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Esteemed Members of The Maryland Senate:

My name is Dr. Brian Peacock, and I am a licensed clinical psychologist in Maryland. In addition to serving patients hospitalized in mental health crises and providing diagnostic evaluations, I have dedicated my research to understanding the role that psychedelic-assisted treatments have in advancing mental health treatment. I reviewed more than 1,100 scientific articles to understand the effects of psychedelic medicines, their safety profile, and their effectiveness for different conditions. As an expert in psychedelic-assisted treatments, I unconditionally support SB1009 to establish a task force to investigate the responsible use of natural psychedelic substances in Maryland. My research shows these compounds offer significant mental health benefits to Marylanders while posing minimal risk. At this time, it is prudent to investigate how these medicines can be responsibly made available.

The task force established by SB1009 will investigate four specific natural psychedelic substances: psilocybin and psilocin (derived from magic mushrooms), non-peyote mescaline (derived from cacti), and dimethyltryptamine (derived from many plants, some of which are likely in your backyard). Each of these compounds has been used for millennia by indigenous people with medical studies from the last century demonstrating an extraordinary safety record, far better than most pharmaceuticals. Hundreds of clinical studies from leading research institutions—including Johns Hopkins University, University of Maryland, and the VA—have shown these natural psychedelics to be extremely effective for treating intractable mental health conditions including severe depression, suicidality, substance use disorders, pain conditions, headache disorders, and anxiety in terminal cancer patients, among others. Some natural psychedelics have also been shown to increase general well-being, even when taken in low doses that do not impair cognition or produce perceptual effects (micro-dosing).

At present, the only psychedelic that is legally available in Maryland is ketamine, a synthetic Schedule-III drug prescribed for treatment-resistant depression and other mental health indications. Ketamine is fast-acting, producing fast results. Unfortunately, these results do not last, and re-administration is needed. While ketamine treatment has been life-changing and life-saving for many patients, I have serious concerns regarding the addictive potential and cognitive damage caused by long-term, ongoing ketamine treatment. Still, ketamine fulfills a vital role in treating otherwise debilitating and intractable mental health conditions. SB1009 gives providers and patients alternate treatment options that are equally or more effective than ketamine but are more durable, have fewer side effects, and show little to no potential for addiction. I urge you to consider the importance of having options regarding the choice of psychedelic-assisted treatment, given the uniqueness of each patient suffering from mental distress.

The natural psychedelic substances to be investigated by the task force are non-addictive and are in fact anti-addictive in many cases. With an ongoing opioid crisis in Maryland, natural

psychedelics are poised to be part of the solution. A major driver of the opioid crisis is the unavailability of effective medications for chronic pain other than opioids. Psilocybin shows significant promise in relieving debilitating pain conditions while presenting minimal risks. Psilocybin alters pain perception by helping to reshape synapses to better cope with pain while reducing inflammation. As a treatment for addiction, psilocybin is effective in treating alcoholism and tobacco use disorder. Other natural psychedelics show incredible promise in helping patients to discontinue opioid use while minimizing withdrawal symptoms.

Based on my extensive research and experience as a mental health clinician, I believe that SB1009 is an essential step in improving the mental health care available to Marylanders. I am asked by patients all the time how they can obtain the psychedelic-assisted treatments that they desperately need. Sadly, I have few options to offer beyond ketamine or expensive travel to jurisdictions where psychedelic treatments are legal. As you consider this issue, remember that SB1009 is only a task force from which experts in healthcare, law enforcement, veteran affairs, indigenous policy, and others will generate recommendations for future legislation. The task force will make an informed recommendation considering the safety and risks of psychedelic availability and the advantages. For the benefit of your constituents, I urge you to vote 'yes' to SB1009.

Sincerely,
Dr. Brian C. Peacock
Licensed Clinical Psychologist (Maryland #07046)