



State of Utah

Controlled Substances Advisory Committee

DAVID SUNDWALL, MD
Chair

September 30, 2014

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

SUBJECT: Controlled Substances Advisory Committee--2015 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 2015 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 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 wellbeing of the public, and “legend” [already approved for use] prescription drugs that might merit being added to a designated schedule in the CSA due to new evidence of risks to health.

Notwithstanding our collective efforts to control the use of these 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 recommend additional substances be regulated by amending the CSA.

1. The following substances have been encountered at the Utah Bureau of Forensic Services in casework samples since the current law was amended in May 2014. We recommend the following spice and bath salts analogs be added to “listed controlled substances” identified in Utah Code 58-37-4.2 during the 2015 Legislative session:

4-HO-MiPT; 4-hydroxy-N-isopropyl-N-methyltryptamine

5-MeO-MiPT; N-isopropyl-5-methoxy-N-methyltryptamine

Dimethylone (bk-MDDMA); N,N-dimethyl-3',4'-methylenedioxyecathinone

MDAI; 5,6-methylenedioxy-2-aminoindane

NM-2201; naphthalene-1-yl 1-(5-fluoropentyl)-1H-indole-3-carboxylate

ADB-FUBINACA; N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide

5F-AB-PINACA; N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide

AB-CHMINACA; N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide

FUB-144; [1-(4-fluorobenzyl)-1H-indol-3-yl]-(2,2,3,3-tetramethylcyclopropyl)methanone

FUB-PB-22; quinolin-8-yl 1-(4-fluorobenzyl)-1H-indole-3-carboxylate

THJ-2201; [1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone

F.Y.I. only: The following substances have been encountered by other crime labs throughout the forensic community and we anticipate they may become available in Utah; however, the CSAC does not recommend these substances be added to our CSA as “scheduled” drugs at this time.

FUBIMINA; [1-(5-fluoropentyl)-1H-benzo[d]imidazol-2-yl](naphthalen-1-yl)methanone

EG-018; naphthalen-1-yl(9-pentyl-9H-carbazol-3-yl)methanone

AMB; methyl (1-pentyl-1H-indazole-3-carbonyl)valinate

FUB-AMB; methyl (1-(4-fluorobenzyl)-1H-indazole-3-carbonyl)valinate

5-Fluoro AMB; methyl 2-[1-(5-fluoropentyl)-1H-indazole-3-carboxamido]-3-methylbutanoate

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

5-Fluoro SDB-005; naphthalen-1-yl 1-(5-fluoropentyl)-1H-indazole-3-carboxylate

SDB-006; N-benzyl-1-pentyl-1H-indole-3-carboxamide

5-Fluoro SDB-006; N-benzyl-1-(5-fluoropentyl)-1H-indole-3-carboxamide

ADBICA; N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indole-3-carboxamide

5-Fluoro-ADBICA; N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-indole-3-carboxamide

AKB48 N-(4-fluorobenzyl) analog (FUB-AKB48); N-[(3s,5s,7s)-adamantan-1-yl]-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide

PV-8; 1-phenyl-2-(1-pyrrolidinyl)-1-heptanone

PX-1; N-(1-amino-1-oxo-3-phenylpropan-2-yl)-1-(5-fluoropentyl)-1H-indole-3-carboxamide

5-MeO-EiPT; 5-ethoxy-N-isopropyl-N-methyltryptamine

2. The Utah Legislature made tramadol a Schedule V controlled substance last year, having previously been reported as the fifth highest cause of drug overdose deaths in the state of Utah. The committee felt scheduling tramadol would be an excellent strategy to begin data collection on the extent of the use and abuse of this prescription medication. The data and scheduling of tramadol as a controlled substance has been reevaluated one year following the May 14, 2014 effective date of the legislation. It is apparent this drug is still of concern,

as documented by the following information from the Medical Examiner’s Office, which shows tramadol was mentioned in the cause of death certified for the following number of cases:

Year	Total mentions	Accident	Suicide	Undetermined
2014 YTD	13	9	3	1
2013	39	22	9	8
2012	32	16	10	6
2011	26	9	9	8

However, it may not be the total number of cases where tramadol was detected on toxicological testing - only where the certifying pathologist felt that tramadol played a role in the death.

The Utah Poison Control Center reports that the proportion of calls related to tramadol has continued to increase – but it still represents a small portion of all calls.

It should be noted that anecdotal reports indicate provider prescribing practices and access to appropriate use have not been adversely affected by the scheduling of tramadol.

3. We are aware of interest on the part of some legislators in issues related to the medical use of marijuana, and the passage of HB 105 during this year’s legislative session that legalizes the use of hemp extract oils for the treatment of intractable seizures in children. We heard from Janice Houston, M.P.A., Director of the Utah Department of Vital Records and Statistics [OVRs], of their responsibility to facilitate appropriate use of these products through the development of administrative rules, and “registration cards” to be used by potential users. The CSAC has no current responsibility for monitoring this program, but stands prepared to advise the Legislature on such matters, including the medical use of marijuana, by providing information based on the latest scientific studies as to the potential benefits and health problems, legal issues, and the perspective of the law enforcement community.
4. The DEA recently added tramadol including its salts, isomers, and salts of isomers, into schedule IV of the Controlled Substances Act. This change became effective August 18, 2014. In addition, the DEA will reschedule hydrocodone combination products from schedule III to schedule II of the Controlled Substances Act, which becomes effective October 6, 2014.
5. The Committee reviewed a recent Model Act generated by the National Alliance for Model

State Drug Laws (NAMDSL) entitled “Model Controlled Substance Analogue Statute”. This model act draws from a variety of sources, including current federal law and statutes from Tennessee and South Dakota. Since this model act does not directly relate to the scheduling process, but rather suggests ways to identify and define controlled substance analogs, the Committee defers to the Legislature any recommendation or endorsement of this model act.

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

David Sundwall, MD, Committee Chair

Deputy Commissioner Jeff Carr

J. Paul Clark, MD

Todd C. Grey, MD

Glen R. Hanson, Ph.D., DDS

Elizabeth Howell, MD

Scott W. Reed

Kenneth Schaecher, MD

Darin Vercillo, MD

Blaine Winters, DNP, APRN

Jeffrey V. Wright, ND

David Young, Pharm.D

David Taylor, Committee Administrator