

ADDICTION: VISIONS OF HEALING

FOR A GUY WHO'S JUST GOTTEN into a car with total strangers and let them whisk him onto a boat, Moob—it's short for something, but he won't let me say what—seems pretty calm. He's on the prow of one of the big ferries that ply the archipelago just north of Vancouver, the wind mussing his thick, dark hair, sea mist collecting on the brown leather jacket that he says he got off a dead junkie. It's not clear which came first—the death or the jacket—but Moob definitely seems like the kind of guy who could have helped himself and beat feet just before the cops showed up. Not that he doesn't seem decent enough right now, smooth and relaxed and even a little charming, as we chat about his childhood fireworks obsession, about forest fires, and about the effects of cocaine on the sphincter. But I've met plenty of addicts, and Moob has that not-quite-dialed-in demeanor, like he's watching our little drama unfold from a perch on the moon—the same detachment that has probably allowed him to put himself in this

situation in the first place—and I'm sure that if any of us dropped dead on the deck, he wouldn't hesitate to relieve our corpses of their earthly burdens.

From what I can tell, he wouldn't get much off of Linnette Carriere, the pretty twenty-five-year-old woman whose long sandy braid descends from a jaunty beret. She's wearing a dowdy wool pullover, she drifted to British Columbia from a murky past in the eastern provinces, and she seems anything but affluent. And I didn't realize that I was embarking on a two-day journey when I was summoned a little while ago from my cozy hotel into the raw and rainy British Columbia winter, so I don't even have a toothbrush on me. But the other man with us, a handsome and fit forty-five-year-old, has his own leather jacket—a step up from Moob's, creamy and gorgeous. He lives in a downtown luxury high-rise with a view of the Strait of Georgia, where he conducts his multimillion-dollar business and his complicated love life (which no longer includes Carriere). He drove us onto the ferry in a shiny new car. And he's no doubt carrying a big wad of Canadian money, because when he isn't conducting people to the Iboga Therapy House, his private rehab facility on British Columbia's Sunshine Coast, Marc Emery is Canada's Prince of Pot, the self-proclaimed largest purveyor of marijuana seeds in the world—a business that he conducts entirely in cash.

But if anyone is going to die prematurely here, it's Moob, who is thirty-six and olive-skinned, a construction worker sporting a mustache that draws attention to the gap where his right front tooth ought to be. And not only because he usually associates with junkies or because he has been known to smoke a couple thousand dollars' worth of crack in a binge, so much that even his crackhead friends have told him it's time to clean up. It's also because after we arrive on the Sunshine Coast and drive to the house, as Carriere helps and I watch, Emery is going to give Moob a few grams of the powdered root of *Tabernanthe iboga*, a bush that grows in West Africa, where it is used as a ritual hallucinogen. The drug induces a long, arduous trip, twelve or twenty-four or even thirty-six

hours of nausea and dizziness, featuring a kinescopic life review that is heavy on scenes of moral failure, a searing journey sometimes led by a hallucinated spirit guide who wields a large stick. It also causes your pulse and breathing to slow way down, an effect that in combination with imprecise dosing or the residue of street drugs or just unlucky genetics sometimes proves lethal. This fact is on my mind, if not on Moob's, when Emery announces, to no one in particular, mostly to the wind and the rain, "Of course, I *am* practicing medicine without a license here."

Moob does seem to be aware of some risks or at least of the overall strangeness of this trip. "I've heard some stories," he says, and so have I—about how addicts come back from their ibogaine journeys without their back-monkeys, somehow miraculously propelled through withdrawal and beyond craving and into a world where the drug they were hooked on holds no interest. I heard it back in Vancouver from Sheldon, a twenty-five-year-old who had been on the city streets for nearly ten years and shooting and smoking heroin for six. He was the first addict to take Emery up on his offer to provide ibogaine treatment free of charge to anyone who wanted it. (Emery learned of ibogaine when an employee had returned from a treatment clean and sober.)

"I didn't know anything else about it," Sheldon told me over coffee in Vancouver. "I just knew that every detox was filled and even the psych wards wouldn't take me." But Emery, who is a local hero for his willingness to take on the drug war (he is a perpetual mayoral candidate on the BC Pot Party's "Overgrow the Government" campaign and a major source of funds for the legalization movement), inspired enough confidence for Sheldon to give it a try.

"It was hours and hours of visualizations that were personal and truthful and really, really hard," Sheldon said, as we sat at an outdoor café in the rain. "Stuff I would never think about came to me. And I saw myself. I saw how selfish I'd been, how I affect other people. Like someone was saying to me, 'You're twenty-five years old; you got to grow up.' Which is stupid, of course. I should

have already known that. But I didn't. Just like I didn't see, till the ibogaine, that you just don't know how long you're gonna live and you have to deal with that. You have to account for yourself." Sheldon came out of his trip without dopesickness but, more important, with a new view of his life. "It just didn't make sense to use anymore." The visions had fashioned a new moral universe, one in which what did make sense was to enroll in film school, get in touch with his long-estranged family, and try to get his younger sister off the streets and into ibogaine treatment. "I still get the cravings, but I listen to them and watch them and I don't have to act on them," he said. "It's an easy decision."

This is the outcome Moob is betting on. Like Sheldon, he is a veteran of hospital treatments that didn't work, of twelve-step groups that he didn't fit into, and of cold turkey resolve that has gone up in the first available smoke, so it's a simple calculation: Moob has the jones and Emery has the cure waiting for him at the other end of this ferry ride. If this goes against everything Moob has heard before about addiction—that it's a chronic illness, that there is no cure, that recovery is achieved one day at a time and only after you've surrendered to the Higher Power and begun to work the steps—it really doesn't matter, because that approach hasn't worked for him. "If it's going to get me off the crack, then anything is worth a try," he says.

But for other people—addiction doctors, drug makers, government regulators—ibogaine is a problem. Since the success of Dwight Anderson's plan to give doctors control of addiction treatment, addiction has been turned from a sin in need of redemption into a disease necessitating a lifetime of recovery. The entire edifice of addiction treatment is raised on this conceptual infrastructure, on the idea that addiction is something to be dealt with by the detox doctors and the AA groups and, in some hoped-for future, by the drug inventors who can find a way to control this chronic disease. There is no doubt that many have benefited from this approach, but if a single frank and bracing look at yourself, presided over by a pot seed salesman and his vagabond ex-lover,

can do what Moob is hoping it does for him, then that model, and the doctors and therapists and hospitals and pharmaceutical companies it supports—not to mention our common beliefs about drug use and sobriety—could be in trouble.

MARC EMERY ONCE BOUGHT a table for himself and his friends at a Vancouver fund-raiser whose featured speaker was John P. Walters, then the U.S. drug czar, who was in town to warn the Canadians not to decriminalize marijuana. The drug was probably never the harmless wacky weed that many people once thought it was, he argued, but these days it was so much more potent, especially the stuff grown right here in British Columbia, that if the Canadians decided to stop protecting their kids, the United States might have to close its borders for the safety of its own.

After tricking the czar into posing for a picture with him, Emery and his friends heckled him from their table. (The drug czar may get the last laugh. In 2005, the U.S. Department of Justice indicted Emery as a drug kingpin, charges that carried the possibility of life imprisonment. Emery fought extradition for nearly three years, claiming that he had already done his time and paid his fine in Canada, whose government had then decided to tolerate his operation. In early 2008, however, Emery announced that he'd reached a tentative deal that would allow him to serve five years in a Canadian prison. In the meantime, his seed business has been shut down.)

Provocations like these are Emery's specialty, but it's what he did next that makes him an unlikely guy to run a rehab. After the luncheon, he told me, he went outside, lit up a big joint, and passed it around. That probably wasn't the first time he'd smoked that day. Emery smokes huge quantities of the green menace and thinks that we all, addicts and otherwise, should be free to do so. And this violates a central belief of the addiction treatment industry. William Silkwood's idea that addiction is an allergy has

morphed into the belief that if you're allergic to one drug, then you must be allergic to all of them, as if an allergy to bee stings meant you would also be allergic to nuts. This isn't just an abstract idea: some clinics that refer patients to me prohibit even aspirin during the rehab period.

Of course, the ban on drugs doesn't include psychiatric drugs, although some doctors are wary of prescribing Valium or Xanax even to people who have never abused them. But these exceptions aside, the prevailing belief of recovery is that if you are taking a drug to change the way you feel, then you are enacting your disease. That is, sobriety is not simply a matter of not taking the substance that you got hooked on but of being clean and sober. This is curious, not only because your average AA meeting is a caffeine-soaked, nicotine-fogged affair, but because the ban on being high does not extend to "natural" highs, like those achieved by long-distance runners. The condition you have to recover from, in other words, is a compulsive need to turn to something outside yourself to make yourself feel better.

This *dependence* is an affront to a society that values independence as highly as ours does. Addiction once carried a different meaning. The word derives from the Latin *ad* and *dictum*—literally, "toward the dictum," or "obedience"—and it used to describe the relationship between an apprentice and his master. An addict turned his life over to the force outside himself, and in the days when apprenticeship was the way to learn things, and when people weren't quite as concerned about autonomy as we are, it wasn't pathological to be addicted in this fashion. Of course, drug addiction—at least, its physical ravages—would be a problem even in a feudal society. But it would be a different kind of problem if it weren't informed by this suspicion of dependence, if there weren't already a belief that hard work and self-sufficiency were the only legitimate ways to pursue happiness.

Consider the case of steroids in sports. Why is it considered cheating to use them, other than the fact that they are banned, which only invites the question of why they were banned in the

first place? After all, sports performance in general has improved over time, at least to judge from the fact that records keep toppling. Runners run faster, jumpers jump higher, sluggers slug harder. Some of this is due to more rigorous (and scientific) training programs—weight training, agility training, endurance training, and even psychological training—all designed to help athletes make the most of their gifts. Some of it is due to the improved nutrition, sanitation, and medicine that have made most of us taller and stronger and longer-lived than we would have been a century ago. But neither advanced training regimens nor partaking of progress in the public health sphere have been banned from sports.

This is not because these are entirely harmless ways to better ourselves. Athletic training can cause injury and certainly alters the body you were born with, sometimes in less than optimal ways; think of how a tennis pro's playing arm is noticeably larger than his other arm or how women athletes' menstrual cycles often stop when they are in top shape. Nor is it because they are "natural" methods; on the contrary, they often rely on sophisticated machinery and scientific research and sometimes require exercises that seem quite unnatural. But imagine for a moment what would happen if a food was developed that, when eaten, did what steroids do: increase muscle mass by ramping up protein synthesis and the amount of testosterone (which decreases the transformation of muscle into fat) in the body. This is not a far-fetched idea when you consider that many steroids start their lives as synthetic or natural versions of animal hormones, especially testosterone. (The first reported use of steroids was by a seventy-two-year-old British doctor who injected himself with an extract made from dog and guinea pig testicles, which he said made him feel rejuvenated.) Although such an invention might not pass muster with people who object to genetically altered foods, its availability would very likely change the debate over steroids because steroids would no longer be taken in needles and pills and creams, but instead by eating a steak from a particularly virile animal. Steroids would, that is, be "food," which is something we *must* ingest, something we can

take in from outside ourselves without worries about dependency (unless you're a "food addict," which is another story).

If steroids were no longer drugs, they might no longer be considered cheating, because they wouldn't violate the rule against employing outside agents in your pursuit of happiness. Self-reliantly toiling by the sweat of our brows to achieve sanctioned pleasures is a cardinal virtue of Western civilization, a point spelled out more than a hundred years ago by Max Weber in *The Protestant Ethic and the Spirit of Capitalism*. The need for this discipline, as Weber showed, derives from a singular notion about human nature—that we are dissolute and lazy creatures who must whip ourselves into shape lest we succumb to "the temptations of the flesh." This fiction (for all accounts about human nature are necessarily stories) is what gives purchase to the idea of "sobriety" on which the drug treatment industry is built. We are already deeply suspicious of powerful agents outside ourselves, especially those that deliver pleasure, and the addict stands for what happens when we surrender our autonomy in the pursuit of happiness. The allergy isn't to a particular chemical but to all chemicals that induce the loss of self.

The fiction of the autonomous self has made us into the hard workers that we are. The fiction is noble in this respect, for, as Weber pointed out, it is directly or indirectly responsible for the breathtaking achievements of modernity. But it doesn't take much to challenge it. You don't have to sweat over a scholarly book as Weber did. You can just blow some pot smoke in the drug czar's face and then go back to your job as a successful capitalist who runs a drug rehab in his spare time to show that not all drug taking is created equal.

IN 1962, HOWARD LOTSOFF was nineteen and ready to try nearly anything once, at least when it came to drugs. In fact, inspired by gonzo scientists such as Timothy Leary and Richard Alpert, who, freshly fired from Harvard, were urging people to take

mind-expanding drug research out of the industry and university labs and into their own living rooms, Lotsof had set up his own company to manufacture and explore psychedelics. He'd also managed to get himself addicted to heroin. But as just-say-yes as he was, when the chemist who offered him ibogaine told him that the trip could last more than a day, Lotsof decided to pass the dose along to an even more adventurous friend. In the middle of the night a month later, Lotsof got a phone call. It was the friend, raving about the ibogaine.

"It's not a drug," he said, according to Lotsof. "It's food!"

It took Lotsof another six months, but he finally got hold of more ibogaine, enough for himself and twenty of his friends. "No, it wasn't a party," he told me. "Who could imagine a party where everyone was lying around unable to talk? No one would do this for fun."

A nonstop, exhausting series of intense hallucinations, Lotsof's trip covered vast psychospiritual terrain: rebirth ("I dived into a pool, which turned into my mother with her legs open, and I was diving into her vagina"), self-evaluation (a display, like a slide show, of his past life, "all my experiences arranged like files in cabinets"), terror (he was immobilized and unable to stop the images, "the experience so intense and awful I wondered why I had ever done this to myself"), and revelation ("all these thoughts about the symbolism I saw"). All of which was remarkable enough, even to a seasoned psychedelic warrior. But the most significant thing, the thing that changed Lotsof's life, the thing he was least expecting, was that after the hallucinations finally stopped, after he got a few hours of sleep, after he'd gone out onto the Lower East Side streets of Manhattan where he lived, it hit him, stopped him dead in his tracks.

"I suddenly realized that I had absolutely no desire to find or use heroin," he told me. It was the junkie's dream cure: no being strung out, no sweating through the cravings, just the loss of interest, as if all traces of his addiction had simply vanished. And, he found out, four of the six other addicts to whom he'd given

ibogaine had the same experience. (“We like being junkies,” the other two told Lotsof.)

Lotsof was talking to me by phone from his hospital bed. His leukemia had come back, and he’d just gone through another round of treatment, but he sounded strong and passionate as he told me about everything that was wrong with methadone. He knew this because after he’d been released from jail (he got busted for selling LSD shortly after it was made illegal in 1967), he went to Nepal and promptly got addicted to opium. By then, ibogaine had been put on Schedule I of the Controlled Substances Act, the list of drugs considered too dangerous and of too little medical value to be allowed, and Lotsof instead went into methadone maintenance. A synthetic opioid, methadone staves off withdrawal and craving for as much as a day at a time, instead of the four to eight hours of heroin. This quality is one of the relative virtues of methadone—it frees up addicts to work instead of hunting for a fix—but it also intensifies withdrawal, which is why some call it “orange handcuffs.” When Lotsof finally weaned himself, in a monthlong ordeal, he was determined to bring ibogaine onto the market as Endabuse, a remedy that would stop addiction rather than switch it from one drug to a harder-to-kick alternative.

Lotsof has his own drug company, NDA International, which owns patents for using Endabuse to “interrupt addiction,” not only to heroin, but to cocaine and amphetamines, alcohol, and even cigarettes. But it’s one thing to patent an idea for using a drug and quite another to get approval from the Food and Drug Administration (FDA) to actually market it. The FDA has indicated its willingness to consider an application for ibogaine, but that’s an expensive proposition, involving toxicology studies, animal research, and clinical trials. Lotsof has approached virtually every drug company and various government agencies for help but has come up empty. Frank Vocci, who heads the National Institutes on Drug Abuse’s Division of Treatment, Research, and Development, thinks he knows why. “If there’s something that would make the pharmaceutical industry sprint away from

you instead of walking quickly,” he told me, “I think it would probably be a hallucinogen.”

Indeed, there is no drug on the market that as a normal part of its action causes hallucinations. Add that to the fact that ibogaine is derived from a plant that can't be patented, is intended for a small population that is reviled and chronically underinsured, and is administered only once, and you can see why Big Pharma wasn't eager to pony up the hundreds of millions of dollars it says it spends on developing a new drug simply because an ex-junkie insisted that it was a miracle cure.

Repeated rejection hasn't stopped Lotsof from trying, any more than his leukemia has. He's pestered congresspeople, bombarded regulators, and forced ibogaine samples on scientists, openly desperate to get some help to bring ibogaine into the mainstream of medicine. But he's also worked the fringes. He helped to start the Staten Island Project, a grassroots ibogaine research and publicity effort that grew out of a collaboration with the remnants of the Yippie Party, which in turn wove the failure of ibogaine to attract industry and government money into a conspiracy theory in which the medical-industrial complex's "methadone mafia" was actively conspiring to keep the cure away from addicts and thus maintain the CIA's hard drug business. Lotsof hooked up with the psychedelic psychiatrists who had taken their practices underground when their medicines were made illegal. And in 1989, he set up shop in Amsterdam (ibogaine remains legal there and in many other European countries, as well as in Canada), where he administered ibogaine to addicts in hotel rooms, a service NDA International offered until 1993, when a woman died during the treatment. The cause of the death was never conclusively established, although suspicion centered on the possibility that the patient had used heroin just prior to treatment, but support for the project evaporated—from the Dutch government (and from Erasmus University, where a research study had been under way with the data generated by the forty or so hotel room patients). Lotsof soon relocated his treatments to a clinic in Panama, but by

the early 1990s word of ibogaine had escaped his circle. Other people got into the business, like Eric Taub, who said that after an alcoholic friend told him about ibogaine in 1992, he went to Cameroon, scored enough iboga to yield a half-ounce of “pharmaceutical grade” ibogaine, and started dispensing it to addicts and mind explorers alike. Taub, who was once a jeweler, has dosed his clients on yachts in international waters, at Mexican resorts, and recently in a clinic in Barcelona, where he hopes to join forces with a local university at which research on the medicinal properties of ayahuasca, another hallucinogenic plant, is already under way.

Taub has a theory about why ibogaine does what it does to addicts. “It’s the granddaddy of all the psychoactive deconstructors of the ego,” he told me. “It takes you apart and puts you back together as someone who isn’t an addict.” Because the drug itself “takes the patient where he needs to go,” Taub said, it doesn’t really matter that he has no medical or psychological training. (He does require patients to get an EKG and some blood tests, which he said are reviewed by a physician prior to treatment.) In this respect, he’s like most of the other providers of ibogaine therapy, which is a thriving cottage industry (he charges upward of \$12,000 per treatment). Some of them, like Taub, fashion their own treatment protocol by trial and error, intuition, or whatever they like, and lead people into their interior landscapes like some kind of Indiana Jones of the mind. Others simply provide the drug and a few suggestions for its use. But if you don’t want to go totally DIY, if you don’t want to guess about things like doses and what to do when someone starts freaking out, you can always do what Marc Emery did. You can download Howard Lotsof’s *Manual for Ibogaine Therapy* from the Internet.

THE DROP-OFF AT THE HEAD of the driveway of the Iboga Therapy House is so steep that you have to ignore your certainty that you are about to drive over a cliff. But Marc Emery doesn’t interrupt his nearly nonstop chatter, mostly about himself and his

life, as he noses the car in. He's done this before. Or maybe he just doesn't take note of precipitous situations.

The house is nestled into a pine and spruce woods, about half-way down the hill from the road to the Sechelt Inlet. The living room sports some comfy furniture and large windows that command a view of the water and the coastline below. Moob looks out one of them while Carriere searches him and his suitcase for crack. She's apologetic but firm, reminding him how important it is that he start clean. She suggests that he change into his pajamas now. Moob glances at the clock. It's just before 5:30 P.M.

Emery is already getting down to business. He has set the kitchen table with a digital scale, a plastic bag full of a yellow-brown powder, and some empty 500 mg gelatin capsules.

"I think around twenty-eight hundred," Emery says.

Carriere looks for a second as if she wants to question him. She says nothing, however, just puts on a pair of surgical gloves and gets to work weighing out the powder and stuffing the gels. Moob is sitting in an easy chair, working a newspaper crossword puzzle. Emery comes out of the kitchen and stands over Moob with five boluses of ibogaine in his hand.

"Twenty-three across is 'Exact,'" Emery says and then hands Moob the pills and a water glass. "Here, man, take this. And I want to tell you something important. When you get up, once it's kicked in, you'll have to move like a robot, like this." He walks a few stiff steps with his arms and legs rigid, his fingers outstretched, head immobile. "Because especially if you move your head, you'll puke for sure."

Moob downs the capsules.

"Twenty-eight hundred is going to be nice and smooth," Emery says. "Smooth in, smooth out."

Moob chases the pills with a long pull of water, makes a face, and complains about the bitter taste. He goes back to his crossword while Emery solves the Jumble aloud. After a half hour or so, Moob's eyes have gone soft and he's cocking his head and squinting at some flowers, as if trying to make sure that they're

really there. Emery notices some seals, or maybe they're otters, in the waters below, and Moob makes to get up to get a closer look. He doesn't get more than an inch or two out of his chair before he falls back.

"I think it's time to get into bed," Carriere says.

We adjourn to the darkened bedroom, Moob walking the way Emery demonstrated. Moob gets under the covers, Emery lies across the foot of the king-size bed, and Carriere perches on the side of the bed, near Moob's head. I'm sitting on the floor nearby, and she reminds me that his ibogained senses will soon amplify all stimulation to the edge of unbearable and that my movements when I'm near him should be slow and my speech soft. The four of us make quiet pre-orbital small talk. I mention my dog.

"Does anyone do astral traveling with dogs?" Moob asks. "I'll bet nobody's ever seen a dog do astral traveling." He falls silent.

Carriere signals that it is time to go. She rests her hand lightly on Moob's shoulder. "Remember," she says. "If you see any doors, go through them." She tells him that she will be in and out during the night, but he should feel free to knock on the wall to summon her at any time. "I don't ever want you to think you're asking for too much. If you need a window open one minute and you're cold the next, don't worry about it. I'll close the window. I'll take care of it," she says. Her voice is warm and assuring.

Back in the kitchen, we're joined by Terry, a lanky forty-year-old who doesn't want his last name used in case he decides to go back to work in a normal detox center. He's here to share the overnight patient-minding duties with Carriere. She gives him the particulars, tells him that Moob seems to be well on his way, and they schedule the night's watch duty. Emery then picks up a conversation where we had left it in the car, the one about how he ended up as the Prince of Pot. It's a long tale, running from his days as a teenage comic book entrepreneur in his Ontario hometown, through a couple of wives and innumerable girlfriends, a sojourn in Asia, a couple of stints in jail for drug war-related civil disobedience, and the founding of the mail-order seed business.

Emery did a few more stints in jail and finally reached a truce with the Canadian government, allowing Emery Seeds to prosper and to spawn not only the Therapy House (Moob's treatment, his five-day stay with all meals and ibogaine provided, is free) but also the BC Pot Party, *Cannabis Culture* magazine, an Internet TV station, and, perhaps his crowning achievement: a block of openly pot-friendly businesses (including his party headquarters/bookstore/head shop) in a section of downtown Vancouver where the cops are too busy with the junkies and the crackheads on the streets to bother with a couple of cafés full of stoners chasing their joints with java.

Emery delivers this personal history in an all-news-no-weather deadpan, as if he's told it a million times before—which he might have. Some moments with him do feel entirely staged, like when he spread out a fresh, bright-green pot bud on the income tax return (occupation: "marijuana seed sales") he was showing me. This might be for my benefit, a way to burnish his image as a provocateur and to remind me that he's no champion of sobriety, but he often seems oblivious to me and to others, as if he tells his stories mostly for his own pleasure, as if his autobiography is merely the soundtrack of his life.

Emery, a disciple of Ayn Rand, talks constantly of her everyman-for-himself vision and her exaltation of objectivity as the cardinal virtue, which may be why he is so blasé about the risks he has taken, not to mention the risks Moob is taking right now. I don't know whether this jarring detachment is the cause or the effect of his affinity for Rand or perhaps some secret-identity fantasy grafted onto his childhood fascination with comic book heroes, but his dispassionate self-certainty sounds just like Howard Roark's, a confidence too bloodless to seem arrogant.

It all came together, he told me, when he read *Atlas Shrugged* and "I realized that all those crusading superheroes I'd grown up with weren't just for the comic books. I felt it was my unique destiny to make them real, my duty to go out and change the world."

When it comes to the Iboga Therapy House, even Emery finds his coolness a bit disconcerting. He attributes it to the fact that he's not fighting with cops or prosecutors, so he's not underground. "Ibogaine isn't illegal here, so it can be aboveboard," he says. "It's strange not to have an adversary. For once, I have something everyone wants. Except the drug companies, that is. But they don't even know we're here." Emery talks vaguely about collecting data about his patients, establishing some kind of scientific record about this work, but no one is collecting data tonight. He gets up to take a peek at Moob, who has been completely quiet for the last hour or so. "I don't know. He's not traumatized enough for my liking," he says when he returns. "Twenty-eight hundred might not have been enough."

Emery heads off to the bathroom, and Terry comes into the kitchen. He's been listening in. He tells me that he doesn't think that the off-the-radar approach is enough. "You know, maybe Marc doesn't think we're up against it," he says quietly. "But that's compared to what he's used to. Fact is, we're just a bunch of wingnuts out here. I've been on the inside, I know how far away this whole idea is from what normally gets done. We don't have any degrees. We don't have any research. We don't have anything but balls. Maybe we can just do enough to get someone interested who really knows what they're doing."

AT LEAST ONE PERSON INTERESTED in ibogaine does know what she is doing. Deborah Mash has the degrees, including a PhD in molecular biology, and the research chops—a professor of neurology at the University of Miami, she presides over the Brain Endowment Bank (a collection of brains donated for research by their former owners). Her thick résumé documents a brilliant career that includes the discovery of cocaethylene, a poison that the body manufactures out of cocaine and alcohol, which accounts for the devastating effects of that combination of drugs. And she agrees with Terry about Emery and Taub and all the other underground ibogaine providers.

“They’re wackadoodles,” she said, “and they’re going to ruin this for everyone.”

Mash, who is forty-seven, met Howard Lotsof when he approached her for information about the relationship between cocaethylene and the action of ibogaine. “He knew nothing about neuroscience,” Mash told me. “But I thought, if this is real, why is no one looking at it? I thought we had a responsibility as medical researchers to test it. So I went to Amsterdam with Howard. He wasn’t collecting any data. I said to the patients, ‘Okay, boys, piss in the cup,’ FedEx-ed the samples back, and got some very interesting preliminary data, enough to get me interested. Of course,” she added, “I had no idea what I was getting myself into.”

What she got herself into was Lotsof’s Endabuse business. And while that alliance has perhaps nudged ibogaine closer to scientific respectability, yielding some journal articles on its pharmacology and efficacy, it has also led to protracted and bruising battles with government regulators, fellow scientists, and ultimately with Lotsof himself, who sued her for patent infringement. (After years of litigation, the case was settled; neither side can discuss the terms.)

Even if she wasn’t expecting it, though, Mash seems to enjoy a good fight. Like Marc Emery, she’s a crusader, but if a conversation with Emery is a smooth cruise on a four-lane in the prairie, talking with Deborah Mash is a white-knuckle careen down a switchback mountain road. A trim and intense woman who seems to be moving even when she’s standing still, she is at one moment reeling off facts about the *pharmacodynamic profile of ibogaine in the synapse* and *kappa-opioid receptors* and *medical inclusion criteria* and tearing up the next, her voice thick with emotion as she says, “Gary, I wish you could have been in the meeting today—I wish to God you could have been in that meeting. When the clients left, the staff sat there and basically prayed. We were so blown away by what we heard.” One moment she’s defending the government agencies like the National Institute on Drug Abuse (NIDA) that have made her life so difficult: “I know that NIDA has a very broad agenda, from HIV to women’s health to children

to fundamental neuroscience. They've got a lot of areas that they need to cover." And the next she's railing against the bureaucracy and lamenting her martyred career: "My colleagues have hung me out to dry."

And, she tells me, one moment she's weeping over getting rejected by NIDA for the money, the measly hundred thousand dollars or so, that she needs to conduct a study, already green-lighted by the Food and Drug Administration, to test ibogaine in human subjects (the first step toward approval for the drug), and the next she's resolving to do exactly the opposite of what a mainstream scientist concerned about her reputation does: move offshore. On the heels of the NIDA rejection, she rounded up some investors, worked some international contacts, and established Healing Visions Institute on the Caribbean island of St. Kitts, a for-profit ibogaine clinic where she treats people and uses them as guinea pigs in her own private drug trial.

St. Kitts has a sputtering sugar industry and, thanks to its rocky coastline, limited tourist prospects. Mash and I are the only dinner-hour customers in one of its few decent restaurants right now, going over the ground rules for tomorrow's visit to the clinic: no real names, not even first names; no talking to the patients without a staff member present; no entry to the medical building when patients are present; no staff interviews without her permission.

Even if they weren't standard-issue restrictions on reporting about medicine, I would know them by heart now; they've been part of virtually every conversation Mash and I have had since we started talking about my visit four months ago. She has been a tenacious and unpredictable negotiator. She's summoned me to a Sunday afternoon conference call with her lawyers, canceled one trip as I left for the airport (a celebrity had signed up for treatment at the last minute, she explained much later), and revoked permission for another upon discovering that I had called the St. Kitts minister of health to get his view of Healing Visions, a move that she warned could set off an "international incident" and ruin her. (The minister who alerted Mash to my call

but never returned it turned out to be her local medical director.) But I've wheedled my way back into her good graces and am now, as she keeps reminding me, the first journalist to be granted access to Healing Visions.

Which turns out to be an unspectacular and underused resort, a cluster of pastel-colored stucco-and-frame cottages perched on a dry scorched hillside above the Atlantic Ocean and surrounded by a barbed wire-topped cyclone fence. Mash says the fence was already there when she started renting the place, which she now does six times a year for ten-day sessions, each attended by between eight and fifteen patients. Healing Visions is every bit Mash's show. When she walks through the pavilion where meals are served, the patients hush their conversations and move aside like parting waters. The staff of about a dozen doctors, nurses, and counselors brings matters of every significance to Mash. In a single half hour she counsels a patient, schedules a staff meeting, brainstorms with a physician about a medical problem, takes a phone call from a prospective patient, talks with a doctor on the mainland about a former patient, and deals with a balky washing machine. She says that she rarely sleeps more than a few hours a night during the sessions.

"She's incredibly dedicated," one Healing Visions alumna told me. "She made a million phone calls to convince my family that it was an okay thing to do. You know, you can't just say, 'Can I have twelve thousand dollars to go to St. Kitts and take a hallucinogen that's not FDA approved, please?'"

Not everyone appreciates Mash's intense, sometimes abrasive, style. "She's like a used car salesman," an ex-patient told me. But he quickly added that this didn't stop him from going to Healing Visions—or from kicking the codeine and alcohol habit he'd had for more than a decade. If she's a control freak, it's because the situation demands it, not only because the lives and well-being of her patients (not to mention her own scientific career) are at stake but also because there is a precedent for using hallucinogens as therapy for addiction, and it's not a pretty history. In the 1950s,

after the Central Intelligence Agency abandoned its attempt to develop LSD as a weapon—a mist, perhaps, that would disable the Russians—the drug was used by doctors in Canada and the United States to treat alcoholics. The results were remarkable: single treatments led to long periods of relapse-free living at much higher rates than other therapies. But then the drug escaped the labs—a catastrophe, according to Mash.

“Timothy Leary did so much damage,” she says over dinner. “I’m not going to re-create that.” That means, of course, no drugs for her staff or for her. Not a problem, she says, because “I’ve never met a drug I like. My spiritual core is solid, my relationship to my frontal lobe is great.”

But the medical jargon that Mash constantly uses with staff and patients alike—the insistence on being called “Dr. Mash,” even though she is not a physician; the blood pressure cuffs and phlebotomy kits and urine containers in the treatment cottage; the four-inch-thick, FDA- and NIDA-friendly dossiers she amasses on each patient; the constant insistence that ibogaine only gives people a head start on their journey into recovery from their chronic illness—all these reminders that this is a *medical* clinic, not some spiritual retreat for druggies, can’t overcome a glaring fact: the stories the patients tell are not about disease and its cure but about spiritual decay and transformation.

Roberto, for instance, may have had an IV inserted into his arm for monitoring blood levels and been attended by doctors and nurses, but the day after he got his dose, this tanned and shirtless and heavily tattooed young man isn’t talking about anything remotely medical. A twenty-four-year-old veteran of countless failed detox attempts, he’s positively radiant as he tells me that he’s a seasoned consumer of psychedelics, that when it comes to hallucinations he thought he’d seen it all, and that ibogaine proved him wrong.

“It just kind of took over my body,” he tells me. “Grabbed me by the throat really.” His big smile fades as he describes the visitations from his girlfriend and the grandmother who raised him, both of whom are dead and both of whom he felt he had let down.

These visions made clear to him that “my life has been about me, myself, and what I could do to get something from you.”

It wasn't all rebuke, however. “I felt guilty for my girlfriend's death—she OD'd—and it was like she was telling me, ‘Don't feel guilty. I'm all right, and it's okay to move on with your life.’” And then he was transported to a beach, where his grandmother was holding him and “all of a sudden, out of the water, this big angel came out. It was like Mother Earth, like my creator, something higher than me letting me know everything was going to be all right.” Roberto stops, overwhelmed. The counselor sitting with us reaches across the table, puts her hand on his arm. “I can't say more,” he says. But he keeps trying. He wants me to understand how different this feels from every other time he's sworn off heroin. He explains how he'd come to the island half-willingly and fully skeptical, more so that he could say he was trying than to actually get clean; how he was a callow young man who had never been serious about quitting before, and that the vision had entirely changed his perspective. “I don't know how to explain it. I got in touch with the kid who got lost between the drug world and the insanity of my life. And now I'm more at peace.” Roberto is crying now.

The counselor, still touching Roberto, turns to me and tells me about his aftercare program, how they will coordinate further treatment with his doctors and his family (he lives in a city far from Miami) and will urge Roberto to attend group meetings. Roberto sounds a little defensive now. “I'm gonna do all that. I know I still have to fight my addiction. But now I feel like I got a foundation,” he says, as much to her as to me.

At moments like this, you really feel the clanging juxtapositions of a place like Healing Visions and the difficulty that Mash faces as she tries to straddle two worlds. It happens when you talk to her as well. For all her insistence on scientific data, all of her repeated avowals that ibogaine isn't a magic bullet cure, that addiction requires a lifetime of recovery (and everyone goes home from Healing Visions with an aftercare program that includes

attendance at twelve-step groups), she's never far away from another anecdote about a dramatic transformation. The man who "died over and over and over again, the ibogaine saying, 'Here is what death is, see it? See it?'" The woman whom the ibogaine showed two images: "one was a coffin with her two-year-old in it and the other was a twelve-year-old beautiful young man. That's her choice, right in front of her face."

Mash tells these stories with a ferocious conviction that drug addiction is a debased state, a spiritual corruption, and when she reverts to her science talk, you wonder whether she is protesting too much, working too hard to be the anti-Leary, going out of her way to make sure no one gets the wrong impression: that she thinks that addiction is moral, rather than medical, or that anything as unscientific as a drug trip could change people once and for all.

THEY DON'T EVEN GIVE LIP SERVICE to the medical model at the Iboga Therapy House. Moob got the tests that were suggested in Lotsof's manual and gave Emery the results, but I'm not sure he even understands them. And Moob's medical and psychological history is mostly unknown, there hasn't been any talk of aftercare, and there probably won't be. Right now, the morning after a very quiet night (I heard him speak once, to complain that he shouldn't have had that second glass of water as he robot-walked to the bathroom), he's not ready to do that.

"I just can't," he says. "Too much came up too fast."

But he's clear on one point: the last thing he wants to do right now is take a puff on a crack pipe. He'll have a few days to hang out here, talk about his experience with Terry and Carriere if he wants, and maybe fish off the dock before going back to the city to test his resolve.

Emery has no interest in bringing ibogaine into medical respectability. He would prefer simply to operate his house, add the plant to his catalog, and sell addicts the seeds of their own cure (along with instructions, which he already supplies for his

pot seed customers), so that he doesn't have to wrestle with the implications of ibogaine for orthodoxies about addiction and its treatment. Indeed, to him the fact that ibogaine is a heresy is part of its attraction.

But Deborah Mash doesn't have the luxury of indifference to the medical mainstream, and she has an idea that might get ibogaine, or some variant of it, past the gatekeepers. She has isolated a metabolite of ibogaine—noribogaine—that she says is responsible for the long-lasting anticraving effects of the drug. Unlike the plant itself, noribogaine can be patented and, Mash thinks, turned into a treatment much less paradigm-busting than what's going on at Healing Visions: a patch that would release a steady drip of the chemical into the addict's blood, staving off desire for drugs in the same way that a nicotine patch does. Noribogaine also has one other quality that makes it attractive: it appears to be nonpsychoactive, preventing withdrawal symptoms and inoculating against craving in the deep biochemical background, without the patient's awareness and, most important, without causing hallucinations.

The office is unusually quiet right now, with the counselors either attending to the people taking their ibogaine trips today or presiding over the group meeting where other patients are telling their stories of yesterday's journeys. The phone is quiet, and Mash, her data files stacked on the counter behind her, is explaining noribogaine to me and is suddenly, disconcertingly, equivocal about the relationship between the visions and the healing.

"I still don't know the value of this content," she says. "Certainly, it's striking, but maybe it's not as important as we think. We can still do the ibogaine detox, allow the visionary piece to be there, but maybe it wouldn't be necessary. Maybe noribogaine would be enough to give them that window of protection as they enter treatment or go back into the workplace. I think that model is a winner." Maybe, in other words, the visions are a mere side effect of a neurochemical storm that leaves an unaddicted brain in its wake. "Like a little chemical ECT [electroconvulsive therapy] resetting neurotransmitter systems," Mash ventures.

Stanley Glick, the director of the Center for Neuropharmacology and Neuroscience at Albany Medical College, agrees. “It’s almost like a reboot,” he told me from his office. Glick has been investigating ibogaine for nearly half of his thirty-five-year career. He was drawn in, like Mash, by Howard Lotsof, who he thought was “a complete lunatic.” But Lotsof was persistent, and partly out of curiosity and partly to get rid of Lotsof, Glick decided to give some ibogaine to the morphine-addicted animals in his lab.

“When you hear the same amazingly similar story enough, you think there must be some truth to it,” he said. “I figured I’d take a look at it and a couple weeks later I’d be done with it.”

But the drug decreased the rats’ self-administration of morphine. So Glick started to synthesize compounds that had a similar structure, and when some of them turned out to have the same effect on his animals, “I was hooked.”

Glick eventually discovered and patented a drug he calls 18-MC. It reduces morphine intake in his animals, and when he takes away the morphine completely, the animals don’t seem to have withdrawal symptoms (which can be observed in rats through behaviors like shaking and torpor). Glick’s drug also appears not to depress the cardiorespiratory system, and, perhaps most important, it is almost certainly not psychoactive. Glick even has a theory about why this happens: 18-MC is active mostly at nicotinic receptor sites, an integral part of one of the brain’s main reward pathways, but not at the serotonin sites, which are implicated in hallucinations. By binding to the nicotinic receptors, he said, 18-MC suppresses the neurons’ clamoring for the excitation that morphine—and, Glick said, just about any addictive drug, including nicotine and alcohol—would provide.

Despite these promising results, Glick has yet to raise the \$600,000 or \$700,000 he estimates it will take to do the preliminary toxicology studies that the FDA requires before it will approve the drug for testing in human subjects. It seems that expanding ibogaine’s target population, elucidating its neurochemistry, and distilling its antiaddictive from its hallucinogenic properties still aren’t enough to overcome the drug industry’s resistance to 18-MC. But

here Glick thinks he's up against a more traditional roadblock than the one he would face with whole ibogaine, which he thinks doesn't stand a "ghost of a chance of going anywhere in this country."

"There's virtually no other drug that works by this mechanism," he told me. "This is a very conservative industry, perfectly content to invent new ways of doing the same thing, but they're very reluctant to do anything different."

Tell an ibogonaut that the visions are incidental, that the journey was perhaps no more than the brain occupying itself during its wipe-and-format, and you're likely to be met with an incredulous stare. "Bullshit. I know what happened to me," Sheldon said. He gestured to the Vancouver street. "If they'd just put me to sleep or something and hit me up with it, I'd still be out there using." When Terry heard that this is what the people who know what they are doing are up to, he looked stunned. "Really?" he asked. "Isn't that a little like burning the village to save it?"

But back in the United States anyway, there are only two kinds of drugs: the kind your government has decided are good for you and the kind that are so bad you'd be better off in jail than using them. Ibogaine may have to be domesticated, its visions turned into side effects and excised, for it to move across that border.

A drug that can reboot the brain without the messy complications of altered consciousness or that can drip resolve instead of heroin into an addict's veins is an obvious winner, not only because it fits the drug industry's paradigm so much better than a hallucinogenic plant from Africa or even because it leaves intact all that we have come to believe about addiction as a chronic illness. Distilling the healing from the visions also adapts ibogaine to the current fashion in understanding ourselves: that the despair of addiction and the transcendence of getting clean, indeed all of our troubles and triumphs, are just so much neurochemical noise. This is, after all, what it means to call addiction or any other complex set of behaviors a disease: that it will be located in our flesh, ultimately in our molecules, and that consciousness is the biggest side effect of all.

