

Addressing psychedelics in psychotherapy

Medical practitioners must be prepared to answer questions about the efficacy of psychedelic substances that could be triggered by recent television coverage about the substances, says a pioneering researcher in the field.

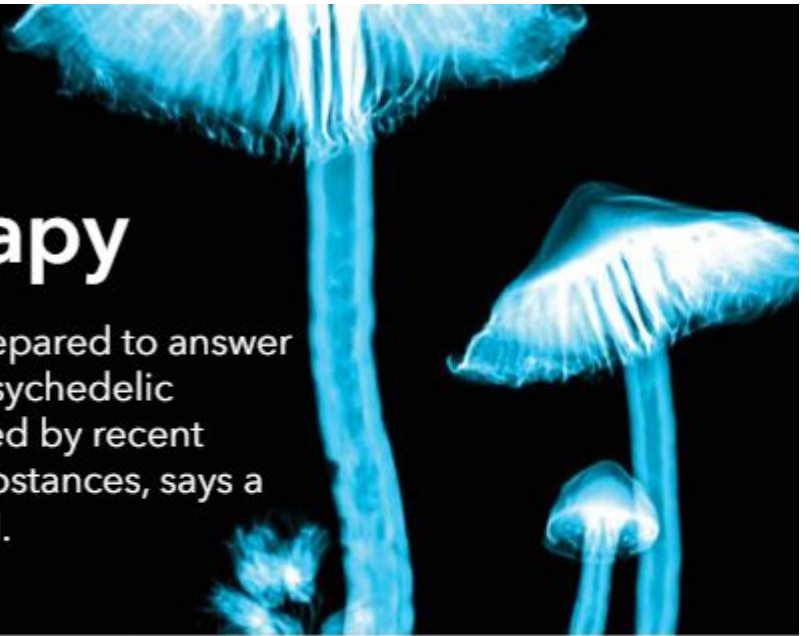


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Netflix and the ABC have recently shown programs – including the ABC's *Four Corners* on 25 July – featuring the expanding body of research into the use of methylenedioxymethamphetamine (MDMA) and psilocybin (magic mushrooms) in psychiatric treatment.

Dr Stephen Bright, Senior Lecturer in Addiction at Edith Cowan University, says increasing interest in the substances means doctors should be ready to answer questions from their patients about their use and effectiveness.

However, he says, while there is promising research around the use of the drugs in a range of psychiatric disorders, there's still much to be done before they become approved medical treatments.

Dr Bright says high-profile advocacy to have the drugs rescheduled as medicines by the Therapeutic Drugs Administration (TGA) has led to a surge in public interest and there is a risk that desperate patients will resort to illicit treatments. Balanced messaging from medical practitioners about the substances' risks and benefits is essential, he says.

GPs can also suggest patients investigate any clinical trials in their area, through the Australian Clinical Trials Registry, and work with them to contact trial coordinators.

While there is a plethora of clinical trials – including several funded through National Health and Medical Research Council (NHMRC) grants – underway in Australia, Dr Bright says the treatments are likely to remain out of reach for at least five years.

He says research is being undertaken to explore the effectiveness of the substances in treating 'just about every mental health

“ There's still much to be done before psychedelic substances can become approved medical treatments. ”

condition aside from psychosis and bipolar disorder', such as substance use disorders, including alcohol, tobacco and cocaine; treatment-resistant depression; anorexia nervosa; obsessive compulsive disorder and cluster headaches.

Evidence to date suggests MDMA may best assist patients undergoing psychotherapy for post-traumatic stress disorder (PTSD), Dr Bright says, while psilocybin may be most effective in helping patients at end of life or with treatment-resistant depression.

'You don't want to get patients' hopes up, because it is very difficult to access the treatments,' he says. 'Also, this is not a silver bullet; it's not a panacea because even with the PTSD, it is showing that two in three people respond and no longer meet the criteria for PTSD, (which means) one in three people are not responding - and some are getting worse.'

'We don't really know yet what the contra indications are.'

While working on a trial for psychotherapy in PTSD in Perth, Dr Bright is monitoring the work of colleagues in the US, where a phase 3 study and two phase 3

studies are underway. He says it is 'highly likely' that after the trials are complete, the US Food and Drugs Administration will approve MDMA as a medicine.

However, there are practical limitations to the drugs' mainstream use in psychotherapy in Australia, he says. 'There are probably only 10 people trained in MDMA therapy in Australia and about the same in psilocybin treatment – and very few people trained in it have worked with patients,' he says.

In the meantime, he urges medical practitioners to seek up-to-date information so they can help patients asking about the treatments.

Dr Bright cites a case where a patient developed a severe psychological illness after accessing the therapies illicitly. Another case involved a couple experiencing grief who believed they were receiving psilocybin treatment from a trained clinician; one partner responded well while the other went into a state of catatonic depression.

On the other hand, he says, there is a risk that 'alarmist' practitioners will deter patients from talking about their experiences and accessing help.

'There's a lot of stigma attached to these drugs, and sometimes patients will talk about accessing an underground treatment,' Dr Bright says. 'Some have reported that their GP or psychiatrist has been concerned and suggested they need to be referred to a specialist drug treatment service - which is not necessary at all.'

'A nuanced conversation is needed with every patient.'