

AMAPP POSITION STATEMENT

EXPLANATION

This document explains the background and supporting science used by AMAPP to develop its position on Psychedelic Assisted Therapy as described in the “AMAPP Position Statement”.

1. Introduction

The Australian Multidisciplinary Association for Psychedelic Practitioners Limited (AMAPP) represents clinicians working in the rapidly developing field of Psychedelic-Assisted Therapy (PAT). This position statement explanation outlines AMAPP’s role in shaping the broader landscape of PAT in Australia, addressing critical scientific and other issues pertinent to AMAPP as a representative body in the Australian clinical landscape. This position statement takes into account the political and regulatory environment surrounding the legalisation of psychedelics, the current status of clinical research, the risks and realities of underground use of psychedelics in Australia, and the importance of fostering safe and sustainable working conditions for practitioners, as well as the need for clear guidelines in training standards and education in PAT. By providing a representative voice in the community, political arenas, and professional spaces, AMAPP seeks to guide the ethical and evidence-based expansion of PAT, ensuring its safe, equitable, and effective implementation in addressing Australia’s mental health challenges.

2. Context

AMAPP is at the forefront of a critical evolution in Australian healthcare: the incorporation of psychedelic-assisted therapy (PAT) into the mental healthcare system. AMAPP’s aim is to support and develop a world-leading and truly multidisciplinary approach to the application of PAT in the Australian medical context.

In 2023, the Therapeutic Goods Administration (TGA) rescheduled 3,4-methylenedioxy-methamphetamine (MDMA) for use in the treatment of post-traumatic stress disorder (PTSD), and psilocybin for treatment-resistant depression. This decision placed Australia among the global leaders in translating evidence-based psychedelic therapies from the realm of research to clinical application. **AMAPP recognises that this regulatory shift represents an opportunity to fundamentally reshape public perceptions of psychedelic medicines and the therapeutic landscape surrounding the medicinal use of psychedelic substances in Australia.**

There has been a growing awareness of the limitations of the Australian mental health system’s capacity to deal with and respond to current demands. This recognition has shaped Australia’s push towards the legalisation of PAT. Australia, like many countries around the world, is in desperate need to develop innovative treatments such as PAT to help address the ever-increasing rates of mental

illness (Richter et al., 2019). An estimated one in five Australians experience a mental disorder in any given year, and almost half of all Australians face mental health challenges at some point in their lifetime. Significantly, 8.5 million Australians experienced a mental illness at some time in their life (43% of the population). In a given year, 4.3 million people experience a mental illness, which is approximately 22% of the population. Mental health conditions and substance use disorders, such as depression, anxiety and drug use, are substantial components of overall disability and morbidity rates in Australia. The Australian Burden of Disease Study 2023 examined the health loss due to disease and injury that is not improved by current treatment, rehabilitative, and preventative efforts of the health system and society. **For Australia, mental and substance use disorders were estimated to be responsible for 15% of the total burden of disease, placing it second as a broad disease group after cancer (17%) (AIHW, 2023).**

The economic burden of mental ill-health and suicide in Australia is substantial, with costs estimated at up to \$70 billion annually, rising to \$150 billion when accounting for disability and premature death (Productivity Commission, 2020). Despite the availability of established evidence-based treatments, as many as 30% of individuals remain treatment-resistant, enduring profound psychological suffering and diminished quality of life (Zhdanova et al., 2021; Bennabi, et al., 2015; Post, 2015). Issues such as treatment resistance have driven the search for innovative therapeutic solutions, which in turn has created an environment receptive to the introduction of psychedelics as a transformative tool in mental health care for the first time in 50 years. The decision for Australia to legalise clinical applications of psychedelics is significant. Research indicates that it takes approximately 17 years for research innovation to move into clinical practice, with 85% of innovations never reaching those who need them (Commonwealth Royal Commission into Victoria's Mental Health System, 2021). The Australian TGA's decision to legalise psychedelic-assisted therapy in a limited context demonstrates a commitment to addressing the needs of those struggling with severe mental illness. Despite this, **AMAPP remains deeply aware of the delicate and ongoing responsibility that comes with access to these treatments.**

A key population where such hope for treatment has been revived is in the areas of stress and trauma-related disorders. Traumatic stress disorder is a pervasive experience that impacts the mental health and wellbeing of Australians across various demographics and settings. Trauma is a common experience with significant mental health implications. Approximately 75% of Australian adults have experienced a traumatic event in their lifetime (Productivity Commission estimates using ABS, 2009). International studies estimate that 62–68% of young people experience at least one traumatic event before age 17 (Copeland et al., 2018; McLaughlin et al., 2013). The lifetime prevalence of PTSD in Australia is 11%, with women nearly twice as likely to experience PTSD than men (14% vs. 8%; ABS, 2022). Populations at increased risk for trauma exposure include any group with increased risk of exposure and groups that are vulnerable and under-resourced in their capabilities to respond to stressors. Victims of family and domestic violence, first responders, armed forces personnel, and veterans are examples of groups with elevated risk profiles (Bendall et al., 2018; Phoenix Australia, 2013). A critical factor in trauma is cumulative exposure, particularly for first responders. Australian firefighters showed a PTSD prevalence of 8% for active personnel but 18% for retirees (Harvey et al., 2017). Aboriginal and Torres Strait Islander peoples experience significant intergenerational and cumulative trauma due to historical and ongoing separation from family, land, and cultural identity,

and are a clinical population that remains frequently marginalised. These factors have profoundly affected their social and emotional well-being (AIHW, 2018; Bendall et al., 2018).

Trauma imposes substantial social, financial, and economic costs on individuals, workplaces, and society at large. The cost of mental health and social issues associated with the 2022 South East Queensland floods, for example, was an estimated \$4.4 billion (Deloitte Access Economics, 2022). Residents affected by the 2010–2011 Queensland floods were 5.3 times more likely to report poorer health and 2.3 times more likely to develop PTSD (Alderman et al., 2013). The lifetime cost of mental health issues stemming from these floods is estimated at \$5.9 billion (Deloitte Access Economics, 2016). Similarly, the 2009 Black Saturday bushfires in Victoria caused over 170 deaths and 400 injuries. The lifetime mental health costs exceeded \$1 billion (Deloitte Access Economics, 2022). Traumatic injury is not only a disorder that can be difficult and prohibitively expensive to treat in a timely and reliable manner but is also associated with great personal, social and economic costs. Trauma research indicates that 20% of individuals with PTSD recover within 3 months, 27% within 6 months, 50% within 24 months, and 77% within 10 years (Anthony et al., 2018). **This research indicates that a significant number of trauma patients continue to suffer from the debilitating disorder without a viable path to treatment.**

Recent PAT research underscores the therapeutic potential of psychedelics for addressing conditions such as trauma. Clinical studies demonstrate the potential utility of MDMA in reducing PTSD symptoms and trauma disorders in general (Mithoefer et al., 2018). Furthermore, psilocybin offers promise in alleviating depression, offering hope for individuals who have exhausted traditional treatment options (Garcia-Romeu et al., 2016; Reiff et al., 2020). AMAPP acknowledges that, while there is an undeniable need for clinical innovation, these treatments need to be utilised in a rigorous, integrated and robust clinical framework to ensure safety and maximise therapeutic benefits. AMAPP is dedicated to establishing this framework, emphasising interdisciplinary collaboration, practitioner training, and adherence to rigorous ethical standards, specifically for the application of this important clinical work.

AMAPP sees the legalisation of psychedelics in Australia for clinical treatment not as merely a regulatory milestone, but as an opportunity to shape the future of mental health care. AMAPP is committed to ensuring PAT is implemented safely, ethically, and inclusively. Furthermore, AMAPP seeks to foster a professional network that unites practitioners of psychotherapy, psychology, psychiatry, and allied health to deliver holistic and client-centred care, drawing on best practices and knowledge. AMAPP aims to position PAT as a valuable part of mental health treatment, which has far-reaching implications for mental health in Australia. AMAPP recognises this moment as an opportunity to redefine mental health treatment, addressing the urgent needs of individuals facing conditions which, until now, have been regarded as difficult to treat effectively, while setting new standards for ethical and effective care. By navigating the intersection of Australia's political, cultural, and social landscape, AMAPP aims to establish PAT as an innovative and effective approach to mental health care while ensuring its implementation remains grounded in integrity, broad availability, and best practice.

3. What Are Psychedelics?

As AMAPP is focused on the clinical application of psychedelics, it is essential for AMAPP to establish a clear and precise position on the category of substances commonly referred to as psychedelics. These substances are known for their ability to profoundly alter consciousness, often facilitating transformative experiences with significant therapeutic potential. The term “psychedelic”, derived from the Greek words *psyche* (mind) and *delos* (manifest), was coined by Humphry Osmond in 1957 to mean “mind manifesting” (Tanne, 2004). Psychedelics are uniquely suited for therapeutic use due to their capacity to increase awareness and insight.

3.1 Terminology and Distinctions

Psychedelics are often known by other names that require clarification. Hallucinogens are substances that produce false sensory perceptions or hallucinations in the absence of external stimuli. Although some psychedelics may induce hallucinations, their ability to facilitate meaningful and transformative experiences sets them apart from the broader category of hallucinogens (Bogenschutz et al., 2015). The term entheogen is derived from the Greek words *entheos* (meaning “full of the divine”) and *genesthai* (meaning “to come into being”). This term highlights the psychospiritual dimensions of experience occasioned by the ritualised use of these substances in other contexts (Richards, 2005). AMAPP adopts the term *psychedelics* to describe specifically substances that facilitate transformative states of consciousness, distinguished from terms like *hallucinogens* and *entheogens*. Unlike *hallucinogens*, which carry reductive implications, or *entheogens*, which emphasise exclusively spiritual contexts, **psychedelics are recognised for their ability to promote introspection, self-awareness, and healing, highlighting their therapeutic potential when used in a clinical context.**

3.2 Classification of Psychedelics

From a pharmacological standpoint, psychedelics can be categorised by their function or chemical structure (Nichols, 2016):

Functional Classification:

1. **Classical Psychedelics:** Examples include Lysergic acid diethylamide (LSD), psilocybin, Dimethyltryptamine (DMT), and mescaline.
2. **Empathogens/Entactogens:** These substances, such as MDMA and 3,4-methylenedioxyamphetamine (MDA), are known for enhancing emotional connection and empathy.
3. **NMDA-Antagonist Dissociatives:** This category includes ketamine, Phencyclidine (PCP), and Dextromethorphan (DXM), which induce dissociative states.
4. **Kappa-Opioid Agonist Dissociatives:** Substances like ibogaine and salvia divinorum fall into this group, noted for their unique psychoactive effects.

Chemical Classification:

1. **Tryptamines:** This group includes psilocybin, LSD, DMT, and ibogaine, characterised by their structural similarity to serotonin.

2. **Phenethylamines:** Examples are MDMA and mescaline, known for their stimulating and empathogenic properties.

These classifications are pivotal in tailoring therapeutic interventions as different psychedelics may be better suited for specific mental health conditions. For instance, MDMA's empathogenic properties may make it particularly effective for treating PTSD, while psilocybin shows remarkable efficacy in addressing depression and existential anxiety (Carhart-Harris et al., 2016). There are many other psychedelics that are yet to be clinically utilised, as psychedelic-assisted therapy (PAT) research is still in its infancy. **AMAPP supports the clinical application and development of a wide variety of psychedelic substances, provided they are accompanied by strong clinical research supporting their efficacy.**

4. **Clinical Applications of Psychedelic-Assisted Therapy**

Psychedelic-assisted therapy (PAT) integrates the use of psychedelics with psychotherapy to address mental health conditions, particularly those that have often proven resistant to conventional treatments. **AMAPP emphasises that the therapeutic component of PAT is fundamental to its effectiveness and that many of the skills required for PAT extend beyond standard clinical training.** The therapeutic dimensions of PAT are specifically designed to harness the transformative and introspective states elicited by these substances, offering new pathways for healing and personal growth. **Consequently, AMAPP emphasises the importance of specialised training and ongoing professional development to equip clinicians with the necessary skills to operate effectively in this novel therapeutic context, to ensure the best possible outcomes for patients.**

AMAPP acknowledges it is important that the current TGA requirements mandate the presence of a clinical psychologist in the room for all psychedelic medicine applications. However, AMAPP advocates for a multidisciplinary approach, emphasising the inclusion of a diverse range of AHPRA-registered professionals and psychotherapists. We believe that restricting this role to clinical psychologists is unnecessary and inconsistent with practices in clinical trials worldwide and may prove too costly. There are alternative, less restrictive approaches that can maintain rigorous clinical protocols while ensuring that skilled psychotherapists and other qualified professionals are present in the room. These approaches not only uphold the necessary standards of care but also better reflect the preferences and needs of patients, fostering a therapeutic environment that is flexible, and patient-centred. Furthermore, in the Australian context and around the world, the rise of the psychedelics industry—encompassing pharmaceutical companies, biotech firms, and commercial ventures like clinics and retreats—will undoubtedly shape the future of mental health care. AMAPP acknowledges the potential benefits, risks, ethical issues, and the diverse political, cultural and spiritual responses to these forces as this sector expands and gains momentum.

5. Evidence Base

Research into MDMA-assisted therapy, spearheaded by the Multidisciplinary Association for Psychedelic Studies (MAPS), has demonstrated profound benefits for individuals with post-traumatic stress disorder (PTSD). **In a landmark trial, 71.2% of participants diagnosed with PTSD no longer met diagnostic criteria after treatment** (Mitchell et al., 2023). This result highlights MDMA's transformative potential in addressing trauma-related disorders, which are often resistant to traditional therapeutic approaches. Similarly, psilocybin therapy has shown exceptional outcomes in treating depression, including treatment-resistant cases. Studies report sustained reductions in depressive symptoms, with large effect sizes shortly after treatment ($d = 2.2$) and significant improvements enduring at follow-up (Carhart-Harris et al., 2016). **These findings suggest that psilocybin may offer long-term relief for individuals struggling with depression, addressing a critical need in mental health care.** Systematic reviews and meta-analyses further support the efficacy of psychedelic-assisted therapies. Psilocybin demonstrated a large effect size ($g = -1.92$) for reducing symptoms of depression and anxiety, while MDMA showed a moderate effect size ($g = -0.71$) for PTSD. These results highlight the significant therapeutic potential of both compounds across multiple conditions, including PTSD, depression, anxiety related to life-threatening illnesses, and social anxiety in autistic adults (Bahji et al., 2023; Luoma et al., 2020). Importantly, studies that maintained placebo controls through follow-up assessments reported sustained therapeutic effects, underscoring the durability of these interventions.

Despite these promising outcomes, the current body of evidence is constrained by methodological limitations, issues with data integrity, small sample sizes, study heterogeneity, and variability in therapeutic protocols, which have contributed to some studies offering low-to-very-low certainty in meta-analyses. These gaps highlight the urgent need for larger, more robust trials to validate the efficacy and safety of psychedelic-assisted therapy and to establish standardised guidelines for clinical practice. AMAPP envisions a future where psychedelic-assisted therapy is integrated into mainstream mental health care, guided by rigorous research and ethical practice. To achieve this, AMAPP strongly supports fostering collaborations with academic institutions, clinicians, and funding bodies. By prioritising evidence-based approaches, AMAPP seeks to ensure that the development and implementation of these therapies are not only safe and effective but are also accessible and affordable for those in need.

6. Theories of Change and Approaches to Psychedelic-Assisted Therapy

AMAPP recognises the multiplicity of perspectives and methodologies that underpin psychedelic-assisted therapy (PAT). AMAPP respects differing approaches while fostering connections across disciplines to ensure that this work is carried out effectively and safely within the community. By embracing the richness of theoretical frameworks and clinical methods, AMAPP aims to create a collaborative and dynamic foundation for advancing psychedelic-assisted therapies. PAT is grounded in several theories of change that explain how these interventions may foster healing and transformation. From a neurobiological perspective, psychedelics are understood to disrupt the Default Mode Network (DMN), a network in the brain associated with self-referential thinking and rigid cognitive patterns. This disruption facilitates a “reset” of neural connectivity, enabling cognitive

and emotional reorganization. Such neuroplasticity lays the foundation for therapeutic breakthroughs and enhanced psychological flexibility (Carhart-Harris et al., 2012). It is important to note that the neuroplastic effect is not solely a direct result of DMN changes. While specific details regarding neurotrophic factors and receptor-mediated effects may not be fully explored here, their significance warrants mention.

Equally critical to the success of PAT are relational and contextual factors. Research emphasises that the interplay of psychedelic medicine, the therapeutic environment, and the quality of the client-therapist relationship significantly impacts outcomes. Establishing trust and safety within this relational context allows patients to explore their inner worlds without fear or inhibition, amplifying the therapeutic potential of these substances (MAPS, 2015). Additionally, PAT facilitates change, marked by profound and transformative experiences. These experiences enable individuals to move beyond entrenched psychological patterns and adopt healthier, more adaptive ways of being. Such shifts represent enduring psychological growth and a newfound capacity for resilience and insight.

AMAPP recognises that approaches to PAT vary widely, reflecting the field's interdisciplinary and evolving nature. Broadly, these methodologies can be categorised into three primary approaches. The first includes neurobiological approaches, focusing on understanding the physiological and pharmacological mechanisms of psychedelics. By examining how these substances affect the brain, this perspective provides valuable insights into their therapeutic potential. However, such approaches may minimise the relational and experiential factors, which are equally crucial for facilitating meaningful therapeutic change (Carhart-Harris et al., 2012).

A second approach, non-specific supportive therapy, emphasises the importance of creating a safe and supportive environment for clients. Developed by Grof (1972) and later integrated into MAPS protocols, this method prioritises empathy, trust, and attunement. Therapists adopting this approach facilitate rather than direct the therapeutic process, allowing clients to navigate their inner healing journeys in their own way (Doblin & Mithoefer, 2013). In PAT there is a risk for the psychedelic experience to induce intense feelings of attachment, devotion, and the transference of one's expansive emotions onto the therapist (Phelps & Henry, 2021). One of the benefits of the Inner healing intelligence (IHI) model is the notion that the client is the source of their own healing, not the therapist. Despite its widespread acceptance among psychedelic therapists and its incorporation into state legislation like Colorado's Natural Medicine Act, the concept of IHI is not without its controversies and complexities. On one hand, it is praised for its empowerment of patients, placing them at the centre of their own healing journey and emphasising their autonomy. On the other hand, critics argue that the IHI, while serving as a useful metaphor, can be problematic when taken too literally or applied too rigidly (Bathje et al., 2022). Concerns include the potential for it to justify therapeutic passivity, where therapists might rely too heavily on the concept and neglect their active role in supporting the patient. This can lead to situations where clients' self-protective mechanisms overridden are overridden in the name of trusting the inner healer, potentially exacerbating rather than alleviating trauma. If overused, this concept can leave clients experiencing their therapists as detached and unsupportive. Additionally, mundane psychedelic experiences or instances where therapeutic outcomes were not achieved could be internalised by clients as personal failings, undermining the therapeutic process. Slosower et al (2020) and others (Brennan & Belser, 2022;

Evans, 2024) have suggested there are limitations in the broader non-directive approach to psychedelic-assisted therapy. For example, given some clients experience significant affective arousal and distress, the skills of self-exploration and autonomy alone during the medicine session may not provide sufficient scaffolding and support to stabilise these insights into practical and embodied behavioural change. Furthermore, there are also ethical considerations regarding when it is safe for a client to be directed through their autonomy in lieu of complex risk management and duty of care directions that the therapist may need to take. If the non-directive approach is overly emphasised, this may fail to equip therapists with specific skills to navigate clinical complexity during PAT such as dissociation (which can be subtle), boundary issues, and the need to actively guide in cases of prolonged dysregulation. It is also challenging to measure how directive or non-directive trial sessions have actually been. Many therapists utilise a range of their own interventions in session, regardless of ascribing to non-directive approaches. This may have contributed to trial outcomes that have not been adequately documented or operationalised in the findings. It is difficult to capture the nuances that occur within the therapy session resulting in unaddressed variability between therapist and client outcomes. **This is one reason why support and development systems of apprenticeship, peer review, and supervision are particularly vital in psychedelic-assisted therapy** (Timmerman et al., 2022).

The third and final approach includes specific psychological apparatuses, such as Acceptance and Commitment Therapy (ACT) and Cognitive Behavioural Therapy (CBT), which integrate psychedelics with structured therapeutic frameworks. These models help patients contextualise and integrate the insights gained during their psychedelic experiences, ensuring that the transformative effects are grounded in sustainable psychological change (Watts & Luoma, 2020).

AMAPP does not prefer one of these approaches over others but rather advocates for an interdisciplinary clinical framework, recognising that collaboration across both the register of disciplines and methodologies is required to develop the field. Through this collaborative and inclusive approach, AMAPP seeks to unite diverse professionals in a shared mission to advance the field of PAT. By fostering interdisciplinary dialogue and honouring the diversity of theories and practices, AMAPP supports creating a robust foundation for this transformative modality.

9. Decriminalisation and Harm Reduction

The clinical application of psychedelics such as MDMA and psilocybin is gaining momentum, particularly in therapeutic contexts, but these substances remain tightly regulated. Both MDMA and psilocybin are classified as Schedule 9 (prohibited substances), meaning they are illegal under Australian law (Therapeutic Goods Administration, 2023). **Whilst MDMA and psilocybin are Schedule 9 substances, they can be reclassified to Schedule 8 (controlled drugs) for the treatment of certain mental health conditions.** The Therapeutic Goods Administration (TGA) will permit the prescribing of MDMA for the treatment of post-traumatic stress disorder and psilocybin for “treatment-resistant” depression. These are the only conditions where there is currently sufficient evidence for potential benefits in patients. This classification underscores that unauthorised use, possession, or distribution is illegal and carries severe penalties. Consequently, **their use outside approved therapeutic settings, such as in unregulated or recreational contexts, remains strictly prohibited.** Practitioners and

patients are required to adhere rigorously to the regulatory framework to avoid legal consequences. AMAPP seeks to play a critical role in ensuring the safe and effective integration of psychedelics into clinical practice. Committed to a harm reduction framework, AMAPP bases its operations on evidence-based practices and international standards, including the principles outlined in the *Global State of Harm Reduction 2024* (Harm Reduction International, 2024). AMAPP's primary focus is to integrate psychedelics into clinical settings under applicable regulatory and ethical guidelines. AMAPP supports regulatory frameworks prioritising patient safety, rigorous clinical oversight, and harm minimisation. This ensures that the therapeutic use of psychedelics is conducted responsibly, with a strong emphasis on reducing potential risks and maximising therapeutic benefits within a controlled environment.

The purpose and strategic objectives of AMAPP do not focus on the decriminalisation of psychedelics but rather being prepared for the legal clinical application of Psychedelic-Assisted Therapy (PAT), harm reduction and acknowledging and respecting cultural context. However, AMAPP does recognise the broader societal discussion surrounding decriminalising psychedelics for personal use and supports the efforts of other peak bodies advocating for decriminalisation. These include several Australian organisations promoting health-centred approaches over punitive measures, such as:

- **United Nations (UN):** A global organisation advocating for drug policy reform, emphasising human rights, decriminalisation, and health-based approaches to drug use and addiction (UN, 2024).
- **Uniting Church and Anglicare:** Faith-based organisations that have expressed support for decriminalisation, highlighting the shift towards health-focused drug policies (Anglicare, 2024; Uniting Church, 2024).
- **Royal Australasian College of Physicians (RACP):** Australia's largest specialist medical society, advocating for drug decriminalisation and health-focused reforms (RACP, 2024).
- **Entheogenesis Australis (EGA):** Entheogenesis Australis (EGA): A charity utilising education around ethnobotanical plants and fungi, with a focus on the environment, community building, decriminalisation, harm reduction, and gardening; with the aim of improving wellbeing for humankind and the planet (Entheogenesis Australis, 2024)
- **Australian Injecting and Illicit Drug Users League (AIVL):** The national peak organisation representing state and territory drug user organisations, advocating for the health and human rights of people who use illicit drugs (Australian Injecting and Illicit Drug Users League, 2024).
- **Harm Reduction Australia (HRA):** A national organisation committed to reducing health, social, and economic harms associated with drug use through evidence-based policies. (HRA, 2024).
- **Alcohol and Drug Foundation (ADF):** Provides information and advocates for harm reduction and evidence-based drug policies, including discussions on decriminalisation (ADF, 2024).
- **Family Drug Support Australia:** Offers assistance to families dealing with drug issues and supports decriminalisation as a means to improve health outcomes (FDS, 2024).
- **Australian Psychedelic Society (APS):** Part of a global movement advocating for evidence-based information and policy reform regarding psychedelic substances, including decriminalisation efforts (APS, 2024).

- **The Victorian Alcohol and Drug Association (VAADA):** VAADA leads Alcohol and Other Drugs (AOD) policy, workforce development, and policy discussion across membership, related sectors and the community to prevent and reduce AOD harms in Victoria (VAADA, 2022).
- **Students for Sensible Drug Policy Australia (SSDP Australia):** A grassroots network of students and young people working towards drug laws that reflect evidence, compassion, and human rights, supporting decriminalisation initiatives (SSDP Australia, 2024).

Kelaita & O’Reilly (2024) from the Drug Policy Modelling Program examined evidence for reducing criminal penalties for drug use, clarifying that **decriminalisation is not legalisation.**

Decriminalisation removes criminal penalties for personal use, self-administration, and possession of small amounts, while supply and manufacture remain criminal offences (p.4). For more information on how non-criminal responses to drug use have been shown to improve health outcomes, quality of life, trust in police, and reduce drug-related deaths, see Blais et al. (2022), Hughes & Stevens (2010), and Lenton et al. (1999). For research into how decriminalization policies can ease the burden on the criminal justice system, assert improvements, and reduce harm, see Hughes & Stevens (2010), MacCoun & Reuter (2001), Davis et al. (2023), and Arredondo et al. (2018). Interestingly, research shows that removing criminal penalties does not increase drug use, as evidenced in Australia and Portugal (Fetherston & Lenton, 2007; Hughes & Stevens, 2010).

At the *Dealing with Drugs II* conference in Warsaw, United Nations (UN) High Commissioner for Human Rights, Volker Türk, emphasised the failure of punitive drug policies, calling for urgent reforms (UN News, 2024). “The evidence is clear. The so-called War on Drugs has failed, completely and utterly,” Türk concluded “And prioritising people over punishment means more lives are saved.” In its latest position statement, the Royal Australasian College of Physicians (RACP) is calling for drug policies that prioritise health ahead of the *NSW Drug Summit* (RACP, 2024). RACP President Professor Jennifer Martin emphasised the need for governments to focus on evidence-based strategies that improve health outcomes, reduce harm, and address inequities. “To reduce the harm from drugs, the Government must consider decriminalisation to keep people from interacting with the justice system, which we know has long-lasting adverse impacts for individuals and communities,” she stated. **Professor Martin concluded, “Australians will see healthier and safer communities when drug policy is addressed using a health lens – not a criminal one.”**

Several states in Australia have taken proactive steps toward harm reduction by implementing drug checking, also known as pill testing, demonstrating the broader shift toward health-focused drug policies in Australia in action. In Queensland and Australian Capital Territory (ACT), illicit substances, including psychedelics, can be brought forward and analysed to provide users with critical information about what they are consuming, with this information being delivered back to consumers within a tailored harm reduction and health conversation. For more information on drug checking in these jurisdictions, visit [CanTEST](#) for Canberra, and [CheQpoint \(2024\)](#) for Queensland. Note that Victoria will soon also begin implementing drug-checking services at festivals and at a fixed site in central Melbourne.

In Australia, in the 2022/2023 national household survey (a representative sample of everyday Australians), public support for non-criminal responses is also strong, with 93% of Australians favouring this approach for cannabis, 83% for Ecstasy and 80% for hallucinogens (AIHW, 2024).

AMAPP acknowledges the evolving landscape of decriminalisation in Australia and intends to stay informed of changes and their implications for some practitioners and patients. In the Australian Capital Territory (ACT), amendments to the Drugs of Dependence Act 1989, came into effect on 28 October 2023, reducing maximum penalties for possessing small quantities of certain substances for personal use (Cash, 2023). Psychedelics included in these changes are MDMA (1.5 g or 5 discrete dose units), dried cannabis (50 g), harvested cannabis (150 g), lysergic acid (0.001 g or 5 discrete dose units), LSD/LSD-25 (0.001 g or 5 discrete dose units), and psilocybin (1.5 g). Full details of these quantities, their implications, and the broader reform are available on the [ACT Government website](#).

AMAPP observes that decriminalisation may have implications for harm reduction by reducing stigma, facilitating access to care, and decreasing criminal justice burdens. However, as an organisation focused on clinical practice, AMAPP intends to leave strategic decriminalisation advocacy to organisations that are better equipped to address the nuances of drug policy reform. These organisations include the Australian Psychedelic Society (APS) and Students for Sensible Drug Policy Australia. AMAPP particularly acknowledges Entheogenesis Australis (EGA) and their 21-year contribution to harm reduction, decriminalisation and knowledge-sharing on botanical research, conservation, medicinal plants, arts, and culture.

AMAPP's harm reduction approach emphasises minimising the risks associated with psychedelic substance use while enhancing public health outcomes, which means members may be working with patients who have previously used or may intend to use these substances in a manner that is against Australian law. However, AMAPP and members of AMAPP will not provide psychedelic substances in any context that breaks Australian law or be an accessory to any illegal activity relating to psychedelic substances. Instead, AMAPP aligns its resources and expertise with advancing legal clinical applications that demonstrate tangible therapeutic benefits.

In fulfilling its mission, AMAPP supports public education on the therapeutic potential of psychedelics, fostering informed dialogue among healthcare providers, policymakers, and the community. This includes advocating for evidence-based harm reduction strategies that align with its focus on safe and ethical clinical use. AMAPP collaborates with diverse stakeholders to enhance public health and uphold the highest standards of clinical practice.

10. AMAP, Inaccessible PAT and The Underground Use of Psychedelics

The underground use of psychedelics refers to the use, distribution, or facilitation of psychedelic substances outside of legal and regulated frameworks. This includes individuals obtaining and using psychedelics without the oversight or approval of medical professionals or regulatory bodies, often for self-medication, recreational purposes, or spiritual practices. As a peak member body in Psychedelic-Assisted Therapy, AMAPP is committed to fostering a culture of safe, ethical, and legal practice while navigating the complexities of this emerging field. As part of AMAPP's Code of Conduct and membership requirements, members agree not to provide underground PAT, as this

can pose risks to both practitioners and patients in unregulated settings, or possibly even to AMAPP itself, depending on the circumstances. Such practices fall outside Australian law and clinical ethical guidelines. In cases where breaches occur, AMAPP may take action in line with our policies, including removal from our practitioner register and member services. While AMAPP is not a regulatory body, we are committed to supporting regulators in our shared goal of fostering legal, ethical, and professional PAT practices.

AMAPP also intends to maintain awareness of the broader political and cultural context of psychedelics, including research, public opinion, and community polls, in relation to the use of psychedelics. According to the 2022–2023 National Drug Strategy Household Survey (NDSHS), approximately 47% of Australians aged 14 and over have used illicit drugs at least once in their lifetime, with 18% reporting use within the past 12 months (AIHW, 2024). The most commonly used illicit substance was cannabis (11.5%), followed by cocaine (4.5%) and hallucinogens (2.4%) (Australian Institute of Health and Welfare [AIHW], 2023). Hallucinogen use specifically has seen an increase, with 12.2% of Australians aged 14 and over reporting lifetime use and 2.4% reporting use within the past 12 months, up from 1.6% in 2019. The most commonly used hallucinogens were mushrooms/psilocybin (1.8% recent use) and LSD/acid/tabs (1.5% recent use) (AIHW, 2023). This trend highlights the critical need for harm reduction strategies in this space.

Data from the 2020 Global Drug Survey revealed that 6,500 out of 110,000 respondents globally reported using psychedelics to self-treat psychiatric illnesses or emotional distress (Kopra et al., 2023). The substances most commonly used include LSD (34%), MDMA (25.3%), psilocybin (20.4%), and ketamine (13%). Australian surveys indicate similar patterns, reflecting heightened public awareness of the therapeutic potential of psychedelics. However, self-administered psychedelic use is not without risks. **Approximately 4.2% of those using psychedelics for self-treatment reported emergency department visits, compared to 1% of respondents using these substances recreationally.** This highlights the dangers associated with unregulated use, including unsafe dosing, adverse psychological reactions, and the absence of medical and psychological support, and intake and assessment processes. The prevalence of underground psychedelic use highlights the urgent need for regulated access to these substances within clinical frameworks. Regulated treatment ensures that individuals receive support from trained professionals in controlled environments, significantly reducing risks such as mental health deterioration and physical harm. By addressing the barriers to access, **particularly cost**, AMAPP maintains that Australia can provide safer, more effective treatment options for individuals seeking the therapeutic benefits of psychedelics.

AMAPP fosters a culture of open, non-judgmental conversations and provides evidence-based education to support harm reduction and informed decision-making in clinical PAT, community psychedelics, and First Nations cultural contexts. Research highlights that stigma, and punitive approaches can deter individuals from seeking support, increasing risks associated with psychedelic use (Coomber et al., 2019; Winstock et al., 2021).

To address this, AMAPP prioritizes harm reduction, clinical PAT, and evidence-based information, ensuring patients have access to the knowledge and resources needed to make informed healthcare decisions.

11. Culture and Psychedelics

AMAPP acknowledges the importance of the cultural history and traditional practices surrounding the use of psychedelics. AMAPP maintains a clear distinction between traditional practices and modern psychedelic-assisted psychotherapy. Though these domains are discrete, there is great value in fostering a relationship between them that is mutually respectful and informative. AMAPP maintains a commitment to cultural integrity and the advancement of scientifically substantiated treatment methods.

AMAPP emphasises that Psychedelic-Assisted Therapy is a contemporary clinical practice, grounded in evidence-based psychotherapeutic approaches. As such, PAT is built upon the convergence of psychological theory, neurobiological findings, and scientific rigour. This practice must be considered distinct from ceremonial and shamanic uses of psychedelic medicines, which occur in Indigenous and traditional contexts that frequently include spiritual, communal, and cosmological dimensions. AMAPP maintains that while both traditions involve altered states of consciousness, their paradigms, intentions, and methods are vastly different.

Traditional practices are inscribed in particular cultural and spiritual paradigms, sometimes including the rituals, songs and symbols that each community interprets through a specific worldview. Psychedelic-assisted therapy, by contrast, is oriented toward individual healing and psychological discovery in structured and clinical environments.

AMAPP advocates a learning attitude defined by respect and reciprocity. Traditional practices can provide valuable lessons about what is possible within a psychedelic frame, particularly in terms of set and setting, intention, and the relational dimensions of treatment.

AMAPP cautions not to confuse traditional practices with clinical modalities as this risks the dilution of the cultural significance of these Indigenous rituals and undermines the scientific framework required in the modern therapeutic setting. AMAPP encourages practitioners and researchers to approach traditional knowledge with humility, recognising the unique nature of these practices while drawing critical evaluation in seeking potential applications in a clinical setting. AMAPP strongly opposes the uncritical incorporation of such traditional rituals into PAT, warning that cultural commodification and patient harm may follow as a result of confusion between these contexts. AMAPP calls for a more collaborative model that allows researchers and practitioners to work alongside holders of traditional knowledge in culturally respectful ways that acknowledge their expertise as well as their cultural sovereignty (Devenot et al., 2022).

AMAPP envisions a future where traditional and contemporary practices coexist as distinct yet complementary domains. By maintaining clear boundaries between these fields, AMAPP seeks to

promote the integrity and efficacy of PAT while advocating for the preservation of cultural heritage. This approach aligns with AMAPP's broader ethical policies of avoiding discriminatory practices and to respect patients as well as respecting other, more traditional applications of psychedelic therapies. AMAPP recognises that the journey toward healing and understanding, at both the social and individual level, is enriched by learning from multiple perspectives, provided such learning is undertaken ethically and with care and accountability.

12. Workforce Considerations in Psychedelic-Assisted Therapy

Psychedelic-Assisted Therapy represents a transformative shift in mental health care, requiring a highly skilled workforce with a variety of skills to meet its unique demands. This emerging field calls for practitioners with advanced clinical training, a deep understanding of psychedelic substances and their effects, and the ability to navigate complex legal, ethical, and therapeutic challenges. Despite an explosion of interest in psychedelic-assisted therapy, little attention has been paid to the workforce considerations necessary for PAT's successful integration into the Australian healthcare system. AMAPP advocates for PAT practitioners—including psychiatrists, psychologists, psychotherapists, social workers, medical doctors, and allied health professionals—as specialists in their own right. AMAPP emphasises the need for fair compensation, tailored workplace standards, and professional recognition that reflects the complex demands and intensity of this work.

PAT practitioners play a central role in delivering these innovative therapies, which involve extended preparation sessions, emotionally intense therapeutic encounters, and post-session integration processes. Definitions of psychedelic integration vary across the literature, reflecting diverse perspectives from clinical psychology, Indigenous traditions, and contemporary harm reduction approaches. The word "integration" originates from the Latin "integrare," meaning "to make whole" or "to renew" (Harper, 2025). In psychedelic contexts, integration is understood as the process of incorporating insights, emotions, and altered states of consciousness into meaningful behavioral, psychological, and spiritual changes (Gorman et al., 2021). This can involve structured therapy, somatic practices, expressive arts, community support, and mindfulness-based approaches (Watts & Luoma, 2020). PAT practitioner responsibilities extend beyond traditional therapeutic modalities, encompassing regulatory compliance, safety management, and the facilitation of profound psychological transformation in their patients. AMAPP is dedicated to ensuring that practitioners receive the necessary support, remuneration, and recognition to sustain their work, which is critical to the long-term success and integrity of PAT. The integration of PAT into Australian healthcare requires clear and comprehensive workplace standards to support practitioner excellence and wellbeing. Unlike conventional therapeutic practices, PAT involves extended client-facing hours, with sessions often lasting six to eight hours, where practitioners facilitate experiences that can be intense, transformative, and highly emotional. As such, PAT necessitates a unique workplace environment that must acknowledge the physical and emotional demands practitioners meet daily in their practice. AMAPP advocates for supervised practice and reflective opportunities for all practitioners, including social workers, psychotherapists, psychologists, and medical doctors. Regular supervision allows practitioners to address ethical challenges, process emotional impacts, and refine their therapeutic approaches, and is a central part of all mental health practice in Australia. The nature of PAT practice

demands special attention to role flexibility in the workplace to mitigate practitioner fatigue and prevent burnout.

Fair compensation is a cornerstone of AMAPP's advocacy efforts, with reference to workplace issues in the delivery of PAT. Salaries for psychiatrists and medical doctors should align with the Australian Medical Association (AMA) and Medicare Benefits Schedule (MBS) benchmarks for specialist services. Additional allowances should account for the extended duration of PAT sessions and the heightened responsibility associated with administering psychedelic substances. Psychologists, psychotherapists, and social workers engaged in PAT should be compensated in line with the Allied Health Professionals Award 2020, with adjustments reflecting the specialisation required in this field. Median salaries for experienced practitioners should range from AUD \$100,000 to \$130,000 annually, while entry-level roles should start at AUD \$80,000 and include clear pathways for professional growth. Employment structures must also address the unique needs of PAT practitioners. AMAPP calls for the establishment of specific awards under the Fair Work Act 2009 tailored to the PAT sector. These awards should outline pay rates, work hours, leave entitlements, and workplace protections, including provisions for professional indemnity insurance. Employment contracts must reflect the inherent risks of this work, providing comprehensive coverage for practitioners navigating complex client presentations and legal frameworks. The emotionally demanding nature of PAT requires workplace environments that prioritise practitioner well-being. Sessions often involve patients processing significant trauma, which can be both rewarding and emotionally taxing for practitioners. Without adequate support, practitioners face an elevated risk of burnout, compassion fatigue, and emotional exhaustion. To mitigate these risks, AMAPP advocates for robust burnout prevention strategies. Flexible scheduling and mandatory recovery periods between sessions are essential to maintain practitioner resilience. Peer consultation groups and regular supervision should be integral components of workplace structures, offering practitioners opportunities to debrief, reflect, and receive guidance. These measures are particularly important for social workers and psychotherapists, who may encounter challenges in adapting their skills to the pharmacologically assisted context of PAT.

As a rapidly evolving field, PAT demands ongoing education and professional development to ensure that practitioners remain informed about the latest research, best practices, and regulatory updates. AMAPP is committed to supporting practitioners through the establishment of robust training and accreditation pathways as outlined in the AMAPP Accreditation Guidelines (AMAPP, 2024). Continuing education is essential for practitioners to maintain their expertise. Employers should subsidise employees to undertake ongoing professional development in order to meet the requirements of continued education and facilitate skill development. AMAPP also supports developing standardised frameworks for regulatory compliance. These frameworks and guidelines will ensure that clinics and practitioners adhere to national standards, safeguarding the integrity and safety of PAT services. By fostering a culture of professionalism and accountability, AMAPP aims to establish PAT as a respected and well-regulated field within Australian healthcare.

13. Education and Advocacy

The emergence of PAT as a new approach to mental health care requires a focus on professional education, public awareness, and the development of an integrated, multidisciplinary PAT

healthcare system. This involves collaboration with regulators, institutions, and healthcare professionals to ensure safe, ethical and effective practices. By creating educational pathways for practitioners, raising public awareness of the benefits and risks, and working with regulatory bodies, AMAPP can build a well-informed system that supports the responsible use of PAT in mental health care. These components are essential for fostering a well-informed, ethical, and effective framework for integrating PAT into the Australian healthcare system. AMAPP supports action to ensure that PAT practitioners acquire the competencies required to deliver safe and effective care while also advocating for increased public understanding and acceptance of these therapies. AMAPP recognises that the successful implementation of PAT relies on comprehensive education programs that integrate clinical, ethical, and cultural competencies. Equally important is the need for public advocacy to highlight the evidence-based benefits and safety of regulated psychedelic therapies, countering stigma and misinformation. Together, these efforts aim to establish a sustainable and responsible ecosystem for PAT, benefiting both practitioners and patients. The education and training of PAT practitioners must address the unique complexities of this emerging field. As such, comprehensive training programs are essential to prepare practitioners for these challenges, with a focus on three core areas: clinical, ethical, and cultural competencies.

Practitioners must be equipped with the clinical skills necessary to deliver PAT safely and effectively. This includes training in the pharmacology of psychedelics, substance administration protocols, and techniques for managing challenging patient experiences. Practitioners should also learn to identify and respond to adverse psychological or physiological reactions, in order to ensure patient safety at all times. In addition, training must include modules on integration techniques, enabling practitioners to guide patients in processing and applying insights gained during psychedelic experiences. Given the vulnerable nature of psychedelic experiences, ethical competency is essential in PAT training. Practitioners must adhere to strict ethical guidelines that prioritise patient autonomy, informed consent, and confidentiality. Training programs should incorporate case studies and role-playing exercises to help practitioners navigate complex ethical dilemmas, such as dual relationships, boundary setting, and power imbalances. Developing a strong ethical foundation is critical to maintaining trust and integrity in therapeutic practice. Cultural awareness is crucial for ensuring that PAT services are respectful of diverse patient backgrounds. Practitioners must be trained to recognise the cultural significance of psychedelics in Indigenous cultures and other traditions and fostering cultural humility. Understanding how cultural factors influence patients' experiences is also essential for delivering sensitive, well targeted and effective care. AMAPP is committed to collaborating with academic institutions, professional organisations, and cultural leaders to develop standardised training programs that address these competencies. By creating a consistent educational framework, AMAPP seeks to ensure that all practitioners are equipped to deliver safe, ethical, and culturally sensitive care.

Public awareness is a vital component to the successful integration of PAT into mainstream mental health care. Despite a growing body of evidence supporting the efficacy and safety of regulated psychedelic therapies, misconceptions and stigma continue to hinder acceptance. AMAPP is dedicated to promoting public understanding that is grounded in scientific research and informed by evidence-based advocacy, highlighting the proven benefits of PAT in treating mental health conditions such as post-traumatic stress disorder (PTSD), depression, and anxiety. AMAPP emphasises that PAT is

conducted in controlled environments under the supervision of trained professionals, with rigorous safety protocols in place. By contrasting regulated therapeutic settings with unregulated recreational use, advocacy efforts can help build public confidence in the legitimacy and safety of PAT. Highlighting the safeguards inherent in PAT is crucial for dispelling fears and fostering trust. Psychedelics have historically been associated with stigma and misinformation, often due to fear and their misuse in non-medical contexts.

AMAPP is committed to countering these narratives by emphasising the scientific evidence supporting PAT and the rigorous standards that govern its practice. By advancing professional education and public awareness, AMAPP seeks to establish a well-informed, ethical, and inclusive framework for PAT that benefits practitioners, patients, and the broader community.

In addition to educating practitioners and the public, it is essential to engage with regulators, policymakers, and government officials, as their decisions shape the future of PAT. By collaborating with institutions, AMAPP aims to create a multidisciplinary ecosystem that ensures PAT is delivered safely, effectively, and responsibly.

Our goal is to co-create this ecosystem, balancing risks and benefits while ensuring the long-term success of PAT in addressing mental health challenges. Through collaboration across sectors, AMAPP aims to build frameworks that support the responsible and sustainable use of PAT. Above all, AMAPP is dedicated to supporting our members in this important work, empowering them to lead with integrity and a strong sense of professional community as we navigate and pioneer this complex field together.

Note: As AMAPP is a new organisation, it is expected that this document will change organically as AMAPP grows and adapts to its environment.

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