

Proposed amendments to the Poisons Standard

Joint submission

The proposed rescheduling of psilocybin and MDMA from Schedule 9 to Schedule 8 of the Poisons Standard offers large potential benefits and minimal costs or risks.

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More details at: fearless.org.au

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SUMMARY

The Australia Institute and FearLess support the rescheduling of psilocybin and MDMA from Schedule 9 to Schedule 8 of the Poisons Standard. The potential risks from this change are small while the benefits are potentially large. Academic studies recognise the low level of harm caused by these substances. Despite researchers finding “easy to very easy” access to these substances, in 2019 just 3.0% of the population used MDMA and 1.6% used any hallucinogens (which includes LSD as well as psilocybin), demonstrating their non-addictive nature. As Schedule 8 is still a rigorous regime it seems unlikely that rescheduling would affect illicit use.

INTRODUCTION

The Australia Institute and FearLess welcome the opportunity to make a submission on proposed amendments to the Poisons Standard. The Institute is a Canberra-based think tank conducting research on a broad range of economic and social issues, including mental health. FearLess is a charity that works with people living with the consequences of post traumatic stress (often referred to as PTSD). While we have limited expertise in the chemical, biological or pharmacological aspects of psilocybin and MDMA, from a public policy and economic perspective, the proposal to change their classification and facilitate their therapeutic use appears to offer large potential benefit for minimal cost or risk.

POTENTIAL BENEFITS

The costs of poor mental health are substantial to say the least. While dollar terms are far from an ideal way to measure such a personal problem, the cost to the Australian economy of mental ill health is estimated by the Productivity Commission at \$130 billion per year relating to diminished health and life expectancy for those living with mental ill-health and a further \$43-51 billion per year, relating to healthcare provided by governments, family and friends.¹ As such, even a small improvement in mental health treatment would provide large economic benefit.

Such an improvement could be assisted by this rescheduling, as it would, in our understanding, facilitate development of new treatments for a range of mental health problems. Existing treatments for depression and PTSD have low success rates and can be

¹ Productivity Commission (2019), *Mental Health: Draft Report*
<https://www.pc.gov.au/inquiries/completed/mental-health/draft>

costly. They often require long term pharmaceutical usage or long term therapy, neither of which have high success rates. Side effects from common medications can be significant.²

In contrast, trials of psilocybin therapy for depression and MDMA therapy for PTSD suggest they can achieve:

- Lower remission rates.
- Assistance after only a few sessions, reducing the need for long term pharmaceutical usage and/or long term therapy.
- Fewer side effects.

Overseas trials suggest that in a clinical environment these treatments are safe and non-addictive. The clinical environment is important as these trials emphasise the role of mindset and environment ('set' and 'setting') to the outcomes from psychedelic therapy. Set and setting are significantly more controlled in a clinical setting than when these substances are used recreationally.

The potential for better outcomes with lower costs and risks indicated in trials is recognised by the US FDA granting breakthrough status to psilocybin and MDMA for treatment of depression and PTSD respectively.³ Early access schemes for psilocybin-assisted psychotherapy have been approved in Canada and Switzerland, while early access schemes for MDMA-assisted psychotherapy have been approved in Israel, Switzerland and Australia.

Though not at the same stage as the trials of psilocybin therapy for depression and MDMA for PTSD, we note the success of trials using psychedelic therapy to treat addiction. If this success is repeated in further trials, rescheduling will facilitate the use of this therapy to treat addiction.

OTHER DRUGS IN SCHEDULE 8

We note that psilocybin and MDMA are considered to cause less harm to users or society compared to several drugs already on Schedule 8 (buprenorphine, methadone, cannabis, ketamine, amphetamine) and Schedule 4 (anabolic steroids, benzodiazepines).⁴ Figure 1

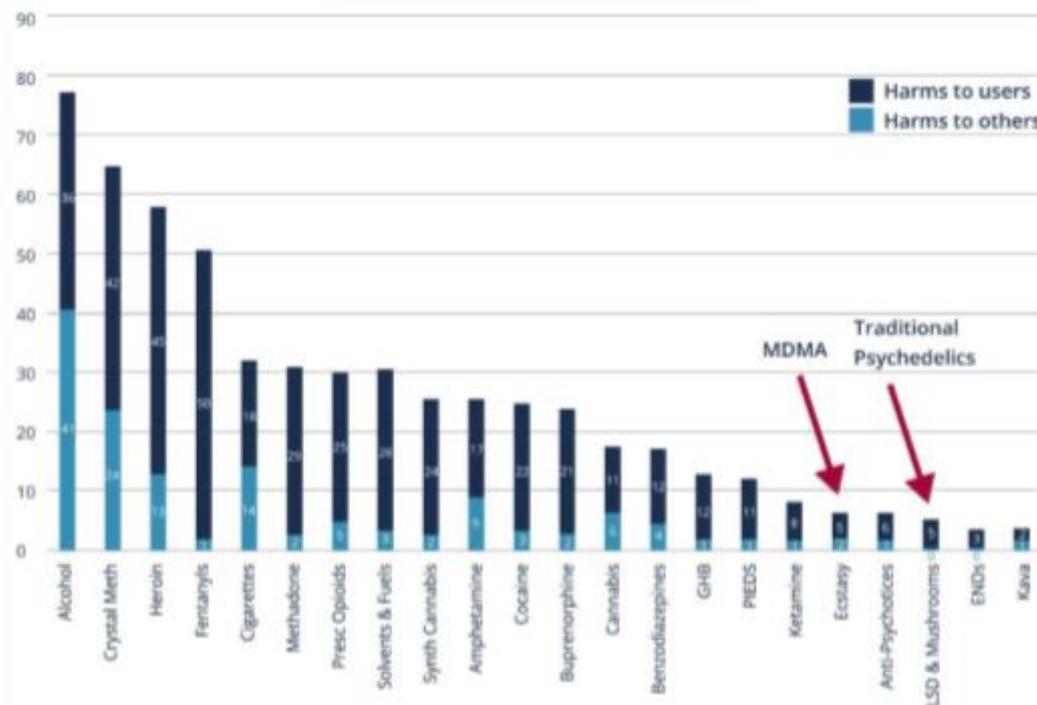
² Detailed references for these points can be found in the submissions by Mind Medicine Australia (2020) to the TGA for rescheduling <https://mindmedicineaustralia.org/important-resources/>

³ Saplakoglu (2019) *FDA Calls Psychedelic Psilocybin a 'Breakthrough Therapy' for Severe Depression*, <https://www.livescience.com/psilocybin-depression-breakthrough-therapy.html>

⁴ Bonomo et al (2019) *The Australian drug harms ranking study*, <https://journals.sagepub.com/doi/abs/10.1177/0269881119841569>

below shows that MDMA and psychedelics are among the least harmful substances analysed by the *Australian drug harms ranking study*:

Figure 1: Relative harm to users and harm others



Source: Bonomo et al (2019)

This ranking is based on a facilitated workshop with 25 Australian drug research experts. Note that legal substances such as alcohol, cigarettes and solvents rank far higher than MDMA or psychedelics.

RESCHEDULING UNLIKELY TO LEAD TO INCREASED USAGE

The risk that the rescheduling of these substances contributes to illicit use seems low.

MDMA in the form of ecstasy tablets is already considered “easy or very easy to obtain” by some 83% of ecstasy users and tablets sell for a low price. Nationally, the price for a single MDMA tablet/capsule ranged between \$15 and \$45 in 2017–18.⁵

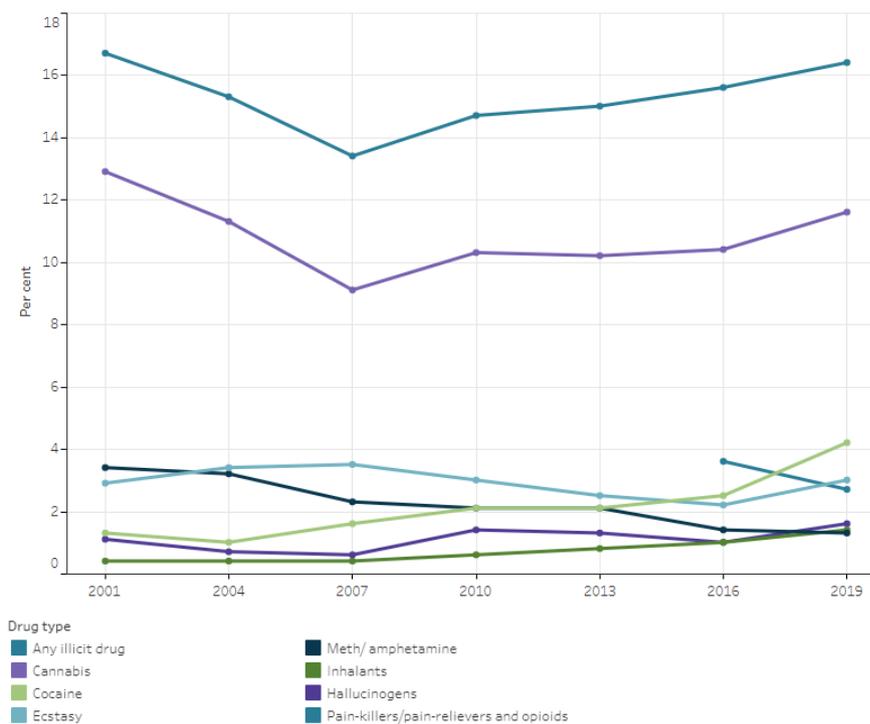
Data on the ease of obtaining psilocybin and its price is quite limited, likely reflecting its low harm and low priority for drugs enforcement efforts. The *Illicit Drug Data Report 2017–18* does not contain any information on the ease of obtaining psilocybin. The report does note

⁵ Australian Criminal Intelligence Commission (2019) *Illicit Drug Data Report 2017–18*, p35, p37, https://www.acic.gov.au/sites/default/files/illicit_drug_data_report_2017-18.pdf?v=1564727746

that there are some twenty species of psilocybin that grow naturally in Australia, suggesting easy seasonal access for people with some knowledge of mycology (and potential risks for those that lack such expertise). South Australia was the only state to report a price for one gram of psilocybin in 2017–18, which ranged between \$10 and \$15.⁶

Despite their easy availability and low price, usage of ecstasy and psilocybin is low across the population. In 2019 just 3.0% of the population had used ecstasy in the last 12 months, only 1.6% of the population had used hallucinogens (which includes LSD as well as psilocybin),⁷ as shown in Figure 2 below:

Figure 2: Use of illicit drugs in the last 12 months



Source: AIHW (2020) *Illicit drug use*. Percentage of population aged over 14.

The fact that ecstasy and psilocybin are cheap and easy to obtain in part reflects their non-addictive nature which reduces demand. This is particularly shown in the case of hallucinogens, which 10.4% of the Australian population had used in their lifetime but only 1.6% had used in the last 12 months.⁸ It also reflects that they are considered a low priority for law enforcement efforts (reflecting the low harm they cause compared to other illegal

⁶ Australian Criminal Intelligence Commission (2019), p93.

⁷ Australian Institute of Health and Welfare (2020) *Illicit Drug use*, <https://www.aihw.gov.au/reports/australias-health/illicit-drug-use>

⁸ AIHW (2019) *National Drug Strategy Household Survey 2019 - Illicit use of drugs*, p2 <https://www.aihw.gov.au/getmedia/9569b88d-3326-46e2-8df8-bf88a93e2d22/aihw-phe-270-Chapter4-Illicit-drugs.pdf.aspx>

drugs). Given that Schedule 8 is still a rigorous regime it seems unlikely that rescheduling would affect use and availability.

CONCLUSION

A reclassification of psilocybin and MDMA from Schedule 9 to Schedule 8 offers potentially large benefits and seemingly minimal costs and risks. There appear to be no parties that would be harmed by reclassification, with the possible eventual exception of anti-depressant manufacturers. However such a change would take place slowly, and represents the basic market process of improvements in treatment.