

SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

Placement of Fentanyl Related Substances into Schedule I for Controlled Substances

WHEREAS, pursuant to S.C. Code Section 44-53-160(C), the South Carolina Board of Health and Environmental Control (Board) is authorized to add a substance as a controlled substance if the Federal government has so designated; and

WHEREAS, on February 6, 2018, the Administrator of the Drug Enforcement Administration (DEA) issued a temporary scheduling order to schedule fentanyl-related substances that are not currently listed in any schedule of the Controlled Substances Act (CSA) and their isomers, esters, ethers, salts and salts of isomers, esters, and ethers in schedule I. These substances include any substance not otherwise controlled in any schedule (i.e., not included under any other Administration Controlled Substance Code Number) that is structurally related to fentanyl by one or more of the following modifications:

- (A) Replacement of the phenyl portion of the phenethyl group by any monocycle, whether or not further substituted in or on the monocycle;
- (B) substitution in or on the phenethyl group with alkyl, alkenyl, alkoxy, hydroxyl, halo, haloalkyl, amino or nitro groups;
- (C) substitution in or on the piperidine ring with alkyl, alkenyl, alkoxy, ester, ether, hydroxyl, halo, haloalkyl, amino or nitro groups;
- (D) replacement of the aniline ring with any aromatic monocycle whether or not further substituted in or on the aromatic monocycle; and/or
- (E) replacement of the N-propionyl group by another acyl group.

Federal Register, Volume 83, Number 25, pp. 5188-5192; <https://www.gpo.gov/fdsys/pkg/FR-2018-02-06/pdf/2018-02319.pdf>; and

WHEREAS, substances listed in Schedule I are those that have a high potential for abuse, no currently acceptable medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. Information provided by the Assistant Secretary of HHS indicates that these fentanyl-related substances, as defined, have no currently accepted medical use in treatment in the United States and lack accepted safety for use under medical supervision; and

WHEREAS, fentanyl is often mixed with heroin and other substances (such as cocaine and methamphetamine) or used in counterfeit pharmaceutical prescription drugs. As a consequence, users who buy these substances on the illicit market are often unaware of the specific substance they are actually consuming and the associated risk. According to the Centers for Disease Control and Prevention (CDC), drug overdose deaths involving synthetic opioids (excluding methadone), such as fentanyl and tramadol, increased from 5,544 in 2014 to 9,580 in 2015. According to provisional data released in August 2017 by the CDC, National Center for Health Statistics, an estimated 55 Americans are dying every day from overdoses of synthetic opioids (excluding methadone). Drug overdose deaths involving synthetic opioids excluding methadone for the 12-month period ending in January of 2017 (20,145 deaths) more than doubled from the corresponding data for the period ending in January of 2016 (9,945 deaths); and

WHEREAS, according to the DEA, it is well known that deaths associated with the abuse of substances structurally related to fentanyl in the United States are on the rise and have already reached alarming levels. While a number of factors appear to be contributing to this public health crisis, chief among the causes is the sharp increase in recent years in the availability of illicitly produced, potent substances structurally related to fentanyl. Fentanyl is approximately 100 times more potent than morphine, and the

substances structurally related to fentanyl that DEA is temporarily controlling also tend to be potent substances. Typically, these substances are manufactured outside the United States by clandestine manufacturers and then smuggled into the United States; and

THEREFORE, the Board of Health and Environmental Control adopts the federal scheduling of cyclopropyl fentanyl and amends Section 44-53-190 by adding and designating into Schedule I of the South Carolina Controlled Substances Act substances not otherwise controlled in any schedule of the CSA (i.e., not included under any other Administration Controlled Substance Code Number) that are structurally related to fentanyl by one or more of the following modifications:

- (A) Replacement of the phenyl portion of the phenethyl group by any monocycle, whether or not further substituted in or on the monocycle;
- (B) substitution in or on the phenethyl group with alkyl, alkenyl, alkoxy, hydroxyl, halo, haloalkyl, amino or nitro groups;
- (C) substitution in or on the piperidine ring with alkyl, alkenyl, alkoxy, ester, ether, hydroxyl, halo, haloalkyl, amino or nitro groups;
- (D) replacement of the aniline ring with any aromatic monocycle whether or not further substituted in or on the aromatic monocycle; and/or
- (E) replacement of the N-propionyl group by another acyl group

and their isomers, esters, ethers, salts and salts of isomers, esters, and ethers.



L. Clarence Batts, Jr., Secretary
S.C. Board of Health and Environmental Control

February 8, 2018
Columbia, South Carolina