ACMD

Advisory Council on the Misuse of Drugs

ACMD Chair: Prof David Wood
ACMD NPS Committee Chair: Prof Simon Thomas
NPS Committee Secretary: Yetunde Animashawun
1st Floor (NE), Peel Building
2 Marsham Street
London
SW1P 4DF
ACMD@homeoffice.gov.uk

Rt Hon Sarah Jones MP
Minister of State (Minister for Policing and Crime)
2 Marsham Street
London, SW1P 4DF

14 April 2026

Dear Minister,

Re: ACMD report – 'Ethylbromazolam: review of the evidence on its use and harms'

In recent years, the ACMD has provided advice on a number of novel benzodiazepines. Most recently, in 2024, the ACMD recommended that 15 further compounds be brought under control through the Misuse of Drugs Act 1971 (MDA). However, additional novel compounds continue to appear in recreational drug markets. The non-medical use of novel benzodiazepines has been associated with significant health harms, including an increase in annual numbers of deaths where a benzodiazepine has been implicated.

The ACMD Monitoring Group has become aware of the detection and non-medical use of a further novel benzodiazepine, ethylbromazolam, both in the UK and internationally. Ethylbromazolam is closely related to the compound bromazolam, which has been anecdotally associated with producing euphoric and sedative effects and is already controlled via the MDA.

The ACMD is pleased to enclose this report which considers the evidence of the harms associated with the non-medical use of ethylbromazolam and evidence provided from stakeholders on its prevalence in the UK. The report includes recommendations on appropriate classification and scheduling of this compound. The following conclusions were reached after review from the ACMD from the evidence presented in this report:

Summary and Conclusions

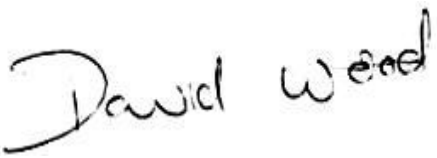
1. There have been substantial numbers of detections of ethylbromazolam in illicit drug materials internationally and in the UK since 2025. It has also been detected in blood and urine samples taken postmortem in cases of apparent drug-related death. It should be noted that detections of emerging NPS 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.
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.
3. As ethylbromazolam is not licensed as a medicine in the UK or elsewhere, listing in Schedule 1 of the MDR would be appropriate.

Based on the review of the currently available evidence, the ACMD has made the following 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.

We welcome the opportunity to discuss this report in due course.

Yours sincerely,



Professor David Wood
Chair of ACMD

Professor Simon Thomas
Chair of NPS Committee