1st International Ibogaine Provider and Facilitators Conference
(March 20 - 27, 2009)

http://www.awakeninginthedream.com/ibogaineconference/conferenceinfo.html#

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My name is Geerte and I represent INTASH, which stands for International Addict Self-Help. First of all I would like to thank my fellow Ibogaine providers for organizing this long over-due gathering. Thank you for all your hard work in making this meeting a reality and thank you for your hospitality!
This meeting of the minds has been enlightening for me in many ways so far and I am honored to talk to you all today even though the last treatment I provided was 8 years ago. I came to Sayulita feeling like my experience with Ibogaine was old, dusty and forgotten. I have come to find out that what I am about to share with you today has actually made a difference in the development of treatments around the world over the last ten years and for that I am grateful.

I would like to start with a moment of validation for all the addicts who can only be with us today in spirit. If Ibogaine has taught me anything, it has shown me not to forget those who have passed over and the importance of their lives on not only our own individual progress but also the impact they can have on those we can reach out to in order to relieve suffering. The essence of the Ibogaine experience is ancestor worship after all, so let us never forget our fellow tribe members who have contributed to our meeting here today. Some of those dear to my heart and important to the history of the grassroots Ibogaine history are Ron Nout, Nico Adriaans, Rob McDonald and Adam Nodelman. May there lives and contributions to this movement not be forgotten.

I would like to inform you all today about the contribution of the addict self-help movement in the development of Ibogaine treatments. I will be talking about the introduction of Ibogaine in the addict self-help scene in Holland. I will also discuss the involvement of the addict self-help movement in treatments with Ibogaine back in the late eighties and the 1990ties, in which I will shed light on what actually happened during the intake, the treatment and the after-care procedure. I will then talk about the importance of addict self-help involvement in future developments with Ibogaine treatments.

Ibogaine was introduced to the addict community in Holland -which is where I'm from- in 1990, by Howard Lotsof and Bob Rand from the International Coalition for Addict Self Help. The late Nico Adriaans, Josien Harms and myself

formed an informal organization , in order to treat addicts with Ibogaine. Back then it was called DASH – Dutch Addict Self-Help and that eventually was renamed to INTASH – International Addict Self-Help. For those who don't know who Nico Adriaans was I would like to explain that he was one of the founders of the first addict self help movement in Europe, through whom eventually things like needle exchanges, decriminalized prostitution strolls and humanization of the addict within the institutions of Dutch society became a reality and an inspiration to many other such initiatives throughout the world.

After my own treatment in 1990 I witnessed four initial treatments with Ibogaine on poly-drug users of whom some had been in methadone maintenance programs for many years. The results of their treatments proved to be impressingly successful, which led to the foundation of our organization. What is perceived to be successful is of course a relative and somewhat subjective term. In our opinion we considered it a succesful outcome to see in all of our subjects an elimination of withdrawal symptoms ranging from approximately 85% to 100% and elimination of cravings from approximately 5 months to two years. And, as Nico Adriaans often pointed out, and I quote "there is no substance known in the world today, besides Ibogaine, that can eliminate withdrawal of high maintenance doses of methadone without causing extreme discomfort."

The goal of our self-help organization was and still is to provide treatment with Ibogaine in a non-judgmental and trusting treatment environment. We provided treatments with Ibogaine over a period of several months for a group of 8 Dutch addicts, many of whom originated from the same town and social network. After being thoroughly informed during a month long intake, all participants were treated in the same private setting.

We approached these treatments and do so to this day, with a "pro-choice" attitude, that is to say we were not anti-drug use, but we wanted to provide alternative treatment options to people that wanted to quit using drugs in an obsessive way. For example there was one particular case in which we treated a subject who came through the treatment without any withdrawal symptoms, but nevertheless expressed the need to use heroin. We asked him why, was he feeling withdrawal after all? He responded that he felt fine, but that the lifestyle of heroin use was still appealing to him. Since he requested to use heroin and he was at that point not in his home town, we actually helped him cop. Because we were and still are, foremost concerned with the welfare of the subject and wanted to make sure that he did not wander around town or get bad product and that he would only use a very conservative amount, since Ibogaine sets the subject back to a pre-addictive state which creates risk for accidental overdose, all of which we wanted to prevent.

All other subjects in the group stayed clean for an average period of six months. During this period we worked with Dr. Charles Kaplan, who is a highly experienced and accomplished international sociologist and drug researcher, and who suggested that we form a focus group that would meet on a weekly basis. His German colleague by the name of Eva Ketzer coordinated these meetings in order to collect data and to provide the subjects with an opportunity to share their experiences. All subjects received a physical examination by a medical doctor and nobody suffered any physical or mental consequences due to Ibogaine treatment. Because of practical difficulties and very limited financial resources the focus group dismantled after a couple of sessions.

The following two years we focused on processing the data of these treatments, which were published in 1994 in the peer reviewed Journal of Substance Abuse Treatment. We also informed therapeutic communities and several drug abuse institutions in Holland on the existence of Ibogaine and requested further research into this treatment procedure. We traveled the world to participate in all types of drug-related conferences to spread awareness around the existence of Ibogaine. Both from the professionals as from the international addict community we received a very skeptical, a kind of wait and see attitude and often uninterested reaction. It seemed that the professionals within the drug treatment community in Holland viewed Ibogaine as a politically difficult issue. Holland was already under a lot of pressure from the newly formed European Union to change their progressive drug policy. Taking on Ibogaine, an hallucinogen no less, was considered too much of a leap, and the attitude seemed to be one of “let some other country take the lead this time.” The international addict community at that time, with the exception of a Russian and a German group was more interested in establishing legalized methadone programs and needle exchanges in their individual countries. We were however able to interest a few key people in Holland to observe some treatments or review some data.

The next series of Ibogaine treatments in the Netherlands took place in 1992 in which the late Dr. Bastiaans, who was a well-known medical doctor, was present to observe. Results were monitored by Dr. Fromberg and Dr. Delano Gerlings from the NIAD, the Dutch Institute for Alcohol and Drugs.

INTASH then moved to The United States and integrated more issues around drug abuse on the way. In 1996 we created a web site called The Junkie Domain (www.cures-not-wars.org/junkie) that covered anything from art and safer injection manuals to personal reports on Ibogaine experiences.

As we all know here today, there are many different approaches to a session with Ibogaine. Two main types of sessions that occur in the West are the so-called “initiatory sessions” in which people who are not necessarily substance abusers can use Ibogaine to benefit from Ibogaine’s spiritual impact. The other application is the addiction interruption session. In 1996 INTASH started working with Erik/Richie and at the time Erik had mainly performed initiatory sessions with low doses of Ibogaine and a few addiction-interruption sessions with addicts. Our partnership was very fruitful in many ways.
At the time Erik had found that the addiction-interruption sessions were not only more difficult in a medical sense; many addicts having physical and psychiatric conditions related to their substance abuse, but also in a psychological sense, whether it be the preparation, the actual treatment procedure or/and the providing of after-care. Since INTASH had this specific knowledge from years of experience we designed a protocol particularly geared towads these addiction-interruption sessions, in which we modified the Lotsof procedure to provide sessions in a semi-clinical setting. First of all, we came to the conclusion that a thorough professional physical and psychological screening was needed. Second of all we had seen most people relapse at different time intervals after their treatments and wanted to provide some type of aftercare that was obviously needed.

At the time I wrote this in 1998 my main role within INTASH besides being an addict self-help representative was one of Ibogaine counselor, advisor and ethnographer. I will try to shed some light on what took place during the intake, the treatment and the after-care procedure at that time which is written in the present tense.

The intake procedure consists of establishing a preliminary process during which the addict requesting treatment is gradually prepared, while a relationship of trust develops. The addict is thoroughly informed of the physical and psychological consequences of a treatment with Ibogaine. Each person who seriously considers treatment with Ibogaine and who is well informed about Ibogaine goes through an initial screening which consists of a blood test, an EKG, a visit to a psychiatrist and an optional visit to a psychotherapist. The blood is screened by professionals for liver abnormalities, blood count and general health, the EKG checks the functioning of the heart and the visit to the psychiatrist is needed for a professional evaluation of ones past and present state of mental health. Basis of exclusions are problems with the liver, heart and/or lungs and psychiatric conditions beyond depression (mood-disorders) such as psychosis, schizophrenia, etc. (personality-disorders). Once the subject has passed this screening, I do an unstructured life and drug history interview with the subject, which includes information about the treatment procedure in order to prepare the subject as thoroughly as possible. Ibogaine has been

proven not to be toxic and not to create dependency. It is hard to imagine and comprehend for many hard-core substance abusers, that Ibogaine will cause them to be clean from one day to the next without major pain and agony, especially for those who have been using daily high doses of Methadone in maintenance programs. Therefore the information given during intake encompasses many aspects and starts with a clear and firm warning of the danger of using drugs, in particular heroin, during and right after the treatment. This warning is repeated on the day of the treatment and is important because subjects undergoing the treatment need to be aware that Ibogaine potentiates opiates that are still in the system. More opiates during treatment can lead to overdose. The subject is then told what happens during a treatment.

The night before the treatment the INTASH Ibogaine team spends time with the subject and helps him or her to close the door on the addiction chapter in their life. It often helps to incorporate a symbolic ritual after the subject has consumed their last dose of drugs such as suggesting to the subject that they destroy their paraphernalia. It can be an enormous release of emotion to crush syringes by stomping on them, flushing items down the toilet, burning them and or simply tossing them in the trash. Sage can be burned to clear the space of unwanted energies as now the plant spirit of the addictive substances are asked to leave and the healing plant spirit of Eboga is invited in. We discuss the use of Eboga by the Bwiti. We draw the parallel that the Bwiti use Eboga as a form of initiation into adulthood. Similarly, a drug-dependent individual has not been able to take full responsibility of all aspects of their life and can use Ibogaine to be initiated in to a state of integrated wholeness in which the use of drugs in order to function is no longer a necessity. The INTASH two main team members are two individuals, a male and a female and we draw the parallel to the momma Eboga and the poppa Eboga who are guiding the subject through a state beyond time , the dream zone, in to a new beginning. The subject who is about to be initiated is now part of a new family. The need to belong to a social network of active drug users in order to replace the often dysfunctional biological home life is no longer a necessity. This bond is now forged with the entry in to a new community of Ibogaine initiates. The evening is filled with talk about our own experiences as Ibogaine initiates, the anxiety, excitement and anticipation we have all felt the evening before our experience. Parallels between the Bwiti initiation and the addiction interruption sessions are further discussed. I would like to quote a statement by Fernandez I which the Bwiti experience is compared to the INTASH sessions. And I quote: “In Bwiti this is understood, as we know, as the discovery of the “path of life and death,” a discovery that saves one from a confused and wandering state within the deep equatorial forest without beginning and without end and without project, that is to say without the capacity or ability for useful work in this world, understood as “the work of the ancestors” (endnote 1). In INTASH, this change of life way is understood as a “breaking of the cycle of self-destructive behavior and the finding of new positive ways to approach life and its problems. The object is commitment to a new way of living,” end quote.
Another level of trust is created. The subject realizes that he or she doesn’t have to face the journey alone and will be able to relate their experience to the guides

afterwards and form a new unspoken bond to all other Ibogaine initiates around the world.

The actual treatment takes place in three stages, through which the subject is guided by a team of Ibogaine-experienced ex-addicts, a medical doctor, a psychiatrist and a psycho-therapist and several other medical personnel.

Early in the morning, ten hours after one's last use of food and drugs, the subject takes the Ibogaine orally in capsule form. The subject initially receives a very small dose in order to detect any possible allergies.

Sometimes the Ibogaine is mixed with a digestive aid. This takes place in the morning, when the subject normally would have used their wake-up dose of drugs. An hour after administration the subject usually notices the fact that their familiar morning withdrawal symptoms have disappeared and will express a desire to lay down and get comfortable. A quiet, darkened room, especially prepared in a personalized, though non-distracting, manner is made available for this purpose. The room is darkened because light bothers most subjects on Ibogaine. The room is quiet because sound is usually experienced in an amplified and oscillating way.

When INTASH performed their first series of treatments in Rotterdam in 1990 we had access to a treatment room with two doors. An image of a moon was painted on the door the subject would enter at the onset of their treatment to symbolize the entry in to their dream world and the end of their life as a drug-dependent person. The other door, through which the subject would leave the room after finishing their treatment carried the image of a sun. The sun symbolized a new day, filled with new light and awareness. The sun also symbolized a place with a new limitless horizon of warmth where psychological and emotional darkness no longer dominated. The room itself was introduced to the subject as a safe place, a womb in which the rebirthing of self could take place.

What happens during the treatment we as providers and experienced Ibogaine users all know.
The subject generally experiences ataxia during movement, which is loss of muscular coordination similar to drunkenness. Since the ataxia is sometimes accompanied by vomiting, he or she is asked to lay still with the least amount of motion as possible. When closing the eyes, approximately 75% of subjects experience dream-like visions. I will get back to this visionary stage later in my talk. However, when subjects opens his/her eyes and are talked to, there seem to be no real visual or auditory distortions and some level of communication is possible but usually not preferred by the subject. Many subjects perspire heavily

and are advised to wear comfortable shirts/pants that can be easily replaced. The first stage takes place for about four to eight hours, during which he or she is regularly checked by the treatment team and where members of this team are constantly available on request. During the first stage subjects generally do not complain about any withdrawal symptoms.

In the second stage, that can last approximately 30 to 40 hours, several things can happen. Some subjects still experience a dream-like period, although it is supposedly less intense. There is time to evaluate the visionary experiences, which can bring about profound insight into life and death and the reasons behind addictive behavior. Some subjects request something to drink and/or very light food like fruit. The subject usually stays awake most of the time. During this phase some subjects complain about exhaustion, which some of them interpret to be withdrawal symptoms. It is at this stage that the presence of Ibogaine-experienced ex-addicts is crucial. The previously established trust relationship between the subject and this guide, gives the guide the opportunity to assure the subject that this is a common stage and that all that is needed is some sleep. They can relate on the basis of shared experiences, which has proven to be very effective and very important in order to prevent the subject from using any drugs that he or she might have saved. In many of these cases the subject is calmed down and sleep medication can be requested and is often advised by the team.

During the third stage most subjects fall asleep for a couple of hours, with or without the help of some sleep medication, after which they generally awake feeling rested, very hungry and in need to wash up. In the course of this day most people are able to resume normal activities. Many subjects need to spend more time in or around the treatment facility to process what has happened to them and to adjust. Some people request to talk about their experience, others prefer privacy. Some subjects experience up to about 15% of withdrawal symptoms after treatment, like some minor chills or a little yawning. An increased amount of energy and appetite and a decreased sleep requirement then continues over a three to four months period, diminishing slowly. Subjects usually stay free of cravings for several months.

During the intake the subject is informed of these practical aspects of a treatment with Ibogaine, however INTASH members also prepare the subject for the possibility of dream-like visions during the first and part of the second stage, even though approximately 25% of all subjects report not experiencing any visions. The visual and auditory experiences that possibly occur during Ibogaine treatment have demonstrated the ability to release repressed memories. The relevance of these visions in relation to the addiction interruption process is obvious when they seem to help the individual to

develop an understanding of the underlying reasons for their addictive behavior. We usually ask the subjects what their expectations are around these possible Ibogaine visions. Since many addicts use drugs for their consciousness-suppressing qualities, some of them express fear of Ibogaine's mind-altering effects. It is then explained to them that people have reported not experiencing Ibogaine as a euphoric and that the effects of the visions on the mind do not seem to include actual processing on an emotional level. That is to say, there is no element of release of emotions like laughing or crying as is seen in many hallucinogenics. Besides, the repressed memories that are being released are usually positive, since most addicts have been dwelling on the ones that are negative.

It has proved important to explain the similarities between an addiction interruption session and the use of Ibogaine in the African tribal tradition. As Howard Lotsof explained, some West-African tribes have used Ibogaine for centuries as a form of initiation that occurs once in a lifetime when a young person is to make their transformation into adulthood by reviewing their past and to "restore communication with the ancestors." People taking it for addiction-interruption purposes describe the visionary and auditory elements of the Ibogaine experience as a state of "dreaming wide awake." Visions can occur in a repetitive mode. They often report visualizing a rapid run-through of their lives and/or the lives of family members, even of those who have already past away. They have noted the ability of going both backward and forward in time and being able to come to an understanding of their spiritual roots. With spiritual I do not mean religious, but I mean a hightened level of awareness. I like to call the experience a "journey into ones DNA."

The possible amount and intensity of released material can be so overwhelming, that people have said that they simply could not remember everything they had seen, or that it took months to remember certain visions. Therefore, the processing of released material and the ability to verbalize these matters and learn to interpret their often symbolic content can take extended amounts of time and continue over years. Subjects have reported experiencing a mental or spiritual transformation due to the Ibogaine which they compare to ten years of therapy in 2 days, or taking a "thruth-serum." Whatever people report on their experiences, they have been observed returning from their Ibogaine experiences with a greater understanding of previously made choices. However, this does not mean that the Ibogaine experience offers them the skills to interpret and approach this material in a constructive manner that can lead to positive and productive solutions and changes in the life after treatment. We have learned from experience that for many people Ibogaine treatment on itself is not enough to maintain a substance abuse-free life. Most subjects require some type of after-care in which these and other matters are addressed. Psychotherapist

Barbara Judd, who has been working with substance abusers for over 25 years and who has treated people before, during and after Ibogaine treatments for over 6 years noticed that a person treated with Ibogaine is more ready and willing to undergo therapy sessions compared to the average recovering drug abuser. Many addicts who have used Ibogaine have seem to be able to access sensitive material that lays at the core of their addictive behavior without the usual feelings of trauma and fear and the need to anesthetize these feelings with drugs as a way of defense. Their newly acquired knowledge and attitude can save the therapist a lot of time in terms of confronting the individual with possibly painful issues. In case there are traumatic issues, they need to be worked through in order to break through the cycles of self-destructive behavior and find new, positive ways to approach life and it's problems. Subjects are stimulated to seek out or create support networks, which could range from attending Narcotics Anonymous meetings to organizing Ibogaine focus groups of their own and connecting online through online communities such as created by Mindvox.

The after-care strategy is defined through collaboration with each subject during the intake phase and after the treatment. Individualized after-care plans are based on the life and drug history taken earlier in the interview and the subjects present situation. Any form of after-care is of course optional and it's up to the subject to follow through in whatever way they feel is necessary. Motivation to design an after-care strategy and intentions to follow through on such plans are taken into account when reviewing the eligibility of each individual requesting treatment. Some people might need a therapeutic community, others a half-way house and yet others just manage on their own. What we try to do is make people aware before the treatment that taking Ibogaine involves a commitment to a new way of living, that Ibogaine is not just a "quick fix" and that staying clean is based on a profound change of attitude towards physical, mental and emotional well-being.

Crucial aspects of aftercare that need to be considered are for example housing, education, jobs and the psychological consequences of assimilation back in to relationships, the family and the community. If unanswered, these matters could otherwise ultimately cause reasons for relapsing in old behavioral patterns. Based on the psychiatric evaluation some subjects need to be made aware of options like anti-depressants, non-addictive anti-anxiety medications, etc. Subjects are made aware of the availability of some fairly new anti-depressants that are currently on the market which are particularly suitable for recovering addicts. They seem to be extremely helpful in medicating possible chemical imbalances in the brain produced by the extensive use of hard drugs. Stabilizing de-regulated neurotransmitters is not only important in terms of treating

depression, anxiety and other symptoms caused by extensive drug addictions, it is also crucial in terms of dealing with psycho-therapy in an effective way.

All subjects receive a list with important recovery issues, as they at the time were also presented on the Junkie Home Page web site. These tips are relevant to any recovering substance user/abuser and also include things that deal with the physical well-being, like how to eat healthy, the need for exercise, how to deal with hypo-glaucemia, info on vitamins, the benefit of sauna etc.

That covers the intake, the treatment procedure and after-care protocol that was in use through INTASH back in the day.

I would like to emphasize the importance of Ibogaine-experienced ex-addicts in the process of treating substance abusers with Ibogaine. Even though I believe Ibogaine should be made widely available it is in my opinion crucial to do so in cooperation with Ibogaine experienced addict representatives. The presence of these peer counselors is very important because there is a possibility of a trust relationship that reduces possible risks and that optimizes the chances of a successful outcome. The use of peer counselors is a convention that is widely used in the field of treatment and harm reduction as pointed out and applied by people like Dr. Vincent Dole and Nico Adriaans. Most substance abusers prefer to receive treatment in the presence of former addicts who are experienced with the treatment procedure, because they can relate to each other through similar experiences. However, I would also like to acknowledge successful addiction interruption treatments that have been taking place in my hometown of Amsterdam, Holland over the last ten years by a treatment guide who has no personal experience with addiction. This further showcases the enormous potency of Ibogaine by itself, regardless of prevous addiction experience which all the more proves its effectiveness. The crucial element of any Ibogaine session in my opinion is the utmost respect and safety for the subject as an individual.

In a world where addicts have constantly been submitted to rejection and secrecy, many have developed a low self-esteem. We therefore find it crucial to provide a treatment environment that is non-judgmental, in which the addict feels respected and free to express themselves and where the right to choose is always present. For example, most addicts will not change their behavioral patterns if they are being pushed into treatment by family, friends or the judicial system. Being prepared for treatment with Ibogaine means being ready and willing to take a physical and spiritual leap forward. It is therefore important that the treatment team includes Ibogaine experienced ex-addicts in order to provide loving and understanding support and guidance, in which mutual trust is the central issue. When the treatment is completed , a process of self-

discovery and self-realization can start to develop, in which it is vital that the former addict can relate to others with a similar experience in order to prevent feelings of alienation to his/her environment. This has been done by creating focus groups where people can share this common ground, or by treating several members of one particular scene of drug users. The aim of the INTASH members is for Ibogaine to become available to any person requesting treatment.
I don't see Ibogaine as a cure on itself, but as a very effective part of a larger treatment scheme. It can therefore also play a role in the prevention of the spread of drug-related infectious diseases, like the HIV virus amongst IV users. And even if people do decide to return to drug use after treatment, they usually find that they need less drugs to get high, not just because they have more tolerance, but also because Ibogaine seems to diminish the need to use drugs. Ibogaine has proven itself to be the ultimate harm reduction and relapse prevention tool. Ibogaine is much more cost effective than many other currently implemented treatment and maintenance modalities and cost only a few dollars to manufacture. The unavailability of Ibogaine in light of an estimated 200 million addicts in the world today is totally inappropriate. All too often I run into situations where Ibogaine is approached from a political perspective instead of one of medical necessity. It is not up to political standpoints if Ibogaine should be available or not. People with any political or/and financial clout and any social consciousness should concern themselves with the question of how to make Ibogaine widely available as soon as possible in the most effective way. It is not a matter of debate if Ibogaine should be available, we have already made Ibogaine available.

We don't want to see Ibogaine becoming just another illegal street drug with an anti-social stigma attached to it. Issues like the quality of product that is used, or the dose range, or undiagnosed physical or mental health conditions of the people who choose to take it in an irresponsible unprepared manner can lead to negative consequences. My main concern is the safety of the substance abusers. Even in the safest possible situation provided by for example the INTASH intake and counseling the element of risk remains. It is an element we do not wish to take, but are forced to take.

From my conversations with some of you during the last few days it is more apparent to me than ever before how important it is to share information. It would be wonderful to see recurring provider conferences such as these as well as a provider online database in which we can share our findings. Through the sharing and collection of data we can learn from each other, forge closer bonds, help each other and prevent working in isolation - having to continuously reinvent the wheel. By collecting and sharing data we could find common experiences, helpful practices and refine our guidance to those who need our help. Such data can prove to be relevant in various different ways; medically,

sociologically, therapeutically, scientifically etc. In my opinion this is important so our work is not dismissed but taken seriously so we can move forward with for example funding, research, NIDA development etc.
Another result that can be useful as a result of such a database would be content development for possible training seminars in which we teach interested Ibogaine initiates to become Ibogaine guides themselves.
Personally I am not necessarily interested in using such an information exchange website in order to develop a one-size-fits-all type of protocol as I have heard mentioned earlier in this conference. I believe that everyone has the right to administer or use any earthly or un-earthly substance as they see fit. However, it would be very helpful to create some general safety guidelines and suggestions in regards to effectiveness. Protocols can and should be flexible to approach. Providers and people in need of treatment all have different preferences that should be respected. Some providers and/or subjects might seek an above-ground method in a clinical setting. Others might want to provide and/or receive treatment in a more nature-based setting with for example the use of rituals, others yet again will opt to use Ibogaine in the comfort and safety of their own home or an anonymous private place such as a hotel etc. The use of Ibogiane can not and should not be regulated in my opinion. However, each and every treatment provider can take as many steps as possible to guarantee safety for their subjects, no matter what the setting and method applied. Safety should be our main concern.
Another reason for collecting data amongst us is for example a discussion about effective aftercare. Long-term effective outcomes can be influenced by aftercare services. What works in the short term? What works in the long term? How can we help each other with information to make Ibogaine as effective as possible the first time around so we can prevent having to do repeat treatments on subjects? This is where such a database can be of crucial importance.

The protocol INTASH developed is just one way of providing addiction interruption sessions and we want to learn from you how to improve and enrich the experience we can offer. What is most important here is that we let Eboga point the way instead of letting our egos get in the way as has happened too often in the last 20 years. I am hopeful that this conference brings the dawning of a new day in which we can all respect each other methods and learn from each other without judgment.

Last but not least I would like to honor the work that Howard Lotsof has accomplished in his life. Without you Howard, we would not be gathered here today. Many of us wouldn't even be alive today. The legacy you leave is without comparisment. You have touched our lives and all of the lives of the people we have treated and are about to treat with a phenomenally positive impact. You are the true father of Eboga in the Western world and beyond. Your life's work is

a true immortal piece of art. From the bottom of my heart I want to thank you. I love you so much.

Blessings to all of you who risk their own lives in the service of helping others. Thank you for your attention.