

The Ibogaine Movement at a cross road – time for reflection and strategizing

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)years old Howard Lotsof (1962 19

The seminal discovery of Ibogaine's anti-addiction properties by the late and beloved Howard Lotsof during the mid 60's calls now, 50 years later, for a reflection and self analysis by the members of the international treatment movement that formed during the ensuing years.

We should ask ourselves is the ibogaine treatment movement on the right track? What is the "right" track? What should we do different or better? Are we honest with ourselves? Where do we go from here? These are questions that we need to be asked and answered during the . conference in Vancouver

Are we on the "right track"? What is "the "right track

The right track is one that leads to greater **safety**
!and **better treatment outcomes**

- To that end, we must adhere to strict physical and psychological screening and to the use of trained medical staff (preferably doctors),
- Develop clinical treatment manual by physicians and harmonize existing protocols to a cohesive, consensus building treatment protocols.
- Use the best Ibogaine available.

?What should we do different or better

- Establish an on line treatment provider's training academy,
- Develop curriculum for internship programs for new providers inspected by experienced TP's in working clinics,
- Establish criteria for qualifying/certified TP's that combines on line testing of treatment manual and internship with an experienced TP
- Decide that every TP should take a medical Emergency treatment course. Otherwise no treatments allowed.
- Develop reporting and centralized feedback procedures of adverse medical reactions and unprofessional behavior by TP's,
- Decide when to issue a web warning against TP's who break laws and are negligent.

Where do we go from here?

:Decide and agree on

1. Use of doctors and/or nurses and medics as a minimum safety measure in any treatment should be a decided upon
2. Sign a commitment to adhere to clear and realistic physical and mental screening procedures, interpreted by physicians, to maintain safety and efficacy of the treatments
3. Develop internship model for new comers and on line testing of treatment manual to qualify for endorsement by the Ibo treatment community and GITA
4. Harmonize treatment protocols

?Are we honest with ourselves

:Ask your self the following questions

- If it was me on that bed, would I trust my self to give me a treatment?
- Do we know all the drug to drug interactions involved?
- Did we get to know the patient?
- Are we doing hands on treatment?
- What is missing from our clinic?
- Are we saving on safety equipment?
- Are we over charging?
- How do we reduce the price and make the treatment more accessible to economically disadvantaged people?

I think these are some basic questions all tp's should ask themselves and try and correct if the answers are not adequate

Thanks for your attention

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