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Taking the Cure

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The government doesn't want you to know about a rainforest shrub that cures "the great twentieth-century malaise" after one dose. But who's really keeping Ibogaine from the people who need it?

I wake up and the bed is all wet. It's 8am. I haven't pissed in it and neither has she. I move and the bedclothes peel away from my sweaty body, letting in a bit of cold air. It's freezing. She gets up and deals with the kids, who are watching TV. I can't stand the TV in the mornings. She puts the kettle on, turning up all the rings of the stove so it will heat up the kitchen. Makes the veins stand out a bit better.

I want the relief and the warmth now. I need to smell it behind my nose and feel the heat behind my eyes now. I keep pushing the plunger and it all goes in. I wonder whether to flush it, to try to wash every last particle of smack out of the works with blood and shove it into me.

I try once and I don't lose the vein. I don't feel stoned, none of that comforting thickness in my throat. Just a little smacky hint. She bundles the kids off to school. I turn the TV off and she turns it back on again. I can see myself in the mirror on the mantelpiece. A week's growth, a really stupid haircut I used to be so good-looking I can't stand to look. I used to have some potential I don't know where it went I used to have some prospects. I turn away from the mirror.

For this man and his problem, there is a God - in a gelatin capsule. The "magic bullet" solution to this man's problem might be Ibogaine. Derived from *Tabernanthe iboga*, a plant which grows in the rainforests of Gabon and western central Africa, Ibogaine is a naturally psychoactive alkaloid which has two extraordinary properties: Firstly, for the 300 persons who have tried Ibogaine over the past decade, of those who used the drug to detox off of opiates, 99 percent reported that the drug removes almost entirely the withdrawal symptoms of addiction to all the major opiates. Approximately 10 percent of those suffering from dependencies on cocaine, alcohol, methamphetamine, and tobacco reported an interruption of chemical dependence with one treatment of Ibogaine.

The remainder needed three or four treatments over approximately a two-year period.

Ibogaine's other property, however is profound enough to challenge the paradigm governing a good chunk of Western medical science: Ibogaine is also a powerfully psychoactive drug, inducing, at therapeutic doses, hallucinations or visions unlike any produced by LSD, psilocybin, STP, or mescaline. While under the influence of Ibogaine, the patient has an experience that can only be described as transcendental, after which the proverbial "craving monkey" is off the addict's back for months. A second dose keeps it off, and follow-up care seems to keep it at bay. The visionary experiences for Ibogaine users are strikingly familiar, even alarming. Lives that were consistent paragons of destruction, degradation, and agony have now, after a shared experience the like of which they could not possibly have imagined, dramatically turned around.

Much has been written about Ibogaine, and the most common route taken by journalists, in the hope of rendering their story sensational, is to try to prove that the government is doing its utmost to stymie the efforts of scientists involved in Ibogaine research. Dana Beal is the man who organizes the marijuana marches down Broadway to Battery Park, and the co-author of a book called *The Ibogaine Story*, a confusing tome which brings in the CIA, the FBI, Hitler the Black Panthers, and the Knights Templar.

He alleges that The Establishment doesn't like psychedelic drugs, The Establishment wants to keep the war on drugs going, and The Establishment is in bed with the pharmaceutical giants. There might be some truth in these allegations. It is true that the pharmaceutical companies have no interest in Ibogaine, since it is only used once or twice. Scott Reines, MD of Merck Research Laboratories, in his recommendation to NIDA (National Institute on Drug Abuse), said they should not proceed with human testing of Ibogaine and that the rationale for use of the drug would appear to be insufficient to justify the necessary resources.

It's hard to find much in the way of substance or sense from conspiracy theorists. The truth, as it were, can only be approached by balancing between those who have used the cure-all, and those who would like their names to be synonymous with the cure for the great twentieth century malaise.

It is impossible to talk about Ibogaine without talking about Howard Lotsof, an erstwhile hippie who was involved with the Berkeley Free Speech Movement (and later, in the '70s' Rock Against Racism). From 1962-63 he was part of a focus group composed of students studying the effects of hallucinogens. Lotsof eventually got into heroin the same way that most people do, it was exciting, it felt great, and addiction was something that happened to other people. It was not until after a few months that he noticed he had a habit. As he was working his way through the usual pharmacopoeia, he was introduced to Ibogaine. He took some and emerged from a 32-hour experience noticing that not only was the physical desire to use heroin completely absent, but the psychological desire had vanished, too. The craving monkey was gone.

Lotsof is not a scientist. He graduated from NYU film school and thought he was going to be an artist, but since 1982 he has been involved in addiction research and treatment in one alternative capacity or another. It was Lotsof who brought Ibogaine to the attention of NIDA. It was Lotsof who brought it to the attention of scientists like Stanley Glick, from the University of Albany, whose work testing Ibogaine on rats conclusively demonstrated efficacy in animals (Glick says that rats are very much like humans and love to self-medicate).

By 1986, Lotsof, supported by his friends and family got busy with his own Ibogaine research. He formed a company (NDA International, and because Ibogaine has been a class-one drug [in the US] since the '60s, began flying addicts to Holland, where they were given Ibogaine in hotel rooms. All his "patients" reported similar experiences: "seeing" their lives spinning out before them like a video and the perception of an absolute reality beyond addiction and the ego. When they came out of the hallucinogenic trance, all withdrawal symptoms, and more significantly all desire for drugs, had vanished. It was during this time that three important things happened: Lotsof managed to patent the use of Ibogaine and any of its derivatives, known or unknown, to treat chemical dependence: a woman he was treating died while under the influence of the drug,

thus ending the Dutch operations, and he met Dr Deborah Mash, a professor of neurology from the University of Miami.

Ultimately, all three incidents did more to hinder the development of the wonder drug than any purported government sponsored obstruction.

The death of the Dutch woman scared everybody at NIDA away from Ibogaine and tainted much of the research being done. Mark Molliver, a neuroscientist at Johns Hopkins University of Medicine, found that injecting massive doses of Ibogaine directly into the brains of rats caused damage to their nervous system. Lotsof's total lack of academic credibility, and his association with Dana Beal and the movement to legalize marijuana, did not help. But more damaging than anything was the relationship which developed, flourished, then dramatically deteriorated between Deborah Mash and Howard Lotsof.

Dr Mash, after watching Lotsof treat people in Dutch hotel rooms, had been very impressed, even astonished. In 1992, she and Lotsof arranged a deal wherein Lotsof would supply the Ibogaine and all the research he had done, or caused to be done; while Mash's connections at the University of Miami would supply the addicts, the expertise, and facilities to do the phase-one dose escalation studies, which had been approved by the FDA. These are studies in which humans were given tiny gradually increasing doses of Ibogaine in order to observe the exact mechanism and safety of the drug.

The deal could have been lucrative for both. Most of the money would have gone to Lotsof and most of the fame would have gone to Mash. Then the problems started.

During '93 and '94, Mash submitted four grants to NIDA to fund various aspects of Ibogaine research, each of which was refused. In August 1996, she submitted a grant to NIDA for \$1.5 million to underwrite a team of 22 researchers. This was blocked by the peer review (a committee consisting of ten scientists appointed by NIDA to review the work upon which her application for the grant was based). She was rejected by the team with the blithe and unexplained verdict "Not For Further Consideration," which was a damning indictment. A government that wages war on drug users via legislation like "three strikes and you're out" is unlikely to be sympathetic to the use of a rainforest psychedelic to treat addicts from the inner city.

Conversations with Dr Reese Jones, a professor of psychiatry at the Langly Porter Institute in California who performed research in the '60s with LSD, and Herbert Kleber, a professor of psychiatry at Columbia University and former advisor to Bill Bennett (Bush's drug czar and author of such timeless classics as *The Children's Book of Virtues*), reveal something much less sinister but much more petty: Scientists routinely dismiss one another's work, often hacking to pieces the reliability of the methodology and the veracity of every little piece of data, and this often out of infantile jealousy. Dr Jones admits to having done this, Kleber says it has been done to him many many times, and Frank Vocci of NIDA says that even if a scientist's work is 80 percent funded, the rejection of the other 20 percent can be "...a clobbering, like, 'Why d'you even come here with that?'" Despite FDA approval for phase-one dose escalation in August 1993, NIDA continues to reject the funding of Ibogaine research in humans. Mash said such a

trial would cost around \$300,000. With an annual budget of \$80 million, Mash's need for approximately \$300,000 does seem relatively manageable, but the reasons are the same today as they were four years ago: the research upon which all grant submissions rest must be deemed meritorious by the peer review committees.

Such intransigence and obduracy of Mash's NIDA colleagues, and the deaths of two more addicts while under the influence of Ibogaine, led to the total breakdown of all communication between Lotsof and Mash. About three years into their alliance, each had set up 1 offshore treatment facilities of their own; with Lotsof's retreat in Panama, and Mash based on the Caribbean island of St Kitts. Mash's operation survived, while Lotsof's center without luck or capital, works under contract with hospitals in Panama. They are now suing one another, and the lawsuits are pending. Lotsof blames the failure of his Panama operation on the publicity accorded Mash's facility via the Internet, and sites Mash's connections and ruinous lawsuits against him as the reason for the demise of his facility. (Mash's husband Joe Geller, as well as being her business partner and attorney is the Democratic Party chairman of Dade County. It is true that the couple invited a group of private investors to help fund the Healing Visions Institute For Addiction Recovery Ltd on St Kitts. It is also true that Mash's suit against Lotsof alleges that he did not diligently pursue the securing of a patent for an Ibogaine derivative she discovered, asserting that this was grounds for nullification of the contract between them. She also brought suit against him in the Netherlands for the death of the woman mentioned earlier. That suit was thrown out of the Dutch courts, and Lotsof was exonerated (Mash is attempting to bring the case to court in Germany).

Mash cites Lotsof's lack of academic credibility as the reason for the failure of the Panama operation, but it could be that his prices were a bit steep: one of Mash's patients who had first approached Lotsof was quoted a cure-all figure of \$35,000. (Lotsof is still referring patients to another facility called the Panama Ibogaine Project.) "There's too much shit going on around here," proclaims Dr Deborah Mash, scurrying about the endless, chilly corridors of the University of Miami's School of Medicine. She's all high heels and hairdo, organizing a million things at once. She's a formidable lady, extremely sure of herself and says she has treated 78 people on St Kitts since her facility opened in 1996. Patients are charged on a sliding scale, with a high end of \$12,000. She reckons it works out to about half the cost of the average treatment center. I ask her what this meant in terms of the demographics of her clientele and she describes them as being mostly the Hazelden and Betty Ford failures. She calls them her "Ibogonauts" which, though corny is fair enough because they have all been out there in space.

A 29-year-old man we'll call Anthony remembers his Ibogaine journey. "I was in a chair, watching scenes from my life, like a video, but of my life. From all life, from the beginning of time, in full color. And above me was this presence. I mean it was God. Definitely a holy presence, like the omnipresence of everything that encompasses energy and all of life, but it was looking through my eyes. I knew the Ibogaine was my friend, that it wouldn't hurt me, that it was going to work with me, show me what I needed to know. I saw myself in the womb, growing into a man. I saw a medicine man on a horse and he winked at me.

When he winked I knew, I just knew at this time that everything was OK, that this is who I am, and that everything was going to be OK." Anthony had been using heroin for 6 years, and 80

milligrams of methadone a day for 3 years, when he found Deborah Mash. "Other treatments..." he recalls, "nothing ever got a hold of me. I mean I've cried with my family, with therapists. I'd feel good after but later it was just like another thing I did. I went straight out and got high, without even knowing why. I've been to five rehabs, spent thousands of dollars." Post-treatment, Anthony has been clean for a year and says that the idea of using is repellent to him.

Another man who was opiate addicted says he could feel "...a spirit of Ibogaine. That there is some conscious direction going on there. I don't feel it is just some random chemical reaction going on, but that there is this purpose and meaning and direction and guidance. I've been trying to get away from dope for seventeen years.

Nine, ten treatment programs, AA, NA.... I feel like a new man. I don't wanna do dope...I'm completely free of narcotics for the first time in 25 years." It has been suggested that the Ibogaine experience is very similar to the fourth step of the AA program, in which the alcoholic makes a "searching and fearless moral inventory" of him- or herself. The Ibogonauts who had done a fourth step in AA or NA have said that the Ibogaine experience was nothing like sitting at a desk with a pen and paper, writing down a laundry list of good and bad. They all emphatically agreed that their lives were shown to them in totality and that it was as brutal and choiceless as it was penetrating and revealing, with a scope and intensity beyond their wildest expectations. Ibogaine gives you a glimpse of what is possible, but the rest is work.

Aftercare is an important part of the process. Even the cravings will return after a few months if issues are left unaddressed. Subsequent doses of Ibogaine are sometimes given, but it is imperative that patients take care of themselves. Anthony sees a shaman every three months. Some go to AA. Most go to weekly support-group meetings. They are, after all, members of a fairly exclusive club.

However, the Ibogonauts all regard Ibogaine as an indispensable tool. Alastair a man of nearly 50, had been using heroin for 25 years. When he turned up at Deborah Mash's door he had one foot in the grave and said it wouldn't have taken much to push him over. He claims that Ibogaine is the most valuable tool for recovery. "You have to do your recovery," he says, "but Ibogaine gives you the best leg up you can possibly have." Ibogaine is obviously of scientific interest. In November, Dr Kenneth Alper of New York University's School of Medicine organized the first-ever international Ibogaine conference. While the event was well-attended and touched off a flurry of publicity, it remains to be seen whether it will have any affect upon the obduracy of the dreaded peer review committee. Most in the scientific community are biological reductionists, and as such, defenders of the unassailable importance of the chemical nuts and bolts, and the scientific method. They revere the sanctity of skepticism and the need, at the costs of their all-important reputations and livelihoods, to remain dispassionate about their subject matter. I asked Mash about the fact that she is studying the numinous while wearing her biological reductionist's hat, and she told a story of a conversation with a colleague about Ibogaine almost a decade ago. He shook his head at her and advised her, in his professorial wisdom, to let it go, that it was not something she should pursue in her lifetime. She said, "I have seen this very powerful transformation that occurs in these people, that enables them to get at the root causes of their self-destructive patterns of addiction. He shook his head and said, 'Come on. Deborah, that's Paul

on the road to Damascus,' meaning (that was the patient's) conversion, his sudden belief. Well, I've seen that on the island."

Mash is also working on synthesizing a metabolite created by the liver after the use of Ibogaine, which she believes is chemically responsible for keeping the craving at bay. She is looking for someone to be her partner in going after that metabolite. She adds, in her defense, that this is what the government wants, what the biological reductionists want, and that since she can talk biological reductionism with the best of them, a metabolite like that could be of more interest than a profound hallucinatory experience. A metabolite like this would be developed in the form of a transdermal patch. Could these be marketable? One cannot help but wonder.

Still, it remains that a man with no scientific qualifications discovered the drug's miraculous and beneficent effects. Lotsof holds the worldwide patents to its use, but is in fierce litigation with a woman who, with her own ambitions to develop a patch that could be sold by the millions, is suing him for \$50,000 more than he has. Each has tried separately and together to convince a jealous scientific establishment whose members serve the interests of politicians who pay their wages that they hold the keys to the kingdom of heaven. Both have been met with skepticism and resistance. Without any keys to copy, it seems, everyone wants a piece of the gate.