

IBOGAINE PART 2

AMERICA'S TURF WAR ON DRUGS

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*Drug
Overdose*

On May 16, 1997, President Clinton, speaking on behalf of the nation from the East Room of the White House, issued an apology that was sorely deserved and obscenely overdue. In acknowledging the government-sponsored racism exemplified by the infamous Tuskegee experiment, he told the surviving victims and their family members, "What was done cannot be undone but we can end the silence... I am sorry that your federal government orchestrated a study so clearly racist."

Clinton brought an act of domestic terrorism perpetrated against its own people to the forefront of America's conscience that began in 1932 and lasted until the early '70s. The victims in question were the 399 black men used as human guinea pigs in the Public Health Services project officially known as *The Tuskegee Study of Untreated Syphilis in the Negro Male*.

Poor and in some cases illiterate, many of the men simply described their malady as a "bad blood" condition. Having signed up for what they were told was a free health care program, they were denied appropriate medical services even after antibiotics became readily available.

Dr. Randall Morgan, president of the nation's oldest black professional medical society, said Clinton's apology did not excuse the tragedy of Tuskegee, but noted, "It may help close this unfortunate chapter in our nation's history." Sadly, neither Dr. Morgan, the victims, nor their family members realized just how incomplete Clinton's apology was that day.

Fast forward several hundred miles north of Tuskegee and almost 25 years after those atrocities began: Dr. Harris Isbell, who was the director of addiction research at the now-defunct Federal Narcotics Hospital in Lexington, Kentucky, wrote a clinical report on the status of eight African-American males who were undergoing secret testing with a highly unusual drug known as Ibogaine.

In the report, dated November 29, 1955, and addressed to the research director for the drug company Ciba (Ciba-Geigy today), Isbell evaluated the clinical traits manifested by these men, who were tested without their lawful consent. After describing their drug-induced clinical symptoms, Isbell requested more of the drug (at the time



known under the trade name of Bogadin) from CIBA for further experimentation.

These were the chilliest days of the Cold War era, and Isbell, an alleged CIA operative, was not concerned with the issue of government-sponsored racism in his quest to find the perfect chemical to induce mass psychological disorientation. The records concerning these experiments have not seen the light of day since the '50s, when they disappeared into the archives of the CIA and the Pentagon. Even now, 43 years after the fact, the CIA refuses to even acknowledge these documents exist.

Is this just another myth of the mass culture to be lumped in with rumors of a secret cure for cancer, UFO contact, and sightings of Elvis? Or is it possible that the American government stumbled onto a solution for drug addiction nearly half a century ago but decided to remain silent?

According to Dr. Rick Strassman, a

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psychiatrist at the University of New Mexico cleared to do government sponsored research on LSD, that well may be the case.

Under the Freedom of Information Act, copies were obtained of the minutes of a March 8, 1995 seminar conducted at the government's National Institute on Drug Abuse (NIDA) in Rockville, Maryland. Chaired by Dr. Frank Vocci, a deputy director at NIDA, the meeting centered around the topic of allowing Ibogaine to be introduced into a "Phase One" clinical trial. In the discussions, Dr. Strassman made direct references to the Ibogaine research Isbell did with the eight black prisoners at Lexington in the '50s. During the course of the discussions, Strassman even cited specific dosage information—the 50 to 300 milligrams of oral Ibogaine the unwitting test subjects received during that experiment.

In the first part of this article

(Gallery 10/99), Howard Lotsof discussed his own accidental discovery of Ibogaine's ability to interrupt broad-spectrum drug dependence. As a 19-year-old college student in 1962, he was a heroin addict who decided to experiment with Ibogaine. To his great surprise, within 33 hours of ingesting it, all signs of addiction were gone without any withdrawal symptoms whatsoever.

Is it really conceivable that seven years earlier, Harris Isbell, a medical doctor who conducted experiments with Ibogaine on drug addicts and non-users alike, could have missed this dramatic observation in a hospital specifically designed to examine the causes and

dynamics of narcotics abuse? (Just say no, Nancy.)

Ibogaine's ability to interrupt narcotic addiction would certainly seem to be a major step forward in the fight against drug abuse, but clinical research into its use can be fraught with career liabilities, research funding threats, and contradictions among researchers themselves.

Dr. Stanley Glick, chief of the Department of Pharmacology and Toxicology at the Albany College of Medicine in New York and an Ibogaine researcher, said, "There's no question that there's a political barrier. Why it's there, I really don't understand, but I received advice from people I know at NIDA, who were acting

shoulder the brunt of the blame for its deceitful smoke and mirrors approach in the so-called "War On Drugs," political power brokers at the state level can be just as deceptive. As a case in point, consider these recent events in California: In a 1995 survey, The Berkeley-based Pacific Institute for Research and Evaluation found that the current anti-drug ad campaigns were a monumental flop; kids just didn't believe them.

Working with a base number of 5,000 elementary, middle, and high school students, the survey results showed that 40 percent of California children believed that "drug education and services had no effect on their own

substance use," while "seven out of 10 said they felt neutral or negative toward their drug educators."

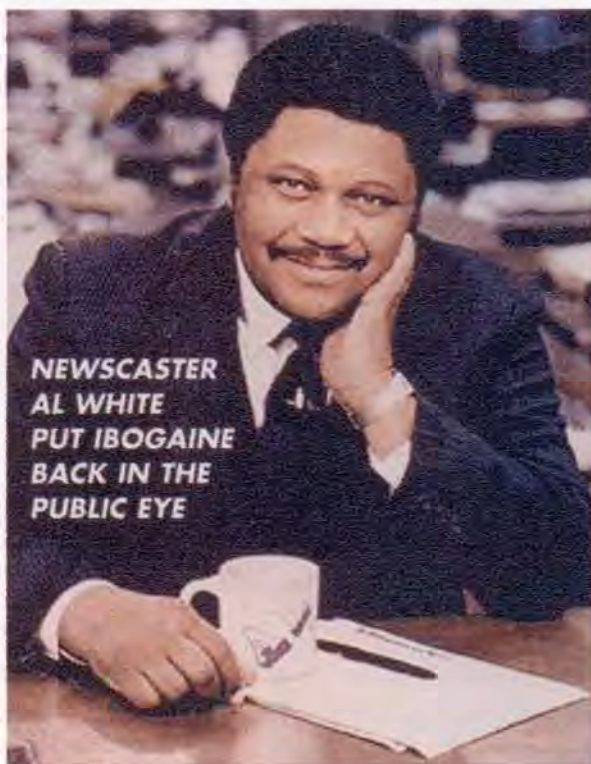
"This data," warned the study's author, Dr. Joel Brown, "suggests we need to change our view of today's children." He summed up the reason for the ad campaign's failure by saying, "What [the kids] are told in school does not often match their real life experiences."

The most glaring irony the study pointed up was the observation that those children categorized as especially "high-risk" for using drugs were routinely dumped from schools in order to make the institutions appear to be "drug-free."

The outcome of this publicly-funded survey should have been a cause of serious concern to every parent in California, but due to a serious game of "pass the buck" between the Department of Education and those who conducted the study, the results were never published. From 1991 through 1995, over \$1.6 billion in federal, state, and private funds were spent on educating kids in California about drug abuse. That works out to roughly \$84 a year per student. You really do get what you pay for—sometimes you just don't know it.

The question of conventional Western medical wisdom as opposed to the broader spectrum of beliefs embraced by Eastern and Latin cultures becomes a critical issue in examining Ibogaine's possible impact on potential users. While

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in my best interest, advising me to work on something else."

During his tenure with the CBS affiliate WBTV in Charlotte, North Carolina, investigative TV journalist Al White did an update story on Ibogaine and discovered that the researchers at the University of North Carolina at Chapel Hill lived in fear of NIDA officials. "They were more than willing to air their complaints to me off camera," White says, "but they asked me not to report it on my newscast. They were afraid of losing funds controlled by the National Institute on Drug Abuse.

"After seeing how this stuff seemed to cure lab rats of alcoholism almost instantly with just one dose, I don't know why in the world the government isn't banging the drum about this amazing drug."

While the federal government must

some scientists here arbitrarily dismiss Ibogaine's "visionary" attributes as mere hallucinations brought on by drug-induced changes in brain chemistry, one researcher is not willing to write off the phenomena so easily.

Dr. Claudio Naranjo, a Chilean psychiatrist who worked in the '60s with patients using Ibogaine, described their altered state of consciousness as "oneirophrenic," or dream-like. This misinterpreted view of Ibogaine led some to believe that it was similar to LSD. Naranjo felt the two substances were clearly distinct from each other in their effects on patients. He noted that patients remained lucid and alert during the "oneiric," or waking dream periods, leading him to believe Ibogaine can be a useful adjunct in psychotherapy.

Yet Dr. Deborah Mash, a researcher and neuropharmacologist at the University of Miami, said, "I don't think it will ever become a drug you can get, the clock has run out on Ibogaine." But moments later, she went on to say, "Would I choose to put a loved one in my family on methadone? I don't think I would. I'd rather see them get Ibogaine."

Although the FDA has agreed to go ahead with Phase One clinical trials on Ibogaine, NIDA's enthusiasm has been somewhat mixed over the last several years. At one time, the agency did extensive Ibogaine testing, but refused other researchers the opportunity to pursue it. Only five years ago, four grant requests were submitted to NIDA for financing part of the Ibogaine investigations. All were rejected.

As recently as 1997, NIDA officials, tapping into their vast arsenal of weapons in "The War On Drugs," decided to move away from research on Ibogaine and promote the development of a vaccine to block the craving for cocaine before people even tried it. But as Mash points out, "If individuals want to escape reality, if existence in the world is so painful, then addicts are going to use some other method to self-medicate."

While it might be a political hot potato around Washington's Beltway and in clinical research institutions across the nation, there is a thriving underground culture preaching the gospel of Ibogaine. In New York City's East Village, Dana Beal, a self-described science writer and AIDS activist, takes the government to task for turning its back on this breakthrough drug. His organization, Cures Not Wars (www.cures-not-wars.org) promotes *The Ibogaine Story: Report On The Staten Island Project* in video-

tape and book form.

The work offers a diverse look at the history, research, and social issues affecting Ibogaine and drug legislation. "At the very least," says Beal, "I would think Ibogaine therapy would certainly cut down on AIDS infection caused by IV drug users sharing the same needle."

Not surprisingly, government refusal to be forthcoming about secret medical research on humans is a sore point in black communities across the nation. With Tuskegee and Lexington as government-sanctioned precedents for laboratory racism, members of the black community are understandably skeptical about participating in medical research.

The credibility fallout from a generation ago continues to reverberate among minority groups even now. As Brenda Wilson of National Public Radio noted, "[It's] more difficult for health professionals and doctors treating AIDS among Afro-Americans, since many are reluctant to use experimental drugs."

The survivors of Tuskegee and their families waited 27 years for an apology from the United States government. The black men used in the drug experiments at Lexington, along with the estimated four million people in this country suffering the consequences of

drug addiction, still wait for an acknowledgment from Clinton that he does "feel their pain" 44 years after the fact.

Rather than merely expressing his sorrow over government racism in the Tuskegee experiment, the President might better atone for the sins of his Cold War predecessors by pushing for limits on how long the CIA and other government agencies can keep their involvement in domestic projects secret.

In addition, introducing an independent civilian review board, unfettered by political ties to present or past administrations, would help to prevent the kind of human rights violations that thrive in the shrouded atmosphere of lies and secrets, but disappear when exposed to the light of day. ☐

CONFERENCE ON IBOGAINE
November 5 - 6, 1999

New York School of Medicine

To answer some of the questions and misconceptions about Ibogaine, Dr. Ken Alper will hold a conference on Ibogaine November 5 & 6 at New York University School of Medicine. The two-day meeting will deal with the social, political, scientific, and historical roles this drug has played in Africa and the West. For more information on the conference via the Internet, go to <http://www.med.nyu.edu/Psych/ibogaineconf> (please note the letter "P" in the web address is case-sensitive and must be capitalized).