



**Psychedelic Medicines Working Group
Meeting Minutes**

DATE: Tuesday, June 25, 2024

TIME: 1:00pm - Adjournment

VIDEO CONFERENCE: <https://www.youtube.com/watch?v=lOn9YrHcYyE>

TELECONFERENCE LINE: 1-775-321-6111

CONFERENCE ID: 407 099 411#

1. Call to Order

The meeting was called to order by Chair Marla McDade Williams.

2. Welcome and Introductions (Roll Call)

Members Present by Video: Marla McDade Williams, Terry Kerns, Mark McBride, Scott Killebrew, Senator Rochelle Nguyen, Lieutenant Diane Goldstein, Assemblyman Max Carter, Assemblywoman Danielle Gallant, Jonathan Dalton, Catherine Cotter, Joshua Garber, Dr. Burton Tabaac, John Ocegüera, Dr. Mujeeb Shad

Members not Present: Dustin Hines

Public: Annette Magnus, Lea Case, Belz, Case, Shaily Jain, Erika Ryst, Kimberly Juroviesky

3. Public Comment

There was no public comment.

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

Not prepared for this meeting.

5. For Information: Presentation Identifying the Benefits of the Therapeutic Use of Entheogens and Identification of Available Resources Supporting the Benefits of their Use

Shaily Jain, Psychiatrist

- Local psychiatrist with extensive experience in psychotherapy and Ketamine
- Psychiatrists' perspective and considerations regarding the therapeutic use of psychedelics primarily for mental health.
- Most people who seek psychedelic treatment would much rather be a patient than be an outlaw to seek treatment.

- Some settings currently can lack the safety and support that people truly deserve.
- There are links in Dr. Jain’s presentation to research.
- With schedule 1 drugs it is hard to get research dollars, but this field is growing rapidly.
- This type of work should include a full treatment team using a trauma informed treatment. Utah is proposing pilot program using these medicines in the InterMountain Health System
- We want to minimize the “cottage industry.” We want this to become a safe use and practice. We need checks and in place we reduce the issue of relational boundary violations and misconduct.
- Informed consent in psychedelic work is an ongoing process. Suggests that you should always be getting consent as treatment is unfolding, about safety issues, about having realistic expectations, about set and setting and patient selection, and who do you provide this treatment to, and dosage and indication. All of these items must be considered.
- Some form of REMS or a registry to gather some observational data about outcomes, but also incidence of post psychedelic difficulties should be put in place.
- some form of rems or a registry to gather some observational data about outcomes, but also incidence of post psychedelic difficulties. Generalization spiritual emergencies and serious adverse effects would be very helpful and creating ethics guidelines for facilitators, establishing some guidelines for standard of practice, disciplinary procedures, but also harm reduction.
- Suggested reading Johanna Kempner's new book Psychedelic Outlaws. She's an Associate Professor of Sociology at Rutgers. Stories in the book include information about cluster headaches and the new treatments using this medicine.
- We must look at the lifesaving aspects of what these treatments have to offer, but also finding ways to do it responsibly and ethically and sustainably.
- These are physically safe medicines when used appropriately. Will share documentation on this fact.
- Dr. Burton Tabaac put multiple links in the chat with data.

Questions:

- Jon Dalton: My question is for Shaylee on psychedelic assisted therapy. What is your knowledge of the safety profiles of psychedelics when they're used as part of psychedelic assisted therapy. When proper dosage set and setting are utilized?
- Scott Killebrew: Your expertise is solely psychological, right? Your expertise that you're presenting, it has nothing to do with physical reaction to the you know, to the treatment? My direct question is alcohol has physical, negative physical effects on the body. What are the effects of this?
- Kate Cotter: Can you share with us the Dr. David Nutt harm scale and piggyback on Scott's question about safety. My understanding is that, for instance, alcohol is 12 times more harmful than psilocybin. And I know there's a wealth of information there, so I'd be curious to hear your expert opinion on that?

6. For Information: Presentation Discussing the Laws that Prohibit the Use of Psychedelic Medicines Ailee Burnett, Las Vegas Metropolitan Police Department

This agenda item was taken out of order and discussed immediately after agenda item #8.

- Been with the department for over 24 years in different roles.
- Has seen many issues with these drugs. Shared various stories about issues with “shrooms” on the streets not in a clinical setting.
- Stated this is a schedule one substance. This substance needs to be rescheduled so it can be used medically. We cannot take these substances lightly.
- This needs to be used under professional medical care.
- Speaking about risks to public safety.

- Metro did not have data for specific arrests available. They also did not have the data for many of the questions asked.
- The numbers from Metro from 2024 through June in narcotics, with LVMPD, have seized 164.45 pounds of psilocybin. That does not include what other sections and other parts of this department have seized, nor does it include the other OJ departments.
- Statements made by Dr. Burton Tabaac.
- Various links posted in the chat for reference and additional questions.

Questions:

- Lieutenant Diane Goldstein: I'm a retired police lieutenant from Southern California, and currently the Executive Director of Law Enforcement Action Partnership. Some of what we're describing are outliers, right? I pulled the substance use and criminality Nevada report that goes back to 2016 to 2023. In 2023 it states there were 3129 drug related arrests in the state of Nevada. Do we know how many of those are for psychedelics? And do we know how many of those can be broken down to MDMA, ketamine, etc? I and only because the daisy festival is such a big event, how do we show what the majority of arrests or the minority of the arrests are for? Do we even have any data to show the significance of the psychedelic problem in the state?
- Lieutenant Diane Goldstein: My question is the number of drug related arrests in the state of Nevada was 3129. How many are for psychedelics? And out of that small portion for psychedelics what are the specific data points?
- Lieutenant Diane Goldstein: Specifically, I'd like to know how much psychedelics are being seen? I was at a judiciary hearing in January, and I heard an amount that was based in grams. 453 grams roughly equals one pound. I'm trying to wrap my head around how much of a problem this is because, you know, I sit there and I think about the leadership the state of Nevada held to the issue of cannabis, right? This is the same thing; in some senses the FDA has declared psilocybin a breakthrough therapy. MDMA will probably have a decision on whether it's going to be rescheduled down from one to three, and there's a lot of controversy relative to the issue of how the DEA even schedules drugs. I'll leave it to some of the scientists here to have that discussion, and so I just think there's a lot of complexity here. I also believe that prohibition itself actually fuels a lot of the harms that are caused on this issue. We do have to take it seriously. Everyone understands that there's been victims in the past. I worked gangs. I worked narcotics. I'm acutely aware of the damage that drugs can do in our community, and we need to reduce the harms of that as much as possible. But prohibition actually sometimes promotes harms, and not necessarily reduces it.
- Scott Killebrew: So you are from a police perspective, because I did a little time there too. From the police perspective, you are saying that you are that psilocybin and is a drug that is enhances the anger and the potential for you to to be angry and violent and attack people? It's not like and marijuana is like people say, Yeah, I go to the bar. I see a lot of guys, you know, fight when they're drunk but very few guys fight when they're on weed right. So you're saying that psilocybin is a drug that makes you more violent? Is that what you're saying? So you're saying that psilocybin is a drug that makes you more violent? Is that what you're saying?
- Senator Rochelle Nguyen: Thank you for giving your perspective. And I just wasn't sure. Do you have a medical background? Because I know that we heard previously from medical doctors, and I'm looking at all of the information that's being put into the chat with medical studies about the dependency and that kind of information.

- Senator Rochelle Nguyen: Were there other factors involved in some of these things, or were they strictly and same thing with the drug arrests? I've been trying to get that data from Metro for about 18 months now, on whether or not there were like combinations, even Mr. Garber had mentioned something about like these festivals, and also the proliferation of like fentanyl and other things. So are these in a vacuum where it's just mushrooms, or are we talking about someone who's schizophrenic and using mushrooms, and someone who is drunk and uses mushrooms, or someone who has been on steroids and uses mushrooms? Do you know any more of those details? Because I know being on both sides of the aisle in that law enforcement and criminal defense world, that there's usually a combination of those kind of things. And do you have that kind of data?
- Josh Garber: Just a quick question in your history with the legalization of some of our drugs that we've legalized, have we seen a bigger effect in the valley as far as abuse or making the illicit market worse by legalizing some of the narcotics that are out there even marijuana?
- Terry Kerns: My question is, and you may not have this data available. We've seen illicitly manufactured drugs and pharmaceutical grade drugs. With the opioid epidemic, we started to see a proliferation of the illegal distribution of pharmaceutical grade drugs. So is there any data on what you're seeing? It is probably more so for the ketamine than the other two?
- Jon Dalton: A few questions, I'll ask him straight out here, and then get some answers. You describe some graphic, violent scenarios about psychedelics and homicides, which are startling to all of us. It's important to understand the numbers rather than the graphic examples. What data do you have to support the numbers of people annually engage in using psychedelics? For example, there are over 350 blunt force trauma a year, homicides with hammers, and there's over 140,000 alcohol related deaths. It would be important to understand how those numbers would be relative to psychedelics. You stated that you believe that psychedelics have the high potential of abuse. What data do you have to support your statement that it has high potential for abuse, because I understand that data to be precisely the opposite. You also mentioned that you saw 164 pounds of psilocybin. Is that wet weight or dry weight psilocybin? Because psilocybin is 95% water when it's wet weight. So if that was dry weight, it'd probably be like, I don't know, 10 pounds. Are you aware that the proper use of psychedelic therapy can actually eradicate opioid addiction when used properly with therapy?
- Kate Cotter: I really appreciate hearing your perspective. I'm curious to know if we have any data for Nevada on alcohol related deaths and or legal prescription related deaths? Do you happen to know that?
- Lieutenant Diane Goldstein: I'm going to make an assumption that in your position, that you're doing a lot of the reading of actual research that's out there. Are you familiar with research that was published in, I believe it's the Journal of Psychopharmacology that reflects that people who use psilocybin have a 40% reduced rate of opioid use, that there's also a even stronger beneficial effect? There was a large study done in Canada, that the US Journal had a peer reviewed and controlled study of 44,000 Americans. That's not an insubstantial study. There's also other research out there on the use of psychedelics in controlling recidivism as a measure of public safety. So I'm happy to send you a number of these studies because I think public safety purview, there's many different ways to create communities that are both healthy and safe, and it's not just on law enforcement, it's on all sorts of different things. Have you read any of those?

7. For Information: Presentation Regarding the Program Administered by Oregon Psilocybin Services,
Oregon Health Authority
Angela Allbee, Manager

Presentation will be rescheduled.

8. For Information: Discussion of Issues Relating to Insurance Coverage for Entheogens
Kimberly Juroviesky, CAPT, USAF, Retired/Disabled, President, Ketamine Task Force

This agenda item was taken out of order and discussed immediately after agenda item #5.

- Spoke about her background with Complex Regional Pain Syndrome. She was in a study on Ketamine that saved her life.
- After the study was completed, she started looking for a place to continue doing ketamine, and unfortunately, nobody was taking insurance for it.
- She started a Facebook group that has now over 14,000 ketamine patients from around the world in it, and the one common theme is lack of access, because people can't afford ketamine infusions. Infusions cost on average for mental health doses about \$500 a dose and for pain doses, anywhere, from \$1000 to \$2,500 for one dose of ketamine.
- Started the Ketamine Taskforce to get insurance coverage for Ketamine use.
- 1000's of patients have come to her group looking for help to access this medicine. Still working on hurdles for coverage at both the national and state levels with many hurdles in their way.
- One of the safest anesthetic drugs - specifically for pediatrics. This drug is incredibly safe when used safely and appropriately.
- One side effect can be impacts on the bladder but when used correctly and correctly timed you can mitigate the side effects.
- Ketamine Task Force has been working to put together a study to show the best way and the best protocol Academy, and we plan to bring that to the FDA in three years from now.
- Patients cannot wait. Every single day people are dying because they do not have treatment. We need states to act and mandate insurance coverage.
- Blue Cross Blue Shield of Massachusetts and Vermont actually decided that ketamine is a worthwhile medication and it is helping people, and they wrote into their policy that there should be coverage for ketamine infusions, and they are the, so far, the only private insurance that is guaranteeing coverage. Also, Kaiser Permanente has provided very limited coverage for some of their patients.
- Main cost of Ketamine and IV infusion, administration and doctors' costs.
- Some states are starting to reimburse through Medicaid and Medicare.
- Various statements made by Joshua Garber, Dr. Burton Tabaac, Lieutenant Diane Goldstein, and Jon Dalton.
- Various links posted in the chat for reference.

Questions:

- Senator Rochelle Nguyen: I have a question on the coverage. Why was it covered in those jurisdictions? Did those insurance companies just decide to do that on their own? Were they mandated like in statute? Does it start with coverage by Medicaid? Do you know the intricacies of how those particular organizations decided to cover it?
- Senator Rochelle Nguyen: People are privately paying for ketamine therapy, and it can be very expensive, but it's not like ketamine hasn't been around for a very long time. So, is there a generic ketamine? Is it something that should cost this much? Why does it cost this much still at this point? Does anyone have any of that information?
- Senator Rochelle Nguyen: When you talk about the insurance covering this medication, are they covering the administration of it and the dosage? It is not like you just go to the pharmacy and pick up your vials of ketamine there, right?

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

Marla McDade Williams, Chair

- The work plan is what is guiding the work of this group, and it is based on Senate Bill 242.
- During the first meeting we went through all of these items.
 - We did an overview of the bill.
 - We had data presented on addiction, treatment resistant depression. A discussion of suicide prevention, mental health needs in Nevada.
 - Overview of current treatment options for mental health addiction and post-traumatic stress disorder.
 - Overview of the science of psychedelics at this meeting.
 - Stakeholder briefings from the law enforcement community at this meeting.
 - We have not gotten to the Psychiatric Association.
 - We also did not get anything from tribal communities.
 - These sections are coming from the legislation and the direction that the legislation has given us.
 - We will save the Oregon framework for a future meeting. Marla was not able to get anyone from the Colorado rulemaking working group and she will continue to work to get that for a future meeting.
 - We did have an overview of the insurance model at this meeting.
 - We still need to cover the advocacy groups from Veterans and potentially groups like the ACLU.

Discussion of future topics:

- Kate Cotter: Would like to see more in one of the upcoming meetings about the Denver Report. Bryan Lang who lives in Reno helped co-author the report and would be qualified to give a presentation.
- Lieutenant Diane Goldstein: Denver Police Dept has And Denver Police Department and their first responders have initiated training that has gone incredibly well in Denver from a public safety perspective, and in being on the panel with the deputy chief, he basically emphasized that their response is to triage and to hand over anyone who may be having some type of break over to providers and the training is going incredibly well, and it's county wide right now, so maybe getting a briefing from Deputy Chief Montoya from Denver Police Department could also be a good addition to Ryan lane.
- Josh Garber: I would like to reach out to the Colorado Narcotics Officers Association and see if a representative from their Association, which represents all the narcotics detectives in the entire state, if they have seen what they've seen from the beginning of the legalization of any of the psychedelic drugs to where they're at right now, if, if the board is okay with me trying to reach out and get them to talk to the board here and see what they're getting from the ground level there.

10. For Possible Action: Consideration and Approval of Future Meeting Dates

Marla McDade Williams

Dates have been emailed to the working group. Possible meetings in August, September, and October.

11. Public Comment

There was no public comment.

12. Adjournment

The meeting adjourned at 2:53 p.m.