

## AMAPP POSITION STATEMENT

This document is designed to be a useful and quickly readable summary of AMAPP's position in relation to psychedelic-assisted therapy. A more detailed explanation, including much of the science involved, is described in the document entitled, "AMAPP Position Statement Explanation".

1. The Australian Multidisciplinary Association for Psychedelic Practitioners Limited (AMAPP) serves as the peak body in Australia, representing clinicians specialising in psychedelic-assisted therapy (PAT). Unless the context otherwise requires, references to PAT in this document are references to therapy using psychedelic drugs that have been made available legally for psychedelic-assisted therapy (MDMA (3-4 methylenedioxymethamphetamine), psilocybin, ketamine, and cannabis). The scientific developments underway at present make it clear that, in the coming years, other psychedelic drugs, currently outlawed for therapeutic purposes, will be made legal for the purposes of psychedelic-assisted therapy and will become covered by the term, "PAT" from that point on. This position statement highlights the key issues and other matters that AMAPP plans to address and articulate.
2. Psychedelics are a class of substances known for inducing non-ordinary states of consciousness, including changes in perception, mood, and cognitive processes. Psychedelics have been used for thousands of years by various cultures for medicinal and spiritual purposes. Psychedelics gained the attention of Western medicine and psychiatry in the mid-20th century. In the 1950s-1960s, psychedelics were used to treat depression, anxiety, and alcoholism. While early research findings were promising, cultural and political shifts precipitated the 1971 United Nations' Convention on Psychotropic Substances, which banned their use internationally. Following this hiatus, the past two decades have seen a resurgence in psychedelic research driven by the need for new and innovative therapies to address the ever-increasing social burden caused by mental illness (Richter et al., 2019).
3. Research indicates that psychedelics are generally well-tolerated in clinical settings and, when administered under strict screening, dose control, and monitoring protocols, few adverse events are reported. While these research findings are promising and encouraging for the future use of PAT, there remains a pressing need for more robust phase three clinical trials to address the limitations of existing research, such as small sample sizes, selection bias, inadequate controls, costs of treatment, and short follow-up periods.
4. Historical patterns of use extending over thousands of years and current use in indigenous cultures show PAT may warrant a multifaceted intervention that extends beyond the use of

psychedelic substances alone. Instead, AMAPP is open to the possibility of integrating into PAT knowledge from various clinical practices and wisdom traditions to achieve optimal clinical outcomes.

5. The rescheduling by Australia's Therapeutic Goods Administration (TGA) in 2023 of MDMA for use in the treatment of post-traumatic stress disorder (PTSD) and psilocybin for use in the treatment of treatment-resistant depression has positioned Australia as a global leader in the field of PAT. AMAPP recognises both the weight of responsibility that comes with this world-leading stance and the potential for PAT to transform mental health care in Australia.
6. AMAPP acknowledges the clinical trial evidence, which highlights the efficacy of MDMA in reducing PTSD symptoms and the evidence suggesting that psilocybin may offer significant and sustained reductions in depressive symptoms. However, AMAPP also acknowledges that significant challenges remain in the application of PAT, including refining dosing protocols, ensuring equitable access, addressing high treatment costs, and integrating rigorous screening and therapeutic standards.
7. The purpose and strategic objectives of AMAPP do not focus on the decriminalisation of psychedelics, but rather our objective focus is on the clinical application of psychedelic-assisted therapy (PAT), harm reduction, and cultural contexts. AMAPP observes that decriminalisation may have implications for harm reduction by reducing stigma, facilitating access to care, and decreasing criminal justice burdens. 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. AMAPP does recognise the broader societal discussion surrounding decriminalising psychedelics for personal use and supports the efforts of other peak bodies advocating for decriminalisation. However, as an organisation focused on clinical practice, AMAPP refers strategic decriminalisation advocacy to organisations that are better equipped to address the nuances of drug policy reform.
8. AMAPP's principal objective is to advance the field of PAT through interdisciplinary collaboration, rigorous research, and professional development. PAT requires highly trained and appropriately experienced practitioners, including psychiatrists, psychologists, psychotherapists, and social workers, to include the accreditation requirements for safe and effective PAT. These guidelines were informed by research and recommendations from international protocols and guidelines and from consultation with international trainers, all adapted to suit an Australian-based context (AMAPP, 2024).

9. AMAPP believes that training and professional development must align with a national standard in order to ensure best practices for safe and effective treatment.
10. AMAPP recognises the need for data-driven approaches to PAT. While the emerging evidence for PAT is promising, the limitations of current research and the short-term high costs of treatment necessitate careful oversight of practice. Continued research is needed to evaluate systematically the safety, efficacy, and tolerability of PAT for individuals, in order to integrate PAT into regulated clinical settings and ensure vulnerable populations receive ethical and effective care.
11. By fostering collaboration and education among health professionals, researchers, and policymakers, AMAPP aims to establish PAT as an important dimension within Australia's mental health care system. This aim is driven by the desire to support and address the urgent needs of those suffering from treatment-resistant conditions.
12. AMAPP's membership reflects diverse professional, cultural, spiritual, and political perspectives. Members often provide harm reduction and therapeutic support to clients who may have engaged with psychedelics across a range of contexts, such as TGA-approved clinics, recreational use, and Indigenous practices. These contexts, though distinct, frequently overlap in client experiences, underscoring the importance of understanding and the need for the sharing of knowledge amongst the broader psychedelic ecosystem and its influence on clinical applications of PAT. Ethical practice demands we do not operate in silos but remain informed about real-world client issues. Practically, this means AMAPP will showcase research, education, and dialogue at conferences and events, addressing the diverse psychedelic contexts in which our members and clients operate and how these intersect with and inform our clinical focus on PAT. By fostering respect, collaboration, and diversity while upholding the highest professional, ethical, and clinical standards, AMAPP aims to reduce stigma, confront real-world challenges, and integrate multidisciplinary perspectives to advance psychedelic-assisted therapy.
13. Many AMAPP members work in diverse contexts, including overseas, where laws relating to psychedelics vary. AMAPP encourages the sharing of lived experiences, whether through professional work in these settings or personal healthcare narratives, as part of the broader lived experience movement highlighted by the Royal Commission's call for integrating lived experience into healthcare (Department of Health, 2024). This open dialogue aims to challenge stigma and power imbalances in the medical model, provided it aligns with the

members' Australian professional code of conduct, insurance requirements, and ethical standards. Members are expected to engage in regular supervision (including appropriate disclosures), uphold their duty of care to the general public, balance risk with evidence-based information, and understand the personal and professional risks involved in sharing in the context of psychedelics.

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

