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Advisory Committee on Medicines Scheduling
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Application to Reschedule Psilocybin from Schedule 9 to Schedule 8 of the Poisons Standard

As the Mental Health spokesperson for the Greens NSW, I make this submission in full support of the proposed amendments to the Poisons Standard that seek to reschedule psilocybin from a Schedule 9 substance to a Schedule 8 substance on the basis of its therapeutic potential, good safety profile and the current need for new alternatives to existing pharmaceuticals.

Contemporary environmental and health events have posed unique and unprecedented stressors on the population of NSW and the rest of Australia. Stakeholders and individuals are demanding access to new treatments in response to community mental health needs, such as PTSD, addiction and major depression. In some cases, patients and their families have reached out to us for political representation on the matter after exhausting all other treatment options.

Psilocybin has been receiving international scientific attention and yielding promising results in clinical trials conducted by leading universities. It has also been found to have a very low risk of abuse. Many other jurisdictions are providing therapeutic access to psilocybin in response to these characteristics, and these amendments are an opportunity for Australia to stay abreast of scientific developments and improve its long term mental health outcomes.

The state of mental health in Australia

According to the Australian Bureau of Statistics, around 45% of Australian adults have experienced a mental health disorder at some point in their life ("4824.0.55.001 - Mental Health in Australia: A Snapshot, 2004-05", 2018). Of course, this measure of the 'lifetime' prevalence of any form of mental illness is much higher than reported rates for 'current' diagnosis, with the prevalence of Common Mental Disorders (CMD) amongst working age Australians reported to be 12.2% as of 2014. This figure has remained relatively stable over the years, dropping only slightly from 13.3% in 2001 (Harvey et al., 2017). Nevertheless, this figure represents a large number of working age Australians, inviting further consideration of the treatment provided, and resources afforded to mental health conditions in this country.

Increases have also been seen in the use of pharmaceutical medication to treat mental health conditions. Between 1990 and 2002, there was a 352% increase in the reported use of antidepressants in Australia, and from 2000 to 2011 there was a 95% increase (Jorm, Patten, Brugha, & Mojtabai, 2017). It is significant that, while there has been growth in both the resources allocated for mental health treatment and the use of antidepressant medication to treat mental health disorders, there has not been a significant decrease in the prevalence of mental health disorders.

In light of these figures, it is important that every consideration be given to treatments which display efficacy in treating any mental health illness. In this regard, psychedelics are showing a huge amount of promise.

Psilocybin in the treatment of mental health conditions

Psilocybin is the subject of the most current research, with a large amount of data supporting its use as a treatment for various mental health conditions. A study conducted on people suffering cancer-related depression and anxiety showed that psilocybin produced immediate, substantial and sustained improvements in anxiety and depression (Ross et al., 2016). There was a decrease in cancer-related demoralisation and hopelessness, improved spiritual well being, and increased quality of life (Ross et al., 2016). Approximately 60-80% of the participants continued to show clinically significant reductions in depression and anxiety even 6 months later, indicating the anxiolytic and antidepressant outcomes experienced by the participants have a long-lasting effect (Ross et al., 2016).

Psilocybin shows great promise in relieving the symptoms of treatment resistant depression, as shown in a study on 19 patients with severe treatment resistant major depression

(Carhart-Harris et al., 2018). Of the 19 patients involved in the study, all showed some reduction in depression severity at 1 week, results which were sustained in the majority for 3–5 weeks (Carhart-Harris et al., 2018). Research was done on the blood flow to the brains of people with treatment resistant depression after being given a dose of psilocybin. Functional magnetic resonance imaging or functional MRI (fMRI) was used to measure the changes in resting-state brain blood flow and functional connectivity post-treatment with psilocybin for treatment-resistant depression (Carhart-Harris et al., 2017). Decreased blood flow to the amygdala is found to correlate with reductions in depressive mood, and during the study whole-brain analyses revealed post-treatment decreases in cerebral blood flow (CBF) in the temporal cortex, including the amygdala (Carhart-Harris et al., 2017). Interestingly, the changes made to the brain after using psilocybin are similar to those seen after treatment with Electroconvulsive Therapy (ECT) (Carhart-Harris et al., 2017).

Not only does psilocybin show efficacy in the treatment of a variety of mental health issues, it is also shown to be effective in the treatment of addiction. Psilocybin has been noted to occasion ‘personally and spiritually significant mystical experiences that predict long-term changes in behaviours, attitudes and values’ (MacLean, Johnson, & Griffiths, 2011), which may contribute to its success in treating both alcohol and tobacco addiction. A study involving 15 smokers, with an average of 6 lifetime-quit attempts, smoking an average of 19 cigarettes a day for an average of 31 years was performed. Out of the 15 participants, 12 participants (80%) showed seven-day point prevalence abstinence at 6-month follow-up (Johnson, Garcia-Romeu, Cosimano, & Griffiths, 2014). The success rates for pharmacological and/or behavioural treatment are reported to be less than 35%, which is significantly lower than treatment rates with psilocybin (Johnson et al., 2014).

Psilocybin is not just showing promise as a treatment for smoking cessation; it has also exhibited efficacy as a treatment for alcohol addiction. The participants for the study were 10 people with DSM-IV alcohol dependence, who were administered psilocybin in one or two doses, along with Motivational Enhancement Therapy and therapy sessions to prepare for and debrief from the psilocybin sessions (Bogenschutz et al., 2015). In the first 4 weeks of the study (before psilocybin administration), abstinence rates did not increase, however, following the dose of psilocybin, abstinence rates increased significantly and were largely maintained at the 36-week follow-up (Bogenschutz et al., 2015).

Psilocybin safety profile

Psilocybin has been found to carry a low risk of overdose toxicity by respiratory depression or cardiovascular events or other causes of death associated with substances of abuse (Johnson, Griffiths, Hendricks, & Henningfield, 2018). It also has a low abuse potential, in

part because of the effects of the drug itself, such as relieving anxiety, fear, dysphoria and physical discomfort (Johnson et al., 2018). As shown, psilocybin is an effective antidepressant and anxiolytic with potential as a treatment for addiction. It has a low abuse potential, with a good safety profile.

Psilocybin internationally

It is important to note the legalities of psilocybin in different areas of the world in order to gain a greater understanding of how it is being used. Psilocybin is legal in the British Virgin Islands, Jamaica, Netherlands, New Mexico (USA) and Canada, and is decriminalised in Austria, Czech Republic, Italy, Portugal, Spain, Denver (USA) and Oakland (USA). Two separate phase two trials in the USA have received 'breakthrough therapy' designation from the FDA, with the potential to fasttrack market approval.

Australians should be afforded access to potentially life-saving medications and have a chance at recovery from serious mental health conditions. Improving mental health outcomes will also have a positive impact on other societal issues, such as family violence, substance abuse, homelessness, unemployment and the economy.

The combined evidence supporting the safety and efficacy of psilocybin along with the international trend towards therapeutic access are strong arguments in favour of the rescheduling amendments. Therefore, the Greens NSW strongly recommend the approval of the proposed amendments.



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On behalf of the NSW Greens