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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

PSYCHEDELICS FOR OUD

A BRIEF REVIEW

DECEMBER 2025

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Assistant Professor, University of Washington SOM

NOVEL THERAPEUTICS ADDICTION PSYCHIATRY

UW Medicine UW SCHOOL OF MEDICINE

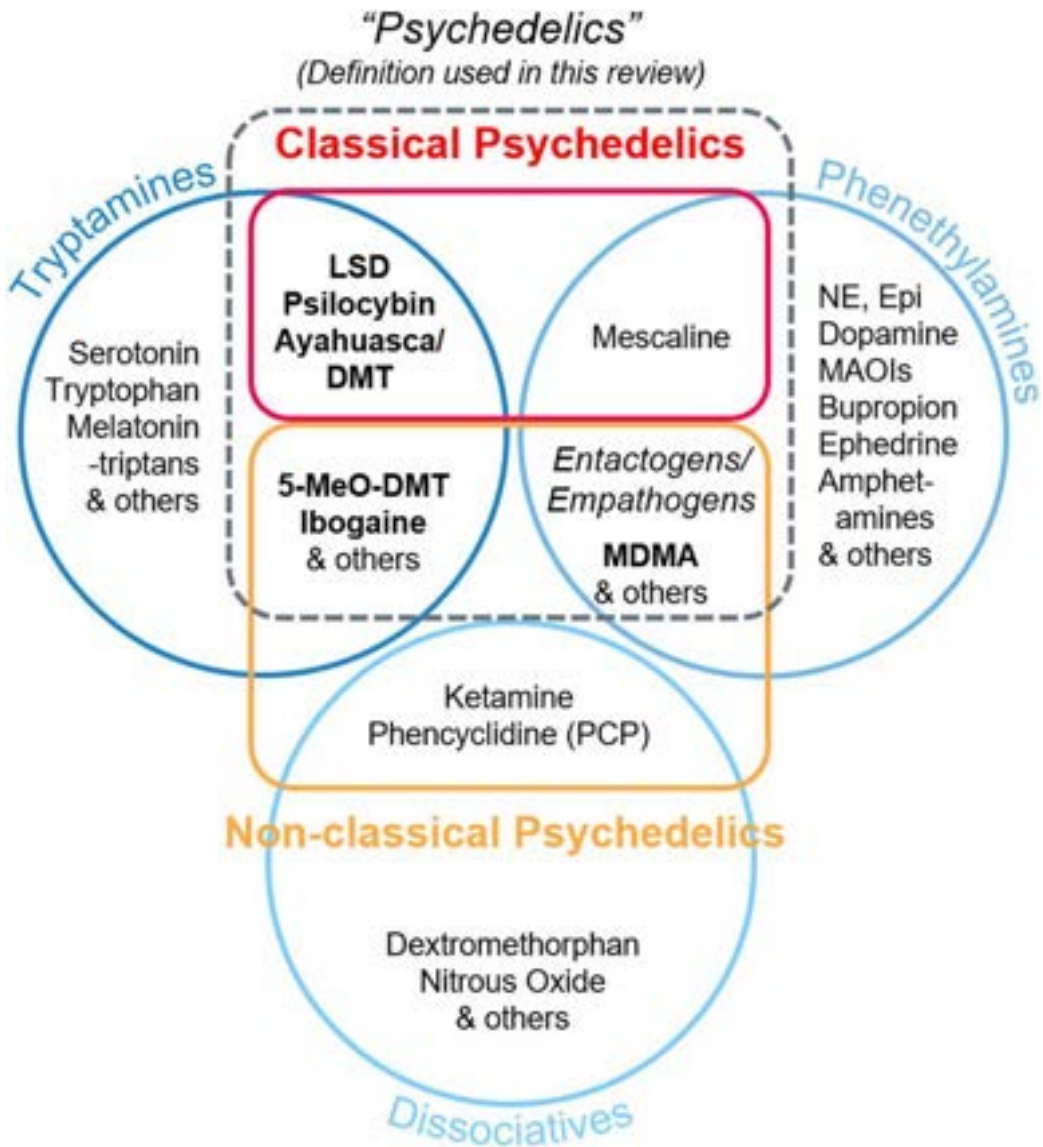
Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

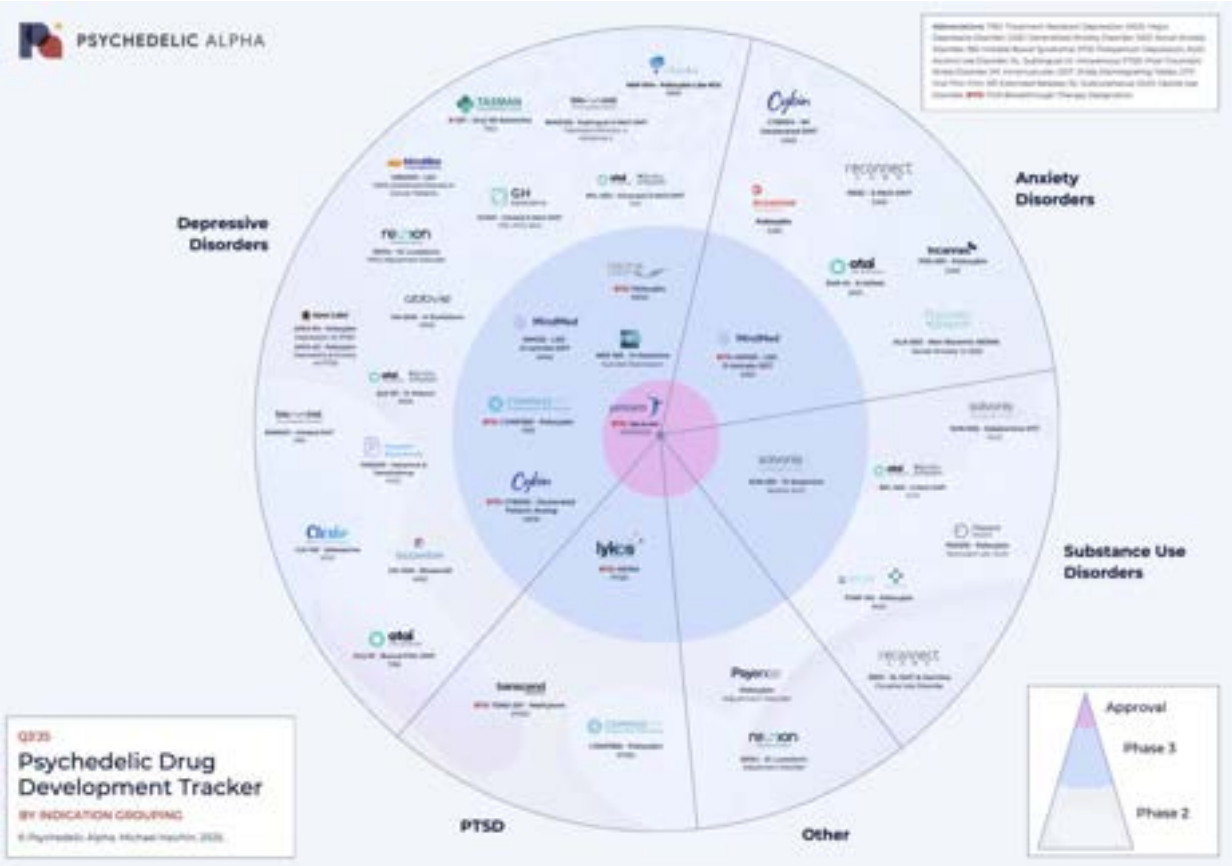
project ECHO

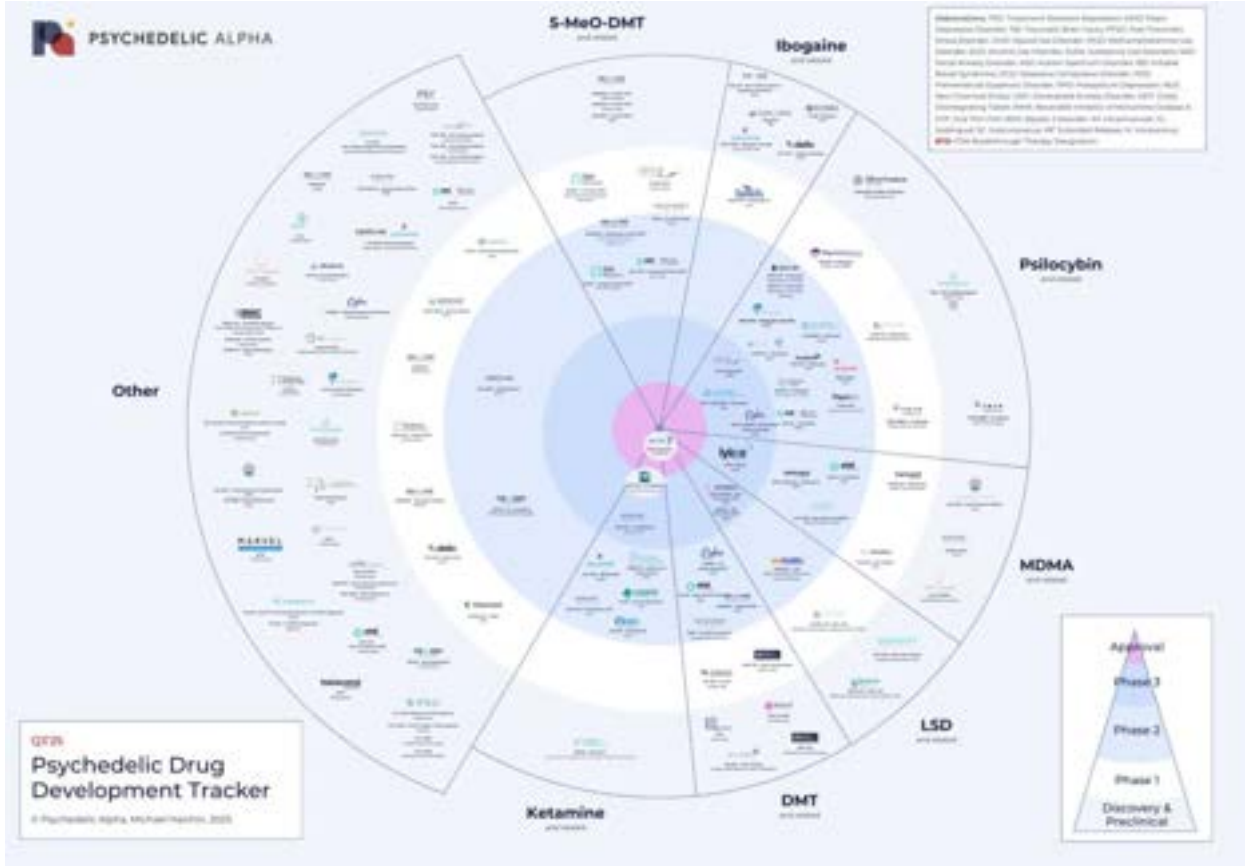
OUTLINE

I. Background
   a) Definitions
   b) History
   c) Problem
II. Evidence
   a) LSD/Psilocybin
   b) Ketamine
   c) Ibogaine
III. Novel Applications

I. BACKGROUND: DEFINITION







THE CENTER FOR NOVEL THERAPEUTICS IN ADDICTION PSYCHIATRY

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I. BACKGROUND: HISTORY

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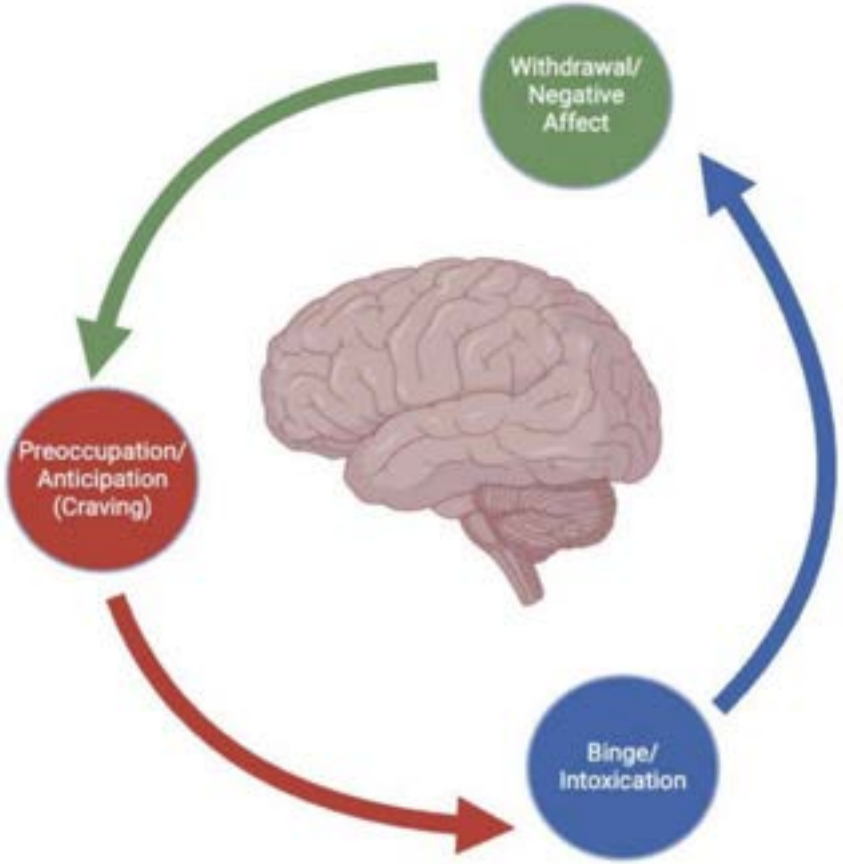
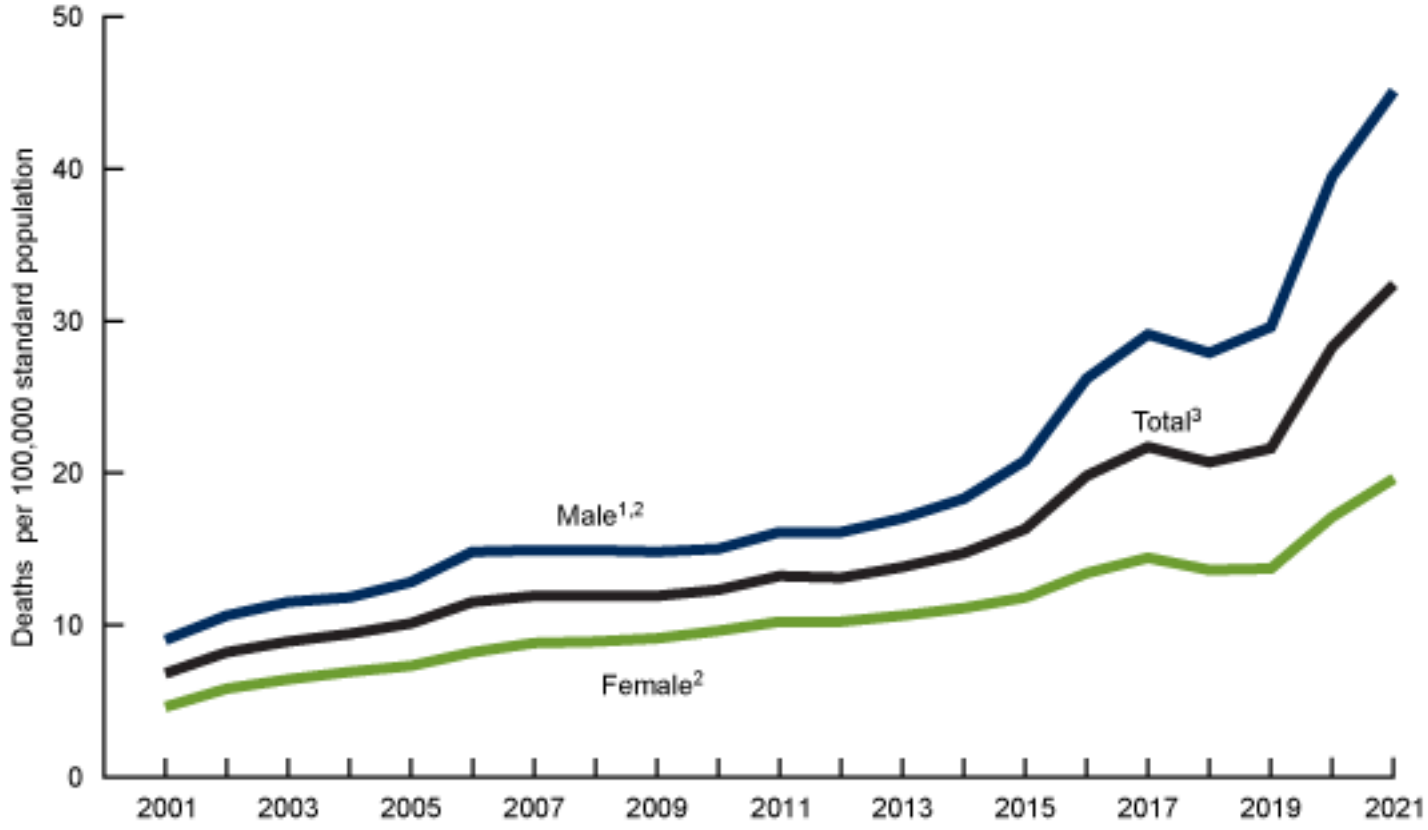
I. BACKGROUND: PROBLEM





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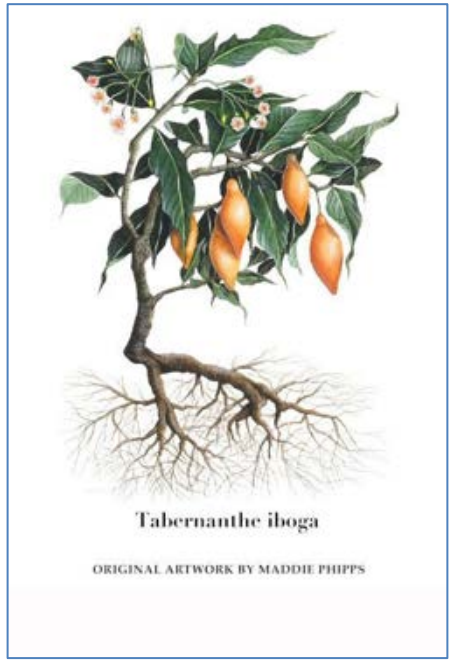
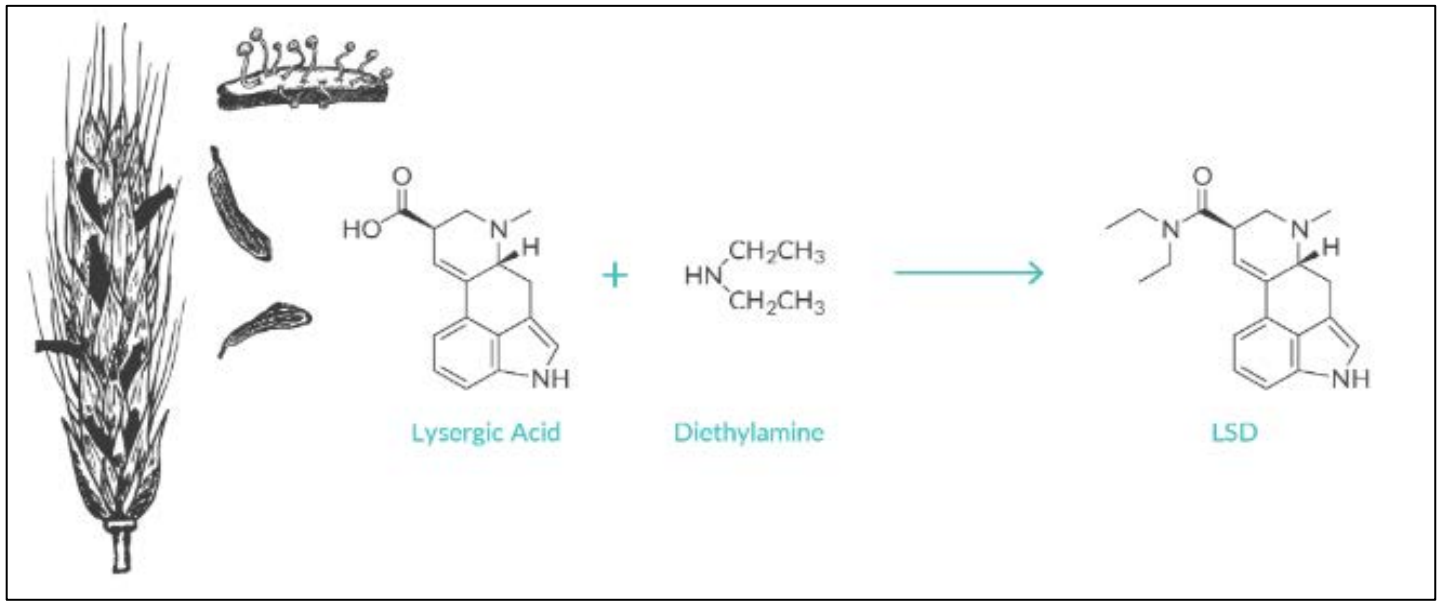
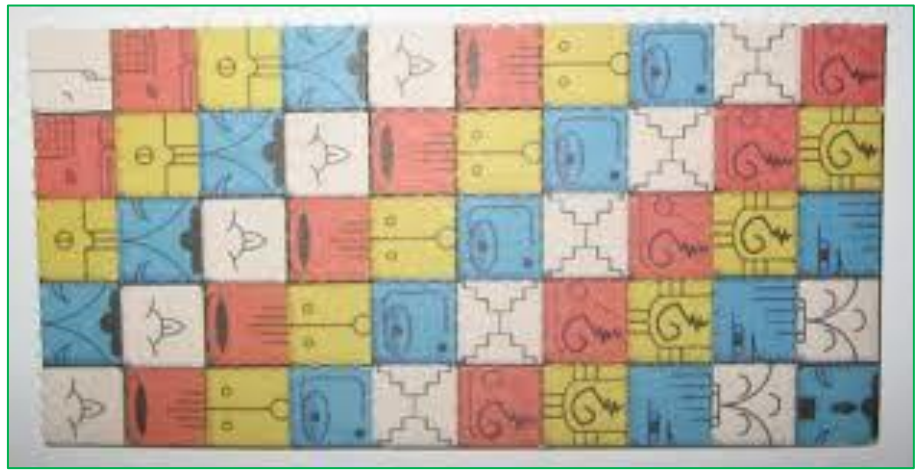
II. EVIDENCE: PSYCHEDELICS FOR OUD



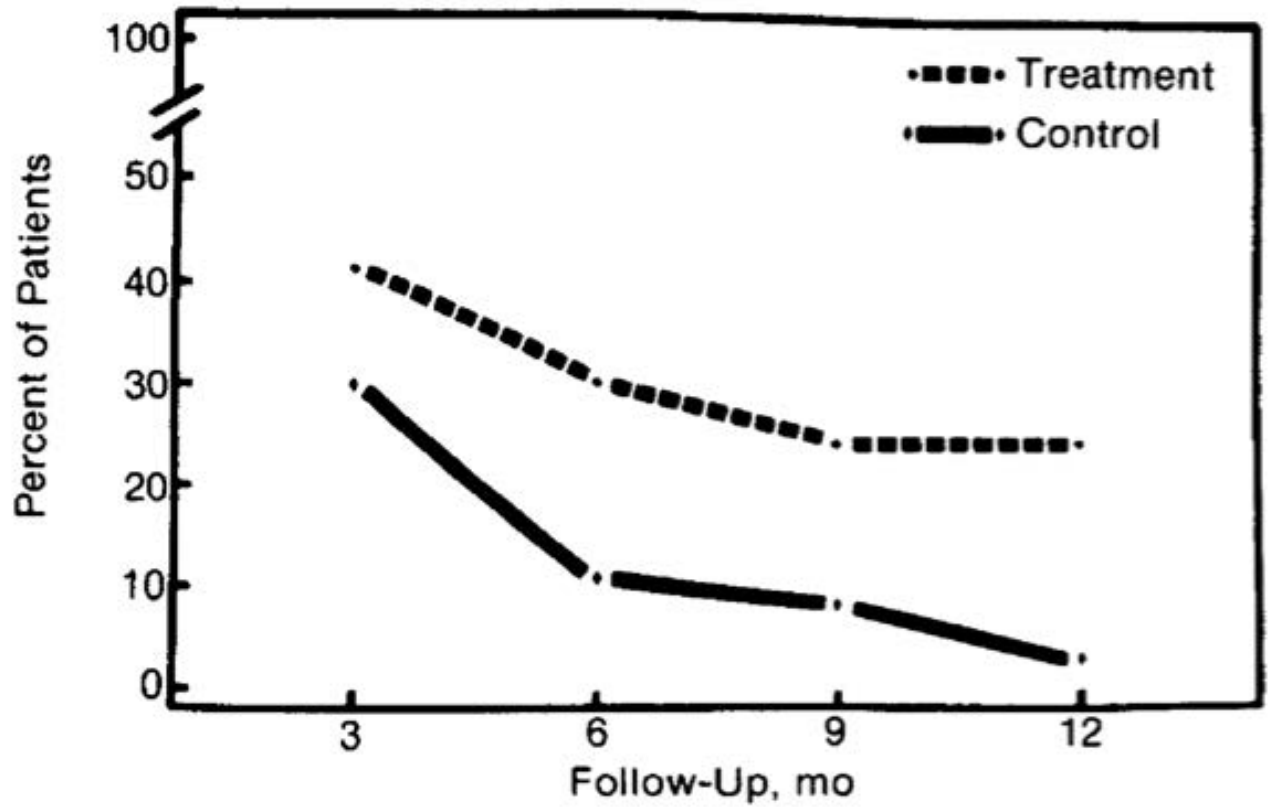
II. EVIDENCE: LSD





II. EVIDENCE: LSD FOR OUD

Fig 1.—Percent of patients maintaining total abstinence at 3-, 6-, 9-, and 12-month follow-up.



P: N = 74 adults
I: 4-6 weeks therapy + single dose 300–350mcg LSD
C: Usual care (supportive housing)
O: Abstinence monthly for 12 months.
R: 12-month abstinence – 9/36 (25%) vs 2/37 (5%) in control ;

Savage C, McCabe OL. Residential psychedelic (LSD) therapy for the narcotic addict. A controlled study. *Arch Gen Psychiatry*. 1973;28(6):808-814. doi:10.1001/archpsyc.1973.01750360040005

II. EVIDENCE: PSILOCYBIN FOR OUD

Lifetime use	Frequency (unweighted N)	aOR (95% CI)[1]
Psilocybin	22,276	**0.70*** (0.60, 0.83)**
Peyote	3766	0.84 (0.63, 1.12)
Mescaline	4595	1.13 (0.86, 1.49)
LSD	22,552	1.15 (0.94, 1.42)
MDMA/ecstasy	21,195	1.66*** (1.35, 2.03)
PCP	3935	1.63** (1.25, 2.12)
Cocaine	32,783	3.54*** (2.89, 4.34)
Inhalants	21,856	1.44*** (1.21, 1.73)
Tranquilizers	48,572	3.40*** (2.79, 4.14)
Stimulants	32,033	1.44*** (1.24, 1.68)
Sedatives	27,218	1.93*** (1.61, 2.30)
Marijuana	110,175	2.39*** (1.71, 3.35)

Jones, G., Ricard, J. A., Lipson, J., & Nock, M. K. **(2022).** Associations between classic psychedelics and opioid use disorder in a nationally-representative U.S. adult sample. *Scientific Reports*, *12*(1), 4099. doi: 10.1038/s41598-022-08085-4

II. EVIDENCE: PSILOCYBIN FOR OUD

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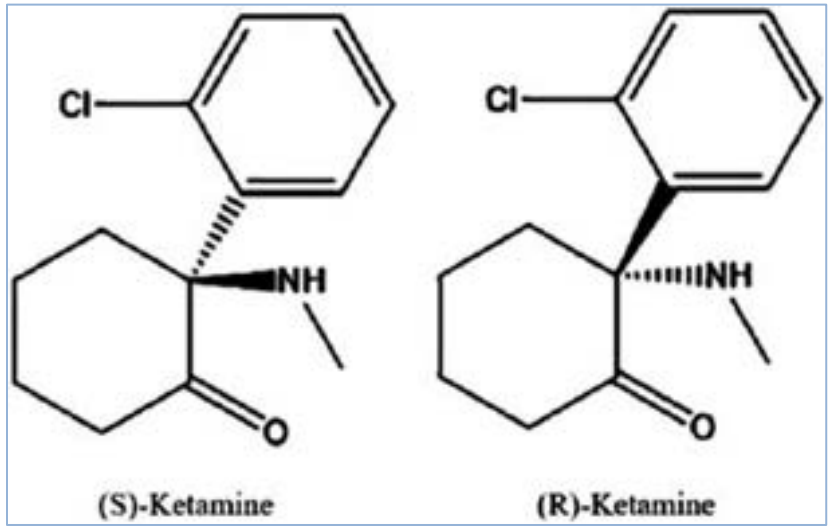
II. EVIDENCE: KETAMINE



Spravato™
(esketamine) CIII
nasal spray

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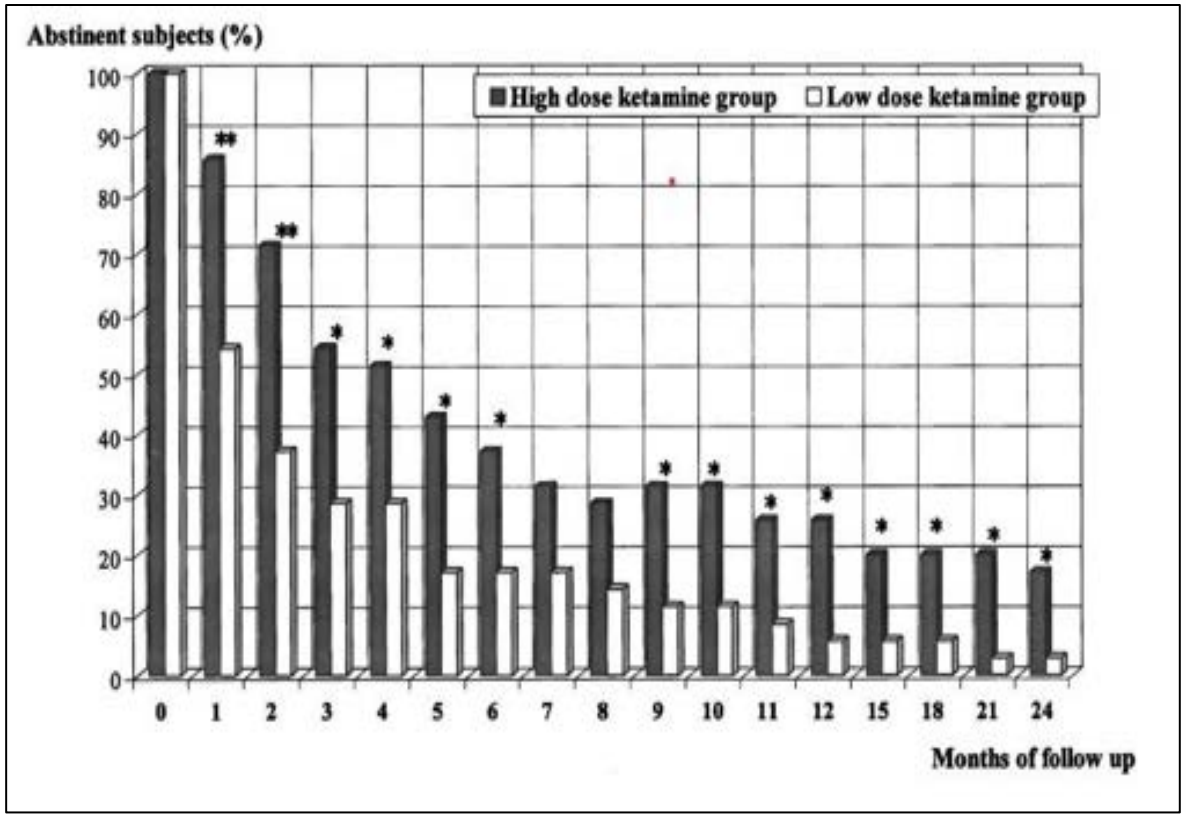
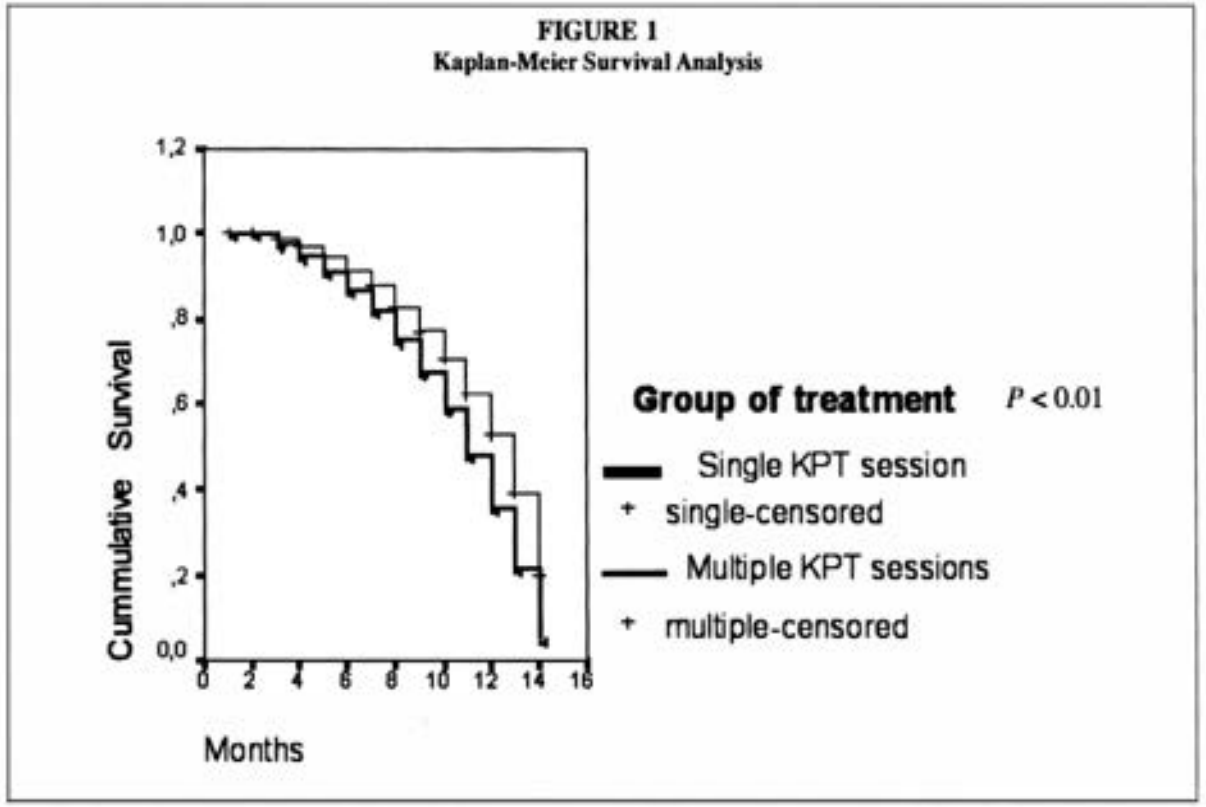
II. EVIDENCE: KETAMINE FOR OUD





Krupitsky EM, Burakov AM, Dunaevsky IV, Romanova TN, Slavina TY, Grinenko AY. Single versus repeated sessions of ketamine-assisted psychotherapy for people with heroin dependence. J Psychoactive Drugs. 2007 Mar;39(1):13–9.

Krupitsky E, Burakov A, Romanova T, Dunaevsky I, Strassman R, Grinenko A. Ketamine psychotherapy for heroin addiction: immediate effects and two-year follow-up. J Subst Abuse Treat. 2002 Dec;23(4):273–83.

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II. KETAMINE FOR OUD: ACTIVE STUDIES

Terminated

Study funds were exhausted

Ketamine for OUD and Comorbid Depression (OUDCD)

ClinicalTrials.gov ID NCT05051449

Sponsor University of Maryland, Baltimore

Information provided by Annabelle Belcher, University of Maryland, Baltimore (Responsible Party)

Last Update Posted 2024-03-07

Terminated

Low recruitment numbers and study funding will be closing shortly.

Ketamine for OUD and Suicidal Ideation in the ED

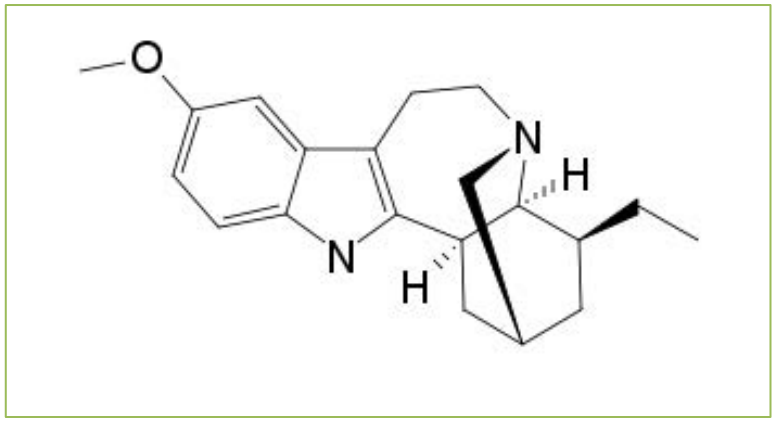
ClinicalTrials.gov ID NCT06111339

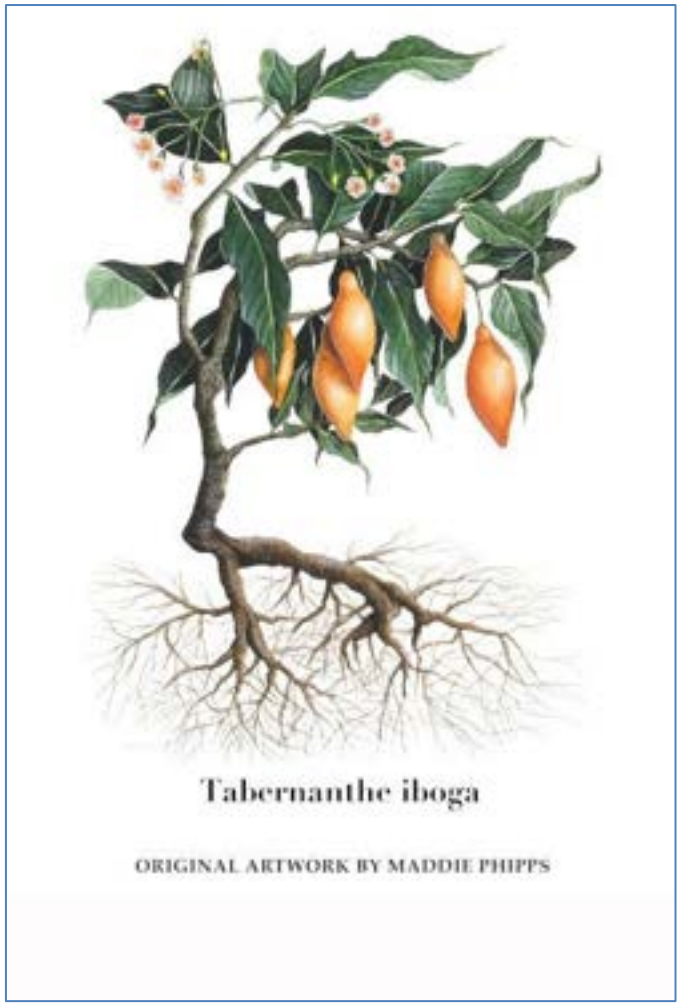
Sponsor Brigham and Women's Hospital

Information provided by Joji Suzuki, MD, Brigham and Women's Hospital (Responsible Party)

Last Update Posted 2025-04-08

II. EVIDENCE: IBOGAINE





II. EVIDENCE: IBOGAINE FOR OUD

Changes in Withdrawal and Craving Scores in Participants Undergoing Opioid Detoxification Utilizing Ibogaine

Benjamin J. Malcolm, Martin Polanco & Joseph P. Barsuglia

To cite this article: Benjamin J. Malcolm, Martin Polanco & Joseph P. Barsuglia (2018) Changes in Withdrawal and Craving Scores in Participants Undergoing Opioid Detoxification Utilizing Ibogaine, Journal of Psychoactive Drugs, 50:3, 256-265, DOI: 10.1080/02791072.2018.1447175

To link to this article: https://doi.org/10.1080/02791072.2018.1447175

Observational Cohort

P: N = 30 adults

I: 1.5 grams ibogaine HCL in MX after short-acting MSO4.

C: Pre/Post

O: SOWS, Abstinence for 12 months.

R: 50% abstinent at 1 month, reduced until month 3, then effect lost.

Malcolm, B. J., Polanco, M., & Barsuglia, J. P. (2018). Changes in withdrawal and craving scores in participants undergoing opioid detoxification utilizing ibogaine. *Journal of Psychoactive Drugs*, *50*(3), 256–265. doi: 10.1080/02791072.2018.1447175

II. EVIDENCE: IBOGAINE FOR OUD

Treatment of opioid use disorder with ibogaine: detoxification and drug use outcomes

Thomas Kingsley Brown & Kenneth Alper

To cite this article: Thomas Kingsley Brown & Kenneth Alper (2018) Treatment of opioid use disorder with ibogaine: detoxification and drug use outcomes, The American Journal of Drug and Alcohol Abuse, 44:1, 24-36, DOI: 10.1080/00952990.2017.1320802

Observational Cohort

P: N = 30 adults

I: 1.5 grams ibogaine HCL in MX after short-acting MSO4.

C: Observational

O: SOWS, Abstinence for 12 months.

R: SOWS reduction - 17 pt, 50% abstinent at 1 month

	Pretreatment	One month	3 months	6 months	9 months	12 months
n	30	20	19	14	17	14
ASIC Scores						
Drug Use	0.40 ± 0.08	0.11 ± 0.09†††	0.15 ± 0.13†††	0.12 ± 0.09†††	0.13 ± 0.13†††	0.17 ± 0.10†††
Alcohol Use	0.08 ± 0.18	0.09 ± 0.13	0.07 ± 0.11***	0.16 ± 0.16*	0.12 ± 0.13*	0.16 ± 0.24
Family/Social Status	0.24 ± 0.16	0.07 ± 0.13†††	0.06 ± 0.13†††***	0.08 ± 0.15††*	0.03 ± 0.09†††*	0.04 ± 0.07†††
Employment Status	0.34 ± 0.26	0.44 ± 0.28††	0.33 ± 0.27**	0.26 ± 0.22***	0.37 ± 0.29***	0.25 ± 0.19***
Legal Status	0.22 ± 0.24	0.10 ± 0.18††	0.04 ± 0.09††***	0.14 ± 0.14†*	0.05 ± 0.10†***	0.10 ± 0.17††*
Medical Status	0.19 ± 0.31	0.26 ± 0.28	0.27 ± 0.34*	0.25 ± 0.28**	0.15 ± 0.31**	0.26 ± 0.35**
Psychiatric Status	0.27 ± 0.18	0.18 ± 0.22	0.17 ± 0.20†*	0.16 ± 0.23††*	0.14 ± 0.20	0.23 ± 0.20
Opioid-free days in the previous 30 days						
Among subjects available for follow up	1.0 ± 3.3	27.7 ± 5.7	22.5 ± 11.2	20.2 ± 13.5	20.6 ± 13.4	17.3 ± 14.0
Among all subjects (N=30), missing values baseline	1.0 ± 3.3	18.9 ± 13.6	14.9 ± 13.7	9.9 ± 13.6	11.7 ± 14.4	8.8 ± 12.7
Number of subjects reporting no opioid use in previous 30 days (%N)	0	15 (50%)	10 (33%)	6 (20%)	11 (37%)	7 (23%)

II. EVIDENCE: IBOGAINE FOR OUD

Ibogaine Detoxification Transitions Opioid and Cocaine Abusers Between Dependence and Abstinence: Clinical Observations and Treatment Outcomes

Deborah C. Mash[1,2], Linda Duque[1], Bryan Page[3] and Kathleen Allen-Ferdinand[4]*

[1] Department of Neurology, Leonard M. Miller School of Medicine, Miami, FL, United States, [2] Department of Molecular and Cellular Pharmacology, Leonard M. Miller School of Medicine, Miami, FL, United States, [3] Department of Anthropology, University of Miami, Coral Gables, FL, United States, [4] General Medical Practice, Basseterre, Saint Kitts and Nevis

Observational Cohort

P: N = 191 adults inpatient , OUD or cocaine use disorder.

I: 8 – 12mg/Kg

C: Open label

O: OOWS, craving, AE

R: No SAE, reduced OOWS, craving and mood sx at 1 month.

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Mash, D. C., Duque, L., Page, B., & Allen-Ferdinand, K. (2018). Ibogaine detoxification transitions opioid and cocaine abusers between dependence and abstinence: clinical observations and treatment outcomes. *Frontiers in Pharmacology*, *9*, 529. doi: 10.3389/fphar.2018.0052

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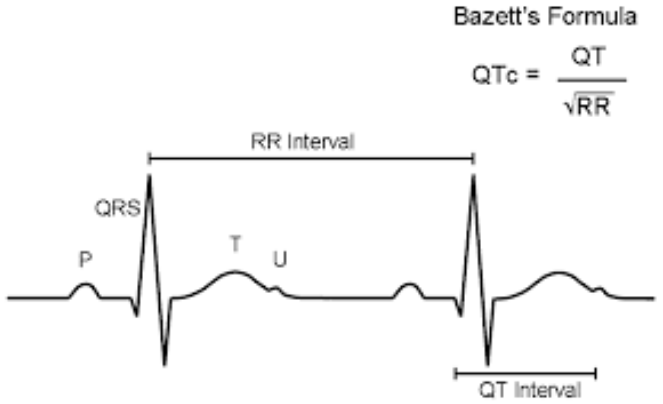
II. IBOGAINE FOR OUD: ACTIVE STUDIES

AMERICANS FOR IBOGAINE



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III. NOVEL APPLICATIONS: DOSING

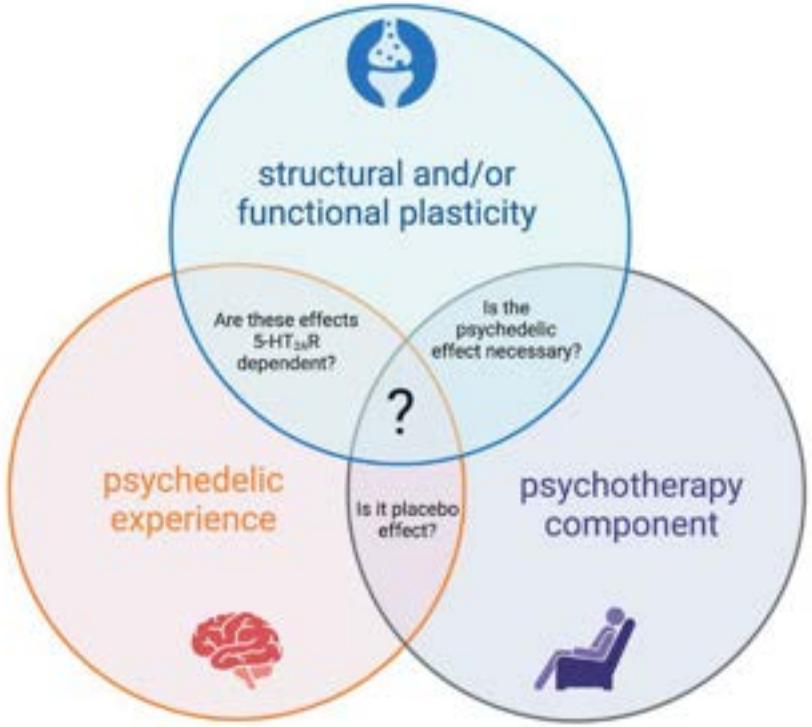

Fig. 4 Summary schematic of the ongoing research fields in psychedelics. Venn diagram illustrates the mechanisms behind the potential therapeutic effects of psychedelic compounds separated by each respective research component.

- Single vs Multiple doses
- Macro vs Micro doses
- Therapy type/duration
- Group therapy

III. NOVEL APPLICATIONS: KABI

Grande et al. Addiction Science & Clinical Practice (2024) 19:60
https://doi.org/10.1186/s13722-024-00494-2

Addiction Science & Clinical Practice

RESEARCH Open Access

Ketamine-assisted buprenorphine initiation: a pilot case series

Lucinda A. Grande[1,6*], Tom Hutch[2,6], Keira Jack[2], Wendy Mironov[2], Jessica Iwuoha[2], Martin Muy-Rivera[2], Jacob Grillo[3], Stephen A. Martin[4] and Andrew Herring[5]

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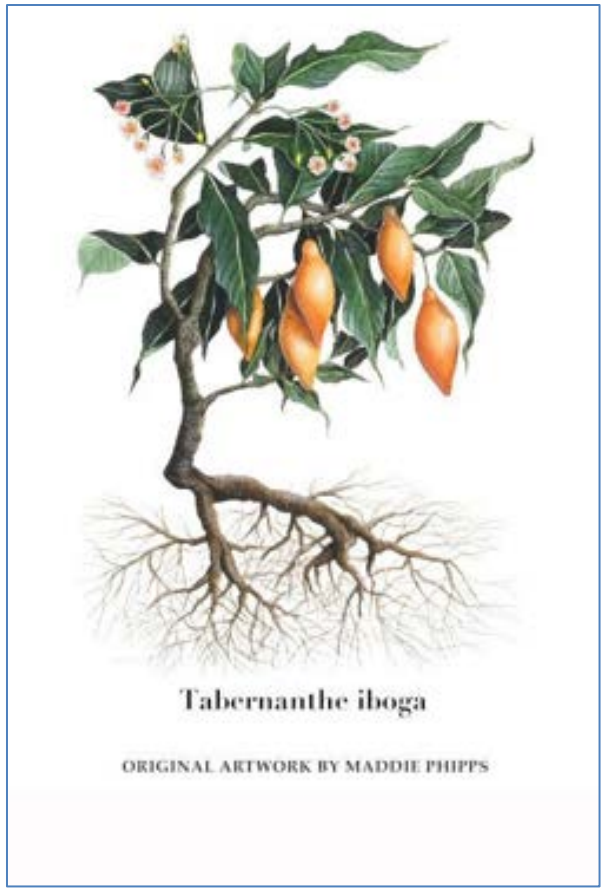
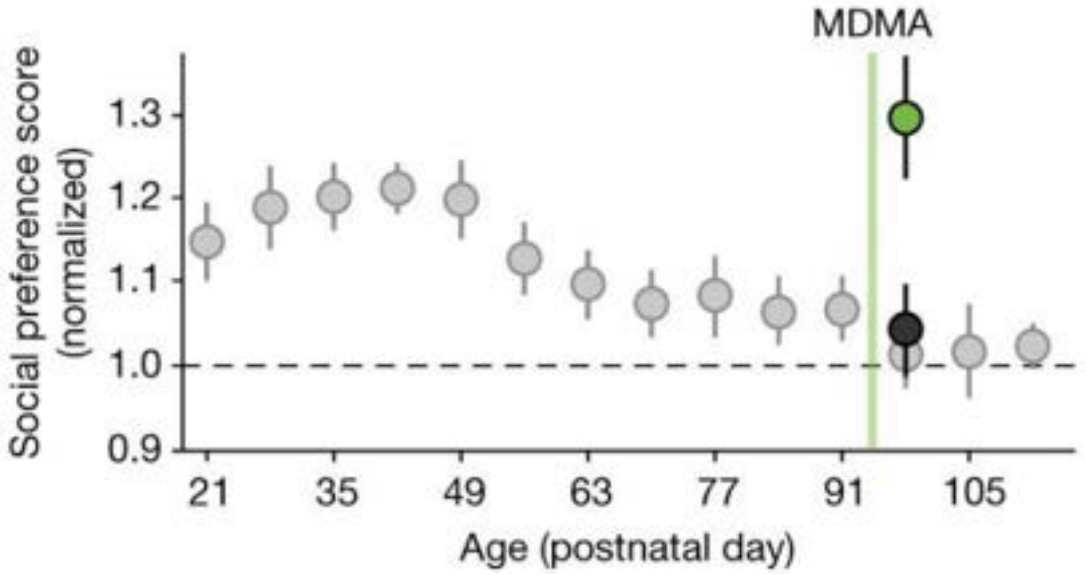
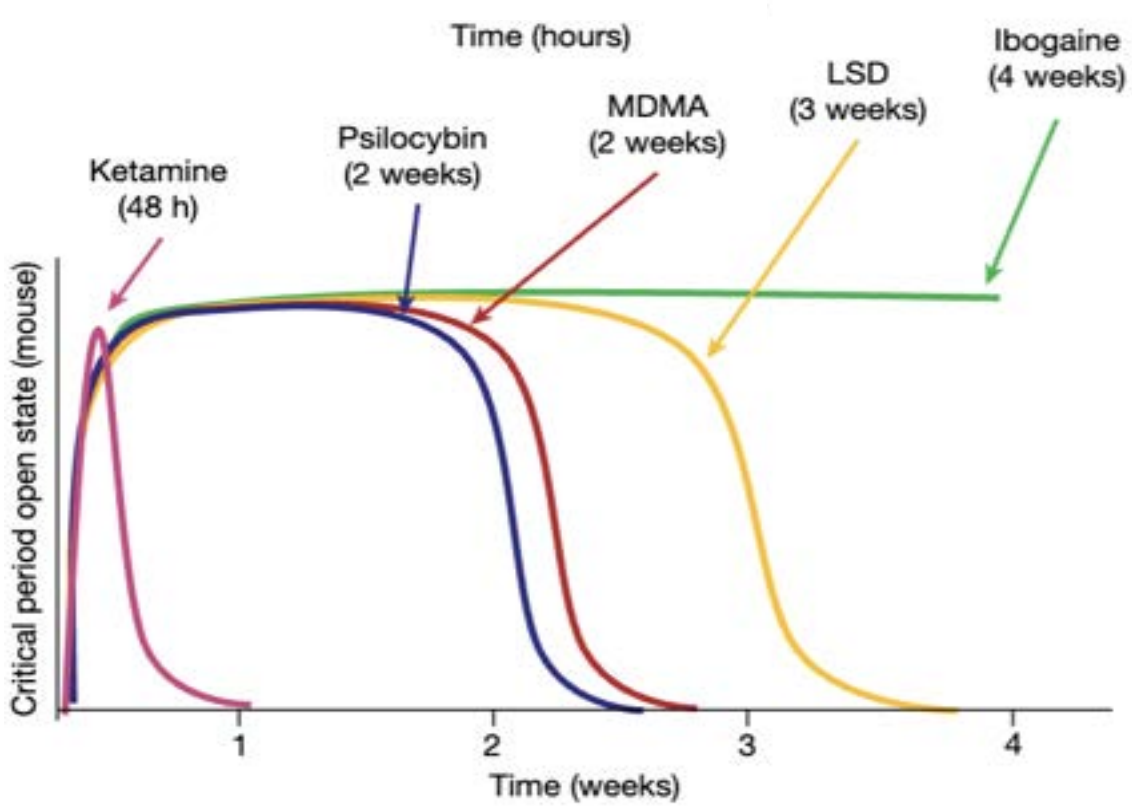
III. NOVEL APPLICATIONS: IBO + VIVITROL



Vivitrol®
(naltrexone for extended-release injectable suspension)

III. MOA





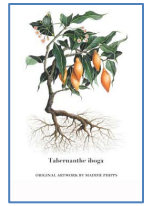
Nardou, R., Lewis, E. M., Rothhaas, R., Xu, R., Yang, A., Boyden, E., & Dölen, G. (2019). Oxytocin-dependent reopening of a social reward learning critical period with MDMA. *Nature*, *569*(7754), 116–120.
Nardou, R., Sawyer, E., Song, Y. J., Wilkinson, M., Padovan-Hernandez, Y., de Deus, J. L., Wright, N., et al. (2023). Psychedelics reopen the social reward learning critical period. *Nature*, *618*(7966), 790–798.

III. SUMMARY

Classic Psychedelics:
- Least historical evidence
- Safest profile
- Most current studies

Ketamine
- Some evidence
- More AUD work
- Increased risk of abuse

Ibogaine
- Most observational data
- Limited by cardiac concerns



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Questions

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