

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

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