



*Thomas Kingsley Brown, Ph.D.*

# A Window of Opportunity: Reflections on Ibogaine Treatment for Opiate Addiction

THOMAS KINGSLEY BROWN, PH.D.

**In November 2009, I crossed** the U.S.-Mexico border from San Diego with (and at the urging of) my dear friend Kristin to visit an ibogaine clinic in Baja California. Kristin was sure I'd find something there that would pique my interest, and she suggested that it would be a good idea for me to learn about ibogaine and to meet people who had received ibogaine-assisted treatment for addiction. Knowing so little about ibogaine and about addiction, I could not imagine at the time how right she would be on both counts, nor how profoundly prescient her insights would be.

After we arrived at Clare Wilkins' clinic in Playas de Tijuana, I sat down with Sandi Hartman, someone Kristin had particularly wanted me to meet. The previous summer, Sandi had sold her farm in Tennessee and had driven to Clare's clinic with her canine companion and, as a birthday present to herself, received ibogaine treatment to end a 12-year addiction to opiate painkillers—an addiction stemming from her need for relief from pain caused by injuries suffered in an automobile collision.

"The opiates were stealing my life bit by bit," she confided. For years, she had been eating very little and her nutrition was abysmal, and in more recent years the opiates hadn't even provided relief from pain. But then, as she put it, "ibogaine gave my life back to me." She went on to tell me about the importance of the ongoing support and care she received at Clare's clinic and at another clinic in Mexico, and how she'd realized that what had happened after the ibogaine treatment was nearly as important as the treatment itself.

After that one interview with Sandi, seeing how the quality of her life had improved so dramatically that year, I knew that I had to find out more about ibogaine. Over the next few months, I interviewed several other patients at Clare's clinic about their life stories and their experiences with ibogaine

treatment. Some common themes emerged in those stories: People told me that drugs such as heroin and oxycontin were killing them and destroying their will to live, and that ibogaine allowed them to detox, gave them insight into their addiction, and provided a window of opportunity to take control of their lives again.

Around that same time, the Multidisciplinary Association for Psychedelic Studies (MAPS) was looking for someone to work on their long-term outcomes study of ibogaine treatment, and in April 2010 they brought me on board for what was their third launch of an investigation of ibogaine treatment outcomes. I searched for published research on ibogaine outcomes and quickly discovered that there simply wasn't very much. There was plenty of anecdotal evidence to be found, but very little had been published, and the few published studies were either retrospective studies or were limited to looking at results from just the first month after treatment. MAPS aimed to run a careful study of patients from before treatment until a full year after treatment. They'd started two such studies within the previous decade, one based in Vancouver and the other in Mexico, but both studies were discontinued prior to completion.

We decided that we would enroll 20 to 30 patients in the study and check in on them monthly for 12 months after treatment. Our primary outcome measure was the Addiction Severity Index (ASI) Lite, which I administered before treatment and then monthly thereafter. Secondary measures included the Beck Depression Inventory and the Subjective Opioid Withdrawal Scale (SOWS), as studies had previously shown that ibogaine could reduce depression severity up to one month after treatment, and that it helped to quell withdrawal symptoms immediately after treatment.

As it turned out, enrolling people into the study was pretty

easy (we had 30 participants within a year) but the follow-ups proved much more challenging. A few people never responded to my calls for follow-up interviews, and several others either withdrew from the study or were lost to follow-up. I did my best to find people and complete the follow-up interviews, even to the point where one participant, who was struggling with relapses, asked me to stop calling her.

The difficulties with the follow-ups were more than compensated for by the news I kept receiving from the study's participants and from their family members. Some of the patients, and some of their family members, told me that ibogaine was the only thing that had ever helped them to stop using opiates (after they'd spent tens of thousands of dollars on residential rehab programs) or that it saved their life or their child's life. There were also heartfelt stories of repaired relationships with parents (fathers of two people in the study told me that communication following the ibogaine treatment was the best it had ever been). Eventually, about a year after enrolling the 30th participant, I completed the final follow-up call, and Valerie Mojeiko (then Deputy Director of MAPS) was thrilled that we'd completed the study.

Stories about recovery and reconciliation have great power to convince people of the efficacy of ibogaine treatment. However, the primary aim of the study was to produce good quantitative evidence—the kind that can get the attention of scientists and medical professionals. I'm pleased to say that despite the shortcomings of the study, namely the low number of participants and the lack of a control group, we have some strong evidence that ibogaine is helping people. By the time you are reading this issue of the *MAPS Bulletin*, we will have submitted our first article, with the results of our study, to be considered for publication in a peer-reviewed scientific journal.

A full analysis of our results will appear in that article. With its publication pending, I can't say too much here, but I can tell you that nearly every patient experienced a dramatic alleviation of their withdrawal symptoms with the treatment. Also, the preliminary results show that the severity of drug use declined quite significantly from pre- to post-treatment and remained low throughout the year-long follow-up period. Even more satisfying in some respects is that those preliminary results also show that participants experienced great improvements in their satisfaction with their relationships with family members, friends, and co-workers. In addition, there are indications in these preliminary results that participants' psychological well-being also improved with treatment.

Besides being excited that we've completed the study and that we're publishing the results, I'm happy to say that I've learned a great deal since I began to study ibogaine treatment—about ibogaine, about addiction, and about how to run a research study—and I've met many inspiring, dedicated people in the global iboga and plant medicine communities, including treatment providers, indigenous practitioners, chemists, environmentalists, and other researchers.

Regarding the ibogaine study, I wonder: What would the

outcomes be if the patients each had some sort of aftercare, such as psychotherapy or meetings with a support group of others who'd been treated with ibogaine? And what would it look like if ibogaine were legal in the U.S., and if people could receive this treatment closer to home, in their own country, with the support of integrated health care to help them in their recovery?

I am hopeful that we may find some answers in the results of a second MAPS-sponsored long-term outcomes study that Geoff Noller, Ph.D., has recently completed in New Zealand, where in 2010 it became legal for physicians to prescribe ibogaine to treat substance dependence. Fortunately, the patients in Noller's study have followed through with their study participation at a much greater rate than those in the Mexico study, and better still, the outcomes in the New Zealand study appear to be even more favorable on the whole. Geoff and I have some ideas about the underlying reasons for these differences between the two studies, and we expect to publicly discuss our thoughts on this matter after we publish the first research articles on our studies.

Whatever the reasons for those differences, I am thrilled at the prospect of Geoff publishing his results close on the heels of our upcoming publication on the Mexico study. And I'm excited to be part of the global community of people working to improve ibogaine treatment, to document its efficacy, and to make it more accessible to people worldwide.

## AFTERWORD

Sadly, one day before submitting the final revisions to this article in September, I learned that my friend and colleague, Sandi Hartman, had passed away. When I first met Sandi and interviewed her about her experiences with ibogaine treatment, she emphasized the importance of ongoing post-treatment care. About a year later she had already started her own aftercare facility in Mexico (Meseta House) when she went with me to a MAPS conference in Los Angeles and spoke there on this topic. At the time, few people seemed to recognize the importance of aftercare, but nowadays more people recognize that this is the area where work is especially needed. I gratefully acknowledge that Sandi's work and advocacy in this regard, as well as her loving care of many ibogaine patients, are significant contributions that will continue to benefit ibogaine patients and the iboga community for a long time. 🍀

**Tom Kingsley Brown, Ph.D.**, started his research on ibogaine treatment in November of 2009 when he conducted interviews with ibogaine patients at ibogaine clinics in northern Baja California, Mexico and collected data for the purpose of studying changes in Quality of Life for those patients. His academic background is primarily in chemistry (B.S., University of Pittsburgh and M.S., California Institute of Technology) and anthropology (Ph.D., UCSD). He has long had an interest in altered states of consciousness and in life-changing experiences such as religious conversion. He is currently on staff at the University of California, San Diego and resides in San Diego with his partner and their two sons. He can be reached at [tom.k.brown@gmail.com](mailto:tom.k.brown@gmail.com).