

Dear Chair Rep. Rob Nosse, Vice Chairs Rep. Christine Goodwin & Rep. Travis Nelson (my own area Rep.), and committee members,

You have had the opportunity to hear from many scholarly individuals with expertise. I am submitting testimony to share a personal story of a dear friend (with his consent), how psilocybin helped him, and how the proposed automatically opted-in position of SB303a very well could have kept him from getting vital help. This is an opportunity to learn how the current SB303a's default to people being opted-in could block many from feeling comfortable participating in the Oregon Psilocybin Services Act as a client. The OPSA is an adult supervised use program, designed to do vital harm reduction work for its participants. We all want SAFE psilocybin use! How that practically happens is in your hands.

Sam Chapman's answer to this issue keeps coming to mind:

Changing the process from clients opt-ing out (per SB303a as is) of having aggregate info submitted to OHA, to clients opt-ing in (the OPSCC amendment's remedy to this harm put forth for your committee's consideration)

a. Healing Advocacy Fund: "We do not agree with the premise proposed by this amendment that this modification will have any substantial impact on the number and or demographic of clients that will be seeking services."

This answer provided by Sam Chapman, so casually put, shows a lack of understanding of how respecting consent as fully as possible is the way to make the experiences of OPSA participants positive from the start; and how it will actually influence participation in a safe use program such as the OPSA. This issue is directly related to accessibility and equity for all.

My friend Daniel is one of the most amazing people I know. Always there for any friend, hard working, honest, generous, caring, always looking for ways to contribute to community. He is also a person consistently doing his own internal work in various ways, striving to be the best person he can be. Years ago he was working high up on a ladder and fell. This fall resulted in 18 ribs fractured, his sternum broken, his collarbone broken, both orbicularis oculi fractured, several spinal vertebrae process in his neck broken off, his pelvis fractured in 4 places, his tailbone broken, both femurs jammed up into his hip sockets, and a traumatic head injury on top of everything listed above. Needless to say he is permanently changed in many ways and it took years of recovery to get back to working functionality. He also, as is common with brain injuries, lost memory of the event and the following two weeks of his life.

Years after this event he still did not have a full understanding of what had happened as there were no witnesses to the accident. This question bothered him for years as it was this nagging unanswered question. He was able to go and take a psilocybin journey and contemplate the event and his injuries. That experience allowed his brain to piece it all together, how he had fallen off the ladder onto his feet first, then slumped over so hard that his own knees broke both orbicularis oculi, leaving his face without a scratch and other parts of his body. His brain was finally able to make sense of the injuries and the event through the use of psilocybin. This understanding has been immensely helpful in his mental healing from the traumatic event.

Why have I shared so much about my friend Daniel? I wanted you to understand how amazing of a person he is, one deserving of fully healing both mentally and physically. Secondly I wanted to give you an understanding of what a gift using psilocybin was able to give him, deep questions answered. I also want to highlight how the Opt-in, versus Opt-out of this one proposed form could have halted a healing experience such as he had with psilocybin.

Daniel is also someone who was raised in a belief system (religion) that isolates itself from the outside world, some would even go so far as to label it a cult. He was raised to not trust the government as

part of his community's shared beliefs. Daniel also shared that it was a traumatizing upbringing related to the belief system where he was told what to believe and how to behave in very strict ways. All of that I've shared about his upbringing has shaped how he believed he would react to a form collecting very personal data. If the form was presented as having the option to Opt-out, he shared that would make him feel angry, like if he had missed this then the government would automatically have all of this very personal data. And having experienced a traumatic brain injury he recalls many moments where things were mentally a bit jumbled (even though he was still capable of making decisions), and how at times he has had a hard time focusing due to the injury. Having one of those moments could allow him to overlook the meaning of the form automatically defaulting that his private information, such as the reason for taking psilocybin (one of the proposed data points in SB303a - which is a very personal piece of information even when separated from one's name and information) unless he catches this and chooses to opt out. He shared this would make him feel mistrustful, and he said he would actually debate just leaving and NOT participating in the OPSA at all. (This is a man who got a dream offer for a job working in the Antarctic and almost turned it down due to frustration at all the forms he had to fill out, shortly after regaining functionality healing from all of those injuries. Brain trauma and healing can impact how stressful something as seemingly simple as filling out a bunch of forms can be.)

Daniel further shared that if a similar form (he had to fill out to participate in the OPSA safe use program) offered him the opportunity to Opt-in to share the very same information, that positive framing around his consent would make him take a moment and ponder if he did indeed want to share, and further who it would help if he decided to participate. The information automatically defaulting to being shared, unless he caught it, or not was the key consent piece that made the difference between feelings of mistrust or wondering who he could help by sharing. How this form is presented to clients will matter very much to many people seeking to help themselves heal from trauma.

Please consider this man's story, his feelings consensually shared with you, and whether or not you want to support more people experiencing healing by promoting and prioritizing trust within the OPSA program. You have the power to keep this program positive and affirming by choosing to support the OPSCC proposed amendment which clarifies that sharing sensitive information should be truly a consensual act by letting people choose to opt-in.

There have already been many studies done by trained mental health professionals that show taking psilocybin is overwhelmingly safe, which is how the Oregon Psilocybin Services Act became part of our state.

Thank you for your time and consideration of this matter.
Sincerely, Rev. Rebecca Friend