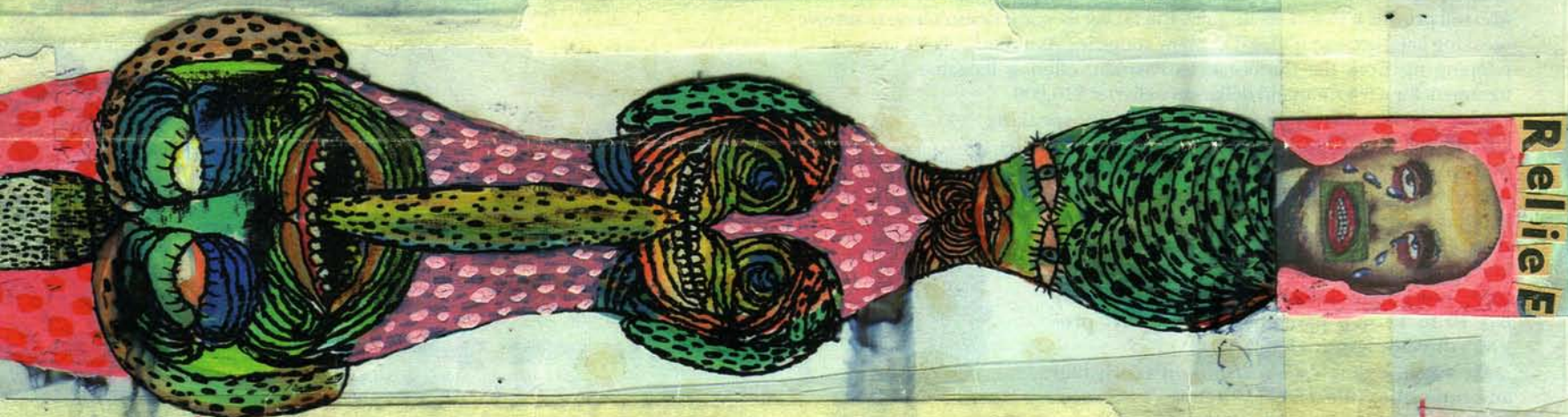


The Magical Mystery Tour



Banned in the U.S., Ibogaine is being sold in foreign countries to drug and ALCOHOL addicts seeking the PURPORTED miracle treatment. BUT will the DRUG industry embrace a substance that causes a HALLUCINATORY high? by Vince Beiser

THE HALLUCINATIONS ARE COMING FAST AND VIVID. FACES, SHAPES, COLORS RUSH TOWARD him, melting and swirling into each other, sometimes coalescing into more concrete visions. He sees himself floating underwater. By turns, his four children drift by. Sometimes they blow bubbles and float happily up to the surface; sometimes they sink straight down, disappearing into darkness. Then there are three ships, coming in to dock at three tubes; he knows, somehow, that they are building a bomb, and if all three dock successfully it will explode. He tries to direct them away, but can't. The final ship enters the final tube. A titanic explosion collapses everything into darkness.

Then it all starts again.

While Craig's mind reels through this visual cacophony, his body lies quietly in a darkened room in a house near Tijuana, deep in the grip of a powerful psychedelic drug. His wife, his children and his upper-middle-class home in Salt Lake City are all far, far away.

Craig is not some crystal-collecting spiritual seeker on a Carlos Castañeda trip. He is a prosperous, respected restaurant owner, age 50. He is friendly with the mayor and active in mainstream charities. Other than family vacations to the Bahamas and Mazatlan, Mexico, this is the only time he has been outside of the United States.

Craig is here because he is desperate. He is addicted to painkillers—OxyContin, Lor-tab and other illegally obtained prescription opiates. His habit is costing him \$1,500 a month, and he knows he must stop. Conventional detox programs have failed to help, so he has slipped over the border to try a treatment that is as much an urban myth as a scientifically proven medication—and is as illegal as heroin in the United States.

THE TREATMENT IS A DOSE OF A POWERFUL HALLUCINOGEN CALLED IBOGAIN. It is derived from the roots of a shrub called Tabernanthe iboga that grows in Africa. Local tribespeople have used it as a peyote-like sacrament for generations. Since the 1960s, it has circulated on the margins of Western drug culture, sustained by its reputation as a potent healer. A single day-long trip on ibogaine, lore has it, can help break an addiction to heroin, cocaine, alcohol or even cigarettes.

Other hallucinogens such as Ecstasy have purported to be helpful in treating addiction, but interest in ibogaine seems to be approaching critical mass. The increasing number of anecdotal success stories has attracted the attention of researchers. Although there is no rock-solid proof, scientific consensus is growing that this drug may indeed possess potent addiction-thwarting properties.

Regardless of what science says, faith is flourishing. A devoted community has grown up around ibogaine—a motley congregation of former junkies, envelope-pushing academics and drug-reform zealots helping to spread awareness and use of the drug. There reportedly are at least two underground activists in the U.S. who will provide it to seekers illegally. But taking ibogaine doesn't have to involve breaking laws, because it's legal in many countries. As a result, clinics are popping up from the Caribbean to Pakistan, offering ibogaine treatment for a few thousand dollars to well over \$10,000.

The clinic near Tijuana is, relatively speaking, among the most reputable. It was opened in 2001 by Martin Polanco, a Mexican doctor who was impressed with how ibogaine—obtained at an underground U.S. clinic—had helped one of his relatives beat cocaine addiction. Polanco's facility, known as the Ibogaine Association, has administered more than 350 treatments and currently has 10 to 15 new patients a month, says program director Randy Hencken.

Hencken, a gangly 28-year-old with curly hair and little studs in each ear, was one of Polanco's first patients. He had dropped out of college at 21 to devote himself to cocaine and, eventually, heroin. Over the years, he tried everything from 12-step programs to methadone to get clean, but nothing worked. He discovered ibogaine on the Internet, made his way to Polanco's facility, and returned with his addiction broken. He has since embraced the cause with a convert's zeal, taking a job as the association's main organizer.

On the summer day Craig is to begin his ibogaine experience, Hencken is padding around a San Diego apartment that doubles as the association's U.S. office. The place fits naturally in the beachside slacker-student-surfer neighborhood. The front room is furnished with worn couches and a computer emblazoned with a Jane's Addiction sticker. A bike and surfboards hang on hooks in the kitchen.

Hencken, dressed in a black T-shirt and pants, hops into an unmarked van and drives to a dingy airport motel. Waiting in the parking lot is Craig, a trim, compact man wearing loafers, khakis and a Nike T-shirt.

"I've got to admit this is a little weird," says Craig, who flew in from Salt Lake the night before. "I feel like we're doing a drug deal." Which, in a sense, they are. Craig gets in the van and they roll south.

Craig is highly motivated to undertake this bizarre journey. He was an alcoholic for years, with the smashed cars and nights in jail to show for it. He quit drinking 16 years ago and has stayed sober. But a few years ago he was prescribed painkillers for a knee injury and discovered that he liked them. He began downing fistfuls of pills daily, scoring them from one of his employees. "At first it was recreational," he recalls. "But then you find yourself doing them just to get from point A to B and you know it's a problem."

Last year, he checked himself into a rehab center and went cold turkey. "It was horrible," he says. "You hurt from your bones in. I couldn't sleep. I cried like a baby. I'd take hot baths all day and eat ibuprofen like candy." He stayed clean for six weeks and then fell off the wagon.

"I can't stop myself. But I know I can't go down that road again like I did with alcohol," he says. "But when you're on opiates, it really hurts to stop." So when his dealer, who had been scouring the Internet for unconventional ways to kick drugs, told Craig about the Ibogaine Association, he de-

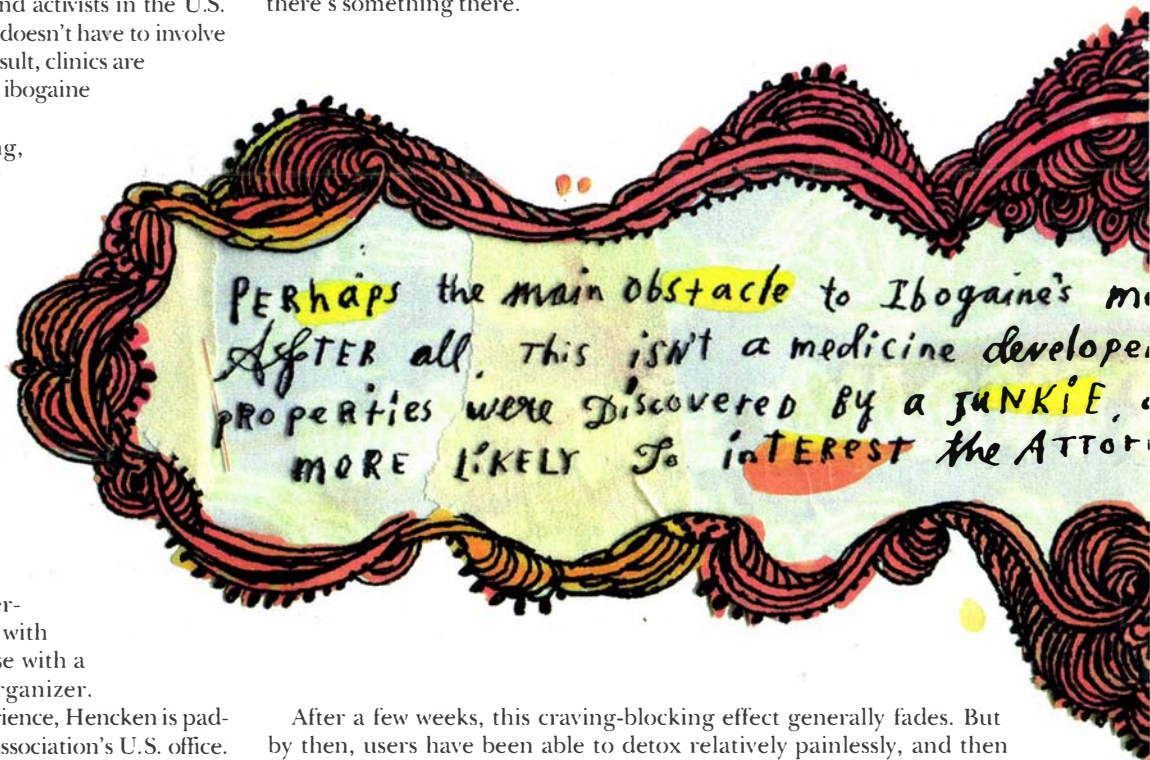
Vince Beiser's last story for the magazine was about the new executive class in American business.

cided he had little to lose.

"I just need to get this stuff out of my system," he says, "and I'm looking for an easier, softer way."

IBOGAINE, AS EVEN ITS MOST ARDENT SUPPORTERS SAY, IS NOT A CURE FOR DRUG dependence; however, it apparently can play a potent role as an addiction-interrupter. The drug has two powerful addiction-fighting effects. The first is biochemical: It seems to act on serotonin and opiate systems in the brain, physically nullifying a person's craving for drugs and smoothing their withdrawal symptoms. That's a huge boon for those addicted to heroin and other opiates, many of whom shrink from the physical pain of detox.

"It has been proved to alleviate the pain and physical discomfort of drug withdrawal with animals," says Dr. Stanley Glick, a neuropharmacologist at Albany Medical Center in New York who has researched the drug for years. "And there are lots of reports of it doing the same with humans. You hear the same story a few thousand times, you've got to believe there's something there."



After a few weeks, this craving-blocking effect generally fades. But by then, users have been able to detox relatively painlessly, and then have a month or more free of drug cravings in which to do whatever it takes to stay clean.

"One dose of ibogaine is not a magic bullet," says Dr. Deborah Mash, a neurology professor at the University of Miami who has done the most extensive research on ibogaine's effects on human beings. "But it can be a powerful first step on the road to recovery."

The second effect is less tangible and more controversial. In many users, ibogaine induces hours of staggering hallucinations while the patient appears to be sleeping. Many ibogaine users say they gained profound insights from this experience, which helps them to understand why they became addicts.

Greg Douglass, a former guitarist with the Steve Miller Band, credits a session last year at the Ibogaine Association with helping him to kick methadone. Douglass had visions of himself as a terrified child, of his still-living father in a coffin, of fantastic animals tearing each other apart in a red sea. Over the next several weeks, he says, he gradually came to understand some of the messages encoded in the visions.

"I'd be tying my shoes and suddenly have a little epiphany—'Aha, that's what that meant.' " The visions, he says, "showed me the potential for myself as a human being."

Beth Giuliano, a sturdy 25-year-old from New York, had been in and out of rehab programs for years trying to kick heroin before she found her way to the Ibogaine Association in February. "I saw my mother holding an infant," she says, describing her hallucinations. "I realized that was me. I felt the pain of what it would be like to have a child who becomes a drug addict. I'd always felt guilty about my family, but I never really understood their pain until I did ibogaine.

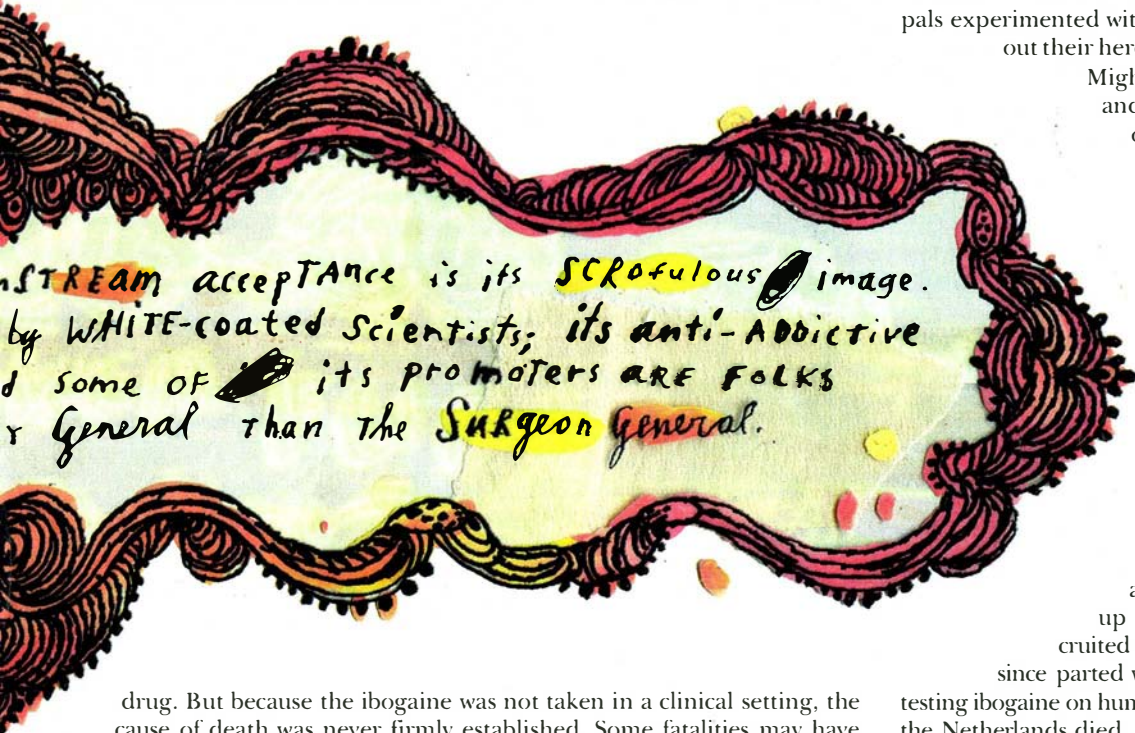
"I woke up the next day seeing things a completely different way. I'd never

felt so positive," she says. "I felt like the person I was when I was little or like a whole new me." She says she's done heroin twice since her treatment, but didn't enjoy it and has stayed clean for four months.

But there are plenty of people who discount the supposed wonder treatment. For some, the visions are harrowing and the treatment is a failure. "It's like acid times one million," writes an anonymous naysayer on one of the many web sites devoted to ibogaine. "I saw God alright—I talked to him. And I was so sure it was real. But it wasn't. . . . It was someone who [messed] with me and scared the [daylights] out of me." This person's account says that others who took the treatment at the same time saw themselves being crucified or raped. "It didn't work for me, and it didn't work for anyone else that I personally met who took it," the writer concludes.

Everyone agrees that ibogaine is no fun. It's often emotionally unsettling, mentally exhausting and physically stressful. Its side effects can include nausea, vomiting, loss of coordination and a potentially dangerous reduction in blood pressure and heart rate.

There have been several documented deaths in connection with the



STREAM acceptance is its SCROFULOUS image.
by WHITE-coated Scientists; its anti-ADDICTIVE
and some OF its promoters ARE FOLKS
y General than The SURGEON General.

drug. But because the ibogaine was not taken in a clinical setting, the cause of death was never firmly established. Some fatalities may have been caused by preexisting heart conditions made lethal by ibogaine's effects. Mash is confident that there are more that have gone unreported. "There are some pretty unethical people" giving clandestine treatments, she says. "They just leave patients for dead in hotel rooms."

"That's why ibogaine needs to be legal and available in safe settings," Hencken says. "It needs to be in the hands of someone who can judge your health, your dosage and provide a safe environment."

THE IBOGAINES ASSOCIATION REQUIRES CLIENTS TO SUBMIT A MEDICAL HISTORY as well as undergo testing before treatment can begin. A doctor administers the drug. Still, the procedure seems remarkably casual.

From San Diego, Craig is brought to the association's treatment facility, a rented house on a well-kept residential street near Tijuana. Only the dining room, which has been converted into a medication-equipped office, and the oxygen tanks under the stairs indicate that it is a medical establishment, of sorts.

The doctor treating Craig is Francisco Cañez, a calm, round-faced man who splits his time between the association and a hospital emergency room. Craig sits with his arms crossed, looking more than a tad nervous as Cañez reviews his file and calculates his ibogaine dosage. From a small jar, he shakes out three gelatin capsules filled with white powder and hands them to Craig.

Craig looks speculatively at the first pill, which he'll take to make sure he doesn't have an allergic reaction. "Well, I've put all kinds of things in my body," he says, shrugging. Half an hour later, having evinced no untoward initial responses, he swallows the other two pills.

Cañez then takes him into a bedroom, where sheets of Styrofoam cover the windows and a CD softly plays rainforest sounds, and attaches him to a heart monitor next to the bed. The monitor's graph flutters peacefully as the iboga-

ine gradually pulls Craig away. After a while, he just lies there silently, engulfed in a hallucinogenic hurricane.

After several hours, the visions gradually start to subside. Craig sits up, nauseated and dizzy. "That was a wild ride," he mutters. Though he hasn't had a painkiller in several days, he finds he doesn't crave one now. He lies down again and drops back into his head for another hour. Finally, he revives enough to be moved to another house where he will spend the next day recovering. He totters out to the van with small, jittery steps.

IBOGAINES ADDICTION-FIGHTING POTENTIAL WAS DISCOVERED ONLY recently, and accidentally. It was sold as a stimulant in France during the middle decades of the last century, and an American psychologist and a psychiatrist dabbled with it in the 1950s and '60s. So little was known about it that it could not even be considered a curiosity.

But in 1962, Howard Lotsof, a 19-year-old New York student with a heroin habit and an appetite for other pharmacological kicks, scored some powder that he was told would give him a 36-hour trip. Lotsof and some of his junkie pals experimented with it and, to their astonishment, found that it knocked out their heroin craving.

Mightily impressed, Lotsof tried to drum up street interest, and a little cash for himself in the process. It never caught on in a big way, but it did find a place in counterculture lore—and got banned by the federal government in 1970. It was memorably cited by gonzo journalist Hunter S. Thompson, who speculated that "a bad ibogaine frenzy" was the likely explanation for Democrat Ed Muskie's oddly emotional behavior in the 1972 presidential campaign.

Ibogaine's legend grew as a constant trickle of adventurous addicts tried it. In the mid-'80s, Lotsof managed to patent ibogaine as an anti-addiction bring it to market. An early series of treatments in the Netherlands looked promising, although there were a couple of ibogaine-related deaths elsewhere in Europe.

Lotsof continued his crusade. In the early '90s, he and other activists persuaded a federal agency to cough up several million dollars for ibogaine research. He recruited Mash and the two began working together. (They have since parted ways.) By 1993, Mash had won FDA approval to begin testing ibogaine on human subjects. But then one of Lotsof's informal patients in the Netherlands died. In 1995, the National Institute on Drug Abuse decided not to proceed to clinical studies.

"Committee members were not all that impressed with its efficacy, but the safety issue stopped them in their tracks," says Frank Vocci, a federal researcher who has followed ibogaine's progress. "What you have are a lot of interesting, colorful anecdotes. But the plural of anecdotes is not scientific data."

A number of researchers around the country, however, have become sufficiently intrigued to continue experimenting with animals. Dozens of articles have appeared in scientific journals, most of them reporting promising results that buttress the anecdotal evidence.

Mash is doing her own part to advance the cause. In 1996 she helped to launch an ibogaine clinic on the Caribbean island of St. Kitts. During the next five years, she gathered data on more than 300 patients who sought treatment there—the largest body of serious clinical research on ibogaine ever collected.

Mash presented her findings at a medical conference last fall in San Francisco. Granted, her sample wasn't representative of America's drug users: Most were white men between 20 and 40 years old, the sort of addicts who can afford several weeks and several thousand dollars detoxing in the Caribbean. Still, she declared that her research proves that ibogaine can be administered safely and does help break addictions. "We saw people with big methadone habits lose their cravings after



In this article, the name of the patient seeking ibogaine treatment in Tijuana has been changed to p. However, the Los Angeles Times Magazine has verified his identity and the circumstances described in the article.

month later, both cocaine and opiate addicts reported cravings were significantly lower. And at one year, drug use was significantly down among testees."

AT THIS POINT, PERHAPS THE MAJOR obstacle to ibogaine's mainstream acceptance is its scrofulous image. This isn't a medicine developed by white-coated scientists; its anti-addictive properties were discovered by a junkie, and some of its promoters are folks who may be of more interest to the attorney general than the surgeon general.

One of ibogaine's most energetic boosters is Marc Emery, founder of a Vancouver, Canada, clinic. Emery is a verbose, middle-aged man with bushy hair and corporate-casual clothes. You'd never guess that he heads the British Columbia Marijuana Party and is, by his reckoning, one of the world's largest sellers of pot seeds. It is his personal mission to bring ibogaine to the masses, because the drug helped his adopted son kick methadone and heroin. Until this spring, Emery offered free treatment in the Iboga Therapy House, a clinic that consists of a plush one-bedroom apartment in a Vancouver high-rise. With his cash flow crimped by business and legal troubles (he just spent two months in a Saskatchewan jail for passing a joint at a gathering), he has stopped funding the clinic, putting its program on hold, but he remains supportive. "It was a very worthwhile investment," he says. "The improvements I saw in our patients were significant and astonishing."

Still, Emery's enthusiasm is unlikely to change the minds of skeptics such as Dr. Herbert Kleber, head of the substance abuse division at Columbia University's school of medicine. "I'm in favor of anything that works, but there needs to be proof that it does, and that it doesn't endanger patients," he says. "I've been in this field 35 years, and I've seen a lot of magic bullets. They often turn out to be worse than the disease."

Getting that kind of proof requires controlled experiments on human subjects, which is what Mash is working toward. She has isolated a molecule called noribogaine, which is produced in the body as it metabolizes ibogaine, and which she believes is the key agent that blocks drug cravings. She is trying to get FDA approval to start human testing. On a parallel track, Stanley Glick has synthesized a chemical cousin of ibogaine dubbed 18-MC, which he also hopes to market.

Both Mash and Glick think their ibogaine derivatives will give users the drug-blocking effect without the hallucinations—something both believe is necessary if the FDA is to approve their products.

But would eliminating ibogaine's psychedelic side diminish its effectiveness? No one knows. "For me, the ideal would be for people to take ibogaine in a controlled environment, and use the experience as part of their psychotherapy," Mash says. "Then slap a noribogaine patch on them."

Mash and Glick also face a more prosaic obstacle: money. Funding comprehensive clinical trials for a new drug is colossally expensive, and so far neither has found anyone willing to pony up the full cost. In October, a Los Angeles philanthropist pledged to give Mash \$250,000 to restart research at the University of Miami, but that's only a tiny fraction of what will eventually be necessary if ibogaine is ever to be brought to market.

"The pharmaceutical industry has never wanted much to do with addiction medicine," Glick says. "It's not very profitable, and it's bad public relations."

Though there are millions of people addicted to various substances in the U.S., many of them don't want, or can't afford, treatment. Worse, from a bottom-line standpoint, an ibogaine-based treatment drug would be used only once—a feeble investment for companies accustomed to cash-cow refillable prescriptions.

Which leaves people like Craig knocking on doors of unregulated ibogaine clinics in a desperate search for something that will help defeat their addictions.

"All these clinics popping up all over the world—it's become almost a cult-like phenomenon," Glick says. "All the hype and politics around ibogaine just make my job harder. It means the scientific establishment and regulatory agencies take a dim view."

But the ranks of the believers keep growing. Six months after his ibogaine treatment, Craig says he's staying clean and feeling great. "That stuff worked just like it was supposed to," he says. "It was so much better than the detox I tried. I don't understand why it's not legal." ■