

# USA

## The Pusher That Has the Cure, But Won't Come Clean?

Is the U.S. Government deliberately suppressing the use of a medication which could cure addicts of their substance abuse? In this, the first in a two-part series, *Gallery* investigates what may be the final cure-all for drug addiction.

By Guy R. Arseneau

Imagine you're a strung-out junkie with no hope of ever being cured. You live from fix to fix, steal for your next score, and get enveloped in an underworld of illegal activities. Nearly all of your money is gone, and all you do is wonder how you can score more dope. After years of this behavior, you've reached rock bottom and you tell yourself that you need help.

In the past, you've tried clinics that offer methadone as a cure, but now you're addicted to that as well. Is there *anything* you can do to get off drugs?

Finally, there may be a solution: Ibogaine.

Ibogaine is a chemical that has provoked controversy ever since it came to the attention of industrialized countries over a century ago. A nexus for the tangled and contradictory worlds of politics, science, law, and psychiatry, it has been a flash point of

contention that continues to spark heated debate among supporters and detractors alike.

Ibogaine, derived from the *Tabernaemontana iboga*—a shrub indigenous to the West African nation of Gabon—is chem-

ically defined as an indole alkaloid that binds to various receptor sites in the brain. Simply put, Ibogaine is believed by many to be an adjunctive yet highly successful breakthrough in the fight against drug addiction, often with just one treat-

ment over the course of a single day.

It sounds miraculous, but apparently it's true. One former heroin addict, who we'll refer to as "M," told *Gallery*, "Since taking Ibogaine, I still have the physical craving for dope, but something happens to me mentally. I'm a musician and I play in a band, and arguing with bandmates makes me want a bag so bad. As soon as I get close to the exit, something in my brain says, *Forget it*. It's weird how I've been able to say no."

Ibogaine, used for hundreds of years in west-central Africa, played a variety of roles in the cultural and social lives of the Bantu people who followed the Bwiti religion. Among its many claims, Ibogaine is credited with increasing the libido, as well as being a highly prized stimulant used by tribesmen during long and tedious hunts which allowed them to remain motionless, yet keenly alert, for hours as

HAS THE CURE  
FOR ADDICTION  
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SINCE THE '60S?



they waited for their prey.

As a precursor to psychiatry, and as part of the Bantu's communal experience, Ibogaine was commonly used in a teenager's rite of passage to adulthood. Boys often went without sleep for as long



as three days after chewing on the root of the Iboga plant.

Although currently listed by the FDA as a Schedule 1 drug (a classification that puts it in the same league with LSD and other hallucinogenic chemicals), Ibogaine did enjoy a brief period of respectability in Europe. French chemists, quick to realize the stimulating effects of the plant's chemical composition, marketed it as an endurance aid. It figured prominently in the literary works of the day and stayed on the open market through the late '50s, but sale of the drug to the public has been banned in France since the early '60s.

Research scientists still do not fully understand the drug's pharmacological dynamics. In studies on rodents, Ibogaine was detected in their fat tissue for up to 12 hours after being administered, leading some clinicians to believe that it has the potential to provide for a long-range course of action in the body. As with any drug, though, there are dissenting voices in the research field.

Dr. Mark Molliver, a Johns Hopkins neurologist, claims his test results indicate that Ibogaine, given to rats at doses far above the clinically accepted level, produced brain damage in the cerebellum. However, no pathology in kidney, heart, or brain tissue was discovered in rats undergoing normal dose Ibogaine therapy for up to a month of daily treatment.

Pharmacologists do not understand how and why Ibogaine oftentimes stops the intense cravings and withdrawal

symptoms associated with heroin, cocaine, alcohol, and even nicotine abuse.

In the search for a solution to narcotics abuse, Ibogaine's potential to be the Holy Grail has taken this drug out of the research laboratory and intersected it with the *Alice In Wonderland* worlds of law and government. Within the two realms, one individual stands out as an iconoclast—a virtual David against twin Goliaths.

Howard S. Lotsof, a one-time history student and native of New York City, was a 19-year-old college student in 1962 and a self-admitted drug user. He was using heroin when he decided to try a new drug an acquaintance had passed on to him. The drug was Ibogaine and the dramatic experiences he had with it led him on a crusade that continues up to the present.

"After my thirty-three hours under the influence of Ibogaine," he says, "I no longer felt a need for heroin or any other chemicals." In recalling that initial introduction to the drug a generation ago, Lotsof says, "It was an extremely unusual

event. Not long after I took the Ibogaine capsule, I could see seven different and distinct images of myself. One would light up while the others dimmed. In this highly unusual process of self-discovery and learning, I became deeply aware within my own mind as to why I used drugs."

Although he was clean for three years, he eventually went back to heroin but finally detoxed with methadone, since possession of Ibogaine was illegal by the mid-sixties. Today, he is free of all drugs, including methadone.

A self-admitted bad boy of the counterculture '60s, Lotsof joined the Berkeley Free Speech Movement and later worked as a line producer for Rock Against Racism concerts. In the mid-eighties he revived his interest in the enigmatic substance that freed him from his heroin addiction. "To a large extent my interest in the subject was humanitarian," he says. Tired of endless conflicts with New York City to provide concerts in opposition to racism, Lotsof determined to pursue a new career he hoped would have everlasting societal benefits. He began educating himself about the arcane world of neuropharmacology.

In 1984, he began offering Ibogaine therapy to heroin and cocaine addicts in the Netherlands. His recovery program met with a high degree of success until 1993, when a 26-year-old woman, addicted to heroin and undergoing Ibogaine therapy, suddenly died undergoing Lotsof's treatment. Autopsy results concerning her death remain "inconclusive to this day," says Lotsof. He was unable to secure hospital facilities for his clients and discontinued his treatment program in the Netherlands. To this day, Lotsof believes that the woman was using heroin at the time of her treatment.

Between 1985 and 1992, he took out five patents on the future usage and applications of Ibogaine therapy. In 1992, Lotsof entered into a contractual agreement



with the University of Miami in order to pursue a legitimate venue of Ibogaine research and testing.

The project with the University, under the guidance of Dr. Deborah Mash, a professor in the Neurology Department, ultimately resulted in lawsuits and countersuits. Before the split, Mash traveled with Lotsof to the Netherlands in January of 1993, where he showed her first-hand evidence of the dramatic effect Ibogaine had on heroin addicts.

During the course of her research, Mash claimed she discovered a derivative of Ibogaine she calls "Noribogaine Plus." Lotsof amended his contract with the University, thereby allowing the institution a share of the potential profits resulting from this find.

But in 1996, the relationship between Mash, Lotsof, and the University of Miami went south. Mash filed a suit claiming that Lotsof and the company he started in 1986, NDA International Inc., failed to complete an application for a patent and that he has taken credit for inventing Noribogaine Plus.

Mash and her husband, Joe Geller, a lawyer and chairman of the Dade County Democratic Party, opened an addiction treatment center in the Caribbean called the Healing Visions Institute for Addiction Recovery.

Mash was asked in an interview about the medications used at this treatment center where she serves as an advisor. "Do you give Ibogaine, Noribogaine, or Tricyclic Ibogaine Analogs [other Ibogaine-derived substances whose patent ownership is still in question] to your patients?" Taken aback by this question, she curtly replied, "Let me just stop right there. That's a very strange question." Mash did go on to say, "Noribogaine has never been given to humans." Worth noting is that the island of St. Kitts, where Lotsof believes her facility is located, is a former British colony and not subject to

United States patent laws.

Lotsof, however, wants his due. In a counterclaim filed in the United States District Court, Southern District of Florida, Miami Division, Lotsof and NDA demanded that the "[University of Miami] and Mash provide an accounting of all income derived by them, their agents, servants, employees or affiliates from the treatment with Ibogaine or its derivatives at the St. Kitts facility or any other income derived from the treatment



**Medicine Man: Does Howard Lotsof have a breakthrough for substance abusers?**

with Ibogaine or its derivatives anywhere else throughout the world."

While Lotsof and Mash are at the epicenter of the scientific and legal ruminations associated with Ibogaine, the fact remains: Ibogaine and its derivatives seem to work. But before you start burning up the phone and fax lines in an attempt to secure therapy, keep several things in mind: Ibogaine, and its derivatives, as a general rule, are *not* cheap. Lotsof, currently offering Ibogaine treatment in a hospital with a full medical back-up team in Panama, charges around \$15,000.

The best hope for those who can not

afford the prices Lotsof charges is Eric Taub of Gainesville, Florida. He is the wild-card maverick in this most unusual drug war.

Running his operation with an "Ibogaine 'R' Us" bargain-basement philosophy, Taub charges a high-end fee of \$2,500. If an addict is really desperate for help, and persistent, Taub's been known to provide Ibogaine free of charge. However, on many occasions the treatments he gives are aboard a boat in

international waters, and thus not subject to the American justice system. This is a critical issue for Taub, since possession of Ibogaine is a felony in the United States.

"M" sought treatment with Taub because it was cheaper. He told *Gallery* about his experience:

"You're literally in a waking dream state. The hallucinations were incredibly intense and wonderful. It was like I went into a psychedelic fun house. Buzzers, lights, and all this stuff was going on. I was like, 'Wow!'...."

"I've had acid trips that were more frightening. Later that afternoon, I realized that it was twenty-four hours since I had done heroin. I was amazed. The only side effect was some light sneezing."

Taub's standard procedure is to have ex-addicts present at the time of treatment.

"Whenever possible," Taub says, "I like to have ex-addicts with me to help people who are going through the Ibogaine process. They've been there, so they know what the patients are experiencing." While Taub makes no scientific claims, he says that by his own experience he's come to realize that people in their forties and fifties are more likely to experience success with Ibogaine than those in their twenties and thirties.

"Younger people," he observes, "just haven't been kicked in the balls by life the way older people have. The ones who are older usually have a lot more to lose if they fail: jobs, family, marriage, kids.

They know and appreciate what it means to hit bottom." His conclusions may differ from professional researchers in a scientific context, but one observation does seem to hold true: Gender is important in administering the drug. It takes a significantly larger amount of Ibogaine (based on body weight proportion) to affect a male than a female. While pharmacologists may speculate that this may be related to estrogen and testosterone levels, Taub simply observes, "Men have a lot more walls to break through emotionally than women do."

Mindful of the deaths that have occurred with Ibogaine usage, he warns people not to take Ibogaine while they are under the influence of heroin. "Ibogaine steps up the potency of heroin; that's why some of these people have died, I think. They went into the program and didn't realize they had to tell anyone they were still using hard drugs."

Does this mean Ibogaine is dangerous? "M" thinks not, and theorizes why Ibogaine hasn't yet been approved.

"Over the past fifty years, drug addicts have become slaves. There's too

much invested in the fighting [for drugs]. Just like Vietnam. There was too much invested in it, they couldn't quit. [The city of] Vancouver is relaxing its stance on marijuana and investigating the possibilities of having clinics that give addicts clean needles. [It'll] stop the spread of diseases. But our government refuses to look at that." **G**

*In next month's issue we'll examine what the government refuses to sanction in drug addiction research, as well as secret experiments conducted on unsuspecting American citizens.*

# A JOURNEY INWARD

John is a 32-year-old graphic-design artist living in California. A one-time heroin addict, he began abusing drugs at age 11. In an exclusive interview with *Gallery*, writer Guy R. Arseneau recounts John's remarkable inner journey back to sanity.

## **GALLERY: How much money was your habit costing?**

**JOHN:** Anywhere from fifty to three hundred dollars a day.

## **Were you at the end of your rope by the time you tried Ibogaine?**

Yes, I was. I tried a lot of ways to get clean: drug treatment, therapists, psychologists.

## **How long after you took Ibogaine did you notice a change within yourself?**

The change came on in about forty-five minutes. I felt I was able to travel back in time to key periods in my life.

## **Did you have any control in selecting exactly "where you went" in your past?**

No. I tried to control it, but found I couldn't. I kind of surrendered to the process. I re-lived and re-visited some of my formative years and circumstances that led to my addictive behavior. It was an extremely spiritual experience.

## **How long did it take you to feel comfortable without drugs?**

It took me about a week to come to terms with everything and to grasp what I had experienced. After about thirty-six hours the main experience with Ibogaine was over with. It eliminated about ninety-five percent of the withdrawal symptoms. Which is the reason I could never stop previously; the withdrawal was just too severe to bear.

## **What remaining symptoms did you have?**

Leg cramps, restlessness. They lasted for about ten days after I took Ibogaine.

## **Was this superior to conventional detox therapy?**

Oh, by far. This was simply incredible and successful. Believe me, I've tried them all, including going cold turkey.

## **Have you been free from drugs since you underwent Ibogaine therapy?**

I experimented and got loaded on heroin once after using Ibogaine. I knew immediately that it was the wrong thing to do. Yet prior to this, I had regular drug rehab therapy, but relapsed into drug abuse, sometimes for years at a time. I knew that in my post-Ibogaine state, I didn't need heroin anymore.

## **How long have you been off drugs?**

About a year now. I'm a hundred percent clean; I don't even smoke cigarettes.

## **What was the cost at the clinic?**

About fifteen hundred dollars.

## **What type of environment were you in?**

It was a dark room and I had a "guide" with me at all times. He was a former drug user himself. I didn't have any bad hallucinations, making for a very beautiful experience.

## **Did you experience any type of physical side effects?**

Yes, I had a little bit of nausea, but it passed quickly.

## **You went to Italy**

## **for treatment. Do your friends and family know?**

My friends do, and most of my family. They were very skeptical at first, and thought I was crazy to go to a foreign country to be treated by strangers. But since I've come back, they're very glad I went. I'm a completely different person than the addict that went over there.

## **Do you have any idea why there is so much political opposition to Ibogaine in the United States?**

Well, in my opinion the "war on drugs" is a total farce.

If anything it's a war on addicts. Ibogaine poses a major threat to a huge amount of money that's out there to be made, both in selling drugs and treating the resulting addictions. It's a threat to the whole methadone industry. In my experience, Ibogaine works tremendously well, perhaps too well for some people to feel comfortable with it.

## **Would you recommend Ibogaine for everyone suffering from an addiction?**

No, it's not for everybody. I think Ibogaine is for those of us who need a little more help than most.

## **What's the best way to get Ibogaine therapy?**

Your best bet is getting on the web and typing in [www.ibogaine.org](http://www.ibogaine.org) as a basic reference point.

## **Are you currently in therapy?**

I'm glad you brought that up. Ibogaine is not a "cure," per se, for drug abuse. It's an extremely useful tool for getting off a drug or drugs; but you have to have follow-up treatment, such as psychotherapy, in order to help you deal with the problems that drove you into addiction in the first place.

## **\*John is a pseudonym.**

For those interested in obtaining more information about the history, use, and political fallout associated with Ibogaine, there is an extensive number of informative sites on the World Wide Web:

<http://www.ibeginagain.org>

<http://www.cures-not-wars.org/scam.html>

<http://ibogaine.lycaemum.org/>

<http://www.ibogaine.org/science.html>