

Phenibut Bill
HB0996
Testimony
March 27, 2025

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 ensure Phenibut marketing is clear and also protects citizens under the age of 21.

Last year, Tianeptine was banned completely in Maryland last year. Phenibut should be banned completely.

Phenibut and its "*gasoline heroine*" sibling, **Tianeptine**, have NO medical value and are highly addictive. 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 **rehab, 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 gas stations, vape shops, and grocery stores 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 so violent 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 so severe 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!

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IN CONCLUSION

Again, Phenibut has NO medical use and a HIGH potential for abuse – 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.

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 potential for abuse combined with accepted medical use.

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- **Schedule I** drugs have a high potential for abuse, with no 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 high potential for abuse, but some medical use, and include opium, morphine, codeine, barbiturates, cocaine and its derivatives, amphetamines, phencyclidine (PCP) and other narcotics.

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* In medical terms, Phenibut suppresses the central nervous system in similar fashion to benzos.