



**WRITTEN TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
THIRTY-FIRST LEGISLATURE, 2021**

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**ON THE FOLLOWING MEASURE:**

S.B. NO. 738, RELATING TO SCHEDULE I SUBSTANCES.

**BEFORE THE:**

SENATE COMMITTEE ON JUDICIARY

**DATE:** Friday, February 19, 2021 **TIME:** 9:30 a.m.

**LOCATION:** State Capitol, Via Videoconference

**TESTIFIER** **WRITTEN TESTIMONY ONLY**  
(For more information, contact Laura Maeshiro,  
Deputy Attorney General, at 587-2978)

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Chair Rhoads and Members of the Committee:

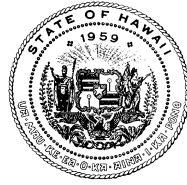
The Department of the Attorney General provides the following comments.

The purposes of this bill are to remove psilocybin and psilocyn from Schedule I of chapter 329, Hawaii Revised Statutes (HRS), and require the Department of Health to establish designated treatment centers for therapeutic administration of these substances. The bill also establishes a review panel to review and assess the effects of this bill.

Under both Hawai'i and federal law, psilocybin and psilocyn are Schedule I controlled substances. See HRS § 329-14(d)(26), (27); 21 U.S.C. § 812(c)(15), (16). Possessing either of these substances, in any amount, is currently illegal under both state and federal law. See HRS §§ 712-1240, 712-1243 (possession is a Class C felony); 21 U.S.C. § 844(a) (imprisonment up to one year, and/or \$1000 minimum fine for the first offense).

Section 2 of the bill proposes to remove psilocybin and psilocyn as state controlled substances, which would eliminate state criminal penalties and enforcement for their manufacture, distribution, or possession. The manufacture, distribution, or possession of psilocybin and psilocin would still be illegal under federal law and subject to federal enforcement.

Thank you for the opportunity to provide comments on this bill.



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony in OPPOSITION to SB738**  
**RELATING TO SCHEDULE I SUBSTANCES.**

SENATOR KARL RHOADS, CHAIR  
SENATE COMMITTEE ON JUDICIARY

Hearing Date: February 19, 2021      Room Number: N/A

1    **Department Testimony:** The Department of Health (DOH) respectfully opposes this measure  
2    based on its prohibitive risk and cost, as well as inappropriate placement of a clinical research  
3    program with a public health agency.

4    Although psilocybin may have benefits for persons with certain mental health disorders based on  
5    several small studies, the circumstances for safe and effective administration are far from proven  
6    and routine therapeutic administration by DOH creates unnecessary hazards with unknown  
7    public health value.

8    DOH is a health care provider of last resort that administers eligibility-based health care  
9    programs for some of Hawaii's most vulnerable residents. Designated treatment centers for  
10   specialized therapies for which the only criteria appear to be medical necessity is best left to the  
11   private sector which may better balance risk, economic sustainability, security, research benefit,  
12   and therapeutic value.

13   The evaluation of psilocybin treatment centers required by this measure should be considered  
14   human subject research for which DOH is ill-equipped, and which is the domain of academic  
15   medicine or university-level clinical trials and research. The lack of published clinical practice  
16   guidelines and best practices also places this squarely in the realm of medical research.

17   Furthermore, the qualifications of the review panel proposed by this measure do not include  
18   experience or credentials to rigorously evaluate study design, evidence levels, medical ethics,  
19   clinical risk, and other common dimensions of a health care intervention for which randomized  
20   double-blind clinical trials have not been performed.

1 Lastly, physical security is a significant and costly concern. Experience with Hawaii’s medical  
2 cannabis program demonstrated that millions of dollars in startup costs were required to comply  
3 with physical and financial security and human health safety concerns. This measure contains no  
4 appropriation, nor identifies supply chain and logistics management issues.

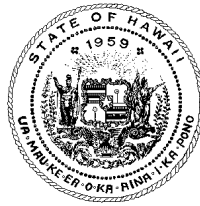
5 It is worth repeating that the Department of Health does not conduct human health research and  
6 clinical trials, nor is a provider of direct clinical care to the general public. The human health,  
7 financial, and ethical risks to the Department of Health and State of Hawaii are significant and  
8 divert resources away from traditional public health program beneficiaries.

9 Thank you for the opportunity to testify.

10 **Offered Amendments:** N/A.

11

DAVID Y. IGE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**

919 Ala Moana Boulevard, 4th Floor  
Honolulu, Hawaii 96814

**MAX N. OTANI**  
DIRECTOR

**Maria C. Cook**  
Deputy Director  
Administration

**Tommy Johnson**  
Deputy Director  
Corrections

**Jordan Lowe**  
Deputy Director  
Law Enforcement

No. \_\_\_\_\_

**TESTIMONY ON SENATE BILL 738  
RELATING TO SCHEDULE I CONTROLLED SUBSTANCES.**

By  
Max N. Otani, Director

Senate Committee on Judiciary  
Senator Karl Rhoads, Chair  
Senator Jarrett Keohokalole, Vice Chair

Friday, February 19, 2021; 9:30 a.m.  
Via Videoconference

Chair Rhoads, Vice Chair Keohokalole, and Members of the Committee:

The Department of Public Safety (PSD) respectfully opposes Senate Bill (SB) 738, which would: 1) remove psilocybin and psilocyn from the list of Schedule I substances; 2) require the Department of Health (DOH) to establish designated treatment centers for the therapeutic administration of psilocybin and psilocyn; and 3) establish a review panel to review and assess the effects of SB 738. The Department has two important concerns in opposition.

First, PSD opposes SB 738 because it would create a conflict between Hawaii law and federal law, which would cause confusion in the State of Hawaii over the legality of psilocybin and psilocyn. SB 738 proposes to remove psilocybin and psilocyn from the State's list of Schedule I controlled substances, thereby removing state controlled substances regulation over both psilocybin and psilocyn. However, under current federal law in 21 USC 812, both psilocybin and psilocyn are still listed as federal Schedule I controlled substances.

Although Section 329-11, Hawaii Revised Statutes (HRS), authorizes the Legislature to reschedule controlled substances, the Supremacy Clause of the U.S. Constitution would take precedence over State law.

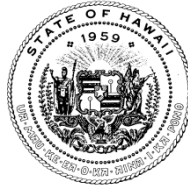
The Supremacy Clause of the United States Constitution states:

“This Constitution and the laws of the United States which shall be made in Pursuance thereof; and all Treaties made, or which shall be made, under the Authority of the United states, shall be the supreme Law of the Land; and the Judges in every State shall be bound thereby, any Thing in the Constitution or laws of any State to the Contrary notwithstanding.”

PSD notes that for SB 738 to be viable, the federal Controlled Substances statutes must first be changed. If SB 738 was to be enacted now, psilocybin and psilocyn would not be controlled in Hawaii, but would still be illegal and controlled under federal law. This would cause great confusion and disharmony between state and federal law. It could produce a scenario in which members of the community who may think that psilocybin and psilocyn are legal may be arrested and prosecuted by federal law enforcement authorities.

Second, PSD opposes HB 738 because in its current construction, HB 738 reads as though the intent of the Legislature is to legalize psilocybin and psilocyn by removing it from Schedule I, while simultaneously directing the development of treatment centers and a review panel. PSD does not support the descheduling of psilocybin and psilocyn, because of the resulting inconsistency with federal law. If the intent of the Legislature is to establish psilocybin and psilocyn treatment centers, it would be preferable to follow the model of the Medical Marijuana program, which created a State of Hawaii exception from the substance’s Schedule I designation in order to allow its use for medical purposes, rather than descheduling these substances and creating conflict with federal law and causing questions and confusion concerning their legality.

Thank you for the opportunity to testify on this measure.



**TESTIMONY BY:**

JADE T. BUTAY  
DIRECTOR

Deputy Directors  
LYNN A.S. ARAKI-REGAN  
DEREK J. CHOW  
ROSS M. HIGASHI  
EDWIN H. SNIFFEN

**STATE OF HAWAII**  
**DEPARTMENT OF TRANSPORTATION**  
869 PUNCHBOWL STREET  
HONOLULU, HAWAII 96813-5097

February 19, 2021  
9:30 A.M.  
State Capitol, Videoconference

**S.B. 738**  
**RELATING TO SCHEDULE I SUBSTANCES**

Senate Committee on Judiciary

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The Department of Transportation (DOT) offers **comments** for S.B. 738, which removes psilocybin and psilocyn from the list of Schedule I substances.

DOT's top priority is keeping Hawaii's roadway users safe and reducing the number of serious injuries and fatalities on our roads. We have concerns regarding this bill, which appears to remove psilocybin and psilocyn entirely from the Schedule of Controlled Substances. Doing so would be problematic for impaired driving adjudication because of Hawaii's current definition of "drug" in our Operating a Vehicle Under the Influence of an Intoxicant statute.

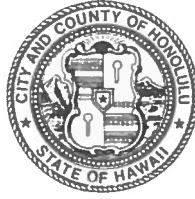
Psilocybin and psilocyn have hallucinogenic properties that may impact driving abilities due to its effects (dizziness, blurry vision, impaired distance perception, objects appear to develop waves and wave-like patterns, etc.).

DOT is primarily concerned about improving highway safety and protecting the lives of our community members and visitors. DOT coordinates specialized training and certifies law enforcement officers to recognize impairment in drivers under the influence of drugs through its Drug Recognition Expert program to combat this issue.

Thank you for the opportunity to provide testimony.

POLICE DEPARTMENT  
CITY AND COUNTY OF HONOLULU

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RICK BLANGIARDI  
MAYOR

SUSAN BALLARD  
CHIEF

JOHN D. MCCARTHY  
AARON TAKASAKI-YOUNG  
DEPUTY CHIEFS

OUR REFERENCE PJ-GK

February 19, 2021

The Honorable Karl Rhoads, Chair  
and Members  
Committee on Judiciary  
State Senate  
Hawaii State Capitol  
415 South Beretania Street  
Honolulu, Hawaii 96813

Dear Chair Rhoads and Members:

**SUBJECT: Senate Bill No. 738, Relating to Schedule I Substances**

I am Phillip Johnson, Major of the Narcotics/Vice Division of the Honolulu Police Department (HPD), City and County of Honolulu.

The HPD opposes Senate Bill No. 738, Relating to Schedule I Substances.

Removing psilocybin and psilocyn from the list of Schedule I substances would be detrimental to public safety. Psilocybin, also known as "magic mushrooms," can cause terrifying hallucinations. It can also cause feelings of euphoria and sensory distortion that are common to hallucinogenic drugs, such as lysergic acid diethylamide or LSD. An individual using psilocybin is often unable to discern fantasy from reality. We have seen these substances abused by our youth at rave gatherings resulting in risky behavior, sexual assaults, and other criminal behavior.

The HPD urges you to oppose Senate Bill No. 738, Relating to Schedule I Substances, and thanks you for the opportunity to testify.

APPROVED:

Handwritten signature of Susan Ballard in black ink.

Susan Ballard  
Chief of Police

Sincerely,

Handwritten signature of Phillip Johnson in black ink.

Phillip Johnson, Major  
Narcotics/Vice Division

DEPARTMENT OF THE PROSECUTING ATTORNEY  
**CITY AND COUNTY OF HONOLULU**

ALII PLACE  
1060 RICHARDS STREET • HONOLULU, HAWAII 96813  
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STEVEN S. ALM  
PROSECUTING ATTORNEY

THOMAS J. BRADY  
FIRST DEPUTY  
PROSECUTING ATTORNEY



**THE HONORABLE KARL RHOADS, CHAIR**  
**SENATE COMMITTEE ON JUDICIARY**  
**Thirty-first State Legislature**  
**Regular Session of 2021**  
**State of Hawai'i**

February 19, 2021

**RE: S.B. 738 RELATING TO SCHEDULE I SUBSTANCES.**

Chair Rhoads, Vice Chair Keohokalole, members of the Senate Committee on Judiciary, the Department of the Prosecuting Attorney of the City and County of Honolulu (“Department”) submits the following testimony in opposition to S.B. 738.

The purpose of this bill is to remove psilocybin and psilocyn from the schedule I substances in section 329-14, Hawaii Revised Statutes (H.R.S.). Additionally, this bill seeks to create designated treatment centers for psilocybin/psilocyn and to establish a psilocybin/psilocyn review panel to review and assess the effects of the drugs.

On November 3, 2020, Oregon approved Oregon Measure 109, the Psilocybin Program Initiative. The measure allowed individuals to purchase, possess and consume psilocybin at a licensed psilocybin service center and under the supervision of a psilocybin service facilitator after undergoing preparation sessions. Although Measure 109 is seen as legalization of psilocybin, the measure rather allows individuals to be administered psilocybin through a licensed service provider in a controlled setting. Conversely, S.B. 738 simply removes the controlled safeguards in Measure 109 without the proper infrastructure and procedural guidelines. Although opinions vary widely as to the harmful (or beneficial) effects of psilocybin and psilocyn, there does not appear to be any disagreement that these drugs are psychoactive substances that can significantly affect one’s physical and mental state. Because psilocybin and psilocyn continue to be Schedule I controlled substances, offenses such as promoting a dangerous drug in the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> degree (HRS §712-1241(1)(c)(d), §712-1242(1)(c), and §712-1243(1))<sup>1</sup> continue to be enforceable

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<sup>1</sup> As defined by HRS §712-1240, “dangerous drug” means: any substance or immediate precursor defined or specified as a “Schedule I substance” or a Schedule II substance” by chapter 329, or a substance specified in section 329-18(c) (14), except marijuana or marijuana concentrate.



offenses. Removing these drugs from schedule I would remove the Department's ability to prosecute individuals who not only possess these drugs, but distribute these drugs to minors. Additionally, the removal of these drugs would preclude enforcement of driving while "under the influence"<sup>2</sup> of these drugs, and would further hinder the focus of law enforcement's multi-faceted efforts to minimize all incidents of operating a vehicle under the influence.

The Department is gravely concerned about the potential effects that this could have on public health and safety. For all of the foregoing reasons, the Department of the Prosecuting Attorney of the City and County of Honolulu opposes the passage of S.B. 738. Thank you for the opportunity to testify on this matter.

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<sup>2</sup> As defined by HRS §291E-1, and as pertaining to drugs, "under the influence" means: "(2) Is under the influence of any drug that impairs the person's ability to operate the vehicle in a careful and prudent manner"; and "drug" means any controlled substance, as defined and enumerated in schedules I through IV of chapter 329, or its metabolites.



## **SB738 Psilocybin Therapies**

COMMITTEE ON JUDICIARY,

- Sen. Karl Rhoades, Chair; Sen. Jarrett Keohokalole, Vice Chair
- Friday Feb 19, 2021: 9:30: Videoconference

## **Hawaii Substance Abuse Coalition Opposes SB738:**

*ALOHA CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of over 30 substance use disorder and co-occurring mental health disorder treatment and prevention agencies.*

**While intriguing, HSAC opposed this bill because as a form of psychedelic therapy, it is too soon with research to be used in standard medical practices and is still illegal in most of the world.** Psilocybin, a classic hallucinogen, is the active agent in what has been called: magic mushrooms. It's a chemical produced by more than 100 species of mushrooms worldwide.

- **Research is underway and has shown some significant findings, but more research is needed.** Currently, more rigorous trials are underway to determine the efficacy of treatment for mental health conditions with abnormalities in sensory perception, such as depressive disorders and anxiety or anxiety-related disorders, including obsessive compulsive disorders, and possibly for treating tobacco addiction and alcohol use disorders. These studies are promising because they show clinical efficacy without significant adverse effects. Further studies are underway as of 2020 with improved study designs and larger sample sizes.<sup>1</sup> These studies are most promising.
- **No one recommends that the public try to self-medicate because without supervision, there can be potential harmful effects including psychosis and hallucinations.** More studies are needed to determine the potential acute side effects such as anxiety, fear states, and increases in heart rate and blood pressure. The administration of psilocybin in various studies avoided these acute side effects; however, they followed strict protocols and therefore its application lacks external validity for the general population's use.

While there is a growing amount of literature behind psilocybin that indicates the potential for psilocybin as a treatment for select mental health conditions, there

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<sup>1</sup> Nichols, David E. (2020). "Psilocybin: from ancient magic to modern medicine". *The Journal of Antibiotics*. 73: 679–686. doi:10.1038/s41429-020-0311-8. PMID 32398764.

are still safety concerns in its proper use.<sup>2</sup> In Germany, some volunteers died; however, that may be linked to their use of methamphetamine or heroin. Apparently, smaller doses that don't exceed its threshold for intoxication are much safer. More research is needed.

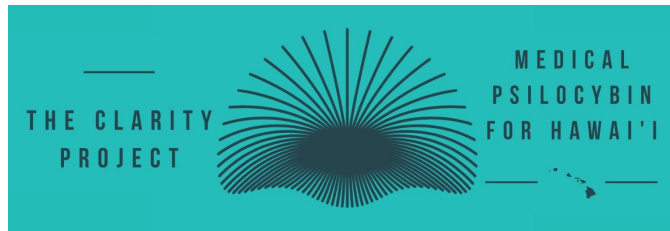
- **Medical science maintains that psilocybin therapies are still under development.** Education, training, and how to use these therapies have yet to be fully developed. **At this time, psilocybin is still classified as having no accepted medical use in the United States.** However, several countries, including the United States, see the potential here and are performing clinical trials to determine its efficacy in treatments. No country has accepted this therapy as medical science, but there have been exemptions made and a lot of studies are happening.

We can expect to learn more about this in the near future, especially when science has more evidence on its proper use following the results of the much larger clinical trials that are underway.

We appreciate the opportunity to provide testimony and are available for questions.

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<sup>2</sup> [Clinical potential of psilocybin as a treatment for mental health conditions](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6007659/) Jeremy Daniel, Margaret Haberman Mental Health Clinic. 2017 Jan; 7(1): 24–28. Published online 2018 Mar 23. doi: 10.9740/mhc.2017.01.024 PMID: PMC6007659 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6007659/>



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## Testimony in Support of [SB738](#)

Senate JDC Committee | Friday, February 19, 2021 at 9:30am

Aloha Chair Rhoads, Vice Chair Keohokalole, and Members of the JDC Committee,

My name is Doorae Shin, and I am testifying on behalf of the Clarity Project in wholehearted support of SB738. The Clarity Project is a citizen's initiative that aims to expand patient access to include psilocybin-assisted therapy modalities in Hawaii. We represent thousands of community members who strongly support SB738.

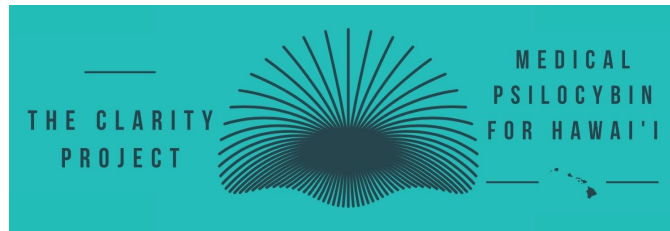
In addition to my role at Clarity Project, I have worked in Hawaii for a decade to drive policy and community awareness around issues including plastic pollution and climate change.

Inspired by the decriminalization of psilocybin in Denver, the Clarity Project was founded in 2019, and our community includes medical professionals, kupuna, advocates, researchers, veterans, and more. We are part of a growing national and global movement to advocate for legalizing access to medical psilocybin.

Given the safety of psilocybin, along with its efficacy in treating society's greatest mental health issues (depression, anxiety, PTSD, etc.), creating a legal pathway to medically access psilocybin has the potential to ease a great deal of suffering in our community. Below is an overview of the facts, science, and research around psilocybin to outline our support of this bill.

### Fundamental Psilocybin Facts

1. **Natural Fungi** - Psilocybin is a naturally occurring compound found in more than 200 species of mushrooms which collectively can be [found on all continents](#) in varying potencies. In clinical studies and psychedelic-assisted therapies, the synthetic version of pure psilocybin is administered to control dosing standards, not the mushroom in its natural or dried form.
2. **Not Addictive** - [Psilocybin does not lead to physical dependence](#), and studies have found that adolescent use of hallucinogenic drugs, including psilocybin, [does not increase the risk of drug dependence](#) in adulthood (unlike cannabis, cocaine, inhalants, stimulants - all of which were associated with "an excess risk of developing clinical features associated with drug dependence.")
3. **Safe** - [The toxicity of psilocybin is very low](#). A person would have to eat nearly one-third of his/her weight in psilocybin mushrooms to reach a lethal dose. This amount is approximately 1.5 times that of caffeine. Medical psilocybin is most effective when administered and overseen by a trained healthcare professional who can [guide the patient, understand drug interactions, and screen for known risks such as schizophrenia, bipolar disorder, or other pre-existing mental health diagnoses](#).
4. **Set & Setting** - Research on psilocybin has shown that the [context of the experience plays a critical role in determining positive outcomes for patients](#). The physical environment (the setting) and the mental space (the mindset) have a fundamental influence in the treatment and outcome



of the experience. [In clinical research, patients given psilocybin are provided a safe, comfortable space with trained experts to offer support to participants.](#)

## The Science of Psilocybin

Below are key findings from landmark research studies that demonstrate the potential of psilocybin treatment. More information on these studies and others can be found at the end of this document.

### Psilocybin Decreases Existential Distress (Depression/Anxiety of Life Threatening Cancer)

Griffiths, Roland R et al. "Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial." *Journal of psychopharmacology* (Oxford, England) vol. 30,12 (2016): 1181-1197. doi:10.1177/0269881116675513

- *The effects of psilocybin were studied in 51 cancer patients with life-threatening diagnoses and symptoms of depression and/or anxiety. The study found that when administered under psychologically supportive, double-blind conditions, a single dose of psilocybin produced substantial and enduring decreases in depressed mood and anxiety along with increases in quality of life and decreases in death anxiety in patients with a life-threatening cancer diagnosis. The overall rate of clinical response at 6 months on clinician-rated depression and anxiety was 78% and 83%, respectively.*

Johnson, Matthew W, and Roland R Griffiths. "Potential Therapeutic Effects of Psilocybin." *Neurotherapeutics : the Journal of the American Society for Experimental NeuroTherapeutics* vol. 14,3 (2017): 734-740. doi:10.1007/s13311-017-0542-y

- *The current state of modern research suggests considerable therapeutic promise for psilocybin. This research is most advanced regarding the treatment of cancer-related psychiatric distress, with three randomized, placebo-controlled trials showing promising results for psilocybin. Two of these trials involved a moderate number of participants and administered relatively large doses of psilocybin. These two studies, in particular, provide strong evidence showing substantial decreases in depressive and anxious symptoms that appear to persist for at least 6 months after a single active treatment.*

### Psilocybin Decreases Obsessive-Compulsive Disorder Symptoms

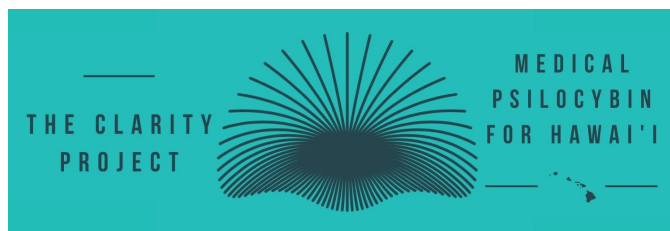
Moreno FA, Wiegand CB, Taitano EK, Delgado PL. Safety, tolerability, and efficacy of psilocybin in 9 patients with obsessive-compulsive disorder. *J Clin Psychiatry.* 2006; 67 11: 1735- 40. PubMed PMID: 17196053

- *In a controlled clinical environment and modified double-blind study, psilocybin was safely used in subjects with OCD and was associated with acute reductions in core OCD symptoms. Nine subjects with OCD were administered a total of 29 psilocybin doses. Marked decreases in OCD symptoms of variable degrees were observed in all subjects during 1 or more testing sessions.*

### Psilocybin Helps Treat Major Depressive Disorder

Carhart-Harris, R L et al. "Psilocybin with psychological support for treatment-resistant depression: six-month follow-up." *Psychopharmacology* vol. 235,2 (2018): 399-408. doi:10.1007/s00213-017-4771-x

- *In this study, Twenty patients (six females) with (mostly) severe, unipolar, treatment-resistant major depression received two oral doses of psilocybin (10 and 25 mg, 7 days apart) in a supportive setting. Treatment was generally well tolerated. Overall results suggest that psilocybin represents a promising paradigm for unresponsive depression that warrants further research in double-blind randomised control trials.*



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## Groundbreaking US & International Initiatives

Cities and states across the nation are increasing medical access to psilocybin. Below is a summary of initiatives at all levels of government.

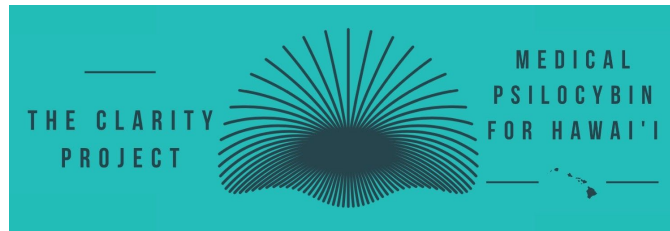
### **FEDERAL:**

1. **The Food and Drug Administration** has granted [Breakthrough Therapy designation](#) for psilocybin therapy. According to the FDA, Breakthrough Therapy designation is a process designed to expedite the development and review of drugs that are intended to treat a serious condition and preliminary clinical evidence indicates that the drug may demonstrate substantial improvement over available therapy on a clinically significant endpoint(s).
  - a. 2018 - [Clinical trials run by Compass Pathways to research severe treatment-resistant depression; the study will be complete in 2021](#)
  - b. 2019 - [Breakthrough Therapy designation was granted a second time in 2019 to Usona Institute for phase 2 clinical trials testing psilocybin's efficacy in treating major depressive disorder](#)
2. In October 2019, **the Department of Defense** acknowledged the potential of psychedelic therapy and announced that the Defense Advanced Research Projects Administration ([DARPA](#)) [has created a dedicated program to develop psychedelic drugs for the military](#).
3. The psychedelic renaissance includes private as well as public actors. In October, 2020, the British mental healthcare company **Compass Pathways** became the first psychedelic medicine company to make an **initial public offering** on the Nasdaq. With offices in London and New York, COMPASS has [raised more than \\$115 million in its efforts to bring to market a psilocybin treatment for depression](#). In early 2021, Compass announced the [creation of a laboratory and treatment center at The Sheppard Pratt Institute for Advanced Diagnostics and Therapeutics in Baltimore, Maryland](#). The institute is among the largest private, not-for-profit mental healthcare facilities in the U.S.
4. In December, 2020, the Canadian Federal Health Minister [approved more than a dozen healthcare professionals working at a nonprofit patient rights group to possess and use psilocybin for professional training in psilocybin therapy](#). Among the approved healthcare workers were psychologists, psychiatrists, clinical counselors, social workers, general practitioners, and nurses.

### **STATES:**

#### **Oregon**

In November, 2020, Oregon passed a measure to decriminalize psilocybin for use in therapeutic settings. With a clear focus on healthcare, Measure 109 gives the Oregon Health Authority (OHA) two years to create a program for administering psilocybin to individuals aged 21 years or older at designated care centers. An Oregon Psilocybin Advisory Board (OPAB) will advise the OHA, which is authorized to set regulations and guidelines including on licensing, training requirements, dosing and packaging rules.



### **Florida**

In January 2021, a Florida Democrat, Rep. Michael Grieco, [filed a bill that](#) if passed would require the Sunshine State's Department of Health to implement regulations to allow people 21 and older to access psilocybin at licensed facilities during therapeutic sessions in a clinical setting. The measure establishes an advisory board to guide the regulatory process, similar to the successful 2020 ballot initiative in Oregon.

### **Connecticut**

Five Democrats in this Atlantic seaboard state have formally requested the state create a task force to study the health benefits of psilocybin. The [measure](#) was introduced in January 2021.

### **California**

The COVID-19 pandemic stymied citizens' [efforts in California](#) to collect enough signatures to put a psilocybin decriminalization measure on the ballot in November 2020. But several groups are now working in concert and [plan to file again in the next election cycle](#).

### **Washington**

As in California, the pandemic thwarted efforts to gather the signatures necessary to place a psilocybin decriminalization measure on the ballot in 2020. In late November, 2020, a palliative care doctor in Washington submitted an application to the state's Pharmacy Quality Assurance Commission requesting to manufacture psilocybin and administer it to patients, citing the 2017 Federal Right To Try Act.

### **New York**

In 2020, Democratic Representative Linda Rosenthal introduced [a bill to decriminalize](#) psilocybin.

### **Vermont**

In January 2020, progressive Representative Brian Cina [introduced a bill to decriminalize](#) naturally occurring plant-based medicines used "for medicinal, spiritual, religious, or entheogenic purposes." The measure included psilocybin and had three co-sponsors.

### **Iowa**

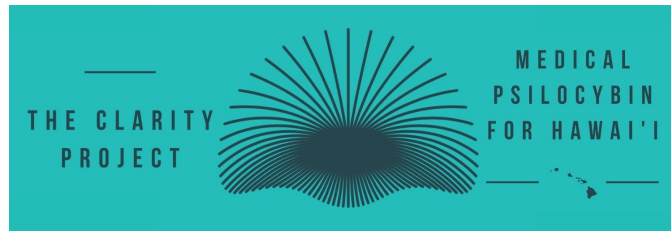
GOP lawmaker Rep. Jeff Shipley [proposed two bills](#) in May 2019 to allow state regulators to approve the reclassification of psilocybin to be used in treatment and to remove it from the state's list of banned substances.

## **MUNICIPALITIES:**

In May 2019, [Denver, CO was the first city to decriminalize](#) the personal use, possession, storage, and cultivation of psychedelic mushrooms.

**Oakland, CA** subsequently became the second city a month later, [decriminalizing all entheogenic plants](#) including psychedelic mushrooms.

**Chicago, IL** city council members introduced a bill in October 2019 expressing support for the decriminalization entheogen plants and calling on its Department of Public Health to explore the use of alternative treatment options.



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**Memphis, TN** – Advocacy organization [Psilo](#) was founded in October 2019 to increase literacy on the benefits of medicinal mushrooms and push for “common sense psilocybin laws”.

**Santa Cruz, CA**, became the third city in the United States to direct its law enforcement professionals to give lowest priority to criminal enforcement of adult possession of entheogens. The City Council [unanimously approved a request](#) to decriminalize the adult possession, use and cultivation of plant-based medicines such as mushrooms containing psilocybin in February of 2020.

In September, 2020, the city council in **Ann Arbor, MI**, unanimously voted to decriminalize psychedelic plants and fungi. In its resolution, the city council designated as the city’s lowest law enforcement priority the investigation or arrest of anyone planting, cultivating, purchasing, transporting, distributing or consuming psychedelic medicines including psilocybin.

In November, 2020, voters in **Washington, D.C.** overwhelmingly elected to decriminalize entheogens, or psychedelic plants and fungi that contain ibogaine, dimethyltryptamine, mescaline, psilocybin, or psilocyn. The measure passed with 76% approval.

In January, 2021, the city of **Somerville, MA**, became the first in the Bay State to [decriminalize possession](#) of entheogens, or plant-based medicines. Psilocybin is among entheogens. Somerville’s City Council approved the proposal unanimously.

In **Port Townsend, WA**, a local woman requested the town’s [city council decriminalize](#) possession of all entheogens; the request was met with initial support from the Port Townsend City Council Committee for Public Safety and Law Enforcement. It was referred in January 2021 to a future meeting of full city council.

## **Conclusion**

As you can see, the movement to legalize and create safe, medical access to psilocybin is one that is growing across cities, states and at a federal level, with even the FDA signaling a positive inclination towards psilocybin research for much needed mental health therapies. The passage of SB738 would allow for our community members in need to access this important therapeutic option for some of the most common mental health ailments. We all know someone who stands to benefit from effective therapies to depression, addiction, PTSD, or end-of-life anxiety.

Mahalo for your consideration of our testimony **in support of SB738.**

Doorae Shin  
Clarity Project  
Project Manager





*Dedicated to safe, responsible, humane and effective drug policies since 1993*

## TESTIMONY IN SUPPORT OF SB 738

TO: Chair Rhoads, Vice Chair Keohokalole & Members of the Judiciary Committee

FROM: Nikos Leverenz  
DPFH Board President

DATE: February 19, 2020 (9:30 AM)

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Drug Policy Forum of Hawai'i (DPFH) **strongly supports** SB 738, which would remove psilocybin and psilocyn from the list of Schedule I substances, require the Department of Health to establish designated treatment centers for the therapeutic administration of psilocybin and psilocyn, and establish a review panel to review and assess the effects of this measure.

[Psilocybin is the main ingredient found in several types of psychoactive mushrooms, which have been used for medicinal and ceremonial purposes in many parts of the world, including Europe and the Americas, for thousands of years.](#) A body of emerging clinical in the 1950s and 1960s pointed to promising therapeutic uses of psilocybin for a range of ailments. Intensive clinical research was needlessly stymied when psilocybin was listed as a Schedule I substance under the federal Controlled Substances Act in 1970. Since then, the [Multidisciplinary Association for Psychedelic Studies](#), the [Beckley Foundation](#), and other non-profits have engaged in research that shows further therapeutic potentialities.

This bill will help create a climate that is conducive to allowing qualified medical professionals to use psilocybin as a therapeutic tool for those who could benefit from its supervised use.

The current scheduling and de facto prohibition of psilocybin has not resulted in the level of systemic and individual harms related to the scheduling of other substances, including cannabis. In Hawai'i [the prevailing punitive approach to drug use falls particularly hard on Native Hawaiians](#), who do not use drugs at a drastically different rates than other races and ethnicities but go to prison for drug offenses at a higher rate. Police practices, prosecutorial practices, and sentencing structures contribute to this ongoing disparity.

A punitive approach to drug use also includes an unduly large probation population with [the highest average term in the nation at almost five years](#), according a recent report from the Pew Charitable Trusts.

The American Public Health Association has observed that “substance use mistreatment is too often unavailable or unaffordable for people who want it. A criminal justice response, including requiring arrest to access health services, is ineffective and leads to other public health problems.” It instead recommends “ending the criminalization of drugs and drug consumers, prioritizing proven treatment and harm reduction strategies, and expanding (and removing barriers to) treatment and harm reduction services.” (Policy Statement, “[Defining and Implementing a Public Health Response to Drug Use and Misuse](#).”)

The Global Commission on Drug Policy (GCDP) issued a 2019 report noting the shortcomings of the current international drug scheduling system, which largely takes direction from the federal government of the United States and its Controlled Substances Act:

“The current system, governed by the 1961 Single Convention and the 1971 Convention on Psychotropic Substances, has gradually brought more and more psychoactive substances under international control.... These international drug control conventions only recognize medical use, including relief from pain, as benefits from the use of psychoactive substances; other cultural, recreational or ceremonial uses are not taken into account, or rather are excluded....

This de facto prohibition is arbitrary. The current distinction between legal and illegal substances is not unequivocally based on pharmacological research but in large part on historical and cultural precedents. It is also distorted by and feeds into morally charged perceptions about a presumed “good and evil” distinction between legal and illegal drugs.” (“[Classification of Psychoactive Substances: When Science was Left Behind](#)” at p. 4.)

GCDP recommends an evidence-based scheduling system that “strikes a better balance between ensuring availability [for] legitimate uses and preventing problematic use.” (*Id.*, at p. 5.) It provides a compelling short list of the benefits of an evidence-based system:

“An evidence-based international scheduling system would allow reform-oriented countries more flexibility to design domestic schedules according to their needs, while improving control over potential illegal exports. It would also be far more effective at gradually steering the drugs market in a direction that causes far less harm. Finally, an evidence-based scheduling system would remove much of the stigma associated with drug use, thus helping people to make more responsible and less harmful choices.” (*Id.*)

Thank you for the opportunity to testify on this measure.

## Hawaii State Legislature February 19, 2021

**Measure Title:** RELATING TO SCHEDULE I SUBSTANCES.

**Report Title:** Psilocybin; Psilocyn; Therapeutic Administration; Decriminalization  
Removes psilocybin and psilocyn from the list of Schedule I substances.

**Description:** Requires the Department of Health to establish designated treatment centers for the therapeutic administration of psilocybin and psilocyn. Establishes a review panel to review and assess the effects of this measure.

**Introducer(s):** CHANG, ACASIO, Ihara, Shimabukuro

### Testimony of John Atanasio, CEO of Psilothera, Inc.

Aloha, My name is John Atanasio, I'm CEO of Psilothera, Inc. and a Maui Resident.

I would like to thank Governor Ige, The State of Hawaii Legislature and the Introducing Senators of SB 738 for providing me the opportunity to testify in support of the Decriminalization of Psilocybin to be used in a professional therapeutic settings to benefit those suffering with mental illness here in Hawaii. The current pandemic has had a significant and major effect on the mental health of our State. It has been reported that those whom have been most impacted are those that are economically disadvantaged and were previously at risk.

**Company Description:** Psilothera, Inc. is a pioneering Mental Health Care Company dedicated to developing Proprietary Psilocybin (Psychedelic-“Magic Mushrooms”)based formulations for treatment of Depression, Anxiety, PTSD, Eating Disorders & Addictions and Cognitive Disorders such as Alzheimer’s and Dementia. Our core focus is specialized programs for Vets & 1<sup>st</sup> Responders and for civilian patients.

### Global Mental Health Crisis

Depression is a Debilitating Global Epidemic.

Depression is the leading cause of disability in the World. Source: Psychology Today.

Globally the World Health Organization (WHO) estimates that roughly 322 Million People (4.4 percent of the World’s population) suffer from Major Depression Disorder (MDD).

The current Pandemic has had an extreme impact on those whom are already suffering.

According to Psychology Today, over 16 Million American’s suffer from Clinical Depression with approximately one-third of these patients are “Treatment Resistant.”

The average number of U.S. Veteran suicides per day was 17.6 in 2018.

Globally an estimated 284 million people experienced an anxiety disorder in 2017, making it the most prevalent mental health or neurodevelopmental disorder.

## **What is Psilocybin?**

Psilocybin is a psychedelic drug with hallucinogenic properties that was first isolated from the Psilocybe strain in 1957 and are referred to as “Magic Mushrooms” or “Shrooms.”

## **Breakthru Research**

On November 4, 2020 the Journal of JAMA Psychiatry reported that a study of 27 people found that a treatment featuring Psilocybin worked far better (up to four (4) times) than the usual antidepressant medications.

## **John Hopkins Center for Psychedelic and Consciousness Research**

Researchers report that two doses of the psychedelic substance psilocybin, given with supportive psycho-therapy, produced rapid and large reductions in depressive symptoms, with most participants showing improvement and half of study participants achieving remission through the four-week follow-up.

**Upcoming Psilocybin Studies:** Opioid Addiction, Alzheimer’s Disease, Post-Traumatic Stress Disorder (PTSD), Post-Treatment Lyme Disease Syndrome.

## **Research Quotes- John Hopkins & Imperial College- London:**

“Our scientists have shown that psychedelics have real potential as medicine, and this new center will help us explore that potential.”

- Paul B. Rothman, M.D., Dean of the Johns Hopkins University School of Medicine and CEO of Johns Hopkins Medicine.

“When delivered safely and professionally, psychedelic therapy holds a great deal of promise for treating some very serious mental health conditions.”

Dr. Robin Carhart-Harris Head of the Centre for Psychedelic Research at Imperial College, London, England.

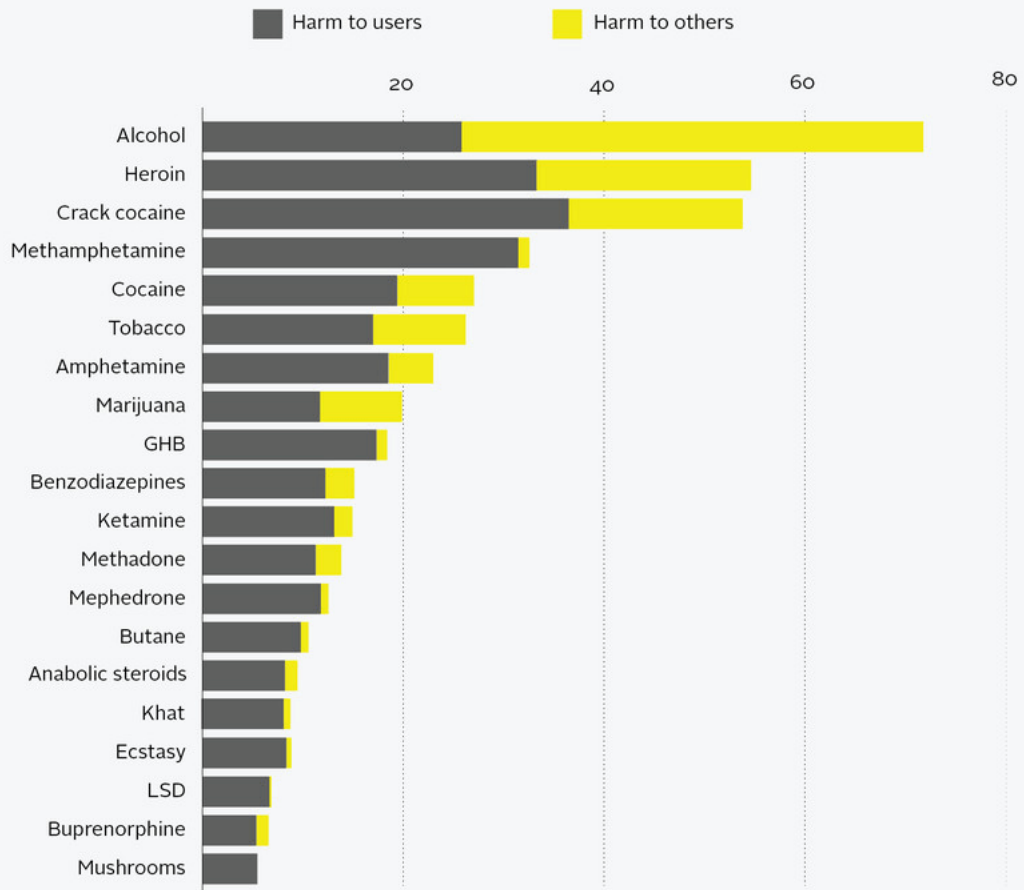
## **Consumer Safety: Anti-Depressants vs. Psilocybin**

Antidepressants can sometimes cause side effects, including:

- Increased risk of suicidal thoughts and behavior in children, adolescents, and young adults.
- Anxiety
- Nausea
- Increased appetite and weight gain
- Insomnia
- Fatigue & Drowsiness
- Agitation & Irritability
- Dizziness
- Blurred Vision

## The most dangerous drugs

Ranked by drug experts on damage to user, impact on crime, and socioeconomic effects



SOURCE: Independent Scientific Committee on Drugs, based on analysis of UK drug use, *The Lancet*, 2010



## **Patient Treatment Focus: Therapist Directed Psilocybin Therapy & Microdosing**

### **Psilocybin Assisted Therapy Approach & Psychedelic Experience:**

Two (2) Psilocybin doses given by two clinical monitors who provided guidance and reassurance. The doses to be given two weeks apart. Each treatment session lasts approximately five- seven hours, with the participant lying on a couch wearing eyeshades and headphones that played music, in the presence of the monitors.

All Patients complete a Medical and Symptoms Questionnaire and are given the GRID-Hamilton Depression Rating Scale – a standard depression assessment tool – upon enrollment, and at one and four weeks following completion of their Psilocybin treatment. An Exhibit of the Rating scale in the following pages.

Our researchers shall do a monthly follow up call with our for a year after to monitor the effects the psilocybin treatment had in their case.

**Patient Preparation:** Before the Patient's first "Psychedelic Session," the therapist and patient spend some quality time to get to know each other to form a trusting relationship as this we help to allow the patient to relax knowing that they will have someone their advocating and supporting them throughout the entire psilocybin session.

#### **Psilocybin "Psychedelic" Session**

The patient lies down on a bed in a comfortable room, designed specifically for the session. They receive a dose of psilocybin mushrooms. During the experience, patients listen to a specially designed music playlist and wear an eye mask, to help them focus internally. The psilocybin experience typically lasts 5-7 hours. A therapist and an assisting therapist are present throughout the session and .

#### **Patient Integration – Post "Psychedelic" Session**

With the guidance of their Therapists, Patients are encouraged to openly discuss their "Psychedelic Experiences" and to form their own personal insights and ideas from the experience. Every experience is unique and also a wonderful time of self-reflection and personal expression is supported. The goal is to change negative emotional and behavioral patterns.

#### **What is Microdosing?:**

Microdosing is the regular ingestion of very small quantities of psychedelic substances that has seen a rapid explosion of popularity in recent years. Individuals who microdose report minimal acute effects from these substances yet claim a range of long-term general health and well-being benefits.

The fear of having a "Bad Trip" on high dose Psilocybin may make Microdosing a more approachable option and affordable alternative for Millions of suffering people.

### **Patient Reported Outcomes**

Patients have reported that in a high percentage that their Psilocybin experience rates in their top 5 life experiences, profound mystical & spiritual; experiences providing the patient an awakening and life changing experience resulting in the feeling of freedom, peace, joy and gratitude..

### **Why Online Tele-Mental Health Care is Mission Critical.**

Tele-medicine has come full circle and the current pandemic has made this even more essential and important. For patients that are suffering and where the assisted High dose Psilocybin may not be alternative we would prescribe microdosing. The Patient evaluated with online Psychological Evaluations and a Therapist engagement over a secure video- therapeutic platform.

The Psilothera Online Therapeutic Platform:

Patient Enrollment & Online Patient Evaluation.  
Video Platform for Patient/Therapist Sessions.  
Patient Psilocybin Experience Education.  
Online Training.  
Patient & Therapist Online- Pre-Psychedelic Trip.  
Online Support Levels: - Self Directed, Guided & Therapist Directed.  
Psilocybin Microdosing e-RX Programs.

In Closing, We would be happy to offer our expertise in the areas of:

Psilocybin Therapeutic Process, Suicide Prevention, Mycology, Online Therapeutic Platform & Technology and to participate on a Psilocybin Advisory Board or Task Force.

It would be our Honor to serve.

Mahalo,

John Atanasio, CEO  
Psilothera, Inc.  
808-280-4260  
john@psilothera.com



*Psychiatry, Mental Health and Wellness  
1401 S. Beretania St. Suite 450  
Honolulu, HI, 96814*

Date: 2-16-2021

I am a board-certified psychiatrist in private practice in Honolulu.

For perspective, I want to give the legislature my expert opinion on the clinical effects of psilocybin mushrooms.

Over the years I have collected reports from patients who are driven, by unresolved depressive symptoms, to try them illegally. Sometimes these are combat veterans, mothers, church-going people, the sorts of people otherwise unlikely to experiment with drugs. Most of them try psilocybin illegally after having read promising reports of research at Johns Hopkins University and other places.

Do they work?

What do my patients say?

The almost unanimous response that is that psilocybin mushrooms relieve depression better, and faster, than any medication. Many of these patients have been taking antidepressants for one or two decades. Psilocybin outperforms the medications after only a single use.

Additionally, I frequently hear that suicidal thinking is vanished.

This phenomenon I have professionally seen in Honolulu, is borne out by the literature. For example, a 2015 paper by Peter Hendricks and Roland Griffiths looked at past year suicidal thinking, past year suicidal attempts, and past month psychological distress, and compared groups of people who have never used psilocybin with those that have. The odds were that a suicide attempt was almost twice (1.72x) as likely in the group that never tried psilocybin.

Please be aware that none of the prescription antidepressants I offer in my clinic compare to that. It has been known for years, prescription antidepressants like Zoloft and Prozac do NOT reduce the likelihood of suicide. Since the 1990's, use of these meds has gone from 5% of the population, to 10% in 2010, to now, fully 17% of the population. As use has gone up, the suicide rate has not declined. It has continued to creep up.

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fax (808) 356-1649*

*[www.beyondmentalhealth.com](http://www.beyondmentalhealth.com)*



With almost 20% of the population on antidepressants, where are we headed? When does it stop?

At what point do we realize we need a change of direction?

It is unfortunate, and ironic, when desperate well-meaning depressed people have to break a law to change this direction. As doctors and legislators, we should have been there already.

Are psilocybin mushrooms toxic?

Hallucinations and disorientation are reported to me as temporary, short (4 hrs), tolerable, at the very worst unpleasant, with nausea.

In the scientific literature, there is almost no evidence of cardio-toxicity or brain-toxicity from psilocybin mushrooms. They are way less toxic and way safer than prescription drugs. Even prescription drugs can cause psychosis as a side effect. Albuterol, wellbutrin, amantadine, even Benadryl, can cause delirium and psychosis. A huge number of other meds can cause psychosis. The list is extensive. Hallucinogenic mushrooms should NOT be ruled out from use in Hawaii on the basis of their capacity to cause psychosis. Often, a controlled psychosis is exactly what heals depression. This is what we aim for in my own clinic, where we provide ketamine, a hallucinogenic drug, to depressed patients.

I am ready for the legislature to designate my clinic as a designated psilocybin treatment center. We are already set up to guide patients, manage drug interactions, and screen out those with complicating issues who are at most risk of adverse effects.

The practice of psychiatry is on the verge of major change. The legislatures must legally adapt to that change and help us do the best job we can do.

Thank you for your time.

I am a licensed physician, in state of HI, MD license# 16978, expiration date 1-31-2022. You may call my business line with any questions.

Cordially,

Thomas Cook, M.D.

*ph (808) 457-1082  
fax (808) 356-1649*

*[www.beyondmentalhealth.com](http://www.beyondmentalhealth.com)*

**SB-738**

Submitted on: 2/16/2021 12:15:26 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Hope Kallai	Testifying for Malama Moloa`a	Support	No

Comments:

I strongly support medical use of psilocybin and coverage for patients through the state Medi-Quest system.



**Testimony in Support of SB738**  
Senate JDC Committee | Friday, February 19, 2021 at 9:30am

Dear Senator Rhoads, Senator Keohokalole, and Members of the Committee:

My name is Sam Chapman, and I was the Campaign Manager for Measure 109, the voter approved ballot measure that is now in the process of establishing the first ever state level psilocybin therapy program in the country. I now serve as the Executive Director for the Healing Advocacy Fund, a non-profit focused on ensuring that we keep patient safety top of mind, while ensuring that psilocybin therapy is affordable, accessible, and equitable for all.

I am writing in **strong support of SB738**, which will effectively expand regulated and supervised access to psilocybin services in Hawaii for those in need.

Oregon's Measure 109 prioritizes patient safety and regulation by:

1. Requiring psilocybin services to be administered only at licensed service centers, under the constant supervision of a trained and licensed facilitator
2. Requiring facilitators to conduct a mental health review before a therapy session to ensure that only those who can safely benefit from psilocybin services have access
3. Requiring the Oregon Health Authority to establish standards of care, training and certification for facilitators to ensure patient safety facilitator competency

Establishing regulations that put patient safety first is essential to creating a program that will provide the necessary services, training, and regulatory environment in which psilocybin therapy shows so much promise for people suffering from mental health conditions.

I would be happy to answer any questions and or provide additional information at your request. Please support SB738.

Sincerely,

Sam Chapman  
Executive Director  
Healing Advocacy Fund

**SB-738**

Submitted on: 2/17/2021 12:12:59 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
James Brad Sheveland	Testifying for Maui Moringa Farms	Support	No

## Comments:

I have been on different kinds of antidepressants with horrible life damaging side affects from SSRIs, those pills destroyed my life, I lost everything because of SSRIs.

Psilocybin is the only thing that helps and has zero bad side affects. If you don't struggle with depression, you have no idea what you are talking about on this matter.

I support Psilocybin for Medical use 100% because I know first hand that it works.

# COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

Phone/E-Mail: [\(808\) 927-1214](tel:(808)927-1214) / [kat.caphi@gmail.com](mailto:kat.caphi@gmail.com)



## COMMITTEE ON WAYS AND MEANS

Senator Donovan Dela Cruz, Chair  
Senator Gil Keith-Agaran, Vice Chair  
Friday, February 19, 2021  
10:00 AM

## SUPPORT FOR SB 738 - PSILOCYBIN

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran, and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai`i for more than two decades. During that time I have also served on the Board of the Drug Policy Forum of Hawai`i and as DPFH Vice President for a long time.

This testimony is respectfully offered on behalf of all the people in Hawai`i nei suffering from MDD – Major Depressive Disorder. SB 738 requires the department of health (a) to establish designated treatment centers for the therapeutic administration of psilocybin and psilocyn and (b) requires the department to adopt rules in accordance with chapter 91 necessary to implement this section.

We research emerging strategies to address societal challenges and have observed the rising numbers of people in our communities suffering from depression. COVID seems to have contributed to this increase and finding different therapeutics to address various ailments is important to societal health.

In our quest to learn more about science behind the use of psilocybin to treat major depression, we found a study<sup>1</sup> that was published in JAMA Psychiatry. The research question was: *Is psilocybin-assisted therapy efficacious among patients with major depressive disorder?*

The scientists found that in this randomized clinical trial of 24 participants with major depressive disorder, participants who received immediate psilocybin-assisted therapy compared with delayed treatment showed improvement in blinded clinician rater-assessed depression severity and in self-reported secondary outcomes through the 1-month follow-up.

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<sup>1</sup> Effects of Psilocybin-Assisted Therapy on Major Depressive Disorder A Randomized Clinical Trial Alan K. Davis, PhD; Frederick S. Barrett, PhD; Darrick G. May, MD; Mary P. Cosimano, MSW; Nathan D. Sepeda, BS; Matthew W. Johnson, PhD; Patrick H. Finan, PhD; Roland R. Griffiths, PhD, November 4, 2020.  
<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2772630>

In sum, this means that this randomized clinical trial found that psilocybin-assisted therapy was efficacious in producing large, rapid, and sustained antidepressant effects in patients with major depressive disorder.

An article<sup>2</sup> from Canada published in Vice is interesting:

“The Canadian government is allowing patients who are not terminally ill to legally consume psychedelic mushrooms, on the heels of Oregon’s decision to give people access to shrooms for therapeutic reasons.”

(...)

Psilocybin, the active ingredient in mushrooms, is illegal to produce, possess, and sell in Canada; typically the only exception is for approved research purposes.

But this summer, Health Canada granted exemptions to people with terminal illnesses, allowing them to possess and consume shrooms. That was followed up with Strelaieff’s exemption earlier this month, which paves the way for more shrooms-based therapies, according to TheraPsil, a nonprofit that advocates for psychedelic therapy in end-of-life care in Canada.

“Our mission is to help Canadians in need access medical psilocybin,” Spencer Hawkswell, TheraPsil’s CEO told VICE World News. “We started with palliative Canadians for a number of reasons. **The first is that you have the right to die in Canada, so surely you should have the right to try psilocybin.** The second is that they didn’t have time to wait. We had identified some dying Canadians that had weeks or months to live. We had to help them first.”

From another article published in Medscape<sup>3</sup>

*“The finding that the majority of people whom we treated showed efficacy was quite a remarkable and gratifying finding and really sets the stage for psilocybin as a treatment for major depression,”* senior investigator Roland Griffiths, PhD, Oliver Lee McCabe III Professor in the Neuropsychopharmacology of Consciousness, Johns Hopkins University School of Medicine, Baltimore, Maryland, said in a statement.

Lastly, many people who exit incarceration leave with depression that is hard to shake with the stigma and barriers that one must overcome to reenter the community. Please help those in our communities who are suffering with major depression.

Mahalo for this opportunity to testify.

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<sup>2</sup> Canada Is Allowing People With Depression to Do Psychedelic Mushrooms, A B.C. woman is believed to be the first non-palliative patient to be allowed to do shrooms legally. By [John Semley](#), TORONTO, CANADA, November 17, 2020. <https://www.vice.com/en/article/4adw4w/canada-is-allowing-people-with-depression-to-do-psychedelic-mushrooms>

<sup>3</sup> Psilocybin Delivers 'Remarkable' Relief in Severe Depression, Batya Swift Yasgur, MA, LSW, November 05, 2020. <https://www.medscape.com/viewarticle/940477>

## Testimony in Support of SB783

Senate JDC Committee | Friday, February 19, 2021 at 9:30am

Dear Senator Rhoads, Senator Keohokalole, and Members of the JDC Committee:

My name is Ashley Lukens. For the past 12 years, I have worked as a community organizer and advocate in Hawaii. I received my PhD in Political Science from UH Manoa in 2013. Today, I am writing in strong support of SB 738, a bill which begins an important conversation around clinical access to psilocybin in Hawaii. I support this bill because plant medicines like psilocybin have played a transformative role in my life.

In 2017, I was diagnosed with brain cancer. Because brain cancer is treatable but not curable, I was faced very immediately with the prospect of my own early death. As a 39 year old single mother to a 12 year old little girl, you can imagine the amount of stress a diagnosis like this caused. Luckily, having read many of the popular books like Michael Pollan's *How to Change your Mind*, I was familiar with the research on psilocybin assisted treatment for end of life anxiety and chose to experience first hand the power of this plant medicine in reducing the negative effects of the stress related to a cancer diagnosis. I am not alone in this experience. In March, CNN reported a study out of NYU that "A single dose of psilocybin, a compound found in "magic mushrooms," provides long-term relief of anxiety and depression in cancer patients."

The relationship between stress and cancer is clear; we know that stress in the body prevents it from healing. So, as someone who needs to heal, reducing my stress around my diagnosis has been instrumental in my maintaining my health and healing. Not all patients have the means to access legal psilocybin. Regulations in place in the United States require that if you want to see access it you either participate in a limited clinical trial or you travel abroad to places where you can access this medicine legally. Traveling abroad can complicate the patients experience because not all legal access is in a clinical setting, something the research shows us is critical for impact.

As a trained political scientist, I can also confirm that Hawaii is a part of a national movement for expanding safe legal access to psilocybin. Let's be the leaders and support our communities and their mental health. Everyone know's someone who stands to benefit from this transformative medical break-through.

Thank you for taking the time to hear this important bill. I hope that you will pass this measure out of committee to continue this conversation.



Ashley Lukens, PhD

Aloha,

My name is Noeloikeau Charlot. My great-grandfather Jean Charlot, a painter, immigrated here several generations ago. Since then, my family has been deeply committed to the betterment of Hawaii. It is for this reason, and as a graduate from the University of Hawaii at Manoa with degrees in Biological Engineering and Physics, that I present my testimony calling the assembly to pass Bill SB 738.

As is well documented, Psilocybin has been shown to treat and even permanently cure entire classes of human suffering - ranging from addiction, major depressive disorder, suicidal ideation, cluster headaches, post-traumatic stress disorder, and the grief of the terminally ill - with as little as a single dose. Even in a clinical laboratory setting, the subjective experiences associated with Psilocybin have been consistently ranked as among the top five most important events in the lives of thousands of people, bringing about lasting, positive change in several metrics of human well-being.

Scientifically, Psilocybin, when ingested, is quickly converted into Psilocin, a compound with a half-life and neurotoxicity comparable to Caffeine. This means its danger to a typical person's body is comparable to that of coffee. As a compound, Psilocin is a structural analog of Serotonin, a naturally occurring neurotransmitter which, in the wrong concentrations, is implicated in a variety of negative feedback loops such as addiction, anxiety, and depression. As a partial Serotonin agonist, Psilocin temporarily and reversibly replaces Serotonin at relevant binding sites within the brain. In other words, Psilocin activates these neurons with a reduced intensity, providing a physical explanation for the immense wealth of positive human experiences outlined above.

However, this category of human experience is wrongfully deemed illegal in our society due to the ignorance of past legislators, who falsely categorized its potential danger as identical to highly neurotoxic, synthetic, and addictive chemicals such as methamphetamine. The scientific body, which has since demonstrated that it is physiologically impossible to become addicted to Psilocybin, is further held back from studying its immense therapeutic potential due to this past ignorance. I urge the assembled legislative body to consider that if even a fraction of Hawaii's suffering can be mitigated by the passing of this bill, that it is our moral imperative to do so.

With respect and Aloha,

-Noelo



**SB-738**

Submitted on: 2/18/2021 7:26:53 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jeremiah Holguán	Individual	Support	No

Comments:

There are currently over 40 institutes In the United States. doing research into psilocybin for its neuroregenerative capabilities. the following list is a small excerpt of the institutions and academic centers that have been approved by the DEA and FDA for current research into Psilocybin. **John Hopkins University, Purdue College of Pharmacy, New York State Psychitric Institute, U.S Department of Veterans Affairs, Sheppard Pratt Health System, Mount Sinai Medical Center, Yale University, and Harvard Medical School.**

In order to achieve the regulatory oversight permitting such studies to take place by the DEA/FDA - 3 things must be demonstrated.

1. Unlikely to do any harm.
2. Provide a critical need not being addressed by conventinal medicine.
3. Is it easily scalable and affordable medicine?

In addition to this, there are nearly 2 dozen european universities running concurrent reserach.

The remainder of my Testimony will be used to *explain the why*, for any members listening to this hearing who may not be aware of the reserach that has already been done. On pubmed.gov there are 183 already currently published results on "Psilocybin and Depression", the following is highlighting a small selection of the verbatim conclusions of the reserach.

Catlow, B.J., Song, S., Paredes, D.A. *et al.* Effects of psilocybin on hippocampal neurogenesis and extinction of trace fear conditioning. *Exp Brain Res* **228**, 481–491 (2013). <https://doi.org/10.1007/s00221-013-3579-0>

A study on the mice showing that **low doses** of psilocybin greatly quickened the extinction of an induced fear response as well as a potent increase in hippocampal neurogenesis.

[Jefsen, Oskar Hougaard](#) et al. "[Transcriptional regulation in the rat prefrontal cortex and hippocampus after a single administration of psilocybin](#)". *Journal of Psychopharmacology*. 2020. <https://doi.org/10.1177/0269881120959614>

Conclusion:

The present study demonstrates that psilocybin rapidly induces gene expression related to neuroplasticity, biased towards the prefrontal cortex, compared to the hippocampus. Our findings provide further evidence for the rapid plasticity-promoting effects of psilocybin.

Johnson, M.W., Griffiths, R.R. Potential Therapeutic Effects of Psilocybin. *Neurotherapeutics* **14**, 734–740 (2017). <https://doi.org/10.1007/s13311-017-0542-y>

The current state of modern research suggests considerable therapeutic promise for psilocybin. This research is most advanced regarding the treatment of cancer-related psychiatric distress, with three randomized, placebo-controlled trials showing promising results for psilocybin. Two of these trials involved a moderate number of participants and administered relatively large doses of psilocybin. These two studies, in particular, provide strong evidence showing substantial decreases in depressive and anxious symptoms that appear to persist for at least 6 months after a single active treatment. Such results are unprecedented in psychiatry. The single open-label study of treatment-resistant depression outside the context of cancer provides initial preliminary evidence that persisting antidepressant effects of psilocybin might not be limited to those with cancer.

More research needs to be done into the neurogenesis effects of psilocybin mushrooms for the treatment of neurological disorders. We are under more stress than ever due to the current state of the affairs and we need to utilize as many tools as we can accrue.

Thank You.



**LATE**

To: Senator Karl Rhoads, Chair  
Senator Jarrett Keohokalole Vice Chair  
Members of the Senate Judiciary Committee

Fr: Jennifer Collotta

Re: Testimony in Support on **Senate Bill (SB) 738**

RELATING TO SCHEDULE I SUBSTANCES.

Removes psilocybin and psilocyn from the list of Schedule I substances. Requires the Department of Health to establish designated treatment centers for the therapeutic administration of psilocybin and psilocyn. Establishes a review panel to review and assess the effects of this measure.

Dear Chair Rhoads, Vice Chair Keohokalole, and members of the committee,

I am in **strong support** of measure (SB) 738.

In 2016 the World Health Organization declared mental health the leading health crisis of our time, with depression as the largest cause of lost wages, worldwide.

In Hawaii, about 3.5% of all adults have serious mental illness and about 9.1% of all youths had at least one major depressive episode. In 2015, suicide surpassed traffic fatalities as the number one cause of death by injury in Hawai'i. It is estimated that across the state, only 19% of these individuals suffering from mental illness will ever seek care and receive the treatment they need. Individuals, families, and whole communities are being affected by untreated and unresolved disorders- we are in the middle of a mental health crisis and our western solutions to care are not working.

As it currently stands, our healthcare system exists within a symptom management model; efforts are made to treat the symptoms of disease rather than addressing the underlying causes of illness.

Psychedelic assisted therapy, held within a holistic psychotherapeutic container has been proven to be effective in treating depression, post traumatic stress disorder or PTSD , anxiety and other underlying mental health conditions.

Removing psilocybin and psilocyn from the list of Class 1 drugs and allowing for the establishment of designated treatment centers for the therapeutic administration of these compounds would allow for community access to these life changing compounds and has the potential to offer lasting solutions to the mental health crisis.

**SB-738**

Submitted on: 2/16/2021 10:47:55 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Marya Grambs	Individual	Support	No

## Comments:

I am in strong support. My partner has a chronic illness with a psychiatric condition and we are told by medical professionals that psilocybin would be of great assistance to her. There's ample evidence that this is not a dangerous drug and should not be the basis for arrest. Thank you, Sen. Chang, for having the courage and wisdom to introduce this bill.

**SB-738**

Submitted on: 2/16/2021 11:53:01 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Janet Montgomery	Individual	Support	No

Comments:

Please pass this bill! It is important to treat my depression and PTSD. People who need it for psychiatric treatment should not be penalized/criminalized.

**SB-738**

Submitted on: 2/16/2021 12:17:01 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ben	Individual	Support	No

Comments:

Hello,

I support removing non-toxic substances from the controlled substances schedule. Specifically I support the removal of psilocybin and psilocyn from the list of Schedule I substances.

HRS 329-11 states that substances should be scheduled based on "the degree of danger or probable danger of the substance".

While Schedule 1 substances should be reserved for the "highest degree of danger or probable danger".

"[§329-13] Schedule I tests. A substance shall be placed in Schedule I if it has the highest degree of danger or probable danger according to the determination made pursuant to section 329-11."

As we have seen first hand, psilocybin, psilocyn, magic mushrooms and marijuana are not dangerous, not toxic, do not kill anyone in the United States, nor in the entire world.

<https://pubmed.ncbi.nlm.nih.gov/21256914/>

"In conclusion, the use of magic mushrooms is relatively safe as only few and relatively mild adverse effects have been reported. "

These substances were added to the controlled substances list without prior scientific nor common sense reasoning or evidence. Someone, somewhere said that these substances were bad and made them illegal. That was it. No debate, no rational basis, no scientific evidence, no anecdotal data, not even consulting with the CDC. No reason that these substances were banned.

Especially when alcohol kills thousands of people each year.

Mahalo





**SB-738**

Submitted on: 2/16/2021 12:21:00 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Crystal Rosa	Individual	Support	No

## Comments:

I have been battling depression, PTSD, anxiety, and insomnia for about twenty years. I have been prescribed many different medications for these conditions over the span of about fifteen of those years. I would occasionally see minimal improvement but it was always temporary and short lived. I have had to deal with a long list of side effects, affecting my relationships more than they were already being stressed. Psilocybin has been proven to help with these issues without the side effects or risk of addiction. This should be accessible to everyone struggling with their mental health with no help from mainstream medications. Thank you for your time. Please pass this bill.

**SB-738**

Submitted on: 2/16/2021 12:39:30 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michael P. K. Harris	Individual	Support	No

Comments:

I am writing in today in support of SB738. The wealth of potential therapeutic applications for psilocybin and its derivatives, employed to treat diseases of the mind which are bound to increase in their profusion given the current state of our society, ought not to be ignored. Innumerable well-cited studies are suggestive of this untapped potential, and a byzantine, draconian system of legislation and regulation against mind-altering substances hailing from a darker time in American politics is the only thing holding us back from making use of a potentially life-changing remedy for hundreds of thousands of citizens.

As a massive empire which moves with an exceedingly ponderous gait at the federal level, it would behoove individual states such as our own to lead the charge, as has been the case for other controlled substances with potential medicinal applications—if not simply for the admirable moral goal of making them available to the sick, then also for the potential revenue implicit in early adoption and development of the infrastructure and distribution networks necessary to make them available to the public.

**SB-738**

Submitted on: 2/16/2021 1:08:04 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
josh bogle	Individual	Support	No

Comments:

My life was saved by a well informed practitioner who was able to help me out of the addiction, depression, fear spiral I was suffering from.

I have come through the other side and happy to support the healing of others on this journey!!

please allow this natural earth medicine to heal people who are stuck & need assistance

**SB-738**

Submitted on: 2/16/2021 1:50:05 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
kim parker	Individual	Support	No

Comments:

Psilocybin has greatly aided me in overcoming my depression and traumas. It has helped me to view things more clearly and with an open and loving heart.

**SB-738**

Submitted on: 2/16/2021 2:51:15 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
bonnie Delgado	Individual	Support	No

Comments:

I support medicinal cyclist in testing and use

**SB-738**

Submitted on: 2/16/2021 3:38:57 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Vincent Cachero	Individual	Support	No

Comments:

Aloha,

My name is Vince Cachero and I was raised on O'ahu. I'm currently a professional MMA fighter in the UFC. I have a familial history of depression and have had my battles with it throughout adulthood. As someone who makes a living doing a combat sport, the physical trauma plus the mental stress of daily combat takes its toll. Unfortunately, this sometimes leads my mind into dark places.

Psilocybin has undoubtedly changed my life for the better. After researching and discovering how much conclusive scientific evidence has proven psilocybin to be effective in treating depression, I took a macrodose for medicinal purposes only. It kicked me out of a four-month rut of a deep depression where I experienced suicidal ideation regularly. I was immediately better, like night and day. There is no doubt that psilocybin has improved my life, and made me a more happy and effective person in this world. Decriminalization and further researching psilocybin's effectiveness in treating mental health disorders is the first step toward helping Hawai'i become a happier and healthier state.

Mahalo,

Vince

**SB-738**

Submitted on: 2/16/2021 4:58:27 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Cody Roberts	Individual	Support	No

Comments:

Help the citizens of Hawai'i by granting safe access to use this natural medicine.  
Mahalo

**SB-738**

Submitted on: 2/16/2021 6:04:17 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
cory crockett	Individual	Support	No

Comments:

It's time for another answer to anxiety, depression and other emotional illnesses besides anti-depressants. These can be life changing experiences for people in these dire emotional states.



**SB-738**

Submitted on: 2/16/2021 6:32:37 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
cassidy mchugh	Individual	Support	No

Comments:

I believe this bill should be passed because psilocybin has been proven to help with mental illnesses such as depression, anxiety, and PTSD. I think ethical research studies should be conducted and the use of this substance should be legalized under therapeutic observation.

**SB-738**

Submitted on: 2/16/2021 7:03:25 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
KENNETH E MORRISON	Individual	Support	No

Comments:

Evidence based studies have shown us time and time again that the psychoactive substances that this bill targets to deschedule are minimally harmful and can provide therapeutic benefits. Placing these substances in Schedule I ignores credible science put forth by prestigious medical institutions and schools. Now is our chance to move Hawaii to more modern view of these substances that casts away the ignorance of our past. Please vote yes to deschedule.

**SB-738**

Submitted on: 2/16/2021 7:07:34 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Charles Tresidder	Individual	Support	No

## Comments:

When struggling with the death of my father 10 years ago I had trouble dealing with the emotions and struggled with depression. I took a 5 gram portion of psilocybe cubensis while contemplating the death of my father 6 years ago. The experience help me in a single night helped me learn to cope with his death than years of struggling with the loss.

3 years ago my struggles with addiction or crippling my life, my health, my relationships. I took a 5 gram dose of psilocybe cubensis (magic mushrooms) and contemplated my addictions, and how they were killing me, and hurting those around me. I haven't had a drink since that night.

Mushrooms do not fix you, but they certainly do help point out the bad habits and unhealthy patterns that you keep repeating in your life, and allow you to approach them with a fresh viewpoint. It does enable change, it makes those changes you need much easier. I am grateful for the impact that mushrooms have had on my life. I have spent years in therapy, spent thousands of dollars on weekly sessions, and struggled. Those two nights, years apart, we're more effective than all that time combined at creating change. I wonder how mushrooms with guided therapy could impact the lives of so many others. I am eager to see how this develops, and how we can unable people to heal so they can live happier more productive lives.

**SB-738**

Submitted on: 2/16/2021 7:58:35 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ashley Van Horn	Individual	Support	No

Comments:

Aloha,

I am writing in support of this bill. I think it's a wonderful opportunity to help people with mental health issues in an infinitely more safe way than pharmaceutical drugs. Psilocybin is not dangerous and, in fact, has helped countless people to actually heal from mental health struggles ranging from PTSD to anxiety and depression rather than masking or numbing them with pharmaceutical drugs. Psilocybin assisted therapy is the future of mental health and it's exciting that Hawaii has the opportunity to be on the forefront. I have a Master's Degree in Traditional Chinese Medicine and have extensively studied the Chinese Materia Medica (herbal medicine) and In my opinion, to be able to have legal access to an unrefined plant medicine (technically fungus) that can be used as a tool by licensed mental health therapists would be of immeasurable value.

Thank you for your consideration.

**SB-738**

Submitted on: 2/16/2021 8:24:29 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ashley Morrow	Individual	Support	No

Comments:

Psilocybin has helped me with my depression. I have experienced great relief from feelings of hopelessness and suicidal thoughts through the use of microdoses. This is a powerful healing therapy that should be accessible to those who need it.

**SB-738**

Submitted on: 2/16/2021 9:47:18 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Daniela Spoto	Individual	Support	No

Comments:

Aloha Chair Rhoads, Vice Chair Keohoka, and members of the committee,

I am in strong support of SB738. Over the past several years, research showing the efficacy of psilocybin as a treatment for various mental health conditions has become harder and harder to ignore.

As a public health professional, I am concerned by the rise of mental health conditions such as anxiety, addiction, depression, and PTSD in communities nationwide. And as a mother, I worry that we are not giving our children effective tools to navigate these conditions. The current treatment options available seem inadequate for what is likely a problem that is only growing.

This proposal is an incredible opportunity to showcase Hawaii's role as a leader in prioritizing real solutions for mental health, second only to the state of Oregon. I believe it has the potential to be transformative in a very positive way for our communities. Please pass SB738.

**SB-738**

Submitted on: 2/16/2021 10:22:15 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brittany Horn	Individual	Support	No

Comments:

Passing this bill would provide people with access to essential medicine in a safe and supported environment.

**SB-738**

Submitted on: 2/16/2021 11:35:09 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Danielle Isaacs	Individual	Support	No

Comments:

Hi,

My name is Danielle and I am a resident of Colorado. I suffer from depression and anxiety and have been off and on depression pills from the age of 17. Nothing has helped my mental health as positively as psilocybin has. I use psilocybin mushrooms a few times of the year and utilize the time to journal and talk through the experience with my therapist. This plant medicine can and will help so many suffering from mental health illness. Please pass this bill <3 So many people will benefit and many states will continue to follow.



**SB-738**

Submitted on: 2/17/2021 1:50:45 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Danielle Anderson	Individual	Support	No

## Comments:

May this be the end of the criminalization of plant medicine. The citizens of Hawaii deserve to have access to psilocybin as it has many healing properties. There's so much research showing that psilocybin is a safe and effective treatment. Surely you agree that pharmaceuticals are putting our people at risk and getting them addicted.

**SB-738**

Submitted on: 2/17/2021 7:34:08 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
jacob devane	Individual	Support	No

Comments:

This natural, organic substance has powerful therapeutic value. It can help heal people when used responsibly by trained professionals. I strongly support this measure!

**SB-738**

Submitted on: 2/17/2021 8:35:56 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Allie Weigel	Individual	Support	No

Comments:

I am a senior at UH Manoa about to graduate with a degree in psychology. Through my studies I have learned that psilocybin assisted therapy can greatly improve the mental health of those suffering from PTSD, anxiety and depression. There has been great promise in research done on psilocybin assisted therapy assisting veterans with their PTSD. In consideration of the fact that Hawaii is home to many veterans, I would hope you will pass this legislation to give them access to the healing they deserve.

**SB-738**

Submitted on: 2/17/2021 8:00:36 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
samson	Individual	Support	No

Comments:

Aloha,

This testimony is in regards to SB738, in favor of using Psilocybin and Psilocyn as therapeutic substances.

This change would bring help to many who need it. Mental health is at an all time low, and this would be a great change to the current psychiatric industry. Many people who try medication for depression, PTSD, anxiety and other mental health issues simply don't get results. Others end up on a laundry list of medications, of which some are highly addictive. I have seen mushrooms change peoples lives for the better from just 1 session.

This plant medicine was used for thousands of years prior to schedule 1 classification. New research is showing that psilocybin therapy is effective for a wide range of mental illnesses. Research needs to be done on this ancient medicine, and other states are getting started on this important work. We should join them.

This kind of cutting edge therapy will bring more bright and talented people to Hawaii. These kinds of innovations open doors for researchers, doctors, therapists and ultimately patients who need help.

**SB-738**

Submitted on: 2/17/2021 8:59:40 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Yasha Eads	Individual	Support	No

Comments:

I strongly support measure.

**SB-738**

Submitted on: 2/17/2021 9:12:39 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lee Motter	Individual	Support	No

Comments:

I support this measure. It would be of benefit to the people of Hawaii to start establishing treatment centers and allow the therapeutic use and study of psilocybin and psilocyn.

Measure details: Removes psilocybin and psilocyn from the list of Schedule I substances. Requires the Department of Health to establish designated treatment centers for the therapeutic administration of psilocybin and psilocyn. Establishes a review panel to review and assess the effects of this measure.

**SB-738**

Submitted on: 2/17/2021 9:43:53 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nancy Piper	Individual	Support	No

Comments:

There is a vast amount of research regarding the efficacy of psilocybin to treat trauma and addiction as well as depression and other chronic illnesses. It is time to make these forms of treatment available to patients in a controlled, safe setting. It has been widely documented in medical research as well as in layperson terms on 60 minutes and other programs. It is also widely understood that the efficacy of pharmaceutical drugs for this purpose is quite limited and patients need help now. Many are suffering and do not respond to other treatments available.

Mahalo for your consideration.

**SB-738**

Submitted on: 2/17/2021 9:45:02 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nedi McKnight	Individual	Support	No

Comments:

Aloha kākou,

I support this bill because it is a step in the direction of legalizing our human right of using plant medicine.

Kind regards,

Nedi McKnight



## Magic Mushrooms in Hawai'i: A Homegrown Solution to Mental Health Issues

Ariel Marisa Ashe

William S. Richardson School of Law Class of Spring 2021

Written in April 2020

### Abstract

A mental health crisis grips the world in 2020. We hear stories of suicide, drug addiction, and mass shootings. These tragedies, precipitated by deteriorating mental health, harm our society. What do psilocybin mushrooms have to do with mental health? Psilocybin mushrooms can be a natural remedy for many mental health issues. This article analyzes the way psilocybin can reset the area of our brains responsible for depression, anxiety and addiction.<sup>1</sup> A negative stigma associated with psilocybin, a psychedelic often used as a recreational drug and within the black market, has been one barrier preventing research into the beneficial effects of the substance. However, the psilocybin mushroom movement is gaining acceptance, and recently both Denver<sup>2</sup> and Oakland decriminalized the possession of psilocybin mushrooms.<sup>3</sup> Santa Cruz followed shortly thereafter in

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<sup>1</sup> J. R. Kelly et al., *The psychedelic renaissance: the next trip for psychiatry?*, *Ir. j. psychol. Med.* 1–5 (2019).

<sup>2</sup> Denver, Co. Code art. 9, § 28-302 (2020) stating “The enforcement of any laws imposing criminal penalties for the personal use and personal possession of psilocybin mushroom . . . shall be the lowest law enforcement priority in the City and County of Denver.”

<sup>3</sup> Oakland, Cal. Resolution Decriminalizing Entheogenic Plants (June 5, 2019) available here: [https://www.decriminalizenature.org/media/attachments/2020/04/08/decriminalizing-entheogenic-plants\\_v1.2.pdf](https://www.decriminalizenature.org/media/attachments/2020/04/08/decriminalizing-entheogenic-plants_v1.2.pdf)  
Merrit Kennedy, *Oakland City Council Effectively Decriminalizes Psychedelic Mushrooms*, NPR, June 5, 2019, <https://www.npr.org/2019/06/05/730061916/oakland-city-council-effectively-decriminalizes-psychedelic-mushrooms> (last visited Apr. 21, 2020).

2020<sup>4</sup>, and in Hawai'i, a bill was recently introduced to the state legislature to establish a working group on psilocybin for medical treatment.<sup>5</sup> With many organizations now funding medical research into psilocybin<sup>6</sup>, adequate evidence is accumulating to prove that psilocybin, currently listed as a schedule 1 drug, can be used to treat some mental health patients to where its classification as a schedule 1 drug does not seem warranted.<sup>7</sup> During the start of the medical marijuana movement in the United States, Hawai'i was the first state in the country to legalize the drug legislatively.<sup>8</sup> By legalizing psilocybin mushrooms, the Hawaiian Islands can also pioneer the use of alternative psychedelic medicine, and can provide an avenue of healing for some mental health patients affected by the many psychological illnesses plaguing our society.

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<sup>4</sup> Harmeet Kaur, Santa Cruz Decriminalizes Magic Mushrooms and Other Natural Psychedelics, Making It The Third US City to Take Such a Step, CNN, Feb. 3, 2020, <https://www.cnn.com/2020/01/30/us/santa-cruz-mushrooms-psychedelics-trnd/index.html>, (last visited Apr. 21, 2020).

<sup>5</sup> H.B. No. 2567, 30th Leg., Reg. Sess. (HI. 2020).

<sup>6</sup> Compass Pathways, Compass Pathways Receives FDA Breakthrough Therapy Designation For Psilocybin Therapy For Treatment-Resistant Depression, <https://compasspathways.com/compass-pathways-receives-fda-breakthrough-therapy-designation-for-psilocybin-therapy-for-treatment-resistant-depression/> (last visited Apr. 21, 2020).

<sup>7</sup> See 21 U.S.C. § 812(b)(1)(B) (West, Westlaw through Pub. L. No. 116-138) (describing a schedule 1 drug as having “no currently accepted medical use in treatment”).

<sup>8</sup> Marijuana Policy Program, <https://www.mpp.org/states/hawaii/> (last visited Apr. 21, 2020).

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Introduction

Psilocybin mushrooms are legal for recreational use in Brazil, the Netherlands, the British Virgin Islands, Portugal, and Vietnam.<sup>9</sup> However, they are currently listed as a schedule 1 drug under the Controlled Substances Act in the United States of America.<sup>10</sup> This means that they have no currently accepted medical use and a high potential for abuse.<sup>11</sup> However, recent studies have shown that medical benefits can stem from psilocybin mushroom use.<sup>12</sup> This article analyzes the policies surrounding psilocybin mushrooms at the federal and state level to find a way of legalizing their medical use within Hawai'i, and aims to provide doctors and patients a new way to treat mental health issues, many of which have responded positively to psilocybin.<sup>13</sup>

Hawai'i, the first state to legalize a medical program in the legislature, has been a pioneer in the medical marijuana movement. The medical marijuana industry is now booming around the United States, and many have experienced medical benefits from its use. As of January 1, 2020, marijuana, another federal

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<sup>9</sup> Vaishnavi Vaidynathan, Denver Decriminalizes Magic Mushrooms: Countries Where Psilocybin Is Legal, *INTERNATIONAL BUSINESS TIMES*, May 5, 2019, <https://www.ibtimes.com/denver-decriminalizes-magic-mushrooms-countries-where-psilocybin-legal-2790744> (last visited Apr. 21, 2020).

<sup>10</sup> 21 U.S.C. § 812.

<sup>11</sup> *See* § 812(a)(1)(A-B) (describing a schedule I drug as having “a high potential for abuse” and having “no currently accepted medical use”).

<sup>12</sup> Jihun Lyu, Benjamin Hambro & Trisha Suppes, *A SYSTEMATIC REVIEW OF PSILOCYBIN IN THE TREATMENT OF DEPRESSION AND ANXIETY*, 254 *Journal of Affective Disorders* 149, 149-157 (2019).

<sup>13</sup> *See generally id.*

schedule-one drug, is recreationally legal in eleven states and legal for medical use in thirty-three states.<sup>14</sup> This paper will analyze the mental health crisis, current treatment options, psilocybin as a medicine, relevant legal issues, how the scheduling of psilocybin can be reclassified, and analyze how to move forward responsibly.

## I. Background to the problem

- Mental health issues.

The world is experiencing a mental health crisis and unfortunately only a fraction of the people who suffer from mental illness are able to find effective treatment. According to Dr. Mason Marks MD JD, Professor of Law at Gonzaga University, alcohol and opioid use rates are rising, and deaths from opioid overdose nearly tripled between 2002 and 2015.<sup>15</sup> He claims that over 20 million adults in America are affected by substance use disorder and that about 8 million suffer from drug dependence in conjunction with another mental illness, including depression and PTSD.<sup>16</sup> The drug abuse problem in the United States is so prominent that President Trump and six U.S. states have declared the U.S. opioid epidemic as a public health emergency.<sup>17</sup> Unfortunately, many people who need

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<sup>14</sup> Jeremy Burke & Skye Gould, Legal Marijuana Just Went on Sale in Illinois. Here Are All The States Where Cannabis is Legal, *Business Insider*, Jan. 1 2020, <https://www.businessinsider.com/legal-marijuana-states-2018-1> (last visited Apr. 21, 2020).

<sup>15</sup> Mason Marks, *Psychedelic Medicine for Mental Illness and Substance Use Disorders: Overcoming Social and Legal Obstacles*, 21 *N.Y.U. J. Legis. & Pub. Pol'y* 69, 73 (2018).

<sup>16</sup> *Id.*

<sup>17</sup> *Id.* at 93- 95.

treatment are discouraged from going to counselling by factors such as the cost of services, social stigma, or a belief that they will receive ineffective treatment.<sup>18</sup>

Subsequently, even for those who do seek treatment, mental barriers may prevent them from relieving their suffering.<sup>19</sup> Affordable, destigmatized, dependable solutions to the mental health crisis are desperately needed.

- Treatment Resistant Depression

According to the Centers for Medicare and Medicaid Services website;

“Treatment-Resistant Depression is commonly defined as a failure of treatment to produce response or remission for patients after two or more treatment attempts of adequate dose and duration, but no clear consensus exists about this definition.”<sup>20</sup>

This is the definition of Treatment-Resistant Depression that will be referenced throughout this research paper. Therefore, one who is diagnosed with this illness could find themselves unresponsive, frustrated, and seeking an avenue of relief for their emotions.<sup>21</sup> A study of the impact of psilocybin on those with treatment-resistant depression showed that after being administered psilocybin for the first time, 67% of participants who live with treatment-resistant depression had fewer depressive symptoms in one week, and 40% still experienced the health benefits

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<sup>18</sup> *See id.*

<sup>19</sup> *See id.*

<sup>20</sup> Centers for Medicare and Medicaid Services Technology Assessment Program Feb. 9, 2018 Presentation, available at: <https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/id105TA.pdf>.

<sup>21</sup> *See id.*

after 3 months.<sup>22</sup> This study demonstrates a role for psilocybin as an alternative form of psychiatric medicine for those who do not respond to other treatment options.<sup>23</sup>

- Suicide

One does not need a psychology degree to know that suicide is often an action depressed people take during their last stages of suffering. According to a study by the National Institute of Mental Health, America has almost forty-three thousand suicides every year, significantly more than the number of automobile related deaths, yet only about half of the people who take their lives have ever received mental health treatment.<sup>24</sup> Suicidal people could benefit from knowing that other coping methods exist in those dark times, so long as the substance is destigmatized as a treatment option.<sup>25</sup>

- Anxiety

The distinction between depression and anxiety can be really confusing for one without a background knowledge of psychology and mental health problems.<sup>26</sup> *How to Change Your Mind* is a book written by Dr. Michael Pollan,

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<sup>22</sup>J. R. Kelly et al., *The psychedelic renaissance: the next trip for psychiatry?*, Ir. j. psychol. Med. 1–5 (2019).

<sup>23</sup> *See Id.*

<sup>24</sup> Michael Pollan, *HOW TO CHANGE YOUR MIND: WHAT THE NEW SCIENCE OF PSYCHEDELICS TEACHES US ABOUT CONSCIOUSNESS, DYING, ADDICTION, DEPRESSION, AND TRANSCENDENCE* 274 (2018).

<sup>25</sup> *See id.*

<sup>26</sup> *See id.*



an expert on the socio-cultural impact of food and the Lewis K. Chan Arts Lecturer and Professor of the Practice of Nonfiction at Harvard University. A psychologist named Andrew Solomon, mentioned in Pollan's book, *How to Change Your Mind*, simplifies the distinction between depression and anxiety by the two illnesses as fraternal twins.<sup>27</sup> He says that depression is a response to past loss, and anxiety is a response to future loss.<sup>28</sup> Solomon is a credible source, as he is a Professor of Psychiatry at Columbia University Medical Center.<sup>29</sup> When Pollan was citing a field study on terminal cancer patients living with anxiety, he said that many of the volunteers interviewed claimed to have initial episodes of intense fear and anxiety before giving themselves up to the experience, as they are recommended to do by their guides.<sup>30</sup> Psilocybin has proven useful for combating these intense feelings that anxious cancer patients feel.<sup>31</sup> The psychedelic guides claim that, if you surrender your mind to whatever happens during your "trip," whatever might seem scary at first could turn into a feeling of bliss or other pleasant feeling.<sup>32</sup> This is the point when the patient overcomes anxiety.<sup>33</sup>

- Addiction

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<sup>27</sup> See *id.* at 311 (discussing the links between addiction and depression, which frequently co-occur, as well as the intimate relationship between depression and anxiety).

<sup>28</sup> *Id.*

<sup>29</sup> See *id.*

<sup>30</sup> *Id.* at 45.

<sup>31</sup> See *id.*

<sup>32</sup> *Id.*

<sup>33</sup> *Id.*

Many people around the world suffer from addiction. To put it plainly, addiction is a condition associated with feelings of needing, an unrelenting desire to obtain something one has been exposed to repetitively.<sup>34</sup> Addictions and the things that feed them are vast and vary drastically, where some may find themselves addicted to smoking cigarettes or drinking to excess, others find themselves addicted to various stimuli or rather the feelings given to them from social events.<sup>35</sup> Rehabilitation therapy, itself being a very fledgling science, has come up with a veritable cornucopia of treatments.<sup>36</sup> One such method for treating this disorder, came in the form of medically induced psychedelic therapy.<sup>37</sup> This was not the first time in history that they have been explored this way.<sup>38</sup> Native Americans have historically used another psychedelic substance, peyote, to treat alcoholism.<sup>39</sup> Pollan describes his interviews with reformed drug addicts, as if though the psychedelic experience had given many of them a new perspective of their lives in an overview, which makes it possible to shift their worldview and priorities that allowed them to let go of their old habits, sometimes very easily.<sup>40</sup>

- SSRIs don't work for everyone.

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<sup>34</sup> American Psychiatric Association, What Is Addiction?, <https://www.psychiatry.org/patients-families/addiction/what-is-addiction> (last visited Apr. 21, 2020).

<sup>35</sup> See Pollan, *supra* note 24, at 224.

<sup>36</sup> *Id.*

<sup>37</sup> *Id.*

<sup>38</sup> *Id.*

<sup>39</sup> *Id.*

<sup>40</sup> *Id.*

Dr. Mason Marks MD JD, mentions that one of the only available legal options for treatment of mental health disorders includes prescription medicines; such as antidepressants, which raise serotonin levels in the consumer's central nervous system.<sup>41</sup> For some reason, they lead to clinical improvement in some patients and no discernible benefit at all in others.<sup>42</sup> The article also states that it can take up to six weeks of constant antidepressant use for positive effects to show.<sup>43</sup> Thus, people who do not enjoy the side effects of adjusting to antidepressants must deal with the symptoms for up to six weeks at a time to determine whether the medicine works for them.<sup>44</sup>

- Other Treatment Options

Other treatment options include Transcranial Magnetic Stimulation (TMS), Psychosurgery, Deep Brain Stimulation (DBS), and Electroconvulsive Shock Treatment (EST.) According to a blog from Harvard Medical School, Transcranial Magnetic Stimulation (TMS) devices operate completely outside of the body and affect central nervous system activity by applying powerful magnetic fields to specific areas of the brain that we know are involved in depression.<sup>45</sup> Psychosurgery is an invasive procedure based on the theory that the

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<sup>41</sup> Mason Marks, *Psychedelic Medicine for Mental Illness and Substance Use Disorders: Overcoming Social and Legal Obstacles*, 21 N.Y.U. J. Legis. & Pub. Pol'y 69, 72 (2018).

<sup>42</sup> *Id.*

<sup>43</sup> *Id.* at 76.

<sup>44</sup> *See id.*

<sup>45</sup> Adam P Stern, *Transcranial magnetic stimulation (TMS): Hope for stubborn depression*, Harvard Health Blog (2018), <https://www.health.harvard.edu/blog/transcranial-magnetic-stimulation-for-depression-2018022313335> (last visited April 21, 2020).

brain creates the mind, and that modification of the brain would fix some psychiatric disorders.<sup>46</sup> Deep Brain Stimulation (DBS) is a neurosurgical procedure which involves implanting microelectrodes in specific brain areas.<sup>47</sup> An external battery device is connected to these electrodes, and the electrical current is used to modulate neuronal path activity.<sup>48</sup> Among the alternatives, the only one which has proven consistently effective is Electroconvulsive Shock Treatment.<sup>49</sup>

### 1. Electroconvulsive Shock Treatment

Electroconvulsive Shock Treatment (EST) , or medically induced seizures, were originally explored by Ladislav Meduna as a hopeful solution to schizophrenic disorders. Eventually the technique developed by using electric currents, instead of drugs, to create the seizures.<sup>50</sup> A session of treatment would consist of ten applications over the course of several days.<sup>51</sup> With a psychiatrist

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<sup>46</sup> Dominic E. Mahoney & Alexander L. Green, Psychosurgery: History of the Neurosurgical Management of Psychiatric Disorders, *World Neurosurgery* (2020), <https://www.sciencedirect.com.eres.library.manoa.hawaii.edu/science/article/pii/S1878875020302308> (last visited Apr. 21, 2020).

<sup>47</sup> Petya Vicheva, Matthew Butler & Paul Shotbolt, Deep brain stimulation for obsessive-compulsive disorder: A systematic review of randomised controlled trials, *109 Neuroscience & Biobehavioral Reviews* 129–138 (2020), <https://www.sciencedirect.com.eres.library.manoa.hawaii.edu/science/article/pii/S0149763419305950> (last visited Apr. 21, 2020).

<sup>48</sup> *Id.*

<sup>49</sup> *See id.*

<sup>50</sup> Michael Grözinger, Elke Stefanie Smith & Andreas Conca, On The Significance of Elektroconvulsive Therapy in the Treatment of Severe Mental Diseases, *Wiener Klinische Wochenschrift: The Central European Journal of Medicine* (2015), <https://link-springer-com.eres.library.manoa.hawaii.edu/content/pdf/10.1007/s00508-015-0749-z.pdf> (last visited Apr. 21, 2020).

<sup>51</sup> *Id.*

and anesthetist always in attendance to ensure safety standards are met, patients are not intubated except for on rare occasions, but instead receive ventilated oxygen when they are under anesthesia.<sup>52</sup> After muscles are relaxed, a small seizure is induced by a series of very short ( $\leq 1$  millisecond) rectangle pulses positioned with two surface electrodes on the scalp.<sup>53</sup> Because the muscles are relaxed during the anesthesia process, the seizure doesn't last long and stops after about 60 seconds.<sup>54</sup> Patients wake up a few minutes later and can leave and participate in the rest of their day after a quick follow-up.<sup>55</sup> So far, this method may be the only other proven method of treatment in some disorders.<sup>56</sup>

- Introduce Solution: Psilocybin Mushrooms

Psilocybin mushrooms are a psychedelic fungi substance, naturally grown around the world. Dr. Mason Marks describes them as “mind-expanding drugs that are able to induce states of altered perception and thought.”<sup>57</sup> The word, psychedelic, is derived from the Greek words *psykhe*, which means mind, and *deloun*, which means to manifest or make visible.<sup>58</sup> The name is appropriate

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<sup>52</sup> *Id.*

<sup>53</sup> *Id.*

<sup>54</sup> *Id.*

<sup>55</sup> *Id.*

<sup>56</sup> *See id.*

<sup>57</sup> Mason Marks, *Psychedelic Medicine for Mental Illness and Substance Use Disorders: Overcoming Social and Legal Obstacles*, 21 N.Y.U. J. Legis. & Pub. Pol'y 69, 77 (2018).

<sup>58</sup> *Id.* at 79.

because psychedelics allow users to tap into feelings and thoughts that they have been unable to access for a long time, or that are unavailable to them.<sup>59</sup>

In Dr. Michael Pollan's book, *How to Change Your Mind*, a psychologist describes the chemical impact that psilocybin has on the brain.<sup>60</sup> He says that the Posterior Cingulate Cortex is a centrally located node within the default mode network involved in a self-reflection process.<sup>61</sup> It links the prefrontal cortex, because it is situated in the middle of our brain, to the site of our executive function, where we plan, and exercise will with our memories and emotions in an area of the brain called the hippocampus.<sup>62</sup> The PCC is believed to be the point of the experiential or reflective self; it appears to generate the narratives that link what happens to us to our abiding sense of who we are.<sup>63</sup> Pollan and his colleague believe that several forms of mental suffering, including addiction, occurs when that operation goes awry.<sup>64</sup> Psilocybin mushrooms are said to reset the Default Mode Network, which is the area of the brain responsible for memories and emotions.<sup>65</sup> If something is awry in this part of the brain, mental suffering is likely to follow.<sup>66</sup>

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<sup>59</sup> *See id.*

<sup>60</sup> *See* Pollan, *supra* note 24, at 264.

<sup>61</sup> *Id.*

<sup>62</sup> *Id.* at 317.

<sup>63</sup> *Id.*

<sup>64</sup> *See id.*

<sup>65</sup> *Id.* at 318.

<sup>66</sup> *See id.*

The results of some of the clinical studies were obtained on PubMed Medline. One article, *The Psychedelic Renaissance: The Next Trip for Psychiatry?* said, “At the neuroimaging level, psychedelics alter brain connectivity, and activity in the Amygdala and Default Mode Network (DMN).<sup>67</sup> DMN integrity has been linked to many complex psychological processes, including depressive rumination.<sup>68</sup> A ‘reset’ mechanism has been proposed by which a decrease in DMN integrity during the psychedelic experience.”<sup>69</sup> This explains that the Default Mode Network is directly related to the psychological processes, including depressive rumination<sup>70</sup>; which means that one with depression has the same repetitive thought without coping and overcoming it’s feeling. Psilocybin, therefore, resets the area of the brain responsible for the cycle of depressive rumination and relieves users of psychological pain and suffering associated with their cyclical thoughts.<sup>71</sup>

- Cultural Significance and Use Around World

Psilocybin is perceived differently around the world. For example; Jamaica has normalized psychedelic tourism and therapy. A center called Rise

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<sup>67</sup> J. R. Kelly et al., *The psychedelic renaissance: the next trip for psychiatry?*, *Ir. j. psychol. Med.* 1–5 (2019).

<sup>68</sup> *Id.*

<sup>69</sup> *Id.*

<sup>70</sup> Margaret Wehrenberg, *Rumination: A Problem in Anxiety and Depression*, *Psychology Today*, Apr. 20, 2016, <https://www.psychologytoday.com/us/blog/depression-management-techniques/201604/rumination-problem-in-anxiety-and-depression> (last visited Apr. 21, 2020).

<sup>71</sup> *See id.*

Wellness Retreat allows guests to escape their daily lives and immerse themselves within a psychedelic experience.<sup>72</sup> A description from their website explains: “you will begin your day with a smoothie or juice and a self-guided activity, such as a swim or a beach walk. You’ll then receive your microdose before or after joining a morning yoga or body movement class. After a nourishing and filling breakfast, guests are invited to participate in optional classes or explore on your own. Around noon, guests will be offered a light lunch and your second micro dose.”<sup>73</sup> If psychedelic retreats are offered in Jamaica, they could be offered in Hawai’i too.<sup>74</sup> The treatment appears mild and non-invasive, and considering that low doses in clinical trials are proving harmless, the same doses could be given at a treatment center.<sup>75</sup>

Psilocybin is also used ceremoniously by many indigenous tribes.<sup>76</sup> In fact, Brazil is commonly known for being the country with the most uncontacted indigenous tribes in the world.<sup>77</sup> This could be a big reason that the country has made psilocybin a recreationally legal substance.<sup>78</sup> Its psychedelic effects are likely utilized by the tribe people in religious ceremonies, as they are in other

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<sup>72</sup> Rise Wellness Retreat, <https://risewellnessretreat.com/retreat-info/> (last visited April 21, 2020).

<sup>73</sup> *Id.*

<sup>74</sup> *See id.*

<sup>75</sup> *See id.*

<sup>76</sup> *See* Pollan, *supra* note 24, at 93.

<sup>77</sup> *See id.*

<sup>78</sup> *See id.*



places around the world, and criminalizing the substance would result in deprivation of religious freedom.<sup>79</sup>

- History

Although psilocybin has been used for thousands of years in indigenous traditions and medicines, it first became popular for non-native people in 1957.<sup>80</sup> An American banker named R. Gordon Wasson went on a trip to Mexico with his wife, where he encountered an indigenous tribe, the Mazatec, using psilocybin for a sacred ceremony.<sup>81</sup> He brought some psilocybin mushrooms back from Mexico and sent them to the Swiss Chemist known for discovering LSD, Albert Hoffman.<sup>82</sup> The substance was then produced as 2mg pills and distributed to a subset of the scientific community for research purposes.<sup>83</sup> For the next twenty years psychiatrists, mental health patients, and other scientists researched what seemed to be a promising treatment for a broad range of psychiatric issues.<sup>84</sup>

Psilocybin remained in a good light until the infamous Harvard Psilocybin Project contributed to its negative stigma and criminalization.<sup>85</sup> The activities of Timothy Leary and Richard Alpert were a large factor influencing why psilocybin

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<sup>79</sup> *See id.*

<sup>80</sup> *Id.*

<sup>81</sup> *Id.*

<sup>82</sup> *Id.*

<sup>83</sup> *Id.*

<sup>84</sup> *See Id.*

<sup>85</sup> *Id.*

became classified as an illegal substance, upon the enactment of the Controlled Substances Act of 1970, on May 1st, 1971.<sup>86</sup> Timothy Leary and Richard Alpert were two Harvard professors with an interest in psychedelics.<sup>87</sup> They took psilocybin with their graduate students; at the same time they administered the substance for clinical research purposes.<sup>88</sup> No guidelines existed on how psychology experiments were required to be conducted at the time, as this was before construction of The Belmont Report; so when the professors acted irresponsibly in a supervisory role, and acute psychoses had developed in some of their students, psilocybin was stigmatized negatively and the administration advocated for Leary and Rupert's expulsion from the Harvard faculty.<sup>89</sup>

According to Pollan, when Timothy Leary and Rupert Alpert conducted the Harvard Psilocybin project dangerously, and without safety precautions, the media portrayed it so negatively that the substance was known as dangerous and became illegal from stigmatization.<sup>90</sup> Dr. Michael Pollan describes Timothy Leary's unethical experiments with psilocybin mushrooms, the mass media's influence, and the controversial moves he made that criminalized their use.<sup>91</sup> His book claims that Harvard administration's desire to protect the university's

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<sup>86</sup> *Id.* at 15, 32, 43.

<sup>87</sup> *See Id.*

<sup>88</sup> *Id.*

<sup>89</sup> *Id.*

<sup>90</sup> *Id.*

<sup>91</sup> *Id.*

undergraduates from the strange, mind altering effects of psilocybin as well as the radical ideas of Leary and Alpert are the primary reasons why this substance was demonized in the mass media.<sup>92</sup> Members of the Harvard administration broadcast their opposition to psilocybin very publicly after the experiments too.<sup>93</sup> Their opinions on the Harvard Psilocybin Project were so infamous and widely publicized that they created a negative stigma that led to the demonization of psilocybin and its federal prohibition in 1970 under the Controlled Substances Act.<sup>94</sup>

- Sociology of Psilocybin in Society in the USA

Since the criminalization and scheduling of psilocybin under the Controlled Substances Act of 1970, the substance has been stigmatized among the other schedule 1 drugs; such as heroin and ecstasy.<sup>95</sup> Although the effects and compounds of the drugs in schedule 1 classification vary greatly, society sees them all as dangerous, and rejects the idea that psilocybin mushrooms could benefit some members of society as opposed to harming all of them.<sup>96</sup> They are currently sold only on the black market, homegrown, or stumbled upon by chance; all of which contribute to the negative image concerning the lack of

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<sup>92</sup> *Id.*

<sup>93</sup> *Id.* at 164.

<sup>94</sup> *Id.*

<sup>95</sup> *Id.*

<sup>96</sup> *See id.*

regulation and crooked methods of distribution.<sup>97</sup> Lastly, psilocybin mushrooms are often seen in popular culture references and modern society.<sup>98</sup> Clear examples of this can be seen in films like *Alice in Wonderland*, and at events such as music festivals; promoting its use and familiarizing society of their psychedelic properties.<sup>99</sup> These popular culture references introduce people to psilocybin mushrooms positive effects, which is why they are still in existence within the black market.<sup>100</sup>

Another theory about the government's push to criminalize psilocybin came from hippies opposing the war. According to History.com, President Nixon claimed a War on Drugs in 1971.<sup>101</sup> President Nixon claimed that drug abuse was public enemy number one.<sup>102</sup> He then established the Drug Enforcement Agency (DEA) in 1973 and Special Action Office for Drug Abuse Prevention (SAODAP); which proposed strict measures, such as mandatory prison sentencing, for drug crimes.<sup>103</sup> His motive for doing so is mentioned in an interview with John Ehrlichman that occurred in 1994, and was conducted by Dan Baum of *Harper*

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<sup>97</sup> *See id.*

<sup>98</sup> *See id.*

<sup>99</sup> *See id.*

<sup>100</sup> *See id.*

<sup>101</sup> History.com "War on Drugs", [https://www.history.com/topics/crime/the-war-on-drugs#section\\_4](https://www.history.com/topics/crime/the-war-on-drugs#section_4) (last visited Apr. 21, 2020).

<sup>102</sup> *Id.*

<sup>103</sup> *Id.*

*Magazine*.<sup>104</sup> In the article, he mentions that Nixon had ulterior motives to harshening drug laws; with hopes to save his job.<sup>105</sup> He mentioned that Nixon's two enemies were black people and anti-war left people.<sup>106</sup> Ehrlichman was quoted as saying: "We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course, we did."<sup>107</sup> In sum, he knew that criminalizing drugs would result in prison for hippies or peacekeepers, who frequently used many drugs; which is a large contributing factor to why strict drug policies were put in place.<sup>108</sup>

When a substance is illegal under law, it naturally is stigmatized as inappropriate or dangerous.<sup>109</sup> The stigma associated with schedule 1 classification under the Controlled Substances Act of 1970 has created a negative impression of psilocybin and its effects throughout United States' citizens and throughout the world.<sup>110</sup>

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<sup>104</sup> *Id.*

<sup>105</sup> *Id.*

<sup>106</sup> *Id.*

<sup>107</sup> *Id.*

<sup>108</sup> *See id.*

<sup>109</sup> *See id.*

<sup>110</sup> *See id.*

- Current Medical Movement:
  - How to Change Your Mind by Dr. Michael Pollan

Dr. Michael Pollan's book, *How to Change Your Mind*, is changing some people's opinion about psilocybin mushrooms around the world.<sup>111</sup> He is a famous author and lecturer on the topics of food, agriculture, health and the environment.<sup>112</sup> After studying at Bennington College, Oxford University, and Columbia University He holds a master's degree in English.<sup>113</sup> Now he is a Professor of Journalism at the UC Berkeley Graduate School of Journalism, and a Lecturer and Professor of Nonfiction at Harvard University.<sup>114</sup> His book is discussed in media outlets, such as: The Washington Post, The New York Times, and Forbes.<sup>115</sup> The book covers many controversial elements of psilocybin's presence in the modern era.<sup>116</sup> Pollan discusses the medical impact of the substance, its history and policies, and comments generally about his own experience using the substances in his book.<sup>117</sup> In sum, he is an influential advocate for alternative psychedelic medicine.

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<sup>111</sup> About Michael Pollan, <https://michaelpollan.com/about/> (last visited Apr. 21, 2020).

<sup>112</sup> *Id.*

<sup>113</sup> *Id.*

<sup>114</sup> *Id.*

<sup>115</sup> *Id.*

<sup>116</sup> *See id.*

<sup>117</sup> *See id.*

**Dr. Michael Pollan’s guiding opinion is that psilocybin should not be legal for recreational use, only for medical use.<sup>118</sup> He claims that he had a very positive experience using psilocybin ‘recreationally,’ without the support of a guide, and that it would be fine for some people to do the same.<sup>119</sup> However, he mentions that, “everyone has a trip for which ‘bad’ is far too pallid a modifier,” and can benefit from having proper guidance.<sup>120</sup>**

This emphasizes that unsupervised consumption of psychedelics can be dangerous and can result in bad experiences for the user.<sup>121</sup> Because of Dr. Michael Pollan’s expertise in the socio-cultural impacts of food, his opinion on legalization is highly valued, thus inspiring the supervised medical approach analyzed by this paper.<sup>122</sup>

- University Studies

1. Johns Hopkins University: Roland Griffiths, 2006: General Treatment

In 2006, Roland Griffiths, Professor of Psychiatry and Behavioral Sciences at Johns Hopkins University, administered psilocybin to 36 healthy, hallucinogen-naïve volunteers, who had never taken psychedelics before the trial,

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<sup>118</sup> *See generally* Pollan, *supra* note 24,

<sup>119</sup> *Id.* at 328.

<sup>120</sup> *Id.*

<sup>121</sup> *See Id.*

<sup>122</sup> *See Id.*

and had reported regular participation in spiritual or religious activities.<sup>123</sup> This was a general study to determine the impact of psilocybin on their mental health.<sup>124</sup> He utilized the Hallucinogen Rating Scale (HRS) a 99-item questionnaire, that consists of six subscales, which assess different elements of hallucination effects; including intensity, somaesthesia, affect, perception, cognition and volition.<sup>125</sup> According to Mason Marks, intensity measures strength of an element in the treatment experience; somaesthesia is one's perception of bodily sensations such as pain and touch; affect is the change in emotional state; perception analysis includes auditory, visual, olfactory, and gustatory sensations; cognition is the alteration in patterns of thought; and, lastly, volition is the change in one's desire to interact with oneself, the environment, or aspects of the treatment experience.<sup>126</sup> The double-blind study gave subjects either psilocybin or methylphenidate, which is typically used to help people with attention problems, and administered the doses in two-month intervals.<sup>127</sup> Participants were observed in a living room-type environment as their trip took course.<sup>128</sup> Thirty volunteers received two doses, and six of the volunteers received three doses over the course

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<sup>123</sup> Study: *Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance*. R. R. Griffiths & W. A. Richards & U. McCann & R. Jesse. Johns Hopkins 2006 1, 2.

<sup>124</sup> *Id.* at 2-3.

<sup>125</sup> *Id.*

<sup>126</sup> *Id.* at 3.

<sup>127</sup> *Id.* at 3-4.

<sup>128</sup> *Id.* at 4.



of six months from the point of initial administration.<sup>129</sup> Participants were noted to be less responsive to questions during their psilocybin sessions, and showed more physical emotionality as they demonstrated in tearing, anxiousness, fearfulness, joy and peace.<sup>130</sup>

From a scientific standpoint, the study produced some negative experiences for eight participants.<sup>131</sup> Of the eight, six participants experienced mild paranoia during the 6-hour psychedelic experience, but did not continue to suffer upon reassurance from the professionals in the room.<sup>132</sup> Two of the participants considered the experience frightening, such as being in a war, and three wished to never repeat that experience again.<sup>133</sup>

Statistically, most of the participants had positive experiences.<sup>134</sup> The Hallucinogen Rating Scale reported that after psilocybin, participants experienced alterations in mood, affect and cognition.<sup>135</sup> These include visual changes, labile moods, and changes in self-perception; which produced long-term results.<sup>136</sup> The cognitive changes persisted in the two-month follow ups; as psilocybin produced

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<sup>129</sup> *Id.*

<sup>130</sup> *Id.* at 5.

<sup>131</sup> *Id.* at 5- 6.

<sup>132</sup> *Id.* at 6.

<sup>133</sup> *Id.* at 6-7.

<sup>134</sup> *Id.* at 7.

<sup>135</sup> *Id.* at 8.

<sup>136</sup> *Id.* at 9.

elevations in ratings of positive attitudes, mood, social effects and behaviors.<sup>137</sup> According to a graph in Griffith's original experiment, 67% of the volunteers rated their psilocybin experience to be either the single most meaningful experience or among the top five most meaningful experiences of their lives.<sup>138</sup> In conclusion, this study shows that when psilocybin is administered to healthy volunteers, in a supportive environment, the experience one can have is mystical, and has a deep personal meaning and spiritual significance.<sup>139</sup> This experiment opened the doors for the Federal Drug Administration to grant "breakthrough therapy" status to psilocybin, as it was evident that there was potential for positive medical use.<sup>140</sup>

## 2. University of Arizona: Francisco Moreno: OCD

Another psilocybin study was conducted on Obsessive Compulsive Disorder in 2018.<sup>141</sup> Nine patients with OCD were administered the substance by Francisco Moreno, Professor of Psychiatry at the University of Arizona.<sup>142</sup> Those patients had not responded to treatment previously.<sup>143</sup> Their improvement on the Yale-Brown OCD scale demonstrates that psilocybin works for them, when other

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<sup>137</sup> *Id.* at 10.

<sup>138</sup> *Id.* at 11.

<sup>139</sup> *Id.* at 12.

<sup>140</sup> *Id.*

<sup>141</sup> Psilocybin for Treatment of Obsessive Compulsive Disorder, <https://clinicaltrials.gov/ct2/show/NCT03300947> (last visited Apr. 21, 2020).

<sup>142</sup> *Id.*

<sup>143</sup> *Id.*

medications and treatment plans did not.<sup>144</sup> More results are being awaited, as the estimated completion date of the study is in July of 2021.<sup>145</sup>

### 3. UCLA: Charles Grob, 2010: Terminal Cancer

Lastly, Professor Charles Grob, Director of the Division of Child and Adolescent Psychiatry at the University of California at Los Angeles, administered psilocybin to twelve patients with terminal cancer in 2010.<sup>146</sup> The patients carried different mental health diagnoses, including generalized anxiety disorder.<sup>147</sup> After some months, he noticed a decrease in their symptoms.<sup>148</sup> He later tried another, much larger study in 2016 where he treated fifty-one cancer patients for depression and anxiety.<sup>149</sup> The results show reductions and anxiety that occurred over six months, and there were no complications or negative reactions.<sup>150</sup>

#### ○ Johns Hopkins Psychedelic Research Center

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<sup>144</sup> *See id.*

<sup>145</sup> *Id.*

<sup>146</sup> Effects of Psilocybin in Advanced-Stage Cancer Patient with Anxiety, <https://clinicaltrials.gov/ct2/show/NCT00302744> (last visited Apr. 21, 2020).

<sup>147</sup> *Id.*

<sup>148</sup> *Id.*

<sup>149</sup> *Id.*

<sup>150</sup> *See id.*

Private donors gave \$17 million to Johns Hopkins University Medical Center in 2019.<sup>151</sup> Johns Hopkins University used this money to develop the Center for Psychedelic and Consciousness Research, making it the first such research center in the U.S. and the largest psychedelic research center in the world.<sup>152</sup> There is a team of six faculty neuroscientists, experimental psychologists, and clinicians with expertise in psychedelic science, as well as five postdoctoral scientists. Some of these people, such as Dr. Alan K. Davis from Ohio State University's College of Social Work, are famous for their influence in the psilocybin movement.<sup>153</sup> This team could be considered a "super team," of psilocybin advocates and researchers.<sup>154</sup> The center will also train graduate and medical students who want to pursue careers in psychedelic science.<sup>155</sup> There has not been much room for career advancement within the psychedelic research specialty before this center's development, as psilocybin was strictly illegal under the Controlled Substances Act.<sup>156</sup> The psychedelic research team at Johns Hopkins University Center for Psychedelic and Consciousness Research was the first to get approval to reinitiate research with psychedelics in the United States in

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<sup>151</sup> Helen Jones, Johns Hopkins Launches Center for Psychedelic Research, Johns Hopkins University, Sep.4, 2019, <https://hub.jhu.edu/2019/09/04/hopkins-launches-psychedelic-center/> (last visited Apr. 21, 2020).

<sup>152</sup> *Id.*

<sup>153</sup> *Id.*

<sup>154</sup> *See id.*

<sup>155</sup> *Id.*

<sup>156</sup> *See id.*

2000.<sup>157</sup> Their 2006 publication on positive effects and safety of a single dose of psilocybin in healthy volunteers sparked an interest in psychedelic research that was triggered around the world.<sup>158</sup>

- MAPS

*How to Change Your Mind* also mentions the Multidisciplinary Association for Psychedelic Studies (MAPS), established in 1986.<sup>159</sup> According to its website, the Association is a 501(c)(3) non-profit research and educational organization that develops medical, legal, and cultural contexts for people to benefit from the careful uses of psychedelics and marijuana.<sup>160</sup> The website also mentioned that the organization hopes to return psychedelics to scientific and cultural respectability, and is currently advocating for and funding clinical trials around the country.<sup>161</sup>

According to the clinical trials website via the United States government, there are many that have occurred recently, and at least 14 that are actively recruiting new subjects.<sup>162</sup>

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<sup>157</sup> *Id.*

<sup>158</sup> *See id.*

<sup>159</sup> *See* Pollan, *supra* note 24, at 35.

<sup>160</sup> Multidisciplinary Association for Psychedelic Studies “MAPS”, <https://maps.org/about/mission> (last visited Apr. 21, 2020).

<sup>161</sup> *Id.*

<sup>162</sup> United States National Library of Medicine Clinical Trials, <https://clinicaltrials.gov/ct2/results?recrs=ab&cond=&term=psilocybin&cntry=US&state=&city=&dist=> (last visited Apr. 21, 2020).

## II. Relevant legal rules

In analyzing the legal rules applying to psychedelic substances, the distinctions among prohibition, decriminalization, medical legalization, and recreational legalization of psilocybin are important to understand for the sake of understanding the legal context of this seminar paper. According to *Medical Marijuana and Marijuana Legalization* by Rosalie Liccardo Pacula and Rosanna Smart; prohibition is a law that maintains the criminal status of possession, use, cultivation, sale, or distribution.<sup>163</sup> Decriminalization changes the legal status of the offenses to a civil penalty, as opposed to a criminal offense, and cities do not prioritize spending money on combating these actions.<sup>164</sup> Medical legalization laws remove state penalties for the use of a substance for medicinal purposes under specified conditions.<sup>165</sup> Legalization removes criminal and monetary penalties for possession, use, and supply of a substance for recreational purposes.<sup>166</sup>

- Current Legal Status in U.S.A.

Psilocybin mushrooms are classified in the United States as Schedule 1 drugs under the Food and Drug Administration and Drug Enforcement Agency's policy and the Controlled Substances Act of 1970.<sup>167</sup> This means that they are

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<sup>163</sup> Rosalie Liccardo Pacula & Rosanna Smart, *Medical Marijuana and Marijuana Legalization*, *Annual Review Clinical Psychology* 397, 400 (2017).

<sup>164</sup> *Id.* at 400-401.

<sup>165</sup> *Id.*

<sup>166</sup> *Id.* at 401.

<sup>167</sup> 21 U.S.C. § 812.

considered to have no currently accepted medical use, a high potential for abuse, and a lack of accepted safety standards for administration and use.<sup>168</sup> In order to legalize the medical use of psilocybin mushrooms on the federal level, they would have to be reclassified from schedule 1 under the Controlled Substances Act.<sup>169</sup>

- Federal Controlled Substances Act

Specifically, Title 21 of the United States Code Controlled Substances Act<sup>170</sup>, identifies critical components of the law that affect psilocybin re-classification.<sup>171</sup> **Section (c); Factors determinative of control or removal from schedules, says that,** “In making any finding under subsection (a) of this section or under subsection (b) of section 812 of this title, the Attorney General shall consider the following factors with respect to each drug or other substance proposed to be controlled or removed from the schedules:

1. Its actual or relative potential for abuse.
2. Scientific evidence of its pharmacological effect, if known.
3. The state of current scientific knowledge regarding the drug or other substance.
4. Its history and current pattern of abuse.
5. The scope, duration, and significance of abuse.

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<sup>168</sup> *Id.*

<sup>169</sup> *See id.*

<sup>170</sup> Subchapter 1 – Control and Enforcement, Part B – Authority to Control; Standards and Schedules, §811 -- Authority and Criteria for Classification of Substances

<sup>171</sup> *Id.*

6. What, if any, risk there is to the public health.
7. Its psychic or physiological dependence liability.
8. Whether the substance is an immediate precursor of a substance already controlled under this subchapter.”<sup>172</sup>

Section F of the same section describes abuse potential, one of the most important factors in analyzing psilocybin safety for rescheduling.<sup>173</sup> It says, “If, at the time a new-drug application is submitted to the Secretary for any drug having a stimulant, depressant, or hallucinogenic effect on the central nervous system, it appears that such drug has an abuse potential, such information shall be forwarded by the Secretary to the Attorney General.”<sup>174</sup>

- Cases of Psilocybin Abuse in U.S. Courts

### 1. U.S. v. Allen (1<sup>st</sup> Cir. 1993) 990 F.2d 667

Someone was caught for attempting to mail LSD.<sup>175</sup> Upon their encounter with the police, they disclosed the name of their drug dealer, which led police to find psilocybin mushrooms in a barn on Mr. Allen’s farm.<sup>176</sup> He was prosecuted for possession of psilocybin with evidence being the mushrooms obtained from

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<sup>172</sup> *Id.*

<sup>173</sup> *See id.*

<sup>174</sup> *Id.*

<sup>175</sup> U.S. v. Allen, (1<sup>st</sup> Cir. 1993) 990 F.2d 667

<sup>176</sup> *Id.*



the barn, and testimony of Mr. Allen's customers.<sup>177</sup> He was convicted of the federal crime of psilocybin possession with the intent to distribute, and the decision was upheld in the First Circuit Court of Appeals.<sup>178</sup>

If Mr. Allen had hired an expert on Drug Law as his attorney, he could have argued that psilocybin is an illegal substance within the mushrooms, and that the mushrooms were not illegal themselves.<sup>179</sup> It was a missed opportunity to make a substance-versus-mushroom argument.<sup>180</sup> This case is famous because it demonstrates the need to find expert legal representation in case the substance-versus-mushroom argument arises.<sup>181</sup>

## 2. Fiske v. State (Fla. 1978) 366 So.2d 423

In the next case, Richard Fiske emerged out of a field in Collier County, Florida, and was arrested for trespassing.<sup>182</sup> Police, then, found a bag of freshly picked mushrooms near him that contained psilocybin.<sup>183</sup>

Fiske's attorney argued that the state's adaptation of the Controlled Substances Act made the substance psilocybin illegal, but did not specify the

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<sup>177</sup> *Id.*

<sup>178</sup> *Id.*

<sup>179</sup> *See id.*

<sup>180</sup> *See id.*

<sup>181</sup> *See id.*

<sup>182</sup> Fiske v. State, (Fla. 1978) 366 So.2d 423.

<sup>183</sup> *Id.*

mushrooms that contained psilocybin.<sup>184</sup> This was a case of state law, where the Florida Supreme Court upheld that psilocybin mushrooms are different from pills or capsules containing psilocybin, and was not classified as a Schedule 1 drug.<sup>185</sup> Fiske won his case.<sup>186</sup>

### 3. **People v. Dunlap (Ill. App. 1982) 442 N.E.2d 1379**

In the *Dunlap* case, two men were arrested when psilocybin mushrooms were discovered at one of their homes.<sup>187</sup> Reflecting on the *Fiske* decision, the men tried to argue that psilocybin mushrooms were not a drug under Illinois statutes definition of “manufactured,” however, the appellate court explained that mushrooms are materials that naturally contain psilocybin and are classified as drugs.<sup>188</sup> This case demonstrates how the Controlled Substances Act is determined differently across state lines.<sup>189</sup>

### 4. **State v. Patterson (Wash. App. 1983, 679 P.2d 416)**

A burglar broke into Mr. Patterson’s home and encountered 4,400 jars of psilocybin.<sup>190</sup> In exchange for leniency, he revealed this information to the

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<sup>184</sup> *Id.*

<sup>185</sup> *See id.*

<sup>186</sup> *Id.*

<sup>187</sup> *People v. Dunlap*, (Ill. App. 1982) 442 N.E.2d 1379

<sup>188</sup> *Id.*

<sup>189</sup> *See id.*

<sup>190</sup> *State v. Patterson* (Wash. App. 1983, 679 P.2d 416)

authorities who arrested him, who then arrested Mr. Patterson.<sup>191</sup> He claimed that, because the Washington statute did not explicitly list mushrooms as controlled substances, that the legislature did not intend to criminalize them.<sup>192</sup> The Washington appellate court held the same “mushrooms-are-materials” decision and Patterson was found guilty with unlawful possession and intent to deliver psilocybin mushrooms.<sup>193</sup>

### 5. *State v. Justice* (Kans. 1985) 704 P.2d 1012

Jon Justice was arrested for selling psilocybin mushrooms to an undercover policeman.<sup>194</sup> Like *Dunlap* and *Patterson*, he tried to claim that Kansas did not express that mushrooms were illegal, only the substance psilocybin within it.<sup>195</sup> The Kansas court shut down that argument and agreed with Illinois and Washington’s rulings.<sup>196</sup>

### 6. *State v. Wohlever* (Ohio App. 1985) 500 N.E.2d 318

Johna Wohlever was convicted of drug trafficking in Ohio.<sup>197</sup> She claimed that psilocybin mushrooms were not specified on the Ohio Controlled Substances

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<sup>191</sup> *Id.*

<sup>192</sup> *Id.*

<sup>193</sup> *Id.*

<sup>194</sup> *State v. Justice* (Kans. 1985) 704 P.2d 1012.

<sup>195</sup> *Id.*

<sup>196</sup> *Id.*

<sup>197</sup> *State v. Wohlever* (Ohio App. 1985) 500 N.E.2d 318.

Act, and that an essential element of a trafficking offense was missing.<sup>198</sup> She won her case.<sup>199</sup>

### **7. Kail v. State (Ind. App.1 Dist. 1988) 528 N.E.2d 799**

In Indiana, Kenneth Kail was arrested for possession of psilocybin.<sup>200</sup> He claimed that he possessed mushrooms, but argued that the prosecutor failed to prove that he knowingly possessed psilocybin.<sup>201</sup> The court of appeals agreed with his statement, but concluded that the prosecutor had met their burden of proof for criminal knowledge when the mushrooms were found in a suitcase with over \$8000 in cash, and were placed in the same room as a large amount of marijuana, which was illegal at the time.<sup>202</sup> A chemist also proved that psilocybin mushrooms did not grow naturally in Indiana, and must've been grown with intention or imported for purposes of drug use.<sup>203</sup> Kail lost his case.<sup>204</sup>

### **8. Bemis v. State (Ind. App. 1995) 652 N.E.2d 89**

Guy Bemis was convicted of possession and distribution of psilocybin mushrooms, when they were found in his home after a client of his disclosed his

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<sup>198</sup> See *id.*

<sup>199</sup> *Id.*

<sup>200</sup> *Kail v. State (Ind. App.1 Dist. 1988) 528 N.E.2d 799.*

<sup>201</sup> *Id.*

<sup>202</sup> *Id.*

<sup>203</sup> *Id.*

<sup>204</sup> *Id.*

information after an Emergency Room incident.<sup>205</sup> He was also found to be growing psilocybin and had many books about spores laying around.<sup>206</sup> He appealed, claiming that Indiana statutes were too vague to specify the psilocybin mushrooms he was growing in his home were illegal.<sup>207</sup> His argument was shut down by a referral to the *Dunlap* case, and his clear knowledge of psilocybin possession.<sup>208</sup> This is an example of evidence overruling doubt or vagueness of the Controlled Substances Act.<sup>209</sup>

### 9. **People v. Ryan (1992) 591 N.Y.S.2d 218**

Robert Ryan was arrested when authorities found over 30 ounces of dried psilocybin mushrooms in a package addressed to him.<sup>210</sup> He tried to argue that the statute defined second-degree possession as having 625 milligrams of a hallucinogen.<sup>211</sup> He claimed to not know how much psilocybin was in his package.<sup>212</sup> The court of appeal rejected his argument, holding that knowledge of

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<sup>205</sup> Bemis v. State (Ind. App. 1995) 652 N.E.2d 89.

<sup>206</sup> *Id.*

<sup>207</sup> *Id.*

<sup>208</sup> *Id.*

<sup>209</sup> See *Id.*

<sup>210</sup> People v. Ryan (1992) 591 N.Y.S.2d 218.

<sup>211</sup> *Id.*

<sup>212</sup> *Id.*

the amount of psilocybin in the mushrooms was not an element of the crime.<sup>213</sup>

The weight of the mushrooms was over 625 milligrams, and Ryan lost his case.<sup>214</sup>

### 10. State v. Atley (Ia. 1997) 564 N.W.2d 817

The Denver police called the Davenport police to report an intercepted package of methamphetamine arriving at the Quad city airport.<sup>215</sup> When Lewis Atley claimed the package, the officers followed him to his vehicle and then pulled him over shortly after.<sup>216</sup> In the middle of his roadside detention, he gave police permission to search his home, and warned them that they would find some marijuana and other newsworthy items.<sup>217</sup> Police found a mushroom growing operation, and Atley claimed that he did not believe mushroom cultivation was a crime.<sup>218</sup> Atley agreed to be a police informant so that they would not take him into custody, but could not be found the next day.<sup>219</sup> Police destroyed the remaining mushrooms in his home, and he was later found in Florida.<sup>220</sup>

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<sup>213</sup> *Id.*

<sup>214</sup> *Id.*

<sup>215</sup> State v. Atley (Ia. 1997) 564 N.W.2d 817.

<sup>216</sup> *Id.*

<sup>217</sup> *Id.*

<sup>218</sup> *Id.*

<sup>219</sup> *Id.*

<sup>220</sup> *Id.*

Atley claimed that police destroyed the evidence so he could not demonstrate his use of the mushrooms as medicinal and gourmet.<sup>221</sup> He also claimed inadequate notice and that the statute was unconstitutionally vague.<sup>222</sup> His intent for criminality was proven by his initial compliance to be a police informant, and the fact that he was arrested for his growing operation during a previous incident in Colorado: *People v. Atley* (Colo. 1986) 727 P.2d 376.<sup>223</sup> Atley lost his case.<sup>224</sup>

As seen in these ten cases, more specific policies would clarify at the points of vagueness in statutory interpretation. This would solve a lot of issues when clarifying if psilocybin is illegal under state interpretation of the Controlled Substances Act.

- FDA Breakthrough Therapy Status

The scheduling of psilocybin had been consistent since its criminalization in 1968. However, in 2018, The Food and Drug Administration gave psilocybin ‘breakthrough therapy’ status to a company called Compass Pathways after seeing potential in Griffith’s preliminary research, mentioned above.<sup>225</sup> This means that

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<sup>221</sup> *Id.*

<sup>222</sup> *Id.*

<sup>223</sup> *See id.*

<sup>224</sup> *Id.*

<sup>225</sup> Compass Pathways, Compass Pathways Receives FDA Breakthrough Therapy Designation For Psilocybin Therapy For Treatment-Resistant Depression, <https://compasspathways.com/compass-pathways-receives-fda-breakthrough-therapy-designation-for-psilocybin-therapy-for-treatment-resistant-depression/> (last visited Apr. 21, 2020).

there is preliminary clinical evidence that shows the substance may demonstrate substantial improvement over available therapy.<sup>226</sup> This means that it is allowing psilocybin to be used in clinical trials.<sup>227</sup> This raises the question of if there is conflict between psilocybin's categorization as a schedule 1 controlled substance and the newly categorized 'breakthrough therapy' status last year, and if the schedule classification can change with research proving health benefits.<sup>228</sup>

- 2020 Psilocybin Initiatives in the United States

Psilocybin mushroom movements are taking place around the country with proponents hoping to obtain medical value, religious freedom, cognitive liberty, identity politics, and psychedelic law reform and neurodiversity.<sup>229</sup> The neurodiversity argument advocates that neurological differences should be recognized as a fundamental right.<sup>230</sup> None of the values listed are currently fundamental rights under the United States Constitution.<sup>231</sup>

- Decriminalization

1. Denver

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<sup>226</sup> *See id.*

<sup>227</sup> *Id.*

<sup>228</sup> *See id.*

<sup>229</sup> Dustin Marlan, Marijuana Symposium: Beyond Cannabis: Psychedelic Decriminalization And Social Justice, 23 Lewis & Clark L. Rev. 851, 851.

<sup>230</sup> *Id.* at 874.

<sup>231</sup> *See generally id.*



Section 1 of the Denver, Colorado Code of Ordinances, Title I, Chapter 28, Article IX: Public Safety Enforcement explains the Denver Psilocybin Initiative. Section 28-300: Purpose and intent, says that the purpose is to deprioritize criminal penalties on adults 21 years of age who possess and use psilocybin, and to prohibit the City and County of Denver from spending resources on imposing criminal penalties on those adults.<sup>232</sup> Reasons for the initiative are described within the text.<sup>233</sup> They include psilocybin's association with decreased opioid abuse and dependence, crime reduction, and decrease in suicidality.<sup>234</sup> Other arguments in legislative history are that psilocybin is the safest of all recreational drugs, and that it is non-addictive and does not cause brain damage.<sup>235</sup> This can be proven in the Johns Hopkins University *Griffith Experiment* of 2006, where it is noted that the National Institute on Drug Abuse does not consider psilocybin to be an addictive drug, because it does not produce compulsive drug-seeking behavior; such as cocaine, methamphetamine, heroin, and alcohol.<sup>236</sup> Lastly, psilocybin only represents 0.8 % of total drug reports.<sup>237</sup>

## 2. Oakland

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<sup>232</sup> Section 1 of the Denver, Colorado Code of Ordinances, Title I, Chapter 28, Article IX: Public Safety Enforcement explains the Denver Psilocybin Initiative. Section 28-300: Purpose and intent

<sup>233</sup> *See id.*

<sup>234</sup> *Id.*

<sup>235</sup> *See id.*

<sup>236</sup> *Id.*

<sup>237</sup> *Id.*

On June 4<sup>th</sup>, 2019, Oakland, California was the second city in the United States to decriminalize psilocybin use.<sup>238</sup> The city's initiative actually decriminalized all entheogens, which include: all plants, fungi, and natural materials that inspire personal and spiritual well-being, benefit people psychologically and physically, and can re-establish human's relationship with nature; as stated in the ordinance.<sup>239</sup> The enactment included all of the same reasoning as Denver's Psilocybin Initiative, with the addition of a few more considerations.<sup>240</sup> Oakland's law mentions human culture and relationship with the earth, as well as medical benefits and the mental health crisis that could be reduced by decriminalization of entheogenic plants as reasons for decriminalization.<sup>241</sup> Because the rationales behind Denver and Oakland's psilocybin movement were similar and unrelated to arrests, it is evident that these policy changes are implemented to support the mental health of the cities' residents, and one could consider the rationale for decriminalization to be a stepping stone in the path to complete legalization; not having to do with the criminal penalties of psilocybin.

### 3. Santa Cruz

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<sup>238</sup> Oakland, Cal. Resolution Decriminalizing Entheogenic Plants (June 5, 2019) available here: [https://www.decriminalizenature.org/media/attachments/2020/04/08/decriminalizing-entheogenic-plants\\_v1.2.pdf](https://www.decriminalizenature.org/media/attachments/2020/04/08/decriminalizing-entheogenic-plants_v1.2.pdf)  
Merrit Kennedy, *Oakland City Council Effectively Decriminalizes Psychedelic Mushrooms*, NPR, June 5, 2019, <https://www.npr.org/2019/06/05/730061916/oakland-city-council-effectively-decriminalizes-psychedelic-mushrooms> (last visited Apr. 21, 2020).

<sup>239</sup> *Id.*

<sup>240</sup> *See Id.*

<sup>241</sup> *Id.*

On January 28<sup>th</sup>, the City of Santa Cruz, California unanimously approved a bill similar to the Oakland bill, generalizing psilocybin under the term “entheogen,” being the third United States city to do so.<sup>242</sup> This signifies the rapid influence of psilocybin decriminalization in Denver, that led to two other cities decriminalizing within the same calendar year.<sup>243</sup>

- Upcoming Movements

Other bills are currently being proposed around the country. They include PSI 2020 in Oregon<sup>244</sup>, the California Psilocybin Mushroom Decriminalization Initiative<sup>245</sup>, and two proposed bills for reform in Iowa<sup>246</sup>.

In Oregon an initiative called PSI 2020 is taking place.<sup>247</sup> Measure 34 will legalize access to psilocybin assisted therapy – statewide- which would take place in licensed therapeutic centers.<sup>248</sup> The research-based service model for how a clinic can be run, involves different sessions; these include preparation,

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<sup>242</sup> *Id.*

<sup>243</sup> See Harmeet Kaur, Santa Cruz Decriminalizes Magic Mushrooms and Other Natural Psychedelics, Making It The Third US City to Take Such a Step, CNN, Feb. 3, 2020, <https://www.cnn.com/2020/01/30/us/santa-cruz-mushrooms-psychedelics-trnd/index.html>, (last visited Apr. 21, 2020).

<sup>244</sup> Yes on IP34, <https://psi-2020.org/> (last visited Apr. 21, 2020).

<sup>245</sup> Ballotpedia, [https://ballotpedia.org/California\\_Psilocybin\\_Mushroom\\_Decriminalization\\_Initiative\\_\(2020\)](https://ballotpedia.org/California_Psilocybin_Mushroom_Decriminalization_Initiative_(2020)) (last visited Apr. 21, 2020).

<sup>246</sup> Jeff Shipley, Iowa Legislator Works to Recognize Medicinal Benefits of Psilocybin, CISION PR NEWSWIRE, Feb. 12, 2019 <https://www.prnewswire.com/news-releases/iowa-legislator-works-to-recognize-medicinal-benefits-of-psilocybin-300794653.html> (last visited Apr. 21, 2020).

<sup>247</sup> Yes on IP34, <https://psi-2020.org/> (last visited Apr. 21, 2020).

<sup>248</sup> *See id.*

administration, and integration afterwards.<sup>249</sup> Each client would be screened by a psychologist for their suitability for the study and would not need a mental health diagnosis to qualify.<sup>250</sup> The measure aims to have licensed providers, along with licensed producers of psilocybin mushrooms and products, operate legally in accordance with evolving professional standards.<sup>251</sup>

The California Psilocybin Mushroom Decriminalization Initiative of 2020, or #19-0016 and #19-0027, decriminalizes personal possession, storage, use, cultivation, manufacturing, giving away or furnishing for personal use, or consumption of psilocybin for adults 18 years or older, or for minors with parental consent.<sup>252</sup>

In 2020, State Representative Jeff Shipley introduced two bills to the Iowa State Senate.<sup>253</sup> H.F. 248 removes psilocybin's schedule 1 classification from the list of controlled substances under Iowa's Uniform Controlled Substances Act.<sup>254</sup> Meanwhile, H.F. 249 would allow the board of pharmacy to reclassify Psilocybin and other controlled substances for medicinal purposes.<sup>255</sup> It also removes the

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<sup>249</sup> *Id.*

<sup>250</sup> *Id.*

<sup>251</sup> *Id.*

<sup>252</sup> Ballotpedia, [https://ballotpedia.org/California\\_Psilocybin\\_Mushroom\\_Decriminalization\\_Initiative\\_\(2020\)](https://ballotpedia.org/California_Psilocybin_Mushroom_Decriminalization_Initiative_(2020)) (last visited Apr. 21, 2020).

<sup>253</sup> Jeff Shipley, Iowa Legislator Works to Recognize Medicinal Benefits of Psilocybin, CISION PR NEWSWIRE, Feb. 12, 2019 <https://www.prnewswire.com/news-releases/iowa-legislator-works-to-recognize-medicinal-benefits-of-psilocybin-300794653.html> (last visited Apr. 21, 2020).

<sup>254</sup> *Id.*

<sup>255</sup> *Id.*

criminal penalties, as long as people are using the substance within their medical guidelines.<sup>256</sup>

- Current Developments in Hawai'i

An advocacy group called the Clarity Project is working on the psilocybin movement in Hawai'i. Representative Chris Lee introduced HB 2567 to establish a temporary medicinal psilocybin working group.<sup>257</sup> The Bill says, "The purpose of this Act is to establish a medicinal psilocybin working group that is tasked with developing a long-term strategic plan to ensure that psilocybin services will become and remain safe, accessible, and affordable therapeutic options for all state residents twenty-one years of age and older for whom psilocybin may be appropriate."<sup>258</sup> The group is currently asking for testimony, as the bill was asked to be re-written and proposed in 2022 to ensure safety standards for administration are met.

- Hawai'i Controlled Substances Act

The Hawai'i Revised Statutes, Chapter 329 Uniform Controlled Substances Act is the state's adaptation of the federal Controlled Substances Act

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<sup>256</sup> *Id.*

<sup>257</sup> H.B. No. 2567, 30th Leg., Reg. Sess. (HI. 2020).

<sup>258</sup> *Id.*

of 1970.<sup>259</sup> Part II: Standards and Schedules, describes schedule 1 classification and the components required for evaluation.<sup>260</sup>

§329-11 Authority to schedule controlled substances (a) says,

“In making a determination regarding a substance, the department of public safety shall assess the degree of danger or probable danger of the substance by considering the following:

- (1) The actual or probable abuse of the substance including:
  1. (A) Its history and current pattern of abuse;
  2. (B) The scope, duration, and significance of abuse; and
  3. (C) A judgment of the degree of actual or probable detriment that may result from the abuse of the substance;
- (2) The biomedical hazard of the substance including:
  1. (A) Its pharmacology: the effects and modifiers of effects of the substance;
  2. (B) Its toxicology: the acute and chronic toxicity, interaction with other substances whether controlled or not, and liability to psychic or physiological dependence;
  3. (C) Risk to public health and particular susceptibility of segments of the population; and

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<sup>259</sup> Hawaii Revised Statutes § 329-11.

<sup>260</sup> *Id.*

4. (D) Existence of therapeutic alternatives for substances that are or may be used for medical purposes;
  - (3) A judgment of the probable physical and social impact of widespread abuse of the substance;
  - (4) Whether the substance is an immediate precursor of a substance already controlled under this part; and
  - (5) The current state of scientific knowledge regarding the substance [HRS §329-11].”<sup>261</sup>

The schedule 1 test in HRS §329-13 says that “A substance shall be placed in Schedule I if it has the highest degree of danger or probable danger according to the determination made pursuant to section 329-11 [HRS §329-13].”<sup>262</sup> The question then becomes: “Should psilocybin be considered dangerous under Hawai’i’s Uniform Controlled Substances Act at HRS §329-11?”<sup>263</sup>

### III. Applying the legal rules

Psilocybin should not be considered dangerous under the Hawai’i Uniform Controlled Substances Act’s five factors for determination of whether a substance is dangerous.

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<sup>261</sup> *Id.*

<sup>262</sup> *Id.*

<sup>263</sup> *See id.*

The first of the five factors required for evaluation of danger is the actual or probable abuse of psilocybin.<sup>264</sup> Within this component, one must analyze if the drug has been historically abused, if the abuse was significant, and the potential for future harm from abuse of psilocybin. Timothy Leary's Harvard Psilocybin Project is an example of significant historical abuse of psilocybin. The project's stigma led directly to the criminalization of psilocybin and other substances. However, The Denver Psilocybin Initiative mentions that only 0.8% of police drug reports were based on psilocybin.<sup>265</sup> This shows that abuse in terms of criminality and possession seems to be minimal.<sup>266</sup> The Denver Psilocybin Initiative mentions that psilocybin is considered the safest illegal drug because it is non-addictive and has not been shown to cause brain damage, however, abuse and overuse and lack of regulation can lead to acute psychosis, as seen in Timothy Leary's experiments.<sup>267</sup>

The second factor to analyze is the biomedical hazard of the substance including its pharmacology, toxicology, risk to public health, and existence of therapeutic alternatives for substances that may be used for medical purposes.<sup>268</sup> The pharmacology is known by mycologists; scientists dedicated to the study of

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<sup>264</sup> See *id.*

<sup>265</sup> Denver, Co. Code art. 9, § 28-302 (2020) stating "The enforcement of any laws imposing criminal penalties for the personal use and personal possession of psilocybin mushroom . . . shall be the lowest law enforcement priority in the City and County of Denver."

<sup>266</sup> *Id.*

<sup>267</sup> *Id.*

<sup>268</sup> Hawaii Revised Statutes § 329-11.



fungi. Mushrooms are commonly grown and reproduced. The effects of the substance on humans are currently being explored, and have already produced some results, as seen in *How to Change Your Mind*. Therefore, psilocybin's pharmacology is already proving positive effects on mental health.<sup>269</sup> The substance is still being explored in clinical settings, and there have been no clinical trials regarding the toxicology of interacting with other substances.<sup>270</sup> All the clinics have been isolated studies so far, with psilocybin as the only substance analyzed.<sup>271</sup> As far as dependence is concerned, psilocybin is proven to work against drug dependence in people with addiction problems, and it is non-addictive itself.<sup>272</sup> For those reasons, there is not a risk of dependence on psilocybin mushrooms.<sup>273</sup> There seems to be no risk to public health, if one looks at models of places where psilocybin is legal recreationally. The legalization model works in Portugal, the Netherlands, and other countries. In considering therapeutic alternatives, one could argue that psilocybin mushrooms are the preferred alternative to chemical medicines for mental illness, such as Xanax, and are the most natural option.

Third, one must make a judgment on the probable physical and social impact of widespread abuse of the substance.<sup>274</sup> If the drug were abused in

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<sup>269</sup> *See id.*

<sup>270</sup> *Id.*

<sup>271</sup> *Id.*

<sup>272</sup> *Id.*

<sup>273</sup> *See id.*

<sup>274</sup> *Id.*

society, people might wander around with impaired motor skills and operating vehicles under the influence, or overwhelmed with irrational thoughts and acting upon them in public.<sup>275</sup> Also, people may become so consumed in “tripping,” and avoiding their sense of reality, that they stop working; contributing to the unemployment problem, so that reliance on state and federal assistance would increase.<sup>276</sup> Regardless, those are two rare circumstances anticipated, in which psilocybin could be abused.<sup>277</sup> If Hawai’i’s people want to abuse psilocybin, they would already be able to do so with the mushrooms that naturally grow on cow manure around the islands.<sup>278</sup> However, substances can be regulated to ensure safety, which is why this paper analyzes a medical model; and if legalized, the safety information relating to psilocybin would be widely available, educating people who do not know the risks associated with psilocybin use, helping them avoid potential harm.<sup>279</sup>

Fourth, it is important to evaluate whether the drug is a precursor to another drug controlled by the Controlled Substances Act.<sup>280</sup> Psilocybin

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<sup>275</sup> *See id.*

<sup>276</sup> *See id.*

<sup>277</sup> *See id.*

<sup>278</sup> *See id.*

<sup>279</sup> *See id.*

<sup>280</sup> *Id.*

mushrooms are not compounded into other substances yet, they are therefore not a precursor to any other drug listed under the Controlled Substances Act.<sup>281</sup>

Lastly, the current state of scientific knowledge regarding psilocybin is slim.<sup>282</sup> Psilocybin is currently being evaluated and explored by many large and prominent research institutions; including Johns Hopkins Medical Center. Scientific knowledge of psilocybin does exist, however, and more is being generated in our current era of psychopharmacological advancement.<sup>283</sup>

After evaluating the compound under these standards, one might reasonably determine that the substance is not dangerous within the meaning of the Hawai'i Uniform Controlled Substances Act.<sup>284</sup>

- Medical use

As previously mentioned, psilocybin is currently classified as a schedule 1 drug, which means, in part, that it has no accepted medical use. According to the DEA website, five elements need to be met by the Drug Enforcement Agency to constitute proper medical use, in order to change its legal status.<sup>285</sup> Those criteria are that the drug's chemistry is known, and reproducible, adequate safety studies

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<sup>281</sup> *Id.*

<sup>282</sup> *Id.*

<sup>283</sup> *Id.*

<sup>284</sup> *See id.*

<sup>285</sup> DEA Drug Scheduling, <https://www.dea.gov/drug-scheduling> (last visited Apr. 21, 2020).

have been conducted, proper studies have proved efficacy; the substance is accepted as a drug by qualified experts; and the scientific evidence is widely available.<sup>286</sup> Psilocybin mushroom chemistry is known by mycologists and the mushrooms are reproducible, because they are fungi that can be re-planted.<sup>287</sup> Psilocybin mushrooms can obviously be reproduced based on their presence in the black market.<sup>288</sup> Recorded safety studies in Pollan's *How to Change Your Mind*, and shown on the Clinical Trials government website exist. Those same studies prove the efficacy of the substance too.

Lastly, the only consideration preventing psilocybin from having accepted medical use is that qualified experts have not accepted the substance as a drug. Although many experts do support the psilocybin initiative, many more are needed to influence the community and destigmatize psilocybin as a harmful drug. With more experts' acceptance of improved mental health results produced in clinical settings, one could argue that psilocybin does have an accepted medical use under the Federal Drug Administration's scheduling protocol.<sup>289</sup>

a. Supplements v. Prescription Drugs

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<sup>286</sup> *Id.*

<sup>287</sup> *See id.*

<sup>288</sup> *See id.*

<sup>289</sup> *See id.*

Drugs are defined as substances intended to diagnose, treat, mitigate or prevent disease.<sup>290</sup> Many people prefer prescription medications so that their insurance can cover the cost.<sup>291</sup> Medications must pass rigorous clinical trials before being released to the public and the studies need to prove each drug is safe and efficacious, performing as the manufacturer claims.<sup>292</sup> Only after these trials, can drugs go on the market and a doctor prescribe them to you.<sup>293</sup>

According to the Food and Drug Administration website, there is a twelve-step process for drug approval.<sup>294</sup> These FDA approval steps include; animal testing, investigational new drug application, 20-80-person clinical trials, 100s of people in a clinical trial, 1000s of people in a clinical trial, review meeting with FDA and drug sponsor, NDA application, review for safety and effectiveness, drug labelling, facility inspection, and FDA drug approval.<sup>295</sup>

The FDA does not regulate Dietary Supplements before they come on the market.<sup>296</sup> Under the Dietary Supplement Health and Education Act (DSHEA), the FDA treats supplements like food and the DSHEA defines supplements as

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<sup>290</sup> FDA Website, <https://www.fda.gov/drugs/drug-approvals-and-databases/drugsfda-glossary-terms#D> (last visited Apr., 21, 2020).

<sup>291</sup> *See id.*

<sup>292</sup> *See id.*

<sup>293</sup> *Id.*

<sup>294</sup> *Id.*

<sup>295</sup> *Id.*

<sup>296</sup> *Id.*

“products taken orally for supplementing the diet.”<sup>297</sup> Supplements can include minerals, vitamins or other natural biological substances and they’re available in a variety of shapes and sizes, including concentrates, extracts, capsules, tablets, liquids and powders.<sup>298</sup> It is important to know the distinction between supplements and medicines for determination on how a substance can be regulated and make its way to the market.<sup>299</sup> If psilocybin was a supplement, it would mean that the substance adds to your diet, like a nutrient. If psilocybin was a drug, it would mean that it has a medical effect it can claim. Psilocybin must take the medicinal approach, due to its medical effects on altering the consumer’s state of mind.<sup>300</sup>

## b. Marijuana Movement

### 1. Expert Interview

To get a better understanding of how drug law works in Hawai’i, I reached out for an interview with Drug Law Expert Garrett Halydier.<sup>301</sup> Garrett is a clerk in Circuit Court, the Cannabis Law instructor, President of the Hawai’i Cannabis

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<sup>297</sup> *Id.*

<sup>298</sup> *Id.*

<sup>299</sup> *See id.*

<sup>300</sup> *See id.*

<sup>301</sup> Garrett is a clerk in Circuit Court, the Cannabis Law instructor, President of the Hawai’i Cannabis Dispensary Alliance, and an Alumni of the William S. Richardson School of Law at the University of Hawai’i at Mānoa.

Dispensary Alliance, and an Alumni of the William S. Richardson School of Law at the University of Hawai'i at Mānoa.<sup>302</sup>

According to Garrett, the Cole Memo was a proposal by Barack Obama to stop the federal enforcement of smaller marijuana crimes.<sup>303</sup> He said the reasoning was that most federally enforced arrests were not large criminal problems; like drug trafficking or selling to minors.<sup>304</sup> According to the original Ogden Memo that the Cole Memo is based on, , the federal government does not need to intervene unless there is a suspicion of drug trafficking.<sup>305</sup> Reasons for intervention include; unlawful possession or use of firearms, violence, sale to minors, money laundering, large amounts of marijuana, illegal possession or sale of other controlled substances, or ties to other criminal activity.<sup>306</sup> Any other enforcement seemed to be a waste of federal resources to address the smaller marijuana crimes.<sup>307</sup> Therefore, states were responsible for enforcing their own marijuana law regulations.<sup>308</sup> This led to lobbyists in Hawai'i successfully

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<sup>302</sup> *Id.*

<sup>303</sup> *Id.*

<sup>304</sup> *Id.*

<sup>305</sup> Ogden Memo, available at <https://www.justice.gov/archives/opa/blog/memorandum-selected- united-state-attorneys-investigations-and-prosecutions-states> (last visited Apr. 21, 2020).

<sup>306</sup> *Id.*

<sup>307</sup> *See id.*

<sup>308</sup> *Id.*

advocating for the legalization of medical marijuana, and passing the regulation in the legislature as the first state in the country to do so.<sup>309</sup>

When Garrett was asked about the initial application of the Hawai'i medical marijuana movement, he mentioned that medical marijuana was not psychologist regulated at all.<sup>310</sup> There were no clinical trials or treatment centers at the time of medical legalization, and patients were always in control of their doses and were allowed to grow their own cannabis, even before the medical dispensaries opened.<sup>311</sup> Marijuana, being a different substance, should not have the same restrictions as psilocybin, an intense psychedelic substance.<sup>312</sup>

## 2. Cole Memo

The medical movement in Hawai'i ultimately started with the 2008 Cole Memo created during Barack Obama's presidency.<sup>313</sup> The memo allowed states to regulate their own marijuana laws, instead of using federal funds to enforce its regulation.<sup>314</sup> No Cole Memo exists for psilocybin.<sup>315</sup> Although there has been a

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<sup>309</sup> *Id.*

<sup>310</sup> *Id.*

<sup>311</sup> *Id.*

<sup>312</sup> *See id.*

<sup>313</sup> Cole Memo, available at <https://www.justice.gov/iso/opa/resources/3052013829132756857467.pdf> (last visited Apr. 21, 2020).

<sup>314</sup> *Id.*

<sup>315</sup> *See id.*



recent trend in decriminalizing psilocybin mushrooms within the states, so far there has not been any federal intervention with the psilocybin movement around the country.<sup>316</sup> Either way, the federal government should consider making some sort of statement of regulation in psilocybin's peak time of research, to help avoid legal obstacles that states may face.<sup>317</sup>

c. Compare the Substances

Although both marijuana and psilocybin are classified as schedule 1 drugs under the Controlled Substances Act of 1970, they should be regulated differently from one another. Because psilocybin is arguably more dangerous than cannabis, regulation for psilocybin could be regulated under all of the terms of Hawai'i's medical marijuana model, plus the additional requirement of medical supervision. As Dr. Michael Pollan mentioned in *How to Change Your Mind*, the hands-free recreational legalization approach has inherent risks. Not everybody is capable of handling amplified emotions under the influence of psilocybin, so medical supervision is essential.

IV. A new way to analyze and/or regulate the issue/rules

Analysis demonstrates how legalizing medical mushrooms can be reasonable and safe. Dr. Michael Pollan recommends that psilocybin be administered under proper supervision, considering the potentially intense negative feelings one might have during use. Treatment centers or supervision

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<sup>316</sup> *Id.*

<sup>317</sup> *See id.*

sites should be developed for this reason. Similarly structured with the Jamaican retreats mentioned earlier, medical professionals could supervise patients to ensure that they do not have a psychiatric emergency while they are using psilocybin mushrooms. This should be a first step before any other medical progression, such as prescribing medicines with psilocybin. Another approach could be to take the therapy session outdoors; or to practice psychedelic coaching.<sup>318</sup>

Similar to the medical cannabis process in Hawai'i, with psilocybin mushrooms, we would be able to watch the process work locally. It would work well in this state because all resources from plant growing locations to end-result therapy solutions are within the radius of O'ahu or the other islands. Medical psilocybin has the capacity to provide mental health benefits in Hawai'i.

#### V. Conclusion

In conclusion, psilocybin mushrooms could be legalized medically on a trial basis in Hawai'i, and removed from Schedule 1 classification of the Controlled Substances Act. People would benefit from opening their minds to psilocybin mushrooms in a safe environment, prior to the introduction of prescription medicines or other methods of psilocybin distribution. By medically legalizing psilocybin mushrooms, the Hawaiian Islands can be a pioneer in

11344 Words

Ariel Marisa Ashe  
Professor Frances Miller

alternative psychedelic medicine, and can provide an avenue of healing to some mental health patients affected by psychological illnesses plaguing our society.

**SB-738**

Submitted on: 2/17/2021 10:27:05 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Colleen Veasey	Individual	Support	No

Comments:

As a Hawaii state Certified Nursing Assistant, I have seen the amount of pharmaceuticals that are pumped into our kupuna on a daily basis for pain relief, psychosis as a symptom neurodegenerative disorders, and depression. These pharmaceuticals are dangerous to the body and rarely do their intended effects outweigh the negative side-effects of the drug. I support bill SB738 to create legal, medical access to psilocybin for our community here in Hawaii. Mahalo.

**SB-738**

Submitted on: 2/17/2021 10:38:09 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mary Lu Kelley	Individual	Support	No

Comments:

Aloha,

I support Senate bill 738.

Under state Sen. Stanley Chang’s legislation, psilocybin and psilocyn — also known as magic or psychedelic mushrooms — would be removed from the list of Schedule I substances.

[Senate Bill 738](#) would also require the Hawaii Department of Health to establish designated treatment centers for “the therapeutic administration” of psilocybin and psilocyn and establish a review panel “to review and assess the effects of this measure.”

“There is an increasing number of reputable studies that show how psilocybin and psilocyn can have promising results on people suffering from depression, post-traumatic stress disorder and addiction,” Chang said in a press release Tuesday. “People with these conditions need options and this bill would give them that while also ensuring that is stored and administered at licensed treatment facilities.”

Please pass this legislation.

Thank you,

Maryy Lu Kelley

PO Box 289

Lawai, HI 96765

## Testimony in Support of SB738

Senate JDC Committee | Friday, February 19, 2021 at 9:30am

Dear Senator Rhoads, Senator Keohokalole, and Members of the Committee:

My name is Christina Braddock and I am writing **in strong support of SB738**, which will effectively expand access to psilocybin in Hawaii. I am a former United States Army Medical Officer, I have served overseas as a lead emergency trauma nurse in combat zones. I have over 10 years in the medical field, 8 with the military. I have witnessed and experienced firsthand the devastating effects of primary, secondary and tertiary trauma effects to the physical, mental, emotional, and spiritual bodies - of veterans, active duty, civilians, children, elderly. PTSD knows no bounds. I have seen countless soldiers attempt or successfully commit suicide and watched their families question the signs and years of treatment resistant depression experienced in their homes. Again, mental health knows no bounds, it is not selective. It creeps up slowly and stealthily. With recent momentum in the research world behind psychedelic medicine I began studying everything there is to these plant based healing modalities too often quickly dismissed by traditional western medical practices. Research is backing their powers and I hope you will to!

Over the past two decades, researchers around the world have built scientific understanding of the effects of psychedelic medicine on the brain and body, so it is with growing certainty that scientists and medical professionals are now working with policymakers to bring plant-based medicines like psilocybin above ground for therapeutic uses.

Research from major institutions around the world has shown psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction to alcohol and other drugs, depression, end-of-life anxiety, and post-traumatic stress disorder. As a result, psilocybin is increasingly considered one of the most effective, non-addictive, and safe treatment options for depression and anxiety when administered in clinical settings.

Individual state- and city-level lawmakers now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin across the U.S., Canada, and Europe. Citing this research, groundbreaking initiatives in favor of psilocybin – like passage of Measure 109 in Oregon and Initiative 81 in Washington, D.C. – are occurring at all levels of government, private and public research institutions, and throughout mainstream society.

We do not want the citizens of Hawai'i to miss out on this healing modality. With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin.

Please support SB738.

Sincerely,

Christina N. Braddock, BSN, RN, CEN

**SB-738**

Submitted on: 2/17/2021 10:57:18 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Cristin McCleary	Individual	Support	No

## Comments:

I strongly believe the government should allow legal access to pscyosilbin. Using pscyosilbin medicinally has healed me of depression and post traumatic stress disorder. Even with therapy and completely changing my lifestyle, it wasn't until I started incorporating pscyosilbin, that I began to truly shift my life. On my journeys I have learned to love myself, to be more compassionate towards myself and others, and I have released deeply stored emotions. I have integrated my traumas and made peace with my life as it is. I find so much happiness simply by connecting to myself and nature now. If this was something more widely used, I know in my heart of hearts that the world would be a kinder and more productive place. There is no doubt in my mind that we would thrive. Please, for the worlds healing, legalize pscyosilbin.

**SB-738**

Submitted on: 2/17/2021 12:23:17 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Cole Sheveland	Individual	Support	No

## Comments:

Psilocybin and Psilocin are both extremely rejuvenating and are both extreme beneficiaries for people struggling with depression, anxiety, eating disorders, you name it! I think this will be an amazing breakthrough in medical science and look forward to seeing what the future turns out to be because of it.



**SB-738**

Submitted on: 2/17/2021 12:28:57 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Zett Elyss Amora	Individual	Support	No

Comments:

Aloha! Mahalo for your consideration of proposal SB738 regarding certain schedule I substances.

I suffer from anaphylaxis whenever I am exposed to synthetic medicines both over the counter and pharmaceutical. My first anaphylactic shock was at 6 years old from an ordinary over the counter vitamin. I am one of many people who are hyper sensitive to chemically based medicine.

In my 61 years, because of my sensitivities, I have adopted a clean lifestyle to facilitate my good health and well being. I am however prone to severe depression and I have found medicinal mushrooms to be of great benefit to me for those episodes and I have never experienced any negative side effects.

There is increasing research and evidence available now throughout the medical community which substantiates the efficacy of mushroom therapy and I would be extremely pleased to see Hawaii embrace this nature based treatment legally.

Please agree to legalizing these organisms which Nature has provided us to use for natural healing and wellness.

Mahalo for your time and attention to this matter. I appreciate the opportunity to express my feelings and experience here.

Malama pono, Zettelyss Amora

**SB-738**

Submitted on: 2/17/2021 1:45:22 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christina Comfort	Individual	Support	No

Comments:

Aloha Chair Taniguchi, Vice Chair Rhoads, and the members of the JDC committee:

I'm writing in strong support of SB738. Based on my readings of the scientific literature, books, and reports on the beneficial uses of psilocybin, there is ample evidence that psilocybin assisted treatment can help people overcome addiction, heal from PTSD, and reduce stress in cancer patients, especially those in end-of-life care. Especially in a controlled medical setting, psilocybin is not dangerous and in fact shows great promise towards helping people break through engrained patterns such as trauma and addiction. This naturally-occurring, safe, plant-based substance can and should be legalized in order to help people with psychiatric challenges.

Mahalo,

Christina Comfort

Pupukea, HI

**SB-738**

Submitted on: 2/17/2021 2:16:35 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Aaron Feinberg	Individual	Support	No

Comments:

Support passing of SB738

**SB-738**

Submitted on: 2/17/2021 2:33:21 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Noelani Love	Individual	Support	No

Comments:

Aloha,

As a citizen of the state of Hawaii, and partner to a US Marine Veteran, I have been reading and learning about the clinical trials of psilocybin as related to its healing effects for people with PTSD. I know that pharmaceuticals have long term effects on the body, and my partner does not wish to take pharmaceuticals for his disease. I would love for him to be able to have alternative treatment options based on plant medicine that has been used for centuries by native/indigenous cultures.

The elders in our community especially suffer from end-of-life anxiety and psilocybin appears to be supporting them in their transition. Especially in a world of COVID, where many are not able to attend funerals and honor the lives of those who have passed, our kupuna (elders) deserve to have alternative support in their transition.

We need options for our families, our friends, our citizens to heal effectively. Please pass this bill!

**SB-738**

Submitted on: 2/17/2021 2:34:13 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brook Hawkins	Individual	Support	No

Comments:

Legalize medical access to psilocybin

**SB-738**

Submitted on: 2/17/2021 3:01:08 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
tesha	Individual	Support	No

Comments:

this will lead to great change

**SB-738**

Submitted on: 2/17/2021 3:04:19 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lionel H Pirsig	Individual	Support	No

Comments:

Criminalization of drugs was never a policy that made sense. These laws have been widely used as tools of oppression. Nixon's War on Drugs was not aimed at improving societal health, but at disrupting and imprisoning his enemies. John Ehrlichman, a top Nixon aide, is famously quoted as admitting: "The Nixon White House [...] had two enemies: the antiwar left and black people. [...] By criminalizing [marijuana and heroin] heavily, we could disrupt those communities. [...] Did we know we were lying about the drugs? Of course we did."

In spite of these admissions, our society has continued to treat drug use as a criminal problem, resulting in hundreds of thousands of people in prison for substance possession. It is imperative that we shift the majority of drug policy to funding a health-based approach, and I am firmly in support of SB 738, which offers a small but meaningful step in changing our society for the better.

TO: Senate JDC Committee  
FROM: Wendy Gibson-Viviani RN/BSN

RE: **Support of SB738** Psilocybin and psilocyn treatment centers  
Hearing: Friday, February 19, 2021 at 9:30am

Dear Senator Karl Rhoads Chair, Senator Keohokalole Vice Chair, and Members of the Committee:

My name is Wendy Gibson-Viviani and I am writing in **strong support of SB738**, which will effectively expand access to psilocybin and psilocyn for medicinal purposes in Hawai'i. I would like to see designated treatment centers and a review panel to assess the effects of this project. I believe that a review panel is necessary to ensure that the risks of using these therapies do not outweigh the benefits.

Because psilocybin has "accepted" medicinal use, I believe that it needs to be removed from the Schedule I classification of the Controlled Substances Act.

As Clarity Project reports: Research from major institutions around the world has shown psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction to alcohol and other drugs, depression, end-of-life anxiety, and post-traumatic stress disorder. As a result, psilocybin is increasingly considered one of the most effective, non-addictive, and safe treatment options for depression and anxiety when administered in clinical settings.

While I have no experience with using these drugs, I have read and heard testimonies from patients who have benefitted from a guided journey to allay their depression, addictions, and cope with end-of-life issues. Please support SB738.

Mahalo,  
Wendy Gibson-Viviani RN/BSN  
Kailua

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For Psilocybin Facts from Clarity Project's "Therapeutic Psilocybin for Hawai'i".  
<https://static1.squarespace.com/static/5feba738d1fb535fde253072/t/5fec15a6bd81891738961806/1609307559175/Clarity-Project-KeyFindingsV1.pdf>



**SB-738**

Submitted on: 2/17/2021 5:18:40 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jade	Individual	Support	No

Comments:

Aloha.

I, Jade Titus, am for Bill SB 738

**SB-738**

Submitted on: 2/17/2021 5:26:23 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mac Mahaffey	Individual	Support	No

Comments:

Aloha. From my perspective as a concerned citizen, I kindly ask that the state legislature pass Senate Bill 738. Leading research studies, from the likes of John Hopkins Medicine, the Beckley Foundation, and others, have shown that psilocybin and psilocyn are effective in treating depression when administered in an appropriate medical setting under medically supervised care. Even the U.S. Food and Drug Administration as called psilocybin a "breakthrough therapy" for severe depression. With depression being a major public health problem, such that approximately 4.4% of the global population suffers from this disease, we need to give our health care providers all the tools we can to combat this major public health problem - with psilocybin and psilocyn being included in this toolbox. People with severe depression deserve our compassion and should be allowed to choose this option when other pharmacotherapies and psychotherapies fail to be effective. In short, the science shows that psilocybin and psilocyn support an optimal state of mental well-being, which the Department of Health states is a right for all Hawai'i's people.

Thank you for your time and consideration.

Sincerely,

Mac

**SB-738**

Submitted on: 2/17/2021 5:20:53 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dawson Henson	Individual	Support	No

Comments:

I have witnessed the positive effects that psilocybin has on anxiety and depression first hand and I can guarantee that legalizing this substance to be used in a controlled environment by professional personnel only will be nothing but beneficial for the community.

**Testimony in Support of SB738**  
Senate JDC Committee | Friday, February 19, 2021 at 9:30am

Dear Senator Rhoads, Senator Keohokalole, and Members of the Committee:

My name is Amanda Lillibridge and I am writing **in strong support of SB738**, which will effectively expand access to psilocybin in Hawaii.

Outside of the scientifically proven, transformative impact psilocybin has had on pressing mental health issues such as clinical depression, addiction, OCD, and beyond, Psilocybin has played a monumental role in my own personal health journey and trauma.

I can say indubiously that I would not have found the hope, perspective shift, or healing from debilitating adolescent trauma without having encountered this medicine. Psilocybin has offered me a second chance. It is not a drug, it is a tool. It is an opportunity for growth. If offered safely and in therapeutic contexts, it can serve as an incredible catalyst for change in what has been proven to be a broken mental health system.

I believe everyone deserves the opportunity to take back their narrative and transform their pain. Let us empower the citizens of Hawai'i by offering them a safe and equitable opportunity to heal.

Please support SB738.

With aloha,

Amanda Lillibridge

**SB-738**

Submitted on: 2/17/2021 5:51:53 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Demi	Individual	Support	No

## Comments:

I believe mushrooms are a medical breakthrough for mental illness and medical purposes. It has been proven to not only help with medical issues, but environmental issues as well. There are numerous documentaries stating with proof that mushrooms are capable of saving this planet. I think it is crucial for the human existence to pursue research and develop clinical data to help people who are struggling (especially during these times) and to help planet earths pollution and destruction. Even though it might take a while for other states to legalize and begin research, we could be a huge influence to the world and get the ball rolling! Hawaii could encourage not only other states, but other countries to consider the laws banning its use. Hawaii is so well known and strong, we could make a huge change and I strongly believe in that.

## Testimony in Support of SB738

Senate JDC Committee | Friday, February 19, 2021 at 9:30am

Aloha Senator Rhoads, Senator Keohokalole, and Members of the Committee:

My name is Justine Espiritu and I am writing **in strong support of SB738**, which will effectively expand access to psilocybin in Hawaii.

Over the past two decades, researchers around the world have been studying and documenting the positive effects of psilocybin on the brain and body of individuals struggling with depression, PTSD, terminal illnesses, end-of-life anxiety and other traumas.

Psilocybin is increasingly considered one of the most effective, non-addictive, and safe treatment options for depression and anxiety **when administered in clinical settings**.

Citizens and lawmakers in Oregon and Washington, D.C. have acknowledged these findings and implemented groundbreaking initiatives (Measure 109 in Oregon and Initiative 81 in Washington, D.C.) that will revolutionize the health and well-being of their residents.

Please do the same for Hawai'i residents. I ask you to support SB738, and give Hawai'i residents **the option and the opportunity** to have psilocybin as an option for therapy in addressing some their most daunting life challenges.

Sincerely,

Justine Espiritu

**SB-738**

Submitted on: 2/17/2021 6:39:53 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sarah Davenport	Individual	Support	No

Comments:

Dear Senator Keohokalole, Senator Rhoads and Members of the Committee:

Aloha and mahalo for providing me and many other advocates with the opportunity to share our personal testimonies in strong support of SB738, which will gratefully and effectively expand the much-needed access to the medicinal support that psilocybin, psilocin and their responsible practitioners provide.

As a substance-free survivor of 10 out of 10 Adverse Childhood Experiences (ACEs) resulting in Complex PTSD—along with a debilitating chronic illness that left me bedridden for over five years—I first approached plant medicine in 2018 with the utmost respect—along with some healthy incredulity—only to discover its amazing healing potential.

This came following decades of numerous traditional (and often traumatic, invasive and expensive) allopathic treatments along with alternative / complementary modalities and extensive psychotherapy to little or no avail.

After exhausting all of my perceived options and resources, I decided to venture far outside my comfort zone to experiment with plant medicine during a month-long retreat in Central America in 2018.

The trip there was grueling; in constant intractable pain and extremely atrophied, I required a wheelchair to and from each plane, yet was determined to discover for myself the truth of plant medicine's promise to heal even the deepest of wounds—or at the very least aid in one's understanding and acceptance of them.

During this time, I worked with renowned physicians, practitioners, scientists and ethnobotanists to create a safe and effective space for unraveling years of visceral traumatic layers that my body and mind had subconsciously been holding and hiding since birth in an effort to survive horrors no human should ever have to face.

To my amazement, by the end of the plant medicine program, I was hiking, swimming and dancing on my own—and *without* pain—ready to live my life to its fullest potential! This was by far the greatest empirical evidence of effective treatment I had experienced to date, and very unlikely to be simply a placebo as I had put my heart and soul into all the other treatments I had tried before it.

Much of this time revealed events which I had no conscious memory of, making it incredibly difficult or even impossible to heal and integrate in years cognitive behavioral therapy, EMDR sessions, various psychiatric pharmaceuticals and many other methods used to treat PTSD.

And although I felt strong enough to overcome the past enough in order to function in society—often feeling empowered to utilize my traumatic experiences to help others face theirs—the residual and often devastating sensations from childhood continued to linger.

Festering deep inside my psyche, they eventually manifested into incredibly intense and debilitating physical, mental and emotional symptoms, all of which I my best efforts could not relieve for any effective length of time.

At 35, my entire existence essentially collapsed; I went from owning and operating a successful business, volunteering in my community and taking care of family members to facing homelessness from the mounting medical bills due to a serious and mysterious nervous system disease that left doctors stumped and me in a wheelchair, frequently unable to walk, speak, read nor even feed myself.



I had searched high and low for remedies and relief for over 25 of my 40 years as the illness exponentially progressed, diligently researching scientific journals and desperately doing whatever the doctors suggested I could do to help myself, often using my body as a scientific experiment.

Surprisingly, plant medicine became the key to the lock I had been seeking for a lifetime. I was even able to regain my health and wellness to the point of being able to make my dream move to Kaua'i to continue my healing journey and help support others in their healing journeys as well.

This process of responsibility using plant medicine and continuing to work with my practitioners to integrate the experience has even made it possible for me to successfully work with Veterans suffering from PTSD, along with other survivors of traumatic experiences including childhood sexual abuse, domestic violence, addiction as well as chronic and terminal illness.

As psychiatrist, researcher and educator Dr. Bessel van der Kolk of Boston University School of Medicine teaches in his book, *The Body Keeps the Score*, trauma literally damages the brain—not unlike encephalopathy—much to the point where current medications and treatments become ineffective, often creating more damage themselves.

And yet plant medicine—psilocybin in particular—has been a proven method of effective and lasting healing—all without without harmful nor undesirable side effects, especially when done with capability, care and compassion in safe and structured environments.

As you well know, dozens of research studies show these data repeatedly, including those at the Johns Hopkins Center for Psychedelic and Consciousness Research, University of Berkley's Center for the Science of Psychedelics, as well as the Psychedelic Research Programs at New York University's Langone Health and Grossman School of Medicine, respectively.

It truly is remarkable what returning to our 'Ä• ina for our health and happiness can help us achieve!

Integrating all I have learned from the experience of using plant medicine to heal has taught me many important lessons in life—one of which means opening up the possibilities of plants and Nature's gift of the Psilocybe species to help us heal—all while making them readily available for use and research here in Hawai'i in a responsible and respectful way.

Mahalo again for holding space for all of us to share our testimonies; please continue to support SB738 in passing swiftly so that others suffering may receive the option to receive this healing support from the responsible and respectful use of Psilocybin and its practitioners. Aloha.

**SB-738**

Submitted on: 2/17/2021 6:48:50 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Emilio Quarta	Individual	Support	No

## Comments:

Given the physiological and economic benefit to having a mentally healthy community, I am strongly for the legalization of psilocybin. Its safety has been thoroughly established with a LD50 above common household analgesics like aspirin. Its metabolites are actively being studied as a prophylactic remedy to neurodegenerative diseases, even at subperceptual levels of psychoactivity. As a psychotherapeutic, its effectiveness at increasing baseline serotonin levels without harmful side effects or even the need for continuous dosing. This natural medicine should be legal to those who could benefit from its medicinal properties. Hawaii only stands to benefit from modernizing legislation with the needs of its people.

## References:

**SB-738**

Submitted on: 2/17/2021 8:09:13 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
carrie alford	Individual	Support	No

Comments:

I have worked with psilocybin medicinally in the past for trauma & mental health issues myself . I know first hand the benefits & have seen also profound results with a dear friend , a war veteran who works with it for ptsd & alcohol /drug addiction. This friend had no success with conventional treatments and believes this medicine to be the reason for his recovery.

I believe it falls under holistic care & is highly beneficial for the mental health issues & anxiety of society today.

Appreciate your consideration for this bill.

**SB-738**

Submitted on: 2/17/2021 9:08:26 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
kalino Makani	Individual	Support	No

Comments:

Due to the positive medicinal benefits psilocybin mushrooms provide i support the bill sb738 to decriminalize psilocybin mushroom off schedule 1 list. Therefore allows its use for medical purpose, research and therapy.

**SB-738**

Submitted on: 2/17/2021 9:11:18 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Guadalupe Ruiz-Jones	Individual	Support	No

Comments:

Aloha,

As a survivor of child sexual abuse I have often struggled with many complicated feelings. I have found that psilocybin in small amounts is very helpful for my anxiety. This is a medicine that many researchers around the world are investigating because of its healing properties. Many clinical studies have been done looking at psilocybin for addiction and PTSD. Please give this bill your attention and think critically about what the evidence shows as opposed to just brushing it off because of some popular culture myths.

Thank you for your time.

**SB-738**

Submitted on: 2/17/2021 9:24:31 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Thaddeus Pham	Individual	Support	No

Comments:

Aloha JDC Chair, Vice Chair, and Committee Members,

As a public health professional and concerned citizen, I support SB738, which would expand research and thereapeutic options for the people of Hawai'i.

Mahalo,

Thaddeus Pham (he/him)

**SB-738**

Submitted on: 2/17/2021 9:41:26 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jenny Liang	Individual	Support	No

Comments:

My name is Jenny Liang and I strongly support this bill and implore you to support it as well.



**SB-738**

Submitted on: 2/17/2021 10:16:59 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
anthony hefenfinger	Individual	Support	No

Comments:

I support this bill. Thank you.

**SB-738**

Submitted on: 2/17/2021 10:39:23 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dana Allen	Individual	Support	No

Comments:

I am thrilled that Hawaii is aligning with the scientific evidence that shows the many benefits of schedule one substances such as psilocybin.

From veterans with PTSD to terminally ill cancer patients to everyday people struggling with treatment resistant depression, numerous studies out of Johns Hopkins and other well respected institutions clearly demonstrate the extraordinary impact of even a single session with some of these substances when it comes to treating such difficult conditions as these.

After 2020 we all need some healing, and that is what is possible with this bill.

**SB-738**

Submitted on: 2/17/2021 10:26:59 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Taylor	Individual	Support	No

Comments:

Aloha All,

My name is Taylor Campbell and I kindly thank you for your time in hearing my testimony. I am writing to you in strong support of SB738, with the utmost hope that medicinal psilocybin be removed from the list of Schedule I Substances.

I was diagnosed with Obsessive Compulsive Disorder in Kindergarten, and have struggled since with OCD and PTSD. I have had several severe periods in which the depression and anxiety was debilitating. I have tried various prescriptions to aid in the recovery process, none of which have had successful results.

My first prescription came in Kindergarten when I was first diagnosed. My mother recalls me, just six years old, coming to her and complaining of a list of ailments which exactly matched the prescription side effects label. "They don't make my body feel good," I told her.

In high school, I tried a different prescription, resulting in a similar fate. The side effects were so glaring that the psychologist prescribed an additional pill to aid the first. Now facing a culmination of both, he prescribed a third. A domino effect of pharmaceuticals resulting in my detriment. In college I tried again, this time with a single pill taken only when experiencing more extreme symptoms of anxiety. It did alleviate anxiety, but would do so by inducing a deep fatigue and fogginess that completely hindered my schoolwork and day to day responsibilities.

This phenomenon is common. I cannot tell you how many friends have shared with me their own stories of pills intended to aid in their mental health, only to cause further harm. My side effects included extreme nausea and fatigue, dizziness, blurred vision, irritability, increased anxiety, hair loss, and issues with digestion. A close friend who was recently prescribed antidepressants subsequently experienced extreme insomnia, and is now dependent on prescribed sleeping pills to combat the side effect. Last month an acquaintance reached out, desperate for an alternative to going back on Prozac, not wanting to fall back into SSRI dependency. She shared a strong interest in micro-dosing psilocybin after reading several promising studies in the treatment of depression and anxiety.

I have found success in talk therapy, but there are times when my disabilities are overwhelming. I have had profoundly positive results when micro-dosing.

I understand that popular media and public discourse have discounted psilocybin. The unpredictable mind altering high that has been sensationalized might come from ingesting 2-5 grams of psilocybin. Micro-dosing, in comparison, uses a mere 0.1 to 0.2 grams. The effect is subtle and uplifting. It often brings a pleasant presence that brings one out of a depressive state and into one of deep gratitude and appreciation for the beauty of what lies around us, which is exactly the shift needed to embrace an upward healing trajectory. Unlike other popular prescriptions, studies have shown that micro-dosing does not hinder day-to-day responsibilities, can even do the opposite. Participants have experienced a creative productivity and a decrease in need for caffeine.

I urge us to look past the misleading reputation and into the numerous studies which show incredibly positive results. Johns Hopkins Medicine reports that, "In a small study of adults with major depression, Johns Hopkins Medicine researchers report that two doses of the psychedelic substance psilocybin, given with supportive psychotherapy, produced rapid and large reductions in depressive symptoms, with most participants showing improvement and half of study participants achieving remission through the four-week follow-up." Alan Davis, PH.D., adjunct assistant professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine said that "the magnitude of the effect we saw was about four times larger than what clinical trials have shown for traditional antidepressants on the market." These findings are not cherry picked. Studies across the board have been of a similar nature. The pandemic has caused a rise in serious mental health issues, with some studies conservatively reporting a thirty percent increase in major depressive and anxiety disorders. I cannot stress enough the relevance and importance in embracing solutions to combat the detrimental emotional effects of these trying times.

Psilocybin, if allowed, will quite literally be a lifesaving, natural, medical alternative. I write to you, pleading that you decriminalize these humble fungi, and allow the healing properties to provide real relief.

Thank you for your time and consideration.

TO: Members of the Committee on Judiciary

FROM: Natalie Iwasa  
808-395-3233

HEARING: 9:30 a.m. Friday, February 19, 2021

SUBJECT: SB 738 Schedule I Substances - **OPPOSED**

Aloha Chair Rhoads and Committee Members,

Thank you for allowing me the opportunity to provide testimony on SB 738, which would remove psilocybin and psilocyn, aka magic mushrooms, from the list of Schedule I substances.

These substances are illegal based on federal law. If they are beneficial, then work to get the federal law changed first.

Please vote **“no”** on SB 738.

**SB-738**

Submitted on: 2/18/2021 1:26:22 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kristen Alice	Individual	Support	No

Comments:

I **support** this bill.



Veterans of War  
7389 Roxbury Avenue  
Manassas, Virginia 20109

T 512.800.2229

[info@veteransofwar.org](mailto:info@veteransofwar.org)  
[www.veteransofwar.org](http://www.veteransofwar.org)  
EIN: 30-0893226

February 18, 2021

To Whom it May Concern:

Veterans of War, on behalf of veterans nationwide searching for effective approaches towards meaningful healing, respectfully requests your support for SB738.

According to the VA, there are currently 18.6 Million living US veterans. Of that population, our nation loses 20 per day to suicide; that is 7300 of brothers and sisters in arms lost annually. We lose more veterans per year to a preventable outcome than we have in more than 19 years of continuous war! Veterans are a community in desperate need of access to immediate, effective solutions to combat the suicide epidemic we face.

Having enlisted in the Marines from June of 2000 until my honorable discharge as a Staff Sergeant in December of 2008, I, like many, deployed multiple times in support of our recent wars in Iraq and Afghanistan. Also like many, I had to learn to cope upon my return with daily ailments such as insomnia, tinnitus, a hyperactive fight-or-flight response, rage, depression and more. Like others, I tried everything from VA sponsored medication, guided therapy, adventure therapy, to even equine therapy to get better but *nothing worked long term*. While these approaches certainly changed my relationship to the trauma I experienced, they simply seemed to act as a band-aid. When I was alone, I remained suicidal.

It wasn't until I experienced the connection offered through plant medicine that I found any measure of true healing. I can sleep again thanks to my work with entheogenic plants such as psilocybin. Veterans should not be forced to undertake a dangerous "guerrilla healthcare" missions into foreign countries in order to find access to critical, live-saving medicine. It was with this realization that I came home and dedicated my life to ensuring that those that are suffering from trauma can find safe and effective tools to recover. The mission to save lives at Veterans of War would be much easier to accomplish if entheogenic plants and fungi are decriminalized. What's more, your support would be sending a powerful message that Hawaii is dedicated to leading the way to solve America's mental health crisis. Our programming saves lives, and entheogenic plants are the key to its success.

Entheogenic plants and fungi offer unique abilities to both reprogram trauma, as well as repair damaged neurotransmitters. They have been shown to stimulate the birth of new neurons within the brain! At the very least, entheogenic plants and fungi merit further study as well as application to targeted audiences, such as veterans suffering from PTSD. As clinical trials have shown again and again, entheogenic plants and fungi are both safe and effective means by which to combat trauma. Veterans of War has seen firsthand the healing potential of these ancient medicines, and advocates strongly for their decriminalization on behalf of a nation of veterans suffering from the after-effects of war; as a group, we simply want to come home. This is bigger than the failed War on Drugs; lives are at stake. Veterans of War humbly asks for your support in promoting the return to common-sense legislation by decriminalizing our access to natural medicines.

In Continued Service,

Wyly Gray, Executive Director  
Veterans of War

**SB-738**

Submitted on: 2/18/2021 6:15:46 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Francoise Bourzat	Individual	Support	No

Comments:

Dear Senator Rhoads, Senator Keohokalole, and Members of the Committee:

My name is Francoise Bourzat and I am writing in strong support of SB738, which will effectively expand access to psilocybin in Hawaii.

I served on the advisory board for the Oregon Prop 109 initiative and am currently collaborating with the Pacific Neuroscience Institute in CA in an FDA-approved research study on psilocybin-assisted therapy for Covid-related grief. I am a founder of the [Center for Consciousness Medicine](#), which trains people to become facilitators of psilocybin assisted therapy. I also co-authored the book [Consciousness Medicine](#), published by North Atlantic Books in 2019. I have a Master of Arts in Somatic Psychology and have taught at CIIS in San Francisco, run online courses and lectures in various institutions, and have a private counseling practice.

My experience has taught me that psilocybin-assisted therapy, when done with a well trained facilitator, can have a powerful healing impact on people suffering from depression, anxiety, trauma and more. This experience in the field is reinforced with promising academic and medical research from major institutions around the world that shows psilocybin can be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses.

It is essential, as this bill requires, that the right rules and regulations are established to ensure that Hawaiians are given a safe opportunity to experience the healing potentials of psilocybin. At the Center of Consciousness Medicine, we believe that a therapeutic context for the use of psilocybin is optimal for the well being of patients. I believe positive outcomes for patients require that providers of psilocybin assisted therapy be conducted by well trained facilitators. I strongly suggest that parameters be put in place



to establish provider understanding about screening for health-related contraindication, other set and setting rules, and outlining of basic competencies for providing care to help support safe and more beneficial outcomes for patients.

As this bill passes, and you begin the important work of creating and implementing this therapeutic modality, we hope to work with you and pledge to share our learning as we work together to help those in need.

Please support SB738.

Sincerely,

Francoise Bourzat

**SB-738**

Submitted on: 2/18/2021 7:51:10 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tuscany Lemons	Individual	Support	No

Comments:

I support SB738 in removing psilocybin from a scheduled 1 substance. I support the use of psilocybin in the medical field, particularly to improve therapies for mental illness. Removing the status of a scheduled 1 substance will help promote the positive effects that can come from therapeutic and clinical usage of medicinal mushrooms, specifically psilocybin mushrooms. With the current state of many homes less, mentally ill, or addicted individuals in the state of Hawaii I believe that the promotion of therapeutic treatment will benefit our community and in turn lower rates of mental illness related deaths, methamphetamine addict violent incidents if implemented properly and used in community therapy and clinical settings.

**SB-738**

Submitted on: 2/18/2021 7:37:45 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kevin Martin	Individual	Support	No

Comments:

To Whom It May Concern,

My name is Kevin Martin and I'm a 30 year old disabled veteran and Purple Heart recipient. I have been a resident of Hawaii for the last five years and I never plan on leaving this Island. Although I was not born here, Hawaii has done so much for me and I will always consider it my home, as it is was in Hawaii that I was able to find peace with my past.

Prior to moving to Hawaii, I served in the US Army for 3 1/2 years. During that time, I served overseas in Afghanistan as a Cavalry Scout, where I was regularly engaged in direct actio with enemy insurgents and where I was wounded in combat.

After returning stateside in 2011, it seemed like each year my quality of life decreased. The social media crisis ruined my entire college experience and social circle. Life quickly started to revolve around superficial measures such as "likes" and "follower counts". I never once thought I'd be one of those veteran's who takes his own life, but at some point, I just stopped caring.

I tried numerous treatments, medications, and therapies. Nothing worked. I attempted suicide twice, costing the taxpayers tens of thousands of dollars in medical bills. I still wanted to die. However, while in graduate school at UH Manoa a classmate of mine told me about Dr Thomas Cook and his ketamine clinic on island. I made an appointment and tried began ketamine therapy.

Prior to Dr. Cook, I'd never taken a psychedelic drug in my life. After seeing Dr. Cool, I began doing a significant amount of research into these substances. I've since used psilocybin numerous times and have found it to be life changing.

If you claim to care about veteran's, mental health, and helping your constituents than you will do whatever it takes to legalize psilocybin. It changed my life and I'm certain that without psychedelic drug therapy I would have found a way to kill myself during this pandemic. Instead, I'm the happiest, healthiest, and wealthier than I've ever been in my life.

**SB-738**

Submitted on: 2/18/2021 7:51:45 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Benjamin Lillibridge	Individual	Support	No

Comments:

Testimony in Support of SB738

Senate JDC Committee | Friday, February 19, 2021 at 9:30am

Dear Senator Rhoads, Senator Keohokalole, and Members of the Committee:

My name is Benjamin Lillibridge and I am writing in strong support of SB738, which will effectively expand access to psilocybin in Hawaii.

Over the past two decades, researchers around the world have built scientific understanding of the effects of psychedelic medicine on the brain and body, so it is with growing certainty that scientists and medical professionals are now working with policymakers to bring plant-based medicines like psilocybin above ground for therapeutic uses.

Research from major institutions around the world has shown psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction to alcohol and other drugs, depression, end-of-life anxiety, and post-traumatic stress disorder. As a result, psilocybin is increasingly considered one of the most effective, non-addictive, and safe treatment options for depression and anxiety when administered in clinical settings.

Individual state- and city-level lawmakers now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin across the U.S., Canada, and Europe. Citing this research, groundbreaking initiatives in favor of psilocybin – like

passage of Measure 109 in Oregon and Initiative 81 in Washington, D.C. – are occurring at all levels of government, private and public research institutions, and throughout mainstream society.

We do not want the citizens of Hawai'i to miss out on this healing modality. With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin.

Please support SB738.

Sincerely,

Benjamin Lillibridge

February 18, 2021

Honorable Chair Rhoads, Vice Chair Keohokalole, and Senate Committee on Judiciary Members:

My name is Ilan Bernstein and I am writing to you in support of Senate Bill 738 concerning the development of designated treatment centers for the therapeutic administration of psilocybin. I am a practicing physician in Honolulu and hold board certification in Internal Medicine and Hospice & Palliative Medicine. Over the course of my professional career, I have borne witness to the mental health crisis facing our community. To highlight the severity of the issue, a JAMA study published in 2019 demonstrated a life-expectancy decline in the USA for three consecutive years following 2014 which was driven primarily by an increase in mid-life mortality from causes including drug overdose, suicide, and alcohol-related disease (doi:10.1001/jama.2019.16932). While the roots of this crisis are complex and span biologic, socioeconomic, cultural, and spiritual domains, one could extrapolate that a significant portion of these “deaths of despair” could be prevented. Unfortunately, the SARS-CoV-2 pandemic has only poured fuel on this fire.

We now find ourselves in an “all hands-on-deck” situation in mental health care. For the carefully selected patient who is provided excellent support, psilocybin-assisted psychotherapy holds significant promise to address traditionally difficult-to-treat ailments including major depression and psychological distress associated with life-threatening illness (doi:10.1001/jamapsychiatry.2020.3285, doi:10.1177/0269881116675513). It is additionally being investigated as a potentially powerful treatment for substance use disorders at such institutions as NYU and Johns Hopkins University. Ultimately, for well-selected patients, psilocybin-assisted therapy may prove to be a life-saving intervention. Therefore, I favor the pursuit of a responsible pathway to develop safe therapeutic use of psilocybin in a monitored setting with appropriate psychological support.

Thank you for your consideration.

Sincerely,

Ilan Bernstein, MD  
Honolulu, HI

**SB-738**

Submitted on: 2/18/2021 8:53:44 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Susan Harvey	Individual	Support	No

Comments:

Aloha,

I fully believe psilocybin should be decriminalized and utilized in therapy. I understand that research is finding mental health disorders can be greatly helped with this medicine.

Mahalo for hearing.



**SB-738**

Submitted on: 2/18/2021 8:57:10 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
madelyn lacount	Individual	Support	No

## Comments:

My father died when I was in junior year and I was raped in my senior year, I never would've gotten through these two events emotionally without mushrooms. I almost dropped out because of them then thankfully corona cancelled school. My mom allowed me to try these things because we both know the terrors of more detrimental drugs, as my father was a heroine addict (which is what lead to his death, he had hiv from dirty needles since I was a kid) and understood the importance of rebuilding natural serotonin levels in between trips. This means we also understand that shrooms are very different than detrimental drugs in the sense that their original intent was not solely detrimental, like coke or meth, but supplemental like marijuana and herbs we cook with and so many things that were put on this earth for a reason and not man made/involving chemicals. During my trips I journaled my realizations, then applying them to everyday life. There's a huge difference between seeing the little inspirational quotes on Instagram and being able to find the "light bulb moments" and self realizations that relate to your situation perfectly and are quite literally made for you. Shrooms exist for a reason and can provide so many people help in so many different ways, just like they improved my life. Before them I was having anxiety attacks so severe I was puking almost every morning and hated leaving the house more than anything in the whole world. I could barely take care of myself whether it was eating, bathing, self care or my responsibilities. Now I have a steady job, a healthy relationship, two beautiful healthy dogs and a rabbit, and have spent a lot of time working on my issues relating to men and death. I used shrooms as self therapy, as many people who feel they can't share their story with a therapist and/or simply can't afford it. In conclusion, I wouldn't be where I am today without shrooms, and having them decriminalized (along with Proper educational courses or at very least essential information made to the public) would make Hawaii a better place, with happier people (also the best place to trip, the natural energy here already makes people happier, that with psilocybin is so much more amazing) If everyone (that wanted to) could sit and trip and deal with all of their problems from an outside prospective, the world itself would be so much better.

RE: SB738 - RELATING TO SCHEDULE I SUBSTANCES.

I strongly support SB738.

Numerous studies have shown that psilocybin has the potential to provide long-lasting relief to sufferers of a myriad of mental health conditions, including depression, anxiety, suicidality, OCD, PTSD, and addiction-- with fewer long-term side effects than currently available treatments. Additionally, when administered in a controlled setting such as the treatment centers proposed in this bill, adverse reactions are rare.

These same studies demonstrate that psilocybin and psilocyn do not meet the criteria for Schedule I drug scheduling. By definition, Schedule I substances must have "no currently accepted medical use"; research has shown, repeatedly, "accepted medical use".

As noted by Goldberg et al. in their 2020 meta-analysis: "While many [anxiety and depression sufferers] benefit from existing therapies, others remain symptomatic, do not comply with treatment, or experience withdrawal or adverse side effects. Thus, there is a need for new treatment approaches."<sup>1</sup>

With 1 in 5 U.S. adults experiencing mental illness each year<sup>2</sup> and an ongoing pandemic that is likely to increase this number, SB738 is timely and necessary and should be enacted into law.

Sarah Gray  
Senate District 10 Voter

Further reading:

Potential Therapeutic Effects of Psilocybin  
<https://doi.org/10.1007/s13311-017-0542-y>

Clinical potential of psilocybin as a treatment for mental health conditions  
<https://doi.org/10.9740/mhc.2017.01.024>

Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial  
<https://doi.org/10.1177/0269881116675513>

Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: a randomized controlled trial  
<https://doi.org/10.1177/026988111667551>

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<sup>1</sup> The experimental effects of psilocybin on symptoms of anxiety and depression: A meta-analysis (<https://doi.org/10.1016/j.psychres.2020.112749>)

<sup>2</sup> National Alliance on Mental Illness - Mental Health by the Numbers (<https://www.nami.org/mhstats>)

**SB-738**

Submitted on: 2/18/2021 9:07:46 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jenny Lee	Individual	Support	No

Comments:

**Testimony for Senate Bill 738 - Relating to Schedule I substances**

Aloha Chair Karl Rhoads, Vice Chair Jarrett Keohokalole, and Members of the committee,

My name is Jenny Lee and I live in Liliha. I am writing this testimony as a Masters in Social Work candidate at the UH Manoa and as a mental health advocate. I am in support of removing psilocybin and psilocyn from the list of Schedule I substances and decriminalizing this substance by offering it in safe therapeutic environments.

In the U.S. and worldwide, mental health disorders account as the top causes of disabilities, affecting about 1 in every 5 adults. Johns Hopkins’s Center for Psychedelic and Consciousness Research has been exploring the usage of psilocybin for problems when other drugs have failed ranging from smoking addiction to anorexia and Alzheimer’s disease. In 2016, a randomized double-blind study showed that psilocybin significantly decreased depression and anxiety in patients with life-threatening cancer. Six months after, 80% of the patients were still less clinically depressed and anxious than before the treatment (Cormier, 2020). Studies show that this may be more effective than existing treatments.

This can greatly help the people of Hawaii. Please help us to establish designated treatment centers for the therapeutic administration of psilocybin and establish a review panel to assess its effects. Thank you so much for your time and consideration.

Jenny Lee

Resources

Cormier, Z. (2020, December 1). Psilocybin Treatment for Mental Health Gets Legal Framework. Scientific American. <https://www.scientificamerican.com/article/psilocybin-treatment-for-mental-health-gets-legal-framework/>

National Institute of Mental Health. (2021, January). Mental Illness. National Institute of Mental Health. <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

**SB-738**

Submitted on: 2/18/2021 9:17:49 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
B. Bory	Individual	Support	No

Comments:

**This is to testify that I support the clinical research and decriminalization of psilocybin. I have direct experience with witnessing a friend use controlled low-doses of psilocybin as a means to stop her chronic migraines and depression. No pharmaceutical medicines had been able to stop her constant, crippling headaches and subsequent depression. It interfered with every aspect of her life to the point of not being able to get out of bed or perform daily normal functions. Out of desperation, she turned to psilocybin after reading some promising studies conducted overseas. Upon the first use of psilocybin, her intense headache subsided and her mood had lifted. It worked so well that she became a constant user of the low doses. Within a month of using low doses of psilocybin, her migraines had ceased completely, her mood elevated, and she was able to return back to work full-time and continues to lead a healthy life-style, only using psilocybin periodically as maintenance. It is my belief that psilocybin, a naturally found compound found in certain fungi, should be studied in controlled, clinical trials to ensure safety and proper dosing, as well as long-term impacts of use. So in summary, I support the SB738 measure for clinical trials and the decriminalization of psilocybin.**

**SB-738**

Submitted on: 2/18/2021 9:18:21 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tonya Marie Miller	Individual	Support	No

## Comments:

I support the requirement for the Hawaii State Department of Health to establish treatment centers for the therapeutic administration of psilocybin and psilocyn as well as the review panel to assess the affects of the measure. Hawaii can take the lead in mental health care by taking this much needed opportunity to leap forward into the next level of mental health treatment. I understand the stigma and concern this may raise with some, including some practitioners, but the facts reflect that it can be a lifesaving and life enriching treatment with lasting positive effects and is ripe for use with careful therapeutic administration. Mental health issues can present in a myriad of physical, mental, and emotional manifestations that can evade the traditional practitioner for years, and tens of thousands in traditional care can elude what this treatment has been shown to address much more quickly, easily, and thoroughly without additional trauma, lost time from work, medical debt etc. The sufferers of CPTSD, PTSD, Anxiety, Depression, etc often have lived much of their lives seeking care in some form or another. With the mental health crisis and its relation to our overall health, I see this measure as a common sense next step that Hawaii can take a great leadership role with.

**SB-738**

Submitted on: 2/18/2021 9:19:11 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Daniel Fischberg, MD, PhD	Individual	Support	No

Comments:

Psychedlic-supported therapy, in selected patients and with appropriate, trained professional support holds great promise in treating truly refractory sources of suffering. I support this process to allow this treatment modality to be made available to people suffering with serious illness in Hawaii.



MICHAEL P. VICTORINO  
MAYOR

OUR REFERENCE  
YOUR REFERENCE

# POLICE DEPARTMENT

## COUNTY OF MAUI

55 MAHALANI STREET  
WAILUKU, HAWAII 96793  
(808) 244-6400  
FAX (808) 244-6411



TIVOLI S. FAAUMU  
CHIEF OF POLICE

DEAN M. RICKARD  
DEPUTY CHIEF OF POLICE

February 18, 2021

**LATE**

Senator Karl Rhoads, Chair  
Senator Jarrett Keohokalole, Vice Chair  
Committee on Judiciary  
Thirty-First Legislature 2021  
Hawaii State Capitol  
415 South Beretania Street, Room 205  
Honolulu, Hawaii 96813

**Re: SENATE BILL SB 738 - RELATING TO SCHEDULE I SUBSTANCES**

Dear Chair Rhoads and Committee Members:

The Maui Police Department strongly **opposes** Senate Bill No. 738-Relating to Schedule I Substances.

Psilocybin is a hallucinogen that works by activating serotonin receptors, most often in the prefrontal cortex. This part of the brain affects mood, cognition, and perception. Although medical bodies do not consider psilocybin to be an addictive substance, users can experience disturbing hallucinations, anxiety, and panic from using the drug.

Psilocybin is a recreational drug and several studies into the use for medical treatment is in its infancy stage. Most researchers who have done the small sample of studies refer to psilocybin as unsafe and illegal.

Psilocybin is listed as a Schedule I substance (#26) under section 329 of the Hawaii Revised Statutes and is listed as a "Dangerous Drug." Per the Drug Enforcement Administration, "Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse."

By being categorized as a Schedule I drug (Dangerous Drug) simple possession of psilocybin is a felony in Hawaii. In addition, any amount of psilocybin in a person who is operating a motor vehicle on a public roadway in Hawaii is subject to arrest for the offense of Operating a Vehicle Under the Influence of an Intoxicant.



Committee on Judiciary  
February 18, 2021  
Page 2

In addition, drug dealers are aware of psilocybin's hallucinogenic properties and therefore sell it on the black market.

Psilocybin is definitely not a substance that we want the people of Hawaii to have easy access to. Nor do we want people to be able to use this dangerous substance.

Therefore, the Maui Police Department strongly **opposes** Senate Bill No. 738.

Sincerely,

  
TIVOLI S. FAAUMU  
Chief of Police

**LATE**

Dear Chair Rhoads, Vice Chair Keohokalole, and committee members:

I strongly support SB 738 and urge the committee to pass this bill and help people heal.

The use of psilocybin has been a key component to my healing journey from child sex abuse. When I didn't have the courage to disclose what happened to me and I was feeling depressed and alone, a psilocybin experience in college helped me realize that I wasn't alone and connect better with other people. The experience left me less depressed and had helped me see that I was capable of doing anything I put my mind to.

I lead a men's peer support group for male survivors of child sex abuse and believe that psilocybin in a therapeutic setting could be very helpful to some members of the group. Please review the current studies and see that it is effective for PTSD survivors, and let residents decide with their therapist if psilocybin can be a tool in their recovery. Thank you very much.

Andre Bisquera

**LATE**

To: Senator Karl Rhoads, Chair  
Senator Jarrett Keohokalole Vice Chair  
Members of the Senate Judiciary Committee

Fr: Randy Gonce

Re: Testimony in Support on **Senate Bill (SB) 738**

RELATING TO SCHEDULE I SUBSTANCES.

Removes psilocybin and psilocyn from the list of Schedule I substances. Requires the Department of Health to establish designated treatment centers for the therapeutic administration of psilocybin and psilocyn. Establishes a review panel to review and assess the effects of this measure.

Dear Chair Rhoads, Vice Chair Keohokalole, and members of the committee,

We are currently in a multitude of pandemic-like crises in our state, across our nation, and around the world. It is not just COVID-19. Larger than this current pandemic is the mental health crisis that plagues millions of people everyday. It is our obligation to our fellow people to seek the better solutions to the issues that are destroying lives. We must address these crises with responses that meet the level of urgency no matter the controversy or pushback. The State of Hawai'i has stepped up to the plate to address COVID-19 in a very significant way. I cannot say the same for Hawai'i's response to the ongoing mental health crisis. The passage of SB738 would be a step in the right direction.

For context on my background and why I deeply care about this issue:

- US military combat veteran with diagnosed PTSD.
- Worked as the Assistant on Homelessness for the Governor of Hawai'i from 2019-2020.
- Worked with plant medicines for years in Hawai'i - under guidance from teachers such as Kumu Tuti Kanahale, Leina'ala Bright, and Kimo Adams. We propagate native and medicinal plants to educate on their health benefits.
- Currently work in the medical cannabis industry increasing patient access to medicine.

I have seen and experienced the very worst of our mental health crisis in our state. I've attended funerals of fellow soldiers who've taken their lives. What we are currently doing to address mental health in our communities is extremely inadequate. We are mostly treating preventable diseases with pharmaceutical drugs that are extremely expensive, aggravate other ailments, and keep people dependent on these drugs.

There is now enough information and research that has been done to show the potential that psilocybin has to treat many different ailments. We need to act now to allow the exploration of this plant medicine. This is not a harmful substance that belongs in the schedule I category.

With the passage of this measure we would join the state of Oregon and five cities (Denver Colorado, Oakland California, Ann Arbor Michigan, Santa Cruz California, and

Washington D.C.) in decriminalizing this plant medicine.

For additional information:

Researchers at [Johns Hopkins](#) and [NYU](#) conducted multiple small studies of [cancer patients](#) who [experienced anxiety and depression](#) as a result of their diagnoses. After giving these patients psilocybin, the majority reported an [improvement in these symptoms](#) immediately after treatment and over time.

The most recent study from Johns Hopkins researchers looked at normally healthy people and found psilocybin to be [four times more effective at reducing depression symptoms](#) than traditional antidepressants.

Mahalo for the opportunity to testify.

**LATE**

February 18, 2021

Dear Chair Rhoads and the JDC Committee,

Re: Support for SB738

I am a resident of Mānoa and someone who has benefited greatly from the healing and self-insight I have gained from the intentional and therapeutic use psilocybin and psilocin. I am writing in strong support of SB738, which would take both of these alkaloids off of the Schedule I list.

These two alkaloids have been safely used for centuries in multiple cultures to cure or relieve ailments of the psyche and facilitate deep self-insight. It is detrimental to society that these fungal medicines are currently considered more harmful than pharmaceuticals and alcohol by our legal framework. Over 21 million Americans are addicted to legal substances that harm themselves and others (opioids, alcohol, amphetamines to name a few). These substances can be bought at the store or readily prescribed by their doctor. Meanwhile, there are no known cases of addiction to psilocybin or psilocin, which perplexingly remain listed in the most restricted class of substances.

I was born into a family that has been compromised by the impacts of addiction. On both my maternal and paternal side I have family members addicted to alcohol (which destroys their body and relationships, yet can be bought readily at any the store) and pharmaceuticals like amphetamines, opioids, and benzodiazepines (which are legally prescribed everyday day across the U.S., sometimes by doctors that act more like drug dealers than healers).

My mother died of an overdose of two legal substances, alcohol and Xanax. Standard recovery methods (12-step programs, rehab centers) clearly did not work for her. It brings me a lot of pain when I think about how our government has blocked legal access to a medicine that could have saved her. Alternative treatment methods with plant medicines, like psilocybin, have promising potential to help people struggling with addiction. The founder of Alcoholics Anonymous has stated that his experience with psychedelics was crucial to his own recovery. I know several people who have gone into debt trying to cure addiction through recovery centers and programs. I often wonder how much better off these loved ones might be today with access to psilocybin-based therapy.

Psilocybin and psilocin (other psychedelic alkaloids) have promising applications for therapeutic use to treat PTSD, anxiety, depression, and even have beneficial impacts for folks struggling with degenerative brain disease like Alzheimer's and dementia. To continue blocking access to medicinal use of these medicines is hurting people.

For the sake of the emotional, psychological, and spiritual work that so many of us would like to embark upon--please delist these two medicines for therapeutic use. I am confident the access to healing that will be enabled will improve the lives of many and help us build stronger and healthier communities.

Sincerely,  
Nicole Chatterson

**LATE**

**SB-738**

Submitted on: 2/18/2021 11:55:36 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mark Bergner	Individual	Support	No

Comments:

We the people need this. The stigma needs to go and treatment needs to begin for the mentally ill. Thank you.

Mark Bergner, Registered Nurse

**LATE**

**SB-738**

Submitted on: 2/18/2021 12:03:20 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Travis Usinger	Individual	Support	No

Comments:

**Dear Senator Rhoads, Senator Keohokalole, and Members of the Committee:**

**My name is Travis Usinger and I am writing in strong support of SB738, which will effectively expand access to psilocybin in Hawaii.**

**Over the past two decades, researchers around the world have built scientific understanding of the effects of psychedelic medicine on the brain and body, so it is with growing certainty that scientists and medical professionals are now working with policymakers to bring plant-based medicines like psilocybin above ground for therapeutic uses.**

**Research from major institutions around the world has shown psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction to alcohol and other drugs, depression, end-of-life anxiety, and post-traumatic stress disorder. As a result, psilocybin is increasingly considered one of the most effective, non-addictive, and safe treatment options for depression and anxiety when administered in clinical settings.**

**Individual state- and city-level lawmakers now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin across the U.S., Canada, and Europe. Citing this research, groundbreaking initiatives in favor of psilocybin – like passage of Measure 109 in Oregon and Initiative 81 in Washington, D.C. – are occurring at all levels of government, private and public research institutions, and throughout mainstream society.**

**We do not want the citizens of Hawai'i to miss out on this healing modality. With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin.**

**Please support SB738.**

**Sincerely,**

Travis Usinger



**LATE**

**SB-738**

Submitted on: 2/18/2021 1:48:42 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Hee	Individual	Support	No

Comments:

**I am writing in support of SB738. Psilocybin and psilocyn should be decriminalized so that their medicinal benefits become available to the public. Myriad extremely addictive psychoactive drugs such as Alprazolam (Xanax) are not only legal, but pervasively abused. If natural, nonaddictive psilocybin-derived medications are able to alleviate suffering caused by mental disorders such as anxiety, depression, OCD, and PTSD-- then these medications should be available to the public. Vulnerable populations will benefit if “safer” (i.e. nonaddictive) psilocybin and psilocyn psychiatric treatments are legal and accessible.**

**LATE**

**SB-738**

Submitted on: 2/18/2021 4:13:33 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alexander Speiser	Individual	Support	No

Comments:

Dear Senator Rhoads, Senator Keohokalole, and Members of the Committee:

My name is Alex Speiser and I am writing in strong support of SB738, which will effectively expand access to psilocybin in Hawaii.

The profound research into psychedelics as therapeutics requires a readjustment of our policies on these naturally occurring substances. Both from a psychiatric point of view in diseases like depression and from an anti inflammatory points of view in diseases like alzheimers, psychedelics exert profound healing potential.

Individual state- and city-level lawmakers now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin across the U.S., Canada, and Europe. Citing this research, groundbreaking initiatives in favor of psilocybin – like passage of Measure 109 in Oregon and Initiative 81 in Washington, D.C. – are occurring at all levels of government, private and public research institutions, and throughout mainstream society.

We do not want the citizens of Hawai'i to miss out on this healing modality. With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin.

Please support SB738.

Sincerely,

**LATE**

**SB-738**

Submitted on: 2/18/2021 4:44:45 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
shelby sterbenz	Individual	Support	No

Comments:

I have healed so much through the medicinal use of this psilocybin medicine. I wish that we could decriminalize natural plants medicine

**LATE**

**SB-738**

Submitted on: 2/18/2021 7:18:13 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Gerardo Urias	Individual	Support	No

Comments:

4 years ago, I was suffering from severe clinical depression which pushed me to the brink of suicide. There was nothing that could pull me out of the darkness. I tried everything from therapy to medications. I fell victim to the pharmaceutical paradigm and the medications kept mounting. With every new medication, I gained a new side effect. It was a crippling time. Just when I hit rock bottom, I was graced with the opportunity to try psilocybin mushrooms to treat my depression. Within a few hours of eating the mushrooms, my depression lifted and has not returned to this day, 4 years later.

My story is long, so long in fact that I wrote a book about it. The change in my mental, emotional, spiritual, and even physical health was so dramatic that I began documenting my transformation, which turned into the book I recently published titled, "Taking Back My Mind: My Journey Out of Depression with Psilocybin Mushrooms." I am healthier, happier, and stronger than I have ever been in my life and have developed such a beautiful relationship with life and the universe, full of love, compassion, empathy, and inner peace.

These medicines have the power to eradicate depression, PTSD, and mental disorders of every kind around the world. These molecules are very safe, extremely effective, and changing lives at a rate we have never seen before. Caffeine is more dangerous than most psychedelics, not to mention alcohol and tobacco.

If it were not for psilocybin mushrooms, I would be dead. To rob society of the opportunity to resolve our life traumas in a healthy, compassionate manner, effectively saving and enhancing lives, is to rob ourselves and the world of our full human potential.

I support Bill SB738. It is time to change the ineffective "pill a day" model of mental health care and harness science, harness the healing power nature provides us. It is time to evolve.

**LATE**

**SB-738**

Submitted on: 2/18/2021 7:32:03 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Donald E Maurer	Individual	Support	No

Comments:

I support decriminalization of psilocybin. I support the Hawaii Department of Health establishing designated treatment centers for the therapeutic administration of psilocybin and establishing a review panel to review and assess the effects of this measure.

There is an increasing number of reputable scientific studies showing that psilocybin can have promising results on people suffering from depression, post-traumatic stress disorder and addiction. People with these conditions need safe and affordable options, and this bill would give them that, while also ensuring that psilocybin is stored and administered at licensed treatment facilities.

**LATE**

**SB-738**

Submitted on: 2/18/2021 7:49:47 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Harvey Arkin	Individual	Support	No

Comments:

Aloha,

Like Marijuana, Psilocybin was put on the Schedule I drug list by the Nixon administration in 1970 as a way to arrest Blacks and Hippies to disturb the counter culture. Up until then there had been much research on the therapeutic value of the drugs. It has taken 40 to 50 years for the research on the medicinal uses of Psilocybin to resume, and the results have been excellent especially with soliders suffering from PTSD, and persons suffering from depression. It is time to correct that lie and legalize Psilocybin. I strongly support SB738.

Thank you,

For an interesting article on President Nixon's motivation for passing the Controlled Substances Act, placing Psilocybin, Marijuana and others on Schedule I, see "Legalize It All" in Harper's magazine, <https://harpers.org/archive/2016/04/legalize-it-all/>.

In 1968 President Nixon declared drugs to be "public enemy number one" and in 1970 signed the Controlled Substances Act, placing Psilocybin, LSD and Marijuana on Schedule I. Nixon's domestic policy chief, John Ehrlichman admitted decades later that their declaration of a war on drugs was a tool to vilify the anti-war left, Black people, and other minorities: "Did we know we were lying about the drugs? Of course we did."

From: <https://harpers.org/archive/2016/04/legalize-it-all/>

"You want to know what this was really all about?" he asked with the bluntness of a man who, after public disgrace and a stretch in federal prison, had little left to protect. "The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did."

**LATE**

**SB-738**

Submitted on: 2/18/2021 8:15:34 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kaysee Buchanan	Individual	Support	No

Comments:

I'm supporting the medical use of psilocybin because for years I was affected by my childhood abuse. I suffered from PTSD, anxiety, and depression. Last year I began to micro dosing due to reading research articles and personal experiences online about how it's helped others with similar issues as mine. I slowly noticed the differences. About a half year later I'm now feeling happier. Feel more connected with others. I'm able to concentrate at work and feel less stressed. I'm motivated to improve and be there more for others. My anxiety, ptsd, and depression reduced. I feel psilocybin will help others as well in moderation.

**LATE**

**SB-738**

Submitted on: 2/19/2021 9:30:58 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Robin Martin	Individual	Support	No

Comments:

As a physician finishing my training in psychiatry here in the state of Hawaii, I have been following emerging research involving psilocybin assisted therapies closely. I believe that this research demonstrates real promise in treating illness such as addiction and depression that have not responded adequately to current therapies. This is an area of urgent unmet need that psilocybin, when used in a therapeutic context, could represent a new treatment that would benefit the people of Hawaii who are struggling with these issues. For these reasons, I support SB738.



**LATE**

**SB-738**

Submitted on: 2/19/2021 10:16:03 AM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Victor K. Ramos	Individual	Oppose	No

Comments:

I oppose this proposal.

**LATE**

**SB-738**

Submitted on: 2/19/2021 5:25:59 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Robert Schwager	Individual	Support	No

Comments:

All I wish to say is PLEASE, my life has been so negatively affected by recurrent depressive episodes. Medication helps minimally, but the episodes still occur. Please let me try this, I'd even be willing to be a research subject if necessary. Why should this be treated with any less urgency and with all resources than a physical illness? Please help me.

Pass this bill before, my life becomes unbearable yet again.

Thank you, Please pass this bill.

Bob Schwager

**LATE**

**SB-738**

Submitted on: 2/19/2021 7:43:50 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Angelique Ramos	Individual	Support	No

Comments:

Aloha,

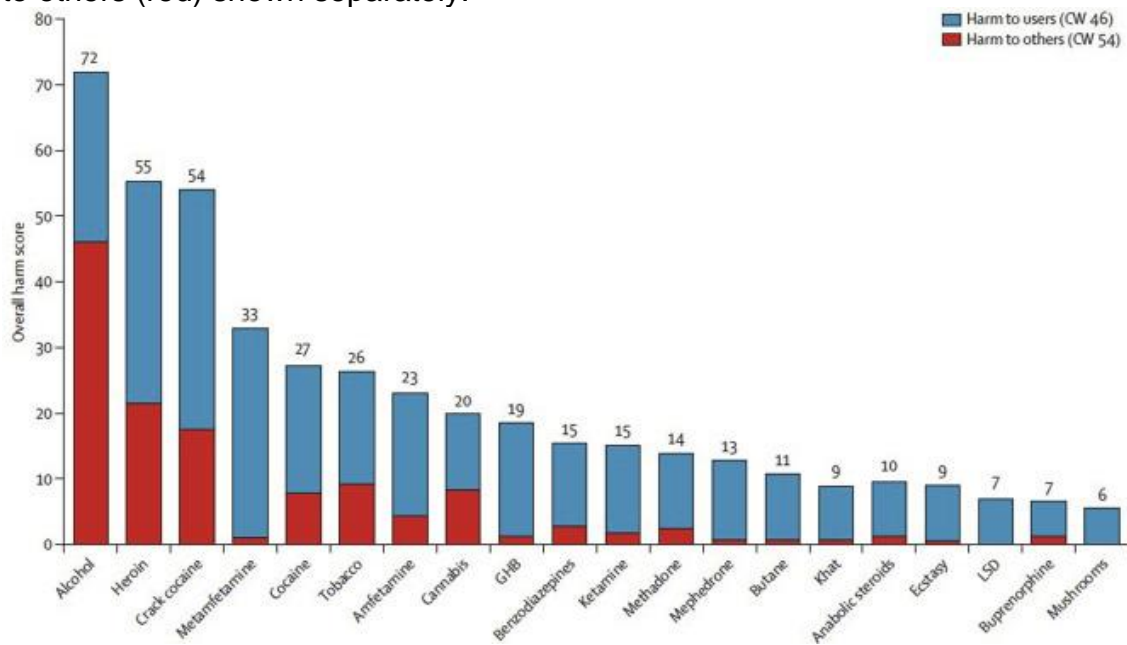
Thank you for the opportunity to testify. Psilocybin has been in medical use for thousands of years by indigenous communities around the world. The medicinal properties of psilocybin have also been extensively studied since the 1950's. In 2018, the department of Psychiatry and Behavioral Science and the department of Neuroscience at Johns Hopkins University School of Medicine along with the department of Health Behavior at University of Alabama published a study titled *The abuse potential of medical psilocybin according to the 8 factors of the Controlled Substances Act*.

Highlights of the above publication include:

- Animal and human studies indicate low abuse and no physical dependence potential.
- Major national surveys indicate low rates of abuse, treatment-seeking and harm.
- Psilocybin may provide therapeutic benefits supporting its development as a new drug.
- Analysis supports the scheduling of psilocybin no more restrictively than Schedule IV.

Also included in this study is the following infograph displaying "Normalized ratings of harm potential of [psilocybin](#) ("mushrooms") relative to other drugs as rated by experts in the United Kingdom using on a multidimensional scale. Drugs are ranked by overall harm from left (most harmful) to right (least harmful), with harm to users (blue) and harm

to others (red) shown separately."



All data and research information may be found here, <https://www.sciencedirect.com/science/article/pii/S0028390818302296#fig3>

Thank you

**LATE**

**SB-738**

Submitted on: 2/19/2021 8:10:45 PM

Testimony for JDC on 2/19/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dylan Ramos	Individual	Comments	No

Comments:

Aloha,

I support efforts to decriminalize and even legalize psilocybin and psilocyn use, but I do worry that this legislation needs further thought, whether that be through the amendment process or by introducing an entirely new bill this session — emphasis on **this** session. To reference more specific points already made, I would like to highlight the previous testimonies of the Clarity Project, Department of Health, and Department of Transportation.

DOT's concern should be explicitly addressed in the bill — such language can easily be lifted from bills such as SB767 in the section mentioning intoxicated driving, though I believe even that language can be strengthened to prevent abuse by law enforcement by distinguishing clear and dangerous intoxication from detectable traces of chemicals that may not indicate symptomatic inebriation.

DOH also makes a fair point about its role in implementing programs rather than regulating them. They are likely correct in their comments about the private sector and serious thought should be put into that aspect of the bill. I personally believe that if the treatment portion of this bill is too difficult to tackle through DOH, focus should be placed on the statutory specifics of decriminalization and legalization, while distribution and treatment might be set up in a similar, albeit a likely more stringent fashion than medical cannabis dispensaries, perhaps more akin to methadone clinics.

Lastly I point to testimony by the Clarity Project because their overall message is right and just. They can provide you with nearly all the scientific, legal, moral and policy research you could ever need to make the decision to legalize psilocybin and psilocyn. While I have my reservations about major parts of this bill, I strongly support the intent behind it and encourage you to consult the Clarity Project and similar groups around the world.

Thank you,

Dylan Ramos

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