

**HOUSE OF REPRESENTATIVES
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Public Health
For HB 3717

Compiled on: Monday, April 7, 2025 11:05 PM

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Hearing Date: April 7, 2025 8:00 AM

Charles Nemeroff, Dr.

University of Texas, Department of Psychiatry and Behavioral Sciences, Co-Director, Charmaine and Gordon McGill Center for Psychedelic Research and Therapy Dell Medical School
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Ibogaine is a constituent of two native African plants and this and related compounds have been investigated as potential treatments for substance use disorder (opiates, cocaine) as well as post traumatic stress disorder (PTSD). The drug has been used by indigenous cultures in West Central Africa to treat various psychiatric maladies. The drug's beneficial effects in heroin users was first reported and in the last half century thousands of patients suffering with drug abuse and dependence have been treated with ibogaine in doses up to 1400 mg with many indicating complete sobriety even after a single dose. However the US FDA classified ibogaine as a Schedule 1 in 1967 (no known medical use with potential for drug abuse) and this has thwarted attempts to conduct the necessary research to determine whether this agent has efficacy and is safe in the treatment of substance use disorders and other psychiatric conditions such as PTSD and depression. The drug's effects of ibogaine are similar to classic psychedelics such as psilocybin with some reported differences. The drug effects have been classified into 3 phases: in the first phase which lasts 4-8 hours, subjects experience classic psychedelic effects including visual and other sensory perception changes, in phase II which lasts 8-20 hours subjects are reflective and are emotionally neutral. The third phase, termed the residual phase, is characterized by heightened awareness of themselves and others close to them. After the first report of remarkable effects of ibogaine in reducing opiate withdrawal in 1994, there have been a multitude of case reports of patients who sustained long lasting sobriety from heroin, cocaine and methamphetamine after a single dose of ibogaine. In addition to these case reports are small clinical trials, some open (patients and investigators knew what treatment they received) and some controlled trials. More recently a remarkable study led by a Stanford investigator, Nolan Williams, reported remarkable improvement in symptoms of Traumatic Brain Injury (TBI) and PTSD after treatment with ibogaine. All of these findings, taken together, suggest that ibogaine may have real effectiveness in treating these disorders. This is of particular interest at the current time as we are suffering with an heroin, fentanyl, cocaine and methamphetamine epidemic in the US and in our state. One major issue has to do with the potential adverse effect and safety of ibogaine. There have been a number of deaths reported, largely cardiovascular, in a small number of subjects who likely had preexisting cardiovascular conditions. The required scientifically based large clinical trials to substantiate the efficacy and safety of ibogaine in the treatment of these disorders have not been conducted due to a lack of funding from NIH and other government agencies. Such studies would determine who among the patients with substance abuse disorders could benefit from ibogaine treatment.

Steven Gassenberger
Reason Foundation
HOUSTON, TX

Dear Chair VanDeaver and members of the Public Health committee,

We believe that studying ibogaine would be beneficial for mental health and addiction care. If ibogaine demonstrates both safety and efficacy, it could facilitate treatment access to millions of Americans suffering from opioid use disorder (OUD) and other mental health conditions.

We believe that House Bill 3717 provides a sensible regulatory pathway for the advancement of ibogaine as a potential treatment for OUD, co-occurring substance use disorders (SUD), and other relevant neurological or mental health conditions. With this bill, Texas has a chance to lead the nation in innovative mental health and addiction care solutions.

House Bill 3717 prioritizes patient safety and scientific rigor. There are strict requirements for all applicants wishing to conduct trials. To be eligible for the grant, applicants must be private corporation entities with enough capacity and financial resources to conduct FDA trials, seek FDA approval, and conduct future trials. Applicants must also provide detailed plans on trial design, participant recruitment, safety protocols, post-treatment aftercare, and strategy for FDA-approval.

House Bill 3717 does not attempt to legalize ibogaine or ibogaine treatment, nor does it attempt to bypass existing federal regulations. It would retain current prohibitions on possession, use, manufacture, and sale of psychedelic compounds, as well as provides a framework consistent with the FDA drug-approval process, as ibogaine treatment administration will only apply if FDA approval is granted, requiring licensed physicians to supervise its administration in healthcare facilities.

Over the past decade, the medical community has increasingly recognized the potential of psychedelic therapies for the treatment of mental health conditions and addiction. However, despite promising research, access to innovative psychedelic therapies is limited by the FDA's designation of psychedelics as Schedule I substances.

Ibogaine appears to have a unique ability to rapidly reduce withdrawal and craving symptoms associated with opioid addiction, often after just a single dose.

The grant program under HB 3717 offers an opportunity to collect comprehensive safety and efficacy data on ibogaine for treating OUD, SUD, and other mental health disorders, while ensuring alignment with existing federal regulations and FDA drug approval standards.

HB 3717 would allow Texas to administer grants to conduct potentially life-saving research into ibogaine, which has shown tremendous promise in the therapeutic treatment of OUD, with minimal risk to both public safety and public health.

Thank you for your time and consideration.

Madison Carlino
Drug Policy Analyst
Reason Foundation

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Elizabeth Petersen
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Houston, TX

I am passionate about the of approval and research of Ibogaine for a host ailments. The study from Dr Nolan Williams out of Stanford is too promising to ignore / please pass this bill -I serve on a charity board out of Los Angeles called Cure Addiction Now - we fund pilot studies for novel treatments for addiction/alcoholism - I have been educated on many studies to bring new medicines to market and at least study them to help people to the road to abstinence - Ibogaine is the most promising and readily developed from what I am familiar with in this area of medicine - I am not a doctor or particularly smart but I do vote and I am committed to bringing something good that can heal so many in our great State! Fondly Elizabeth Petersen

Eric Kunish, Co-chair
NAMI Central Texas
Austin, TX

I strongly support this public safety bill!