



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in OPPOSITION to S.C.R. 100 / S.R. 88
REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A THERAPEUTIC PSILOCYBIN
WORKING GROUP TO EXAMINE THE MEDICINAL AND THERAPEUTIC EFFECTS OF
PSILOCYBIN AND DEVELOP A LONG-TERM STRATEGIC PLAN TO ENSURE THE AVAILABILITY
OF MEDICINAL PSILOCYBIN OR PSILOCYBIN-BASED PRODUCTS THAT ARE SAFE, ACCESSIBLE,
AND AFFORDABLE FOR ELIGIBLE ADULT PATIENTS

SENATOR JARRETT KEOHOKALOPE, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: 3/23/2022

Hearing Time: 1:30 p.m.

1 **Department Position:** The Department of Health (“Department”) opposes this resolution and
2 offers comments.

3 **Department Testimony:** The Adult Mental Health Division (AMHD) offers the following
4 testimony on behalf of the Department.

5 The Department is committed to protecting and improving the health and environment
6 for all people in Hawaii including assuring that basic mental health care is available,
7 appropriate, of high quality, and accessible. The AMHD is responsible for leading, fostering and
8 coordinating a comprehensive mental health system that promotes mental wellbeing through
9 the delivery of dignified, holistic, and culturally relevant mental health care and services.

10 S.C.R. 100 / S.R. 88 convenes a working group to explore the therapeutic impact of
11 psilocybin and the development of a strategic plan for its implementation. The Department
12 recognizes that there is potential benefit of this substance and its impact on mental health;
13 however, we are not there yet.

1 The studies that have been conducted to date have been small and very controlled. The
2 studies have also paired psychotherapy with the use of this hallucinogen. Lastly, psilocybin is
3 addictive and remains a Schedule 1 drug.

4 The Department opposes this resolution and recommends continued monitoring of the
5 emerging research.

6 Thank you for the opportunity to testify on this measure.

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Jarrett Keohokalole, Vice Chair Rosalyn Baker and Members of the Committee
From: Dr. Denis Mee-Lee. Legislative Committee Chair, Hawaii Psychiatric Medical Association
Time: 1:30 pm, March 23, 2022
Re: SCR 100/SR 88 Relating to Psilocybin
Position: **OPPOSE**

Dear Chair Keohokalole, Vice Chair Baker and Members of the Senate Committee on Health.

The Hawaii Psychiatric Medical Association (HPMA) appreciates this opportunity to testify in opposition to SCR 100/SR 88 which establishes the therapeutic psilocybin working group to examine the medicinal and therapeutic effects of psilocybin and develop a long term strategic plan.

Psilocybin is a hallucinogenic chemical in certain mushrooms that grow in Europe, South America, Mexico, and the United States. Mushrooms that contain psilocybin are known as magic mushrooms.

In October 2020, Oregon became the first state to legalize psilocybin. This allows for a 2-year period to consider regulatory and prescribing requirements.

Psilocybin is a Schedule I substance, meaning that the [Drug Enforcement Administration \(DEA\)](#) believes it has a high potential for abuse and serves no legitimate medical purpose.¹

Users may experience disturbing [hallucinations](#),² [anxiety](#), and [panic while taking](#) the drug.

Other possible effects of psilocybin include: euphoria, derealization, depersonalization, distorted thinking, visual alternation and distortion, dilated pupils, dizziness, drowsiness, impaired concentration, muscle weakness, lack of coordination, unusual body sensations, nausea and vomiting, paranoia, confusion and frightening hallucinations.

If the user has a [mental health](#) condition or feels anxious about using the hallucinogen, there is a higher risk of a bad experience.

Psychological distress is the adverse event most often reported after recreational use of psilocybin. This distress can take the form of extreme anxiety or short-term psychosis.

Some who take psilocybin may experience persistent, distressing alterations to the way they see the world. These often take the form of a visual flashback, which is a traumatic recall of an intensely upsetting experience. People can continue to experience flashbacks anywhere from weeks to years after using the hallucinogen, a condition diagnosed as [hallucinogen-persisting perception disorder](#).

Some individuals who use psilocybin may also experience fear, agitation, confusion, [delirium](#), psychosis, and syndromes that resemble [schizophrenia](#), requiring a trip to the emergency room.

In most cases, a doctor will treat these effects with medication, such as [benzodiazepines](#). Symptoms often resolve in 6–8 hours as the effects of the psilocybin wear off.

After several days of psilocybin use, individuals might experience psychological withdrawal and have difficulty adjusting to reality.

Regular use can also cause an individual to become tolerant to the effects of psilocybin, and cross-tolerance occurs with other drugs, including LSD and mescaline. People who use these drugs must wait at least several days between doses to experience the full effect.

Science has not yet shown us that psilocybin is safe, effective, therapeutic or medicinal. Thus it is premature to plan to make psilocybin “accessible and affordable.”

While the US Food and Drug Administration (FDA) has granted psilocybin breakthrough therapy status, this merely establishes the process by which to further study the treatment.

There are strong concerns about the safety and efficacy of psilocybin, which is why the necessary studies and analysis should be conducted on a federal level. Johns Hopkins University has reported survey data that assessed each respondent’s absolute worst bad experience **10.7 percent of the respondents said they put themselves or others at risk for physical harm** during their psilocybin experience, **some 2.6 percent said they acted aggressively or violently**, and 2.7 percent said they sought medical help. **Five of the participants with self-reported pre-existing anxiety, depression or suicidal thoughts attempted suicide** while on the drug during their worst bad experiences.³

HPMA respectfully asks the committee to defer SCR 100/SR 88. Should the measure move forward for further discussion, please include HPMA Medical Doctors specializing in Psychiatry and Substance Abuse in the Psilocybin working group to protect the safety of our vulnerable patients.

Thank you for the opportunity to submit testimony on SCR 100/ SR 88.

1. <https://www.dea.gov/sites/default/files/2020-06/Psilocybin-2020.pdf>

2. <https://www.medicalnewstoday.com/articles/327014>

3. https://www.hopkinsmedicine.org/news/media/releases/researchers_urge_caution_around_psilocybin_use, "Researchers Urge Caution around Psilocybin Use" December 30, 2016.