

April 30, 2022

Dear Sir or Madam,

I write this letter in support of Mr. Patrick Baker's efforts as an activist and community-based participant in efforts to use non-opioid medication to treat opioid use disorder (OUD). OUD is a global health crisis, on a meteoric rise over the past decade and worsened by the Covid-19 pandemic. Deaths from drug overdoses in the US surpassed 100,000 in 2021, and the number related to opioids increased almost 30% in the year between 2020 and 2021, from 56,000 to over 75,000. The opioid crisis has hit hard in every state, and affects people from all walks of life, rich and poor, including children, teens and veterans who have served our country.

As an emergency medicine physician at Yale-New Haven Hospital, I take care of opioid-dependent patients on every shift that I work. Some overdose accidentally, others are experiencing distressful and painful withdrawal symptoms or have medical problems like infections related to their use of opioids. Others are just so sick and tired of being sick and tired that they contemplate suicide and come to the emergency department out of desperation that they might end their lives due to their addiction and the stigma surrounding it. While many people enter treatment programs, which often involve opioid therapy, the current medical system is overwhelmed and the current modalities are associated with relapse rates of 72-88% in the 1-3 years after treatment. There are often long waiting lists for psychological therapy, as well as for the current medication-assisted therapies. For methadone treatment, which is itself an opioid, patients typically must go to a physical location on a daily basis to obtain their medication, interfering with work and family life. Many patients on methadone complain that they feel overmedicated, slow to respond, and that they look and feel like "zombies". Moreover, there is often not much ongoing psychotherapy available to address the causes of addiction and childhood trauma often associated with addiction. Plant medicines such as Ibogaine offer a novel form of treatment for OUD, and early studies show significantly lower relapse rates and improved quality of life measures when compared to existing treatments.

Pat Baker is an internationally-known activist for a new non-opioid treatment modality for opioid disorder. With a past history of significant childhood trauma, he has struggled with opioid addiction and found ibogaine to be the one therapy that has most impacted his own sobriety. He is a powerful advocate and is dedicated to the cause. With his own money, he published a full-page advertisement in the NY Times, urging national leaders to allow research into plant medicines like ibogaine to offer those who suffer from OUD. With his lived experience, he works within communities, reaching out and helping people with OUD access ibogaine treatment legally, which means traveling out of the United States. He has worked tirelessly providing support and coaching for many individuals seeking help for their addiction. And sadly, for those who have not been able to get into effective treatment, he has had to be a shoulder to cry on for the parents, children and loved ones of those who have died.

For every major new initiative in medicine, especially when the disease is associated with significant stigma as OUD is, the medical community is absolutely dependent on those people whose lived experiences allow them to provide insight into how to communicate with and help our patients. This model is known as "Community-Based Participation" and Pat Baker is the most active and influential community-based participant in the space of ibogaine for OUD. His knowledge, passion, work ethic and communication skills are unparalleled in this space. He is a "get it done" guy and has the ability to make connections with people, from scientists to users, which is what it will take to get ibogaine to the next level as a treatment for OUD.

Sincerely,



Karen Jubanyik MD
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