# HB996\_EmilyTarsell\_FAV Uploaded by: Emily Tarsell Position: FAV

### **Emily Tarsell, LCPC**

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2314 Benson Mill Road Sparks, Maryland 21152 March 26, 2025

#### **Favorable HB 996**

Public Health - Phenibut Consumer Protection Act

Dear Chairwoman Beidle and Members of the Senate FinanceCommittee:

I am Emily Tarsell, a mother, licensed therapist and founder of Health Choice Maryland. The mission of our organization is to promote education for informed medical choice and health freedom. In keeping with that mission, we ask your Favorable report for HB996.

Most of us have never heard of Phenibut, a chemical that, <u>according to Web MD</u>, is "likely unsafe." Yet it can be purchased online without a prescription and with inadequate information about possible serious side effects "including reduced consciousness, dizziness, nausea, poor balance and fatigue. Taking large doses can cause trouble breathing, unconsciousness and death."

Additionally, "Phenibut can cause dependence. People who use phenibut for 3 days or more and then stop taking it might experience withdrawal symptoms. These symptoms can include decreased appetite, nausea, muscle aches, fast heart rate, anxiety, agitation, trouble sleeping, seizures and delirium."

While Phenibut is banned in the US, it is still found in some dietary supplements. Consumers should definitely be informed of the presence of Phenibut in any products as well as be informed of the possible side effects. Given the potential for serious outcomes, it should also be prohibited from use by minors.

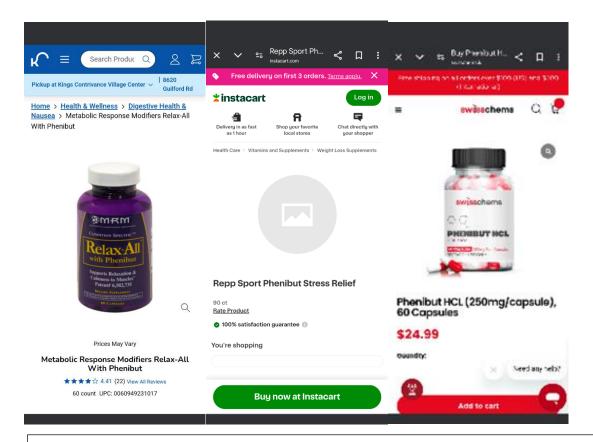
HB 996 addresses these issues regarding labeling of Phenibut, truth in advertising, prohibition of selling to minors and penalties for violations. We urge the Committee to vote **Favorable for HB996**. Thank you.

Emily Tarsell, LCPC

## HB0996 JT Alvey support doc 1.pdf Uploaded by: Jim Alvey Position: FAV

### What Phenibut looks like in pill form





Examples of Phenibut availability on InstaCart and pickup at the Columbia MD Harris Teeter

## HB0996 JT Alvey support doc 2.pdf Uploaded by: Jim Alvey Position: FAV

Packages from the Phenibut ordered online and delivered to JT's hotel room the day before he died – bottles scattered around the room 1/30/2022



Examples of disguised packages delivered to JT's sober living

House in Ellicott City – the Sober House Manager was arrested



### HB0996 Testimony Jim Alvey Phenibut Finance Commit Uploaded by: Jim Alvey

Position: FAV

My name is Jim Alvey. My wife, Cindi, and I are grateful to **Delegate Bhandari** for sponsoring this bill and renaming it in memory of our son.

I want to thank the entire **Health and Government Operations Committee**, especially **Chair Joseline Pena-Melnyk**, for supporting **HB996**. AND to this Senate Finance Committee for considering my testimony.

We are in support of HB996. Phenibut took over our son's life; and his addiction to it led to his death.

**HB996** requires a retailer to <u>ensure Phenibut marketing is clear</u> and also <u>protects citizens under the age of 21</u>. Our son **died at age 33** but this is good step in the right direction.

**HB996** legislation aligns retailer penalties with those of **Kratom** – the ones this legislature supported last year; with fines <u>up to \$5,000</u>, and <u>up to 90 days</u> in jail for retailers. **Tianeptine** was <u>banned</u> <u>completely</u> in Maryland last year. Phenibut should be banned completely, as well.

As opposed to Kratom, **Phenibut** and its "gasoline heroine" sibling, **Tianeptine**, have <u>NO medical value</u> and are <u>highly addictive</u>. They should both be made **Schedule I or II substances**, as they are in **Alabama** and **Utah**. Phenibut should be banned completely, but this bill is a good step in the right direction.

Our Son "JT" grew into the son every mom and dad would be proud of. He was a scholar athlete in high school, graduated with honors in college, and was accepted into the Johns Hopkins School of Business. He was blessed with talent, intelligence, strength, and a heart of gold.

JT suffered from anxiety and self-medicated with alcohol. But he worked hard to get sober through **rehabs, therapy, even neuroscience.** He achieved sobriety several times. But his anxieties always returned; threatening his jobs, security clearance, relationships, and dreams.

When he looked for <u>more powerful</u> and <u>untraceable options</u>. He learned he could easily buy synthetic drugs from **Russia**, **China**, and other countries online. THEN he found **Tianeptine and Phenibut...** Sold at gas stations, vape shops, and grocery stores here in Maryland.

### Side effects of Phenibut include:

- Difficulty breathing
- Lowered blood pressure
- Tremors and Seizures
- Irregular heart rate
- Insomnia
- Psychosis and Delirium

**Multiple emergency rooms** in Maryland released him <u>without a clue about what caused</u> his symptoms. Because they never tested for Phenibut.

Quitting is extremely hard as withdrawal causes some of the <u>same symptoms</u> as above. **Deep sadness, anxiety, shakes, hallucinations** – some of the symptoms JT thought these drugs would <u>help</u> him with.

**In the end...** JT passed away from seizures <u>so violent</u> they caused damage to his **head, face, feet, and torso**. Cambridge MD police found him alone in his locked hotel room 2 days after he passed. The police report indicated there were Phenibut pills and bottles scattered throughout the room.

His injuries were <u>so severe</u> the morgue suggested we NOT come there to identify his body, as it would be too traumatic for us. So, we identified him from a photo of his foot. THAT was traumatic enough.

Also, his autopsy report from the **Baltimore Medical Examiner** did NOT show traces of Phenibut - that's because even the Medical Examiner does <u>NOT</u> test for Phenibut!

### **IN CONCLUSION**

For us, HB996 could bring a small sense of comfort, knowing JT's death will help to save others. A maximum \$5,000 penalty for selling the drug that led to our son's death is frustrating but it is a start.

Again, Phenibut has <u>NO medical use</u> and a <u>HIGH potential for abuse</u> – the exact definition for controlled substances. We will continue to push for Phenibut and Tianeptine to be **Schedule I or II** controlled substances in Maryland, just as they are in **Alabama** and **Utah**.

Please pass **HB996**. There is NO negative impact to the Maryland state budget except positively with the fines to be exacted on retailers that distribute Phenibut to anyone under 21.

<u>Thank you</u> to this Committee for your service to our community <u>and consideration</u> for this testimony.

Jim and Cindi Alvey 5489 Bright Hawk Ct Columbia, MD 21045 443-895-1800 cell jimalv21045@gmail.com

cinjimalvey@aol.com 410-274-6705

### **Government Actions and Legislation**

In a 2023 assessment, the FDA determined **Phenibut does not meet the definition of a dietary ingredient,** making it misbranded and illegal for marketing. The FDA issued warning letters to companies marketing products containing Phenibut. But that is all that has been done.

This drug has NO medical use and does not meet the FDA's definition of a dietary supplement.

To date, only **Alabama** has made Phenibut a Schedule II substance (November 2021). Utah made both Tianeptine and Phenibut Schedule I drugs.

Meanwhile, Phenibut is a controlled substance in **Australia**, **France**, **Hungary**, **Italy**, **Lithuania**, **and Germany**. **But it can** still be easily obtained in those countries and ours online. When it arrives in the US (and did to our house) it is disguised in packaging that avoids suspicion.

In comparison, the federal government penalties for the manufacture, distribution, dispensation, and possession of small amounts of **Schedule I and II** drugs are stiff:

The government categorizes controlled substances based on their <u>potential for abuse</u> combined with <u>accepted</u> medical use.

- Schedule I drugs have a <u>high</u> potential for abuse, with <u>no</u> accepted medical use. Schedule I drugs include, but are not limited to, heroin, marijuana, hashish, LSD, and other hallucinogens. Penalties for sale are from 5 40 years and up to a \$2 million fine.
- Schedule II drugs have a <u>high</u> potential for abuse, but <u>some</u> medical use, and include opium, morphine, codeine, barbiturates, cocaine and its derivatives, amphetamines, phencyclidine (PCP) and other narcotics.

<sup>\*</sup> In medical terms, Phenibut suppresses the central nervous system in similar fashion to benzos.

### HB0996\_Jim\_Alvey\_In-PersonTestimony Uploaded by: Jim Alvey

Position: FAV

My name is Jim Alvey. My wife, Cindi, and I are grateful to **Delegate Bhandari** for sponsoring this bill and renaming it in memory of our son.

We are in support of HB996. Phenibut took over our son's life; and his addiction to it led to his death.

**HB996** requires a retailer to <u>ensure Phenibut marketing is clear</u> and also <u>protects citizens under the age of 21</u>.

**Last year, Tianeptine** was <u>banned completely</u> in Maryland last year. Phenibut should be banned completely.

**Phenibut** and its "gasoline heroine" sibling, **Tianeptine**, have <u>NO medical value</u> and are <u>highly</u> <u>addictive</u>. They should both be made **Schedule I or II substances**, as they are in **Alabama** and **Utah**.

Our Son "JT" grew into the son every mom and dad would be proud of. He was a scholar athlete in high school, graduated with honors in college, and was accepted into the Johns Hopkins School of Business. He was very blessed and had a heart of gold.

JT suffered from anxiety and self-medicated with alcohol. He worked hard to get sober through **rehabs**, **therapy**, **even neuroscience**. But when those didn't work, he found Phenibut – sold as an option for alcohol recovery and withdrawal and available online and sold at <u>gas stations</u>, <u>vape shops</u>, <u>and grocery stores</u> here in Maryland.

Phenibut side effects resulted in multiple emergency room and hospital visits (including MD Shock Trauma) but the ALL released him without a clue about what caused his symptoms. Because they never tested for Phenibut.

Quitting is extremely hard as withdrawal is painful and recovery takes 2 – 6 months. **Difficulty breathing, depression, anxiety, tremors, and hallucinations** are both side effects and withdrawal symptoms.

**In the end...** JT passed away from seizures <u>so violent</u> they caused damage to his **head, face, and feet**. Cambridge MD police found him alone in his locked hotel room. The police report indicated there were Phenibut pills and bottles scattered throughout the room.

His injuries were <u>so severe</u> the morgue suggested we NOT come there to identify his body, as it would be too traumatic for us. So, we identified him from a photo of his foot. THAT was traumatic enough.

Also, his autopsy report from the **Baltimore Medical Examiner** did NOT show traces of Phenibut - that's because even the Medical Examiner does NOT test for Phenibut!

### **IN CONCLUSION**

Again, Phenibut has <u>NO medical use</u> and a <u>HIGH potential for abuse</u> – the exact definition for controlled substances. We will continue to push for Phenibut and Tianeptine to be **Schedule I or II** controlled substances in Maryland, just as they are in **Alabama** and **Utah**.

Please pass **HB996**. There is NO negative impact to the Maryland state budget and there is potential revenue from the fines.

Thank you to this Committee for your service to our community and consideration for this testimony.

#### **Government Actions and Legislation**

In a 2023 assessment, the FDA determined **Phenibut does not meet the definition of a dietary ingredient,** making it misbranded and illegal for marketing. The FDA issued warning letters to companies marketing products containing Phenibut. But that is all that has been done.

This drug has NO medical use and does not meet the FDA's definition of a dietary supplement.

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Meanwhile, Phenibut is a controlled substance in **Australia**, **France**, **Hungary**, **Italy**, **Lithuania**, **and Germany**. **But it can** still be easily obtained in those countries and ours online. When it arrives in the US (and did to our house) it is disguised in packaging that avoids suspicion.

In comparison, the federal government penalties for the manufacture, distribution, dispensation, and possession of small amounts of **Schedule I and II** drugs are stiff:

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### **HB996 Phenibut LOSWA Crossover.pdf** Uploaded by: Irnise Williams

Position: FWA

### CAROLYN A. QUATTROCKI Chief Deputy Attorney General

**LEONARD J. HOWIE III**Deputy Attorney General

**CARRIE J. WILLIAMS**Deputy Attorney General

SHARON S. MERRIWEATHER
Deputy Attorney General

**ZENITA WICKHAM HURLEY**Chief, Equity, Policy, and Engagement



## STATE OF MARYLAND OFFICE OF THE ATTORNEY GENERAL CONSUMER PROTECTION DIVISION HEALTH EDUCATION AND ADVOCACY UNIT

### ANTHONY G. BROWN

Attorney General

WILLIAM D. GRUHN
Division Chief

KIMBERLY S. CAMMARATA
Unit Director

PETER V. BERNS
General Counsel

CHRISTIAN E. BARRERA Chief Operating Officer

IRNISE WILLIAMS
Deputy Unit Director

March 25, 2025

TO: The Honorable Pamela Beidle, Chair

Senate Finance Committee

FROM: Irnise F. Williams, Deputy Director, Health Education and Advocacy Unit

RE: House Bill 0996- Public Health - Phenibut Consumer Protection Act-

SUPPORT WITH AMENDMENTS

The Health Education and Advocacy Unit supports with amendments House Bill 996. Phenibut is a psychoactive substance used recreationally for euphoric effects. It was developed in Russia to treat anxiety, insomnia, and alcohol withdrawal, but has no approved use in the United States.<sup>1</sup> Phenibut, is an addictive substance that is not safe to consume; consumption and withdrawal have led to cases of death and coma. Other adverse effects range from sedation, respiratory depression, and reduced levels of consciousness, as well as withdrawal symptoms including anxiety, agitation, and acute psychosis.<sup>2</sup> Calls to poison control centers for phenibut exposure have risen dramatically over the last decade.<sup>3</sup> Over 1,300 reports of phenibut exposure were reported between 2009 and 2019, with over 600 reports in 2018-2019 alone. Twelve percent of all reported cases were considered life threatening or resulted in significant disability or disfigurement, including three deaths and more than 80 cases resulting in coma.

<sup>&</sup>lt;sup>1</sup> Clin Toxicol (Phila). 2022 Apr, Quantity of phenibut in dietary supplements before and after FDA warnings.

<sup>&</sup>lt;sup>2</sup> https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a5.htm

<sup>&</sup>lt;sup>3</sup> Notes from the Field: Phenibut Exposures Reported to Poison Centers — United States, 2009–2019

The FDA has issued at least four warning letters against companies marketing phenibut products as dietary supplements, conventional foods, and unapproved dietary supplements, such that adding phenibut renders these products adulterated.<sup>4</sup>

The prevalence of these products and the inherent safety risks, including the high potential for abuse, demand removal of these dangerous products from Maryland's marketplace. In Alabama, phenibut was made a Schedule II substance in November 2021. As of 2021, phenibut is a controlled substance in Australia, France, Hungary, Italy, Lithuania and Germany.

The HEAU supports a bill that *prohibits* the advertisement, distribution, or sale of a phenibut product and offers the attached amendments to reflect that support.

With these amendments, the HEAU urges a favorable report.

### **HEAU Amendments**

On page 2, beginning at line 14 after (A), strike entirely through line 30.

On page 3, strike in its entirety, beginning at line 1 through line 17.

On page 3, line 18 strike OR and add **OR ADVERTISE** after the word expose.

On page 3, line 19 strike "under the age of 21 years".

On page 3, line 28 after subsection (A), strike (2), (B), or (C).

On page 4, strike in its entirety, lines 2 through 29.

On page 5, strike lines 1-3.

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 $<sup>^4\</sup> https://www.fda.gov/food/information-select-dietary-supplement-ingredients-and-other-substances/phenibut-dietary-supplements$