

Turn On, Tune In, Drop Out: Use of Psychedelics in Senior Living and Care

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Origin of *turn on, tune in*

- The speaker: Timothy Leary
- The scene: The Human Be-In, a gathering of 30,000 hippies in San Francisco in 1967
- His goal: Urge people to embrace cultural changes through the use of psychedelics by detaching from existing conventions and hierarchies in society
- Later iterations: "Drop out. Turn on. Drop in" (1967); "turn on, tune in, take over" (1980s); "turn on, boot up, jack in" (1990s, celebrating the "cyberdelic counterculture.")

Credit where credit is due

- Term was initially coined by Marshall McLuhan
- Original ditty: "Psychedelics hit the spot / Five hundred micrograms, that's a lot," to the tune of a Pepsi soda jingle!

Now back to Earth: an overview

- Legalization movement
- Status under federal law
- Medical benefits/claims
- Demand in senior living and care
- Risk management implications
- Next steps

Oregon's *psilocybin law* (ORS 475A)

- Decriminalizes use of psilocybin ("magic mushrooms")
- Allows supervised use by adults in a licensed service center
- Psilocybin Advisory Board has made recommendations for psilocybin services in Oregon
- Oregon Health Authority has established a regulated psilocybin program, the first such program in the nation
- Washington legislature directed Health Authority to study Oregon's psilocybin program and advise whether program would work in Washington (SB 5693)

OR's *psilocybin program-highlights*

- Highly Regulated Program: Manufacture, Testing, Service Centers
- Manufacturer must be licensed, background checked, Oregon entity
 - Psilocybin products are cultivated, produced, and/or processed by a licensed manufacturer and tracked in a product tracking system
 - Manufacturer may only cultivate, manufacture, or possess fruiting bodies of fungi species *Psilocybe cubensis*
- Testing
 - Products are tested by a licensed testing laboratory accredited by Oregon Environmental Laboratory Accreditation Program (ORELAP); test results are entered into product tracking system

OR's *psilocybin program-highlights*

- Licensed Service Centers
 - Products are sold or transferred from licensed manufacturer to licensed service center; transfer is tracked in product tracking system
 - **Preparation session:** Client meets with licensed facilitator to discuss risks, provide informed consent
 - **Administration session:** Client purchases and consumes product at service center; begins session with a licensed facilitator; sessions can last 60 minutes to 6 hours depending on amount consumed
 - **Integration session:** Client can take part in optional session to follow up with a licensed facilitator and learn about additional peer support and other resources

OR's *psilocybin program-highlights*



- The Client
 - Does **not** need to be an Oregon resident; must be at least 21 years old
 - **No** prescription or medical referral is required
 - Must be given:
 - Informed Consent
 - Client Information Form
 - Client Bill of Rights
 - Client Safety Plan
 - Client Transportation Plan and Client Medical and Assistive Device Form
 - Must consume psilocybin at licensed service center

OR's *psilocybin program-highlights*

- **Licensed Facilitators:** individuals who interface with client during Preparation, Administration, and Integration Sessions; licensure requirements:
 - 21 or older
 - High school diploma or equivalent
 - Oregon resident (requirement expires in 2025)
 - Clean criminal background check
 - Completion of psilocybin facilitator training program with curriculum approved by Oregon Psilocybin Services prior to applying for licensure
 - Passing grade on exam administered by Oregon Psilocybin Services

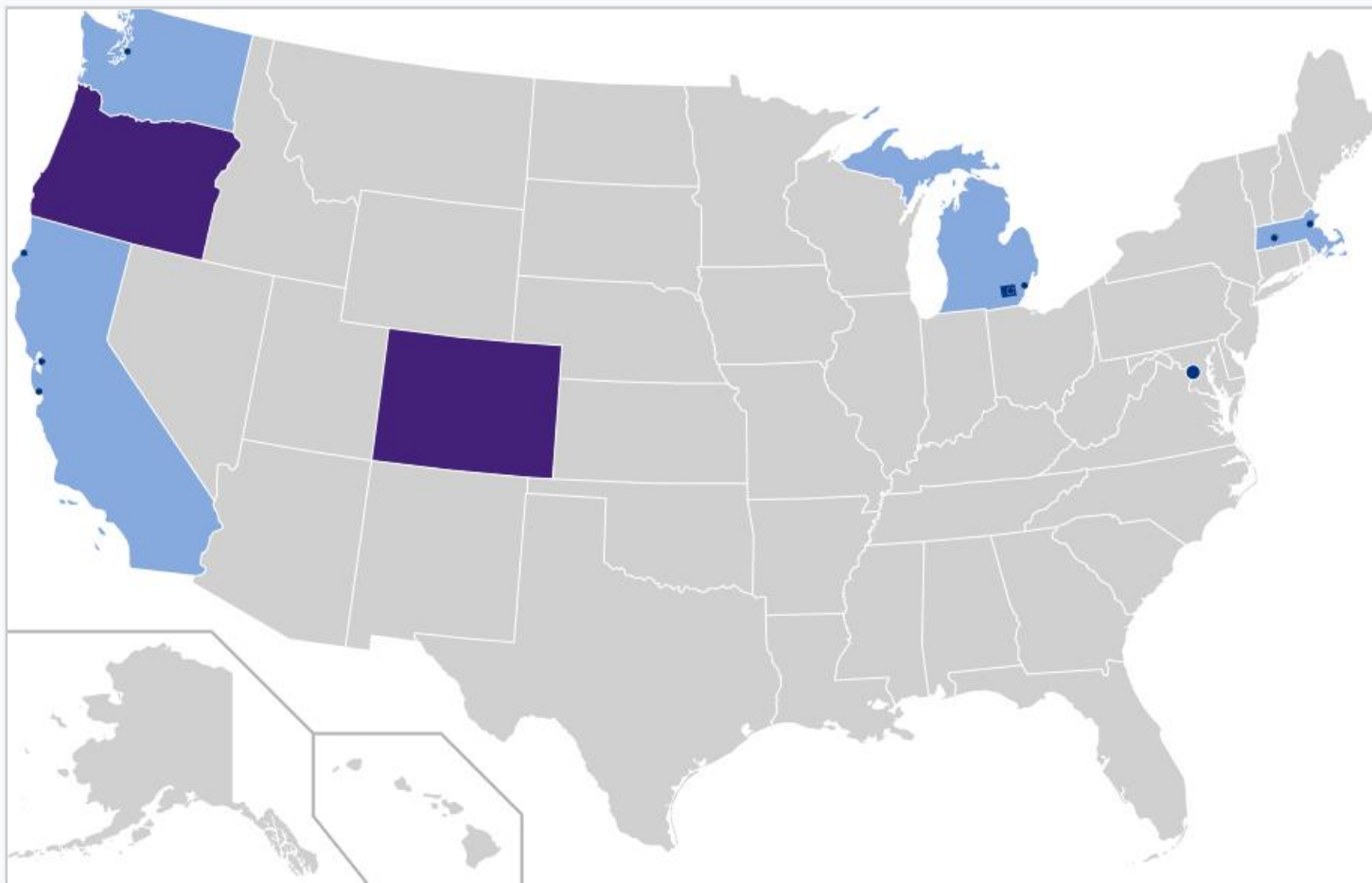
Legalization movement in WA

- Seattle, Port Townsend and Jefferson County (which includes Port Townsend) have decriminalized use of psilocybin
- Supervised use is not yet sanctioned in these jurisdictions
- SB 5660 would have mimicked Oregon law; it failed to pass
- SB 5693 WA budget includes \$200k in 2023 to study psilocybin
 - Using Oregon law/process as a model with improvements:
 - Permit use in homes and other private areas
 - Permit online facilitator sessions
 - Incorporate cost analysis to assure affordability, access

Other decriminalized jurisdictions (2019-2023) include:





- Ann Arbor, MI
- Cambridge, MA
- Denver, CO (first city)
- Detroit, MI
- Easthampton, MA
- Northampton, MA
- Oakland, CA
- San Francisco, CA
- Santa Cruz, CA
- Somerville, MA
- Washington, DC
- **Colorado** – also allows healing centers

Mushroom Map



Legality of psilocybin in the United States



-  Legal for medical use and decriminalized
-  Decriminalized
-  States with decriminalized cities
-  Fully illegal

Federal Law: Controlled Substances Act

- Psilocybin is a “Schedule I” drug, like heroin, LSD, and (yes) marijuana
- Schedule I drugs have “a high potential for abuse, no currently accepted medical use, or a lack of accepted safety for use under medical supervision”
- CSA prohibits production, distribution, possession, sale of Schedule I drug; and knowingly leasing, renting, using, managing, or controlling a place for purpose of manufacturing, distributing, or using drug
- Penalties include criminal prosecution; forfeiture of cars, vessels, aircraft used for illegal purpose; real property interest used or intended for violation
- But note limited permitted uses....

Right to Try Act; breakthrough therapy status

- Right to Try Act passed in 2018
 - Allows terminally ill patients to request access to investigational drugs not yet approved by FDA; would include psychedelics
 - Must first exhaust all approved treatment options & be unable to participate in a clinical trial to access such drugs, as certified by patient's physician
 - Patient and physician work with company developing investigational drug to request access without involving FDA
- FDA Breakthrough Therapy Status (2018, 2019)
 - Recognized psilocybin therapy to address treatment-resistant depression

Potential medical benefits

- Treatment of mental health and behavioral issues including anxiety, ADHD, PTSD, depression, and opioid, alcohol and tobacco addiction
- Promising studies regarding treatment of persistent depression
- Palliative care/end of life care
- **Alleviating stress among health care workers!**
- Data are still somewhat limited
- Unsupervised use of psychedelics is not advised

Potential medical benefits

<https://www.youtube.com/watch?v=ARqldKhS5LE>



Demand in senior living and care

- Expected to be high among younger seniors
- Nationwide partial or complete legalization of cannabis use has reduced inhibitions around use of formerly forbidden drugs
- Mental health crisis in the U.S. is driving innovation and openness to new solutions
- Passage in several jurisdictions suggests increasing acceptance (at least in blue states)

Risk management implications

- Storage and administration
- Consumption areas
- Care planning
- Drug interactions/conditions
- Transportation to service centers
- Assistance at service centers

Storage and administration

- Not an issue for senior care and living providers because residents are not permitted to store or use psilocybin outside of service centers -- at least in Oregon
- WA is considering permitting at-home use for end-of-life care, mobility issues
- WA is also considering online sessions with facilitators
- Concerns:
 - Proper storage as a Schedule 1 drug
 - Required self-administration
 - Willingness of physicians to provide self-administration order?
 - Similar concerns as with medicinal marijuana, including storing Schedule 1 drugs

Consumption areas

- Oregon does not permit offsite use, so non-issue
- WA may permit offsite use and online session with micro-dosing offsite
- Consider whether you want to permit consumption in your communities; resident rights issue
- Recommendations:
 - Obtain informed consents and develop safety plan
 - Identify safe location where resident can be monitored; note that sessions can last six hours
 - Consider if resident will need assistance with mobility or medication administration during session

Care *planning*

- Concerns: drug interactions, incompatible diagnoses, monitoring
 - Potential interactions with lithium, anti-anxiety meds, anti-depressants
 - Use in conjunction with marijuana use
 - Exacerbation of psychosis
 - Lack of information re dosage if administered offsite
- Recommendations:
 - Alert charting after consumption to monitor for adverse effects
 - Plan for emergency care if resident suffers adverse reaction
 - Negotiated risk agreement?

Transportation

- Oregon requires clients to make transportation arrangements to and from service centers; not permitted to drive
- Will communities provide such transportation?
- Potential regulatory implications
 - Are you helping someone consume an “illegal” Schedule 1 drug?
 - Do you need to inform and obtain an order from treating health provider?
 - Do you need to confirm resident’s capacity to consent?

Accessibility Issues

- Oregon law requires Licensed Facilitator to ask about the following client needs during psilocybin session at service center:
 - Need for transfer, toileting, or other mobility assistance
 - Need to consume other medications and whether client needs assistance administering medications
 - Reliance on a medical device and whether resident needs assistance with such device

Accessibility Issues

- Must you send a caregiver to service center to address mobility, transfer, and medication issues?
- Should you, at minimum, send meds to resident to self-administer?
 - Need MD order
 - What if unable to obtain order? Require private duty caregiver or family to accompany resident?
- If consumption is permitted on premises:
 - Need to provide care and monitoring (likely 1:1); how do you manage this?
 - Likely need to remove electric mobility devices

Next steps

- Still early; only two service centers in OR
- Not currently permitted in WA, but likely will resemble OR law if passed
- Be prepared; prepare a policy to identify dos and don'ts
 - Require residents to inform you of psilocybin use
 - Require them to disclose records from service center so you can evaluate and properly care plan
 - Set limits on transporting residents to and from service centers
 - Consider whether to accompany residents or assist with meds and other care while at service center
 - Educate staff and residents about your regulatory obligations

Next steps (con.)

- Care Plan, Care Plan, Care Plan!
 - Consider whether resident is an appropriate candidate for use
 - Anticipate medication interactions
 - If WA Law permits home use, plan for storage, administration, and disposal
 - Consider if you need an order for administration
 - Develop safety plan/consider using negotiated risk agreements
- Anticipate employees' use of psilocybin
 - Will you test for use? Do you need to accommodate under ADA?

Thank you!

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