

From: Megan Lingle <meganlealingle@gmail.com>

Sent: Tuesday, January 2, 2024 2:17 PM

To: Rep. Jennie Armstrong <Rep.Jennie.Armstrong@akleg.gov>

Subject: Support and Inquiry Regarding Psychedelic Decriminalization in Alaska

Dear Representative Armstrong,

I trust this message finds you well. I was delighted to learn about your efforts to introduce a bill aimed at decriminalizing psychedelic medicines in Alaska. I am reaching out to express my enthusiasm as I embark on a new journey in the M. Ed. in Clinical Mental Health Counseling program at UAF, with my first semester set to commence this month. My ultimate goal is to contribute to the field of psychedelic-assisted therapy upon completion of my degree.

Given the challenges ahead, I am eager to inquire about the current initiatives to pass legislation legalizing psychedelics in Alaska. Currently residing in Juneau and hailing from Kake, AK, my personal experiences have fueled my passion for advocacy. Having grown up in a rural village in Southeast Alaska, I witnessed the profound impact of substance abuse and suicide on our community. I aspire to serve the Alaska Native community in Southeast Alaska as a Clinical Mental Health Counselor with the Indian Health Service (IHS), pivotal in providing healthcare services to our community. However, there is an urgent need for improvement in mental health care. I am deeply committed to facilitating healing, particularly among the younger generations who bear the burden of intergenerational trauma caused by racism, colonialism, and the legacy of boarding schools.

The trauma resulting from these experiences has led to pervasive issues such as high poverty rates, substance abuse, domestic violence, depression, and suicide in our communities. Considering these challenges, I am contemplating contacting my legislators, Senator Jesse Kiehl and Representative Andi Story, to discuss this matter. However, before doing so, I seek your insights and guidance.

I am eager to contribute in any way possible to support your mission. Please let me know if there are specific actions or campaigns I can actively participate in or promote. Your counsel on navigating the legislative landscape and any pertinent information you can share would be immensely valuable. Additionally, I wanted to bring to your attention the recent announcement by MAPS PBC regarding the submission of a New Drug Application to the FDA for MDMA-Assisted Therapy for PTSD on December 13, 2023. Here is the link for your reference: <https://mapsbcorp.com/news/mdma-for-ptsd-fda-submission/>

I wholeheartedly endorse your mission and am dedicated to supporting the availability of psychedelic-assisted therapy in Alaska. Thank you for the crucial work you are undertaking, and I look forward to the possibility of collaborating with you in the future.

I am wishing you a Happy New Year!

Sincerely,
Megan Lingle

907-723-0537

Sethan Tigarian

From: Bailey Stuart <stuartconsultingak@gmail.com>
Sent: Monday, January 15, 2024 4:51 PM
To: Sen. Forrest Dunbar
Subject: SB 116 Public Support Letter

Good Afternoon Senator Dunbar,

I wanted to reach out to you and show my support for SB 116. I have been a supporter of alternative medicines for years and thought I would never see the day that the State of Alaska would see a bill of this kind introduced. I want to thank you and your staff for taking on a bill that will educate so many on mental health issues in Alaska and the use of psychedelic medicine. This is no easy task, and I wanted to express my sincere gratitude for the work and education you and your staff have taken on. Alaska was the 3rd state to legalize cannabis and I would love to see the State of Alaska lead the way again with strong mental health support for our residents and to legalize psilocybe for therapeutic work.. I will be watching this bill closely and submitting public comments when appropriate. If I can ever be of assistance please feel free to reach out.

Thank you.

Sincerely,

Bailey Stuart
Stuart Consulting
(907) 671-4884

Sethan Tigarian

From: Sara Kozup-Evon <sara@alaskacompass.com>
Sent: Wednesday, January 24, 2024 2:43 PM
To: Sen. Forrest Dunbar
Subject: SB 166

Senator Dunbar,

Thank you for the introduction of HB 228/SB 166, for the establishment of a psychedelic task force. Mental health and safe drug policy are serious concerns in Alaska- and your introduction of this bill is an exciting turn for public health.

I am a Psychiatric Nurse Practitioner in private practice in Anchorage who currently provides medication assisted therapy in a psychedelic framework with the only compound, ketamine, that is currently federally legal in the United States. I have completed a year long fellowship in psychedelic assisted therapy and have completed the highest level of MAPS training currently available outside of research setting to provide MDMA assisted therapy for post traumatic stress disorder.

I am concerned about the bill's language that the health care representative be from the Alaska Psychiatric Association. This organization represents only physicians in the state of Alaska. Physicians are poorly equipped to speak for the health care workers who actually do the work of providing psychedelic assisted therapy.

Physicians are trained in the medical model, which involves significant power dynamics and hierarchy. This is a poor fit for psychedelic healing work. Physicians are also more likely to have certain financial expectations for themselves, which makes them incredibly unlikely to actually provide the time consuming services of psychedelic therapy.

Health care workers are currently providing psychedelic assisted therapy in Alaska today, and these people are Advanced Practice Registered Nurses and therapists, not physicians. Please include these experienced voices in the psychedelic task force.

With thanks,

Sara Kozup-Evon
Doctor of Nursing Practice
Psychiatric Mental Health Nurse Practitioner- Board Certified
907-744-0749

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Please do not use email for emergencies. If you are facing an urgent matter, please call 911 or go to your nearest emergency room. If you are in crisis, you can also call the National Suicide Prevention Lifeline at [800.273.8255](tel:800.273.8255) or the Providence Crisis Line at 907-563-3200.

Sethan Tigarian

From: Joel Wieman <joelwieman@gci.net>
Sent: Saturday, January 27, 2024 8:05 PM
To: Sen. Forrest Dunbar
Subject: Psychedelic Talk Force

I would like to urge you to include a nurse and a psychologist on the psychedelic task force on the bill you are sponsoring. Each profession has information to add that physicians may not have. Nurses are frequently those who administer medications and psychologists do far more actual therapy than physicians.

Thank you for your consideration,

Joel B, Wieman Ph.D.

Sent from my iPad

Sethan Tigarian

From: Paige Begich <paige.begich@gmail.com>
Sent: Saturday, January 27, 2024 5:15 PM
To: Sen. Forrest Dunbar; Jennie.Armstrong@akleg.gov
Subject: Alaska mental health and psychedelic task force

Thank you both so much for sponsoring SB 166 and HB 288 establishing a psychedelic task force for Alaska! This is a great first step for thinking through the public health opportunities found in psychedelics for Alaskans with mental health concerns. You all have done an admirable job of including diverse voices.

Unfortunately the only health care worker seat on the task force is chosen by the Alaska Psychiatric Association. This organization only represents physicians.

At this time, the only federally legal compound allowable for psychedelic therapy/medication assisted therapy in Alaska is ketamine. The health care workers who are investing their time to become certified in psychedelic assisted therapy and provide this care are actually advanced practice nurses and therapists. Medication assisted therapy is time consuming and requires a specialized skill set. Sessions last between two to eight hours. Again- it is the nurses and therapists who do this work, and physicians do not understand our independent practice, scope and licensing concerns.

The medical model has not actually met the mental health needs of Alaskans, and psychedelic care is an opportunity to do things differently. Placing a physician in a position where they speak for all health care workers is a replication of a very tired and ineffective model of care.

Please consider to add a nurse and a therapist for full representation on the task force. Examples of organizations could nominate a nurse include The APRN Alliance, the Alaska Board of Nursing, and the Alaska Nurse Practitioner Association.

Thank you for your consideration, and I am happy to discuss this further if you would like.

Paige Begich
907-360-5352

Sent from my iPhone

Sethan Tigarian

From: Patricia Chapman <chapman.patricia87@gmail.com>
Sent: Sunday, January 28, 2024 12:28 AM
To: Sen. Forrest Dunbar
Subject: Psychedelic Assisted Therapies

Forrest,

I appreciate that you're helping to bring the use of psychedelic assisted therapies into the political discussion, please know that the actual therapy is facilitated by either a Psychiatric Nurse Practitioner solo or with the aid of a licensed clinician. The medical doctor (psychiatrist) does not provide psychadelic assisted therapy. They may prescribe and monitor use of the psychedelic, but they do not undergo the extensive training and education to make that experience actually beneficial for the patient.

Please consider expanding the board to include both a Psych Nurse NP and a licensed clinical therapist (or Psychologist). We need the actual experts in this field speaking on the issue.

Regards,

Tricia Chapman
1335 Sunrise Dr

Sethan Tigarian

From: Rachael Langerman <rachaellangerman@icloud.com>
Sent: Sunday, January 28, 2024 7:52 PM
To: Sen. Forrest Dunbar
Cc: Rep. Jennie Armstrong
Subject: SB 166 and HB 288

I do not believe a physician is able to represent all healthcare providers. I believe a nurse, nurse practitioner, or therapist who practices these types of therapy should be a representative on the task force.

Examples of organizations could nominate a nurse include The APRN Alliance, the Alaska Board of Nursing, and the Alaska Nurse Practitioner Association.

Thank you,
Rachael Langerman MSN, APRN, PMHNP-BC
907-205-1525

~Sent from Rachael's iPhone~

Sethan Tigarian

From: Juniper <mellingbar@gmail.com>
Sent: Monday, January 29, 2024 4:17 PM
To: Sen. Forrest Dunbar; Rep. Jennie Armstrong
Subject: HB 288/SB 166

Dear Senator Dunbar and Representative Armstrong,

Thank you for your time and dedication to raising awareness to the important topic of mental health to our legislative body.

My name is Jennifer Talley, I am a Mental Health Nurse Practitioner providing services for Alaskans. I have lived in the state most of my life and feel a strong conviction to share thoughts regarding SB166/HB 288.

While I stand in support of the therapeutic uses of plant entheogens and other “psychedelics”, it is time we rethink what the experience of the medical model of mental health treatment has been. Under the medical model of treatment, profits have been prioritized over people. Evidence of this act of structural violence can be witnessed throughout our country and Alaska is no different. Many people lack access to care because of the way the system is arranged.

Community and individual healing can happen when we look to a more connected pattern of engagement, rather than a single point of contact such as a physician. It is difficult to shift our approach to healing in the face of institutional pressure for conformity, however, working in community, envisioning a new approach brings hope.

Addressing systemic roots of distress, engaging in community based healing, cultivating a holistic approach to well-being, and creating a multi-stakeholder governance are concepts to consider when addressing language in a bill and how psychedelics can work in creating healing in community.

In the bill's language, it states that the only healthcare representative will be chosen by the Alaska Psychiatric Association, which represents only Physicians. This does a grave disservice to all those involved in the work of the movement to create social and economic reconnection such as nurses, therapists, coaches, and advanced practice nurses (APRN), like myself. APRNs make a large contribution to the care of the people and are not represented by physicians.

I propose adding a therapist and APRN position to the psychedelic task force for a more holistic approach to caring for our state.

I would be happy to discuss more on this topic anytime.

Thank you for your time,

Jennifer Talley, PMHNP
POBox 1086
Haines, AK 99827
907-314-0864



P.O. Box 240443
Anchorage, Alaska 99524
aprnalliance@gmail.com
aprnalliance.org

February 2, 2024

Senator Dunbar
State Capitol Room 125
Juneau AK, 99801

Dear Senator Dunbar,

The Alaska Advanced Practice Registered Nurse Alliance (Alaska APRN Alliance) supports the passage of SB166 and its companion bill HB228 introduced by Representative Armstrong with an **amendment to include a dedicated seat on the psychedelic task force for an Advanced Practice Registered Nurse, as selected by the governing body of the Alaska APRN Alliance.**

- Advanced Practice Registered Nurses are licensed to practice in Alaska and, because of specialized education and experience, are certified to perform acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the board of nursing (Sec. AS 08.68.850). In addition, we have specialty training in clinical public health, ethics, developing systems of care, and patient advocacy. We would like the opportunity to speak for our profession and our patients.
- Psychedelic therapy sessions last between two to eight hours. The health care professionals most likely to provide this care are advanced practice registered nurses and licensed therapists.
- As currently written, the only dedicated healthcare provider seat on the psychedelic task force is chosen by an organization that represents only physicians.
- The mental health needs of Alaskans have not been met with our current system. Psychedelics are a promising new approach to meet this need and provide an alternative approach. The strengths-based, whole person approach of the advanced practice registered nurse role is an important voice to add when developing new systems of care and treatment, increasing access to care and promoting the public's health.

We hope you will take our proposed amendment into consideration. Thank you for your time and the focus you have placed on the important public health concern of psychedelic care.

Sincerely,

Marianne Johnstone-Petty, DNP, FNP-C, APRN, ACHPN
President Alaska APRN Alliance

Sara Kozup-Evon, DNP, PMHNP-BC, APRN
President-Elect Alaska APRN Alliance

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Date: February 3, 2024

To: Senator Forrest. Dunbar, Representative Jennie Armstrong

Co-Sponsor Senator Elvie Grey Jackson

RE: HB228 and SB166

Comment: Thank you for your proactive leadership to address the emergence of psychedelic treatments in the mental health delivery sector.

Request: Inclusion in the taskforce a seat for a Psychiatric Mental Health Nurse Practitioner, Advanced Practice Registered Nurses, (PMHNP, APRN) specializing in the care and treatment of our community members suffering from treatment resistant depression, chronic suicidality and post traumatic stress disorders.

Comment: As a practicing clinician and business owner of private outpatient mental health clinics in Fairbanks, Kenai and now Anchorage, I am keenly aware of the need for improved options for treatments. Serving clients with coverages that include Medicaid, Medicare, TriCare, and commercial insurances PMHNP, APRN's are well positioned to understand the barriers to access for services. As well as the need for functional and well-funded, collaborative models of care.

Thank you for your consideration of this request.

Sincerely,

Teresa Lyons, PMHNP, APRN

CEO ND Systems Inc.

Cc: Senator Scott Kawaski, Representative Maxine Dibert; Senator Jesse Bjorkman, Representative Justin Ruffridge, Senator Cathy Giessel, Representative Craig Johnson



CITIZENS COMMISSION ON HUMAN RIGHTS

February 5, 2024

SENATE LABOR & COMMERCE COMMITTEE

SB 166 - MENTAL HEALTH/PSYCHEDELIC MED. TASK FORCE

Dear Senator:

Please vote no on SB 166. The effort to use psilocybin is simply another effort to manipulate brain chemistry to improve mood. We can look to what is happening in Oregon with their experiment with psilocybin where they are already experiencing long-lasting negative side effects. If a new Alaska ordinance is simply based on ideal lab studies of effects at 7, 14 or even 30 days, where those not responding or having negative responses are removed out of sight, we get a false impression of what is really happening.

“Oregon’s psilocybin policy poses serious risk in other ways, as well. Individuals who may be predisposed to a negative psilocybin experience (or a “bad trip”), such as those with psychotic disorders, severe mood disorders, or personality disorders, will have ready access to the drug and some may have long-lasting negative effects from receiving it. In a recent study of individuals with self-reported bipolar disorder, 32% described unwanted outcomes, including increasing manic symptoms, during or within 14 days of a “full psychedelic journey” from psilocybin.”

“In addition, clinical trials have been extremely exclusionary in selecting participants, so there is little data on the effect of psilocybin in real-world populations of patients with psychiatric disorders.” - *Opinion: Oregon’s sketchy framework for psilocybin program portends a new implementation disaster* OregonLive.com
<https://www.oregonlive.com/opinion/2023/08/opinion-oregons-sketchy-framework-for-psilocybin-program-portends-a-new-implementation-disaster.html>

The issue of chemical imbalances in the brain has long been a promotion by the mental health industry. But this has come under great scrutiny and has been found to not support the current ways in which psychiatric drugs are being promoted.

“There is no convincing evidence that depression is caused by serotonin abnormalities.”

“Many people take antidepressants believing their depression has a biochemical cause. Research does not support this belief.”

“The notion that antidepressants work by elevating serotonin levels is not supported by the evidence.” - *Psychology Today* 7/24/22 – Depression is not caused by Chemical Imbalance in the Brain – We don’t know how antidepressants work

Public mental health already suffers from the inability of public mental health to create health. This was recognized by the New York Times when they concluded psychiatry has done:

“little to improve the lives of the millions of people living with persistent mental distress.
Almost every measure of our collective mental health—rates of suicide,

anxiety, depression, addiction deaths, psychiatric prescription use—went the wrong direction, even as access to services expanded greatly.” New York Times 2021

There is a documented pattern of promoting the latest and greatest psychiatric drug treatment, only to have it give way to the next great advance which also fails, as it is built on the same principal, chemically managing life’s problems.

“Drug companies take marketing advantage of the loose DSM [Diagnostic and Statistical Manual of Mental Disorders] definitions by promoting the misleading idea that everyday life problems are actually undiagnosed psychiatric illness caused by a chemical imbalance and requiring a solution in pill form.” *Professor Allen Frances*

We need to point out what medicine we can focus on.

“As a practicing psychiatrist and neurologist, I’ve successfully diagnosed and treated hundreds of patients whose emotional and behavioral symptoms were caused by tumors, infections, toxins, medication errors, genetic diseases, and other physical problems. Most of them came to me after being tagged with psychiatric labels – manic depression, anxiety disorder, attention deficit disorder – and being given powerful mind-altering drugs or referral for psychotherapy. By the time they called my office, many were desperate, some were suicidal, and few had been significantly helped.” *Sidney Walker III, DR. Author - A Dose of Sanity*

The need for medical “differential diagnosis” described by Dr. Mary Ann Block:

“All patients should have what is called a “differential diagnosis.” The doctor obtains a thorough history and conducts a complete physical exam, rules out all the possible problems that might cause a set of symptoms and explains any possible side effects of the recommended treatments.”
- *Dr. Mary Ann Block*, author of *Just Because You’re Depressed Doesn’t Mean You Have Depression, Depression Is a Symptom Not a Disease, So Find the Cause -- Fix the Problem*

To make an advance, we must move away from the ideology of chemically managing behavior.

“There is now unequivocal evidence of the failures of a system that relies too heavily on the biomedical model of mental health services, including the front-line and excessive use of psychotropic medicines, and yet these models persist.” - *former UN Special Rapporteur Dainius Pūras, M.D.*

Please vote NO on SB 166! We should not further condone the failed concept of mind-altering drugs for behavior control.

Sincerely,



Steven Pearce
Director

Depression Is Not Caused by Chemical Imbalance in the Brain

We don't know how antidepressants work.

Posted July 24, 2022 | Reviewed by Jessica Schrader

KEY POINTS

- There is no convincing evidence that depression is caused by serotonin abnormalities.
- Many people take antidepressants believing their depression has a biochemical cause. Research does not support this belief.
- The notion that antidepressants work by elevating serotonin levels is not supported by the evidence.

Major depression is one of the most common psychological disorders, affecting more than 23 million adults and adolescents each year in the U.S. It carries economic costs in the hundreds of billions and is a major risk factor for suicide.

The causes of depression have been long debated, yet a common explanation holds that the culprit is Attachment #3 Continued:

“chemical imbalance” in the brain. This notion emerged, not coincidentally, in the late '80s with the introduction of Prozac—a drug that appeared to be helpful in treating depression by increasing levels of the brain neurotransmitter serotonin.

Pushed heavily by the pharmaceutical industry, as well as reputable professional organizations such as the American Psychiatric Association, this storyline has since become the dominant narrative with regard to depression, accepted by the majority of people in the U.S., and leading more and more people to think of their psychological difficulties in terms of chemical brain processes. Depression treatment, in turn, has leaned ever more heavily on antidepressant medications, widely touted as the first, and best, intervention approach.

The idea that depression is caused by chemical imbalance in the brain—specifically lower serotonin levels—and can therefore be treated effectively with drugs that restore that balance appeared for a while to be an all-around winner. It provided clear answers for both physicians

and their suffering patients—an elegant explanation of the symptoms and a readily available remedy in pill form; pharma companies made money.

Before long, however, two nontrivial problems have emerged regarding this promising storyline. First, antidepressant drugs turned out to be far less effective in treating depression than once hoped and advertised. About half of patients get no relief from these medications, and many of those who do benefit find the relief to be incomplete and accompanied by distressing side effects.

Moreover, research has shown that drug effects are often no better than those achieved via placebo, and may not lead to a better quality of life in the long term. A 2010 review of the literature summarized: “Meta-analyses of FDA trials suggest that antidepressants are only marginally efficacious compared to placebos and document profound publication bias that inflates their apparent efficacy... Conclusions: The reviewed findings argue for a reappraisal of the current recommended standard of care of depression.” Antidepressant medication is no miracle cure.

Second, the “chemical imbalance” hypothesis—the notion that low serotonin causes depression and that antidepressants work by elevating those levels—has failed to find empirical support. Over the past several decades, research into the serotonin-depression link has branched out into multiple lines of inquiry. Studies have looked to compare levels of serotonin and serotonin products—as well as

Attachment #1 continued:

variations in genes involved in serotonin transport—for depressed vs. non-depressed people. Other studies sought to artificially lower serotonin levels (by depriving their diets of the amino acid required to make serotonin), looking to establish a link between low serotonin and depression.

A recent (2022) exhaustive "[umbrella review](#)" (a review of meta-analyses and other reviews) of this diverse literature by Joanna Moncrieff of University College London and colleagues examined the accumulated evidence in all the above lines of inquiry. The conclusions are clear: **"The main areas of serotonin research provide no consistent evidence of there being an association between serotonin and depression, and no support for the hypothesis that depression is caused by lowered serotonin activity or concentrations."**

Lead author Joanna Moncrieff said, "I think we can safely say that after a vast amount of research conducted over several decades, there is no convincing evidence that depression is caused by serotonin abnormalities, particularly by lower levels or reduced activity of serotonin... Many people take antidepressants because they have been led to believe their depression has a biochemical cause, but this new research suggests this belief is not grounded in evidence."

The review did find a strong link between adverse and traumatic life events and the onset of depression, which points to the possibility that environmental stress factors in the emergence of the disorder more heavily than do internal brain processes. Moncrieff notes: **"One interesting aspect in the studies we examined was how strong an effect adverse life events played in depression, suggesting low mood is a response to people's lives and cannot be boiled down to a simple chemical equation."**

The upshot of all this for laypersons is twofold. First, you should realize that while antidepressants may work for you, they do not work for everybody, and we do not know how they work. Anyone who tells you differently is lying—to you or to themselves (or both).

Second, if you hear a medical professional using the term "chemical imbalance" to explain depression, you are hearing a fictional narrative (or a sales pitch), not scientific fact. Look for better-quality care.

<https://www.psychologytoday.com/us/blog/insight-therapy/202207/depression-is-not-caused-chemical-imbalance-in-the-brain>

End

From: Steven Pearce <cchrseattle@outlook.com>
Sent: Thursday, February 15, 2024 10:50 PM
Subject: SB 166 Mental health Psychedelic Task Force -

CITIZENS COMMISSION ON HUMAN RIGHTS

February 16, 2024

Senate labor & commerce Committee

SB 166 - MENTAL HEALTH/PSYCHEDELIC MED. TASK FORCE

Dear Senator:

As you consider SB 166, please consider the link between violence and psychiatric drugs. And we can also note we already have usage of psychedelics around the U.S. even though they are illegal. Please let us know if we can discuss this further.

CCHR Cautions Legislators As FDA Weighs Approval Of Psychedelics Amid Rising Violence

“CCHR has documented 103 incidents of senseless violent crimes committed by perpetrators taking or withdrawing from psychiatric drugs, resulting in 532 deaths and 973 wounded. Approving psychedelics for mental health use will only exacerbate this.”

Mental health watchdog says adding psychedelics as approved mental health treatment will fuel more acts of drug-induced violence in the community.

By Jan Eastgate, President, CCHR International, November 10, 2023

As the Food and Drug Administration (FDA) considers the approval of prescription psychedelic drugs for addressing mental health issues, the Citizens Commission on Human Rights International urges policymakers to exercise caution, emphasizing that such a move may further augment the array of psychiatric drugs already associated with inciting violent tendencies. The group's compelling report, [*Psychiatric Drugs Create Violence and Suicide*](#), meticulously referencing numerous studies linking psychotropic drugs to instances of violent and homicidal behavior, is undergoing an update to emphasize the potential risks associated with approving prescription psychedelics. The organization believes that such approval could contribute to the prevailing epidemic of acts of senseless violence, underscoring instances of illicit psychedelic use already linked to such acts or thwarted attempts.

CCHR has documented 103 incidents of senseless violent crimes committed by perpetrators taking or withdrawing from psychiatric drugs, resulting in 532 deaths and 973 wounded. Approving psychedelics for mental health use will only exacerbate this.

Consider a recent incident where an off-duty pilot, Joseph David Emerson, 44, had taken psilocybin (magic mushrooms) because of his worsening mental health condition, 48 hours before boarding a flight. Flying in the crew's jump seat, he suddenly announced, "I'm not OK," and attempted to pull the handles to cut the plane's engines. If not subdued by the crew, the plane would have gone into a glide and, if crashed, killed all 83 on board. After being subdued, court records report he calmly walked to the back of the plane and told a flight attendant, "You need to cuff me right now or it's going to be bad." He believed he was having a nervous breakdown and felt like he was dreaming.[\[1\]](#) The crew cuffed his wrists, and despite this, during the plane's descent, he "turned towards an emergency exit door and tried to grab the handle."[\[2\]](#) On October 23, Emerson was charged with 83 counts of attempted murder. He is also facing 83 counts of reckless endangerment, a misdemeanor, and one felony count of endangering an aircraft.[\[3\]](#) A loving father of two sons, his wife said his actions were completely out of character.[\[4\]](#)

In June 2023, another incident occurred in Washington State with psilocybin implicated. U.S. Army Specialist James Kelly, 26, shot and killed two and wounded three others at the Beyond Wonderland electronic dance music festival after ingesting psychedelic mushrooms, and started hallucinating. Kelly told police that psilocybin may have made him violent.[\[5\]](#)

Pro-psychedelic proponents claim the drug psilocybin could not have been affecting Emerson several days after he'd taken it. However, psilocybin primarily affects the brain by interacting with serotonin receptors, as do antidepressants like Prozac. A hair test shows psilocybin can last in the body as long as 90 days.[\[6\]](#) With Prozac, it can show up in the body for at least 25 days, but it's possible to stay in the urine for around three months.[\[7\]](#)

These enduring traces set the stage for psilocybin to potentially cause "derealization"—a side effect of the drug that gives one a feeling of detachment from one's surroundings. People often describe the experience as feeling as though they're in a movie or a dream. "Psychotic-like behavior" is also among the drug's risks.[\[8\]](#)

An October 2023 study published in the journal *PLOS One*, analyzed extended difficulties reported by 608 participants following psychedelic experiences. The "common forms of extended difficulty were feelings of anxiety and fear, existential struggle, social disconnection, depersonalization and derealization," researchers from the U.S. and UK found. For approximately one-third of the participants, problems persisted for over a year, and for a sixth of them, they endured for more than three years. Transient visual distortions experienced after taking a psychedelic substance were reported by 40–60% of users.[\[9\]](#)

Additionally, the study shows that 8% of U.S. adults ages 19–30 reported past-year usage of psychedelics in 2022, compared to 3% in 2012. U.S. adults aged 35–50 reported even higher growth in usage, from less than 1% in 2012 to 4% in 2022.[\[10\]](#)

While largely referring to illicit uses of the drugs, the authors stated that the "variety of profoundly challenging experiences that can occur following the use of psychedelics" can also occur following use in *guided settings*.[\[11\]](#)

In the 2020 Global Drug Survey of LSD and psilocybin, 22.5% of the total sample reported at least one negative outcome, with the most common being “mental confusion, memory problems, or racing thoughts.”[\[12\]](#)

Meanwhile, clinical trials for psychedelic therapy are close to gaining FDA approval in the U.S., and therapy involving MDMA (commonly known as Ecstasy or Molly), or psilocybin is already available in Australia as of 2023.[\[13\]](#)

In Portland, Oregon, where psilocybin was legalized in a November 2020 election after a campaign that promised psychedelics as the solution to America’s mental health problem,[\[14\]](#) Oregon’s Psilocybin Services (OPS) under the Oregon Health Authority has the power to license and regulate the manufacturing, transportation, delivery, sale, and purchase of psilocybin products and the provision of psilocybin services. Psilocybin service centers began to open their doors in the summer of 2023.[\[15\]](#) “For roughly six hours, adults over 21 can experience what many users describe as vivid geometric shapes, a loss of identity and a oneness with the universe,” according to PBS. No prescription or referral is needed. A client can wind up paying over \$2,000.[\[16\]](#)

In addition to psychedelic-induced violence, there are also cases of violence linked to psychiatric drugs, either during their use or while the person is in withdrawal.

For example, while we do not know what drug Robert Card, the U.S. Army reservist accused of killing at least 18 people and wounding 13 in Maine in October was withdrawing from at the time, one of his family members reported that he had been “hospitalized for mental health issues and prescribed medication that he stopped taking.”[\[17\]](#) In mid-July 2023, the Army officers became concerned that Card was acting erratically while the unit was training at the U.S. Military Academy at West Point in New York. Military commanders asked for the police to be called who took him to the Keller Army Community Hospital at West Point for evaluation, where he was treated as an inpatient for several weeks.[\[18\]](#) Keller Army Community Hospital website says it offers “behavioral Services” that include psychiatric drug management; psychiatric assessment; psychological testing; and crisis intervention.[\[19\]](#) Despite his treatment, he recently threatened to shoot up a National Guard Base, according to an NBC report.[\[20\]](#) On 27 October, Card was found dead of a self-inflicted gunshot wound, following a 2-day manhunt.[\[21\]](#)

On October 3, 2023, a 14-year-old was arrested for going on a shooting spree at Siam Paragon, a major shopping and entertainment venue popular with tourists in Bangkok, Thailand. He had been receiving psychiatric treatment but had skipped his prescribed drug on the day of the incident.[\[22\]](#) This means he would have been in the throes of a psychiatric drug withdrawal.[\[23\]](#) If he was taking an SSRI antidepressant, post-withdrawal effects may last several months to years and include disturbed mood, emotional lability (excessive emotional reactions and frequent mood changes) and irritability, according to a study analyzing withdrawal symptoms reported by patients.[\[24\]](#)

In January 2023, in Duxbury, Massachusetts, midwife Lindsay Clancy, 32, fatally strangled her three children (ages 5, 3, and 8 months) and then attempted suicide while her husband was out buying food. Mrs. Clancy survived a 20-foot fall. Her legal defense at the time was that she was grossly “overmedicated” and had been prescribed at least nine psychiatric drugs for post-partum depression between October 2022 and January 2023: fluoxetine (Prozac), zolpidem (Ambien), clonazepam (Klonopin), diazepam (Valium), lamotrigine (Lamictal), lorazepam (Ativan),

mirtazapine (Remeron), quetiapine fumarate (Seroquel), and trazodone. This followed the birth of her third child.[25] In meticulous daily journal entries, “she detailed that she had difficulties with each of the medications that were prescribed to her,” Assistant District Attorney Sprague told the court, who added: “She always took medications as prescribed.”[26] On January 1, 2023, she checked herself into McLean Hospital, a psychiatric facility in Belmont, Massachusetts. Her attorney says she was taken off one drug and put on another then discharged.[27] On January 5, 2023, she was discharged from McLean Hospital.[28] Not three weeks later, she allegedly killed her children. Dr. Paul Zeizel, a clinical psychologist, hired to evaluate Clancy, said she had been given an astonishing list of 13 different drugs over the course of eight months, which Zeizel said remained a “conundrum” on how this occurred. “This is not normal [this amount of drugs],” he said.[29]

“Violence and other potentially criminal behavior caused by prescription drugs are medicine’s best kept secret,” says Prof. David Healy, an international expert on psychopharmaceuticals.[30] Now the FDA and psychiatry’s plan is to add psychedelic drugs to the mix. Any adverse effects will be explained away as another ‘mental disorder,’ obfuscating the drug effects. The latest American Psychiatric Association’s *Diagnostic and Statistical Manual for Mental Disorders-5* already outlined this in cases where adverse symptoms are prolonged and distressing, calling it “Hallucinogen Persisting Perception Disorder.”[31]

Ketamine, an anesthetic being used to treat depression and other so-called mental disorders, without FDA approval, is already being widely prescribed in ketamine infusion clinics throughout the U.S. Ketamine use is associated with numerous side effects, including flashbacks, amnesia, delirium, and *aggressive or violent behavior*, according to a study published in the *Korean Journal of Physiology & Pharmacology*. [32]

In May 2020, ketamine was at the center of two lawsuits alleging that prescriptions of the drug made people carry out extreme acts of violence. *Vice* reported, “the two lawsuits, which both involve ketamine prescribed for chronic pain, will serve as a warning to the rising number of clinics using potent, controlled drugs to treat highly vulnerable patients.” In the first case, it is alleged that ketamine given to an Albuquerque man by doctors caused him to set himself on fire. Gabriel Saenz was receiving ketamine infusion therapy for chronic migraines at the Injection and Infusion Clinic of Albuquerque. Two days after his final treatment, Saenz, 32, “stabbed himself multiple times, inhaled combustible fuel, and set himself on fire,” according to the lawsuit, which was first reported by the *Albuquerque Journal*. [33]

In the second case, police were called to a “rape in progress” at the home of Joseph Branchflower, who had been prescribed a nasal spray of ketamine by his doctors at Oregon Health Science University (OHSU) to treat chronic pain in his lower back and groin. Branchflower took the drug every day for about three weeks. Police officers were called to his home because of a suspected rape of his wife. Upon their arrival, he made death threats to them and punched one officer in the face. He was charged with the attempted rape of his wife and assault against the responding officers and spent 45 days in jail.

“I don’t feel like I’m fully here.”

The above quote was from an article dated November 17, 2022, about “depersonalization after psychedelics,” noting, “post-psychedelic derealization has been in the news, due to the Alaska

Airlines pilot who thought he was in a dream two days after taking magic mushrooms and tried to crash the plane he was on.”

The article by Jules Evans, one of the authors of the *PLOS One* study, detailed an account of a woman who experienced suicidal depression and insomnia after an ayahuasca trip, and who still reports the symptoms of depersonalization and derealization four years later. Ayahuasca (pronounced ‘eye-ah-WAH-ska’) is a plant-based psychedelic brew that can cause hallucinations.

Aisha is a Turkish-American lady in her mid-20s who lives in the U.S. and works in media. She has experienced depression and anxiety since her childhood. According to the article, “She heard that psychedelics can give people ‘10 years of therapy in a night’ and decided to give it a go. Aisha researched the risks.... She says: ‘I read the first ten pages on Google about psychedelics and psychedelic therapy, and it was all about the benefits.’” She went to a two-night ayahuasca retreat in Peru, where she was given the brew under a nurse’s supervision.

After the second dose, she reported:

“It started to hit me. I started crying, screaming, shaking uncontrollably. I started having visual hallucinations. I tried to get out of there. I went to the restroom because that was the only place there was light. An overwhelming sadness and panic went through my body and I didn’t know where it was coming from, so I didn’t know how to fight it. I kept going to the restroom and they tried to calm me down and I said ‘can you please take me to a hospital?’ I forgot who I was, who my family was. I felt I was dumb for doing this, and now I’m dying...And then I lost all sense of time and space. I felt like I died and they left me there. I thought I was there for two months alone in the dark.”

Three days after leaving the retreat and back in the U.S., she recounted:

“I woke up crying, shaking. I couldn’t eat anything, and usually when I’m anxious I love to eat. I told my family I had gone to an ayahuasca retreat. My parents are doctors and usually they know what to do to help, but in this instance they didn’t. They were Googling ‘psychedelic side effects’ and there is very little research.”

Days later, matters worsened: She started feeling suicidal thoughts and felt in a “dream-like” state. She couldn’t sleep and “the suicidal thoughts became more insistent.” She went to the emergency department of a nearby hospital. “The doctor there listened to her for five minutes, diagnosed her with drug-induced psychosis, and recommended she be checked in to a psychiatric ward. This, she now feels, was a big mistake.” She was prescribed psychiatric drugs and felt she “was going insane.”

Her mother got her out of the facility and took her back to Turkey. It took seven months to recover, although she still felt “derealization.”

She described this: “It’s like everything is a dream. You know when you’re jet lagged, and you’re just a zombie. That’s my whole life. I don’t feel like I’m fully here.”

Evans refers to the PLOS One study described two examples of people’s accounts of “derealization” taking psychedelics:

- “I spent a long time looking at myself in the mirror, feeling like my soul was missing. Like I was a hollow shell of myself and like I had already died.”
- “I felt like my mind had been shattered into a million pieces, like my mind was no longer connected to my body, afraid that I was having a psychotic break, I’m still not 100% right but I’m so grateful just to be back in my own reality.”

Psychedelics and [ketamine infusion clinics](#) are a wrong and dangerous turn in the mental health system. There should be no FDA or official approval of any psychedelic drugs for the treatment of mental disorders. It also stresses the need for mandatory toxicology testing of anyone involved in a violent crime, which should be recorded in a publicly accessible database on the findings.

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End

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Steven Pearce, Director
Citizens Commission on Human Rights of Seattle
206.283.1099
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Dear Seth and Calvin,

I am writing to you as I won't be able to participate in the public testimonies session on Friday. Right now I am in Portugal. The different time zone, and challenges with having a reliable internet connection makes it difficult for me to provide a testimony.

I want to thank you for introducing this bill and I am excited about the fact that it is moving forward quickly. Timing is crucial for setting a good foundation to implement psychedelic assisted treatment (PAT) as I will explain later.

First let me introduce myself: I am a licensed psychologist and in the last 20 years I provided mental health services in different settings, mainly working with underserved populations. I taught in the APU and I supervise doctor level clinicians. Right now I work in private practice and as a consultant for the state Complex Behavior Collaborative (CBC) program. The CBC helps providers meet the needs of Medicaid and non-Medicaid clients with complex needs who are often aggressive, assaultive, and difficult to support. I completed the California Institute of Integral Studies (CIIS) program in psychedelic assisted treatment (which means that I am certified in PAT). Today I am a mentor in the program. In the current cohort there are several Alaskan providers.

I want to clarify a few things about the bill that would hopefully help to move it to a final vote during this current legislative session:

1/ It is crucial to understand that all the clinical trials that are being conducted are geared to support treatment. It is **psychedelic assisted treatment** and not psychedelic treatment or psychedelic medicine. Psychedelics are used only as a tool to help improve outcomes for disorders that lack effective treatments. It is a protocol that requires many hours of treatment for preparation and integration.

2/ To this day the Multidisciplinary Association of Psychedelics Science (MAPS) administered MDMA to approximately 1,700 human subjects with only one serious adverse reaction. MDMA assisted treatment has a safety profile that very few over the counter medications have. To guarantee safety MDMA needs to be administered with fidelity to the model used in clinical trials.

3/ MAPS recently completed MAPP2, the second of two Phase 3 trials to support FDA approval of MDMA assisted therapy. It is expected to receive FDA approval by the end of 2024. In the first Phase 3 study: 88% of participants with severe PTSD experienced a clinically significant reduction in PTSD diagnostic scores two months after their third session of MDMA-assisted therapy. 67% of participants in the MDMA group no longer met criteria for PTSD.

4/ The task force goals are to set parameters for implementations of MDMA assisted therapy in terms of safety and accessibility. If MDMA assisted therapy will be approved by the FDA which is projected to happen by the end of 2024 or the beginning of 2025, then Alaska providers will find themselves in a bind struggling to provide MDMA assisted treatment without having statewide regulations. There is a real need to set criteria for licensing and proper administration that will allow time for providers and agencies to be well trained and suited to provide this kind of treatment. Otherwise it is an invitation for chaos and potential harm.

5/ As psychedelics assisted treatment gains popularity, patients get impatient and they are looking for a solution in the underground movement. There is an urgent need to have a team trained in harm reduction and in providing education about the risks of the unsupervised use of psychedelics. Again it comes to what is known as "set and setting." Set is the intention set before treatment and setting is the environment where treatment is delivered. The task force will provide the "set and setting" for patients and providers. We better do it now before we will have to struggle to do it under a tight deadline dictated by the FDA approval of MDMA assisted treatment and as other psychedelics assisted treatments are being developed.

WE DON'T HAVE TO BE THE LAST FRONTIER IN PROVIDING NEW AND EFFECTIVE TREATMENTS TO OUR PATIENTS.

I know it is long but I hope it helps clarify a few aspects of PAT and especially in explaining why it is time sensitive.

Thank you again for your initiative. I would be happy to support your effort anyway I can.

Best regards, Tami

•

Dr. Tami Lubitsh-White
Tel: 907-3179442

Sethan Tigarian

From: Gregory Smith <gsmithnome@gmail.com>
Sent: Sunday, February 18, 2024 8:12 AM
To: Sen. Forrest Dunbar
Subject: Fwd: Task-Force

----- Forwarded message -----

From: **Gregory Smith** <gsmithnome@gmail.com>
Date: Sun, Feb 18, 2024 at 11:55 AM
Subject: Task-Force
To: <Forrest.Dunbar@akleg.gov>

Dear Forrest,

I commend you on your desire to enhance mental health outcomes for Alaskan's; specifically those whom suffer from debilitating disorders such as PTSD. My name is Gregory Smith and I live in Nome, AK for the past 24 years. I have a Master's degree from Columbia University in clinical social work. Specializing in addiction medicine I have been deemed a substance addiction expert in the state of Alaska's court system by the late honorable judge Ben Esch. I currently am self employed in the marijuana industry and own Nome Grown LLC. As you can see I truly support therapeutic interventions that work for the patient... or better known today as consumers. I have been watching the roll out of psychedelic drugs in Colorado and Oregon and am pleased with how it is going. If there is anyway I can support your efforts in this realm, please just let me know.

Warmest Regards,

Gregory Smith
907-304-2191