ACMD

Advisory Council on the Misuse of Drugs

Ethylbromazolam: a review of the evidence on its use and harms

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1. Introduction

1.1. The Advisory Council on the Misuse of Drugs (ACMD) has provided advice on several previous occasions about the misuse of benzodiazepines and related compounds (ACMD, 2016; 2020; 2024). In the past, this has principally involved commonly encountered compounds that are licensed as medicines, such as diazepam, temazepam and lorazepam. More recently, however, newer compounds have been detected in illicit drug markets internationally and in the United Kingdom (UK) as examples of new psychoactive substances (NPS).

1.2. Misuse of benzodiazepines and related compounds is important because of its frequency and association with important health and social harms, as described in detail in previous reports. Acute use produces drowsiness, psychomotor impairment, incoordination, memory loss and confusion. Higher doses may cause loss of consciousness and respiratory depression, especially if used in combination with alcohol or other sedatives, including opioids. Of particular concern, there have been increasing numbers of deaths annually in the UK where a benzodiazepine (or a related compound) has been implicated as a cause or contributor. Longer-term use of these compounds results in tolerance and dependence, so those using them regularly for more than a few weeks commonly develop unpleasant withdrawal symptoms on discontinuation (ACMD, 2020; 2024).

1.3. Benzodiazepines and related compounds that have been subject to misuse are controlled by name as Class C drugs under the Misuse of Drugs Act 1971 (MDA). Their scheduling under the Misuse of Drugs Regulations 2001 (MDR) depends on whether they are licensed as medicines, with those that do not have a licence for medical use commonly listed in Schedule 1. A summary of the control and scheduling of individual examples is provided in Annex A.

1.4. The ACMD has previously considered recommending the use of a generic control for benzodiazepines, which is a description in the MDA of a range of chemical structures covering current and potential future compounds that could appear in illicit drug markets. This can be a more ‘future proof’ way of controlling rapidly evolving drug groups and has been used with some success for other groups of NPS. Use of a generic control, however, is not considered feasible for benzodiazepines because of the complexity of the chemical structures involved. This is because in UK law, chemical structures must be described using text alone. This contrasts with Germany, where a generic control for benzodiazepines is feasible because German law allows chemical structures to be drawn.

1.5. The ACMD recommended control and scheduling of 16 benzodiazepines and related compounds by name in 2016 (ACMD, 2016), 3 more compounds in 2020 (ACMD, 2020) and an additional 15 compounds in 2024 (ACMD, 2024). Further examples that are currently not listed in the MDA, however, continue to appear in recreational drug markets internationally. It is therefore necessary to review regularly their prevalence and potential harms in the UK and to

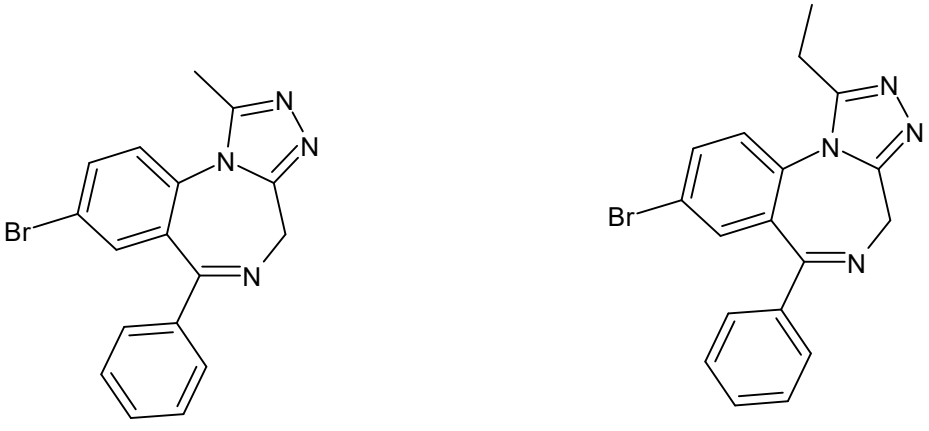
consider whether control and scheduling via the MDA and MDR are warranted for newly emerging examples.

1.6. This short report has been prompted by recent evidence of the rapid appearance of the novel benzodiazepine ethylbromazolam in drug markets internationally and in the UK, with the following aims:

- to review the current use and harms of ethylbromazolam.
- to make recommendations on the legal control of this compound.
- to recommend other appropriate actions to protect public health.

2. Chemistry and pharmacology

2.1. Ethylbromazolam (1-ethylbromazolam, IUPAC name: 8-bromo-1-ethyl-6-phenyl-4*H*-[1,2,4]triazolo[4,3-*a*][1,4]benzodiazepine) is an example of a triazolobenzodiazepine. These compounds differ from 1,4 benzodiazepines in that they incorporate a triazolo ring applied to the diazepine ring. Commonly encountered triazolobenzodiazepines include the licensed medicine alprazolam, the previously licensed compound triazolam (both Class C, Schedule 4 Part 1) and several unlicensed compounds already controlled via the MDA including clonazolam, flualprazolam, flubromazolam and bromazolam (all Class C, Schedule 1). Ethylbromazolam is the ethyl homologue of bromazolam, differing by replacement of the methyl group by an ethyl group at the triazole ring (Figure 1).



Bromazolam ***Ethylbromazolam***

Figure 1. Chemical structures of bromazolam and ethylbromazolam.

2.2. Limited information has been identified on the pharmacology or toxicology of ethylbromazolam, but it is likely to have similar pharmacological properties to bromazolam, which is an allosteric modulator of GABA-A receptors (Clayton and others, 2015; WHO, 2022).

2.3. Consistent with this, ethylbromazolam has been shown to have similar benzodiazepine receptor binding affinity and anticonvulsant activity to established benzodiazepines such as diazepam in rabbits (Yan and Hu, 1986).

2.4. Information on the metabolism of ethylbromazolam is not currently available. It is possible that analyses performed by some forensic laboratories would not detect ethylbromazolam and/or its metabolites. It may also be metabolised into another benzodiazepine compound that is a drug in its own right and the detection of this might not be recognised as a marker of ethylbromazolam use.

3. Legal status and legitimate use

3.1. Ethylbromazolam is not currently controlled under the MDA but would be captured by the Psychoactive Substances Act 2016 (PSA) if there is evidence of psychoactivity and if intended for human consumption. It would not be exempted from the PSA on the grounds that it is a medicine as it is not licensed as such in UK, Europe, North America or (as far as the ACMD is aware) anywhere in the World.

3.2. The ACMD is not aware of any legitimate use of ethylbromazolam except as an analytical standard or in research. The Medicines and Healthcare products Regulatory Agency (MHRA) have also confirmed that they are not aware of any clinical trials, licensed or pending licensing applications or import license applications for ethylbromazolam.

4. Prevalence of ethylbromazolam

United Kingdom

4.1. To evidence the identification and prevalence of novel benzodiazepines and related compounds in the UK, the ACMD's Novel Psychoactive Substances (NPS) Committee wrote to stakeholders in December 2025 requesting available data on detections of these compounds, including ethylbromazolam. Details of these stakeholders are provided in Annex B.

4.2. Ethylbromazolam was detected in 439 drug samples submitted to the Welsh Emerging Drug & Identification of Novel Substances (WEDINOS) project between January 2025 and January 2026, with the first positive sample received on 17th January 2025. Samples were provided from England (265); Wales (123) Scotland (18), Northern Ireland (8) or without geographical

information (18). The majority of these samples were counterfeit pharmaceuticals in which ethylbromazolam replaced the expected active ingredient. These were most commonly diazepam (306), alprazolam (86) and clonazepam (18). The age range of sample providers was 16 to 77 years (median 40 years) and 79% were males.

4.3. Eurofins Forensic Services have reported 65 detections of ethylbromazolam during 2025 in law enforcement seizures they have analysed, having not previously encountered this compound. It was identified in tablets (white Xanax bars, blue tablets marked C/CD, white tablets marked TEM/20 and white quarter scored tablets, some also containing bromazolam) and in powders (with diamorphine, caffeine, paracetamol and nitazenes).

4.4. SOCOTEC UK reported 15 detections of ethylbromazolam during 2025 in submitted police exhibits, having not detected this compound in the previous 5 years. In 14 cases this involved tablets, with ethylbromazolam being the sole component in 13 cases and found mixed with bromazolam in one case. There was also a single detection in a powder containing ethylbromazolam with diamorphine, clodesnitazene, diazepam, paracetamol, and caffeine.

4.5. The National Crime Agency (NCA) reported detection of ethylbromazolam in 2 police samples submitted for forensic testing during 2025. One of these involved 16 white tablets containing ethylbromazolam and caffeine, but no further information about them is available.

4.6. The Scottish Police Authority reported 6 detections of ethylbromazolam in tablets during 2025, having not detected this compound during 2024.

4.7. The Forensic Service of Northern Ireland reported 6 detections of ethylbromazolam in suspected controlled drug seizures, all made during 2025. These related to 3 separate seizures of tablets marked ‘Xanax®’ (including one seizure of 2300 tablets), 1 of 170 tablets marked ‘MSJ’ and one of 6 tablets marked ‘C/DC’, with 1 further seizure having no visible markings. Two of these seizures related to sudden deaths in which ethylbromazolam was also detected in biological samples taken at postmortem, in each case alongside other drugs.

4.8. The ASSIST (*A Surveillance Study of Illicit Substance Toxicity*) study analyses samples from patients attending the Queen Elizabeth Hospital in Glasgow with illicit drug toxicity. The study reported a single detection of ethylbromazolam in mid-2025. Other compounds detected in the same case were pregabalin, benzoylecgonine, risperidone, bromazolam, etizolam, desalkylgidazepam, cocaine and ADB-BUTINACA. No cases involving ethylbromazolam were reported by the National Poisons Information Service (NPIS, enquiries from healthcare professionals) up to March 2025 or by the IONA Study (IONA, analysis of samples from patients attending emergency departments with suspected illicit drug toxicity) up to March 2023.

4.9. Over the 4 calendar years 2020-2023 there were no deaths registered in England and Wales where ethylbromazolam was mentioned on the death certificate (ONS, 2024). Similarly, no deaths were recorded by the NRS in

Scotland up to 2025, by NISRA in Northern Ireland up to 2024, the National Programme on Substance Use Mortality (NPSUM, analysis of coroner's inquest data) up to August 2025 or the EUropean-wide, Monitoring, Analysis and knowledge Dissemination on Novel/Emerging pSychoactiveS (EU-MADNESS) up to 2025. However, ethylbromazolam was detected in 46 blood or urine samples taken during postmortem examinations and analysed by LGC Ltd between January 2025 and February 2026, having not previously been detected. Ethylbromazolam was detected alone in 2 cases but with other illicit substances in the remaining 44 cases. Similarly, the Office for Health Improvement and Disparities (OHID) reported 19 cases from England and Wales since January 2025 in which ethylbromazolam was detected at postmortem. Further details of these cases are not available and overlap with the LGC data cannot be excluded.

International

4.10. Ethylbromazolam has been detected in New Zealand in tablets made to resemble those of diazepam or alprazolam (Xanax®) as well as in white powder (Drug Information and Alerts, New Zealand, 2025). It has also been identified in Australia in counterfeit alprazolam (Xanax®) tablets (The Know, 2025; Assist Plus, 2025; Cantest, 2025; Freestone and others, 2025) and in samples of fentanyl and xylazine in Canada (Toronto's Drug Checking Service, 2025).

4.11. In the United States of America (USA) at least one detection of ethylbromazolam was reported from Texas (Opioid Data Lab, 2025). More recently, having not encountered this compound previously, the United States Centre for Forensic Science Research and Education (CFSRE) reported 25 detections of ethylbromazolam in the final 2 quarters of 2025, 19 in toxicology specimens and 6 in submitted drug materials (CFSRE, 2026).

4.12. The European Union Drugs Agency (EUDA) first notified the detection of ethylbromazolam in Europe in September 2025. This report resulted from its identification in tablets seized by Police in Stockholm in February 2025 and in tablets seized by Norwegian customs in Oslo in May 2025.

4.13. The recent emergence and increasing prevalence of ethylbromazolam in drug markets internationally and in the UK may be related to the control of bromazolam in China in July 2024. This followed the placing of bromazolam in Schedule IV of the 1971 UN Convention in March 2024 (CND Decision 67/5), which mandated international control (UNESC, 2024). These legislative changes may have encouraged Chinese synthetic chemistry laboratories to switch production to ethylbromazolam, which remains uncontrolled in China (APSIN, 2025).

5. Health and social harms

5.1. There is no published information available on the health and social harms of ethylbromazolam misuse, as this is such a recent phenomenon. However, in view of similarities in chemical structure, it would be anticipated that these would resemble those of bromazolam and other benzodiazepines, as described in previous ACMD reports (ACMD, 2016; 2020; 2024) and summarised in Section 1 of this report. The reduction in conscious level produced by ethylbromazolam is likely to be reversed by the administration of flumazenil, a competitive antagonist at the benzodiazepine-binding site on the GABA-A receptor, although there is currently no specific evidence available to confirm this. It should also be noted that use of flumazenil may precipitate seizures, especially in those who have also taken drugs that lower seizure threshold (ACMD, 2020).

5.2. As evidence of the potential harms of ethylbromazolam, the closely related compound bromazolam was detected in blood and urine samples from 2 patients with reduced levels of consciousness (Wagmann and others, 2021) and in biological samples from 291 people attending an emergency department in Scotland with suspected illicit drug toxicity (Dunlop et al., 2025). In these cases, the most common clinical feature recorded was reduced level of consciousness, affecting 80% of patients, with 12% overall requiring admission to intensive care. This cannot be fully attributed to bromazolam due to high rates of use of other substances. In the USA, a surge in deaths involving bromazolam was recorded in 2023; these also frequently involved use of other substances including opioids and stimulants (Rodda, 2024). Bromazolam effects have been described anecdotally by users as producing euphoria, increased confidence, empathy, hypnosis, sedation, muscle relaxation and amnesia consistent with the effects of other benzodiazepine-related compounds (WHO, 2022).

5.3. Some users who provided samples to WEDINOS described the effects they experienced after use of ethylbromazolam. These accounts provide additional evidence that the psychoactive effects of the drug are broadly consistent with those of other benzodiazepine-related compounds. They include relaxation, memory loss, increased confidence, euphoria, confusion, increased empathy, agitation and breathlessness.

6. Conclusions

6.1. There have been substantial numbers of detections of ethylbromazolam in illicit drug materials internationally and in the UK since 2025. It has also been detected in blood and urine samples taken postmortem in cases of apparent drug-related death. It should be noted that detections of emerging NPS like ethylbromazolam are likely to be underestimated initially as they may not be included in drug screens until their role in producing illicit drug toxicity is more widely recognised.

6.2. There is limited direct evidence of the adverse effects of ethylbromazolam misuse, but in view of the similarities in chemical structure these are likely to resemble those of bromazolam and other benzodiazepines. There is therefore a potential risk of health and social harms commensurate with those of drugs that are already controlled as Class C.

6.3. As ethylbromazolam is not licensed as a medicine in the UK or elsewhere, listing in Schedule 1 of the MDR would be appropriate.

Recommendation

Recommendation 1: The ACMD recommends that ethylbromazolam should be classified under Class C of the Misuse of Drugs Act 1971, consistent with other classified benzodiazepines. It should also be added to Schedule 1 of the Misuse of Drugs Regulations 2001 (as amended) because it has no legitimate medicinal use in the UK, and is designated as a controlled drug to which section 7(4) of the 1971 Act applies.

Lead: Home Office

Measure of outcome: Changes to the MDA and MDR as described above.

Annex A: List of benzodiazepines and related compounds controlled under the Misuse of Drugs Act 1971 (MDA) and Misuse of Drugs Regulations 2001 (MDR)

Category	**Licensed as medicines in the UK**		**Not licensed as medicines in the UK**		
MDA status	**Class C**	**Class C**	**Class C**	**Class C**	**Class C**
MDR Schedule	**Schedule 4 Pt 1**	**Schedule 3**	**Schedule 4 Pt 1**	**Schedule 3**	**Schedule 1**
Examples	Alprazolam Chlordiazepoxide Clobazam Clonazepam Diazepam Flurazepam Loprazolam Lorazepam Lormetazepam Nitrazepam Oxazepam Remimazolam	Midazolam Temazepam	Bromazepam Brotizolam Camazepam Clorazepic acid Clotiazepam Cloxazolam Delorazepam Estazolam Fludiazepam Halazepam Haloxazolam Ketazolam Medazepam Nimetazepam Nordazepam Oxazepam Oxazolam Pinazepam Prazepam Remimazolam Tetrazepam Triazolam	Flunitrazepam Phenazepam	Adinazolam Bromazolam 4'-Chlorodiazepam Clonazolam Deschloroetizolam Diclazepam Etizolam Flubromazepam Flubromazolam Fonazepam 3-Hydroxyphenazepam Meclonazepam Metizolam Nifoxipam Nitrazolam Pyrazolam Flualprazolam Flunitrazolam Norfludiazepam Gidazepam Desalkylgidazepam Methylclonazepam Cloniprazepam Difludiazepam Thionordazepam Clobromazolam 4'-Chloro-deschloroalprazolam Fluclotizolam Deschloroclotizolam Flubrotizolam Fluetizolam Bentazepam Bretazenil Rilmazafone

Annex B: Sources and quality of evidence

This report has been written in accordance with the ACMD Standard Operating Procedure for using evidence in ACMD reports (ACMD, 2025).

To evidence the identification and prevalence of novel benzodiazepines in the UK, the ACMD's NPS Committee wrote to stakeholders requesting available data on several benzodiazepines and related compounds in December 2025. Responses were received from the following (which may include submissions of 'no data held')

External agencies:

- Office for Health Improvement and Disparities (OHID, law enforcement drug seizure data)
- Office for National Statistics (ONS, based on information collected during the certification and registration of deaths in England and Wales)*
- Eurofins Scientific (law enforcement drug seizure data)
- EUropean-wide, Monitoring, Analysis and knowledge Dissemination on Novel/Emerging pSychoactiveS (EU-MADNESS, data on drug poisoning deaths) *
- Forensic Service of Northern Ireland (FSNI, law enforcement drug seizure data)
- MANchester DRug Analysis & Knowledge Exchange (MANDRAKE, performs forensic/chemical analysis of seized samples) *
- Northern Ireland Statistics and Research Agency (NISRA, postmortem toxicology data)
- National Programme on Substance Use Mortality (NPSUM, postmortem toxicology data) *
- National Poisons Information Service (NPIS, enquiries from health professionals about patients with suspected poisoning)*
- National Records of Scotland (NRS, number of deaths registered in Scotland in each calendar year) *
- Rapid Action Drug Alerts and Response study (RADAR, toxicology data including from hospital patients in Scotland)
- Scottish Police Authority (SPA) Forensic Services including data from NHS Grampian/Crown Office and Procurator Fiscal (law enforcement drug seizure data, toxicology analysis of biological samples from complainers and accused in relation to criminal or traffic offences, postmortem toxicology data)
- Leverhulme Research Centre for Forensic Science, University of Dundee (non-judicial seized samples from Scottish prisons)*

- LGC Assure (data generated from mainly postmortem blood and urine samples)
- SOCOTEC UK (law enforcement drug seizure data)
- TICTAC Communications Ltd (analysis of samples from amnesty bins and seized drugs at festivals/events) *
- Welsh Emerging Drug & Identification of Novel Substances (WEDINOS, submitted sample analysis)
- Postscript 360 (an organisation that supports people to reduce the harms caused by prescription drugs prescribed or bought illicitly)

Government agencies:

- Home Office Intelligence Analysis & Assessment*
- DSTL*
- Medicines and Healthcare products Regulatory Agency (MHRA)

*No data held or no cases reported

The report also draws on evidence from peer-reviewed literature (UK and international publications) and government reports. The ACMD considered international approaches when drafting its recommendations.

Quality of evidence (design, limitations, bias)

For recently encountered compounds such as ethylbromazolam, there is often limited direct evidence of their availability and harms. The ACMD has therefore made recommendations on their classification and schedule based on the known harms of other similar compounds for which more evidence is available.

It is important to note that owing to the novelty of this compound, forensic testing is limited and inconsistent across the UK and as a result, compounds of interest may not be detected. This is especially likely when reference standards have been unavailable. As a result, its prevalence in UK drug markets may be unrecognised or underestimated.

Annex C: List of abbreviations used in this report

ACMD	Advisory Council on the Misuse of Drugs
AIPSIN	AIPSIN Antinarcotics software complex (Russian)
ASSIST	A Surveillance Study of Illicit Substance Toxicity
CFSRE	Center for Forensic Science Research & Education
EUDA	European Union Drugs Agency
EU-MADNESS	EUropean-wide, Monitoring, Analysis and knowledge Dissemination on Novel/Emerging pSychoactiveS
FSNI	Forensic Service of Northern Ireland
GABA	Gamma amino butyric acid
IUPAC	International Union of Pure and Applied Chemistry
MDA	Misuse of Drugs Act 1971
MDR	Misuse of Drugs Regulations 2001
MHRA	Medicines and Healthcare products Regulatory Agency
NCA	National Crime Agency
NISRA	Northern Ireland Statistics and Research Agency
NPIS	National Poisons Information Service
NPSUM	National Programme on Substance Use Mortality
NPS	Novel Psychoactive Substances
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PSA	Psychoactive Substances Act 2016
RADAR	Rapid Action Drug Alerts and Response study
SPA	Scottish Police Authority
UK	United Kingdom
UNESC	United Nations Economic and Social Council
USA	United States of America
WEDINOS	Welsh Emerging Drug & Identification of Novel Substances
WHO	World Health Organization

Annex D: ACMD NPS Committee membership

(At time of publication)

Chair of NPS Committee	
Professor Simon Thomas[1]	ACMD NPS Committee Chair, Emeritus Professor of Clinical Pharmacology and Therapeutics, Newcastle University
Members of the NPS Committee	
Mr Paul Bunt[1,2]	Director of Casterton Event Solutions Ltd, former Drug Strategy Manager for Avon and Somerset Constabulary
Mr Peter Cain[1,2]	Drugs Scientific Advisor, Eurofins Forensic Services
Dr Caroline Copeland	Senior Lecturer in Pharmacology and Toxicology at King's College London, and the Director of the National Programme on Substance Abuse Deaths
Dr John Corkery[2]	Associate Professor in Research (Psychoactive Substances' Epidemiology, Toxicology and Mortality), University of Hertfordshire; mortality. Epidemiological lead for EU-MADNESS project
Professor Colin Davidson	Professor of Neuropharmacology, University of Central Lancashire
Professor Amira Guirguis	Professor of Pharmacy and MPharm Programme Director at Swansea University Chief Scientist at the Royal Pharmaceutical Society
Dr Hilary Hamnett[1]	Associate Professor in Forensic Science, University of Lincoln
Professor Graeme Henderson	Professor of Pharmacology at the University of Bristol
Dr Simon Hill[2]	Consultant Clinical Toxicologist, National Poisons Information Service, Newcastle Unit
Professor Stephen Husbands	Professor of Medicinal Chemistry, University of Bath
Professor Roger Knaggs	Professor in Clinical Pharmacy Practice at the University of Nottingham
Professor Fiona Measham[2]	Professor and Chair in Criminology at the University of Liverpool; co-founder and co-director of The Loop

Dr Lorna Nisbet	Senior Lecturer at the Leverhulme Research Centre for Forensic Science, University of Dundee
Dr Mark Pucci[2]	Consultant Clinical Toxicologist, Sandwell & West Birmingham NHS Trust, National Poisons Information Service
Mr Ric Treble[1,2]	Retired Laboratory of the Government Chemist (LGC) Expert

[1]Denotes member of ACMD ethylbromazolam working group.

[2]Denotes co-opted member of ACMD Novel Psychoactive Substances Committee.

Annex E: ACMD Membership

(At time of publication)

Chair of the ACMD	
Professor David Wood	Professor of Clinical Toxicology and Consultant Physician, Guy's and St Thomas' NHS Foundation Trust, King's Health Partners and King's College London
ACMD Council Members	
Professor Judith Aldridge	Professor of Criminology at the University of Manchester
Professor Steve Allsop	Emeritus Professor at the National Drug Research Institute, Curtin University, Australia.
Professor Anne Campbell	Professor of Substance Use and Mental Health, and Co-Director of the Drug and Alcohol Research Network at Queen's University Belfast
Dr Caroline Copeland	Senior Lecturer in Pharmacology and Toxicology, King's College London and the Director of the National Programme on Substance Abuse Deaths
Professor Colin Davidson	Professor of Neuropharmacology, University of Central Lancashire
Professor Karen Ersche	Professor of Addiction Neuroscience at the Department of Psychiatry at the University of Cambridge
Mr Mohammed Fessal	Chief Pharmacist, Change Grow Live
Professor Amira Guirguis	Professor of Pharmacy and MPharm Programme Director at Swansea University Chief Scientist at the Royal Pharmaceutical Society
Dr Hilary Hamnett	Associate Professor in Forensic Science at the University of Lincoln
Mr Jason Harwin	Director and co-founder of E-T-E Solutions Limited
Professor Graeme Henderson	Honorary Professor of Pharmacology, School of Physiology, Pharmacology & Neuroscience, University of Bristol
Professor Katy Holloway	Professor of Criminology, University of South Wales

Professor Keith Humphreys	Esther Ting Memorial Professor in the Department of Psychiatry and Behavioural Sciences at Stanford University in California, United States of America.
Professor Stephen Husbands	Professor of Medicinal Chemistry, University of Bath
Professor Sunjeev Kamboj	Professor of Translational Clinical Psychology at the Research Department of Clinical, Educational and Health Psychology at University College London
Professor Roger Knaggs	Associate Professor in Clinical Pharmacy Practice at the University of Nottingham
Mrs Sapna Lewis	Senior Lawyer, Welsh Government Legal Services Department
Dr Lorna Nisbet	Senior Lecturer at the Leverhulme Research Centre for Forensic Science, University of Dundee
Detective Sergeant Jon Privett	Expert witness in drug trafficking with the Metropolitan Police
Mrs Fiona Spargo-Mabbs	Director and Founder, Daniel Spargo-Mabbs Foundation. Chair, Drug Education Forum
Professor Harry Sumnall	Professor in Substance Use, Liverpool John Moores University (LJMU)
Professor Simon Thomas	Emeritus Professor of Clinical Pharmacology and Therapeutics, Newcastle University

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