Foundation for Drug Policy Solutions

Ibogaine has been touted by activists and for-profit entities as a treatment for everything from addiction to depression and PTSD. However, this psychoactive substance has not been approved by the Food and Drug Administration (FDA) and may never receive approval, given its lack of evidence-based use and its association with fatal harms like cardiotoxicity. Despite ibogaine's classification as a Schedule I substance, advocacy groups in a few states have sought to circumvent the standard FDA approval process and usher in an industry to sell this psychedelic. These incautious, industry-funded efforts should be rejected in favor of a science-based approach that assesses ibogaine via the standard FDA approval process.

The following document serves as an overview of ibogaine and the related landscape.

What is ibogaine?

Ibogaine (12-methoxyibogamine) is a psychoactive compound derived from the iboga plant. The iboga plant is native to the region of Africa near Gabon and the Republic of Congo. Ibogaine has been used by indigenous populations to combat feelings of hunger and fatigue, as well as during ceremonies (e.g., by members of the Bwiti religion to connect with their ancestors).

When taken in low doses, ibogaine can have stimulant-like effects. When taken in high doses, it can have psychedelic-like effects. The National Institute on Drug Abuse (NIDA) said that "the effects of ibogaine have not been well studied and may be difficult to predict," while noting that its effects may include increased energy, euphoria, hallucinations, and feelings of being in a dream-like state.

Ibogaine is classified by the Drug Enforcement Administration (DEA) as a Schedule I substance, meaning that it has a high potential for abuse, no currently accepted medical use, and a lack of accepted safety for use under medical supervision. Additional psychedelic drugs in Schedule I include psilocybin, LSD, mescaline, DMT, and MDMA.

How does ibogaine work?

Noribogaine is thought to be the psychoactive component of ibogaine, similar to THC in marijuana. Because much remains unknown about its mechanisms of action at the pharmacological level, large swaths of the medical community remain skeptical to endorse using the drug.

How is ibogaine used?

Ibogaine, as a powder of the iboga plant's root bark, can be taken as a capsule or mixed into drinks like tea. The root bark itself can also be chewed on.

How many people use ibogaine?

The National Survey on Drug Use and Health, the primary federal survey for measuring the prevalence of drug use in the United States, does not specifically ask about the use of ibogaine. Likewise, the Monitoring the Future survey, a federally funded survey focused on the use of drugs by youth, does not ask about ibogaine. This is likely because ibogaine is not commonly used by the general population, given that the surveys do ask about other psychedelics (e.g., psilocybin).

However, the 2025 RAND Psychedelics Survey, based on more than 10,000 responses from Americans aged 18 or older, included questions about ibogaine and related psychedelic substances. It found that the past-year use of ibogaine or iboga among adults was 0.3%. This relative obscurity likely aids industry efforts to influence public discussion around ibogaine. When extrapolated to the national population of adults, RAND estimated that fewer than 1 million people used ibogaine in the past year (941,000). In comparison, it found that psilocybin was used by 4.3% (11,059,000), MDMA/MDA was used by 1.8% (4,699,000), and LSD was used by 1.1% (2,982,000) in the past year.

Is ibogaine an approved medicine?

Ibogaine is not approved by the FDA for the treatment of any disease or condition. Ibogaine cannot be prescribed by U.S. doctors to patients; it cannot be obtained at a pharmacy or legally obtained in any therapeutic treatment. Individuals who use ibogaine must travel to clinics in other countries to undergo this unapproved and unproven therapy.

FDA approval would signify that the agency has determined that a drug is both safe and effective. It would also provide patients with standardized information, including dosing, method of administration, and potential risks.

Beyond not being approved by the FDA, ibogaine has not even been designated by the FDA as a breakthrough therapy, a status that would expedite its approval process and suggest that its efficacy exceeds that of existing therapies. Dr. Nora Volkow, the director of NIDA, told *PBS* in July 2025 that ibogaine "would be dead in the water" with regard to receiving FDA approval, given its cardiotoxicity. She added, "you also have to be very mindful not to fall into the hype and to be objective and rigorous in

evaluating them," noting that the agency is nevertheless still interested in researching psychedelics, including synthetic versions of ibogaine.

What are the potential harms of ibogaine?

Two recent news stories, both ending with criminal convictions, illustrate the harms and dangers of ibogaine clearly.

In the U.S., Colorado resident Ameen Alai was sentenced to four years in prison after giving ibogaine to an acquaintance, whose subsequent death was ruled to be a result of ibogaine toxicity. Alai claimed he had given the dead man the drug in an effort to treat his addiction. In Durban, South Africa, dentist Anwar Jeewa—who operated an ibogaine "clinic"— was convicted of culpable homicide after giving the drug to a seeker of addiction treatment.

These deaths are not isolated. A 2021 study said that 33 ibogaine-related deaths were publicly reported between 1990 and 2020, though it is plausible that more occurred and were unreported. For example, a 2016 case report highlighted a 40-year-old man who suffered from cardiac arrest and died after using ibogaine. His presentation to the hospital was consistent with ibogaine-induced cardiotoxicity and subsequent cardiac arrest.

In 2022, researchers in Brazil and Spain published a systematic review of the adverse events of ibogaine on humans, drawing heavily on case reports. They noted that the acute adverse events of ibogaine included tachycardia, hypotension, hallucinations, space-time disorientation, ataxia, muscle tension, weakness, diaphoresis, akathisia, tremors, seizures, anoxic brain injuries, and unconsciousness, among others. Prolonged adverse events (defined as lasting more than 24 hours) included insomnia, alterations in speech, delusions, aggressiveness, irritability, dissociation, hallucinations, psychomotor slowness, psychomotor agitation, and amnesia, among others.

Hallucinogen persisting perception disorder (HPPD) may also occur. That is a condition characterized by the indefinite continuance of the psychedelic effects of a drug. There is no cure for this condition, though it may fade over time. A 2018 case report, which said it is the first described case of HPPD after ibogaine use, highlighted a 31-year-old male with opioid use disorder who reported experiencing perceptual alterations and flashbacks "in the following weeks." The individual subsequently returned to heroin use.

Ibogaine may also change the heart's electrical activity and lead to fast and irregular heartbeats. A 2009 case report in the *New England Journal of Medicine* highlighted a 31-year-old woman who arrived in the emergency department because of a seizure-like attack after using ibogaine.

The general impairment caused by ibogaine—similar to other psychedelic drugs and alcohol—can also increase the risk of harm. For example, many individuals who use psychedelics drive under the influence of these drugs. It is also plausible that some individuals will experience a "bad trip," causing them to turn to self-harm. There are "many accounts of outright sexual abuse, mostly perpetrated by men upon female clients" during ibogaine treatment, given the impairment and vulnerability of participants.

Are there potential benefits of ibogaine? How impartial is ibogaine research?

The body of research in psychedelic drugs is overwhelmingly biased; this problem goes back to the earliest days of research into psychedelics as therapeutics, where studies were conducted without meaningful oversight and often with truly horrific (and illegal) results.

Problems with such research persist into the current moment. This is true of ibogaine as well. Even a cursory survey of the available literature it shows it to be rife with conflicts of interest among study authors as well as serious methodological flaws—as in the case of a small 2017 study published in the *American Journal of Drug and Alcohol Abuse* about ibogaine reducing withdrawal symptoms. This research was supported by a research grant from the Multidisciplinary Association for Psychedelic Studies (MAPS), an advocacy organization founded in 1986 by Rick Doblin, an infamous user of psychedelics and activist. A similar 2018 study about ibogaine reducing opioid withdrawal symptoms also disclosed support from MAPS. MAPS is a scandal-ridden organization that is seeking FDA approval for psychedelic therapies through its pharmaceutical company Lykos. One of the study authors was a full-time employee of MAPS at the time this study was published. The study lacked a control group, meaning the therapy was administered to all participants instead of being compared with proven opioid withdrawal treatments like methadone or being compared to no intervention at all. The participants also self-selected.

This is one example of a plethora of flawed studies that are used by researchers performing literature reviews and other macro surveys. In other words, the current condition of research in this area might best be described as a pro-ibogaine feedback loop that has the potential to negatively influence public policy and harm public health. MAPS cited the 2017 study in its submission to the President's Commission on Combating Drug Addiction and the Opioid Crisis, arguing that "the Commission ought to recommend that the federal government fund further research and development of ibogaine as a clinical treatment to treat opioid abuse." The study in *Nature Medicine* is often cited by advocacy organizations like Americans for Ibogaine.

This, as noted, has been a theme for psychedelic research. A scoping review of 193 published and 80 ongoing studies on another psychedelic drug, psilocybin, found that the overwhelming body of literature

lacks primary studies and randomized controlled trials and is rife with conflicts of interest. Research conducted recently often occurs in duplicate populations, and while some clinical trials are ongoing, the populations are small and non-randomized. There are data that show self-selecting into a trial on psychedelic therapies serves as a massive bias in favor of the therapy. Most patients who sign up for these therapies already have experienced them and believe that they work. When performed under high quality research, these therapies do not fare better than existing treatments or even placebo.

Those issues have come to be characteristic of research in this area. A 2025 study in *Nature Mental Health* about the potential benefits of ibogaine for veterans acknowledged support from Veterans Exploring Treatment Solutions (VETS), an advocacy organization that focuses on how psychedelics like ibogaine may benefit veterans with mental health issues. The study's senior author disclosed having served on scientific advisory boards NeuraWell (which is working to develop ibogaine drugs), and Soneira (which also works on ibogaine drugs) and having stock options in NeuraWell and Soneira. A 2024 study in *Nature Medicine*, focused on veterans with traumatic brain injuries, involved co-authors who disclosed being shareholders in Ambio Life Sciences, which offers ibogaine treatments. One co-author is the founder of Terragnosis, Inc., a company dedicated to the sourcing and semisynthetic conversion of ibogaine precursors to ibogaine.

These connections to for-profit and advocacy organizations should give readers serious pause.

Who's promoting ibogaine?

The Psychedelic Science Funders Collaborative (PSFC) is a 501(c)3 coalition whose members fund virtually all major research and players in the field of psychedelics. In addition to funding university research programs like Johns Hopkins Center for Psychedelic Research and the UC Berkeley Center for Science of Psychedelics, their members fund advocacy organizations that push for the legalization of psychedelics like the Veteran Mental Health Leadership Coalition and Reason for Hope and pro-marijuana legalization PACs like the New Approach PAC. PSFC is a major investor in pharmaceutical research, including MAPS and Lykos' now-failed effort to procure FDA approval for MDMA-assisted therapy.

In a 2025 report titled *Strategic Roadmap for Collective Philanthropy,* PSFC said it will lean toward psilocybin "while groundwork is being laid for other classic psychedelics, as well as ibogaine, MDMA, and ketamine." PSFC has been instrumental in securing large sums of public money for ibogaine research through targeted lobbying, the use of sympathetic interest groups (particularly veterans), and the leveraging of public settlement funds to finance pharmaceutical development.

PSFC aims to use state-level approval of ibogaine as a catalyst for eventual federal approval and the establishment of a multi-billion-dollar psychedelic pharmaceutical industry. PSFC has identified veterans as one of the most sympathetic groups in the country to manufacture urgency for policy changes. By tying ibogaine research to the veteran suicide crisis, industry advocates have successfully pressured regulators and lawmakers to prioritize experimental therapies.

Leading advocacy organizations have numerous conflicts of interest

Americans for Ibogaine, a PSFC funded non-profit founded in 2025, has become a leading advocate for ibogaine. Rick Perry, the former Governor of Texas and U.S Secretary of Energy, is the organization's chairman. In January 2025, Perry and W. Bryan Hubbard, the organization's CEO, appeared on *The Joe Rogan Experience* podcast. Perry used the appearance to advocate for the medical use of ibogaine and credited former Navy SEAL Marcus Luttrell and Congressman Morgan Luttrell with "opening his mind" to the therapeutic potential of psychedelics. In June 2025, Texas Governor Greg Abbott signed Senate Bill 2308, which allocated $50 million for ibogaine research. Hubbard attributed this victory to the political influence of Perry, who is also a featured speaker at PSFC events.

Veterans Exploring Treatment Solutions (VETS) has focused on how ibogaine may benefit veterans with mental health issues (e.g., PTSD). The leaders of VETS were featured in a Netflix documentary called In Waves and War about the use of ibogaine among the veteran community. The organization has received significant support from Steve and Genevieve Jurvetson, both prominent members of the Psychedelic Science Funders Collaborative (PSFC).

Industry-backed groups like Reason for Hope worked with Kentucky's Opioid Abatement Advisory Commission to propose a $42 million allocation from opioid settlement funds for ibogaine research. Although this specific plan was eventually foiled when the state's Attorney General lost reelection, PSFC board members celebrated the initial announcement as a "testament to the power of the Veteran voice to catalyze meaningful change."

The Healing Advocacy Fund, the New Approach PAC, and the National Psychedelics Association, also funded by PSFC members, have advocated more prominently for psilocybin. The Healing Advocacy Fund is aligned with the psilocybin program in Oregon, while the New Approach PAC was a leading funder of the ballot measure campaigns in Oregon and Colorado. The National Psychedelics Association claims to "promote education and support for our members in the evolving industry" of psychedelics, such as in Colorado and Oregon.

Political developments

A variant of the supervised model favored by Americans for Ibogaine will likely be implemented in Colorado, where the use and possession of select psychedelics including ibogaine were decriminalized with the passage of Proposition 122 in 2022. The ballot measure permits the use of ibogaine in licensed facilities under medical supervision for any self-certified medical reason. However, as of February 2026, the rules related to the use of ibogaine have not been finalized by the state, with psilocybin so far being the only psychedelic legally available.

In 2024, Massachusetts rejected a ballot measure (Question 4) by a 14-point margin that would have legalized a handful of psychedelics, including ibogaine, following the model passed in Colorado. Given that these psychedelics remain classified as Schedule 1 substances, these state-level efforts are in violation of federal law, just as the state-level efforts to legalize marijuana are incongruent with federal law.

As noted above, Texas in 2025 approved $50 million in funding for ibogaine research. Mississippi and West Virginia may partner with the Texas-led research initiative. Following the investment from Texas, Arizona appropriated $5 million for their own study of ibogaine.

What do people think about ibogaine?

The public is broadly unaware of the nuances of psychedelics. A 2023 survey from the UC Berkeley Center for the Science of Psychedelics found that only 12% of respondents had ever heard of ibogaine. In comparison, 96% had heard of LSD, 91% had heard of MDMA, 83% had heard of psilocybin, 67% had heard of mescaline, 66% had heard of ketamine, and 35% had heard of ayahuasca.

Despite the public's lack of knowledge about the drugs, these issues are now being placed in front of legislators and voters who are ill equipped to separate science and marketing-- often with the framing that it will help veterans. In reality, the data do not back that up. Instead of having state lawmakers or voters decide medicine, science should decide medicine. If there is true merit to ibogaine treatment, this drug should go through the FDA process. So far, only for-profit companies investing in the political process are controlling the narrative.

There are no easy solutions for populations facing serious issues with addiction. We've seen this time and time again with the proliferation of opioids and the empty promises of so-called medical marijuana to deal with the crisis that proliferation caused. The adage that states "if something is too good to be true, it probably is" should be at the forefront of the American conscious when unproven "cures" like ibogaine

generate media buzz and commercial and government interest. Science, not for-profit industry hype, should lead the way in the treatment of these conditions.

Policy Recommendations

First and foremost, bills and initiatives—like those in Texas and more recently Colorado—that divert public monies or attention to this drug should be opposed. Ibogaine does not have FDA approval and carries with it real risks. While private research exploring any pharmaceutical properties is reasonable, city, state, and federal government should not be in the business of advocating for or subsidizing it. There are far less risky—and far more proven—methods of preventing and treating addiction, and those should be first in government implementation.

Second, those in government should make investments aimed specifically at awareness and prevention around ibogaine and other psychedelics. These drugs enjoy significant financial backing from powerful private-sector groups who minimize their risks; governments could better protect public health by making sure those risks are well known.