



Psilocybin Dispensaries and Advertising—Buyer Beware

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Matsukubo and colleagues¹ provide a snapshot of the location and activities of brick-and-mortar businesses in Canada marketing and selling psychedelic products. The scope of the products purported to contain psilocybin is diverse, and of concern are reports of packaging that suggests marketing the products as a snack. The authors provide a description of the density of the storefronts, which are concentrated in 2 cities and provinces (Toronto, Ontario, and Vancouver, British Columbia). The authors go the extra kilometer in geo-referencing the storefront locations relative to both the population density and proximity to schools. A large percentage of the 52 storefronts belonged to a chain, despite psilocybin-containing products being illegal across Canada. Eleven of the storefronts (17%) initially identified in the survey had closed over the course of the 6-month data collection period. The authors provide useful examples of what indications the sites promote for psilocybin use, as well as any cautions that are mentioned.

Although the sale and possession of psilocybin products has been decriminalized in some Canadian municipalities, it remains illegal at the provincial and national level. In contrast, the sale of recreational cannabis products in Canada is legal, with more than 3600 Canadian stores selling cannabis.² Some provinces allow private-sector businesses to sell cannabis products, while other provinces, such as Quebec and Nova Scotia, limit sales to government-operated stores. It is not clear whether the location of Canadian psilocybin storefronts is due to the proximity to high populations of US residents across the border in Washington, Michigan, and New York, to more liberal attitudes to psychedelics by local authorities and law enforcement, or to some combination of these and other factors.

The sale and possession of cannabis and psilocybin products is illegal at the federal level in the US, but an increasing number of states have legalized the sale and at least medical use of one or both of these drugs in recent years.^{3,4} Only Oregon and Colorado have to date legalized the therapeutic use of psilocybin products, although several other states have municipalities that have decriminalized possession or have active, liberalizing legislation under consideration.⁴

This report by Matsukubo and colleagues¹ reflects the commercial response to increasing recreational use of psychedelics by the lay public. Reasons for such nonprescribed use are reflected in the marketing messages described in this article, including improved mood, decreased anxiety, and increased creativity.¹ Compared with other recreational products, such as tobacco, cannabis, and alcohol, that are often chronically and often compulsively abused, the occasional use of psychedelics appears relatively safe in both the context of clinical trials and recreational use.⁵ In instances in which chronic dosing with psilocybin occurs, it is typically done in the context of chronic microdosing, despite a lack of demonstrated benefit or safety in clinical trials to date.⁶

The trend of greater availability of psychedelics from illicit brick-and-mortar and online vendors is likely to increase for reasons of access and cost, independent of any future US Food and Drug Administration approval of various psychedelics for medical use. Approved treatment centers are limited in number and expensive compared with extralegal recreational or loosely supervised use. Psychedelic dosing sessions in modern clinical research or legal medicinal use administer quantified amounts of the drug and are attended by 2 trained facilitators. Therapeutic sessions are expected to be preceded and succeeded by multiple preparatory and debriefing sessions, all leading to a cost much greater than that of the drug itself.⁷

Modern clinical trials exclude individuals with personal or first-degree relatives with a history of psychosis, schizophrenia, and bipolar disorders. It is concerning that fewer than one-third of the

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Canadian storefronts selling psilocybin products cautioned persons with one of these mental health disorders against using psychedelics.¹ A recent review of 9 million visits to emergency departments in Canada found that individuals who visited the emergency department for reasons related to a recent dose of a psychedelic had a 3.5-fold higher risk of developing a schizophrenic syndrome disorder within the next 3 years.⁸

Another concern is variability in the content and purity of the psychedelic substance. Although online and storefront vendors can both claim regular testing and inspection,¹ illicit vendors by their nature are obviously not constrained to comply with any specifications on quality. Even among different strains of *Psilocybes* mushrooms, the psilocybin content has been reported to vary at least 5-fold,⁹ and illicit vendors can be presumed to be less willing or able to confirm the content of their products. This concern was highlighted by a recent report of multiple illnesses and possible deaths associated with mushroom edibles.¹⁰

The report by Matsukubo and colleagues¹ is helpful in our understanding of the physical psychedelic footprint and marketing policies in Canada, and similar studies in the US would be informative. If provinces, states, or even the federal governments decide in the future to legalize psychedelic drugs as recreational products, such as alcohol and tobacco, it can be expected that these products will be taxed on some basis, have approved labeling, and be required to conform with limits of content and purity. This would be a positive outcome but would not obviate the medical and mental risks of recreational psychedelics, adding to the existing societal and medical burden of alcohol, tobacco, and cannabis. In the meantime, that reports of harmful outcomes are at present uncommon is a testament to the relative safety of unadulterated psychedelics and may be tolerable to society for the time being. As marketing of the safety and benefits of psychedelics and their unregulated availability increases online or at a storefront, the lessons of poisonings from sulfanilamide and moonshine in the 1930s may need to be relearned.

ARTICLE INFORMATION

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