

**Senate Bill No. 242**  
**Nevada Health and Human Services Committee on 23 March 2023**  
**Testimony presented by Bryan H. Lang**  
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Good afternoon, Committee Members. For the record, my name is Bryan H. Lang. My lifetime work is in medical and psychotherapeutic quality improvement – essentially, how do we do a better job healing our communities. I’ve worked with over 400 healthcare organizations globally, including blue chip hospitals, veterans and military health, clinics, the English National Health Service, and the Sultan of Brunei’s Royal Hospital. This is my 15<sup>th</sup> year of work with psychedelic harm reduction and promising new psychotherapeutic compounds and therapies as well as training development for law enforcement, mental health professionals, physicians, EMTs and first responders as well as consumers.

I’m also the co-author of the mandated evaluation report of the Denver Psilocybin Decriminalization Initiative.

Psilocybin has been used for over 9,000 years, with tens of millions of users. During that time, there are 3 documented deaths due to toxicity. The FDA granted psilocybin breakthrough status, so safety and toxicity has been cleared. Expected approval for US therapeutic use is 2024. Australia just legalized psilocybin for therapeutic use.

Over 500 years ago, the Swiss physician Paracelsus observed that the dose makes the poison.

- Water can be lethal – a condition known as hyponatremia
- Over 500 deaths annually in the US occur from acetaminophen (Tylenol)
- The CDC reports over 140,000 alcohol-related deaths annually – clearly, with no FDA clinical trials assessing medical benefit!

Psilocybin is different. In a 2022 study of 9,233 past-year users, 19 sought emergency care. All but one returned to normal after 24 hours.

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The 2010 UK Drug Harms Report rated substances with respect to harm of use to self and others. Out of a scale of 100, psilocybin was rated 6, versus tobacco 26, methamphetamine 33, heroin 55, and alcohol 72 – 12 times as harmful as psilocybin. Lethal dosage of psilocybin has been estimated at 22 pounds of fresh mushrooms, equalling 2.2 pounds of dried mushrooms. This would be impossible to consume without emesis.

Recreational use by tens of millions of people has shown that ingestion of dried magic mushrooms has been overwhelmingly safe.

Psilocybin is not considered addictive, nor does it cause compulsive use. The human body quickly builds tolerance to psilocybin, such that people require much higher doses to the extent that after only a few days of repeated use, it is extremely difficult to have any effect after more than four days of repeated usage.

Epidemiological studies show lower rates of mental health disorders and suicide among people who have used psychedelics like psilocybin compared to the overall population.

With all of this, why is there such a concern about safety?

Behavioral effects – what people do after consuming magic mushrooms - are often cited as a concern. These accidents are rare – a drowning in 2016 in the Netherlands, a fall from a balcony in 2017 in Berkeley, a university accident in 2020 are recent examples. These represent isolated and sensationalized cases of harm.

Accidents involving psilocybin are rare, and they have not ever happened under medical supervision.

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But the lingering effects arising from the 1960s, the countercultural and antisocial proclamations from people such as Timothy Leary, exaggerated and unsubstantiated reports on damage to the brain, conflation with other vastly more harmful substances, and the ongoing War on Drugs continue to misinform people about psilocybin.

Why support decriminalization and SB242?

You have heard testimony about Nevada's poor overall national standing regarding mental health, the appalling rates of suicides, and especially the 22+ daily suicides of veterans.

You have heard and I'm certain will hear testimony about how illegal personal use of psilocybin has resulted in transformational mental improvements.

At the Horizons conference last year in New York, it was stated that there are 23 not-for-profit organizations in the US whose sole purpose is to send veterans outside of the US for mental health treatments when their needs are not met by the VA or legal US treatment approaches.

Sadly, a 2021 study reports that 45% of individuals with a clinical-level mental problem do not seek professional help. The reasons were not surprising: lack of confidence in the mental health system was - at 37% - the number one reason for not seeking professional intervention, followed by a lack of knowledge of what kind of help to seek (34%). Unaffordability was an obstacle to getting help for 25% of U. S. respondents, about the same percentage as those citing concerns about being stigmatized for seeking mental health treatment.

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That was in 2021, and despite all efforts by the psychotherapeutic profession and the pharmaceutical companies, our mental health in Nevada and in the US continues to decline.

Most people don't have the economic luxury of traveling outside the US to a clinic or retreat where psilocybin therapy is legally available.

Most people seek psilocybin treatment out the medical establishment because it's illegal for doctors to offer it, because (with apologies to South Park) drugs are bad, m'kay? Psilocybin is also inexpensive, commonly available, and in the usual dried form, unlike other illegal powdered substances, it is not contaminated with fentanyl, amphetamines, or other harmful substances.

The efforts by beacon research medical centers such as Johns Hopkins and the publicity arising from Michael Pollan's book and Netflix series have yielded substantial interest in the healing powers of these substances. But in the US, despite the successful clinical trials, despite its FDA breakthrough status designation, despite the published research proving medical benefit and disproving addictive potential, psilocybin continues to be listed by the DEA as a Schedule I substance – no medical use and a high potential for abuse.

So, are we listening to objective data, or are we listening to dogma?

The City of Denver was the first city to decriminalize psilocybin. As part of the voter initiative, the Psilocybin Mushroom Policy Review Panel was set up to assess and review the impact of the initiative and make recommendations to the Denver City Council. This panel was composed of a Denver City Councilman, a Denver District Attorney, a Sheriff Department Captain, a Police Department Division Chief, a licensed addictions counsellor, a harm reduction professional, a criminal defense attorney, and two initiative proponents.

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I had the privilege of serving as an independent co-author of the mandated Comprehensive Report evaluating the first year of the Denver initiative. I quote from here from the executive summary:

**“After over a year of regular meetings... the Panel unanimously agreed that decriminalizing psilocybin mushrooms in Denver has not since presented any significant public health or safety risk in the city.**

**The Panel found there to be no major increase in arrests related to the distribution of psilocybin mushrooms and no major cartel elements or organized crime. According to limited and preliminary university-level observational research for Colorado, most individuals set a positive intention prior to use and reported using psilocybin mushrooms for self exploration and mental health.”**

Esteemed members of the Nevada Health and Human Services Committee, I urge you to carefully consider and support SB242.

Thank you for your service to all the people of our state.

*Reference materials used in this presentation may be found in the file  
20230323-NV-LegislativePresentationNotes.pdf*