

May 10th, 2015

**Dear Mr. Robert Husband, Human Rights Officer of the Rule of Law Office
at the United Nations Office of the High Commissioner for Human Rights,**

I am writing to you on behalf of the Global Ibogaine Therapy Alliance (GITA) in response to your call, made through Human Rights Council resolution A/HRC/28/L.22, for NGOs to submit recommendations regarding the protection of human rights in the context of the world drug problem.

GITA is a not-for-profit corporation dedicated to supporting the sacramental and therapeutic uses of iboga, as well as its alkaloids and their analogs through sustainability initiatives, scientific research, education, and advocacy.

To provide you with some background, *Tabernanthe iboga* (iboga) is a traditional plant medicine that has been used by inhabitants of the West African rainforest since before the region's recorded history. Today, its primary active chemical constituent, ibogaine, is used as an experimental natural health care product in many parts of the world, primarily for treatment of substance use disorders, and in particular for detoxification from opiates.

Ibogaine is subject to strict restrictions or bans in a total of 7 U.N. member states.¹ However, in others, experimental legal structures for its use in medicine are either in effect or in development. Examples include the 2009 decision made by Medsafe in New Zealand that recognizes ibogaine as a "non-approved prescription medicine" allowing it to be prescribed by physicians for addiction treatment.² Within the United States, where ibogaine is a Schedule 1 substance, the Vermont State Legislature recently tabled Bill H.387 to introduce an experimental non-profit ibogaine treatment facility as one method of combatting the state's significant and growing opiate problem.³

The 2013 World Drug Report (WDR) issued by the UN Office of Drugs and Crime (UNODC) acknowledges that ibogaine is used internationally in the treatment of substance dependence.⁴ The same acknowledgement is made in materials

¹ Ibogaine's Legal Status. GITA. <http://www.ibogainealliance.org/ibogaine/law/>

² Minutes of the 42nd meeting of the Medicines Classification Committee. Medsafe. 3 November 2009. <http://www.medsafe.govt.nz/profs/class/mccMin03Nov2009.htm>

³ Bill H.387 as introduced. Vermont State Legislature. 2015. <http://legislature.vermont.gov/assets/Documents/2016/Docs/BILLS/H-0387/H-0387%20As%20Introduced.pdf>

⁴ World Drug Report 2013. United Nations Office of Drugs and Crime. Page 97.

published by the World Health Organization (WHO).^{5 6} However, the same UNODC report includes ibogaine along with several traditionally used substances in the category of “new psychoactive substances” (NPS). It suggests that this wider categorization, shared by 236 substances as of 2012, are “substances of abuse, either in a pure form or a preparation, that are not controlled by international drug conventions, but which may pose a public health threat.”⁷

The definition of ibogaine as an NPS conflicts with the fact that elsewhere in UNODC literature it is stated that drug addiction itself “produces serious, pervasive and expensive social problems.”⁸ Ibogaine has been shown to possess unique application in the treatment of addiction,⁹ and, further, observational follow-up studies on patients who were administered ibogaine for drug detoxification report a high degree of success that is at least comparable to other treatment modalities.¹⁰

Additionally, this definition of ibogaine as a “drug of abuse,” conflicts with numerous published sources that cite its lack of addictive potential. The 2010 Annual Report produced by the International Narcotics Control Board (INCB) reviews plant materials that are known to contain psychoactive substances, and “notes increased interest in the *recreation use* of such plant materials.” Further, it claims that, “such plants are often used outside of their original socio-economic context to exploit substance abusers,” and recommends that “Governments should consider controlling such plant material at the national level where necessary.”

To our knowledge, aside from these mentions by various UN offices, there are no published sources, from peer-reviewed journals or otherwise, that refer to ibogaine as a “drug of abuse,” or to its “recreational use.” The published literature that does exist specifically points to the lack of these types of issues surrounding the use of ibogaine.

⁵ Drug Injection Study Master Codebook. *World Health Organization*. Page 7.
http://www.who.int/substance_abuse/activities/en/WHODrugInjectionStudyMasterCodebook.pdf

⁶ ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). *Country Profile: South Africa*. *World Health Organization*. 2010. Page 3.
http://www.who.int/substance_abuse/publications/atlas_report/profiles/south_africa.pdf

⁷ World Drug Report 2013. *United Nations Office of Drugs and Crime*. Page xi.

⁸ Investing in Drug Abuse Treatment: A Discussion Paper for Policy Makers. *United National Office on Drugs and Crime*. 1 October 2002.
http://www.unodc.org/docs/treatment/Investing_E.pdf

⁹ Ibogaine: Scientific Literature Overview. *The International Center for Ethnobotanical Education, Research and Service*. 2012.
http://iceers.org/docs/science/iboga/ICEERS2012_Ibogaine_literature_compilation.pdf

¹⁰ Schenberg EE, et al. Treating drug dependence with the aid of ibogaine: a retrospective study. *J Psychopharmacol*. November 2014.

The implications of these classifications are problematic, not because they recommend enacting national legislation for the control of ibogaine (which we support), but because they contextualize these legislative efforts in an erroneous way, potentially criminalizing those who are seeking treatment for addiction.

According to the WHO, patients of addiction treatment should be helped to withdraw from opiates (rather than to undergo maintenance treatment) if it is their informed choice to do so.¹¹

As mentioned, ibogaine use in this regard is experimental, and the WDR appropriately mentions that a number of fatalities have been temporally associated with the ingestion of ibogaine. It also qualifies that these fatalities are known to have occurred in individuals with pre-existing medical complications. However, reporting on these adverse events reveals that they occur approximately as frequently as fatalities associated with the administration of methadone,¹² which is advocated for actively by the WHO and in many member nations.

It is important to note that these adverse events have occurred primarily in uncontrolled settings. GITA advocates that ibogaine administration can be made safer with existing knowledge about patient screening and medical supervision. Our organization is currently in the process of developing *Clinical Guidelines for Ibogaine-Assisted Detoxification*, which address issues of minimum care standards for clinicians.

There are several relevant articles of the 1948 Declaration of Human Rights mean to protect access to adequate medical care. Article 12 announces the right to “the enjoyment of the highest attainable standard of physical and mental health.” Additionally, Article 25 states that, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including... medical care and necessary social services.” Further, the WHO Constitution enshrines “the highest attainable standard of health as a fundamental right of every human being.”¹³

In relation to addiction treatment specifically, the UNODC recommends that addiction be treated as a health issue and not as a legal issue. In regards to policy, the UNODC’s guide to *Drug Abuse Treatment and Rehabilitation* states

¹¹ Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. *World Health Organization*. 2009. Page vii.

http://whqlibdoc.who.int/publications/2009/9789241547543_eng.pdf?ua=1

¹² Is Ibogaine Therapy Safe? GITA. <http://www.ibogainealliance.org/ibogaine/therapy/safety/>

¹³ The right to health. “Fact sheet N°323.” *World Health Organization*. November 2013.

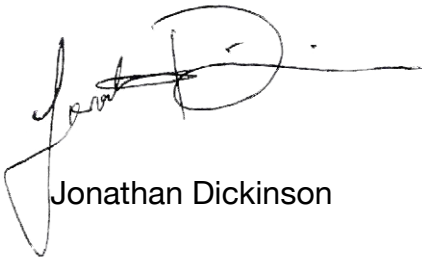
<http://www.who.int/mediacentre/factsheets/fs323/en/>

that, “In all cases, there needs to be a high degree of consistency between the strategic framework for treatment and relevant national legislation and regulations.” Further, it acknowledges the fact that, “Drug control legislation will frequently precede the development of treatment strategies.”

As such – although clinical research to support ibogaine’s approval as a treatment is still in development – we believe that there is enough supportive evidence that international advocacy for controls regarding ibogaine’s production, import, or use should focus on implementing medical standards of practice rather than on criminalization. These controls should focus on minimizing the associated risks involved in its application as a medical treatment, while continuing to protect its availability for traditional and religious uses.

I hope that this input, as well as the supportive information provided, is useful for your report. If any other questions arise, I will remain available to help to provide you more information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jonathan Dickinson', with a large, stylized flourish extending to the right.

Jonathan Dickinson

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