



State of Utah Controlled Substances Advisory Committee

October 16, 2023

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—2023 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, a report for your consideration for action during the 2024 Legislative session. The CSAC is composed of individuals with a broad range of expertise and/or experience in public health, clinical care, public safety, state laboratory, and academia. The CSAC met two times this year to identify, evaluate and discuss issues related to the use and misuse of ‘recreational’ drugs and ‘legend’ drugs. ‘Recreational’ drugs does not have a universally accepted definition. The term is commonly associated with narcotics, stimulants, depressants, and hallucinogens, which do not have a legally authorized use. These agents are frequently not regulated within the Controlled Substances Act (CSA), and may be considered potentially dangerous to the health and well-being of the public. ‘Legend’ drugs are Food and Drug Administration (FDA) 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.

In accordance with Utah Code Annotated (UCA) 58-38a-203(3), the CSAC is charged by the Legislature to evaluate substances and make recommendations based on the following criteria:

- Actual or probable abuse of the substance, including:
 - History and current pattern of abuse in Utah and other states
 - Scope, duration, and significance of abuse
 - Degree of actual or probable detriment to public health which may result from abuse of the substance
 - Probable physical and social impact of widespread abuse of the substance
- Biomedical hazard of the substance, including:
 - Pharmacology, including the effects and modifiers of the effects
 - Toxicology – acute and chronic toxicity
 - Risk to public health
- Whether the substance is an immediate precursor to a substance that is currently controlled

- Current state of scientific knowledge regarding the substance, including whether any acceptable means to safely use the substance under medical supervision
- Relationship between use of the substance and criminal activity
- Whether the substance has been scheduled by any other states
- Whether the substance has any accepted medical use in the United States

The CSAC continues to monitor misuse and illicit trends with numerous medications, drugs and chemical substances. In particular, the CSAC has been closely following the use patterns for fentanyl, synthetic opioids and gabapentin (brand name: Neurontin), as further described in the body of this letter. For the 2024 legislative session the CSAC is recommending a change to the Utah CSA.

Gabapentin (2-[1-(aminomethyl) cyclohexyl] acetic acid).

It is the recommendation of the Controlled Substance Advisory Committee that gabapentin be scheduled as a Schedule V controlled substance in the State of Utah under Utah Code Annotated (UCA) 58-37-4(2)(e). The CSAC determined that an effective date of May 31 2024 would not be an undue burden to providers.

The Controlled Substance Database (CSD) administrator provided a summary of available data on gabapentin dispensing, including 339,108 prescriptions dispensed between Q3 2022, and Q2 2023. This data also indicate that gabapentin is dispensed most commonly to patients in the 55-65 year age group (20%), followed by 45-55 year age group (17%), and 35-45 age group (15%). The majority of prescriptions are dispensed to patients aged 35 and older, and while these percentages do not necessarily inform on abuse, they are consistent with labeled and off-label uses.

Gabapentin is prescribed to patients who are receiving other controlled substances. However, there can be many appropriate clinical reasons why patients receiving gabapentin would also be receiving prescriptions for other pain medications (e.g., analgesics), and other central nervous system depressants (e.g., benzodiazepines). The following controlled substances were the top 4 medications also present on the database profile for patients receiving gabapentin: oxycodone (24%), hydrocodone (15%), tramadol (13%) and clonazepam (9%).

Although gabapentin has not been designated a controlled substance by the Drug Enforcement Administration (DEA), there have been some initiatives at state levels. Seven (7) states – Alabama, Kentucky, Michigan, North Dakota, Tennessee, Virginia, and West Virginia have scheduled gabapentin as a state controlled substance – Schedule V. Thirteen (13) states, including Utah, have not controlled gabapentin, but have required monitoring through a prescription monitoring database (e.g., Controlled Substance Database).

The DEA is also monitoring gabapentin for patterns of abuse. According to the 2020 annual report of AAPCC's National Poison Data System (NPDS), gabapentin was detected in a total of 135 fatalities in 2020 alone, compared to 168 total fatalities between 2012 and 2016 combined. Of those cases, gabapentin was the primary cause of death in 23 individuals. As yet, there is no strong indicator from these federal agencies regarding a decision to schedule gabapentin, but its abuse potential is clearly being monitored and evaluated by federal agencies.

The Office of the Medical Examiner, as well as the State Bureau of Forensic Services, and the Utah Poison Control Center continue to monitor for patterns of gabapentin misuse, as well as many other substances.

Illicit use of Fentanyl and synthetic opioids continue to be monitored.

The United States Drug Enforcement Administration (DEA) states that fentanyl remains the most dangerous drug threat facing our country. In 2022, the DEA seized more than 58.3 million pills containing fentanyl and more than 13,000 pounds of fentanyl powder. This equates to nearly 387.9 million potentially deadly doses of fentanyl, enough to provide every member of the United States population with a lethal dose and seizures are still happening every day. Within our state, the Department of Public Safety Bureau of Forensic Services has seen a sharp increase of fentanyl submissions the past few years. It is now the second most frequently identified drug, surpassing all other controlled substances submitted except methamphetamine and accounting for over 19% of drugs tested.

The CSAC continues to monitor the illicit use of fentanyl and synthetic opioids.

The CSAC respectfully acknowledges the Controlled Substances Database administration, the Office of the Medical Examiner, the Bureau of Forensic Services, and the Utah Poison Control Center. The CSAC mission could not be fulfilled without the efforts and collaboration of these Utah resources.

The CSAC Committee is grateful to 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.

Respectfully Submitted,

The Controlled Substances Advisory Committee

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