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February 1, 2022

The Joint Select Committee on Health and Human Services
100 State House Station
Augusta Maine 04333

Re: LD 1582, An Act To Enact the Maine Psilocybin Services Act
Position: Neither for nor against

Dear Senator Claxton, Representative Meyer and members of the Committee:

My name is Dustin Sulak. I live in Durham and own a medical practice in Falmouth. I am a licensed osteopathic general practitioner who has devoted the last 12 years of my career to the use of experimental therapies in the treatment of patients who have failed to respond to traditional treatments. I am most well-known for my expertise in the field of medical cannabis, and have gained international recognition for my contributions to the field, including authoring 7 peer-reviewed publications and a textbook, Handbook of Cannabis for Clinicians, published by Norton Professional. One of my peer-reviewed publications reported observational data of 525 patients who used cannabis to replace opioid drugs; over 40% of the cohort were able to completely discontinue opioids and another 45% were able to reduce their dose.[1]

Psilocybin is an important emerging therapy for refractory conditions. After preliminary research demonstrated impressive safety and efficacy, the FDA granted "breakthrough therapy" status to psilocybin. This accelerated the drug development pathway of psilocybin for use in patients with treatment-resistant depression and major depressive disorder. While psilocybin offers great therapeutic potential for these conditions, it is a versatile medicine that can be used to treat a wide range of mental and physical conditions.

Psilocybin is the active component found in psilocybe mushrooms, which 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 important for the committee to know that patients in Maine are currently using psilocybin illegally with remarkable results. I am currently following approximately 20 patients who are effectively using psilocybin to treat depression, chronic pain, and perhaps most importantly, in hospice care to provide compassionate relief of death anxiety, pain, and terminal depression at the end of life.

These patients and their caregivers become criminals when they grow, purchase, or use this relatively safe and highly effective natural medicine. 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 drug, many of whom are nearing the end of their lives.

The language of LD 1852 addresses the use of high doses of psilocybin in the context of psychedelic-assisted therapy for the treatment of psychiatric conditions. It is important to point out that psilocybin is a versatile drug with therapeutic potential much broader than this single application. For example, very low doses of psilocybin have been shown in small clinical trials to reduce chronic pain, including highly refractory conditions like phantom limb pain, cluster headache, and migraine headache[2,3]. These applications produce minimal to no psychoactive effects and do not require a psilocybin service center or facilitator, but would certainly benefit from medical provider authorization and oversight.

I am encouraged by the submission of a bill that endeavors to improve access to psilocybin-containing mushrooms and products. I must, however, emphasize some of the shortcomings of this bill and implore the Committee to consider the following essential amendments:

1. **Need to decriminalize to protect current patients:**

   Based on my experience working closely with the medical cannabis program since its inception in 2010, I am aware that the implementation of measures like LD 1582 can take a several years. This has been especially true for the DHHS rulemaking process. I suggest that an initial first step is to acknowledge the harm and injustice of maintaining the criminalization of a vulnerable population of patients currently using or seeking treatment with psilocybin.

   I propose amending this bill to include language that removes criminal penalties for possession and cultivation of small amounts of psilocybin-containing mushrooms, e.g. 4 ounces (fully dried). Regardless of the dosage required, this amount would last most psilocybin-using patients several months to a year. The authorization of a medical provider (similar to that required for participation in the medical cannabis program) could be required.

2. **Need to authorize the use of psilocybin in outpatient and inpatient medical facilities and any setting in which hospice care is being administered.**

   The current state of LD 1582, which mandates the consumption take place in a psilocybin service center, would effectively discriminate against many of the patients who would be the most likely to benefit from this treatment, namely those with late-stage terminal conditions and those who are unable to travel to service centers due to their medical condition.

3. **Need to expand eligibility to those younger than 21 years of age.**

   Minors should be eligible to use psilocybin under the supervision of their physician, similar to the current medical cannabis statue that allows the treatment of minors with medical supervision. A 20-year old with terminal cancer should not have to wait for their birthday to benefit from this treatment.

In summary, I strongly support expanding access to psilocybin, but implore the Committee to amend the bill as described above. Most importantly, decriminalizing small amounts to protect current patients, who are not criminals but simply using a mushroom to relieve suffering, is essential.

Sincerely,

Dustin Sulak, D.O.

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[1] Takakuwa, Kevin M., and Dustin Sulak. "A survey on the effect that medical cannabis has on prescription opioid medication usage for the treatment of chronic pain at three medical cannabis practice sites." *Cureus* 12.12 (2020).

[2] Castellanos, Joel P., et al. "Chronic pain and psychedelics: a review and proposed mechanism of action." *Regional Anesthesia & Pain Medicine* 45.7 (2020): 486-494.

[3] Schindler, Emmanuelle AD, et al. "Exploratory controlled study of the migraine-suppressing effects of psilocybin." *Neurotherapeutics* 18.1 (2021): 534-543.