



Investigation

Brave new *psychedelic* world

As the world's mental health crisis worsens, once maligned illegal drugs, such as magic mushrooms and MDMA, are emerging as promising new treatments, but are they really safe?

WORDS *by* SUSAN HORSBURGH

Simone Dowding was 40 and had everything she “should” have wanted – a booming career, two beautiful children, a Mercedes – but something was missing. When her marriage ended, that sense of emptiness escalated into a full-blown breakdown as she watched her identity and dreams evaporate. “I’d lost everything,” she says, “in terms of who I was in this world.”

What followed were “six years of utter hell”. Alienated and depressed, Simone retreated to her home in Byron Bay. She was tortured by her thoughts, couldn’t make decisions, and cried constantly. “I spent two years in a hammock, disconnected from everything,” she says. “You feel so tired, like there’s a huge weight holding you down and the worst part is this constant pain in your heart. Even though I kept up appearances, my sons knew Mum had left the building.”

Simone was on suicide watch, and the antidepressants and therapy didn’t work. Nor did the yogis, naturopaths, acupuncture, meditation and hypnosis. “I’m an intelligent woman, I’ve studied psychology, and I had the resources to sort myself out,” she says, “but I needed a light switched on.”

That light appeared in 2017 when Simone met a woman who’d just returned from the Amazon, apparently healed of depression. Within three months, Simone was in the Peruvian jungle at the feet of a shaman, taking the ancient psychedelic, ayahuasca. When the bitter brown tea kicked

in, she found herself immersed in dream-like scenarios that gave her insights into her life and relationships. At one point she revisited a trauma from when she was three.

“It’s like 10 years of psychotherapy – it’s intense,” says Simone. “It’s like the ayahuasca is your psychologist. It illuminates what needs changing and gives you the power to heal your life, so you are no longer a victim. I felt like I had been trained like a warrior to come back into the world in a new way, and I did. I completely redesigned my life.”

It took time, but when she returned to Australia, Simone started to feel joy again, and could see a future: “It’s like getting hit by lightning – it just snaps you out of things and opens you to new possibilities.”

Simone’s voice is just one in a growing evangelical chorus, singing the praises of psychedelics. And, despite tales of Amazonian shamans, it’s not just the hippie fringe embracing these once demonised drugs. Some of the world’s most respected universities are creating research centres to investigate the effects of psychedelics on such intractable mental illnesses as depression, anxiety, post-traumatic stress disorder (PTSD), addiction and anorexia.

Magic remedies

Remarkable results in pilot studies have pushed psychedelics to the brink of mainstream acceptance in recent years, with psilocybin (the psychoactive ingredient

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in “magic mushrooms”) and MDMA (known as ecstasy) showing particular promise, paired with psychotherapy, in the treatment of severe depression and PTSD.

In response, the US Food and Drug Administration has granted them both “breakthrough therapy” status, fast-tracking the approval process. In May, findings from the first Phase 3 trial of psychedelic-assisted psychotherapy found that two-thirds of patients went into remission after a combination of MDMA and counselling. “The results have been so staggeringly good so far,” says psychiatrist Ben Sessa, one of the world’s leading psychedelic researchers, “that it really could herald a whole new way of doing psychiatry.”

With psychedelic treatment, patients take a drug one to three times as part of a course of guided psychotherapy, whereas current psychiatric drug treatments usually involve daily medication for weeks or even decades.

“It’s as if psychiatry no longer believes in its ability to cure,” says Dr Sessa, a senior research fellow at Imperial College London and author of *The Psychedelic Renaissance*. “We get alongside our patients and paper over the cracks their whole lives with daily maintenance drugs that treat the overlying symptoms, but don’t cure them.” Dr Sessa argues that psychiatry can do better than that. “I think the concept of coming in with a severe mental disorder, being cured of it, and never having to go back to your psychiatrist again is possible with psychedelic therapy,” he says.

This, of course, isn’t the first time that psychedelics have been hailed as psychiatry’s next big thing. Some 40,000 patients were treated with LSD from 1950 to 1965, and more than 1000 scientific papers were written. But research was shut down, mostly for political reasons, after LSD hit the streets amid the rise of the hippy counter-culture. Psychedelics were outlawed in 1970 as part of President Nixon’s war on drugs, and most of the world followed suit.

“One of the things that destroyed this research in the ’60s was a kind of overzealous Messianic approach from the likes of [psychologist] Timothy Leary: that if we could only all drop acid, we’d live in perfect chemical utopia,” says Dr Sessa. “That kind of opinion doesn’t sit very well with science. There are many cynics and, quite rightly, there are people who want more data.”

Studies consistently show psychedelics in a clinical setting are safe and non-addictive, and early trials are promising, but Dr Sessa concedes psychedelics must jump through the same hoops as any other drug seeking government approval. There are now clinical trials underway looking at the effects of psychedelic-assisted therapy on conditions as varied as dementia, autism and OCD.

Clinical trials

Earlier this year, the federal government announced a “bold initiative”, funding Australian clinical trials into psychedelic-assisted therapy to the tune of \$15 million. The news came just weeks after the Therapeutic Goods Administration (TGA) refused to reclassify MDMA and psilocybin for clinical use, leaving them as Schedule 9 prohibited drugs. That decision is now under review and, as this story goes to press, an announcement is yet to be made.

Spearheading the push for psychedelic-assisted psychotherapy in this country are Tania de Jong and her husband, Peter Hunt,

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who co-founded the not-for-profit Mind Medicine Australia (MMA) in 2019. The soprano-cum-social entrepreneur and retired investment banker felt compelled to launch MMA after their own life-changing psychedelic encounters. Resolutely anti-drugs, Tania changed her mind after reading a *New Yorker* article about a New York University clinical trial of psilocybin-assisted therapy, in which cancer patients were successfully treated for end-of-life anxiety.

In 2016, she and Peter flew to the Netherlands to attend a legal psilocybin-taking retreat, each hoping to shed some unresolved trauma: most of Tania’s extended family had been killed in the Holocaust and at 13, Peter had lost his father to suicide. Tania, who had never even been drunk before, remembers being petrified. “I was scared it would destroy my brain, that I’d have a heart attack,” she says.

Instead, wearing an eye mask and headphones, with a therapist by her bed, she had the most powerful experience of her life. “I’ve never seen the world the same since,” says Tania. “It’s life-affirming to realise you’re part of everything and everything is part of you.” Psychedelics, she says, generate a feeling of oneness and belonging. “One of the definitions of mental illness is a sense of disconnection,” she says.

Breakthrough or broken?

With five million Australians suffering mental illness every year even before the pandemic, and antidepressant use more than doubling since 2000, Peter insists that psychedelics are the breakthrough we’ve been waiting for. “In mental health,” he says, “there’s been bugger-all innovation for decades.”

Sceptical of the hype, the Royal Australian and New Zealand College of Psychiatrists has urged everyone not to get ahead of the data. President Vinay Lakra says early phase studies have been encouraging, but trials so far have been small and difficult to blind (because there’s no mistaking a powerful hallucinogen for a placebo). Trial participants have also been self-selected, which means they’re more likely to report a positive response, and those with family histories of psychosis have been screened out (because psychedelics can cause lasting psychotic reactions).



Below, left: Awakn Chief Medical Officer Ben Sessa predicts MDMA will be licensed by 2023 in many parts of the world. Below, right: Tania de Jong and Peter Hunt founded Mind Medicine Australia (MMA) after their own life-changing psychedelic experiences.

“Some people think we need to rush out and open it up for everyone now,” says Dr Lakra. “But science needs to do its job. You can always find good individual stories ... and we’ve been in that situation with other treatments. People have said, ‘This is magical and will solve all our problems’ and then later we’ve realised it’s not necessarily true.”

According to Drug Free Australia (DFA), the drug legalisation lobby views medical access to psychedelics as crucial in its campaign. “There’s no doubt those wanting to legalise drugs see this as their ticket,” says DFA research director Gary Christian, who has called for more rigorous trials of psychedelic-assisted psychotherapy. “We understand what the drug legalisation lobby wants to do, but [ours] is a compassionate position: if it is genuinely going to help without too much downside then we’re going to back it ... So long as the clinical trials have been done correctly.”

Christian suggests that findings from the recent Phase 3 trial could have been skewed by its non-representative sample: 39 per cent of the PTSD trial participants were former ecstasy users, which is more than five times the percentage in the general community. That raises the issue of bias.

Similarly, Associate Professor Gillinder Bedi, a senior research fellow at the Melbourne University Centre for

Youth Mental Health and Orygen National Centre for Excellence in Youth Mental Health, has questioned the “hyped-up” research findings, saying that psychedelic-assisted psychotherapy may well work, but “I don’t think it probably works anywhere near as well as has been shown so far”.

Psychedelics – drugs that cause radical changes in consciousness, including

hallucinations – have been used for centuries. Some occur naturally – in leaves and fungi – while others are made in labs. Researchers say that psilocybin works by shutting down an area of the brain called the default mode network, which is responsible for rumination. So, if someone is plagued by negative self-talk, the drug gives the brain a reprieve and allows for fresh perspectives. Combine that with psychotherapy and the patient should theoretically be able to break out of rigid thought and behaviour patterns. MDMA, on the other hand, has a euphoric, “heart-opening” effect. Because the amygdala – the site of the fear response

Investigation

in the brain – is disarmed, patients can more comfortably process trauma with a therapist. There is no doubt that psychedelics can cause disturbing hallucinations, but proponents argue that in a clinical setting “bad trips” can be well-managed. Indeed, the psychotherapy component before and after the guided drug sessions are essential.

“That tends to be missing in both recreational use of psychedelics and most underground use from so-called self-styled shaman-guru-healers, who will happily take thousands of pounds off you and give you mushrooms in a yurt, but they’re not going to see you for three weeks before or for three weeks afterwards,” notes Dr Sessa. “Similarly, when people take LSD at a party, they don’t spend weeks in preparation and weeks afterwards integrating and unpackaging the material, which is why some people have difficult experiences.”

Hope for PTSD

By the time Michael Raymond took psychedelics, he was willing to try anything – “because the other option was not existing”. The former RAAF electrical engineer had been grappling with PTSD and depression ever since he narrowly escaped death after a plane engine explosion in 2011. He started drinking too much and sleeping too little and couldn’t go out because he was so easily triggered.

Fearing he couldn’t hold on, he took his then-girlfriend’s suggestion in 2019 and flew to Peru, where he took ayahuasca and another psychedelic drug, San Pedro, in a series of traditional Indigenous ceremonies. The full effects took time, but a weight lifted: “I felt like I’d been wearing these scratched, dirty sunnies – with this view that the world was unsafe – and then I was looking through this lens of gratitude and appreciation for life,” he says. “It was like a reintroduction to who I am without my mental illness.”

Lake Macquarie psychiatrist and army veteran Stuart Saker says Michael’s success is common among PTSD sufferers. “It sounds too good, but it is true,” says Dr Saker, who primarily treats fellow veterans. He sees men and women wrestling with PTSD in the form of anger issues, alcoholism and night terrors – and antidepressants are too



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often ineffective. In the absence of psychedelics, he has found the best treatment to be a combination of cannabidiol (CBD) oil and transcranial magnetic stimulation, but even that doesn’t bring remission: “I’d say they’re just holding on.” He suspects that psilocybin and MDMA will eventually take the same path as medical cannabis, becoming Schedule 8 controlled medicines that can be prescribed via a special application process.

New horizons

Overseas, it seems, mainstream acceptance of psychedelic-assisted psychotherapy is only

a matter of time, with US states and cities loosening restrictions, and investors champing at the bit. Compass Pathways became the first psychedelic drug company to be listed on a US stock exchange last September, earning a valuation of more than \$1 billion, while Awakn Life Sciences is scheduled to open clinics in Bristol, Manchester and London by Christmas, expanding to 20 sites throughout Europe and the UK by 2024. Ben Sessa, who is also Awakn’s chief medical officer, predicts MDMA will become licensed by early 2023 in the US, UK and Europe, and psilocybin a few years later.

How long it will take for Australia to embrace medically-approved highs, however, is anyone’s guess. Simone Dowding has kept her psychedelic journey mostly to herself because of stigma and misconceptions.

“People see psychedelics as drugs that are meaningless, that give you these hyped experiences and the next day you’re back to where you were.” But her life now, she says, is unrecognisable from the one she led four years ago.

These days Simone is CEO of a podcasting company but also active in her community, working with teens and running retreats. Conscious of “behaving [her] way into wellness”, she follows rituals, like doing five things for others each day. She also spends time in nature, savours moments with loved ones, eats well, does yoga and meditates – and traces all of her newfound contentment to psychedelics.

“They opened my heart and mind to the greater picture of this life,” Simone says. “I just feel like I am at peace. I can honestly say I’m completely cured of depression.” **AWW**