At this point in time, roughly 5% of the world’s population suffers from an alcohol-related disorder, which in turn contributes to 3% of all deaths around the world each year. This statistic is even worse in Brazil, where one out of every ten people have an abusive relationship with the substance.

Although medications prescribed to treat alcoholism are helpful in some situations, the adverse effects and long treatment time that accompany them end up deterring some patients from taking the medications properly, if at all. Now more than ever, it is important to find more effective alternative treatment methods that can better help people treat alcoholism.

This is why the International Center for Ethnobotanical Education Research and Service (ICEERS) is partnering up with researchers from the University of São Paulo in Ribeirão Preto, Brazil, to conduct a clinical trial that will investigate the safety and efficacy of treating alcoholism with ibogaine.

This study is going to be the first in a series of clinical trials that will look at the efficacy of using ibogaine to treat various types of addictions. This initial study is being led by principal investigator Dr. Rafael Guimarães dos Santos, along with senior investigator and study co-supervisor Dr. Jaime Hallak, and collaborator Dr. José Carlos Bouso, from ICEERS.

Ibogaine is an alkaloid in Tabernanthe iboga, a psychoactive perennial rainforest shrub hailing from Central Africa that has been traditionally used by people conducting Bwiti ceremonies in countries like Gabon, Cameroon, and the Republic of the Congo. Anecdotal reports and animal studies suggest that one or more doses of ibogaine can significantly reduce withdrawal symptoms and intensity of use for several drugs, including opioids and alcohol.

But so far there haven’t been any controlled clinical studies that have examined these effects. This study will be the first to evaluate the safety and efficacy of ibogaine, and it will consist of administering three increasing doses of the substance to 12 alcoholic patients.

This Phase 2 study will be randomized, double-blind, placebo-controlled, and will use an escalating-dose methodology. That means that neither the patient nor the researcher will know ahead of time whether a dose is going to be the real thing or just a placebo, and the ibogaine doses will increase each time, ranging from 20 to 400 milligrams.

After a volunteer finishes the initial part of the study, they will be evaluated on a weekly basis for the first month, and will undergo a quarterly checkup for the remainder of one year in order to monitor their consumption of alcohol and other drugs.

The inclusion criteria for this study require participants to be literate, have an official diagnosis of alcoholism, and a history of at least two previous failed treatment attempts. People with
serious mental or physical issues, pregnant or lactating women, and those who aren’t able to pass a drug test will be excluded from participation in the study.

If the research shows that ibogaine safely administered in a controlled setting is effective in reducing alcohol consumption, ICEERS plans to conduct additional trials with larger sample sizes. The organization is also planning another clinical trial that will look at the efficacy of treating methadone dependence with ibogaine in Spain.

Together, studies like these will help expand our understanding of how ibogaine can help people with drug dependence issues. Hopefully the results that they produce will contribute to the mounting pile of scientific evidence showing that psychedelics have the potential to help change the world for the better.

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