

TGA - Proposed amendments to the Poisons Standard
Advisory Committee on Medicines Scheduling (ACMS #32)

1.5 Psilocybin

1.6 N, α -Dimethyl-3,4-(methylenedioxy)phenylethylamine (MDMA)

Proposal to amend from Schedule 9 to Schedule 8, when prescribed by a treating physician for use as an aid to psychotherapy.

I am interested in the therapeutic benefits of psilocybin and MDMA as both a practicing sexologist and researcher. Used in conjunction with psychotherapy, psilocybin and MDMA could provide relief for Australians suffering from mental illness and most specifically to sexological conditions which have origins in anxiety or a history of trauma. These conditions, such as PTSD, sex and behavioural addictions, physiological dysfunctions and relationship difficulties, have huge impacts on large numbers of people negatively affecting their lives.

Services

In the event of psilocybin being rescheduled, I intend to offer psychotherapy to patients prescribed psilocybin by their treating physician and who are suffering from compulsive sexual behaviour (also understood as an anxiety based sex addiction), shame based identity issues around sexuality, low and mismatched libido, or anxiety related physical conditions such as premature ejaculation, delayed ejaculation, erectile dysfunction, vaginismus and anorgasmia. Untreated, these conditions reinforce a great deal of anxiety in people with the effects flowing onto their relationships and social functionality. Current pharmacological treatments offer little relief except in the case of erectile dysfunction. Indeed, current use of medication to relieve anxiety can have devastating side effects on a person's sexual function. WHO's International Clinical Trials Registry Platform (2019) currently lists 36 clinical trials for psilocybin testing effects on anxiety and depression, demoralization in AIDS survivors, cognitive flexibility, and behaviour and substance use disorders. Psilocybin assisted psychotherapy has the potential to assist people to recognise the underlying thoughts driving anxiety and the subconscious avoidance of addressing the cause of their issues.

Research

I am seeking opportunities to be involved in clinical research with psychedelic medicine at ANU (where I live) in collaboration with UNSW (where I work) and have received encouraging feedback from possible stakeholders.

Personal History

My academic interest has been informed by personal use of the medicines which I used in controlled set and settings. My intention was to develop a greater compassion for others following recovery from PTSD. I feel fundamentally changed. I am better able to step back from triggers of emotion and consider alternative meanings. I feel a strong sense of belonging to the world and interestingly have taken up gardening which is something I did not enjoy previously. I have managed the changes required in thinking and practise due to the covid-19 pandemic and am thriving in person and in my personal relationships which have become far more important to me. The medicines helped me be a better me and as a consequence, I have been better able to help my clients, friends and family.

There is enormous potential to help people with these medications and I urge the TGA to reschedule them as a matter of common sense and compassion. Thank you for considering my submission.

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