



# *Ibogaine Policy Forum*

A Breakthrough Treatment for Tennessee's Opioid Crisis



## *Ibogaine Policy Forum*

### **A Breakthrough Treatment for Tennessee's Opioid Crisis**

Tennessee for Ibogaine is proud to convene this educational forum on groundbreaking legislation that could position Tennessee as a national leader in addiction treatment innovation. Senator Page Walley and Chairman Bryan Terry are championing bills to authorize FDA-approved clinical trials for ibogaine. This plant-derived treatment shows remarkable promise for opioid addiction, PTSD, traumatic brain injury, and treatment-resistant substance use disorders.

This forum brings together clinical experts, policy leaders, and advocates to explore:

- What ibogaine is and what the research shows
- How Tennessee's legislation creates a responsible pathway for clinical trials
- What safeguards ensure this is medical research, not legalization
- Why breakthrough addiction treatments are critical for Tennessee families

## *Today's Agenda*

### **Welcome & Legislative Vision (10 min)**

Senator Page Walley, Lead Sponsor  
Representative Bryan Terry, House Companion Bill

### **Expert Panel Discussion (35 min)**

Understanding Ibogaine: The Science & Research  
Tennessee's Legislative Approach  
National Policy Landscape  
Addressing Safety and Legalization Concerns  
Vision for Tennessee's Leadership

### **Personal Testimonials (20 min)**

Stories from those affected by addiction and trauma

### **Closing Remarks (15 min)**

Bryan Hubbard, CEO of Americans for Ibogaine



# TENNESSEE *The Crisis*

While opioid addiction devastates communities nationwide, Tennessee faces a crisis of exceptional severity. The state's opioid use disorder rate, mortality statistics, and economic burden reveal why traditional treatment approaches are failing our citizens, and why FDA clinical trials of promising alternatives like ibogaine must be made available.

## Tennessee faces the nation's most severe opioid crisis:

- An opioid use disorder (OUD) rate of 1,447 per 100,000 residents (nearly triple the national average)<sup>1</sup>
- Tennessee ranked second-worst nationwide for addiction severity in 2024<sup>2</sup>
- The economic toll exceeds \$2 billion annually,<sup>3</sup> with each OUD case costing Tennessee \$808,000 (over \$100,000 higher than the national average)<sup>4</sup>
- In 2023 alone, 2,936 Tennesseans died from opioid-related overdoses (more than 8 per day)<sup>5</sup>

## Tennessee's approximately 440,000 veterans face compounding challenges:<sup>6</sup>

- 31.1% of veterans live with disabilities<sup>7</sup>
- National veteran suicide rates reach 17.6 per day<sup>8</sup>
- Veterans with PTSD face suicide rates of 51.3 per 100,000, nearly double those without the condition<sup>9</sup>



# IBOGAINE *What is it?*

Ibogaine is a naturally occurring compound derived from the root bark of the Tabernanthe iboga plant, native to Central Africa. For centuries, it has been used in traditional healing practices by the Bwiti people of Gabon.

## Current Status:

- Classified as Schedule I by the DEA
- No currently accepted medical use in the United States
- Legal for research in several other countries
- Americans currently travel to Mexico, Canada, and other countries for treatment
- Texas allocated \$50 million in 2025 for FDA clinical trials
- Multiple states are now pursuing similar legislation

## Important Safety Note:

Ibogaine does carry cardiac risks (QT elongation), which is exactly why it must be administered in licensed medical facilities with proper screening, EKG monitoring, and physician oversight. Ibogaine is not addictive, has no recreational appeal, and requires the use of previously developed magnesium protocols to protect the heart from adversity.

1. FAIR Health, "Opioid Abuse and Dependence: State-by-State," accessed January 21, 2026, <https://www.fairhealth.org/fh-trackers/opioid-abuse-map>.

2. "Drug Use Statistics in the United States," Rehab.com, last modified December 3, 2025, accessed January 21, 2026, <https://www.rehab.com/drug-statistics>.

3. Cumberland Heights, "Tennessee Drug Treatment: Statistics on Drug Use, Abuse, and Treatment in the Volunteer State," accessed January 21, 2026, <https://cumberlandheights.org/resources/blog/tennessee-drug-treatment-statistics-on-drug-use-abuse-and-treatment-in-the-volunteer-state/>.

4. "Tennessee Faces Steep Costs Related to the Opioid Epidemic," Axios Nashville, May 22, 2025, <https://www.axios.com/local/nashville/2025/05/22/tennessee-economic-costs-opioid-epidemic>.

5. Tennessee Department of Health, "2023 Tennessee Drug Overdose Death Report," 2023, [https://www.tn.gov/content/dam/tn/health/documents/pdo/death-report/2023\\_Tennessee\\_Drug\\_Overdose\\_Death\\_Report.pdf](https://www.tn.gov/content/dam/tn/health/documents/pdo/death-report/2023_Tennessee_Drug_Overdose_Death_Report.pdf).

6. Tennessee Department of Veterans Services, "Tennessee Veteran Map," accessed January 21, 2026, <https://www.tn.gov/veteran/tnvetmap.html>.

7. U.S. Census Bureau, "The Veteran Population in the United States: 2023," American Community Survey Reports, ACS-58, 2024, <https://www2.census.gov/library/publications/2024/demo/acs-58.pdf>.

8. U.S. Department of Veterans Affairs, "2024 National Veteran Suicide Prevention Annual Report, Part 2 of 2," 2024, [https://www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-2-of-2\\_508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-2-of-2_508.pdf).

9. Rajeev Ramchand et al., "Suicide Among Veterans," RAND Corporation, accessed January 21, 2026, <https://www.rand.org/pubs/perspectives/PEA1363-1-v2.html>.



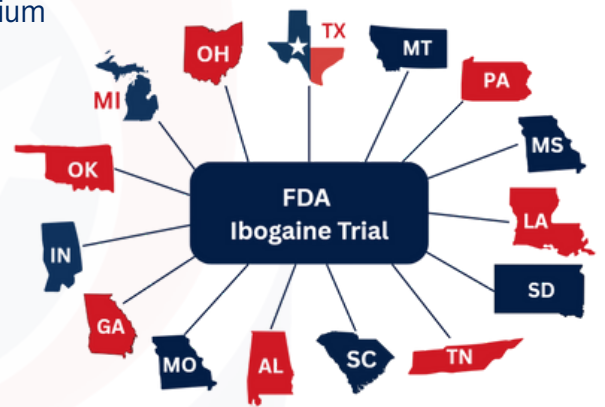
# TENNESSEE *Legislative Strategy*

Tennessee for Ibogaine is leading Americans for Ibogaine's efforts in Tennessee to establish FDA-supervised clinical trials of ibogaine. We are against recreational legalization or unregulated access. This approach emphasizes that ibogaine has no recreational utility and, due to QT elongation cardiac risks, requires strict medical oversight, EKG monitoring, and physician-led administration in clinical settings.

We oppose illicit, underground use that circumvents medical protocols and jeopardizes public trust in this therapeutic pathway. We believe in normalization through medicalization.

Following successful models in Texas (SB 2308, which included a \$50M appropriation) and building on the momentum in other states, the Tennessee legislation will:

- Authorize state participation in a multistate clinical trial consortium
- Establish matching fund requirements
- Create intellectual property protections, ensuring Tennesseans benefit from any commercial applications developed through state-funded research



# IBOGAINE *Benefits*

Ibogaine demonstrates breakthrough potential where conventional treatments consistently fail. Clinical studies show 80% success rates for treating opioid withdrawal syndrome with a single dose, increasing to 97% with a second dose. This dramatically surpasses the 7-26% success rates of methadone and buprenorphine.\*

## Stanford Medicine research on Special Operations Veterans showed:

- 88% reduction in PTSD symptoms
- 87% reduction in depression
- 81% reduction in anxiety
- Effects sustained one-month post-treatment

## How It Works Differently

Unlike maintenance medications requiring daily, lifelong use, ibogaine addresses root causes. Instead of managing symptoms, ibogaine interrupts withdrawal, reduces cravings within 24-72 hours, and "resets" opioid receptors to a pre-addicted state. Studies suggest many patients need only one treatment when paired with proper preparation and integration, compared to years of pharmaceutical dependency.

## Cost Comparison

The total cost of ibogaine per person is 1/3 that of traditional therapy.

	TRADITIONAL	IBOGAINE
10-day inpatient ibogaine treatment	n/a	\$30,000
30-day inpatient rehab	\$36,000	n/a
90-day intensive outpatient	\$72,000	n/a
1 year of weekly supportive services	\$31,000	\$31,000
<b>Total cost per attempt</b>	<b>\$139,000</b>	<b>\$61,000</b>
<b>Avg. number of attempts/person</b>	<b>5x</b>	<b>1.5x</b>
<b>Total cost per addicted person</b>	<b>\$695,000</b>	<b>\$91,000</b>

\* This data is from information provided by Americans For Ibogaine



# PANELISTS *Biographies*



## **Senator Page Walley**

Senator Page Walley (R-District 26) is a clinical psychologist and former Commissioner of the Tennessee Department of Children's Services who has championed mental health legislation throughout his career in public service. With a PhD in clinical psychology from the University of Georgia and a track record that includes multiple "Legislator of the Year" awards from mental health organizations, Senator Walley brings both clinical expertise and legislative experience to Tennessee's ibogaine initiative. He is co-sponsoring groundbreaking legislation to authorize FDA clinical trials for ibogaine treatment in Tennessee.



## **Representative Bryan Terry, MD, FASA**

Representative Bryan Terry is a board-certified anesthesiologist and Chairman of the House Health Committee who combines medical expertise with legislative leadership. As the only Native American serving in the Tennessee General Assembly and a tribal member of the Choctaw Nation, Dr. Terry sponsors Tennessee's ibogaine legislation and the legislative pathway to make it accessible to those in need.



## **Dr. William (Bill) Dennis, MD, MPH**

Dr. Bill Dennis is a board-certified emergency medicine physician and Chief Medical Officer of Advanced Correctional Healthcare, the nation's largest provider of jail healthcare services. A former U.S. Navy officer, he completed his medical training at the University of Missouri–Kansas City, held senior leadership roles in Navy Medicine and disaster medicine, deployed to the Middle East, and earned an MPH through a Navy-funded fellowship at the University of Pittsburgh. He has led emergency, academic, and correctional healthcare programs nationwide and is board-eligible in Addiction Medicine.



## **W. Bryan Hubbard**

Bryan Hubbard is CEO of Americans for Ibogaine and the architect behind the historic \$50 million allocation by Texas for ibogaine clinical trials, which is the largest publicly funded innovative research initiative in U.S. history. A former attorney and chair of the Kentucky Opioid Abatement Advisory Commission, Hubbard has built a 15-state alliance advancing ibogaine research and policy, combining legal expertise with passionate advocacy to position ibogaine as a breakthrough treatment for addiction, PTSD, and traumatic brain injury.



## **Rikki Harris**

Rikki Harris is the CEO of TN Voices, a leading nonprofit advocating for affordable and effective mental health and substance use services since 1986. With over 20 years in behavioral health, Rikki's work is deeply personal—shaped by the loss of her grandfather to suicide and her family members' struggles with severe mental illness and opioid addiction. Under her leadership, TN Voices has expanded services statewide and nationally, earning recognition as a USA Top Workplace in 2024. Rikki was named a Titan 100 Leader in Nashville (2025) and has received multiple awards for her leadership and advocacy in Tennessee and Texas.



# TENNESSEE *The HOPE Treatment Act*

**The Helping Open Pathways to Effective (HOPE) Treatment Act** establishes a responsible, FDA-supervised pathway for Tennessee to participate in groundbreaking clinical trials that could transform addiction treatment for our state's most vulnerable populations.

## **What the HOPE Treatment Act Does**

The Act authorizes Tennessee's participation in multistate FDA-approved ibogaine clinical trials. The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) will be responsible for recruiting and coordinating a statewide participant cohort, which must include a Tennessee research institution. Following a competitive selection process, a pharmaceutical partner with FDA Investigational New Drug (IND) approval will administer and conduct trials under rigorous medical oversight.

**Fiscal Responsibility:** TN Voices has submitted a budget proposal to Governor Lee requesting \$5 million to support the clinical trial cohort, funds designated specifically for addiction treatment innovation. This approach ensures existing departmental funds are not diverted to the ibogaine trial. A matching-fund structure requires private sector investment, and performance-based disbursements ensure accountability at each research milestone. Tennessee retains an equity share in any commercialization, guaranteeing taxpayers benefit from breakthroughs developed with state resources.

**Sustainable Innovation:** If commercialization succeeds, revenue flows to a Mental Health Innovation Fund supporting community mental health infrastructure, statewide implementation of evidence-based protocols, and future innovative solutions—creating lasting impact without ongoing appropriations.

## **A Defining Legacy in Substance Use Disorder Treatment**

Governor Bill Lee's administration transformed Tennessee's behavioral health system with a 70% funding increase to TDMHSAS, achieving significant reductions in overdose deaths and saving over 100,000 lives through expanded crisis services and Naloxone distribution. His leadership expanded school-based behavioral health liaisons to all 95 counties and reformed criminal justice approaches, serving thousands of Tennesseans facing substance use disorders.

These investments have driven significant progress. Yet the challenge remains urgent: over one million Tennesseans live with substance use disorders, and more than 123,000 uninsured residents cannot access treatment. While existing programs reach 22,000 individuals, more than 100,000 remain without care when standard interventions prove insufficient.

The HOPE Treatment Act represents a defining opportunity. Where maintenance medications manage symptoms, ibogaine clinical trials could demonstrate a pathway to long-term recovery. For veterans with co-occurring PTSD and substance use disorders, populations where conventional approaches consistently fail, this represents hope where none existed before. The HOPE Treatment Act is Tennessee's opportunity to finally close the addiction treatment gap.

## **Joining a National Movement**

Texas appropriated \$50 million for ibogaine trials in 2025, and multiple states are advancing similar legislation. Tennessee can join this national consortium while ensuring our citizens benefit directly from any breakthroughs developed with state resources.

**Sponsored by:** Senator Page Walley and Representative Bryan Terry



# IBOGAINE *Frequently Asked Questions*

Responsible policymaking requires asking hard questions about new approaches. The following addresses the most critical questions about ibogaine clinical trials, FDA oversight, and Tennessee's role.

## **Q: Does this bill legalize ibogaine?**

A: No. This legislation authorizes Tennessee's participation only in FDA-approved clinical trials. Ibogaine remains Schedule I under federal law. The bill does not change its legal status, allow recreational use, or permit treatment outside of FDA-supervised research protocols.

## **Q: Is ibogaine safe?**

A: Yes. Ibogaine does carry cardiac risks (QT interval prolongation) and requires strict medical supervision. Clinical trials include comprehensive cardiac screening, continuous EKG monitoring, and physician oversight in licensed medical facilities. Stanford's peer-reviewed research demonstrated safety when proper medical protocols are followed. This is why FDA supervision and medical infrastructure are essential.

## **Q: Why not just use existing treatments?**

A: Traditional medication-assisted treatments (methadone, buprenorphine) have success rates of 7-26% for opioid use disorder and require daily, lifelong use. For treatment-resistant populations, including veterans with PTSD, and individuals who have cycled through multiple treatment failures, conventional approaches consistently fall short. Ibogaine research shows potential to address root causes rather than manage symptoms indefinitely.

## **Q: Can Tennesseans access ibogaine now in Tennessee?**

A: No. Because ibogaine is Schedule I, it has no currently accepted medical use in the United States. Americans seeking ibogaine treatment must travel to Mexico, Canada, or other countries where it's legal. FDA clinical trials create a pathway for Tennesseans to access this treatment safely, close to home, under proper medical supervision.

## **Q: Who would be eligible for these trials?**

A: FDA clinical trials have rigorous eligibility criteria, including: Tennessee residency, diagnosed opioid use disorder or PTSD/TBI, documented failure of conventional treatments, comprehensive medical clearance (cardiac, hepatic, psychiatric), and informed consent. Participants must understand this is an experimental treatment with potential risks and benefits.

## **Q: How long until ibogaine could become an approved treatment?**

A: Clinical trials typically take 2-4 years for data collection and analysis. If results demonstrate safety and efficacy, FDA review and approval could occur within 6-10 years total. Tennessee's participation in early-stage trials positions our citizens to benefit first when, and if, FDA approval is granted.

## **Additional Resources**

To learn more about ibogaine research, clinical trials, and policy advocacy efforts nationwide, please visit:

- Americans for Ibogaine: [americansforibogaine.org](http://americansforibogaine.org)
- Reason Foundation: [reason.org](http://reason.org)

