“We’re cautiously optimistic”:
A practice review exploring the attitudes and beliefs about the medically supervised use of psychedelic drugs for the treatment of mental health conditions

Authors
Dr Breanne Kunstler
Dr Melissa Hatty
Professor Liam Smith
Dr Denise Goodwin
Dr Breanna Wright

BehaviourWorks Australia, Monash Sustainable Development Institute, Monash University, Melbourne, Australia.

In collaboration with:
Professor Christopher Langmead
Neuromedicines Discovery Centre, Parkville, Melbourne, Australia

Behaviourworksaustralia.org
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BehaviourWorks Australia, Monash Sustainable Development Institute
Monash University, Victoria 3800, Australia
+61 3 9905 9656
behaviourworksaustralia@monash.edu

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EXECUTIVE SUMMARY

What did we do?

The Neuromedicines Discovery Centre commissioned BehaviourWorks Australia to conduct an interview study to the attitudes of key organisational and political stakeholders towards the use of psychedelic drugs (e.g. psilocybin) to treat mental health conditions in medically controlled or supervised environments. In late 2022 and early 2023, 13 representatives of relevant stakeholders and political parties participated in 30-45 minute online or phone interviews designed to capture attitudes towards the use of psychedelic drugs clinically and in research.

This is the second part of a two-part study designed to measure attitudes towards the use of psychedelic drugs to treat mental health conditions in medically controlled and supervised environments. The first project involved a survey of Australian adults’ attitudes towards the use of psychedelic drugs to treat mental health conditions in medically controlled and supervised environments (1).

Both projects had completed data collection prior to the February 4, 2023, announcement by the TGA rescheduling 3,4-methylenedioxymethamphetamine (MDMA, the active ingredient in ecstasy) and psilocybin from schedule 9 drugs to schedule 8 medicines, approving them for use by approved psychiatrists to people suffering post-traumatic stress disorder (PTSD) and treatment-resistant depression, respectively, from July 1, 2023. Therefore, since the rescheduling by the TGA, MDMA and psilocybin has theoretically become more accessible to those suffering PTSD and treatment-resistant depression.

Who participated?

Interview participants were either employed in a senior role or had sufficient knowledge to comment on their organisation’s or political party’s position on the use of psychedelic drugs to treat mental health conditions. Participants included past and present state and federal politicians (n=4), a union representative (n=1), a consumer representative (n=1), medical or psychological peak body representatives (n=4), and healthcare service providers and advocates (n=3). The organisations that were involved varied significantly in their aims and roles within society. By design, politicians were Victorian or had experience with Victorian politics. Conversely, all medical and psychological peak bodies were Australia-wide. Three organisations had publicly accessible position statements on the use of psychedelic drugs in treating mental health conditions that varied in length, focus and content. Two political parties had policies that could be applied to psychedelic drugs, but were rather broad and focused on reducing restrictions around the use of illicit drugs for medicinal reasons.

What themes were identified in the data?

Analysis of the interviews resulted in the identification of three major themes including:

1. Attitudes towards research and future use of psychedelic drugs to treat mental health conditions

The overall attitude across all interviews was ‘cautiously optimistic’. Negative stigma associated with a decades-long history of portraying psychedelic drugs as unsafe, as well as an immature evidence-base, reinforced caution. However, the progress of the literature base that includes an increasing amount of clinical trials demonstrating the efficacy and safety of psychedelic drugs in treating mental health conditions alongside talking therapies also reinforced optimism.
2. The need for research to improve understanding and support

Organisations and politicians consistently wanted more high-quality research to help them to create evidence-based position statements and education to support the clinicians, support staff and patients involved in the future use of psychedelic medicines. Importantly, the research should be longitudinal, blinded, controlled, and focused on efficacy and safety (especially compared to existing treatments). Research is also needed to understand the role psychotherapy plays in the delivery of psychedelic medicines, and how this intervention fits into the Australian context (i.e. consumer and clinician accessibility and acceptability). This is especially important since the rescheduling, as now the medicines are more available but it remains unclear exactly what clinical protocols and administration is required. Although this research should be produced academically using highly regarded scientific methods, the findings must be communicated in plain language, delivered by trusted entities and supplemented by personal stories of those who do not respond to conventional treatments.

3. The role of politics in progressing the field of psychedelic drugs and mental health conditions.

The negative stigma associated with psychedelic drugs has prevented politicians from supporting their use. However, many politicians suggested that research delivered directly to them in the way described above can support them to understand the area better and be more open to discussion. Importantly, politicians are often bound by mandates and other pre-existing commitments that require consideration when they are approached to consider a new topic. Given this, any political discussion related to making it easier for consumers and clinicians to access psychedelic medicines should refer to how this meets the recommendations outlined in the Royal Commission into Victoria’s Mental Health System (in Victoria) and how any changes would make economic sense and not lead to ‘electoral suicide’.

**What does this mean for the Neuromedicines Discovery Centre (NDC)?**

The findings of this report have come at a good time. The time between 4 February and 1 July, 2023, is the time to prime key organisations for the introduction of psychedelic medicines. Organisations are ‘cautiously optimistic’ about the medicines, so now is the time to shift cautious optimism to optimism and support. To do this, well designed messages must be communicated in the right way, to the right people and now. The messages need to be clear, evidence-based, informative and (for some audiences, like politicians and those against the medicines) emotive. The right people to receive the message include those involved directly (e.g. patients and clinicians) and indirectly (e.g. politicians, drug producers and educators) in the treatment administration. The right people to deliver the message are those who people trust, like doctors and scientists.
BACKGROUND

Almost 1 billion people globally experience a mental disorder or health condition at any time (2). Mental health conditions have significant and broad negative impacts on the life of the individual experiencing the condition, as well as their friends, family and the community in which they live (3, 4). Mental health conditions also pose a high economic burden, contributing to greater student attrition, poorer employment prospects and, subsequently, a reduced quality of life (5). Poor mental health was estimated to cost $2.5 trillion globally per year in 2010 due to poor health and productivity, which is projected to increase to $6 trillion by 2030 (2). $AUD 11 billion ($431 per person) was spent on mental health services in Australia in 2019-20 (6), a number expected to grow in the wake of the COVID-19 pandemic (2). Much is needed to both prevent the worsening burden of mental health conditions and treat the illnesses plaguing those affected.

“all countries can be thought of as developing countries in the context of mental health.” Patel, Saxena (7)(p 1553)

People can experience many different mental health conditions that have different aetiology, signs and symptoms. Treatment of mental health conditions is often guided by clinical guidelines developed by experts in a health condition who systematically review evidence for the management of that condition. Clinical guidelines for PTSD consistently recommend both psychological (i.e. talking) therapies and pharmacological (e.g. selective serotonin reuptake inhibitor [SSRIs]) antidepressants as first-line treatments (8). However, SSRIs have been reported to have only small effect sizes (9). This is one example of where the recommended pharmacological management of a mental health condition is only slightly improving outcomes for sufferers.

Psychedelic drugs are considered novel treatments for mental health conditions and are often stigmatised due to their negative history, specifically the history related to the ‘War on Drugs’ (a continued effort seen in the USA since the era of President Nixon [circa June 1971] aiming to penalise people using illegal drugs) (10). During this project, psychedelic drugs were not approved for use medically in Australia (unless under special access schemes) but were approved for use in research. Their testing in research, and the outcomes of that research, has led to psychedelic drugs gaining attention as agents that have the potential to treat mental health conditions. In 2010, three trials of MDMA were launched while in 2020, 17 trials were launched – of MDMA (n=3), psilocybin (n=13) and lysergic acid diethylamide (LSD) (n=1) – highlighting that the interest in, and the need to, research psychedelic drugs and their impact on mental health conditions is being realised (11). As of February, 2023, seven clinical trials were registered on the Australian New Zealand Clinical Trials Registry testing the effects of psychedelic drugs on symptoms of mental health conditions (12).

To date, the findings from trials are positive. Psilocybin has recently been tested to treat alcohol use disorders, where the psilocybin and talking therapy group were found to drink less heavily than the diphenhydramine and talking therapy group, with no serious side effects reported in the psilocybin group but three in the diphenhydramine group (13). Further, psilocybin at a single dose of 25mg with psychological support reduced depression scores in those with treatment-resistant major depression compared to 1mg at 3-weeks, although side effects such as headache and nausea were experienced by 77% of participants (14). A systematic review examining the effectiveness of MDMA-assisted psychotherapy for the management of treatment-resistant PTSD found the intervention to be potentially safe and effective (15). These findings are further supported by a 2021 randomised, double-blind, placebo-controlled phase 3 trial that found MDMA-assisted therapy significantly improved PTSD symptoms for those with severe PTSD complicated by comorbidities such as childhood trauma (16). Importantly, there remains the need for longer and larger studies comparing these drugs to usual care. Although more research is needed, promising findings are beginning to
appear, suggesting that these drugs having potential for treating mental health conditions when used alongside psychotherapy.

This current study is the second of a two-part project. For the first part, we conducted a survey of 1719 Australian adults in 2022 to understand their knowledge of, and attitudes towards, the use of psychedelic drugs to treat mental health conditions (Kunstler, Hatty (1)). Most respondents agreed that the government should fund further research into the use of psychedelic drugs to treat mental health conditions. More respondents agreed than disagreed that psychedelic drugs deserve further research and should be approved for use in medically supervised settings, with more favourable attitudes held by those with personal experience of mental health conditions. However, when asked about their attitudes towards the use of psychedelic drugs for a friend experiencing a specific mental health condition (e.g. PTSD, alcohol use disorder), respondents were less decisive. Among respondents, self-reported knowledge of how psychedelic drugs might be used to treat mental health conditions was low, but increased when more information was provided. The findings of this research suggest that respondents are cautiously optimistic about the future of using psychedelic drugs to treat mental health conditions, but providing information might improve knowledge, which is likely to be needed before confident decisions can be made regarding their support. Therefore, although research is increasing in this space and it is looking positive, a carefully designed campaign to garner support from the community for ongoing research and eventual regulatory approval will be needed.

The success of any new innovation requires the support of those who might be impacted by it, others that are passionate about it (e.g. those witnessing others suffering from a mental health condition) and those who are intrigued by it (e.g. clinicians interested in how it might impact their patients). Therefore, it is also important to explore the attitudes of other key stakeholders who will likely be involved in any future progression of this field. The aim of this qualitative study is to explore the attitudes of key organisational and political stakeholders towards the use of psychedelic drugs in treating mental health conditions as part of supervised mental health treatment programs (i.e. delivered with clinical supervision, such as with psychotherapy).

The research question is: What are the attitudes of organisational and political stakeholders towards the use of psychedelic drugs to treat mental health conditions in medically supervised settings?

The findings of this study will be used to build on our existing work on the acceptability of psychedelic drugs to treat mental health conditions in Australia and support the design of future interventions intended to facilitate the acceptance of psychedelic therapy in Australia. This is especially important since the Therapeutic Goods Administration (TGA) rescheduled MDMA and psilocybin on February 4, 2023, from schedule 9 drugs to schedule 8 medicines, approving their use by approved psychiatrists as medicines to treat PTSD and treatment-resistant depression, respectively, from July 1, 2023.

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1 This report can be found online at https://www.behaviourworksaustralia.org/projects/attitudes-towards-the-use-of-psychadelic-drugs-e-g-psilocybin-to-treat-mental-health-conditions
METHODS

This practice review involved 13 semi-structured interviews, each approximately 45-minutes in duration. Interviews were conducted via phone and video-conference between September 2022 and January 2023.

Eligible participants were those employed by, or involved with, an organisation or political party considered to be a relevant stakeholder on the topic of psychedelic drug law reform, clinical use or regulation. Participants were asked to comment on the position their organisation or political party had on the topic, rather than their own personal views. Any political party or independent politician was eligible to participate, with a selection of organisations (e.g. advocacy groups and representative bodies) chosen based on their likelihood of having a position on the topic.

All participants were recruited through the authorship team and close networks. All participants completed an online consent form, where they were provided with an explanatory statement outlining the interview purpose and process.

Interviews were scheduled and led by Dr Brea Kunstler, Dr Melissa Hatty and Dr Breanna Wright (BehaviourWorks Australia, BWA). The interviews were conducted with ethics approval from the Monash University Human Research Ethics Committee (ID: 30009). The interview question framework is provided in Appendix 1.

Each interview was recorded and transcribed with the permission of participants. Transcripts were coded and pattern-based inductive analysis was used to identify common themes between interviews (17). A summary of the codes used and their descriptions is provided in Appendix 2. Sentiment auto-coding was used to establish overall attitude between subjects. Saliency analysis was also used to identify data that are pertinent to the research question but might not have appeared frequently (17).
RESULTS

This section outlines the participants involved in the study and the themes that were identified in the interview data provided.

PARTICIPANTS

Interview participants were either employed in a senior role or had sufficient knowledge to comment on their organisation’s or political party’s position on the use of psychedelic drugs to treat mental health conditions.

Participants included past and present state and federal politicians (n=4), a union representative (n=1), a consumer representative (n=1), medical or psychological peak body representatives (n=4), and healthcare service providers and advocates (n=3). The organisations that were involved varied significantly in their aims and roles within society. By design, politicians were Victorian or had experience with Victorian politics. Conversely, all medical and psychological peak bodies were Australia-wide.

Three organisations shared position statements that were publicly accessible. One organisation mentioned the existence of a members-only position statement. Two of four political parties had a policy on reducing restrictions around the use of illicit drugs for medicinal reasons. Position statements were either several pages long (e.g. those by medical or psychological peak bodies), short paragraphs (e.g. by advocates and treatment providers) or listed as short policy principles by political parties. Positions were mostly related to the broad group of psychedelic drugs, with one non-political group focusing on MDMA specifically.

THEMES

Analysis of the interviews resulted in the identification of three major themes including:

1. Attitudes towards research and future use of psychedelic drugs to treat mental health conditions;
2. The need for research to improve understanding and support; and
3. The role of politics in progressing the field of psychedelic drugs and mental health conditions.

Quotes from participants appear throughout to legitimise themes. Additional quotes can be found in Appendix 3.

Attitudes towards research and future use of psychedelic drugs to treat mental health conditions

Negative

All organisations expressed concern regarding the quality of the existing evidence, as insufficient evidence prevents them from trusting it and, subsequently, it prevents organisations supporting the use of psychedelic drugs clinically. Many organisations felt that the evidence “is not there yet” (Medical or psychological peak body #1) as it lacks maturity (i.e. due to small publication number) and/or has several methodological flaws (e.g. poor blinding practices, small sample sizes, short durations and narrow populations not reflective of the general population).

“…the outcome is [only] as good as the methodology you have.” (Medical or psychological peak body #1)
Distrust exists not only the research methodology, but also the research producers and funders. There is concern around transparency of results and funding groups, and how funding partners (e.g. pharmaceutical companies) have or have not influenced the findings of the research. However, not all organisations were critical of funding from pharmaceutical bodies, with those being involved in research being less critical.

“Pharmaceutical companies are often viewed as the Big Pharma and companies that are producing drugs for profit. The large variety of psychedelic industry bodies are doing the same thing. They're also interested in furthering both research and the R&D [research and development] sort of pipeline for a potential therapeutic that’s likely to generate profit. There's no reason there'd be this many companies doing it if that weren't the case.” (Healthcare service providers and advocates #2)

“And there's also all the ethical issues, which you regret about around vulnerable people being treated very badly or abused during these processes.” (Medical or psychological peak body #2)

“We're very interested in equitable approaches. So, I suppose some people might argue that going the private pharmaceutical company route may not lead to the most equitable or the greatest kind of social benefit. That's not a position of ours. Someone might argue that.” (Healthcare service providers and advocates #1)

The negative stigma associated with psychedelic drugs, reinforced over time, has made it difficult for some organisations and politicians to support the use of psychedelic drugs for medical purposes.

“when I actually presented the idea to our board about starting an interest group in psychedelic assisted therapies, particularly our board members that had been around for some period of time and had worked in the addiction space for 20, 30 years, they had seen the illegal use of some of these drugs before. And their initial response was, “Hell no, I've seen the use of ketamine in an addiction setting. Absolutely not!”” (Medical or psychological peak body #4)

“when you can talk about the fact that... this is not us boiling up a pot of mushrooms, that this is a synthetic version. So, in people's minds you could be calling it, as we do with cannabis, we should be calling it medical psilocybin.” (Politician #2)

“...in my view from a public policy point of view, psychedelics, the position was established in the ’60s for all the reasons we're aware of, more political than anything else. But the position got firmly locked in and firm prohibition was put in place across the western world. And there haven't been advocates in a political sense for change.” (Politician #3)

For some organisations, however, the history of psychedelic drugs being used effectively in the past, and the clear distinction between medical use and recreational use, adds to the trustworthiness of these drugs.

“It's been done in other places and it's been done through history, not maybe MDMA but certainly mushrooms have been used as a medicinal for long periods of time with different cultures. It works.” (Union)
“There are many, many drugs which are banned for community use, but are critically used every day in hospitals, morphine and all sorts of things. It’s not as though we’re not practised at separating the use of drugs for medicinal purposes compared with the potential abuse of those drugs for recreational purposes. And there’s no difference with psychedelics. Well, the one difference is that they’re not addictive.” (Politician #3)

The negative attitudes outlined above contribute to hesitancy, leading to organisations remaining “cautiously optimistic” (Medical or psychological peak body #4) while simultaneously unwilling to change their position regarding clinical use at this time. Interestingly, despite the perceived issues with the current research process, there was also a level of impatience regarding TGA approval, indicating an eagerness for more high-quality research that will ultimately establish whether they, the TGA and the organisation, should or should not support the clinical use of psychedelic drugs.

“I think the pace it [the research] is taking now, is probably the pace it needs to take, in the sense that the research is going through the steps it needs to go through. As slow and painful as research is in this area, it’s the same thing that we’re doing for the next antidepressant that comes along, the next whatever therapeutic. So, I think it’s just the wish that everyone has that we have something that potentially can be really exciting and really helpful.” (Healthcare service providers and advocates #2)

“[We] are quite excited and wanting to push things along quite quickly. [But] we tend to wait for the evidence to be probably a little bit stronger than it currently is [in psychedelic drugs] before advocating for something very, very strongly.” (Healthcare service providers and advocates #1)

“we know that in the past a lot of treatments were thought to be okay. And then as evidence mounted, it took many years to try to convince people and to try to, especially to convince governments, to regulate for safety.” (Medical or psychological peak body #3)

Positive

All organisations were supportive of testing psychedelic drugs in research, and optimistic about the future of psychedelic drugs becoming part of the treatment landscape for mental health conditions. Some participants were also positive about the strength of the evidence base. Many were interested in seeing how the field progresses and are excited about the potential of psychedelic drugs to treat mental health conditions.

“[organisation] is not ... automatically against the use of it [psychedelic drugs to treat mental health conditions], as long as it's done in clinical trials, in research, as part of research. Because the view of [organisation] is that it's at the research stage.” (Medical or psychological peak body #3)

“I have much more positives about this [psychedelic drugs to treat mental health conditions] than I would about going on to something else, so I actually think people would like to try it and find benefits. Then you got all the efficacy and the evidence behind, all the research behind it. It proves that it works” (Union)

“We’re always happy to see more evidence, particularly where it’s something promising. And this does look very promising.” (Healthcare service providers and advocates #1)

Some medical and psychological peak bodies have special interest groups on the topic and deliver education to inform clinicians and the community.
“we do have an existing interest group that was set up about two years ago. We have a number of members that are really interested in this area, once again, as an emerging area that we still need to gather more research and information on.” (Medical or psychological peak body #4)

“... we’re hosting a webinar tonight and that’s really discussing it [psychedelic drugs] from a very non-biased lens. We’re trying to put a really balanced approach to it...we do want to be having these discussions and talking also about what could go wrong, the ethics behind it, those sorts of things.” (Medical or psychological peak body #4)

“...the community expects a degree of trust from us. They also expect that we provide evidence-based information, that we work in their best interests and we make sure that any treatment which is offered to the community is based on evidence and not just passion.” (Medical or psychological peak body #1)

For some organisations, positive attitudes towards psychedelic drugs are driven by the perceived inadequacy of current mental health interventions.

“If you can reduce that [mental health conditions] in any way, shape or form, I reckon it’s worth it. Save one life is valuable but save multiple lives through an alternative form of treatment [is worth it]...We’re not helping them [veterans with PTSD] as much as we could...let’s try a different path, a different path is always worth trying.” (Union)

“...people don’t get better with traditional treatments. There is the need for something different for some patients.” (Medical or psychological peak body #2)

“It’s [existing medication regimes for depression] an expensive merry-go-round, doesn’t do much for you...depending on which drug you’re on at the time, it can have all sorts of uncomfortable side effects. And some of these drugs are not cheap and it’s really quite demoralising to spend years [trying to find the right medication]... With psychedelics, the beauty of it, if it works for you, you don’t have any more drugs.” (Politician #3)

However, the inadequacy of current treatments did not just imply that testing another drug was the answer, with some organisations suggesting that a non-drug treatment might also be appropriate.

“psychologists are really focused on psychotherapy and psychological treatment, they're not focused on relying on drugs. So, a lot of psychologists that you'll speak to are very, very hesitant when it comes to drugs, they think there's better ways of doing things. But once again, if there's really great research for a new drug, then they would be potentially, if it's within their scope of practise, they would be discussing that with the treating clinician for their client.” (Medical or psychological peak body #4)

“when you're looking at a disease like mental illness, which is such a broad category of mental distress and a huge range of symptoms, and that we know are mostly related to social issues and lifestyle issues, and then you think, here's a drug treatment or here's a course of therapy and it's going to do wonders, well, we can see that it's actually only going to really be at best an aid to some people in some circumstances.” (Medical or psychological peak body #3)
The need for research to improve understanding and support

A consistent theme across all organisations is the belief that more research is needed to help organisations and political parties establish strong positions on the use of psychedelic drugs. In particular, more high-quality research is needed to change the position of many groups from unsupportive, or cautiously supportive, to supportive (depending on the outcome of the evidence). Research should be longitudinal, blinded, controlled, and focused on efficacy and safety (especially compared to existing treatments).

“We don't want to run before we walk. We want to make sure that there's a really, really good evidence-base behind this.” (Medical or psychological peak body #4)

“we wrote the position paper very cautiously...and the only way the [organisation] will move, is when there is research evidence to prove that it is valid.” (Medical or psychological peak body #2)

“we want to do what's safe, completely safe and indicated and we want to be part of medical treatment that makes people better, not worse...we know from psychoactive drugs being used for many years that they cause, and I'm talking about now antipsychotics in particular, we've caused a lot of the iatrogenic harm from psychotic medication and long-term problems.” (Medical or psychological peak body #3)

Research that considers cost-effectiveness, the role of psychotherapy and other social supports, and intervention feasibility within the Australian context (e.g. the type of clinicians involved, the cost of the service and ways to ensure equity in service provision) is also needed and was considered important by many organisations and politicians.

“We're really interested in, if effective, how would this work in the Australian context in particular, how might this be translated into or scaled as well into clinical settings? But both those questions, I guess, both around efficacy for and for which indication and then where would it work and how.” (healthcare service providers and advocates #2)

“we had someone call up who had been using psychedelic treatment asking, "Is it acceptable for psychiatrist to charge upwards of $300 for a five-minute Zoom consult after an appointment to follow up?” (Consumer representative)

Many organisations acknowledged the role of the media and the internet more broadly in informing and influencing public opinion. As such, research is needed to inform clear and consistent messaging about what treatment will look like (e.g. safety, complexity, burden of treatment), and to counter potential misinformation or disinformation.

“...we live in the world of internet where people come in very frequently to [clinicians] and demand medications and provide us with their version of evidence and will argue with us about the benefits of one treatment or another. Even when it's clear and the evidence is very much stacked against that patient's individual view, it's pretty hard to convince people that they're wrong or misguided in their view about a particular procedure or particular drug...so we know that people are very, very influenced by the media.” (Medical or psychological peak body #3)

“I think with something like psychedelics, which has such a sort of stigma around it in the media, you can't really help that being part of the decision making.” (Consumer representative)
“I think policy makers are very influenced, as I said before, by media reporting, which is unfortunate because a lot of media reverts very quickly to fairly tired tropes. That’s a struggle. Even the background imagery, the B-roll footage they use, they’ll go to clichés and preconceptions, which is difficult.” (Politician #1)

When further research becomes available, healthcare service providers and peak bodies intend to use it to create evidence-based statements for the public, as well as training programs and guidelines for clinicians to support the incorporation of psychedelic drugs into clinical practice.

“we recognise the need [of the organisation] to provide clear and substantiated information to the public about the differences between MDMA assisted the psychotherapy and illicit MDMA use.” (healthcare service providers and advocates #1)

Some organisations and politicians noted that while the community are increasingly open to the use of psychedelic drugs in medical settings, significant work is needed to reduce the negative stigma accumulated over recent decades. One politician proposed that if one state leads the charge and approves the use of psychedelics, other governments may follow.

“Public perceptions of substances like psychedelics are changing” (Healthcare service providers and advocates #1)

“...society's changing. I feel like we've just crossed a little position where there is growing and...even majority support for a number of more progressive positions around drugs...I just sense that when we come out and say, "We should legalise cannabis," which we do every election and other times as well. The quality of the reaction we're getting is different, particularly among the under 40s. That everybody's saying, "Oh, that's sensible. Why wouldn't you?" For things where you can make a strong case, there's also growing support in older age groups as well.” (Politician #1)

“I think to me it needs to have a state that breaks away. And I mean we've got such a crisis in mental health. There's so much evidence available. To me, the politics of it is starting to turn.” (Politician #3)

With respect to where organisations source information to inform their positions on treatment, academic forms of literature were generally considered trustworthy and credible by all. Many also consider the views of similar organisations, as well as healthcare consumers and those with lived experience. The views of advocacy groups were, however, considered less reliable and more biased. These alternative (i.e. non-scientific) sources alone were not considered sufficient to change positions.

“when I want to learn more about psilocybin and the benefits of MDMA, particularly people who are suffering post-traumatic stress disorder, I don't really want to hear from an opera singer and a corporate banker dude. That's not who I want to be learning from. I want to be learning from a doctor at Monash or the head of a drug and alcohol rehab...Or the wife or a partner or the mother of someone who's got PTSD. They're the ones I want to hear from.” (Union)

“it's not just academic research that may or may not be funded by, for example, pharmaceutical companies. We would look at other grey literature, we would look at consumer movement and consumer rights kind of based stuff, activist groups, advocacy groups, those kinds of things as well.” (Consumer representative)
"Advocacy is far ahead of where the science is. And so sometimes what can happen is that they can be a bit of a disconnect in that regard...And so advocacy can lead to things, and if science is not ready and the science is not there, then I think it creates a recipe for disaster in some ways...the challenge happens is when advocacy and science are not walking side by side.” (Medical or psychological peak body #1)

The role of politics in progressing the field of psychedelic drugs in the treatment of mental health conditions

The negative stigma surrounding psychedelic drugs can make it difficult for politicians, especially those who do not have a medical, pharmacology, or similar background to support their use, particularly when conservative party members “support the total prohibition of psychedelics” (Politician #3). However, many politicians suggested that if politicians can see, understand and appreciate the research advancement (possibly indirectly by having respected “champions” within the parliament), it is thought that the topic would be approached with more openness.

“we know that what we’re talking about is a highly medicalized approach to the use of psychoactive substances, highly medicalized, highly controlled, but still the fact that we’re talking about MDMA, the fact that we are talking about psilocybin or magic mushrooms... it still gets captured in that stigma. And that has made it...very difficult for our politicians to say “drugs are bad, unless you're using them in this other way.”” (Politician #2)

“because we’ve had some successful trials...because that very long and arduous process, and the work and the patience of those researchers to get those trials over the line, I think that has provided some permission for our governments and for our parliaments.” (Politician #2)

“There's no champions of any consequence in the parliamentary parties, making speeches, finding every opportunity to raise the issue. I think that's seems to be missing on both sides of politics.” (Politician #3)

Politicians consider high-quality research important as it provides them with the information needed to inform their position on a topic and potentially support legislative change.

“who hasn't heard a politician say, “This is evidence-based policy?” “We are basing this on the research, we are basing this on the evidence, we are doing this because of the evidence.” We repeat that, endlessly we talk about that.” (Politician #2)

“Generally speaking, we'd be looking at one or more randomised trials with sufficient power to answer the key questions.” (Politician #1)

This research does, however, need to be delivered in ‘plain language’ and demonstrate significant benefit over treatments already available.

“I get sent lots of science papers, and some of them I can get through, many others, they pretty much lose me after the abstract. And so, I would love to see part of the presentation of papers that there is that easy to read version...” (Politician #2)

“...one of the problems with medicinal cannabis is just showing that it's a little bit helpful in something isn't really enough to justify funding. It's got to be better than anything else you've got up your sleeve. Otherwise, why bother?” (Politician #1)
Information also needs to land directly with the relevant member of parliament, ideally the health or other relevant minister, via face-to-face meetings or similar and not get lost at the level of the bureaucracy.

“It seems to me that most of the people briefed have been the bureaucrats and the health bureaucrats, especially at a state level.” (Politician #3, when talking about how uninformed senior ministers can be)

Information delivered to politicians should be in the context of demonstrable need. Personal stories of those living with mental health conditions and for whom conventional treatments may be failing (e.g. veterans) were considered powerful by all politicians.

“Putting my campaign or political hat on, PTSD in our first responders and in our return servicemen, that is low hanging fruit, and I think there’s also almost as zeitgeist moment right now when we’re looking at the mental health of our return service people, we’re looking at the completely awful statistics around their mental health, and in particular around suicide. So, at this point in time it’s almost like we’re ready again for that.” (Politician #2)

“But you could argue that if you can convince MPs [members of parliament] that there are people out there and a lot of them with PTSD, this is not rare. Just because you can’t see it, it doesn’t mean it’s not common. It might explain a lot of distress and dysfunction in society. Here’s something that might help and a little bit of funding would go a long way here, that kind of thing. That’s the argument to make.” (Politician #1)

“I can pretend that I’m less interested in personal stories and more interested in histograms and P-values, but I am probably persuaded by personal stories. Aren’t we all?... I think it’s probably just because I’m a human. I think we’re all hardwired to relate to the experiences of other individuals.” (Politician #1)

Personal stories should be relatable, and evoke emotion and empathy. Such stories may be particularly useful to elicit a response by politicians ‘on the spot’.

“Putting my campaign or political hat on, PTSD in our first responders and in our return servicemen, that is low hanging fruit, and I think there’s also almost as zeitgeist moment right now when we’re looking at the mental health of our return service people, we’re looking at the completely awful statistics around their mental health, and in particular around suicide. So, at this point in time it’s almost like we’re ready again for that.” (Politician #2)

“[Personal stories are] powerful in talking to the media and governments, especially the current one, are more influenced by and scared of the news media than virtually any other. That’s more persuasive than say another political party or a stakeholder group. If the Premier or the Health Minister, when they step out to their morning press conference are greeted by questions along the lines of, “Why aren’t you doing more to fund PTSD research?,” then they will respond. That’s what they’re programmed to do.” (Politician #1)
However, it is not just individual stories that appeal to politicians. Business and financial impacts also play a role in decision-making, as do public commitments.

“So, from my department, my sort of bit of the government, if we were doing this, I'd want to come up with a nice industry development basis for it. What's the market like here? What's the market like in the countries that we sell pharmaceutical products to? So, I think Philippines, Indonesia, those big countries in Asia that look to Australia for pharmaceutical standards. So that'd be part of it.” (Politician #4)

“...see, the Labour Party [in New South Wales] has said that they're supportive of these things. So often the best, if you can get a campaign commitment out of it, that's more likely to cut through all the bureaucracy because politicians feel obliged. They don't always do it, but they often feel very obliged to try and implement what they promised and usually they can cut through any of the opposition...” (Politician #3)

Impacts on, and the support of, the healthcare profession can also influence politicians' decisions, as do existing political commitments and mandates (e.g. responding to the recommendations of the Royal Commission into Victoria’s Mental Health System).

“is this going to send the doctors berserk? If it is, do we care? Yeah. What do the nurses think? Is there anything anywhere in the Royal Commission recommendations about this?” (Politician #4)

“we're talking about something that will be a bit scary for baseless reasons, a bit scary for legislators, having organisations like the AMA [Australian Medical Association] or the College of Psychiatrists... organisations with a bit of authority calling for it, would be very useful.” (Politician #1)

Politicians very clearly stated that approval of a drug for clinical use is the responsibility of the TGA and healthcare professionals, not of politicians. Similarly, no political parties in this study had policies relating to whether or not psychedelic drugs should be tested and/or approved. If a policy was to be found, it was less specific, such as stating that illegal drugs should be used to treat health conditions if indicated by medical advice.

“As a political party, we don't have opinions about treatments. That's between a patient and their provider.” (Politician #4)

“I think we were forced to come up with a position on it that would potentially have the short-term effect of locking us into a position where these things were harder rather than easier...The thing is, if you were to embark on, let's have a policy on this, then it can set up quite a sort of binary or reactive response.” (Politician #4)

“As much as I'd like to, I don't actually think that we [parliamentarians] should be saying...at a certain quantity, yes, people should be able to microdose, and if it's less than 2% the chemist should have it. I don't know that that is the role of governments to do that, I think it is the role of governments to be open to new treatments and to be trialling new things, and to not inhibit that.” (Politician #2)

Politicians are frequently approached by constituents who desire legislative change. Often the amount of attention paid to a particular topic depends on seemingly unrelated factors, such as the election cycle, regardless of how passionate the politician is about the topic.
“as a state MP in a marginal seat, 50% of my time’s probably taken up with dog sh*t on the footpath type issues and then other issues. This [psychedelic drugs] is pretty micro in terms of what time I can devote to it.” (Politician #1)

“...it’s the squeaky wheel that they’re [politicians] focused on, more often than not.” (Politician #3)

Politicians consider the Royal Commission into Victoria’s Mental Health System report a key driver for change, and any reform or funding requests that do not align with the report's recommendations are unlikely to be supported. Despite this, many acknowledged that many of the report's recommendations had not yet been implemented.

“we've got all these cool new things we can do in mental health research, and if it ain't [in the] 65 recommendations, then it's very hard to get traction internally.” (Politician #4)

“we saw the Royal Commission into mental health recommending, actively recommending that we open our minds to new treatments, but to date we still have remained very closed on those new treatments.” (Politician #2)

“the current Victorian Government, they may be progressive in some areas, but they're a bit behind on drugs, a bit behind the community.” (Politician #1)

Some politicians also identified political reluctance tied to misconceptions.

“My supposition on the politics of it is that the states don't want to take the risk of this thing, any sort of use of psychedelics being used against them politically with a fear campaign that’s going to lead to people selling stuff at the gates of schools and all this sort of stuff. Again, total ignorance about how it's proposed to be used.” (Politician #3)

“I think certainly, currently, we've got governments saying we need to try new things, but then being incredibly reluctant about trying...some of the psychoactive drugs that have been used in the past for a recreational purpose, from allowing that to be explored for their medical benefits.” (Politician #2)

Some parallels were drawn to cannabis decriminalisation and the role politics had in that. The process of undergoing the decriminalisation of cannabis is considered to have primed government to legislate on the use of other drugs. It appears that the political system has a role in allowing the use of the drugs by medical practitioners, but the process is complicated.

“...possibly medicinal cannabis has provided the opening for us, for our politicians, to be more open around other drugs that had been seen as illicit that now are being found to have a medical purpose...to be rediscovered as having medical benefits.” (Politician #2)

“In Victoria we did have some ability for medical practitioners to apply to the health department to use these substances, and to me that was incredibly sensible...this was around allowing a doctor and their patient to decide what was best for them. But I believe that those sections of the Victorian legislation and regulations are fast being closed, and doctors are repeatedly being denied permission to provide treatment to patients who are very, very ill, and have tried absolutely everything.” (Politician #2)
Some politicians were eager to do what they could if legislation was a barrier to an approved drug being used. One suggested that politicians could help progress this field by supporting more research, but it was also said that psychedelic drugs should be treated as any other novel therapy and “take their place in the queue” (Politician #1).

“We shouldn't fund it because it's interesting. But if we can establish that there's a big need to explore new medicines for PTSD, then that should get the money. If there's some other molecule that looks more promising than MDMA, then that should get the money.” (Politician #1)

“having a policy on [psychedelic drugs], it's just not particularly necessary. I never felt like if I had to approve a grant for a medical research project that they should be treated anything differently than anything else. You don't need a policy for that.” (Politician #4)

“is it a campaign of the health ministers to say...do we need to reschedule these substances? Do we need to make it easier for research to occur in these areas? Are there barriers that are really restricting your access to the substances for your research?...And what are the barriers from moving from research to real life treatment, and how do we stop that decade long process?” (Politician #2)
DISCUSSION

Thirteen interviews were conducted with representatives from four political parties, four medical or psychological peak bodies, three healthcare providers or advocates, one union representative and one consumer group. The main themes that were identified in the data focused on current attitudes to the use of psychedelic drugs to treat mental health conditions, research in this space and what is needed to shift attitudes from cautiously optimistic to supportive in the future (including political change).

All organisations agreed that existing medicines to treat mental health conditions are insufficient and alternatives are needed. Some organisations have positions that suggest they are watching how the research into psychedelic drugs for mental health conditions develops, anticipating that such drugs will have a role to play in the future. However, there was some concern about using another drug as treatment. Not all organisations felt that another drug was the answer and that psychosocial issues must also be addressed if people are to be fully supported in overcoming mental health conditions. Some organisations were concerned about overprescribing and inappropriate prescribing, such as prescribing off-label, which can lead to unintended consequences. Politicians were also concerned about misuse, not by medical professionals, but by people who accessed psychedelic drugs and used them for non-medical purposes. Politicians feared ramifications from these situations such that if they supported the use of psychedelic drugs in medical contexts, their re-election chances may be negatively affected. Future support of stakeholders such as politicians and peak bodies may, therefore, depend on issues such as inappropriate prescribing and unintended abuse being adequately addressed.

Organisations typically felt that research into psychedelic drugs for the treatment of mental health conditions was immature. Many felt that higher quality studies were needed, particularly those that are longitudinal, sufficiently powered and controlled, and demonstrate not just efficacy but also safety and feasibility relevant to the Australian context. Many organisations noted that they were following the development of research in this space with eager interest, particularly peak bodies with associated special interest groups who intend to use emerging research in training programs, clinical guidelines, and future position statements. Yet many also acknowledged that new research must better account for the methodological flaws of earlier research. Until more mature research is available, the position of ‘cautious optimism’ is likely to remain for organisations and politicians, without any changes to existing practices and position statements.

Effective communication was considered pivotal to enhancing support for psychedelic drugs in the treatment of mental health conditions. In communicating research findings, plain language should be prioritised, and information about the efficacy, safety and feasibility of treatments should be included. Clear and consistent messaging about what treatment will look like will be imperative to inform the public, influence political decision-making, and to counter potential misconceptions, misinformation and disinformation. Frameworks such as INSPIRE (18) may be used to guide the development of clear and accessible communications that also encourage action. In addition, information sources should be credible, such as scientists from respected universities. Sources that are credible and trusted by the receiver are likely to be more persuasive and subsequently believed (18, 19). Further, scientific information should be complemented by personal stories of lived experience. Narratives that evoke emotions such as empathy, and particularly those of valued community members such as emergency service personnel, could provide powerful leverage for change (20).

Politics could play an important role in progressing the field of psychedelic drugs for the treatment of mental health conditions. Interviewed politicians identified a number of factors that influence their decision-making, each of which should be considered in communication strategies targeted toward policymakers. Requests for funding or support should be couched within existing political directions,
such as the recommendations from the Royal Commission into Victoria's Mental Health System, and clearly outline the potential impacts on, or benefits to, the healthcare system. The need for these treatments should be clearly demonstrated – over-and-above existing treatment approaches – while potential individual, community, business and/or financial impacts should also be clearly communicated. Targeted communications, provided in-person and directly to the relevant decision-maker, should also be prioritised.

For politicians and members of some organisations, the negative stigma associated with recreational use of psychedelic drugs was a barrier to embracing psychedelics for therapeutic use. Many identified fearfulness associated with potential misuse and antisocial behaviour in inappropriate settings (e.g. schools), as well as potential addiction. Politicians did, however, note that research and evidence-based information, when effectively used, could counter outdated ideas and assist in overcoming these attitudes. A narrative review published in 2022 examined the potential harms of psychedelics in an attempt to distinguish between evidence-based and anecdotal evidence or misinformation, and found that many of the anticipated risks associated with psychedelics were unsupported by evidence (21). Translating research like this into plain language communications might assist in addressing common misconceptions, although these communications are unlikely to lead to attitudinal change without the inclusion of research that demonstrates efficacy (especially that beyond existing approved drugs), safety and feasibility of using psychedelic drugs together with psychotherapy to treat mental health conditions.

Producing communication materials that effectively explain the problem, introduce the solution, and demonstrate evidence supporting the solution, will be useful tools for the NDC and collaborators to shift the existing mindset of stakeholders. It is important to make it easy for decision-makers to support the future medical use of psychedelic drugs. A number of heuristics and cognitive biases should be considered. For example, Occam’s razor is a heuristic, or cognitive shortcut, highlighting that when faced with competing decisions, people tend to choose the one with the least assumptions (22). Thus, communication materials should aim to remove assumptions about the use of psychedelic drugs and highlight these therapeutic approaches as a simple solution to a wicked problem. Similarly, the ‘framing effect’ – a cognitive bias – demonstrates that the way in which information is presented influences decisions (23). Communications could frame the use of psychedelic drugs within the context of a major problem – a mental health crisis – thus emphasising psychedelic drugs as a positive amidst a negative situation and potentially enhancing support. Finally, another cognitive bias, the ‘halo effect’ (23), could be harnessed by emphasising that psychedelic drug research aligns with the recommendations of the Royal Commission into Victoria’s Mental Health System, further encouraging politicians mandated to deliver the recommendations to consider supporting the research agenda.

Trust in the emerging evidence base was often discussed in the context of funding. Most organisations expressed concern over pharmaceutical companies funding research, highlighting apprehension that funders may bias, and potentially profit from, the results of the research. Such sentiments are reflected in a recent global study (24) that found Australians appear less trusting of the pharmaceutical industry than other nationalities (in 2021, 31% of Australian respondents described pharmaceutical companies as untrustworthy, compared to 28% globally). Many organisations, when asked, felt that research into psychedelic drugs for the treatment of mental health conditions should be government funded due to the importance and relevance of the research to the health and wellbeing of a large number of Australians. Beyond organisational and political stakeholders, potential research participants should also trust the organisation funding the research, as lack of trust can be a barrier to willing participation (25). Thus, future research should ideally be funded by the government or by inherently trustworthy funding bodies that do not have significant conflicts of interest.

One politician suggested the need for ‘champions’ within parliament to catalyse change in parliamentarian attitudes and behaviours toward the therapeutic use of psychedelic drugs. Champions are often used in healthcare to build support for change as well as garnering the human
and practical resources needed for change. A study within a hospital setting found that champions have six attributes necessary for their role: influence; ownership; physical presence; persuasiveness; grit and a participatory leadership style (26). Qualities of a champion are consistent with the ‘innovator’ and ‘early adopter’ categories outlined in the Diffusion of Innovation Theory (27). According to the Diffusion of Innovation Theory – a model for explaining how an idea can spread throughout a group of people (28) – champions may convince others to adopt an innovation when they demonstrate:

1. **Relative advantage** – the degree in which psychedelic drugs are considered better than other medications used to treat mental health conditions;
2. **Compatibility** – How compatible psychedelic drugs are with the values, needs and experiences of potential users;
3. **Complexity** – How difficult (or, ideally, not) it is to use psychedelic drugs to treat mental health conditions in Australia compared to other treatments;
4. **Trialability** – The extent to which psychedelic drugs can be tested before a commitment is made to approve them; and
5. **Observability** – The extent to which psychedelic drugs provide tangible results for people experiencing mental health conditions.

A parliamentary champion for psychedelic drugs to treat mental health conditions might have experience of mental health conditions, personally or that of a close other, that has had significant impacts and/or where conventional medicines have not helped. Such a champion may also hold a respected position within the parliament that enhances their ability to gather support. These factors, in conjunction with evidence demonstrating advantage, compatibility, complexity, trialability and observability of psychedelic drugs, could be powerful mechanisms for creating change. Although having champions in the healthcare setting might facilitate change (29), more research is needed to understand the effectiveness of a champion in the political context. These principles should also be trialled in other situations where people are to be convinced of the need for a new innovation, such as by the NDC and other relevant stakeholders who desire community support.

**FUTURE RESEARCH**

Organisations and politicians all agreed that more research is needed in the space of psychedelic drugs and their use in treating mental health conditions. Conducting this research is necessary before changes in attitude from cautiously optimistic is likely. Therefore, future research is needed both to extend our understanding of community responses to psychedelics, but also to further explore the role psychedelic drugs have in treating mental health conditions.

This project explored the attitudes key stakeholders have towards the use of psychedelic drugs in treating mental health conditions. These findings build on those obtained in a survey of Australian adults’ attitudes, which was conducted immediately prior to this project. Since these projects commenced, and after data collection for both, the TGA has rescheduled MDMA and psilocybin from schedule 9 to 8 (controlled substance), allowing approved psychiatrists to deliver psychedelic medicines with talking therapy for treatment-resistant depression (psilocybin) and PTSD (MDMA). Given the data collected in these projects were collected under the premise that psychedelic drugs were only available under a special access scheme (schedule 9 drug), which in practice makes it almost impossible to access, it is important to now determine if the rescheduling has had any influence on attitudes.

Further to this, and since psychedelic therapy has now theoretically been made more available, it is imperative to conduct further research into the many features of psychedelic therapy that now require expedited examination. Many organisations and politicians want more rigorous research that explores feasibility relative to the Australian context, as well as cost-effectiveness, safety and equity. Since these medicines are now more available, it must be determined to whom they should be made
available to as a priority and what criteria will be used to make these decisions. Questions regarding access do not just include the cost of the therapy (which can be large given the need to source the medicine as well as have trained clinicians deliver therapy over several days) but also the ability to physically obtain the medicine in the quantities and qualities required.

The surprise decision by the TGA to reschedule psychedelic drugs for their use in PTSD and treatment-resistant depression is a welcome one, however it has created an immediate need to develop treatment protocols and communication strategies that were once considered a future task. Organisations and politicians emphasised the need for more information about psychedelic medicines and what treatment regimes might look like, rather than simply whether or not they work, although this information is also necessary. This information includes, but is not limited to, the clinicians involved, protocols used, regulatory frameworks in play and criteria patients need to meet to be eligible for the treatment. This information could be used, in part, to sway opinion (in politics) but also to build educational content for medical and psychological peak bodies to use to inform clinicians and the general public. Therefore, more research is needed to identify the most effective communications strategy to get the right messages to the right people (e.g. potential patients, clinicians, peak bodies, the general community) at the right time. This is especially important to ensure the potential wave of misinformation can be countered with high-quality and trustworthy information designed by experts.

Finally, it is also important to prospectively research the clinical use of psychedelic medicines. The gold-standard method to collect monitoring information, such as the uptake of these therapies and adverse events/safety issues in Australia, requires identification. Monitoring the data collected as part of treatment provision, such as adverse events and changes in symptoms, is important to ensure that the provision of these therapies is occurring as anticipated (i.e. in a safe way that leads to optimal patient outcomes). More detailed data collection can occur using a pathway analysis method, where the patient and clinicians can be followed over a long duration with certain touch points to identify key experiences in the treatment process, from initial scoping of treatment information all the way to discharge. Observations from all the data collected can provide evidence for arguments to expand (or restrict) the accessibility of the treatment, which has consequences for the human and physical resources needed to deliver the therapy.
COMPARISON BETWEEN STUDIES

Before considering what the findings of this study mean for the NDC, it is important to identify any overlap in findings between this study with organisational and political stakeholders and the study with Australian adults (see Kunstler, Hatty (1)). Both studies used different methods to explore attitudes and beliefs towards the use of psychedelic drugs to treat mental health conditions in supervised medical settings.

Overall, attitudes were generally similar between groups. Both groups are supportive of more government-funded research. However, both groups appear to lack in-depth knowledge of the topic, which could be one reason why both groups seem to be cautiously optimistic. The other reason for cautious optimism is likely due to the absence of sufficient research and the distribution of this research in plain language that is unbiased and free of misinformation. Importantly, although political parties clearly have different approaches to their attitudes to the use of psychedelic drugs in mental health conditions, Australian adults’ support did not appear to be significantly influenced by the political party they align with. Given the potential for politicians to be persuaded by constituent opinions and subsequently their vote, then influencing attitude shift of Australian adults might assist in shifting attitudes of the political parties they vote for.

<table>
<thead>
<tr>
<th>Similarities</th>
<th>Australian adults</th>
<th>Organisational and political stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall attitude</td>
<td>Cautiously optimistic and dependent on context (e.g. medical condition being treated, available research)</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>Supportive of more research</td>
<td></td>
</tr>
<tr>
<td>Funding</td>
<td>Supportive of government funding</td>
<td></td>
</tr>
<tr>
<td>Knowledge of the field</td>
<td>Knowledge overall was low, possibly through lack of available and unbiased information</td>
<td></td>
</tr>
</tbody>
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Table 1: Similarities between the attitudes of Australian adults, and organisational and political stakeholders.

<table>
<thead>
<tr>
<th>Differences</th>
<th>Australian adults</th>
<th>Organisational and political stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political influence</td>
<td>The political party respondents aligned with was not associated with attitudes</td>
<td>Progressive political parties more supportive, but individual politicians can still be supportive if the party they belong to is not</td>
</tr>
</tbody>
</table>

Table 2: Differences between the attitudes of Australian adults, and organisational and political stakeholders.
IMPLICATIONS FOR THE NDC

The data for this study were collected and analysed prior to the February 4, 2023, TGA announcement of the rescheduling of MDMA and psilocybin from schedule 9 drugs to schedule 8 medicines, allowing approved psychiatrists to deliver psychedelic therapy for treatment-resistant depression (using psilocybin) and PTSD (using MDMA). Australia is now the first country in the world to allow clinicians to deliver psychedelic therapy. This comes after data we collected demonstrates that the community are cautiously optimistic about the potential of psychedelic therapies to treat mental health conditions, with more evidence needed to shift their attitudes (1). Based on this new development, the implications of our work will be framed as a communications strategy of sorts to assist the NDC to garner community support for the use of psychedelic therapies together with psychotherapy to treat mental health conditions.

Key stakeholders want and need more information regarding the treatment regime involving psychedelic medicines to treat mental health conditions. Many questions remain unanswered regarding what the treatment regime looks like, as well as finer details such as how regimes will be funded and what groups of people are likely to access it. Clarifying misconceptions, and filling knowledge gaps, is one of the first steps to get the community onside with using psychedelic medicines as indicated by the TGA. This is in addition to enhancing the evidence base, which is covered in the Future Research section of this report.

GETTING THE RIGHT MESSAGES TO THE RIGHT PEOPLE AT THE RIGHT TIME

The right messages

The topics that should be addressed in any communications materials should be written in plain language, be evidence-based and include information related to (in no particular order):

- Emphasising the mental health crisis and inadequacy of existing treatments (especially compared to psychedelics)
- The intended use of psychedelic medicines in research and clinically (particularly for those delivering the therapy), while also outlining how the drugs will not be used
- The cost of the treatment regime (to the patient and the community)
- Who the providers of the medicines, and the funders of research, are (provided they are trustworthy and credible in the eyes of the community)
- Locations for the treatment regime
- The procedure/s and care models involved in delivering the therapy
- The clinicians involved in delivering the therapy
- Accessibility – who can access this treatment (as per the TGA guidelines, but also considering personal factors such as geography and finances)
- Safety of the medicines
- Efficacy of the medicines
- Regulatory frameworks to prevent misuse
- Honest appraisals of the current evidence base (i.e. a comparison piece on what is and is not known about these therapies and the strength of the evidence)
- Correcting misconceptions
• Personal stories (i.e. stories that ‘tug at the heartstrings’) demonstrating that people are suffering poor mental health and desperately need a new treatment regime (e.g. veterans, front-line healthcare workers and emergency workers)

• How the clinical use and research of psychedelic medicines meets a wider agenda, such as by acting on recommendations from the 2021 Royal Commission into Victoria’s Mental Health System (particularly if the messages are delivered to those residing in Victoria)

These messages are informed by the Diffusion of Innovation theory mentioned earlier in the Discussion section.

Information that reminds people of the history and stigma surrounding psychedelic drugs (e.g. War on drugs, recreational use etc.) should be avoided unless it is being carefully used as part of a campaign designed to quash misconceptions arising from historical events.

It is important to note that the ‘right message’ will change depending on the people targeted. For example, decision makers might be more interested in the benefits to the economy than a clinician who is more focused on benefits to the patient and treatment feasibility.

The right people

The people involved in the provision of the therapies must be identified and directly targeted to ensure a campaign can be designed to bring them ‘on board’. This does not just include those involved in delivering the therapy (e.g. clinicians, clinic/practice managers and their representative and regulatory bodies), but also people who are:

• Making decisions regarding access and availability (e.g. politicians)
• Involved in the production of the medicines (e.g. pharmaceutical and natural medicine producers)
• Receiving the therapy, or intending to access the therapy (e.g. those with treatment-resistant depression or PTSD, but also those who are curious about the efficacy of these interventions for another mental health conditions)
• Supporting those receiving the therapy (e.g. carers)
• Consumer advocates
• Clinical educators charged with upskilling clinicians to deliver these therapies etc.

As the use of these medicines progress, it is important to create a stakeholder map of all those involved in the indirect (e.g. production and regulation) and direct (e.g. clinicians and patients) provision of the treatment.

Finally, ‘the right people’ also relates to the people delivering the message. Trusted messengers, such as doctors and scientists rather than reporters in the media, should be used to deliver key messages designed to change or influence opinion.

The right time

Now, February to July 2023 and beyond, is the right time to be communicating these messages. It is important to take advantage of pivotal moments that prime people for these messages. For example, the media and clinical hype surrounding the TGA’s announcement, including the need for peak bodies to prepare the clinicians they represent for the change, primes the audience to receive information on the topic.

There are going to be many more opportunities to share information. For example, any time the media run a story that promotes misinformation is an opportunity to share information that addresses common misconceptions. Another example includes personal stories. Another time that the community are primed to receive information is when someone in the community shares a story about their experiences with psychedelic drugs or medicines and this provokes discussion. However, depending on the context surrounding the story, distribution of communications during these times should be informed by a clear public relations strategy.
REFERENCES


APPENDICES

APPENDIX 1: INTERVIEW QUESTION FRAMEWORK

Before providing your responses, please ensure:

● You have read the explanatory statement
● You have completed the consent form

Before we get started, I would like to remind you that I’m keen to explore the position and attitudes of your organisation/department/party, not necessarily yourself, towards the use of psychedelic drugs for the treatment of mental health conditions. To explain that further, these drugs include drugs like psilocybin (magic mushrooms), MDMA and LSD.

I want to talk about attitudes related to the use of these drugs in medically supervised environments, where a specially trained medical professional is with the person when they are using the drug, and not by themselves at home. This is different to microdosing, where people take these drugs in small amounts, unsupervised.

I am only talking about the use of these drugs once approved for use by the therapeutic goods administration and appropriately regulated (like what is the case for medicinal cannabis). I am also interested in attitudes towards the use of these drugs in research, before they are regulated.

Finally, it’s important to remember that we are specifically talking about the use of these drugs with people suffering from mental ill-health, such as PTSD and depression.

Do you have any questions?

SECTION 1

Please outline your role within your organisation/department/party?

Please outline the position your organisation/department/party has on the use of psychedelic drugs in treating mental health conditions?

STOP: Continue with the SECTION 2 questions if you have a good idea of the position of your organisation/department/party on this topic. Otherwise, please skip SECTION 2 and go ahead to SECTION 3 to complete different questions.

SECTION 2

Does your organisation/department/party believe that these drugs can help people with mental health conditions?

From the point of view of the organisation/department/party, is there any concern around the amount or quality of the evidence that currently exists in the use of psychedelic drugs to treat mental health conditions?

From the point of view of the organisation/department/party, is there any concern around the safety of these drugs?

Does your organisation/department/party support more research into the use of psychedelic drugs to treat mental health conditions?
In your opinion, would the position of the organisation/department/party change if we were talking about a brand new drug that has never been used before (i.e. not recreationally or pharmaceutically) to treat mental health conditions?

In your opinion, would the position of the organisation/department/party change if we were talking about the use of psychedelic drugs to treat another disease unrelated to mental health?

Where does the organisation/department/party look to receive information on the use of psychedelic drugs to treat mental health conditions?

Is there anything else you’d like to add about your organisation/department/party’s position on the use of psychedelic drugs in medically supervised environments to treat mental health conditions?

SECTION 3 (ONLY COMPLETE IF YOU HAVE NOT COMPLETED SECTION 2)

Is your organisation/department/party well placed to have an opinion on this topic? Would it make sense for your organisation/department/party to have an opinion?

What (if anything) has prevented your organisation/department/party from developing a position on the topic, or publicly promoting it?

What issues would your organisation/department/party consider if it chose to develop a position on this topic and/or promote it?

Does your organisation/department/party have a history of collaborating with other organisation/department/parties to develop a position on a similar topic?

Where does the organisation/department/party look to receive information on the use of treatments for ill health?

What influence might your organisation/department/party have in promoting the use of psychedelic drugs to treat mental health conditions in medically supervised environments, if it chose to use that influence?

Is there anything else you’d like to add about the topic of using psychedelic drugs in medically supervised environments to treat mental health conditions?
APPENDIX 2: CODES USED TO ANALYSE INTERVIEWS

Attitudes (negative): Negative attitudes towards psychedelic drugs (includes caution, controversy, distrust, fear, hesitancy, impatience, pessimism, scepticism and stigma)

Attitudes (positive): Positive attitudes towards psychedelic drugs (including excitement, interest, optimism and promise)

Current treatments for mental health conditions: References to existing treatments for mental health conditions

History of psychedelic drugs: Mentions of the history related to the use of psychedelic drugs for any reason

Impacts of mental health conditions: The impacts mental health conditions have on the individual and the system

Information on psychedelic drugs: References made to any information regarding psychedelic drugs and mental health conditions. This includes existing, desired and future information.

Opinions of others: References made to opinions of those other than the interviewee and their organisation that might influence their opinion regarding using psychedelic drugs to treat mental health conditions.

Politics: A broad code related to mentions of the roles of politicians and the political system in the use of psychedelic drugs to treat mental health conditions. This includes current and future roles.

Position: The position the interviewee’s organisation or political party holds, or has held, on using psychedelic drugs in a medical setting. This includes mentions of policies, ‘memos’ and position statements.

Research into psychedelic drugs for mental health conditions: Mentions of research related to psychedelic drugs. This includes existing research, as well as future research needs, and the funding of this research.

Things needed to support the use of psychedelic drugs for mental health conditions: Mentions of physical, relational and informational needs required by organisations and political parties to increase their support for the use of psychedelic drugs to treat mental health conditions.

Treatment method: References related to the current or anticipated treatment method used when administering psychedelic drugs for mental health conditions (includes equity, feasibility, safety and training)
APPENDIX 3: ADDITIONAL QUOTES

Attitudes towards research and future use of psychedelic drugs to treat mental health conditions – Negative

“I think that the researchers should recognise that there is that problem with the methodologies rather than mention it in fine print.” (Medical or psychological peak body #1)

“The language in how things are described…if it was a synthetic version of psilocybin compared to talking about magic mushrooms and there might be a difference in perception.” (Politician #1)

Attitudes towards research and future use of psychedelic drugs to treat mental health conditions – Positive

“…I would say that we’re cautiously optimistic. I think that really sums up where we sit at the moment. We acknowledge that it’s an emerging area, but we’re following the research, we’re following those clinical trials…the optimism is coming from watching the research, both peer and internationally, particularly around PTSD, working with veterans, eating disorders, those sorts of things.” (Medical or psychological peak body #4)

“I think we’re in an exciting space, definitely. I think there’s lots of studies happening that I’m aware of in Australia. We’re really excited to be part of that and part of being able to contribute to what happens next.” (Healthcare service providers and advocates #2)

“I spent quite a bit of time in the territory and I knew that there were police officers who were so desperate, and veterans in the territory, who were so desperate because nothing’s working. They were re-mortgaging their house to go and do a trial of this in San Francisco. That was their only option.” (Union)

The need for research to improve understanding and support

“many of those questions remain unanswered” (Medical or psychological peak body #1)

“depending on how these clinical trials are going, depending on reclassification with the TGA, those sorts of things, that’s when we’d have further discussion with our interest group and then pushing that up to the board for discussions with regards to position statements.” (Medical or psychological peak body #4)

“When we see those reports [media reports on psychedelic drugs and mental health conditions], what we find is every time something like that gets reported, whether it’s a positive or a negative thing about a drug, you can guarantee for the next week all over the country, GPs are going to be asked questions about that. So, they’re very, very influential.” (Medical or psychological peak body #3)

“Honesty, integrity is important. Focus on the personal stories and who your message is coming from. People have lived the experience or those who have researched the area or who would work with people with these conditions. That’s who should be delivering the message.” (Union)

“We would be a little bit cautious about advocacy groups. I don’t think we want to delve into that at all. We would always rely on information from a non-biased source and advocacy groups, in their names, they’re
there to advocate for a particular position. So, we do just want to follow the research” (Medical or psychological peak body #4)

The role of politics in progressing the field of psychedelic drugs in the treatment of mental health conditions

“I think what's important here is that that judgement needs to be made in a, and what may be impossible, kind of free of the stigma of the substance.” (Politician #1)

“first and foremost, the power of these things [psychedelics] needs to be understood, because that provides the incentive and the rationale for overcoming all the other misconceptions that are out there. Then I think the second thing is they [politicians] need to understand that if it is introduced in the same way that cannabis was introduced for pain relief, in the case of cannabis, the special access schemes, that politically, there's really no downside.” (Politician #3)

“for the politicians, it is the effectiveness and the safety of the [treatment] process, to me are the critical things.” (Politician #3)

“a lot of the time that's how you get in front of ministers in both sides. You pay $4,000, a thousand dollars and you get a dinner...so the money buys access.” (Politician #3)

“So, your [researchers’] job in presenting that evidence to us is a really important role, and [are] the solutions to improving the circumstances.” (Politician #2)

“It was very much about decriminalising it [cannabis], and people were doing it anyway, so let's make it legal for them to do it...And then the reform kind of unpacked itself.” (Politician #4)

“As a parent, I always want to hear the door click at 2:00 AM which reassures me that my 20-year old son has come home.” That's how he [ex-politician] convinces or frames pill testing for older voters...it's very difficult to argue against that.” (Politician #1)

“I was 10 years in the parliament before I had any representation from anyone looking for money for mental health purposes. And my sense of it is that usually a lot of those groups that had come to see you, they usually had people in them who had been affected by a cancer or a member of the family, whatever.” (Politician #3)

“We do have policies relating to diseases and things, but I try to keep that to a minimum, because there's just too many.” (Politician #1)

“we should be funding more research into treatments that use psychoactive substances. Now that would be a given.” (Politician #2)