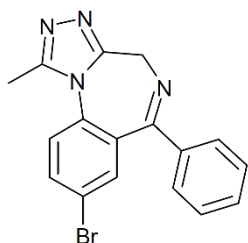


NOVEL PSYCHOACTIVE SUBSTANCES: BROMAZOLAM

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The Legislative Analysis and Public Policy Association (LAPPA) continues to monitor the emergence of novel psychoactive substances (NPS) appearing on the illicit drug market in the United States. The term “novel” does not denote a brand new, never-before-seen substance but rather a substance that is newly available in the drug market. This fact sheet, the sixth in a series highlighting these dangerous drugs, is an examination of bromazolam, a novel benzodiazepine.

Bromazolam is a type of triazolo-benzodiazepine that scientists originally developed in the 1970s. It has never been approved for medical use in the U.S. or in any other country. Bromazolam is structurally related to alprazolam (Xanax), which has been a Schedule IV controlled substance in the U.S. since November 1981.¹ The first documented detection of bromazolam in the illicit drug supply occurred in 2016 in Sweden. The substance later appeared in the illicit drug supply in the U.S. in 2019. According to the National Forensic Laboratory Information System database, there were 2,972 cases of bromazolam identification in the U.S. between 2019 and 2022, with cases rising exponentially in 2021.² At the time of this writing, bromazolam is not scheduled in the U.S. under the Controlled Substances Act, nor is it under international control by the World Health Organization.



Bromazolam is typically found in tablet or powder form and sold mainly via online drug markets under its own name or as “XLI-268.” It has been found mixed with opioids, including fentanyl, and in counterfeit Xanax pills. There is not much information about the illicit use of bromazolam and its effects on the human body in scientific literature, so most of the information currently available about the substance is anecdotal. Researchers reviewing online drug user forums have found that the primary route of administration of bromazolam is oral. Based on user experiences, the onset effects of bromazolam are estimated to occur 15 to 45 minutes after oral ingestion and last approximately five to eight hours. Users report feeling hypnotic and sedative sensations after taking bromazolam, along with muscle relaxation and pain relief. In addition to recreational use of bromazolam, some users report using the substance to self-medicate their anxiety and insomnia. Bromazolam has been found in post-mortem blood samples, but due to polydrug use, the extent to which bromazolam contributed to the deaths is unclear.

While bromazolam is not controlled on a national level, some states have made the decision to schedule the drug. Bromazolam is a Schedule I controlled substance in Nevada, New Mexico, North Dakota, Virginia, and West Virginia.³ As of October 2023, there are no proposed bills in any state or the District of Columbia to schedule bromazolam. As scientists continue to learn more about bromazolam and its effects on the human body, it is possible that more states and the federal government will be scheduling the drug.

¹ Schedules of Controlled Substances; Placement of Alprazolam in Schedule IV, 46 Fed. Reg. 55688 (Nov. 12, 1981) (codified at 21 C.F.R. § 1308.14).

² 3 U.S. Drug Enforcement Administration, Diversion Control Division. (2023, Oct. 5). Bromazolam reported nationally [NFLIS-Drug Data Query System analysis]. Retrieved from <https://www.nflis.deadiversion.usdoj.gov/>. The NFLIS data query system continues data from federal, state, and local forensic laboratories, public and private toxicology laboratories, and medical examiner and coroner offices.

³ NEV. ADMIN. CODE § 453.510 (West 2023). Effective April 14, 2021; N.M. CODE R. § 16.19.20.65 (West 2023). Effective June 13, 2023; N.D. CENT. CODE ANN. § 19-03.1-05 (West 2023). Effective April 13, 2023; VA. CODE ANN. § 54.1-3446 (West 2023). Effective July 1, 2022; W. VA. CODE ANN. § 60A-2-204 (West 2023). Effective June 8, 2023.

CONCLUSION

The prevalence of bromazolam will likely continue to increase in the U.S. illicit drug market. To ensure public safety and reduce harm, public health and safety officials should advise their communities about bromazolam and the possibility of the substance being mixed with other drugs, including fentanyl. LAPPa will continue to monitor its spread and any new regulatory responses at the state and federal levels.

RESOURCES

“Bromazolam Prevalence Surging Across the United States Driven in Part by Increasing Detection Alongside Fentanyl,” The Center for Forensic Science Research and Education, June 2022,

https://www.cfsre.org/images/content/reports/public_alerts/Public-Alert_Bromazolam_NPS-Discovery_061522.pdf.

Expert Committee on Drug Dependence, “Critical Review Report: Bromazolam,” World Health Organization, October 2022, https://cdn.who.int/media/docs/default-source/controlled-substances/45th-ecdd/bromazolam_draft.pdf?sfvrsn=f1bc761e_1

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The Legislative Analysis and Public Policy Association (LAPPa) is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPa produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPa has assisted stakeholders include law enforcement/community engagement, naloxone laws, alternatives to incarceration for those with substance use disorders, medication for addiction treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.

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