

NINA MOINI: A bill that would allow psilocybin, a psychedelic to be used for therapeutic purposes to treat addiction and severe mental illness, is one step closer to passing this session. The legislation would launch a state-run trial psychotherapy program using psilocybin. The bill is based off of recommendations from the state's Psychedelic Medicine Task Force Report last year. Two members of that task force are here with me now to explain the therapy and why they testified this week to support the bill.

Neuroscientist Jessica Nielson is Chair of the Psychedelic Medicine Task Force and Professor of Psychiatry at the University of Minnesota. Welcome, professor, thanks for your time today.

JESSICA Thank you so much for having me.

NIELSON:

NINA MOINI: And we're very glad to have Stefan Egan, who's also a member of the task force, a veteran, and testified earlier this week in support of the bill with his personal experience using therapeutic psilocybin. Thanks for joining the program, Stefan.

STEFAN EGAN: Thanks for having me.

NINA MOINI: It's great to have both of your perspectives, but Professor Nielson, I want to talk to you first. You and I actually talked on the program here more than a year ago about the launch of this Minnesota Psychedelic Medicine Task Force, so it's really nice to have you back on to reflect a year later about this task force and the work that it's done since its creation, which it seems to have been informing a lot of what's going on right now at the capitol. How has that been going?

JESSICA Yeah, thanks. It's good to talk to you again. Yeah, I think it's been going pretty well. A lot of these task forces that
NIELSON: pop up in other states don't necessarily always end up producing legislation to actually enact any of the recommendations, so I think this is a big first step to actually put this into motion and actually implement what we said we were going to do because we put a lot of work into the task force meetings.

We met for 14 months and produced a 200-page legislative report that was very comprehensive, and so it's really encouraging to see movement of this to hopefully expand access to psilocybin here in the state.

NINA MOINI: Yeah. And sometimes there can be a task force and a report and recommendations, but they're also has to be an appetite right at the capitol. You testified on Monday in support of a bill that would legalize the use of psilocybin in a therapeutic setting.

And some neuroscientists that have studied these drugs for decades have said they can be breakout treatments for people with bipolar disorder, perhaps, PTSD, addiction, eating disorders, depression. Can you tell us briefly a little bit about how the drug works, how it's different from what is already exists on the market to treat things like depression?

JESSICA Yeah, that's a really great question. So, I mean, the way that psilocybin works in the brain is it's able to crack
NIELSON: open the brain's ability to change. So in neuroscience, this is a concept called neuroplasticity, and it's really just the ability of the brain to change whatever its default setting is.

So a lot of times with things like depression or addiction, people might get stuck in certain patterns or behaviors, and this really is able to crack open aspects of the subconscious that normally aren't very active, and in doing so, it initiates this whole cascade of processes in the brain that are able to make people engage with therapy a little bit more effectively so they can see dramatic increases in their ability to actually change some of these long-standing stuck symptoms that they've been struggling with for decades.

Where other medications don't actually crack that open to the same extent they might activate similar receptors, but they're not inducing these very profound, meaningful experiences that psilocybin has. A lot of them will be very spiritual or existentially meaningful, and there's something else to that that really, aside from the actual effects of the drug, it's the experience itself that people can take away with and remember and draw upon and why it has such long-lasting effects in addition to what's happening in the brain in terms of the neuroscience and the neural activity.

NINA MOINI: Well, Stefan, that's a great place to bring you in. You testified as a member of the task force Monday, and as someone who's personally experienced the effects of therapeutic psilocybin, and you said that it completely changed your life, even saved your life. I'm so happy for you. Can you tell us briefly what was going on when you turned to this type of therapy?

STEFAN EGAN: I had spent many, many years deployed in combat environments, along with another group of problem sets that just come along with every day-to-day life, which led me down a very, very dark path and felt like I had no other way out but to take my life, if I'm being quite honest.

And the reality was, I was offered a different avenue. I hesitantly took that path, and what it allowed was, as Dr. Nielson said, a different perspective. It's not an immediate change, it's not a lights on, lights off type of thing.

Like any other problem that we experience, the solutions can be gained by just looking at that problem set from a different perspective, and that's what this molecule allowed. It allowed me to look at the trauma, what I was feeling and experiencing from a different perspective, which then ultimately gives you different options to move through it.

NINA MOINI: Yeah but I'm reading here that you ended up initially accessing psilocybin therapy illicitly. What did going through that therapy do for you? How would it be easier for folks if it was on the up and up, so to speak?

STEFAN EGAN: Well, there's a lot of trust in any type of therapeutic setting. And when you add a level of complexity when it comes to acquiring product from the illicit market, there's an additional layer of trust that has to be put in place, and I think that's extremely problematic.

Had access been available through traditional models, that risk wouldn't have had to be taken. I think I would have been more willing to pursue that as a possibility much, much faster, which, at the end of the day, would have stopped a lot of pain and anguish for myself and those around me.

NINA MOINI: I don't a lot about this area. Obviously a lot remains to be studied, but I do wonder, Stefan, if you feel that the effects are really long-term and long-standing or if it's something that you feel you have to go back to every once in a while. I guess I'm wondering about long-term impacts.

STEFAN EGAN: I'd say for me personally-- everyone is different. For me personally, it wasn't something that required consistent, constant maintenance thereafter. Once I went through the therapy-- we did it for approximately four weeks. After that, it was a matter of just returning to therapy without the molecule administration. And at the end of the day, that therapy, in conjunction with taking this medicine, allowed me to look at things from that other perspective, and then follow up with talk therapy and group therapies that would open up and unpackage that other perspective.

NINA MOINI: So, professor, if this bill were to become a law in this infrastructure sort of began to form, could you explain how a Minnesotan would get access to this treatment?

JESSICA NIELSON: Yeah. So folks that have a qualifying mental health condition that's showing promise in clinical trials would seek out an appointment with a licensed physician, a psychiatrist, to get a diagnostic assessment to confirm that they actually have the diagnosis that this treatment might be helpful for.

And then once the physician does a medical evaluation and makes sure that they're psychologically stable enough to take the medication, that they don't have any other physical health complications-- there are some cardiovascular risks for folks that might be vulnerable to that, are they on any other medications that might not interact favorably with psilocybin.

So once all of that's determined, then the physician will recommend them to the program, and then the patient can then register as a patient in the program with the commissioner of the department and the state agency that's running the program, and they'll get basically a medical card and will be enrolled in the program for 12 months-- so one year.

And then they can find a licensed health provider. So this would be somebody that is a mental health professional that's already doing mental health therapy. A lot of them already currently doing ketamine-assisted therapy. They're already regulated by the health licensing boards. They would get additional training to be psilocybin facilitators.

And then once that relationship is developed, then they will be able to gain access to the supply of psilocybin, which will be regulated by the state. So there won't be-- people won't be able to grow mushrooms at home or go to a dispensary like the cannabis program.

This would be more they would go and pick up their dose for their one treatment, undergo their treatment with their facilitator, and then have ongoing medical oversight to make sure that everything's safe, if anything comes up, that there's a way to intervene if necessary, but otherwise, the way that the treatment works is that the facilitator and the patient will set up a screening and a preparatory psychotherapy session.

Then they'll come back again and do the administration session with the psilocybin with the facilitator. And then they'll come back again afterwards for a third appointment to do this kind of integrative psychotherapy where then they can process and talk about all the things that come up and really kind harness that neuroplasticity I was talking about to try to get at the underlying issues that they've been struggling with.

And hopefully that would be a one-and-done type of thing, but if they need additional treatments, then they can decide whether they need another one and how frequently that would happen.

And so the idea is that someone would be enrolled in the program, and the program would go for about three years, enroll about 1,000 patients with about 50 facilitators licensed in the state, and then the program would be reevaluated at the end to see if it's worth continuing expanding or modifying in some way.

NINA MOINI: OK. You really ran through all of that-- I'm like, I can tell you've explained this to a lot of people. I wonder, professor-- so we were talking a little bit earlier about all the work of the task force and there being perhaps more of an appetite in recent years for lawmakers or maybe the general public to pursue this area further.

The bill was given the OK by the House Health and Finance Committee Monday. Where is it headed next, and how are you feeling about what support is available at the capitol?

JESSICA NIELSON: Yeah, that's a good question, yeah. So now next is what's referred to the Commerce Committee. So they'll need to review it because one of the agencies that might regulate this program is the Office of Cannabis Management, given that they already have infrastructure for medical cannabis and they could add this into their programming.

So they are under the Department of Commerce. So that would be the next one. And then hopefully, if it passes through that, then there might be additional committees that has to go to.

So far, we've received quite a lot of bipartisan support. Most of the people we talked to at the capitol, the legislators are pretty supportive of this, especially when you frame it in the context of all the promising evidence from the clinical trials and the fact that we're in this growing mental health crisis and people need more options for therapy in the currently available treatments.

While they are somewhat effective, they really don't help everyone, and we're seeing growing numbers of people having worse and worse mental health conditions, people taking their own life with higher frequency. So this really is kind of an urgent need that I think people are willing to look outside the traditional FDA-approved toolkit to see what else could be available for people in the state.

NINA MOINI: All right. Professor Nielson, Stefan, thank you both so much for your time and for sharing your experiences, we really appreciate it.

STEFAN EGAN: Thank you.

JESSICA NIELSON: Thanks for having us.

NINA MOINI: That was neuroscientist Jessica Nielson, Chair of the state's Psychedelic Medicine Task Force, and Stefan Egan, a member of the task force. If you or a loved one is experiencing a crisis, you can call or text 988, the Suicide and Crisis Lifeline.