

Supporting HB 0548

Good Day. My name is Amy Johnson, I have been an independently licensed clinical social worker in Maryland and Washington, DC for over 13 years. I have been living and raising a family in Silver Spring, MD for the past 15 years. My professional area of focus is working with adult trauma survivors, supporting folks in understanding, meaning making and finding healthy, holistic paths beyond the painful lived experience of complex trauma(s). I have worked in a variety of mental healthcare settings including Community Mental Health, Rape Crisis Advocacy, Hospice and Palliative Care, Couples and Sex Therapy, Grief Counseling and over the past 3 years as a Psychedelic Harm Reduction & Integration Therapist and Coach. It is with this decade of direct services experience with trauma survivors that I sit before you today, in support of HB 0548.

Psychedelics are very exciting. We are living through a Psychedelic Renaissance; however, the enthusiasm of these now more widely available modalities and interventions must be couched in the lived experience of those taking the medicine. I have grown as a Psychedelic Therapist and Coach in supporting people through what we call "Fallout" experiences. The expectations around Psychedelic Therapy can seem too good to be true; we must be wary of magic bullets - the enthusiasm of the emerging Psychedelic space speaks often and fondly of the good but I have found for so many consumers there is so much more to lasting, profound change and healing than any single medicine, or single session or single provider can offer.

I come to you today drawing attention to the gaps in our developing Psychedelic field. In Maryland one can apply for the Hopkins or Aquilino trials, these are good teams with fantastic credentials and throughout protocols and still clients need more support making sense of their psychedelic experience. There is a huge diversity gap, trial participants are overwhelming white, male and of higher socio-economic status; there are income barriers that leave even the consideration of treatment with psychedelics off the table. At price points that vary wildly and largely non-reimbursable we must ask, who is this treatment for? The long shadow of failed drug war policy looms over our renaissance. The systematic targeting of Black and Brown communities is a harm we must find a way to face. We see the potential in how Cannabis has rolled out, bringing Millions to the state while disenfranchising BIPOC growers, business owners, and wisdom keepers. We see it in ketamine clinics operation, often encouraging more medicine rather than more integration. Without dedicated attention to the needs of clients and the larger community these gaps and barriers will continue to manifest in further psychedelics as they come to market.

A Personal share: I've been asked many times over the past few years to share client stories, but I think it more profound to share my own. Following a sexual assault in 2021 I was overwhelmed and unmoored; I couldn't eat, couldn't sleep, couldn't work. As a trauma-informed victim services provider I knew all the right people to seek support from, but unable to work I couldn't afford them, or because of our personal connection unable to work with them. 10 years in complex, trauma-informed mental healthcare and I too fell through the gaps. I developed destabilizing symptoms, the worst of which were spontaneous vomiting, losing 30lbs in 6 weeks, and experiencing near constant suicidal imagery; I saw myself falling out of windows, hanging, driving into traffic. I was terrified. I could barely function and was consumed with ruminating thoughts, panic, shame, and an unshakable fear. After reaching out to many providers, I made a last-ditch effort and contacted a ketamine clinic. I met criteria for care, was given IV ketamine, left alone in a medical office room for about 2 hours and asked to come back when ready. Despite my

questions, what was ready, how long will I need to do this, will I be ok - the medicine worked. After 3 treatments the more alarming of my symptoms relented, I could eat, I began to sleep through the night, no more imagery. While grateful for the care (and I am deeply grateful for the care), it was not enough. No longer suicidal I had to recommit to my life, putting the pieces back together truly is the hardest part of trauma recovery. To do this I needed an integration therapist or coach, and I could not find any.

Over time, as my system settled and I began to heal I entered into Psychedelic Studies with the goal of becoming the provider I needed, BIPOC and trauma informed. Throughout my training, community organization, interdisciplinary care models, dismantling of oppressive systems, mindfulness, the value of time and attention came into ever greater focus. I truly believe these medicines hold the potential to support the healing of many, but it is the interpersonal healing work, community reconnections, collaborative care designs, dedication of trauma-informed supports and the time it takes to develop new, healthier patterns that is just as important as the medicine we ingest. For so many, like me, the medicine is the beginning of a healing journey.

I believe HB 0548 is a beginning, and I encourage you all to vote in favor of this renaissance.

Respectfully Submitted,

Amy Johnson, LCSW-C/LICSW, PHRI

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