



## **IBOGAINE TREATMENT—PATIENT INFORMED CONSENT FORM**

### ***OVERVIEW***

I have been asked to read the following material to ensure that I am informed of the nature of this treatment, and what will be involved in my participation if I consent to participate. A written informed consent prior to participation in this treatment is necessary so I can know the nature and risks of my participation, and can choose to participate in a free and informed manner. My signature on this form indicates that I have been so informed, both by reading this document and being verbally informed regarding the treatment. I understand and accept both the terms of my participation and the possible risks to myself in participating, and give my consent to undergo treatment.

Ibogaine is a naturally occurring substance that is the single isolated active alkaloid present in the root bark of the shrub *Tabernanthe iboga*, which is native to west Africa. Ibogaine has been reported to have anti-addictive properties. While ibogaine is considered an oneirophrenic (dream creating substance), it also has effects on neurochemical and neurotransmitter systems in the brain that are believed to be involved in reducing the symptoms of opiate withdrawal, depression, and post-treatment cravings. Ibogaine is not currently FDA approved and is considered a Schedule I substance in the United States.

### ***PATIENT SELECTION CRITERIA***

I am voluntarily participating in this treatment, and I am over the age of 18. I hereby state that I have no history of psychosis, nor has there been anyone in my immediate family with psychotic disorder. I also state that I have informed my practitioner of any other mental or physical disability or illness.

I also agree that I have not used any illicit substance or drugs 12 hours prior to my treatment, and I have not brought any illicit substance, or have same on my person and I am willing to surrender if requested to do so.

I have been informed that taking ibogaine with psychotropic drugs is dangerous and can result in death. I also agree not to take any drugs or medications which are not administered by my practitioner participating in this treatment. I agree to communicate all my medical conditions and current medications as well as ask any questions I might have about the treatment.

I understand that I will be monitored for at least the first 24 hours after taking ibogaine and my treatment will be determined depending on the type of drug I am detoxifying from and my signs of recuperation. If I am not feeling well, and if practitioners are concerned about my current condition, treatment may be discontinued and if I am asked to see a doctor, I am willing to do so.

### ***POSSIBLE RISKS***

The risks involved in this study are those incurred by taking ibogaine. Since ibogaine is an experimental substance no long term side effects have been observed at the dosage that I will receive. However, there have been no clinical studies about long term effects of ibogaine.

Toxicological studies of ibogaine conducted in primates have shown that oral administration at the doses being used for the treatment of opiate and addiction interruption appear to be safe. No long term behavioral or cerebral toxicity has been shown. Clinical studies in human subjects under controlled conditions have shown no long-term adverse affects. These results suggest that oral doses of ibogaine are safe and well tolerated within this dose range.

I understand that the usual doses used to treat addiction can cause distortions in body sensations, perceptions, and thinking. The dosage administered to myself in this treatment will depend on my body weight, and the drug(s) I am currently taking. The effects of ibogaine ingestion can include abnormal sensory perception, such as visual distortions, visual hallucinations, increased sensitivity to light and sounds, auditory hallucinations, and energetic bodily sensations.

Ibogaine can bring to the surface repressed memories from the unconscious, and these images may be observed in an emotionally detached way. Some subjects taking ibogaine report seeing images from their childhood. While these experiences are described by most people as profound and beneficial, to some they may be frightening and may produce anxiety and confusion. By signing this consent form, I hereby indicate my understanding and acceptance of the risks of anxiety and confusion which may be caused (on a temporary basis) by ibogaine ingestion. Descriptions of this state appear more consistent with the experience of dreams, rather than hallucinations.

The effects of ibogaine listed above usually begin 30 minutes to 2 hours after oral administration and can last up to 8 hours. After the visual dream phase, there is a period of intellectual evaluation which can last up to 24 hours. This phase is described as analytical and reflective. Attention is focused on inner subjective experience rather than the external environment and attention during this phase is directed at evaluating the experience of the dreams.

***FREQUENT SIDE EFFECTS OF IBOGAIN:***

1. Nausea and movement-induced vomiting
2. Ataxia (impaired motor coordination)
3. Visual distortion
4. Decreased need for sleep for several days. This is a frequent and common side effect in opiate detox.
5. Restlessness. This can last several hours.
6. Impairment of concentration and verbal communication. This is usual experienced during the first 6 hours.

I understand that these side effects are transitory and wear off completely after approximately 24 to 36 hours, although the reduced need for sleep can last for several days and I may also experience a reduction in appetite.

I hereby attest that I have been informed and understand that there have been reported deaths due to combination of ibogaine and other drugs. I also understand that once treated with ibogaine I will be more sensitive to narcotics and a considerable reduction in tolerance may cause me to easily over dose . I am aware that if I take any drugs during the ibogaine treatment I could die, and I agree to hold the individuals or practitioners, including any persons involved, in my referral for treatment harmless of any claims, liabilities, or damages which may occur or be determined to have occurred due to the administration of ibogaine. I also understand that if I experience distressing side effects of any sort that appropriate medical services will be provided or I will be referred to the appropriate professional care or facilities. I agree that after my treatment I will seek medical attention if health abnormalities arise.

***CONFIDENTIALITY***

I understand that my treatment will be held in confidentiality and all members participating will be held in confidentiality for the protection of my character and theirs.

***PATIENT AUTHORIZED STATEMENT***

I understand the side effects and harms that can be caused by participating in any experimental treatment program, despite the use of high standards of care. Known side effects have been described to me both verbally and in this document. I have been able to ask all the questions I may have about the treatment, and they have been answered clearly and in detail, and I fully understand the answers that have been provided to me. I have read and fully understand the information, and I am participating in this treatment freely and voluntarily.

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Witness \_\_\_\_\_

Signature and date \_\_\_\_\_