



**SUPPORTING  
– WOUNDED –  
VETERANS**  

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**REHABILITATION  
TO EMPLOYMENT**

**SUPPORTING  
WOUNDED VETERANS**

MDMA-ASSISTED GROUP THERAPY  
**A £1.4m appeal to research  
revolutionary treatment for  
severe, treatment-resistant  
Post-Traumatic Stress  
Disorder (PTSD)**

## **PROJECT RENEW**

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*“To have the chance of a new life. To have a world where my PTSD is not as dominating as it is right now. To put the past into some sort of context and not be haunted by it every day, every moment in the future.*

*What a wonderful gift that would be.”*

**MARTIN WADE  
VETERAN**

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# DEFEATING PTSD REQUIRES INNOVATION

For too many UK veterans, the real battle begins when they return home.

7.4% of ex-regular servicemen and women who had deployed to Iraq or Afghanistan suffer from Post-Traumatic Stress Disorder or PTSD. For those whose last deployment was in a combat role this rises to 14.8%<sup>(1)</sup>. Within the civilian population the rate is 4.4%<sup>(2)</sup>. Veterans fare worse from existing treatments. The FiMT report (2020) showed that Cognitive Behavioural Therapy had (CBT), at best, a 30% success rate in veterans<sup>(3)</sup>.

PTSD can affect anyone. Too many have tried every therapy and every possible medication. They have come too close to giving-up on ever finding a solution to the devastating effects of PTSD has on their lives and their families.

**Your financial support could be the answer to transforming their lives forever.**

At Supporting Wounded Veterans (SWV), we know that veterans can embrace their full potential when their lives are less dominated by the pain of mental or physical injuries.

Ultimately your support will pioneer revolutionary new research to further more effective treatment for all trauma survivors, including those affected by war, sexual assault, torture, rape and child abuse.

Supported by NHS England, we are working with world-class researchers in this pioneering field at the Cambridge Psychedelic Research Group, Addenbrookes Hospital and Fulbourn Hospital in collaboration with Cambridge University to deliver the UK's second MDMA-assisted therapy trial committed to finding an effective treatment for the most severe PTSD focusing on group therapy.



**MARTIN HEWITT,  
EX-PARA  
& SWV  
AMBASSADOR**

*"I know many former servicemen and women who suffer from mental health injuries, many of whom are extremely high performing individuals. Their injury is preventing them from achieving what they wanted in life.*

*PTSD can affect any rank or role in the military. It is an injury that affects all.*

*We need to look at something that's new, that's revolutionary, to maximise the support for people being treated and healed from this injury."*

## WHAT IS PTSD?

- PTSD can be caused by war, sexual assault, childhood abuse, torture, accidents and other traumatic events, like COVID-19 ICU survivors.
- It involves changes in the brain which decreases activity in the hippocampus and prefrontal cortex (areas associated with memory and learning) and increased activity in the amygdala (associated with processing emotion and particularly fear).
- People who suffer from PTSD relive their traumatic experiences repeatedly. This can lead to insomnia, fractured relationships, inability to sustain a job, substance abuse, depression and suicide.

# BREAKING DOWN BARRIERS

## WHY SWV?

**Why SWV? Because we are willing to think outside the box, to commission research and to work to raise the needed funds to move the dial on treatments. We did this for chronic pain because no one else would, now we must do the same for PTSD**

Founded in 2012, SWV has helped hundreds of wounded UK veterans find employment and independence through sport, pain management and mentoring.

Our approach supports the most vulnerable. By listening to them on their recovery journey we have learnt how pain and trauma has affected their ability to lead an independent life.

We started to help by offering sports recovery through skiing. Through the close bonds developed on our Sports Rehabilitation programme, we discovered that pain was the biggest barrier to veterans reaching their full potential.

This led us to commission innovative therapies to reduce pain to help veterans get their lives back on track.

There is, at the moment, no really efficacious treatment for PTSD. Anywhere.

SWV has run out of effective treatment options to refer veterans to who are suffering from PTSD.

We hope that medical trials with MDMA-assisted therapy, already designated as a breakthrough treatment, may show a new, better way forward for veterans and the civilian population.

The UK cannot and must not fall behind. To ensure that treatment will be available in the UK and Europe, research must be carried out here as well, independently.

**Solving treatment-resistant PTSD is the next battle to fight. We are confident that psychedelic medicines will represent a real solution to a difficult problem.**



**GENERAL SIR  
NICK CARTER,  
FORMER CHIEF  
OF THE  
DEFENCE STAFF  
& SWV PATRON**

*“PTSD is a truly debilitating and life-threatening battle – defeating it requires innovation. Studies of MDMA-assisted therapy in the US are proving it to be dramatically more effective than other treatments at relieving the pain and removing the stigma of PTSD.*

*We, and importantly, our veterans are convinced it merits further study and trial. Many of these veterans have made remarkable sacrifices on behalf of our country.*

*This programme, driven by SWV, genuinely promises to make a difference to the lives of wounded veterans who deserve the chance to live normal lives”*

## General Sir Nick Carter

### MDMA should be licensed for veterans with PTSD

Stuff starts to get real, real quick,' recalls former US Marine, Tyler Flanigan. An Iraqi sniper had just shot out the tyres of his truck and a key member of his team had been killed. 'We were sitting ducks.' 'I couldn't easily name a single day in Iraq that I wasn't shot at or didn't have something explode next to me,' says his fellow US Marine veteran, Nigel McCourry.

Combat experience is hard to forget. Civilian life offers daily triggers that throw you back down 'IED alley', reliving the flailing feeling of being blown up and the horror of gathering friends' body parts in bags.

These former US Marines discussed their trauma in the documentary *Dead Dog on the Left*. It chronicles their journey through the no-man's land of complex PTSD, which in turn triggered alcoholism and suicidal thoughts, to an eventual recovery, aided by MDMA-led psychotherapy.

Their stories are not unusual. For the past eight years I have been the patron of a charity called Supporting Wounded Veterans, which helps veterans who have suffered life-changing injuries. Increasingly, our work is less to do with physical injury and more to do with mental injury, as complex post-traumatic stress disorder, or C-PTSD, does not necessarily arise until some time after the trauma. We are the only British charity conducting medical research with trials using MDMA-led therapy, first at King's College London and now at Addenbrooke's hospital, Cambridge.

When I was chief of the general staff, the professional head of the British Army, eight years ago, we recognised that while we had an excellent focus on physical health, we were not doing enough for mental health. So we introduced training for commanders at all levels and developed a mental first aid assessment. But, most importantly, we worked to change the culture. We wanted to make it acceptable for soldiers to talk about mental health and to ask for help.

Recently, I took three weeks out and travelled to a retreat to try to understand the effect that multiple year-long combat tours in Afghanistan have had on my own mental wellbeing. It was an extraordinary experience to bring one's real feelings out of a sealed box. I am fortunate – my issues are entirely manageable. But imagine what it is like for those with complex PTSD.

The guilt of surviving when others have died. Living in a society that does not want to know what you saw and seems not to care. Losing your sense of purpose and belonging. And the desperation that comes from finding no treatment that works. Suicide rates in young veterans are two to four times higher than the same age group in the general population. Hence my purpose in writing this article – for there is a treatment that may work, if only government would get behind it.

At the risk of sounding 'woo woo', I am talking about psychedelic therapy. It is not new. Between the 1950s and 1970s, LSD, MDMA and psilocybin were used in psychiatric clinics across Europe and North America to treat alcoholism, trauma and end-of-life anxiety. Tens of thousands received care before prohibition abruptly ended the work.

The methods were sub-par by modern standards, but one insight endured: these compounds seemed to activate the mind, not just medicate it. Patients described experiences that were vivid, challenging, often profound, and outcomes improved when those experiences were supported before and after by specialised care.

We have MDMA-led therapy, the most rigorously studied psychedelic intervention for PTSD. MDMA doesn't produce hallucinations. Instead, it reduces activity in the amygdala, the part of the brain where fear-based emotions are processed, allowing patients to revisit trauma without being overwhelmed.

Psychedelic therapy doesn't simply suppress symptoms. It may help reshape the system generating them. Neuroscientists speak of a 'window of plasticity' – a brief period in which the brain becomes more responsive and open to learning. It's not alchemy. It's structured, supervised psychological work.

Phase three trials in the US and earlier studies in Australia, Canada and Israel have shown sustained reductions in symptoms. But sadly, despite the US Food and Drug Administration designating MDMA-assisted treatment as a 'breakthrough therapy', there is still no formal approval. Even so, momentum continues.

In March, the US Department of Defense awarded \$9.8 million for MDMA research, including studies with active-duty troops. Regrettably, Britain is not keeping up: we are losing research talent, innovation and the chance to shape the field. Our infrastructure remains underpowered. Though MDMA and psilocybin show promise in trials, both remain Schedule 1 substances here, labelled as having 'no medical use'. That legal status triggers licensing hurdles, a regulatory burden and huge additional costs.

Government research shows that a single gram of research-grade MDMA can cost as much as £10,000, compared with a street price of maybe £30 to £50. Trials involving controlled substances incur higher insurance and oversight costs. Anyone who handles the drug must be trained, vetted and approved. Thus a small clinical trial involving MDMA can cost millions of pounds.

America is investing in healing her warriors while the UK hesitates. Ministers cite regulation, but the deeper issue is a lack of commitment to collaborative research, to therapeutic innovation and to serious investment in mental health care. The US president Calvin Coolidge had it right when he observed: 'The nation which forgets its defenders will itself be forgotten.' A century later, that warning feels painfully relevant.

Britain has world-class clinicians, leading neuroscientists and veterans who are more than ready to take part in trials. What it lacks is the infrastructure and the political will to act. This isn't just a military concern. Police, paramedics and NHS staff absorb trauma in silence, often with little support.

Psychedelic therapy is no miracle. But it may offer something other options rarely do – and that is depth, meaning and a way to engage with suffering rather than sideline it.

So my message to our government is that the UK doesn't need to wait for the US to license this treatment. It should recategorise MDMA for research purposes to enable trials to happen faster and at vastly reduced cost. If the trials are as successful as the ones we have seen so far, then the government and the Medicine and Healthcare products –Regulatory Agency needs to allow full licensing – and at pace. This is a moral obligation to those who serve our country.

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# WHAT IS THE PIONEER - RENEW PROGRAMME

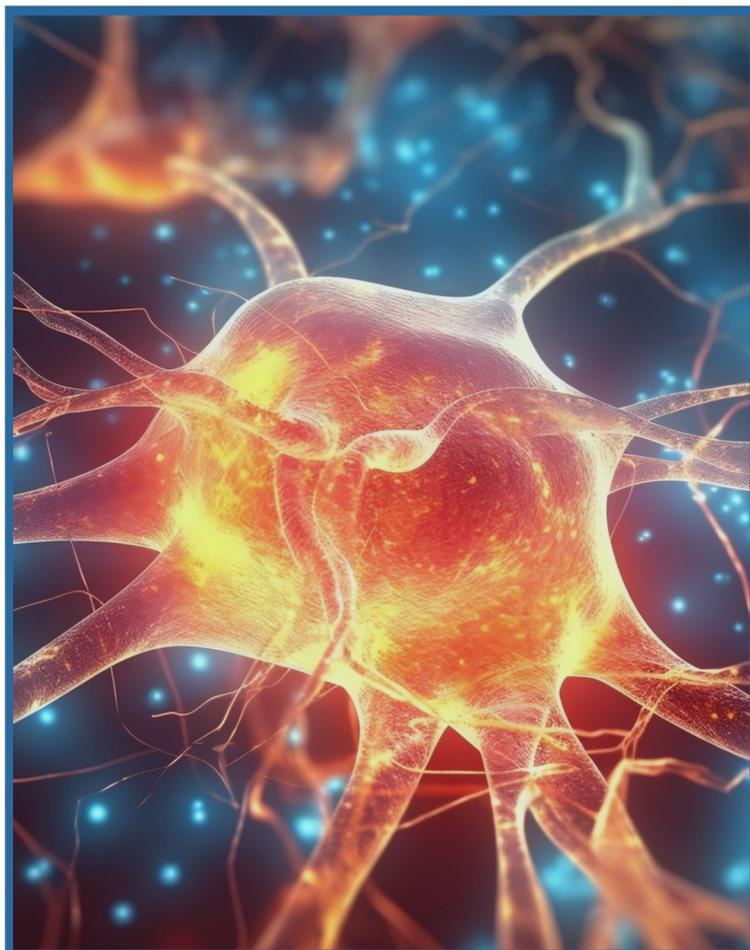
## Our UK research aims to:

- **Evaluate** the effectiveness of group MDMA-assisted therapy as a treatment for severe PTSD in UK veterans, first line responders and war correspondents.
- **Replicate** treatment outcome of MAPS Phase 3 trials which have demonstrated positive outcomes, with more than 60% of participants not qualifying for a PTSD diagnosis after three months.
- **Join** the Horizon Pan European trial studying MDMA, headed by Dr Eric Vermetten, former Chief Physician of the Dutch Armed Forces.

The 1st SWV funded UK trial made up 35% of the European study with the FDA already designating MDMA-assisted therapy a 'Breakthrough Therapy' in 2017.

### Ethics approval

*The protocol, ICF and study documents to be reviewed and approvals sought from the NREC and MHRA. It will also follow ICH, GCP, EU Directive 2001/20/EC, US CFR Title 21 and the Declaration of Helsinki guidance.*



*"There is nothing left in the medicine cabinet. We've seen no new treatments since the development of the first anti-depressants. We've all reached the same conclusion (doctors, researchers and SWV) that psychedelic medicines may be the best chance in turning the dial for those who have been waiting too long for help."*

**GILLY NORTON FOUNDER & CEO, SUPPORTING WOUNDED VETERANS**

# THE STORY SO FAR

## US TRIALS

### 2016

MAPS Phase 2 clinical trials of MDMA-assisted therapy included 107 patients with chronic PTSD. Within the group receiving psychotherapy with MDMA, 56% of subjects no longer met the diagnostic criteria for PTSD at the primary endpoint. At the one-year follow-up, **67% of all subjects treated with full-dose MDMA no longer met the diagnostic criteria for PTSD**, demonstrating the durability of positive treatment outcomes and continued improvement over time.

### 2017

FDA designated MDMA-assisted therapy for PTSD a 'Breakthrough Therapy', indicating it is among the most promising treatments being developed.

### 2019

MAPS completed training certification for Phase 3 investigators and initiated the first Phase 3 trial at 15 sites across the United States, Canada and Israel. Results show that this therapy provided to patients with severe or extreme, chronic PTSD appears to be cost-saving while delivering substantial clinical benefit (4).

### 2021

The randomised, blinded, Phase 3 trial treated 90 patients with chronic PTSD. The primary efficacy endpoint was based on the change from baseline, in an independently assessed clinical interview of PTSD severity after 18 weeks. Among the participants in the MDMA-assisted therapy group, **67% no longer qualified for PTSD diagnosis after three MDMA-assisted therapy sessions and 88% of participants experienced a clinically significant reduction in symptoms.**

### 2024

MAPS (NFP) rebrands to Lykos Therapeutics, the for-profit arm of MAPS, in January and concentrated all research to the U.S. In August 2024 the FDA rejected the new drug application for drug marketing approval submitted by Lykos Therapeutics Inc. (Lykos) for its psychedelic MDMA drug asking for a larger trials.

### 2025

Lykos becomes 'Resilient Pharmaceuticals'.  
Europe feels that carrying out its own trials and research is imperative.

## UK TRIALS

### 2020

Pioneer Programme developed by SWV with MAPS, King's College London and backed by the NHS. The clinical study received approvals from the NREC and MHRA.

### 2021

Therapist training begins. Participant enrolment opens. Fundraising appeal for £1.5m goes live.

### 2021-22

UK trials begin.

### 2023

UK trial successfully completed, phase 3 halted by MAPS who moved all clinical trials to the US.

### 2024 - Onwards

SWV is working with other countries, carrying out similar trials, including veterans' hospitals in the U.S. on a new clinical trial. It commissions the Cambridge Psychedelic Research Group to carry out the next Phase II trial in the UK with funding from SWV.

# THE CPFT TEAM

## LEADERSHIP

**Dr. Liliana Galindo, MD, PhD** (Principal Investigator), is a Consultant Psychiatrist and Medical Lead in Psychosis at **CPFT**, and an Affiliated Assistant Professor of Psychiatry at the University of Cambridge. As the Founding Director and Principal Investigator of **CPRG**, Dr. Galindo brings over a decade of experience leading clinical trials on psychoactive substances. Her work embodies a rare combination of scientific rigour, innovation, and humanity driven by a belief that new, evidence-based approaches can restore hope for those living with the most challenging mental health conditions.

**Dr. Liam Modlin, PhD** (Co-Investigator), is a Psychological Therapist, Researcher, and Lecturer at the Institute of Psychiatry, Psychology, and Neuroscience at King's College London. He is also the Co-Founder of the Maudsley Psychedelic Society's Harm Reduction Integration Group.

## THERAPY TEAM

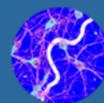
With funding from SWV, CPRG will recruit and train a team of 12 highly experienced therapists to deliver MDMA-assisted therapy to veterans, first responders and war correspondants participating in the trial. Each therapist will complete specialist training in MDMA-Assisted Therapy for PTSD, an intensive curriculum grounded in decades of clinical experience. This specialised training ensures that therapy is conducted safely, ethically, and effectively—providing participants with the highest standard of care as they embark on this transformative therapeutic journey.



Cambridgeshire and  
Peterborough  
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CAMBRIDGE



CAMBRIDGE  
PSYCHEDELIC RESEARCH GROUP



# MDMA-ASSISTED THERAPY

MDMA-assisted therapy is the administration of carefully-controlled pharmaceutical-quality doses of MDMA under the guidance of highly accomplished clinicians and in a safe, comfortable and controlled setting.

The aim of the treatment is to create the ideal conditions for reducing the fear response to help participants to access their innate capacities for resilience and post-traumatic growth.

The therapeutic effect is not due simply to the physiological effects of the medicine; rather, it is the result of an interaction between the effects of the medicine, the therapeutic setting, and the mindsets of the participant and the therapists.

The opportunity provided by psychedelic psychotherapy is to be able to revisit traumatic and distressing experiences in an atmosphere of safety and acceptance. The treatment allows patients to open up in a very safe, supportive way, feeling empathy and self-compassion, as opposed to the shame and blame that combat veterans often experience, particularly when they're asked to revisit the trauma.

**MDMA** (3,4-methylenedioxymethamphetamine) is a psychedelic compound which enhances the effect of psychotherapy. It was invented by the Merck pharmaceutical company in 1912.

Clinicians and researchers at Cambridge University, The University of British Columbia, Johns Hopkins in Baltimore, King's College and Imperial College in London and UCLA have already led many psychedelic drug trials to research treatments for a wide range of mental health issues across addiction, eating disorders, anxiety and depression.

After informed consent and eligibility assessment, participants are given MDMA under medically supervised conditions during a psychotherapy session.

MDMA sessions are 8 hours long, 2 (phase 2) or 3 (phase 3) times, scheduled 3-5 weeks apart in conjunction with 9 (phase 2) or 12 (phase 3) weekly 90-minute non-drug psychotherapy sessions.

"The MDMA floods the brain with serotonin, which quiets down the fear system in the brain that seems to be so overactive in PTSD, inducing a more general state of relaxation. It's this relaxed state that coupled with the support of a therapist allows patients with PTSD to re-experience their symptoms without being overwhelmed.

It allows them to see, often for the first time, that they can engage in therapy, sowing a seed that ongoing psychotherapy can nurture into post traumatic growth."

Dr James Rucker  
King's College London



# FUNDING

The total cost to deliver the Phase 2 MDMA-Assisted Group Therapy in the UK is £2m.

## Budget

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• Research framework and protocols, facilities, therapist training treatment - therapy and medication	1,500,000
• Regulation, legal and administrative reporting	400,000
• Contingency	100,000

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<b>Total expenditure</b>	<b>2,000,000</b>
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To kick-start the programme, SWV has committed £600,000 to the fundraising appeal.

## The Next Steps

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We are now **seeking to raise a further £1,400,000** to fund the next steps. With the associated costs surrounding PTSD these trials could bring significant and meaningful change.

With 4.4% of the civilian population with PTSD in England, MDMA-assisted therapy will be a game-changer in this complex and difficult field, reducing the long-term, and repeated, costs of care for those with PTSD.

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*“I have often wondered what it might be like to have some sort of recovery. It’s really emotional to think that I can unburden myself from some of these chains that hold me back.*

*For my PTSD to be alleviated through this treatment would be priceless.”*

**VETERAN**



# THE FUTURE

Once the trials have been delivered and the treatments are approved, our long-term aspiration is to support a sustainable roll-out of MDMA-assisted therapy for PTSD to the veteran population.

Broad estimates suggest that there are circa 300,000 veterans in the UK with PTSD, with thousands more suffering in the civilian population following the global pandemic, conflict, trafficking and pervasive sexual violence. There is an **estimated annual cost of £40 billion**, a likely conservative figure, to treat the U.K population of PTSD sufferers<sup>(4)</sup>.

As a military charity we are focused on the veteran outcomes of this treatment as they tend to fare worse than civilians with existing treatments. However, for the enduring benefit of all trauma survivors we **must lead and fund this work now**.

Over five years we could help 2,500 of those veterans who have been failed by existing treatments. To do this we would develop a new Centre of Excellence for Psychedelic Medicine in conjunction with a certified therapist training programme.

We have also brought together 38 of the leading, global military psychiatrists to work together to share their broad knowledge of psychedelic medicines to help shape the future treatment pathways for veterans if proven.

We expect great demand for this treatment. SWV is in discussion with the NHS and others within the psychedelic medicine community to establish a Centre of Excellence for therapists to deliver this treatment for the thousands of veterans with PTSD in the UK.

Please call us on +44 (0) 7909 090291 to discuss this exciting opportunity to bring solace to thousands of people with PTSD.



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## WITH THANKS TO OUR FIRST PIONEERS

Jeremy Collier  
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Tom Latchford  
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MAPS (Multidisciplinary Association for Psychedelic Studies)  
McDermott, Will & Emery  
NHS England  
Richard & Associates Limited

And our generous donors who wish to remain anonymous

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