GS Federal
Empowering Resilience

Emerging Drugs Reference Guide by Category

Updated: October 24, 2026 | Second edition with cannabinoid and product additions

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Quick reference: naloxone and detection

NFLIS: how often each substance turns up in seized-drug evidence

DEA TOX: what is found in people, not in evidence

Aegis Sciences: what is found in people who are in treatment

Wastewater: how widespread each substance is

UNODC: how far each substance has spread internationally

NIST RaDAR: substances reported for the first time

UNC Street Drug Analysis Lab: live trackers you can look up

Master source list (organizations and core datasets)

The interactive reference and downloadable PDF are available at PreventionCoach.ai. Open the reference

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Introduction

New psychoactive substances (NPS) keep showing up faster than annual surveys can track them. When one compound is scheduled, a close chemical relative often replaces it within months. Bromazolam identifications fell after DEA scheduled it in March 2026, while relatives like phenazolam and ethylbromazolam held steady. This guide groups the substances that prevention professionals are most likely to hear about in 2026. It is organized by drug category, and each entry includes the exact name, common aliases, when it emerged or was first flagged, and its current federal and international control status where an official source confirms it.

Main sources: DEA scheduling orders and the Federal Register (FR), CFSRE's NPS Discovery program (Q2 2026 scope recommendations; Q3 2026 trend report), WHO's Expert Committee on Drug Dependence (ECDD), the UN Commission on Narcotic Drugs (CND) via UNODC, EUDA, CDC, FDA, and NIST. Most entries were checked against the primary document between Oct 11 and Oct 23, 2026. THC-H, THC-jD, Lights Out labeling and the federal hemp dates were reviewed October 24, 2026.

How to use this guide

- **This is a reference document, not medical, legal or clinical advice.** It does not provide dosing or instructions for use. Product amounts are included only to interpret labels. If someone may be poisoned, call Poison Help at 1-800-222-1222, or 911 in an emergency.
- **Dates:** "Temp. Sch. I" is a DEA temporary (emergency) Schedule I order. These last 2 years and can be extended by 1. "Perm." means a permanent placement. Where a source gives an effective date, that date is used; otherwise the FR publication date is given and labeled as such.
- **CFSRE Q3 2026 counts** are the number of times CFSRE identified the substance in toxicology specimens and drug materials submitted to its lab in Q3 2026 (read from report charts). They show what is circulating in samples sent to CFSRE. They are not prevalence data, so say "identifications," not "use."
- **Confidence markers:**
  - No marker: confirmed in an official document (FR text, agency page, CFSRE/WHO/UNODC PDF).
  - **[⚠ secondary]**: taken from a secondary or internal-research summary and not re-opened at the primary source.
  - **[❓ unconfirmed]**: no confirming official document was found. Don't state it as fact.
- **Re-check before teaching or posting.** Scheduling changes monthly. Several actions below are pending as of Oct 23, 2026.

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1. Nitazenes (benzimidazole opioids)

What they are: Lab-made opioids first developed in the 1950s as possible painkillers but never approved. Some are many times stronger than fentanyl. They turn up in fake pills and powders, and people often don't know they took one.

Older and first-wave nitazenes

- **Etonitazene**: Schedule I since the original federal opiate list (21 CFR 1308.11). CFSRE Q3 2026: 4. Aegis Sciences, testing people in SUD treatment, put all nitazene analogs at 3.3% of designer opioid detections in Q1 2026 and 4.8% in Q2 — a rising share. Within that subclass, metonitazene-related compounds were most prevalent (1.5% to 2%), and N-pyrrolidino nitazenes tripled from 0.5% to 1.5%.
- **Isotonitazene**: the first nitazene of the current wave. Temp. Sch. I Aug 20, 2020; perm. effective Dec 6, 2021. CFSRE Q3 2026: 1.
- **Metonitazene**: Temp. Sch. I Apr 12, 2022; perm. effective Sep 18, 2023. CFSRE Tier 1 (strongly recommended for testing), Q2 2026. CFSRE Q3 2026: 25.
- **Protonitazene**: Temp. Sch. I Apr 12, 2022; made permanent by an FR rule of Apr 11, 2024. CFSRE Q3 2026: 3.
- **Butonitazene**: Temp. Sch. I Apr 12, 2022; perm. FR Oct 25, 2024. UN Schedule I (1961 Convention) by CND vote, Mar 19, 2024.
- **Etodesnitazene (etazene)**, **flunitazene**, **metodesnitazene**: Temp. Sch. I Apr 12, 2022. Etodesnitazene was made permanent Apr 11, 2024; flunitazene and metodesnitazene Oct 25, 2024. CFSRE Q3 2026: etodesnitazene 1.

"N-pyrrolidino," "N-piperidinyl" and "N-desethyl" nitazenes (2022–2026 wave)

- **N-pyrrolidino etonitazene (etonitazepyne)**: Temp. Sch. I Apr 12, 2022; perm. FR Apr 11, 2024. CFSRE Q3 2026: 2.
- **N-pyrrolidino protonitazene (protonitazepyne)**: Temp. Sch. I Aug 15, 2025; perm. effective Feb 11, 2026. UN Schedule I, CND Mar 2025. CFSRE Tier 1. CFSRE Q3 2026: 24.
- **N-pyrrolidino metonitazene (metonitazepyne)**: same dates as protonitazepyne (Temp. Aug 15, 2025; perm. Feb 11, 2026; UN Mar 2025). CFSRE Q3 2026: 14.
- **N-pyrrolidino isotonitazene**: Temp. Sch. I Oct 15, 2025. UN Schedule I, CND Mar 2026. CFSRE Q3 2026: 9.
- **N-desethyl isotonitazene**: Temp. Sch. I Jul 29, 2024; perm. effective Jan 22, 2026. UN Schedule I, CND Mar 2025. CFSRE Q3 2026: 1.
- **N-piperidinyl etonitazene (etonitazepipne)**: Temp. Sch. I Jul 29, 2024; perm. effective Jan 22, 2026. UN Schedule I, CND Mar 2025.
- **N-desethyl etonitazene**: Temp. Sch. I Oct 15, 2025. UN Schedule I, CND Mar 2026. CFSRE Q3 2026: 3.
- **N-desethyl protonitazene**, **N,N-dimethylamino etonitazene**, **ethyleneoxynitazene**, **methylenedioxynitazene**: all Temp. Sch. I Oct 15, 2025 (until Oct 15, 2027).

- **Etomethazene (5-methyl etodesnitazene)**: first identified in Sweden in Jan 2023. CFSRE first detected it in the US in Jan 2024. NFLIS has 184 reports since 2023 (per FDA's Aug 26, 2026 FR notice). Temp. Sch. I Oct 15, 2025. **WHO ECDD 49 critical review (Oct 19–22, 2026).**
- **N-desethyl metonitazene**: CFSRE Q3 2026: 1. No specific federal listing found [❓ unconfirmed].
- **N-pyrrolidino ethylene isotonitazene**: CFSRE Q3 2026: 6. No specific federal listing found [❓ unconfirmed].
- **Protodesnitazene**: CFSRE 2026 new-drug monograph. Per internal research it was first seen in New England in Apr 2026 alongside spirochlorphine [⚠ secondary]. CFSRE Q3 2026: 1. UNODC's Early Warning Advisory (Aug 6, 2026) reports protodesnitazene was "reported by 9 countries across five continents (Oceania, South America, North America, Asia and Europe)," which makes it considerably more widespread internationally than its small US count suggests.

Sources (Category 1)

- Isotonitazene temporary order: https://www.federalregister.gov/documents/2020/08/20/2020-17951/schedules-of-controlled-substances-temporary-placement-of-isotonitazene-in-schedule-i
- Isotonitazene permanent order: https://www.federalregister.gov/documents/2021/11/04/2021-23848/schedules-of-controlled-substances-placement-of-isotonitazene-in-schedule-i
- Apr 12, 2022 temporary order (7 nitazenes): https://www.federalregister.gov/documents/2022/04/12/2022-07640/schedules-of-controlled-substances-temporary-placement-of-butonitazene-etodesnitazene-flunitazene
- Metonitazene permanent order (88 FR 56466): https://www.govinfo.gov/content/pkg/FR-2023-08-18/pdf/2023-17778.pdf
- FR 2024-07684 (etodesnitazene, etonitazepyne, protonitazene) and FR 2024-24635 (butonitazene, flunitazene, metodesnitazene): https://www.federalregister.gov/d/2024-07684 ; https://www.federalregister.gov/d/2024-24635
- N-desethyl isotonitazene and etonitazepipne, temporary then permanent: https://www.federalregister.gov/documents/2024/07/29/2024-16391/schedules-of-controlled-substances-temporary-placement-of-n-desethyl-isotonitazene-and-n-piperidinyl ; https://www.federalregister.gov/documents/2025/12/23/2025-23717/schedules-of-controlled-substances-placement-of-n-desethyl-isotonitazene-and-n-piperidinyl
- Protonitazepyne and metonitazepyne, temporary then permanent: https://www.federalregister.gov/documents/2025/08/15/2025-15566/schedules-of-controlled-substances-temporary-placement-of-n-pyrrolidino-metonitazene-and ; https://www.federalregister.gov/documents/2026/01/12/2026-00362/schedules-of-controlled-substances-placement-of-n-pyrrolidino-metonitazene-and-n-pyrrolidino
- Oct 15, 2025 temporary order (7 benzimidazole-opioids): https://www.federalregister.gov/documents/2025/10/15/2025-19542/schedules-of-

controlled-substances-temporary-placement-of-ethyleneoxynitazene-methylenedioxynitazene

- CND Mar 2024 decisions (butonitazene and others): https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2020-2029/2024/Dec_67_1_to_67_5.pdf
- CND Mar 2025 nitazene decisions entering into force: https://www.unodc.org/LSS/Announcement/Details/16bcac76-5c96-49f6-9d8a-56d1aa76cd7a
- CND Mar 2026: https://www.unodc.org/unodc/en/frontpage/2026/March/cnd-closing.html
- FDA ECDD 49 comment notice (etomethazene history): https://www.federalregister.gov/documents/2026/08/26/2026-17380/international-drug-scheduling-single-convention-on-narcotic-drugs-convention-on-psychotropic
- CFSRE Q3 2026 trend report: https://www.cfsre.org/images/trendreports/2026_Q3_CFSRE_NPS_Discovery_Trend_Reports.pdf
- CFSRE Q2 2026 scope recommendations: https://www.cfsre.org/images/scoperecommendations/Q2-2026-NPS-Scope-Recommendations-NPS-Discovery-052926.pdf
- Protodesnitazene monograph: https://www.cfsre.org/images/monographs/Protodesnitazene-New-Drug-Monograph-NPS-Discovery.pdf

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2. Orphines (brorphine-type novel synthetic opioids)

What they are: A newer family of lab-made opioids named after brorphine. They are chemically different from both fentanyl and nitazenes, so fentanyl test strips may not detect them. Since 2024 they have been found in powders and fake pills, often mixed with fentanyl.

- **Brorphine**: Temp. Sch. I Mar 1, 2021; perm. effective Apr 5, 2023. UN Schedule I, CND Mar 2022 (WHO ECDD 44).
- **Cychlorphine (N-propionitrile chlorphine)**: first identified by CFSRE in mid-2024. At least 55 US deaths as of early 2026 (per FR). DEA notice of intent Jul 1, 2026; **Temp. Sch. I Aug 27, 2026** (until Aug 27, 2028). **WHO ECDD 49 critical review.** CFSRE Tier 1. CFSRE Q3 2026: 38 (the #3 NPS opioid in CFSRE's Q3 data). Aegis put cychlorphine at roughly 3% of designer opioid detections in both Q1 and Q2 2026, and names it as a new overdose concern. UNC's Street Drug Analysis Lab runs a dedicated Orphines tracker, updated daily.
- **Spirochlorphine (R-6890)**: first studied in the 1970s as a painkiller candidate. First identified in the US by CFSRE in May 2025. First European identification was in Sweden; eight EU Member States have reported it. **EUDA placed it under intensive monitoring Feb 13, 2026.** Temp. Sch. I Aug 27, 2026. **WHO ECDD 49 critical review.** CFSRE Q3 2026: 9.

- **5,6-Dichloro desmethylchlorphine (SR-17018)**: Temp. Sch. I Aug 27, 2026. CFSRE Q3 2026: 21.
- **5,6-Dichloro brorphine (SR-14968)**: Temp. Sch. I Aug 27, 2026. CFSRE Q3 2026: 3.
- **Chlorphine**: CFSRE Q3 2026: 5. No specific federal listing found [❓ unconfirmed].
- **5-Chloro desmethylchlorphine**: CFSRE Tier 3 (newly added). CFSRE Q3 2026: 3. No federal listing found [❓ unconfirmed]. UNODC reports it was “reported by 3 countries in North America and Europe” (Aug 6, 2026) — the first confirmation of international spread for this compound.
- **Orphine** (the parent compound): CFSRE new-drug monograph dated Jul 20, 2026 (sample received May 18, 2026). Per internal research, the first US detection was in a pink powder [⚠ secondary]. No federal listing found [❓ unconfirmed].
- **Spirobrorphine**: named in a UNODC cryptomarket summary per internal research [⚠ secondary].

Flag: older internal notes (Aug 2026) say "only brorphine is Schedule I." That is out of date. Four more orphines became Temp. Sch. I on Aug 27, 2026.

Sources (Category 2)

- Brorphine temporary order: https://www.federalregister.gov/documents/2021/03/01/2021-04242/schedules-of-controlled-substances-temporary-placement-of-brorphine-in-schedule-i
- Brorphine permanent order: https://www.govinfo.gov/content/pkg/FR-2023-03-06/html/2023-04364.htm
- Orphines temporary order (Aug 27, 2026): https://www.federalregister.gov/documents/2026/08/27/2026-17531/schedules-of-controlled-substances-temporary-placement-of-56-dichloro-brorphine-56-dichloro
- Orphines notice of intent (Jul 1, 2026): https://www.federalregister.gov/documents/2026/07/01/2026-13364/schedules-of-controlled-substances-temporary-placement-of-56--dichloro-brorphine-56-dichloro
- FDA ECDD 49 notice (cychlorphine deaths; spirochlorphine first US ID): https://www.federalregister.gov/documents/2026/08/26/2026-17380/international-drug-scheduling-single-convention-on-narcotic-drugs-convention-on-psychotropic
- EUDA initial report on spirochlorphine: https://www.drugsandalcohol.ie/45831/1/initial-report-on-spirochlorphine_final_0.pdf
- WHO ECDD 49 documents: https://www.who.int/groups/ecdd/forty-ninth-ecdd-documents
- CFSRE orphine monograph: https://www.cfsre.org/images/monographs/Orphine-New-Drug-Monograph-NPS-Discovery.pdf
- CFSRE/Colombo Plan orphine alert (Feb 2026): https://www.cfsre.org/images/content/reports/public_alerts/Colombo_Plan_Orphine_Alert_Feb_2026_v3.pdf
- CFSRE Q3 2026 trend report (as in Category 1)

3. Fentanyl analogs (fentanyl-related substances)

What they are: Chemical variations of fentanyl made by changing small parts of the molecule. Several are more potent than fentanyl. Federal law now controls the whole family as a class instead of one compound at a time.

- **Fentanyl-related substances (class)**: emergency-controlled as a class in Schedule I Feb 6, 2018. **Made permanent by the HALT Fentanyl Act (Public Law 119-26), signed Jul 16, 2025.** Seven specific FRS were also placed by name, effective Sep 18, 2025.
- **Acetylfentanyl**: per DEA, the current wave of fentanyl analogs "began in 2013 with acetyl fentanyl." Schedule I (21 CFR 1308.11).
- **para-Fluorofentanyl** (and the ortho/meta isomers): the most-identified NPS opioid in CFSRE's Q3 2026 data (117 identifications; isomer presumed). CFSRE Tier 1. Aegis put fluorofentanyl-related compounds at 23–24% of designer opioid detections across both quarters of 2026. ONDCP wastewater testing found para-fluorofentanyl in 18 of 95 counties tested (19%) in 2026.
- **ortho-Methylfentanyl** (and other methylfentanyl isomers): CFSRE Q3 2026: 65, the #2 NPS opioid. CFSRE Tier 2.
- **Carfentanil**: Schedule II (licensed for large-animal immobilization). CFSRE Q3 2026: 37. CFSRE Tier 1. Carfentanil is far more geographically widespread than its case counts suggest: ONDCP wastewater testing detected it in 52 of 97 counties (54%) in 2026. Aegis put norcarfentanil at about 5% of designer opioid detections in both quarters. UNC runs a dedicated Carfentanil tracker.
- **Hospital-screen flag:** per ONDCP's Sept 2026 Drug Threat Notice (as summarized in Greg's Oct 13 post), standard hospital opioid urine screens do not detect fentanyl analogs [⚠ secondary, primary not re-opened].

Sources (Category 3)

- DEA Diversion, *Fentanyl-Related Substances*: https://www.deadiversion.usdoj.gov/drug_chem_info/frs.pdf
- HALT Fentanyl Act, Pub. L. 119-26: https://www.govinfo.gov/content/pkg/PLAW-119publ26/pdf/PLAW-119publ26.pdf
- White House, Jul 16, 2025: https://www.whitehouse.gov/releases/2025/07/president-trump-signs-halt-fentanyl-act-into-law/
- CRS Legal Sidebar LSB11343: https://www.congress.gov/crs_external_products/LSB/PDF/LSB11343/LSB11343.1.pdf
- Seven specific FRS: https://www.federalregister.gov/documents/2025/09/18/2025-18103/schedules-of-controlled-substances-placement-of-seven-specific-fentanyl-related-substances-in
- 21 CFR 1308.11 and 1308.12: https://www.ecfr.gov/current/title-21/chapter-II/part-1308

- CFSRE Q3 2026 trend report and Q2 2026 scope (as in Category 1)

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4. Other novel synthetic opioids

What they are: Opioids from other chemical families, or drug breakdown products, that are sold online or found in the illicit supply.

- **O-Desmethyltramadol (O-DSMT, desmetramadol)**: a tramadol metabolite sold in gray-market products. **Temp. Sch. I Aug 12, 2026** (until Aug 12, 2028). A correction was published Oct 9, 2026. CFSRE Q3 2026: 2 (drug material).
- **2-Methyl AP-237**: placed in Schedule I by an FR rule of Mar 15, 2024.
- **Methiodone (IC-26)**: CFSRE Q3 2026: 5. Federal status not confirmed [❓ unconfirmed].
- **Etodezitramide**: CFSRE Q3 2026: 5. Federal status not confirmed [❓ unconfirmed]. UNODC reports etodezitramide was “reported by 5 countries in North America and Europe” (Aug 6, 2026).
- **N-Piperidinyl tapentadol**: CFSRE monograph after a Nov 2025 test purchase. Sold online as an O-DSMT/tapentadol "alternative." Unscheduled per internal research [⚠ secondary].

Sources (Category 4)

- O-DSMT temporary order: https://www.federalregister.gov/documents/2026/08/12/2026-16413/schedules-of-controlled-substances-temporary-placement-of-o-desmethyltramadol-in-schedule-i
- 2-Methyl AP-237: https://www.federalregister.gov/d/2024-05543
- CFSRE Q3 2026 trend report (as in Category 1)
- CFSRE N-piperidinyl tapentadol monograph: https://www.cfsre.org/images/monographs/N-Piperidinyl-Tapentadol-New-Drug-Monograph-NPS-Discovery.pdf

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5. Adulterants and cutting agents

What they are: Substances mixed into the drug supply, usually fentanyl, often without the buyer knowing. Some are veterinary sedatives that naloxone does not reverse. Others are industrial chemicals or anesthetics with no reason to be in a drug.

- **Xylazine ("tranq")**: a veterinary sedative. **ONDCP declared fentanyl adulterated with xylazine an emerging threat on Apr 12, 2023.** Not controlled under the federal CSA (DEA, May 2026), though several states schedule it. CFSRE Q3 2026: 255. CFSRE

moved it down to Tier 2. Two independent systems now show xylazine declining while medetomidine rises. Aegis found xylazine (with 4-hydroxyxylazine) at about 60% of NPS-Other detections in both quarters of 2026 — still the single most frequently detected NPS in its data — but falling from Q1 to Q2. ONDCP wastewater testing found xylazine in 62 of 101 counties (61%). UNC titles its tracker “Xylazine and (dex)medetomidine” and states that xylazine is being replaced.

- **Medetomidine**: a veterinary sedative. First detected in Philadelphia's supply in late Apr 2024 (PDPH health alert May 13, 2024; CFSRE alert May 2024). CDC MMWR (Apr 2025) described a severe withdrawal syndrome in hospitalized Philadelphia patients. Not federally controlled (DEA, Mar 2026); Pennsylvania made it Schedule III in 2026 (per FR). **WHO ECDD 49 pre-review. CFSRE Q3 2026: 615, the most-identified substance in CFSRE's miscellaneous category, more than twice xylazine.** CFSRE Tier 1. Medetomidine was the ONLY compound in Aegis's NPS-Other class whose detection rate rose from Q1 to Q2 2026; with its metabolite 3-OH-medetomidine it reached 25% of NPS-Other detections in Q2 and ranked third among all NPS Aegis detected. ONDCP wastewater testing found it in 36 of 101 counties (36%) in 2026.
- **BTMPS (bis(2,2,6,6-tetramethyl-4-piperidyl) sebacate)**: an industrial UV stabilizer used in plastics. It began appearing with fentanyl in June 2024, first in Portland, OR and Philadelphia, and CFSRE's monograph followed in Sep 2024. CFSRE Q3 2026: 98.
- **BTMPS-related compounds: tetramethyl-4-AP (TM-4-AP), tetramethylnorfentanyl (TMNF), N-phenethyl tetramethyl-4-AP, and tetramethyl-4-piperidinol (TMP)**: CFSRE public alert May 2025. CFSRE Q3 2026: TM-4-AP 81, TMNF 38, N-phenethyl TM-4-AP 30, TMP 8. Per internal research, tetramethyl-4-AP was #2 at Aegis Labs in H1 2026 [⚠ secondary]. These are no longer a side note. In Aegis's clinical data the tetramethylfentanyl-related compounds became the MOST prevalent designer opioid group in the first half of 2026 — 42% of designer opioid detections in Q1 and 34% in Q2 — after Aegis added them to its panel in December 2025. Tetramethyl-4-AP alone accounted for 1,035 detections in Q1 and 855 in Q2.
- **Local anesthetics: lidocaine, tetracaine, procaine**: widespread in fentanyl samples, per NIST's RaDAR study (4,563 samples, Jan 2024–Jun 2026, published Oct 2026). NIST also reports medetomidine replacing xylazine in the East. Greg's Oct 10 post summarized it as fentanyl now usually carrying 6 or more additives.
- **Etomidate (as an adulterant)**: found in Philadelphia's fentanyl supply in June 2024, possibly the first US illicit detection (see Category 11).
- **Also seen in CFSRE drug-checking materials, Q3 2026:** nefopam 10, dextromethorphan 13 (drug materials only).

Sources (Category 5)

- ONDCP xylazine response plan: https://www.govinfo.gov/content/pkg/CMR-PREX26-00185115/pdf/CMR-PREX26-00185115.pdf
- DEA Diversion, xylazine: https://www.deadiversion.usdoj.gov/drug_chem_info/xylazine/Xylazine.pdf

- DEA Diversion, medetomidine: https://www.deadiversion.usdoj.gov/drug_chem_info/medetomidine/Medetomidine.pdf
- Philadelphia medetomidine health alert (May 13, 2024): https://hip.phila.gov/document/4421/PDPH-HAN-0441A-05-13-24.pdf/
- CFSRE medetomidine alert: https://www.cfsre.org/images/content/reports/public_alerts/Public_Alert_Medetomidine_052024.pdf
- CDC MMWR, medetomidine withdrawal: https://www.cdc.gov/mmwr/volumes/74/wr/mm7415a2.htm
- CDC MMWR, medetomidine in EDs (2024): https://www.cdc.gov/mmwr/volumes/73/wr/mm7330a3.htm
- CFSRE BTMPS monograph: https://www.cfsre.org/nps-discovery/monographs/bis2266-tetramethyl-4-piperidyl-sebacate
- CFSRE BTMPS and related-substances alert (May 2025): https://www.cfsre.org/images/content/reports/public_alerts/Public_Alert_BTMPS_and_TMF_Related_Substances_052025.pdf
- NIST RaDAR release (Oct 2026): https://www.nist.gov/news-events/news/2026/10/nist-study-shows-how-toxic-substances-mixed-fentanyl-vary-across-us-and
- NIST RaDAR paper: https://doi.org/10.1002/dta.70164
- FDA ECDD 49 notice (medetomidine pre-review; Pennsylvania Schedule III): https://www.federalregister.gov/documents/2026/08/26/2026-17380/international-drug-scheduling-single-convention-on-narcotic-drugs-convention-on-psychotropic
- CFSRE Q3 2026 trend report (as in Category 1)

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6. Novel ("designer") benzodiazepines

What they are: Unapproved relatives of prescription sedatives like alprazolam and diazepam. They are often pressed into counterfeit "anxiety pills" and are frequently found with opioids, which raises overdose risk.

- **Bromazolam**: UN Schedule IV (1971 Convention), CND vote Mar 19, 2024. **DEA Temp. Sch. I Mar 16, 2026** (through Mar 16, 2028), with a correction Jun 24, 2026. DEA counted at least 259 overdose cases, 201 of them fatal, Apr 2021–Feb 2026 (single source: the DEA order). CFSRE identifications fell from 511 (Q4 2024) to 38 (Q3 2026), but it is still the #1 benzo in CFSRE's Q3 data. Aegis's clinical data shows the same decline from a different angle: bromazolam-related compounds fell from 68% of designer benzodiazepine detections across 2025 to 55% in Q1 2026 and just under 50% in Q2.
- **Phenazolam (clobromazolam)**: first synthesized in the 1980s and first identified by CFSRE in mid-2024. CFSRE public alert Dec 2025. CFSRE Tier 1. CFSRE Q3 2026: 25 (#2). Not federally scheduled as of Aug 2026 per internal research [⚠ secondary]. **Flag:** FDA's Aug 26 FR notice lists it for ECDD 49 critical review, but WHO's agenda and UNODC don't. Don't say WHO is reviewing it. Aegis reports phenazolam's share held

steady between quarters while bromazolam fell, so the two together still exceeded 70% of designer benzodiazepine detections in the first half of 2026.

- **Ethylbromazolam**: first identified by CFSRE in the US in July 2025, frequently in counterfeit tablets. **WHO ECDD 49 critical review.** CFSRE Q3 2026: 16. No federal schedule found [❓ unconfirmed]. Rising in clinical samples: Aegis put it at just over 6% of designer benzodiazepine detections in Q1 2026 and about 8% in Q2.
- **Desalkylgidazepam (bromonordiazepam)**: first appeared in 2022 and was the #2 designer benzo in the US by 2024 (per FR). **WHO ECDD 49 critical review.** CFSRE Q3 2026: 7. Aegis shows it more than doubling as a share of designer benzodiazepine detections, from just under 2% in Q1 2026 to just over 4% in Q2.
- **Flualprazolam, etizolam, clonazolam, flubromazolam, diclazepam**: Temp. Sch. I Jul 26, 2023 (extended in 2025); **perm. Sch. I effective Apr 1, 2026.** CFSRE Q3 2026: clonazolam 5, etizolam 3, flualprazolam 2.
- **Rilmazolam** (CFSRE Q3 2026: 7) and its prodrug **rilmazafone** (1).
- **Methylclonazepam**: CFSRE Q3 2026: 6.
- **Ethylflualprazolam**: CFSRE Q3 2026: 4. CFSRE moved it up to Tier 2. UNODC reports it was “reported by 4 countries across Oceania, North America, and Europe” (Aug 6, 2026).
- **N-Ethyl nitrazepam**: CFSRE Q3 2026: 3.
- **4'-Chloro-deschloroalprazolam**: CFSRE Q3 2026: 2. CFSRE Tier 3.
- **Flubromazepam, pyrazolam, desalkylflurazepam**: CFSRE Tier 3. Each identified 1–2 times in Q3 2026.
- **Gidazepam, pynazolam**: 2026 CFSRE monographs; on the watch list per internal research [⚠ secondary].

Sources (Category 6)

- Bromazolam temporary order: https://www.federalregister.gov/documents/2026/03/16/2026-05064/schedules-of-controlled-substances-temporary-placement-of-bromazolam-in-schedule-i
- Bromazolam correction: https://www.federalregister.gov/documents/2026/06/24/2026-12653/schedules-of-controlled-substances-placement-of-bromazolam-in-schedule-i-correction
- DEA press release: https://www.dea.gov/press-releases/2026/03/18/dea-emergency-schedules-bromazolam
- CND bromazolam decision (Dec 67/5): https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2020-2029/2024/Dec_67_1_to_67_5.pdf
- Five-benzo temporary order: https://www.federalregister.gov/documents/2023/07/26/2023-15748/schedules-of-controlled-substances-temporary-placement-of-etizolam-flualprazolam-clonazolam
- Five-benzo permanent order: https://www.federalregister.gov/documents/2026/03/02/2026-04112/schedules-of-controlled-substances-placement-of-clonazolam-diclazepam-etizolam-flualprazolam-and

- CFSRE phenazolam alert: https://www.cfsre.org/images/content/reports/public_alerts/Public_Alert_Phenazolam_121925.pdf
- WHO ethylbromazolam critical review: https://cdn.who.int/media/docs/default-source/controlled-substances/49th-ecdd/ethylbromazolam-critical-review.pdf
- WHO desalkylgidazepam critical review: https://cdn.who.int/media/docs/default-source/controlled-substances/49th-ecdd/desalkylgidazepam-critical-review.pdf
- WHO ECDD 49 agenda: https://cdn.who.int/media/docs/default-source/controlled-substances/49th-ecdd/49th-ecdd-provisional-agenda.pdf
- UNODC ECDD 49 notice: https://www.unodc.org/LSS/Announcement/Details/25b1a3ae-5a95-4bdf-b758-748ce856be68
- FDA FR notice, Aug 26, 2026 (as above)
- CFSRE Q2 2026 benzodiazepine trend report: https://www.cfsre.org/images/trendreports/2026-Q2-NPS-Benzodiazepines-Trend-Report.pdf
- CFSRE Q3 2026 trend report (as in Category 1)

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7. Synthetic cathinones and other NPS stimulants

What they are: Lab-made relatives of cathinone, the stimulant in the khat plant, once sold as "bath salts." Today they are often sold as, or mixed into, "Molly"/MDMA. The specific compound changes quickly as each one is controlled.

- **Mephedrone (4-MMC)**: Schedule I by statute since Jul 9, 2012 (Synthetic Drug Abuse Prevention Act). **The #1 NPS stimulant in CFSRE's Q3 2026 data (19).** CFSRE Tier 1 (2-, 3- and 4-MMC isomers).
- **2-MMC**: CFSRE Q3 2026: 6.
- **3-MMC**: UN Schedule II, CND Mar 15, 2023 (in force Nov 13, 2023). No specific US federal listing found [❓ unconfirmed].
- **4-CMC (clephedrone)**: UN Schedule II, CND Mar 4, 2020. **US perm. Sch. I effective Dec 17, 2025.** CFSRE Q3 2026: 5. CFSRE moved the 2-, 3- and 4-CMC isomers down to Tier 2.
- **3-CMC**: UN Schedule II, CND Mar 19, 2024.
- **N,N-Dimethylpentylone (dipentylone)**: UN Schedule II, CND Mar 19, 2024. In the US it was already Schedule I as an isomer of N-ethylpentylone; DEA added a specific listing Aug 8, 2025. CFSRE Tier 2. CFSRE Q3 2026: 1. Rising sharply in clinical samples: Aegis put N,N-dimethylpentylone-related compounds at about 8% of synthetic stimulant detections in Q1 2026 and about 20% in Q2.

- **Eutylone**: already Schedule I as an isomer of pentylone; DEA added a specific listing Apr 10, 2023. CFSRE Tier 3. Also rising sharply in clinical samples — Aegis put eutylone at about 3% of synthetic stimulant detections in Q1 2026 and 15% in Q2.
- **alpha-PHP**: Temp. Sch. I Jul 18, 2019; perm. Jun 1, 2022. CFSRE Tier 2 (with alpha-PiHP).
- **alpha-PiHP**: UN Schedule II, CND Mar 2023 (in force Nov 2023). US status as an alpha-PHP isomer not confirmed [❓ unconfirmed].
- **PV8 (alpha-PHpP)** and **iso-PV8 (alpha-PiHpP)**: PV8 perm. Sch. I Jun 1, 2022. CFSRE Tier 1. Per internal research, alpha-PiHpP was the #1 synthetic stimulant at Aegis Labs in H1 2026 [⚠ secondary]. CFSRE Q3 2026: alpha-PiHpP 3. Aegis confirms the internal-research note: alpha-PiHpP was the most prevalent synthetic stimulant in its clinical data for the first half of 2026, at 42% of synthetic stimulant detections in Q1 and 33% in Q2.
- **N-Isopropyl butylone (NiPB)**: CFSRE public alert Nov 2025 on rising identifications. CFSRE Tier 1. CFSRE Q3 2026: 1.
- **N-sec-Butyl butylone**: CFSRE added it to Tier 1.
- **N-Cyclohexyl methylone**: CFSRE Tier 3.
- **MDPHP / MDPiHP**: CFSRE Tier 2. CFSRE Q3 2026: 3.
- **alpha-PVP**: CFSRE Tier 3 (newly added).
- **Other NPS stimulants: 4-Fluoroamphetamine** (perm. Sch. I, FR Jan 15, 2026), **ethylphenidate** (Sch. I, FR Oct 22, 2024), **5-MAPB** (CFSRE Q3 2026: 4).

Sources (Category 7)

- CND 3-MMC decision (Dec 66/5): https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2020-2029/2023/Dec_66_5_2305857E.pdf
- UNODC on ADB-BUTINACA, alpha-PiHP and 3-MMC entering into force: https://www.unodc.org/LSS/announcement/Details/1bed4cda-749e-4410-beb8-2b9cab02bcb2
- CND 4-CMC decision (Dec 63/9): https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2020-2029/2020/Decision_63_9.pdf
- CND 2024 decisions (3-CMC, dipentylone): https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2020-2029/2024/Dec_67_1_to_67_5.pdf
- 4-CMC US rule: https://www.federalregister.gov/documents/2025/11/17/2025-20004/schedules-of-controlled-substances-placement-of-4-chloromethcathinone-in-schedule-i
- Dipentylone listing: https://www.federalregister.gov/documents/2025/08/08/2025-15177/specific-listing-for-dipentylone-a-currently-controlled-schedule-i-substance

- Eutylone listing: https://www.federalregister.gov/documents/2023/04/10/2023-07335/specific-listing-for-eutylone-a-currently-controlled-schedule-i-substance
- alpha-PHP and PV8, temporary then permanent: https://www.federalregister.gov/documents/2019/07/18/2019-15184/schedules-of-controlled-substances-temporary-placement-of-n-ethylhexedrone--php-4-meap-mphp-pv8-and ; https://www.federalregister.gov/documents/2022/06/01/2022-11740/schedules-of-controlled-substances-placement-of-n-ethylhexedrone-alpha-pyrrolidinohexanophenone
- CFSRE N-isopropyl butylone alert: https://www.cfsre.org/images/content/reports/public_alerts/Public_Alert_N-Isopropyl_Butylone_112825.pdf
- 4-Fluoroamphetamine: https://www.federalregister.gov/d/2026-00633
- Ethylphenidate: https://www.federalregister.gov/d/2024-24083
- CFSRE Q2 2026 stimulants and hallucinogens trend report: https://www.cfsre.org/images/trendreports/2026-Q2-NPS-Stimulants-and-Hallucinogens-Trend-Report.pdf
- CFSRE Q3 2026 trend report and Q2 2026 scope (as in Category 1)

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8. Synthetic cannabinoids (synthetic cannabinoid receptor agonists)

What they are: Fully lab-made chemicals sprayed onto plant material, paper or vape liquids to act on the same brain receptors as THC, but often far more strongly and unpredictably. They have been linked to severe poisonings and deaths, especially in jails and prisons.

- **5F-MDMB-PINACA (5F-ADB)**: the #1 synthetic cannabinoid in CFSRE's Q3 2026 data (84). CFSRE Tier 1. Schedule I (21 CFR 1308.11); scheduling date not re-verified [❓ unconfirmed]. Aegis put 5F-MDMB-PINACA-related compounds at about 20% of synthetic cannabinoid detections in Q1 2026 and more than 23% in Q2. Three compounds — MDMB-4en-PINACA, MDMB-INACA and 5F-MDMB-PINACA related — made up roughly 90% of all synthetic cannabinoid detections in both quarters.
- **MDMB-4en-PINACA**: Temp. Sch. I Dec 12, 2023; **perm. effective Apr 27, 2026.** CFSRE Q3 2026: 84 (tied for #1). CFSRE Tier 1. The most prevalent synthetic cannabinoid in Aegis's clinical data, at roughly 43–44% of synthetic cannabinoid detections in both quarters of 2026, and fourth among all NPS it detected.
- **ADB-BUTINACA (ADB-BINACA)**: UN control decision in force Nov 2023. US specific listing as a currently controlled Schedule I substance, Dec 13, 2023. CFSRE Tier 2.
- **MDMB-BUTINACA (MDMB-BINACA)** and **4F-MDMB-BUTINACA**: CFSRE Tier 1. Per internal research, MDMB-BUTINACA was found in Michigan specimens in 2026 [⚠ secondary].

- **ADB-4en-PINACA, 4F-MDMB-BUTICA, 5F-EDMB-PICA, MMB-FUBICA**: Temp. Sch. I Dec 12, 2023; **perm. effective May 1, 2026.**
- **CUMYL-PEGACLONE**: Temp. Sch. I Dec 12, 2023; perm. FR May 13, 2026.
- **MDMB-FUBINACA**: **UN Schedule II, CND Mar 2026.** CFSRE Q3 2026: 1.
- **MDMB-INACA** (CFSRE Q3 2026: 23; CFSRE moved it up to Tier 2), **MDMB-5Me-INACA** (6), **MDMB-5Br-INACA** (1): newer "tail-less" indazole compounds. No specific federal listing found [❓ unconfirmed]. Despite having no federal listing, MDMB-INACA-related compounds were the second most prevalent synthetic cannabinoid in Aegis's clinical data — nearly 27% of synthetic cannabinoid detections in Q1 2026 and about 24% in Q2. UNODC reports the related MADMB-4en-PINACA was “reported by 5 countries across Europe and Africa.”
- **ADB-CHMINACA** (CFSRE Tier 2), **4CN-CUMYL-BUTINACA** (Tier 2), **MDMB-PINACA**, **AMB-4en-PINACA**, **ADB-INACA** (Tier 3), **MMB-CHMINACA** (2026 CFSRE monograph [⚠ secondary]).

Sources (Category 8)

- Dec 12, 2023 temporary order: https://www.federalregister.gov/documents/2023/12/12/2023-27243/schedules-of-controlled-substances-temporary-placement-of-mdmb-4en-pinaca-4f-mdmb-butica
- MDMB-4en-PINACA permanent order: https://www.federalregister.gov/documents/2026/04/24/2026-08104/schedules-of-controlled-substances-placement-of-mdmb-4en-pinaca-in-schedule-i
- Four-SCRA permanent order: https://www.federalregister.gov/documents/2026/05/01/2026-08517/schedules-of-controlled-substances-placement-of-4f-mdmb-butica-adb-4en-pinaca-5f-edmb-pica-and
- CUMYL-PEGACLONE: https://www.federalregister.gov/d/2026-09566
- Specific listing incl. ADB-BUTINACA: https://www.federalregister.gov/documents/2023/12/13/2023-27292/specific-listing-for-three-currently-controlled-schedule-i-substances
- UNODC on ADB-BUTINACA: https://www.unodc.org/LSS/announcement/Details/1bed4cda-749e-4410-beb8-2b9cab02bcb2
- CND Mar 2026 (MDMB-FUBINACA): https://www.unodc.org/unodc/en/frontpage/2026/March/cnd-closing.html
- CFSRE MMB-CHMINACA monograph: https://www.cfsre.org/images/monographs/MMB-CHMINACA-New-Drug-Monograph-NPS-Discovery.pdf
- CFSRE Q3 2026 trend report and Q2 2026 scope (as in Category 1)

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9. Hemp-derived and semi-synthetic cannabinoids

What they are: THC-like compounds that are usually made in a lab by chemically converting CBD from hemp, then sold in vapes, gummies and drinks at smoke shops and gas stations. Products are often poorly labeled and can be mistaken for candy.

- **Delta-8-THC**: CDC Health Advisory (HAN-00451) and an FDA consumer warning, both Sep 14, 2021, on increased availability and adverse events. CFSRE Tier 1. CFSRE Q3 2026: 8.
- **Delta-10-THC**: CFSRE Tier 2.
- **HHC (hexahydrocannabinol)**: **UN Schedule II (1971 Convention), CND Mar 2025, in force Dec 6, 2025. DEA added a specific Schedule I listing effective May 4, 2026,** stating that HHC "is a schedule I controlled substance" because it meets the definition of tetrahydrocannabinols. CFSRE Tier 1 (9(R)/9(S)-HHC). CFSRE Q3 2026: 3.
- **THC-O acetate (delta-8- and delta-9-THC-O)**: DEA letter of Feb 13, 2023 says they are Schedule I because they don't occur naturally in the plant, so they aren't hemp. CFSRE Tier 2. CFSRE Q3 2026: 9.
- **THCP (tetrahydrocannabiphorol)**: first described by researchers in 2019. CFSRE Tier 1. CFSRE Q3 2026: 7.
- **HHC-P (HHCP)**, **HHCH**, **THCM**, **THCB**: CFSRE Tier 3. CFSRE Q3 2026: THCB 1.
- **HHC-O acetate**: CFSRE Tier 2.
- **THCA**: occurs naturally in the plant and is now counted in the new federal "total THC" test. CFSRE Q3 2026: 49.
- **THC-H (THCH):** THC-H is a THC-related cannabinoid with a six-carbon side chain, compared with THC’s five-carbon chain. Products marketed with THC-H include gummies and vapes, often blended with other cannabinoids.

In a 2024 cell-based CB1 study, delta-9-THCH had about the same potency as delta-9-THC: EC50 values were 4.70 and 4.79 nM, respectively. Its maximum response was higher—149% of the THC reference response. This is a laboratory measure of efficacy, not evidence that it is 1.49 or 2 times as intoxicating in people.

The study measured beta-arrestin2 recruitment, one response after receptor activation. It does not establish a human dose, duration, safety margin or a general full-versus-partial agonist classification. The delta-8 and delta-9 forms also produced different results.

No FDA-approved medical use. Human pharmacokinetics, effective doses and toxicity are not established by the cited studies.

Sources for this entry [H1, H2, H5]

- **THC-jD (THC-C8):** THC-jD is a market name used for THC-related cannabinoids with an eight-carbon side chain. Research distinguishes delta-8 and delta-9 forms, also called THC-C8; a product labeled THC-jD may not specify which form it claims to contain.

Published receptor measurements do exist. In the 2024 CB1 beta-arrestin2 study, delta-9-THC-C8 had an EC50 of 10.8 nM and delta-8-THC-C8 had an EC50 of 13.8 nM, compared with 4.79 nM for delta-9-THC. Both were less potent in this assay, while producing higher maximum responses.

The advertised “19 times more potent than THC” claim is not a measured human result. The cited research does not establish a human dose, pharmacokinetic profile, toxicity threshold or blanket full-versus-partial agonist classification.

A 2026 study tested four disposable vapes and one wax/dab product sold online in the US as THC-JD. None had detectable THC-JD; delta-8-THC was the most prominent identified cannabinoid in four of the five samples. This small sample does not describe every THC-JD product and did not include the Lights Out gummies described here.

No FDA-approved medical use. Animal or cell findings do not establish clinical benefit or safety in people.

The maximum responses for delta-9- and delta-8-THC-C8 were 156% and 297% of the THC reference response. These percentages are not the receptor’s full-response ceiling. [H1, H2]

Sources for this entry [H1-H3, H5]

- **Delta Extrax Lights Out gummies:** Delta Extrax Lights Out is a commercial gummy blend marketed with THC-H and THC-jD. The manufacturer also lists other THC-related cannabinoids, so it is a mixture rather than a single-cannabinoid product.

The headline label claim is 3,500 mg of a THC blend in a jar of 20 gummies, or 175 mg per gummy. Those figures describe the advertised total blend, not 175 mg of THC-H or THC-jD individually.

The product page lists delta-10-THC, delta-9-THC, THC-H, THC-jD and THCP in its ingredients; the collection description also mentions delta-8-THC. The itemized cannabinoid quantities total 1,750 mg per jar, not the 3,500 mg headline. The page does not reconcile that difference.

The supplied packaging shows Kiwi Watermelon, Blackberry Acai, Sour Peach, Purple Berry and Sweet Strawberry flavors. Packaging and formulations may change.

Edible effects can be delayed and unpredictable. Neither the advertised milligrams nor the names THC-H and THC-jD provide a validated way to calculate an equivalent dose of delta-9-THC.

The 2026 five-product THC-JD study tested vapes and wax, not these gummies. It is evidence of mislabeling in those sampled products, not a laboratory finding about this jar.

This listing is for product identification and education. No batch-specific independent analysis was available for this update. No FDA-approved medical use is established for the THC-H or THC-jD ingredients.

Sources for this entry [H1-H6]

- **Federal hemp definition change:** Federal changes have two dates. Beginning November 12, 2026, the new hemp definition excludes products containing cannabinoids the cannabis plant cannot naturally produce. Other changes are delayed until December 11, 2026, including the 0.4 mg-per-container limit for combined THC and certain similar-effect cannabinoids, and restrictions on naturally producible cannabinoids manufactured outside the plant. The applicable rule depends on a product's actual contents and manufacturing method; state laws may differ. [H7, H8]

Sources (Category 9)

- CDC HAN-00451: https://archive.cdc.gov/emergency_cdc_gov/han/2021/han00451.asp
- FDA, 5 Things to Know about Delta-8 THC: https://www.fda.gov/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc
- DEA HHC specific listing: https://www.federalregister.gov/documents/2026/05/04/2026-08595/specific-listing-for-hexahydrocannabinol-a-currently-controlled-schedule-i-substance
- UNODC, HHC decision entering into force (Dec 2025): https://www.unodc.org/LSS/Announcement/Details/0c4632e4-ba34-4eef-9647-8a752a8ca1a5
- DEA THC-O letter (Feb 13, 2023): https://s3.documentcloud.org/documents/23608864/dea-thco-response-to-kight.pdf
- CRS IF13136, hemp definition change: https://www.congress.gov/crs-product/IF13136
- 7 U.S.C. ch. 38, subch. VII: https://uscode.house.gov/view.xhtml?edition=prelim&path=%2Fprelim%40title7%2Fchapter38%2Fsubchapter7
- Tennessee Poison Center on THCP: https://www.vumc.org/poison-control/index.php/node/944
- EUDA European Drug Report 2026, NPS chapter (HHC successors): https://www.euda.europa.eu/publications/european-drug-report/2026/new-psychoactive-substances_en
- CFSRE Q3 2026 trend report and Q2 2026 scope (as in Category 1)

Additional sources for the October 24 update

H1. Janssens et al. (2024) · CB1 receptor study

H2. Janssens · free accepted manuscript, Table 1 (page 10)

H3. Munger et al. (2026) · analysis of five THC-JD-labeled products

H4. Delta Extrax · Lights Out manufacturer listing and ingredients

H5. FDA · cannabis research and approved medicines

H6. CDC · cannabis, edibles and health effects

H7. Public Law 119-37 · section 781, federal hemp definition

H8. Public Law 119-103 · Division B, section 2019, effective-date change

10. Novel hallucinogens (psychedelics) and hallucinogenic fungi

What they are: Substances that change perception, thinking and mood. The new ones are mostly lab-made relatives of known psychedelics, such as the "2C" family, psilocybin-like tryptamines and LSD-like compounds. Others are mushrooms or mushroom products sold legally as "nootropic" or "functional" items.

Phenethylamines (2C family and relatives)

- **2C-B**: perm. Sch. I effective Jun 2, 1995. CFSRE Q3 2026: 9. CFSRE Tier 3.
- **2C-C, 2C-H, 3C-P**: CFSRE Q3 2026: 3, 1 and 1. **2C-I, 2C-E** and other 2C compounds were listed by the 2012 Synthetic Drug Abuse Prevention Act.
- **DOM, DOB**: Schedule I. CFSRE Q3 2026: 1 each. **DOI, DOC**: DEA proposed Schedule I; the hearing was stayed in Jun 2024.
- **"Tusi" / "pink cocaine" (context)**: a brand, not a single drug. It is usually a pink-dyed mix of ketamine and MDMA and rarely contains 2C-B. DEA reports that only 4 of 960 pink powders it seized since 2020 contained 2C-B [⚠ DEA page undated; see Greg's 2C/tusi dossier].

Tryptamines

- **4-AcO-DMT**: a psilocin "prodrug" (the body converts it to psilocin). CFSRE Tier 2. CFSRE Q3 2026: 3. Federal status not confirmed in an FR document [❓ unconfirmed].
- **4-HO-MET** (CFSRE Q3 2026: 8), **4-AcO-MET** (CFSRE moved it up to Tier 2), **4-AcO-DET**, **4-HO-DET**, **4-PrO-MET**: federal status not confirmed [❓ unconfirmed].
- **4-OH-DiPT, 5-MeO-AMT, 5-MeO-MiPT, 5-MeO-DET, DiPT**: **DEA proposed Schedule I on Sep 23, 2026; comments close today, Oct 23, 2026.** DEA withdrew an earlier 2022 proposal for the same five on Jul 27, 2022. CFSRE Q3 2026: 5-MeO-MiPT 1.
- **5-MeO-DMT, 5-MeO-NiPT**: CFSRE Q3 2026: 1 each.

Lysergamides (LSD-like)

- **1P-LSD, 1cP-LSD, 1V-LSD**: LSD analogs reported as NPS by UNODC and found in European drug-checking data. No US federal listing found; may be treated under the Federal Analogue Act [❓ unconfirmed]. ETH-LAD is on the CFSRE 2026 monograph watch list [⚠ secondary].

Mushrooms and mushroom products

- **Amanita muscaria / muscimol (also ibotenic acid, muscarine) products**: the FDA letter of Dec 18, 2024 says these are unapproved food additives, not GRAS, and foods containing them are adulterated. A June 2024 multistate illness outbreak linked to a recalled brand of mushroom chocolates and gummies was investigated by CDC and

FDA; FDA found muscimol in some products and psilocin in others. Not federally controlled (CDC MMWR). FDA warning letter to a company, Sep 2025.

- **Lanmaoa asiatica ("jian shou qing")**: a bolete mushroom from Yunnan, China, formally described in 2015. When eaten raw or undercooked it causes "Lilliputian" (tiny-people) hallucinations. A 2026 Mycologia study found no psilocybin or ibotenic-acid genes, so the active compound is unknown. Not federally scheduled. No US poisonings found as of Oct 11, 2026 (Greg's Oct 19 post).
- **Psilocin/psilocybin products**: CFSRE Q3 2026: 4 (drug material).

Sources (Category 10)

- 2C-B permanent order (60 FR 28718): https://www.govinfo.gov/content/pkg/FR-1995-06-02/pdf/95-13454.pdf
- 2026 tryptamine proposal: https://www.federalregister.gov/documents/2026/09/23/2026-19400/schedules-of-controlled-substances-placement-of-4-hydroxy-nn-diisopropyltryptamine-4-oh-dipt
- 2022 withdrawal: https://www.federalregister.gov/documents/2022/07/27/2022-16102/schedules-of-controlled-substances-placement-of-4-hydroxy-nn-diisopropyltryptamine-4-oh-dipt
- DOI/DOC hearing stay: https://www.federalregister.gov/d/2024-12504
- UNODC lysergamides: https://www.unodc.org/LSS/substancegroup/Details/e5208b04-a07c-4353-ac71-c0dd3d8046de
- FDA Amanita letter: https://www.fda.gov/food/post-market-determinations-use-substance-not-gras/letter-industry-use-amanita-muscaria-or-its-constituents-food
- FDA Amanita alert: https://www.fda.gov/food/hfp-constituent-updates/fda-alerts-industry-and-consumers-about-use-amanita-muscaria-or-its-constituents-food
- CDC mushroom-product outbreak: https://cdc.gov/environmental-health-studies/outbreak-investigation-diamond-shruumz-products/index.html
- CDC MMWR mm7328a3 (Amanita legal status): https://www.cdc.gov/mmwr/volumes/73/wr/mm7328a3.htm
- Lanmaoa: Mycologia 2026 (PubMed): https://pubmed.ncbi.nlm.nih.gov/42247306/ ; University of Utah: https://attheu.utah.edu/science-technology/mushroom-causes-fairytale-like-hallucinations/ ; Dai et al. 2024: https://onlinelibrary.wiley.com/doi/full/10.1002/hkj2.12046
- Tusi: Fitzgerald et al. 2025: https://pmc.ncbi.nlm.nih.gov/articles/PMC12616815/ ; DEA: https://www.dea.gov/pink-cocaine
- CFSRE Q3 2026 trend report and Q2 2026 scope (as in Category 1)

11. Dissociatives and sedative-anesthetics

What they are: Drugs that make people feel detached from their body or surroundings, related to ketamine and PCP, plus anesthetic agents being misused. Several new ones are "designer ketamines." Etomidate, an anesthetic, is spreading in vapes in Asia.

- **Ketamine (context)**: Schedule III; a common ingredient in "tusi." Ketamine was detected in every single county ONDCP tested in its 2026 wastewater program — 101 of 101.
- **2-Fluorodeschloroketamine (2F-DCK)**: UN Schedule II, CND Mar 19, 2024. **US Temp. Sch. I May 22, 2026** (until May 22, 2028).
- **Deschloroketamine (DCK)**: no US or UN scheduling document found in this pass [❓ unconfirmed].
- **Methoxetamine (MXE)**: UN Schedule II, CND Mar 2016 (in force Nov 2016). US perm. Sch. I effective Jul 6, 2022.
- **Deoxymethoxetamine (DMXE)**: CFSRE Q3 2026: 1. Status not confirmed [❓ unconfirmed]. NIST's RaDAR drug-checking program reported deoxymethoxetamine for the first time in August 2026.
- **2F-2-oxo-PCE (fluorexetamine)**: **CFSRE Tier 1.** CFSRE Q3 2026: 3. Federally unscheduled per internal research [⚠ secondary]. In Aegis's clinical data, 2F-deschloronorketamine was the most prevalent compound in the hallucinogen/dissociative class at roughly 63% of detections in Q1 2026 and 67% in Q2, with 2F-2-oxo-PCE next; detections of both fell from Q1 to Q2.
- **3-MeO-PCP**: perm. Sch. I effective Apr 22, 2026.
- **3-MeO-PCE, 3MeO-2-oxo-PCP, 3-Me-PCP**: CFSRE Q3 2026: 1, 1 and 2. **MDPCP**: 2026 CFSRE monograph, first seen in New York [⚠ secondary].
- **Diphenidine**: **perm. Sch. I effective Oct 21, 2026.**
- **Etomidate and analogs (metomidate, propoxate, isopropoxate), "space oil" / "kpods"**: China controlled etomidate in Oct 2023 (per UNODC). Hong Kong made etomidate and three analogs dangerous drugs effective Feb 14, 2025, and Singapore also acted in 2025. In the US, etomidate is an FDA-approved anesthetic and **not CSA-controlled**. It was found in Philadelphia's fentanyl supply in Jun 2024. **WHO ECDD 49 pre-review.** CFSRE Q3 2026: 1 (drug material). No US vape detections found as of Oct 11, 2026.

Sources (Category 11)

- 2F-DCK temporary order: https://www.federalregister.gov/documents/2026/05/22/2026-10253/schedules-of-controlled-substances-temporary-placement-of-2-fluorodeschloroketamine-in-schedule-i
- CND 2F-DCK decision (Dec 67/4): https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2020-2029/2024/Dec_67_1_to_67_5.pdf

- MXE US rule: https://www.federalregister.gov/documents/2022/06/06/2022-11933/schedules-of-controlled-substances-placement-of-methoxetamine-mxe-in-schedule-i
- CND MXE decision (Dec 59/6): https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/Decision_59_6.pdf
- 3-MeO-PCP: https://www.federalregister.gov/documents/2026/03/23/2026-05618/schedules-of-controlled-substances-placement-of-3-methoxyphencyclidine
- Diphenidine: https://www.federalregister.gov/documents/2026/09/21/2026-19231/schedules-of-controlled-substances-placement-of-diphenidine-in-schedule-i
- Etomidate: UNODC EWA: https://unodc.org/LSS/Announcement/Details/8774c132-4b30-477c-9ceb-46ce384223fd ; Hong Kong Medical Journal: https://www.hkmj.org/abstracts/v31n2/173.htm ; FDA ECDD 49 notice: https://www.federalregister.gov/documents/2026/08/26/2026-17380/international-drug-scheduling-single-convention-on-narcotic-drugs-convention-on-psychotropic
- CFSRE MDPCP monograph: https://www.cfsre.org/images/monographs/MDPCP-New-Drug-Monograph-NPS-Discovery.pdf
- CFSRE Q3 2026 trend report and Q2 2026 scope (as in Category 1)

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12. Kratom, 7-OH and kratom-derived opioids

What they are: Kratom is a Southeast Asian plant whose leaf contains mitragynine. Concentrated or chemically changed derivatives (7-OH, MGPI and newer synthetics) act as strong opioids and are sold in tablets, shots and vapes, sometimes under misleading labels.

- **Mitragynine (kratom leaf)**: not federally scheduled. CFSRE Tier 1. CFSRE Q3 2026: 54.
- **7-Hydroxymitragynine (7-OH)**: **FDA recommended scheduling Jul 29, 2025.** DEA issued a notice of intent on Jul 6–7, 2026, then withdrew it. **A new notice of intent on Oct 14, 2026** proposes Temp. Sch. I above a concentration threshold set by HHS on Oct 8, 2026. **Not yet in effect.** CFSRE Q3 2026: 29.
- **Mitragynine pseudoindoxyl (MGPI)**: **Temp. Sch. I Aug 26, 2026** (no threshold). The Oct 14, 2026 notice proposes replacing it with a threshold-based order. DOJ says it will use enforcement discretion for incidental trace levels in botanical kratom. CFSRE Q3 2026: 25.
- **MGM-15 (dihydro-7-hydroxymitragynine)** and **MGM-16**: Temp. Sch. I Aug 26, 2026. An Oct 14, 2026 notice proposes keeping them in Schedule I unchanged. DOJ says MGM-16 hasn't been confirmed in the consumer market. CFSRE Q3 2026: MGM-15 12.

- **Fake "cat's claw" products:** Utah reported 4 deaths in Oct 2026 linked to products labeled "cat's claw" (*Uncaria tomentosa*) that contained MGPI and MGM-15. Washington Poison Center issued an alert Oct 7, 2026.

Sources (Category 12)

- FDA, 7-OH (Jul 2025): https://www.fda.gov/news-events/press-announcements/fda-takes-steps-restrict-7-oh-opioid-products-threatening-american-consumers
- FDA, Hiding in Plain Sight: 7-OH products: https://www.fda.gov/news-events/public-health-focus/hiding-plain-sight-7-oh-products
- MGPI, MGM-15 and MGM-16 temporary order: https://www.federalregister.gov/documents/2026/08/26/2026-17429/schedules-of-controlled-substances-temporary-placement-of-mitragynine-pseudoindoxyl-mgm-15-and
- DOJ, Aug 25, 2026: https://www.justice.gov/opa/pr/justice-department-announces-emergency-scheduling-three-potent-opioid-compounds
- 7-OH and MGPI threshold notice (Oct 14, 2026): https://www.federalregister.gov/documents/2026/10/14/2026-20943/schedules-of-controlled-substances-temporary-placement-of-7--hydroxymitragynine-and-mitragynine
- MGM-15 and MGM-16 notice (Oct 14, 2026): https://www.federalregister.gov/documents/2026/10/14/2026-20942/schedules-of-controlled-substances-temporary-placement-of-mgm-15-and-mgm-16-in-schedule-i
- Utah DHHS: https://dhhs.utah.gov/featured-news/utah-health-officials-warn-of-fatal-overdoses-involving-illegal-cats-claw-and-kratom-product/
- Washington Poison Center: https://www.wapc.org/insights/safety-alert-fake-cats-claw/
- CFSRE Q3 2026 trend report (as in Category 1)

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13. Other current substances: gas-station, OTC and gray-market products

What they are: Substances that are legal to sell in some form, or sold under misleading labels, but cause harm when misused. They are often found in gas stations, smoke shops or online.

- **Tianeptine ("gas station heroin")**: an antidepressant not approved in the US. FDA warned consumers not to buy or use any tianeptine product (May 8, 2025). A tianeptine product was recalled in Jan 2024. **DEA proposed Schedule I on Jul 8, 2026 (NPRM; comment period closed Aug 7, 2026; not final).** CFSRE Tier 3. CFSRE Q3 2026: 10. Tianeptine is the most geographically widespread substance in ONDCP's wastewater panel: its metabolite was detected in 75 of 97 counties tested (77%) in 2026 — ahead of xylazine and carfentanil. In Aegis's clinical data, tianeptine with its MC5 metabolite fell from 11% of NPS-Other detections in Q1 2026 to almost 7% in Q2.

- **Nitrous oxide** (whipped-cream chargers and large flavored canisters): FDA advised consumers not to inhale nitrous oxide products (Mar 14, 2025). Not a federally controlled substance (CDC MMWR, Apr 2025), though states are legislating.
- **Phenibut**: not FDA-approved and not CSA-controlled (FDA, Jul 23, 2021 FR notice). WHO ECDD (2021) recommended surveillance, not control. CFSRE Tier 3. CFSRE Q3 2026: 1.
- **Gabapentinoids**: **pregabalin** is Schedule V. **Gabapentin** is not federally controlled (DEA), though some states control or monitor it. FDA warned in Dec 2019 about serious breathing problems when either is combined with opioids or other CNS depressants.
- **6-Methylnicotine (6MN)**: a lab-made nicotine look-alike sold in "nicotine-free" pouches and vapes. JAMA Network Open (Jan 22, 2026) found it in all 15 US analog-marketed pouches tested, and South Korea found it in 12 of 105 "nicotine-free" vapes (2026). The study authors say nicotine analogs are not currently under FDA's purview.
- **Poppers (alkyl nitrites)**: FDA warned against buying or using nitrite poppers (Jun 24, 2021), which are often labeled as cleaners or nail-polish remover. US poison-center cases rose from 2013 to 2023, with more swallowing than inhalation cases (JAMA Netw Open, Jul 2025). Federal consumer-product law bans them for inhalation (15 U.S.C. 2057a/2057b). DOJ guilty pleas in 2026 involved falsely labeled products. Not CSA-controlled.
- **Diphenhydramine (OTC antihistamine), teen misuse**: teen poison-center cases rose 31.9% from 2024 to 2025 (America's Poison Centers).
- **Kava / kavalactones**: CFSRE Tier 2 (monitoring).

- **Delta Extrax Lights Out gummies:** A commercial blend marketed with THC-H and THC-jD. See Category 9 for the product profile, ingredient discrepancy, study limitations and sources.

Sources (Category 13)

- FDA tianeptine warning: https://www.fda.gov/drugs/drug-alerts-and-statements/fda-warns-consumers-not-purchase-or-use-any-tianeptine-product-due-serious-risks
- FDA "gas station heroin": https://www.fda.gov/consumers/health-fraud-scams/new-gas-station-heroin-tianeptine-product-trend
- DEA tianeptine NPRM: https://www.federalregister.gov/documents/2026/07/08/2026-13821/schedules-of-controlled-substances-placement-of-tianeptine-in-schedule-i
- FDA nitrous oxide advisory: https://www.fda.gov/food/alerts-advisories-safety-information/fda-advises-consumers-not-inhale-nitrous-oxide-products
- CDC MMWR, nitrous oxide (Apr 2025): https://www.cdc.gov/mmwr/volumes/74/wr/mm7412a3.htm
- FDA phenibut FR notice (2021): https://www.govinfo.gov/content/pkg/FR-2021-07-23/html/2021-15685.htm
- WHO ECDD repository, phenibut: https://ecddrepository.org/en/phenibut
- DEA gabapentin: https://www.deadiversion.usdoj.gov/drug_chem_info/gabapentin.pdf

- FDA gabapentinoid safety communication (Dec 19, 2019): https://www.fda.gov/safety/medical-product-safety-information/neurontin-gralise-horizant-gabapentin-and-lyrica-lyrica-cr-pregabalin-drug-safety-communication
- 6-Methylnicotine, JAMA Netw Open: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/10.1001/jamanetworkopen.2025.54883
- 6-Methylnicotine, Korea Times: https://www.koreatimes.co.kr/business/companies/20260804/nicotine-free-vapes-raise-concerns-as-tests-find-nicotine-analogues
- FDA poppers advisory: https://www.fda.gov/food/alerts-advisories-safety-information/fda-advises-consumers-not-purchase-or-use-nitrite-poppers
- Poppers, JAMA Netw Open (Kerester 2025): https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2836890
- 15 U.S.C. 2057b: https://www.law.cornell.edu/uscode/text/15/2057b
- DOJ poppers case: https://www.justice.gov/opa/pr/texas-man-pleads-guilty-selling-over-8-million-dangerous-recreational-drugs-known-poppers
- America's Poison Centers, diphenhydramine: https://poisoncenters.org/news-alerts/13642335
- CFSRE Q2 2026 scope (as in Category 1)

Notable flags (Oct 24, 2026)

1. **WHO ECDD 49 met Oct 19–22, 2026.** It reviewed cychlorphine, spirochlorphine, etomethazene, desalkylgidazepam and ethylbromazolam (critical reviews) and etomidate and medetomidine (pre-reviews). **Results are not published yet.** Last year's letter to the UN came in late November. A CND vote would be expected in March 2027 (inferred, not confirmed).
2. **Pending US actions:** the 7-OH/MGPI threshold order (notice Oct 14, 2026), the tianeptine Schedule I NPRM (Jul 8, 2026), and the five-tryptamine NPRM (comments close Oct 23, 2026).
3. **Recently effective:** diphenidine (Oct 21, 2026); orphines (Aug 27, 2026); MGPI, MGM-15 and MGM-16 (Aug 26, 2026); O-DSMT (Aug 12, 2026); 2F-DCK (May 22, 2026); HHC specific listing (May 4, 2026); bromazolam (Mar 16, 2026).
4. **Federal hemp dates:** November 12, 2026 applies to cannabinoids the plant cannot naturally produce. Other changes, including the total-THC standard, the 0.4 mg-per-container limit and restrictions on naturally producible cannabinoids made outside the plant, are delayed until December 11, 2026. See Category 9, sources H7-H8.
5. **Biggest lab signals in CFSRE's Q3 2026 data:** medetomidine (615) far exceeds xylazine (255). para-Fluorofentanyl leads NPS opioids. Cychlorphine is the #3 NPS opioid. 4-MMC leads NPS stimulants. 5F-MDMB-PINACA and MDMB-4en-PINACA lead synthetic cannabinoids.

6. **Phenazolam discrepancy:** FDA's FR notice lists it for ECDD 49; WHO and UNODC don't.

Quick reference: naloxone and detection

Two questions often come up: will naloxone help, and will a test find it. This table answers both for every substance named in this guide. Read the shaded “class answer” row first — for most categories it covers every compound beneath it.

Important note: Give naloxone whenever an opioid might be involved, even when this table says “No.” Xylazine, medetomidine, BTMPS and designer benzodiazepines are almost always found together with fentanyl, and naloxone will reverse the fentanyl part. Naloxone does no harm if no opioid is present. A “No” here means naloxone will not reverse that one substance — it never means withhold it.

On testing: a fentanyl or xylazine test strip checks a drug sample, not a person. A laboratory finds only what is on its panel, so a substance identified in the last few months may be missed even by a good lab until a method is developed and validated. A negative result is not proof of absence. LC-MS/MS means liquid chromatography–tandem mass spectrometry, the confirmatory method most forensic and hospital reference labs use.

Substance	Does naloxone work?	Detected by standard tests? What does it take?
1. Nitazenes (benzimidazole opioids)		
All nitazenes — class answer	**Yes — may need repeat doses**	**Fentanyl test strips do NOT detect nitazenes. Not on hospital opioid screens. Targeted LC-MS/MS only, and a brand-new analog is invisible until a method exists for it.**
Etonitazene	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Isotonitazene	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Metonitazene	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Protonitazene	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Butonitazene	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Etodesnitazene (etazene), flunitazene, metodesnitazene	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
N-pyrrolidino etonitazene (etonitazepyne)	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
N-pyrrolidino protonitazene (protonitazepyne)	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
N-pyrrolidino metonitazene (metonitazepyne)	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.

Substance	Does naloxone work?	Detected by standard tests? What does it take?
N-pyrrolidino isotonitazene	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
N-desethyl isotonitazene	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
N-piperidinyl etonitazene (etonitazepipne)	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
N-desethyl etonitazene	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Etomethazene (5-methyl etodesnitazene)	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
N-desethyl metonitazene	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
N-pyrrolidino ethylene isotonitazene	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Protodesnitazene	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
2. Orphines (brorphine-type novel synthetic opioids)		
All orphines — class answer	**Yes — may need repeat doses**	**Fentanyl test strips do NOT detect orphines — they are chemically unrelated to fentanyl. Not on hospital opioid screens. Targeted LC-MS/MS only.**
Brorphine	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Cychlorphine (N-propionitrile chlorphine)	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Spirochlorphine (R-6890)	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
5,6-Dichloro desmethylchlorphine (SR-17018)	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
5,6-Dichloro brorphine (SR-14968)	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Chlorphine	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
5-Chloro desmethylchlorphine	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Orphine (parent compound)	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Spirobrorphine	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
3. Fentanyl analogs (fentanyl-related substances)		

Substance	Does naloxone work?	Detected by standard tests? What does it take?
Fentanyl and its analogs — class answer	**Yes — may need repeat doses**	**Fentanyl test strips usually detect fentanyl and many analogs, but not all. A STANDARD hospital opioid urine screen does NOT detect fentanyl or its analogs — a fentanyl-specific immunoassay must be added, and naming the analog needs LC-MS/MS.**
Acetylfentanyl	Yes — may need repeat doses	Usually FTS-positive. Needs LC-MS/MS to name.
para-Fluorofentanyl (and ortho/meta isomers)	Yes — may need repeat doses	Usually FTS-positive. LC-MS/MS to name the isomer.
ortho-Methylfentanyl (and other methylfentanyl isomers)	Yes — may need repeat doses	Usually FTS-positive. LC-MS/MS to name the isomer.
Carfentanil	Yes — may need repeat doses	May be missed by FTS at the very low amounts present. Not on standard screens. LC-MS/MS.
4. Other novel synthetic opioids		
O-Desmethyltramadol (O-DSMT, desmetramadol)	Yes — may need repeat doses	Not on standard screens; a tramadol-specific assay may flag it. LC-MS/MS confirms.
2-Methyl AP-237	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Methiodone (IC-26)	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
Etodezitramide	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
N-Piperidinyl tapentadol	Yes — may need repeat doses	Not on standard screens. Targeted LC-MS/MS only.
5. Adulterants and cutting agents		
Xylazine (“tranq”)	No — give naloxone anyway if an opioid may be involved — xylazine itself is an alpha-2 agonist and is not reversed	Xylazine test strips are available and work on drug samples. Not on standard hospital screens; LC-MS/MS confirms.
Medetomidine	No — give naloxone anyway if an opioid may be involved — alpha-2 agonist, not reversed	No point-of-care test in general use. Not on standard screens. LC-MS/MS only. Withdrawal can be severe and is easily mistaken for something else.
BTMPS	No — give naloxone anyway if an opioid may be involved	No point-of-care test. Not on any standard panel. LC-MS/MS only.
BTMPS-related (TM-4-AP, TMNF, N-phenethyl TM-4-AP, TMP)	No — give naloxone anyway if an opioid may be involved	No point-of-care test. LC-MS/MS only.
Local anesthetics (lidocaine, tetracaine, procaine)	No — give naloxone anyway if an opioid may be involved	Not on standard screens. Found by LC-MS/MS in drug-checking.

Substance	Does naloxone work?	Detected by standard tests? What does it take?
Etomidate (as an adulterant)	No — give naloxone anyway if an opioid may be involved	Not on standard screens. LC-MS/MS only.
6. Novel ("designer") benzodiazepines		
All designer benzodiazepines — class answer	**No — give naloxone anyway if an opioid may be involved — naloxone has no effect on benzodiazepines**	**The standard benzodiazepine immunoassay MISSES most of these; cross-reactivity varies by assay and by compound. A negative benzo screen does not rule them out. LC-MS/MS confirms.**
Bromazolam	No — give naloxone anyway if an opioid may be involved	Detected by some benzodiazepine immunoassays, missed by others. LC-MS/MS confirms.
Phenazolam (clobromazolam)	No — give naloxone anyway if an opioid may be involved	Unreliable on benzo immunoassay. LC-MS/MS.
Ethylbromazolam	No — give naloxone anyway if an opioid may be involved	Unreliable on benzo immunoassay. LC-MS/MS.
Desalkylgidazepam (bromonordiazepam)	No — give naloxone anyway if an opioid may be involved	Unreliable on benzo immunoassay. LC-MS/MS.
Flualprazolam, etizolam, clonazolam, flubromazolam, diclazepam	No — give naloxone anyway if an opioid may be involved	Variable immunoassay cross-reactivity. LC-MS/MS.
Rilmazolam, rilmazafone, methylclonazepam, ethylflualprazolam	No — give naloxone anyway if an opioid may be involved	Unreliable on immunoassay. LC-MS/MS.
N-Ethyl nitrazepam, 4'-chloro-deschloroalprazolam	No — give naloxone anyway if an opioid may be involved	Unreliable on immunoassay. LC-MS/MS.
Flubromazepam, pyrazolam, desalkylflurazepam, gidazepam, pynazolam	No — give naloxone anyway if an opioid may be involved	Unreliable on immunoassay. LC-MS/MS.
7. Synthetic cathinones and other NPS stimulants		
All synthetic cathinones — class answer	**No — give naloxone anyway if an opioid may be involved**	**The standard amphetamine immunoassay is unreliable for cathinones — most do not cross-react. LC-MS/MS confirms. Often sold as or mixed into "Molly"/MDMA, so the buyer does not know which compound is present.**
Mephedrone (4-MMC), 2-MMC, 3-MMC	No — give naloxone anyway if an opioid may be involved	Not reliably on amphetamine immunoassay. LC-MS/MS.
4-CMC (clephedrone), 3-CMC	No — give naloxone anyway if an opioid may be involved	Not reliably on immunoassay. LC-MS/MS.

Substance	Does naloxone work?	Detected by standard tests? What does it take?
N,N-Dimethylpentylone (dipentylone), eutylone	No — give naloxone anyway if an opioid may be involved	Not reliably on immunoassay. LC-MS/MS.
alpha-PHP, alpha-PiHP, alpha-PVP	No — give naloxone anyway if an opioid may be involved	Not reliably on immunoassay. LC-MS/MS.
PV8 (alpha-PHpP), iso-PV8 (alpha-PiHpP)	No — give naloxone anyway if an opioid may be involved	Not reliably on immunoassay. LC-MS/MS.
N-Isopropyl butylone, N-sec-butyl butylone, N-cyclohexyl methylone	No — give naloxone anyway if an opioid may be involved	Not reliably on immunoassay. LC-MS/MS.
MDPHP / MDPiHP	No — give naloxone anyway if an opioid may be involved	Not reliably on immunoassay. LC-MS/MS.
4-Fluoroamphetamine, ethylphenidate, 5-MAPB	No — give naloxone anyway if an opioid may be involved	4-FA may cross-react on an amphetamine immunoassay; the others generally do not. LC-MS/MS.
Methamphetamine (not an NPS — included for contrast)	No — give naloxone anyway if an opioid may be involved	DOES show on a standard amphetamine/methamphetamine immunoassay. Confirm with LC-MS/MS; some OTC and prescription drugs cause false positives.
Cocaine (not an NPS — included for contrast)	No — give naloxone anyway if an opioid may be involved; naloxone IS indicated if fentanyl may be mixed in	Cocaine immunoassay detects the benzoylecgonine metabolite reliably. Fentanyl in cocaine is a separate risk — test the sample with FTS.
8. Synthetic cannabinoids		
All synthetic cannabinoids — class answer	**No — give naloxone anyway if an opioid may be involved**	**A standard THC immunoassay does NOT detect these — a user can be heavily affected and screen negative for cannabis. Specialist LC-MS/MS is required, and new compounds lag the panel by months.**
5F-MDMB-PINACA (5F-ADB)	No — give naloxone anyway if an opioid may be involved	Not on THC immunoassay. Specialist LC-MS/MS.
MDMB-4en-PINACA	No — give naloxone anyway if an opioid may be involved	Not on THC immunoassay. Specialist LC-MS/MS.
ADB-BUTINACA, MDMB-BUTINACA, 4F-MDMB-BUTINACA	No — give naloxone anyway if an opioid may be involved	Not on THC immunoassay. Specialist LC-MS/MS.
ADB-4en-PINACA, 4F-MDMB-BUTICA, 5F-EDMB-PICA, MMB-FUBICA	No — give naloxone anyway if an opioid may be involved	Not on THC immunoassay. Specialist LC-MS/MS.
CUMYL-PEGACLONE, MDMB-FUBINACA	No — give naloxone anyway if an opioid may be involved	Not on THC immunoassay. Specialist LC-MS/MS.

Substance	Does naloxone work?	Detected by standard tests? What does it take?
MDMB-INACA, MDMB-5Me-INACA, MDMB-5Br-INACA	No — give naloxone anyway if an opioid may be involved	Not on THC immunoassay. Newer “tail-less” compounds — may be missed even by current LC-MS/MS panels.
ADB-CHMINACA, 4CN-CUMYL-BUTINACA, MDMB-PINACA, AMB-4en-PINACA, ADB-INACA, MMB-CHMINACA	No — give naloxone anyway if an opioid may be involved	Not on THC immunoassay. Specialist LC-MS/MS.
9. Hemp-derived and semi-synthetic cannabinoids		
All hemp-derived cannabinoids — class answer	**No — give naloxone anyway if an opioid may be involved**	**These DO often cross-react on a standard THC immunoassay, so a delta-8 user can screen positive for cannabis. Distinguishing delta-8 from delta-9 requires LC-MS/MS — this matters for employment and legal consequences.**
Delta-8-THC, delta-10-THC	No — give naloxone anyway if an opioid may be involved	Usually cross-reacts on THC immunoassay. LC-MS/MS to tell which isomer.
HHC, HHC-P, HHCH, HHC-O acetate	No — give naloxone anyway if an opioid may be involved	Variable THC immunoassay cross-reactivity. LC-MS/MS.
THC-O acetate (delta-8 and delta-9)	No — give naloxone anyway if an opioid may be involved	Variable cross-reactivity. LC-MS/MS.
THCP, THCB, THCM	No — give naloxone anyway if an opioid may be involved	Variable cross-reactivity. LC-MS/MS.
THC-H (THCH)	No - give naloxone anyway if an opioid may be involved	Routine drug screens cannot establish which novel cannabinoid was taken. Identification requires a laboratory method that can distinguish the specific compound and its isomers.
THC-jD (THC-C8)	No - give naloxone anyway if an opioid may be involved	Routine drug screens cannot establish which novel cannabinoid was taken. Identification requires a laboratory method that can distinguish the specific compound and its isomers.
Delta Extrax Lights Out gummies	No - give naloxone anyway if an opioid may be involved	A batch-specific analysis must identify and quantify each cannabinoid separately. Routine screening or a total advertised milligram figure cannot resolve the ingredient discrepancy on this listing.
THCA	No — give naloxone anyway if an opioid may be involved	Converts to delta-9 THC when heated; counts toward the new federal total-THC test. LC-MS/MS.
10. Novel hallucinogens and hallucinogenic fungi		
All in this category — class answer	**No — give naloxone anyway if an opioid may be involved**	**None are on standard drug panels. LC-MS/MS only, and most routine labs do not carry these targets.**

Substance	Does naloxone work?	Detected by standard tests? What does it take?
2C-B, 2C-C, 2C-H, 3C-P	No — give naloxone anyway if an opioid may be involved	Not on standard screens. Targeted LC-MS/MS only.
DOM, DOB, DOI, DOC	No — give naloxone anyway if an opioid may be involved	Not on standard screens. Targeted LC-MS/MS only.
“Tusi” / “pink cocaine”	No — give naloxone anyway if an opioid may be involved; naloxone IS indicated if fentanyl may be mixed in	Not a single drug — usually ketamine plus MDMA, and rarely 2C-B. What is in it can only be answered by LC-MS/MS.
4-AcO-DMT, 4-HO-MET, 4-AcO-MET, 4-AcO-DET, 4-HO-DET, 4-PrO-MET	No — give naloxone anyway if an opioid may be involved	Not on standard screens. Targeted LC-MS/MS only.
4-OH-DiPT, 5-MeO-AMT, 5-MeO-MiPT, 5-MeO-DET, DiPT	No — give naloxone anyway if an opioid may be involved	Not on standard screens. Targeted LC-MS/MS only.
5-MeO-DMT, 5-MeO-NiPT	No — give naloxone anyway if an opioid may be involved	Not on standard screens. Targeted LC-MS/MS only.
1P-LSD, 1cP-LSD, 1V-LSD, ETH-LAD	No — give naloxone anyway if an opioid may be involved	Not on standard panels. LSD itself is hard to detect; analogs harder. LC-MS/MS.
Amanita muscaria / muscimol products	No — give naloxone anyway if an opioid may be involved	Not on any standard panel. Specialist LC-MS/MS. Some products have also contained psilocin.
Lanmaoa asiatica (“jian shou qing”)	No — give naloxone anyway if an opioid may be involved	No test — the active compound is not yet identified.
Psilocin / psilocybin	No — give naloxone anyway if an opioid may be involved	Not on standard panels; a specific assay must be requested. LC-MS/MS.
11. Dissociatives and sedative-anesthetics		
All in this category — class answer	**No — give naloxone anyway if an opioid may be involved**	**Ketamine appears on some expanded panels; its analogs do not. LC-MS/MS for anything else.**
Ketamine	No — give naloxone anyway if an opioid may be involved	On some expanded panels, not on a basic screen. LC-MS/MS confirms.
2-Fluorodeschloroketamine (2F-DCK), deschloroketamine (DCK)	No — give naloxone anyway if an opioid may be involved	Not on standard panels. May be missed by a ketamine-specific assay. LC-MS/MS.
Methoxetamine (MXE), deoxymethoxetamine (DMXE)	No — give naloxone anyway if an opioid may be involved	Not on standard screens. Targeted LC-MS/MS only.

Substance	Does naloxone work?	Detected by standard tests? What does it take?
2F-2-oxo-PCE (fluorexetamine)	No — give naloxone anyway if an opioid may be involved	Not on standard screens. Targeted LC-MS/MS only.
3-MeO-PCP, 3-MeO-PCE, 3MeO-2-oxo-PCP, 3-Me-PCP, MDPCP	No — give naloxone anyway if an opioid may be involved	May or may not cross-react on a PCP immunoassay — do not rely on it. LC-MS/MS.
Diphenidine	No — give naloxone anyway if an opioid may be involved	Not on standard screens. Targeted LC-MS/MS only.
Etomidate and analogs (metomidate, propoxate, isopropoxate)	No — give naloxone anyway if an opioid may be involved	Not on standard screens. LC-MS/MS only. In vapes, the device contents need drug-material testing.
12. Kratom, 7-OH and kratom-derived opioids		
All in this category — class answer	**Yes — may need repeat doses — these act at the opioid receptor**	**NONE of these trigger a standard opiate immunoassay — a person can be opioid-dependent on these and screen clean. A kratom-specific LC-MS/MS test must be requested by name.**
Mitragynine (kratom leaf)	Yes	Not on standard panels. Specific LC-MS/MS.
7-Hydroxymitragynine (7-OH)	Yes — may need repeat doses	Not on standard panels. Specific LC-MS/MS.
Mitragynine pseudoindoxyl (MGPI)	Yes — may need repeat doses	Not on standard panels. Specific LC-MS/MS.
MGM-15 (dihydro-7-hydroxymitragynine), MGM-16	Yes — may need repeat doses	Not on standard panels. Specific LC-MS/MS.
Fake “cat’s claw” products	Yes — may need repeat doses	Label is false — products have contained MGPI and MGM-15. Only drug-material testing shows what is in them.
13. Other gas-station, OTC and gray-market products		
Tianeptine (“gas station heroin”)	Yes — may need repeat doses at high doses — it is a mu-opioid agonist	Not on standard panels and does NOT trigger an opiate immunoassay. Specific LC-MS/MS.
Nitrous oxide	No — give naloxone anyway if an opioid may be involved	No routine test. Recognised clinically; chronic use affects vitamin B12.
Phenibut	No — give naloxone anyway if an opioid may be involved	Not on standard panels. Specific LC-MS/MS.
Gabapentin, pregabalin	No — give naloxone anyway if an opioid may be involved	Not on standard panels unless specifically added. Dangerous mainly in combination with opioids or other depressants.
6-Methylnicotine (6MN)	No — give naloxone anyway if an opioid may be involved	Standard nicotine/cotinine tests do NOT detect it — a product can test “nicotine-free” and still be active.

Substance	Does naloxone work?	Detected by standard tests? What does it take?
Poppers (alkyl nitrites)	No — give naloxone anyway if an opioid may be involved	No routine test. Recognised clinically.
Diphenhydramine	No — give naloxone anyway if an opioid may be involved	Not on a basic panel. Can cause false positives on some immunoassays, including methadone and PCP assays.
Kava / kavalactones	No — give naloxone anyway if an opioid may be involved	Not on standard panels.

Naloxone and detection entries describe general pharmacology and typical laboratory practice. They are not clinical guidance, and assays differ between laboratories — ask your own lab what is on its panel. Reviewed October 23, 2026.

NFLIS: how often each substance turns up in seized-drug evidence

NFLIS-Drug is DEA's count of substances identified by forensic laboratories in evidence seized by law enforcement. It answers "how often is this showing up in the drug supply," not "how many people are using it."

A problem worth knowing about: NFLIS's own published reports have not been updated since 2022 data, and the public query system needs an account and reports only in six-month blocks. So the figures below are not taken from NFLIS publications. They are the counts DEA itself cites as evidence inside its scheduling documents and substance factsheets — which is the most current NFLIS data available to the public.

READ THE QUERY DATE COLUMN. Every figure is a snapshot taken on the day DEA ran the query, and those dates run from September 2024 to October 2026. Two rows in this table can be twenty-one months apart in vintage. DEA states plainly that it "does not recommend comparing year-to-year trends using raw counts," and that NFLIS reports are "still pending for 2025 and 2026 due to normal lag time." Do not build a trend from this table.

Substance	NFLIS-Drug reports	Period covered	NFLIS queried	Source
Nitazenes (benzimidazole opioids)				
All benzimidazole-opioids	**over 8,000 reports of 23 different nitazenes**	**since 2019**	**not stated**	**DEA Drug & Chemical Evaluation Section factsheet, March 2026**
Seven nitazenes in the Oct 2025 order — combined	**184 exhibits**	**since 2023**	**May 12, 2025**	**90 FR 48259 (Oct 15, 2025 order)**
N-desethyl etonitazene	114 in 14 states	since 2023	May 12, 2025	90 FR 48259
Methylenedioxynitazene	19 in 5 states	since 2023	May 12, 2025	90 FR 48259

Substance	NFLIS-Drug reports	Period covered	NFLIS queried	Source
Ethyleneoxynitazene	14 in 5 states	since 2023	May 12, 2025	90 FR 48259
N,N-dimethylamino etonitazene	12 in 4 states	since 2023	May 12, 2025	90 FR 48259
N-pyrrolidino isotonitazene	12 in 9 states	since 2023	May 12, 2025	90 FR 48259
N-desethyl protonitazene	9 in 6 states	since 2023	May 12, 2025	90 FR 48259
Etomethazene (5-methyl etodesnitazene)	4 in 1 state	since 2023	May 12, 2025	90 FR 48259
Orphines				
The four orphines scheduled Aug 2026 — combined	**265 in 21 states**	**see each below**	**May 18, 2026**	**91 FR 55252 (Aug 27, 2026 order)**
Cychlorphine (N-propionitrile chlorphine)	225 in 19 states	since 2022	May 18, 2026	91 FR 55252
Cychlorphine — newer count, by year	1 report in 2024; 111 in 2025; 307 so far in 2026 (reports still pending)	2022 onward	October 2026	DEA factsheet, October 2026 — supersedes the row above
Spirochlorphine	36 in 6 states	since 2025	May 18, 2026	91 FR 55252
5,6-dichloro desmethylchlorphine (SR-17018)	2 in 2 states	since 2025	May 18, 2026	91 FR 55252
5,6-dichloro brorphine (SR-14968)	2 in 2 states	since 2025	May 18, 2026	91 FR 55252
Other novel synthetic opioids				
O-Desmethyltramadol (O-DSMT)	147 in 30 states	not stated	May 11, 2026	91 FR 52013 (Aug 12, 2026 order)
Designer benzodiazepines				
Bromazolam	16,614 — encountered in all 50 states	not stated	Feb 26, 2026	91 FR 12504 (Mar 16, 2026 order)
Stimulants				
4-Fluoroamphetamine (4-FA)	269 in 27 states	Jan 2011 – Dec 2023	Oct 15, 2024	90 FR 23477 (proposed rule)
4-CMC (clephedrone)	399 in 33 states	Jan 2014 – Aug 2024	Sep 4, 2024	Dec 30, 2024 proposed rule — see note 3
Dissociatives				
3-MeO-PCP	399 in 33 states	Jan 2011 – Aug 2024	Sep 6, 2024	90 FR 24373 (proposed rule) — see note 3
2-Fluorodeschloroketamine (2F-DCK)	61 in 12 states	since 2018	May 5, 2026	91 FR 30204 (May 22, 2026 order)

Substance	NFLIS-Drug reports	Period covered	NFLIS queried	Source
Diphenidine	22 samples, in Indiana and Alabama	starting 2014	May 7, 2026	91 FR 30519 (proposed rule) — see note 4
Kratom-derived opioids				
7-Hydroxymitragynine (7-OH)	42 in 12 states	in 2025	Feb 26, 2026	91 FR 65370 (Oct 14, 2026 notice)
Mitragynine pseudoindoxyl (MGPI)	19 — Arkansas 15, Wyoming 2, New York 1, Ohio 1	not stated	Jun 23, 2026	91 FR 54948 (Aug 26, 2026 order) — see note 5
MGM-15, MGM-16	no NFLIS count published	—	—	the Aug 2026 order used CFSRE data, not NFLIS
Gas-station and gray-market				
Tianeptine	268 encounters	Mar 2017 – Feb 2026	Feb 26, 2026	91 FR 42153 (Jul 8, 2026 proposed rule)

Notes

1. A “report” is one documented occurrence of one drug in one item of evidence. A single case can contain several items, and one item can produce several drug reports, so reports are not people, seizures or cases.

2. NFLIS counts only completed analyses. Evidence seized but never analysed is absent, and DEA’s own methodology puts that at roughly 30% of cases. Labs also differ on whether they analyse everything submitted, and many do not analyse evidence at all when a case was dismissed. A low count can mean a substance is rare, or that nobody looked.

3. 3-MeO-PCP and 4-CMC are both published as “399 reports” in “33 states” over different date ranges. Both documents genuinely read that way. Treat the coincidence with caution.

4. Diphenidine’s NFLIS sentence names only Indiana and Alabama, but the same paragraph of the proposed rule says diphenidine “has been encountered in 11 states,” listing Iowa among them — without attributing that sentence to NFLIS. It is the one current Iowa-specific datapoint in these documents, and its source is unstated.

5. MGPI is inconsistent between DEA documents. The August 26, 2026 order gives 19 reports (queried June 23, 2026). The October 14, 2026 notice, published later, gives “one report … in New York” from an older query. The table uses the August figure.

6. Isomers are counted separately. Reports of an unspecified isomer are tallied apart from reports naming a specific one, so a single substance’s true total can be split across several listings.

7. Under-reporting is acknowledged by DEA for several of these substances, usually because laboratories lack reference standards for a new compound. DEA says this explicitly for bromazolam, O-DSMT, 7-OH, MGPI and tianeptine.

DEA TOX: What is found in people

DEA TOX is a different thing and the numbers are not comparable with the NFLIS table above. NFLIS counts seized material analysed by hundreds of forensic laboratories. DEA TOX counts substances found in biological samples from suspected overdoses, analysed by one laboratory at UCSF, from facilities that choose to send samples in — about 150 to 170 samples a quarter from 13 to 18 states. It tells you what harmed the people who happened to be tested. It is not a prevalence estimate, and a DEA TOX figure can exceed an NFLIS figure for the same substance simply because toxicologists had a reason to look for it.

Testing is free to the submitting facility — DEA pays. Results take about three weeks. Details at deadiversion.usdoj.gov/dea_tox.

Substance	2026 Q2	2026 Q1	States, Q2
N-propionitrile chlorphine (cychlorphine)	23 detections, 23 fatal (plus 3 drug products)	34 detections, 34 fatal	GA, IL, OK, SC, TN
5-chloro desmethyl chlorphine	6 detections, 6 fatal	not reported	TN
Chlorphine	not reported	2 detections	—
Mitragynine pseudoindoxyl (MGPI)	25 detections, 24 fatal	25 detections, 25 fatal	FL, MD, NE, OH, OK, TN, TX
7-hydroxymitragynine (7-OH)	23 detections, 22 fatal	23 detections, 23 fatal	FL, MD, NE, OH, TN, TX
Dihydro-7-hydroxymitragynine (MGM-15)	20 detections, 19 fatal	not reported	—
Bromazolam	6 detections, 6 fatal	5 detections	GA, IL, SC, TN
O-desmethyl-cis-tramadol (O-DSMT)	1 detection	not reported	MD
Metonitazene	not reported	2 detections	—
N-pyrrolidino protonitazene	not reported	2 detections	—
N-pyrrolidino metonitazene	not reported	1 detection	—

Source: DEA TOX Quarterly Report, 2026 Q2 (DEA PRB-2026-237) and 2026 Q1 (DEA PRB-2026-214). Quarters are by the date the sample reached the laboratory, not the date of death or seizure. “Not reported” means the substance does not appear in that quarter’s table, which is not the same as a negative result.

Aegis Sciences: what is found in people who are in treatment

A third population. NFLIS counts seized evidence; DEA TOX counts overdose deaths. Aegis Sciences tests urine and oral fluid from living patients being treated for substance use disorder — people who are still alive and in care. A substance that shows up here is circulating among people in treatment, which is a different question from what police seized or what killed someone.

These are SHARES OF A CLASS, not counts. “4.8% of designer opioid detections” means that of everything Aegis detected in its designer-opioid panel, nitazenes were 4.8% — it does not mean 4.8% of patients. A share can rise because the substance grew or because something else shrank. Aegis also notes its ranks are based on total detections, not positivity rates, and that what gets ordered affects what gets found.

Substance	Q1 2026	Q2 2026	Note
Designer opioids — share of designer opioid detections			
Tetramethylfentanyl-related (TM-4-AP, tetramethyl norfentanyl)	42%	34%	Most prevalent designer opioid group in H1 2026. TM-4-AP alone: 1,035 then 855 detections
Fluorofentanyl-related	23–24%	23–24%	2nd among designer opioids
o-Methylfentanyl-related	12%	14%	419 then 471 detections
Despropionyl m/p-methylfentanyl	—	almost 10%	293 then 326 detections
Norcarfentanil	about 5%	about 5%	detections rose slightly
Cychlorphine	about 3%	about 3%	named by Aegis as a new overdose concern
Nitazene analogs (all)	3.3%	4.8%	rising
Metonitazene-related	1.5%	2%	most prevalent nitazene subclass

Substance	Q1 2026	Q2 2026	Note
N-pyrrolidino nitazenes	0.5%	1.5%	tripled between quarters
Designer benzodiazepines — share of designer benzodiazepine detections			
Bromazolam-related	55%	almost 50%	was 68% across all of 2025 — a clear decline
Phenazolam-related	share held steady	share held steady	with bromazolam, over 70% of the class
Ethylbromazolam	just over 6%	about 8%	rising
8-Aminoclonazolam	about 7% (H1 combined)	about 7% (H1 combined)	
Desalkylgidazepam (with metabolite)	just under 2%	just over 4%	more than doubled
Adulterants and sedatives — share of "NPS-Other" detections			
Xylazine (with 4-hydroxyxylazine)	about 60%	about 60%	most frequently detected NPS overall, but detections FELL Q1 to Q2
Medetomidine (with 3-OH-medetomidine)	—	25%	3rd most detected NPS overall; the ONLY NPS-Other compound whose rate ROSE
Tianeptine (with MC5)	11%	almost 7%	falling
Synthetic cannabinoids — share of synthetic cannabinoid detections			
MDMB-4en-PINACA-related	about 43–44%	about 43–44%	4th most detected NPS overall
MDMB-INACA-related	nearly 27%	about 24%	no federal listing
5F-MDMB-PINACA-related	about 20%	more than 23%	
MDMB-BUTINACA-related	about 1%	nearly 4%	rising
4F-MDMB-BUTINACA-related	about 4%	3%	
Top three combined	about 90%	about 90%	the class is concentrated in three compounds
Synthetic stimulants — share of synthetic stimulant detections			
alpha-PiHpP	42%	33%	most prevalent synthetic stimulant in H1 2026
N,N-Dimethylpentylone-related	about 8%	about 20%	rising sharply
Eutylone	about 3%	15%	rising sharply
N-Isopropyl butylone	—	—	Aegis says it "remained prominent"
Hallucinogens and dissociatives — share of that class			
2F-Deschloronorketamine	about 63%	about 67%	most prevalent in class; detections fell
2F-2-oxo-PCE	—	—	next most prevalent; detections fell

Source: Aegis Sciences Corporation, 2026 Mid-Year NPS Summary, covering January–June 2026. Freely readable at aegislabs.com. Subclasses with fewer than 10 detections in a quarter were combined into "Other" by Aegis and are not shown.

Wastewater: how widespread each substance is

A fourth population, and a different question. Everything above counts events — seizures, deaths, patient samples. Wastewater measures an entire community at once, with no

requirement that anyone was caught, treated or died. What it answers best is not “how much” but “how many places,” which is the question a national guide most needs.

Substance	Counties with a detection	Share	Note
Ketamine	101 of 101	100%	detected in every county tested
Tianeptine (MC5 metabolite)	75 of 97	77%	the most widespread substance in the panel
Xylazine	62 of 101	61%	
Carfentanil	52 of 97	54%	far more widespread than case counts suggest
Medetomidine	36 of 101	36%	
para-Fluorofentanyl	18 of 95	19%	
Acetyl norfentanyl (acetyl fentanyl metabolite)	16 of 97	17%	

Source: ONDCP Office of Data and Research, Wastewater Newsletter Issue 1, July 2026. Roughly 100 counties, about 18% of the US population; the seven substances above are the qualitative panel for 2026. Trend data runs June 2022 to April 2026. This is described as the inaugural issue — no schedule for a second is stated, so treat it as a one-off until another appears. A detection means the substance was present in that community’s wastewater; it says nothing about how many people or how much.

UNODC: how far each substance has spread internationally

A leading indicator. A substance reported by several countries on several continents has established supply routes, whatever its US count currently says. UNODC’s Early Warning Advisory had 1,525 individual substances reported by 155 countries as of August 6, 2026, with 698 reported during the 2025/6 period including 110 reported for the first time.

Substance	Class	Countries reporting	Regions
Protodesnitazene	Synthetic opioid	9	Oceania, South America, North America, Asia, Europe
Etodezitramide	Synthetic opioid	5	North America, Europe
MADMB-4en-PINACA	Synthetic cannabinoid	5	Europe, Africa
Ethylflualprazolam	Benzodiazepine	4	Oceania, North America, Europe
5-Chloro desmethylchlorphine	Synthetic opioid	3	North America, Europe

Source: UNODC Early Warning Advisory on New Psychoactive Substances, announcement of August 6, 2026. These five are the substances that announcement chose to highlight — it is not a complete list, and an absence here means nothing. UNODC marks its 2025 and 2026 data preliminary. Note that three of these five are listed elsewhere in this guide with no confirmed federal status, so international spread is currently the better evidence of their reach.

NIST RaDAR: substances reported for the first time

A novelty detector. NIST’s Rapid Drug Analysis and Research program publishes a free monthly bulletin listing every compound it reported for the first time that month. This is the fastest first-detection signal in this guide — NFLIS, by contrast, aggregates in six-month blocks.

Reported for the first time in August 2026 (nine compounds): 25B-NBOH; 2C-C; 4-Propanoyloxy DMT; 5-Fluoro MDMB-PICA; Boldenone undecylenate; Deoxymethoxetamine (DMXE); N-Ethyl 2C-B; Flurazepam; Methoxyqualone.

That month RaDAR analysed 1,201 samples qualitatively (569 West Coast, 654 East Coast) and 313 quantitatively, with fentanyl co-detected in 288 samples, methamphetamine in 208 and cocaine in 140.

Source: NIST RaDAR monthly newsletter, August 2026 (issued September 15, 2026). Geography is coast-level only — West and East — with no state detail. First reported by RaDAR means first in this drug-checking program, not first in the United States.

UNC Street Drug Analysis Lab: live trackers you can look up

Everything else in this guide is a snapshot with a date on it. UNC's drug-checking program publishes live dashboards that update daily, several of them dedicated to exactly the classes in this guide. Rather than reprint numbers that will be stale by the time you read this, the table lists what you can go and look up.

Tracker	What it shows
Orphines	the orphine class, including cychlorphine
Nitazene Tracker	the nitazene class
Fentanyl and Analogues	fentanyl-related substances
Carfentanil	carfentanil specifically
BTMPS	BTMPS in the supply
Xylazine and (dex)medetomidine	both sedatives — UNC states xylazine is being replaced
Heroin Tracker	heroin in the supply
Methamphetamine Purity Tracker	how often meth contains something other than meth
New Substances Detected	everything detected last month — updated monthly
Substances Detected	all substances found by GC-MS, with regional and time trends
Regional	which drugs are most common in which US region
What else and where?	what each substance is found with, and in which states

UNC reports 90 substances detected between January 2022 and April 2026, and finds that only 20 of them appear everywhere at similar rates — the other 70 are regionally concentrated. In their words there are "at least four" distinct US drug supplies, which is worth keeping in mind whenever this guide quotes a single national figure.

Source and attribution: all statistics and graphs on these apps are public and may be reused with the attribution "UNC Street Drug Analysis Lab at opioiddata.org", per the reuse statement on opioiddata.org/live-reports. Use that page and that attribution. Figures quoted from UNC anywhere in this guide carry it.

Master source list (organizations and core datasets)

- DEA Diversion Control, What's New / scheduling actions: https://www.deadiversion.usdoj.gov/new.html

- Federal Register (DEA documents): https://www.federalregister.gov/agencies/drug-enforcement-administration
- eCFR, 21 CFR Part 1308 (schedules): https://www.ecfr.gov/current/title-21/chapter-II/part-1308
- DEA, Drug Scheduling: https://www.dea.gov/drug-information/drug-scheduling
- DEA TOX quarterly reports: https://www.deadiversion.usdoj.gov/dea_tox/index.html
- NFLIS (National Forensic Laboratory Information System): https://www.nflis.deadiversion.usdoj.gov/
- CFSRE NPS Discovery (trend reports, scope recommendations, alerts, monographs): https://www.cfsre.org/nps-discovery
- CFSRE Q3 2026 trend reports: https://www.cfsre.org/images/trendreports/2026_Q3_CFSRE_NPS_Discovery_Trend_Reports.pdf
- CFSRE Q2 2026 scope recommendations: https://www.cfsre.org/images/scoperecommendations/Q2-2026-NPS-Scope-Recommendations-NPS-Discovery-052926.pdf
- WHO ECDD 49 documents: https://www.who.int/groups/ecdd/forty-ninth-ecdd-documents
- UNODC Early Warning Advisory (EWA) on NPS: https://www.unodc.org/LSS/Home/NPS
- UNODC CND resolutions and decisions: https://www.unodc.org/unodc/en/commissions/CND/Resolutions_Decisions/resolutions-and-decisions-2020-2029.html
- EUDA EU Early Warning System: https://www.euda.europa.eu/activities/eu-early-warning-system-on-nps_en
- EUDA European Drug Report 2026, NPS chapter: https://www.euda.europa.eu/publications/european-drug-report/2026/new-psychoactive-substances_en
- CDC MMWR: https://www.cdc.gov/mmwr/
- CDC Health Alert Network: https://www.cdc.gov/han/
- FDA consumer warnings (health fraud): https://www.fda.gov/consumers/health-fraud-scams
- NIST RaDAR: https://www.nist.gov/programs-projects/radar
- America's Poison Centers: https://poisoncenters.org/

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