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LD 1914

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Re: LD1914 An Act to Enact the Maine Psilocybin Health Access Act

Position: Support

Dear Senator Hickman, Representative Supika, and the esteemed members of the
Committee on

Veterans and Legal Affairs:

My name is Dustin Sulak. I am an osteopathic physician with 13 years of clinical
experience
treating thousands of patients with refractory medical and psychiatric conditions using
cannabis
and other experimental treatments like psilocybin-containing mushrooms. I am the
owner and
medical director of Integr8 Health, a private practice in Falmouth, an internationally
renowned
expert and educator in the field of medical cannabis, author of several peer-reviewed
scientific
journal articles and a textbook for clinicians, a resident of Durham, and a husband and
father of
three children.

I strongly encourage you to support LD1914 which will provide legal access to a
highly-effective
and comparably-safe medical intervention for those who have not responded to
conventional
treatments. It is especially timely and important to support this legislation because a
rapidly
growing number of patients in Maine are using psilocybin-containing mushrooms and
products.

In this testimony I will focus on the safety of psilocybin therapy at the individual and
public
health level and my observations of patients who are illegally using psilocybin
currently.

Personal and Public Health Safety of Psilocybin:

Psilocybin has an acceptable risk profile and is as safe or safer than most medications
used to
treat psychiatric symptoms. The most common side effects of psilocybin therapy
include
transient moderate increases in blood pressure and heart rate, nausea, dizziness,
weakness,
tremor, drowsiness, yawning, paresthesia, blurred vision, increased tendon reflexes,
physical and
psychological discomfort, and transient episodes of psychological distress. In many
cases, the
uncomfortable aspects of the experience are an inherent part of the therapeutic
process.

The most devastating and long-lasting adverse effects of psilocybin reported in the
scientific
literature are hallucinogen persisting perception disorder (HPPD) and prolonged
psychosis.

Interestingly, these severe adverse effects have not occurred in clinical trials of

psilocybin, according to a 2020 systematic review and meta-analysis. ¹ This is likely because in the trials, psilocybin is administered in a therapeutic setting and with professional support, factors similar to the conditions described in LD1914 which are intended to increase the probability of a positive outcome.

Establishing legal access to a psilocybin service facilities and facilitators, screening procedures, preparation and integration sessions, and accurately-labeled products can effectively mitigate the only severe risks associated with psilocybin.

Beyond persistent hallucinations or psychosis, the most devastating adverse effects of using

psilocybin in Maine are the legal consequences. Currently, possession of psilocybin is a Class D

crime, which can result in up to a \$2,000 fine and one year in prison. Several of my current

patients are risking these severe penalties at this moment. This population is especially

vulnerable to the negative impacts of criminalization, legal stress and incarceration. From a public health perspective, psilocybin-containing mushrooms pose very little risk, and

much of the risk would be mitigated by establishing legal access to medical-grade products.

Recent population health data analyses have revealed that non-medical uses of psilocybin and other

classical psychedelics are not linked to mental health problems ², psychological distress or suicidality³.

Current Status of Psilocybin Use in Maine:

It is important for the Committee to know that patients in Maine are currently using psilocybin

illegally with remarkable results. I am currently following approximately 40 patients who are

effectively using psilocybin to treat depression, chronic pain, spasticity and other neurologic

conditions, and the psychological distress that often occurs near the end of life.

These patients and their caregivers become criminals when they grow, purchase, or use

mushrooms to relieve their symptoms. They often do not disclose their use of psilocybin-

containing products to their other doctors, increasing their risk since some other medications

have potential drug-drug interactions with psilocybin. Furthermore, I see many patients who

would be excellent candidates for a trial of psilocybin but have no access to the mushrooms,

many of whom are nearing the end of their lives.

Psilocybin-producing mushrooms can be cultivated in one's home with relatively little expertise

and equipment. Mushroom spores, which contain no psilocybin and are therefore not considered

a controlled substance, are readily available on the internet. It is inevitable that increasing

numbers of suffering patients will grow their own, and I implore the Committee to reduce their

potential harm by supporting this legislation.

Cases:

I'd like to conclude with two recent cases that demonstrate the real-world applications. The first is a 59-year-old engineer with a long history of depression that became exacerbated after his father died, and symptoms persisted despite psychotherapy. The depression was disabling, having a negative impact on his performance at work and on his close relationships. He experienced some improvement in symptoms with mushroom micro-dosing, using capsules illegally made and sold by an underground herbalist. These capsules produced no impairment and no adverse effects. Later, he experienced a psychedelic-assisted therapy session with an underground therapist that profoundly shifted his perspective on key aspects of his life and resulted in a sustained resolution of symptoms over 3 months to date. The next is a 70-year-old retired school teacher who suffered a stroke 2 years ago during an orthopedic knee surgery. The stroke left her with chronic pain and left-sided spasticity. Over 2 years she's implemented a variety of pharmaceutical, non-pharmacological, and alternative treatments for her devastating symptoms. After adding a small daily dose of psilocybin mushroom capsules that produce no impairment, she reports feeling "lighter and more at ease." The mushrooms allowed her to stop using oxycodone 5mg up to three times daily and to reduce gabapentin, which was contributing to fatigue, from 900 to 200mg daily. These patients, and so many others, are committing victimless crimes and risking their freedom in order to help themselves heal. Please support LD1914 to remove criminal penalties, provide hope to refractory cases, and create the necessary infrastructure to safeguard against the most dangerous adverse effects of a medicine that is, appropriately, rapidly growing in popularity due to its impressive therapeutic efficacy and safety.

Sincerely,

Dustin Sulak D.O.

Owner and Medical Director

1 Psilocybin as a New Approach to Treat Depression and Anxiety in the Context of Life-Threatening Diseases—A

Systematic Review and Meta-Analysis of Clinical Trials

2 Krebs, Teri S., and Pål-Ørjan Johansen. "Psychedelics and mental health: a population study." PloS one 8.8 (2013):

e63972.

3 Johansen, Pål-Ørjan, and Teri Suzanne Krebs. "Psychedelics not linked to mental health problems or suicidal behavior: A population study." Journal of psychopharmacology 29.3 (2015): 270-279.