UNIVERSAL IBOGAINE

IBOGAINE FACT SHEET

GLOBAL EPIDEMIC

Opioid use disorder involving prescription and non-prescription opioids has become a widespread devastating global epidemic. Opioid use disorder is notoriously difficult to treat. Withdrawal from opioids can be physically and psychologically devastating. Ibogaine not only appears to reset the brain to a pre-addictive state but reduces many of the withdrawal symptoms.

Iboga KEY FACTS

- Tabernanthe iboga (iboga) is a perennial rainforest shrub native to Central Africa. This bush is indigenous to Gabon. It is cultivated across Central Africa. Ibogaine was first isolated in its crystalized salt form in 1901. The Bwiti people of Gabon utilize iboga as part of ceremonial rites of passage, healing and for spiritual growth.

- In lower doses, ibogaine acts as a stimulant, but in higher doses it is characterized as an oneirogen — a substance that promotes “waking dream” states, primarily through closed-eye visualizations, the retrieval of repressed memories, and profound self-reflection.

- Ibogaine is a psychoactive and psychedelic alkaloid found in the root bark of Tabernathe iboga or the bark of Voacanga African. Ibogaine has a complex pharmacokinetic and pharmacodynamic profile that is not completely understood.

- Ibogaine’s mechanism of action results from a complex interaction with multiple neurotrnsmitters rather than a single neurotransmitter. Ibogaine has been shown to interact with the acetylcholine, dopamine, and serotonin systems.

DEVELOPMENT TIMELINE

1939

Ibogaine found its first medical application as a neuromuscular stimulant. Sold in France under the trade name Lambarène, these 8-mg ibogaine tablets were prescribed for recovery from infectious disease, fatigue, and depression.

1966

Almost 30 years later, the product was removed from the market after the World Health Assembly (WHA) classified ibogaine as a "substance likely to cause dependency or endanger human health."

- Before the WHA's ruling, the US government had funded research in the 1950s, which found that ibogaine potentiated the pain-relieving effects of morphine. It is unclear whether any evidence was found supporting ibogaine's detoxifying effects.
- Howard Lotsoff is attributed with the discovery of ibogaine's potential for reducing symptoms of opioid withdrawal syndrome, his first exposure to ibogaine was in 1962 as a 19-year-old heroin user living in Staten Island, New York.
- Howard Lotsoff conducted an informal experiment with 19 individuals, seven of whom were opiate-dependent. Ibogaine had a similar effect for all of them, at least insofar as its detoxifying effects were concerned. Five of his seven heroin-dependent friends remained abstinent for periods ranging from six to 18 months. The others, while they were no longer physically dependent, simply reported that they did not have a desire to stop using opioids permanently.

1970

The United States classified ibogaine as a Schedule I drug (alongside other psychedelics) indicating that it had a high potential for abuse and had no medical use.

1991

Anecdotal and case studies convinced the National Institute on Drug Abuse (NIDA) to fund animal studies.

- Results from ibogaine animal studies led the U.S. Food and Drug Administration to approve a human clinical trial for cocaine dependence. This study was not seen to fruition due to both a lack of funding and contractual disputes. NIDA cast aside ibogaine citing safety as one concern. To date there has been no completed human clinical trials in the U.S.

Case reports and survey data from around the world indicate that **ibogaine has the potential to interrupt addiction if the potential side effects of ibogaine are managed by qualified medical practitioners.** Canadians and Americans currently have limited access to ibogaine treatment through unregulated underground providers and travelling to other countries for treatment (i.e. Mexico, Costa Rica, Brazil).

DEVELOPMENT TIMELINE

2017

Health Canada placed ibogaine on the Prescription Drug after reports of adverse events from an unauthorized health product called Remogen.

The addition of ibogaine to the PDL would allow Health Canada to provide more effective risk-based oversight of ibogaine: by requiring sale only pursuant to a prescription, by restricting the compounding of products containing ibogaine, and by providing enforcement agents with increased authority to seize products which do not conform with the Canadian Food and Drugs Act and Regulations.

2021

The UK Medicines & Health Products Regulatory Agency (MKRA) approved Ibogaine Phase I/IIa research studies for opioid addiction undertaken in a joint venture with DemeRex and Atai Life Sciences.

LEGAL STATUS

The legal status of ibogaine around the world differs from being a Schedule 1, banned substance in the U.S., on the PDL in Canada, Schedule 4 in Australia (available by prescription) to unregulated use in many other countries around the world.

Amid a recent resurgence of research into the therapeutic value of psychedelic drugs and the opioid crisis there is increasing medical and academic interest in ibogaine-assisted detoxification.

References

Alper, K. R. (2001). Ibogaine: a review. Alkaloids: Chemistry and Biology, 56, 1-38. https://doi.org/10.1016/S0099-9598(01)56005-8

Brackenridge, P. (2010). Ibogaine therapy in the treatment of opiate dependency. Drugs and Alcohol Today, 10(4), 20-25. http://dx.doi.org/10.5042/daat.2010.0724

Brown, T. K. (2013). Ibogaine in the treatment of substance dependence. Current Drug Abuse Reviews, 6(1), 3-16. https://doi.org/10.2174/15672050113109990001.

Brown, T. K., & Alper, K. (2018). Treatment of opioid use disorder with ibogaine: detoxification and drug use outcomes. The American Journal of Drug and Alcohol Abuse, 44(1), 24-36. https://doi.org/10.1080/00952990.2017.1320802.

Government of Canada. (2017, May, 19). Notice-Prescription Drug List (PDL). Multiple Additions. Health Canada. https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/prescription-drug-list/notice-prescription-drug-list-multiple-additions-2.html

Government of Canada. (2015, July, 27). Unauthorized natural health product; “Remogen” containing ibogaine and the risk of abnormal heart rhythms. Recalls and Safety Alerts. https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2015/54378a-eng.php

Mash, D. C., Kovera, C. A., Pablo, J., Tyndale, R. F., Ervin, F. R., Williams, I. C., ... & Mayor, M. (2000). Ibogaine: complex pharmacokinetics, concerns for safety, and preliminary efficacy measures. Annals of the New York Academy of Sciences, 914(1), 394-401. https://doi.org/10.1111/j.1749-6632.2000.tb05213.x

Mash, D. C., Kovera, C. A., Buck, B. E., Norenberg, M. D., Shapshak, P., Hearn, W. L., & Sanchezramos, J. (1998). Medication development of ibogaine as a pharmacotherapy for drug dependence. Annals of the New York Academy of Sciences, 844(1), 274-292. https://doi.org/10.1111/j.1749-6632.1998.tb08242.x

Noller, G. E., Frampton, C. M., & Yazar-Klosinski, B. (2018). Ibogaine treatment outcomes for opioid dependence from a twelve-month follow-up observational study. The American Journal of Drug and Alcohol Abuse, 44(1), 37-46. https://doi.org/10.1080/00952990.2017.1310218.