

Ibogaine Outcome Study Progress Report



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The outcome study of people treated with ibogaine for chemical dependence has suffered several serious setbacks since my last report, as I've been racing to develop a research protocol and begin data collection at two precarious quasi-underground treatment facilities. With these setbacks, however, came several new possibilities, which, if led to fruition, will bring overall improvements to the original study.

During the early stages of protocol development, one of these facilities, the Iboga Therapy House in Vancouver, BC unexpectedly lost funding and was forced to shut down in August 2004. The clinic was previously funded entirely by marijuana seed entrepreneur Marc Emery, and provided treatments for free to those who qualified. Emery suffered some legal trouble last summer, in addition to a fire in the Marijuana Party Bookstore, two possible factors that led to his decision to abruptly withdraw funding for the facility.

The clinic had treated a total of 31 people, for whom preliminary data suggested positive outcomes. Our preliminary follow-up took place in June 2004. We were able to contact 20 out of about 31 people treated at the Iboga Therapy House, at varying lengths of time post-treatment. Our results suffer from a potential selection bias and should be considered tentative, short-term and involving subjects selected for treatment by the clinic for being most likely to succeed. Of the sample that we were able to contact, 6 out of 7 people who had been treated for cocaine or crack reported abstinence, 3 out of 8 people treated for opiates reported abstinence, and 4 out of 5 people treated for other substances or a combination of the above substances reported abstinence. Iboga Therapy House Program Director Sandra Karpetas and I presented these findings at the 16th annual International Transpersonal Psychology conference in Palo Alto, California.

After the loss of this clinic, we continued protocol development, intending to begin the study at the Ibogaine Association, a for-profit facility in Playas de Tijuana, Mexico offering low-cost treatments and busing in mostly American clients who fly into the San Diego airport.

In early January 2005, protocol development and training was finally finished. Data collection commenced on January 10, 2005 when two patients, one addicted to alcohol and one to crack cocaine, completed baseline interviews with Ibogaine Association Aftercare Coordinator Jill Stammer.

After gathering outcome data from the first three patients treated sequentially, the Mexican clinic unexpectedly shut down, causing the study to be halted prematurely. After spending nearly a year and a half developing a solid research protocol to collect and analyze outcome data from these two clinics, both had shut down.

When the Ibogaine Association closed its doors, MAPS turned once again to the Iboga Therapy House, and began offering assistance in applying for a grant to re-open the facility, and making plans for improvements to their program.

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On February 28, 2005, The Iboga Therapy House applied for a Canadian government grant to provide ibogaine detoxification services to 20 people as a pilot project. The Drug Strategy Community Initiatives fund was created under the leadership of Health Canada in April 2004 to facilitate the development of local, provincial, territorial, national and community-based solutions to problematic substance use and to promote public awareness of problematic substance use.

Ibogaine-assisted therapy fills a gap in British Columbia's existing harm reduction and treatment services by offering a unique detoxification option to treatment resistant chemically-dependent persons, such as those who are resistant to substitution therapies, and to methadone patients seeking an immediate detoxification. British Columbia, where North America's first heroin prescription trial is in development and North America's only safe injection site is currently operating, has a harm reduction and health promotion outlook to substance use problems that offers a fertile ground for implementing North America's first above-ground ibogaine clinic.

In an effort to assist the Iboga Therapy House in providing optimum services, MAPS organized a consultation for its staff with San-Francisco-based certified Holotropic Breathwork practitioner Dr. John Freeman. Dr. Freeman, who recently completed medical school in Mexico with an emphasis on cardiac care, visited the potential site for the new clinic and offered consultation on medical practices. Based on feedback from Dr. Freeman and others, the Iboga Therapy House will implement new medical procedures upon re-opening including purchasing emergency medical equipment and hiring a Level III EMT to supervise patients while they are experiencing the acute effects of ibogaine. The facility is also looking into hiring a Canadian doctor to oversee its operations. These measures are necessary to increase the safety of chemically-dependent patients treated with ibogaine, as ibogaine has the potential to cause heart failure and death, especially in people who have pre-existing medical issues (as a result of their drug use or other factors).

This spring we will hear announcement of the grant award. Plans are in progress to re-open the Iboga Therapy House as a for-profit business this summer if the grant is not awarded. MAPS will provide guidance and funding for an evaluation component to the Iboga Therapy House's program, once treatments have begun. Outcome data from the first 20 patients treated will be gathered by Iboga Therapy House Evaluation Coordinator Leah Martin. As Principal Investigator for MAPS' ibogaine outcome study, I will evaluate and analyze this data, to provide feedback for their program and to use in a research paper investigating outcomes of ibogaine therapy in the treatment of chemical dependence.

For up-to-date progress reports on this study and to download the research protocol, visit: www.maps.org/ibogaine. If you would like to donate funds to help pay for the completion of the study, please e-mail me at valerie@maps.org.

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