MOST
POLICY INITIATIVE

Medical Ibogaine Use

How can ibogaine be used medically?

Ibogaine is a schedule I psychedelic studied to treat substance use disorder.

Ibogaine is a naturally occurring psychedelic from the root bark of Tabernanthe iboga, a Central African shrub (Rodriguez-Cano et al. 2023). It produces a dream-like state which may be used to treat substance use disorder (SUD), post-traumatic stress disorder, depression, and anxiety (Sharma et al. 2026, Cherian et al. 2024).

Ibogaine is not approved as a medical treatment in any country (Sharma et al. 2026). In the U.S., ibogaine is classified as a Schedule I drug (Controlled Substances Act). Schedule I drugs have no accepted medical use and a high potential for abuse.

To study a Schedule I drug like ibogaine, researchers must obtain special federal registration (Controlled Substances Act). Federal limits also control how much ibogaine can legally be produced for research. These conditions make it difficult to research ibogaine in the U.S. (Malcolm et al. 2018).

Research Highlights

Ibogaine is a psychedelic with no accepted medical use.

Preliminary studies show ibogaine has mixed effects on substance use disorder and withdrawal symptoms but could create heart complications.

Federal and state funding for ibogaine research is increasing, but it remains an unapproved treatment worldwide.

The impact of ibogaine on SUD is unclear and treatment carries heart risks.

In two studies with less than 30 participants each, the effects of ibogaine or its active compound, noribogaine, on SUDs were mixed (Glue et al. 2016, Prior & Prior 2014). One study found it reduced cocaine cravings while the other found no effects on opioid withdrawal (Glue et al. 2016, Prior & Prior 2014).

Four studies of 30 to 100 participants each showed ibogaine treatment reduced withdrawal symptoms and subsequent drug use (Brown & Alper 2018, Malcolm et al. 2018, Mash et al. 2018, Davis et al. 2017). These studies observed people who were already seeking SUD treatment at private foreign clinics. It is unclear how much of the improvement was due to ibogaine or other interventions at the clinics.

Ibogaine and noribogaine can interfere with the heart's rhythm, sometimes causing fatal irregular heartbeats (Sharma et al. 2026,

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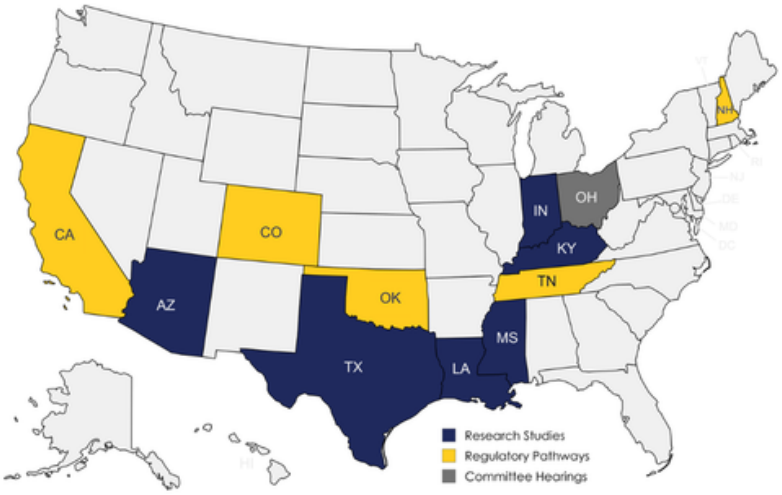

Figure 1. State actions to expand ibogaine research and oversight. Six states (AZ, IN, KY, LA, MS, TX) are directing state funds to ibogaine research. Five states (CA, CO, NH, OK, TN) are building regulatory pathways for future FDA-approved ibogaine treatment. One state (OH) formed a legislative committee to evaluate ibogaine and recommend policy. Map created with mapchart.net.

Glue et al. 2016, Litjens & Brunt 2016). This risk increased with higher doses. A single dose of noribogaine led to a heart-rhythm change in a healthy volunteer (Glue et al. 2016, Glue et al 2015). The rate of fatal events unknown because the total number of people who have used ibogaine is unknown (Sharma et al. 2026).

Federal and state policies are increasing ibogaine access.

Ibogaine's Schedule I status has limited funding for ibogaine research and access to ibogaine (Malcolm et al. 2018, Controlled Substances Act). The Department of Health and Human Services has set aside at least $50 million to partner with states that have their own ibogaine or psychedelic research programs (Executive Order 14401 2026). Six states (AZ, IN, KY, LA, MS, and TX) have also designated state funds for ibogaine research in their respective states (**Figure 1**).

The Food and Drug Administration (FDA) is accelerating its review of the safety and effectiveness of psychedelic drugs, including ibogaine (Executive Order 14401 2026). The FDA and the Drug Enforcement Agency (DEA) are developing a pathway for physicians and patients to access ibogaine before it is fully approved as a treatment. In addition, Congress is considering legislation that would require the DEA and FDA to decide within 60 days whether to move ibogaine to a less restrictive schedule (IBOGAINE Act 2026). Typical requests to reschedule a drug take about nine years to decide (Lampe 2025).

Five states (CA, CO, NH, OK, and TN) have created pilot programs or regulatory frameworks for potential future ibogaine treatment (**Figure 1**). OH formed a legislative committee to evaluate ibogaine and recommend policy.

MOST Policy Initiative is a 501(c)3 nonprofit organization that provides nonpartisan research information to members of the Missouri General Assembly upon request. This Science Note is intended for informational purposes and does not indicate support or opposition to a particular bill or policy approach. A full list of references used in this Science Note may be found at https://mostpolicyinitiative.org/science-note/medical-ibogaine-use/ Please contact info@mostpolicyinitiative.org with any questions.