AVANTE IBOGAINE CLINIC
Nassau, Bahamas

CASE STUDY REPORT

CLINICAL IBOGAINE TREATMENT FOR OPIATE-OPIOID ADDICTION CESSATION

During the period beginning February, 2018 and ending January, 2019 a 12-month observational study was conducted to strictly monitor and chronicle the treatment outcomes of 40 (forty) opioid/opiate addicted patients who attended treatment at the Avante Ibogaine Clinic in Nassau, Bahamas. Participants underwent clinical ibogaine assisted detox treatment to assist in addiction cessation. This report has been generated in statistical measurement to outline the outcomes of each treatment episode and to chronicle follow up reports submitted by the participants beginning immediately post treatment and reported every thirty days thereafter for a period of one year.

Purpose of Study: To determine the efficacy level of clinical ibogaine assisted detox treatment for use in addiction cessation from a variety of opiates and synthetic pharmaceutical opioids.

Background of Ibogaine Hydrochloride (HCL).

Ibogaine is a naturally-occurring psychoactive indole alkaloid derived from the roots of the *Tabernanthe Iboga* and *Volcana Africana* rainforest shrubs. It has traditionally been used by indigenous peoples of Western Africa in low doses to combat fatigue, hunger and thirst, and is used in higher doses as a sacrament in spiritual initiation ceremonies.

The pharmacological properties of ibogaine have been researched for over many decades. It was marketed in France under the trade name “Lambarene” until 1970. In the 1960’s, an American by the name of Howard Lotsof inadvertently discovered the anti-addictive properties of ibogaine and its ability to “interrupt” a wide range of substance abuse disorders including those associated with opiates (heroin), opioids (synthetic narcotic pain medications), alcohol, stimulants (cocaine, methamphetamine) as well as nicotine and poly-substance abuse. Lotsof, who at the time was actively addicted to black-tar heroin, had sourced a sample of ibogaine for purposes of ingesting the drug as a recreational experience. During his experience with ibogaine, Lotsof made two significant discoveries. Firstly, he stated that ibogaine’s propensity to induce a lengthy and perplexing psychedelic episode with residual effects lasting upwards of 48 hours eliminated his desire to ingest ibogaine for recreational purposes in the future. Secondly, and far more importantly, Lotsof stated that immediately following his ibogaine experience he discovered that all indications of acute and post-acute heroin withdrawal symptoms had been thoroughly eliminated.

Howard Lotsof pioneered the anti-addictive effects of ibogaine and spent the rest of his life urging the western world, specifically those in the clinical and scientific fields, to research and utilize ibogaine for addiction cessation from a significant list of narcotic drugs and alcohol/ETOH. Due to overwhelming anecdotal support the United States and Europe are presently conducting additional clinical trials for ibogaine and its active metabolite noribogaine with the purpose of having it approved as a Schedule II medication.

CASE STUDY DATA

Participant Demographics.

Age Range: 24 – 53 years
Male Participants: 25
Female Participants: 15

Participant Drug Use.

Each participant was medically evaluated and determined as being chemically addicted to and physically dependent upon one or more of the following opiate or opioid drugs:
heroin, fentanyl, oxycontin, percocet, vicodin/hydrocodone, dilaudid/hydromorphone, kratom.

Each participant expressed a desire to eliminate their addiction and achieve long-term sustainable recovery through leading a drug-free lifestyle.

Participant Treatment Consent & Liability Release.

In order to qualify for this case study each participant voluntarily read and executed an Informed Treatment Consent and executed and agreed to abide by Participation Agreements including voluntary consent to third-party random drug screenings.

Case Study Clinical Setting.

Each participant underwent a clinical pre-screening protocol which included a medical history review, medical physical, psychiatric analysis, cardiac EKG/ECG, 18-panel drug screening and a comprehensive bloodwork panel. Treatments were conducted in a medically supervised clinical setting with a staff physician and ACLS nursing personnel present. Cardiac and vital signs were continually monitored and psycho-emotional support was provided throughout treatment and immediately post-treatment.

Case Study Treatment Protocol.

Therapeutic Flood Dose: Each participant received a therapeutic flood level ibogaine hydrochloride (HCL) treatment based on clinical dosing protocols utilizing a mg/kg body weight formula and other influencing clinical criteria. Other criteria considered:
Level of Drug Use
Duration of Drug Use
Current Health Status
Medical History
Age

Booster Dose: Each participant received a post-flood booster dose of ibogaine hydrochloride (HCL) as a preventative measure against any potential onset of mild residual symptoms associated with acute withdrawal.

Micro-Dosing: Each participant was provided a supplemental protocol four-week ibogaine hydrochloride (HCL) micro-dosing regimen to be administered under strict schedule by an appointed family member who served as the custodian of record.

Aftercare Support: Each participant was provided with a list of aftercare support resources located within their region of residence. Resources included Intensive Outpatient Programs (IOP), addiction psychotherapists, SMART Recovery meeting schedules, Narcotics Anonymous meeting schedules and transitional housing/sober living environments.

Case Study Data Collection and Outcomes.

Post-Treatment Success and Symptoms: Of the forty (40) case study participants a total of thirty-three (33) participants reported no withdrawal symptoms post-treatment. Five (5) participants reported the presence of mild residual withdrawal symptoms post-treatment and two (2) participants reported moderate residual withdrawal symptoms post-treatment.
For these purposes: "mild" is defined as *less than 10% of normal or expected acute and/or post-acute withdrawal symptoms* and "moderate" is defined as *more than 10% of normal or expected acute and/or post-acute withdrawal symptoms*. All but two (2) participants reported that any remaining residual symptoms had fully dissipated within an average of 72 hours post-treatment.

One Month Sobriety (85%): Of the forty (40) case study participants a total of six (6) participants did not maintain 30 days drug-free and were discharged from the program. Thirty-four (34) of the participants remained drug-free at 30 days and continued in the program.

Three Months Sobriety (75%): Of the remaining thirty-four (34) case study participants a total of four (4) participants achieved between 30 and 89 days drug-free but did not maintain 90 days drug-free and were discharged from the program. Thirty (30) of the case study participants remained drug-free at 90 days and continued in the program.

Six Months Sobriety (65%): Of the remaining thirty (30) case study participants a total of four (4) participants achieved between 90 - 179 days drug-free but did not maintain 180 days drug-free and were discharged from the program. Twenty-six (26) of the case study participants remained drug-free at 180 days and continued in the program.

One Year Sobriety (60%): Of the remaining twenty-six (26) case study participants a total of two (2) participants achieved between 180 - 364 days drug-free but did not maintain 365 days (one-year) drug-free and were discharged from the program. Twenty-four (24) of the participants concluded the case study drug-free at one-year post treatment.

Additional Observations.
Of the twenty-four (24) case participants who abstained from narcotic drug use for a period of one-year post treatment, twenty (20) participants (80%) actively engaged in some form of aftercare support program, therapy or group.

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