



FOR IMMEDIATE RELEASE

Vermonters for Ibogaine Research Supports Adding Ibogaine Pilot Program into This Year's Opioid Treatment Bill

MONTPELIER, Vermont, April 19, 2016—What if there were a form of addiction treatment that got better results than current methods, could cut waiting times for treatment in overburdened systems like Vermont's, and will ultimately cut treatment costs because it's not based on a maintenance drug? Wouldn't you want to hear more about it?

Vermonters for Ibogaine Research (VFIR) will testify today before the House Committee on Human Services in support of an ibogaine-assisted treatment pilot program being added to the opioid treatment bill in front of the committee now, S.243.

Under the current wording of the ibogaine proposal (which was based on H.741), a public/private fund would be created under the Vermont Department of Health to establish an ibogaine treatment clinic run as an FDA-approved clinical trial. It will combine medical supervision over this short but intense treatment with continuing therapy to support the recovery process. VFIR is currently soliciting pledges from private donors and interested parties, both in and out of Vermont, to alleviate budgetary concerns about supporting a new program.

VFIR is bringing top researchers in the field into the discussion about the Vermont program, to advise about navigating the FDA approval process, and help recruit a Principal Investigator for the program, to set the foundation for legal access to this anti-addiction treatment in the United States. Currently, U.S. patients who wish to seek ibogaine-assisted drug detox treatment must do so in the context of medical tourism to Mexico or other countries where it is legal. VFIR believes that this approach leaves many in the U.S. underserved, and unaware of this powerful tool for recovery.

Ibogaine, an alkaloid from the Tabernanthe iboga plant native to western Central Africa, is not a "maintenance drug" like the ones currently used in Vermont's hub-and-spoke treatment model, methadone and buprenorphine. Ibogaine offers a fresh start that a patient can take advantage of to achieve prolonged abstinence. In less than a three-day treatment period, most people are left without cravings, and without having experienced the normally-agonizing opioid withdrawal symptoms. Like other medication-assisted treatment, success depends on the choices of the person taking it, and it is most effective when continuing care is available to support recovery. Sometimes a second ibogaine treatment is done six months later to reinforce the first.

Speakers today include:

Bonnie Scott, who founded an online working group called Vermonters for Ibogaine Research after Governor Shumlin's State of the State speech about Vermont's opioid problem in 2014. She says, "Different types of treatment will appeal to, and work better or worse for, different individuals. Vermonters and their physicians should have access to ibogaine as one of their treatment options."

Tom Kingsley Brown, PhD. who has been researching ibogaine treatment since 2009, and (along with Dr. Kenneth Alper) is about to submit for publication a paper on the study he led into long-term outcomes for ibogaine-assisted treatment at clinics in Mexico. He will be discussing his findings on ibogaine efficacy via phone today.

Daren Ingrey, President of Phytostan Enterprises Inc., who will discuss what is happening globally in relation to ibogaine treatment at this time, and discuss his company's experience providing material for clinical trials in Brazil and other countries.

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