

Ibogaine Treatment in
Aotearoa / New Zealand:
Developing a unique model of
practice

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Outline

- Ibogaine—background
- Historical ibogaine treatments in NZ
- Recent legislative changes
- Building treatment and support networks
- Treating under the new regime—how does it work?
- Gathering treatment data under a new legislative regime
- Identifying challenges / solving problems

Ibogaine—background

- A psychoactive indole alkaloid present in the West African shrub *Tabernanthe iboga*
 - Bwiti, South West Africa
 - Low dose: medicinal, e.g. stimulant
 - High dose: hallucinogenic; ritual / sacrament
- Early Western use as medicine
 - Lambarene: 1930s, a neuromuscular stimulant, 8mg ibogaine
 - Iperton: 1960s, tonic / stimulant, 40 mg total extract
- Treating dependence; attenuating cravings / withdrawals
 - Lotsof, 1962; addiction 'interruption' (1995)
 - Naranjo (1969), Regan (1992); psychotherapeutic use (Popik et al, 1995)
 - Alper (2008) over 3,400 treatments to 2006, with 68% being for a substance-use disorder (SUD) and 53% specifically for opioid withdrawal
- 11 fatalities associated with treatment reported in the literature (Alper, 2008)
 - Neurotoxicity, cardiac effects, nausea, vomiting (dose-dependent?)

Psychotropic (oneirophrenic) effects

- Upon ingestion (Galea et al, 2011)
 - Initial dream state 1-3 hrs post ingestion, lasting 4-8 hours
 - Progresses to evaluative / reflective state lasting 8-20 hours
 - Ending in residual stimulation stage; may last up to 72 hours post-ingestion
- Clinical relevance (Naranjo, 1969; Regan, 1992)
 - Release of repressed memories
 - Intellectual re-evaluation of memories
 - Integration of new insights into personality

Historical ibogaine treatments in NZ

- Approximately 15 treatments between 2005-2010, i.e. pre-gazetting
 - the ibogaine ‘underground’ (e.g. Alper, 2008)
- Others not involving experienced sitters, with ibogaine hcl accessed via the internet
- Principally SUDs, primarily opiates
- Focus on detox only, not aftercare

Recent legislative changes in New Zealand

- Ibogaine unclassified in New Zealand until 2010
- July 2010 – ibogaine gazetted as a *non-approved prescription medicine* by the government's Medsafe Medicines Classification Committee, under the Medicines Act
- Rationale:
 - potential for therapeutic use
 - relatively low profile for 'abuse'
 - mortality rate in treatment lower than for methadone
 - 40 methadone-related deaths in NZ in 2009-2010
 - will allow therapeutic use while limiting potentially hazardous self-administration
- Implications:
 - opens way for prescription by a licensed physician
 - leads to research possibilities, i.e. data collection for efficacy / treatment outcomes
 - draws ibogaine into medical control: pros / cons?

Peer involvement in drug treatment in New Zealand

- NZ's drug policy *Harm Reduction*
- A history of peer involvement in supporting drug users, e.g. peer-staffed needle exchanges and outreach programmes for IDU
- Therefore, potentially a place for medically-supported, peer-based treatment using ibogaine
- Ibogaine's new legal status suggests the need for developing a number of new networks and relationships involving peers, medical professionals and post-treatment support

New networks / Support Structures: Clinical Reference & Risk Management

- Clinical Reference Group
 - Aims
 - develop appropriate treatment protocols
 - provide professional medical support for peer providers
 - identify post-treatment (aftercare) resources
 - Membership
 - peer providers
 - prescribing GP's, medical specialists (e.g. psychiatrist), pharmacists
 - AOD sector specialists: professional detox services, aftercare services (treatment plans, counseling, employment, education), support groups (e.g. NA)

Treating under the new regime — how does it work?

- Discussions regarding appropriate new procedures:
 - primary care physician (GP)
 - [drug policy official (Ministry of Health; initial unique meeting)]
 - pharmaceutical wholesaler/importer
 - international ibogaine supplier
 - Pharmacy Guild (re dose preparation / administration)
- Pre-treatment: comprehensive assessment, develop treatment plan, counselling
- Treatment: GP visit; arranged for on-call duty emergency psychiatric services if required (psychiatrist)
- Post-treatment:
 - implement aftercare, counselling
 - acupuncture
 - follow up, i.e. home visits, phone calls, texting support

Risk Management

- Exploring the national perspective
- Aims to identify problems potentially arising at the structural level:
 - nervousness about ibogaine treatment
 - lack of knowledge / education
 - lack of communication amongst mainstream AOD services / providers, and between organisations / agencies
- Membership
 - medical and drug specialists (psychiatrists, pharmacists, addiction specialists), health bureaucrats, ethicists, policy personnel, lawyers

Challenges for treatment

- Prescribing GPs' concerns
 - lack of knowledge
 - medical conservatism, i.e. risk averse
“first, do no harm” (e.g. Galea et al, 2011)
- Negative discourse amongst some treatment professionals
 - Siloed in-house discussions
 - ‘negative networking’
- Non-prescribed access to / use of ibogaine
 - inaccurate net-based information
 - internet access to ibogaine by non-providers
 - self-treatment

Observational Study

Principal Investigator—Geoff Noller

- Sponsored Study—Multidisciplinary Association for Psychedelic Studies (MAPS); matches NZ contribution dollar-for-dollar
 - Advice on protocol design
 - Support with psychometric instruments choice/interpretation
 - Data input and analysis
 - Co-authoring papers
- Collect data on 20-30 prescribed NZ ibogaine treatments (18-24 months)
- Pre-treatment baseline assessment; post-treatment monthly follow-ups
 - Addiction Severity Instrument (ASI)
 - Beck Depression Inventory
- Possibly identify psychometric instruments, e.g.
 - Demographics
 - SF36 (health & wellness)
 - DDI (degree of drug use over previous 4 weeks)
 - BSCQ (Brief Situational Confidence Questionnaire)
 - DAI-10 (Drug Attitude Inventory, e.g. for methadone)
- Disseminate / publish

Summary

- Ibogaine—a potential new option on the AOD treatment landscape of Aotearoa / NZ
- Open discussion amongst *all* stakeholders will progress treatment provision safety and quality
- Aftercare/Continuum of Care —
network, network, network
- There is a tradition of, and a place for, peer professionals in treatment
- New Zealand legislation provides a rare opportunity for research into ibogaine's efficacy

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Ibogaine—truly the cutting edge

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Ibogaine website relevant to Aotearoa / New Zealand
www.ibogaine.org.nz