

The Other Side

The Critiques, Risks and Stigmas of Psychedelics and Psychedelic-Assisted Therapy



MIND MEDICINE
A U S T R A L I A

Who Should Have Access to Psychedelics?



- The Royal Australian and New Zealand College of Psychiatrists (RANZCP) (RANZCP 2020, p. 5) have put forward that:
 - ‘Research into medicines containing psychedelic substances should only occur under research trial conditions that include oversight by an institutional research ethics committee...’;
 - ‘Psychedelic substances are illicit’; and
 - ‘[Psychedelic substances] cannot be prescribed or administered outside of properly approved research trials.
- People who are excluded from psychedelic-assisted psychotherapy trials outlined by RANZCP (2020, p. 4) include:
 - Individuals who experience a ‘personal or family history of psychosis’;
 - A ‘personal history of mania’;
 - Recurrent violent behavior towards other people;
 - A ‘recent personal history of a suicide attempt serious enough to require hospitalization’; and
 - Anybody with a drug or alcohol dependency disorder (except if this is what’s being treated).

Who Should Have Access to Psychedelics?



- With approval from the Therapeutic Goods Administration (TGA), MDMA is able to be legally accessed and used for research purposes, while it can be accessed medicinally by doctors with the consideration of the TGA's Special Access Scheme-B (SAS-B) or Authorised Prescriber Scheme (Chiruta et al. 2021, p. 2).



Critiques of Psychedelics



- The accessibility to MDMA and psilocybin is a topic of concern. This is because ‘psilocybin-containing mushrooms’ grow naturally which can be found in various different regions within Australia, and both of these can be purchased through a part of the internet recognized as the Dark Web (Chiruta 2021, p. 1).
- van Amsterdam (2011, cited in Chiruta 2021) has reported that two deaths have occurred internationally due to overdosing on psilocybin since 1960.
- When under the influence of psychedelics, individuals can have bad trips which may include heightened senses of ‘fear, panic and re-traumatization’ (RANZCP 2020, p. 3).

An Intriguing Adverse Occurrence



- A 30-year-old man in America faced a near death experience after he had begun injecting psilocybin - which resulted in growth in his bloodstream -, rather than ingesting them to manage bipolar as he normally does. He survived and spent 22 days in hospital, and had damage to his liver and kidneys, in conjunction with vomiting blood, jaundice, fatigue and nausea. While in hospital, he suffered septic shock and acute respiratory failure – and now maintains regular antibiotics and antifungal treatment to prevent further sprouting (Pearson 2021).



Damages of Synthesising MDMA



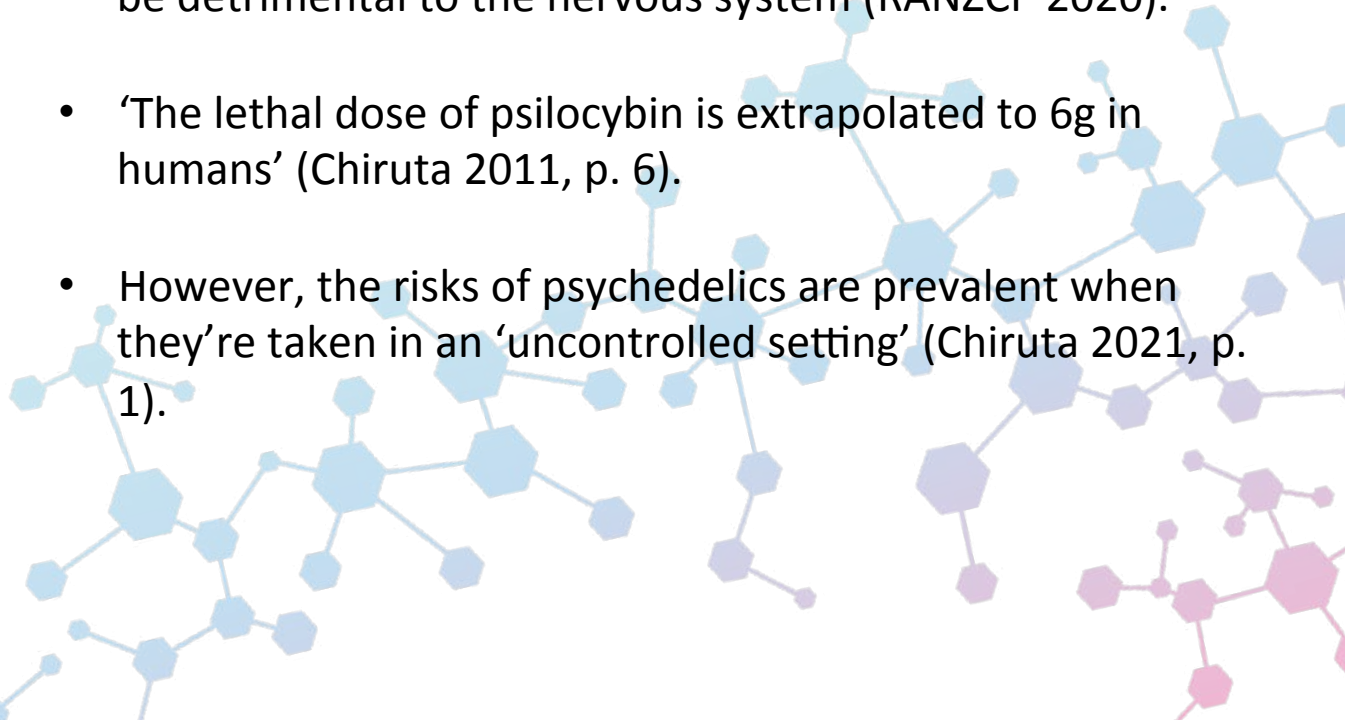
- In the synthesis of MDMA, 'sassafras oil' has reportedly been able to be extracted from the rare tree Mreah Prew Phnom (*Cinnamomum parathenoxylon*) by 'boiling the roots and the trunk' of the trees. Due to this, there is a significant and growing concern of deforestation occurring in Cambodia for the production and demand of this compound which is then being exported to other countries including the USA, China, Thailand and Vietnam. Therefore, there is a likelihood of profiting from the substance as a precursor for MDMA (Mork 2020).



The Risk of Psychedelics



- MDMA can potentially cause adverse reactions such as tachycardia (fastened heart rate) and a temporary rise in blood pressure (RANZCP 2020).
- The consumption of regular and high dosages of MDMA can be detrimental to the nervous system (RANZCP 2020).
- ‘The lethal dose of psilocybin is extrapolated to 6g in humans’ (Chiruta 2011, p. 6).
- However, the risks of psychedelics are prevalent when they’re taken in an ‘uncontrolled setting’ (Chiruta 2021, p. 1).



Scepticism and Stigma around Psychedelics and Psychedelic-Assisted Therapy

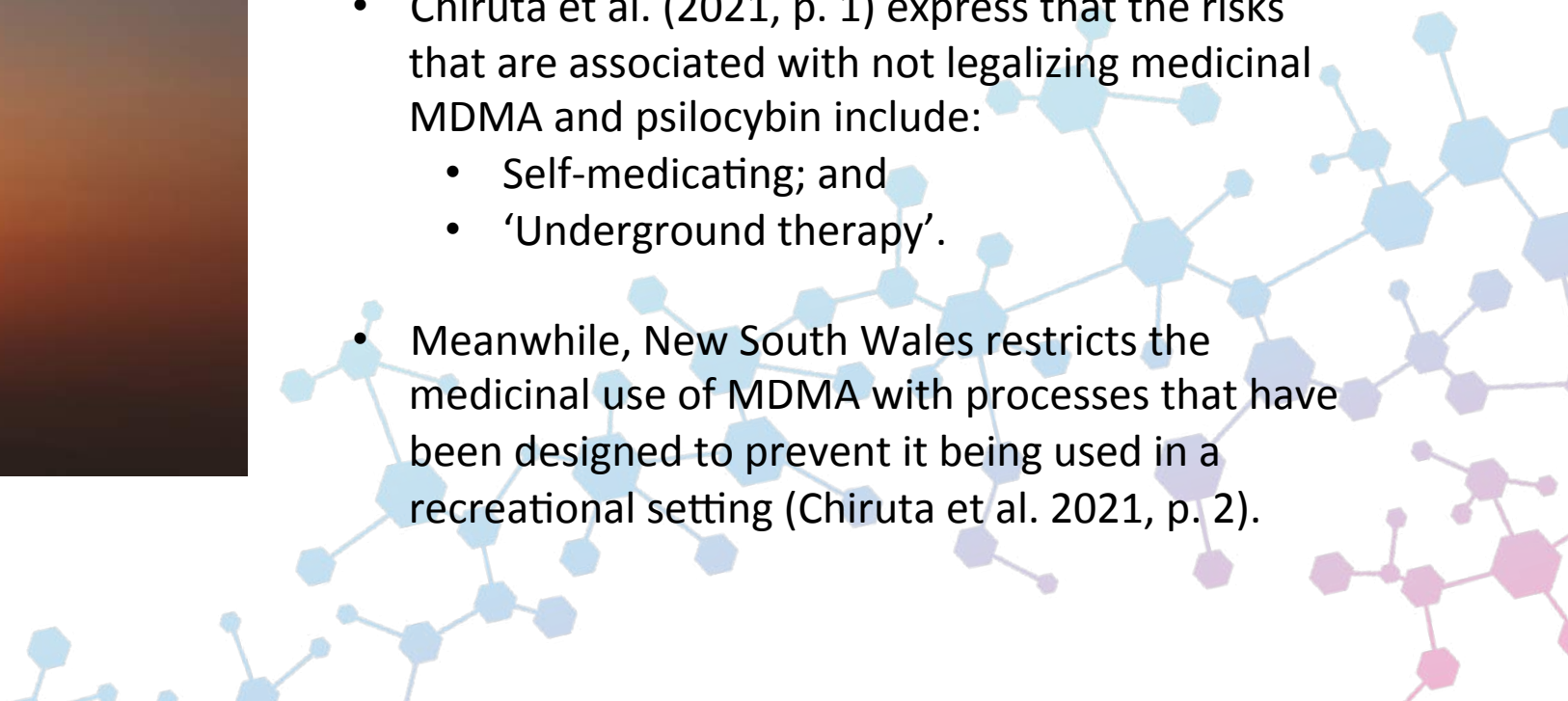


- RANZCP (2020, p. 1) state that ‘further research is required to assess the efficacy, safety and effectiveness of psychedelic therapies to inform future potential use in psychiatric practices’. And subsequently, ‘research into the clinical use of psychedelic substances should only occur under research trial conditions that include oversight by an institutional research ethics committee and careful monitoring and reporting of efficacy and safety outcomes’.
- RANZCP (2020) explain that there is more much needed research to be conducted into psychedelic-assisted therapy in order to determine how much of the assistance is because of the psychological support, and how much is from the psychedelic therapy itself.





- Both MDMA and psilocybin have shown through studies to be ‘safe, non-toxic, non-addictive, and efficacious’ when they are delivered and consumed in an appropriate set and setting (Chiruta et al. 2021, p. 1).
- Chiruta et al. (2021, p. 1) express that the risks that are associated with not legalizing medicinal MDMA and psilocybin include:
 - Self-medicating; and
 - ‘Underground therapy’.
- Meanwhile, New South Wales restricts the medicinal use of MDMA with processes that have been designed to prevent it being used in a recreational setting (Chiruta et al. 2021, p. 2).





- Chiruta et al. (2021, p. 3) explore the rebuttal of RANZCP based on the reasoning of rescheduling of Ibogaine which is as follows:
 - ‘The need for supervision of the substances’ use in the management/treatment of addiction to limit attempts at self treatment and prevent recreational use as a “party pill” (although noting that the documented experience is usually not pleasant);
 - The need to control the import and supply of ibogaine, its metabolite or products containing each or both of the substances;
 - Data suggesting that the number of deaths due to ibogaine were lower than those associated with methadone; and
 - Opinion that although ibogaine’s appeal as a recreational drug was low, there were dangers in *ad hoc* use as a self medication for drug addiction following potential media interest’.
- It’s pointed out by Chiruta et al. (2021) that the reasons for not rescheduling MDMA and psilocybin juxtaposes the very reasons that The National Drugs and Poisons Schedule Committee (NDPSC), the TGA and the New Zealand Medicines Classification Committee (MCC) proposed to have Ibogaine rescheduled.

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Chiruta, V, Hannan, JA, Santarossa, N, Miller, S, Kemla, PK, Lynch, K & Morris, J 2021, 'Critique of the Royal Australian and New Zealand College of Psychiatrists psychedelic therapy clinical memorandum, dated may 2020', *Public Health eJournal*, pp. 1-14.

Mork, K 2020, *Ecstasy (MDMA) Threatens Rare Cambodian Tree*, Treehugger, viewed 28 April 2021, <<https://www.treehugger.com/ecstasy-mdma-threatens-rare-cambodian-tree-4857944>>.

Pearson, N 2021, *Magic mushrooms grow inside man's bloodstream after he injected 'psychedelic' tea*, 9 News, viewed 16 April 2021, <<https://www.9news.com.au/world/magic-mushrooms-grow-inside-man-after-injection-psilocybin-hospitalisation/02c32146-6458-499c-bd1a-b405dd35411a>>.

The Royal Australian and New Zealand College of Psychiatrists 2020, *CM: Therapeutic use of psychedelic substances*, The Royal Australian and New Zealand College of Psychiatrists, viewed 27 April 2021, <https://www.ranzcp.org/files/resources/college_statements/clinical_memoranda/cm-therapeutic-use-of-psychedelics.aspx>.