

The Psychedelic Cure

By Alexis Jetter
Published: April 10, 1994

THE OLD, WHITE HOTEL SOUTH OF Amsterdam was the last stop on the junkie express, and most guests packed light. Nicola and Marcel brought only what they needed for the night: two syringes, a pink silk tourniquet, a Robert Ludlum novel and five grams of heroin. It was to be the young couple's last binge as addicts, for the next day they planned to kick drugs forever.

"I want to feel real things again, really happy or really unhappy," said Nicola, pacing nervously. "When you take opiates, you can't feel real things." Marcel ruefully eyed his bandaged wrist, broken by a drug supplier who hadn't been paid. "Dope life," he sighed, "is no life at all."

Nicola and Marcel had come to this secluded Dutch inn to try an experimental antidote to dope, an African hallucinogen called ibogaine. Banned in the United States, the bitter-tasting white powder was available only in Holland, where American ex-junkies had turned a hotel suite into a temporary clinic.

Ibogaine's growing legend had lured the couple from Aachen, Germany. Word on the circuit was that the drug does three remarkable things. It halts drug cravings for months and sometimes years without inducing withdrawal. It unleashes a 36-hour slide show of buried memories that jars addicts into reassessing their drug-ravaged lives. Finally, unlike methadone and other narcotic substitutes, it suppresses the desire for hard drugs without creating another dependency.

Still, in scientific terms, ibogaine is a mystery. Researchers don't even know whether it works, let alone why. It has been linked to possible brain damage and two deaths. And that worries Federal officials, who are in the awkward position of learning about a new drug treatment from addicts themselves. "There's a rich pot of anecdotal data, and the people who talk about it have all this passion in their voice," says Charles Grudzinkas, director of the medications development division of the National Institute on Drug Abuse. "But when we ask about long-term results, we get a blank stare. There's really no evidence that it works."

With the first United States tests on human subjects under way, preliminary evidence may soon be forthcoming. For now, though, ibogaine remains the most controversial psychedelic since LSD. "Everyone is looking for the methadone for cocaine," says Carlo Contoreggi, deputy clinical director of the institute's Addiction Research Center. "But nothing seems to be working. And then this crazy stuff comes up from West Africa. It's right out of Timothy Leary or 'The Electric Kool-Aid Acid Test.' But I think in one year everybody in the country is going to know this word."

Three days shy of her 25th birthday, Nicola had the eyes of a defiant child but the arms of a junkie. "Sometimes you feel a flame inside that burns your soul down," she whispered. "You can stop taking heroin, but after a while you get that flame inside. And then you feel like you are the last person in the world."

The willowy German woman was only 15 when she read that drugs would alter her personality. The warning backfired. "I didn't like my personality." She went from hashish to pills and then, two years ago, got hooked on heroin while working outdoors at a building supplies yard. A friend said it would keep her warm and relieve the tedium. "I thought that I was stronger than this drug," Nicola said sheepishly.

Nicola's mother, Jutta, took her on long vacations to wean her from dope, found her an apartment far from the drug scene and registered her for school. Nothing worked. For the only thing Nicola loved better than the soothing brown powder was a pale young rogue who sold it. She met Marcel in his hometown, Heerlen, a Dutch city near the German border. A gaunt, mustachioed man with dark eyes and a wry sense of humor, Marcel, 28, prided himself on being the only addict in Heerlen with a library card. "We don't see ourselves as junkies," Marcel said in all seriousness. "We see ourselves as drug abusers."

But neither had been able to quit. So when Jutta saw a German television report about ibogaine, she felt a flicker of hope. It was a long shot, she felt, but Nicola was slipping away. And Jutta, a short-story writer, found herself writing about a mother who watches helplessly as her child drowns on an out-of-control carnival ride. She resolved to bring Nicola and Marcel to the white hotel.

Ibogaine is an extract of *Tabernanthe iboga*, a flowering shrub native to the West African nation Gabon. In the Bwiti religion, it is believed that chewing the plant's root enables people to speak with the dead. Taken sparingly, it is a stimulant. Gabonese hunters use it while stalking prey, and it was an over-the-counter fatigue remedy in France into the 1960's. In the late 60's, researchers at the University of California at Berkeley reported another side of ibogaine: it unlocks repressed childhood memories.

Perhaps its most intriguing facet was discovered by Howard Lotsof, a heroin addict from New Jersey who sampled ibogaine in 1962 while searching for a new high. "The next thing I knew," Lotsof says, "I was straight." Astounded, he tried ibogaine on seven addicted friends; five quit immediately without withdrawal.

For years, Lotsof tried to interest the Government or the pharmaceutical industry in his wonder drug. But not until 1991, when he took over a

ragtag operation that shuttled addicts to Holland for treatment, did his efforts win attention. Working with Jan Bastiaans, an eminent Dutch psychiatrist who pioneered the use of LSD therapy on Holocaust survivors, Lotsof treated 30 addicts from around the world. Slowly, word of their exploits reached scientists, who were understandably dubious. For Lotsof claimed that two-thirds of his clients quit drugs for periods ranging from four months to four years. The sample was small and unscientific. Yet, with three-quarters of addicts typically relapsing within six months of conventional care, his data was eye-catching.

Last year, a delegation of American addiction researchers flew to Amsterdam to see for themselves. Even officials at the National Institute on Drug Abuse took note; they added ibogaine to a list of potential addiction therapies and underwrote a battery of animal tests.

So expectations were high last summer when Jutta drove Nicola and Marcel to Lotsof's makeshift clinic. "Sure I'm skeptical," Nicola said with a wan smile. "But I'm optimistic too. I think it's my only chance now." Marcel grinned as Lotsof, a courtly, silver-haired man of 50, dropped three ibogaine capsules into his coffee. "So you're the kind of person my mother always warned me about," he teased.

It was 10 A.M., 10 hours after the pair's final heroin fix. Marcel and Nicola were as drug-free as their bodies could stand. That was a safety measure, because ibogaine magnifies the effect of other drugs. Nicola and Marcel were ordered to surrender their narcotics, given separate rooms, monitored on closed-circuit TV and checked for variations in pulse or blood pressure.

"I'm so nervous," Nicola said, fidgeting with a Walkman and cigarettes. "All these people, the camera." By afternoon she was frightened and angry. She insisted that withdrawal was coming on strong, that she'd been tricked into giving away her heroin and that ibogaine hadn't worked at all. "I'm stronger than ibogaine," Nicola said, eyes smoldering. "I stopped it. Now I have nothing, and I cannot go cold turkey again." Lotsof gave Nicola a booster dose, which seemed to mollify her -- but she found ways to elude the camera.

Marcel was a far easier patient, and was eager to describe his experience. "My face opened up like a zipper," he murmured. "It's like somebody pulled my face apart and looked into me. Then a white light came on, and suddenly I saw all these faces, like on a movie screen." Images flashed on the wall -- boyhood friends, childhood moments he had long forgotten, his mother as a younger woman. "It was pleasurable, relaxing," he said.

When Marcel emerged from his reveries, it was late afternoon. He'd been without heroin all day, yet felt no pangs. Yawning, he resumed his fantasies. But the pleasant images of the past had slipped away, replaced by stark visions of the present. Flying over the rooftops of Heerlen, he spied himself below, stealing, buying drugs and getting arrested. "I can't do this anymore," he resolved. His own firmness startled him.

The next day, Marcel awoke to a strange new world. He no longer wanted drugs; even cigarettes and Tic-Tacs left an unpleasant, chemical taste. He expressed boyish pleasure at the smell of flowers and trees. "I got clean," he exulted. "I haven't felt this way for a very, very long time." He dug into a piece of apple pie and marveled at his appetite. He was anxious to see Nicola, but Jutta told him shakily that Nicola was sleeping. At Lotsof's urging, she waited for Bastiaans to return before telling Marcel the truth.

Nicola was dead. Shortly before dawn, a gurgling sound came from her room. She was found on the bed with her head thrown back, struggling for air. And neither the monitors nor paramedics dispatched by a nearby hospital could revive her.

That night, the group huddled in the hotel dining hall, waiting for Bastiaans and trying not to look at Marcel. "Did they tell you that the girl died?" Bastiaans sputtered to Marcel when he arrived.

Marcel looked at Jutta in disbelief. She nodded silently. Nothing moved for a moment except a tremor in Marcel's thin chest. Then his dark eyes pooled with tears, he slammed his bandaged wrist on the table, and his jagged cry echoed through the empty room. "This cost one life," Jutta whispered hoarsely, cradling his head in her arms. "You are not allowed to throw yours away."

Did ibogaine kill Nicola? The Leiden police have not released the autopsy report, so her death remains a mystery. While she was given more ibogaine than most patients, the amount was still less than 10 percent of the only known fatal threshold -- that of rats. But some people may have a lethally low tolerance. One woman died in a Swiss experiment in 1990, after receiving far less ibogaine than did Nicola. She, too, stopped breathing. But it's equally possible Nicola succumbed to her old demon: heroin. An initial pathologist's analysis found traces of the drug in her body, raising suspicions that she had smuggled it into her treatment room and overdosed. Even that is inconclusive. The opiate traces could have stemmed from Nicola and Marcel's final binge before treatment.

Jutta may never know. Struggling to make sense of her daughter's death, she sat down next to Lotsof in the inn's dark bar. "You must go on with your work," she said finally, laying a hand on his stooped shoulder. "You must help others." Lotsof shook his head through his tears. "I'll always thank you for that," he said.

Nearly one year later, Marcel is still heartbroken but hasn't gone back to drugs. "It's very strange," he says. "I have no drug habit at all." He's working full time, living several days a week with Jutta -- who has informally adopted him -- and taking classes in computer programming. "I couldn't believe it, but it's true," Marcel says sadly. "That stuff works."

The question remains: How? What does ibogaine do to the body and soul of a drug addict? Not much, some experts say. "I've been in this business for close to 30 years, and I've seen a lot of magic bullets," says Herbert Kleber, a psychiatrist who heads the Columbia University Center for Addiction and Substance Abuse. "This idea that a chemical can provide an instant cure for addiction is an illusion."

Carlo Contoreggi is more optimistic: "I was skeptical until I saw this woman going into opiate withdrawal. She took this drug and it stopped. That's when I said: 'These people aren't lying. There's something here.' "

Researchers believe ibogaine interacts with dopamine, the neurotransmitter that plays a key role in addiction. Heroin and cocaine ordinarily trigger dopamine's release in the brain's "reward center," producing feelings of euphoria. Ibogaine appears to disrupt this mechanism, blocking some releases while stimulating others. But how can ibogaine affect behavior long after it disappears from the bloodstream? Ex-addicts say the answer has more to do with psychology than pharmacology. And that is why they suspect that a nonhallucinatory form of ibogaine, which some chemists are trying to develop, may prove ineffective.

Recently, researchers at Johns Hopkins University came up with a more alarming explanation. In experiments with rats, they found that high doses of ibogaine kill brain cells in a part of the brain that may be associated with repetitive or obsessive behavior. It's unclear whether ibogaine would have the same effect on humans, or whether snuffing out a few addiction-related brain cells in junkies is such a bad idea.

But the findings sent shock waves through the Food and Drug Administration, which is nervous about approving wide-scale human testing. Some urged quick action, noting that the average heroin addict dies by 40. "These people will be dead by the time we study and study and study to see if this drug is really safe," says Cheri Groesbeck, a nurse on the F.D.A.'s Drug Abuse Advisory Committee. "The drugs they're using are not safe. Heroin is not safe."

The F.D.A. has reached a compromise. It is allowing two neuroscientists at the University of Miami, Deborah Mash and Juan Sanchez-Ramos, to begin human tests -- but only at levels high enough only to test ibogaine's safety, not its effect on addiction. Even so, Marcel has volunteered. "Maybe," he says, "I can find out what happened to Nicki and me."

Ibogaine may not be a wonder drug, but no treatment works for all addicts, and many on the front lines want to give it a try in a hospital setting. "We come with a tool bag, and ibogaine has its place," says Rommel Washington, former treatment director for Reality House, a drug counseling center in Harlem. Few claim that ibogaine can work long-term without counseling. Robert Sisko, a paralegal who credits ibogaine with ending his cocaine habit, calls ibogaine a "reset button," not a magic bullet. But he scoffs at Federal drug researchers' newest advance -- a heroin substitute called LAAM. "That's like putting leeches on a fever," he says. "Ibogaine doesn't replace heroin or cocaine. It interrupts the craving."

Down in Miami, human trials are now under way. In the next year, ibogaine may be affirmed as an effective new treatment for addiction or consigned to the dustbin of drug history, along with LSD therapy, carbon dioxide treatment and numerous other failed fads. "You have to take this out of the realm of mythology," Sanchez-Ramos says. "A drug that is taboo may be extremely useful. But if it's taboo, you'll never find out."

[Home](#) | [Times topics](#) |

[Member Center](#)

[Copyright 2011](#) [The New York Times Company](#) | [Privacy Policy](#) | [Help](#) | [Contact Us](#) | [Work for Us](#) | [Site Map](#) |

[Index by Keyword](#)