Oregon's State-Regulated Psilocybin Services: Cohort Design and Early Findings

Rocky Mountain Poison & Data Safety Conference
August 26, 2025

Todd Korthuis, MD, MPH	Oregon Health and Sciences University
Adie Rae Wilson-Poe, PhD	Legacy Research Institute, Dow Neurobiology
Jason Luoma, PhD	Portland Psychotherapy Clinic, Research, & Training Center
Kim Hoffman, PhD	Oregon Health and Science University
Christopher Stauffer, MD	Portland Veterans Administration/OHSU
Dennis McCarty, PhD	Oregon Health and Science University
Don Des Jarlais, PhD	New York University
Ximena Levander, MD, MCR	Oregon Health and Science University

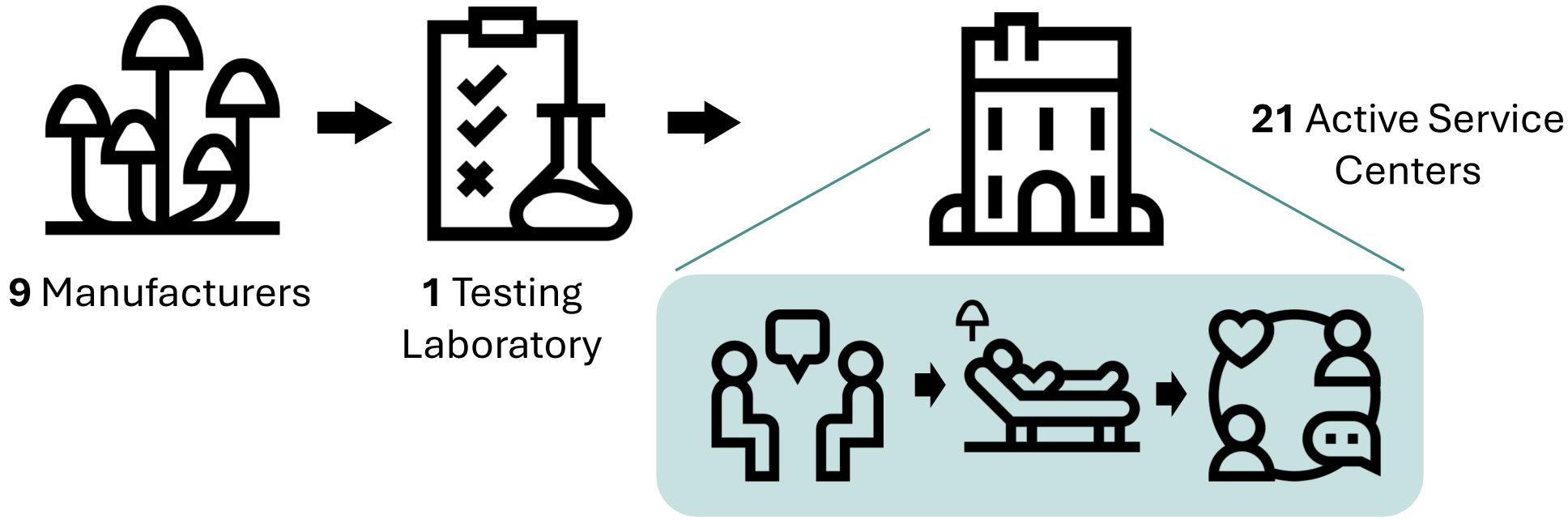
Disclosures

- No conflicts of interest

- Funding
  - OHSU Program Development Account
  - OHSU Foundation
  - SAMHSA 75S20123P00003

Oregon Psilocybin Services Program

Licensed and regulated by Oregon Health Authority



The Open Psychedelic Evaluation Nexus (OPEN)

A Community-Wide Research Collaborative

- **Goal:** Assess impact of state-regulated psilocybin services
- **Design:** Longitudinal cohort study of people receiving state-regulated psilocybin services
- Interdisciplinary, Non-commercial, Hosted at Oregon Health & Science University

https://www.openpsychedelicscience.org/

Psychedelic Data

A Shared Natural Resource

- Purpose: Public wellbeing, shared wisdom
- Collective stewardship, not ownership
- Highest standards: encryption, confidentiality, security



OPEN Formative Work

Grounded in Community

- Community Advisory Council
- Characterization of Oregon's emerging facilitator workforce[1]
- Delphi study/interviews with expert psychedelic facilitators to identify:
  - Priority safety & outcomes measures[2]
  - Standards of psychedelic care[3]
  - Facilitator personal experiences with psychedelics[4]
  - Informed consent for psychedelic services[5]

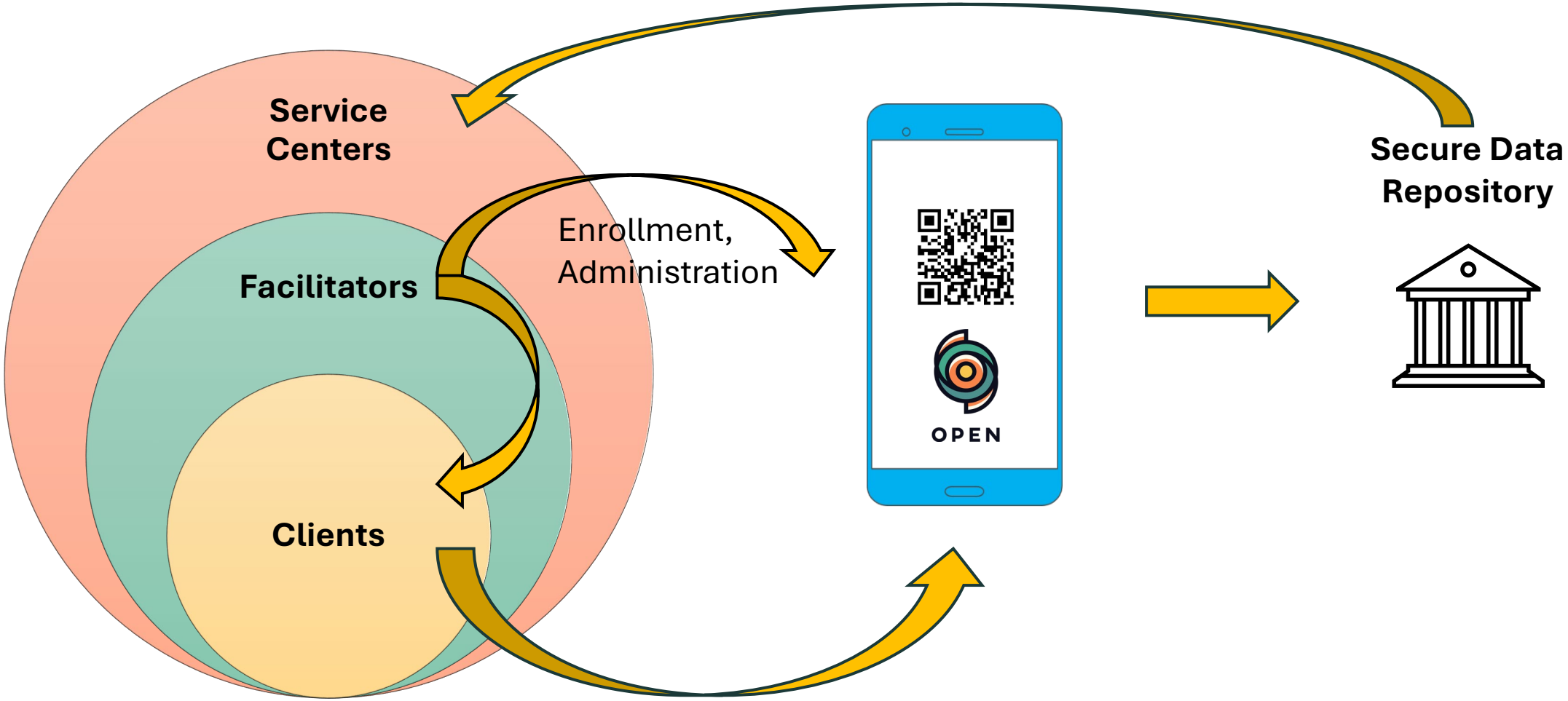
- *Many* community meetings



[1]Luoma JB, et al. J Psychoactive Drugs 2025
[2]Korthuis PT, et al. J Psychopharm 2024
[3]Chwyl C et al. Int J Drug Policy 2025
[4]Wilson-Poe AR et al. J Psychoactive Drugs 2024
[5]Chwyle C et al (under review)

OPEN Practice-Based Research Network

Goal: Longitudinally assess effects of State psilocybin services



Baseline, 1w, 1m, 3m, 6m, 9m, 12m

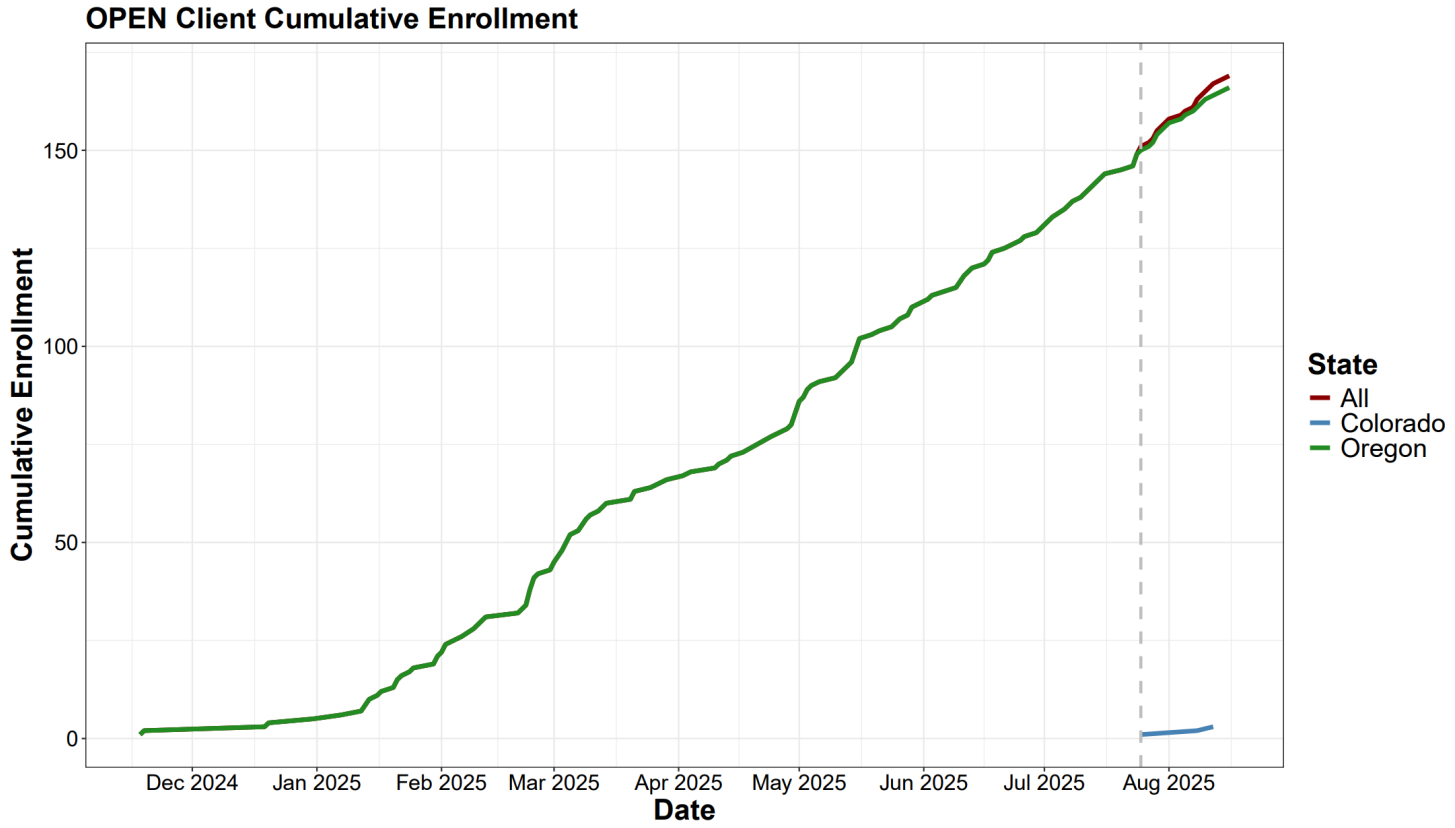
https://www.openpsychedelicscience.org/

Domain	Baseline	1 week	1 month	3 month	6 month	9 month	12 month
Demographics (12+)	X						
Administration Experiences							
Expectancy (6)	X						
Preparation (10)		X					
Therapeutic Alliance (5)		X					
Mystic/challenging experiences (11)		X					
Emotions scale (5)		X					
Administration Outcomes							
Safety (3-4)		X	X	X	X	X	X
HPPD (1)			X	X	X	X	X
Integration (13)			X	X		X	
Service Satisfaction (4-8)		X	X		X		X
Sexual contact (1)		X			X		X
Mental Health							
Anxiety (7)	X		X	X	X	X	X
Depression (9)	X		X	X	X	X	X
Antidepressants (1)	X		X	X	X	X	X
PTSD (6)	X		X	X		X	
Substance Use							
Opioid DSM-5 (11)	X						
Δ in drug use (Drug of choice, 1)		X					X
Drug of choice (1)	X	X	X	X	X	X	X
Substance use (11+)	X		X	X	X	X	X
Psychedelic use (2+)	X		X	X	X	X	X
AUDIT-C (3)	X		X	X		X	
Tob use severity (4)	X		X	X		X	
e-Cig use severity (4)	X		X	X		X	
Drug use severity (7)	X		X		X		X
SUD treatment (1+)	X		X		X		X
QOL/Wellness							
Wellbeing (7)	X		X	X	X	X	X
Belonging (9)	X		X		X		X
Pain (3)	X		X	X		X	
Life satisfaction (1)	X		X	X	X	X	X
Spirituality (5)	X		X		X		X

Recruitment & Retention*

- Facilitators: n = **54**
  - Two Colorado facilitators (pilot)
- Licensed Service Centers: n = **17**
- Clients: n = **169**
  - Three Colorado clients (pilot)

- Retention
  - 1 week: **94%** (141/150 eligible)
  - 1 month: **93%** (128/137 eligible)
  - 3 month: **92%** (89/97 eligible)
  - 6 month: **100%** (36/36 eligible)
  - 9 month: **100%** (2/2 eligible)



*As of August 19th, 2025

Psilocybin Facilitator Characteristics

	N=54
Mean age (years, SD)	47 (11)
Female gender	59%
Race/Ethnicity White Hispanic	 89% 2%
Heterosexual	67%
Professional licensure	85%
Education ≥ Masters	65%
Mean years experience facilitating	5.0 (6.5)
Lifetime use of psychedelics > 10 times	81%



Unpublished data. Not for distribution

Participant Characteristics

Demographics	N=169
Mean age (years, SD)	49 (14)
Female gender	54%
Race/Ethnicity White Hispanic	 87% 7%
Heterosexual	80%
Veteran	7%
Education ≥ Bachelors	78%
Income ≥ $200,000	33%
Reside outside OR/WA	52%

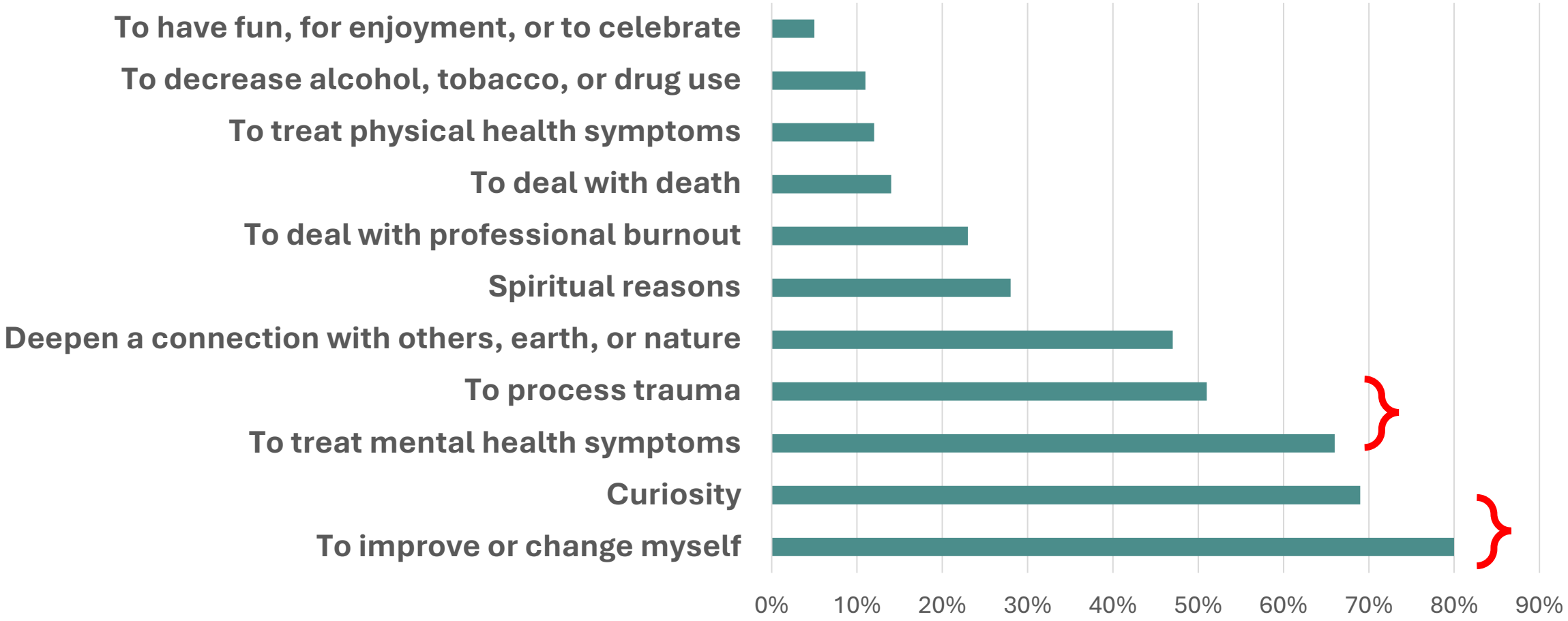
Substance Use	N=169
Psychedelic-naïve	50%
Alcohol Use, past 30d	57%
Tobacco/Nicotine Use, past 30d	12%
Cannabis Use, past 30d	28%

Mental Health Symptoms	N=169
Mod-Severe Anxiety (HADS)	71%
Mod-Severe Depression (PHQ9)	42%
Mod-Severe PTSD (PLC-6)	30%

Unpublished data. Not for distribution

Reasons for Seeking Psilocybin Services

(n=169)



Unpublished data. Not for distribution

Psilocybin Administration Sessions

(n=157)

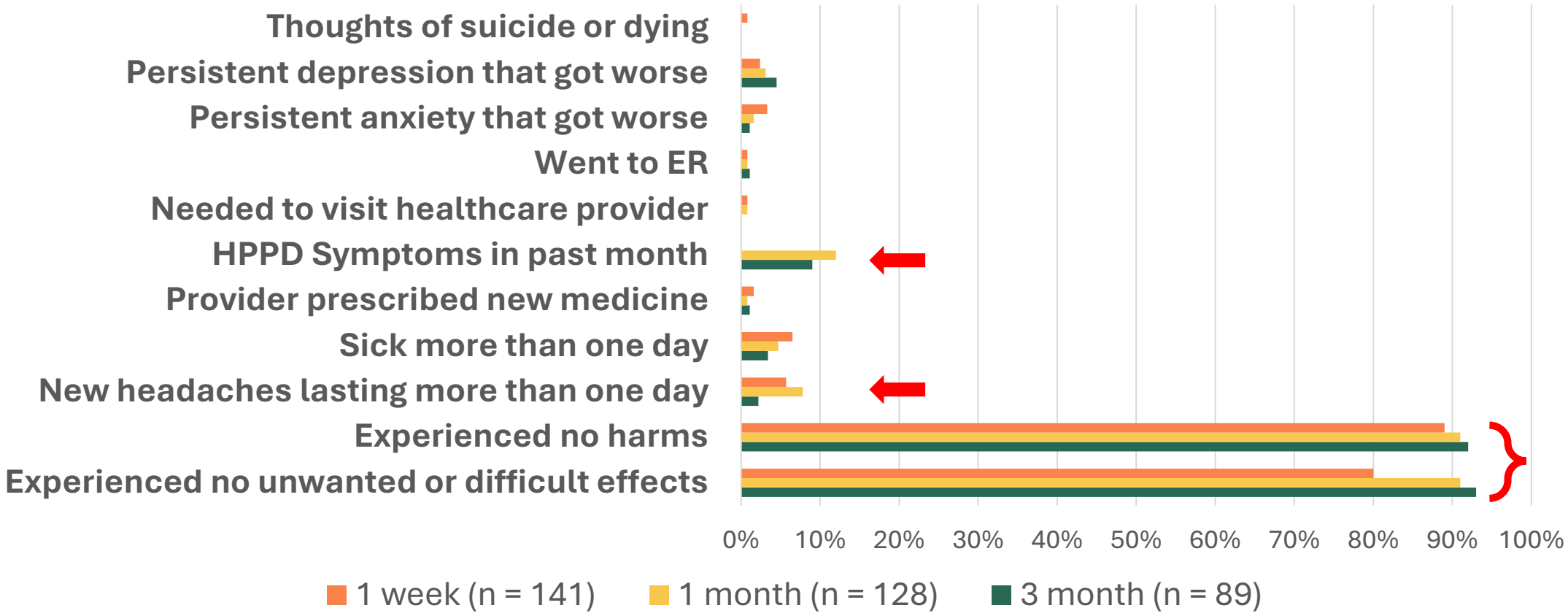


- Mean total psilocybin dose = **35mg** (SD 11)
- **89%** Individual sessions

- **2 Clients with Serious Adverse Events (1.3%)**
  - 1 Facilitator reported behavioral event
    - EMS called; Referral for psychiatric evaluation
    - Client viewed as non-harmful 1 week later
  - 1 Client reported ER visit in week after 25mg psilocybin
    - Client viewed as harmful at 1 wk, 1 mo, and 3 mo
  - Both clients psychedelic naïve

Unpublished data. Not for distribution

Participant-Reported Safety



Unpublished data. Not for distribution

Participant Reflections On Psilocybin Experience at 1 Month

(n=128)

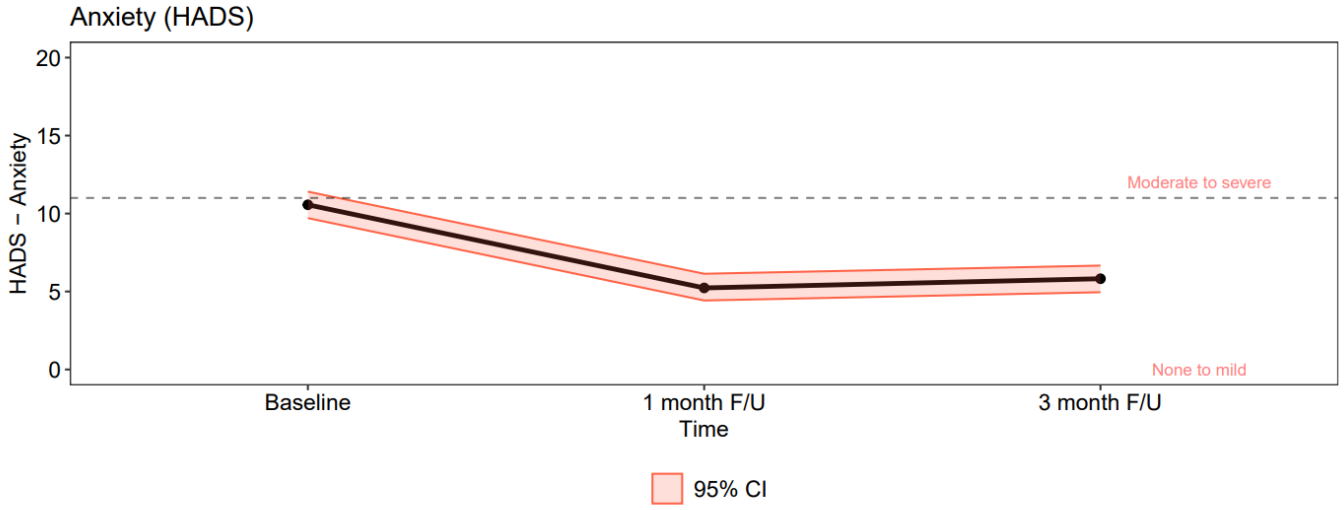
Client Benefit	N=128
I benefited from the psychedelic experience	95%
Among top 10 most personally meaningful of my life	63%
My goals were met	85%

Client Satisfaction	N=128
I would recommend this *facilitator* to a loved one	99%
I would recommend this *service center* to a loved one	97%
The value of this experience was worth the money I paid	88%

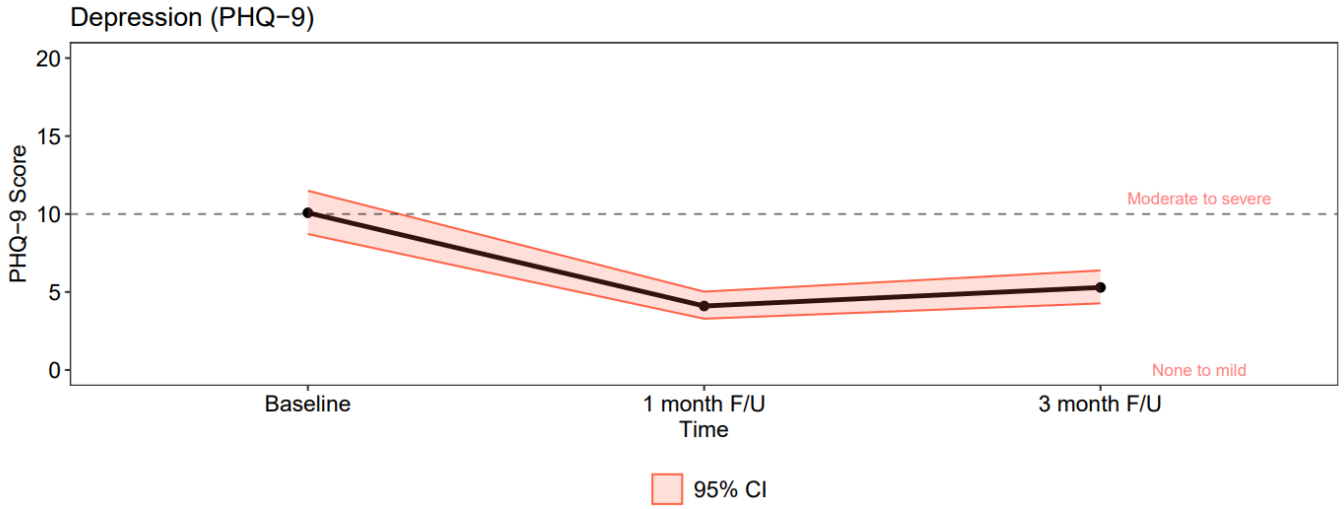
Unpublished data. Not for distribution

Anxiety and Depression Symptoms

(n=87)



Mod-Severe Anxiety	%	RR (95% CI)
Baseline	53%	*Ref*
1 month	13%	0.24 (0.14-0.41)
3 months	13%	0.24 (0.14-0.41)

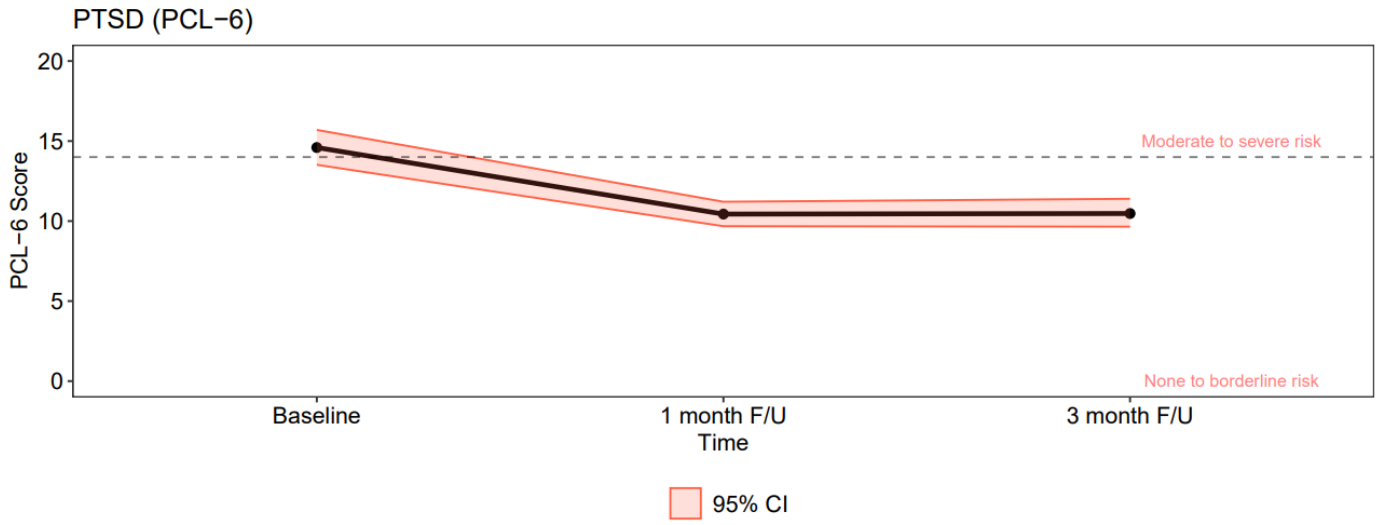


Mod-Severe Depression	%	RR (95% CI)
Baseline	46%	*Ref*
1 month	8%	0.18 (0.09-0.34)
3 months	18%	0.40 (0.27-0.59)

Unpublished data. Not for distribution

PTSD Symptoms

(n=87)



Mod-Severe PTSD	%	RR (95% CI)
Baseline	51%	*Ref*
1 month	21%	0.41 (0.28-0.60)
3 months	18%	0.36 (0.24-0.55)

Unpublished data. Not for distribution

OPEN Strengths and Limitations

- **Strengths**
  - Highly adaptable data collection platform
  - Yields granular, long-term information on psychedelic experiences
  - Linked service center, facilitator, & client data
  - High degree of scientific rigor and privacy protection
- **Limitations**
  - May not represent all people accessing psilocybin services
  - Doesn’t assess national population trends
  - Doesn’t enroll people using psychedelics in unregulated settings

Conclusions & Next Steps

OPEN

- **Feasibility:** OPEN can confidentially tracks safety and outcomes of clients receiving state-regulated psilocybin services

- **Early findings suggest:**
  - Few safety events
  - Decreased anxiety, depression, and PTSD symptoms

- **Next steps:**
  - Ongoing recruitment (OR + CO), analysis
  - **SCOPE Center**: A national resource for psychedelic data and policy

OPEN Platform Connections

NIH Applications

Emory Collaboration

Risk Reduction Interventions



Veterans Peer Support Training

Colorado – New Mexico Support

Pragmatic Trials

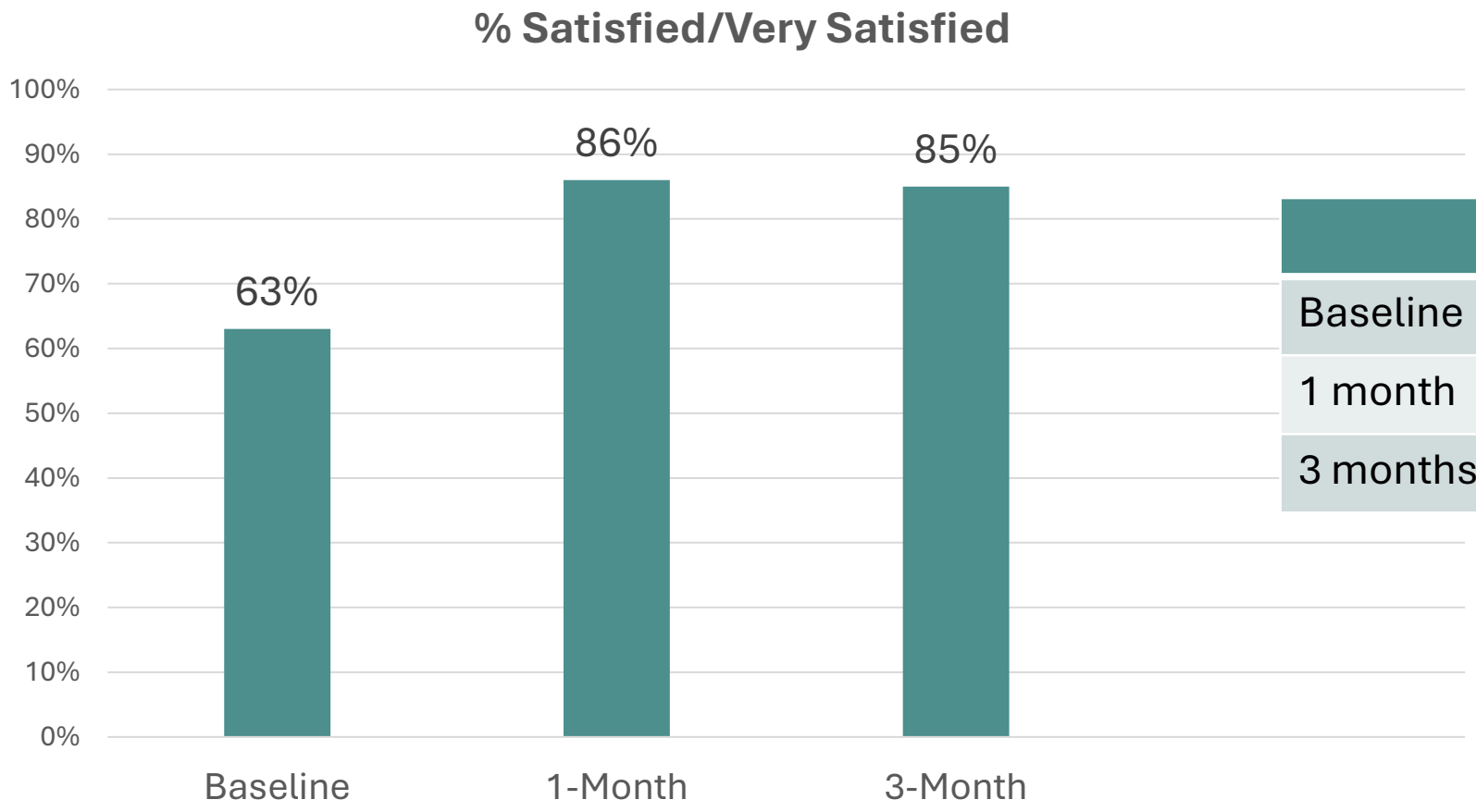
Thank You



Supplemental Slides

Life Satisfaction

(n=87)

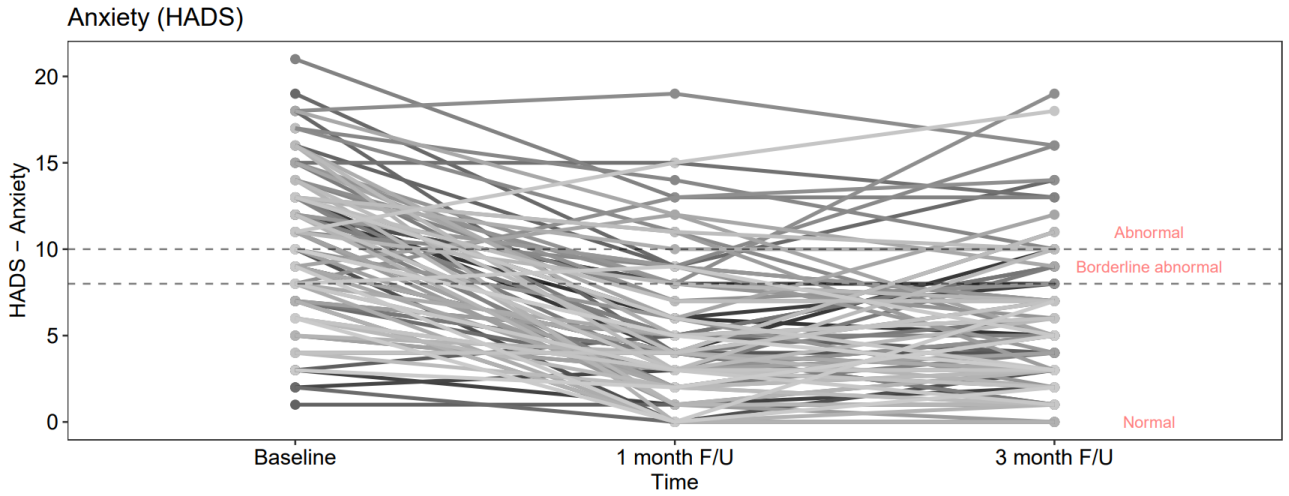


	%	RR (95% CI)
Baseline	63%	*Ref*
1 month	86%	1.42 (1.21-1.66)
3 months	85%	1.40 (1.19-1.63)

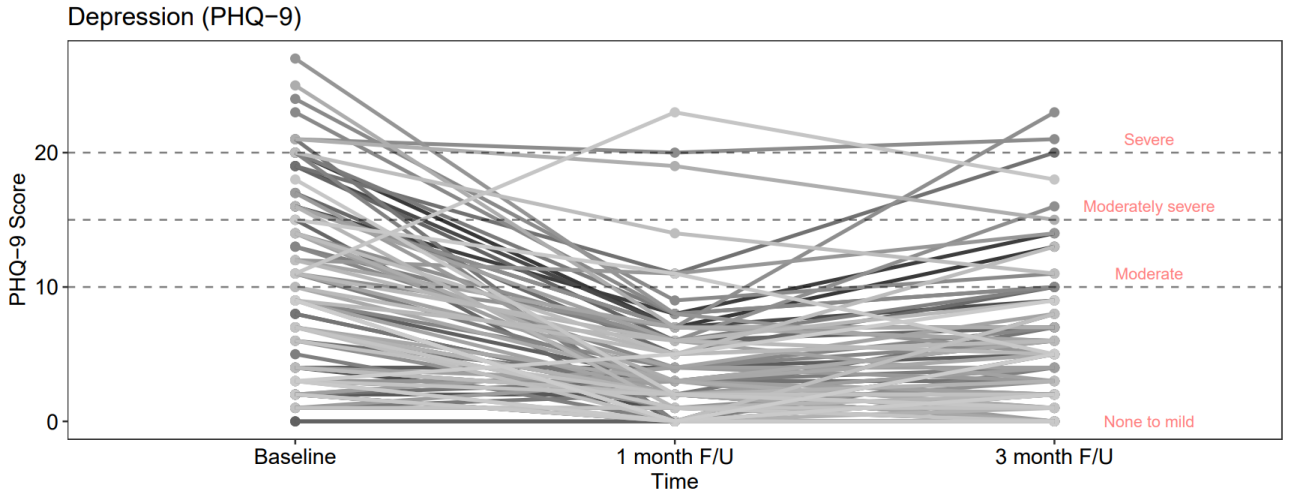
Unpublished data. Not for distribution

Anxiety and Depression Symptoms

(n=87)



Mod-Severe Anxiety	%	RR (95% CI)
Baseline	53%	*Ref*
1 month	13%	0.24 (0.14-0.41)
3 months	13%	0.24 (0.14-0.41)

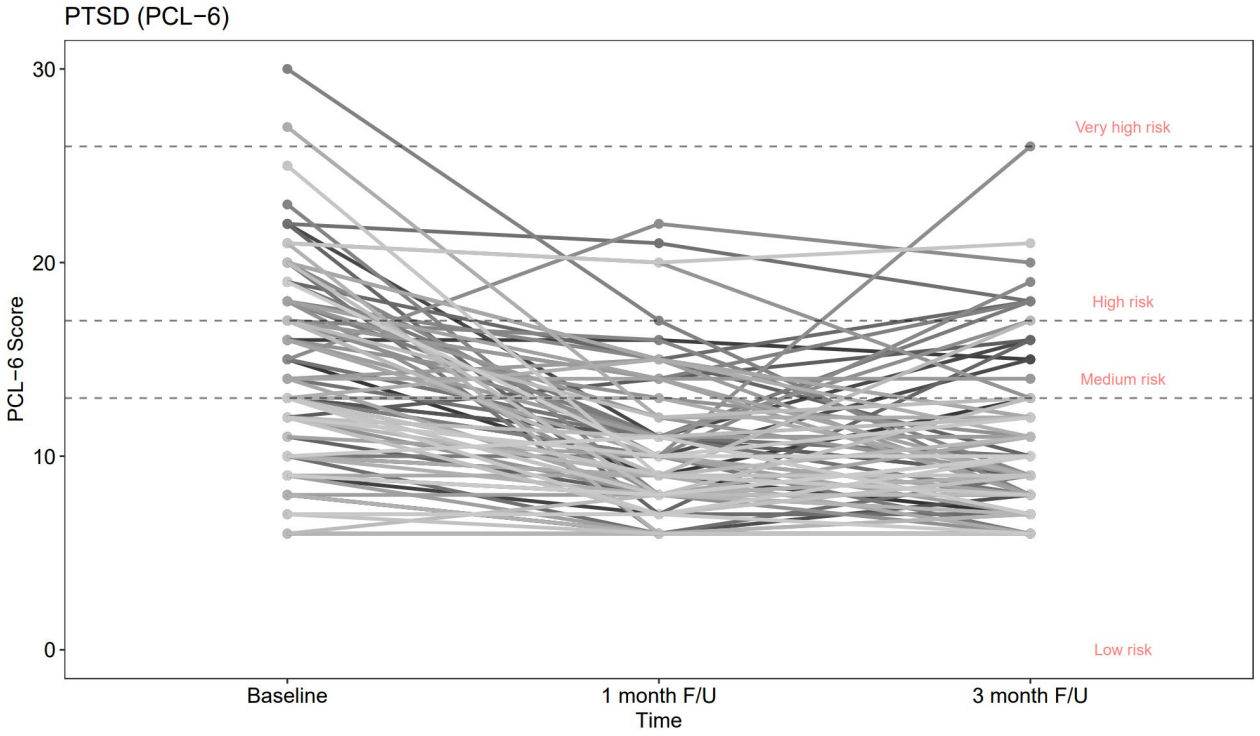


Mod-Severe Depression	%	RR (95% CI)
Baseline	46%	*Ref*
1 month	8%	0.18 (0.09-0.34)
3 months	18%	0.40 (0.27-0.59)

Unpublished data. Not for distribution

PTSD Symptoms

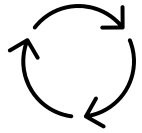
(n=87)



Mod-Severe PTSD	%	RR (95% CI)
Baseline	51%	*Ref*
1 month	21%	0.41 (0.28-0.60)
3 months	18%	0.36 (0.24-0.55)

Unpublished data. Not for distribution

Informed Consent : Core Themes



Informed Consent as a Process

- Relational Foundation
- Client Empowerment
- Ongoing Process



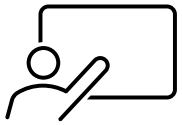
Risks and Benefits

- Manage Expectations
- Attend to physiological, psychological and social risks



Touch and Boundaries

- Explicitly Establish Boundaries
- Maintain Set Boundaries
- Recognize Non-Verbal Cues



Training

- Center Client Autonomy
- Experiential/Somatic Training

Informed Consent: Illustrative Quotes

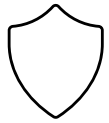
> *Making sure that it's clear that this [informed consent process] is an **open and living and breathing thing** and not a one and done.*

*Having one psilocybin session is not necessarily going to fix the things that you are wanting to be different in your life. And knowing that ahead of time that there actually is likely to be… a **substantial investment in ongoing work**—financial, or other energy and time resources.*

*… it's really important to practice those things so that it's not something that the individual has to come up with cognitively under the influence of psilocybin. Ideally **it would be a report, a conversation and then a practice** of okay, this is the touch you said was okay… Do you still want to have consent for that?*

*… they need to get practice in **embodied consent practices**… actually practicing what it feels like to evaluate your motives for why you're doing an intervention in the moment… you **can't really do informed consent, particularly around touch, without understanding what does it feel like**.*

Standards of Care: Core Themes



Strengthening safety through credibility and accountability



Advancing culturally responsive and inclusive care



Healing in community: The crucial role of ongoing support and integration



Ensuring safe psychedelic use: Preparation, Screening, Vulnerability, and Medication Management



Navigating Legal and Informational Gray Areas

Standards of Care: Illustrative Quotes

> *We had our own **restorative process** trying to get this practitioner to understand that what he was doing was out of sync with the values and ethics that we all held.*

*The **ideal setting is in community and not isolated in a medical office**, or in a service center... it should actually be fully integrated within community systems.*

*It's really about... actually getting to know the client, not using this top-down approach... acknowledging the **systems of oppression** that exists that everyone is impacted by, talking about barriers to access, talking about culture, talking about spiritual practice, **not making assumptions**...*

*Even in centers that are doing this are therapists who are very well meaning... there is **not the framework to hold those higher risk people**... there's this whole group who come back to me far worse off.*

*It seems very **unclear where the line is** for providers in terms of doing this above board*

Medical Model vs. "Wellness" Model?

MEDICAL MODEL

- Supervised experience
- Pharmaceutical product
- Offered within healthcare setting
- Administered by licensed professionals
- Targets illness/disorder

WELLNESS MODEL

- Supervised experience
- Natural products
- Offered outside the healthcare system
- Does not involve a healthcare license
- Untargeted, driven by client goals

Change in Substance Use

At 1 Week (n=141):

- **46%** reported they had decreased or stopped substance use

Past 30-day Substance Use over 3 Months (n=87)

Past 30-day use of	Baseline	1 month	3-month
Alcohol	46 (53%)	47 (54%)	50 (57%)
Tobacco/Nicotine	10 (11%)	12 (14%)	11 (13%)
Any Illicit Drugs	32 (37%)	25 (29%)	24 (28%)