



Psychedelic Medicines Working Group Meeting Minutes

DATE: Friday, September 6, 2024

TIME: 9:00am- Adjournment

VIDEO CONFERENCE:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZGMzZmRlMjItNjQxYi00NzBILTkYMDYtNzA4Y2MwYTlhM2Jl%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22f302c679-e632-4652-911c-95066f69c9a7%22%7d

TELECONFERENCE LINE: 1-775-321-6111

CONFERENCE ID: 950 345 302#

1. Call to Order

The meeting was called to order at 9:03 a.m. by Chair Marla McDade Williams.

2. Welcome and Introductions (Roll Call)

Members Present by Video: Marla McDade Williams, Terry Kerns, Mark McBride (joined after roll call), Lieutenant Diane Goldstein, Assemblyman Max Carter, Jonathan Dalton, Dr. Mujeeb Shad, Dr. Burton Tabaac, Dr. Dustin Hines, Catherine Cotter, Joshua Garber, John Ocegüera

Members Absent: Scott Killebrew, Senator Rochelle Nguyen, Assemblywoman Danielle Gallant

Public: Angela Allbee, Brian Lang, Martin Steele, April Contreras, Nicole Buffong, Frank Trezza, Elyse Monroy-Marsala, Belz & Case Government Affairs Scribe, Melissa, Annette Magnus, Lynnette Averill, Lea Case, Greg Bailor, Jeff Campbell, Darlene Edwards, Olivia GrafMank, Jesse MacLachlan, Ashley Tackett, Jessica Fischer, Donna Laffey, Rachel Gallagher, Tyler Petersen, Yamez EnPhi

3. Public Comment

There was no public comment.

4. For Possible Action: Approval of April 12, 2024, and June 25, 2024, Meeting Minutes

The meeting minutes of April 12, 2024, were approved.

5. For Information: Presentation Regarding the Program Administered by Oregon Psilocybin Services,

Oregon Health Authority
Angela Allbee, Manager

Ms. Allbee provided a general overview of the Oregon Psilocybin Services Act and noted she also serves as the Executive Director of the Oregon Psilocybin Advisory Board. Oregon is first in the nation to implement a regulatory framework for the provision of psilocybin and psilocybin services. The Oregon Psilocybin Services Act is codified in Oregon law under Oregon Revised Statutes (ORS) Chapter 475A. Psilocybin is still classified as a Schedule 1 substance under the Federal Controlled Substance Act. The Program is housed within the Oregon Health Authority (OHA), Public Health Division, Center for Health Protection. The program is organized into 3 programs areas: Policy and Engagement, Licensing, and Compliance. Their mission is to create safe, effective and equitable psilocybin services while also centering justice, equity, diversity and inclusion within the statutory authority of ORS 475A. As part of a state agency structure, it supports the OHA's strategic plan goal to eliminate health inequities, their state health improvement plan, which is Healthier Together Oregon, and public health modernization goals for their division. The program focuses on health policy approach that holds promise for healing and wellness. It is not a medical or clinical model but is working on a continuum of care to bridge opportunities for dual licensed providers.

There is understanding that many people belong to intersecting communities that experienced discrimination and disadvantage specifically when working within institutions and systems. As part of their state agency, structure, it's their priority to reduce harm to communities and make accessibility a standard of practice rather than an exception. The program is deeply committed to creating accessible, inclusive spaces with its statutory authority for people to participate and share feedback and recommendations and engage with the program and committed to setting a strong precedent for public health and for the Nation as the program moves forward.

Resources: <https://healthiertogetheroregon.org/>

- **Overview of Public Oregon Model:** Not a medical, clinical or a dispensary model. Clients may access services for any reason and do not need to be a state resident. No prescription or referral is required by a provider or a physician, but clients 21+ years of age may only access services at a licensed service center after preparation session completion by a licensed facilitator.
- **License Types:** Annual renewal requirement, any staff on premises must have active work permits, criminal background check required prior to obtaining a credited license.
 - **Facilitator license:** Support clients through psilocybin services with three components: preparation, administration, and integration sessions. Requires a non-directive approach where the facilitator is present with a client to support the client without projecting or directing the client experience. It creates a client-centered approach.
 - **Preparation licensing:** OHA approved. Psilocybin training program requirements are specifically outlined with core training, practicum consultation, comprehensive skills exam, and a regulatory exam. Holding such license merits the understanding of handling, sale, administering, touching, or consuming with direct interaction of a client is prohibited.

Location/space types:

Locations can be both large and smaller spaces, group or individual settings, retreat models, or bouquet spaces. A licensee would be responsible for the sale of this medication at these specified centers and must ensure awareness and understanding as outlined.

Manufacturing license: License premises for indoor cultivation process, over 200 species producing fungi naturally grown globally. The Board of Products and Research subcommittees adopted specified rulings on velocity. Allowable in dried hole fungi, ground, capsulated, tea, extracts, and edible. Partnership with

Oregon Department of Agriculture or further enforcement of safety laws, product tracking system, manufacturers, laboratories, and service center. Holding accountability, interstate commerce is prohibited by statute to maintain oversight in any fashion of extract, edible food products.

Laboratory License: Premises of lab specific to species, potency, solvents (methanol). Accredited with Oregon Environmental Labs. Prior to any form of application, extensive testing, prior to sale of product, package tracking is conducted by a third-party environmental testing agency. They will conduct specific tests with concerns of pesticides, heavy metals, packaging, labeling, or spikes in potency ensuring the rules and regulations are met to ensure proper administration is followed for client's best interests and safe experience.

Statistics: The initial application process began January 22, 2023, first license issued March 2023. All four licensed types obtained by June 2023, and the first set of service center doors began opening for clients. Currently there are 356 facilitators, 31 service centers, 13 manufacturers, 1 laboratory, 673 active work permits, and 25 accredited curriculum training programs.

Components: The three components under a facilitator license must actively present to preparation, administration, and integration. Within these specific components an outline of requirements must be conducted and collected with any potential client, comparison to a physician intake assessment. A facilitator will conduct an initial intake, review of informed consent, bill of rights, accessibility needs, safety and support, transportation planning, and determination if services can be provided to the client. A client and facilitator relationship are then established, encompassing the needs of the client fully. To adhere to the outlined mission statement, denial determination is based on conclusion of administration rules, diagnosis of ideation of harm to self or others, active psychosis, knowledge of having 30 days of lithium intake, and further overall determination by facilitator if services are appropriate for the client's best interest. Within the initial intake assessment, emergent contact information is obtained, and a release process agreement is completed. After admission to a service center, if a client would attempt voluntary dismissal prior to an outlined assessment plan, emergency services and first responders are required to be notified in addition to notification to emergency contact member on file. When a client's service experience has reached an opportune time that he/she can be released to continue administration with outside provider support, a part of a facilitator's duties is to ensure integration, safety, and support within the community. A plethora of resources are extended to prepare the client, and overall implement a set, setting and safe supportive experience.

Training: No statutory authority to license and regulate training programs. The state agency of Higher Education Coordinating Commission licenses and regulates training programs if they are subject to the definition of career training, school or degree granting program. If a training program does go out of business, there is an insurance fund to cover. There is a lot of room for development and growth of training programs. Emphasized that regulatory training programs already established have built a foundation. The understanding that with more discovery, further development in growth, partnerships, and recommendations from the board will transpire and is beneficial. Understanding there is a need for further education, strict modules, hands on experiences, statutory changes, rule changes through this initial phase. They have come a long way with research and developments obtained thus far. Together with more studies being performed, workshops conducted, they will acquire more information, which is critical in many different aspects. These program training requirements were adopted by the recommendations of the Oregon Psilocybin Advisory Board. The requirements consist of the core training and practical and consultation hours and are comprised of modules including but not limited to historical, traditional and contemporary practices and applications, cultural equity in relation to psilocybin services, safety, ethics and responsibilities. While administrative rules outline minimal requirements, the development of best practices and standards for facilitation is

underway in Oregon by members of the regulated community. The administrative rules are the minimal requirements, and they will inform those requirements based on best practices. They leave the minimal requirements to support public health and safety, as well as flexibility in the model. Continuing education and other requirements will be developed. Healthier Together Oregon is the name of the state health improvement plan.

Indigenous legacy practitioners: Providing opportunities for lineage and legacy practitioners is foundational to centering equity. A pathway and administrative rules have been created for psilocybin facilitator training programs to offer very specific accelerated training credit to students for lineage and legacy experience.

Dual licensing: Only one license type for facilitators. Application submission accepted even if they are licensed under other Oregon licensed boards, understanding each state has a model. There is not a separate structure for dual licensing. Currently an individual licensed and facilitating in other fields of medicine cannot practice within that license while providing psilocybin services until licensing boards ensure protection under this specific area. This development has been under way since 2021 reviewing traditions, certain modules per state, and how to reduce barriers. Working towards collaboration, potentially in the next year knowing that statutory changes are prevalent.

Resources to acquire more information:

Website: <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Pages/oregon-psilocybin-services.aspx>

Encouraged to participate in all the following for further, more refined knowledge: Register with Business and Resource Directory, register to the distribution list, request the quarterly newsletter, and attend the public meetings and hearings that are available to anyone who has an interest, with translation services available. A cloud-based licensing system has been established.

Discussion/Questions:

John Ocegüera: Indigenous community; Licensing under dual licensing format, clarification needed.

Response: Clarification on engagement with indigenous communities and the nine federally recognized tribes in Oregon as a state agency to engage within those tribes or indigenous numbers that live in and around the state, providing communication with, and working together in sharing information, working through our government, or privately as this model continues to develop from various sources.

Dr. Mujeeb Shad: Inquiry on micro dosages; (low/high levels), toxicity, hallucinations of what dosage.

Joshua Garber: Under law enforcement perspective, interested in what the number of police response has been, type of situations.

Diane Goldstein: First responders' trainings tracking data – pre /post regulations statutory authority/capacity. Presentations on public health system. Resource: Physician page creation – website. Law enforcement, 170 community-based systems, confidentiality enforcement.

6. For Information: Presentation of Colorado's Enabling Legislation and Rules Development Process Related to that State's Natural Medicine Health Act

Lorey Bratten, Program Director, Natural Medicine Board, Colorado Department of Regulatory Agencies

The presentation will take place at the next meeting on October 11, 2024.

7. For Information: Discussion of the Neurobiology of Psilocybin Response and the Differences between SSRIs and Psilocybin Responses
Mujeeb Shad, MD, MSCSC

There are interesting findings with some of the reviews and the report written by Dr. Mujeeb Shad relating to psilocybin. It is an increasingly popular topic and a vast topic with literature and development worth reviewing. Ketamine is the only antidepressant which results in rapid anti-depressant and anti-suicidal effects which have never been seen before. Ketamine is considered by some people as a psychedelics group drug. It has opened the door for other psychedelics to be investigated. Ketamine discovery has opened the pathway for research in psychedelics in a novel way which has never been seen before. MDMA assisted psychotherapy for the treatment of post-traumatic stress disorder (PTSD) is getting a lot of press. The advisory group appointed by the FDA did not recommend approval of MDMA assisted psychotherapy. The study design found problems. One of the concerns was a failure in the study design found in the comparison in psychotherapy effects and medication effects. The pharmaceutical company, Lighthouse Pharmaceuticals who conducted the trial, found in their analysis there was no difference between the treatment response for patients who were drug naive and patients who had been using MDMA before. There was also a concern about functional unblinding which is a technical term used when substances are used which make it difficult to maintaining the blind. The way the company dealt with the unblinding was to have third-party clinician raters address it. Further there was one instance of the violation of boundaries. Safeguards were implemented to avoid occurrence. Another thing found in the study was there are some site differences. There was some concern about hepatotoxicity/liver problems, and cardiovascular adverse effects. A comprehensive analysis of the adverse effects was conducted, and they found that the adverse effect profile of a single dose of psilocybin appeared quite tolerable and most adverse effects were resolved within 48 hours. In the new drug application, the pharmaceutical company would like to have Risk Evaluation and Mitigation Strategy (REMS) guidelines. REMS is a monitoring system used for multiple psychotropic medications. If the MDMA assisted psychotherapy is approved, they would like a REMS monitoring system.

Psilocybin assisted psychotherapy is another psychedelic assisted psychotherapy. It is mostly used in microdosing. Most of the studies reviewed found 25 mg to be the most common dose, with an interval of a week to 10 days. Anything beyond 50mg is called a tripped dose which causes hallucinations. Microdosing has not shown any addictive properties. There have been 11 psilocybin tribes; 257 patients have been studied in the 11 psilocybin tribes and all used microdosing. There is a nonprofit advisory group in Oregon who is gathering information from the patients being treated in Oregon. Previously, there were 750 subjects. It is still too early to say anything about what the potential of adverse effects and efficacy of psilocybin assisted psychotherapy. Based on Oregon's experience, they highly recommend an environment that is more conducive to have a psilocybin experience. For psilocybin assisted psychotherapy to be successful, the patient must be in a good space. Dr. Shad emphasized in his discussion that the establishment of whether a patient is actively administering any antidepressants during the microdosing is key.

Dr. Shad has observed that psilocybin acts completely different than antidepressants. SSRIs decrease the activation of amygdala. Very few people know that dampening the activity of amygdala causes patients to lose the ability to feel. In a lot of patients, SSRI's induce emotional numbness. The problem with emotional numbness is it becomes a social problem. Psilocybin activates amygdala and is desensitizing rather than numbing or decreasing the activity of amygdala. The Oregon model will be useful to have as a guideline. The working group can discuss the possibility of having a closely monitored system. In terms of the manufacturing of psilocybin, they need to be careful about maintaining the standard and the active principle of psilocin. Dr. Shad thinks psilocybin has one of the least kind of risks for causing violent and aggressive behavior if it is given in the right amount and without contamination of other toxic drugs.

Questions/Comments:

Dr. Dustin Hines: Was research obtained on toxic effects of psilocybin? What is the lethal dose in comparison to lithium chloride?

Response: Monitoring dosages is key. Anything above 50 mg, the patient may become psychotic and would result in hallucinations that could become alarming. A dose of 50 to 100 mg, and above is where concerns become alerting of toxicity. Every patient will respond differently. The key is communication. What other medications have been prescribed, and a part of one's routine, for example, antidepressants, SSRIs, that can neutralize the effects.

Dustin Hines: Literature shows when looking at actual markers like PK and ADME for toxicity, psilocybin has lowest.

8. For Information: Presentation of the Denver Report
Bryan Lang, CEO, Trans World Health Services, Inc.

Background: Has worked on psychedelic harm reduction since 2007. Worked on the book, "The Manual on How to Provide Psychedelic Support." Further involvement in working directly with over 1100 patients in acute psychedelic overdose. The past six years has worked with companies in developing substances that are based on classic psychedelics.

Bryan Lang was brought on as the medical guide to reform the psych services program at Burning Man. When Bryan Lang arrived at the event, he found out they did not understand patient care, neuroscience, risk management, safety, and liability. There was a little bit of work to bring the program up to speed. Out of it came, a team of 100 professionals to monitor participants who were willing to try substances in ways not necessarily indicated or appropriate.

Brian Lang worked with the Denver initiatives when Initiative 301 was passed to decriminalize the use of psilocybin within the city and county of Denver. In May 2019, Denver voters approved Initiative 301 to decriminalize the personal possession, cultivation, and storage of psilocybin mushrooms in the city and county of Denver. The Denver Psilocybin Mushroom Policy Review Panel was established to assess and review the impact of the initiative and make recommendations to the Denver City Council. Several key factors and concerns involved, uptake in use, safety aspects from a criminal justice and medical services standpoint. The diverse panel included representatives from the District Attorney's Office, Denver Police Department, Denver Sheriff's Department, Denver City Attorney's Office, Denver City Council Harm Reduction and Addiction Specialist, and proponents of the initiative. The output of the panel was a comprehensive report which was a detailed assessment and published 18 months after voter approval. The report included findings on safety and effectiveness, the impact of the initiative, recommendations for harm reduction, data collection, potential partnerships for future support, stressed the need for informal policies, harm reduction strategies, and community education to maximize benefits and minimize risks associated with psilocybin mushrooms in Denver. It also included Governor overview of the safety use, available resources, arrest data, demographics of offenders, observational data on suicide and use, and a list of recommendations to the city council.

Findings on impact of psilocybin decriminalization: No significant increase in arrests related to the distribution of psilocybin mushrooms. There were five arrests solely involving psilocybin mushrooms. There were no significant cartel elements or organized crime involvement arising from the decriminalization. There were no measurable public health or community safety risks and no identifiable changes in hospitalization or emergency medical treatments due to psilocybin use. There was a decrease in

overall arrests related to psilocybin. Psilocybin arrests represented 0.77% of all drug related cases. They found there was a lack of understanding not only in the public but in the first responder community regarding what is an acute psychedelic crisis, and what to expect.

Recommendations: One of the first recommendations to the city council was multi responder training which would be training for the police department, sheriff's department, paramedics, mental health, and the fire department. There was a recommendation for public service programs, education for public awareness and safety regarding psilocybin use and access to harm reduction services in the city. Since there was no centralized database to codify within the emergency room and hospitalization systems what was related to psilocybin, a recommendation to the city council was the creation of a data collection and reporting system. The reporting system is for law enforcement, paramedics, and hospitalization emergency rooms for any interactions involving psilocybin for ongoing public safety monitoring. There was also a recommendation that the sharing and gifting for non-financial exchange would be classified as a lowest law enforcement priority. Other recommendations were inclusivity, to expand the voting panel members to promote diversity. There was a significant recommendation on how to determine how psilocybin and therapy could be applied to address mental health issues.

Conclusions of the report: The study concluded that psilocybin use is safe. Most people use psilocybin in safe and responsible ways, and the extremely low number of arrests rendered the concerns of Initiative 301's opposition unwarranted. Public education is necessary.

Pilot trainings were developed for Denver Police Department, Sheriff's Department, mental health services and fire department. The trainings not only cover just psilocybin, but classic psychedelics and related substances such as ketamine and MDMA. The training survey responses were overwhelmingly positive and first responders from law enforcement, medical services, mental health communities noted that their current trainings did not sufficiently cover what they needed to provide proper first response, and particularly with respect to differentiating between an opioid overdose, a ketamine overdose, or a psilocybin overdose. The benefit from the pilot trainings was substantial. Due to law enforcement budget cuts across the country, the training budgets were cut. There is a need for law enforcement professionals and mental health response professionals to understand the differences. The overwhelming response the panel found was that safety issues did not arise through this decriminalization process.

Discussion/Comments:

John Dalton: Examples of risk; disadvantage with perspective to region, location, mental decision process, if the results of the compound itself, if used responsibly and controlled, safe and conducive.

Diane Goldstein: Sitting on panel with Deputy Chief Montoya; clinical trial relative to measure 122, looking at other counties like Denver.

Statistics: Findings were that it is a safe compound. Research showed 10 largest counties in all of Colorado: 5 police agencies; no issues reported, 4 no opinion, 1 no response. 2021 arrests 2.14 %; 2022 1.96 %; 2023 1.4%. Public education is foundational.

Dr. Burton Tabaac: State of Nevada is drafting its own legislation. Asked if there is an opportunity for a medical model, more access for patient, counselor perspective, REMS programs, and training models. Referencing to the example of Oregon Prop 110 and Denver Prop 122; did decriminalize successfully without issue. FDA clinical trials are still incomplete. More educational components and data must be collected. There are beneficial solutions here that are functioning, without psychotherapy.

Diane Goldstein: As stated at the June 25, 2024, meeting, breakdown report is required on data pertaining to law enforcement/criminal justice standings and is compliance appropriate. We cannot present a collective report that does not entail all relevant data to plea a measurable report for decision making process.

9. For Information: Presentation Discussing State and Federal Laws related to Psychedelic Medicines
Kate Cotter, Executive Director of Nevada Coalition for Psychedelic Medicines

This presentation will take place at the next meeting on October 11, 2024.

10. For Information: Presentation Discussing the Therapeutic benefits of Psychedelic Medicines
Lieutenant General Martin R. Steele, USMC (Ret.), Co-Founder, Reason for Hope
Brett Waters, J.D., Founder and Executive Director, Reason for Hope
Dr. Lynette Averill, Ph.D., Reason for Hope and Veteran Mental Health Leadership Coalition Advocate

Retired Lieutenant General Martin R. Steele:

Ex Director of Military Partnerships in Florida within research on Co-mobility of post traumatic brain injuries, military sexual trauma of men and women, PTSD, prosthetic, robotics, Commission of Healthcare, moral and ethical responsibilities, and types of therapeutic measures. Testified 3 times before congress on Veteran suicide prevention. Emphasized on his personal impact and knowledge of these different disorders within his own family; stepfather, who was a World War II fighter Pilot, a prisoner of war in Stahl Haus Bart, Germany and suffered from PTSD. He passed away in a VA hospital, on November 11, 1995, suffering from PTSD, mental, behavioral and substance abuse disorders, resulting in significant alcoholic use and abuse.

Having profound knowledge both professionally and personally of the effects these disorders can have on our veterans who face behavioral, mental health, and substance abuse disorders. We have a moral responsibility to provide those who have served this nation with adequate health care protection to advocate and directly address the effects of use and abuse of substance and the challenges of mental abuse disorders. In the last 20 years we have faced the some of the most challenging issues on global terrorism and those that have served in whatever fashion, deserve to live meaningful, adequate, sequential lives, and should have proper means of healthcare providing policy, advocacy, therapeutic and emergent care continuously. The Commission of Care, established during the Obama Administration to make recommendations due to the heightened suicide rate within our Veterans. Recommendations on the future of VA Health Care brought through to congress through various pieces of legislation, Mission Act, Wise Act, PAC Act. Initiative Reason for Hope- 501C-3. Educating government officials and other stakeholders in the scientific and legal scopes of psychedelic therapies.

Discussion/Questions:

Dr. Mujeeb Shad: Commented on emotional numbness, SSRIs administration in PTSD patients, increase numbness in these patients who are not the same person. Secondary depression patients, findings are that psilocybin helps with emotional status, statistics are available.

Dr. Lynette Averill: Noted difference in healing chronic complex in SSRIs versus that of psilocybin. Experiences, limited side effects, psilocybin safe, neurological, behavioral, and how it is beneficial.

Dr. Dustin Hines: Research being done in Las Vegas, saving money medically, healthcare related, emergent care visits and compliance in other areas decreasing.

11. For Information: Discussion of Future Topics and Work Plan for Working Group

Marla McDade Williams, Chair

Projected last scheduled meeting, October 11, 2024. Remaining topics and presentations not conducted today will be addressed. Marla McDade Williams will draft the report with all findings, the basis of this will determine if the committee holds another meeting thereafter.

John Dalton: The following is needed: data on metro/statewide law enforcement groups regarding these medicines, as requested in the last meeting dated June 25, 2024. Will working group participants be present to have specific influence in the creation of the report drafting, outlined with all specifics: presentations, provided links and continued chats in each teleconference sessions conducted, further all research, data collections, statistics, and resources. Lastly, as stated in the last meeting, confirmation that the establishment of secure location to house all working group information prior to issuing detailed report to state legislature, i.e., Dropbox.

Marla McDade Williams: The goal in this report is to outline the key issues and be responsive for what was required in the 2023 Legislative Session. The committee has no authority to set a bill draft.

12. Public Comment

Frank Trezza: Inquiry directed with regards to the education, professional aspects within medical and mental health industries. What has been done to align with state and local organizations and communities, who have been working with research to better assist during this transitory stage for safe access for Nevadans?

Response: Nothing formal is in place. This is Nevada's first effort since the 2023 legislative session, providing opportunity to research, collection of data, and opportunity to present those recommendations.

Nicole Buffong: Serves as Executive for Minorities Medical Marijuana, Former Board Member Chamber of Cannabis. Respectful to this committee. Hopeful that with extensive research being done pursuant to psychedelic medicines and administration of, is not a repeat of mistakes made with medical cannabis, specifically as to whom qualifies to be administered this medicine. Truly receptive for the development of this program, and requesting that during this initial phase, priority throughout should be identifying whether it is truly beneficial to residents in Nevada.

April Contreras: Public acknowledgment and respectful recognition to the committee's dedication. Nevada resident of 21 years, personally fluent in the understanding of substance abuse, behavioral health and trauma infused knowledge. Referenced several credible sources who have performed studies on ethnicity in assisted therapy, use of substance, psilocybin medicines and alternative therapeutic measures. Report findings collected from all data sources collected, were over the course of 1-year, and made public knowledge. Requests to be included on the record, for collection of data by both local/state law enforcement of report and findings for comments made by Las Vegas Metropolitan Police Department, as well as in the last recorded working group dated June 25, 2024, by Joshua Garber; commenting on the uptake in psychedelic use relevant to use during specialized events, to treat psychiatric, and mental health disorders.

Diane Goldstein: Reiterated that data collection breakdown is necessary for a factual report, compliance with data requested. Appropriate decisions cannot be concluded without the presentation of proper data collection from all entities and cannot be presented to the legislative session in part of.

13. Adjournment

The meeting adjourned at 11:53 a.m.