

Texas OK's \$50 Million for Ibogaine Research

The state's governor signed legislation to allow clinical trials of a psychedelic drug that shows promise for veterans in treating addiction and post-traumatic stress disorder.



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By Andrew Jacobs

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When Gov. Greg Abbott of Texas approved legislation this week to spend \$50 million in state money researching ibogaine, a powerful psychedelic, he put the spotlight on a promising, still illegal drug that has shown promise in treating opioid addiction, traumatic brain injury and depression.

Interest in ibogaine therapy has surged in recent years, driven in large part by veterans who have had to travel to other countries for the treatment.

The measure, which passed the Texas Legislature with bipartisan support, seeks to leverage an additional \$50 million in private investment to fund clinical trials that supporters hope will provide a pathway for ibogaine therapy to win approval from the Food and Drug Administration, a process that could take years.

The legislation directs the state to work with Texas universities and hospitals and tries to ensure that the state retains a financial stake in any revenue from the drug's development.

“You can’t put a price on a human life, but if this is successful and ibogaine becomes commercialized, it will help people all across the country and provide an incredible return on investment for the people of Texas,” said State Senator Tan

Parker, a Republican who sponsored the bill.

The initiative, one of the largest government investments in psychedelic medicine to date, is a watershed moment for a field that continues to gain mainstream acceptance. Regulated psilocybin clinics have opened in Oregon and Colorado, and ketamine has become widely available across the country as a treatment for depression and anxiety.

There have been speed bumps. Last year, the F.D.A. rejected MDMA-assisted therapy for PTSD, the first psychedelic compound to make it through much of the agency's rigorous drug review process.

In declining to approve MDMA, or Ecstasy, the F.D.A. said that the benefits did not outweigh the risks and asked the company seeking approval, Lykos Therapeutics, to conduct another round of clinical trials. That could add years to the regulatory approval process.

The rejection angered many supporters of psychedelic medicine, prompting some to shift their focus to state legislatures.

Supporters of psychedelic therapies have expressed optimism that the Trump administration will be more receptive, noting positive comments from Robert F. Kennedy Jr., the nation's health secretary. Others have also seemed open-minded, including Dr. Marty Makary, the commissioner of the F.D.A., and Dr. Casey Means, the administration's nominee for surgeon general.

Bryan Hubbard, executive director of the Americans for Ibogaine and a driving force behind the Texas initiative, said he had been talking to officials in two dozen states, many of them Republican-led, about creating similar programs. He called the Texas ibogaine program "the Manhattan Project of our time," a reference to the epic and successful American race to develop an atomic bomb.

The Texas law represents a remarkable turn of fortune for ibogaine, which has been banned in the United States since the 1960s but has a long history of ceremonial use in West-Central Africa.

The drug, produced from the root of the iboga shrub, had been shunned by many researchers because of its health risks to the heart and its reputation for producing intense hallucinations that can last hours.

But the drug has recently come out of the shadows. Its prospects have been buoyed by surging public interest in psychedelic drugs like MDMA and the psilocybin in mushrooms. A growing body of research suggests that ibogaine has the potential to address a number of tough-to-treat mental health conditions.

Doctors and addiction experts who work with ibogaine say the drug's heart risks can be effectively mitigated through pretreatment screening and cardiac monitoring and by administering magnesium before and during ibogaine treatments.

In Texas, the plight of veterans drove the narrative and helped overcome skepticism from more conservative lawmakers, said Rick Perry, the former Texas governor and the measure's most prominent backer.

"From a political standpoint, veterans are a very appreciated population," Mr. Perry, an Air Force veteran, said. "If we had said we're going to do this for the homeless or the prison population, the Legislature might not have been as willing to get on board."

Although most recent research on ibogaine has been done with small, nonblinded trials — meaning both patient and practitioner know they are administering or receiving the drug — the early findings have excited scientists.

Some small studies have shown that as many as two-thirds of those addicted to opioids or crack cocaine were effectively cured of their habits, many after just a single session. In Brazil, ibogaine therapy has been used to help thousands of people to overcome addiction to crack.

Dr. Deborah Mash, a professor of neurology at the University of Miami whose pioneering work on ibogaine in the 1990s was halted by the F.D.A., said she felt vindicated by growing recognition of the drug's potential to quell the agony of opioid withdrawal and to give patients a motive for sobriety.

“I’m deliriously happy, especially for patients,” she said. “I’ve seen with my own eyes how it can change people’s lives.”

Scientists are still trying to understand how ibogaine works on the brain, but studies suggest it stimulates the growth of new neurons and promotes neuroplasticity, a rewiring of the brain.

Researchers have been investigating ibogaine’s ability to treat difficult mental health illnesses.

A study published last year in the journal *Nature Medicine* found that military veterans with traumatic brain injuries who underwent a single ibogaine therapy session experienced marked improvements in disability, psychiatric symptoms and cognition.

“We are cautiously optimistic that ibogaine could be the first drug to rehab people with traumatic brain injury,” said Dr. Nolan Williams, the study’s lead author and the director of the Brain Stimulation Lab at Stanford University.

A few drug companies are already working on therapies that use ibogaine or so-called analogues, chemical copycats that have similar effects. They include Gilgamesh Pharmaceuticals, which last year won a \$14 million grant from the National Institute on Drug Abuse to study an ibogaine analogue that the company said offered the same benefits without the cardiac risks of plant-derived ibogaine.

Andrew Kruegel, the company’s chief scientific officer, said he was excited by Texas’ decision to invest in ibogaine. But he said getting the drug through the yearslong regulatory process would require a lot more money than the state has so far appropriated. Because ibogaine is naturally occurring and can’t be patented, most pharmaceutical companies, he said, were unlikely to invest in the drug.

“This is obviously a huge step in the right direction, but I worry about too much hype,” he said. “People want a miracle, because we need a miracle to solve some of these drug addiction issues we’re facing in this country, but it’s going to take a lot of time and money and I just don’t want us to get ahead of ourselves.”

Still, the fact that Texas is the first state to spend taxpayer dollars on psychedelic research has scrambled conventional thinking on the future of the field. It has also raised hopes that at a time of entrenched political polarization, advancing psychedelic medicine is one of the few issues that Democrats and Republicans can get behind.

Dr. Martín Polanco, the medical director of the Mission Within, a program that helps veterans obtain ibogaine treatments outside the United States, said he was optimistic about the therapy's future.

“This is definitely historic,” said Dr. Polanco, whose organization has helped 1,300 veterans. “And it’s especially significant that it’s happening in Texas, because a lot of conservative states look to Texas to craft their own legislation.”

Andrew Jacobs is a Times reporter focused on how healthcare policy, politics and corporate interests affect people's lives.