



# What if Es really are good?

**MDMA**, better known as **ecstasy**, was the demonised dance drug of club culture, the chemical generation’s stimulant of choice from the late Eighties to early Noughties. But as its cultural influence wanes, could E be set for a second life as a treatment for sufferers of post-traumatic stress disorder? **As clinical trials on the drug begin in the UK, Neil Boorman gets on one – under laboratory conditions, of course**

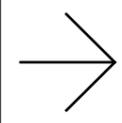
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- POSSIBLE SIDE EFFECTS:**
- Smiling, laughing, empathy, compassion, a feeling of inner peace, loss of anxiety and hostility, and other unconventional behaviours
  - Bending strangers’ ears with unintelligible babble
  - Mild psychedelic experiences
  - Finding yourself drawn to stimuli such as: lasers, repetitive beats, Vicks
  - Dancing your socks off
  - Oh, and possibly unlocking long-repressed trauma and repairing severe psychological damage as part of therapy treatment



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**T**he sensation is unmistakable. First the stomach drops, then the mouth becomes dry. My hands go clammy and it feels good to blink

long and hard. Both the body and mind switch to a medium-level fight or flight setting — an unsettling but moreish combination of expectation and jeopardy. I'm coming up on MDMA and it feels incredible. But there are no strobe lights, no bass bins and no hoards of dancers in the room.

I'm lying on a conveyor belt with a clamp around my head. A control pad with big orange "yes" and "no" buttons, enabling me to answer questions, is taped to my left leg. A panic button is taped to my right. The only element of this scene I can even remotely connect to club culture is the two-piece green scrubs I'm dressed in; a ringer for the chemical warfare suits that Nineties rave duo Altern-8 used to wear.

Doctors buzz around the austere room testing equipment, until a woman with a clipboard asks me if I'm ready. I nod as best I can and the conveyor belt carries me into 10 tonnes of MRI scanner. It's been a while since I took MDMA; my career, my marriage and my sanity kept getting in the way so I opted for early retirement. I didn't expect a repeat performance to be staged at the Imperial College's Neuropsychopharmacology Unit in West London. But here I am, a volunteer on a medical trial mapping the effect of MDMA on activity in the brain, the first of its kind ever carried out in the UK.

It's 9am: a bit early to be taking drugs, but with six hours of tests monitoring the life of one dose, I'm in it for the long haul. At various points throughout the day, I will be asked to fill in forms to record my state of mind.

**READ EACH STATEMENT AND THEN INDICATE HOW YOU FEEL RIGHT NOW:**  
*I FEEL NERVOUS:* Somewhat so.

I'm 36 and I've been taking ecstasy for the last 13 years, on and off. I got into dance music when I was at school because all the cool kids listened to it, and liking metal or goth got you beaten up. I was too young for the M25 raves of the late Eighties, but I watched and listened remotely through then-pirate Kiss FM and BBC Two's *Def II*. The late Nineties were my heyday, during the rise and fall of the superclubs. I loved

the music (Metalheadz, Defected, City Rockers) and the clothes (first workwear, then technical sportswear, followed by grubby Americana), but I was always wary of the drugs. I'd had the establishment line on ecstasy drummed into me enough times at school to abstain until I was 23, by which time pills, as original acid house bores would remind me, were no way near as strong as the early days.

Most people say the first pill is the best and mine was no exception. I nervously swallowed it at the opening night of a club in East London. The rush was incredible. Everything that came into my line of sight simmered with a brilliant, ethereal light. The conversations I had were the most interesting and necessary in the history of the world. And every pore of my body seemed to bristle with energy. I kept asking strangers to stroke the back of my shaved head because it would trigger a total body orgasm. No wonder my mates ditched me halfway through the evening.

Since that night, the results have been mixed. Perhaps the initial high is a one-off; perhaps the drugs have got worse; it's impossible to know what you're taking, unless you bring a home chemistry kit out with you. I've always wondered how the street pills would measure up against pure medical grade MDMA. Which is partly why I've signed up to the trial. Plus, the idea of taking a controlled drug in a formal, government-funded location was just too surreal to pass up.

Culturally, MDMA has come to be eclipsed by implausibly named semi-legal highs like meow meow and Benzo Fury, and to some extent it has slipped into nostalgia status. This year, the British artist Jeremy Deller's Hayward Gallery retrospective — featuring photos of the Happy Mondays' boggle-eyed Bez and a work called "The History of the World", mapping the links between acid house and brass bands — recalled the explosion of rave culture, Irvine Welsh's book *Ecstasy*

got a second life as feature film, and dance music revived the tinny piano riffs of early Nineties dance acts N-Trance and SL2. But if there is new ground being broken, it's being done in university hospitals. After decades of prohibition, the British authorities have signed off on the first clinical trial of ecstasy. They want to find out if the drug can help victims of child abuse, rape and war. They'll use pure MDMA, synthesised by legitimate chemical companies and available via a license from the Home Office.

A month before the trial, I push my way into a London lecture theatre packed full of psychedelic researchers — psychotherapists, cognitive scientists and neuropsychopharmacologists — who have gathered to hear Dr Ben Sessa talk. During the day, Ben works as a consultant child psychiatrist in the outskirts of Somerset. In his spare time, he's the unofficial spokesperson for a community of researchers who believe that psychedelic drugs (magic mushrooms, MDMA and LSD) can be used to treat conditions like post-traumatic stress disorder.

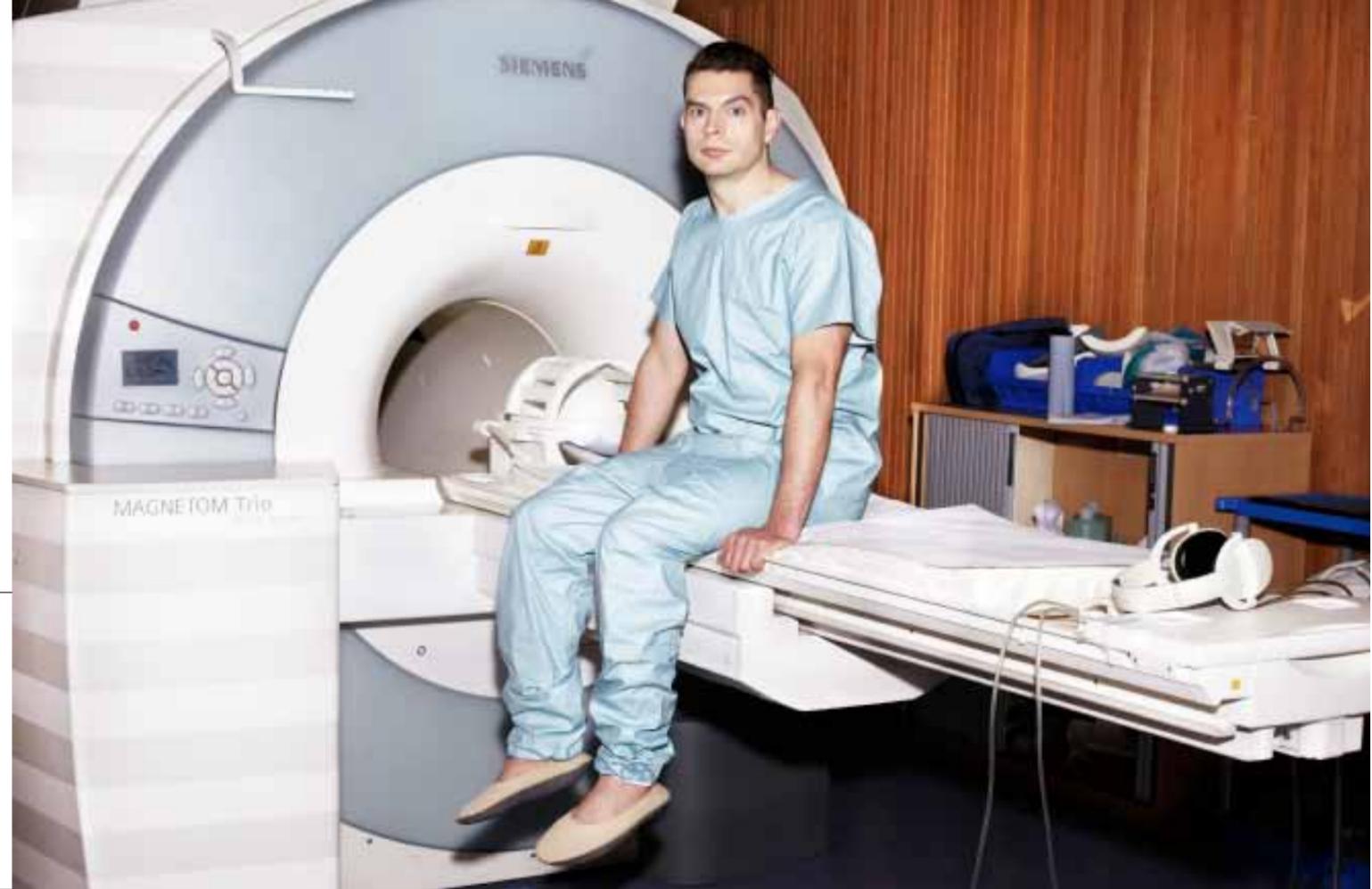
PTSD is the after effect of a catastrophic life event; the memories are stored incorrectly in the brain, triggering a cycle of nightmares, flashbacks and anxiety. Untreated, it can carry on forever.

Fresh faced and down to earth, Dr Sessa presents a PowerPoint that's more Dave Gorman than Open University. He jokes that he has to wear a suit to be taken seriously when he talks publicly about MDMA, but the science sounds convincing.

"If we were to invent a new drug designed specifically to help treat PTSD, what qualities would it have?" asks Dr Sessa. "It would reduce feelings of depression. It would increase feelings of closeness between the patient and therapist. It would raise arousal but increase relaxation. MDMA does all these things. And that's why it's the perfect drug for PTSD."

**"If we were to invent a drug designed to treat PTSD, what qualities would it have?", asks Dr Sessa. "It would reduce depression. It would raise arousal but increase relaxation. MDMA does all these things"**

**E, MYSELF AND MRI**  
Coming up on "Government-supplied" ecstasy, *Esquire's* Neil Boorman prepares to have his head scanned as part of a medical trial of MDMA



"I think of MDMA as a bullet-proof vest or an armband or a flotation device," Dr Sessa says after the talk. "It allows you to go into battle with your emotions — you still feel them but you're not overwhelmed by them."

When therapists treat PTSD, they encourage patients to recall and relive their painful memories, helping them to flush out the emotional pain and move on. But the work is often hampered by a natural fear response; the amygdala section of the brain reacts to painful memories by inducing anxiety; patients clam up, preventing them from accessing the memories. But MDMA seems to turn the fear off.

"I've seen cases where tears are streaming down their face," Dr Sessa says. "For the first time in 30 years, they're recalling their rape. They can describe the man coming into the room, grabbing them, touching them, the bristles on his face, the smell of his neck as he rapes them."

Ben is preparing for a three-year study at Cardiff University, where he'll be using MDMA to treat volunteers with extreme trauma — ex-servicemen, victims of rape and assault — who haven't responded to normal therapy. The first pilot study

was carried out in the US, the results of which were published last year. Eighty-three per cent of volunteers — all PTSD sufferers — who took MDMA "improved significantly". "These people have self-harmed, tried to kill themselves, turned to alcohol," Dr Sessa says. "Escape methods to help them run away from the memories, and then here they are talking about the experiences in great detail for the first time."

But is he really suggesting that people with serious mental problems regularly dose up on MDMA? I've tried to manage a normal day under the influence, and the results were mixed at best. Dr Sessa rolls his eyes. "People always assume that we're suggesting people drop an E every day like antidepressants. But the patients only take it three times during a 16-week course of therapy."

This isn't the first time that doctors have experimented with recreational drugs. Albert Hofmann discovered LSD by accident in the Thirties while testing compounds for circulatory problems, but only discovered the psychedelic effects five years later (19 April, 1943, the infamous "Bicycle Day"). Soon after he began experimenting with LSD as

a means of mimicking psychosis. Timothy Leary discovered LSD's potential to unlock repressed memories in the early Sixties, giving birth to psychedelic therapy and Dr Ronald Sandison brought it to the UK, establishing the world's first psychedelic therapy centre. Psychedelic research peaked in the Sixties, producing over 1,000 scientific papers and a dozen international conferences. Even Cary Grant and Sean Connery took doses of LSD as part of their psychotherapy. But it all ground to a halt when the UN Convention on Psychotropic Substances was passed in 1971, classing psychedelics, alongside amphetamines, as controlled substances. By the Eighties, up to 4,000 therapists in the US and Switzerland had turned to MDMA instead, known by some as "penicillin for the soul". A survey of those therapists found that three-quarters believed that "the overall psychological value of MDMA was great". Dr Rick Ingrasci, one-time president of the Association of Humanistic Psychology, used MDMA hundreds of times with his patients and reported: "It seemed to heal fear, to give people an

Photography by  
**CHRIS FLOYD**



opportunity to communicate their inner life and their inner feelings in ways that were really useful.” One New York writer described his MDMA experience as “like a year in therapy in two hours”. But its growth as a recreational drug forced an amendment to the Misuse of Drugs Act and research such as that being carried out by the pioneering Californian psychotherapist Dr Leo Zeff, also ground to a halt.

So what’s kick-started the current renaissance, after all this time? “The regulatory procedures haven’t got any easier,” says Dr Robin Carhart-Harris, the doctor running my trial. “But we argued to the medical committees and Home Office that the doses we are experimenting with are much smaller than people take recreationally. The evidence base has been growing slowly and there’s a general interest in trying to understand consciousness and how drugs change it.” Funding these trials is also an issue. This time around Channel 4 are paying for the research, which will be part of a show to be broadcast later this year.

Clearly, Dr Sessa’s life would be a lot easier if MDMA was an anonymous chemical compound. But it’s not. Although MDMA use is in decline in the UK, 500,000 pills are still consumed every weekend and it remains a class-A drug. Some 30 deaths every year are attributed to it. And then there’s the *Daily Mail*, which, according to Dr Sessa, is one of the greatest barriers to the research. Two years ago, the paper ran a series of hatchet jobs on Lady Neidpath, who funds psychedelic research from her stately home in Oxford. “Lady Mindbender”, as the paper dubbed her, was running a “shadowy foundation... lobbying to liberalise laws on mind-altering drugs”. The last time a government drugs advisor contradicted the official line on MDMA, the Home Secretary asked him to resign. But then David Nutt, the chair of the Advisory Council on the Misuse of Drugs, might have sold the idea better if he hadn’t suggested that ecstasy was “no more risky than riding a horse”. The Home Office statement, in response to the criminalisation of MDMA, is emphatic: “Drugs are illegal because they are harmful — they destroy lives and cause untold misery.” So why have these trials got the Government’s sign-off now?

The simple answer is that we’re running out of new options to treat mental health, and MDMA could open up new possibilities. Selective Serotonin Re-uptake Inhibitor drugs (SSRIs) like Prozac were developed in the Eighties and Nineties after a huge surge of commercial investment. The drugs that followed — Lexapro, Sarafem, Zoloft — were variations of the same compound, which can’t be developed any further. “There won’t be any new antidepressant drugs coming onto the market in the next 10 years because the commercial drugs companies have pulled their research and development budgets,” says Dr Jon Roiser of the Cognitive Neuroscience Unit at University College London. “It’s just too expensive and time-consuming to develop new alternatives. But mental health problems aren’t going away.”

After heart disease, mental health is the second largest cause of disability in the world. Suicide is the leading cause of death among young men. The cost of depression in the UK runs to £17 billion a year. Yet the total government budget for research is £20 million a year, a fraction of the £100 million poured into cancer research.

Dr Carhart-Harris explains why they want to scan my brain. “No one’s ever really mapped how the drug works in the brain. We know that MDMA is similar to SSRIs in the way it affects the serotonin system, which controls mood. SSRIs block the serotonin transporter — a kind of Hoover that sucks up and recycles the chemical — thus increasing the level of serotonin and improving mood. MDMA is like a turbo SSRI — it doesn’t just block the transporter, it reverses the process and floods the brain with serotonin. It also works on dopamine levels, which accounts for the energy and stimulation.”

What they don’t yet understand is how MDMA works on higher-level brain function; the way it makes you feel loved up and empathetic.

The doctors haven’t told me what tests they’ll be running, so I’ve got no idea what to expect. Soon after I arrived, they took my blood, asked me to sign a disclaimer and produced a brown envelope containing a large red pill containing 100mg of MDMA.

Embedded in the MRI scanner, my movement is limited and the only place I can look is up. The environment is so disorientating,

it’s difficult to gauge just how high I am. A screen flashes instructions and a man at the end of an intercom tells me when to open and close my eyes. The reprogramming scene in *A Clockwork Orange* comes to mind, except the visions of love and loss are entirely my own.

Previously, I was asked to write down six of the happiest and six of the saddest moments of my life. The screen tells me to recall them one by one and the deafening scanner pounds into action each time.

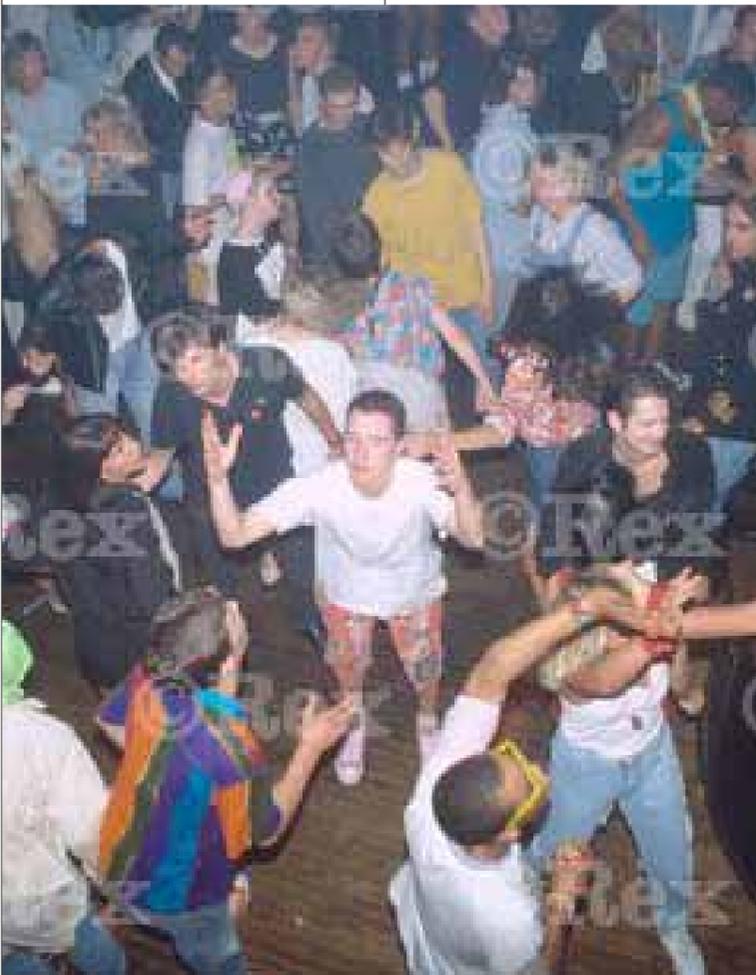
I recall the birth of my son and a wave of warm positive energy floods my nervous system. The hairs on my arms stand up when I remember the applause the preview audience gave a TV show I once wrote.

Then come the negative memories. A fight in the kitchen with my dad; the call to my mum, telling her I’d failed all my exams. The knock-back from skinny blonde Hannah, my first real crush at school. But my mood doesn’t dip. I can relive the memories but the emotions don’t feel so bad. Perhaps I’m not trying hard enough. I try to feel the shock and despair that engulfed me on the day that the magazine I was editing went bust. No sadness. No anxiety. Nothing.

**FIRST THE AGONY, NOW THE ECSTASY**

The drug that fuelled the heady days of rave (below left) could be the future treatment for post-traumatic stress disorder sufferers, such as ex-armed services personnel (below right)

REX/EVERETT



**Campaigners say that more returning soldiers from Iraq and Afghanistan have committed suicide from untreated PTSD than have died in the conflict**

**M**

DMA was first synthesised and patented in 1912 as a diet pill by the German pharmaceutical company Merck.

The US army got hold of it in the Fifties and trialled it as a truth serum but it was never rolled out. It played a minor part in the original summer of love, but the real interest emerged when experimental psychotherapists were looking for a replacement for LSD, banned in the Sixties following the UN Convention on Drugs. Then it started turning up on the Dallas club scene in the early Eighties. During the crackdown by the Drug Enforcement Agency, followers of Indian guru Bhagwan Rajneesh, notoriously partial to ritualistic boshing himself, fled his Oregon ashram, their pockets full of MDMA, and settled in Ibiza. British DJs Danny Rampling and Paul Oakenfold stumbled upon the drug while on holiday in 1987 and the explosion in ecstasy is rave history. The War On Drugs killed MDMA’s double life as a potential therapy drug, but it was reborn in Switzerland as part of the underground psychology scene in the new millennium.

Friederike Meckel lives in a large house with a big garden in a respectable neighbourhood in Zürich. Sixty-five years old, with short grey hair, a happy round face and conservative black clothes, she doesn’t look like the ringleader of a drugs network. But she practised psychedelic-assisted psychotherapy illegally for several years before she was arrested and charged for possession in 2009. She trained in psychedelic therapy in the late Nineties when the Swiss authorities relaxed legislation for a short time. When the ban returned, she went underground with her therapist husband Konrad, and began treating patients on her own terms.

“The patients that I took on were not getting anywhere with

ordinary therapy,” Meckel says. “They were having panic attacks, extreme unexplainable sadness. I had a 30-year-old woman who had wet the bed all her life. She’d spent six years with various traditional therapists with no results. It took us 20 sessions, 12 of them on MDMA, until she could understand the reason why.”

The therapy started with a one-to-one crash course in MDMA, getting patients used to the drug’s highs and lows. Then they were invited to join a larger therapeutic group, which met for weekend-long sessions.

Proceedings would start on Friday evenings over dinner at Meckel’s house, where they slept over. After a light breakfast on Saturday morning, the group would start with a “Promise Ritual”, pledging to “keep silent about the present people, about the location and the holy medicine”.

Everyone, including Meckel, would hold hands, wish each other a good journey and take the MDMA. The following 90 minutes were given over to “Introspective Lying Setting”, lying still and silent with eyes closed. Meckel played a soundtrack of classical and New Age music, programmed to help the group reach a peak.

Then she would encourage the group to get in touch with their thoughts and emotional issues, to visualise their problems and get in contact with their current “inner experience”. Childhood scenes would emerge. They’d reflect on their trauma, mostly sexual, physical or emotional abuse. Sometimes Meckel would encourage role-play, with group members playing the mother or the father. “What would you like to say to your father?” she would ask.

After a short break for lunch, they took a second dose, usually LSD or the psychedelic drug 2C-B. After more silent stillness and rousing music, the therapy would carry on for another five to six hours. The group were then invited to share a sauna with Meckel or take a walk with Konrad. By midnight, all the

guests had settled to bed. Sunday was spent discussing the previous day's work, without drugs. Over the years, 97 clients took the treatment and the outcomes, according to one paper, were overwhelmingly positive.

And the woman who kept wetting the bed? Therapy revealed that as a child she'd witnessed her sister being sexually abused. "Until we started, she couldn't recall the memory and she had no connection to the feeling," Meckel says. "She'd started wearing nappies as a kind of protection from sexual abuse on her. She was wetting the bed over and over in anticipation that the fear would come again. By reliving the experience in therapy, her brain learned that the danger was over, and soon the bed-wetting stopped. Now she's a perfectly normal young woman."

By 2008, the Swiss authorities had been tipped off and Meckel was put under surveillance. Police raided the home in 2009, seizing six doses of MDMA and four tabs of LSD. Both Meckel and her husband were arrested and given suspended sentences. "I wasn't declared guilty for the therapy," Meckel says. "I got two years probation for dealing LSD. I was criminalised, and the press victimised me. But I think I was treated fairly. I gave back all my medical licenses as soon as I was freed."

**B**ack at the trial, I'm led by the hand into a sterile examination room and seated in front of a computer terminal. It's

not a medical term, but the best way to describe my present state of mind would be "rushing off my tits". My senses are begging to be stimulated, but no dice. The low drone of the air con is my only distraction; that and the static crackle my sponge slippers makes when I rub them on the wire-wool carpet. Nothing makes very much sense to me, but it becomes relatively clear that the researchers are not going to offer me any sort of disco-orientated relief. And the awful truth is that MDMA, no matter how strong or how pure, is a mind-fuck without stimulating sound and vision.

A technician arrives, checks my pupils (huge dilated pools of black) and cues up the next task. I must read a series of everyday

scenarios and write down, in one sentence, what I imagine the subsequent events would be.

*Dave decides to cook a nice meal for his girlfriend Sally, who's coming round tonight. When she arrives Dave opens the front door wearing an apron. "You look a right ponce in that apron," says Sally. Dave snaps, grabs her by the throat and pins her to the wall.*

*What happens next?*

The MDMA amplifies the vision in my head, to the point where I can almost smell Dave's aftershave (Davidoff Cool Water). It's a semi-detached suburban house, Dave has burly tattooed forearms, and Sally, who's dangling five inches above the ground by her throat, is a classic South London dolly bird in drainpipe Juicy jeans and tan Ugg boots. At which point I begin to laugh.

Uncontrollably. I feel terribly sorry for Sally and all that. But what did she expect from a bloke like Dave? "Please write down what happens next," the technician reminds me.

SALLY RUNS AWAY EFFING AND BLINDING. DAVE CALLS THE NEXT DAY TO APOLOGISE. IT ALL WORKS OUT IN THE END.

Up comes the next story:

*Colin starts a new job just before Christmas. His colleagues joke that the boss is famously tight. At the office party, the boss buys the first round of drinks at the bar. He brings over a tray of half flaggers for everyone and a triple scotch for himself. What does Colin say?*

And so it goes on.

**READ EACH STATEMENT AND THEN INDICATE HOW YOU FEEL RIGHT NOW: I FEEL JOYFUL:** Very much so.

**P**ost-traumatic stress disorder develops when you have to live through a bout of helplessness or horror, so it's not surprising that servicemen and women suffer in greater numbers. More than 9,000

military personnel were diagnosed with mental health issues between 2007 and 2010. Campaigners say that more returning soldiers from Iraq and Afghanistan have committed suicide from untreated PTSD than have died in the conflict.

Bob Paxton is a former serviceman with the SAS. After leaving the military in 1999, he went into the private security industry, running contracts in various "hostile environments", including Iraq. He returned to the UK in 2003 and PTSD followed soon after.

Paxton is every inch the man-mountain you'd expect from the SAS — thick set, deliberate in tone and a commanding presence — but he's entirely approachable when it comes to discussing his trauma. "I completely lost the plot; I had nightmares every night, then the flashbacks started creeping in during the day. If I was alone for more than a few minutes at a time, I'd start running through stuff from my past."

Unsurprisingly, Paxton's past includes strewn body parts, mass graves and terrifying explosions. "I started looking at everyone as if they were the enemy. I'd walk into Tesco and be looking for the exit, looking at how I could disable and neutralise any potential threat, being hyper-vigilant and planning how to create the demise of people — just to get myself out of the building.

"I was running strategies that were fantastic for hostile environments, but not for your local supermarket. Then I started to carry those strategies out. I'd be in a pub and I'd attack people, thinking they were a potential threat."

Paxton retreated to the NHS and, later, PTSD charities for treatment, none of which worked. "They ask you to recall the trauma, but that's absolutely horrific. I did those therapies for two years, but they had no effect whatsoever." So Paxton looked into non-trauma focused therapies and launched his own



**THE ACID TEST** Neil tries to access the Imperial College computer system to see how he fared

charity, Talking2Minds. "People come to us as a last ditch attempt. They've tried to commit suicide on one or more occasions, been through therapy that's made them worse."

I tell Paxton about the MDMA therapy that's being trialled. He's baffled at first. Then appalled. "The medical model at the moment is about bullshit studies that create a huge amount of funding and revenue for the pharmaceutical companies. Dosing people up on drugs, whether it's antidepressants or MDMA, is horrific." I explain that patients won't be taking MDMA every day, but he's adamant. "I just don't understand how MDMA can work. When I had it, it sent me completely crazy."

**S**oon after the ecstasy explosion in 1988, scientists predicted an epidemic of dementia among users. A recent study from

Harvard University compared the cognitive abilities of 52 users with a similar number of non-users. They couldn't find a difference between the two. But there are plenty of scientists who disagree with such findings.

"A big neuroimaging study of ecstasy users found that regular users had damaged serotonin systems," says Professor Andy Parrott, a specialist in the cognitive effects of recreational drugs. "Every single person that we studied has reported memory problems. You also get deficits in decision-making and problem-solving. You're also more susceptible to coughs and colds and sleep disorder. It's a damaging drug."

I know my short-term memory is shot to pieces, but then I had trouble remembering my 12 times table long before I took pills. It's a bit late to worry if the trial I'm on is safe, but I ask Andy out of grim fascination. "The last time a study like this was carried out, two of the patients needed treatment afterwards. I would advise you not to take part."

At the research unit, my tests keep coming, as do the waves of MDMA. It's becoming difficult to concentrate. What I'd rather do right now, my brain keeps reminding me, is go get a head massage, or ask the missus to knock off early and meet me in the bath. But no, I must stare at faces on a computer screen

and identify their mood in the fastest possible time.

One man's expression starts off placid, like he's enjoying a stroll in a park with happy children playing around blossoming trees. But then he turns, as if a stranger had jumped out from behind a tree and said his mother was selling discount sex to Abu Qatada. That'll be anger then. An hour passes while I empathise with computer-generated strangers who appear to have lost kittens, stepped on broken glass, seen a ghost or won the lottery.

The rush is almost identical to the ones I've had in clubs; the swooning empathy, the boundless euphoria: it's all the same, only cleaner and

hoping we could find out why I still suck my thumb.

I'm more fearful of MDMA than I was before. It occurs to me that, dosed-up in rooms packed with perfect strangers, I've put myself in more jeopardy than I ever imagined. I was so docile today, the researchers could have asked me to do anything and I'd have played ball. Certainly, they could have knocked me over with a feather at the peak. Lord knows what could happen in a dodgy club.

I wait, during the next few days, for Weepy Wednesday — the raver's traditional midweek overreaction to a weekend's hedonism — to arrive, but it never comes. It turns out that

**"No drug is risk free, but you weigh that up against the benefits. We've had heavy ecstasy use in this country for 25 years. Where are the psychiatric wards full of people with MDMA problems?"**

stronger. I need to communicate with another human being; a chat, an aside, a glance of the eye; at this point I'll take anything I can get. There's a technician sitting in the next room along so I wander over. "Is there any chance we can stick some music on? Anything, even Olly Murs. Joke. Not that you're an Olly Murs fan. Although it's fine if you are. You know what I mean. Jesus, I'm so bored." He responds with the controlled detachment I remember the nurses using on my granddad at the tail end of his dementia. "No music is allowed Mr Boorman, please sit back down."

**READ EACH STATEMENT AND THEN INDICATE HOW YOU FEEL RIGHT NOW: MY THOUGHTS ARE WANDERING FREELY:** Very much so.

Eight hours after the dose and I'm totally drained. In the old days, I'd have been on someone's sofa by now, medicating the comedown with Brian Eno and Night Nurse. But I'm avoiding eye contact with commuters making their way home on the Tube.

The depressing normality of it all brings the day's proceedings slowly into focus: the claustrophobic scan, the awful morphing faces Dave and his poncy apron. I was kind of disappointed the researchers didn't do any therapy on me. I was

the delayed comedown synonymous with chemical nights has more to do with prolonged lack of sleep and food that clubbers put themselves through than the gear. I call Dr Sessa to ask if I really have put my life on the line.

"I don't know about the stuff you've had from the street, but in terms of the trial, no drug is risk free, any more than cancer chemotherapy or even sticking plasters, but you weigh that up against the benefits. We've had heavy ecstasy use in this country for 25 years. Where are the psychiatric wards full of people with MDMA problems? They don't exist."

According to Dr Sessa, we'll be in the 2020s before there's a possibility that MDMA might be rolled out as a treatment. And that's assuming several more phases of tests and research funding go to plan. With such a long haul ahead, the researchers are nothing if not dedicated. "There's strong suggestive evidence that psychedelic drugs can have therapeutic effect," says Dr Carhart-Harris. "And if there's a potentially effective treatment that's being denied because people won't address the possibilities, then that's not right. You could say it's unethical for us not to try." **✚**