



Testimony to Provide Information

HB 0674:

Controlled Dangerous Substances - Schedules

House Judiciary Committee

February 18, 2020

Prepared and Submitted by Lisa Lowe

“Xanny Bars” (a Schedule IV Drug) on Social Media

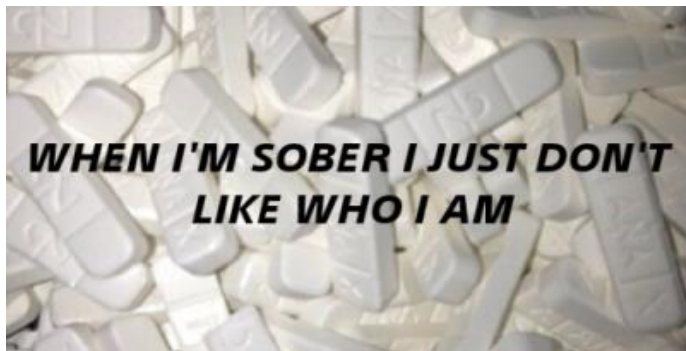
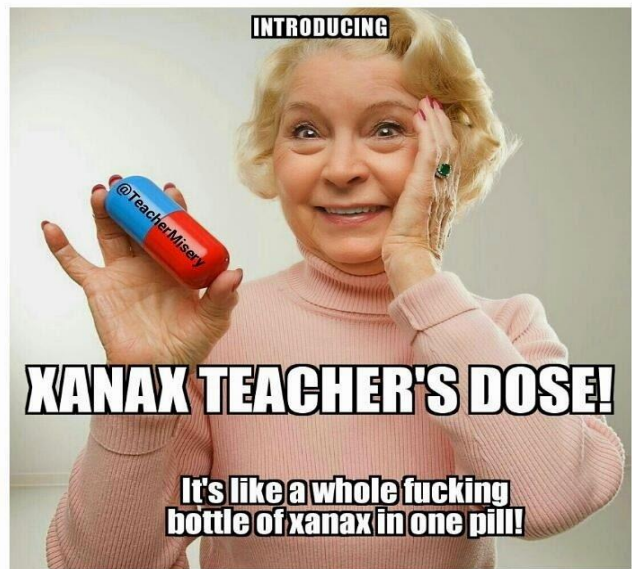
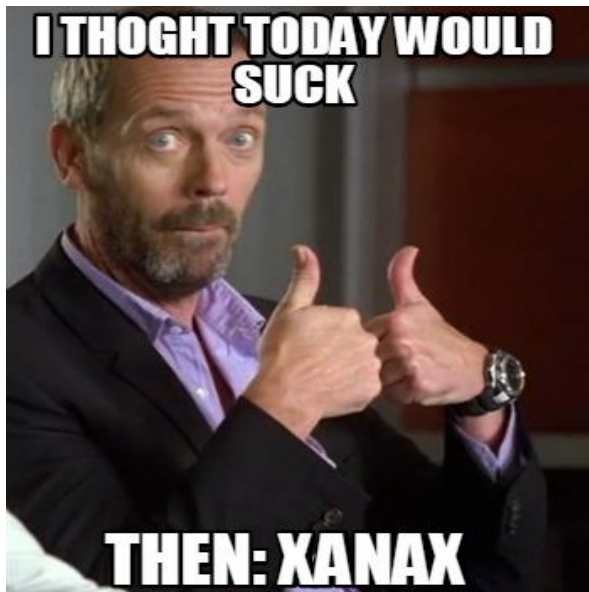
drugs with a low potential for abuse and low risk of dependence



Dylan Young
@le_dylon



remember when "take a chill pill" was just a saying??? But now everyone's addicted to Xanax so nvm





lil woody

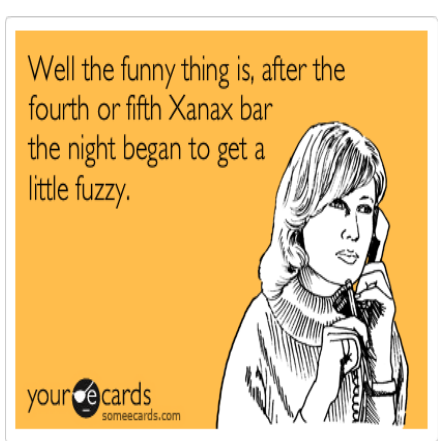


Pope holding XANAX funny picture | PMSLweb

Who gave Big Bird a xan???? 🤔



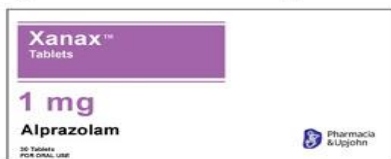
Zoinks!



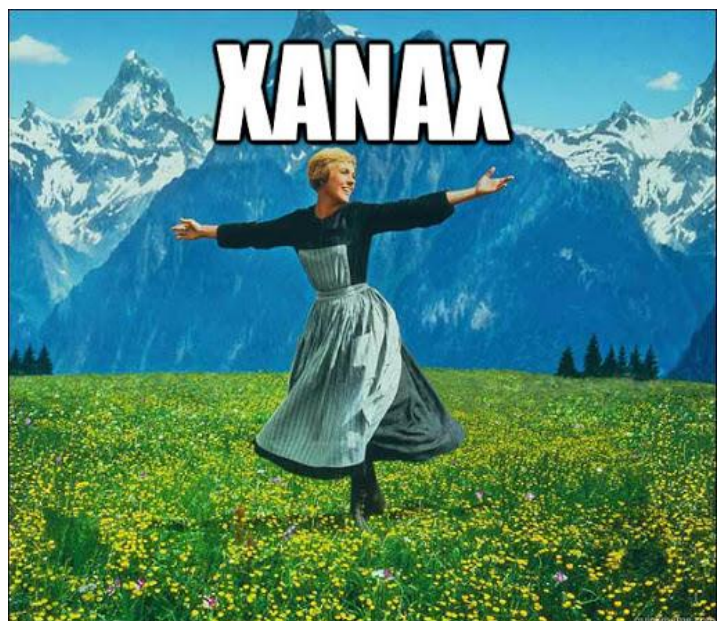
XANAX:
...because
sometimes
whiskey
just isn't
enough



Are you at the end of your rope?



BreakingNews.com

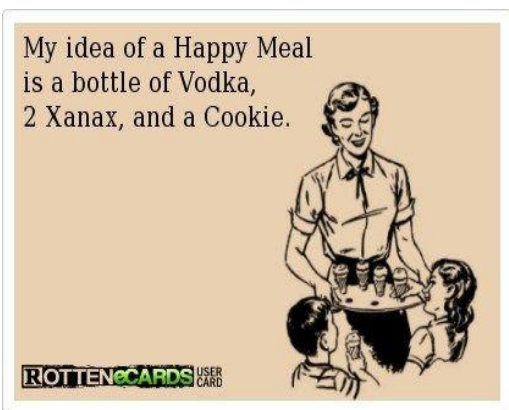
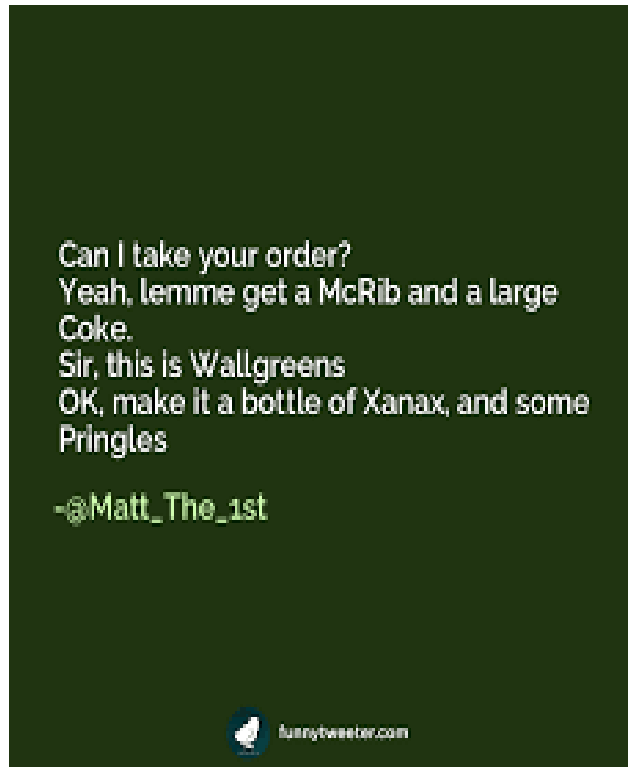




For that Tuesday morning pick-me-up!



32 Funny AF Pumpkin Spice Memes Because...FALL! - Gallery | eBaum's ...





"And if you like comfort food, I would recommend the Xanax stuffed pork-loin."

I am not sure if a handful of Xanax counts as your "Something Blue"



your  cards
someecards.com

Most of my anxiety comes from my fear of running out of Xanax.



some  cards

PLEASE GOD, GRANT ME THE SERENITY TO ACCEPT THE THINGS I CANNOT CHANGE, THE COURAGE TO CHANGE THE THINGS I CAN AND THE WISDOM TO KNOW WHEN TO TAKE A FREAKIN XANAX!



"Thank goodness we're on Xanax now, so there's no need to panic and run for our lives like we did before."



WHEN YOU REALIZE YOU MAY HAVE A PROBLEM



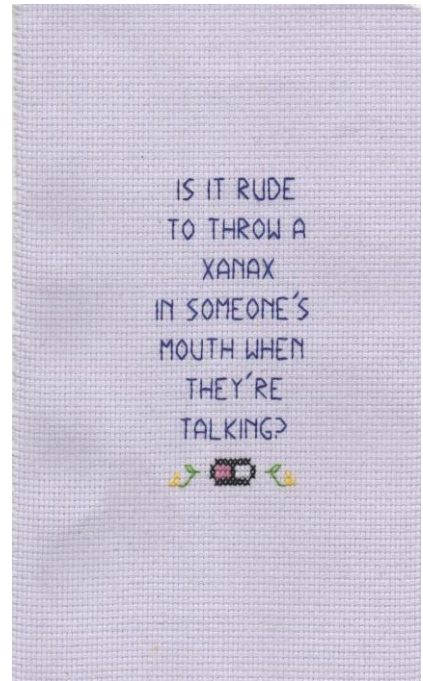
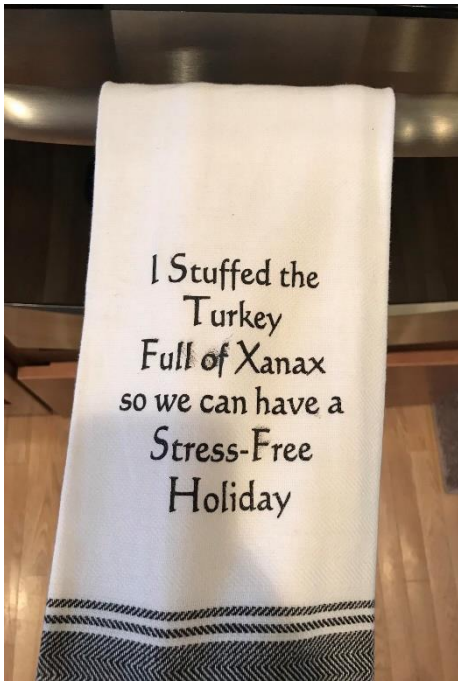
Xanax Bar Pendant
\$39

[Shop Now](#)

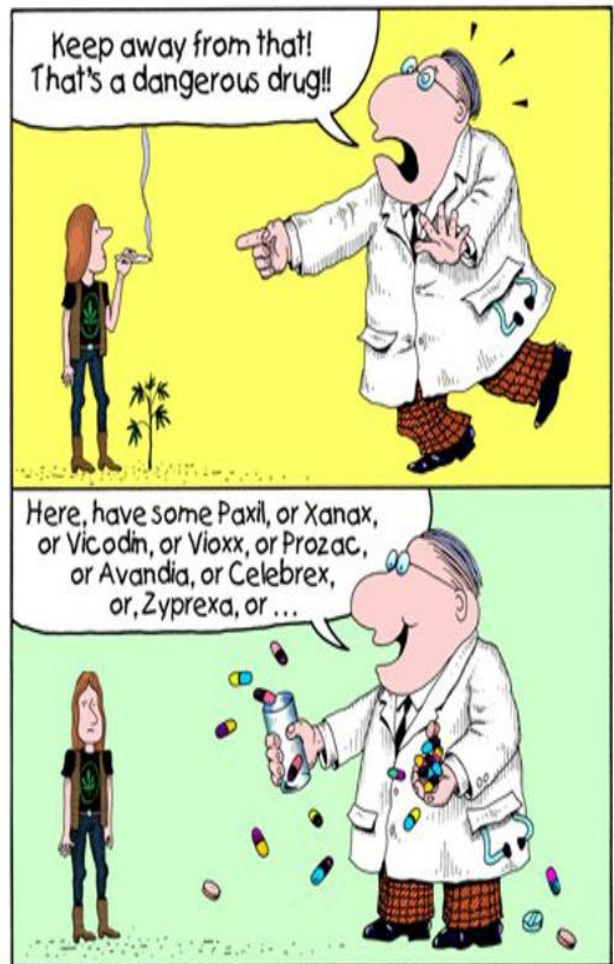
this just popped up Sponsored in my feed



MugBros



"And me fresh out of xanax."





XANAX

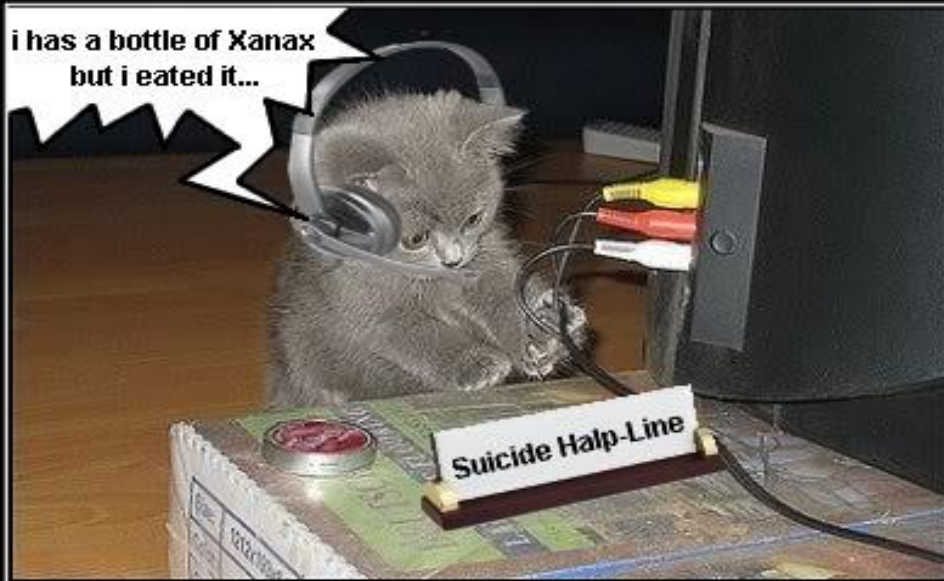
Works on cats too

Okay, but when the Xanax wears off



I'm gonna have to hurt you.

ICANHASCHEEZBURGER.COM



WAIT

i'll fix it

Ibogaine (a Schedule I Drug) in Scientific Research

drugs with no currently accepted medical use and a high potential for abuse

Ibogaine is a drug extracted from the root bark of the West African iboga shrub. It has psychoactive (alterations in perception, mood, consciousness or behavior) and psychedelic (hallucinogenic) properties when ingested.

It's effectiveness in curing opiate addiction was first discovered in 1962, by Howard Lotsof, a heroin addict living in New York. Seeking a recreational hallucinogenic experience, he found that after a two-day intense hallucinogenic 'trip', he no longer felt any cravings for heroin –even more incredibly, he had no withdrawal symptoms.

Since then, studies undertaken by leading research and academic facilities have corroborated Lotsof's experience, demonstrating that ibogaine is an effective addiction interrupter for most substances including heroin, methadone, methamphetamine, cocaine, alcohol, and nicotine. With just one dose of the hallucinogen and a psychedelic journey that can last days, heroin addicts, alcoholics and cocaine users have reportedly found themselves completely free from their cravings – with none of the usual withdrawal symptoms.

Although how it works in the brain is still not entirely clear, researchers believe that once ingested, ibogaine is converted to a metabolite, called noribogaine. This substance impacts different parts of the brain involved in drug-taking patterns of behavior –neurotransmitter pathways strongly linked to addiction and reward. Noribogaine 'rewires' these areas, basically rebalancing brain chemistry by leveling out dopamine, serotonin, endorphins, adrenaline and other neuro-chemicals –thus allowing the brain to restructure itself to its pre-addicted state. It is like pressing a brain 'reset button'. Once this process is complete, no further use of ibogaine is necessary. Long-term relief from withdrawal symptoms probably comes from the fact that ibogaine is stored in fat tissue and slowly released into the bloodstream for up to six months.

In addition to the complete elimination of withdrawal symptoms, users report an experience of clarity and insight into repressed emotional memories, trauma, and subconscious guilt. Many describe the experience as intensely therapeutic –similar to going through years of therapy in 24 hours, with flashbacks to pivotal life-changing experiences often repressed since childhood. Afterwards, they are left with critical insights into the root of their addiction process as well as other unhealthy behavior patterns. Through unlocking past traumatic events or situations, many of which are subconscious, individuals are suddenly able to gain understanding or clarification of the causal factors that have contributed to their compulsion to use substances.

Although medical use of ibogaine is currently not legal in the United States, it is used to treat opiate addiction in other countries, including Canada and Mexico. While 9 of the 28 countries presently in the European Union have similar classifications as the U.S., it is unregulated (neither officially approved nor illegal) in much of the rest of the world. New Zealand, Brazil, and South Africa have classified ibogaine as a pharmaceutical substance and restrict its use to licensed medical practitioners. This has led Americans who struggle with addiction to seek out international clinics or underground providers to receive treatment.

IBOGAINE

BENEFITS

- **Eliminates craving and withdrawal symptoms associated with opioid use disorder** (Alper, 1999; Alper et al, 2012; Cloutier-Gill et al, 2016; Franciotti, 2013; Glick, 1991, 1999; Heink, 2017; Lots of and Alexander, 2001; Mačiulaitis et al, 2008; Mash et al, 1995, 2000, 2001; Noller, 2016; Sheppard, 1994)
- **Clinical trials have reported rates of abstinence at twelve-month follow-up** of between 20% (Brown & Alper, 2017), 24% (Bastiaans, 2004), 40% - 50% (Mash, 2016), and **57%** (Noller, 2016). Other studies report that participants were either abstinent from all drug use, or had stopped use of primary and secondary drugs of choice –primarily opiates (Bastiaans, 2004)
- Ibogaine is **not addictive** (Koenig and Hilber, 2015; Ross, 2012)
- Perceived **improvement in overall health by 58%** of respondents (Bastiaans, 2004)
- **Significant reductions in reported depression** (Mash, 2012; Noller, 2016) by **100%** of respondents (Bastiaans, 2004)
- Triggers recovery patterns for other psychological issues including anxiety disorders and post-traumatic stress disorder (Anderson, 1998; Bastiaans, 2004)
- Reduced criminal behavior (Bastiaans, 2004)
- Reported **improvements in family relationships and social connectivity** (Brown and Alper, 2017; Noller, 2016) in **88%** of respondents (Bastiaans, 2004)
- **Limited potential for abuse** due to nausea and vomiting (Alper et al, 2012), and its propensity for facilitating emotionally unsettling and uncomfortable memories during therapy (Donnelly, 2011)

RISKS

- If not dosed or administered correctly, it may cause cardiac arrest or seizures (Alper et al, 2012; Breuer et al, 2015; Hoelen, 2009; Jacobson, 2017; Maas, 2006; Noller, 2016) –**A total of 27 deaths** have been reported globally since Ibogaine’s use as an anti-addictive medication (Litjens, 2016)
- ‘Waking dreams’ that may be unpleasant or emotionally uncomfortable (Taylor, 2017)
- Hampers muscle coordination during therapy (Taylor, 2017)
- May induce periods of nausea and vomiting during therapy (Breuer et al, 2015; Taylor, 2017)

Conclusion:

I urge you to update Maryland’s CDS Schedule based on some other reason than simply that the federal government does it that way, so therefore Marylanders must follow. I urge you instead to utilize Maryland’s great brain trust –with 55 Maryland colleges and universities at our disposal, we have the capacity to be a scientific leader, not a blind follower.