

**Senate Bill No. 242**  
**Nevada Health and Human Services Committee on 23 March 2023**  
**Testimony presented by Bryan H. Lang**  
References Used in the Testimony

<https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html>

## Deaths from Excessive Alcohol Use in the United States

[Print](#)

More than 140,000 people die from excessive alcohol use in the U.S. each year. Learn how you can take action.



Excessive alcohol use was responsible for more than 140,000 deaths in the United States each year during 2015–2019, or more than 380 deaths per day. These estimates are from the CDC's [Alcohol-Related Disease Impact \(ARDI\) application](#), using a new methodology. The ARDI application shows estimates of alcohol-attributable deaths and years of potential life lost from 58 conditions by age, sex, and state. [See how use of this methodology would affect previous ARDI estimates.](#)

Each year, deaths from excessive drinking:

- Shortened the lives of those who died by an average of 26 years, for a total of nearly 3.6 million years of potential life lost.
- Usually involved adults aged 35 or older and males.
- Were mostly due to health effects from drinking too much over time, such as various types of cancer, liver disease, and heart disease.
- Led to premature deaths. Deaths from drinking too much in a short time (from causes such as motor vehicle crashes, poisonings involving substances in addition to alcohol, and suicides) accounted for more than half of the years of potential life lost.

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Excessive drinking is a leading cause of preventable death in the United States, and it is also costly. It [cost](#) the nation \$249 billion in 2010 (the most recent year of data available).

<https://www.npr.org/2022/11/05/1134523220/alcohol-death-rate-cdc-report-05-Nov-2022>

## The rate of alcohol-related deaths in the U.S. rose 30% in the first year of COVID

NEW YORK — The rate of deaths that can be directly attributed to alcohol rose nearly 30% in the U.S. during the first year of the COVID-19 pandemic, according to new government data.

<https://www.ncbi.nlm.nih.gov/books/NBK441917/>

## Acetaminophen Toxicity (Tylenol)

Acetaminophen toxicity is the second most common cause of liver transplantation worldwide and the most common cause of liver transplantation in the US. It is responsible for 56,000 emergency department visits, 2,600 hospitalizations, and **500 deaths per year in the United States. Fifty percent of these are unintentional overdoses.** More than 60 million Americans consume acetaminophen on a weekly basis, and many are unaware that it is contained in combined products.

<https://www.forbes.com/sites/davidcarpenter/2023/02/06/australia-the-first-nation-to-approve-the-legal-use-of-mdma-and-psilocybin/?sh=2edf49a26fe4>

## Australia The First Nation To Approve The Legal Use Of MDMA And Psilocybin

Following decades hidden in the shadows, psychedelic drugs are at last being recognized by governments around the world as potentially life-saving medicines. Now a recent landmark decision by the Australian Therapeutic Goods Administration (TGA) will soon put that idea into legal practice and make it possible for psychiatrists to prescribe psilocybin and MDMA as early as July of this year.

The equivalent to the Food and Drug Administration in the U.S., the TGA regulates the quality, supply and advertising of medicines and most other therapeutics in Australia. The decision, says a TGA [release](#), “Acknowledges the current lack of options for patients with specific treatment-resistant mental illnesses. It means that psilocybin and MDMA can be used therapeutically in a controlled medical setting.”

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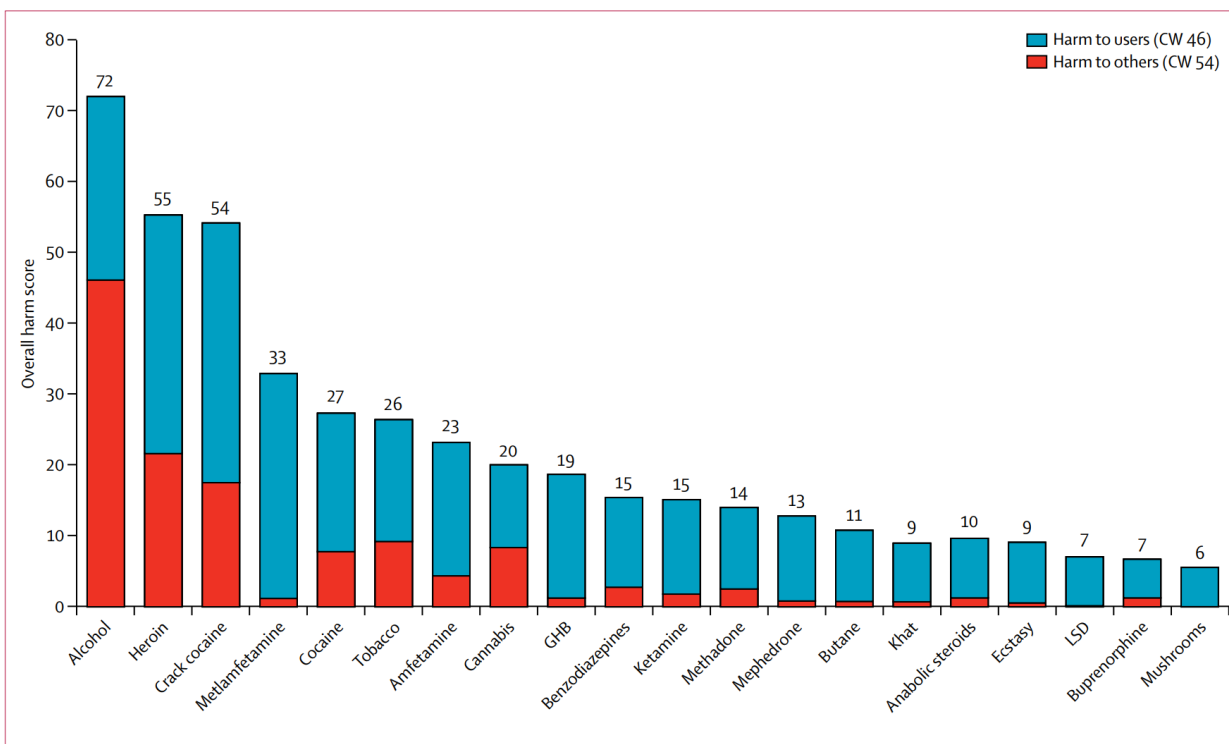
Medicines that contain the psychedelic substance psilocybin (the active compound in magic mushrooms) will be eligible for prescription to treat patients with post-traumatic stress disorder; and MDMA (*3,4-methylenedioxy-methamphetamine*, also known as *ecstasy*) will be available for patients suffering with treatment-resistant depression.

<https://www.ias.org.uk/uploads/pdf/News%20stories/dnutt-lancet-011110.pdf>

Lancet V376 Nov 6, 2010

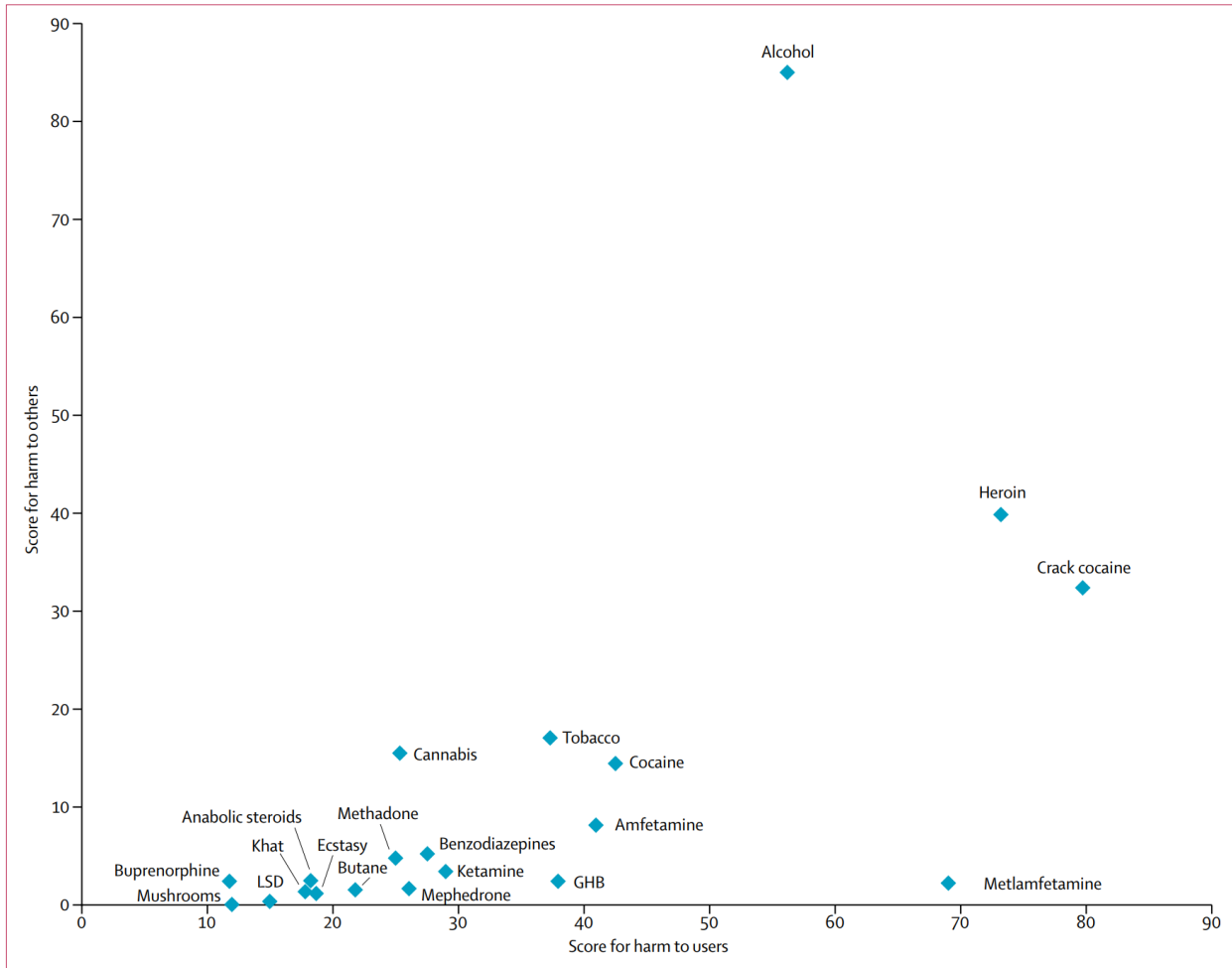
**Drug harms in the UK: a multicriteria decision analysis**

David J Nutt, Leslie A King, Lawrence D Phillips, on behalf of the Independent Scientific Committee on Drugs Summary Background Proper assessment of the harms caused by the misuse of drugs can inform policy makers in health, policing, and social care. We aimed to apply multicriteria decision analysis (MCDA) modelling to a range of drug harms in the UK. Method Members of the Independent Scientific Committee on Drugs, including two invited specialists, met in a 1-day interactive workshop to score 20 drugs on 16 criteria: nine related to the harms that a drug produces in the individual and seven to the harms to others. Drugs were scored out of 100 points, and the criteria were weighted to indicate their relative importance. Findings MCDA modelling showed that heroin, crack cocaine, and metamfetamine were the most harmful drugs to individuals (part scores 34, 37, and 32, respectively), whereas alcohol, heroin, and crack cocaine were the most harmful to others (46, 21, and 17, respectively). Overall, alcohol was the most harmful drug (overall harm score 72), with heroin (55) and crack cocaine (54) in second and third places. Interpretation These findings lend support to previous work assessing drug harms, and show how the improved scoring and weighting approach of MCDA increases the differentiation between the most and least harmful drugs. However, the findings correlate poorly with present UK drug classification, which is not based simply on considerations of harm. Funding Centre for Crime and Justice Studies (UK).



**Figure 2: Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others**  
The weights after normalisation (0–100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW=cumulative weight. GHB=γ hydroxybutyric acid. LSD=lysergic acid diethylamide.

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**Figure 3: Drugs shown for their harm to users and harm to others**  
 LSD=lysegenic acid diethylamide. GHB=γ hydroxybutyric acid.

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<https://www.hopkinsmedicine.org/psychiatry/research/psychedelics-research.html>

## **The Johns Hopkins Psychedelics Research and Psilocybin Therapy**

### **2006: Milestone study launching the revival of psilocybin research**

The publication "Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance" on the safety and enduring positive effects of a single dose of psilocybin is widely considered the landmark study that sparked a renewal of psychedelic research world-wide.

### **2014: Magic mushrooms' help longtime smokers quit**

Johns Hopkins researchers report that a small number of longtime smokers who had failed many attempts to drop the habit did so after a carefully controlled and monitored use of psilocybin, the active hallucinogenic agent in so-called "magic mushrooms," in the context of a cognitive behavioral therapy treatment program.

### **2016: Psilocybin eases existential anxiety in people with life threatening cancer**

In a small double-blind study, Johns Hopkins researchers report that a substantial majority of people suffering cancer-related anxiety or depression found considerable relief for up to six months from a single large dose of psilocybin — the active compound in hallucinogenic "magic mushrooms."

### **2018: Reclassification recommendation for psilocybin**

In an evaluation of the safety and abuse research on the drug in hallucinogenic mushrooms, Johns Hopkins researchers suggest that if it clears phase III clinical trials, psilocybin should be re-categorized from a schedule I drug—one with no known medical potential—to a schedule IV drug such as prescription sleep aids, but with tighter control.

### **2020: Psychedelic Treatment with Psilocybin Relieves Major Depression, Study Shows**

In a small study of adults with major depression, Johns Hopkins Medicine researchers report that two doses of the psychedelic substance psilocybin, given with supportive psychotherapy, produced rapid and large reductions in depressive symptoms, with most participants showing improvement and half of study participants achieving remission through the four-week follow-up.

### **2022: Psilocybin Treatment for Major Depression May be Effective for Up to a Year**

Previous studies by Johns Hopkins Medicine researchers showed that psychedelic treatment with psilocybin relieved major depressive disorder symptoms in adults for up to a month. Now, in a follow-up study of those participants, the researchers report that the substantial antidepressant effects of psilocybin-assisted therapy, given with supportive psychotherapy, may last at least a year for some patients.

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9353971/> Aug 2022 Journal Psychopharmacology

## **Adverse experiences resulting in emergency medical treatment seeking following the use of magic mushrooms**

### **Aims:**

This study investigated the 12-month prevalence and nature of magic mushroom-related adverse reactions resulting in emergency medical treatment seeking in a global sample of people reporting magic mushroom use.

### **Results:**

**Out of 9233 past year magic mushroom users, 19 (0.2%) reported having sought emergency medical treatment, with a per-event risk estimate of 0.06%. Young age was the only predictor associated with higher risk of emergency medical presentations.** The most common symptoms were psychological, namely anxiety/panic and paranoia/suspiciousness. Poor 'mindset', poor 'setting' and mixing substances were most reported reasons for incidents. **All but one respondent returned back to normality within 24 h.**

### **Conclusions:**

The results confirm psilocybin mushrooms are a relatively safe drug, with serious incidents rare and short lasting. Providing harm-reduction information likely plays a key role in preventing adverse effects.

There are only three known deaths attributed to magic mushroom toxicity ([Gerault and Picart, 1996](#); [Lim et al., 2012](#)). The estimated lethal dose of psilocybin is approximately 6 g of psilocybin drug substance, in essence 1000 times more than the threshold dose of 6 mg ([Gable, 2004](#)) and equivalent to about 10 kg of fresh mushrooms.

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[https://drugpolicy.org/sites/default/files/Psilocybin\\_Mushrooms\\_Fact\\_Sheet.pdf](https://drugpolicy.org/sites/default/files/Psilocybin_Mushrooms_Fact_Sheet.pdf)

Are psilocybin mushrooms addictive? Psilocybin is not considered to be addictive nor does it cause compulsive use.<sup>xxxviii</sup> One reason is that the intense experience, which can be physically and mentally challenging, may cause people using psilocybin to limit their frequency of use.<sup>xxxix</sup> Another reason is that the human body quickly builds tolerance to psilocybin, such that people require much higher doses after only a few days of repeated use, making it extremely difficult to have any effect after more than four days of repeated usage. And because of the similar brain receptors involved in their effects, crosstolerance occurs with LSD and psilocybin, which means that if someone takes LSD one day, the effects of taking psilocybin the next day will be diminished.<sup>xxxiii</sup>

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

<https://www.forbes.com/sites/michaelt Nietzel/2021/05/24/why-so-many-americans-do-not-seek-professional-help-for-mental-disorders/?sh=516c80bf3de7>

## **Almost Half Of Americans Don't Seek Professional Help For Mental Disorders**

**Michael T. Nietzel**

Senior Contributor

May 24, 2021, 09:10am EDT

*I am a former university president who writes about higher education.*

In the United States 45% of individuals with a clinical-level mental problem do not seek professional help. That's one of the main findings in the latest brief report (*Mental Health Has Bigger Challenges Than Stigma*) from the [Mental Health Million Project](#), an effort launched last year by the nonprofit [Sapien Labs](#) to track the mental wellbeing of people across the globe.

### **Reasons For Not Seeking Help**

Overall, the primary reason respondents offered for not seeking professional help for a clinical disorder was a preference for self-help (36%), where people said they preferred to manage their challenges on their own or didn't think they needed any mental health treatment. This explanation was followed by:

- a lack of knowledge of what kind of help to seek or where to get it (34%);
- a lack of confidence in mental health treatment (28%), which was largely because respondents felt it wouldn't help (19%), though 13% indicated they were fearful of being forced to take a medication or being committed;

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- about one in five (22)% did not seek help because of stigma or fear of not wanting people to know;
- and 17% were deterred by lack of affordability.

This ranking differed from country to country, however. In the United States, 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.