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Debate Pack
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# Debate on access to psilocybin treatments

# 1 Background

A debate on 'Access to Psilocybin Treatments' has been scheduled for Thursday 18 May 2023 in the Commons Chamber. The subject for this debate was determined by the Backbench Business Committee. The debate will be opened by Charlotte Nichols (Labour), Crispin Blunt (Conservative) and Ronnie Cowan (Scottish National Party).

The Debate will be on the following motion:

> This House welcomes the development of treatment options in mental health; further notes there have been no new pharmacological treatments for depression, with the exception of Esketamine, in over 30 years; recognises that psilocybin, a naturally occurring compound, has the potential to revolutionise the treatment of many of the world's most hard to treat psychiatric conditions such as depression, PTSD, OCD, addiction and anorexia nervosa; recognises that no review of the evidence for psilocybin's current status under UK law has ever been conducted; regrets that psilocybin is currently more controlled than heroin under the most stringent class and schedule under UK law which is significantly stalling research; and calls on the Government to take steps to conduct an urgent review of the evidence for psilocybin's current status as Schedule 1 under the Misuse of Drugs Regulations 2001 with a view to rescheduling, initially for research purposes only, in order to facilitate the development of new mental health treatments and enable human brain research for the benefit of researchers, patients and the life sciences sector in the UK, and to deliver His Majesty's Government's commitment to be world-leading in its approach, with evidence-led and data-driven interventions, and building the evidence-base where necessary.

## 1.1 What is psilocybin?

Psilocybin is a psychoactive substance found in over 50 species of fungi. The actual amount of Psilocybin present varies depending on the species of the mushroom, where they grow, as well as how it has been prepared.[1]

Psilocybin-containing mushrooms are sometimes referred to as 'magic mushrooms' and have been used recreationally for their hallucinogenic (perception-altering) effects.[2] The independent, Government-funded, drugs advice service, FRANK, emphasises that there are risks, as well as potential side effects, associated with taking magic mushrooms recreationally. These include the risk of "eating a poisonous mushroom by mistake" and that eating magic mushrooms can make you:

1 European Monitoring Centre for Drugs and Drug Addiction, Hallucinogenic mushrooms drug profile, not dated, accessed 15 May 2023

2 Magic Mushrooms | Effects of Magic Mushrooms | FRANK (talktofrank.com), accessed 10 May 2023

- have a bad trip, which can be frightening and unsettling;
- get flashbacks that are frightening or unsettling;
- lose complete control of what you're doing, and put you at risk.[3]

FRANK adds that, "if you have any mental health issues, magic mushrooms can make them worse".[4]

The use of Psilocybin in a medical (rather than recreational) context, during the course of a trial or research study, takes place under carefully controlled conditions with support from trained clinicians / researchers. Safety guidelines for hallucinogen research have been published by doctors at Johns Hopkins University in the United States. These state that while "hallucinogens are relatively safe physiologically and are not considered drugs of dependence, their administration involves unique psychological risks" which, they add, it is important, and possible, to safeguard against.[5]

## 1.2 Use in mental health treatments

There is some scientific evidence on the therapeutic potential of psilocybin to treat mental health problems in clinical settings. Some researchers say its current status as a class A/schedule 1 drug makes studying psilocybin costly and bureaucratic, leading to long delays (see further discussion in section 3).[6]

Much of the research into psilocybin so far has been in relation to treating depression. For example, in 2022 researchers at Johns Hopkins Medicine summarised findings from several of their studies and said there was evidence psilocybin relieved symptoms of major depressive disorder in adults for up to a month and, given alongside psychotherapy, effects could last up to a year for some patients.[7]

3 Magic Mushrooms | Effects of Magic Mushrooms | FRANK (talktofrank.com), not dated, accessed 15 May 2023
4 Magic Mushrooms | Effects of Magic Mushrooms | FRANK (talktofrank.com), not dated, accessed 15 May 2023
5 MW Johnson et al, Human hallucinogen research: guidelines for safety, Journal of Psychopharmacology 22(6) (2008) 603–620 (PDF)
6 Jo Neill, Policy at Manchester blog post, Psychedelics for mental health: tripping over red tape, 15 February 2022
7 Johns Hopkins Medicine, Psilocybin Treatment for Major Depression Effective for Up to a Year for Most Patients, Study Shows, 15 February 2022

Another study comparing the effectiveness of psilocybin and escitalopram, an antidepressant, to treat depression found there was no significant difference in results between the two groups.[8]

COMPASS Pathways, a psilocybin manufacturer, and researchers across Europe and North America, including King's College London, studied the use of psilocybin therapy for people with treatment-resistant depression. The study found a "rapid and sustained response" in patients receiving a single dose of psilocybin with psychological support.[9]

Further studies into the use of psilocybin for depression are planned and research is also being undertaken into its use for treating other conditions, such as post-traumatic stress disorder (PTSD), anorexia and obsessive-compulsive disorder (OCD).[10]

Academics, such as Professor David Nutt, argue that more research is needed to fully understand how psilocybin works and how its potential benefits can be maximised. However, they say its classification as a schedule 1 drug exaggerates its risks and implies it is addictive, despite evidence it is nonaddictive.[11] There is also some evidence to indicate psilocybin, in combination with psychotherapy, could be effective in treating substance use disorder.[12]

Psilocybin has not yet reached the market as a treatment for mental health conditions in the UK. Some US states have legalised the use of psilocybin in mental health treatment. In 2018 it was granted "Breakthrough Therapy" status for depression by the United States Food and Drug Administration, expediting the research and approval process.[13]

In Australia, from 1 July 2023, "medicines containing the psychedelic substances psilocybin and MDMA (3,4-methylenedioxy-

8 Carhartt-Harris R and others, Trial of Psilocybin versus Escitalopram for Depression [online], The New England Journal of Medicine, 15 April 2021

9 Goodwin G and others, Single-Dose Psilocybin for a Treatment-Resistant Episode of Major Depression, [online], The New England Journal of Medicine, 3 November 2022

10 See Imperial College London's Centre for Psychedelic Research; King's College London, South London and Maudsley NHS Foundation Trust, COMPASS Pathways Centre for Mental Health Research and Innovation

11 Nutt D and others, Psychedelics therapeutics: What we know, what we think, and what we need to research [online via ScienceDirect], Neuropharmacology, 1 February 2023; Canal C and Murname K, The serotonin 5-HT2C receptor and the non-addictive nature of classic hallucinogens [online via Sage journals], Journal of Psychopharmacology, 15 November 2016

12 Van de Meer P and others, Therapeutic effect of psilocybin in addiction: A systematic review [online], Frontiers in Psychiatry, 9 February 2023

13 COMPASS Pathways, Psilocybin therapy: FDA Breakthrough Therapy designation received, 23 October 2018

methamphetamine) can be prescribed by specifically authorised psychiatrists for the treatment of certain mental health conditions".[14]

In Canada, healthcare practitioners may be able to access psilocybin for emergency treatment under a Special Access Program when a clinical trial is not available or suitable.[15]

14 See Psychiatric Times, Psychedelics and the Future of Psychiatry, February 2022; Change to classification of psilocybin and MDMA to enable prescribing by authorised psychiatrists | Australian Government Therapeutic Goods Administration (TGA), 3 February 2023

15 Psilocybin and psilocin (Magic mushrooms) - Canada.ca (Accessed 17 May 2023)

# 2 Regulation of psychotropic substances

Both Psilocybin and psilocin (the metabolized form of Psilocybin) are listed as Schedule I drugs under the United Nations 1971 Convention on Psychotropic Substances (PDF). Psychotropic is an 'umbrella' term for those drugs which affect how the brain works and which can alter a person's "behaviour, mood, consciousness, thoughts or perception".[16]

The Psychotropic Convention governs the international regulation of psychotropic substances and limits the use of these substances to "medical and scientific purposes" (Article 5). Parties to the Psychotropic Convention must apply strict controls on the manufacture, supply and use of the scheduled substances and must implement a licensing regime.

## 2.1 Misuse of Drugs Act 1971

In the UK, the Misuse of Drugs Act 1971 is the main piece of legislation used to control and regulate "dangerous or otherwise harmful" drugs. The 1971 Act implements the UK's obligations under the United Nations Conventions for the prevention of drug misuse and trafficking, including the Single Convention on Narcotic Drugs 1961 and the Convention on Psychotropic Substances 1971.[17]

The 1971 Act makes it illegal for people to possess, supply, produce, or import/export "controlled drugs" which are specified in Schedule 2 of the 1971 Act. Schedule 2 also divides controlled drugs into three classes (A, B and C) and aims to classify drugs according to their relative harmfulness when used (with A being the most harmful). The classes also carry different levels of penalty for possession and dealing.

Psilocybin and psilocin are controlled under the 1971 Act as Class A drugs.

### The Advisory Council on the Misuse of Drugs (ACMD)

The Misuse of Drugs Act 1971 also established the Advisory Council on the Misuse of Drugs (ACMD). Its purpose, as set out in Section 1 of the 1971 Act, is to "keep under review the situation in the United Kingdom with respect to drugs which are being or appear to them likely to be misused" and to advise ministers on measures to be taken to control /

16 Appropriate use of psychotropic medicines in adult social care - Care Quality Commission (cqc.org.uk), 3 November 2022

17 Home Office, Psychoactive Substances Bill, Factsheet: Overview of the Misuse of Drugs Act 1971 (PDF), August 2015

prevent the misuse of dangerous or otherwise harmful drugs. This includes the classification and scheduling of drugs under the 1971 Act.

The ACMD is an advisory non-departmental public body, sponsored by the Home Office.

## 2.2 Drugs Act 2005

In 2005, the Government amended the 1971 Act as it related to 'magic mushrooms'.

Specifically, Section 21 of the Drugs Act 2005 amends the Misuse of Drugs Act 1971 so that any fungus containing psilocin or an ester of psilocin (psilocybin) is also a controlled drug. This makes it an offence to import, export, produce, supply, possess or possess with intent to supply 'magic mushrooms' whatever form they are in, whether prepared (eg dried, stewed) or fresh. The Government stated that this clarification to the law was required as:

> The Misuse of Drugs Act 1971 controlled the chemicals inside the mushrooms - psilocin and psilocybin (an ester of psilocin) - as Class A rather than the mushrooms themselves. Magic mushrooms were only classified as a Class A drug under that Act if they constituted a preparation or a product containing psilocin or an ester of psilocin. It is a matter of legal interpretation what constitutes a preparation or a product and this had led to uncertainty.[18]

The move was criticised in a report published by the Commons Science and Technology Select Committee in 2006, particularly on the grounds that the ACMD did not have the opportunity to conduct a full review of the evidence:

> The Government's use of a clarification of the law to put fresh magic mushrooms in Class A contravened the spirit of the Misuse of Drugs Act and meant that the ACMD was not given the chance to consider the evidence properly before responding.[19]

It noted that, instead, the Government wrote to the ACMD to ask for its views on the proposals "before the Drugs Bill was introduced".[20]

18 Explanatory Memorandum to the Misuse of Drugs (Amendment) (No. 2) Regulations 2005

19 House of Commons Science and Technology Committee, Drug classification: making a hash of it? Fifth Report of Session 2005–06, July 2006, HC 1031, p26-27

20 House of Commons Science and Technology Committee, Drug classification: making a hash of it? Fifth Report of Session 2005–06, July 2006, HC 1031, p26

## 2.3 Misuse of Drugs Regulations 2001

The Misuse of Drugs Regulations 2001 allow for the legitimate use of certain controlled drugs. It defines the "classes of persons who are authorised to supply and possess controlled drugs while acting in their professional capacities and lays down the conditions under which these activities may be carried out".[21]

In the 2001 Regulations, drugs are divided into five schedules each governing activities such as import, export, production, supply, possession, prescribing, and record keeping.[22] The ACMD explained that substances are classified "according to their medicinal value and perceived risk":

> Schedule 1 contains those of no medicinal value, Schedule 2 contains those of medicinal value but with high abuse potential and Schedules 3/4/5 contain those with widespread medicinal use.[23]

Psilocybin and psilocin have been placed in Schedule 1 to the Misuse of Drugs Regulations 2001.

### Misuse of Drugs (Amendment) (No. 2) Regulations 2005

The 2001 Regulations were amended in 2005 so that fungus containing psilocin or psilocybin were inserted into Schedule 1 to the 2001 Regulations. According to the Explanatory Memorandum to the Misuse of Drugs (Amendment) (No. 2) Regulations 2005, this enables the "Secretary of State to issue a licence under those Regulations in respect of the production, supply, offer to supply or possession of those fungi (normally for research purposes)".

21 Commons Science and Technology Select Committee, Drug Classification: Making a Hash of it?, Fifth Report, July 2006, para 9

22 Controlled drugs and drug dependence | Medicines guidance | BNF | NICE, not dated, accessed 15 May 2023

23 ACMD, Letter to the Parliamentary Under Secretary of State for Crime, Safeguarding and Vulnerability (PDF), 22 December 2017

# 3 Research involving Schedule 1 drugs

## 3.1 Home Office licences

A domestic licence, issued by the Home Office, is (in most cases) required to produce, possess or supply controlled drugs listed in Schedule 1 to the Misuse of Drugs Regulations 2001. In practice this means that university research departments, as well as other research institutions in the UK, who wish to conduct research that involves Schedule 1 drugs are required to hold a domestic controlled drugs licence.[24] The Home Office guidance notes that "university research departments […] will not usually need a licence to possess and supply controlled drugs in schedules 2 to 5 of the Misuse of Drugs Regulations 2001".[25]

It is important to note that the current licencing regime does not completely prevent any research on Schedule 1 substances; studies and trials are being (and have been) undertaken, including studies that involve psychotropic substances such as psilocybin.[26]

However, there have been concerns raised by researchers, and by MPs in the Commons Chamber (most recently in March 2023), that the licencing regime increases the administrative and financial costs associated with conducting research involving drugs in Schedule 1. For example, a study published in the journal Drug Science, Policy and Law in 2021 reported that researchers whose work involved Schedule 1 drugs found the licencing regime a "burden" and that licence applications could result in delays to research being conducted:

> Home Office licenses were reported to be associated with time-consuming application processes, which often resulted in delays starting research; these delays were considered especially problematic given the desire for research to be published at the time in which it is most scientifically valuable […] "there are so many hoops to jump through, even to do this [Schedule 1] research, you know the practicalities, it becomes very expensive and difficult".[27]

In addition, researchers in the study cited the "duties" involved in complying with the terms of the licence (such as site, building and storage security requirements) as a further barrier to research in

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24 Additional licences may also be required, such as controlled drugs import and export licences

25 Home Office, Controlled drugs: domestic licences - GOV.UK, last updated 2 March 2023

26 See, for example, Psilocybin, in 10mg or 25mg doses, has no detrimental effects in healthy people | NIHR, January 2020; Magic mushroom compound performs as well as antidepressant in small study | Imperial News | Imperial College London, 14 April 2021; Investigating serotonergic modulation of affective biases and emotional behaviour in rodents using psychedelic drugs, University of Bristol, Sep 21 - Sep 25

27 Annie Howard et al, Schedule 1 barriers to research in the UK: An in-depth qualitative analysis, Drug Science, Policy and Law, Volume 7: 1–13, 2021

involving Schedule 1 drugs. During a Commons debate on Proscribed Psychedelic Drugs in March 2023, the MP for Reigate, Crispin Blunt, stated that the Schedule 1 drugs, like "psychedelics […] are so tightly controlled that even researchers at world-class UK universities struggle to access them for research purposes".[28]

Writing for the NHS Health Research Authority (HRA) in 2021, Dr Simon Kolstoe, then a Senior Lecturer in Evidence Based Healthcare at the University of Portsmouth, expressed a slightly different viewpoint. He pointed to the importance of having "robust regulators", like the Medicines and Healthcare products Regulatory Agency (MHRA – the UK's medicines regulator), particularly when re-examining known, Class A drugs for different clinical effects:

> In the UK we are fortunate to have robust regulators in both the MHRA and HRA. While some researchers complain that this adds bureaucracy to research, the distinct advantage is that it lays down the criteria for both scientific and ethical accountability of both the research (clinical trial) process, and the final use of the drug. This is important because knowledge never stands still, and in an area as complex as medicine we must always ensure the flexibility to robustly and reliably re-examine accepted practice, even if it involves Class A drugs. This process inevitably take time, but to not make the effort would itself be an ethical problem.[29]

## 3.2 Calls to reschedule psilocybin for research purposes

An e-petition, which closed in February 2023 and received 11,824 signatures, called on the Government to Reschedule psilocybin for medical research on untreatable conditions to Schedule 2 of the Misuse of Drugs Regulations 2001. The Government responded in October 2022 that it had "no plans to reschedule psilocybin to Schedule 2 of the 2001 Regulations" and that there was "an established process for the development of medicines, including those containing Schedule 1 drugs". The Government Response also outlined the MHRAs role:

> There is an established process for the development of medicines, overseen by the MHRA, which enables medicines (including those containing Schedule 1 controlled drugs such as psilocybin) to be developed, evaluated in clinical trials and licensed based on an assessment of their safety, quality and efficacy before being made available to patients in the UK. The MHRA supports the safe and scientifically sound conduct of trials in this area and also provides regulatory and scientific advice to companies at all stages of developing medicines. Should an application be

28 HC Deb, 14 March 2023, c807; see also James Rucker et al, Medicinal Use of Psilocybin. Reducing restrictions on research and treatment (PDF) (Adam Smith Research Trust, Conservative Drug Policy Reform Group), 2020

29 Researching magic mushrooms - when ethics and law collide - Health Research Authority (hra.nhs.uk), 19 May 2021

> submitted for a marketing authorisation (product licence), it will ultimately be a decision for the MHRA whether to license psilocybin as a therapy.[30]

In August 2022, the Psilocybin Access Campaign was formally launched, in partnership with the Conservative Drug Policy Reform Group and others, calling on the Government to reschedule psilocybin.[31]

More recently, in May 2023, a group including the Royal College of Psychiatrists, the Campaign Against Living Miserably and the Conservative Drug Policy Reform Group wrote an open letter to Minister of State for Crime, Policing and Fire, Chris Philp MP, on 'psilocybin access rights'. The letter called on the Minister to "commission a high priority ACMD review of the evidence for psilocybin's status as a Schedule 1 controlled substance under the Misuse of Drugs Regulations 2001, with a view to rescheduling".[32]

## ACMD work on barriers to research involving controlled drugs

In 2021, the ACMD formally reported on its Considerations of barriers to research Part 1: Synthetic cannabinoid receptor agonists (SCRAs), advice on which was commissioned by the Government. As part of the Government Response to the report, the Minister of State for Crime, Policing and Fire, Chris Philp MP, formally commissioned 'part 2' of the ACMD's research in this area, namely to consider:

> […] how best to reduce regulatory burdens on:
>
> (a) schedule 1 controlled drugs in general, which may also include SCRAs and, in particular, psychedelic drugs including psilocybin; and
>
> (b) all stages of the research process, including clinical trials, building on your 2017 advice.

The Minister added that the Government would "particularly welcome" the ACMD's advice on the "potential options available to extend Schedule 2 status for research purposes to all Schedule 1 drugs".[33] He also

30 Government response to the e-petition on Reschedule psilocybin for medical research on untreatable conditions, 20 October 2022

31 See also Psilocybin Access Rights (PAR) campaign — The Conservative Drug Policy Reform Group (cdprg.co.uk); Magic mushrooms: Drug reform campaigners in new push to reclassify the psychedelic to treat mental illness (inews.co.uk), 20 August 2022

32 Open letter to Chris Philp MP on commissioning a high priority ACMD review of the evidence for psilocybin's status as a Schedule 1 controlled substance, dated 12 May 2023; see also Legalise psychedelic drugs to help treat depression, urge experts (thetimes.co.uk), 16 May 2023

33 Letter from Minister of State for Crime, Policing and Fire to the Chair of the Advisory Council on the Misuse of Drugs on Barriers to Research (PDF), 22 December 2022

emphasised in a subsequent Commons debate that he was "looking forward to receiving the ACMD advice as soon as possible".[34]

The ACMD has looked at the matter before: in 2017, the Council was commissioned by the Home Office to determine "whether there was more the Home Office could do to facilitate legitimate research involving compounds which are in Schedule 1 to the Misuse of Drugs Regulations 2001".[35] The ACMD proposed both short- and long-term solutions. Short-term suggestions included the Home Office producing "detailed guidance aimed at the research community to clarify the Schedule 1 licensing requirements", while longer-term recommendations including asking the Home Office to consider a "'self-policing' approach to allow drug-discovery researchers to apply to the Home Office for a compound-specific exemption".[36]

The Government responded to the ACMD's recommendations in 2019. The Council noted that while the "short-term advice was accepted" by the Government, the long-term suggestions "were all deemed unfeasible".[37]

34 HC Deb, 14 March 2023, c812

35 Letter from the Chair of the Advisory Council on the Misuse of Drugs to the Parliamentary Under Secretary of State for Crime, Safeguarding and Vulnerability, RE: Legitimate use of controlled drugs: research and healthcare (PDF), December 2017

36 Letter from the Chair of the Advisory Council on the Misuse of Drugs to the Parliamentary Under Secretary of State for Crime, Safeguarding and Vulnerability, RE: Legitimate use of controlled drugs: research and healthcare (PDF), December 2017

37 ACMD, Consideration of barriers to research: part 1 - GOV.UK (www.gov.uk), last updated 12 December 2022

# 4 Parliamentary material

## 4.1 Committee Inquiry

House of Commons Home Affairs Select Committee current inquiry - Drugs

## 4.2 Debate

Commons adjournment debate: Proscribed Psychedelic Drugs

**HC Deb 14 March 2023 | Vol 729 c805-**

## 4.3 PQs

Hallucinogens

**Asked by: Cowan, Ronnie**

To ask the Secretary of State for the Home Department, how many people have been arrested for possession of (a) psilocybin, (b) psilocin and (c) magic mushrooms in each of the last five years.

**Answering member: Chris Philp | Department: Home Office**

The Home Office collects and publishes data annually on arrests in England and Wales, available here: Police powers and procedures: Stop and search and arrests, England and Wales, year ending 31 March 2022 - GOV.UK (www.gov.uk)

However, this data is collected by wider offence group, e.g. "drug offences", therefore data on arrests for more specific drug offences is not available.

**HC Deb 24 April 2023 | PQ 180683**

Psilocybin: Misuse

**Asked by: Blunt, Crispin**

To ask the Secretary of State for the Home Department, pursuant to the Answer of 23 January 2023 to Question 126511 and the Answer of 9th

February 2023 to Question 140011, whether her Department is in possession of any (a) recent and (b) historic evidence to show that Psilocybin (i) causes harm or (ii) has the potential to cause harm.

**Answering member: Chris Philp | Department: Home Office**

As I set out in response to Question 140011, Psilocybin, in common with a number of drugs that have been controlled under the Misuse of Drugs Act 1971 (the 1971 Act) for a considerable period of time, has not been subject to analysis or recent analysis of harm.

The Government has not commissioned or published any recent analysis of the harms of psilocybin. Psilocybin, as an "ester of psilocin", is controlled as a Class A drug under the 1971 Act and is placed in Schedule 1 to the Misuse of Drugs Regulations 2001. Psilocin is also subject to the United Nations Convention on Psychotropic Substances of 1971, to which the United Kingdom is signatory.

**HC Deb 22 February 2023 | PQ 146749**

Psilocybin: Misuse

**Asked by: Blunt, Crispin**

To ask the Secretary of State for the Home Department, pursuant to the Answer of 23 January 2023 to Question 126511 on Psilocybin: Misuse, whether her Department has historic evidence to show that Psilocybin (a) causes harm or (b) has the potential to cause harm.

**Answering member: Chris Philp | Department: Home Office**

As the then Crime and Policing Minister set out in his response to Question 7725, psilocybin, in common with a number of drugs which have been controlled under the Misuse of Drugs Act 1971 (the 1971 Act) for a considerable period of time have not been subject to analysis or recent analysis of harm.

The Government has not commissioned or published any recent analysis of the harms of psilocybin. Psilocybin, as an "ester of psilocin", is controlled as a Class A drug under the the 1971 Act and is placed in Schedule 1 to the Misuse of Drugs Regulations 2001. Psilocin is also subject to the United Nations Convention on Psychotropic Substances of 1971, to which the United Kingdom is signatory.

**HC Deb 09 February 2023 | PQ 140011**

## Psilocybin

**Asked by: Blunt, Crispin**

To ask the Secretary of State for the Home Department, pursuant to the Answer of 24 October 2022 to Question 67096, on Psilocybin, and to the Answer of 23 January 2023 to Question 126511, on Psilocybin: Misuse, for what reason she will not conduct a review of the harms of psilocybin.

**Answering member: Chris Philp | Department: Home Office**

Psilocybin, as an "ester of psilocin", is controlled as a Class A drug under the Misuse of Drugs Act 1971 and has been since the Act was introduced. As set out in the response to Parliamentary Question 67096, the Government has no plans to commission the Advisory Council on the Misuse of Drugs to assess the classification of Psilocybin.

A review of classification is not currently a priority in the context of the significant challenges of drug misuse set out in Dame Carol Black's independent review of drugs, which the government is focused on tackling through the 10-year Drug Strategy, including work to improve treatment and recovery services, tackle drugs supply and reduce the demand for drugs in society.

**HC Deb 01 February 2023 | PQ 131114**

## Psilocybin

**Asked by: Blunt, Crispin**

To ask the Secretary of State for the Home Department, if he will hold discussions with the Chief Medical Officer on the potential merits of psilocybin's (a) medicinal and (b) therapeutic use.

**Answering member: Chris Philp | Department: Home Office**

There are no current plans for a meeting between Home Office Ministers and the Chief Medical Officer for England on the topic of psilocybin.

There is an established process for the development of medicines, overseen by the Medicines and Healthcare products Regulatory Agency (MHRA), which enables medicines (including those containing Schedule 1 controlled drugs such as psilocybin) to be developed, evaluated in clinical trials and licensed based on an assessment of their safety, quality and efficacy before being made available to patients in the UK. Should an application be submitted for a marketing authorisation (product licence), it will ultimately be a decision for the MHRA whether to license psilocybin as a therapy.

In the context of these arrangements, officials from Department of Health and Social Care and the Home Office liaise regularly on matters connected to controlled drugs in healthcare to inform advice to Ministers. The views of experts including the Chief Medical Officer can be taken into account as part of this process.

**HC Deb 24 January 2023 | PQ 127684**

## Psilocybin: Misuse

**Asked by: Blunt, Crispin**

To ask the Secretary of State for the Home Department, with reference to the Answer of 7 June 2021 to Question 7725 on Psilocybin: Health Hazards and to the Answer of 5 July 2021 to Question 24081 on Drugs: Misuse, on what evidential basis penalties are imposed for the possession of psilocybin.

**Answering member: Chris Philp | Department: Home Office**

Psilocybin, as an "ester of psilocin", is controlled as a Class A drug under the 1971 Act and has been since the Act was introduced.

Psilocybin is also placed in Schedule 1 to the Misuse of Drugs Regulations 2001. Psilocin is subject to the United Nations Convention on Psychotropic Substances of 1971, to which the United Kingdom is signatory.

As the then Crime and Policing Minister set out in his response to Question 7725, a number of drugs which have been controlled under the 1971 Act for a considerable period of time have not been subject to analysis or recent analysis of harm. The Advisory Council on the Misuse of Drugs regularly provides advice on the harms of drugs, and these are published on the gov.uk website.

**HC Deb 23 January 2023 | PQ 126511**

## Psilocybin: Health Hazards

**Asked by: Blunt, Crispin**

To ask the Secretary of State for the Home Department, with reference to the Answer of 17 May 2021 to Question 2168 on Psilocybin: Health Hazards, in the context of psilocybin being classified under Schedule 1 of the United Nations Convention on Psychotropic Substances of 1971, for what reason substance 2-CB falls under Schedule 1 of the Misuse of Drugs Regulations 2001, when it is controlled under Schedule 2 of the United Nations Convention on Psychotropic Substances of 1971.

**Answering member: Chris Philp | Department: Home Office**

2C-B (4-Bromo-2,5-dimethoxyphenethylamine), is controlled under the Misuse of Drugs Act 1971 as a Class A drug, and placed in Schedule 1 to the Misuse of Drugs Regulations 2001 ("the 2001 Regulations"). Drugs are designated and placed in Schedule 1 to the 2001 Regulations if they have no recognised therapeutic use in the UK, as is currently the case for 2C-B.

There is an established process for the development of medicines, which enables medicines (including those containing Schedule 1 drugs such as 2C-B) to be developed, evaluated in clinical trials and licensed by the Medicines and Healthcare products Regulatory Authority (MHRA), based on an assessment of their safety, quality and efficacy.

Should a company apply for a marketing authorisation (a product licence), it will ultimately be a decision for the MHRA whether to license a 2C-B-based medicine as a therapy. If a 2C-B-based medicine is made available following an assessment of its quality, safety and efficacy by the MHRA, the Home Office will seek and then consider advice provided by the Advisory Council on the Misuse of Drugs (ACMD) on its scheduling under the Misuse of Drugs Regulations 2001 as soon as possible. Such advice is a statutory requirement and will be considered before any decision is taken on scheduling under the 2001 Regulations.

**HC Deb 20 January 2023 | PQ 125217**

# 5 News items

Times

15 May 2023

Legalise psychedelic drugs to help treat depression, urge experts

Evening Standard

15 February 2023

Is it finally time to change the law around magic mushrooms?

Guardian

8 November 2022

Psychedelic drug research held back by UK rules and attitudes, say scientists

BBC News Online

2 November 2022

Magic-mushroom drug can treat severe depression, trial suggests

Psychology Today

20 September 2022

What Psilocybin Does to the Brain

Imperial College London press release

11 April 2022

Magic mushroom compound increases brain connectivity in people with depression

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