September 13, 2016

Health and Human Services Interim Committee
Office of Legislative Research and General Counsel
W210 State Capital Complex
Salt Lake City, Utah 84114

SUBJECT: Controlled Substances Advisory Committee—2017 Legislative Recommendations

Dear Members of the Health and Human Services Interim Committee:

The Controlled Substances Advisory Committee (CSAC) is pleased to provide for you, as required by law, an update on recommendations for your consideration for action during the 2017 Legislative session. Our committee is composed of individuals with a broad range of expertise and/or experience in public health, clinical care, and academia. The CSAC has met quarterly to address issues related to the use of “recreational drugs” (i.e., substances not currently regulated by the Controlled Substances Act (CSA), but which are considered potentially dangerous to the health and well-being of the public, and “legend” (i.e., approved prescription only drugs) that might merit being added to a designated schedule in the CSA due to new evidence of health risks to the citizens of the State of Utah.

The CSAC recognizes the opioid crisis in the United States as a major health problem. The abuse of opioids such as heroin, morphine and prescription pain relievers is a serious problem, worldwide. It is estimated that 2.1 million persons in the United States suffers from substance abuse disorders related to opioid pain medications with an estimated 467,000 addicted from 2012 data. The rates of abuse have tripled since 2000 and account for up to 28,657 deaths in 2014. Reasons for the severity of the current abuse problem are the number of prescriptions written and dispensed, greater social acceptability of self-medicating, and marketing by the pharmaceutical industry.

The Utah Poison Control Center (UPCC) is daily consulted on the management of exposures that result from the misuse and abuse of opioids and other substances of abuse. In addition, with the increased availability of opioids in the home, many of the exposures occur in children who gain access to these medications through their exploration. The Utah Poison Control Center provides consultation to the public as well as healthcare professionals and as such has a unique perspective on exposures that are managed outside of a healthcare facility in addition to those that require treatment in a healthcare facility.

In 2015 the top 5 opioid substances involved in poison exposures reported to the UPCC were oxycodone, hydrocodone, tramadol, heroin and buprenorphine. Toddlers, adolescents and teens were involved in 28.3% of exposures, with 16% of exposures occurring in children less than 6 years of age. The majority of exposures (61%) are managed in a healthcare facility and one-quarter had significant, life-threatening or fatal outcomes.

There appears to be a relationship between the non-medical use of opioid analgesics and heroin use in the United States. Emergence of chemical tolerance towards prescription opioids, combined with the smaller problem of obtaining these medications legally or illegally may offer some explanation of the greater use of heroin, which in some communities is cheaper with easier access than prescription opioids.

Education of the harmful and addictive properties of opioids is important with a targeted messaging. The CSAC is ready to help in this effort as national and state initiatives are being considered.

Notwithstanding our collective efforts to control the use of recreational drugs (including spice, bath salts, and analogs) through regulation and law enforcement, new substances continue to be developed, marketed, and sold to a significant number of ready and willing customers. Therefore, after careful review of such activity in our state, we have seen the following spice and bath salt analogs in 2014-15, the committee recommends that the following six substances be added to the “listed controlled substances” identified in Utah Code 58-37-4.2 during the 2017 Legislative session:

These substances have been encountered multiple times at the Bureau of Forensic Services in casework samples and the Utah Office of the Medical Examiner since the current law was enacted in May 2014:

**ADB-CHMINACA:** \(N\)-[(2S)-1-amino-3,3-dimethyl-1-oxobutan-2-yl]-1-(cyclohexylmethyl)indazole-3-carboxamide (20 Submissions*)

**ADB-FUBINACA:** (N-(1-amino-3,3-dimethyl-1oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-caboxamide). 2 cases (one in combination with heroin, cocaine, and methamphetamine; one in combination with alcohol resulting in aspiration pneumonia) (10 Submissions*)

**Mitragynine (Kratom) and 7-hydroxymitragynine:** \(E\)-2-[(2S,3S)-3-ethyl-8-methoxy-1,2,3,4,6,7,12,12b-octahydroindolo[3,2-h]quinolinizin-2-yl]-3-methoxyprop-2-enoic acid methyl ester. 3 cases (one in combination with heroin, cocaine, and methamphetamine; one in combination with diazepam and pregabalin; and one still pending final cause of death.)
death]) (DEA to place as temporary Schedule 1 for 2 years to study
https://www.federalregister.gov/articles/2016/08/31/2016-20803/schedules-of-controlled-
substances-temporary-placement-of-mitragynine-and-7-hydroxymitragynine-into)
U-47700 3,4-dichloro-N-[(1R,2R)-2-(dimethylamino)cyclohexyl]-N-methylbenzamide. 2
cases (one in combination with 4-ANPP [despropionyl fentanyl] and diphenhydramine
and one in combination with diclazepam and hydrocodone. (Of Note: Idaho has become
the 4th State to put an Emergency Ban on U-47700)
FUB-AMB; methyl (1-(4-fluorobenzyl)-1H-indazole-3-carbonyl)valinate (50
Submissions*)

*estimated based on available data.
For further information, the following substances have been rarely encountered at the Bureau of
Forensic Services or the DEA Special Testing Laboratory since the current law was enacted in
May 2014, but do not seem to be emerging substances of concern in Utah at this time. Therefore,
the committee does not recommend these substances be added to the “listed controlled
substances” identified in Utah Code 58-37-4.2 during the 2016 Legislative session:

1P-LSD: (6aR,9R)-N,N-diethyl-7-methyl-4-propanoyl-6,6a,8,9-tetrahydroindolo[4,3-
fg]quinoline-9-carboxamide
3-MeO-PCP: 1-[1-(3-methoxyphenyl)cyclohexyl]-piperidine
4-AcO-DMT: 3-[2-(Dimethylamino)ethyl]-1H-indol-4-yl acetate
4-Chloro-alpha-PVP: 1-(4-Chlorophenyl)-2-(1-pyrrolidinyl)-1-pentanone (3
submissions**)
4-Fluoroamphetamine: (RS)-1-(4-Fluorophenyl)propan-2-amine
5-Fluoro Abica: N-[(1S)-1-(aminocarbonyl)-2-methyl[propyl]-1-(5-fluoropentyl)-1H-
indole-3-carboxamide
5-Fluoro ADB or 5-Fluoro MDMB-PINACA: Methyl (S)-2-[1-(5-fluoropentyl)-1H-
indazole-3-carboxamido]-3,3-dimethylbutanoate (7 submissions**)
5-Fluoro AMB: Methyl (25)-2-{[1-(5-fluoropentyl)-1H-indazol-3-yl]formamido}-3-
methylbutanoate (4 submissions**)
5-Fluoro AB-PINACA: N-[(2S)-1-amino-3-methyl-1-oxobutan-2-yl]-1-(5-
fluoropentyl)indazole-3-carboxamide
5-Fluoro PB-22: 1-pentyfluoro-1H-indole-3-carboxylic acid 8-quinolinyl ester
5-Fluoro MDMB-PINACA:
Butyryl Fentanyl: N-[(1-(2-phenylethyl)-4-piperidinyl)-N-phenylbutyramide
5-MeO-MiPT; N-[2-(5-methoxy-1H-indol-3-yl)ethyl]-N-methylpropan-2-amine
Dibutylone: 1-(Benzo[d][1,3]dioxol-5-yl)-2-(dimethylamino)butan-1-one (9
submissions**)
Dimethlyone: 3,4-methylenedioxy-N,N-dimethylcathinone
or alternatively N,N-dimethyl-3,4-methylenedioxycathinone
FUB-AKB48: N-(adamantan-1-yl)-1-[(4-fluorophenyl)methyl]-1H-indazole-3-
carboxamide (8 submissions**)
FUB-PB-22; quinolin-8-yl 1-(4-fluorobenzyl)-1H-indole-3-carboxylate
Furanylfentanyl: N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide
MDMB-FUBINACA: methyl (2S)-2-{[1-[(4-fluorophenyl)methyl]indazole-3-
carbonyl]amino}-3,3-dimethylbutanoate
MMB-2201: (S)-methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3-methylbutanoate

MMB-CHMICA: methyl (2S)-2-[[1-(cyclohexylmethyl)-1H-indol-3-yl]formamido]-3,3-dimethylbutanoate

NM-2201: naphthalene-1-yl 1-(5-floropentyl-1H-indole-3-carboxylate

RCS-4 C4 Homolog: 2-(4-methoxyphenyl)-1-(1-pentyl-indol-3-yl)methanone

SDB-005: naphthalen-1-yl 1-pentyl-1H-indazole-3-carboxylate

TH-PVP: 2-(pyrrolidin-1-yl)-1-(5,6,7,8-tetrahydronaphthalen-2-yl)pentan-1-one

** Identified at DEA Special Testing Laboratory, Q1-2016

*The following substance is an emerging substance in the United States, but has not yet been seen at the Utah Bureau of Forensic Sciences:

** Acetyl fentanyl: (N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide) (Schedule I Federal Controlled Substances Act)

We continue to monitor legislation towards the regulation and enforcement of marijuana, THC, and CBD by the Utah State Legislature. We will work closely with the State Legislature in drafting and implementing marijuana legislation, if requested.

The Committee thanks you for your attention to these important issues and looks forward to continuing to serve as a consultative and advisory body to the Legislature.

Respectfully Submitted,

The Controlled Substances Advisory Committee

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