

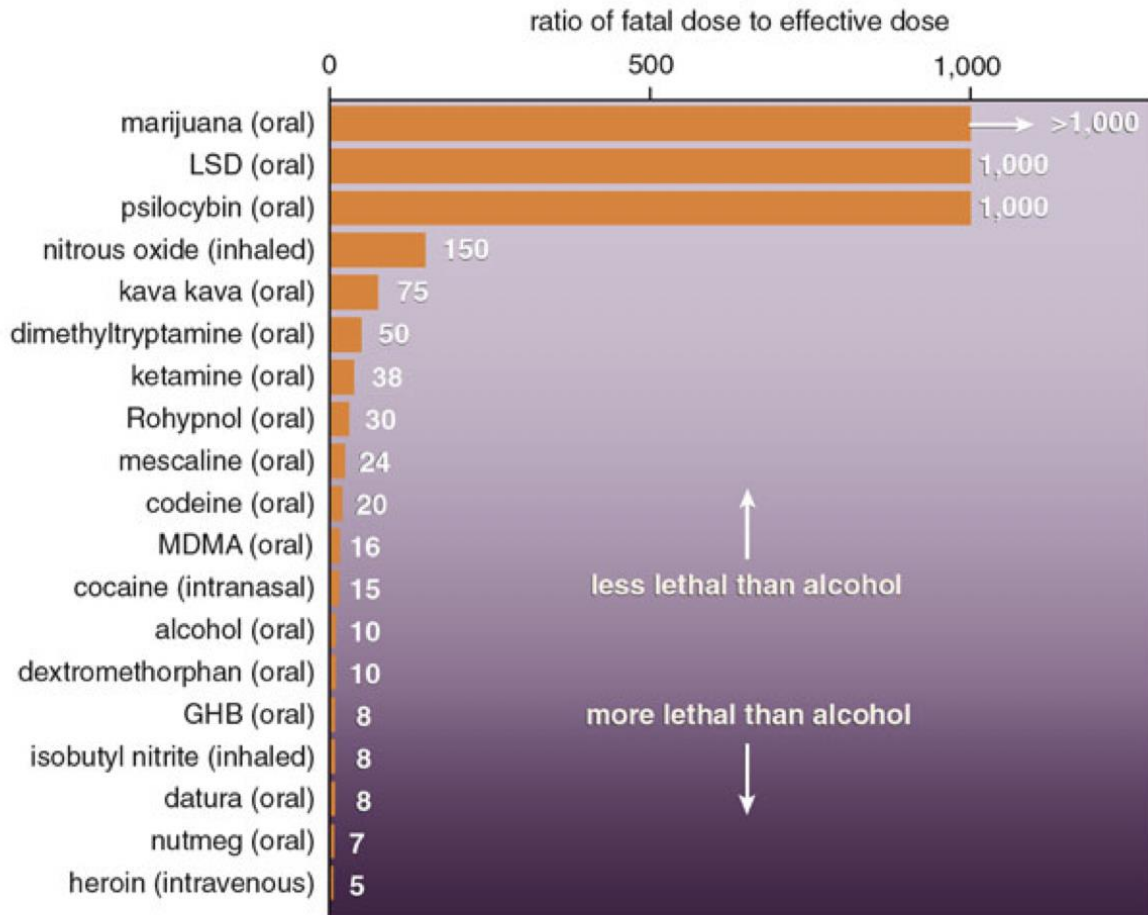
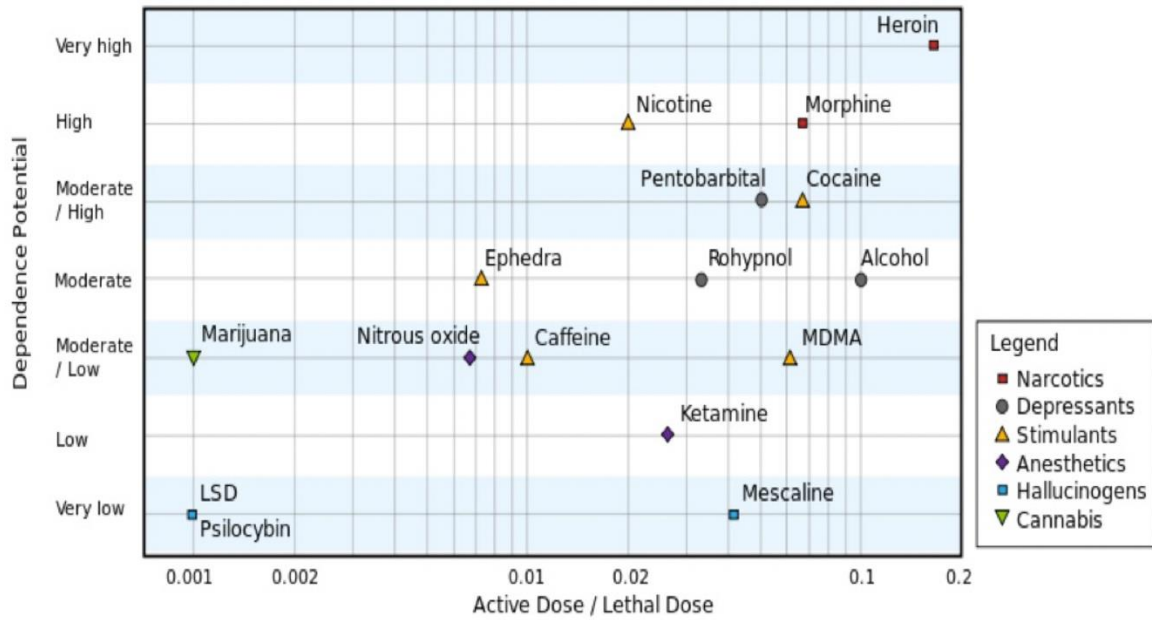
My name is Katherine MacLean and I am a mother, Vermont resident, and psychedelic scientist. I received my bachelor's degree in Psychology from Dartmouth College in 2003, and then my PhD in Psychology from University of California, Davis in 2009. From 2009 to 2013, I had the distinct honor to work alongside Dr. Roland Griffiths and his world-class team of psychedelic researchers and clinicians at the Johns Hopkins University School of Medicine. I learned from the best and received government funding as well as philanthropic grants to conduct cutting-edge research with psilocybin, which is the primary psychoactive chemical found in "magic mushrooms". While at Hopkins, I observed time and time again that psilocybin is capable of producing deeply meaningful and positive psychological changes, as well as a wide range of health benefits that persist for many months after the psilocybin experience ends.

At Hopkins, I worked with people of all ages, backgrounds, and vocations. Our team administered psilocybin to people who wanted to quit smoking cigarettes and people facing a terminal cancer diagnosis. In recent years, the Hopkins research center has expanded to studying many clinical treatment outcomes, including depression, various types of substance dependence, dementia, and eating disorders. I consider our research participants to be some of the luckiest people on Earth, to receive such high-quality, safe, and effective experiences with a chemical that has been deemed illegal and unsafe for the general public.

Of course, this "Hopkins psilocybin experience" remains out of reach for the large majority of US citizens, including Vermont residents. Each research study costs over a million dollars to run, including drug manufacturing and oversight, staff, and therapist compensation. Of course, we were lucky at Hopkins, because we didn't have to pay to rent the session room. An estimated cost I have seen quoted by major psychedelic drug development companies is around \$20,000 for a single round of treatment, which usually includes preparatory therapy, 2 psilocybin sessions, and post-session therapy. As we all know, the American healthcare system is struggling to meet even the basic needs of most Americans. Psychedelic medicine will be no different: it will be expensive, hard to access, and likely not covered by most people's insurance.

Thankfully, psilocybin grows naturally, in the form of mushrooms. As many Vermonters can attest, the process of growing your own mushrooms is simple, safe and effective. Psilocybin itself is one of the safest chemicals known to science, safer than any recreational drug you can think of, including alcohol and caffeine (see Gable graphs below). It is nearly impossible to overdose on psilocybin, and notable physiological side effects are mild, including temporary increases in blood pressure and heart rate, and sometimes a mild to moderate headache the day after. When a person ingests whole, dried mushrooms, the additional physical side effects include a bit of a stomachache and nausea during the first half hour to hour, due to the gut breaking down the physical mushroom material.

## Active/Lethal Dose Ratio and Dependence Potential of Psychoactive Drugs



Gable, R. S. ( 2006). The toxicity of recreational drugs. *American Scientist* 94: 206-208.

Of course, I do not want to downplay the very serious psychological challenges of psilocybin. As we found at Hopkins, psilocybin experiences can be harrowing. The good news is that even the most challenging experience can be managed well with companionship – having a safe, sober person with you to hold your hand and remind you that everything is ok – and other forms of emotional support, like music. I strongly believe that these skills are teachable and that we can educate and empower Vermont residents to take care of themselves and others through these experiences. As with birth midwives and death doulas, chaplains and home nursing care, and even traveling nutrition experts, I believe it is possible to create the structures of professional and volunteer support to enable many Vermonters to safely have psilocybin mushroom experiences in their own homes. When we remove the criminal penalties and prohibitions around this kind of home experience, we will make Vermont an even safer, happier and healthier place to live than it already is. We can be a model and a beacon for other states, demonstrating that there is a safe alternative to a purely medical model that, while effective, is expensive and hard to access.

When I first moved to Vermont in my early 20s, I could never have imagined a day when we would be seriously debating the merits and safety of psilocybin mushrooms for legal consumption. Twenty years later, as a mother to two young children and someone who has endured my fair share of loss and illness, I look forward to the day when the safe, effective and meaningful personal experiences I saw at Hopkins can be made legally available to my fellow Vermont residents.