

# **REGULATED EXPERIENCE ACCESS**

## **A Public Health Framework for Regulating Experience**

### **Psychedelics, Consciousness, and Public Health**

#### **Executive Summary**

Psychedelic substances are re-emerging as a significant domain of public concern, driven by advances in clinical research and the development of state-level regulatory frameworks. Yet current policy discussions remain constrained by models developed for substances whose effects are relatively stable and predictable. Psychedelics do not conform to these assumptions.

This work advances a central claim: the outcomes associated with psychedelic experiences are not determined by substances alone, but by the conditions in which those experiences occur. Variability is not incidental; it is a defining feature. The same substance, administered under different psychological and environmental conditions, can produce markedly different results. These differences extend beyond immediate experience to influence long-term meaning, behavior, and well-being.

From a psychological perspective, this variability reflects the constructive nature of perception and identity. Experience is not passively received, but actively organized through processes of interpretation and integration. Psychedelic states appear to amplify these processes, temporarily increasing plasticity while simultaneously heightening sensitivity to context. As a result, outcomes depend not only on pharmacology but on preparation, environment, and the integration of the experience over time.

Current regulatory approaches do not adequately address these dynamics. Prohibition displaces experiences into unregulated environments, where support is limited, and risk may increase. Commercial models, as seen in cannabis, emphasize product access while largely neglecting the conditions that shape outcomes. Neither approach aligns with the underlying characteristics of psychedelic experiences.

In response, this work proposes a framework of *regulated experience access*. Rather than focusing solely on substances, this model centers on the structure of the experience itself. It identifies three core phases: preparation, administration, and integration, and treats each as a necessary component of effective oversight. The objective is not to eliminate risk, but to manage it through structured conditions that support safer and more consistent outcomes.

This framework is already beginning to take form at the state level. Jurisdictions such as Oregon and Colorado have developed systems that regulate access through licensed facilitators and controlled environments, emphasizing non-commercial, supervised use. These models operate alongside a separate federal pathway in which psychedelic therapies are being evaluated for medical approval through clinical trials.

The coexistence of these approaches suggests the emergence of a **dual system**. In one branch, psychedelics are integrated into mainstream medicine as prescription-based treatments. In the other, they are made available through state-regulated experiential frameworks that do not require diagnosis or formal medicalization. Each addresses different aspects of a multidimensional phenomenon.

The long-term challenge is not to collapse these models into a single framework, but to maintain coherence between them while preserving their distinct functions. This requires careful policy design, ongoing evaluation, and the ability to adapt as evidence accumulates.

As these systems develop, they will undergo processes of institutionalization and professionalization. New roles, such as facilitators, will need to be defined and standardized. Training, ethical guidelines, and accountability mechanisms will become essential. At the same time, systems must avoid excessive rigidity, preserving the flexibility required to respond to individual variation.

Beyond psychedelics, these developments point toward a broader transformation in mental health care. Traditional models focus on diagnosing and treating dysfunction. Emerging approaches suggest a complementary paradigm centered on *transformative experience*: structured interventions capable of producing shifts in perception, meaning, and identity. Within this context, the concept of **consciousness care** begins to take shape,

referring to systems designed to support individuals in navigating significant alterations in subjective experience across a range of modalities.

Psychedelic policy thus functions as an early test case. It raises a broader question: whether governance can extend beyond the regulation of behavior to engage, in a measured and responsible way, with the conditions that shape experience itself.

This work argues that such an approach is both possible and necessary. The task is not to control subjective life, but to develop frameworks that allow it to unfold under conditions that promote safety, understanding, and, where possible, benefit.