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Australian Psychedelic Society Inc.

**SUBMISSION TO THE WESTERN AUSTRALIAN INQUIRY INTO
ALTERNATIVE APPROACHES TO REDUCING ILLICIT DRUG USE
AND ITS EFFECTS ON THE COMMUNITY**

To the Select Committee into alternate approaches to reducing illicit drug use
and its effects on the community



**AUSTRALIAN
PSYCHEDELIC
SOCIETY**

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1. Terms of Reference

(1) A Select Committee examining alternate approaches to reducing illicit drug use and its effects on the community is established.

(2) The Select Committee is to inquire into and report on —

(a) other Australian state jurisdictions and international approaches (including Portugal) to reducing harm from illicit drug use, including the relative weighting given to enforcement, health and social interventions;

(b) a comparison of effectiveness and cost to the community of drug related laws between Western Australia and other jurisdictions;

(c) the applicability of alternate approaches to minimising harms from illicit drug use from other jurisdictions to the Western Australian context; and

(d) consider any other relevant matter.

(3) The Select Committee is to report no later than twelve months after the motion is agreed to.

(4) The Select Committee shall consist of five members; Hon Alison Xamon (Chair); Hon Samantha Rowe (Deputy Chair); Hon Colin de Grussa; Hon Michael Mischin; and Hon Aaron Stonehouse.

2. The Australian Psychedelic Society

The Australian Psychedelic Society (APS) was officially launched in January 2017 and became an incorporated association on 20 February 2018. The APS aims to work with all levels of Government to develop laws and policies which maximize psychedelic related health, social and economic benefits, while respecting human rights and cognitive liberty. As such the APS would like to be consulted on all policy or legislation relevant to APS aims and objectives.

The purposes of the association are;

(1) Provide educational resources to the psychedelic community;

- improve safety, wellbeing and promote best practice;

- increase community cohesion and build support networks;

(2) Represent and advocate for the psychedelic community;

- provide opportunities for the psychedelic community to have a voice on policy,

legislation and community development based on best practice, human rights, and harm reduction.

(3) Support psychedelic research to increase benefits to society

3. Scope of Submission

This submission is specifically relates to the use of serotonergic or classical psychedelics, which are a sub-class of hallucinogen¹. These psychedelics are a diverse range of substances both natural and synthetic, which are associated with changes in perception and thought, usually primarily through interaction with 5-HT_{2A} receptors in the central nervous system. Classical psychedelics include mescaline, psilocybin, N,N-Dimethyltryptamine (DMT), and lysergic acid diethylamide (LSD). The scope also includes monoamine oxidase A (MAO-A) inhibitors, such the beta-carbolines, traditionally found in *Banisteriopsis caapi*. MAO-A inhibitors are used to enable DMT to be orally active in ayahuasca².

4. History and Overview

The use of psychedelics predates written history and they were employed by early cultures in many sociocultural and ritual contexts. Widespread therapeutic use of LSD and similar psychedelic drugs did not begin until the 1950s. By 1965 more than two thousand papers were published in scientific journals describing treatment, of thirty to forty thousand patients, with psychedelics. Even though results appeared promising, by the 1970s, under pressure from the United States (US) justice department, virtually all research had ended. LSD had leaked from the scientific community to a wider audience. By 1966 public use of LSD and its links to the hippy counterculture had become a problem for the US, when its possession was made illegal. This prompted the scientific community to distance themselves from interest in psychedelics. As a result, research use ceased while illicit use remained, fuelled by a growing criminal distribution and financial system (Nichols 2016; Sessa 2005; Masters & Houston 1970; Buckman, 1967).

5. Current Laws in Relation to Psychedelic Related Harms

In Australia psychedelics are currently classified under Schedule 9 of the Standard for the Uniform Scheduling of Medicines and Poisons (Poisons Standard). This classification is reflected in State and Territory laws. The current classification of psychedelics seems to be applied arbitrarily without any scientific, sociological or medical justification. These laws and policies are not based on evidence or best practice. It is important to keep laws and policies up to date and bring them in line with scientific knowledge, best practice and international covenants. Figure 1 shows the results of a survey of self reported harms and benefits of various drugs against United States and United Kingdom laws (Morgan et al, 2013). Australia has very similar socio-economic and cultural circumstances, and drug laws compared to these countries.

¹ The term hallucinogen also includes dissociatives, such as ketamine and PCP, and deliriants such as scopolamine which may be found in *Datura* species.

² Usually, but not always, a decoction made with the *Banisteriopsis caapi* vine and *Psychotria viridis* leaves.

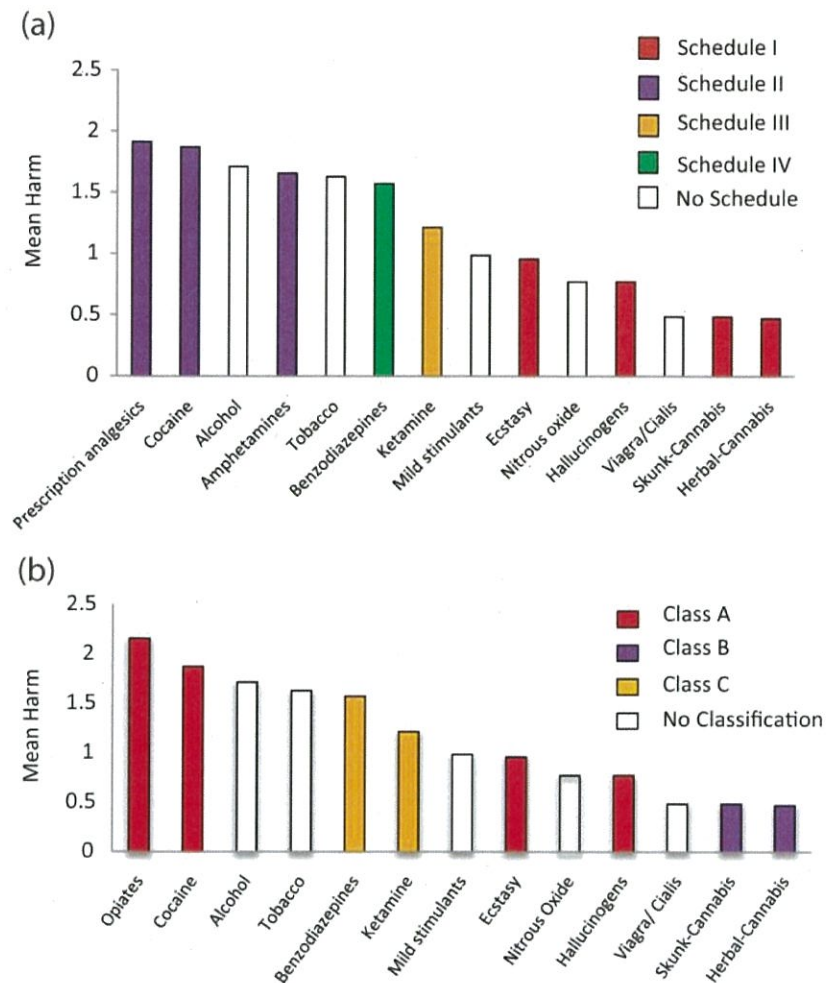


Figure 1. Mean harm ratings of drugs against a) US Schedules under the Controlled Substances Act b) UK legal classifications under the Misuse of Drugs Act. [The term 'Hallucinogen' includes classical psychedelics along with 2CB / 2CI which have a low affinity for the 5HT_{2A} receptor, and *Salvia divinorum* which has no affinity for the 5HT_{2A} receptor.]

The current situation in regard to laws and policies pertaining to the use of psychedelics is reflected in this quote from the Global Commission on Drug Policy (2016);

"It is, however, time to challenge more fundamentally the way societies view drugs and those who use them. Psychoactive substances have accompanied humanity throughout its whole history. Some, such as alcohol or tobacco, are legally accepted in many regions of the world; others are recognized and prescribed as medicines, while what people refer to as "drugs" in the context of illicit consumption are prohibited by international treaties. The vast majority of people use all these substances in a reasonable way"

The Global Commission on Drug Policy 2016 Report makes it clear that harms are increased by taking a punitive approach to drugs, instead of a public health approach. The current laws and policies increase the risks associated with drug use, including increasing the risks associated with psychedelics. Prohibition leads to such use typically occurring in an underground and idiosyncratic manner that often leaves individuals on their own with regard to the interpretation and integration of their experiences and insights. In contrast, the numerous examples in the ethnographic and the historical literature indicate that many cultures independently developed similar frameworks for using these substances for both individually and socially beneficial purposes and arrived at similar conclusions as to which of the substances available to them were the most appropriate for these purposes (Baker, 2005). There is now a modern equivalent to these process as details be Fadiman, (2011). Although there are differences in safety profile between the various psychedelics or psychedelic admixtures, overall psychedelics show a low toxicity compared to illegal and regulated drugs (Nutt, 2007).

Psychedelics show a high safety profile especially when administered in controlled settings. The utilisation of psychedelics has not been shown to negatively affect public health, and no long term negative effects have been found (Johansen 2015; Bouso, 2012; Studerus et al., 2010). Indeed the use of psychedelics has been shown to be associated with positive outcomes in the mid-to long-term (Carhart-Harris et al, 2016; Hendricks et al., 2015; Johansen & Krebs, 2015; Moro et al., 2011). Psychedelics are generally considered as physiologically safe and do not lead to dependence or addiction (Nichols, 2016). Johansen & Krebs (2015) state that "Psychedelics are not known to harm the brain or other body organs or to cause addiction or compulsive use; serious adverse events involving psychedelics are extremely rare."

The vast majority of people are not interested in trying psychedelics, let alone continuing to explore their potential. This can be seen in Figure 2, which shows users first and second preference for various drugs, all other drugs are preferenced over psychedelics (Morgan et al, 2013). Recreational use may also be moderated by some of the less recreational physiological and psychological effects such as emesis, dizziness, sleeplessness and loss of appetite. Additionally, there are numerous peer-reviewed scientific studies showing that psychedelics can be used for a range of therapeutic effects including the treatment of drug and alcohol abuse and addiction, psychological disorders, and can lead to an increase in social cohesion (Walsh, 2016; Bogenschutz, 2015; Baumeister et al., 2014; Krebs 2012; Fabregas 2010). Evidence suggests the controlled use of psychedelics improves the psychological well being of participants in the mid to long-term (Carhart-Harris et al, 2016; Griffiths, 2016; Hendricks, 2015).

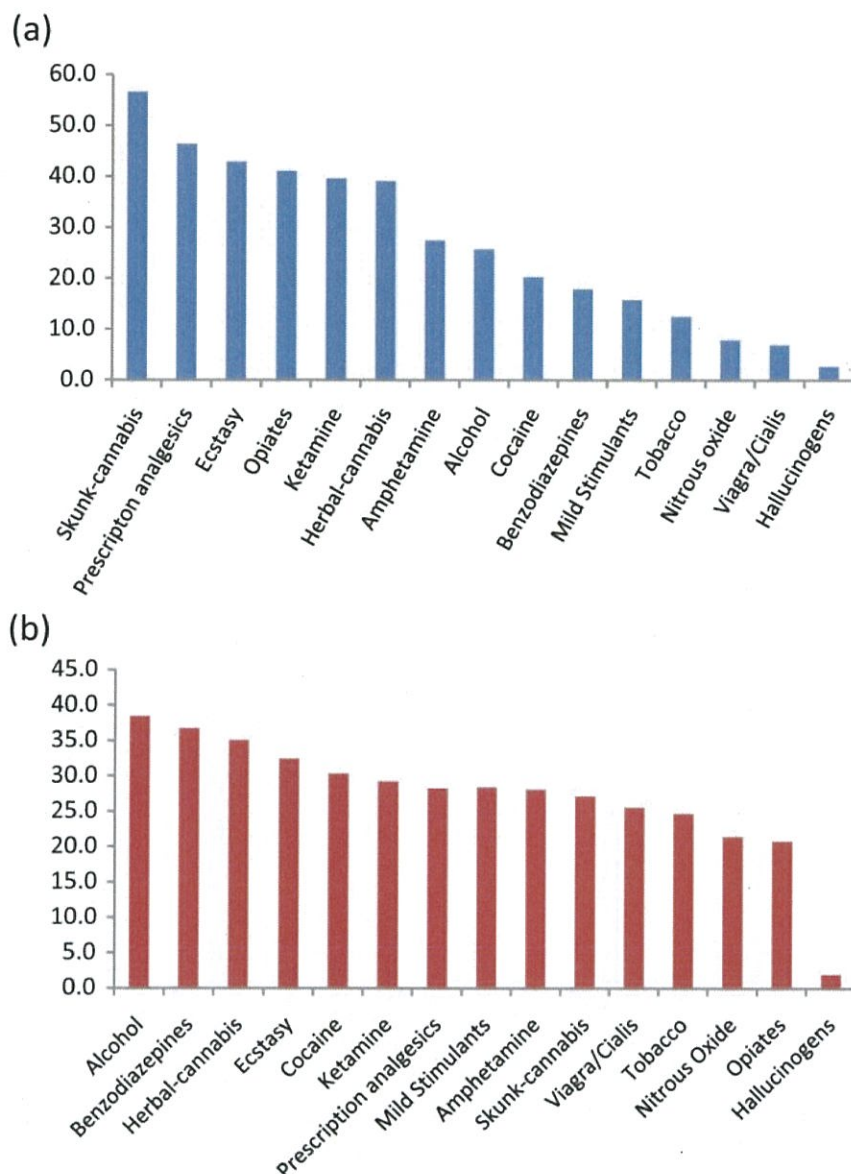


Figure 2. Percentage of participants reporting each drug as a) first preference b) second preference. [The term 'Hallucinogen' includes classical psychedelics along with 2CB / 2CI which have a low affinity for the 5HT_{2A} receptor, and receptor *Salvia divinorum* which has no affinity for the 5HT_{2A} receptor.]

It has been clearly shown that there are few harms to the use of psychedelics where there are adequate controls. Even when a psychedelic is used under less than favorable conditions there is likely to be no harm done. It is more the case that favorable conditions greatly increase the probability of therapeutic benefits. The APS have identified that the greatest harm from using psychedelics in Australia is from the criminal justice system. The punishment received from using psychedelics is not proportional to the harms, of which there are very few for the individual and society. Due to prohibition, people who use psychedelics may be left without adequate guidance and care. They are more likely to come into contact with criminals and be taken advantage of. These individuals may be more likely to take incorrect dosages, or worse still unknown substances or purity. They may be more likely to take psychedelics in unsafe environments. They may also be more likely to hide their actions, and be less likely to seek support if required. Prohibition has also largely

disrupted access to appropriate training and knowledge, which assists in the safe use of psychedelics. The current laws and policies increase the risk, vulnerability, and oppression of psychedelic users, along with social stigma and cultural discrimination, and therefore reduce inclusiveness and open discussion (Global Commission on Drug Policy, 2016; Jade, 2013).

These harms are a result of prohibition, not a result of the use of psychedelics. The very laws which aim to protect citizens are increasing harms to public safety, order and health. Overall, many, if not all psychedelics generate a relatively low risk to those using them and the people around them. Figure 3 shows the relative harms of different drugs for the United Kingdom, with the current prohibitionist approach (Nutt et al, 2010). These statistics could very likely be extrapolated for Australia where there are similar cultural socio-economic factors and laws. It can be seen that the two classical psychedelics investigated demonstrate very low comparative harms. “Whilst Nutt et al. (2007, 2010) have provided a UK-based analysis, their model has clear international implications for harm evaluations, scheduling systems and the wider drug policy debate (Rolles & Measham, 2011).”

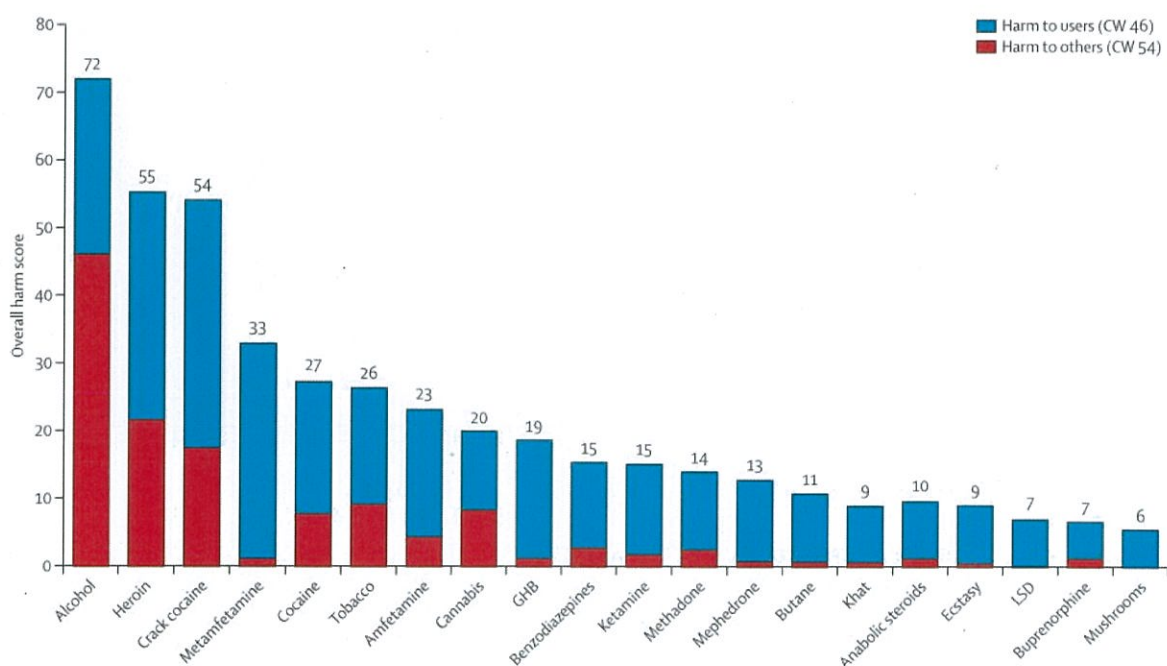


Figure 3. Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others

The weights after normalisation (0–100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW=cumulative weight. GHB= γ hydroxybutyric acid. LSD=lysergic acid diethylamide.

In reality the use of psychedelics is rare, and the use of high doses in an unsafe environment is rarer still. Compare this to the common use of high doses of alcohol in an unsafe environments and without supervision. Criminal laws should be in place to protect the rights of citizens, and maintain order. Laws should convict those who have done wrong and deter others from doing wrong. Instead, the current laws which criminalise the use of psychedelics, support organised crime by creating black markets, punish citizens who utilise psychedelics for victimless crimes, and persecute religious minorities.

6. Other Approaches to Minimise Harms

6.1 Approaches in Other Jurisdictions

It is important to note that no plant, animal or fungi (natural material) are at present controlled under the *Convention on Psychotropic Substances of 1971* and preparations made of a plant, animal or fungi are not under international control (Jonathan 2010; Schouten 2004).

The utilisation of psychedelics is legal in the following jurisdictions; Peyote (containing mescaline) is legal, under limited exceptions, in 15 states in the United States of America (US); Ayahuasca (containing DMT and beta-carbolines) is legal to use in Brazil, Peru, Colombia, Chile, Mexico, Spain and six US states. The interplay of international and local laws, policies (or lack thereof) and the level of enforcement is complex. The utilisation of some psychedelics appears to be allowed, whether legally or not, in various jurisdictions. Portugal is most notable with the decriminalisation of all drugs for personal use. The use of psilocybin mushrooms is also allowed in New Mexico, Brazil, Czech Republic, and Spain.

6.2 Social and Health

As part of their purposes the APS implement the following social and health interventions;

- (1) Provide educational resources to the psychedelic community;
 - improve safety, wellbeing and promote best practice;
 - increase community cohesion and build support networks;

The APS recommend the Western Australian government continue to support social and health interventions which align with APS purposes. It is expected that such support will increase inline with the implementation of the following recommended reforms.

6.3 Research

As detailed in the purposes APS supports psychedelic research to increase benefits to society, which is a health intervention. Research into the benefits of psychedelics is crucial to increasing our understanding of psychedelics and ensuring they are implemented as medicines in Australia. Research is underway in other countries and the first Australian study of its kind has commenced at Melbourne's St Vincent's hospital (Scott 2019). The potential health benefits of these substances are well established and since these substances are not patentable the government has a role and stake in supporting research in Australia.

6.4 Threshold Quantities for Drug Supply Charges

Legal threshold quantities for drug supply, over which possession of an illicit drug is deemed 'supplying' as opposed to 'personal use' are used in most Australian states and territories. The major risks from adopting such thresholds is unjustified conviction of users as suppliers. The capacity of Australian legal thresholds to deliver proportional sanctioning has been subject to limited research (Hughes et al 2014). The implication is that even if the current legal threshold system helps to convict and sanction drug traffickers, it may be placing Australian citizens who utilise psychedelics at risk of unjustified charge or sanction. Legal thresholds are significant yet controversial tools in the sentencing of drug offenders. Many countries explicitly avoid their use (eg France), with a minority of countries specifying quantities. Australia falls into this latter, minority category. Moreover, among countries that choose to employ legal thresholds, there is variation in how they are employed, whether for example, they are used to distinguish traffickers from users or to distinguish between different levels of drug trafficking or to trigger the type of sanction warranted for users. That said, legal thresholds are used primarily to facilitate responses to high-level offenders; that is, drug traffickers. Research by Hughes (2014) compared Heroin, Methamphetamine, Cocaine, MDMA/ecstasy and Cannabis with trafficable threshold quantities in Australian states and territories by jurisdiction and drug type (mixed grams). It was found that firstly, there has yet to be any systematic assessment of the risks (and benefits) of thresholds. Second, the methods by which existing quantitative thresholds have been devised have been largely ad hoc and non-transparent. As summarised at an international meeting on threshold quantities (Hughes, 2014).

The specific threshold quantities employed vary by drug type, by jurisdiction and whether they are measured in terms of the pure chemical compound of a drug (pure grams) or, more commonly, in terms of pure chemical and any inert substances and fillers that are added before sale on the street (mixed grams or admixtures). The Misuse of Drugs Act 1981 only deals with mixed grams, see figure 4. The use of mixed grams is a very crude way of determining supply because some drugs including psychedelics are variable in strength. Lower strength dosages are often used for convenience (such as fresh *psilocybin* mushrooms) or as they are more suitable for accurate dosing. The use of mixed grams in sentencing has resulted in the costly mistake of prosecuting citizens with supply, who only possessed psychedelics for personal use. The following examples demonstrate this point;

E.g. The weight of one dose of LSD on blotter is approximately 0.007 grams. This would only take three doses to reach the amount amounts of which gives rise to presumption of intention to sell or supply.

E.g. The weight of one dose of fresh *Psilocybe subaeruginosa* which is commonly found in Australia may be as high as 40 grams. This is well over the amounts of prohibited drug which gives rise to presumption of intention to sell or supply.

E.g. Both mescaline and DMT are commonly consumed in liquid preparation where one dose may be quite variable in weight. For the purpose of this example a plausible single dose equals 250g. This is well over the amounts of prohibited drugs giving rise to presumption of intention to sell or supply.

It is also important to consider that in Western Australia drug trafficking thresholds are attached to deemed supply laws, which reverse the traditional burden of proof from prosecutors onto defendants. The review of threshold amounts by Hughes et al (2014) did not include psychedelics. Further research is needed to determine the suitability of threshold amounts in relation to psychedelics.

	Amounts of prohibited drugs determining court of trial (g)	Amounts of prohibited drugs giving rise to presumption of intention to sell or supply same (g)	Amounts of prohibited drugs for purposes of drug trafficking (g)
LSD	0.004	0.002	0.01
DIMETHYLTRYPTAMINE (DMT)	6.0	2.0	
MESCALINE	22.5	7.5	
PSILOCIN / PSILOCYBIN	0.3	0.1	

Figure 4. Threshold amounts from the Misuse of Drugs Act 1981

As can be seen the threshold amounts prejudice citizens who choose to utilise psychedelics and have no intention to supply. Such laws mean that possession of the trafficable threshold amount will constitute a presumption of trafficking placing the onus on the alleged offender to prove that the possessed amount was not for the purposes of deemed supply. While such provisions have been justified in terms of assisting in the successful prosecution of drug traffickers, they are unique relative to most other drug trafficking threshold systems across the world, where deemed supply laws are explicitly avoided (Harris 2011a; Hughes 2003; Walsh 2008). They also conflict with standard criminal justice principles, such as the presumption of innocence and the burden of proof being placed on the prosecutor, rather than the defendant (Judicial College of Victoria 2012), (Hughes, 2014).

6.5 Drug Checking

Drug checking represent a health and social intervention. Over recent years there have been an increasing number of novel psychoactive substances making their way into the Australian black market (McCutcheon et al, 2015). There is currently limited efficacy understand what substances people believe they are consuming compared to what they are actually consuming. This gap in understanding has led to an increase in the number of deaths, and presentations to emergency departments in Australia:

Research from Austria shows that the results of drug checking services actually change drug-taking behaviour. Of those who had their drugs tested, 50% stated the results affected their consumption choices, with 66% of people stating they would throw away their drugs and warn their friends, due to negative results (Burkhart 2001). People who use drugs are overwhelmingly in support for the introduction of drug checking. In a survey conducted by the Australian National Council on Drugs in 2013, 82% of the 2,300 young Australians aged between 16 and 25 years supported the introduction of drug checking. In a 2017 survey of people who consume drugs at licenced entertainment venues, 94% stated they would use drug checking services (Lancaster 2013).

Compared to naturally derived psychedelics those sold as pills or blotter³, due to the lack of regulation, are less likely to be the substance described. There are reported cases of 25I-NBOMe being sold as LSD. 25I-NBOMe is extremely potent and has toxic effects (Hill et al 2013). In comparison LSD is also very potent yet shows very low toxicity (Nicols & Grob 2018). Unfortunately there is a high prevalence of cheaper more dangerous substitutes in an unregulated system. Drug-checking centres provides an opportunity to provide valuable education, harm reduction advice and possible referrals for treatment, by trained health professionals. They enable drug services to contact a population that is otherwise difficult to reach because these people are not experiencing acute drug problems. Article 20 of the *Convention on Psychotropic Substances, 1971* does not specifically mention harm reduction, however it does require parties to take all practicable measures for the prevention of abuse of psychotropic substances and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved.

The availability of drug quality testing reduces overall harms, however it may increase risks for some. Not everyone will use the service and some may ignore the results and risk being subject to potentially harmful drugs. To reduce harms it is important to ensure that drug checking results are accurate as possible. Improved communication of the efficacy of results is expected to reduce harms further.

6.6 Reclassification

Reclassification represents an enforcement intervention. One of the main issues with how psychedelics are currently regulated is that they are in the highest classification; Schedule 9 Poison - Prohibited Substance, under the *Medicines and Poisons Act 2014*. The definition provided is;

“Substances which may be abused or misused, the manufacture, possession, sale or use of which should be prohibited by law except when required for medical or scientific research, or for analytical, teaching or training purposes with approval of the CEO.

Given the context provided in this submission it is reasonable to expect psychedelics to be rescheduled on a case by case basis to reflect the low incident of harms. This would involve a risk assessment for each substance, to ensure appropriate scheduling and controls. This would include a separate assessment where found in natural plants, fungi or preparations.

6.7 Decriminalisation

As demonstrated, the use of classical psychedelics pose a very low risks, and that some of those risks reflect the current prohibitionist approach. Given this evidence it is worthwhile considering the enforcement intervention of decriminalising psychedelics in Western Australia. The New South Wales Bar Association discussion paper (2014) highlights some of the positive outcomes achieved after the decriminalization of alls drugs in Portugal.

³ A small, square piece of absorbent paper usually containing one dose of LSD.

“The Portuguese experience appears to have been largely successful, at least in terms of reducing levels of problematic use, reducing crime committed while intoxicated and reducing acquisitive crime. The court system has become more efficient, the number of users seeking treatment has increased and levels of drug-related harm and mortality have decreased – all without any significant increase in the overall levels of drug use. Because drugs have not been legalised, and administrative sanctions are applied to drug users, there is no significant risk of ‘normalising’ drug use or inadvertently encouraging a significant uptake in drug use.”

A decriminalised system similar to Portugal, would provide a more balanced reaction to the utilisation of psychedelics. The Cato report, (Greenwald, 2009) argued that “judged by virtually every metric, the Portuguese decriminalization framework has been a resounding success.” However, given that psychedelics pose a low level of harm and are non-addictive, there is no reason why decriminalisation should involve fines or diversion programs, unless compounding factors were involved such high risk behaviour, polydrug use or mental illness.

6.8 Exemptions for Religious Use

Exemptions for religious use represent an enforcement intervention and would clarify the States stance in terms of international law. The APS should like to make clear that arguments contained in this submission are not that religion or belief (deeply-held or otherwise) should automatically be grounds for an individual to be exempt from the law. Restrictions on behaviour are sometimes necessary. Limitations on the manifestation of religion, conscience, and matters of deeply-held belief, should occur if, and only if all of the following conditions are met:

1. That such restrictions are in fact necessary to facilitate the protections set out in 18.3.
2. These restrictions have a reasonable chance of achieving said protections.
3. The restrictions are the least intrusive intervention possible to achieve these protections.

It is the position of the APS, that in the case of the religious use of psychedelics by Australian citizens, none of these conditions are met.

It is well documented that people utilise a variety of psychedelics for religious purposes, and have done so for millennia (Nichols, 2016; Global Commission on Drug Policy, 2016; Baumeister et al., 2014). In the Americas, psychedelic plants such as psilocybe mushrooms, peyote, and ayahuasca have long been used in shamanic traditions (Lerner & Lyvers, 2006). Despite the recent criminalisation, the utilisation of psychedelics for religious and spiritual purposes has been documented in Australia (Gearin, 2016; St John, 2017; Cakic, et al, 2010; Tramacchi, 2000).

Although some religions are broadly associated with race, location or culture, religious beliefs and practices transcend boundaries. It cannot be said that religious beliefs or practices should be confined to any race, location or even tradition. Religious freedom should be afforded to everyone regardless of race, culture or nationality. Article 18 (1) of the *International Covenant on Civil and Political Rights 1976* (ICCPR) states;

“Everyone shall have the right to freedom of thought, conscience and religion. This right shall include freedom to have or to adopt a religion or belief of his choice, and freedom, either individually or in community with others and in public or private, to manifest his religion or belief in worship, observance, practice and teaching.”

Article 18 (1) clearly sets out the right to have or to adopt a religion or belief of our choice, and freedom to practice one's religion.

In Australia, psychedelics are utilised for religious or spiritual purposes by individuals, formally recognised groups and informal groups. Despite the fact that it is currently illegal under Australian law to utilise psychedelics, under the ICCPR the groups and individuals who utilise psychedelics for religious and spiritual purposes are considered to be practicing a legitimate religion. In Australia, there are a range of psychedelics which are being used as sacraments in religious contexts. These include but are not limited to; ayahuasca, *Trichocereus pachanoi*, *Lophophora williamsii*⁴, Psilocybin mushrooms and LSD.

Evidence shows that in contrast to other classes of drugs, the use of classical psychedelics is correlated with mystical experiences (Griffiths, 2016; Lyvers & Meester, 2012; Griffiths et al, 2006; Lerner & Lyvers, 2006). The phenomenology of such experiences are thought to be indistinguishable whether they are produced by psychedelics or not (Smith, 1964). Psychedelic have been shown to facilitate mystical experiences that have lasting personal and spiritual significance (Griffiths *et al.* 2011; Goodman, 2010; Bunch, 2009; Griffiths, 2008; Doblin, 1991). Griffiths *et al.* (2008) found that fourteen months after taking psilocybin for the first time nearly two-thirds of volunteers rated the experience as in the top five for both most personally meaningful and most spiritually significant experience in their entire lives. Approximately 64% said the experience had increased their personal well-being and life satisfaction over the fourteen month period. Having a mystical experience while on psilocybin appeared to play a central role in these high ratings of personal meaning and spiritual significance. Additionally, volunteers said that they experienced positive changes in their attitudes towards life and to their self, as well as increased positive mood and a sense of greater altruism. These self-ratings were confirmed by people who knew the volunteers well. The findings of increased altruism agree with the finding by Lerner and Lyvers (2006) that psychedelic drug users scored significantly higher on mystical beliefs (eg., oneness with God and the universe) and life values of spirituality and concern for others than other drugs and non-drug users.

The APS seek religious freedom and freedom from persecution for citizens to utilise psychedelics as part of their spiritual practice. The current Australian laws and policies restrict the use of psychedelics for religious purposes are counter to Article 18 (3) of the ICCPR which states;

"Freedom to manifest one's religion or beliefs may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health, or morals or the fundamental rights and freedoms of others."

In Article 18 (3) the use of the conjunction 'and' clearly shows limits can only be placed on religious practices where prescribed by law AND where they are necessary to protect public safety, order, health, or morals or the fundamental rights and freedoms of others. As we have shown the use of psychedelics show no threat to public safety, order, health, or morals or the fundamental rights and freedoms of others. The Western Australian Government has a responsibility to ensure citizens are able to undertake their religious practices and be free from persecution. It is important to keep laws and policies up to date and bring them in line with scientific knowledge, best practice and international covenants.

⁴ *Trichocereus pachanoi* and *Lophophora williamsii* are both cacti containing mescaline.

6.9 Regulation

The regulation of psychedelics represents an enforcement intervention with the greatest potential to balance public safety, order, health, morals, and the fundamental rights and freedoms of Western Australian citizens.

The New South Wales Bar Association discussion paper (2014) highlights that although the decriminalization of drugs in Portugal has been a success, the retention of the prohibitionist approach means that the benefits from decriminalisation are limited:

“While moves to decriminalise illicit drugs have been successful at reducing levels of drug-related harm, they allow the black market to continue operation almost completely unaffected. The black market is responsible for the rise of powerful criminal networks, for the provision of ‘hard’ drugs to ‘soft’ drug users for the adulteration of drugs and a large proportion of drug-related crime and violence. A comprehensive drug control model should stifle the operations of the black market, as well as ensure that drug users and the community do not suffer avoidable harms.”

The regulation of psychedelics would be expected to reduce harms by removing the black market and organised crime, allowing more certainty about the substance and dosage being utilised. Legalisation of psychedelics could also increase transparency and allow for removal of inappropriate practice from the landscape. Additionally, regulation may decrease the number of Australian citizens travelling to other countries to utilise psychedelics, where there would often be less consideration given to safety. It is worth considering the preliminary view of the New South Wales Bar Association discussion paper (2014),

“We have concluded that the goals of drug policy should be to reduce levels of drug-related harm, treat drug addiction as a public health issue, increase the number of drug dependent users seeking treatment and implement effective demand reduction strategies. It is our preliminary view, which is subject to further research and consultation, that the only way to achieve these goals is to replace the black market for drugs with a form of legal availability under a highly regulated system.”

Regulated systems could ensure standardised procedures and dosages, and eliminate dangerous adulterants. There are also methods for determining safe dose for naturally occurring psychedelics, which have been used safely for decades if not thousands of years. A typical dose from plants and fungi is easy to establish through the following process;

1. An ideal dosage, which maximises positive outcomes and minimises negative effects can easily be established, as demonstrated by Griffiths et al 2011.
2. As previously been established, classical psychedelics are relatively safe even at high doses, so the margin of error is high.
3. The strength of strains can easily be established through analysis.
4. The variance between samples is low where established strains are used.
5. In the event that all previous points are unavailable, well established protocols are in place to establish the ideal dose, which involves titrating according to response.

The referenced literature demonstrates that classical psychedelics have therapeutic potential when administered in a controlled environment. Under these conditions psychedelics show promise as therapeutic tools, either medicinally, spiritually or for personal growth. Regulating the use of psychedelics would allow for increased guidelines, accountability and best practice training. With

appropriate training facilitators could assess the situation, provide guidance and the provision of appropriate psychological and physiological first aid if required. Within this framework facilitators would be able to easily access and apply best practice to ensure high standards of care. In the open and honest environment that regulation would encourage practical advice and numerous checks and balances could be applied. Initial assessments could be undertaken to determine if an individual is ready to use the psychedelic. They could also be provided with advice on how to prepare for the experience.

Years of research have established protocols which successfully reduce the chance of negative experiences from psychedelics and help to facilitate the positive life affirming aspects (Fadiman, 2011). Regulation can ensure these important protocols (which can be summarised as 'set, setting, substance, sitter, session and situation') are followed. For some physical or psychological conditions it could be advised to seek medical assessment before utilising a psychedelic. In this way regulation could lead to improvement in referrals to relevant health services as required. Dosage could be increased gradually over a number of sessions, to increase familiarity, gauge the appropriate dose and assess for any unintended reactions. Integration and after-care are also best practice. Appropriate integration of the psychedelic experience is important especially for first time users or for a powerful or profound experience. In many situations integration and aftercare is as simple as knowing the support of an individual or caring community is there if needed.

Regulation would be expected to increase positive outcomes outside of controlled therapeutic settings. There would be increased certainty of substance and dosage. Best practice information and approaches would become widely available and known to those in the broader psychedelic community. Because of the secrecy within an environment of prohibition it is difficult to share important knowledge of how to safely utilise psychedelics. However, there is a comprehensive knowledge base on traditional and modern practices for citizens to safely and effectively utilise psychedelics. With the traditional use of psychedelics, where there is no punishment, important knowledge and practices are passed from experienced to inexperienced, and social checks and balances are maintained. Prohibition increases harms by effectively disrupting the knowledge of the safe use of psychedelics.

A fully regulated framework would provide a balanced approach for the use of psychedelics not only for religious and controlled therapeutic purposes, but also when used recreationally, for self-discovery and self-actualization. As Elsey JWB (2017) states;

"When used appropriately, psychedelic drugs have been shown to have positive effects among healthy individuals, with single doses capable of producing lasting changes in wellbeing and purpose. A rational drug policy derived from empirical research into the potential costs and benefits of different drugs may not only facilitate the treatment of mental disorders, but the safe and enriching use of psychedelic drugs more generally."

7. Recommendations

The APS ask the expert panel to report and recommend;

1. That psychedelics in general and especially classical psychedelics; pose a low level of harm, are non-addictive and show considerable promise as medicines.
2. On the benefits of drug checking as an effective regulatory intervention to minimise risks and as a social intervention, to increase engagement of health services with a population that is otherwise difficult to reach.
3. Threshold quantities for drug supply in Western Australian, are placing citizens who utilise psychedelics at risk of unjustified charge or sanction. The *Drugs Act 1981* conflict with standard criminal justice principles, such as the presumption of innocence and the burden of proof being placed on the prosecutor, rather than the defendant. As such amend the *Drugs Act 1981* to change the burden of proof for threshold amounts from the from the defendant to the prosecutor.
4. Western Australian Government support research into; the health benefits of psychedelics in Australia, and; research into the appropriateness of threshold quantities for psychedelics listed in the *Misuse of Drugs Act 1981*.
5. Scheduling of psychedelics in Western Australian law, be subject to research-based, case-by-case review, that includes a full risk assessment for the utilisation of said substances. That any risk assessment takes into account risk mitigation measures such as; required training, labelling, guidelines and procedures.
6. The greatest harm to those who utilise psychedelics is from the criminal justice system. The decriminalisation of psychedelics for personal use is an appropriate measure to decrease many of the harms caused by the criminal justice system and improve health outcomes.
7. Prohibition of the use of psychedelics in Western Australia is currently limiting the citizens freedom to manifest a religion or belief as described in Article 18 of the ICCPR. Recommend exemptions for religious use of psychedelics as an appropriate measure to protect the rights of citizens and ensure state laws align with international laws.
8. The regulation of psychedelics has the greatest potential to increase public safety, order, health, morals, and the fundamental rights and freedoms of Western Australian citizens.
9. Consult broadly with groups and individuals who utilise psychedelics to ensure that any relevant changes to legislation and policies are appropriate.

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