



Plants & Drugs | Mind & Spirit | Freedom & Law | Culture & Art | Library

Path : [chemicals](#) > [ibogaine](#)

Donate \$125 and receive a beautiful hand-made glass molecule.  
(Choose from molecules such as MDMA, Mescaline, or Caffeine).

## The Dreaming

by Ed Platt

The Independent

March 28, 1999

Could the root of an obscure African plant contain the secret to combatting addiction? The search for a substance capable of breaking the chains of chemical dependency - the so-called "magic bullet" - is one of the enduring preoccupations of modern medicine. Most people have concluded that the search is a futile one - that addiction is a disease without cure. Yet a growing alliance of activists claim that conventional wisdom is wrong: there is a substance capable of ending an addicts' craving for a fix - it is called ibogaine, and it is said to possess miraculous powers of healing.

Ibogaine is a naturally occurring alkaloid found in the root of an African plant called *Tabernaemontana iboga*. In Africa, ibogaine is used in religious ceremonies to induce visions, but in the West, it is being used to treat addictions to heroin, cocaine, alcohol and nicotine. Howard Lotsof, the man who first drew attention to ibogaine's anti-addictive properties, claims that after a single dose of ibogaine most people abstain from using drugs for more than three months. It is an astonishing boast to make on behalf of a drug that is illegal in America, and almost unheard of in Britain. If ibogaine were made widely available, Lotsof believes the effects would be revolutionary: "I think there could easily be a 30 per cent reduction in drug use within three years - for many drugs of abuse, that is."

So far, there is little hard data to assess ibogaine's performance. Despite the reams of testimony posted on the Internet, the drug remains an expensive luxury and is comparatively rare; only about 300 people have been treated with it in the past decade. I decided to find someone who had taken ibogaine and could vouch for its effects. Chris Sanders, the organiser of the Ibogaine Project in London, did not know of anyone in the UK who had taken the drug; nor did Howard Lotsof. But Karl Naeher, whose "clinic" in northern Italy is the only place in Europe where ibogaine treatments are currently available, told me he had recently treated an Englishman called Richard.



Preparing iboga rootbark for ritual purposes.



Richard Harper with his mother Phyllis

"I've got no veins left," said Richard Harper, by way of a greeting, when I arrived at the semi-detached house on the outskirts of Sheffield where we had arranged to meet. It is Richard's parents home: outside, flanked by rows of terraced housing, the road falls towards the centre of the city; inside, a giant television dominates the comfortable sitting-room, and a print of a Monet painting hangs above the sofa where Richard sits beside his mother, Phyllis.

He pulls up the sleeve of his sweater to show me his forearm. Beneath an elaborate tattoo, his skin is pallid and paper-thin, for Richard has what William Burroughs called 'the look of borrowed flesh common to all who have survived the Sickness'.

A scraggy Yorkshireman with dark hair, brown eyes and a tightly-drawn face, Richard had been a heroin addict for more than ten years. "I used to mess about with anything going, and I'd use heroin to come down," he says, as he lights the first of a series of hand-rolled cigarettes. "But you soon stop buying [ecstasy](#) or [amphetamines](#), and you just buy more heroin. After a while, it's like having a mistress - a strange girlfriend with very expensive tastes." He laughs - a peculiar, compacted snort. He talks rapidly, yet it is not always easy to understand what he is saying, for the years of abuse have flattened his voice.

Five years ago, Richard discovered he could break down crack, mix it with heroin, and inject it - a [cocktail](#) which gave him a high like no other. "Basically, it was like being strapped to a rocket," he says, with muted relish. It was then that his drug use slipped out of control: "The race was really on. I thought my life was mapped out for me - it was going to be a short one, and an expensive one. It was no good trying to quit - I've been through 12 step programmes, I spent 12 weeks in a clinic, six weeks in rehab... I was all right as long as I was taken out of society, but as soon as I was put back again, I relapsed."

Two years ago, Richard moved to Cumbria with his partner and their two sons in a bid to escape the city and its ready supply of drugs. "I really thought I could just white-knuckle it - you know, detox on my own. But you can't face that need every day. It's an impossibility." A year ago, when he first heard about ibogaine, he had reached the point where he could barely contemplate another attempt to end his drug use: "You do a few detoxes, and after a while you can't face doing another. The last few times I tried, I split before it was over because the craving was too much to bear."

It was his mother, Phyllis who first told him about ibogaine. Five years ago, Phyllis Harper knew next to nothing about what she calls the 'drugs game', but thanks to her son's addiction, she has become something of an expert and is now a Family Support Worker attached to a drugs project in Sheffield. "It was very painful watching Richard killing himself with drugs, and I wanted to help other people in the same position - so now I work in a drug rehab with families of other addicts." When she saw a paper presented on ibogaine at a drugs conference, she thought it sounded wonderful: "I said, why have I never heard of this before?" She soon found out why: like most medics, Phyllis's colleagues were dismissive of ibogaine. "They said it just was a big con."

Yet Richard was willing to try anything. "I was suspicious, but I thought, what the hell? Let's give it a go." When Phyllis began to research ibogaine treatments, she was deterred by the fact that both Howard Lotsof charges \$10,000 for treatment in the Caribbean. Later, her enquiries led to Karl Naeher: the cost of treatment in Italy was \$2,000.

Richard and Phyllis flew to Italy in March. "It was like stepping into the unknown - especially with a drug addict by my side," recalls Phyllis. "I had all these dollars stuffed in my knickers - if Richard had known where the money was, the temptation would have been too much for him." She laughs. At first, Richard was convinced that they were being set up, yet Karl Naeher came to their hotel room as arranged, and at seven in the evening, Richard swallowed a bitter-tasting powder dissolved in a cup of water; his ibogaine 'treatment' had begun. For eight hours, he lay his darkened hotel room, as a series of bizarre images played across his mind: "It was weird," he recalls. "I thought it was going to be like a trip, but it wasn't; I didn't know if I was conscious or unconscious - I didn't know what was going off."

Most people who have taken ibogaine claim to have had vivid hallucinations: one man reported on the Internet he had a vision of his soul rising through the universe. 'I was travelling at an incredible speed. The stars were blurring past me - it must have been the speed of light or faster,' he wrote. Another said he had been confronted by a series of images - 'like little movies' - drawn from his past, while yet another witnessed scenes of apocalyptic destruction: 'buildings being blown to pieces by the force of wind or shock waves reminiscent of Department of Defense nuclear blast footage... Continents and coastlines altered.' One man recently reported a terrifying encounter with a malevolent spirit. Everyone agrees that ibogaine is not 'a party drug': it is 'a serious encounter with the self.'

Towards dawn, Richard's experience reached its climax in a vision which he still finds painful to recall. "I reached this door, and it opened, and inside there were these puppets. Models of Punch and Judy. God, it was a macabre scene," he mutters. "There were chopped-up fingers in the gutter, and a monotonous chime going off in the background. Every time Punch bashed Judy, the bell rang, and a voice said, 'Wind him up and he'll do it again' - over and over. 'Wind him up and he'll do it again!'"

The first - and most intense - phase of his experience was over. It was morning. At first, Richard thought the drug had failed, and he was distraught: "He was crying like a baby," recalls Phyllis. "He was saying, 'Ma, it's not worked, has it? What's going to happen to me now?'" It was Phyllis who pointed out that the drug must have had some effect: "I said, 'You're not rattling are you?' And he said, 'No, I'm not.'" Phyllis mimics the surprise in his voice as Richard realised he was suffering none of the usual pains of withdrawal. "So I said, 'Well, when did you have your methadone last?' 'Two days ago,' he said. 'Well, you're not rattling any more, are you?'"

Phyllis had brought Richard's methadone to Italy, but she found, to her delight and astonishment, that he did not want it. "I kept thinking the withdrawal's got to come soon," adds Richard. "But it didn't come. I kept waiting, and it didn't come." The craving which had dominated Richards' life for years was in abeyance, and as he lay in bed, the second phase of his experience began - a period of intellectual evaluation, or what Lotsof calls 'massive thinking'. "It allowed me to have thoughts which weren't overshadowed by drugs. It left me very open, and it allowed to think about what I was doing to myself and to everybody else. When you stop using heroin, it's normally weeks before you get your emotions back, but it was all there within 12 hours. I was euphoric - I just had floods of emotion going off." Richard pushes his hand across his eyes. "Loads of recall," he adds, indistinctly. "Lots of memories which I'd buried for years."

He lowers his head and for a moment, says nothing. Phyllis grips his hand and resumes the story on his behalf: "It was amazing. He was sitting in bed all day, laughing and crying. He wanted to ring his dad, his partner - he wanted to say sorry to everyone he'd ever done wrong to." Richard disappears to the kitchen, and when he returns, he has recovered his equanimity. "I felt free, and I felt as though a lot of questions had been answered for me," he says.

Michael, a 35-year-old German who had been addicted to codeine, methadone and heroin for several years, was treated by Karl Naeher in September. "It is certainly the best way of quitting a drug that I have ever come across," says Michael. He slept for four hours after taking ibogaine, and when he woke, he found that his familiar craving for opiates had gone: "I was able to quit methadone without any cravings whatsoever. I don't know what changed, but I do know that my past is not such a burden now. Ibogaine has given me a new freedom. It isn't a drug: it's something divine - which sounds stupid, but it's true." It is not unusual for people to talk of a mystical encounter with the 'spirit' of the plant itself: 'I was infused with the Iboga plant spirit - a vast nature diva that seemed to be walking with enormous, silent, measured steps over the earth.'

A journalist who has witnessed an ibogaine ceremony in the Cameroon compares it to a "religious rave". As the initiate embarks on the ibogaine "journey", there is singing and dancing, while a priest invokes the saints and the spirits of his ancestors. The ritual lasts from six in the evening to nine the next day. James Fernandez, an ethnographer who studied the Bwiti religion, said they value ibogaine because the "euphoric insomnia" it induces allows them to dance all night.

Dan Lieberman, a South African ethnobotanist and photographer who was profoundly influenced by his initiation into the Bwiti religion in the Gabon, is attempting what he calls "technology transfer from the Bwiti to the West"; in other words, he intends to recreate some of the rituals which accompany the use of ibogaine in Africa. Lieberman is visiting Britain this month to give a series of talks on tabernanthe iboga - between 19 and 30 April [1999] he will lecture in Brighton, London, Bristol, Totnes and Edinburgh.

"For a start," says Lieberman, "I use the rootbark powder and not the isolated alkaloid or extract, which gives one a fuller sense of what the ceremony is about. As opposed to a hospital, I chose a farm in a beautiful African setting, a special diet is arranged and the initiate/patient is cared for gently. In the indigenous context, you are looked after for weeks before the initiation and weeks after the fact - and that itself is hugely healing."



**Bwiti shaman**

Besides blocking opiate withdrawal, and 'interrupting' craving, ibogaine is said to induce a visionary state which can last for up to two days - a state of 'lucid dreaming'. By helping an individual explore their past, ibogaine grants them insight into the source of their compulsive behaviour, and helps them break the pattern of addiction - or so the theory goes. "Ibogaine allows people to experience their reactive mind more closely than ever before, and they realise they don't have to react the way they have been reacting," says Eric Taub - an American therapist who is one of the main sources of ibogaine treatment.

In the last ten years, rumours of the drug's potency have begun to gather currency. Herbert Huncke - who turned William Burroughs onto heroin - said that ibogaine was the 'closest thing yet' to the cure that the Beats were looking for in the fifties. "Howard Lotsof found the first thing that actually helps you quit - if you want to," said Huncke, before dying from respiratory failure induced by a heroin overdose. An impromptu network has sprung up to make ibogaine available to as many people as possible: Howard Lotsof and his one-time collaborator, Deborah Mash, run competing programmes in hospitals in the Caribbean, while Eric Taub offers treatment in less formal surroundings. Underground 'clinics' have been set up in other parts of the world, and a community of activists, addicts and former addicts has emerged to promote ibogaine's cause - case notes, reports and advice flow across the Internet every day, and a London-based Ibogaine Project has just been set up.

Yet the establishment is not convinced. Ibogaine has been described as the 'quintessential orphan drug', for it is scorned by the medical profession and starved of the commercial backing required to assess its potential; recently, a messy tangle of commercial litigation has derailed the campaign to bring ibogaine to the market. If this substance works as well as people say it does, it seems barely credible that knowledge of its healing properties should have been kept secret for more than 35 years; yet the drug's proponents claim that is exactly what has happened, for it was in 1963 that Howard Lotsof first experienced ibogaine's ability to interrupt addiction.

Lotsof was 19 years old - a film student with a heroin habit and a taste for psychedelic adventures. He was living in New York, where he was part of a circle of twenty friends who experimented with drugs: "It was a time of enormous interest in psychedelic substances, and we were literally working our way through the pharmacopeia," he says. Lotsof was the first of his group to try ibogaine. Thirty hours later, as the drug began to wear off, he noticed its most profound effect. "For the first time in months, I did not want or need to go score heroin."

Of the seven members of the group who were regularly using heroin or cocaine, five quit for six months or longer after taking ibogaine, even though none of them had intended to stop using drugs. "I recognised immediately that something unique had happened," says Lotsof. Yet he did not pursue his discovery, and on a trip to Nepal in 1969 he re-acquired his heroin habit.

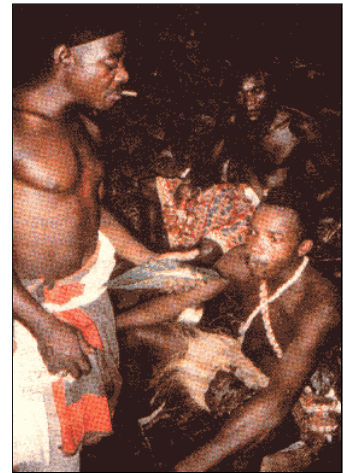


**Europeans enter the Gabon forest for Iboga initiation**

When Lotsof returned to New York in 1970, he enrolled in one of the first methadone programmes. Methadone is a maintenance drug prescribed to addicts as a substitute for heroin, yet many consider it more addictive than heroin itself. Lotsof believes his experience with ibogaine was crucial when he came to wean himself off drugs. "Most people lose track of what it's like to live without addiction, but I knew that addiction was reversible - and knowledge is power." It was not until 1981 that he decided it was time to explore the chance discovery he had made almost twenty years earlier. "I wanted to do something which would have permanent value, and the most positive thing I could think of doing was to try and get ibogaine into the system."

He soon found he had the support of other veterans of the psychedelic movement - including his friend Dana Beal. As one of the leading members of the Yippies - the Youth International Party - Beal was pivotal in the student revolts of the sixties, and by 1981, he had become a player in America's drug reform movement. He was to become one of ibogaine's most vocal advocates: "The ibogaine ideal beats heroin chic every time," he told me, decisively, when I met him at Smoky Bear's Picnic in Hyde Park last September. Beal - one of a couple of hundred hippies who lay around on the grass, smoking spliffs - was in London to help organise the upcoming 'May Day' events, when a million people around the world will march in a series of events celebrating cannabis.

When Lotsof first told him about ibogaine, he was intrigued: "The idea of an 'addiction interrupter' was part of our heritage - William Burroughs had said it would have to have certain qualities, so there had always been a candidate substance in our minds. It was reaching back into one of the strains of the Yippie heritage: here's a candidate substance - so let's study it." Beal, who distinguishes between 'life drugs', such as marijuana and psychedelics, and 'death drugs' - addictive white powders - believes that the revolutionary spirit of the sixties had been sapped by an epidemic of addiction. "We were willing to pay any price to win the fight against addiction." Beal diverted much of the meagre resources at his disposal into helping Lotsof research ibogaine's anti-addictive properties.



An initiate being fed Iboga.

In 1986, Lotsof founded a company called NDA International and filed patents for the use of ibogaine to interrupt addictions to opiates, cocaine, amphetamines and alcohol. NDA International set about marketing a patented ibogaine medication called Endabuse. Since ibogaine was illegal in America, some of Lotsof's friends began to organise unofficial treatments in Holland. At first, the results seemed to confirm Lotsof's claims: some people relapsed immediately, yet others stayed clean for months at a time.

Meanwhile, Dana Beal had concluded that ibogaine "worked". He declared that the dissemination of information about ibogaine was as crucial to the drug reform movement as the legalisation of marijuana. "We said this is the second thing we want to push, besides marijuana."

It was not all good news, though, for the early ibogaine treatments resulted in two deaths. Although their exact cause was never established - the first was attributed to a heroin overdose, and the second to heart failure - the deaths dampened enthusiasm for ibogaine, and raised questions which have yet to be answered to everyone's satisfaction.

Sinister conspiracies are often adduced to explain the lack of official interest in ibogaine. Eric Taub was a jeweller when he first heard about ibogaine. He promptly decided it was his mission in life to treat 1% of the world's 140 million addicts, yet when he tried to set up a clinic in Mexico, he claims he was prevented by local drug barons. "They would have felt threatened by having a clinic available in their area that could have such a profound effect on alleviating drug abuse," he says, "especially if it were to catch on and get the attention of the American government." Taub now Karl Naeher's business partner, treats patients on a boat in international waters in the Caribbean.

The US government is often accused of attempting to suppress ibogaine, and some people argue their actions are racially motivated: "It is our view that the African origins of ibogaine and the political nature of the United States 'War on Drugs' are the major reasons why ibogaine has not been thoroughly tested and approved," says Dhoruba bin Wahad, a black activist who has always maintained that the 'War on Drugs' is a camouflage for racist oppression. "The 'plague' of crack-cocaine and heroin addiction has hit the African-American and Latino communities exceptionally hard, but law enforcement is not the way to deal with addiction. Prohibition creates a multi-billion dollar business which corrupts not only law enforcement officers but entire communities, and suborns the whole political process."

The theories proposed by ibogaine's supporters share a theme: each assumes that it is the drug's effectiveness which has led to it being suppressed. Yet the lack of interest in ibogaine could just as easily be explained by the fact that most medics doubt it will live up to expectations. Colin Brewer of the Stapleford Centre - a research-based addiction treatment centre - is a doctor known for his willingness to consider unconventional methods of treatment, yet he insists that the ibogaine phenomenon has been hyped beyond reason. He regards the publicity surrounding the drug as dangerously misleading: "Drug addicts are a very vulnerable population, and they're always desperate for a quick fix. I don't think there's much evidence that it possesses any specific effect - there's been some interesting research, but it needs to be replicated. The jury's still out." He dismisses the findings which suggest that drug-addicted laboratory rats injected with ibogaine appear to lose their craving for heroin, cocaine and nicotine: "Rats don't go to parties," he says, acerbically.

Chris Sanders - the organiser of the Ibogaine Project in London - makes a measured plea on the drug's behalf: "We want the authorities to look at it seriously. We're not saying it's a wonder drug or a panacea, but for long-term addicts in particular it's a useful treatment." Yet Colin Brewer doubts that there will ever be a clinical trial of the drug's performance - it is, after all, a hallucinogenic drug. "I imagine that no one will ever do trials in humans except for those people who are suspect because they are too keen on it, and the truth will never emerge."

But then it is partly ibogaine's underground status which commends it to people like Michael and Richard. From the moment he first heard about the drug, Michael knew he wanted to try it, ("here was a remedy which promised an experience in itself"), and the fact that it was an unofficial treatment only added to its appeal. "If a doctor came up to me and said, I have a remedy for you, I would not have been so open to it, and it might not have worked so well. It is better as an underground weapon against addiction."

In the meantime, the 'clinics' providing ibogaine treatments will continue to prosper, for many people see no need to wait for confirmation of the drug's efficacy. Howard Lotsof concedes that the most effective way to use ibogaine is "just to give it to drug addicts and let them take it themselves." He is blessed - or burdened - with a messianic vision of bringing ibogaine to the masses, and he knows that ibogaine will never be widely available until it is endorsed by the medical establishment. "I wasn't interested in getting this drug to 500 people - I wanted to get it to five hundred thousand, or five million people. And the only way to do that was to get it medically approved."

Lotsof remains optimistic. Fifteen years ago, when he began the self-appointed task of bringing ibogaine to the world, there was one scientific paper on ibogaine's anti-addictive properties, and there are now 140: Lotsof believes the ibogaine bandwagon has generated an unstoppable momentum, and he predicts that a government-funded trial of the drug will begin in America within three years.

FOR THREE days, Richard lay in bed in Italy: he was too tired to move, but he was at peace. On reflection, he did not find it hard to explain the significance of his vision of Punch and Judy: "I've always had a compulsion to hurt myself, and I don't understand why. I think Punch is my darker side, and Judy - who was getting battered every time she tried to say no to anything - is my gentler side. It said a lot to me about my obsessive-compulsive behaviour." The treatment had worked better than either Richard or Phyllis had dared hope - or so it seemed at first.

It is dark outside, and Richard's father, his girlfriend and his two young sons have returned from their afternoon's outing in Sheffield; as they crowd into the sitting-room, the assessment of Richard's treatment is universally enthusiastic. "He was a new man when he came home - he was glowing," says Lyndsey, his girlfriend. "It was like having my son back again," adds Phyllis.

Yet when Richard returned to England, circumstances - some of his own making - conspired against him. He had gone on a "major binge" the night before he went to Italy, and he picked up an infection in his groin which required treatment when he returned home. Later, he was involved in two car crashes, and the fact that he was living in a small town with no support network did not help - the intervention of a therapist is considered essential to prolong periods of abstinence. Richard relapsed

once or twice, and on medical advice, he returned to using methadone and diamorphine; although he had been clean for two months. "I wish it had had a fairy tale ending," he says, calmly. "But it didn't."

Still, his experience conforms to the predictions of Howard Lotsof, who claims that ibogaine never fails to block opiate withdrawal - "its pretty much a done deal" - and concedes it is a matter of speculation how long the interruption of craving lasts. Richard insists that the treatment did exactly what it promised to do: it ended his drug use temporarily, and it gave him the chance to end it permanently. He now has a place lined up in a clinic in Manchester where he will attempt to detox once more. "He's more positive now," says Phyllis. "The treatment moved him on somehow. But he's talked the talk before. Now he has to walk the walk."

Richard says he will return to Italy to take ibogaine again, if necessary, but he would like to see the drug made available in Britain: "Look at the money it would save!" he says, with rare enthusiasm. "It takes two weeks or more to detox in a clinic - you can do it in a day with ibogaine, and then you're ready for therapy. This is the best it's ever been for me, and I attribute that to ibogaine," he adds. "I'm surviving on prescription, I'm not spending money on drugs and I'm looking to get off. I feel inside that it's over."

---

[\[ back to chemicals \]](#) [\[ back to ibogaine \]](#)

Archived by Erowid with permission of Author

Last Mod - Mar 18 2009

Design © 1995-2009 Erowid.org. Content © respective copyright holders.