

Ecstasy: Not What You Thought

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The following article was published in the March 25, 2005 weekly magazine edition of Yediot Ahronot, the largest newspaper in Israel. The translation is by Gilla Treibich. To read the original article in Hebrew, go to www.maps.org/media.

Victims of shell-shock and rape victims use ecstasy pills to cope with trauma, hallucinogenic mushrooms are used in treatment for compulsive behavior, the anesthetic drug ketamine helps heroin addicts, and an ancient South American drug helps cure alcoholics. A conference under the auspices of the Israel Ministry of Health shows that these drugs have never been more popular in medical research.

Amir read in the paper about the new research in the U.S. studying the effectiveness of MDMA, or ecstasy, in treating posttraumatic stress disorder (PTSD). The subject came up in the military clinic in Tel Hashomer, where Amir is treated regularly, but when he asked the doctors what they thought, their advice was to wait for the results of systematic research.

About six months ago, experiencing deep distress, Amir decided to take ecstasy without medical supervision and he has not regretted it since. Since then he has taken the pill several times. "I felt tremendous relief," he says. "I got a gift of a few hours with no distress and anxiety, I was free of inhibitions, I managed to communicate better with others. People don't understand what shell shock is all about. They think that we are all in a state of shock, zombies, but it's not that at all. Today, when I see characters like Rambo in the movies, I know that shell shock can look exactly like this. I too was Rambo—that was my initial reaction to the trauma, but it changed.

"Today I cannot walk across an open area. I get 100 shekel parking fines from the Tel Aviv municipality because I am not capable of walking across a street. I can get stuck for four hours until I muster up courage to walk across a street, so I drive everywhere, and if I can't get there by car I don't get there. Look at how banged up my car is; it's from parking it everywhere.

"And after I took ecstasy I was suddenly calm. I get 12 anxiety attacks a day and they are stronger than a heart attack. I know it, because I have been through a real heart attack once. During an anxiety attack you'll do anything to get rid of it: drink, smoke grass, take pills—anything you can find."

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AA: "Do you know a lot of shell-shocked people who use drugs in a non-therapeutic framework?"

Amir: "Loads of them, they mostly drink."

We meet on the beach, at a place where other shell-shocked guys often come together. A guy slowly passes by, holding a large beer can well tucked away behind his back, and he waves at us. He looks 70+. Amir, who is 50 and has suffered shell shock since the Lebanon War, says the guy is 53. He too suffers shell shock, but does not agree to be recognized as a disabled person. He drinks non-stop. Alcohol numbs the sensations we can't stand.

Amir was once considered a success story of recovery from shell shock. Although he describes his trauma as a multi-level one—he was a regular soldier in the Yom Kippur War (1973) and a reserve soldier in the Lebanon War (1982)—he succeeded in building a thriving event

production business. "Every production was like Operation Entebbe," he says. "I needed the adrenalin; it was a substitute for the extreme experiences I had in the military."

But the success story was just the outer cover. Deep inside there was a totally different life. "At 18 you are completely immune, you fear nothing. But it seems that the shock is as deep as the suppression. During my regular service we used to go

almost every night into Fattah Land in Southern Lebanon. One time my rifle died on me during shooting and I was left with a broomstick in the midst of an ambush. I found myself all alone in the midst of buildings in enemy territory, after most of my friends were killed or wounded. I couldn't get out for 24 hours."

AA: "What did you feel while this was happening?"

Amir: "Very cool, no problem. As long as you are in distress, you function. But when you go home you have to conduct an Operation Entebbe every day in order to feel that you are alive. You get out with a big "scar in your brain" that can be very productive. Everybody said about me, 'the guy is rehabilitated.' They didn't understand that it was a reaction to trauma."

In '94 a Number 5 bus blew up on Dizengoff Street right in front of Amir's business.

"That finished me off. I could not leave the house for a year and a half. I lost everything I had: my family, a business of 150 workers, a home, loads of money. My wife didn't leave me alone, she couldn't understand why I didn't

go out. For her I was like a broken ATM. At night I had to choose which one of my wounded friends I was going to save and who I was condemning to death. This is something that keeps coming back to me all the time.”

A year ago, Amir started experimenting with the use of ecstasy in an attempt to free himself of the posttraumatic symptoms. “Judging by my feeling when I am under the influence of the substance, they should have put some MDMA in the medication that we are receiving. You need to check for adverse effects, naturally, but I ingest so many poisons in the medication I’m already taking that I don’t know if this is more or less dangerous.”

Amir would be glad to participate in an experiment of MDMA induced therapy. He is also aware of the danger in using ecstasy in a non-therapeutic framework. “I know it can be dangerous for people with high blood pressure, and that is a common thing with people like me who take psychiatric medication.”

Dr. Rachel Bar-Hamburger, the chief scientist of the Anti-Drug Authority, disagrees with the illegal use of the drug. “The fact that a certain person took the drug and it helped him is not sufficient proof,” she says. “I know that people try by themselves or with underground therapists, but I don’t believe that this will bring a breakthrough.”

Without Ecstasy

Therapy induced by substances used as recreational drugs has become quite popular in recent years. “Like a fire in a thorn field,” writes the London *Guardian*, “these experiments spread, as if we were in the midst of the merry sixties.” It’s not only experiments on MDMA that are blossoming. An experiment on obsessive-compulsive disorder at the University in Arizona studies therapy aided by psilocybin, the active chemical in hallucinogenic mushrooms. At the University of California-Los Angeles, psilocybin therapy is used experimentally for terminal cancer patients suffering from death-related anxiety; in Boston a similar experiment using LSD is awaiting FDA authorization [Editor’s note: MDMA, not LSD, is awaiting approval (DEA licensing, it is already FDA approved). An LSD study is also in development, but has not yet been submitted for approval.]. Two Russian groups are testing the possibility of helping drug and alcohol addicts using the veterinarian anesthetic Ketamine, while a small clinic in Peru is trying to help alcoholics using an ancient South American potion extracted from the ayahuasca vine which causes potent hallucinations. Three years ago in Spain, research was interrupted studying the use of MDMA in therapy for rape victims; it is being renewed soon.

In Israel too, there is considerable activity on the subject. Dr. Moshe Kotler of Tel Aviv University has recently been granted authorization to conduct an experiment on 12 heroin addicts using the psychedelic substance Ibogaine, trying to test its effect on addiction. He is now working on a research proposal for using MDMA with shell

shock victims. Dr. Mechoulam, a cannabis researcher from Jerusalem, has already obtained authorization to research the effects of marijuana and hashish on reserve soldiers with shell shock. In addition, this week the Ministry of Health is hosting an international conference dealing with research on the therapeutic effects of MDMA. Israel is one of the countries where research is planned to study the effects of the known club drug on shell shock victims.

One of the conference participants is Dr Michael Mithoefer, who is the first researcher in the U.S. to conduct government-approved MDMA-assisted therapy. To date seven people have completed his experiment program (out of twenty planned), all of whom suffer post-traumatic stress disorder (PTSD) as a result of sexual abuse. Doctors and patients in Israel are among those awaiting the results of his experiment.

“The patients relive the trauma in various ways,” he says. “Flashbacks, recurrent disturbing thoughts, nightmares. In order to avoid the pain, they avoid activities or places that remind them of the trauma and they develop emotional numbing. The numbing can sometimes be an obstacle to traditional therapy. It is still too soon to draw conclusions from the experiment, but so far the results are very promising and we see dramatic improvement in the patients’ condition—they feel emotionally invigorated. All the participants have severe posttraumatic symptoms, and all had treatment with medication which did not improve their conditions. Recently I was granted approval to include in the experiment not only victims of sexual abuse but also those with PTSD from war or terrorism. We are now inviting soldiers who returned from Afghanistan or Iraq to take part in the experiment.”

AA: “How did the experiment participants react to the idea of using MDMA?”

MM: “In the beginning most of them were apprehensive. Some never thought of using this kind of substance, but because nothing else helps they were willing to try.”

AA: “Did any of them use drugs previously?”

MM: “Most of them did not, and those who did used MDMA no more than three times and not recently.”

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AA: “What happens during this kind of therapy?”

MM: “It consists of a series of meetings and only in two of them does the patient take MDMA, with a two to five week interval in between. It is not a continuous treatment of medication. The patient comes to the clinic in the morning, lies down on the bed and swallows the substance in the presence of two therapists, a man and a woman, at least one of whom is a psychiatrist. It is very beneficial for sex abuse victims who find it difficult to connect with a therapist of a certain sex. I work with my wife Ann, who is a psychiatric nurse.

There is a basic agreement that people are in the experiment to work on the trauma, but we don't direct them to it, we only provide a secure and supporting environment. People don't understand how important that is when you are dealing with psychedelic drugs; it can mean the difference between a hard and problematic experience and one that helps healing. The most important part of the therapy is to learn how to integrate the feeling of safety in your life later. After the meetings we talk to them on the phone almost every day for three to four weeks.”

AA: “How long is a session?”

MM: “Between six and eight hours. The patients receive 125 milligrams—approximately the amount in a typical ecstasy pill. Forty percent of the patients receive placebo to serve as a control group.”

AA: “Why did you choose MDMA for your experiment?”

MM: “The substance was used by therapists in the US before it was outlawed. In the beginning of the eighties, a lot of evidence was accumulated showing that the substance allows the patient to connect to the trauma in a deeply emotional way without being swallowed by fear. The substance was not outlawed because of problems in therapy, but because it became a popular street drug. However, I can't guarantee that our experiment is totally risk free.”

AA: “Why would someone agree to revisit the trauma out of his or her free will? Isn't it better to suppress?”

MM: “I will never try to persuade anyone to do this, but when people who have been medicated for years still experience the trauma over and over again, it is not new to him or her. I think that the name “ecstasy” is very misleading in this case. The patients don't experience ecstasy. Some of the time they cry, they shake, but some of the time—and that is crucial, they experience happiness and safety.

AA: “Still, it is ecstasy. Aren't there serious risks?”

MM: The only danger is that blood pressure could go up, and this is why we do early screening on the participants. In the framework of therapy and in the doses we administer, there is no evidence of physical harm. The problem of high body heat, which happens at parties, does not happen in this framework, as the patient is lying down and drinks sufficiently.

Rape Victims

Mithoefer's experiment was delayed by four years because the FDA required one more approval, of an independent review board that would examine the ethical issues. Seven separate groups refused to grant such an approval—not surprising in view of the experiments conducted by Dr George Ricaurte published in 2002, where he

states that one dose of MDMA can cause Parkinson's disease and irreversible destruction of brain cells. It was not until September 2003, when Dr Ricaurte's team retracted the results because the substance they administered to the monkeys was not MDMA but methamphetamine (speed), that things started moving along. Mithoefer's team obtained the long overdue clearance from the ethics committee in 18 days.

Dr. Jose Carlos Buoso, a psychologist from the Autonomous University of Madrid, was exhausted

by bureaucracy. In 2001 he started an experiment in MDMA therapy with rape victims. “In May 2002 a Spanish newspaper published an article about my research, and as a result, the drug authorities started pressuring the CEO of the public hospital where we conducted the experiment. As a result he decided to withdraw the authorization to use his facility.” Unlike Mithoefer, Buoso started his experiment using smaller doses of MDMA, gradually increasing the dose. When the study was shut down, they had not reached a dose higher than 50 mg. “They did not fully experience MDMA,” he says. He hopes to renew his experiment next September.

AA: “Most people who take ecstasy report increased openness for physical contact. Does this feature influence rape victims in any way?”

JCB: “According to experiments, MDMA does not cause sexual arousal but rather intimacy. People like to hug and to touch each other, but there is no sexual intention. For women who have been raped, the possibility of separating the association between touching and hugging and sexual feelings can restore confidence in intimate relations. It is very important in order to enjoy sexual life in the future.”

Few of the researchers who arrived in Israel last week had heard of the experiment conducted here in the

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seventies, where victims of shell shock were given shots of pentathol (“truth serum”) and with it the trauma was relived through audiovisual means. That experiment was considered a colossal failure, and many of the participants still suffer the consequences. Dr Mithoefer claims there is no comparison between the use of pentathol and MDMA in therapy.

“As far as I know these substances have nothing in common,” he said. “MDMA tends to reduce fears and defenses and increase trust and security. Pentathol does not have these qualities. In therapy conducted when MDMA was still legal, we observed that people were moved by the experience, felt a high degree of self esteem, experienced a certain illumination about the source of their trauma, and at the same time discovered they have more mental power than they thought. It turns out that not every achievement has to be obtained with sweat and blood.”

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Gideon, a doctor, who had the misfortune of being present at two terrorist attacks, one three years ago and the second one a year and a half ago, didn't know he was suffering from posttraumatic stress disorder. “I considered the matter in a fairly rational manner,” he says. “I understood the attacks were not directed at me personally, but after the first attack my mental situation kept deteriorating. I started drinking tremendous amounts; I could not go anywhere without alcohol. The people in Social Security used to ask me how I was, but I told them nothing.”

One day, after the second bombing, he was invited for a meeting with a psychiatrist with Social Security and was diagnosed as a posttrauma victim and a potential alcoholic. “He warned me that if I don't treat it, my life is going to go downhill, and he explained in medical terms what is happening to me.”

AA: “Where does ecstasy come into the picture?”

G: “The psychiatric medications that I took at first caused trouble to my digestive system and I could not take them. At that time I tried all sorts of things and one evening somebody gave me an ecstasy pill. I took it and suddenly I felt alive.”

In the past year Gideon has been taking ecstasy once a week, along with prescribed psychiatric medication.

G: “MDMA is a strange and complex substance. It does not necessarily make you happy; it makes your emotions more extreme. One time I took ecstasy when I was depressed and my condition deteriorated. Part of my problem is that normal stimulation does not reach me. I came out alive from a bombing where everybody around me died, and in some way you could say that I too died there. Today in order to feel alive I need loud music, lights, people, noise—

and ecstasy sharpens your sensations very much. Even two days later I still feel like the person I would like to be.”

AA: “How do you know that what you are buying is actually MDMA?”

G: “I don't know and that is one of the greatest problems. I buy what I can get. I found out by experience, for instance, that you can't mix ecstasy with the sleeping pills I take. I was alone and I had pretty frightening hallucinations.”

AA: “How do you decide how much ecstasy to take?”

G: “I try not to take more than one pill, but I can definitely feel the effect decreasing and the need to increase the dose. I would love to know how much I am allowed to take and when it starts being dangerous, but there is not sufficient research in the field yet.”

Trips and Nudism

It is not the first time a conference like this has taken place in Israel. Three other conferences preceded it in the last several years, and behind all of them is a warm Jewish guy by the name of Dr. Rick Doblin. The 50-year old Doblin was a young boy when he heard President Nixon calling Timothy Leary, a professor from Harvard who conducted experiments with psychedelic drugs, “the most dangerous man in America.”

“For me this was a hint that if we use psychedelic substances wisely, it could free us of, among other things, the manipulations the government is putting us through. At 18 I had an idea that seems wonderful still today: I decided to dedicate my life to research and therapy using psychedelic drugs, first for myself and later perhaps to help others as well.

Today Doblin is the engine behind most research conducted in the field of psychedelics throughout the world.

The organization that he founded and heads is MAPS (Multidisciplinary Association for Psychedelic Studies). MAPS has a budget of \$1 million, all from contributions. Dr. Kotler's experiment in Israel will also be financed by MAPS.

In 1971, Doblin enrolled in New College of Sarasota, Florida, which was considered an experimental institution. “I didn't know it when I enrolled, but part of the college was a nudist colony that gathered regularly around the pool, and there was a tradition of long parties where people used LSD. At that time I already knew that my problem, like the rest of the people around me, was that we were intellectually very advanced but emotionally—gurnischt (nothing). The first time I tried a psychedelic I understood that this is the tool that will help me work on this lack of balance. I happened upon a book by John Lilly about experiments he did with LSD inside an isolation tank that he developed. My friend and I tried to create isolated spaces where we could have trips, but I was not mature enough to cope with the strong emotions that came up. The college

psychologist gave me a book by Stanislav Grof, *Realms of the Human Unconscious*, that dealt with the results of his experiments with LSD, which was interrupted by the government. This was a decisive moment in my life. The book offered scientific methods to evaluate religious and mystical experiences.

After dropping out of college and going into the construction business, Doblin returned to school at 28.

“MDMA was still legal at that time. During the first semester, I discovered to my amazement that there were underground therapists, researchers, and chemists who worked with the substance. I started to think politically; I knew that the minute someone finds out that MDMA is used outside the therapists’ community, it’s going to be outlawed, and that’s exactly what happened. When the anti-drug authorities announced their intention to declare the drug as a substance with no medical use, I organized a group of 15 researchers who argued this was not the case. In a court hearing, a judge decided that it would be preferable to define the substance as a medication that requires doctor’s prescription, but the anti-drug authorities used an emergency regulation to bypass the judge and forbid any use of the drug.”

AA: “Did you use MDMA in therapy in those years?”

RD: “Yes, I sat in many therapy sessions, especially with Vietnam veterans. In ‘84 I worked with a woman who suffered posttraumatic symptoms and wanted to commit suicide. Her therapy succeeded above and beyond expectations. She was rehabilitated and became a therapist who worked with us on research in Spain. Ultimately a post-traumatic disturbance is like a phone that will not stop ringing until you answer. MDMA helps people pick up the receiver.”

Permission is granted

Dr. Rachel Bar-Hamburger, the chief scientist of the Anti-Drug Authority, does not object to treatment facilitated by substances defined in the law as unauthorized drugs. “If the treatment has a medical purpose and is administered by a professional, as far as I am concerned it is Kosher. I am not only talking about MDMA, but about

any other psychoactive substance that will be developed. In my view it is appropriate, it is right, and it is fair.

AA: “Do you think there can be risks in this kind of therapy?”

RB-H: “The main problem is to verify the source of the substance and supervise its quality. The risks of ecstasy can be under control in the framework of psychotherapy.”

AA: “Is there no danger of addiction as a result of therapy?”

RB-H: “As far as I know there is no danger of addiction with MDMA. This is not the problem of this drug.”

AA: “A person could fall in love with the substance and try to get it on the street.”

RB-H: “If it is administered as medication the chance of this happening is minimal. Very few people try to buy in the black market substances that were authorized as medication. When a substance is under supervision it goes through a recognized process of production and marketing.”

AA: “What do you think of Dr Kotler’s planned experiment?”

RB-H: “It is a very focused experiment for a focused purpose, and it certainly has a place. The fact the U.S. has now authorized similar experiments tells us that our move is the right one. I am very much in favor of the development of medication in this way, even in substances that have a reputation as dangerous. If you are sick, it is a good idea to support a lobby that will exert pressure to develop the substance as medication.”

AA: “Is this not in total contradiction to the position taken by the Anti-Drug Authority?”

RB-H: “No. Our problem is with recreational use by every ragtag and bobtail, without realizing the damage.”

AA: “And the public will know how to make the differentiation?”

RB-H: “Listen, if you want to use drugs you’ll always justify to yourself why you are doing it. You don’t need us for that.”

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