

**REPORT OF THE SENATE BILL 242 WORKING GROUP
CREATED DURING THE 2023 LEGISLATIVE SESSION**

Senate Bill 242 from the 2023 Legislative Session required the Department of Health and Human Services (DHHS) to establish the Psychedelic Medicines Working Group to study certain issues relating to the therapeutic use of entheogens during the 2023-2024 interim. This is the final report of the Working Group. See Appendix A for the text of the legislation.

MEMBERS

The legislation identified the roles of the members and required the Director of DHHS to serve as the Chair or to designate someone. Marla McDade Williams, who serves as the Administrator of the Division of Child and Family Services, was designated to serve as the Chair.

Following are the other members of the Working Group.

| Role | Name |
|---|--------------------------------|
| Attorney General or his or her designee | Terry Kerns |
| Director of the Department of Veterans Services or his or her designee | Mark McBride |
| President of the State Board of Pharmacy or his or her designee | Scott Killebrew |
| State Senate Majority Leader | Senator Rochelle Nguyen |
| State Senate Minority Leader | Lieutenant Diane M. Goldstein |
| Speaker of the Assembly | Assemblyman Max Carter |
| Assembly Minority Leader | Assemblywoman Danielle Gallant |
| One member who has received an honorable discharge from the Armed Forces of the United States and who has experience with the use of entheogens to address post-traumatic stress disorder | Jonathan Dalton |
| One member who is a psychiatrist, or a psychologist with clinical experience, and who: (I) Is licensed to practice in this State; and (II) Has experience treating patients who have an alcohol or other substance use disorder | Mujeeb Shad |
| One member who has experience treating post-traumatic stress disorder in a clinical setting | Burton Tabaac |
| One member who has experience researching the therapeutic use of entheogens pursuant to a license issued by the Drug Enforcement Administration of the United States Department of Justice | Dustin Hines |

OVERVIEW OF TASKS FOR THE WORKING GROUP

Pursuant to subsection 2 of Section 3.5 of the bill, the Working Group was required to consider the following areas:

- Examine various entheogens to determine which entheogens may be beneficial for therapeutic use in reducing suicidal ideation and improving mental health, including, without limitation, through the use of entheogens in the treatment of post-traumatic stress disorder, substance use disorder, major depressive disorder or psychological distress relating to the end of life;
- Review federal, state and local laws and regulations concerning the therapeutic use of entheogens and identify any revisions to the laws and regulations of this State that may be necessary to enable entheogens to be used for therapeutic purposes in this State;
- Review existing and ongoing research on the therapeutic use of entheogens; and
- Develop a strategic, measurable and actionable plan to allow access to safe and affordable entheogens so that such entheogens may be used for therapeutic purposes.

Information was presented over the course of four meetings with a variety of presenters discussing the issues. Where a presenter provided a written presentation or submitted studies, those items are located on the DHHS website at

https://dhhs.nv.gov/Resources/Psychedelic_Medicines_Working_Group/.

Members also were presented data on mental health issues and suicide rates as well as suicide prevention strategies in Nevada. Appendix B includes the overview.

EXAMINATION OF ENTHEOGENS AND REVIEW OF RESEARCH

The Working Group heard from people who are active in the field of entheogens. They discussed studies of these subjects as well as gave their opinions on the issues.

With appropriate oversight and protocols, Ketamine has established itself as an important treatment for Major Depressive Disorder, Generalized Anxiety Disorder, and Post-Traumatic Stress Disorder.¹ Further, as summarized by the Oregon Psilocybin Advisory Board Rapid Evidence Review and Recommendations on July 30, 2021:

High quality phase 1 and 2 clinical trials suggest that psilocybin is efficacious in reducing depression and anxiety, including in life-threatening conditions. The effect sizes of psilocybin treatment trials are large, though limited diversity of clinical trials participants limits generalizability. In all of these trials, psilocybin is administered in the context of counseling support in the weeks before and after dosing. The FDA has designated psilocybin a breakthrough therapy for treatment of depression, indicating that preliminary clinical evidence suggests it may represent a significant improvement over existing therapies. Initial research also suggests that psilocybin may be efficacious in reducing problematic alcohol and tobacco use. Across studies, psilocybin increases spiritual well-

being which may mediate other observed benefits. Study participants also commonly rate their psilocybin experiences as highly meaningful.ⁱⁱ

The Oregon review notes:

Published clinical trials have administered biosynthesized psilocybin, but mushroom consumption has been the dominant form of psilocybin used in traditional and unsupervised settings. *Psilocybe cubensis* is the best characterized mushroom species for production, though psilocybin and psilocin concentrations vary widely by dried weight of mushrooms. There are established technologies for analyzing commercial mushroom products to quantify psilocybin concentration and potential contaminants.

The Oregon review assessed whether there were studies on the supervised use of psilocybin on depression, anxiety disorders and obsessive-compulsive disorder, trauma-related disorders and racial traumas, substance use disorders, palliative care (pain, end-of-life, etc.), spirituality, and a category of “other conditions.” Each category lists a finding based on the existing research at the time and some categories showed there was no existing research for the respective category. Further, the review looked at interpersonal, medical, and psychological risks, noting that most adverse reactions were associated with the dose level and that “many of these effects have not been definitively linked to any actual harms and some (e.g., anxiety) might be positively correlated with therapeutic benefit.”

A Rand study titled “Considering Alternatives to Psychedelic Drug Prohibition” published on June 27, 2024, presented policy findings on the use of other psychedelic drugs, including LSD, noting:

Formulations of LSD, MDMA, and psilocybin have been given the “Breakthrough Therapy” designation by the FDA for specific mental health conditions (Heal et al., 2023; Hippensteele, 2024).

The Working Group did not have separate discussions of these formulations, primarily noting that additional research needs to be done, but also supporting uses where the research has shown that with appropriate oversight, use of psilocybin and Ketamine are beneficial for persons with certain mental health conditions. The Working Group did not discuss non-therapeutic use of psychedelics.

Appendix C includes a list of studies that may be useful for further review.

REVIEW FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS

Psychedelics, including psilocybin, remain Schedule 1 drugs. As noted in the Rand study:

Federal Laws and Policies on Psychedelics

Although some of the substances listed in Table 1.1 [see the report] have been used for millennia, others were not discovered until the 20th century. Many of these drugs were not prohibited in the United States until the mid-to-late 1960s (“2 States in West Ban Sale of LSD,” 1966; Oram, 2016), but some were prohibited before,¹² some after.¹³ With the

passage of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (Public Law 91-513, 1971), the federal government consolidated several federal drug laws and created a revised system for categorizing controlled substances.

Title II of that Act, also referred to as the CSA, classifies controlled substances into five schedules based on the “drug’s acceptable medical use and the drug’s abuse or dependency potential” (Public Law 91-513, 1971; DEA, undated-a). In general, the lower the schedule, the more restrictions are imposed on that substance. All the psychedelic substances listed in Table 1.1 are classified as Schedule I.

When thinking about the CSA and scheduling, it can be useful to think about two buckets: those without a federally recognized medical value (Schedule I) and everything else (Schedules II–V) (Caulkins et al., 2016). New substances can be added to these schedules, and it is also possible for drugs to be moved into different schedules through legislative or administrative actions. Substances can also be removed from the CSA (i.e., descheduled; see Lampe, 2023) and some people have offered ideas and legislation about creating new schedules (e.g., see Nelson, 2015; Humphreys, 2016).

The illegal possession and trafficking of controlled substances are associated with different levels of criminal penalties, the severity of which are, in general, inversely related the schedule number (DEA, undated-a; DEA, 2020). Although federal agencies do make some arrests for possession, they are mostly concerned with large-scale production and trafficking. The vast majority of arrests happen at the state and local level (for more on this, see Appendix D) [see the report].¹⁴ Federal law does provide some avenues for legally accessing and using some of these substances: clinical trials, compassionate use outside clinical trials, and religious exemptions...

In Nevada, law enforcement will arrest individuals for possessing or trafficking psychedelics, but the numbers are low. During an early presentation to the Working Group, a law enforcement representative stated that any sanctioned legal use should have appropriate oversight, and Nevada should not consider decriminalizing psychedelics without having controls in place for usage.

[Insert data here from 10/11/2024 presentation.]

Arrest Data

As a result of questions raised about arrests, some information was provided by the Las Vegas Metropolitan Police Department’s Narcotics Section. The data does not represent the entirety of narcotics seized as it is just for the Las Vegas Metropolitan Area, and it does not represent all offenders arrested for narcotics-related offenses. It is also important to note that the arrests are not broken down by drug type and only on the Schedule that the drug is (I/II and III/IV/V). Even further, if an individual has used narcotics, it would typically not be ascertained other than personal admission so it would be difficult to, with certainty, provide numbers of persons influenced by illegal narcotics outside of a clinical setting.

1. How many arrests for psychedelics in 2023 for all of the Las Vegas Metro Police Department? If possible, broken down by type of drug.

In 2023, there were a total of 461 arrests by the Las Vegas Metropolitan Police Department's Narcotics Section. The arrests are for various charges and are not broken down by the type of drug either possessed, used, or sold by the offender, with the exception of Marijuana.

In 2024, YTD as of September 16, 2024, there have been a total of 357 arrests by the Las Vegas Metropolitan Police Department's Narcotics Section.

2. How many arrests for psychedelics at Electric Daisy Carnival (EDC) in 2023? If possible, broken down by type of drug.

During the 2023 Electric Daisy Carnival (EDC), there were 16 Felony Arrests for narcotics-related arrests. However, these arrests are not broken down by type of drug.

3. Amount of seized drugs broken down by weight and what type in 2023? Please break down the seizures based on what was seized at EDC versus all other arrests.

In 2023, the Las Vegas Metropolitan Police Department's Narcotics Section impounded approximately 76,000 gross grams of psilocybin. During the 2023 EDC, there were almost 110.6 grams gross grams of psilocybin impounded.

4. How many arrests for psychedelics for the first 6 months of 2024? If possible, broken down by drug type.

Arrests are not broken down by drug type, only by schedule (I/II and III/IV/V) and therefore cannot be provided aside from a total of 357 arrests by the Las Vegas Metropolitan Police Department's Narcotics Section YTD 2024 (as of September 16th).

5. How many arrests for psychedelics at Electric Daisy Carnival in 2024? If possible, broken down by type of drug.

Arrests are not broken down by drug type, but the amount seized at EDC in 2024 was approximately 168 gross grams.

6. Amount of seized drugs broken down by weight and what type in 2024? Please break down the seizures based on what was seized at EDC versus all other arrests.

In 2024, YTD as of September 16, 2024, there have been approximately 91,000 gross grams of psilocybin impounded by the Las Vegas Metropolitan Police Department's Narcotics Section. As Detective Garber provided, during the 2024 EDC, there were almost 168 gross grams of psilocybin impounded.

ACTION PLAN

Based on the discussion during the meetings of the Working Group, there appeared to be agreement that if the State of Nevada chooses to move forward with some form of legalization for the use of psychedelics as medications, there should be an appropriate oversight system.

The following points are offered as an action plan for the Nevada Legislature:

- Legislation is needed to specifically grant licensed mental health professionals authority to administer psilocybin and Ketamine. Additionally, protocols for administration of these substances should be developed by a group consisting of one representative from the applicable mental health professional licensing boards. Legislation should be considered in the 2025 Legislative Session to do so.
- A new board should be created with oversight of individuals who are not licensed professionals similar to the model developed in Oregon, and the Oregon Model for oversight should be adopted in Nevada. Legislation should be considered in the 2025 Legislative Session to do so.
- During the 2025-2026 Interim, the Division of Insurance, Department of Business and Industry, should develop a system to ensure that a person's health insurance will cover this mental health care. If needed, the Division should present a bill to the 2027 Legislative Session for this authorization.

ⁱ Improvement of Mental Health Symptoms in Response to Ketamine Therapy in Medicaid-Eligible Patients by Carl J Bonnett, Jasmine Bonder, Rakesh Jain, Andrew Stabbert, and Casey Sayre from the Journal of Psychiatry and Mental Health, Vol. 8, Issue 1, June 30, 2023.

ⁱⁱ

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/Oregon%20Psilocybin%20Advisory%20Board%20Rapid%20Evidence%20Review.pdf>