

LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE • OCTOBER 19, 2026

UNM RESEARCH PROGRAM FOR PSYCHEDELIC ASSISTED THERAPIES

Psilocybin Assisted Therapies Research

PTSD • Addiction • End of Life Care

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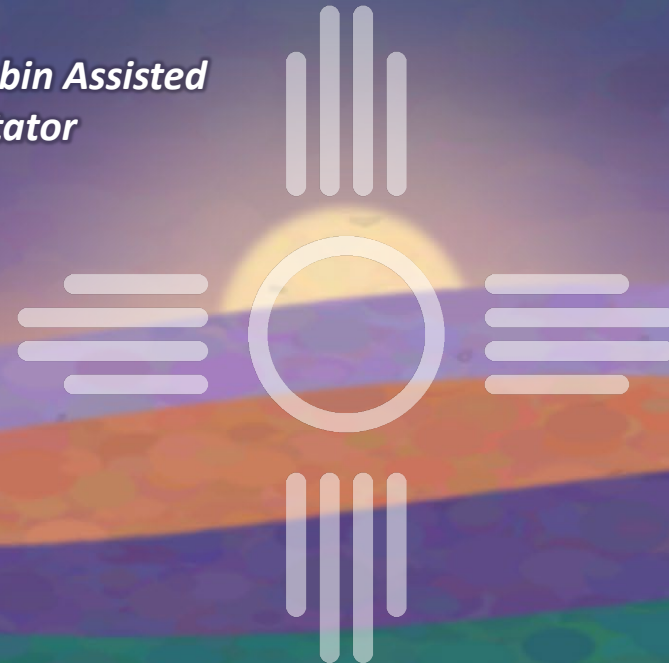
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A Few Terms We'll Use

Psilocybin

A naturally occurring compound found in certain mushrooms. The body converts it to psilocin, which acts on serotonin receptors in the brain.

PTSD

Post-traumatic stress disorder: a condition that can develop after experiencing or witnessing trauma.

FDA Breakthrough Therapy

A designation that speeds development and review of a drug whose early evidence suggests a major improvement for a serious condition.

IND (Investigational New Drug)

The FDA's permission to study a not-yet-approved drug in people.

Psychedelic-assisted therapy (PAT)

A medicine session given within a course of therapy: preparation before, a supervised session, and integration sessions after.

SUD / OUD

Substance use disorder / opioid use disorder: medical conditions involving continued use despite harm.

Schedule I

The most restrictive federal drug category, for substances considered to have no accepted medical use. Research requires special DEA approval.

Placebo / control

An inactive pill or very low dose given for comparison, so researchers can tell what the medicine itself does.

What Is Psilocybin?



Active ingredient in psilocybin containing mushrooms



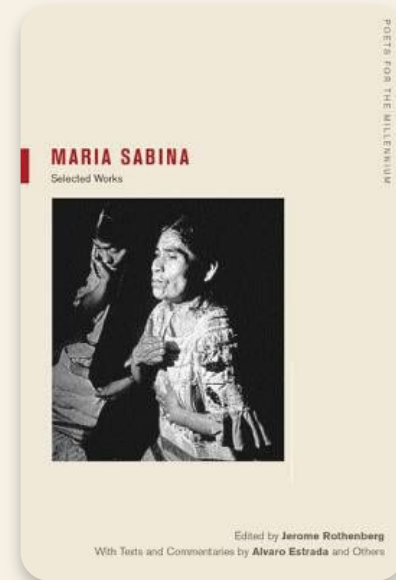
Metabolized to Psilocin inside human body
Psilocin is the form that acts on the brain



Traditionally used by Mazatecs in Mexico's Sierra Mazateca
A long history of Indigenous ceremonial and healing use



Stimulates serotonin 2A receptors (5-HT_{2A}Rs)
Serotonin is a brain chemical involved in mood and perception



Maria Sabina
Mazatec Curandera



Psilocybin Studies with Promising Outcomes



**Major Depression (MDD) and
Treatment Resistant Depression
(TRD)**

*TRD: depression that has not improved
with standard treatments*



**Depression, Anxiety or
demoralization associated with
cancer or terminal illness**



**Addiction: tobacco, alcohol and
opioids**



**FDA has granted psilocybin
breakthrough drug status**

This speeds development and review because early results
look promising for a serious condition.



**...and is under consideration to
reschedule from current Schedule I**

Schedule I is the most restrictive federal category (“no
accepted medical use”). Rescheduling would make research
easier and allow medical use if the FDA approves it.

New Mexico Medical Psilocybin Program



1st

NM first state to have
exclusively therapeutic focus

INDICATIONS



PTSD



Substance use disorders



Treatment resistant
depression

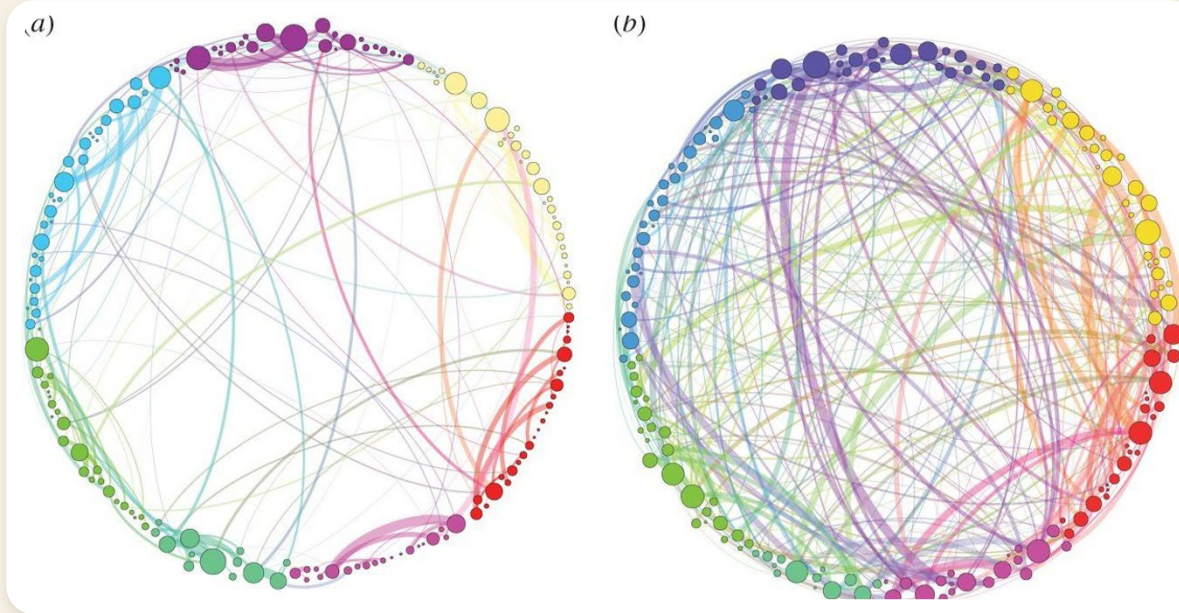


End-of-life care



**Whole mushrooms
rather than synthetic**

How Psilocybin Affects the Brain

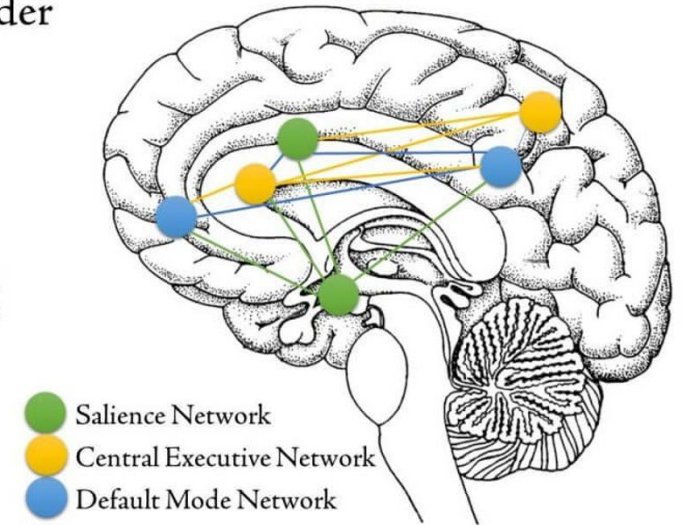


Increased connectivity

Left: typical brain communication. Right: on psilocybin, many more brain regions connect with one another.

Functioning under psychedelics

- Network regions interact more fluidly and flexibly
- Representations of the self become weaker
- The Default Mode Network in particular has been shown to exert less top-down influence over the brain; but other networks may see the same effect



Decreased role of Default Mode Network

The Default Mode Network is the brain's “self-talk” system, most active during mind-wandering and dwelling on the past.

Quieting the Brain's "Self-Talk" Network



IN PLAIN TERMS

The Default Mode Network is most active when the mind turns inward. In severe depression, that inward focus can become a loop of rumination. Psilocybin appears to loosen that loop.



Decrease rumination, obsessive thoughts and focus on autobiographical content that are common in severe depression



Can explain the effects diminishing anxiety of patients with terminal cancer

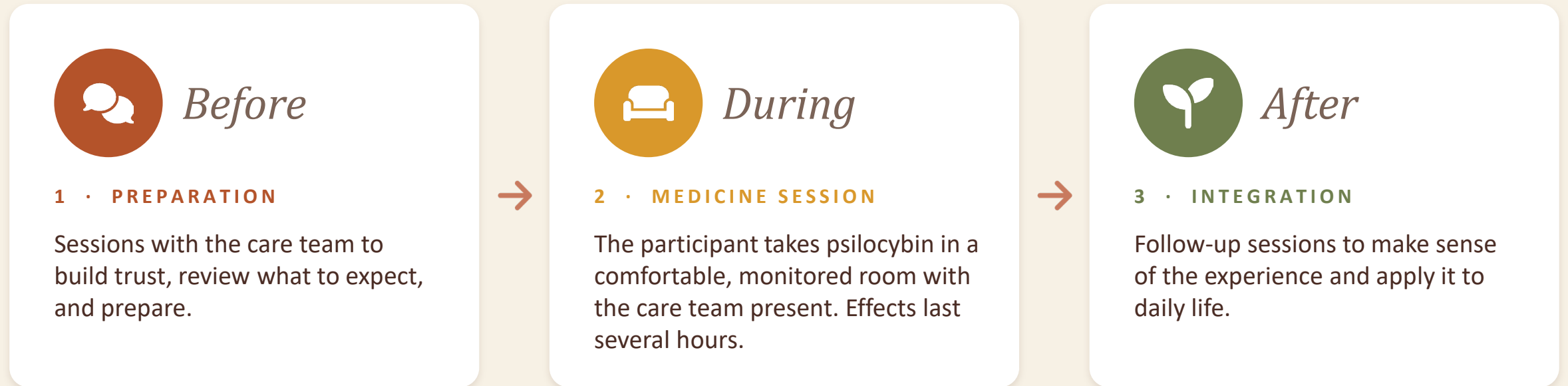


More awareness in the present moment

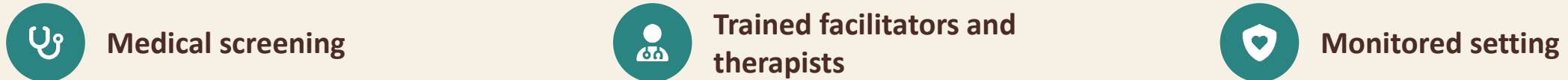


Increased connectivity internally between neural networks and externally toward natural environment

How Psilocybin-Assisted Therapy Works



BUILT-IN SAFEGUARDS



Example: UNM's group study for PTSD runs 16 weeks, with two group medicine sessions about four weeks apart, each surrounded by preparation and integration.

Safety and Risks of Psilocybin Assisted Therapy

HOW RISK IS MANAGED



Screening essential to exclude people with contraindications such as cardiac disease, uncontrolled hypertension and schizophrenia



Use of trained facilitators and therapists



Preparatory and integration settings

WHAT THE RISKS ARE



Extremely low risk of dependence/abuse



Challenging experience can lead to short term mental distress

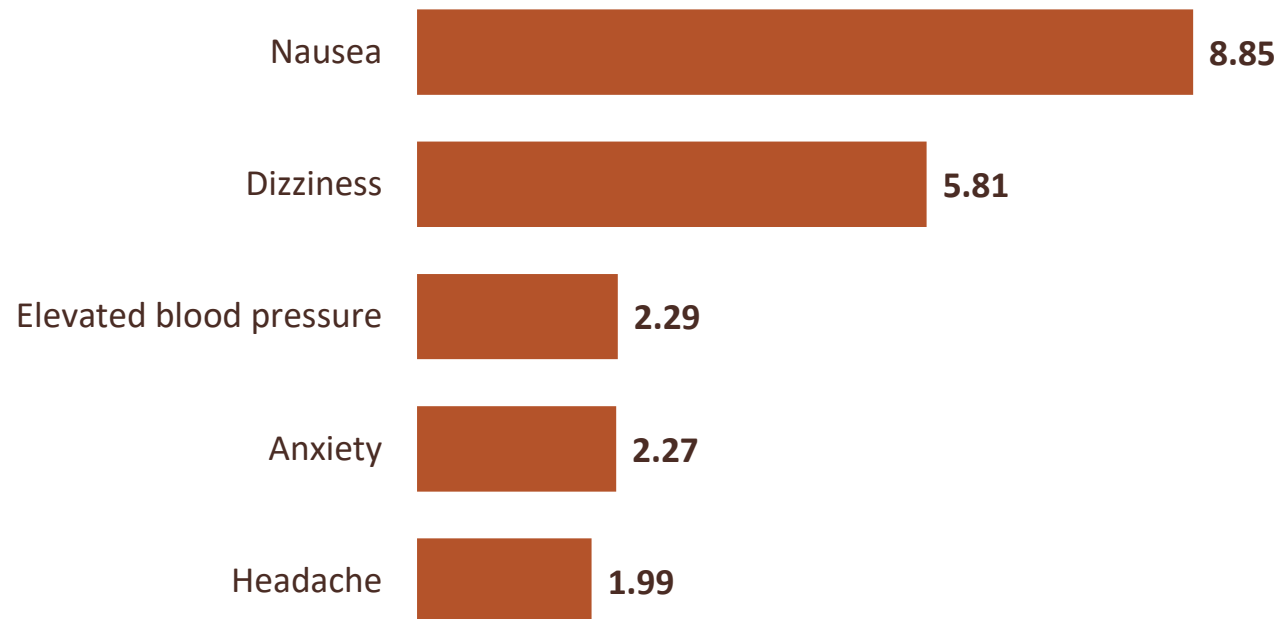


Physical injury due to accidents while using psychedelics (falls, motor vehicle accidents), which should not occur in research or monitored clinical settings

Common Side Effects Are Transient

Adverse Events (AE) in Meta-Analysis of Clinical Studies

Relative risk with psilocybin compared to placebo



IN PLAIN TERMS

A relative risk of 2 means the side effect was about twice as common with psilocybin as with placebo. “Transient” means it passes.

THE EVIDENCE

Systematic Review of six studies of high or moderate dose psilocybin. 5 adverse events were statistically significant but transient.

Yerubandi, JAMA Network, 2024

Psychedelic-Assisted Therapy Research at UNM



Substance Use Disorders

MATPOD

Postpartum MDMA for PTSD and OUD

ACTIVE

KMD

Ketamine for methamphetamine use

COMPLETED

PsiloOUD

Psilocybin for people on methadone

ACTIVE



Depression

uAspire

Psilocybin Major/treatment resistant depression

COMPLETED

RECONNECT

RE-104 (related psilocybin) for postpartum depression

COMPLETED

ReConnection

5 MeO DMT for treatment resistant depression

JAN 2027?



End of Life

Rekindle

RE-104 (related psilocybin) for terminal/serious illness

ACTIVE

CARA

Psilocybin for end-of-life care including partner/caregiver



PTSD

Group Psilocybin Assisted Therapy (GPAT) for PTSD

Veterans, first responders, women survivors of sexual violence

ACTIVE

MDMA, ketamine and 5-MeO-DMT are other psychedelic medicines. RE-104 is a compound related to psilocybin.

Designing for Real World Impact



Work with “real life” people by minimizing exclusion criteria

Many drug trials screen out people with other health conditions, so their results don’t reflect real patients.



Pragmatic community-informed design

Communities help shape the study before it begins.



Group therapy models

Treating several people together can extend access and lower cost.



Implementation science to support access and scalability

Studying how to deliver treatment in everyday clinics, not just research centers.

Group Psilocybin-Assisted Therapy (GPAT) for PTSD

*Harm that happens in
relationship...*

*...may be healed in
relationship.*

GROUP FORMAT

6

participants

4

facilitators



Community engagement
informed-design



Model designed to
promote access and
equity



Facilitators: Licensed
therapists and peers



Peers have lived
experience with affinity
groups



Extended integration
support

IN PLAIN TERMS

Affinity group: people who share an
experience, such as veterans.

A Pragmatic Study



Substance use disorders are not exclusionary as they are in pharmaceutical funded research

IN PLAIN TERMS

PTSD and substance use often occur together, so the study includes the people most likely to need this care.



FDA has approved an investigational new drug application for whole psilocybin mushroom in chocolate product which we are using at UNM rather than far more expensive proprietary products

IN PLAIN TERMS

This matches New Mexico's whole-mushroom program and keeps costs down.



Funding mixture of private and New Mexico state

Therapy Based on Peers & Affinity



Veterans

FIRST GROUP COMPLETED



Veterans/First responders

SECOND GROUP IN PROCESS



Sexual trauma survivors

START FEBRUARY 2027



Indigenous communities

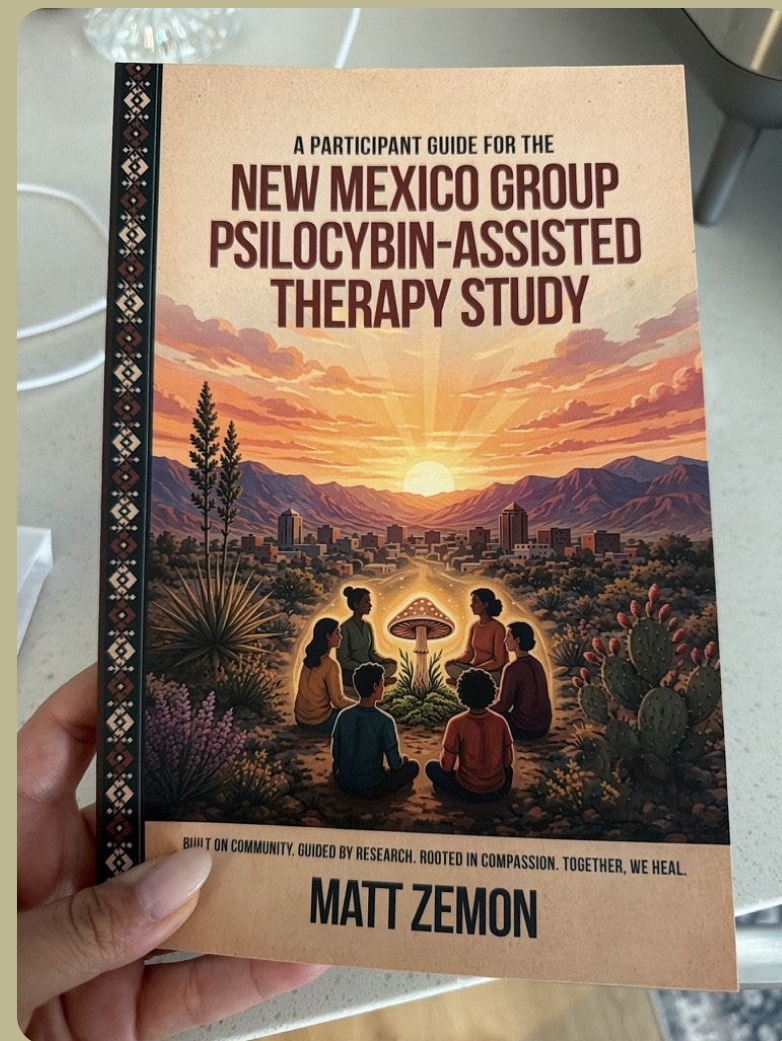


FUTURE

**People with
opioid use
disorder on
buprenorphine
w/o excluding
PTSD**



The GPAT care team



Participant guide for the New Mexico Group Psilocybin-Assisted Therapy Study

The Power of Healing Together

● GROUP CONNECTION

Shared experience can foster belonging, trust, and mutual understanding.

Participants may discover they are not alone.

● LICENSED THERAPISTS

Provide clinical expertise, therapeutic guidance, and psychological safety.

Support emotional processing and integration.

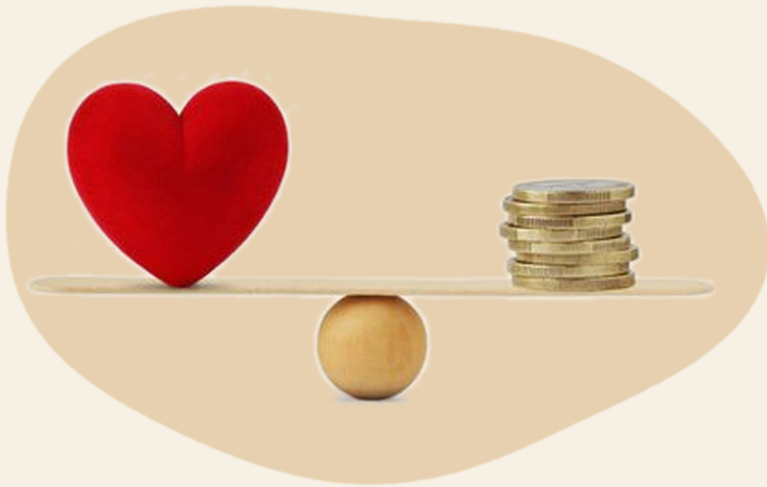
● PEER FACILITATORS

Bring lived experience, relatability, and authentic connection.

Model resilience, hope, and recovery.

Psilocybin may open the door to change; connection and skilled support may help sustain it.

Studying the Economic Model



- 1 3rd party payers like Medicaid require clinical and cost effectiveness outcome
- 2 Prep and integration may be billable by diagnosis/indication
- 3 Group therapy with mix of licensed therapists and peer facilitators may be optimal for outcomes and cost effectiveness

4 PARTNERS

Psychedelic Mental Health Access Alliance and Collaborative for the Economics of Psychedelics



PSYCHEDELIC
MENTAL HEALTH
ACCESS ALLIANCE





Community engagement as a foundation for implementation research for group psilocybin assisted therapy in New Mexico

Front. Public Health, 16 June 2026

Volume 14 - 2026 · <https://doi.org/10.3389/fpubh.2026.1845943>

IN PLAIN TERMS

How the people this study serves helped design it.



Group Psilocybin Assisted Therapy Collaborators and Supporters

- ♦ Heath Equity Council: Community Engagement
- ♦ Psychedelic Mental Health Access Alliance: Implementation Partner
- ♦ UNM Psychedelic Assisted Therapies Research Program
- ♦ Heroic Hearts Project: Training in Psychedelic Assisted Therapy for Veterans
- ♦ Scottsdale Research Institute: FDA Approved Whole Mushrooms
- ♦ UNM: Dept of Family and Community Medicine and Office of Research
- ♦ Collaborative for Economics of Psychedelics: Economic Micro-costing Analysis
- ♦ State of New Mexico
- ♦ Many private funders



CARA Study of Psilocybin for End of Life Distress

IN DEVELOPMENT



FDA has approved; anticipated start date in early 2027 pending UNM and DEA approval



Terminal diagnosis with life expectancy of 6-24 months



Therapy team includes therapist and spiritual support person



Study outcomes are improved quality of life and decreased distress related to end of life for participant and partner/caretaker

CARA THERAPY MODEL

C

Compassion

A

Allowing

R

Reconnection

A

Awe

TWO 30 MG PSILOCYBIN SESSIONS



Session 1

Participant as individual



Session 2

With partner/caretaker



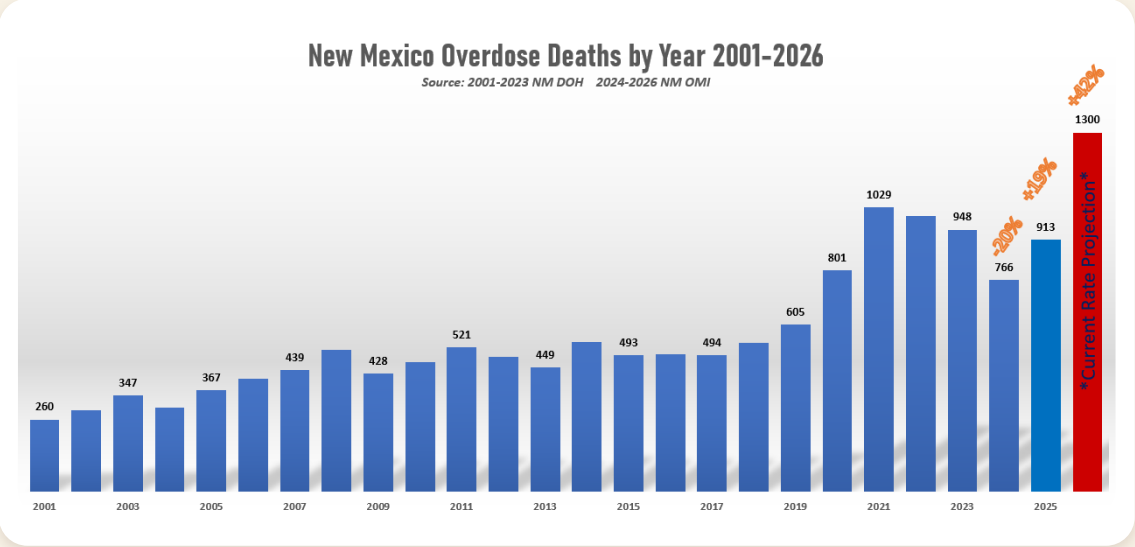
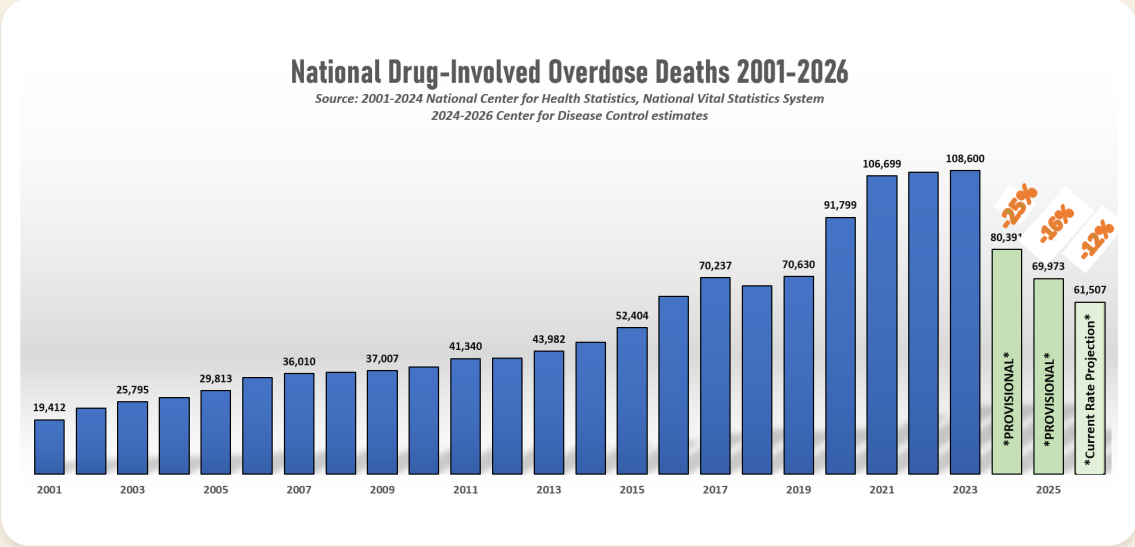
OPIOID USE DISORDER RESEARCH

When Methadone Does Not Work: Exploring Psilocybin Assisted Therapy as an Intervention for Opioid Use Disorder

Snehal Bhatt, MD

Professor, Psychiatry and Behavioral Sciences
Chief and Fellowship Director, Addiction Psychiatry
University of New Mexico

Overdose Deaths: Falling Nationally, Rising in New Mexico



UNITED STATES

Falling

–25% in 2024, –16% in 2025, and a projected –12% in 2026 (provisional data)

NEW MEXICO

Rising again

+19% in 2025, and a projected +42% in 2026 at the current rate

Treatments for Opioid Use Disorder



BEST OUTCOMES

Methadone

Daily medication dispensed at opioid treatment programs (OTPs)



Buprenorphine

Can be prescribed in a doctor's office



Injectable naltrexone

Monthly injection that blocks the effects of opioids

Out of these, methadone generally yields the best outcomes.

BUT, even methadone does not work for everyone!

Need for More Options

ON METHADONE, STILL USING

20–45%

Continued opioid use in 20-45% of patients on methadone maintenance treatment

Treatment works, but not for everyone, and not all the time!



Continued opioid use correlated with treatment dropout



Available treatments for OUD do not address psychiatric comorbidity and chronic pain, which are common in OUD, exacerbate disability, and often contribute to recurrence of use

IN PLAIN TERMS

Psychiatric comorbidity: another mental health condition, such as depression or PTSD, alongside addiction.

Need for options to augment standard of care treatments

Psilocybin as an Add-On to Methadone

A phase 2 trial of psilocybin as an adjunctive treatment for OUD patients who continue to use illicit opioids despite adherence to methadone treatment

THREE DOSES, ASSIGNED AT RANDOM

20 mg

Moderate dose

30 mg

High dose

1 mg

Low-dose control

TARGET N

240

90 in UG3, 150 in UH3

SITES

2

NYU and UNM, each
recruiting from two OTPs

FUNDER

NIDA

Two-stage UG3/UH3
grant from the National
Institute on Drug Abuse

IN PLAIN TERMS

Phase 2: tests whether a treatment works and at what dose, after early safety testing.

Double-blind, randomized: chance decides each person's dose, and neither participants nor researchers know who got which.

OTP: opioid treatment program, the clinics that dispense methadone.

What Do We Hope to Learn?

1



Is treatment safe?

2



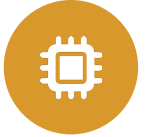
**Does it reduce
opioid use? If so,
at what doses?**

3



**How does
psilocybin affect
processes that
underlie opioid
use disorder?**

4



**Create a machine
learning
algorithm to help
us identify who
may be helped by
psilocybin?**

IN PLAIN TERMS

Machine learning: using patterns in study data to predict which patients are most likely to benefit.

Unique Aspects

A FIRST

The first clinical trial evaluating efficacy of psilocybin for treatment of OUD



Advanced machine learning approaches to identify likely responders to psilocybin

REAL WORLD APPLICATIONS

- Patients with high severity OUD [continuing to use opioids despite adherence to therapeutic doses of methadone > 60 mg]
- Intervention added on to Treatment As Usual
- Sped up intervention [90 minute prep, and two 45 minute integration]
- Intervention in part delivered by an OTP clinician, not just a trained psychedelic therapist
- Allowing inclusion of individuals with other substance use disorders, psychiatric co-morbidity, and SSRI use
- No formal psychotherapy, but a clinical support manual

Lessons Learned: An Illustrative Example



Minimal experience with classic psychedelics



Fear and negative expectancies ["I tried it once and had a bad trip"]



Using multiple substances: fentanyl, methamphetamine, and cannabis



Lost housing 1 week before session



Had not eaten in 36 hours on morning of session



Had no ride home or food to eat post session

Must be creative, patient-centered, and put basic needs first

NM Data So Far

18

Enrolled

11 F · 5 M

Female / male

44.7

Mean age (years)

\$26,550

Mean income (annual)

3

AI/AN (American Indian / Alaska Native)

2

Non-Hispanic White



Supporting Psychedelic Therapy Research in NM

Denali Wilson, Director of Strategic Support, Healing Advocacy

2027 Legislative Opportunities

- Continued funding for UNM psychedelic research
- Funding for Medical Psilocybin Act Research Fund
- Medical Psilocybin Act training and education revision

