



State of Utah Controlled Substances Advisory Committee

October 12, 2018

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—2019 Legislative Recommendations

Dear Members of the Health and Human Services (HHS) 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 2019 Legislative session. Our committee is composed of individuals with a broad range of expertise and/or experience in public health, clinical care, public safety, and academia. The CSAC has met three times this year to identify, evaluate and discuss issues related to the use and misuse of “recreational drugs” and “legend” drugs. “Recreational” drugs are substances not currently regulated by the Controlled Substances Act (CSA), but may be considered potentially dangerous to the health and well-being of the public. “Legend” drugs are approved prescription only drugs that potentially merit inclusion in a designated schedule in the CSA due to new evidence of health risks to the people of the State of Utah. As further described in the body of this letter, for the 2019 legislative session the CSAC provides the following recommendations: (1) there are no new synthetic opioids or hallucinogenic substances that require scheduling; (2) tramadol should be elevated from schedule V to schedule IV; and (3) gabapentin dispensing data should be required for the controlled substances database and closely evaluated during the forthcoming year to determine if scheduling is needed during the 2020 Legislative session. As further described herein, this is not a recommendation to schedule gabapentin as a controlled substance.

(1) Psychoactive substances (synthetic opioids and hallucinogenic substances)

During recent years, the CSAC has provided several recommendations to the HHS Interim Committee regarding new psychoactive substances. These substances (e.g., synthetic opioids and hallucinogens) remain a significant public health problem in the United States and worldwide. Drug overdose deaths in the United States involving synthetic opioid drugs such as fentanyl and carfentanil more than doubled between 2010 and 2015. It is predicted that drug overdose deaths from these substances will continue to rise. The CSAC maintains a robust vigilance of the impact of these substances; however, available data and trends observed over the past year have not identified a new psychoactive compound or substance necessitating a scheduling action during the 2019 Legislative Session. **For the 2019 Legislative session, the CSAC has no recommendation for adding any new psychoactive substances to the Controlled Substances Act.**

The Utah Poison Control Center (UPCC) is consulted daily on the management of exposures that result from the misuse and abuse of opioids and other substances. 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 2017 the top five (5) opioid substances involved in poison exposures reported to the UPCC were oxycodone alone and in combination with acetaminophen, hydrocodone alone and in combination with acetaminophen, tramadol, buprenorphine and heroin. Toddlers, adolescents and teens were involved in 26.5% of all exposures involving an opioid, with 13.2% of exposures occurring in children less than 6 years of age.

The CSAC continues to monitor the 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 explain the greater use of heroin, which in some communities is cheaper with easier access than prescription opioids. Prescribing practitioners (physicians, physician assistants, nurse practitioners, dentists), pharmacists, nurses, public health officials, the Utah Poison Control Center, public safety, law enforcement, first responders and forensic laboratories all need to collaborate to decrease morbidity and mortality related to the emerging drugs of abuse. A comprehensive, coordinated, multidisciplinary effort is required to eliminate the threat of drugs of abuse. The CSAC supports information and data sharing, increased epidemiological surveillance, early warning systems informed by laboratories and epidemiological surveillance tools, and population-driven, real-time social media notifications, which can result in actionable information to reach all stakeholders and the public. Additionally, the CSAC supports sustained development of continuing education initiatives of the harmful and additive properties of opioids and emerging trends in drugs of abuse. The CSAC is open to discussing alternative approaches to a coordinated multidisciplinary approach to reduce drug overdose deaths in the State of Utah.

(2) Tramadol scheduling

The CSAC has identified that tramadol is presented listed in Schedule V of the Utah Controlled Substances Act (UCA 58-37-4(e)(i)(H)), and Schedule IV of the Federal Controlled Substances Act and Regulations (21 CFR 1308.14(b)(3)). In 2013, the Legislature added tramadol to Schedule V of the Utah Controlled Substances Act. At that time, it was not included in any federal schedule. In August 2014, tramadol was listed in schedule IV of the federal CSA and regulations. This creates an inconsistency between state and federal law.

In accordance with the Utah Controlled Substances Advisory Committee Act (UCA 58-38a-204(4)(b)), the **CSAC recommends placement of tramadol into Schedule IV of the Utah Controlled Substances Act**, because it is classified as Schedule IV under federal law.

(3) Gabapentin evaluation

The CSAC received a request from the Board of Pharmacy to consider a recommendation to schedule gabapentin in the Utah Controlled Substances Act; more specifically, listing gabapentin in Schedule V.

Criteria for considering a recommendation to schedule includes, but is not limited to:

(a) Actual or probable abuse of a substance, including history and current pattern of abuse in Utah or other states; scope, duration and significance of abuse; degree of actual or probable detriment to public health; probably physical and social impact of widespread abuse of the substance; (b) biomedical hazard of the substance; (c) whether the substance is an immediate precursor of another controlled substance; (d) current state of scientific knowledge regarding the substance; (e) relationship between use of substance and criminal activity; (f) whether the substance has been scheduled in any other states; and (g) whether the substance has any accepted medical use in treatment.

The Board of Pharmacy provided information on national trends in the misuse and abuse of gabapentin. Some of this information has been obtained through national organizations (e.g., National Association of Boards of Pharmacy), and the Pew Research Group. The CSAC is informed that approximately six other states have some level of scheduling with gabapentin, most of these being Schedule V. Further information suggests that many more states are considering scheduling gabapentin as a controlled substance.

At the most recent meeting of the CSAC, there was substantial discussion about the scheduling of gabapentin as a controlled substance. While available information does merit there is history and a pattern of abuse in other states, it is unclear, but probable that gabapentin is being abused in Utah. In collaboration with the Controlled Substances Database (CSD) Program, the Division of Occupational and Professional Licensing, and the Office of the Attorney General, the CSAC is proposing an option to require submission of gabapentin dispensing data to the CSD, without scheduling it as a controlled substance. The proposed amendment is attached to this letter and would involve amending Utah Code Annotated 58-37f-203 with the following new paragraph:

The pharmacist-in-charge and the pharmacist in Subsection (2) shall, for each non-controlled substance legend drug, which has been designated as a legend drug which may potentially be included in the designated schedules of controlled substances in the Utah Controlled Substances Act by the Utah Controlled Substance Advisory Committee, and the Division of Occupational and Professional Licensing, for the specific purpose of determining whether a legend drug should be included in the designated schedules of controlled substances in the Utah Controlled Substances Act, dispensed by a pharmacist under the pharmacist's supervision other than those dispensed for an inpatient at a health care facility, submit to the division any type of information or data field established by the division by rule in accordance with Subsection (7)

This action would allow the collection of data specific to Utah and facilitate a more informed analysis on scheduling during the next year. Accordingly, for the 2019 Legislative session, the **CSAC is recommending, in accordance with the proposed amendment to UCA 58-37f-203, to require reporting of gabapentin dispensing information to the Controlled Substances Database.**

The CSAC Committee thanks the Health and Human Services Interim Committee for its attention to these important issues and looks forward to continuing to serve as a consultative and advisory body to the Legislature.

Respectively Submitted,

The Controlled Substances Advisory Committee

James Ruble, Pharm.D., J.D., Committee Chair

Lori G. Buhler (public member)

Byron F. Burmester, J.D.

Katherine Carlson, M.D.

Erik D. Christensen, M.D.

Glen R. Hanson, Ph.D., DDS.

Elizabeth Howell, M.D.

Barbara Hurst, M.D.

Paige Patterick, B.S., R.Ph.

Colonel Brian Redd

Byron J. Talbot, D.D.S.

Blaine Winters, DNP, APRN,

Jeffrey V. Wright, ND

Jeff Busjahn, Committee Administrator