

## Commentary

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### Psychedelic research in Australia: Breaking through the stigma

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In raising the question of the barriers to Australia initiating a psychedelic research programme, Strauss et al. (2016) make an observation that should not be ignored – that Australia currently lags behind many developed nations in embracing a renaissance in psychedelic research.

On the surface this is unsurprising.

While objective data are lacking, a poll on medical practitioners in Australia and their knowledge of psychedelics is more likely than not to reveal predominant ignorance. Equally, what knowledge does seem to exist on the topic is often tainted by myth and urban legend and has very little correlation to the phenomenology of the psychedelic experience, the true likelihood of harm or any therapeutic potential. In addition, psychedelics, under the misleadingly unifying umbrella of ‘drugs’, have found themselves tainted by the brush of illegality and as such, relegated to the dusty backrooms where researchers do not stray.

However, these accepted norms are being called into question.

The war on drugs, which has for generations been seen as unquestionable and intuitively necessary, is seeing its utility in the face of repeated futility, questioned. This re-evaluation is perhaps most relevant when it comes to psychedelics whose ‘harms’, traditionally the driving force behind criminalisation, while demanding exploration, seem to pale in comparison to its legal cousins – tobacco, alcohol and prescription medications.

Equally, the therapeutic potential of psychedelics, as outlined by Strauss et al., challenges the notion that psychedelics have no benefit to society. This long-held notion is a major factor in the perpetuation of its current standing in the most restricted classification of psychoactive substances.

The current landscape has not always been the prevailing one, with psychedelic research in the 1950s and 1960s actively supported not only by the scientific community but also by the government funding. However, by the end of the 1960s, psychedelics became intrinsically entwined with the counterculture revolution and the anti-establishment movement which had its visual locus in the colourful, care-free and conspicuous hippy movement. Psychedelics had made the irreversible passage from the therapeutic to the recreational and in 1970 Richard Nixon signed the Controlled Substances Act classifying psychedelics as ‘Schedule I’ drugs. This not only effectively brought an end to psychedelic research, it was also arguably the root of the stigma that follows psychedelics to this day.

That initial research is now seeing resurgence, as Strauss et al. have

outlined and their call for Australia not to be left behind is one deserving of our attention. However, an equally important reason to support a psychedelic research programme is that it is becoming increasingly apparent that psychedelic-assisted psychotherapy is already underway in Australia.

These therapeutic journeys are however being carried out by a smattering of unregulated, clandestine, underground therapists with no formal training, unverified purity of psychoactive substances and an unclear screening programme for prospective ‘patients’. They are motivated by a quest to harness therapeutic potential that they feel they are being denied by current legislation and medical treatment options (Dunn, 2016). Much like prohibition spawned the rise of bootleg liquor, and the war on drugs has made drugs less pure and more dangerous, continued myopia by the medical fraternity runs the risk of driving a black market for psychedelic therapies.

With new breakthrough treatments in psychiatry few and far between, the rise in the prevalence of what we term ‘treatment resistant’ conditions is worrying. The question that begs to be asked, however, is how we can justifiably call something ‘treatment resistant’ until we have tried every feasible treatment that we know exists. Surely, this is an ethical responsibility we have to our patients.

This is a particularly pertinent question considering the positive results in the psychedelic research literature such as for psilocybin-assisted psychotherapy for treatment-resistant depression (Carhart-Harris et al., 2016) and

for, perhaps not treatment resistant but at least treatment resistive conditions, such as psilocybin in obsessive compulsive disorder (Moreno et al., 2006).

Any conversation around legitimising psychedelics raises concerns of rampant usage, risk of psychosis and physiological harm, among others. Suggestions of possible risks have been made (Vollenweider et al., 1999) but not explored in depth and insufficient safety data, small sample sizes and so on remain a barrier to confidence in the literature.

Should not the answer, then, be to allow for these substances which show therapeutic promise, but are as yet poorly understood, largely under-researched and raise concerns around risk, to be more rigorously studied?

Research is but the scientific method applied to that primal driving

force of human innovation and advancement: curiosity. As psychiatrists, who depend on our innate curiosity for the human condition to do the work we do, should we not be promoting the nurturing of this curiosity? Equally we should not allow our intellectual evolution to be hampered by that historical plague on our profession – stigma – not without understanding from whence it came.

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