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Re: SB0709

Maryland Senate Budget and Taxation Committee

Dear Senators,

I wish to provide testimony regarding SB0709, which involves supporting veterans by funding treatment and treatment research for Post Traumatic Stress Disorder (PTSD), in part regarding psychedelic drugs. I write in support as an individual rather than a representative of Johns Hopkins.

I am the Susan Hill Ward Professor of Psychedelics and Consciousness at Johns Hopkins University School of Medicine and have been conducting research with psychedelics for approximately 18 years. I am regarded as one of the world's leading experts on the efficacy and safety of psychedelics as treatments. I have published seminal work on the risks associated with psychedelics and how they are appropriately addressed in medical practice and research. I have conducted and published studies of psilocybin (the active agent in "magic mushrooms") in the treatment of cancer-related end-of-life anxiety, Major Depressive Disorder, and tobacco addiction.

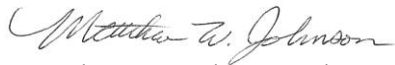
I wish to make three points:

- 1) Several studies, including ones I have published, over the last decade have shown that psilocybin, in only one, two, or three medication-administration sessions, can cause extremely large reductions in depression, anxiety, and addictive substance use that last for 6 months and even up to several years, and in most patients treated. In the coming months I will be starting a clinical trial testing psilocybin for PTSD, and a study of the alternative treatment "holotropic breathwork" for PTSD. Similar research has found the psychedelic compound MDMA to cause long-standing reductions in PTSD symptoms with only three MDMA administration sessions. Although still going through trials for potential FDA approval for medical use, the results have been extraordinary and constitute, in my opinion, the most significant advances in the treatment of mental health of the last half century. Both psilocybin and MDMA have been officially granted the coveted "breakthrough therapy" designation by the FDA, signifying remarkable promise for a large public health need.
- 2) There are risks associated with the various psychedelic compounds but these risks are well characterized and methods for squarely mitigating these risks to an acceptable level are well known. This includes patient screening (to exclude for vulnerabilities such as schizophrenia or severe heart disease), preparation for the session including rapport building with the therapists to be with the patient during the psychedelic session, careful monitoring of the psychedelic session by therapists, and follow-up sessions to process the psychedelic experience and probe for any adverse effects.

- 3) A major obstacles to advancing this research is insufficient funding. The studies discussed above were all supported by philanthropy. Until very recently, the federal government (including NIH) had not funded a therapeutic study with a classic psychedelic compound such as psilocybin for approximately 50 years. The major obstacle to more rapid advancement of this science is insufficient funding for clinical research.

Maryland has long been a national leader in medicine and healthcare. It also happens to be home of some of the earliest promising therapeutic research with psychedelics in the 1960 and 1970s (at the Spring Grove Hospital and the Maryland Psychiatric Research Center). More recently, my research group at Johns Hopkins has been the preeminent research group in the nation during the modern resurrection of psychedelic research. I support SB0709 to maintain Maryland's leading role in medicine and health care, including the therapeutics of psychedelics, by supporting critical research on alternative treatments for veterans with PTSD.

Sincerely,



Matthew W. Johnson, Ph.D.