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Health Officer

## **SENATE BILL 820**

### ***Alcohol, Tobacco, and Cannabis Commission - Unauthorized Consumable Products - Enforcement and Seizure***

#### **TESTIMONY BEFORE THE SENATE FINANCE COMMITTEE**

***Dr. Tonii Gedin, Health Officer***

**For Anne Arundel Department of Health**

The Anne Arundel County Department of Health **supports SB 820**. The Bill would prohibit distributing, selling and advertising unauthorized consumable products including: tianeptine, kratom, phenibut, or poisonous or deleterious substances, and tightens restrictions on advertising.

Products containing tianeptine, kratom, and phenibut are easily available and are often promoted as safe, accessible alternatives to costly prescription drugs for many conditions, including weight loss, insomnia, anxiety, depression, and even to help address other substance use. They can also appeal to those with a perception that “Big Pharma” is intentionally restricting access to affordable health solutions. All three substances target opioid receptors and can create a high tolerance and severe withdrawal symptoms. The potency in products containing these substances is often unknown, leading to increased risk of more severe side effects.

Kratom is a stimulant, with known side effects that range from nausea and vomiting and dizziness to liver damage, high blood pressure, confusion, trouble breathing, and even death.<sup>1</sup> The U.S. Drug Enforcement Administration designated kratom as a drug and chemical of concern.<sup>2</sup> Consumers use it to self-treat for weight loss, depression, opioid use disorder and opioid withdrawal. High doses of Kratom lead to the same respiratory depression and sedation seen in traditional opioid overdoses.

Phenibut, a central nervous system depressant, has been used as a supplement for stress relief, anxiety, alcoholism and insomnia. Phenibut has been shown to cause lethargy, confusion, delirium, and even seizures and death<sup>3</sup>, and withdrawal symptoms of hallucinations, psychosis, and tachycardia.<sup>4</sup>

<sup>1</sup> Mayo Clinic Staff (2004). *Kratom: Unsafe and Ineffective*. Mayo Clinic.

[www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/in-depth/kratom/art-20402171](https://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/in-depth/kratom/art-20402171). Accessed 27 Feb. 2026.

<sup>2</sup> United States Drug Enforcement Administration (2024). *Kratom*. [www.dea.gov/factsheets/kratom](https://www.dea.gov/factsheets/kratom). Accessed 27 Feb. 2026.

<sup>3</sup> Geoffrio, L. (2024 August 23). *Phenibut Addiction, Side Effects, Withdrawal, and Treatment*. American Addiction Centers. [americanaddictioncenters.org/phenibut](https://americanaddictioncenters.org/phenibut). Accessed 27 Feb. 2026.

<sup>4</sup> Maryland Poison Control (2017 August). *Phenibut-Wonder Drug or Unsafe*

*Supplement?*. <https://www.mdpoison.com/media/SOP/mdpoisoncom/ToxTidbits/2017/August%202017%20ToxTidbits.pdf> Accessed 27 Feb. 2026.

Tianeptine, an antidepressant drug sometimes called “Gas Station Heroin” due to its opioid-like effects, has been marketed as improving brain function and treating anxiety, pain, opioid use disorder and other conditions. The U.S Food & Drug Administration has warned consumers about tianeptine,<sup>5</sup> and the Maryland Poison Control Center notes that it is frequently co-exposed with phenibut and alcohol. Tianeptine is prescribed in some countries in Europe, Asia and Latin America for depression and anxiety, leading to the perception of safety and valid use. It is not approved for use in US, Canada or Australia. Therapeutic doses are 25-50 mg whereas recreational/unregulated dosage is more typically 50mg to 4000 mg and is associated with opioid like toxicity.<sup>6</sup> Tolerance develops quickly and withdrawal includes nausea, vomiting, and psychosis.<sup>7</sup>

These “gray market” products are not regulated by state or federal agencies and may contain adulterants and high concentrations of the psychoactive substances. Maryland residents have already died from these substances. It is urgent that we protect residents from the impact of these unregulated and dangerous drugs. For all of these reasons, I respectfully request a **FAVORABLE** report on Senate Bill 820.

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<sup>5</sup> United States Food & Drug Administration (2024 February 5). *Tianeptine in Dietary Supplements*. FDA Nutrition, Center for Food Safety and Applied. [www.fda.gov/food/information-select-dietary-supplement-ingredients-and-other-substances/tianeptine-dietary-supplements](https://www.fda.gov/food/information-select-dietary-supplement-ingredients-and-other-substances/tianeptine-dietary-supplements). Accessed 27 Feb. 2026.

<sup>6</sup> Counts, C. J. (2024 February 1) Notes from the Field: Cluster of Severe Illness from Neptune’s Fix Tianeptine Linked to Synthetic Cannabinoids — New Jersey, June–November 2023. *MMWR: Morbidity and Mortality Weekly Report*\*\*73(No 4), 89-90. [www.cdc.gov/mmwr/volumes/73/wr/mm7304a5.htm](https://www.cdc.gov/mmwr/volumes/73/wr/mm7304a5.htm).

<sup>7</sup> Koppen, L. (2024 June). *What Is Tianeptine, and Are There Recommendations for Managing Tianeptine Misuse/Withdrawal in the Medical Setting?*. University of Illinois Chicago. [dig.pharmacy.uic.edu/faqs/2024-2/june-2024-faqs/what-is-tianeptine-and-are-there-recommendations-for-managing-tianeptine-misuse-withdrawal-in-the-medical-setting/](https://dig.pharmacy.uic.edu/faqs/2024-2/june-2024-faqs/what-is-tianeptine-and-are-there-recommendations-for-managing-tianeptine-misuse-withdrawal-in-the-medical-setting/). Accessed 27 Feb. 2026.