

A POLICY POSITION REGARDING THE ENACTMENT OF LAWS AUTHORIZING PARTICIPATION IN THE MULTISTATE CONSORTIUM FOR IBOGAINES RESEARCH

BACKGROUND

Over the past decade, the medical community has increasingly recognized the potential of psychedelic therapies for the treatment of mental health conditions and addiction. Ibogaine has been discussed as one of the most promising potential treatments, but remains largely unexplored by major drug developers. Ibogaine is a naturally occurring alkaloid found in the *tabernanthe iboga* plant, which grows in West Africa. A growing body of research shows ibogaine holds enormous promise in treating a wide range of neurological conditions, including traumatic brain injury (TBI) and opioid use disorder (OUD). Recent observational studies and brain scans following treatment have revealed ibogaine is actually neurogenerative—meaning it builds new, healthy brain tissue or repairs damaged brain tissue.

Research by Stanford University published in *Nature Medicine* in 2024 found that ibogaine treatment immediately led to significant improvements in post-traumatic stress disorder (PTSD), depression, and anxiety in a cohort of special operations veterans suffering from TBI.¹ According to Stanford Medicine, “One month after treatment participants experienced average reductions of 88% in PTSD symptoms, 87% in depression symptoms and 81% in anxiety symptoms,” relative to their condition prior to treatment.² Another study showed treatment with ibogaine consistently and immediately reduced both physical withdrawal symptoms from opioid addiction and psychological dependence. In a small-scale study, 75% of patients remained abstinent from opioids for an entire year following a single treatment.³ We believe it is critical to study ibogaine and unlock its full treatment potential.

If research can demonstrate the safety and efficacy of ibogaine through clinical trials supervised by the U.S. Food and Drug Administration (FDA), it will offer a path for treatment to millions of Americans suffering from costly and often lethal mental health problems, including PTSD, OUD, and potentially neurodegenerative diseases like Alzheimer’s or Parkinson’s, although research is further away for these latter indications.

The enormous potential of ibogaine has led many Americans to seek treatment; unfortunately, because ibogaine is currently classified as a Schedule I drug through the federal Controlled Substances Act, patients can only access these treatments outside the United States. Ibogaine therapies are available in Mexico, Costa Rica, and elsewhere in Latin America, but patients must travel and pay out-of-pocket. After years of advocacy by veterans’ organizations and researchers to allow access to ibogaine treatment in the United States, in 2025 a bipartisan coalition of Texas state legislators voted to fund and authorize the first American ibogaine research program (Senate Bill 2308). The effort does not attempt to bypass existing federal regulations to legalize ibogaine or ibogaine treatment. Instead, it authorizes an in-state

¹ Cherian, K.N., Keynan, J.N., Anker, L. *et al.* Magnesium–ibogaine therapy in veterans with traumatic brain injuries. *Nat Med* **30**, 373–381 (2024). <https://doi.org/10.1038/s41591-023-02705-w>.

² Sarah C. P. Williams. 2023. “Psychoactive Drug Ibogaine Effectively Treats Traumatic Brain Injury in Special Ops Military Vets.” News Center. December 6, 2023. <https://med.stanford.edu/news/all-news/2024/01/ibogaine-ptsd.html>.

³ Geoffrey Noller et al, “Ibogaine treatment outcomes for opioid dependence from a twelve-month follow-up observational study,” *The American Journal of Drug and Alcohol Abuse* 44 (2017). 7.

grantee to undertake research on ibogaine, conducting clinical trials with a goal of securing FDA approval for the medical use of ibogaine.

This research program launched a first-of-its-kind effort, with states leading an application for ibogaine as an investigational new drug for consideration by the FDA. Conducting FDA-authorized clinical trials may confirm ibogaine's potential as a medical treatment, thereby moving it out of Schedule I, and allowing those in need critical treatment access.

While Texas was the first state to take this step, the research effort is bolstered by participation of multiple states across the nation; a multistate research consortium with multiple clinical trial sites will expedite and strengthen the research efforts on ibogaine. In less than a year, five additional states have joined the consortium through authorizing legislation, and additional legislatures continue to weigh the issue. Support for ibogaine research has been strongly bipartisan, and many votes in support of this legislation have been unanimous. In total, fourteen states considered ibogaine-related legislation in their 2026 legislative sessions, with five states joining Texas to enact laws authorizing ibogaine clinical trials (Kentucky, Louisiana, Mississippi, Oklahoma, and Tennessee).

As the number of states authorizing clinical trials has grown, there has been increased federal interest and support for the effort. The president of the United States recently issued an [Executive Order](#) supportive of research into ibogaine. It “allocate(s) at least \$50 million from existing funds to support and partner with State governments that have enacted or are developing programs to advance psychedelic drugs for serious mental illnesses, including through Federal funding, technical assistance, and data sharing as appropriate and consistent with applicable law.”⁴

To participate in this multistate research effort, state legislatures should adopt legislation authorizing a grant from the states' opioid settlement funds to a qualified in-state research entity that would partner with the multistate research consortium or other funding sources including gift, grant, or donations of any kind and from any source to conduct clinical trials at a remote trial site within their own state borders. The data generated by each local trial and partner states will aggregate into a consolidated new drug application before the FDA. The legislation should require a grantee to follow the exact protocols approved by FDA as part of the investigational new drug application secured by the research consortium.

By authorizing in-state research and multi-state collaboration, states will join the historic effort to conduct state-led clinical trials, with long-term benefits at home for participating states and their residents, and for those in need of treatment and healing.

RECOMMENDATIONS

The Southern Legislative Conference of The Council of State Governments urges state policymakers and state regulators in the South to enact legislation to authorize their state's participation in the multistate research consortium or other research institute on ibogaine.

The Southern Legislative Conference of The Council of State Governments requests that a copy of this policy position be forwarded to the governors, lieutenant governors, applicable state regulators and legislative presiding officers of the member states.

⁴ Donald J. Trump, “Accelerating Medical Treatments for Serious Mental Illness,” The White House, April 18, 2026, <https://www.whitehouse.gov/presidential-actions/2026/04/accelerating-medical-treatments-for-serious-mental-illness/>.

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