



# State of Utah Controlled Substances Advisory Committee

**September 23, 2019**

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—2020 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 2020 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 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 2020 legislative session the CSAC provides the following recommendations:

- (1) Add **4-Fluoro MDMB-BUTINACA** (Methyl 2-(1-(4-fluorobutyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate) to the “listed controlled substances” section of the Utah Controlled Substances Act (UCA 58-37-4.2); and
- (2) Amend the Controlled Substances Advisory Committee Act (UCA 58-38a-201) to include on the committee roster:
  - (a) Executive Director or designee, Utah Poison Control Center, and
  - (b) Laboratory Director or designee, Bureau of Forensic Services, Department of Public Safety.

**(1) 4-Fluoro MDMB-BUTINACA.**

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, and through these efforts a substance of concern –

4-Fluoro MDMB-BUTINACA: Methyl 2-(1-(4-fluorobutyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate – should be added to the listed controlled substances section of the Controlled Substances Act. This substance is a “spice” compound.

### **(2) Amending the Controlled Substances Advisory Committee Act (UCA 58-38a-201).**

The CSAC respectfully asks the HHS Interim Committee and the Legislature to amend the Act for the statutory membership to include the Executive Director (or designee) of the Utah Poison Control Center, and the Laboratory Director (or designee) of the Bureau of Forensic Services, Department of Public Safety. These two roles have consistently attended CSAC meetings and regularly provide information that is critical to the mission success of the CSAC. The CSAC feels it is appropriate to designate their status as full members.

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.

### **(3) Status of Gabapentin evaluation**

In collaboration with the Division of Occupational and Professional Licensing, and the Utah Office of Administrative Rules, the final rule is in place to implement collection of data for Gabapentin prescribing and dispensing in Utah. The CSAC will begin evaluation of these data sets and determine if a scheduling recommendation is needed for Gabapentin.

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.

The CSAC expects to have information available from the Utah Controlled Substances Database, as well as additional information on national trends prior to the next legislative session in 2021 regarding gabapentin use. If the data indicates, a recommendation will be provided in the October 2020 CSAC letter to the HHS Interim Committee.

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, PharmD, JD, Committee Chair

Erik D. Christensen, MD

Colonel Brian Redd

Byron J. Talbot, DDS

Katherine Carlson, MD

Barbara Hurst, MD

Byron F. Burmester, JD

Julie Balk, APRN

Kate Barton Miyagi, ND

Craig William Davis, MD

Trey E. Hansen (public member)

Jeff Busjahn, Committee Administrator