Expanding Ancestral Knowledge Beyond the Sale of Molecules: Iboga and Ibogaine in the Context of Psychedelic Commercialization

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From Gabon to all corners of the globe, practices with iboga and ibogaine are rapidly expanding. With this expansion, several important considerations arise, particularly around what happens when two seemingly disparate worlds collide: the world of traditional healing systems and the Western world that is hopeful for solutions to the problems of addiction and social and spiritual dislocation. Like all liminal spaces, this encounter is not always comfortable. ICEERS (the International Center for Ethnobotanical Education, Research and Service) has been working within this space for over a decade and we propose that it is full of opportunity—the opportunity to move beyond seeing traditional psychoactive plant medicines as molecules commodities and towards a sophisticated engagement with bio-cultural knowledge systems in service to a true revolution in mental health care.

Background

Tabernanthe iboga, or simply Iboga, is a shrub from the Apocynaceae family native to Central Africa and its root bark is considered a spiritual sacrament among the Bwiti who use it in initiatory and healing rituals. Iboga was used for centuries among Bantou communities of Gabon and was likely practiced among Pygmies in earlier times. Importantly, in its original context, iboga is considered a spiritual and community “binding” tool.

Ibogaine, an alkaloid found in Tabernanthe iboga, is being extracted for use in therapeutic and psychospiritual contexts outside of Africa. As with other psychoactive plants and fungi, such as psilocybin, these molecules are being extracted both literally and metaphorically from their original biocultural ecosystems and developed as products for the international pharmaceutical market. This phenomenon presents a clash between traditional stewardship of complex social systems and the commercialization of molecules disconnected from traditional wisdom. As with the growing interest in psychedelic pharmacology, the production and marketing of iboga and ibogaine is generally embedded within the biomedical approach that prevails in the scientific and commercial models of the Global North.

Sustainability, a Growing Concern

As with other psychoactive plants, the legal context for iboga and ibogaine internationally adds complexity. It is currently illegal in 10 countries (the U.S. and nine European countries, namely, Belgium, Denmark, France, Hungary, Ireland, Italy, Norway, Switzerland, and Sweden); there are three countries where it is regulated (Australia, Israel, and Canada); and three more countries where it is legal as a prescription pharmaceutical substance, under “compassionate use,” or extended access (New Zealand, South Africa, and Brazil). The most concerning issue arising from an unregulated market for both iboga and ibogaine (typically extracted from Tabernanthe iboga) is that of plant sustainability. In a recent engagement project led by ICEERS (iceers.org/ibogareport), respondents reported that iboga in the wild is on the brink...
of being endangered, primarily due to improper harvesting and poaching. The Union for Conservation of Nature’s Red List of Threatened Species has listed Tabernanthe iboga as a plant of concern, however not as endangered. Further, in February 2019, the Gabonese government halted all exports, stating concerns for the sustainability of the plant.

A recent promising development is that there are community associations starting to cultivate iboga for sale within a regulated international market, however they are still awaiting export permits from the Government of Gabon. One such project has been initiated by the community association Ebyeng-Edzumeniine (A2E, located in a community forest in the province of Ogooue-Ivindo near Makokou) that is receiving support from the organization Blessings of the Forest.

However, despite these measures, international black-market sales are putting pressure on the plant and its ecosystems as well as on the indigenous communities who are having increasing difficulties accessing root bark. Participants in our initiative also warned about the poor reliability of many vendors, who may in fact be distributing impure products with low levels of (or no) alkaloid content, fake iboga, or iboga that has been adulterated.

Ancestral Wisdom As a Cure for Extractivist Mindsets

The opioid epidemic in North America has increased the interest in ibogaine by media and investors. Currently, ibogaine therapy is inaccessible due to cost and there is inconsistency in the quality of treatments available, resulting in risks for patients. In the West, addiction is seen through the lens of disease, overlooking its social and cultural roots. Ibogaine is presented as the “magic pill” cure for addiction, seeking to “fix” the person without regard for the illness located within social systems. Extracting ibogaine from iboga and the traditional wisdom that has held it for generations results in a significant loss, as does the extraction of ibogaine from iboga without regard for reciprocity with the peoples and ecosystems at the source. Commercialization and medicalization of psychedelics rarely take an ecosystems-based approach.

In Gabonese Bwiti traditions, rituals are enacted with the intention of creating harmony. When someone is struggling (i.e., is unwell or disconnected), the community seeks to re-integrate them. In this world view, no problem is strictly individual but rather is connected to the community in the broadest sense (which includes the natural and spirit worlds). Therefore, the community does not marginalize the community member but rather supports healing through complex collective rituals. Iboga is not at the center, but rather is part of the whole.

Hence, beyond the intrinsic value that any molecular compound present in sacred plants have, this holistic approach places the experience within a broader social and spiritual context. The result is the integration of everyone into the community, which is perhaps the greatest contribution of these generations-old approaches. This holistic view is absent in the dominant
biomedical approach to the commercialization of “promising new products” within psychedelic pharmacology.

The World Health Organization’s Global Mental Health (GMH) approach posits that people have the right to access evidence and human rights-based care. GMH advocates suggest that traditional practices based on community-perspectives are important in addressing growing mental illness epidemics. Yet current application of this framework seeks to apply models from the Global North to the Global South—models for mental healthcare such as the wide application of pharmaceuticals that haven’t proved effective, perhaps because mental health is conceived as an individual problem originating in a person’s brain.

The lack of evidence for the effectiveness of iboga and ibogaine in supporting healing has presented a tremendous barrier for how this medicine can be incorporated into models for mental health and addictions treatments. ICEERS is involved in two of the first ibogaine clinical trials (one for alcoholism and one for methadone dependency), research that provides an opportunity to explore how to situate clinical evidence within a larger framework that incorporates perspectives on community health.

Traditional practices work from a community perspective, so rather than exporting ineffective therapies, an optimal future for Global Mental Health could incorporate the wisdom from traditional healers, community-based models, and clinical research. This type of approach could also serve to shift the commodity-based approach and inform a new standard of reciprocity within business models, wherein those at the source also benefit and sustainability for the plants is ensured.

In closing, rather than narrowly focusing on molecules found in traditionally-used plants, a true revolution in mental health care may be possible if we expand our vision—looking beyond the molecules and even the plants themselves and seeing the interconnected social and cultural elements of traditional knowledge and nature and their potential for supporting individual, community, and planetary healing.

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Jose Carlos Bouso is a psychologist and has a PhD in Pharmacology. He has been the Scientific Director at International Centre for Ethnobotanical Education, Research, and Service (ICEERS) since 2012, where he oversees research on ayahuasca, ibogaine and cannabis. He is the co-Principal Investigator of the first clinical trial assessing the safety and efficacy of ibogaine in the treatment of methadone dependence. His main area of research now is studying the role of traditional medicines involving psychoactive plants through the lens of Global Mental Health.