MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

SB 527: UNFAVORABLE

Public Health - Ibogaine Clinical Research Grant Program - Establishment (Veterans Mental Health Innovations Act) Senate Finance Committee February 24, 2026

We are pleased to provide this testimony. SB 527 **diverts state funds from effective evidence-based treatment to preliminary research on an unproven and potentially dangerous medication.** We agree that some research on new treatments may be warranted, but not by displacing state funds for this particular project.

MARYLAND'S OPIOID RESTITUTION FUND (ORF) SPENDING PRIORITIES SHOULD FOLLOW EXISTING GUIDELINES AND PROCEESSES. [1, 2]

SB 527 overrides these widely accepted guidelines which strongly emphasize expanding approaches that are already evidence-based.

AT LEAST 38 DEATHS HAVE OCCURRED ON IBOGAINE

These deaths were reported in the published literature. Many were due to irregular heartbeat rhythm, a known side-effect of ibogaine. [3]

THE "EVIDENCE" FOR IBOGAINE IN OPIOID USE DISORDER IS VERY WEAK;

Of the eleven studies of ibogaine for OUD according to published reviews, [4, 5, 6 7] ten were uncontrolled (without a control group). Half of these did not measure opioid use after ibogaine treatment. [8, 9, 10, 11, 12] The other half did measure opioid use after ibogaine treatment, [13,14, 15, 16, 17] but two of these found no benefit, and a third had only a 72 hour follow-up.

Of all eleven published studies, only one was controlled: a randomized placebo-controlled trial which found no significant benefit from ibogaine in reducing opioid withdrawal symptoms or opioid use after ibogaine. [18]

A number of these uncontrolled studies found a reduction in withdrawal symptoms after ibogaine. Even if confirmed, this does not suggest that ibogaine could be used for treatment. We already have medications that are used to reduce opioid withdrawal symptoms, but they are not effective, and are not used, for OUD treatment.

THE NORMAL PROCESS OF DRUG DEVELOPMENT IS THROUGH RESEARCH BY PHARMACEUTICAL COMPANIES WHICH ARE INCENTIVIZED TO PURSUE PROMISING TREATMENTS.
There is a pathway for the developing of DEA-scheduled substances, e.g., Spravato derived from ketamine and Epidiolex derived from cannabis.

"TREATMENT STIGMA" LEADS SOME TO TRY NOVEL TREATMENTS, RISKING OVERDOSE:

Despite the aforementioned deaths of people taking ibogaine, the greatest risk is likely from people coming off of the existing effective treatments, methadone or buprenorphine, in favor of ibogaine. **Methadone and buprenorphine are the only treatments of any kind that have been shown to reduce opioid overdose deaths.** [19, 20] Tapering off of them prematurely is potentially dangerous due to an increased risk of overdose. Yet they are widely misunderstood and stigmatized, motivating some to look for any other novel treatments. [21, 22]

According to Terasaki et al in 2026, [23] **"The stakes are high: 'detoxification' from methadone or buprenorphine in favor of an as-yet unproven therapy like ibogaine could result in an increased risk of opioid overdose … and may be misleading or dangerous to individuals with … OUD."** Some medical conference presenters "explicitly describe ibogaine's use for "the treatment of 'methadone dependence,' targeting those who are 'addicts to methadone'… The estimated 53% relative reduction in mortality from agonist therapy [methadone and buprenorphine] is an effect size that rivals or surpasses nearly every intervention in modern medicine."

We strongly urge an unfavorable report.

Respectfully,

Joseph Adams, MD, FASAM, addiction & internal medicine, Co-Chair, MDDCSAM Public Policy Committee, Chair, MedChi Opioid, Pain & Addiction Committee

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