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Study shows ecstasy plus therapy can treat severe PTSD

Jill Margo *Health editor*



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The campaign in Australia to [use the drug MDMA together with psychotherapy to treat post-traumatic stress disorder](#) has been strengthened by a study just published in the prestigious journal *Nature Medicine*.

The multi-centre US study found that when used in clinically controlled environments, MDMA-assisted therapy can be a safe and effective treatment for people with severe PTSD.





Most people with severe PTSD have it for life, says Peter Hunt of Mind Medicine Australia.

For this double-blinded study, three doses of MDMA (also known as the party drug ecstasy) were provided to 90 people over 18 weeks with therapy.

It was well tolerated in people with severe PTSD, with “a robust reduction” in symptoms compared with participants who received a placebo with similar therapy.

The US authors suggest MDMA may produce a “window of tolerance” in which participants are able to revisit and process traumatic content without becoming overwhelmed or dissociated.

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The study results are short term and the authors acknowledge their durability needs to be confirmed.

The potential of MDMA-assisted therapy to become a new treatment for PTSD led the [US Food and Drug Administration to fast track](#) it through the regulatory process.



Tania de Jong and Peter Hunt, co-founders of Mind Medicine Australia. Mr Hunt says MDMA is "calming". **James Alcock**

The campaign to bring psychedelic-assisted therapies to Australia is led by [Mind Medicine](#), a not-for-profit organisation established by retired investment banker

Peter Hunt and his partner Tania de Jong, a social entrepreneur.

It aims to develop regulatory-approved and research-backed psychedelic-assisted psychotherapy for mental illness so it becomes available through the medical system.

Mr Hunt said the first class of 47 local therapists trained to deliver MDMA-assisted therapy for PTSD was about to graduate next week. All have psychotherapy experience and include psychiatrists, psychologists, a GP, a mental health nurse and a social worker.

Their 14-week course was led by world-leading researchers.

The paradox of [PTSD](#) is that the trauma is locked in and usually cannot be accessed through normal therapy alone because it is so well defended. MDMA softens those defences.

“With remission rates between 5 and 10 per cent, most people with PTSD are likely to have it for life,” Mr Hunt said. “Approved pharmaceutical treatment hardly works and the problem with psychotherapy is that trying to get a patient to unburden themselves about their trauma risks them being retriggered.

“MDMA is calming. It makes them feel supported and comfortable, so when the psychotherapist asks about what caused the trauma, they’re more able to talk about it. The beauty is that then their last memory of the events giving rise to the trauma is of being able to talk about it in a safe, loving and secure environment.”

Mr Hunt said the newly published US results were from the first of two phase-three trials. “That they replicated the phase-two results suggests MDMA-assisted therapy is on the road to registration as a medicine in the US, probably in 2023.”

While 35 Australia psychiatrists now have access both to MDMA and psilocybin (magic mushrooms, in their natural form) to treat PTSD and depression, there is a regulatory roadblock because they are Schedule 9 substances under the poisons standard.

Only Victoria has a permit system that enables these treatments to be used. In

other states, doctors using them would fall foul of criminal recreational drug laws.

Following representations by Mind Medicine, the Therapeutic Goods Administration has announced an independent inquiry into the rescheduling of the medicinal use of MDMA and psilocybin.

Mr Hunt, who started Caliburn Partners and is former [chairman of Greenhill](#) Australia, says a large market is now growing globally for therapeutic psychedelics.

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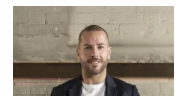


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