

Madam Chair and Members of the Committee, my name is Tom Eckert,
and I'm Sheri Eckert,

and we are the architects, authors, and Chief Petitioners of Measure 109. It's an honor to be with you. Our hope is that we might provide some unique perspective and context regarding Measure 109, a measure that reflects the desire of Oregonians to allow therapy using psilocybin - a nontoxic, nonaddictive, natural substance derived from mushrooms. When ingested, psilocybin gives rise to a profound experience that, with the help of a well-trained facilitator, can be managed and optimized for substantial therapeutic benefit.

You may know that this measure is the first of its kind nationwide. Its passage ended fifty years of psychedelic prohibition. It did so by advancing a carefully crafted framework for safely accessing psilocybin therapy at licensed facilities.

Having worked and campaigned hard to get here, we are very aware that introducing psilocybin back into society is a delicate project. In fact, we started this effort back in 2015, giving ourselves a long runway to 2020, because we wanted to do things right. We wanted to let the science develop and public opinions evolve... and that is what happened. We are so grateful for the almost 1.3 million Oregonians who voted for this Measure to help address mental suffering and to promote mental wellness in our state.

To provide some context here, we thought we'd discuss some of our initial inspirations which led to the construction of the measure. Firstly, we were inspired by the deep history of plant medicine. Ancient artifacts often depict psychedelic plants and mushrooms as channels of sacred experience, centerpieces of ceremony. The Oregon Model in some ways echoes the careful, ceremonial approach that indigenous cultures have upheld throughout the centuries, even millennia.

Another inspiration, of course, is the science. Clinical research into psilocybin started way back in the 1950's and 60's, during which time dozens of studies suggested that psilocybin was a powerful therapeutic agent. In the last 15 years or so, we've witnessed what some have called a "psychedelic renaissance" in the scientific community. We've seen a steady stream of promising data coming from leading research institutes around the globe, suggesting that just one or two psilocybin therapy sessions can produce impressive and long-lasting improvements in mental health – with no lasting adverse effects reported.

For example, in palliative care research at Johns Hopkins, NYU, and UCLA, psilocybin therapy led to marked improvements in symptoms of both anxiety and depression secondary to a terminal cancer diagnosis. Psilocybin therapy shows similar promise in addressing Major Depressive Disorder, with significant benefits lasting many months after treatment.

In fact, just a day after the election, we saw Johns Hopkins release another landmark clinical trial, this time showing that the antidepressant effect of psilocybin was four times greater than is typically seen in traditional antidepressants currently on the market. We're told that a similar study with similarly impressive results is on its way from Imperial College of London, soon to be published in the New England Journal of Medicine. Meanwhile, in smaller scale studies, psilocybin therapy significantly decreased alcohol consumption for people with Alcohol Use Disorder, while two-thirds of heavy smokers reported continued abstinence from tobacco at 12-month follow up.

The results are paradigm shifting, so much so that the FDA has granted psilocybin therapy a "Breakthrough Therapy" designation for the treatment of Depression. That means psilocybin, when administered under supportive conditions, demonstrates an excellent safety record and likely delivers substantial improvement over available therapies.

Aside from clinical outcomes, the research also shows that psilocybin therapy can instill a lasting sense of overall well-being, eco-mindedness, spiritual connectedness, and even a shift in personality in the direction of "openness" - a core characteristic associated with positive traits like creativity and empathy.

Which brings us to another inspiration behind the initiative: a desire to integrate psilocybin back into society in a smart and philosophically sound way. We see this as a wellness opportunity, a model that can offer preventative care as well as diagnostic care. Importantly, we didn't want to limit access to psilocybin therapy just to people with a mental health diagnosis. People can benefit in many ways. The measure is written so that anyone who can safely benefit may access psilocybin therapy if they move through a careful screening process.

The Oregon Model, as defined in Measure 109, is most essentially a therapeutic model, and in some ways reflects a shift away from a more prescriptive, medicalized, pharma-based approach. With psilocybin therapy, the experience itself is the agent of change, which makes this quite different than a pharma driven model in which a

patient is basically told to daily dose pills to suppress symptoms. Psilocybin therapy is experiential, and it aims for deep healing, often in just one or two doses.

As a therapeutic model, the Oregon Model is built on values of safety, competency, ethics, and equitable access to services, and these will be the guiding principles during the two year development period we are now entering into. The Governor's office is now in the process of appointing an Advisory Board of experts from relevant disciplines to help devise rules and regulations for the program.

There are a couple of areas that we are already working on, having developed functioning committees and alliances. The first is the development of criteria for facilitator training programs. We really see training as the beating heart of this program, and hope to develop intensive, year-long programs that will graduate highly competent facilitators for licensure. Another focus of ours is the development of careful client intake and screening processes that will successfully flag risks and triage incoming clients to appropriate levels of care.

Of course, the real output of the Oregon Model are the services that will be offered to Oregonians, which won't happen until 2023. Psilocybin services are defined by a sequence of therapeutic sessions, powered by an alliance between a trained facilitator and a client or patient. The sequence includes screening and orientation beforehand, a psilocybin therapy session, and then integration sessions in the days or weeks to follow.

Once up and running, the program will be discreet. Under the measure, no one will legally buy psilocybin to take home or to use in public. No minors will have access. Sessions will occur only in licensed facilities, and those facilities will not be in residential neighborhoods. Psilocybin products will not be branded or marketed to the public. Every precaution is taken to keep the focus where it belongs: on safety, quality care, and healing.

Again, we thank you for listening and for your interest in learning about what lies ahead, and we're happy to field any questions you may have.