



YOUNG VISION

IBOGA AND IBOGAINE  
NEW PERSPECTIVES ON MEDICINE,  
THERAPY AND SOCIAL TRANSFORMATION

BRUN GONZÁLEZ

The *Young Vision* series offers a space for analysis and discussion of issues on the public agenda from a youth perspective. We assume that there are young experts, professionalised and with much to contribute to public agenda items related to drug policy, prevention of HIV and promoting gender equality and equity.

Through this series we seek to recover policy recommendations, best practices, benchmarking and social experiences of young people, helping decision makers and public policy makers achieve a better understanding of the realities of young people.

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Brun González

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## INTRODUCTION

The study of psychoactive substances and their effects requires, first of all, for the selection of dialogue and debate structures to be able to effectively address the many ramifications that a substance, or group of substances, may have. The type of effects, the historical, physical and cultural benefits, the potential risks, and toxicity, along with many other factors must be taken into account. Only through this can a real and clear assessment of the advantages, disadvantages, and consequences of their use within a society be made.

With the help of a full array of different subjects and areas of expertise, we can evade the conceptual net that is built and

sustained by current drug policies, which are based on the prohibition shown through propaganda and disinformation. To do this, disciplines and subjects as diverse as public policy, economics, art history, culture, theology, and sociology have put forward study ideas. In this article, we will make use of various approaches for the particular case of iboga, a plant that, as we will see, has been the center of a controversial global debate over the past few decades.

First, we will use an anthropological view on the use of certain plants and their role in the consolidation of entire cultures and world-views. Thus, as mentioned by Josep Ma Fericgla in his work “The Mushroom and The Genesis of Cultures”, it is not surprising that R. Evans Schultes, a prominent

botanist devoted to the study of the properties and functions of hallucinogenic plants, has come to assert that the process of cultural production is different to common perception: “it is not that every people has its own substances and practices to modify the state of consciousness, but that around each possibility to access these states of consciousness a culture was edified, with all the symbolic and cosmological content it implies.”<sup>1</sup>

It is also relevant to note that within psychiatry and psychology, specifically within studies in psychology of addiction,<sup>2</sup> there are several scientific works and psychotherapeutic processes. Examples of these are those developed by Claudio Naranjo in Chile, Salvador Roquet in Mexico, Stanislav Grof first in the Czech Republic and later with Richard Yensen and others in the U.S., where it has been shown that there is “a substrate at the biological level associated with subjective events in the consciousness.”<sup>3</sup> This signifies that many physical ailments are rooted in the internal processes of the mind.

Meanwhile, modern pharmacology and ethno-botany have recovered the various uses of plants since early times. Several authors assert that there is evidence that 100,000 years ago human beings used medicinal plants. Moreover, documentation shows us that plants have been used to produce altered states of consciousness since 8000 BC.<sup>4</sup>

It is within this context that the study and discussion of iboga and ibogaine is embedded. Iboga is a shrub native to equatorial Africa that belongs to the Apocynaceae family. Besides functioning as an agent of social cohesion and religious sacrament between groups from Gabon and other countries in Northwest Africa, it has also been used in the past two or three decades as the central pillar of an interruption tool in certain drug dependence treatments. It was initially tested with opiates and later extended to other substances and extra-pharmacological conditions, due to its profound visionary effects and integral changes it can produce in people.

However, to better understand the pertinence of discussing the plant and its potential uses, we must review a brief summary of the main arguments that have been built around it. These are arguments that, beyond the discipline where they originated, are useful to scale the importance and significance of knowing and learning about iboga:

- \_ The use of iboga can be of great help to thousands of people around the world.
- \_ Used responsibly and respectfully, iboga can serve to redirect humanity around modern fundamental paradoxes and contradictions present in our societies.
- \_ The use of iboga can help people reconnect with nature and the environment, and thus contribute to the reduction of the excessive exploitation of various ecosystems.

1. Fericgla, Josep Maria. (1994). *The Mushroom and The Genesis of Cultures*. Editorial La Liebre de Marzo, Barcelona.

2. This area of study attempts to explain and address the complex and intricate processes that lead a person to develop a compulsive and almost always destructive behaviour, whose centre is usually a psychoactive substance or some activity that reinforces the brain's pleasure circuits, food, sex, etc.

3. Yensen, Richard. (1998). *Toward a Psychedelic Medicine*. Editorial La Liebre de Marzo, Barcelona.

4. Furst, P.T. (1976). *Hallucinogens and Culture*. Chandler & Sharp, San Francisco.

\_ Furthermore, iboga may be useful in reconnecting with the social environment and breaking individualism.

\_ On a social level, iboga treatment can also help break the difficult cycle of drug dependence, a public health problem developed through separation, social isolation, and over-stress caused by the aforementioned situations.

## IBOGAINE AND ITS TRADITIONAL USES (BWITI)

In order to understand how a plant and its derivatives can help solve all these problems we need to ask ourselves: What is iboga? As mentioned earlier, the Tabernanthe iboga plant is a shrub native to equatorial Africa that belongs to the Apocynaceae family and can reach up to eight to ten meters in height but usually only reaches two. Like other plants of this family, it has thick white latex, its leaves are elongated and are between nine and fifteen inches in length. It has a yellow, ovoid, and slightly sweet fruit that can grow to the size of an olive. The root of this plant is particularly interesting as it produces an indolic alkaloid and powerful psychoactive compound that, when isolated in 1901 by J. Dybowski and E. Landrin, was called ibogaine.<sup>6</sup>

However, long before it was known to the Western world, ethnic groups located in

Gabon, Cameroon, Equatorial Guinea and Congo, such as Fang, Mitsogo, Babongo, and Apindji had been using it for centuries.<sup>6</sup> Today, iboga is the central pillar of the religion or cult called Bwiti, which is based on the veneration of ancestors or forefathers. This is one of the three official religions in Gabon, where the term refers to different meanings among which are “liberation”, “freedom”, and “art of healing”.<sup>7</sup>

Among the Bwiti, the iboga root is consumed in different ways depending on the occasion. During evening masses, called ngozé,<sup>8</sup> the whole community, including children, youth, and adults, eat a small amount - two or three teaspoons of the root bark crushed almost to a powder - and sing and dance all night playing various musical instruments. In this context, iboga plays the role of stimulant and manages to generate cohesion among group members. However, in the same communities, it is also used as medicine for recovering from some infections and in general to protect health.

Other rituals are practiced, for example, when a young individual in the tribe is prepared to “enter the world of adult responsibilities” and must go through an initiation rite or ceremony of transition used to prepare and ensure that he/she will be able to fulfil what’s expected of an adult. This ceremony sees the individual in

5. J. Dybowski, E. Landrin. (1901). Plant Chemistry. Concerning Iboga, Its Excitement-Producing Properties, Its Composition, and The New Alkaloids it Contains, Ibogaine. It was also independently isolated that same year by Haller y Heckel.

6. Although it is uncertain exactly how long ago the Iboga has been used in Africa, the first report of its use is from 1884 where the naval surgeon Du Griffon Ballay refers to the use of the plant as a stimulant and aphrodisiac, and then in 1885 the priest Henri Neu writes about the ritual of initiation already making reference to the visionary state.

7. To go deeper into the nature of the Bwiti see the work of Giorgio Samorini and James W. Fernandez, electronic versions of publications by both can be found at [www.ibogaine.desk.nl](http://www.ibogaine.desk.nl)

8. There is a ramification of Bwiti that has many syncretic qualities with Christianity and is characterized by including Christian religious icons along with some songs and prayers used in mass.

9. Piñeiro, Juanjo. (2000). Psychonauts. Editorial La Liebre de Marzo, Barcelona. Interview with Giorgio Samorini.

question consume large amounts<sup>10</sup> of iboga for several hours or even days.<sup>11</sup> These megadoses have completely different effects to the slightly stimulating feeling of lower doses, and has been called oneirogen,<sup>12</sup> or more generally entheogenic<sup>13</sup> or psychedelic.<sup>14</sup>

In this state of consciousness, group members may have contact with ancestors and achieve a transcendental understanding of their role in society and in nature. Thus, behaviour manners and values that they will have for the rest of their lives and that they perceive at the same level as their surroundings, the nature, other people, and finally the individual are established. In many other parts of the world, including Mexico, groups like the Huichol seek to achieve the same effect with practices that include the use of other plants such as peyote. Through these practices, a search commences, for rebirth, healing, and renewal, as “the sacred plants have a key role in the conservation and enhancement of core beliefs that constitute membership to a particular group.”<sup>15</sup>

## A LOST MEDICINE (OMIBIRÍ)

In addition to the Bwiti, who focus their use of iboga on initiation rituals, in the same geographic region and often sharing

villages, there is another cult called Omibirí, which also uses iboga, but only for healing purposes.

Among the Omibirí, iboga is considered to be the most highly regarded medicine. It is used for physical, mental, emotional, or spiritual ailments and is associated with shamanic traditions where both the shaman and the person receiving the treatment consume the plant. Thus, “the shaman specialises in (entering) a trance during which it is believed that his (or her) soul leaves the body to ascend to heaven or go down to the lower planes”<sup>16</sup> By learning to cross the veil between realities, shamans “actively attempt to mediate the relationship between the trans-physical world and the physical world to bring healing.”<sup>17</sup>

In this approach, any illness is a symptom of something that is happening in the spiritual-energetic world, the psychological-mental world, or at an emotional level. Similarly, new interpretations of modern medicine reinforce this idea; for example, with cancer and autoimmune diseases, there are several studies that have shown a link between the emergence of cancer and emotional trauma or difficult situations that the person did not manage well at the time.

10. A strong dose under normal circumstances can be 20 grams of crushed root, equivalent to 75-125 mg of ibogaine, in these initiations up to 6.25 grams of ibogaine or almost a kilo of iboga is consumed over 12 hours or more, this increase of 25 times the dose, can result in death, but the risk is perceived there as a part of the test to overcome during initiation.

11. Piñeiro, Juanjo. (2000). *Psychonauts*. Editorial La Liebre de Marzo, Barcelona. Interview with Giorgio Samorini.

12. Oneiros = dreams, gen = generate, “that which produces a dream-like state”.

13. Endo = interior, internal, within, theo = divine, gen = generate, “that which generates the divine within”.

14. Psique = soul, delia = manifest, “that which manifests the soul or the mind”

15. Yensen, Richard. (1988). *Humanity's Journey: From The Mysteries of Sacred Plants to The Psychedelic Substances Paradigm*.

16. Eliade, Mircea. (1951). *Shamanism: Archaic Techniques of Ecstasy*.

17. Neumann, Zayin. *What Is Shamanism?*. Available online at [www.allthingshealing.com/what-is-shamanism.php](http://www.allthingshealing.com/what-is-shamanism.php) Available online at [www.allthingshealing.com/what-is-shamanism.php](http://www.allthingshealing.com/what-is-shamanism.php)



In the words of Dr. Ryke Geerd Hamer: “Through millennia, mankind has always been aware, more or less consciously, that all diseases ultimately have a psychic origin, and this became a ‘scientific’ heritage firmly anchored in the legacy of universal knowledge. It is merely modern medicine that has turned our animated being in a bag full of chemical formulas.”<sup>18</sup>

## MODERN USES OF IBOGAINE IN THE WESTERN WORLD

Ibogaine, unlike iboga, has a long history of use in Western medicine. In 1905, doses of 10-30mg per day were used in cases of asthenia (lack of vigour or general fatigue) while between 1939 and 1970 in France, capsules at doses of 8 milligrams were used as a neuromuscular stimulant for depression and fatigue, as well as as an invigorator during recovery of infectious diseases. Commercially, ibogaine was sold under the name of Lambarene.

In the year 1969 and for most of the 70s, the Chilean psychotherapist Claudio Naranjo used moderate doses (about 4 or 5 milligrams per kilo of body mass of the person, or 325 milligrams for a 65 kilo person) as an enhancer of fantasy and introspection, seeking to achieve a catalytic process for psychoanalysis in therapy sessions.

Naranjo found that the substance helped achieve better results with less therapy time

and could deepen the therapeutic process in an unprecedented fashion. Thus, “any number of artificially induced alterations in usual patterns of an individual’s personality can be a unique advantage in breaking the vicious circles of the psyche, putting into focus unknown domains of feeling or thought, or facilitating corrective experiences, in which underdeveloped functions are stimulated or overdeveloped are inhibited.”<sup>19</sup>

As seen until now, it is crucial to mention that we must take into account not only the substance, but also its doses, as they play a crucial role in the effects, thus impacting the experience that comes from its consumption. In Gabon, for example, small doses of iboga were used to increase visual acuity and energy “in the hunting of lions and canoe trips.”<sup>20</sup> Naturally, this would be impossible with a high dose, which, as we have seen, makes the person enter a space of introspection, or a visionary state that does not allow for tasks that involve a high awareness of one’s surroundings, such as activities like hunting. It is precisely the knowledge of the substance, its derivatives, and the effects of different doses that allowed the expansion of the use of iboga and ibogaine to other contexts. The use of ibogaine as a modern treatment begins from this.

18. See the work on cancer by Dr. Hamer, which led him to develop what is called the New Germanic Medicine.

19. Naranjo, Claudio. (1974). *Healing Journey*. Pantheon Books, New York.

20. Grof, Stanislav. *LSD: Albert Hoffman’s Problem Child*.

Spanish version available online at [www.onirogenia.com/psicologias/lsd-el-hijo-problematico-de-albert-hofmann/](http://www.onirogenia.com/psicologias/lsd-el-hijo-problematico-de-albert-hofmann/)

## INTERACTIONS BETWEEN IBOGAINE AND HEROIN: THE LOTSOFF CASE

United States of America, 1962. Howard Lotsof was 19 years old and was addicted to heroin. Lotsof was part of a volunteer group that included seven people who were addicted to heroin and whose common interest consisted in experiencing and subjectively evaluating their experiences with various psychoactive drugs, including mescaline, LSD, DMT and psilocybin in an attempt to determine the psychotherapeutic value of hallucinogenic drugs.

As psychedelic drugs were not illegal at the time, Lotsof had access to many of these substances through the company S&L Laboratories. When the group had the opportunity to use ibogaine, they observed that instead of only having the stimulating and euphoric effect that the group anticipated, those who were addicted to heroin also felt that their craving for the opiate had reduced. Lotsof stopped using heroin, cocaine, and all other drugs for the next six months after the initial dose of ibogaine, an effect that most members of the group felt.<sup>21</sup>

This occurrence had even more significance as, once he ingested ibogaine, Howard presented no symptoms of withdrawal from heroin for over 24 hours. Although a few years later Lotsof used heroin again for a period of time, he knew something

extraordinary had happened with ibogaine. Consequently, he dedicated the rest of his life to find out what has happened. This interest was also sparked by the fact that after being 'hooked' again, he entered a methadone program and found that there was no comparison between the immediate effect of ibogaine and the long process of detoxification that the other options available implied.

Through his studies on ibogaine, Lotsof patented a number of methods for the interruption of drug dependence such as the Rapid Method for Interrupting Narcotics Addiction Syndrome (1985 U.S. Patent 4,499,096), the Rapid Method for Interrupting or Attenuating Withdrawal Syndromes of Poly Addictions (1992 U.S. patent 5,152,994) and various patents for the treatment of alcoholism, smoking, and addictions to stimulants like cocaine and methamphetamine.<sup>22</sup>

## CURRENT RELEVANCE OF IBOGAINE

Lotsof's case managed to push the development of multiple therapeutic uses of ibogaine in different forms (several previously designed or developed with the use of other substances) among which are the following:

– *Traditional use in shamanic healing:* a model that uses Bwiti rituals and ceremonies, including elements such as traditional music.

21. Donnelly, Jennifer R. (2001). The Need for Ibogaine in Drug and Alcohol Addiction Treatment. Originally issued in The Journal of Legal Medicine.

It is available for download at [www.ibeginagain.org/articles/Ibogaine\\_Need\\_Donnelly\\_2011\\_.pdf](http://www.ibeginagain.org/articles/Ibogaine_Need_Donnelly_2011_.pdf)

22. Several of these patents can be found at [www.ibogaine.desk.nl/5152994.html](http://www.ibogaine.desk.nl/5152994.html)

\_ *Aid in psychoanalytic therapy*: a model developed by Claudio Naranjo to improve the time frame and effectiveness of therapy.

\_ *Psycholytic therapy*: a model developed by Sandison, Frederking, Leuner, Alnes and Arensen-Hein, taken up again later by Stanislav Grof with LSD, using the substance at low doses as a tool for intensive psychotherapeutic processes and high interaction with the therapists during intake.

\_ *Psychedelic therapy*: a model that was first developed by Humphrey Osmond and Abraham Hoffer, and that was later developed and greatly expanded by Stanislav Grof. In this approach the dose is increased dramatically and interaction with the therapists occurs before and after consuming the substance, leaving the recipient of treatment alone during the effects. This leads to what are called “peak experiences”, which are characterised by mystical-type death-rebirth experiences. According to indicators for progress assessment of the patients, these experiences cause a dramatic increase in success rates.

Evidence showed that a therapeutic revolution was, in fact, possible. Statistics showing success rates among patients who had developed addictions to different substances, from heroin to alcohol, was incredibly higher than any other treatment or intervention regardless of if it was psychiatric drugs, forced or

voluntary internments, physical exercises, or hospitalisations.<sup>23</sup>

Because of this, ibogaine appears to have a rather strong neurochemical effect that ‘resets’ the brain and the central nervous system’s neurotransmitters while neutralising the symptoms and discomfort of withdrawal. Although Howard Lotsof was the first to mention it, several current treatment centres argue that “ibogaine appears to restore the function of neurotransmitters in the brain to a pre-addicted state.”<sup>24</sup>

Furthermore, the visionary effect of ibogaine manages to change something within a person’s cosmo-vision. Their whole life and routine, as well as their self image and their interactions with the rest of the world change in such a positive manner that it seems to ‘repair’ that which was hindering the person’s ability to enjoy life and lead a healthy, responsible, and constructive existence.

The effect can be extended to the individual’s relationship with nature; the environment and the entire planet are on a “deeper level, we also see that communication with nature can occur at certain times through the phenomenological properties of the psychedelic experience, some of which have been acclaimed by the people who experience it as life-transforming and

23. So just what is the success rate for ibogaine treatments? “If you’re looking at opiate detox,” says Lotsof, “I’d say almost 100%. If you’re talking about interruption of chemical dependence, I’d say 10% are immediately cured, 10% aren’t cured at all and the rest require three to four treatments over a two year period, because we’re not just talking about a pharmacological reversal of chemical dependence. Chemical dependence is a learned behaviour that has to be unlearned. Ibogaine is an unlearning tool, as well as a substance that blocks narcotic withdrawal.” A short version of this interview was published in the London Times

The full version is available at [www.ibeginagain.org/articles/times.shtml](http://www.ibeginagain.org/articles/times.shtml)

24. [www.ibogaine-therapy.net/index7b97.html?PAGE=3](http://www.ibogaine-therapy.net/index7b97.html?PAGE=3),

<http://www.ibeginagain.org/>, [www.awakeninginthedream.com/ibogaine.html](http://www.awakeninginthedream.com/ibogaine.html)

spiritually renewing. Such experiences forged a way of thinking that is full of ethical and environmental implications, and that is reflected in the work of shamans, alchemists and other practitioners who respected Nature.”<sup>25</sup>

## THE CONTROL REGIME AND ITS IMPACT ON IBOGA

Why is it that we know so little about this “near-miraculous” treatment that with a single session interrupts the neurochemical mechanisms that fuel an addiction? As it often happens, the answer has to do with the economic interest of the pharmaceutical industry and certain other international bodies. Since 1969,<sup>26</sup> as part of the crackdown to emerging counter-cultures, and as a strategic measure to prevent the investigation or the use of this great tool, iboga and ibogaine were added to the Schedule 1 of controlled substances of the Convention on Narcotic Drugs of 1961, along with heroin, cocaine and cannabis.<sup>27</sup>

In addition to the above, and as several specialists such as Jennifer Donnelly have pointed out:

*“Perhaps the most prominent reason ibogaine has not been legalised for medical use in the United States is the lack of financial incentives to produce the drug. Pharmaceutical companies*

*feign resistance to the drug’s potential increases in pharmaceutical liability caused by larger fatality rates of drug and alcohol addicts. While drug and alcohol users may have a higher risk of death, the more likely reason for such resistance is the lack of profit to be made from an anti-addictive drug”.*<sup>28</sup>

The fact that this substance has been banned ever since its curative potential has been known - first in the United States and later in other countries as “recommended” by the UN - has prevented the realisation of large-scale studies or clinical trials with volunteer patients, which would allow further investigation on what its different pharmacodynamic properties are based on. Because of this, there is no clear explanation for the cause of its effects, which in turn makes it difficult to understand the mechanisms of action, potential risks, and benefits of this substance.

*“Americans are [...] not afraid of drugs because there is a drug-store on every corner. So if they are so afraid of mind-expanding drugs, obviously it is the mind expansion they are afraid of.”*

Brother David Steindl-Rast – Benedictine Monk, Professor of Religion

This situation of illegality and rejection is primarily given by the association of its

25. Stanley Krippner, Ph.D. and David Luke Ph.D. Psychedelics and Species Connectedness. Multidisciplinary Association for Psychedelic Studies (MAPS) Magazine Volume XIX, Number I. Psychedelics and Ecology. [www.maps.org](http://www.maps.org) 26. [www.ibeginagain.org/faqs.shtml](http://www.ibeginagain.org/faqs.shtml)

27. You can find ibogaine along with all the other Schedule 1 substances at [www.deadiversion.usdoj.gov/21cfr/cfr/1308/1308\\_11.htm](http://www.deadiversion.usdoj.gov/21cfr/cfr/1308/1308_11.htm)

28. Donnelly, Jennifer R. (2001). The Need for Ibogaine in Drug and Alcohol Addiction Treatment. Originally issued in The Journal of Legal Medicine.

Available for download at [www.ibeginagain.org/articles/Ibogaine\\_Need\\_Donnelly\\_2011\\_.pdf](http://www.ibeginagain.org/articles/Ibogaine_Need_Donnelly_2011_.pdf)

effects to those caused by other psychedelic drugs, by pharmaceutical companies' economic interests, or by certain States' political interests to ban it; this has forced ibogaine to be kept "out of the medical pharmacopoeia, preventing it from being called 'medicine' even when it complies with all the properties of common medicines,"<sup>29</sup> relegating its therapeutic use to informality.

Such informality carries other forms of disadvantages, such as a lack of direct medical supervision, which can lead to complications for the patient or a misappropriation of ibogaine as a miracle cure for addictions. In this regard, it must be emphasised that despite the healing properties of ibogaine, there is no existing 100% safe and definitive cure for addictions. This is largely due to the fact that addiction is not strictly a disease, but rather a condition composed of many factors that involves all levels of our being: our psychological, emotional, spiritual, and even organic levels.

In this sense, a mental or emotional state is not necessarily a disease. For example, the difference between saying "this person is depressed" and saying "this patient is suffering from depression" often involves an organic condition of chemical imbalances in the brain that determines the diagnosis, as opposed to when someone feels sad and down because of a specific situation or event.

## IBOGAINE TREATMENT: LIMITS AND SCOPES

Much has been said so far of the healing potential of ibogaine to treat people with drug dependence. However, to clear some of the controversy that has formed about how ibogaine should be presented, the scientific consensus supports its role as an "addiction interrupter".<sup>30</sup> That is, ibogaine can temporarily stop the person's internal process that results in addictive behaviour but does not reverse all of the conditions or circumstances that led that person to their addiction.

Thus, to truly root the "liberating" effect of ibogaine on the compulsion to consume, there must be a previous therapeutic process and a comprehensive monitoring of the development of the person's condition. Needless to say, this requirement is not met in many places where ibogaine treatment is offered.

With certain exceptions, the majority of establishments that offer ibogaine present the 'treatment' as an in-and-out intervention that takes between three days and a week. This only covers basic requirements such as completing a medical history and delving into the individual situation of the patient. Additionally, "cleansing" services are provided with different foods and plants that enable fasting one day before

29. From the presentation: *African Plant Tabernanthe Iboga as an Addiction Interrupter* by Dr. R. Paskulin during the International Center for Ethnobotanical Education, Research and Service (ICEERS) conference of 2011. [www.iceers.org](http://www.iceers.org)

30. *Idem*

the treatment, or at least having an empty stomach on the day ibogaine is ingested. Once the dose has been administered, the patient is kept under observation for one or two days during which they can take in the experience. Time is spent grounding changes or effects in the person's life.<sup>31</sup>

In some cases, when possible, booster doses are recommended (and supplied). These may not be as strong as the first dose but will still have stimulant and psychedelic effects. Although these do not generate the same state of lucid dreaming and visions, these doses keep the person in a positive mood and continue to reinforce the inhibition of substance anxiety. "Boosters" are given a few days after the first dose containing about 500-800mg. "Tune-ups" may also be used, providing the same original dose of 500-800mg, weeks or months after the initial dose.<sup>32</sup>

Why has this treatment model that seems so quick and inaccurate been the only one to have been developed? One answer is that many of the people who administer the substance rely heavily on the effect of it and, therefore, see no need to prolong the detention. In short, they consider the plant and the substance to be inherently beneficial, meaning that the simple fact of taking them signifies that much of the therapeutic process is completed. Thus, although some emphasis is placed on the need for the person to continue their way of life with responsibility after the treatment-

induced change, this second stage tends to be seen as external to the responsibilities of those who administer the substance.

A second answer can be sought within the specific context of the discovery of the therapeutic properties of ibogaine. These were initially identified and applied to cure the addiction to heroin, a substance that has some of the most extreme and prolonged withdrawal symptoms. This has several political and economic implications, ranging from the business potential of other therapies such as those with methadone and buprenorphine (which, by being only substitutes, transfer the dependence from the trafficker or dealer to the health authority, maintaining the profit of the pharmaceutical companies that produce them and ensuring the survival of the commercial circuit that are so threatened by miraculous treatments of a single dose, such as ibogaine) to the maintenance of the prohibition regime that associates iboga to other illegal drugs and finds its psychoactive effects undesirable.

Following this line of thought we can see where the interests in keeping this option out of reach of the general population lie; either through the black market<sup>33</sup> or by means of pharmaceutical products (buprenorphine, methadone, dextropropoxyphene, codeine, hydrocodone, oxycodone or even morphine). In fact, as people stay within these circuits of consumption they will continue to generate large revenues to various industries, legal and illegal.

31. I begin again. Treatment overview. Available at: [www.ibeginagain.org/treatment.shtml](http://www.ibeginagain.org/treatment.shtml)

32. Kroupa, Patrick and Wells, Hattie. *Ibogaine in the 21st century: Boosters, Tune-ups and Maintenance*. Available at: <http://ibogaine.mindvox.com/Articles/MAPS-Ibogaine2.htm>

33. The links between this and the political elites have always been a great argument to explain why the war on drugs is maintained as a media show which allows these people to obtain an unregulated income from products and drugs, the price increases dramatically for the added risk that the same war against drugs will adhere.

In other parts of world, where the context and consumption patterns differ, the relationship with iboga and ibogaine does not follow the same dynamic. In Mexico, for example, heroin is produced in the West and Southwest of the country and transported northwards, opening a traffic route where small areas of consumption that increase as we approach the border with the United States can be found. The existence of specific areas of consumption implies that the problems of abuse and heroin dependence are concentrated in border cities and therefore cannot be generalised in regards to the rest of the country. This, in programmatic and public policy terms, implies that the actual weight of heroin as a drug of impact is not enough to change policy or health services.

Treatment options offered within the public health systems have neither the resources nor the capacity to provide adequate or effective intervention when dealing with drug dependencies. Even with the large amount of ibogaine treatment centres that exist in the country, it is regrettable that they are oriented towards foreigners with a certain purchasing power. Costs become a barrier that prevent access to local people who may be in need of this medicine.

In short, in countries like Mexico where this treatment exists and heroin use is relatively low, demand consists mostly of foreign citizens who have the financial means to access the services and even pay for transport from their country of origin, where ibogaine

is scarce or nonexistent. The high rates that this kind of international market has, reduce the majority of local people's accessibility to the treatment.

However, once boundaries have been identified, it must be noted that treatment supply characteristics as they are in present day do not imply bad service or that results offered are poor or insufficient. In contrast, the description given thus far only serves to illustrate the ambiguity in the regulation of the substance, coupled with the autonomy and diversity of treatment services that offer it, hindering the full development of ibogaine as a real option for treatment.

## IBOGA, IBOGAINE AND ENVIRONMENTAL IMPACT

One final point worth shedding light on when it comes to iboga and ibogaine is that regarding sustainability. It is important to note that the availability of both these substances is threatened by overexploitation of African iboga, which negatively impacts the population of the plant in its growing areas.

According to international experts, most notably Barry Rossinoff, in the next five to ten years the world could face the quasi-extinction of the plant if no changes are made to the current rate of exploitation. Moreover, this means that we will also be faced with a serious shortage of ibogaine,



as an iboga plant must be twenty years old and needs to be rooted out in order for the substance to be extracted. So far, it has not been possible to produce ibogaine in this way without killing the iboga plant.<sup>34</sup>

To counter such a scenario, various options to ensure the sustainability of the production of ibogaine have been contemplated. For example, because they are very similar in latitude, the option of planting iboga in Oaxaca and elsewhere in Mexico has been taken into account. Consideration has also been given to the possibility of extracting ibogaine from other plants. The latter option has been explored in some measure through the work of Jonathan Ott, who reminds us that this compound is present in a wide variety of plants and not only in the *Tabernanthe iboga*.<sup>35</sup>

The various possibilities of obtaining ibogaine, however, show that, emanating from the inconsistencies of the financial control system, there is a shortage of scientific research that allows for studies and work to be freely conducted with other compounds present in iboga and the variety of plant species from which ibogaine could be potentially extracted. Despite the fact that most plants to be researched have not yet been classified under the prohibitionist regime, they have also not been regulated under national frameworks of countries

like the United States or Mexico.

## FUTURE PERSPECTIVES FOR IBOGA AND IBOGAINE

As we have seen so far, iboga and ibogaine may be presented as means of liberation and healing that help people who suffer from diseases, afflictions, distress, and, of course, addictions. There are several efforts around the world that seek to foster this freedom with the strong belief that no such liberation should be denied to anyone. This opportunity is a gift of the Earth (as it is presented in nature through a plant) and its purpose is to help us as humans to cope with the turmoil and conflicts of our current condition. In the words of Richard Yensen:

*“Entheogens clearly produce human experiences that threaten the assumptions of the structure of the universe on which our society has been built and the response as a collective may be to force the use of these powerful components into a clandestine existence. If our society chooses to ignore the wide spaces of human experience that illuminate the ‘fantastica’ (the name by which these substances were originally called), we lose something that could improve a technological world and develop it in more humanistic directions.”<sup>36</sup>*

34. Synthetic ibogaine that does not come from plants but from a laboratory does exist, however, for various reasons having to do with the organic properties of a substance produced by Nature, there's still a preference for ibogaine isolated directly from the root of iboga.

35. Ibogaine is also present in *Tabernanthe pubescens* and several species of *Voacanga* and *Tabernaemontana*. the presence of Ibogaine has been observed as well in *Daturicarpa* (*Tabernanthe*) *elliptica*; *Ervatamia orientalis*; *Pagiantha* (*Tabernaemontana*) *cerifera*, and *Trachelospermum jasminoides*, all *Apocynaceae*. Similar compounds exist in both the iboga and different plants: voacangine (carbomethoxy-Ibogaine), the ibogamina and tabernantina, which is an isomer of ibogaine. For description and complete list, see: Ott, Jonathan. (1993-1996). *Pharmactheon*.

36. Yensen, Richard. (1988). *Humanity's Journey: From The Mysteries of Sacred Plants to the Psychedelic Substances Paradigm*.



Since the sixties, a demonisation and fear has been created around psychedelic substances that, when associated with counter-cultural movements, ended up posing a threat to the status quo. Ironically, it is suggested that they threaten good morals and any chance of open and objective dialogue about their potential and the different uses that has been given to them has been lost. According to Grof, “the potential relevance of LSD and other psychedelics for psychiatry and psychology is comparable to the importance of the microscope for biology and medicine or the telescope for astronomy.”<sup>37</sup>

The benefits of various entheogenic substances are currently being studied. Scientific development leads to new schools of thought and treatment such as transpersonal psychology and holistic therapies. In the case of iboga and ibogaine, clear and successful results contravene international disputes within conventional medicine such as drug dependence.

There are many other areas of our collective life that can benefit from the experiences that plants and substances like iboga and ibogaine can give us. From reconnecting with nature and achieving a more harmonious social coexistence, to gaining a deeper understanding of the collective unconscious or the configuration of the mythology of different cultures. The testimonies of people who have received the aforementioned treatments are a perfect

case study. Luckily, organisations such as the Multidisciplinary Association for Psychedelics Studies (MAPS<sup>38</sup>) successfully introduces this perspective to the academic, medical, and legal world. As Scroll says:

*“[...] the psychedelic experience provides us direct access to the archetypal universal truths that transcend the boundaries of culture and the limitations of space-time. The psychedelic experience allows us to find visionary and mystical insights about the human condition, Gaia consciousness (the consciousness of the planet) and/or deep community and cosmic unity. Even more, the psychedelic experience is an awakening to self-realisation. While it may not be the culmination of growth and transcendence, it is the beginning of the process of questioning. The psychedelic experience is the root and the soil from which our investigation of the cosmological greater picture begins. It is the tree from which the fruit of the myths and metaphors of consciousness grows”<sup>39</sup>*

## CONCLUSION

Any drug policy reform must start from a basis that recognises that substances are different and have different effects. Generalised policies should therefore not address crack, methamphetamine, heroin or ibogaine as the same thing. By putting all substances in the same category, the different gradients of risk between different

37. Grof, Stanislav, M.D. (1975) Realms of The Human Unconscious. Park Street Press, Vermont

38. [www.maps.org](http://www.maps.org)

39. UNODC. World Drug Report 2011. According to this report, between 2.8% and 4.3% of the world population between 15 and 64 use marijuana. The full document can be downloaded at [http://www.unodc.org/documents/data-and-analysis/WDR2011/World\\_Drug\\_Report\\_2011\\_ebook.pdf](http://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf)

substances are lost. For example, one cannot speak of the addictive and toxicity potentials of cannabis, heroin and crack as being on the same level.<sup>40</sup>

It is extremely important for us to be objective when discussing the differences and classifications of substances; in order to do so it is necessary to have scientific evidence based on research and best practices. While much information already exists, access to it is hindered by prohibitionist campaigns. Therefore, it must be top priority to have a clear and comprehensive framework to make responsible decisions about the use of substances.<sup>41</sup>

Besides the lack of objective information on drugs and their uses and history, there are several areas in life where current drug policies have negative impacts. It is important to be able to associate the different areas involved with the use and control of substances:

**\_ Increase in prices due to the illegality of a substance.** The substances that are illegal increase in value exponentially due to the additional risks involved in their production, transportation, and distribution. They also increase in demand and evidently lose any regulations they may have if they were legal;

**\_ The black market of drugs is blind to the age of the consumer and to production quality.** Minors can access drugs, there is no quality control, drugs suffer adulteration,

and they are sold in contexts outside of the law and usually outside of any social supervised norm;

**\_ Economic benefits of illegality.** This influx of not regulated or supervised money allows strategically placed people within the political sphere, the pharmaceutical industry, and the arms industry, as well as others, to earn money in an unbalanced way. It leads to the increase of corruption and gives criminal groups greater ease in buying weapons and political favours;

**\_ Equivocal enlistment of entheogenic substances.** Entheogenic substances are kept out of media coverage. During the 60s, these substances underwent an increase in use, generating an aggressive demonisation campaign. The paradox that ibogaine suffers is that it is within the same classification and is catalogued as having the same potential for abuse as substances which it counteracts biochemically, due to its entheogenic properties;

**\_ Unavailable for scientific use.** In almost every country in the world, these substances have also been kept historically unavailable to scientific, medical, or academic research. This therefore made it impossible to increase understanding of new therapies or substances with similar qualities

With all that has been discussed we seek to relate to the different worlds that converge around plants and substances such as

40. According to the [World Drug Report 2011](http://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf), between 2.8% and 4.3% of the world population between 15 and 64 use marijuana. The full document can be downloaded at [www.unodc.org/documents/data-and-analysis/WDR2011/World\\_Drug\\_Report\\_2011\\_ebook.pdf](http://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf)

41. To understand and get to know more about the different groups of substances see our map of The Universe of Drugs at [www.espolea.org/3/post/2012/05/mapping-the-universe-of-drugs.html](http://www.espolea.org/3/post/2012/05/mapping-the-universe-of-drugs.html)

iboga and ibogaine. From a political point of view, moving through the medical and psychological, anthropological, cultural, and religious customs and practices that result from its use, policy should be broad and comprehensive. By relating to, and understanding, the complexity of each substance and its effects, we can begin to form a clearer idea of the potential benefits, historical contradictions, and the needs for the restructuring and changes that lie ahead.

What should be emphasised is that this plant is extremely beneficial and powerful. It possesses all the qualities needed to be an effective medicine. It may restore physical, psychological and spiritual balance to people who need it, including, but not limited to, people with drug dependencies.

Much remains to be done in terms of legislative reforms. Our policy options of regulating a substance cannot continue solely being either prohibition or open legalisation. There are shades of efficient and effective responses in the middle that we must explore. It is important to promote research and production of scientific evidence that define public debate and decision-making.

This little journey through the history and meanings of a particular plant, iboga, therefore has the aim of helping to transform pre-conceptions about this substance. As more and more people are interested in

demanding, proposing, and promoting change, it will be easier to overcome the moral resistance that current conservatism in drug policy defends. We must inform ourselves, share our learning and advance to a better world for everyone

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## NOTES

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