

February 22, 2023

Salem City Council Committee on Public Health, Safety and Environment.
city council chambers at 93 Washington Street second floor

For the purpose of discussing the matter(s) With Mr. James Davis from the base
Staters for natural medicine to discuss legalizing certain plant medicines, Accordance
with chapter 107 of the act of 2022.

Attendance:

C. Cohen, C Merkel, C McLean, C Watson, C Marsillo, C Prosniewski.

James Davis: I live at 61 Montebello Street in Boston. I am here representing Bay Staters for natural medicine. We are a group of nearly 2 000 Statewide volunteers who come from practically every background that you can imagine. So, a typical Bay Staters event is someone who is struggling with anxiety, run-of-the-mill depression and wants to just come meet people and talk about the relief that they have found with psilocybin. we also have therapists who send their clients to our events just to get educated and learn, because a lot of them either don't know enough or they are worried about losing their license for giving professional and individualized advice about these medicines. So, we've really served as just a volunteer advocacy group trying to get everybody from all corners and walks of life involved and speaking with our local leaders. So, we have currently worked with six City councils to pass measures including Amherst most recently. We added one to the list and we also passed a measure specifically for law enforcement and Veterans with a city Commission of Worcester highlighting specifically how police officers how First Responders struggling with PTSD would really benefit from access to these medicines as well. The message I'd leave is We're volunteers who care and we're really excited to answer any questions you may have and here's why these matters, why we've brought you to the council chamber to talk about mushrooms tonight. A 20-year meta-analysis of clinical trials found that there are statistically significant benefits to psilocybin mushrooms cultures across the world have used them for nearly 8 000 years. Because they help people understand themselves better as people and in the right context sitting on a couch with a trusted friend or pretty soon sitting with a therapist or professional with credentialing, they can be extremely useful for seeing your life in a new way and having a new vision of yourself. It doesn't necessarily mean you're going to relive your trauma or work through just the dark stuff, it can also benefit people who are not necessarily struggling with diagnosed depression or trauma, but just are dealing with the travails of life. We all are reeling from a pandemic and lots of dislocation in our communities. Most importantly to me I would say is this is a breakthrough treatment for treating Addiction in our communities. I nearly lost my brother Jason to opioid overdose a few years ago. There

are countless North Shore families who are in the same situation where these deaths of despair are now the number one cause of Americans under the age 40. Psilocybin a single use has been associated with a 40 percent reduced risk of opiate use disorder ibogaine which is a tree shrub from Western Africa is legally available and Costa Rica in New Zealand and Mexico and yet it's still very illegal here in the United States after a single use people have reported that their opiate addiction and alcoholism and the neuroreceptors that I no doubt Dr Shields will explain to us in just a few moments are practically reset and this is a godsend for the families across the Commonwealth that are struggling with addiction, and it happens to be a very affordable godsend too next slide please so this is an analysis that our team did of commonly prescribed medication-assisted treatments including methadone Suboxone and Vivitrol now these are some of the most commonly smuggled substances into prisons in the Commonwealth because they're frankly especially the first two very addictive they have a high overdose potential we've seen in places like Boston where people line up to get methadone because it is a palliative it helps some people but it is still very highly addictive and trafficked in the United States let's just compare the cost that that imposes on our communities in terms of crime of nuisance of just the human cost of people struggling with addiction to ibogaine which a single treatment with the assistance of a nurse can be as inexpensive as a thousand dollars and save cities like Salem potentially hundreds of thousands of dollars for particularly troubled individuals not even counting the human cost of losing them so Simon mushrooms are extremely inexpensive to produce in fact one of the reasons we don't think there will be shroom shops at least widespread is because the marginal cost and revenue that you get from selling mushrooms is already extremely low and a lot of people give them away if they get a grow right so this is going to be an extremely affordable alternative for people and it's one that demands us educate people on the best and safe ways to use it because it's proliferating whether we're talking about it at a city council meeting or not next slide please and this also has huge implications just across the board for Commonwealth in terms of Public Safety the core mission of your wonderful committee tonight A 2022 study of 200,000 inmates found that a single use of psilocybin was implicated in helping people turn away from violent crime including narcotics dealing and so this is actually a way for us to reduce crime in our communities and wave for us to heal a lot of trauma that is behind those types of Tendencies to begin with next slide please this is a comparison of controlled substances that was done by the Lancet as you can see three of the most commonly talked about psychedelics psilocybin mushrooms LSD and ecstasy in this multivariate analysis were found to have the least amount of harm that's not to say they don't have any harm that's not to say that they should be used willy-nilly they should still be used at home with a trusted friend or a trusted source and it just goes to show though that alcohol probably one of the most socially destructive drugs in our communities is available at every corner store not quite every corner store and cigarettes not too far down on the list and yet psilocybin can help people abstain from cigarettes within nearly 80 percent response rate and work through the trauma that drives addictions to these other substances next slide please I'll pause before we talk about neurological conditions a bit one reason I actually start this group and it's really

personal for me, my grandfathers were veterans that served in the Pacific Theater during World War II and in Vietnam and Korea and when those men came home they were particularly good men, but they were neglectful parents because of alcoholism because they drank away their trauma and my mom essentially raised herself in a lot of ways because they were so addicted to alcohol and we all know that that intergenerational trauma manifests in a lot of ways throughout our lives psilocybin by helping people overcome these far worse substances are a great way for us to just become better versions of ourselves better neighbors,' better parents and better Partners to our communities so I guess I just put a pin in the addiction tab because it's an important one to me and a lot of members of our group Ayahuasca as well as psilocybin are remarkably beneficial for a lot of people who have struggled with both dementia but also conditions like Lyme's disease and other diseases that cause neurological Decay I've noticed across these thousands of volunteers that have come to our events throughout the Commonwealth a disproportionate amount of them have traumatic brain injuries have Lyme's disease and struggle with other neurological conditions and that's not a coincidence because the Academy of Neurology found that the only known treatment for cluster headaches which are basically migraines that drive a lot of people to Suicide are small amounts of psilocybin and LSD. The frontiers of the science again I'm going to leave that to you Miyabi but it's exciting and it starts here in us being able to even have conversations about these incredible plant medicines and it suggests in our polling both boston.com which found eight and ten likely voters support decriminalizing psychedelic plants and you know treating most controlled substance possession in small amounts as an issue of Public Health rather than you know paying fifteen thousand dollars using staff time to book people who just have a problem and so we are working on state legislation that would make this possible as well what I will say is how we write these rules matters and that's our reason for existence and the reason we go City by city and us advocacy is so that these treatments are not locked behind a lot of red tape if there are regulations like 5 000 Pages passed in Oregon or Colorado then a single treatment could cost about two thousand dollars when we just showed you can have a lot of the same benefits with a trusted friend at home and then seeing a therapist the week after and a lot of desperate people will be willing to pay that much money as much as fifteen thousand dollars is what some of the companies want to get away with charging people so it's just really important that people are educated so if they can't afford that they're still able to access this safely because if you put the rules up here at a at an unreasonable level it doesn't stop people from doing it just makes it the wild west that's why we need to put regulations where they ought to be next slide please so what do our measures mean our measures mean more conversations between parents and their kids our measures mean more conversations between people and their doctors and their therapists it means more choices for desperate people who have been looking for New Alternatives just to give a try and ultimately it means more transparency because we know from 50 years of the War on Drugs that people don't listen to the law as much as they should and that we can have a public health infrastructure that can keep people safe and make these medicines affordable and accessible another personal goal I'll share is that I think in particular law

enforcement stands to benefit from this at church a Narcotics officer with Boston PD she's on she's on leave because she's injured right now her, and her husband are big Inspirations in my life with all the stories they've brought to bear from a career in law enforcement and I've seen how as trauma coaches to other officers they struggle themselves this type of work here tonight and this type of resolution makes it possible for us to have these conversations so that people like Linda can explore that as an option for her trauma as well.

Chief Miller: obviously, as a career police officer right, I'm not an expert in these in the chemistry of this or even the brain effects. I have spent a considerable portion of my career in enforcing narcotics laws and I'm not apologetic about that, but I also don't see huge successes certainly not the kind of successes that I imagined when I went into narcotics enforcement. The indications that psilocybin could be helpful for opiate addiction is something that shouldn't be ignored um in in looking at statistics in Salem we lose about 20 people in Salem a year to opioid overdose and as a guardian of Public Safety that is the single greatest loss of life that is within my district if you will so, anything that promises to help that even save one life is I think worthwhile to look at that being said I'm loathed to give away any of the tools in the law enforcement toolbox and one of them although I think modern thinking says it shouldn't be our first tool, we reach for but one of them is making arrests that being said I looked at the number of arrests we've made recently for possession of psilocybin, and I was able to find in the last five years eight we'll say encounters with psilocybin that the Salem Police Department was involved in six of them were arrests however in every one of those arrest situations the purpose of the arrest was not a possession of psilocybin and the psilocybin wasn't a secondary charge in some cases, possession of other drugs specifically opiates were the main cause of the arrest. In other cases it was violence or possession of firearms so, in terms of priority I really don't see the enforcement of laws against psilocybin is an extremely high priority within the Salem Police Department that said two of the other two encounters that Warren arrests were I guess you would call them overdoses in one in one case in one case a fellow committed suicide was in found in possession of psilocybin in another case a fellow was had to be taken to the hospital due to a we'll say erratic Behavior so I don't think legalizing a substance like that is without risk but it's not you know I think if you weigh helping with addiction versus a few bad incidents particularly where it's controlled you know the dosages are controlled by an expert I can't I certainly can't object to experimenting within the law on that in that regard so, I you know lowering it lowering this is a priority for the Salem Police Department I think you you'd be hard-pressed to make it any lower of a priority than it already is.

Dr Christina Miyabi Shields: 469 Loring Avenue in Salem. I'm here today to speak about the science behind serotonergic which is compounds that interact with the serotonin system and the science behind what we do and don't know about it and just to take questions from people who want to know anything about pharmacology which is what I studied from 2008 to 2012. I got my Bachelor of Science in Biochemistry and molecular

biology that's where I started my research career, I started doing drug Discovery in the system that's Downstream of the endocrine system you can go to the next one I moved here to Boston in 2012 I got my PhD from Northeastern University where I studied drug Discovery in the system of the brain that interacts with cannabis so my doctorate is in the interaction at the atomic scale of these molecules with what they interact with in our brains and bodies I studied how these molecules change the receptors and enzymes they change the things that are in our brains and in the rest of our body like most of the serotonin receptors are in our stomach so I studied how those molecules will change the things inside our bodies and how that can lead to the different types of therapeutic effects it is also what leads to the dangerous side effects and the adverse effects then when I graduated in 2018, I stayed in Boston for a while until I moved here in Salem, and I have been doing industry research in the Cannabis and psychedelics Industry specifically for therapeutic purposes I was looking into how to maximize the benefits while minimizing any of the risks specifically with cannabis just as a PSA that has to do with minimizing the amount of THC that people take in, so I think with psychedelics there's a ton of harm reduction and there's a ton of therapeutic benefit and I'm here to speak a little bit about that and so for the next slide I'm not going to repeat anything that James said because I stand by everything that was in that presentation what I just want to highlight is two different papers this first one is just a study that was done in 2015 on a huge population in the U.S it actually was a study on just a general population and they happen to be asking about all sorts of substance use so in this study they basically were looking to find a link between psychedelics use and any sort of adverse mental health effects and what they found is that they were not able to find that link that's not true of alcohol that's not true of cannabis and it's also, not true of many prescription medications so psyched out to read the quotes psychedelics are not known to form the harm the brain or the body organs or cause addiction or compulsive uses serious Adverse Events involving psychedelics are extremely rare So as James said previously it's not that they don't happen it's possible to misuse anything I would argue that many of us are killing ourselves with sugar overall it is difficult to see how prohibition of psychedelics can be justified as a public health measure because overall psychedelics are not very toxic, they have a big therapeutic benefit and their toxicity you have to reach really high levels and with these adverse effects that we're seeing it truly isn't overdose it's a large dose and a lot of that has to do with the community being structured and being open enough to have the education to have these discussions and be able to talk about it so, this is just kind of like where the large metadata is in terms of does like do psychedelics actually cause say psychosis I think that's something that people regularly hear or that I think you I asked questions similar to that when we first spoke and the answer to that is that there are many different things that cause psychosis and there have certainly been instances in the universe with which interactions with psychedelics were to cause that but is it statistically likely no and for example Adderall and Ritalin Concerta Vyvanse and the stimulants that we prescribe for ADHD and for attention are also linked to psychosis and are those linked to causing psychosis in a way that is more statistically significant than psilocybin the answer of that is yes. so, this next slide is just about the accessibility as a barrier to research and

to the community of healing so, this is why we're here having this conversation and it's actually one of the reasons why I'm the most passionate about it as a research scientist because we always say that we want more research I will never say that I'm done getting more research, I think that we will always need more research regardless of where the laws stand that being said there's a huge amount of promising research out there already overwhelmingly so in a way that just does not exist with any other treatment that we currently have as an option and in fact, if we look at the next most likely treatment to be successful it's community-based interventions so AAA is a perfect example that for alcohol AAA is a community-based intervention that works very well in a combination and we can't have a community-based interact like intervention anywhere unless we have decriminalization and people feel safe to have those conversations and to build the infrastructure of community around something that isn't frowned upon, or I mean not even just frowned upon that isn't completely taboo and that's why I think the city council is incredibly important because you set that precedent for everyone else that you're speaking for all of the constituents that are in the city so this is actually from my most recent publication in the Journal of psychedelic studies and the study was on whether or not people would be willing to participate in psychedelic research and why they felt like psychedelic research should happen and I'll just read the quote participants held overwhelmingly positive perceptions indicating that they believed the research should be done so they believed the research should be done because a majority of them had a life-changing experience and that's something that's not unique to the participants in the study and qualitatively because I also have a large following as a harm reduction Advocate it's not unique just in general for people who are using these medicines for therapeutic purposes and it's not unique when we think about the traditional history of how long for thousands and thousands of years these medicines have been used for this specific type of healing so while access to the entheogens and experts and entheogenic practices are still limited future studies investigating the efficacy of these formulations will help to inform policy reform and accessibility to these traditional medicines this is what's really important to me personally because I do think that accessibility to medicine is a Health Equity thing this is certainly something that is a problem in our society health or sorry the other way around wealth buys health and that is incredibly unfortunate I know James touched on this in terms of like the accessibility of medicine these studies the participant the participants in my studies you know they flew to a different country to get access to this medicine Gwyneth Paltrow is out here getting access to this medicine right I mean this is something that people are able to access but only if they have the capital only if they have the privilege and that's not how Health Equity should be and that's actually not how it should be when you look at the popular population of people who are most significantly affected by opioid substance use by even amphetamine substance use and also just in general like we're talking about who is the most who is the most effective the most vulnerable it's going to be the people with the least amount of privilege and so right now we have a situation where only the people with the most amount of privilege is able to access this medicine and that's also why decriminalization is important because it's a way for the access to be Universal

I have one more it's kind of too much I hopefully you can see that it's pretty small there are three different colors on this graph I'm just this is my last note before I can take some questions if people have them it's a last note on needing more research oh thank you so as I said I will always believe that we need more research because I think science is awesome and I always want to understand everything more but this is just this is publicly available data if you go to pubmed.gov that is where the government kind of logs all of the scientific studies that have been happening and so you go to pubmed.gov and you can you know type in a search term it's similar to Google and it will give you a data sheet of how many Publications how many scientific Publications happen per year for that search term so in green which is the green arrows at the very left the reason it starts in 1840 is because cannabis the very first publication that is cited by the U.S federal government happened in 1840 although I think the very first mention of cannabis in formal science was done by the father of molecular biology in the 1600s so the first publication was there, and you can see it's pretty slow but then it ramps up the Greenline is the big one it's the largest one we've had the most cannabis research within the last few years and if you see kind of where 1996 is that's where that ramp really started to gain that exponential curve and 1996 is when California went medical for cannabis and that's when people started being able to research it then the next line is the purple line although it looks kind of blue there that starts in 1946 that is the first publication for psychedelics that has been done and actually that line maintains a tight a little bit higher and then there is a peak where there has been a vast increase in psychedelic research in the last recent years highly likely due to the city decriminalization ordinances and the state decriminalization ordinances that have recently passed and then just for context that red line right there which starts in 1982 that is the total number of studies that have been done on Ambien or Zolpidem, which is a common sleep medication that people use for insomnia and so you can see the red line barely but it is there in the bottom so I'm just you know giving context to how much research has been done how much research needs to be done I will always say there needs to be more research however I do think that we're looking at weighing like Risk rewards net benefits and relative understandings of molecules that we have been almost intentionally deceived by depending on the profitability of those molecules so one last thing this is just the total numbers of Publications and I actually can't read that because my eyesight's bad but it's about 35 000 for cannabis Publications there's 33000 psychedelics Publications and there's 3 000 ambient Publications and I would be I would be not biased to not mention that one of the reasons why there are not that many ambient Publications is because pharmaceutical companies do hide a lot of their research they don't encourage sharing their research with the public because of the profitability of the molecules so that is one of the reasons why there's not as much research on Ambien Prozac or fluoxetine which is outside of its patentability already it has more Publications done on it has about 16 000 Publications.

C. Cohen: In the event that we moved to a place where people could purchase a psilocybin legally whether it's in Salem OR Massachusetts, and you can draw from one of the communities that's past this. Would it be a similar model to the Cannabis where

you would have regulated you know stores retailers would it require as cannabis started in Massachusetts a prescription? Or you know right now obviously cannabis is different but when medical marijuana started it was regulated through a process where people had to get a medical card.

James Davis: I don't believe you'll see shroom stores ever, really. Or even make much of an appearance and it will also be incredibly difficult to regulate because it's so easy to produce. which is why education is important.

C. Cohen: Are you recommending that people get some kind of a medical card or it's just decriminalized in the sense that anyone could grow it can use it?

James Davis: I think that if we went the medical route, it would be big mistake because it'll cut a lot of people out from the benefits of this medicine. I think there will be quasi medical models, but I hope that that's not the only model for the reasons of accessibility.

C. Prosniewski: If this were legalized, how would you see this as a model to fight addiction? How would it work? How would be activated?

James Davis: I believe for us to normalize use of these medicines is with a group like healthy streets outreach program. Models like AAA could be adapted to where people are given a guided psilocybin experience. Communities like healthy streets Outreach like tapestry in Western Massachusetts are very eager to give people mentorship on how to use psilocybin either at home or in facilities.

C. Varela: who's sponsoring it at the state level?

James Davis: Senator Jalen and representative sabadosa and four other co-sponsors on the legislation. We have a Senate Bill filed and a house bill filed.

C. Varela: Is this the first year that you've filed?

James Davis: We filed several pieces of legislation. Filed a bill saying we should decriminalize two grams of the molecule of psilocybin, mescaline containing plaque and containing cacti ibogaine and DMT containing plants. So like Ayahuasca Vine.

C. Varela: Is that decriminalizing the sale?

James Davis: It would not decriminalize any type of commercial Exchange.

C. Verela: So, what is it decriminalizing then?

James Davis: It would decriminalize possession and growing.

C. Verela: you said that six communities in Massachusetts passed something, what did they pass?

James Davis: a version of our measure. The first four cities Somerville, Cambridge, Northampton and East Hampton have passed resolutions asking the police departments of their towns to make two things the lowest priority first.

C. Verela: What were the other two communities? What did they pass?

James Davis: Human Rights Commission passed a measure that called on the city to decriminalize plant medicines for veterans and First Responders. lot of those City councillors and Commissioners is that it shouldn't just be for veterans and First Responders.

C. Verela: Just to clarify, the four communities pass something that minimized all controlled substances?

James Davis: all minor possession of Controlled Substances should be treated as a public health issue. what is minor possession

C. Verela: does the legislation at the state level refer to these communities and what they've passed?

James Davis: it doesn't specifically refer to them.

C. Verela: Did those representatives and senators from those communities that pass, sign on to the bills?

James Davis: They did.

C. Merkel: Since it's in a hallucinogenic, are they lower doses? So you don't actually hallucinate? Is this a path forward to make a healthier product, so people are consuming what is beneficial?

James Davis: Micro dosing is basically taking about a 30th of what you would take for a bigger trip, for a bigger experience. Which is just a small wee little bit of mushroom, and the effects are really sub-perceptual. So, you're not tripping you don't have color changes.

C. Merkel: is that an issue with how people are purchasing this?

James Davis: there's definitely a product quality issue and a trust issue.

C. Chair: when it comes to whether it be micro doses or larger doses could Dr Shields kind of explain a little more on a molecular level what's happening like what's the benefit of psilocybin and concerning the safety and efficacy? like how hard it is to contaminate or add something like fentanyl to a mushroom?

Dr Christina Miyabi Shields: In terms of adding fentanyl to anything, that's it's unfortunately easy. That's a problem that I believe is happening or that I've heard has been happening. Even in cannabis not the regulated market but the Legacy market. So unfortunately, it is as easy as adding fentanyl to something because you only need a small amount of it for it to be deadly. One thing about the varieties, so, there are different medicinal types of mushrooms even though psychedelic mushrooms are just called magic mushrooms. Most of them are part of the philosophy genus but there are different types. One other advantage of decriminalization at City levels is that there is more research that gets done. Actually, it is at the state level so Oregon and Florida are the two first states that are doing research on the different types of Molecules. Even inside these mushrooms, the philosophy family of mushrooms is a bunch of them a majority of them will contain active molecules like psilocybin or psilosin. There are others that at least five to nine depending on which paper you're going to look at that have an effect. They can have very different types of effects. I know James was mentioning cluster headaches migraines as an it's a specific positive therapeutic effect.

C. McLean: I do want to continue your conversation about management of risk I think that's an important piece of the conversation and um I'm not particularly looking at that in the context of the physical risk though I think that's real people do have adverse reactions to substances that are not always predictable and you'll never get to zero on that. What are some statistics relative to the powerful impact that psilocybin in particular can have even at a single use of administration? I'm really concerned about the idea of people thinking that therapeutic practice can occur in a context where it is single use or at home that's not my understanding of therapeutic practice.

James Davis: We agree with a lot of the premises you outlined about it being an extremely powerful experience emotionally as well that's why real it's really important we get it right. We're going to have to think innovatively, and this is how we do it we educate as much as possible. We know people are going to do this anyway regardless of what the law says. Second, we set up different facilitator networks with reputable groups where people can always see like this a good idea for me to do this at all am I going to have the proper sentence heading for an experience? and if the answer is yes, they sit with someone.

C McClain: Amount of research that's currently being conducted, you have a sense how much of that research is focused on the therapeutic intersections, the clinical

applications for these kinds of medicines? versus sort of the molecular function? Is there a set of Standards or a set of best practices beginning to emerge?

Dr Christina Miyabi Shields: clinical versus basic science in general, the SKU is usually about 98 clinical because that's more relevant to all of us, the human population, and two percent of basic science. So, there're definitely basic signs being done I have former colleagues that are at Northeastern, now they're everywhere. they are working on developing new analogs, developing new derivatives like in the pharmaceutical sense and that exists in one route right of what would be us pharmaceutical drug Discovery developing new molecules and then in terms of the 98 of the clinical research that's being done on establishing dose protocols learning about whether or not certain people are more sensitive or not learning about like medicine interactions that we know in theory. I do think that it's possible to establish like set standards and rules I don't think that there is something that I could Google for you right now that would bring it up immediately, but I do know that there are many organizations that have their own version of it sure.

C. McClain: you sort of spoke to the opaque nature of some of the pharmaceutical funding. That being part of the sort of Gap in available research, in the final graph, who is sponsoring the research in these plant medicines that allowed it to have so many studies done?

Dr Christina Miyabi Shields: to my knowledge one of the biggest funders is Maps, which is I think James fatiman's original group. Maps is the multi discipline Association for psychedelic studies they also fund a lot of cannabis studies as well. They're one of the bigger organizations who fund the studies. A lot of the Psychedelic research is done not here and in different countries in which case they have a way more open structure of getting their funding from their country.

Mr. O'Connor: Brendan O'Connor I'm at 211 Rantoul Street. So, we learned that entheogens have therapeutic benefits for mental health disorders. We learned that criminalization results in unjust prosecutions and imprisonment. We learned that decriminalization allows for scientific research in other cities and states have already decriminalized antigens. And decriminalization means treating drug use as a public health issue instead of a criminal one. Furthermore, harm reduction strategy can be implemented, and this is a compassionate and evidence-based approach so then you'd say well what does that have to do with the clinical side of things, so you asked a really good question about that there were another few so what I'd like to do is first, I will speak to the clinical side of what it looks like to offer psychedelic therapy I'm not a licensed clinician I'm on the operation side so I help make this happen which has gotten me close to the actual on the ground what's involved to make this happen in a in a safe way so I will speak to that and just to underscore I am absolutely in support of decriminalization as a first move. That is the first step and then allowing this to be

prescribable and putting in a legal framework allows the clinical piece to come in, so these are two pieces is to the puzzle decriminalization definitely needs to come first. For a psychedelic therapy protocol, we have a patient who comes to us start with a psychiatric evaluation with one of our prescribers typically, full hour-long assessment. They provide medical history where the psychiatrist or psych NP know this patient in terms of their history, of their indications and reviewing a lot of the possibilities. What treatment methods are out there. So, after that discussion was had and both the prescriber and the patient agreed that psychedelic therapy would be a good option.

Council McLean: How do patients typically arrive at your doorsteps are they referred to you by another practitioner where do they come from?

Mr. O'Connor: Number one source that people find us is through their therapists or psychiatrists referring to us.

Chair: we are working on a resolution, but I feel that it would be appropriate if we do have this formal meeting.

PUBLIC COMMENT:

Matt Stella: I live at 22 Oliver Street here in Salem. I'm here speaking as a mental health clinician. I have private practice as a psychotherapist and the kind of clients I work with in patients have long-term mental health issues related usually to trauma and complex PTSD. Psychedelic medicine is so promising because it's a different model of healing it's the difference between managing symptoms for years and years where you still have the symptoms but you're managing them versus transformation and healing were You're liberated from your past and you get to have a new body, you get to respond differently in the world. You get to feel a sense of safety, you get to not tense up and react to things can you imagine the difference between transformation versus management and psychedelic medicines are non-addictive low risk and transformational in the right context.

C. Merkl: is this something you do simultaneously? Of kind of the low-grade stabilizers that traditional? If this is kind of an adjunct treatment, then this would enhance that kind of conventional treatment?

Mr. O'Connor: Depend on the substance. So, for ketamine for us right now, most of our patients are on an existing psychiatric medication. So, ketamine does not contraindicate with those. However, psilocybin MDMA certainly Ayahuasca do have some contraindications of various psychiatric meds. so, it's going to be very Case by case and we're going to need really thorough research to help us understand exactly what those are so that we can administer them safely and that's kind of like what the FDA trials are

for right. so, I think that also comes down to the importance of Education through decriminalization.

Chair Varela: I move that we keep this in committee. All those in favor of keeping in committee I see three hands plus my own matter carries thing committee oh sorry four sorry four plus my own.

Meeting is adjourned