6 major flaws in current criminal punishment-based drugs policy

1. Is biased re drugs currently controlled = dishonest so immoral

2. Puts punishment above harm reduction – another moral choice

3. Punishments currently disproportionate to harms ➔ more harm than good

4. Severely limits treatment and research

5. Encourages use of more toxic compounds

6. Wastes huge amounts of money
The worst excesses of the current laws

• In many countries opioids not allowed - even for pain control - in fact most of world population denied them

• In most countries cannabis not available for pain spasticity etc

• Synthetic psychedelics not available for anything anywhere

• MDMA also banned in most of world

• As all are in UN Schedule1 research largely blocked
Huge imbalance in analgesia access across the world - average consumption of selected opioids per million inhabitants per day, 2016-2018

How the UN Conventions destroyed research on psychedelics and cannabis

Impact of the 1971 UN Psychotropics Convention on psychedelic research

Number of publications on PubMed between 1960 and 2014 related to ‘cannabis’ research. * represents the change in law making cannabis a Schedule 1 drug

Kyzar et al 2017 TIPS
6 LSD trials in alcoholism – before the ban

<table>
<thead>
<tr>
<th>Follow-up (months)</th>
<th>LSD (n/N)</th>
<th>Control (n/N)</th>
<th>Weight</th>
<th>Odds Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First follow-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smart et al., 1966</td>
<td>6</td>
<td>*/10</td>
<td>7.2%</td>
<td>1.41 (0.36-5.60)</td>
</tr>
<tr>
<td>Hollister et al., 1969</td>
<td>2</td>
<td>18/36</td>
<td>11/36</td>
<td>14.7% 2.27 (0.87-5.94)</td>
</tr>
<tr>
<td>Ludwig et al., 1969</td>
<td>1</td>
<td>88/132</td>
<td>31/44</td>
<td>27.3% 1.88 (0.93-3.81)</td>
</tr>
<tr>
<td>Bowen et al., 1970</td>
<td>12</td>
<td>9/22</td>
<td>7/22</td>
<td>8.9%   1.48 (0.43-5.10)</td>
</tr>
<tr>
<td>Pahneke et al., 1970</td>
<td>6</td>
<td>34/73</td>
<td>13/44</td>
<td>21.6% 2.08 (0.94-4.60)</td>
</tr>
<tr>
<td>Tomsovic &amp; Edwards, 1970</td>
<td>3</td>
<td>30/52</td>
<td>17/45</td>
<td>20.4% 2.25 (0.99-5.10)</td>
</tr>
<tr>
<td>Total</td>
<td>325</td>
<td>211</td>
<td>100%</td>
<td>1.96 (1.36-2.84)</td>
</tr>
</tbody>
</table>

Test for heterogeneity: $\chi^2 = 0.00; \, \chi^2 = 0.65, \, df = 5 \, (P = 0.99); \, I^2 = 0\%$
Test for overall effect: $Z = 3.59 \, (P = 0.0003)$

Figure 2. Improvement on alcohol misuse at the first available follow-up after LSD versus control treatments.

*Continuous outcome data.

Effect size >= all current therapies

Journal of Psychopharmacology 2012 Krebs and Johanssen
Psychedelics for other psychiatric disorders?

Recent positive open trials of psilocybin in
End-of-life anxiety/depression       (Johns Hopkins and NYU)

Addiction to
- Tobacco (Johns Hopkins) + double-blind RCT underway
- Alcohol (New Mexico)

Ongoing
- RCT -v- escitalopram – reporting soon – Imperial College
- Anorexia – Johns Hopkins and Imperial College
- OCD - Yale and Imperial College
- And pain syndromes –
- + cluster headaches

But illegal status still profoundly limits research and increases costs

Nutt and Carhart-Harris - JAMA Psychiatry August 2020