

February 17, 2025

Health and Government Operations Committee  
ATTN: Delegates Joseline A. Pena-Melnyk and Harry Bhandari, and  
Vice Chair Delegate Bonnie Cullison  
240 Taylor House Office Building  
Annapolis, Maryland 21401  
Phone  
410-841-3770

Dear Health and Government Operations Committee,

My name is Jim Alvey, and I am a resident of Columbia, MD. I am submitting written testimony and will be requesting in-person testimony in support of Bill HB0996 (with recommended changes). Thank you to Delegate Bhandari for submitting this bill.

- 1) YES - I am in support of bill HB0996
- 2) I request that the committee consider modifying the bill to introduce Phenibut as a Schedule I or II substance in Maryland
- 3) I request consideration of increasing the penalties for retailer infractions.

#### **Summary of personal interest**

**Phenibut** took over our son's life and his addiction eventually led to his death at age 33. This bill seeks to put in place legislation that eliminates misleading marketing targeting those under the age of 21. We believe Maryland should do this and more.

#### **HB996 Summary**

Requiring a retailer that prepares, distributes, sells, or exposes for sale a phenibut product to disclose the factual basis on which any representations regarding the phenibut product are made; establishing prohibitions related to the preparation, distribution, and sale of phenibut products, including prohibitions related to the sale of phenibut to individuals under the age of 21 years and the marketing of phenibut to minors; establishing certain penalties for violations of the Act, including:

A RETAILER THAT VIOLATES SUBSECTION (A)(1) OF THIS SECTION IS SUBJECT TO A CIVIL PENALTY NOT EXCEEDING:

(1) \$1,000 FOR A FIRST VIOLATION; AND

(2) \$2,000 FOR EACH SUBSEQUENT VIOLATION.

A RETAILER THAT VIOLATES SUBSECTION (A)(2), (B), OR (C) OF THIS SECTION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$5,000, IMPRISONMENT FOR NOT MORE THAN 90 DAYS, OR BOTH.

#### **What is Phenibut\*?**

It was developed in Russia, where the drug is legal for medical use as an anti-anxiety medication, marketed as a sleep aid, and to supposedly help with alcohol withdrawal. Phenibut is a nootropic (drugs people use to try to increase mental alertness and memory) and is marketed in the US as having anti-anxiety and sedative effects, while also improving sleep and enhancing cognition.

Phenibut and Tianeptine are both nootropics, often sold by the same retailers. Multiple states have banned Tianeptine – as Maryland did last year! Only one state has banned Phenibut, so far.

- Phenibut is promoted as helping with alcohol withdrawals. However, its own side effects and withdrawal symptoms are far more dangerous and life threatening.
- Phenibut packaging and retailer displays generally don't carry age restrictions and it is being sold online and in gas stations, smoke shops and shopping malls. It is very inexpensive.
- Phenibut is very rarely tested for in drug screenings and many use Phenibut to avoid drug detection.

Since Phenibut is cheap to buy and causes relaxation and euphoria, it has become a desirable drug for abuse. It is addictive and has potentially serious withdrawal symptoms, which is why it is NOT approved as a pharmaceutical in the United States.

### **Our Son**

We call him "JT." He was a Spirit of Columbia scholarship winner and graduated with honors from University of NC. He was accepted into the Johns Hopkins School of Business. He had a successful IT career and was blessed with talent, intellect, strength, and a heart of gold. His death broke many hearts. Over 250 family and friends attended his memorial.

He suffered from anxiety and other behavioral challenges. When alcohol led to significant life problems, he tried to get and stay sober through years of rehab, therapy, even neuroscience. He achieved sobriety but as his anxieties and other behavioral challenges returned, he looked for new untraceable options to relieve stress. He found Tianeptine and Phenibut and quickly became addicted.

### **Government Actions and Legislation**

Phenibut use can quickly lead to drug tolerance, meaning that it will take more and more of the substance to feel its effects. This is part of the reason Phenibut is not used for medical purposes in the United States. There are far more effective medications on the market that do not have as many potential negative side effects or withdrawal issues.

In a 2023 assessment, the U.S. Food and Drug Administration(FDA) determined that **Phenibut does not meet the definition of a dietary ingredient**, thereby making Phenibut supplement products misbranded and illegal for marketing. The U.S. Food and Drug Administration has issued warning letters to companies marketing products containing Phenibut. But that is all.

Websites and packaging continue to claim Phenibut treats anxiety and depression, improve memory, increase mental alertness and concentration, and boost energy levels. Again, these drugs have NO legitimate medical use and do not meet the FDA's definition of a dietary supplement.

Phenibut is NOT approved for medical use in the United States. It has no proven medical value. But it is still legal to buy, sell, and possess the drug.

To date, only **Alabama** has made Phenibut a Schedule II substance (November 2021). Utah does have legislation in their 2025 session that would make both Tianeptine and Phenibut Schedule II drugs.

Phenibut is also a controlled substance in **Australia, France, Hungary, Italy, Lithuania, and Germany** where, nevertheless, it is still can be easily obtained online. When it arrives in the US (and our house) it is often disguised in packaging that avoids suspicion.

## Dangers of Phenibut Use

As I mentioned, risks of Phenibut use include toxicity and overdose potentially requiring hospitalization and intensive care unit (ICU) admission.

Phenibut can cause the following negative side effects:

- Agitation
- Sluggishness
- Delayed reaction time
- Impaired cognition
- Slowed pulse
- Difficulties breathing
- Lowered blood pressure
- Tremors and/or seizures
- Irregular heart rate
- Insomnia
- Psychosis
- Delirium

I personally saw Phenibut cause our son to have **rapid heart rate, vomiting, seizures, loss of consciousness, and coma**. We took him to the ER multiple times before we knew what he was taking. The hospitals always released him once he stabilized without a clue about what caused these symptoms. They did not test for Phenibut.

Withdrawal symptoms include **hallucinations, psychosis, seizures, agitation, tremors, insomnia, abdominal pain, and vomiting**, as well as causing underlying sleep or mental health conditions. I witnessed JT having **deep sadness, anxiety, shakes, and sleep disorders** in his attempts to quit. These were some of the symptoms he thought these drugs would help him with. Instead, they caused him to lose everything he loved. But he could not stop, because he told us withdrawal from Phenibut felt “like death.”

The drug has a half-life of 5-6 hours and can stay in your system up to 30 hours. Recovery centers report it takes a minimum of 4 – 6 months to break addiction to Phenibut. To avoid withdrawals, these pills must be taken every 10-12 hours!

Still, Phenibut is virtually unknown in the health space. There are no standard drug tests, so nobody knows.

It is readily available online and at local retailers with very ambiguous labeling. My online search today found it available at the nearby Kroger’s in Columbia, MD along with dozens of online sites with no state restrictions listed.

Why has only one state made Phenibut illegal to sell – **Alabama? Where is Maryland on this?**

## The End

In January 2022, JT left a rehab after two weeks of hard work and good results. He immediately got a nearby hotel room and bought Phenibut online – it arrived within 48 hours! We believe JT passed away on January 28, 2022, as a result of seizures so violent they caused damage to his face, head, feet, and torso. He was found alone in his locked room at the Days Inn in Cambridge, MD. They did not find him until at least 2 days after he

passed. The official cause of death was head trauma. The police report indicated there were phenibut pills and bottles everywhere.

Credit card billing confirms he ordered phenibut online 2 days prior. However, the Maryland State Medical Examiner found no traces of any illegal substance in the autopsy report as even Medical Examiners do not test for phenibut. When we were asked to identify his body, they suggested it might be too traumatic to see his face. They allowed us to identify him with a photograph of his foot. We recognized scars from prior breaks. It was definitely JT.

No parent should have to go through that. It should NOT be that easy to buy these kinds of drugs.

For me and Cindi, this bill could bring a small sense of comfort knowing that JT's death helped save others. But a maximum \$5,000 penalty for selling a drug that led to JT's death is not commensurate.

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

- For the first offense, from **five to 40 years'** imprisonment and/or not more than a **\$2 million fine** for an individual (where death or serious injury occurs, not less than 20 years' imprisonment and not more than life imprisonment)
- For a second offense, not less than **10 years' imprisonment** and not more than life and/or a fine of not less than **\$4 million** for an individual (where death or serious injury occurs, not less than life imprisonment).

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

- **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.
- **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.

Phenibut has no medical use and a high potential for abuse. Maryland needs to get this drug completely out of stores and make it illegal to buy or sell under any circumstances. Please consider making it a **Schedule I or II** controlled medication.

No matter what, please vote **YES** on this bill. We support it.

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

Sincerely,

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\* In medical terms, Phenibut is a GABA-B (gamma-aminobutyric acid subtype B) agonist. It is also known as beta-phenyl-gamma-aminobutyric acid (beta-phenyl-GABA). It suppresses the central nervous system in similar fashion to benzos.