

**MINUTES**

**UTAH  
CONTROLLED SUBSTANCES ADVISORY COMMITTEE  
MEETING**

**July 7, 2010**

**Room 474 – 4th Floor – 1:00 P.M. – 4:00 P.M.  
Heber M. Wells Building  
Salt Lake City, UT 84111**

**CONVENED:** 1:09 P.M.

**ADJOURNED:** 2:30 P.M.

**Bureau Manager:**

Richard J. Oborn

**Board Secretary:**

Lee Avery

**Board Members Present:**

David N. Sundwall, MD, Chairperson  
Alexander B. Larsen, DDS  
Scott Reed  
Kristen Ries, MD  
Major Jeff Carr  
Todd C. Grey, MD

**Board Members Absent:**

David C. Young, R.Ph

**Guests:**

Glen Hanson, PhD  
Melissa Liad  
Stephen Moore  
Jennifer McNair  
Andrienne Shewell  
Mary Riding  
Dan Weist, Standard Examiner

**DOPL Staff Present:**

Mark B. Steinagel, Division Director

**TOPICS FOR DISCUSSION**

**DECISIONS AND RECOMMENDATIONS**

**ADMINISTRATIVE BUSINESS:**

**Introductions:**

Members of the committee introduced themselves.

**Brief training on Open and Public Meetings Act, Scott Reed**

Mr. Reed presented information to the Committee regarding the Open and Public Meetings Act.

**DISCUSSION ITEMS:**

1. Update of prevalence of the problem of drug misuse and abuse in Utah

Dr. Sundwall reviewed an information/fact sheet with the Committee. Dr. Sundwall noted that since 2000, Utah has experienced a more than four-fold increase in

deaths associated with prescription medications. The majority of these deaths were unintentional. Unintentional prescription medication overdoses are the number one cause of injury deaths in Utah killing more Utahns yearly than motor-vehicle crashes. This epidemic strikes an equal number of men and women. Prescription overdose deaths occurred in 21 of Utah's 29 counties last year. In 2006, Utah was number one in the nation for rates of nonmedical use of pain relievers. Utah is among the highest in the nation for unintentional prescription overdose deaths. Dr. Sundwall noted that the problem is in part due to the increased prescribing of opioid pain medications and in part due to the need to improve treatment of pain. Dr. Sundwall noted that non-illicit drug overdose deaths decreased by 13% in 2008. This is the first decrease of its magnitude in fifteen years. This was the year after the Utah Legislature passed HB137 charging the Utah Department of Health (UDOH) to create a media and educational campaign and to conduct research and create guidelines. In 2009, the number of deaths increased to its pre-intervention rates. This problem is due to a complex set of factors and is unlikely to go away on its own. Sustained and coordinated efforts by law enforcement, substance abuse prevention, and public health will be needed if we are to prevent avoidable deaths. Dr. Sundwall noted that since 2000 the number of deaths related to prescription medication overdose has increased. Dr. Grey stated that in 1986 deaths by drug prescriptions were very rare. Between 1999 and today these have dramatically increased. The types of prescriptions are a witch's brew of compounds that include, but are not limited to the following: narcotics, sleep aids, and muscle relaxants. Dr. Sundwall noted that during Fiscal Year 2008-2009, UDOH took the following actions in an effort to address Utah's prescription pain medication abuse problem:

1. Published Utah guidelines on prescribing opioids;
2. Launched "Use Only As Directed" media campaign;
3. Conducted statewide physician education;
4. Conducted ongoing research on deaths and morbidity related to RX drugs; and
5. Collaborated with DHS, DEQ, DOPL, and DEA Commerce.

Dr. Sundwall noted other efforts to address the problem:

1. Utah Pharmaceutical Drug Crime Project which is a collaboration between law enforcement agencies, DEA, and other partners;
2. Zero Unintentional Deaths – not for profit organization established by Utah pain physicians;
3. Clean Out Your Medicine Cabinet – efforts by Department of Environmental Quality; and,
4. The Division of Substance Abuse and Mental Health selected prescription drug abuse as a state priority. They have worked with local prevention agencies to create over 14 county and local coalitions on the topic.

Dr. Sundwall noted that the problem continues citing the following statistics:

1. Non-illicit drug overdose deaths decreased by 13% in 2008. This is the first decrease of its magnitude in 15 years. This was the year after the Utah legislation passed HB 137 charging UDOH to create a media and educational campaign, conduct research, and create guidelines.

In 2009, the number of deaths increased to its pre-intervention rate.

## 2. Review of statute authorizing the Controlled Substances Advisory Committee

Mr. Oborn noted that the Committee serves as a consultative and advisory body to the Utah Legislature regarding the movement of a controlled substance from one schedule to another, the removal of a controlled substance from any schedule, the designation of a substance as a controlled substance, and the placement of a substance in a designated schedule. The Committee will need to consider factors established in Utah Code 58-38a-203.

At a recent meeting of the Health and Human Services Interim Committee, legislators requested that the Controlled Substances Advisory Committee review the following substances for possible scheduling: Spice, Tramadol, and Salvia Divinorum. Of the three substances, legislators recommended that the Committee first review Tramadol because of the ease in obtaining its pharmacology in comparison to Spice and Salvia Divinorum. Utah Code 58-38a-203(2) requires that the Committee submit a written report to

3 .Committee priorities, activities, and reporting

- a. Discussion of possible placement of substances on controlled substances
  - i. Spice
  - ii. Tramadol
  - iii. Salvia divinorum
  - iv. Other
- b. Other priorities, activities
- c. Committee written report due September 30, 2010

the Health and Human Services Interim Committee before September 30, 2010. The written report should list any substances recommended by the Committee for scheduling, researching, or deletion from the schedules by the Legislature and reasons for the recommendations.

Dr. Glen Hansen presented general information to Board members regarding Spice, Tramadol and Salvia Divinorum. The Committee reviewed information about Spice, noting that Spice has been banned in Sweden, Switzerland, South Korea, Chile, German and France since 2009. It is currently under review by Austria, Estonia, Russia and England. The ingredients of Spice are illegal in Poland. The Yokosuka Navel Base banned the use in 2008. German reports indicate that Spice may have adverse effects on the heart, circulation, and the nervous system and in some cases could cause panic attacks and is potentially addictive. Spice looks like marijuana and oregano. Users of Spice are described as sneaky, paranoid, having slurred speech, appearing high, having difficulty keeping balance, and thrashing their rooms. Users report feeling lightheaded, drowsy, and happy. Consumption of Spice could last as long as three (3) to five (5) hours. Spice can be used in rolled papers and smoked, packed into a blunt, hookah pipes, or inhaled after burning as incense. Common brand names are Silver Spice, Diamond Spice, Yukatan Fire Spice, PEP Spice and Fire N' Iced. One hundred plus (100+) pounds of Spice were seized in January 2009 in Dayton, Ohio. It showed the presence of HU-210 (schedule 1 controlled substance). Spice is reported to contain numerous cannabinoid-type substances. Effects of using Spice are similar to marijuana or the chemical THC. Spice is sold at \$30.00-\$35.00 per gram (compared to marijuana at \$80.00 for 14 grams). There are no set standards to test for the substances in Spice. Each bag of Spice could contain a different mix of the synthetic chemical substances. Currently Spice is legal in most areas of the US. It is sold in tobacco shops and over the internet as "herbal incense". It does not show up on a DON urinalysis. DEA is reviewing the substances in Spice products for possible addition to the federal controlled substances list. The label on the packaging identifies it as dried olive colored contents from a variety of herbal plants.

A warning states the product is not for human consumption, but it does not warn purchasers that the material also contains various synthetic compounds that appear to stimulate the same areas of the brain as marijuana. It is sold as all-natural incense. It has been sold since early 2002 in Europe. HU-210 is hundreds of times more potent than THC. While it produces a high similar to that of marijuana it doesn't contain tetrahydrocannabinol (THC), the psychoactive chemical in marijuana. Instead, it contains synthetic chemicals, such as JWH-018 and JWH-073 that mimic THC by acting on the cannabinoid receptors in the brain. The package indicates that the contents are not for human consumption.

The Committee reviewed information regarding Tramadol. According to a study published in the *Annals of Pharmacology* in June 2010, the decrease in the number of cases of Tramadol exposure following its addition to the schedule of controlled substances in Kentucky and Arkansas suggests that adding a drug to the schedule of controlled substances may result in a decrease in poisoning exposures related to that drug. The Committee discussed recommending that Tramadol be reviewed first due to the ease in assessing its pharmacology.

The Committee felt that it would be beneficial to have a representative from the Utah Medical Association at this meeting. Major Carr stated he would do some research to determine what law enforcement agencies are seeing and doing about the substances discussed. He'll share the results of his research at the next Board meeting. Dr. Larsen would do some research with the Utah Dental Association and submit these results at the next meeting.

### 3.Scheduling of future meetings

The Committee noted that the report is due to the Utah Legislature by September 30, 2010. The Board decided to meet on Thursday, September 2, 2010, 1:00 P.M. and Wednesday, September 15, 2010, at 1:00 P.M.

### **ADJOURN:**

Adjourn: 2:30 P.M.

*Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.*

October 6, 2010  
Date Approved

(ss) David N. Sundwall, MD  
Chairperson, Controlled Substances Advisory  
Committee

September 29, 2010  
Date Approved

(ss) Richard Oborn  
Bureau Manager, Division of Occupational &  
Professional Licensing