Dear Home Secretary,

**Re: ACMD report - a review of the evidence of use and harms of Novel Benzodiazepines**

The Advisory Council on the Misuse of Drugs (ACMD) is pleased to enclose this report on novel benzodiazepines. This self-commissioned review follows an ACMD report in 2016 which recommended 16 benzodiazepines for control under Class C of the Misuse of Drugs Act 1971 (MDA), and Schedule 1 of the Misuse of Drugs Regulations 2001 (MDR).

Since the 2016 report, further novel benzodiazepines have emerged and have been identified in drugs seizures across Europe. The ACMD were particularly concerned about the abuse potential of thirteen novel benzodiazepines reported to the European Database on New Drugs (EDND) of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

This report summarises the available evidence on prevalence and harm in the UK for each of these thirteen specific novel benzodiazepines being considered for control under the MDA. From the evidence presented the ACMD have drawn the following conclusions and recommendations:

**Conclusions**

1. There is evidence from drug seizure data of prevalence for 3 of the 13 compounds in the UK, namely flualprazolam, flunitrazolam and norfludiazepam. Numbers of seizures have been greatest for
flualprazolam and this compound has also been associated with 12 deaths in the UK.

2. For the other 10 novel benzodiazepines considered in this report, there is currently no analytical evidence of prevalence or health harms in the UK. All of these compounds have the potential to cause health harms should they emerge into the UK drug market. They are currently controlled via the Psychoactive Substances Act 2016 (PSA) and this remains appropriate until further evidence of harm emerges.

3. Whilst there are examples of some of the novel benzodiazepines being used as licenced medical products abroad, there is no evidence for legitimate medicinal uses of these substances in the UK.

4. There is an ongoing risk in the UK that further uncontrolled novel benzodiazepines may appear. Continued monitoring for evidence of prevalence or health harms related to compounds that are not currently controlled via the MDA therefore remains important. Benzodiazepines that are not currently classified under the MDA will fall within the prevision of the PSA. The ACMD have previously advised [ACMD, 2019] that Temporary Class Drug Orders (TCDO) can be used in conjunction with the PSA as a mechanism to apply stricter controls for emerging compounds causing particular problems. By the action of a TCDO, the ACMD would have 12 months to collect, collate and make a recommendation on the uncontrolled novel benzodiazepine(s) covered by that order, for potential inclusion under the MDA.

5. The ACMD has considered the possibility of adopting a generic control of benzodiazepines based on chemical structure, similar to the German legislation. This is not recommended as it is not possible within UK legislation where only descriptive text is used and the PSA is in place to support wider control of benzodiazepines.

**Recommendation**

The ACMD recommends that the following substances are classified under Class C of the Misuse of Drugs Act 1971, like other classified benzodiazepines, and placed under Schedule 1 of the Misuse of Drugs Regulations 2001 (as amended) because they have no medicinal use:

- 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (flualprazolam)
- 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (flunitrazolam)
- 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one (norfludiazepam)
Owing to the absence of asymmetric centres or functional groups that can form esters or ethers, there are no structural derivatives that will need to be considered in this legislation for the above three compounds.

We look forward to discussing this report with you in due course.

Yours sincerely,

Professor Owen Bowden-Jones
Chair of ACMD

Professor Simon Thomas
Chair of ACMD NPS Committee