

Veterans & PTSD



MDMA Studies Combined with Psychoanalysis Have Shown Great Promise in the Treatment of Posttraumatic Stress Disorder (PTSD), Indicating Sustained Decreases in PTSD Symptoms.



Retired Sergeant Jonathan Lubecky sat alone in a bar in Raleigh, North Carolina when he heard the chiming of church bells. It was Christmas Eve 2006 and midnight mass was about to start. He made his way to the church, looking for some solace and relief. The church was packed and tears fell down his face as he pleaded to be let in.

“I just got back from Iraq. I really need to go in there.”

He was told to return in the morning. Instead, Lubecky went to a war memorial and contemplated ways to kill himself.

Three months earlier, Lubecky had returned from deployment in Iraq. He had been stationed about 65 km outside of Baghdad at Balad Air Base – the epicentre of sectarian violence. The base was mortared so frequently that it became known as Mortaritaville. It was during one of these attacks that Lubecky narrowly escaped death, but was left with a traumatic brain injury.

Upon his return home, Lubecky suffered from frequent nightmares and flashbacks. He hardly

“It’s a living nightmare, honestly. You feel like you have no control.”

Returning to civilian life was difficult, compounded by the fact that his wife had left him two weeks prior to his arrival, an unexpected blow. He bounced from job to job, finding it hard to concentrate or complete work tasks.

“On a typical day, I’d wake up, hang out, go to the bar, get drunk, come home. I tried to work. I’d work for like a month or two and get fired. Eventually, I just quit trying.”

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The army had repeatedly told veterans that if they ever found themselves thinking of suicide, that they should go to the hospital. So in the early hours of Christmas morning, Lubecky drove himself to Womack Army Medical Center at Fort Bragg and informed the staff there that he was going to kill himself. He was given six Xanax, warned not to take

them all at once as they could kill him, and told to return after the holidays.

He went home and guzzled down a bottle of vodka, loaded his gun and pointed it at his head. Then he pulled the trigger. Fate had a different plan for Jonathan. The bullet was defective and didn't make it down the barrel.

He would attempt to kill himself four more times over the next eight years. He tried antidepressants, cognitive behavioural therapy, exposure therapy, but nothing seemed to take away the constant suicidal ideation.

“The VA did everything they could so that I could exist and that I did not end my life. And, my therapist had told me I was a difficult patient, because every time everything was triaged they would ask ‘can we keep him alive till tomorrow? Can we keep him alive till next week?’”

Regardless, he continued with weekly therapy sessions. In 2013 when his regular psychiatrist was away, Lubecky met with an intern that had studied his extensive file. She slid him a folded piece of paper and told him to open it after he left. On it was written, “Google MDMA PTSD.”

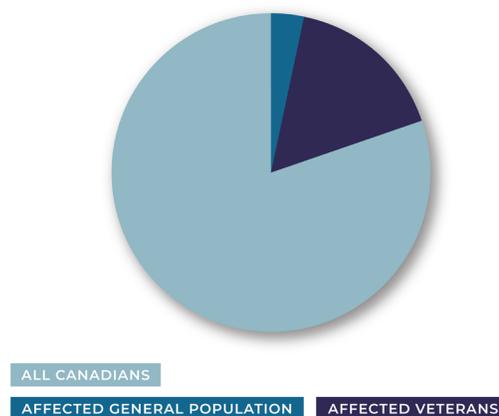
Those three words would change his life.

The Burden of Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is a mental disorder that may occur after experiencing a traumatic event such as war, combat, serious injury, sexual violence, chronic physical abuse, or disasters. It does not usually include life events such as divorce, death of a loved one, or loss of a job. Due to the unique nature of military service, Veterans in the Canadian Armed Forces (CAF) experience a higher rate of PTSD.

“Military service is a unique occupation requiring unlimited liability, meaning CAF personnel can be ordered lawfully into life-threatening situations. Military service places high demands on both personnel and families to ensure a workforce capable of engaging in war, including physical and mental stressors and unusually intense workplace social integration. The stressors of military life derive from many sources, not just deployment or combat.” (1)

PTSD AMONGST CANADIANS



In Canada, estimates of the prevalence of PTSD amongst the general population range from 1.1% to 3.5% (2), and is even higher amongst Canadian Veterans at 16.4% (3). PTSD is the third most common medical condition experienced by Veterans, only behind tinnitus and hearing loss (4).

Symptoms of PTSD include flashbacks, nightmares, repetitive or intrusive images, hypervigilance, difficulty sleeping, inability to concentrate, irritability, emotional numbing, excessive rumination or avoidance of reminders of the trauma, feelings of guilt or shame, and intense anger. Individuals that experience PTSD are at risk for other mental health and medical issues including suicide, substance

use disorders, panic disorder, depression, anxiety, circulatory and musculoskeletal disorders (5).

The impact of PTSD extends beyond the mental and physical, putting strains on relationships with family, children, friends and co-workers. In addition, people suffering from PTSD may experience difficulties maintaining jobs, leading to more stress as well as financial burdens. For Veterans, the combination of returning to civilian life and PTSD further complicates the issue.

Treatment for PTSD has largely involved the prescription of off-label medications as monotherapy or in combination with other medications, including antidepressants, anticonvulsants, antipsychotics, sedative hypnotics, and opioids (6), most which have not been clinically studied for this use. The drugs are typically prescribed to address one or more of the PTSD symptoms, such as depression or sleep disturbances, rather than PTSD overall.

Non-pharmacological treatments include clinical care, psychosocial services, psychotherapy and other forms of therapy. The Canadian federal government currently has a number of programs in place or in development to support mental health, including PTSD, amongst Veterans including 160 mental health actions under the Joint Suicide Prevention Strategy between the Canadian Armed Forces (CAF) and Veterans Affairs Canada (VAC) (7).

Despite these efforts and the high risk of mental health problems, veterans often do not seek out appropriate care or drop out before care is completed. Factors such as public stigma associated with mental illness, personal beliefs around mental health, feelings that they can handle things on their own, insufficient time to participate, confidentiality concerns, and the belief that treatments will be ineffective all contribute to low utilization of services and treatments (8).

The Promise of Psychedelics

Throughout the 1950s and 60s research into the use of psychedelics such as MDMA, LSD and psilocybin (mushrooms), showed great promise as a treatment of mental health disorders including PTSD when combined with psychotherapy. However, cultural and political shifts combined with fears over recreational use, prompted governments to ban and criminalize the use of psychedelics.

By 1976, a nearly worldwide ban on psychedelics came into effect with the implementation of the United Nations Convention of Psychotropic Substances of 1971. The convention classified all psychedelics as Schedule I drugs, deeming them a “serious risk to public health” with little or no therapeutic or medical value. Medical research using psychedelics was effectively halted due to the increased cost and regulatory burden associated with gaining access to the various compounds, their findings and insights relegated to the annals of history (9).

Even though psychedelics are still classified as controlled substances worldwide, over the past few years, a renaissance of sorts has begun within the medical and scientific community, reigniting interest in their study. In August of 2020, exemptions under section 56(1) of the Canadian Controlled Drugs and Substances Act (CDSA) allowed the first four terminal cancer patients to use psilocybin for end of life anxiety, opening a legal means to receive treatment. In the US, breakthrough designations were granted for MDMA and ketamine allowing for the resurgence of clinical investigation.

Much like the earlier research, these modern studies indicate that psychedelics are very effective in decreasing or eliminating mental health disorders and have few adverse side effects.

MDMA studies combined with psychoanalysis

have shown great promise in the treatment of Posttraumatic Stress Disorder (PTSD), indicating sustained decreases in PTSD symptoms. The theory behind its effectiveness is that:

“MDMA may allow patients to experience reduced fear and shame, and, at the same time, feelings of trust and safety, often of great importance in complex PTSD. This enables them to more easily revisit and process traumatic memories and gain openness and trust. Patients also feel more empathetic and experience an increased openness to new and constructive perspectives on their situation. They may experience an increased connection to others, changes in views on life values and purposes, and insights into the moral value of traumatic exposures or around existential issues. Integrated within a psychotherapeutic treatment, 2 to 3 sessions with MDMA have shown the ability to induce significant and sustained reductions in PTSD symptoms.” (14)

While less studied specifically in relation to PTSD, psilocybin and LSD have also shown promising results as well. Psilocybin combined with psychological support has been shown to reduce anxiety and depressive symptoms amongst patients with treatment-resistant depression; reduce anxiety and depression amongst terminal patients facing end-of-life; and shown efficacy in treating alcohol and tobacco dependence (11) (12).

One study that examined MRI scans of individuals administered psilocybin, showed increased memory activation in visual and other sensory regions, and participants reported more vivid and visual recollection. The researchers suggest that “psilocybin could be combined with positive memory cues as a treatment for depression – facilitating the recall of positive life events so to

reverse pessimistic mind-sets.” (13)

There are currently several studies underway in the US and Europe examining treatment of PTSD with Psychedelic-Assisted Therapy. Organizations such as The Multidisciplinary Association for Psychedelic Studies (MAPS), Johns Hopkins Center for Psychedelics and Consciousness, Imperial College, The Beckley Foundation, and The Heffter Research Institute had been busy raising awareness and understanding, lobbying governments to decriminalize and/or deregulate psychedelics, and engaged in funding scientific research.

It was a MAPS-sponsored stage 2 clinical trial using MDMA to treat PTSD amongst veterans that Sgt. Jonathan Lubecky participated in 2014, after his Google search. He had already attempted suicide 5 times and was taking 42 different medications. He figured he was going to die anyways, so he might as well give it a try.

Between November and March 2014/2015, Lubecky attended three sessions, six to eight weeks apart. At each session, he was given a single dose of MDMA, and when it kicked in, the psychiatrist conducted a therapy session. It started with a simple question: “What was the weather like in Iraq?” That single question opened the floodgates. According to Lubecky:

“It’s like doing therapy while being hugged by everyone in the world who loves you, in a bathtub full of puppies licking your face. Of the participants I’ve talked to, it seems to fall into one of two camps. You either have an “aha” moment in one of the three sessions where everything just comes together, and you’re good, right. Or, it’s more like drainage, which was kind of like mine. You clean out a little bit in the first, a little bit in the second, and a little bit in the

third. And eventually, it'll run clear.”

Lubecky stressed the importance of the therapy component, as he doesn't believe that taking MDMA in and of itself is what works.

“The therapy part is a critical component. [You've] got to face the demons. But the MDMA makes it okay. You trust and love the people you're with; the therapist in the room. Your body doesn't betray you. You can just talk about it. You can cry, or laugh, or do whatever, and work your way through it in a safe environment.”

In the more than 5 years since Lubecky participated in the study, he has not had any suicidal ideation. He is down to taking only two medications per day and he believes he has cured his PTSD; something he didn't believe would be possible when he entered the therapist's room.

“I was told by everyone, including respected, well-known medical professionals, that this [PTSD] was permanent. I believed that there was only temporary relief. I'm more than willing to admit that I was completely wrong. This is not permanent – it can be healed. And so, I hope they make the advancements in psychedelic research. Look at the science – there's a light at the end of the tunnel.”

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