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Why the UK should not follow Australia's legalisation of psychedelics for mental health

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6–7 minutes

They're ecstatic. Scientists who believe in the potential of psychedelic drugs to treat mental health problems are delighted to hear about a new legal change in Australia.

The country's medical regulator, the Therapeutic Goods Administration (TGA), has changed the rules so that MDMA (ecstasy) can be used to treat post-traumatic stress disorder, and psilocybin (the active ingredient in magic mushrooms) is available for "treatment-resistant" depression.

That makes Australia the first country in the world to legalise psychedelics – drugs that change our perception of the world – for mental illness.

It's the culmination of many years of excitement in some areas of medical science about the potential of these drugs, and studies testing their effects on different psychiatric conditions.

But what do those studies actually tell us? Do we really have enough evidence to start recommending that therapists use these drugs with their patients?

Here in the UK, we quite regularly hear calls that stop short of

what's happened in Australia – some researchers have pushed for the UK Government to change the drugs' legal status so they become easier to research, not necessarily so that they can be administered to patients right away. That's how radical the Australian regulator's recent move really is: while most of us just want to do more research, Australia has jumped straight in to clinical applications.

The strict rules most countries place on these drugs makes the science something of a vicious circle: the substances are controlled so they're difficult to get access to, which means the studies tend to be small and tentative and that drastically slows our progress in working out whether the drugs should be controlled in the first place.

But nevertheless, quite a few studies have already been done. The problem is that, even where beneficial effects on mental illnesses are found, there are serious problems which are hard for scientists to avoid. A major issue is how, when you do a randomised trial, you ensure that the study is blind – that is, how do you stop the patients from working out whether they've been given the active psychedelic drug or the placebo, so that you avoid "expectancy effects" (the participants feeling better because they expect to feel better, rather than any change in their mood being due to the drug *per se*)?

Most people know when they're on a psychedelic drug – it's not something you can easily hide from them. And that's a problem compounded by the fact that very many of the participants who take part in a study of psychedelic drugs are already experienced in taking the drugs – so they know what effects and feelings to look out for, and thus can rapidly work out whether they've been given the treatment or the placebo. In a 2022 study of MDMA's effects on alcoholism, patients correctly surmised

whether they'd been given the drug or a placebo more than 94 per cent of the time.

To add bias on top of bias, the researchers doing the studies into psychedelics tend themselves to be "psychonauts" – very interested in the drugs and extremely optimistic about their potential. If it's not rigorously controlled, this can lead to biases in the way studies and statistics are reported.

That's perhaps no different from many fields of research, where people with a particular interest in a particular treatment tend to be the ones doing, and taking part in, the research. In fact, in many ways the research on psychedelics is a microcosm – or perhaps a microdose? – of the problems of doing medical research in general, with its tangle of biases, conflicts, and scientific difficulties. But it still means we should take extra care in interpreting the studies.

Given these problems – as well as the generally modest results, and the fact we don't have *that* many studies to go on – it's surprising that a medical regulator like Australia's TGA would jump to allowing the drugs to be used in therapy. In fact, the TGA's own commissioned report into psychedelics and mental health concluded that, although the drugs "may show promise", the studies tended to be low quality and the overall evidence base left a lot to be desired. The TGA decided to go ahead regardless, and legalise the drugs.

The lead author of that review, the psychiatry professor Steve Kisely, later wrote an editorial strongly disagreeing with the TGA's decision, saying that it is "ahead of the available scientific evidence", particularly because "unresolved issues remain surrounding relapse, long-term safety and the challenges of conducting randomised controlled trials in this area".

Kisely is right. There's an awful lot more work to be done on these drugs, their safety, and how long they might have any effects.

Then again, science should inform but not dictate policy. If elected politicians want to change the legal status of a drug, that's up to them, and scientists can't, and shouldn't be able to, stop them.

Heaven knows we need more and better drugs for often stubborn, life-ruining conditions like depression and PTSD. But one wonders if the years of hype relating to the effects of psychedelics – an endless stream of media reports and popular books on their massive potential, but not all that much in terms of strong, unambiguous evidence – might have nudged the Australian regulators into making a hasty decision.

One hopes that Australian researchers will use this unique opportunity to do much more rigorous research into how the psychedelic-assisted therapy works for these disorders.

Meanwhile, if we in the UK want to improve our knowledge of psychedelics and mental health, we should focus on setting up bigger, better trials rather than rushing to allow clinical use. That might mean relaxing the legal controls of MDMA and psilocybin, or opening up supplies to *bona fide* researchers through some other legal means.

But to immediately start treating patients using drugs we've only just begun to study properly is, to borrow part of the title of Kisely's editorial: "Too fast and too soon."