

R/evolutionary Medicine: Psychedelics, Trauma, and the Pharmaceutical Industry

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“We can change policies all day but if the fight to get there was full of trauma, was replicating oppressive dynamics, abusive dynamics, then what is the point?”
—Patrisse Khan-Cullors, *Black Lives Matter* co-founder

RECENTLY, PRESCRIPTION DRUG OVERDOSES OVERTOOK car accidents as the number one cause of accidental death in the United States. Americans lead the world in prescription drug use, and we are no healthier or happier than comparable nations without such high rates of prescription drug use. As MAPS studies continue to demonstrate the therapeutic effectiveness and safety of MDMA (especially compared with currently approved treatments developed by for-profit pharmaceutical companies), our society will deepen its questioning of the current profit-driven drug development system’s ability to produce the safest and most effective treatments.

In 2015, MAPS founded a new wholly owned subsidiary, the MAPS Public Benefit Corporation (MPBC), to ensure that we are always guided by public benefit, not by profit, as we work to develop MDMA and cannabis into prescription medicines. MPBC is an alternative model designed to exist within a capitalist, profit-driven system. Benefit corporations reduce the harms of capitalism, as well as pick up capitalism’s slack. For example, most psychedelic compounds such as MDMA, psilocybin, and LSD cannot be patented (they are either naturally occurring or their patents have expired), which hinders their profit-making potential. This is one of the reasons that for-profit pharmaceutical companies have not yet invested in psychedelic research. By contrast, since MPBC’s aim is public benefit—not profit—psychedelic research remains its priority. As a non-profit organization, MAPS has been able to afford MDMA-assisted psychotherapy research because we were able to use approximately \$300 million in research (and over 5,000 published scientific papers) to make the case for our Phase 2 studies. Thanks to government-funded research from around the world that sought to demonstrate the dangers of MDMA, there is ample

research demonstrating its relatively high safety profile.

For-profit pharmaceutical companies often operate at the expense of their customers’ health and finances. With profit guiding drug development, pharmaceutical companies are incentivized to market patentable products that consumers depend on for years. Drugs are also developed to cure ailments in small doses, but in the United States these drugs usually come with a hefty price tag. By contrast, psychedelic therapy can be an effective treatment with as little as one dose accompanying psychotherapy, though most participants require two to three MDMA-assisted psychotherapy sessions. Yet in the United States, medicines are almost exclusively developed with the goal of maximizing profit for the producers. Why aren’t we aiming for a system that maximizes healing and minimizes cost for the patient?

In their curated 2014 exhibit at the Reijksmuseum, *Art is Therapy*, philosophers Alain de Botton and John Armstrong write: “Health involves the capacity to think creatively about ways that things could be better. That’s what depression cuts off.” Psychedelic therapy helps people to “think creatively,” while pharmaceuticals, as psychiatrist Dr. Julie Holland told *The New York Times* in March 2015, can “promote apathy and indifference.” She continues:

SSRI’s [the most commonly prescribed antidepressants] tend to blunt negative feelings more than they boost positive ones...Some people on SSRI’s have also reported less of many other human traits: empathy, irritation, sadness, erotic dreaming, creativity, anger, expression of their feelings, mourning, and worry.

Psychedelic therapy asks participants to confront the source

of their pain, while pharmaceuticals tend to numb patients' feelings. Having numbed feelings can certainly serve a valuable role in some treatments. But, messaging promoted by pharmaceutical companies that mental illness is simply a "chemical imbalance" that can be remedied with medicine, in combination with blunted feelings, often prevents patients from understanding a more holistic perspective of their pain. Conversely, psychedelic therapy often leads participants to start examining both the personal and societal sources of their trauma. As psychiatrist Dr. Robert Lifton told *The Washington Post* in November 2015, "For the healing process to take place, the veteran needs to confront what they have been a part of."

Garrett Reppenhagen, a retired Army sniper who served in Iraq, explains to *Salon* in February 2015:

I was taken aside more than once at the VA during group therapy and told that the VA is not a platform to express my political views. [To me] my recovery hinged on the fact that I felt guilt and shame over committing atrocities against an occupied country. We went over there and brutalized and oppressed, and that is part of my psychological and moral injuries. If I can't talk about it at the VA, then the VA can't help me.

Though many Americans find relief from pharmaceuticals, psychedelic therapy encourages a more comprehensive approach to healing.

Cannabis has also long suffered at the hands of the pharmaceutical industrial complex. The for-profit pharmaceutical industry (along with the prison and alcohol industries) funds anti-cannabis campaigns and politicians. They are understandably threatened: Cannabis is a far safer, and often more effective, alternative to a large number of pharmaceuticals. A 2014 study in the *Journal of the American Medical Association* showed states with medical cannabis laws to have 24.8% lower rates of opioid-related deaths. Disturbingly, the leading anti-cannabis funders are pharmaceutical companies who produce opiates. They include Purdue Pharma (OxyContin®), Abbott Laboratories (Vicodin®), Alkermes (Zohydro®, a controversial new opiate reportedly 10 times stronger than OxyContin®), and many other opiate manufacturers. These companies fund organizations such as the Partnership for Drug-Free Kids (formerly the Partnership for a Drug-Free America), who recently urged the Attorney General in a public letter to keep cannabis listed as Schedule I, indicating no medical use and high potential for abuse. Prescription opiates, however, are in a significantly less restrictive category, despite dramatically higher documented abuse rates than cannabis and astronomical overdose death rates, a sharp contrast to cannabis' non-lethality.

There is currently no direct path to developing cannabis into prescription medicine, because of a Drug Enforcement Administration (DEA)-enforced National Institute on Drug

Abuse (NIDA) monopoly on the production of federally legal research cannabis in the United States. MAPS is preparing to conduct a Phase 2 study of cannabis for symptoms of PTSD, to be funded by a \$2.1 million grant from the State of Colorado and using NIDA cannabis. If Phase 2 studies are successful, for

Phase 3 we will need cannabis from a non-governmental source since NIDA cannabis cannot be used for prescription. As a result, we are advocating for the elimination of this DEA-enforced cannabis monopoly. Even NIDA Director Nora Volkow testified in a Senate hearing in June 2015 that eliminating their DEA-enforced monopoly would be "beneficial." The DEA is acting in solidarity with law enforcement agencies

which strongly oppose medical cannabis, and which also receive federal grants tied to drug enforcement laws.

The therapeutic potential of psychedelics and cannabis oblige us to create new models that diverge from those followed by the for-profit pharmaceutical industry, because they inspire us to prioritize human wellness over profit. If a system designed to develop medical treatments prioritizes making a profit above genuine healing, inevitably all other aims will suffer in the service of accumulating capital. As Gabor Maté argues in his upcoming book, capitalism inevitably creates trauma, because capitalism by definition places profit above all else. The process of valuing capital more than human life is inherently traumatic, and this manifests in countless ways as it filters through our society and bodies. The pharmaceutical industrial complex is one such egregious example.

Psychedelic therapy works by helping individuals to address the root cause of their difficulties. Precisely because it works this way, psychedelic therapy can also illuminate the societal and political sources of trauma. Psychedelic research, therefore, has the tremendous potential to influence systems and policies to prevent and heal—rather than create and perpetuate—trauma. 🌀

Natalie Lyla Ginsberg is Policy and Advocacy Manager at MAPS. She earned her Master's in Social Work from Columbia University in 2014, and her Bachelor's in History from Yale University in 2011. At Columbia, Natalie served as a Policy Fellow at the Drug Policy Alliance, where she helped legalize medical marijuana in her home state of New York, and worked to end New York's racist marijuana arrests. Natalie has also worked as a court-mandated therapist for individuals arrested for prostitution and drug-related offenses, and as a middle school guidance counselor at an NYC public school. Natalie's clinical work with trauma survivors spurred her interest in psychedelic-assisted therapy, which she believes can ease a wide variety of both mental and physical ailments by addressing the root cause of individuals' difficulties, rather than their symptoms. Through her work at MAPS, Natalie advocates for unbiased research to help undermine both the war on drugs and the current mental health paradigm. She can be reached at natalie@maps.org.

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