

Conference Report: Global Ibogaine Therapist Alliance (GITA) Vancouver, Canada, October 2–6, 2012

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BETWEEN OCTOBER 2ND AND 6TH, The Global Ibogaine Therapist Alliance (GITA), hosted its 3rd international conference on iboga and ibogaine research and practice in Vancouver, Canada. This event consisted of four days of private meetings for GITA members and one day of public presentations. In addition, several GITA members offered a two-day post-conference training module (October 8th to 9th), the first of its kind, attended by physicians and aspiring lay therapists.

Last summer, as the conclusion of our Mexico-based ibogaine outcomes study drew near, Jonathan Dickinson, the organizer of the GITA conference, invited me to discuss the ibogaine study twice at this conference: first to the GITA members (ibogaine providers and others working with ibogaine) and also as part of a panel open to the public. I was excited about the prospect of meeting ibogaine providers and researchers from all over the world and discussing the MAPS-funded ibogaine study, which will soon become the first published study of long-term outcomes for people receiving ibogaine-assisted treatment for drug dependence.

On the morning of Friday, October 5, I spoke in a session open only to GITA members. My overall aim was to show the importance of documenting and publishing the outcomes data and to suggest that ibogaine providers add to our knowledge by maintaining records of treatments and by sharing treatment results from their clinics.

I started by discussing the dearth of research on outcomes for ibogaine treatment. The few research outcomes available for ibogaine treatment agree with the pre-clinical studies, which show that ibogaine can greatly reduce withdrawal symptoms and cravings in the days following treatment; there are virtually no published data on long-term outcomes. I then provided an overview of our observational study and presented preliminary results. I noted that the results seem to show a huge decline in usage of opiates—both in frequency of use and in dosage per use—post-treatment, even though the majority of the 30 participants “relapsed” within the first three months.

I then revealed that of the 10 study participants who made it past the three-month mark without using opiates again, four

of them appear to have been “clean” from opiates for the entire 12-month follow-up period (after only a single treatment). I also discussed the low rates of aftercare, with only six subjects receiving aftercare following treatment.

Finally, I put out a call for a collaborative research effort. I mentioned that between this study and Dr. Geoff Noller’s current MAPS-sponsored study in New Zealand, we would enroll 60 participants, a number that pales in comparison to how many people receive ibogaine treatment each year and to the number of subjects typically enrolled in clinical trials for pharmaceuticals. MAPS’ studies of ibogaine will show significant results because the effects are quite dramatic (especially in comparison with many pharmaceuticals, for which a large number of subjects is often required to show a significant difference as compared with a placebo since the effects are so small). However, I argued, we could collectively gather data on hundreds or thousands of treatments as well as their outcomes, and the compiled data would make a difference even if not gathered in

such a rigorous fashion as in our studies.

This call for collaboration was well received. After the talk several people, including Bob Sisko and Anwar Jeewa (an ibogaine provider currently in Durban, South Africa), asked me for my card and

requested that I send the slide presentation to them. Dr. Jeewa later gave me a file with data on 341 patients he has already treated in South Africa. I hope that this data will be the first of many such data sets submitted for inclusion in a collection available to the ibogaine community.

I had met Dr. Ken Alper, who has been involved in research on ibogaine for well over a decade, before I made my presentation. Afterwards, he and I joined several other conference attendees for lunch. Ken told me that he was the first reviewer of my manuscript for *Current Drug Abuse Reviews*, which was recently accepted for publication in a special volume on psychedelics in the treatment of substance dependence. Ken also advised me that there are some effective ways to deal with the complicated data we’ve got from the Addiction Severity Index-lite (our primary outcome measure) including ways to deal with

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Thomas Kingsley Brown, Ph.D., (second from left) participates in a panel at the GITA conference in October 2012.

missing data points. He told me he knows a statistician in New York who he will recommend to MAPS for advice on analyzing our ibogaine outcomes data.

On Saturday morning, October 6, I joined a few dozen conference attendees for a drug activism tour of Vancouver that included a tour of the Herb Museum. The tour was informative and fascinating, and it gave me a chance to talk at length with some of the other GITA attendees.

For me, the best conversation of the entire visit was the one I had with Tanea Paterson, an ibogaine provider based in Dunedin, New Zealand. Among other things, we discussed the idea of starting a web-based repository for ibogaine treatment data and a web forum for GITA members to share and discuss best practices. We also began to discuss ways to address a well known problem encountered by seekers of ibogaine treatment: the Internet is perhaps the most common place for people to start looking for such treatment, but the information one can find online is generally unhelpful and often conflicting or even misleading. We talked about forming a moderated web site in which best practices (for safety and for treatment efficacy) are discussed, and where providers can endorse other providers. Tanea and I have since connected via the Internet, and we are both quite keen on keeping the ball rolling and on including many other people in this endeavor.

The public forum on ibogaine treatment took place on Saturday afternoon. Five of us (in order: Ken Alper, myself, Sandra Karpetas, Tanea Paterson, and Clare Wilkins) spoke for about 15-20 minutes each, and then fielded questions from the audience. Clare brought everything together as she spoke about the “ibogaine family tree” that connects everyone from Howard Lotsof (who serendipitously discovered ibogaine’s anti-addictive properties about 50 years ago and treated many people with ibogaine) to the ibogaine providers present in the auditorium. The discussion was very inclusive; on a few occasions practitioners in the audience (including Anwar Jeewa and Christopher Laurence, who is in Nayarit, Mexico) stood and addressed questions. The spirit of the event was one of cooperative learning.

The final conference event was a dance party on Saturday night, which gave me the chance to speak with several people I’d not yet met. As the evening progressed, I noticed that for a long while there were people from six continents dancing together on the same floor, and everyone at the party seemed to be having fun. Meanwhile people shared stories and became better acquainted.

Talking with people there and witnessing the group discussions that occurred throughout the conference showed me that people in the ibogaine community are linked by a commitment and passion for increasing awareness about how to safely and effectively provide a treatment they have seen helping people over and over again. I am pleased that Jonathan Dickinson has distributed the contact list of attendees to all of us and that there are ways for us to continue the conversations that occurred at the conference.

The conference was certainly informative. In all, though, meeting people and discussing issues relevant to the study and to the ibogaine medical subculture were the most valuable aspects of the conference from my perspective. Before the conference I had the sense that I was working on one piece of a larger puzzle: *How can we demonstrate ibogaine’s efficacy and increase awareness of ibogaine in the scientific and lay communities?* Now I feel that I’m part of the whole—and I’m very excited about the things that I see growing out of that conference. 🌐

Thomas Kingsley Brown, Ph.D., will be presenting the latest ibogaine research results at *Psychedelic Science 2013*, taking place from April 18-23, 2013, in Oakland, Calif. Visit psychedelic-science.org for more details and to register. Tom can be reached at tom.k.brown@gmail.com.

The official Global Ibogaine Therapist Alliance conference summary is available at ibogainealliance.org/vancouver-2012.

For more information about MAPS’ international research on ibogaine for drug addiction, visit maps.org/ibogaine.