Dr Ben Sessa is a psychiatrist, researcher, writer, and Co-founder and Head of Psychedelic Medicine at Awakn Life Sciences. His academic research coupled with his therapeutic practice have yielded vital insights into the safety and efficacy of psychedelic-assisted therapy. Now, practicing with the biotechnology company Awakn Life Sciences, he is working to increase the availability of these revolutionary treatments. As we move ever closer to the medicalisation of psychedelic drugs, Sessa is uniquely equipped to extoll the virtues of ketamine, MDMA, and psilocybin as adjuncts to psychotherapy. Research Outreach caught up with him two years after our last interview, to talk about the exciting developments in the field.

Dr Ben Sessa.

So, although there’s a lot of focus on drugs, it’s much more about psychotherapy than it is the drug. Whether it’s ketamine, MDMA, or psilocybin, it’s about the altered state of consciousness and how this can provide a deeper, more effective form of psychotherapy. It is an adjunct to psychotherapy using psychedelic drugs of all different types to make it more effective for patients, in that it can be faster and more effective, and this is important because it is showing that patients who are so far treatment-resistant to the traditional model of either drugs or therapy, do respond to this. This is a revolutionary breakthrough in the way we do psychiatry.

Since we last interviewed you two years ago, do you feel there has been a notable shift in public and scientific attitudes towards this type of therapy? Yes. I’ve been working in psychopharmacology for 15 to 20 years, primarily in an academic context, within universities carrying out research studies and publishing the results. What has happened in the last two years is phenomenal. There’s been a shift away from academia towards developing meaningful healthcare systems with psychedelics, and we have seen a plethora of psychedelic startup companies carrying out research, and also creating treatment protocols for patients. Now, in terms of how the community has accepted this, it’s wholly positive. There has been far more research and studies than ever before, but also a lot more media and public attention, and the medical profession is also accepting it. I think the validation of scientific research, particularly neuroimaging, adds a scientific edge to the work. So, while there was a tremendous amount of work in the sixties, it comes across as less scientific and more experiential, whereas when you can put someone into a scanner and see pretty pictures of their brain and the different compounds, and then talk about how that links into psychotherapy, it gives us a neurobiological mechanism for how these drugs work in psychotherapy. It adds this extra ‘scientific’ edge. That can only be a good thing in terms of stigma and having these drugs accepted both by the public and by healthcare systems.

Could you introduce us to the important work being undertaken by Awakn? I’d been working in the field as an academic for over 15 years, and then I was approached by the co-founders of Awakn and we set up the company about two years ago. There are lots of different start-ups doing some parts of psychedelic medicine. Some are developing new molecules, some are moving drugs towards approval status, some are opening clinics, some are doing psychedelic training. We’re doing all of those in Awakn.

For me, the clinics are the most exciting part. While there are numerous companies making molecules and developing drugs, there are very few places to go and get these drugs once they become approved. MAPS, which is spearheading the work with MDMA, is not building clinics. COMPASS Pathways, which is spearheading the work with psilocybin, they’re not building clinics. We’re building physical bricks and mortar clinics. We have three clinics open now, London, Bristol, and Oslo, with a view to opening 10 to 15 in the next four or so years. We want to be the high street, physical presence, where you go to get your psychedelic therapy.

At the moment, ketamine remains the only licensed psychedelic drug. MDMA, psilocybin, LSD, DMT, these are wonderful compounds with great potential, but they are not officially medicines. They are research chemicals. You can’t use them to treat patients. You can only use those drugs in research protocols and carrying out research that is different from carrying out treatments. So, ketamine is all we’ve got.

At Awakn, I’m trained as an MDMA therapist, a psilocybin therapist, and a ketamine therapist, and so we use ketamine-assisted psychedelic therapy as part of the treatment with psychotherapy. In the last ten years there have been a huge number of so-called ketamine infusion clinics opening, about 600 of them in North America. They just give ketamine with little or no psychotherapy, and it works as an effective, rapid-acting antidepressant, but we think they’re missing a trick. So, we’re not just giving ketamine as an antidepressant, we’re giving it in the same way we would use MDMA or psilocybin, as an adjunct to psychotherapy.

We don’t want to be considered a ketamine clinic. We want to be considered a psychedelic medical clinic. One way of thinking of it is: ‘Awakn Life Sciences’ Psychedelic Clinic; ketamine now, MDMA and psilocybin coming soon. We will soon be a more generalised psychedelic medical clinic with a broader range of compounds, as soon as they get approved.

Does it look likely that MDMA and psilocybin will have the same treatment status as ketamine in the coming months and years? The development of a molecule into medicine is pretty standardised and it’s no different for psychedelics than it is for paracetamol or penicillin. You go through these research stages: you do toxicity studies, animal studies, in vitro studies and then you do phase one, two, and three which includes large, multisite, international studies, before you get approval. The whole process takes 15 or 20 years and costs a hundred million dollars, say. The fact that psychedelics are banned substances creates extra complications with scheduling, and Home Office approval is a different process altogether. But in terms of the hoops you must jump through, it’s just like any other drug.

MDMA is at the front of the pack at the moment. The goalposts shift all the time, but we are very close now. MDMA is likely to be over the line first in late 2024. Psilocybin is being spearheaded primarily by COMPASS Pathways and they’re in late phase two, going into phase three. They’re a couple of years behind MDMA. So, in answer to your question, we should have MDMA approved by 2024 and psilocybin a couple of years behind that.

You appeared in the Netflix documentary, ‘How to Change Your Mind’. How important are these forms of popular scientific communication in terms of changing public attitudes?
What’s great about Michael Pollen’s book and now the Netflix documentary is that Pollen is a very big name in America, as a mainstream broadcaster and journalist. His covering of the subject has really pushed things forward because he isn’t part of the established psychedelic community, preaching to the converted. I think the documentary was done well. It has a good respect for that culture and indigenous uses of these drugs. Personally, I don’t, I see it as a pharma industry because that’s how medicine works. We can make an ethical pharma industry, but it has to be a pharma industry. So, it’s moving so fast. There are companies opening and others closing all the time. It’s really going to be fascinating in the next five years to see where this goes.

Are you still undertaking research, or is your role currently more active and hands-on with regards to the therapy side of things?

So, I’ve got multiple roles in Awakn. I’m still having a clinical role – I have a small caseload in Bristol – but not as much as the full-time therapists, I see approximately three patients a week in ketamine therapy.

I also have a communications role, I do all media interviews, I travel around the world. I talk at conferences as the public face of Awakn and you’re quite right, I’m still having a clinical role – I have a small caseload in Bristol – but not as much as the full-time therapists, I see three patients a week in ketamine therapy.

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