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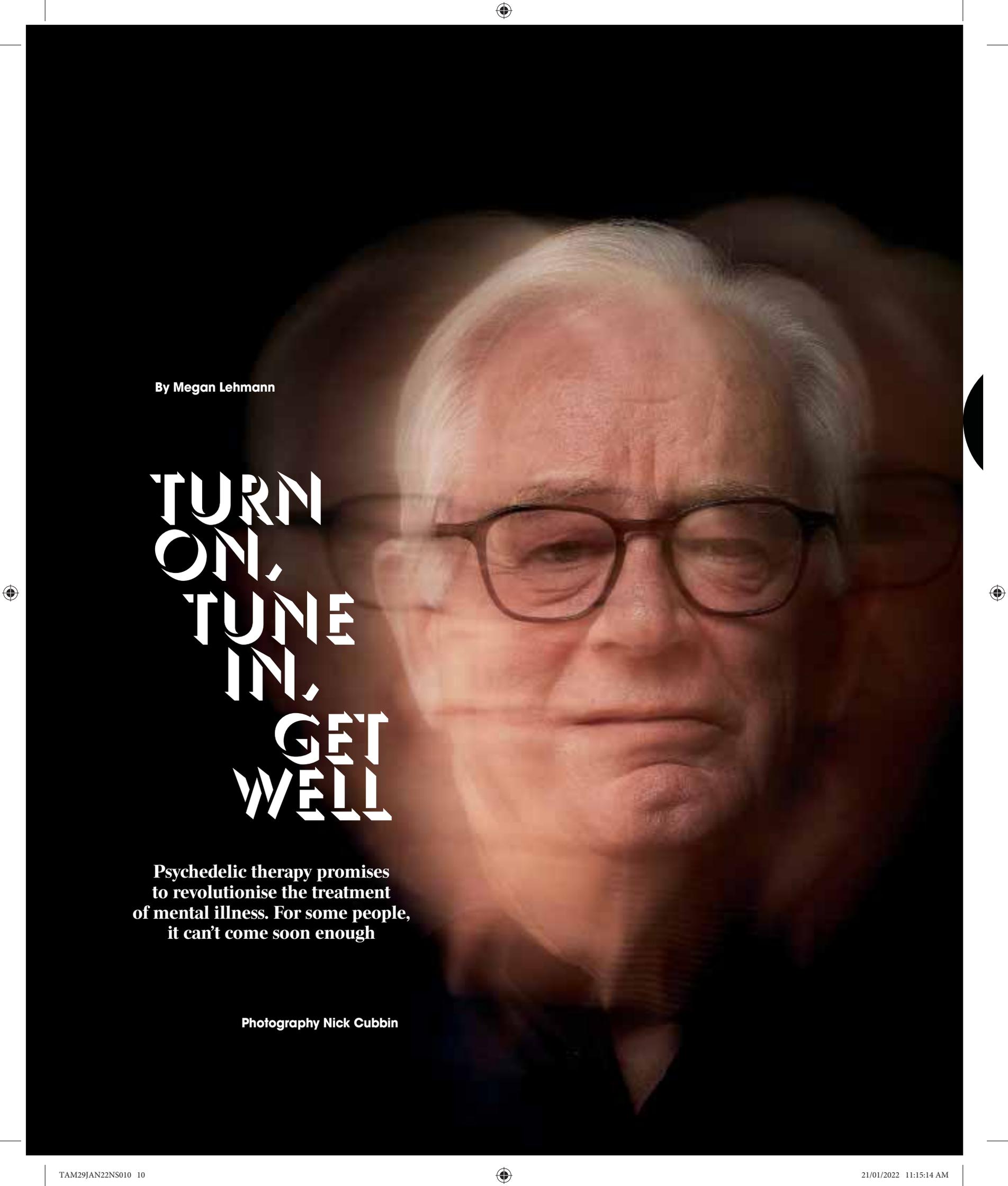
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CHANGING MY MIND

PSYCHEDELIC DRUG
THERAPY IS BACK
ON THE AGENDA.
AND FOR THE LIKES
OF ANDREW ROBB,
IT'S HIGH TIME

BY MEGAN LEHMANN



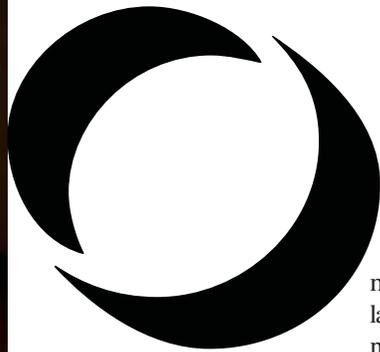


By Megan Lehmann

TURN ON. TUNE IN. GET WELL

Psychedelic therapy promises to revolutionise the treatment of mental illness. For some people, it can't come soon enough

Photography Nick Cubbin



ne pill makes you larger and one pill makes you small. Or so he's heard. But the ones they've been giving Andrew Robb, daily, legally, over many decades, don't do anything at all. Anti-depressants: dizzy-making, libido-sapping. They no longer work. Robb wants pills like the ones Jefferson Airplane sang about in 1967, although he couldn't care less about meeting white rabbits or Red Queens. He doesn't want to grow large or small or trip with a hookah-smoking caterpillar. He just wants to get well.

"I have no interest in psychedelics from a recreational point of view," says the former federal Liberal Party director and trade minister. "It's about outcomes. I want something that will fix this bloody condition that I've got."

Robb is 70 years old. His hair is white, his shoes are shiny. Everything about him shouts *former conservative politician*. Yet here we sit, on an unseasonably gloomy day, in the Sydney high-rise office of his corporate and investment advisory firm The Robb Group, talking magic mushrooms and ecstasy. He proves to be surprisingly well versed in the mind-altering effects of both.

"I'm not looking for an out-of-world experience," he says, gazing at a scowl of grey clouds over Hyde Park. "I expect colours are brighter and music is better and all those things... But the underlying constant in what I've read is that a massive increase in neural transmission takes place in your brain. It makes sense to me that you will then probably have a very different view of things."

Robb desperately wants to change his mind. Reboot and reset. Fix a dodgy hard-drive that has led to a lifelong battle with diurnal mood variation, a type of depression that makes mornings hell. Having cycled through at least 10 different antidepressants and countless therapists, he's grown weary of the trial-and-error approach. He's fought the snarling black dog for 50 years and he's exhausted. "It's a merry-go-round and you never seem to get off it," he says. "Week in, week out, year in, year out. It's just horrific."

Robb is an unlikely public face for what's being called a psychedelic renaissance, a renewed interest in consciousness-expanding drugs not seen since the 1967 Summer of Love blossomed in San Francisco. Back then, a moral panic around the use of LSD (advocated by psychologist Timothy "Turn on, tune in, drop out" Leary) led to censure by the US government, and promising scientific research into the potential of psychedelics for psychiatric healing was shut down.

But a wave of new clinical research over the past decade has drugs such as psilocybin (the psychoactive ingredient in magic mushrooms) and MDMA (ecstasy) knocking on the door of mainstream respectability. Many of the new cheerleaders for psychedelics wear white lab coats instead of tie-dye. Studies from respected institutions such as Imperial College London and Johns Hopkins University in the US show psychedelic-assisted therapy, properly conducted by professionals, can help with intractable depression, psychological trauma and addictions. It can even ease the existential distress of the terminally ill.

At least 100 clinical trials are underway worldwide and early results are compelling. Earlier this year, California's Multidisciplinary Association for Psychedelic Studies, in a world-first Phase 3 trial, found 67 per cent of PTSD sufferers went into remission after MDMA-assisted therapy. (Conventional treatments can claim less than 10 per cent remission rate.) Similarly impressive rates of remission accompanied the use of psilocybin in treating major depressive disorder. Both compounds have been granted "breakthrough therapy" status by the US Food and Drug Administration, and the US is expected to legalise their therapeutic use in the next year or two.

In March last year, the Australian Government lent further legitimacy to this new mental health frontier by committing \$15 million to psychedelic research. There are currently five clinical trials being conducted nationally, including one at St Vincent's Hospital in Melbourne to treat end-of-life depression and another at Monash University. The latter trial is exploring psilocybin as a treatment for anxiety and, in another world-first, has secured ethics approval to provide psilocybin to therapists as part of their training.

"It's early days," says Paul Liknaitzky, head of Monash's Clinical Psychedelic Research Lab and principal investigator on four of the five Australian studies. "The field is getting a boost but is very much still coming through the birth canal."

For Andrew Robb, the dawning of a new psychedelic age cannot come soon enough.

The world could hardly be said to have flourished in 2021. Even pre-Covid, experts were referring to Australia's "mental health crisis" and, if the 25 per cent jump in calls to Lifeline last year is an indication, there are more of us in distress than ever. One in eight Australians is reportedly on antidepressants, yet at best only about half report any improvement, and the pills can cause side effects. Nine people a day take their own lives. All that suffering. And expense: in 2020, the Productivity Commission estimated mental illnesses cost the economy \$220 billion a year.

Despite this so-called "shadow pandemic", there have been no breakthroughs in treatment since the '70s. Maybe it's time for a shake-up. Maybe a radical one. "There are no risks, only benefits, and there is so much unmet need," says Professor David Nutt, head of neuropsychopharmacology at Imperial College London.

Nutt is a pioneer of the new wave of psychedelic research. In 2016, his landmark neuroimaging studies showed how the drugs radically disrupt established brain networks. "Because psychedelics work in a very different way to conventional treatments, they offer hope where these have failed," he says. "They seem to better affect the core reasons for the disorder, tackling the cause rather than just providing symptomatic treatment. And they only need one or two doses."

Long-suffering: former Liberal politician Andrew Robb

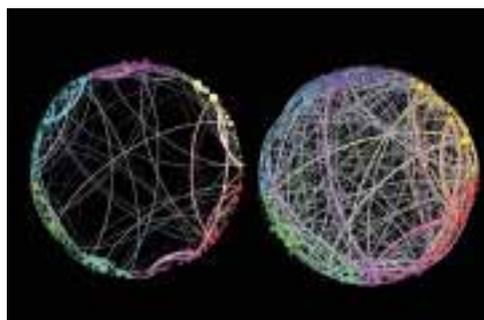
Andrew Robb wants in. Problem: they may have entered the mainstream discourse but, in Australia, psychedelics are classified as Schedule 9 prohibited substances, along with heroin and ice. They are not legally accessible outside the confines of a lab. And, desperate as he is to vanquish his depression, Robb draws the line at tiptoeing into the bush to unlawfully knock the caps off a bunch of magic mushrooms.

In 2019 he joined the board of Mind Medicine Australia, a not-for-profit founded by former investment banker Peter Hunt and his entrepreneur wife Tania de Jong. The group advocates for the use of psychedelics as a therapeutic tool, and has been growing steadily in influence. “People are just desperate for this,” says de Jong. “We get 15 to 20 emails and texts a day from people who have tried every other treatment and this is their only hope. Many of them are suicidal and unable to participate in society because they’re so ill.”

De Jong and Hunt had their own personally transformative experience at a legal psilocybin retreat in Europe after their interest was piqued by Michael Pollan’s 2018 bestseller *How to Change Your Mind*. In the book, Pollan revisited a largely forgotten era of US government-funded psychedelics research that ended with president Nixon’s war on drugs, and reimagined their potential for today. Though free of mental illness, de Jong and Hunt each had trauma to shed, and emerged from the “life-changing” experience feeling “connected to everything”. Adds Hunt: “You literally get transported to another level of consciousness. There are indigenous cultures who have been using these medicines since the beginning of civilisation, not only for healing but for raising of consciousness. They’re not experimental.”

Former Defence Force chief Admiral Chris Barrie has also joined the board of Mind Medicine Australia, convinced that legalising psychedelic therapy would help veterans recover from trauma. Psychiatrist Stuart Saker, a former military medical officer whose practice in NSW specialises in treating PTSD-afflicted veterans, says he has “hundreds, maybe thousands” of ex-military patients keen to try psychedelic-assisted therapy. “They’re circling like planes at an airport,” he says. “There’s a Royal Commission into Veteran Suicide at the moment. I could give them one of the answers: make psilocybin and MDMA prescribable medications and we’ll reduce veteran suicides.”

Australia’s medicines regulator, the Therapeutic Goods Administration (TGA), grants permission for the use of these drugs on a case-by-case basis through its Special Access Scheme. But Saker



Lobbying: de Jong and Hunt; a model of brain activity on psilocybin.

says TGA approval is “futile” as access to the drugs is prevented at a state level. Key to making them available to therapists like him is downgrading the compounds from Schedule 9 prohibited substances to Schedule 8 controlled drugs. In July 2020, Mind Medicine Australia applied to the TGA to reclassify MDMA and psilocybin and spent 2021 lobbying hard for the change.

Just before Christmas the TGA rejected its application. Although preliminary findings from clinical trials were “promising”, the regulator sided with the Royal Australian and New Zealand College of Psychiatrists and the Australian Medical Association, both of which staunchly opposed the move. “I am satisfied that psilocybin poses a high danger for both acute and long-term effects if abused or misused by way of access outside of strictly controlled medical and scientific research settings,” the report’s unnamed author wrote.

It was a bitter blow. “Everyone is shocked and disappointed by this decision,” de Jong says. Still, Mind Medicine Australia has vowed to fight on. “I want to see this thing through,” Robb says. “It sounds like it’s got the potential to improve the lives of... hundreds of thousands of people.” His resolve folds into a sigh: “To be honest, I didn’t think this was going to take as long as it is.”

The brain is a fantastically complex organ.

What makes one person see rainbows where another sees only rain? Why does one person’s trip summon the explosion of groovy colours and non-sequiturs of *Yellow Submarine*, while another brain generates the marching hammers of Pink Floyd’s *The Wall*? Is there a neurobiological component to mystical experiences? Where’s the

line between science and spirituality? Who knows? Go ask Alice.

What researchers do know is that high doses of classic psychedelics quieten the brain’s “default mode network”. This group of interconnected brain regions comes to life when our attention is not actively focused. It’s the equivalent of what meditators call “monkey mind”, the unconscious tendency of the brain to think about the past and future, and to obsessively ruminate.

Hyperactivity in the default mode network has been shown in people with severe depression and anxiety, locking them into maladaptive thoughts of guilt and failure. This debilitating state is sometimes called “heavy self-consciousness”.

“[Psychedelics] work in the cortex to disrupt the ruminative thinking that drives and perpetuates depression,” says Nutt, who was formerly the UK government’s chief drug adviser. (He was fired in 2009 for claiming ecstasy and LSD were less dangerous than alcohol.) By quieting the brain’s default mode network, the drugs allow new connections to come to the fore, resulting in an altered perspective, a dissolution of ego, and greater flexibility of thought. Reset and reboot.

Similarly, the psychoactive brew ayahuasca, which is legally consumed in several South American countries, has been found to reduce blood flow to the default mode network. MDMA works differently, quelling activity in the amygdala, an area of the brain associated with fear, allowing patients to more comfortably talk through past traumas during therapy.

The use of psychedelics has been growing under the radar in Australia to the point where “the underground” is now an open secret. “You can do peyote [a hallucinogenic cactus] on the NSW Central Coast,” says Saker. “Shaman-led ayahuasca ceremonies are already passé in Byron. With psilocybin, the mushrooms grow in the bush anyway. The cat’s out of the bag.” In the absence of regulated psychedelic treatment, some with mental health issues are turning to this shadow network in an attempt to heal themselves.

Van Humphries is a former Wallaby based on the Gold Coast who retired from professional rugby in 2012 after two acute neck injuries. He took a job in orthopaedics theatre support but the following years were, he says, “a bit of a rough ride”. He injured his neck a third time, broke up with his partner of five years and learned his beloved sister had terminal cancer. In 2015, he and his new partner lost their young son. “That was the turning point to look at different therapy,” the 45-year-old says. “Modern medicine wasn’t giving

me much and I'd been brought up to suffer in silence." A friend suggested breath work and meditation. It was his first exposure to "the idea that there is another way"; he went on to explore ayahuasca and psilocybin, "ceremonially rather than recreationally". (He declines to say where.)

"The experiences exposed to me on such a deep level that we are all just atoms vibrating," Humphries says. "I connected with the energy of my brother who I lost when I was nine, and my son who'd just passed, and those two experiences were just... completely captivating. This was six years ago and I can bring them to mind as if it was five minutes ago. Just love and care and safety. It was life-changing."

Reports from the front line of these radically altered states often bleed into the mystical, leading to a weird tension between spirituality and science. Psychedelics researcher Liknaitzky is wary of the evangelical tone adopted by some enthusiasts. "So much of my ability to do my job has depended on the right balance of psychedelic expertise and scientific rigour," he says. "I don't move into the esoteric domain. A lot of people think psychedelic practice is synonymous with spiritual views or experience or language, but my view and the view of many of my closest colleagues is not that at all. The most profound kinds of experiences are no less profound when they're not imbued with that kind of metaphysics."

I was inside a beautiful blue Aboriginal dot painting... my entire being dissolved into the very fabric of the universe. That's from Adrienne, a 27-year-old community support worker who is among those sharing their psychedelic experiences in Mind Medicine Australia's book *Psychedelic Healing Stories*. School principal Matt, 48, wrote that he has "since held close to a thought that came to me during my experience: We just might exist through all eternity". Jane, 31, a social worker, "felt like a child re-experiencing the world". Others describe immersive hallucinations in which they encountered "sacred geometry" and "luminescent colours". A heightened sense of the interconnection between all living things is common, as is feeling safe and loved. Steve, a 57-year-old teacher, "realised that there was so much more to this world, and my place in it, than I could have ever dreamed possible in my former deeply damaged state". Sound engineer Tony, 58, "experienced a healing so deep and thorough, it was like 30 years of counselling in 30 minutes".

Most contributors stress the amount of mental and emotional heavy lifting involved in the heal-

ing process. "You need to do the work," says one. And it can be unpleasant. "I refer to it as being skull-dragged," wrote 43-year-old publicist Carmen. "Reliving long-forgotten and deeply buried events that happened as a child."

Humphries agrees the experience can be challenging. "It stretches your energetic field and that stretch usually involves some form of truth or awareness that we didn't hold before," he says. "The transition between the two spaces, I have found to be outrageously challenging to the point where I didn't feel I'd be able to hold it all. But you find a way."

Some people don't. Melbourne psychotherapist Sean O'Carroll specialises in "bad trip" integration. "For the last eight years I've worked a lot with people I call 'psychedelic casualties,'" he says. "People who have experimented alone or gone 'underground' and had a really tough time of it." O'Carroll says that while he recognises the healing potential of psychedelics, "there is a significant number of people, maybe three or four per cent, who end up more confused or stuck or more unwell than they were at the outset. It's working with those clients that makes me take some kind of pause before going, 'Yeah, everyone should take psychedelics, what a great idea!' without tending to the context in which they're taking them."

O'Carroll is involved in training therapists attached to a number of psychedelic research trials, including those at Monash University, and is working as a therapist himself on three upcoming trials. He has experienced ayahuasca and other psychedelics in various contexts and believes the right kind of companion therapy is as important,

Clinical setting: therapists with a patient; Andrew Robb



if not more so, than the drugs themselves. "It's a bit like working with nuclear energy," he says. "You can have a bomb or a power station, depending on how you use it. The therapist must be able to travel alongside someone as they go into this radically altered state, to help that state be a healing experience rather than an unhelpful one."

A psychedelic-assisted therapy session has very little in common with a recreational experience. In therapy, the patient typically lies on a couch wearing an eye mask with music playing. Two trained therapists sit with them for the eight-hour session, shepherding them through the experience "like a midwife", O'Carroll says. Those same therapists spend time afterwards helping the patient to digest the experience and to integrate it into their daily life.

The training required to do this kind of therapy is highly specialised – and unorthodox. The program provided by the US Multidisciplinary Association for Psychedelic Studies, considered the global benchmark, uses phrases that sit uncomfortably in a scientific framework. "Spiritual intelligence", for example.

"I often refer to the steep *unlearning* curve that the doctors we employ have to go down in order to train as psychedelic therapists," Liknaitzky says. "This is a little like psychotherapy on rocket fuel so you've got to be able to fly one of those spacecraft ... In many aspects the approach is antithetical to what you learn in medical school."

Vinay Lakra, president of the Royal Australian and New Zealand College of Psychiatrists, says quite a few colleagues would be interested in upskilling and providing this treatment, but only once the "training programs, accreditation and infrastructure are in place to roll it out in a safe and effective way". He adds: "While some could argue it is unethical to withhold a treatment, others could argue it's unethical to fast-track or bypass appropriate clinical research to roll out a treatment which can potentially have serious problems if it is not done properly."

And so the long, strange trip to respectability continues. "After the better part of four decades in the deep freeze with psychedelic research, we are now just perhaps two years away from legal MDMA treatment and maybe another five years away from legal psilocybin treatment," says Liknaitzky. "It's very close. We are in the end game in terms of the long phase of research and development that needs to happen to make these legal medicines."

Two to seven years. For people like Andrew Robb, it's a long time to wait. ●

Lifeline 13 11 14; beyondblue.org.au