

Taiwan should oppose psychedelic “legalization” without price controls

By James Davis

Psychedelics are quickly being recognized as tools to help people improve their mental health with [Australia recently legalizing several varieties](#) for medical use. The U.S. Food and Drug Administration recently classified psilocybin mushrooms as a “breakthrough therapy” for treating depression, for example, acknowledging [five decades of clinical trials](#) that show they can help people work through complex trauma. This suggests these treatments may be on their way to Taiwan over the next decade, potentially helping [over a million Taiwanese](#) who have a mental health condition.

However, Taiwan and other countries in Asia should be very cautious about legalizing psychedelics because, if it is done improperly, foreign pharmaceutical companies will dominate the market. In the United States and Australia, a corporation known as the Multidisciplinary Association for Psychedelic Studies (MAPS) has lobbied for decades to be given a [decades-long monopoly](#) over the sale of these treatments known as “FDA exclusive authorization.” The end result is that if the U.S. government approves psychedelics for legalization, this single corporation will have the exclusive rights to sell each treatment for more than 453,255.00 NTD ([\\$15,000](#)).

Much like the Americans who could suffer under this psychedelic monopoly, the Taiwanese people cannot afford these expensive treatments because about [one in two people live paycheck to paycheck](#). Improperly legalizing these new treatments will mean that this cutting edge care will only be [accessible to extremely wealthy individuals](#), as the founders of the Psychedelic Science Funders Collaborative Graham Boyd and Joe Green have noted.

The lesson for Taiwan is simple and profound. The nation should wait until more affordable models are implemented around the world, rather than allowing lobbying by these corporations. States like Massachusetts have filed laws that would allow psychedelic-assisted therapy but also keep prices contained.

James Davis is a volunteer for Bay Staters for Natural Medicine, a nonprofit that has worked across six U.S. cities to end criminal prosecution for the use of psychedelics. He holds a B.A. in economics from Columbia University and a Masters in Public Administration from the University of Southern California (USC).

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By sharing stories with their city leaders, ordinary people have ended arrests for cultivating psychedelics in seven cities, including three in Massachusetts that [refer people to health services instead of arresting them](#) for all drug possession. These local measures help millions learn how tools like psilocybin mushrooms, ayahuasca, and MDMA can bring them spiritual relief, while challenging the false notion that legalization is only possible through Big Pharma medicalization.

Private health insurance is a multi-billion dollar industry that profits from serving as the middleman between people and doctors. Every other developed country spends far less than the U.S. per person while providing healthcare as a human right. One in every ten Americans [has no health insurance](#) at all, and six in ten [cannot afford a \\$500 medical expense](#) without going into debt even if they have insurance. Take the example of my mom, a Walmart cashier, who is one automated checkout machine away from losing employer health insurance. She pays *almost half of her income* to meet her \$8,000 yearly deductible, the amount our family will pay out of pocket before health insurance covers her care at all. People like her will have no hope for affording treatments with the artificial psychedelic MDMA or psychedelic plants like psilocybin mushrooms.

A recent New York Times article praises the Multidisciplinary Association for Psychedelics Studies (MAPS) for its explicit plan to use much of its \$750 million profit from a monopoly over MDMA therapy to “[fund lobbying efforts to require insurance coverage for such treatments...](#)” Its founder, Rick Doblin, admits in the article that MAPS calls itself a nonprofit even as it has “created a corporate entity and hired management consultants to help plot the future of legalized MDMA therapy.” MAPS former executive director for Canada, Mark Hayden, has already [cashed in to take a leadership role](#) at the for-profit pharmaceutical company Psygen Industries, as many other employees expect to do as well. As Hayden allegedly told the MAPS diversity team he fired, “[we are not a ‘save the whales’ organization](#)” but rather one driven by a bottomline. That profit motive explains why MAPS lobbyists supported limits on transportation of psychedelics in California’s bill, which will threaten many mushroom growers with arrest for sharing with friends.

Per the New York Times, MAPS only supports the “legalization of psychedelics at the federal level, though with strict licensing requirements for adult recreational use” despite overwhelming evidence that [psychedelics are non-addictive and extremely low-risk](#). Moreover, MAPS policy director Ismail Lourido has stated that MAPS does not endorse any pending state or local effort for ending arrests for psychedelic possession or cultivation. This strategy suggests that MAPS could partner with other corporations in the space to reverse decriminalization measures, and there is precedent for this. In Massachusetts, large cannabis firms have pushed legislation that would [further criminalize people](#) growing and exchanging their own cannabis outside the legal market that costs millions to enter. That fear of prosecution and onerous regulations have made Massachusetts cannabis [among the most expensive in the nation](#).

The corporate takeover of psychedelics could prove even easier than the corporate takeover of cannabis. This is because the Food and Drug Administration (FDA) will soon give corporations like

MAPS and Compass Pathways [exclusive rights to sell psychedelic therapies for up to twelve years](#)—a monopoly that increases prices substantially. Per the New York Times, this means that a treatment regimen for MDMA could be nearly \$4,000 like ketamine, a psychedelic compound that has been medically legalized already. Other estimates [range as high as \\$15,000](#) for regimen, though MAPS and affiliates claim that they will cover the cost of the MDMA itself but not the therapy for people in need (a very small share of the total regimen cost people would *have* to legally buy). And a standard regimen of psilocybin therapy could cost between [\\$5,500 to \\$11,000](#), according to investment analyses of Compass Pathways' pricing strategy.

And even when these FDA monopolies end, these corporations will still benefit from private health insurance inflating the cost of every medical product it touches. This is because hospitals aiming to one day sell psychedelic therapies have so much market power that insurance companies, in order to stay on good terms, [rarely even bother to negotiate down prices for treatment](#).

Psychedelics are a safe and non-habit forming tool we cannot let fall into Big Pharma's hands. City by city, we must [build a movement](#) that ends arrests for possession so that healers, counselors, and ordinary people can build cultures of healing and affordable access for all.

James Davis is a volunteer for Bay Staters for Natural Medicine, a community that shares stories of hope from psychedelic therapies with city lawmakers. He holds a B.A. in economics from Columbia University and a Masters in Public Administration from the University of Southern California (USC). However, his views do not necessarily represent the view of his employers.

*Note to the Editor: sourcing on the cost of Compass Pathways psilocybin therapy, with calculations from numbers stated in Seeking Alpha's financial analysis. For the cost of Compass Pathways' soon-to-be legal psilocybin treatment, this investment article very conservatively estimates the cost to be between \$5,500 and \$11,000 (10 sessions x \$100 per session + 10 sessions x \$1,000 for the plant). With inflation over the next few years and monopoly power, these estimates are likely very conservative

*Note to the Editor: sourcing on MAPS position on decriminalizing possession, use, cultivation, and exchange of psychedelics is from an email exchange on June 16th.

MAPS Contact for BSNM    

Lillian Smith <lillian.smith@mapsbcorp.com>
to me, Leslie, Ismail 

Hi James,

I hope this message finds you well. First, I want to thank you for your invitation last month to the event in Worcester; I was offline sitting a meditation retreat that week, but I really appreciated the thoughtfulness of your handwritten card and wished that I could have joined the event.

I have a response from Ismail Ali, who is the Policy & Advocacy Counsel at MAPS, to the questions you initially reached out to me about back in April:

- Will MAPS formally endorse the resolution and publicize to MAPS employees the ability to individually endorse these resolutions at this critical time: tinyurl.com/bostonemails **No – MAPS as an org does not formally endorse any state or local efforts at this time. We can and would support with implementation AFTER it passes, as we have been in Oregon and in Denver. However, MAPS and MAPS PBC employees can absolutely endorse anything they want, including local decrim efforts, in their personal capacity.**
- Would MAPS like to take a central role in selecting the members of the 12-member task force our coalition is assembling in consultation with other nonprofits and LLCs including the Last Prisoner Project and Vicente Sederberg LLC (see attached). By December 2021, this task force will publish a report and recommendations for a gold-standard approach to drug policy to pursue as the coalition 2021 agenda. Important to note is that our coalition has the achievable goal of decriminalizing possession of all controlled substances and cultivation/exchange/ceremonies with psychedelic plants for 90% of the state's population by the end of this year. **I don't think MAPS can take a central role, but we would be glad to be involved in the conversation as helpful. This would fit into the "implementation" category. Would like to hear more about the likelihood of success on the mentioned goals.**
- Our grassroots volunteers plan to reach out to every therapist and alternative healthcare provider in the state (think acupuncture, yoga, meditation, etc) to offer introductory programming on integration therapy to get their feet wet in the field & refer them to more robust courses. Is MAPS interested in participating in that introductory programming or offering input on that harm-reduction/access outreach? **I'd be curious to hear more, but probably not since MAPS does not currently offer integration training/programming – however, we could discuss providing harm reduction and psychedelic crisis response training to first/multi/emergency responders, which is a need that is going to come up. We are already doing in Denver, but that'd likely be a 2022 project (if at all, and if we are seriously talking about the whole state of Mass).**

Ismail and Leslie Booher (also from the Policy and Advocacy team) are both cc'd on the email. We'd love to set up a meeting between the four of us if it would be useful to you. If you can give me a handful of timeslots that work for you within the next few weeks, I'd be happy to organize something.