Vermonters for Ibogaine Research: Written version of April 20, 2016 testimony from Bonnie Scott

Thank you for the chance to address the committee. My name is Bonnie Scott. I founded “Vermonters for Ibogaine Research” after Governor Shumlin's 2014 State of the State speech. As you recall, he dedicated the entire speech to talking about the opioid problem in Vermont. I had heard about ibogaine years earlier, and realized it was the best time to start talking to more people about it.

Ibogaine is an alkaloid originally found in a plant from Gabon, and in the 60s, it was discovered to have anti-addictive properties. What's most notable is that it can interrupt a heroin addiction WITHOUT the usual, incredibly painful detox symptoms that make it so hard to quit using opioids

Taking ibogaine is not an easy experience. It should be medically supervised, and only given after pre-screening the patient for contraindications, like heart problems.

The benefits to including ibogaine in Vermont's System of Care include

* **Efficacy** – Ibogaine is more effective than current methods for treating opioid dependence. We have researcher Dr. Tom Kingsley Brown testifying in a few minutes about the research he is about to publish with the latest findings. Ibogaine is also the only effective way to detox from some other drugs of abuse, like crack/cocaine and methamphetimines. There is a very successful program going on in Brazil to use it against *their* main drug problem, which is crack. They have treated 1200 patients by prescription, and found that it can be used safety and successfully. We have some contacts involved with that program for the Vermont Health Department to talk to.

* Talking about ibogaine **Safety**, I want to reassure the legislature that this language we are proposing to put in S.243, will have the ibogaine treatments under this program in Vermont be under the auspices of an FDA-approved clinical trial. This ibogaine pilot program was proposed originally under H.741, which was sponsored by five members of this committee, who have my sincere thanks. Ibogaine is currently a Schedule One drug in the U.S., but it's being used legally elsewhere in the world, such as in New Zealand, and though the obstacles are high, we are confident that we can get approval for a study here. The opioid problem in the U.S. has grown to the point where we need to have every tool in the toolbox at our disposal.

* If we can do that, ibogaine can help **reduce the wait times** in our overburdened system. Even though the buprenorphine prescribing limits are expected to increase, there will still be limits to how many people Vermont can treat at once. Ibogaine is not a maintenance drug; it will help open up more spaces in the program for others.

* Ibogaine can also **reduce the costs** for Vermont's use disorder treatment. An ibogaine treatment costs about ten thousand dollars to safely administer over a two to three day period, with medical

supervision during the entire time, and an EKG being taken during the most intense period of the treatment. Most patients will leave that treatment without cravings for opioids, without having experienced the painful detox symptoms, and without needing maintenance drugs.

* Even with Vermont just introducing an ibogaine bill, we are seeing **volunteers and donors come out of the woodwork** to help us make this happen. We are in contact with the top researchers in the field. We have an offer to help us navigate the FDA approval process and help us find a Principal Investigator for the clinical trial. We have a offer to donate the ibogaine hydrocloride the program will need, from a Montreal company called Phytostan, whose president Daren Ingrey is here today if you have any questions for him. The language from H.741 that we'd like to include here sets up a public / private fund for this program–I have to thank Katie McLinn, your legal staff, for structuring it that way–and I have our first written pledge to donate to this fund, $5000 from the Chooper Foundation. There have been other offers, too.

Though ibogaine is a Schedule One drug, as marijuana is, this program wouldn't be run like the medical marijuana dispensaries where Vermont, like many other states, is skirting around Federal law, and getting away with it. Ibogaine is more tightly regulated, and the program established if this language is included will be run completely by the book, jumping through every FDA hoop, getting every license and approval needed to run a proper clinical trial.

Why is that worth the effort? Because ibogaine can provide **pain-free withdrawal.** Many people will just require one ibogaine treatment, though some benefit from a smaller “booster” treatment six months later.

How the pilot program would fit into Vermont's system of care

Say you have a therapist who has a patient who wants to kick their opioid habit completely, doesn't want to be on a maintenance drug, and is receptive to the idea of using ibogaine to stop, maybe even suggested it themselves.

The patient would be referred to an ibogaine clinic where we’ll have an ongoing FDA-approved study. They would do a pre-screening. If the person is on a long-acting opioid, like methadone or buprenorphine, you'd switch them to a short-acting opiate two weeks before the treatment. You'd schedule an appointment with a nutritionist, to make sure they are as healthy as they can be before taking the treatment. You'd make sure they have a support team for during and after the treatment, which might very well include a spiritual advisor along with their therapist. Before the treatment, the patient would get an EKG and bloodwork. The ibogaine treatment itself last two to three days, after which, the patient is no longer using drugs. After the treatment, the patient would spend about a week under observation—perhaps in a “sober house,” but definitely in an environment that supports treatment goals. The patient resumes their regular work with their therapist--in most cases, without cravings, without the need for maintenance drugs.

Contact info:
Bonnie Scott
info@freevt.org
(802) 332-3733