

HB 1207 - Public Health - Ibogaine Treatment Study Program

<http://mgaleg.maryland.gov/webmga/frmMain.aspx?id=HB1207&stab=01&pid=billpage&tab=subject3&ys=2018RS>

Oppose

House Health and Government Operations Committee

February 27, 2018

Testimony opposing House Bill 1207 on behalf of the Maryland-DC Society of Addiction Medicine, a professional society of physicians and associated health professionals in the field of addiction medicine; a chapter of the American Society of Addiction Medicine

The Maryland-DC chapter of the American Society of Addiction Medicine (MDDCSAM) represents physicians and associated healthcare professionals from different disciplines, including internal medicine, family medicine, emergency medicine, psychiatry, pharmacy, and nursing with expertise in addiction medicine. Our goals are to diagnose, treat, and advocate for people with the chronic disease of addiction and its related problems.

As opioid-related overdoses continue to increase in Maryland, families, communities, and policy makers are appropriately focused on finding effective solutions. Overwhelming public health crises often lead to more research, improved treatments, and enhanced medical understanding. This was certainly the case during the early AIDS epidemic, and more recently with Ebola.

MDDCSAM strongly supports more research on opioid addiction, including studies that would expand current pharmacological treatment options. However, we have two specific concerns about HB 1207 “Public Health – Ibogaine Treatment Study Program.”

1. This bill proposes to establish an ibogaine treatment study program in the Maryland Department of Health for the purposes of evaluating “the effectiveness and safety of ibogaine treatment for opioid dependence” as well as compare its effectiveness with standard of care therapies, including opioid agonist treatment. The study to be conducted under this program would last 2 years and an academic medical center would receive a total of \$500,000 in state funds to support the work.

Essentially, what the bill describes is the establishment of a specific clinical research program within the Department of Health for the development of a particular pharmaceutical product, and where one partnering academic medical center would conduct any actual study.

The mission of the Maryland Department of Health is “to promote and improve the health and safety of all Marylanders through prevention, access to care, quality management, and community engagement.” Developing a clinical research program or engaging in pharmaceutical research and development seems far outside of the stated mission.

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MDDCSAM is concerned that an ibogaine study program would set a precedent for this mission creep that would be impossible to control. What would be the parameters for the state to decide on other, similar requests for other potential therapeutic agents not only for opioid addiction but other diseases? What are the end goals of such a research program; FDA approval?

2. Evaluating efficacy, safety, and comparative effectiveness of a therapeutic agent, as the bill describes, is a long, expensive undertaking involving multiple phases, often taking years, and costing over \$50 million to complete. The bill does not seem to acknowledge this. MDDCSAM is therefore concerned that the public dollars expended would not support the intended goals of the bill. These dollars instead could instead be spent on expanding access to existing effective treatments, enhancing crisis services, or supporting recovery services.

If Maryland is interested in establishing a clinical research program within MDH for ibogaine or any other potential therapy for opioid addiction, MDDCSAM respectfully recommends first establishing a framework for how to do so. Such a framework would need to be transparent, scientifically sound, and objective.

MDDCSAM understands the impetus behind HB 1207, but respectfully urge an unfavorable report.
