State of Utah
Controlled Substances Advisory Committee

September 24, 2021

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—2022 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 2022 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 three 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 coronavirus pandemic is a persistent challenge to society, however 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 gabapentin (brand name: Neurontin), as further described in the body of this letter. However, for the 2022 legislative session the CSAC is *recommending no changes to the Utah CSA.*

Gabapentin (2-[1-(aminomethyl) cyclohexyl] acetic acid) continues in monitoring

As described in the CSAC recommendations provided in Fall 2020, concerns about misuse of gabapentin in Utah have been expressed. This medication is approved in the United States for treatment of epilepsy and post-herpetic neuralgia, however, it widely used for many off-label conditions, including chronic, non-specific pain.[1]

To assess use patterns in Utah, a rule for data collection on gabapentin prescribing and dispensing in Utah was implemented, effective April 1, 2020. This was done in conjunction with the Division of Occupational and Professional Licensing, and the Utah Office of Administrative Rules.

The Controlled Substance Database (CSD) administrator provided a summary of available data on gabapentin dispensing, including 554,879 prescriptions dispensed between Q3 2020, and Q2 2021 ("one year"). Based on data in the CSD, gabapentin is dispensed most commonly to patients in the 55-65 year age group (21%), followed by 65-75 year age group (17.7%), and 45-55 age group (17.2%). The majority of prescriptions are dispensed to patients aged 45 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 are 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 also present on the database profile for patients receiving gabapentin: oxycodone (24.2%), hydrocodone (16.9%), tramadol (16.9%), clonazepam (8.7%), lorazepam (6.9%), alprazolam (5.5%), buprenorphine (5%) (includes buprenorphine/naltrexone), morphine (4.3%), and diazepam (4%).

Some members of the CSAC expressed their professional observations of substantial clinical impacts of gabapentin misuse. In particular, gabapentin is commonly present in pathologic and laboratory analysis of toxic drug exposures, but *gabapentin is rarely the sole or primary agent of*

[1] Goodman CW, Brett AS. A clinical overview of off-label use of gabapentinoid drugs. JAMA Intern Med 2019;179(5):695-701. doi: 10.1001/jamainternmed.2019.0086

toxicity. National trends indicate gabapentin is frequently misused along with opiates, buprenorphine/naltrexone, and benzodiazepines. 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. Twelve (12) states, including Utah, have not controlled gabapentin, but have required monitoring through a prescription monitoring database (e.g., Controlled Substance Database). Three (3) states are contemplating monitoring or controlling gabapentin.[2]

There are mixed observations about actual abuse of gabapentin in Utah, as well as concerns about scheduling gabapentin as a controlled substance in Utah. National trends and data are noted above, and suggest a potential for abuse of gabapentin. The Controlled Substances Database is a helpful tool to better understand actual use patterns in Utah. The CSAC remains vigilant, but feels the collection of gabapentin prescribing and dispensing data into the CSD should be continued. The Office of the Medical Examiner, as well as the State Crime Laboratory, and the Utah Poison Control Center continue to monitor for patterns of gabapentin misuse, as well as many other substances. The CSAC will re-evaluate data from these state resources as well as national trends next year. Accordingly, if these data sources indicate, a recommendation on scheduling will be provided in the Fall 2022 CSAC letter to the HHS Interim Committee.

The CSAC respectfully acknowledges the Controlled Substances Database administration, the Office of the Medical Examiner, the State Crime Laboratory, 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.

Respectively Submitted,

The Controlled Substances Advisory Committee

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[2] Campbell LS, Coomer TN, Jacob GK, Lenz RJ. Gabapentin controlled substance status. J Am Pharm Assoc 2021;61:e218-e224. Doi.org/10.1016/j.japh2021.01.025