

Professor David Nutt DM FRCP FRCPSych FMedSci DLaws
Prof of neuropsychopharmacology
Director Centre for Psychedelic Research
Division of Psychiatry
Dept of Brain Sciences
Imperial College London
Hammersmith Hospital Campus
Room E511, Burlington Danes Building
Du Cane Road
London W12 0NN
Tel: +44 (0)20 7594 6628/7047
Fax: +44 (0)20 7594 6548
d.nutt@imperial.ac.uk

Dear Adrian,

We write to ask for the Royal College of Psychiatrists' support in the call for the Home Office to move psilocybin from Schedule 1 of the Misuse of Drugs Regulations 2001 which currently places unnecessary and burdensome restrictions on clinical research efforts with the compound.

There is a growing campaign to reschedule psilocybin in the UK so that research may expand. This is with a view to rescheduling psilocybin to Schedule 2 of the Misuse of Drugs Regulations 2001, with special restrictions that only allow for use in authorised clinical trials and research prior to any product being approved by the MHRA. This will allow more institutions to undertake clinical trials and related research with this compound, with obvious benefits to efficiency. Psilocybin would be treated as any other Schedule 2 drug (e.g. morphine), except that it could not be prescribed outside MHRA/NREC authorised research. Thus, security and safety will not be compromised¹.

Recent clinical trials suggest that psilocybin therapy may be relevant in the treatment of our most prevalent and persistent psychiatric disorders. Evidence suggests that it has a rapid and enduring effect in clinical areas where existing options are limited, for example in treatment resistant depression². Psilocybin therapy may have trans-diagnostic potential, with other early clinical trials in the UK focussing on PTSD and anorexia nervosa³.

It has been over 50 years since the Misuse of Drugs Act (1971) effectively stopped clinical research with psilocybin. However, history suggests Schedule 1 limitations on research and clinical use were political reactions to a broader moral panic about drug use. This reaction came without scientific reason and without due consideration of the balance between the benefits and harms that had been evidenced by 20 years of prior research⁴.

Recent polls conducted by YouGov suggest that the general public support this research and the majority would consider psilocybin therapy if it came with good evidence. Psilocybin therapy

¹ [Medicinal Use of Psilocybin. Rucker et al. 2020.](#)

² [Effects of Psilocybin-Assisted Therapy on Major Depressive Disorder: A Randomized Clinical Trial. Davis et al. 2020.](#)

³ [Does Psychedelic Therapy Have a Transdiagnostic Action and Prophylactic Potential? Kočárová et al., 2021.](#)

⁴ [The War on Drugs: Moral Panic and Excessive Sentences. Vitiello, 2021.](#)

may be a much more acceptable form of treatment to patients who reject daily medications and are distrustful of 'non-natural' forms of treatment⁵. Yet research with it is needlessly hampered by Schedule 1 restrictions. Most universities and hospitals cannot comply with the practical and financial burdens imposed by them. Furthermore, these same restrictions cause unnecessary expense in drug production processes, with no demonstrable improvements in security or safety that would not be achieved with Schedule 2 restrictions⁶, leading necessarily to a higher cost to provider and patient post market authorisation.

The Scheduling of psilocybin has never been reviewed since the 1971 Act was implemented and there is now reasonable evidence supporting its further exploration for therapeutic potential⁷. Thus, **we ask for your and the RCPsych's support in calling for the government to act swiftly on moving psilocybin from Schedule 1 to Schedule 2 of the Misuse of Drugs Regulations 2001 with restrictions mitigating inappropriate prescribing, so that patients may benefit from a more efficient and streamlined process of research.**

The Advisory Council on the Misuse of Drugs (ACMD), chaired by Dr Owen Bowden Jones, also chair of the Faculty of Addictions at the RCPsych, is already looking into barriers to researching controlled drugs generally, and we are given to understand that the support of the RCPsych will greatly further reinforce the call on the Home Office to initiate the rescheduling of psilocybin process with the urgency it deserves.

If you would like to discuss the topic further it would be our pleasure to meet with you.

Please do not hesitate to get in touch.

Yours,



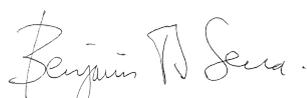
Prof David Nutt



Prof Allan H Young



Dr James Rucker



Dr Ben Sessa

⁵ [Public Attitudes to Psilocybin-Assisted Therapy. YouGov, 2021.](#)

⁶ [ACMD report on Diversion and Illicit Supply of Medicine. Advisory Council on the Misuse of Drugs, 2016.](#)

⁷ [Psilocybin: Health Hazards Question for Home Office UIN 7725, tabled on 26 May 2021.](#)

Dr Hubertus Himmerich

Dr Graham Campbell

Dr Jonny Martell

Prof R. Hamish McAllister-Williams

Dr David Erritzoe

Dr Oliver Bashford

Dr Michael Bloomfield

Dr Mathew Hoskins



Dr Camilla Day



Prof Anthony Cleare



Dr Tim M Williams