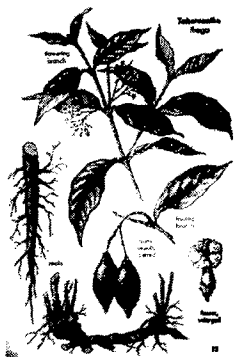


Ibogaine: a polydrug-effective addiction interrupter

Why Vermont should include Ibogaine in its opioid addiction treatment strategy



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What is Ibogaine?

Iboga, the plant that ibogaine comes from, is considered sacred in Gabon and Cameroon, where it grows. In the West, it has gained a reputation for its ability to treat opioid and other substance use disorders.

Ibogaine is not an opioid replacement treatment like methadone, nor an opioid antagonist like naltrexone. Ibogaine at therapeutic doses offers people with opiate use disorders physiological relief from acute withdrawal symptoms, psychological insights to interrupt their opiate habit, and a neurotrophic mechanism that sustains the recovery process after the 36 to 48-hour treatment is over. It is not a guarantee, because that depends on the choices of the person taking it, but it is a 'fresh start' that an addict can take advantage of to achieve prolonged abstinence. Like other medication-assisted treatment modalities, it is most effective when used in conjunction with therapy or a recovery support network.

How does Ibogaine affect the brain?

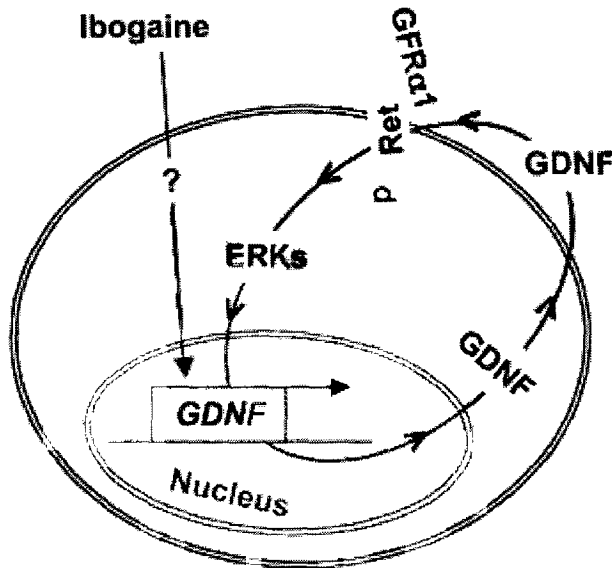


Diagram of Ibogaine- and GDNF-mediated long-lasting induction of GDNF expression and signaling. (Figure 6, He and Ron 2006)

He, D.-Y. and Ron, D. Autoregulation of Glial Cell Line Derived Neurotrophic Factor Expression: Implications for the Long-Lasting Actions of the Anti-Addiction Drug, Ibogaine. FASEB J. 2006; 20(13):2420-2422.

The above study shows how ibogaine led to a “GDNF-mediated autoregulatory positive feedback mechanism [which] may explain the long-lasting actions of Ibogaine to reduce drug and alcohol self-administration.”

“this mechanism may account for anecdotal human reports suggesting that a single treatment of Ibogaine reduces craving for various drugs of abuse for up to six months”

Vermont is an ideal place to begin allowing US-based Ibogaine research and treatment

There is political momentum now in Vermont to make opioid treatment more available and effective. Ibogaine is an option already available just over the border in Canada and Mexico. Different modalities of treatment will appeal to, and work better or worse for, different individuals. The way Vermont can help the most people is to first, have a wide variety of options available that have evidence supporting their use, and second, make sure that support is available after treatment to reinforce recovery goals, no matter what modality or combination of modalities is chosen.

The history of Vermont's and other states' medical marijuana legislation sets a precedent for state legislatures to permit use within the state, of drugs classified as Schedule One. As with marijuana, the available evidence does not support ibogaine's placement in that federal category. Ibogaine does not appear to have significant potential for abuse; it is an anti-addictive molecule unlike other treatment offered in the US today. Not only do studies suggest that ibogaine reverses some of the effects of addiction to opiates, stimulants, nicotine and ethanol, in a dose-dependent way, but its mechanism of upregulating GDNF has the possibility to provide insight into slowing and treating neurodegenerative diseases like Parkinson's disease. While there are some cautions for medical pre-screening and monitoring for heart problems during ibogaine treatment, neurotoxicity was not seen at doses shown to be effective for interrupting addiction.

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