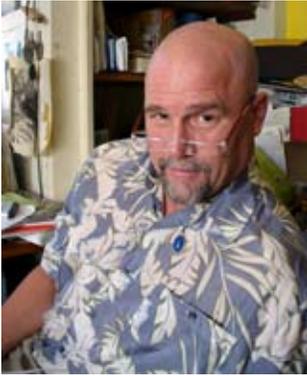


Ibogaine for Opiate Addiction

Outcome Study Begins at Pangea Biomedics



John Harrison, Psy.D. Candidate,
Principal Investigator
jakaileb@hotmail.com

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We at MAPS are very pleased to announce the final approval of our ground-breaking study examining the efficacy of ibogaine in the treatment of opiate addiction. This study officially titled, “Observational Case Series Study of the Long-Term Efficacy of Ibogaine-Assisted Therapy in Participants at Pangea Biomedics.” has been granted approval by the Human Research Review Committee (the Institutional Review Board) at the California Institute of Integral Studies (CIIS). This long awaited approval allows us to begin our study at Pangea Biomedics in Playas de Tijuana, Mexico, with a start date of November 3rd, 2008. Our intention with this study is to add to the body of knowledge about ibogaine and to examine ibogaine’s potential as another arrow in the quiver for those that suffer from the yoke of addiction. We are now in the process of raising the estimated \$30,000 needed to complete this study. If you would like to be a part of this exploration please join us on the cutting-edge and make an earmarked donation in support of this vital work today.

From West Africa to Western Civilization

Ibogaine is a naturally occurring psychoactive plant alkaloid found in the root bark of the indigenous West African shrub *Tabernanthe Iboga*. Pangea Biomedics administers the medicine in the form of ibogaine hydrochloride. Though our knowledge of ibogaine here in the West is relatively recent, the ritual eating of *Iboga* has been a psycho-pharmacological sacrament in the *Bwiti* religion in West Africa for several centuries. Traditional shamanic uses have included adolescent rites of passage, ancestral contact, recollection of earlier life experiences—and is often characterized by oneirophrenic, or dream-like visions, which may include symbolism of one’s present or anticipated future. There are two primary phases of an ibogaine

journey. First, there is typically a visionary phase that lasts from one to four hours. This is followed by an introspective phase that typically brings an elevated mood, a sense of calm and euphoria, and a distinct intellectual and emotional clarity. Subjects often report being able to accomplish deep emotional and intellectual insight into psychological and emotional concerns. The entire experience/journey generally lasts between 24- 36 hours. Though traditionally not used to treat addictions, ibogaine has been used for a variety of somatic conditions, including fertility.

In 1962, in New York City, a young twenty-something opiate-addicted Howard Lotsof, and eight addicted friends, ingested a strange ‘new’ euphoric drug. It was this historic moment that unveiled the promise of this African medicine. Remark-

ably within days, six of the nine addicts were not suffering withdrawal symptoms or craving heroin! Since that time Mr. Lotsof has made it his life's work to make this powerful medicinal tool accessible to those who would benefit from its gifts.

In 1967 (the year LSD was made illegal) ibogaine was classified as a Schedule I drug here in the US, making possession a crime and preventing research into its potential as a healing agent. As readers of this *Bulletin* are aware, the fact that ibogaine has psychedelic components contributed to its systematic suppression in blind "ignore-ance" of its potential. This fear and resistance to alternate routes of treatment is exemplified by ibogaine' having been added to the list of banned substances by the International Olympic Committee in 1989. Having experienced Iboga personally, I can attest that it will not improve one's performance in the pole vault or the high hurdles! The political hurdles in the ensuing years have been many. Besides the appellation 'psychedelic' which makes pharmaceutical companies nervous, there is relatively little financial incentive for the development of ibogaine by the pharmaceutical industry because it is isolated from a botanical source in which it naturally occurs and it's chemical structure cannot be patented.

My Relationship with Ibogaine

My pre-doctoral internship took place at the 14th Street Methadone Maintenance Treatment (MMT) Clinic in Oakland, CA. This was a genuine belly-of-the-beast education—I learned so much from my patients about heroin and other opiates. I observed the stigmas associated with being labeled a junkie. I witnessed the deep pain, both emotional and physical, that drives some very sensitive people to addiction. Sadly, I also witnessed the inherent cynicism that permeates MMT. It is well known that methadone, like heroin, is a highly addictive substance—and we were in effect... dealers!

Patients were given little or no encouragement to taper off or reduce their methadone dose. There was very little support given for personal transformation or real change—patients were considered addicted for life. This contradicted all that inspired me to enter the field of psychology—the possibility of personal growth and

evolution! Then I heard about ibogaine and several anecdotes describing amazing stories of its healing capability. My natural affinity and appreciation for psychedelics as teachers and allies, matched with my recent experiences at the methadone clinic, piqued my interest in this remarkable medicine. Upon completion of my internship, I became aware of the astonishing work being undertaken at several clinics and with lay, or underground, providers worldwide. Researching and investigating this medicine is a natural progression for me personally and professionally.

Ibogaine Treatment for Addiction

It is posited that ibogaine halts or attenuates addiction through two processes; one pharmacological and one psychological. Ibogaine's pharmacological component relieves the symptoms of opiate withdrawal. This is augmented by a psychological component that may be of therapeutic significance to the individual receiving treatment by providing deeper insight into the root causes of the present addictive behavior.

Evidence of ibogaine's effectiveness includes substantial pre-clinical literature on reduced self-administration and withdrawal in animals and case reports in humans (Alper et al, 2001). The National Institute for Drug Abuse (NIDA) has given significant support to animal research, but has rejected grant applications to study ibogaine in humans. The U.S. Food and Drug Administration (FDA) has approved a Phase I dose escalation study in humans in 1993 which has never been completed due to a lack of funding (Alper et al, 2001).

Patients at Pangea Biomedics receive ibogaine in a supportive setting. The spacious and comfortable clinic is in a gated community overlooking the Pacific Ocean. Patients arrive on Monday and generally leave for home the following Friday. Two experienced physicians are present at all times and patients' safety and well being are the facility's highest priority. The treatment protocol consists of the oral administration of ibogaine hydrochloride and other subsequent interventions, which include bodywork, acupuncture, naturopathy, brain nutrition, and integration therapy. Prior to treatment at the facility applicants must undergo a thorough on-site physical examination with one of the staff physicians.

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This exam includes an Electro Cardiogram (ECG), a cell blood count (CBC) with differential, and liver panels (AST/ALT). All test results must be within normal ranges in order to receive ibogaine treatment. The majority of the staff have experienced the ibogaine journey—some for addiction, others for psycho-spiritual development. Consequently, the staff have insightful understandings of the emotional and physical terrain patients must negotiate.

MAPS Protocol

Our study will enroll 20 to 30 voluntary participants who have already qualified for treatment at Pangea Biomedics. All participants in this study must indicate that they have sought and undergone other treatments for their opiate dependence prior to ibogaine. Ibogaine-assisted opiate detoxification therapy is a novel pharmacotherapeutic treatment for addiction. This study is intended to gather evidence about whether ibogaine-assisted therapy can lead to changes in problematic opiate use and facilitate long-term recovery from opiate addiction.

The primary research methods for this study consist of interviews and questionnaires conducted both pre- and post-administration of ibogaine. Reliable, well-validated, and repeatable outcome measures were selected for this investigation. Special consideration was given to measures that assess several indications of treatment success in addition to abstinence. The measures used will be the Addiction Severity Index Lite, the Peak Experience Profile, the Social Identity Questionnaire, the Subjective and Objective Opiate Withdrawal Scales, and the Pain and Craving Survey.

The initial interviews and measurements will take place in person while patients are being treated at the clinic; subsequent phone interviews will be conducted bi-weekly the first month and then monthly for one year after treatment. Participants are required to provide me as the Principal Investigator with the contact information of at least one non-addicted significant other (therapist, counselor, spouse, parent,

or close friend). I will establish contact with the designated significant other to independently verify information regarding the participant's substance use as part of screening for inclusion in the study and during the one-year study period. Significant others will also help to keep track of participants who may otherwise be lost to follow-up. Follow-up data will almost exclusively be gathered by telephone since patients of Pangea Biomedics come from all over North America to undergo the five-day residential treatment.

Reducing the Harms Associated with Addiction

The philosophy of Pangea Biomedics is grounded in the principles of the harm reduction model. Harm reduction essentially is a set of practical strategies that reduce negative consequences of drug use by incorporating a spectrum of strategies from safer use, to managed use, to abstinence. The harm reduction approach addresses conditions of use, along with use itself. This implies a treatment of the whole person without judgment, rejection, or esteem-reducing labels. Abstinence-based programs work for many people, but can often times set an addicted person up to fail by making anything less than total abstinence a failure. For a population who have so often been defined as "failures", the precipitous fall from the sheer cliff of abstinence can reinforce this negative self-image—making real healing an ultimately much more difficult challenge.

The universal need and importance of research into this underground medicine is critical and obvious. According to NIDA the cost of addiction in the US amounts to over \$484 billion a year! There is clearly an urgent demand for fresh and novel approaches to the medical malaise and social maelstrom that is addiction. Opiate addiction is a worldwide epidemic, resulting in lost income, fractured families, life-threatening maladies, and untimely death. Research and anecdotal reports suggest that ibogaine may be effective in treating dependence to other substances such as alcohol, cocaine, methamphetamines, and nicotine, and may also affect compulsive behavior patterns not involving substance

use or chemical dependence. The virulent and rampant nature of addiction requires new and innovative approaches to treatment that provide a holistic option toward alleviating the suffering and pain of addicted individuals and their families.

As we at MAPS embark upon this unique and revolutionary research—the first long-term study in history to examine the efficacy of ibogaine in the treatment of opiate addiction—we recognize that there is no easy solution or magic pill to solve the international dilemma of addiction. As long-time ibogaine expert and lecturer Patrick Kroupa has said, “ibogaine is a catalyst, not a cure.” Our research is, however, a significant first step toward opening long-closed doors and shining some meaningful light into this crucial area of inquiry. This past year I have had the honor of presenting and discussing our research protocol at several venues, including the World Psychedelic Forum in Basel, Switzerland, and more recently at the Women’s Visionary Congress at Wilbur Hot Springs, California. The excitement and enthusiasm for this project has been palpable and promising!

As Principal Investigator of this study, I want to express my gratitude to many brilliant and devoted colleagues who have collaborated and contributed with protocol development, sponsorship, encouragement, and inspiration toward making this project a reality. These stellar individuals include Ilsa Jerome Ph.D., Phillippe Lucas, Dr. Kenneth Alper, Sandra Karpetus, Dr. David Stuckey Psy.D., Randolph Hencken M.A., Sean Kelly Ph.D., Bob Duchmann, and Rick Doblin Ph.D. I would especially like to thank MAPS Director of Operations and Clinical Research Associate Valerie Mojeiko and the Director of Pangea Biomedics Clare Wilkins for their indefatigable vigor and continuous commitment toward bringing this project to this crucial phase, at long last ...the end of the beginning.

NOTE:

MAPS is actively seeking donations to fund the ibogaine outcome study. If you are able to contribute financially to this research please contact our headquarters at 831-336-4325, or donate online at www.maps.org/donate