

Expert Committee on Drug Dependence
Thirty-sixth Meeting
Geneva, 16-20 June 2014



1. Comments based on the review report

25B-NBOMe is a substituted phenethylamine and a derivative of 2C-B. It is a potent hallucinogen and has potent stimulant effects. 25B-NBOMe has a high affinity for the serotonin 5-HT_{2A} receptor, which may explain its potency as a hallucinogen.

a. Evidence on dependence and abuse potential

No studies have examined the dependence and abuse potential of 25B-NBOMe.

b. Risks to individual and society because of misuse

25B-NBOMe is a potent hallucinogen and stimulant. According to user websites, the psychoactive dose may be as low as 400 microgram sublingual. Therefore, the risk of overdosing is relatively high. 25B-NBOMe is commonly obtained through the Internet, which poses a risk to the identity and the dose of the substance thus obtained.

Users have reported negative effects including confusion and paranoia. In hospital cases, tachycardia, hypertension, seizures and hyperthermia have been reported. Up till 2014, fatalities appear to be rare (two published cases).

c. Magnitude of the problem in countries (misuse, illicit production, smuggling etc)

The Global Drugs Survey (Lawn et al, 2014) shows that many 25X-NBOMe (X = Cl, Br, or I) users have experience with hallucinogen use. This group of users may be a specific group looking for hallucinogenic experiences. Instances of misuse, abuse and dependence are likely limited to such individuals. 25B-NBOMe is commonly obtained through the Internet. Information from seizures, collected samples and user websites indicate that 25B-NBOMe is commonly sold as a 'legal' substitute for LSD or as LSD.

Fourteen respondents to the WHO questionnaire reported that there was recreational/harmful use of 25B-NBOMe. Three respondents reported the occurrence of withdrawal, tolerance and other adverse effects on health caused by 25B-NBOMe. One respondent mentioned numerous reports of hospital admissions and deaths due to abuse of 25X-NBOMe (X = Cl, Br, or I).

Eleven respondents reported trafficking, one reported diversion, and ten reported an internet market of 25B-NBOMe. The total number of reported seizures was 5 in 2012 (4 respondents); no reported data for 2011.

d. Need of the substance for medical (including veterinary) practice

25B-NBOMe has no therapeutic applications or medical use, including veterinary medicine. Radiolabeled 25B-NBOMe is being used in PET imaging studies to study the serotonergic system in the brain.

e. Need of the substance for other purposes (e.g. industrial)

25B-NBOMe has no industrial use.

f. Measures taken by countries to curb misuse

Fourteen respondents to the WHO questionnaire reported that 25B-NBOMe was controlled under national legislation that was intended to regulate its availability.

g. Impact if this substance is scheduled

Not applicable.

2. Additional information to improve the critical review report

No further information.

3. Other comments or opinions

No further comments.

4. Expert reviewer's view on scheduling with rationale

25B-NBOMe is a potent hallucinogen and stimulant. Chemically, it is a derivative of 2C-B but it has a significant higher affinity for the serotonin 5-HT_{2A} receptor compared to 2C-B.

25B-NBOMe can be obtained through internet sources. Available information indicates that it is promoted as a 'legal' replacement for LSD or as LSD. Experiences of users are described on several websites.

There are no published pre-clinical toxicological data on 25B-NBOMe. Clinical toxicological publications are scarce. Abuse and dependence potential are unknown. Epidemiological data on abuse and dependence are lacking. 25B-NBOMe does not have any therapeutic application or medical use.

Considering that 25B-NBOMe is a potent hallucinogen and that it has no medical applications, the reviewer's opinion is that 25B-NBOMe is placed under international control. Considering its chemical and functional similarity to 2C-B and its high affinity for the 5-HT_{2A} receptor, it is recommended that 25B-NBOMe be placed in Schedule II of the 1971 Convention on Psychotropic Substances.