; Pleet et al., 2023; Ruane, 2017). We may furthermore have much to learn from long established communal practices surrounding the use of psychedelics in some indigenous communities (see Celidwen et al., 2023; Devenot et al., 2022). However, there is no reason to consider any indigenous use of a psychedelic to be the “proper” and “only” way to make use of them. There is no need to culturally appropriate or mimic any indigenous practices in setting up psychedelic community centers. As we earlier mentioned, every community should instead develop communal practices that are most appropriate to and effective for them, which may or may not include indigenous practices. It is, of course, impossible to entirely prevent all possible harms that may occur as a result of recreational use by implementing the communalized harm reduction initiatives suggested above. It is always possible for some

adverse effects to unexpectedly occur despite taking the advised precautions or that some individuals will sometimes not follow basic harm reduction practices, out of either ignorance or foolhardiness, and may choose not to make use of harm reduction services such as drug-checking. However, given that recreational use is not highly prone to harmful or hazardous use and that its risks are manageable by users themselves, there is no reason to prohibit or regulate it. If an individual incurs risks due to inadvisable use of a psychedelic and/or choosing not to make use of available services, then those are their risks to take as a free individual, especially since there is no evidence that recreational users put others in harm's way by their recreational use. If we were to prohibit or tightly regulate all our daily and recreational activities that we already accept as carrying risks—such as using a kitchen knife when cooking, riding a bicycle, swimming, or drinking alcohol—then we would hardly be able to do anything at all (cf. Smith, 2002, p. 234). Individuals should be free and able to make educated decisions about the risks and benefits of their own recreational use. They should be provided with all the resources and services not only to reduce risks of recreational use and enhance the benefits thereof but also to easily seek help from their community and medical professionals if experiencing difficulties. They should be able to do so without fear of retribution or stigmatization and regardless of their level of precaution or negligence.

We finally propose that it is important that communities provide not only harm reduction services but also *benefit enhancement* services to the public. Harm reduction initiatives are a necessary but not sufficient aspect of communalized recreational use. To solely focus on harm reduction is to perpetuate the false prohibitionist narrative according to which the recreational use of psychedelics is homogeneously harmful drug abuse and thus, at best, can only be reduced in its potential for harm (cf. Van Schipstal et al., 2016). It is therefore imperative to end this false narrative not only by recognizing the benefit and meaning that recreational use can have for users in its many forms and settings but also by actively supporting this through benefit enhancement initiatives. These initiatives should aim to develop and provide practical knowledge, skillful techniques, and communal spaces for best enjoying and enhancing the effects of psychedelics for whatever purpose they might be used. This can include the provision of information and training with respect to such things as which dosage ranges are best for which activities, which substance combinations pair well to enhance or manage their effects, how to set up one's environment in an aesthetically conducive manner, and how to skillfully navigate psychedelic experiences through breathing, attentional, and bodily techniques. Workshops, talks, and discussion groups for this can be facilitated at psychedelic community centers, which can also serve as a communal space to enhance the enjoyability of recreational use as per our earlier suggestions. Moreover, since psychedelic experiences can involve deep changes to one's sense of reality and self, it is important that local discussion or support groups are encouraged to form and meet. Individuals can then discuss their psychedelic experiences in an accepting environment and develop concepts and attitudes that will allow them to derive the most benefit and meaning from them (cf. Becker, 1953; Rosino & Linders, 2015).

## Conclusion

We have argued that the prohibition, decriminalization, and legal regulation of recreational use are all unjustified given that they share the same false premises. First, we demonstrated that psychedelics are not highly addictive, that they are not highly liable to abuse in the sense either of harmful or hazardous use, and that recreational use accordingly does not pose a particularly serious threat to public health—whether this threat refers to physiological, psychological, or social risks. Instead, risks to the recreational user are manageable and very low by comparison to those of alcohol and tobacco, whose recreational use is incoherently not prohibited by the UN. Second, we argued that psychedelics do not have only limited scientific and medical uses. It is rather the case that there is a diversity of exceptionally beneficial and meaningful uses of psychedelics beyond scientific and medical uses. Accordingly, we

rejected the prohibitionist idea that all recreational use of psychedelics is homogeneous abuse of psychedelics. We then argued that decriminalization of recreational use is based on the same false premises of prohibition and that legal regulation thereof is based on weaker versions of these premises. We recognized that decriminalization and legal regulation may be preferable to outright prohibition since they afford a modicum of greater freedom to recreational users. But we argued that they nonetheless restrict the freedom of recreational users to a degree that remains unjustified, thereby continuing to perpetuate harm against them. This will never be acceptable progress. We finally proposed going all the way, so to speak, with the communalization of recreational use. This entails that all consenting adult individuals should be free to recreationally use psychedelics without restrictions and that communities should provide open-access harm reduction and benefit enhancement services to the public. The only area in which strict legal regulation is required, we proposed, is for the commercial production, advertising, and sale of psychedelic substances for profit. Communalization, we submit, would allow the manageable risks of recreational use to be further reduced at a community level while supporting the adult individual's full freedom to recreationally use psychedelics in whatever manner they find most beneficial and meaningful to them.

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### Notes

1. These substances are known as the “classic psychedelics” and are commonly grouped together with respect to their primary mechanism of action as serotonin 5-HT<sub>2A</sub> receptor agonists (see Vollenweider & Smallridge, 2022). They can also be grouped together by virtue of the experiential effects that they commonly induce (see, e.g., Preller & Vollenweider, 2018).
2. The degree to which these alterations occur can vary depending on the psychedelic substance taken, dosage, set (the user's physical and psychological state) and setting (the environment in which use occurs).
3. We henceforth operate with the terminological specifications of “addiction” and “abuse” provided by the discussed UN publications. To be clear, however, these are terms that do not have commonly accepted or that have unambiguous meanings in everyday language, with their definitions furthermore having been long contested in academic discourse on drug use and policy (see, e.g., Apsler, 1978; Rosenthal & Faris, 2019).

4. Psychedelics are even being used with promising results in clinical trials for the treatment of alcohol and tobacco addiction (see DiVito & Leger, 2020; Zafar et al., 2023).
5. For example, the estimated lethal dose of psilocybin is equivalent to 10 kg of fresh psilocybin mushrooms, and so emesis from the consumption of the mushrooms would likely occur before toxic levels of psilocybin would be reached (Kopra et al., 2022b, p. 966). The standard recreational dosage range of psilocybin mushrooms is 1–5 g dried (roughly equivalent to 9–45 g fresh). As a further example, the estimated lethal dose of LSD is 1,000 times or more the average recreational dosage range of 50–200 µg (Nichols & Grob, 2018).
6. See also the work of Nutt et al. (2010), in which it is shown that alcohol is the most harmful drug to individuals in the United Kingdom compared to a range of other drugs considered in the study (including LSD and psilocybin).
7. We do not mean to imply that alcohol and tobacco should therefore be prohibited given the high risks associated with them. We wish only to point out a glaring incoherence in prohibition.
8. Two recent studies by Bremner et al. (2023) and Evans et al. (2023) do not contradict that the prevalence of persisting adverse psychological effects (beyond 24 hr of the acute effects of a psychedelic ending) is low but suggest that they may be underreported.
9. These potential advances further call into question the classification of psychedelics as Schedule 1 substances that have very little or no therapeutic value.
10. An infamous example is the life of María Sabina, the Mazatec *sabia* (wise woman) who first allowed Westerners to partake in a psilocybin ritual and whose community and personal life were severely impacted as a result (see Estrada, 1981).
11. On the legal struggle for (indigenous) religious freedom of psychedelic use, see Caiuby Labate and Cavnar (2014) and Litman (2023).

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