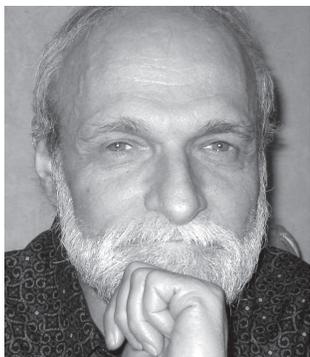


# Ibogaine at the Invitational Drug User Activism Conference

## a historical perspective of opiate using and scientific communities

by Howard S. Lotsof • dwf123@earthlink.net



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### OPIATE USING COMMUNITIES

Since 1996, drug user activists have observed International Drug Users Day (IDUD) each November 1. On October 31, and November 1, 2003, the Danish Drug Users Union (BrugerForeningen) in cooperation with the Dutch National Interest Group of Drug Users held the Invitational Conference on Drug User Activism in Copenhagen, Denmark.<sup>1,2,3</sup> Having a significant history in drug user advocacy, harm reduction, and chemical dependence issues, I sought participation in the conference. I was delighted to be asked to present on ibogaine by Joergen Kjaer, President of BrugerForeningen (BF). Conference participants were from the U.S., U.K., Denmark, Netherlands, Russia, Bulgaria, Romania, Croatia, Lithuania, Czech Republic, Ireland, Sweden, Norway, Finland, and Macedonia.

The Copenhagen conference was of particular interest as it was comprised of active drug users, a group that has principally been responsible for the initial interest in ibogaine's anti-addictive effects in the U.S. and the Netherlands. I was also curious about how ibogaine is now viewed by drug user activists, as at a Berlin conference circa 1990–91, interest in ibogaine had been rejected out of concern that it would interfere with the availability of heroin maintenance programs. The proposal in support of ibogaine at that event was made by members of Dutch Addict Self-Help (DASH), an organization responsible for providing ibogaine treatments in the Netherlands and petitioning the Dutch government to back ibogaine availability in the late 1980s through the early 1990s.

The situation at the 2003 Copenhagen conference had completely changed. I was invited to present on ibogaine and did not have to raise the issue from the floor. Though my presentation was late in the day, it was attended by sixty of the seventy participants in the conference. Especially interesting was the presence of three persons who had taken

ibogaine, one from Denmark, one from the Netherlands, and one from Croatia. Very specific questions concerning dose, safety, outcome, and availability were asked and answered. This situation is fascinating; the Danish users group (BF) is well organized, and the largest source of *Tabernanthe iboga* extracts that have been field tested by users and providers in recent years (in Europe, Mexico, and Canada) comes from a Danish supplier.<sup>4</sup>

### SCIENTIFIC COMMUNITIES

As MAPS is an organization directed towards social and scientific understanding of psychoactive substances, it is appropriate that some discussion be given to the scientific community's response to ibogaine, as well as that of the drug user community. While preparing presentations on ibogaine, methadone, and buprenorphine for the American Association for the Treatment of Opioid Dependence<sup>5</sup> and the New York City Forum on Iboga and Ibogaine,<sup>6</sup> I found that a retrospective analysis of concurrent pharmacotherapy development in the U.S. and Europe helped explain why ibogaine has not been developed as a medicine despite its potential.

In the mid 1980s, when ibogaine was first considered for regulatory development by the FDA and Ministry of Health, researchers expected the normal resistance to the development of a new technology. Another predictable resistance came from what one National Institute on Drug Abuse insider called the NIH syndrome: “not invented here.”

However, ibogaine's development faced more than these usual obstacles. It became common to hear ibogaine proponents state that the “methadone community” was blocking ibogaine development, but this isn't entirely accurate. By 1988 there were approximately 100,000 methadone patients in the U.S.,<sup>7</sup> and use of the drug for maintenance in the treatment of chemical dependence had gone on for over twenty years.<sup>8</sup> While it may be true

that some core methadone researchers were opposed to ibogaine research, methadone maintenance originator Dr. Vincent Dole supported clinical studies with ibogaine.

The problem lay not with the researchers but with the funders. The National Institute on Drug Abuse (NIDA) funds 85% of the world's drug addiction research.<sup>9</sup> A review of the drugs that NIDA has developed or collaborated in developing that are specific to the treatment of chemical dependence provides important information. These drugs include naltrexone, methadone, LAAM, and buprenorphine. All of these substances are either opiate agonists, opiate antagonists, or in the case of buprenorphine, a mixed agonist/antagonist. In the simplest terms, opiate agonists mimic the effects of narcotics and opiate antagonists reverse the effects of narcotics. With a vested interest in these drugs, NIDA has little motivation to fund studies on other dependence treatment options. And because ibogaine cannot be patented, for-profit pharmaceutical companies show no interest.

Ibogaine is also outside the model created by these types of drug treatments. It is not a maintenance drug, as it is used only once or twice. In addition to its anti-addictive properties, it produces a powerful psychedelic experience, which creates greater resistance from the mainstream research and drug treatment communities.

This leaves us with the question of whether iboga alkaloid researchers Deborah C. Mash at the University of Miami School of Medicine<sup>10</sup> and Stanley D. Glick, Chairman of the Department of Pharmacology and Neuroscience at Albany Medical Center<sup>11</sup> can convince the research community and a new generation of pharmacologists and medicinal chemists to take an interest in the structure and utility of ibogaine-like medications. Or, is this responsibility to remain in the hands of drug user activists? •

NOTE: Thirty days after Lotsof's presentation on ibogaine, the conservative Danish government restricted ibogaine concurrently with their police actions against Christiania's marijuana trade. See page 7 for Valerie Mojeiko's report on a MAPS-funded outcome study of ibogaine treatment clinics. This project advances the state of ibogaine research with the efforts of drug user and harm reduction activists, joining these two communities.

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Correspondence: Howard S. Lotsof, President, Dora Weiner Foundation, 46 Oxford Place, Staten Island, NY 10301.

Ibogaine  
is also  
outside  
the model  
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these types  
of drug  
treatments.  
It is not  
a maintenance  
drug,  
as it is used  
only once  
or twice.  
In addition to  
its anti-addictive  
properties,  
it produces  
a powerful  
psychedelic  
experience...