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AMERICA TONIGHT

Could this drug help millions of American addicts?

Heroin addicts and alcoholics have said ibogaine helped them kick addiction, so why is it illegal in the United States?

May 19, 2014 6:45PM ET

by **Sanya Dosani** (</profiles/d/sanya-dosani.html>)

- [@saninamillion](https://twitter.com/saninamillion) (<http://www.twitter.com/saninamillion>),

Adam May (</profiles/m/adam-may.html>) - [@adammaytv](https://twitter.com/adammaytv) (<http://www.twitter.com/adammaytv>)

& **Caroline Cooper** (</profiles/c/caroline-cooper.html>)

When Paul O’Heron arrived in Cancun from Missouri in early April, the 29-year-old drug addict hadn’t been clean for 12 years.

“I was sick of having to use every waking moment of my life to try to find drugs,” he told America Tonight. “I was able to see the damage that it did to my family, especially to my twin sister, who was having horrible nightmares about me overdosing and getting that call that I’m dead.”

But his frustration and drive to get clean were no match for his long-term abuse of some of the most addictive substances in the world. Beginning by snorting Ritalin at age 14, he quickly moved on to cocaine, meth, Oxycontin and, eventually, heroin.

O’Heron was losing hope. He had been in rehab four times, but relapsed immediately after each time. Now, he wanted to try something new, even drastic. Researching online, he read about ibogaine, a naturally occurring psychoactive drug derived from a West African plant.

With just one dose of the hallucinogen and a psychedelic journey that can last days, heroin addicts, alcoholics and cocaine users have reportedly found themselves completely free from their cravings — with none of the usual withdrawal symptoms.

A few months later, he was on a plane to Mexico to try it for himself.

The discovery

For centuries, followers of the Bwiti religion in the West African nation of Gabon have used ibogaine in healing ceremonies and spiritual rituals. Taken in high enough doses, the plant extract can cause a psychedelic trip more intense than LSD or psilocybin mushrooms.

That's exactly what Howard Lotsof, a 19-year-old American heroin addict, was looking for when he decided to experiment with the hallucinogen in 1962. But he found something a little different. After a long and intense trip, he discovered that he had no cravings for heroin or any

other drug. Even more incredibly, he had no withdrawal symptoms. So Lotsof gave ibogaine to seven friends also addicted to heroin. Five of them stopped using, saying their desire for the drug had been extinguished, at least temporarily, after just one use.

Lotsof spent the rest of his life championing ibogaine. He managed to drum up some interest in the United States, but after it was designated a Schedule 1 controlled substance by the Drug Enforcement Agency in 1967, his quest became harder.

Underground treatment centers popped up in the U.S., but without trained professionals or scientific knowledge of the drug's properties, they closed down after a bad incidents, sometimes including death. The missing piece was more research – and that required the support of the scientific community.

Amid the AIDS epidemic of the 1980s, Lotsof convinced a Belgian drug company to manufacture ibogaine in pill form and offer it to drug addicts in the Netherlands, where laws are more lenient.



Deborah Mash has been studying ibogaine's effect on addicts for decades, and has been stunned by the results she's seen. America Tonight

It was around that time that Deborah Mash, a neuroscientist researching addiction at the University of Miami first heard rumblings of an intriguing "magical cure." Lotsof even called her himself.

"I didn't believe it. How could one molecule have an effect on alcohol, nicotine, cocaine and opiates?" she told America Tonight. "[It] didn't make sense."

So in 1992, Mash traveled to the Netherlands where trials were underway to see the so-called detox in action.

"I saw people who were at the end of the rope ... look like new human beings, no signs of withdrawal, and ready to change their life," Mash said. "And I thought what does this teach us about the brain? I need to know."

Back in the U.S., the National Institute on Drug Abuse had begun conducting preliminary experiments, including animal testing, but Mash was ready for human trials. With approval from the Food and Drug Administration and some private funding, she and her team administered the first legal dose of ibogaine to a U.S. patient at the University of Miami in 1993.

But when she asked NIDA for funding to continue the trials, her proposal was rejected.

"I think the scientific community wasn't ready," she said. "Like anything new in science, you're always going to come up against your colleagues."

Undeterred, Mash took matters into her own hands and opened a private clinical research center on the Caribbean island of St. Kitts in 1996, where she treated more than 300 patients with ibogaine and collected data for almost a decade.

"The thing we learned straight away was that the ibogaine detox was 98 percent effective for opiate withdrawals," Mash said of its short-term detoxification rate. "I couldn't believe it."

The patients reported back no cravings for drugs, no desire to run out and get high and, perhaps most impressively, none of the usual painful withdrawals.

"We had people swimming in the Caribbean in two to three days," she said.

About half of her patients were still clean and sober for at least a year after treatment. Mash, who has stayed in touch with a number of her patients, said that many are still clean today.

The trip of a lifetime



Paul O'Heron had been through rehab four times for his heroin addiction, and relapsed each time. Desperate, he decided to try ibogaine. America Tonight

One of those success stories is Irene Zelonker. Originally prescribed painkillers to manage her arthritis, she quickly spiraled into a dangerous addiction.

"It was controlling totally my life," she told America Tonight. "I was a slave to the pills. I couldn't travel, I couldn't think of anything else but getting those pills."

Almost 11 years ago, Zelonker took ibogaine at Mash's clinic in St. Kitts – and has been clean ever since. Today, she's a patient intake nurse at Clear Sky Recovery in Cancun, where addict Paul O'Heron has come for treatment.

When America Tonight first spoke with him, he was just beginning to come down from his psychedelic trip. By that time, he'd gone six days without opiates, a point at which he should have been in extreme pain from withdrawal, not to mention vomiting, diarrhea, abdominal cramping and involuntary spasms.

But O'Heron said he felt great.

Part of that he credited to the hallucinogenic experience, which patients claim is like going through years of therapy. He said the visions he saw during his ibogaine trip helped him come to terms with the dark parts of his past such as the deaths of seven friends from drug overdoses.

O'Heron is fairly typical of the patients seeking the ibogaine treatment here. Most are longtime addicts who have had little success staying clean with traditional addiction treatments, like the opioid medications methadone and Suboxone. These drugs reduce withdrawals and cravings but still have low rates of preventing relapse.

For the past year, O'Heron had been trying to stay clean using methadone, a synthetic form of morphine. But because methadone is still an opiate, O'Heron said it didn't make him feel sober.

"Now I was addicted to methadone," he told America Tonight. "So that's not clean. I'm still an addict."

A newer alternative to methadone, researchers have found (<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHRes>) Suboxone may be even more addictive than methadone and has high potential for abuse, essentially replacing an illegal opiate addiction with a legal one.

O'Heron was on 260 milligrams of methadone a day when he got to the clinic in Cancun. Tapering off a dose that high could have taken him years. With ibogaine, he said, it took less than two weeks. He returned home to Missouri more than a month ago and is still clean today.

"It's just incredible. That's all I can say," he said. "I'm clean, clear and I feel good."

Not a 'cure'

Much of what's known about ibogaine is thanks to Mash's work in St. Kitts. Her scientific research on its effects on humans gave more evidence confirming what many already suspected: ibogaine affects the human brain in a completely unheard of way.

But Mash is quick to emphasize that ibogaine is not a cure for addiction. That doesn't exist yet. Instead, she calls ibogaine an "addiction interrupter."

"You take a person who's been on drugs or alcohol for a decade, hitting it hard, and you try to get them to transition to sobriety. That's hard to do," she said. "There are fundamental changes in the chemistry of the wiring in the brain."

These chemical changes affect the pleasure center and the part of the brain that's involved in the intractable cycle of addiction. Mash says this is why addicts tend to be impulsive and continuously make bad decisions, despite the consequences.

Getting clean is more than breaking a bad habit. It requires completely rewiring the brain, and that's where ibogaine comes in. According to Mash, once ingested, ibogaine is converted to a metabolite, called noribogaine. This substance hits different targets in the part of the brain that's involved in the drug-taking pattern of behavior. This brings about a "reset," she said, making an addicted brain return to its pre-addicted state.

The exact mechanism of this is still unclear, but its effect on addicts can be huge: no more drug cravings.

"You know, it's amazing as a neuroscientist for me to say this," Mash told America Tonight, "but, when you look at the behavior, it's like the reset button has been hit."

That reset, however, is just the beginning of the recovery process.

"We always told [the patients], don't think that one dose of ibogaine is going to cure all the baggage and change your life from black to white," said Mash. "It's not going to happen. You have to work a program."



Zina Lyons relapsed within a year of taking ibogaine, but said the effect of the treatment stayed with her, and helped her get clean for good when she finally left her enabling environment. America Tonight

Zina Lyons offers a cautionary tale for those who don't.

The 48-year-old grew up on up on an Indian reservation in upstate New York. Surrounded by drug users from an early age, she came to St. Kitts with a bad crack addiction. She detoxed successfully with ibogaine, a powerful experience that she remembers well to this day.

But after leaving St. Kitts, she went back to the reservation, the same environment where she became addicted in the first place. Within a year, she had relapsed.

“I thought that I was more powerful than my thinking,” she told America Tonight. “And it was easier to give up than it was to fight at that time.”

Still, she said the experience of ibogaine had stayed with her through the years, and motivated her to get clean for good. Years later, Lyons finally moved off the reservation and checked into an aftercare treatment facility in Miami run by John Giordano. She’s been clean ever since.

“Sometimes relapse is part of the recovery process,” Giordano explained.

A former cocaine addict, he knows how hard it is to stay clean. He also knows how important aftercare treatment is. Many patients from St. Kitts sought aftercare treatment at his recovery center in Miami, where he's helped thousands of recently detoxed patients who've recovered in different ways.

Without therapy or follow-up, Giordano warned, relapse is inevitable, even after ibogaine.

"I know from my experiences if you don't do follow-up care, your prognosis is very poor," he told America Tonight. "You can even die."

Giordano said that Mash's patients tended to do better in treatment than traditionally detoxed addicts. He and his therapists noticed that they were much more motivated and proactive about their therapy. One explanation is the therapeutic hallucinations.

Another one is noribogaine, the metabolite responsible for rewiring the brain. Noribogaine stays in the body for three months after the treatment, keeping cravings down and giving patients a longer window to repair their lives.

Why isn't it legal?

In the U.S. alone, more than 7 million people 12 or older were classified with a drug abuse problem in 2012. Heroin use in particular more than doubled (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3271614/>) from 2007 to 2012.

Despite Mash's data and decades of anecdotal evidence of its effectiveness, ibogaine is far from becoming an acceptable form of treatment for America's addicts because it still lacks the extensive research required to get approval from the FDA.

Phil Skolnick, the director of the Division of Pharmacotherapies and Medical Consequences of Drug Abuse at NIDA, said there's not enough information to confirm ibogaine's safety.

"We don't know what the toxicological properties of ibogaine would be," he told America Tonight.

Skolnick cited a 1993 study

(<http://www.sciencedirect.com/science/article/pii/030645229390500F>) from researchers at Johns Hopkins University, which found that large doses of ibogaine could cause brain lesions

in rats.

Mash disputes that humans administered the drug would face the same effects.

“One dose of ibogaine is not going to have toxicity to the brain,” she told America Tonight.

She argues this is exactly why more trials are needed, which Skolnick, who agrees that ibogaine has potential, knows is easier said than done.

Having worked in the drug development industry for over a decade, Skolnick is acutely aware of how expensive clinical trials can be. Clinical trials are messy, as addicts are an unreliable population, and brain medications in general are expensive and tough to develop. Without a pharmaceutical sponsor to fund the studies, no drug stands a chance of making it out of the lab.

And that’s where the challenges lie for ibogaine: As a plant, it can't be patented. And pharmaceutical companies are unwilling to invest in a drug they can't patent, fearing low returns on investments. Ibogaine's profit potential is also limited by the fact that it only needs to be taken once.

“Drug companies are corporations,” Skolnick told America Tonight. “And [drug development is] a very risky business. And so the returns necessarily have to be high to support that risk.”

Ibogaine’s second strike is that it’s an addiction medication. According to Skolnick, pharmaceutical companies have not traditionally been interested in funding addiction medications because of a long-standing perception that they're not commercially viable.

Mash added that developing drugs for the brain is hard. Much of what happens in an addict’s brain is still unknown territory, and there are only a few companies that are still working on brain drugs. The risky venture requires an investment of at least \$2 billion. Pharmaceutical companies haven't traditionally been interested in working with a poor, uninsured and hard-to-reach population like addicts.

And with ibogaine’s Schedule 1 classification, the hallucinogen's potential for abuse adds one more hurdle to use in the U.S.

But Mash says now is the perfect time for ibogaine to break out of obscurity. With public attitudes on medical marijuana shifting and a more open-minded scientific community, there might be a place for ibogaine in modern medicine after all.

Scientists are now working on the next generation of ibogaine drugs. Some are developing synthetic drugs based on ibogaine's structure, like Dr. Stanley Glick (<http://www.amc.edu/Research/CNN/cnnresearcher.cfm?ID=130>) of Albany Medical College, with funding from the National Institutes of Health. He hopes to start human clinical trials this year.

Mash is currently working with a private company to develop ibogaine's metabolite, noribogaine. She says it has the anti-addictive properties of ibogaine without the hallucinations and toxicity concerns. Human clinical trials are in process in New Zealand, after which she plans to do trials in the U.S.

And both Mash and Skolnick say that big pharma's attitudes toward addiction treatments are shifting in wake of Suboxone's commercial success. In the first few years of its launch, it generated hundreds of millions of dollars in revenue. Last year, it made more money than Viagra. An addiction treatment making a return on investment can only help ibogaine's case, they said.

Mash says she refuses to give up because she knows it works; she's seen it hundreds of times. And she hopes that others will too.

"My role in this was simply to either show that it worked or to debunk it. And that was always my plan," she said. "I said either ibogaine works or it doesn't, but we in the scientific community need to test, to study it. The epidemic of drug addiction in our society is too large to leave this stone unturned."



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