

The return of psychedelics

By **LUKE SLATTERY**

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Psychologists, neuroscientists and pharmaceutical companies are excited by what has been proclaimed a “psychedelic renaissance”.

So are millennials, creatives and tech-heads who prefer micro-dosing on LSD or “shrooms” to alcohol or cocaine.

But unlike the golden age of psychedelics in the trippy 1960s, the endgame of the new ecstatic age is no longer counterculture guru Timothy Leary’s mantra of turning on, tuning in and dropping out. Illicit drugs are touted as panaceas for depression and serious trauma. For the wealthy, well and aspirational, they have become chemical tools used in moderation to boost brainpower.

The “psychedelic renaissance” is the subject of last year’s bestseller by American writer Michael Pollan, *How to Change Your Mind: The New Science of Psychedelics*, a level-headed study of the phenomenon that combines science and cultural journalism with personal exploration.

Pollan, who is visiting Melbourne and Sydney, notes towards the end of the book that the practice of “micro-dosing” — taking about a tenth of a party dose of LSD as a kind of “mental tonic” — is “all the rage in the tech community”. The niche trend is now a mainstream craze and American *GQ* magazine declared that what started as a “body-tinkering, mind-hacking, supplement-taking productivity craze in Silicon Valley is now spreading to more respectable workplaces, maybe even to your office, where the guy down the hall might already be popping a new breed of brain-boosting pills or micro-dosing LSD — all in the name of self-improvement. Can you afford not to keep up?”

The ecstatic age is driven by two complementary imperatives: the therapeutic and the performative. The former is the subject of intensive, mainstream and global research efforts; but the latter has barely been researched at all.

The twofold psychedelic renaissance raises questions about the place of mind-altering drugs in society, now and into the future. In May, Denver, the capital of Colorado, declared possession and cultivation of psilocybin, the main psychoactive component in magic mushrooms, a low-priority crime — effectively decriminalising it. Early last month the Californian city of Oakland followed suit.

Pollan sees these as largely symbolic moves that register a shift in the conversation about psychedelics — a way of making peace with drugs that were demonised in the late 60s. But in a phone conversation ahead of his Australian tour he expressed scepticism about a rush to legalise psilocybin. “I just don’t think we know enough about how to smoothly incorporate the drug into society to legalise it,” he said.

Questions are being asked about whether our enthusiasm for these drugs is out of step with our knowledge of their impact on various types of brains, in different environments. “We know basically nothing about the effects of small repeated doses of LSD as there have been no published placebo-controlled trials,” says Gillinder Bedi, head of substance use research at Orygen, the National Centre of Excellence in Youth Mental Health in Victoria. “The experiences people say they are having when micro-dosing could actually just be a placebo effect.

“In addition, given that this use of psychedelics is ‘in the wild’ — not in controlled settings like the proposed use of psilocybin in therapy — I’d be concerned about context effects on the way people feel, and the possibility for drug effects to alter the way they experience social situations, potentially putting them at risk. There is also a need to study whether ... micro-dosing might cause issues for vulnerable people, like (the) young or people with mental ill-health. These questions can only be answered by controlled research, which at present is sorely lacking.”

The studies that piqued Pollan’s interest came to light in 2006. That year researchers at Johns Hopkins University in Baltimore published the results of research into the effects of high psilocybin doses on healthy adults. The volunteers reported “mystical-type experiences” with “sustained personal meaning and spiritual significance”. The experiences appeared to be enduring and deeply felt, or “sticky”, as Pollan puts it.

The public face of the psychedelic renaissance, which had been under way in the scientific community for some time, really began with the publication of this paper. It prompted trials at Johns Hopkins and other credible universities, such as New York University and Imperial College London, into the use of psilocybin to treat severe depression and addiction.

A decade later, Johns Hopkins dropped another bombshell in a study reporting the results of a controlled psilocybin study involving 51 cancer patients suffering depression and anxiety. The mental states of these volunteers, all of whom had life-threatening illnesses, had proved untreatable. Yet high doses of psilocybin were found to produce “large decreases” in their depression and anxiety, alongside increases in optimism and quality of life.

Remarkably, the effects of the depression-busting drug — first used by the Aztecs in mystical rites — were sustained six months later. These results aren’t seen in standard antidepressants, the effects of which dissipate as soon as the patient stops using them. Psychotherapy, for its part, is costly and dilatory. As a patient says to his shrink in a famous *New Yorker* cartoon: “Well, I do have this recurring dream that one day I might see some results.”

Matthew Johnson, an associate professor of psychiatry and behavioural sciences at Johns Hopkins and one of the researchers involved in the 2016 study, hailed the recuperation of psychedelics for the treatment of psychic suffering as a “new era in medicine”.

Similar results were coming in from near-parallel studies at New York University.

The success of these trials prompted St Vincent’s Hospital in Melbourne to initiate Australia’s first trial of psychologically assisted psilocybin in 40 terminally ill patients, who will be carefully screened for suitability. The hospital is awaiting its first shipment of synthetic psilocybin before launching the trial in September.

Tania de Jong, deputy chairwoman of the organisation helping to fund the St Vincent’s trials, **Mind Medicine Australia**, points out that Australia has one of the world’s highest rates of mental illness per capita. “It’s estimated that one in five Australians currently has a chronic mental health condition and one in two of us will experience such a condition in our lifetimes,” she says.

“Worryingly, suicide rates, particularly among young people, are getting worse.” Her aim is to ensure that “all Australians have the best access to these drugs, if and when they become legal”.

Things are moving fast. In 2017 the US Food and Drug Administration cleared the way for a global study of MDMA, or ecstasy, for the treatment of severe trauma by affording it “breakthrough therapy status”. The FDA’s blessing was extended last year to “psilocybin-assisted therapy”, clearing the way for British life sciences firm Compass Pathways to undertake a global trial of the drug with 216 volunteers. Earlier this year, Compass filed a patent relating to its development of a new crystallised form of psilocybin, a potential boon in the worldwide market for depression medication.

Robin Carhart-Harris, head of Imperial College London's new Centre for Psychedelic Research and a scientific adviser in the Compass trial, says psilocybin could be a licensed medicine within five years. "By about that point," he says, "it would be like an irresistible force, and indefensible to ignore the weight of the evidence."

De Jong is even more optimistic. She notes that the FDA's green light is designed to speed a drug's transition to "prescriptible medicine" and predicts a psilocybin pill to treat depression may be available commercially within two years.

It's important to stress, as Pollan does, the dark side of drugs such as psilocybin. They may ultimately prove no more socially harmful — and certainly less addictive — than alcohol. But they have unique features that render them more volatile. Young people appear to be especially vulnerable.

In Britain, for example, a 12-year-old boy was found running in front of passing cars after taking magic mushrooms.

Pollan is not a scientist. He's a writer and a journalist — a very good one. And in his book, which tracks a 50-year history of experimentation with psychedelics, he points out that Al Hubbard, an early champion of LSD who was particularly interested in its use as a treatment for alcoholism, identified even before Leary's Harvard experiments of the early 60s the unique sensitivity of a person in the throes of a psychedelic trip to the power of suggestion.

The paradox is that this special property of psychedelics makes them highly effective in efforts to "reset" the brain, "shake up the snowball", or simply shift rigid patterns of thinking.

Psychedelics are, in this sense, Janus-faced drugs: able to work wonders in the right hands but with the potential for harm in the wrong hands.

One of the reasons psilocybin, for example, works wonders with psychologically traumatised patients is that it stills the default mode network, a piece of cerebral circuitry closely associated with rumination and the experience of self, and helps to reboot it. But this puts the patient in an especially vulnerable state during the peak of the trip.

As University of Chicago psychiatry and behavioural neuroscience professor Harriet de Witt puts it: "There might be people who think all these drugs should be freely available. I'm not one of them. I think that we've learned from mistakes that irresponsible people can use them in

irresponsible ways, so I would be in favour of introducing them very cautiously into therapeutic practice.”

As psychedelics enter the Western bloodstream in a new guise — no longer agents of harm, they are aids to healing and fillips for performance — it may be important to recall the original meaning of the word renaissance. It was a recuperation of rationalism, a flowering of the intellect, after centuries of mysticism. As we enter the psychedelic renaissance, it's vital that the rational keeps the irrational in check.

Michael Pollan will speak at Melbourne Town Hall, July 19; and Sydney Opera House, July 20.

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