NIDA and Ibogaine Research:

Excerpts of Bob Sisko's Remarks on May 12, 1993 to the 54th Meeting of the National Advisory Council on Drug Abuse at the National Institutes of Health, Bethesda, Maryland

Bob Sisko

On May 1, 1993, a rally was held at the Harlem office Congressman Charles Rangel demanding an investigation of the National Institute on Drug Abuse (NIDA) and their contradictory policies relating to research and development of the addiction interrupter, ibogaine. While claiming to have prioritized ibogaine testing, NIDA appears to be foot-dragging at best, and at worst appears to be blocking development at every turn.

At a on meeting on October 12, 1991, Charles Grudzinskas, Frank Vocci and others at NIDA's Medications Development Division assured members of the Harm Reduction Coalition that clinical trials would commence by the Fall of 1992. Not only have these trials failed to materialize but NIDA appears to be looking the other way.

Last January, a group of respected doctors and scientists from the United States, Germany, Israel, and the Netherlands gathered to observe a series of ibogaine treatments on a group of American and Dutch addicts. This was not a secret conference but one widely reported on the media. ABC/TV conducted extensive interviews for its nationally broadcast newsmagazine DAY ONE, which is now scheduled to be aired late this summer. Yet NIDA did not see fit to send a representative to observe the medically supervised clinical application of ibogaine. Although NIDA is conducting a wide range of research on ibogaine in the animal model, they have consistently resisted evaluating its potential for human application.

As early as 1989, we referred a heroin addict with a $400 per day habit to Dr. Carlo Contoreggi of NIDA's Addiction Research Center (ARC) for evaluation. Some months later, after the addict had been treated with a single administration of ibogaine, he returned to the ARC for post-treatment evaluation. To Dr. Contoreggi's surprise, the subject was clean, and reported that he had not undergone any withdrawal symptoms. When we tried to arrange another referral to the ARC for pre- and post-treatment evaluation, higher-ups at the ARC ordered Dr. Contoreggi to stay away from any such evaluations.

Two years later, in the summer of 1992, Dr. Contoreggi was in Amsterdam attending the International AIDS Conference, and was present at an ibogaine treatment session. Roy Pickens, director of the ARC, acknoweldged this at the September, 1992 meeting of the Advisory Council and in a subsequent letter but nevertheless refused to let Dr. Contoreggi speak publically about what he saw. Pickens wrote "Carlo Contoreggi, M.D., did observe an administration of ibogaine in Amsterdam this summer. He did so, however, not as a representative of NIDA but as a private individual on leave from his official duties as a physician at the Addiction Research Center. It would, therefore, be inappropriate for him to attend a meeting where his remarks on ibogaine could be construed as a reflection on the positions of NIDA or the Federal government."[1]

Just what are those positions? Why is NIDA conducting ibogaine research in secret and not sharing study designs? Why has NIDA avoided evaluating the clinical application of ibogaine, as it is done in Holland?[2] Why do American addicts have to go to Europe to receive this life-saving medicine? Why is NIDA dawdling while addicts are dying?

In the past, NIDA has expressed concerns relative to the safety and efficacy of ibogaine. In response, I would like to quote from two recent papers, both published this year. The first was written by Dr. Robert Goutarel, honorary research director of the Natural Substances Division of the National Center for Scientific Research (CNRS) of France, who is considered to be the world's leading expert on ibogaine. Dr.Gouterel states "The toxicity of ibogaine is very low, lower than that of aspirin."[3] Regarding ibogaine's efficacy, Charles Kaplan reported his findings from focus group study conducted in the Netherlands with heroin addicts who had been treated with ibogaine by "lay healers". The results were impressive, Kaplan states "All [the addicts] reported an interruption of heroin-seeking behavior for relatively long periods of time, a state they never thought they would reach given their former nihilistic, depressed view of life."[4]

We believe that community based clinical trials would be appropriate given the gravity and dimension of the problem. I urge NIDA to forge an alliance with all the concerned parties and form a working group incorporating addict self-help networks, community based treatment programs, medical and treatment specialists, and NDA, the company which developed the ibogaine procedure. In this way, the goal of community based trials can be accomplished.

Footnotes

1. Pickens, Roy W, letter to B. Sisko, November 12, 1992.

2. Sisko, B.,(1993), The First International Ibogaine Treament Symposium, MAPS Newsletter, vol. 4, No. 1.

3. Goutarel, Robert; Gollnhofer, O; Sillans, R (1993) Pharmacodynamics and the Therapeutic Applications of the Iboga and Ibogaine. Psychedelic Monographs and Essays, Vol. 6, p. 103.

4. Kaplan, Charles D; Ketzer, E; DeJong, J; & Devries, M; (1993) Reaching a State of Wellness: Multistage Explorations in Social Neuroscience, Social Neuroscience Bulletin, Vol. 6, No. 1.