

John Clifton

Regarding HB548 in Health and Government Operations Committee

February 19th, 2024

Chair Peña-Melnyk, Vice Chair Cullison and Delegates of the Health and Government Operations Committee,

Thank you for taking the time to read my testimony urging you to support HBHB548 Task Force on Responsible Use of Natural Psychedelics Substances.

My name is John Clifton. I'm a senior medical student graduating from the University of Maryland School of Medicine. I will be pursuing residency training in Emergency Medicine. I also have about 7 years of experience in the psychedelic research and facilitation field. I spent multiple years as a research coordinator at Johns Hopkins Center for Psychedelics and Consciousness Research and published my own research at the University of Maryland School of Medicine (<https://www.researchgate.net/profile/John-Clifton-2>). I've also had the unique pleasure of interning down here in Annapolis this month on behalf of USM for a "legislative medicine" elective. I appreciate all the work each of you do on behalf of the citizens you represent. I've certainly gained a deeper appreciation for the legislative process.

I'm testifying in favor of HB548 because I've come to believe that the future of psychedelics in this country will include, but will also reach far beyond, the psychotherapeutic medical model that is currently being utilized in most academic research settings.

I've come to believe that the vast majority of adults who will be seeking out psychedelic services are not suffering from a severe psychiatric condition and thus have no interest in utilizing a medical model. I've spoken with literally thousands of fathers, mothers, teachers, lawyers, priests, rabbis, you name it- they all have new found interest in psychedelics because of the research that has shown that these substances can produce valuable, interesting and meaningful experiences. People are curious and, as adults, they feel they should be able to legally purchase psychedelics and use them at their own discretion with full knowledge of the potential risks. And, frankly, they are already doing so, but under current legislation they would all be considered criminals. The public health harm index of "illicit" psychedelics is very low (Nutt et al., 2007; Morgan CJ et al., 2010). It doesn't mean it's zero, just low. Much lower than the harm index for alcohol and tobacco, which we regulate and allow adults to purchase for use at their own discretion (for better or worse).

I'm concerned that Maryland will fail miserably in developing a regulatory framework for psychedelic access without HB548. This time is now. For example, successful phase three clinical trials evaluating MDMA therapy for PTSD has been completed and the FDA has to make a decision on the recently submitted NDA before the end of 2024, which means that MDMA will be federally rescheduled this year or early 2025. HB548 does not include MDMA, I just mention it to show that policy is rapidly changing on state and federal levels.

I'm also concerned, and believe you should be too, by the pseudo-medical "psychedelic services" frameworks being rolled out in states like Oregon (please read "Perilous Policy of Oregon's Psilocybin Services" by Holoyda, 2023). It is an example of a "trojan horse" phenomena. Maryland has unfortunately already enacted this in the form of medical marijuana, which most people simply access for recreational purposes (D'Souza et al., 2015). This framework is highly problematic and destroys the credibility of the data pool to assess legitimate medical potential, amongst numerous other issues. It blurs the boundaries between what is medical and not medical and will be a litigious and ethical nightmare. If enacted for psychedelics, people who have no interest in using facilitator services will be forced to use it and pay far too much, and people who are seeking treatment for legitimate mental health conditions will not be as safe as possible.

Holoyda states, and I agree:

"For many reasons, it may have been better for Oregon to legalize recreational psilocybin outright, as the legal repercussions from its model will likely be extensive. Had the state legalized the recreational sale of psilocybin, sellers may have had limited liability for the outcomes of individuals consuming the product. Because the state has imposed the requirement of an administration session overseen by an inadequately trained facilitator with a pseudo-professional license at a designated service center, however, there will now be licensed individuals and facilities responsible for the negative outcomes that result."

We need a robust, medically-monitored psychotherapeutic model for individuals who need to access this therapy, but that is already being taken care of through clinical trials. We also need to legalize recreational psilocybin access for individuals who do not need or want the medical services. We do not need to lie to ourselves and create a "legal recreational psilocybin administration under a faux-therapeutic guise". HB548 will allow Maryland to patiently, meticulously, and intelligently study the best way to go about doing so.

Please do not hesitate to reach out to me to discuss this further. Even if you do not support this bill, I'd be delighted to talk and answer any questions or concerns you might have about this topic.

Thank you for taking the time to read my testimony.

With Gratitude,

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Citations:

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Nutt D., King LA, Saulsbury W., Blakemore C. (2007) Development of a rational scale to assess the harm of drugs of potential misuse. *Lancet* 369: 1047-1053.

Brian Holoyda

Holoyda, Brian. The Perilous Policy of Oregon's Psilocybin Services

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