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News &amp; Views: Cover Story

## Ibogaine's long, strange trip

How fear and loathing have kept an addict's best friend underground

By [Mara Shalhoup](#)

Published 07.11.01

Kevin Peace's addiction was no different than others' -- until he found a treatment few addicts knew existed. In his yearlong attempt to spread word of a miraculous treatment, he says he fixed a dozen lives. But he also broke the law and learned how hard it is for a controversial cure to reach the people who need it.

For most of 1997, the white-collar twentysomething was making morphine from scratch, telling himself it would be just a luxury, a weekend thing. But the high was so good that, after a year, Kevin Peace was swallowing his homemade pills before he left for work. Once a week, he was making the trip from Atlanta to his North Georgia poppy field to harvest the red flowers that fed his habit.

Pathetic, Peace thought one day. When he learned his wife was pregnant, he sank even lower. She's carrying a child, he realized, and I'm carrying a drug addiction. He typed "opiate drug treatment" into an Internet search engine. A few clicks later, Peace was reading about ibogaine.

Ibogaine has been the bastard child of pharmacology since arriving in America almost 50 years ago. Because ibogaine is a psychedelic that may kill brain cells, the federal government has outlawed the drug, placing it in the same category as cocaine or heroin. As for the street appeal of ibogaine, there is none: the drug, which is extracted from the root of the African iboga plant, is a trip that lasts too long and can be too unsettling for those out for a good time.

Still, ibogaine does have a constituency. For addicts of such drugs as morphine and heroin, ibogaine is like an analgesic; it's a substance that meets drug addiction where it hurts most -- in both the brain and the body. Take ibogaine, believers said, and your cravings for opiates and your withdrawal symptoms will dry up.

Peace was intrigued -- and desperate enough to roll the dice. He finally found an overseas supplier who could mail him three grams of ibogaine, extracted from the plant, powdered and packaged in capsule form.

Wanting to play it safe, he took one pill a day for three days, even though the online gurus advised to take them all at once. An hour or so after the first capsule, the drug took hold.

Ibogaine gripped his mind, forcing him to face the errors of his past. "I just got this sudden realization that for the past five years I had totally wasted my life," Peace says. "I had waking dreams but not a hallucination, per se. Because if you've got your eyes open you don't see anything that's not there."

After his ibogaine session in the spring of 2000, Peace no longer felt the aches of morphine withdrawal, and he didn't desire the drug anymore. As an ibogaine convert, he wanted to share the good news.

He's treated 14 patients with ibogaine, most of them coming to Atlanta from out of town. Peace realizes he's breaking the law, but to him, it's worth the risk to free others from the shackles of addiction.

"Going through the pain of withdrawals, which I went through many times without ibogaine, and then seeing someone in your situation, you just want to help them out," Peace says.

While the ibogaine community is full of believers such as Peace, the drug still can't shake the stigma of being little more than another acid trip -- an acid trip that might kill. Three deaths in Europe have been linked to ibogaine. In the U.S., doctors are mostly unaware of it or deem it too kooky or dangerous for conventional care. It is, after all, illegal. Government funding for research into ibogaine has dwindled.

"Of all the hallucinogens, this is probably the most toxic one that people take," says Dr. Frank Vocci, head of treatment research and development at the National Institute for Drug Abuse. "The FDA might want to proceed very cautiously, given the deaths that have occurred."

We'd ask the Food and Drug Administration ourselves, but over the course of two weeks, they didn't return phone calls.

It is **ibogaine's curse** that the one home the drug *has* found -- among researchers and passionate advocates -- has turned out to be a dysfunctional one. The family of ibogaine believers fought over who should get credit for its use. Allegiances have been made and broken. Lawsuits and countersuits have been filed.

So great are the differences within the ibogaine community, in fact, that the acrimony may have



Ibogaine advocates in New York City march for government funding in May 1994.

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stalled the one thing that all the believers want: the broad acceptance of ibogaine as a treatment for opiate addiction.

Certain aspects of the drug's history, though, are undisputed. In 1962, a 19-year-old heroin addict named Howard Lotsof knocked on the door of a Manhattan black-market chemist. The chemist reached into his freezer and pulled out a white powder. He told Lotsof the drug was called ibogaine and would give him a trip that would last a day and a half.

"I did not want a hallucinogen that lasts 36 hours," Lotsof recalls from his Staten Island, N.Y., home where he has been forced into retirement from a career in ibogaine. "I had a friend of mine, though, who was into the rare and exotic."

Lotsof gave his friend the ibogaine. A month later, Lotsof got a call. "He was ecstatic," Lotsof says. "He said it was a food, that we have to call Congress. It took me two to three months to obtain additional supplies. That's when we started turning up the very specific effects of ibogaine."

Lotsof took the powder in capsule form by himself, at his parent's New Jersey home. Thirty hours later he woke, dressed, walked outside and paused.

He should have been in the throes of heroin withdrawal. He wasn't.

"I immediately realize that my entire perception toward heroin has changed," he says. "Where previously I viewed heroin as a drug which gave comfort, I now view heroin as a drug that emulates death. And suddenly I realize that for the first time in my life I'm not frightened. And I realize that heroin use is related to fear and the covering up of that fear, and all of that's gone."

While no two ibogaine trips are the same, they seem to share similar phases. In the first phase, patients close their eyes and see images from the past or symbols that represent past struggles. Some people say they view themselves at various ages as if watching scenes from a film, only faster and more chaotic. Many say that for the first time in their lives, they view their actions objectively, helping them to understand where their desire for drugs originated.

Dr. Mark Molliver, a professor at Johns Hopkins Medical School, has studied ibogaine's effects in rats and monkeys. He says it causes the brain to work harder than usual by releasing an excess of the chemicals that transmit neurons. He says that as neurons start firing faster, the brain can overheat, in a sense, and burn up cells in the cerebellum.

"The cerebellum is now thought to have many functions," Molliver says. "One of them is in balance and coordination of movement. But it also may affect cognitive functions, learning and memory, various aspects of thinking that haven't been terribly well-defined as yet."

Molliver says the cells that are lost in the cerebellum won't come back. "There's little doubt about that. It's very consistent." Yet other studies have shown that ibogaine is safe when administered in doses up to 25 milligrams per kilogram of body weight. That's the highest dose most researchers have used on humans, and the highest most websites recommend.

After three or four hours, the patient enters the second phase of the trip -- eight to 16 hours of intense insight, when the patient can call on specific memories at will, analyze the habits she's acquired and use her insights to reverse learned behavior. Those who benefit most from the insights say each trip is the equivalent of years of psychotherapy packed into a workday.

The third phase lingers for up to 24 more hours, then tapers off slowly. Colors may seem brighter, sounds sharper, thoughts more connected.

Lotsof wasn't thinking about neuron transmitters or cerebellums in the early 1960s, when he walked out of his parent's house after his ibogaine trip and realized his heroin addiction was gone. He was wondering if his reaction was rare, or if ibogaine would affect others the same way. He handed the drug out to 20 of his friends. Seven of them were addicted to heroin. After their ibogaine trips, he says, the seven experienced no signs of heroin withdrawal. Five stopped using heroin for up to six months.

Lotsof determined that ibogaine wasn't exactly a long-term cure for heroin or opiate addicts. But he decided it was useful in that it eliminated his narcotic withdrawal and left him with the desire to heal himself.

He tried in the 1960s to introduce ibogaine as a street drug. But ibogaine, ever the misfit, couldn't even find a home in the decade of experimentation.

"There were no ibogaine scenes," Lotsof says. "There were no ibogaine factories. There were no ibogaine parties."

No one was buying. The intense self-revelations and waking dreams could be unpleasant, showing a person too much of himself. And the sheer length of the trip was too much of a hassle for junkies looking for a quick high. Ibogaine just wasn't fun.

Lotsof also learned he'd get no repeat business, because ibogaine isn't addictive, either.

So in the late 1960s, shortly after ibogaine was declared an illegal substance, Lotsof put aside his notions of selling the drug. He enrolled in film school at New York University, earned a living as a plumber and went on to work in film production.

In 1981, Lotsof struck up a conversation with a woman whose boyfriend had a drug problem. Lotsof told her about his ibogaine experience. The woman said she'd give him a grant to study the drug's merits, and so Lotsof returned to ibogaine.

He spent a year researching the drug's origin and history. He found that the Bwiti tribe in the West African country Gabon has used ibogaine for centuries during rite of passage ceremonies, claiming it allowed them to communicate with gods and dead ancestors. He also learned that a Kentucky doctor used ibogaine in the mid-1950s to treat eight morphine addicts. In 1983, he began applying for

patents. He would eventually patent ibogaine's use as a treatment for addictions to opiates such as heroin, cocaine, alcohol and nicotine. And he started raising money.

In 1986, he founded NDA International Inc., a for-profit business based in Staten Island and devoted to the future development and marketing of ibogaine (the FDA would have to approve it first). The following year, Lotsof visited Gabon, met with the country's president and through him obtained kilograms of ibogaine for research.

He brought the results from European studies back home to the U.S. in an attempt to convince the drug-funding arm of the government to start pitching in.

In 1991, after seven years of solicitations from Lotsof, the National Institute for Drug Abuse allotted \$2 million for pre-clinical studies in animals.

Lotsof, energized by the government's interest, searched for patients to bolster his research. He contracted in 1991 with a Dutch doctor who would treat heroin addicts with ibogaine in an Amsterdam hotel or in their home. Lotsof hoped the results of these treatments would prompt the FDA to approve similar studies on humans in the United States.

Then Lotsof met Dr. Deborah Mash, a brain researcher at the University of Miami. He thought he'd struck gold.

"She was the exact person we were trying to meet," Lotsof says. "She had the interest and the ability."

She also had the reputation, with a major university to back her. Mash, who had won national acclaim for studies of Alzheimer's disease and cocaine toxicity, had heard about ibogaine in 1992. Lotsof says she contacted him because she was interested in his supplies of pharmaceutical-grade ibogaine, which nobody else had.

The two signed a contract, in which Mash's lab would study ibogaine and Lotsof's company, NDA, would be able to patent any findings she reached. In 1993, Mash became the first researcher to win FDA approval to study ibogaine in humans. By then, ibogaine treatments in Amsterdam were going so well that Lotsof invited a *New York Times* reporter to observe one.

His timing couldn't have been worse. The patient, a 24-year-old woman, died in the hotel 16 hours after taking ibogaine.

"It was a disaster," Lotsof says. "It then played out both politically and medically."

A Dutch coroner could not reach a definitive conclusion about what killed the woman. She may have sneaked into a bathroom and used heroin. Ibogaine patients must be clean of heroin for 24 hours before treatment, as well as during treatment, because it can exaggerate the effect of heroin and possibly other drugs.

From there, ibogaine research, at least as far as Lotsof was concerned, took a nosedive. The Amsterdam experiment with the Dutch doctor dissipated. Soon after, the relationship between Mash and Lotsof broke down. Mash had discovered another extract from the iboga plant, which she named noribogaine. Noribogaine seemed to curb addictions but caused no hallucinations. But instead of moving forward with research of both extracts, Mash filed suit against Lotsof.

Lotsof says accounts of what spawned the lawsuit differ. But he says differences between he and Mash had been brewing long before the 1997 filing date. (Mash couldn't be reached for comment.)

Others familiar with ibogaine research say the two had grown too power-hungry to be in the same room.

"I think that ibogaine just happened to, for some reason, attract a couple people that wanted to control the whole show, who wanted to be harbingers of ibogaine," says Eric Taub, a Gainesville, Fla., man who organizes ibogaine treatment on international waters.

Soon after the lawsuit was filed, Lotsof's company went bankrupt. A debtor obtained, through a court order, all but one of Lotsof's patents.

The trial between Lotsof and Mash was scheduled two years later, in June 2000. But days before jury selection, Lotsof felt too weak to proceed. He says he settled out of court with Mash. He later learned that he was ill with leukemia.

But what was lost on lawsuits and infighting was recovered elsewhere -- in places like Atlanta, where Kevin Peace was seeing the ibogaine light.

Lotsof says that during the years that ibogaine foundered on the bureaucratic level, the number of Kevin Peaces in the country grew. "There are so many people popping up here it's almost a blur," Lotsof says. "The Kevin scenario is not an uncommon one."

**It's a Tuesday afternoon**, and Peace should be at his 9-to-5. But he's on vacation.

He is sipping Starbucks hot chocolate as he flips through this week's issue of *The Economist*. His wife, carrying their 8-month-old infant, wanders through the adjoining bookstore.

Peace seems nothing like a psychedelic-touting renegade and every bit like the fellow patrons of this Buckhead coffee shop, where he has arranged past meetings with two ibogaine patients. Button-down shirt tucked into blue jeans. Dirty blond hair cut close and neat. Cell phone on hip.

He dials East Cobb. He thanks the woman on the line for having him and his family over for dinner. He compliments her on the salmon. And he gets to the point. He tells her to keep an eye on her daughter, to let him know if she notices mood swings or depression. "Has she gained any weight?" he asks. "She's up to 110? Wow. That's great."

Peace, a pseudonym *not* to be confused with any K. Peace listed in the Atlanta phone book, does not

have the bearing of a drug dealer, or even a businessman out to make a buck. He considers himself a healer. He meets his patients in their homes or hotel rooms and feeds them that seemingly magical capsule, ordered from a company in Asia.

Six weeks have passed since Peace treated the woman's daughter, a 27-year-old who grew up in upscale suburbia, works in-town as a freelance art director and, as of April, was struggling with a \$400-a-week heroin habit.

"I wanted to stop drugs but just wasn't strong enough," she says. "I was in the trap. Stopping cold turkey meant going through a lot of pain for about a week or two, and I just couldn't handle it."

Her boyfriend was the one who found Peace, through a listing in the happenings section of this newspaper: "Heroin & Opioid Addicts: Join us to share information about the plant Ibogaine, which has growing testimony that it can cure addiction with only one use and little or no withdrawal symptoms."

The young addict sent an e-mail to Peace, who wrote back and accepted her as his 14th patient. On April 13, she ingested one gram of ibogaine at her boyfriend's apartment. Peace kept vigil for four hours, then returned the following morning before work, during his lunch break and after work. Since then, he's called her mother weekly.

"I was a little worried, but once I had taken it I wasn't afraid at all," his last patient says. "He was excellent. He's like my little angel."

She says she has not returned to heroin use. She says she has no lingering cravings. And ibogaine, through Peace, cost her practically nothing. Peace asks only that he be reimbursed for the cost of the drug. He says he's not in it for the money.

Others, however, see a business opportunity.

Taub, the Floridian who treats clients on international waters, says he has conducted about 350 ibogaine sessions, half of them for drug addicts and the other half for "spiritual pioneers." He attracts clients, mostly from the U.S., via his website. He flies with them from Florida to a Caribbean country, such as Guatemala or Costa Rica, and then sails them to a place where he's untroubled by laws and the question of legitimacy.

The cost runs between \$1,200 and \$6,000, before airfare. (He says he is willing to waive the cost of the session for special cases.)

Taub's operation, although well-established, is the object of scorn from the scientific community. But, having treated more people than most researchers, he says he's just as qualified as they are.

"They believe, I suppose, that it should be conducted only by doctors in a very regulated clinical setting," says the former jewelry maker. "It's a plant. I think people should have the opportunity to heal themselves. And I think people should have the choice to take whatever they want."

Other entrepreneurs, as well as doctors and researchers in search of test subjects, charge anywhere from \$1,500 to \$15,000 for ibogaine treatment. Mash, with the University of Miami, currently offers ibogaine treatment off the coast of Florida on the West Indies island of St. Kitts. A session at the private clinic, Healing Visions, costs around \$10,000.

At least five ibogaine-related websites offer out-of-country treatment, with varying levels of supervision and legitimacy, in locales from Pakistan to Panama.

Although, some of these clinics have shown that ibogaine can turn a profit, the drug still has miles to go before it attracts the interest of U.S. drug companies.

It takes about 80 studies, and close to \$200 million, to develop and market a drug in the U.S., says the federal drug institute's Vocci. His agency doled out about \$2 million in grants for 18 ibogaine studies in the early and mid-'90s -- a drop in the bucket, and a drop that's fast evaporating. Typically, drug companies pick up much of the tab. But with ibogaine, they're not biting.

From a profit standpoint, ibogaine makes little sense. It's not a maintenance drug, so drug manufacturers, like pushers, couldn't count on much repeat business. What's more, ibogaine patients -- by dint of their addiction -- pose a liability risk. Finally, no drug with "psychedelic" qualities has ever been marketed in this country.

"Obviously there's the pessimist's and the optimist's answer," says Kenneth Alper, a New York University professor who hosted a 1999 ibogaine conference. "There are those that are convinced that the government is dead-set against it and that it's an intractable situation."

The future of ibogaine development may not focus on ibogaine itself but on that other derivative of the iboga plant, Mash's noribogaine. Because it causes none of the visualization or intense insight, it may win a little more popularity -- or attract less resistance -- than its sibling does among FDA officials and even drug companies.

But addicts who have experienced the waking dreams of ibogaine swear that the psychological insight is crucial to kicking the habit.

A Chicago body piercer who took ibogaine in May to help him withdraw from a methadone addiction says that without the insight ibogaine offered into traumatic events, his treatment would not have worked. Part of what led to his drug abuse was the death of his wife eight years ago. Ibogaine not only got him over his 120-milligram-per-day methadone addiction, it helped him cope with the very grief that drove him to addiction to begin with.

"I resolved so many issues that I just never thought would be resolved," says Bob Bruner, 45. "I did not expect anything remotely like this. I was going through all of the experiences that had been important to my life. Eventually, it all starts to form a pattern, and the pattern makes a lot of sense."

Bruner did admit, however, that that common sense wasn't shared by his methadone provider.

Bruner had been paying the clinic about \$300 per month. After Bruner took ibogaine, the clinic lost his business.

Meanwhile, even ibogaine's believers are pulling back. The ailing Lots of admits that he has failed in his goal to make ibogaine a mainstream treatment for drug addicts. But he's still holding out for that somebody who will be able to do what he couldn't. "The benefits would be enormous both to individuals who have chemical dependency and to society as a whole," he says. "It would just be like a safety valve on this entire drug insanity."

Yet the FDA, drug companies and critics may never see the worth of ibogaine. If the drug is relegated to the Peaces of the underground, Lots of says, so be it.

"I'd like to see it within the medical context," he says. "But if you don't have a medical community or a government that's taking responsibility, then you can expect to have people to step into that position and assume those responsibilities themselves."

But even Peace, now listed on the website he first visited years ago as *the American* contact for ibogaine questions, is thinking of taking down his shingle. It's not fear of getting busted that's pushing him out of the trade, he says. He's confident that drug enforcement agents have little interest in cracking down on the minuscule amount of ibogaine entering the country. Nor is it the hassle, or the expense, or a lawsuit, or any of ibogaine's past impediments.

"With my new baby and everything, I've just got to change my life focus away from it. I feel I've done more than my fair share of giving back," Peace says. He pauses. "I might do a few more."

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## COMMENTS



**RE: Ibogaine's long, strange trip**

Posted by [schevy56](#) on 11.05.09 @ 03:11 PM

If it weren't for the tv program, Law and Order, seen Nov. 4, 2009, I would never have known about ibogaine. Since that show, I believe it will get the attention it deserves. It's evil to not research and develop this cure for addiction. Remember, the LOVE of money is the root of all evil. And it's that love that's keeping ibogaine from being marketed.



**RE: Ibogaine's long, strange trip**

Posted by [Cee1](#) on 11.05.09 @ 02:10 AM

i have a rooming house for those who have limited incomes. I see many people come through with terrible addictions. They are like animals with no conscience or values left. Only the desire to get their next fix.

I have a son that drinks nearly every day. He needs help, but is so addicted and has so much pain that he cannot see anything else.



**RE: Ibogaine's long, strange trip**

Posted by [on 02.23.09](#) @ 11:06 AM

I think we need to do whatever it takes to get this info out there I only came across it accidentally searching for help with getting off methadone. another good point, ( we addicts are killing our braincells aren't we) this drug could save my life and many others.

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