

Ibogaine

Presentation to
Kentucky Legislative Joint Committee on Health Services
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Senator Donald Douglas, MD

- 22nd District
- Board-Certified Anesthesiologist

Jean M. Loftus, MD, FACS

- Physician and Business owner
- Private Sector FDA in-house strategist, 2008-2009
- Conflicts: None
- Americans for Ibogaine, Ambassador



Neurological Conditions

That Ibogaine Can Treat

Addiction Disorders (Substance Use Disorder)

- Opioids, cocaine, methamphetamines, sedatives, alcohol, etc

Post Traumatic Stress Disorder (PTSD)

- Including PTSD associated with Traumatic Brain Injury

Treatment Resistant Depression

Commonalities

Among these 3 Neurological Conditions

Human Cost:

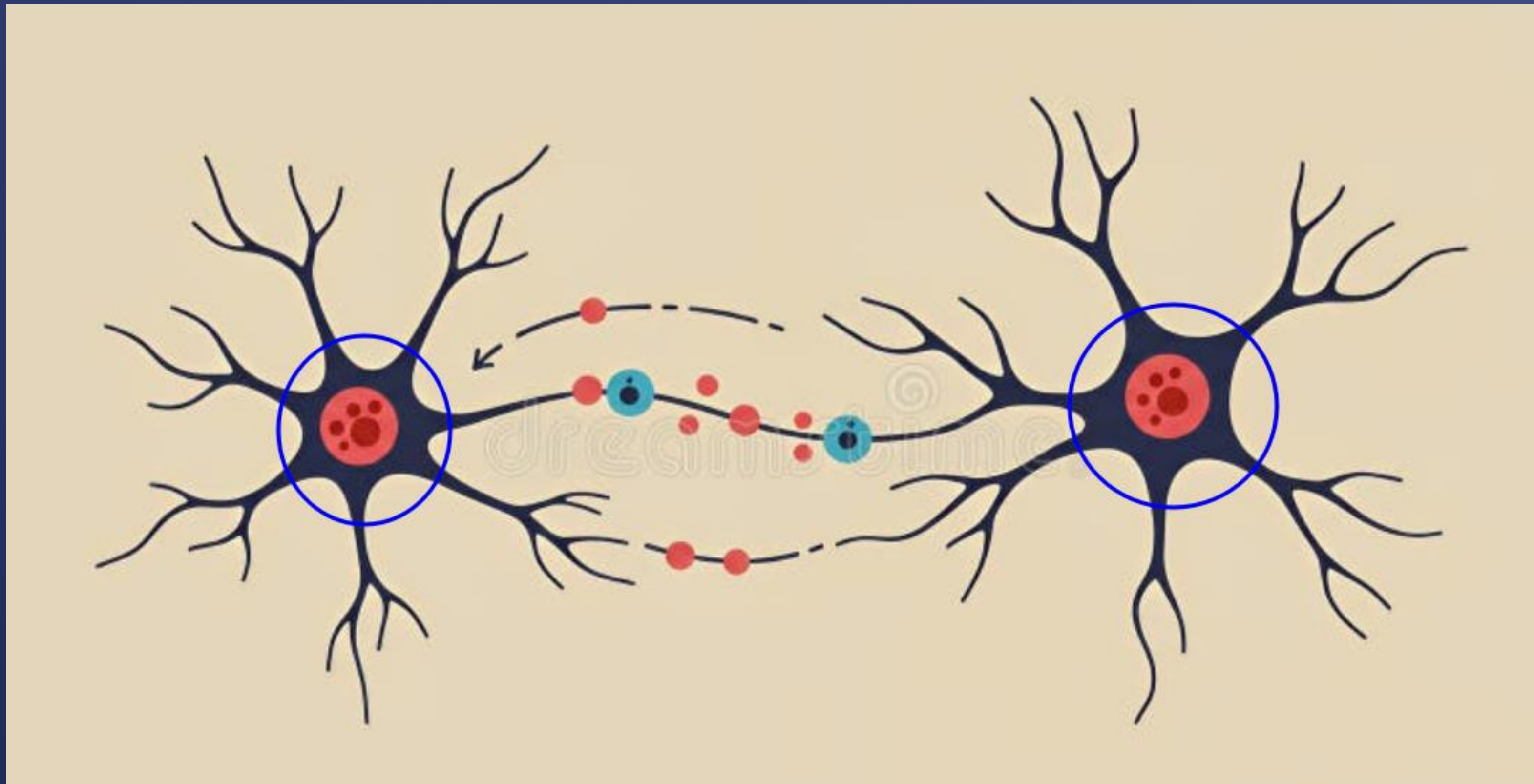
- Functional impairment; unemployment
- Utilization of social services: Counseling; Child Care, etc
- High rate of death and suicide

Economic Cost

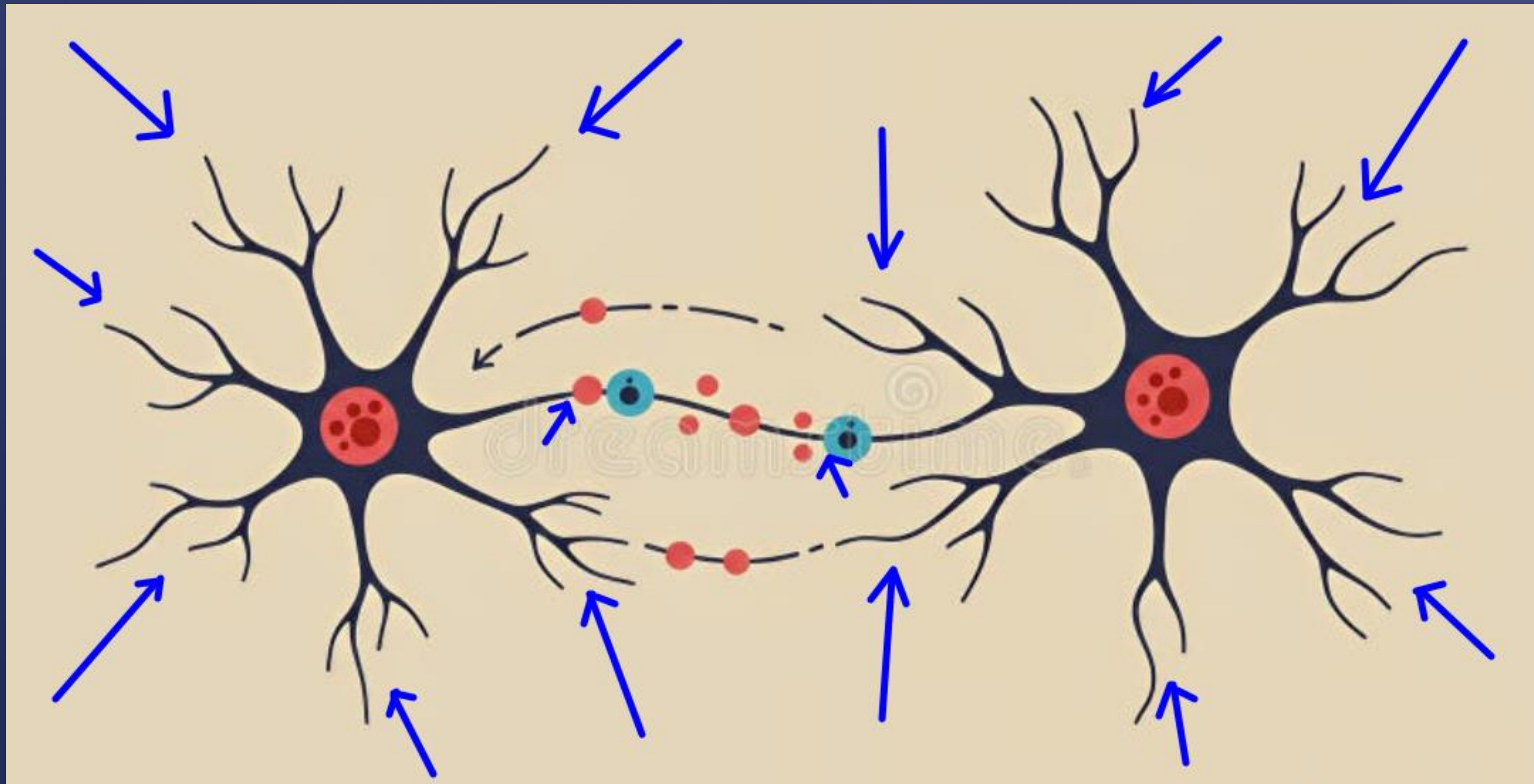
- Workforce participation
- Dollar cost: \$1-2 Billion annually in Kentucky
- Nationally: \$1.1T/Year: Addiction: \$820B; PTSD \$230B; Resistant Depression: \$50B

Physiologic effects on the brain

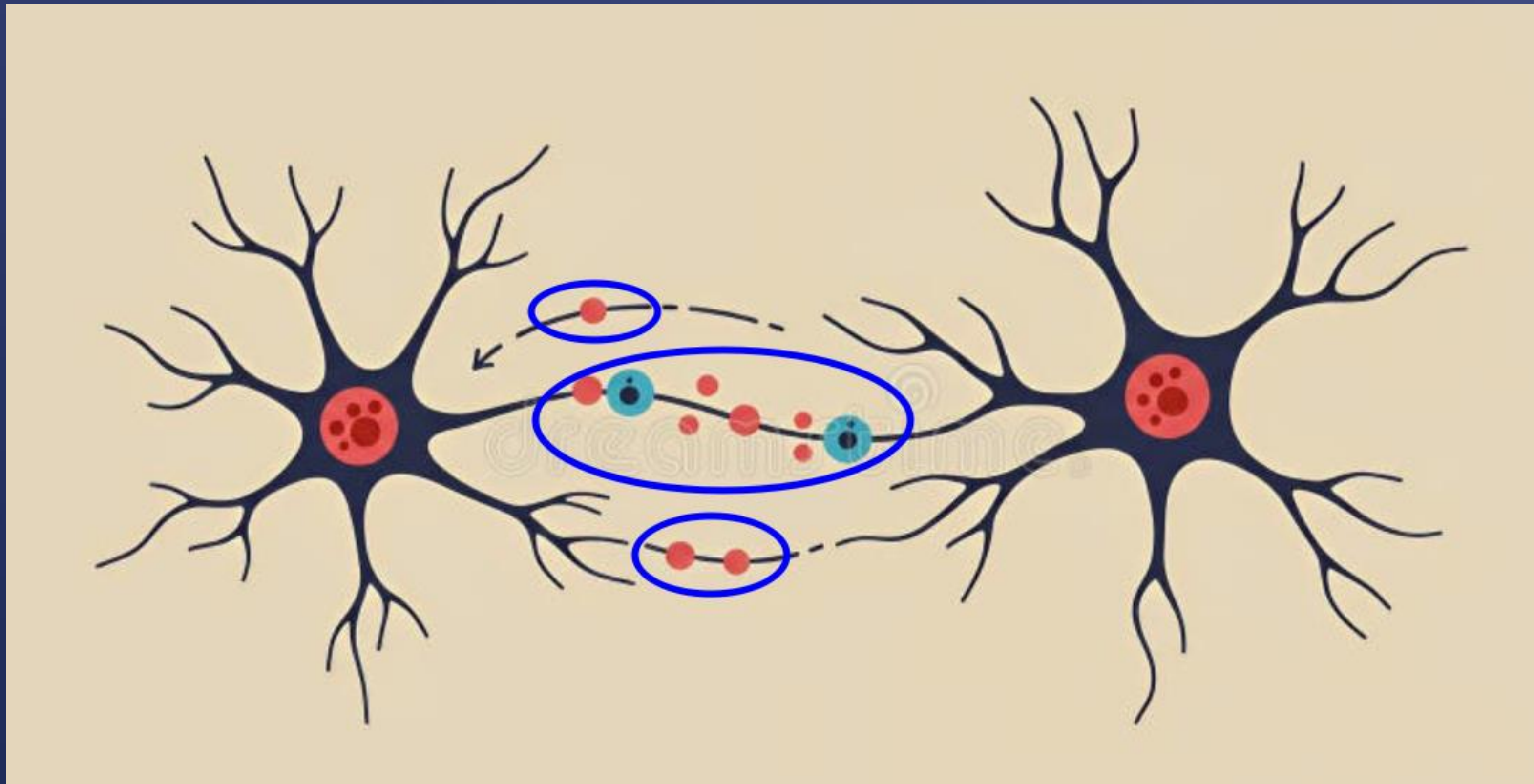
Brain Cell Bodies



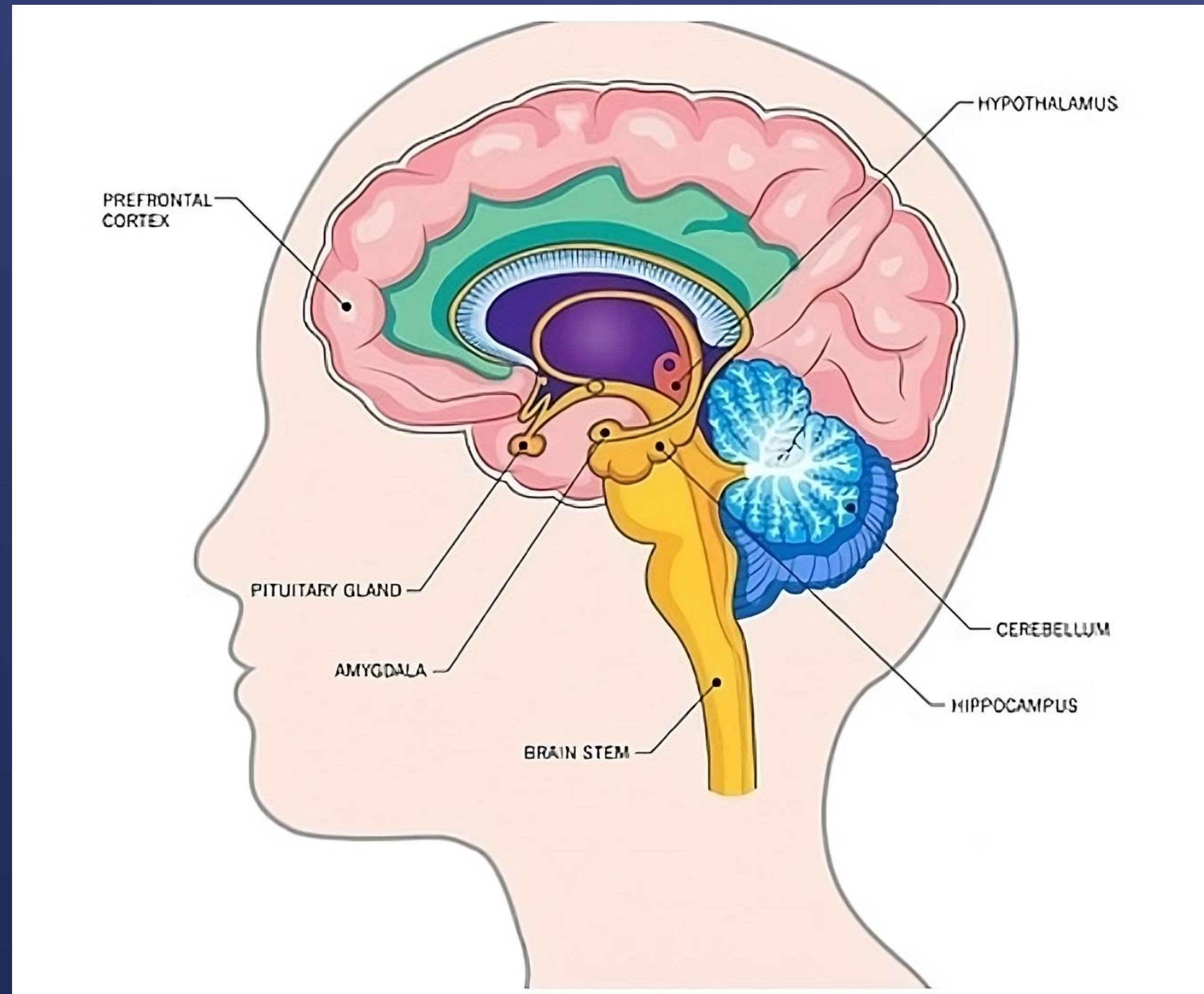
Brain Cell Appendages (Axons and Dendrites)



Neurotransmitters



Some Anatomic Areas of the Brain



Ibogaine

- Derived from African shrub
- Produced by small pharma
- Treatment
 - An oral medication (pill)
 - ICU setting (with RN and MD present)
 - Dosing
 - 1st “Flood dose”
 - 2nd “Booster dose” 2-3 days later

Traditional Treatment for Addiction

Inpatient / Outpatient

Abstinence

Support (Counseling, Social Services, Group Sessions)

+/- Various prescription medications

Qualitative Study (Schenberg et al)

Human Side:

- *“I have never had any benefit from any other treatment, [until] Ibogaine”*
- *“Ibogaine brought back to me the desire to live”*

Other Soft Measures

- Improved relationships and behaviors
- Improved introspection, cognition, and professional goals
- Return of interest in nutrition, exercise, and healthy lifestyle
- Emotional rejection of their drug of choice

Importance of Support

- Reminder: Support = Counseling + Social services + Group meetings
- Support is critical because of the vacuum of sorts
- Ibogaine WITH support is more effective than Ibogaine alone

Effectiveness of Traditional Vs Ibogaine Per Attempt

	Traditional	Ibogaine
Resolution of Addiction Symptoms:		
Acute withdrawal (2 weeks)	0%	88-98% Resolved
Post Addiction Withdrawal Synd (18 M)	0%	50-95% Resolved
Craving	0%	25-50% Resolved
Abstinence at 1 year		
With NO support	< 2%	23-50% Abstinent
With WEEKLY support	~10%	?
Remission of PTSD	30%	86% Remission
Remission of Resistant Depression	0%	93% Remission

Financial Comparison for Addiction

	Traditional	Ibogaine
10-Day in-patient Ibogaine treatment	n/a	\$30,000
30-day in-patient rehab	\$36,000	n/a
90 Day intensive Out-patient	\$72,000	n/a
1 year of Weekly Supportive services	\$31,000	\$31,000
Tot cost per attempt	\$139,000	\$61,000
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Ave Number of attempts/person	5x	1.5x
Total cost per addicted person	\$695,000	\$91,000

The total cost of Ibogaine PER person
is 1/8 that of traditional therapy

Obstacles

Actual obstacles

- Ibogaine is not YET approved by the FDA
 - Large number affected
 - No effective treatments exist
 - Ibogaine treats the underlying condition
 - Ibogaine is safer than traditional therapy
- Most studies are anecdotal, small, retrospective, or short-term
- Ibogaine was wrongly designated as “Schedule 1”

False obstacles

- Ibogaine gives money to big pharma
- Ibogaine is unsafe (cardiac)
- Ibogaine’s long-term effects on the brain are unknown
- Ibogaine changes the brain

Likely Sources of Opposition

- **Addiction Drug manufactures (\$6B/Year)**
 - Mallinckrodt (Methadone)
 - Indivior (Suboxone)
- **Anti-Depressant Drug manufacturers (\$8-10B/Year)**
 - Eli Lilly (Prozac, Cymbalta)
 - Pfizer (Zoloft, Effexor, Prestiq)
 - GlaxoSmithKline (Paxil, Wellbutrin)
- **Rehab facilities**
- **Hospitals and hospital systems**

Likely Sources of Support

- **1 Million afflicted Kentuckians**
- **70 Million afflicted Americans**
 - Addiction: 48 M
 - PTSD: 13M
 - Depression (TRD): 9M
- **Families and friends**
- **Healthcare payors**
- **Veteran groups**
- **Etc**

Ibogaine Elsewhere

Ibogaine is currently used for treatment of addiction:

Netherlands South Africa

Spain

Portugal

Mexico

Brazil

Texas:

Passed legislation in 2025 to establish a Public-Private-Partnership for Ibogaine research & FDA approval

Summary

Addiction, PTSD, Treatment Resistant Depression:

- Epidemic (20% of Kentuckians)
- Deadly
- Damaging our people, our communities, and our economy
- Current treatments are inadequate and expensive

Ibogaine:

- Safe
- Natural
- Non-addictive
- Effective & Cost-effective