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Testimony before the House Committee on the Judiciary Hearing on
"Stop the Importation and Trafficking of Synthetic Analogues Act"
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Good morning, Mr. Chairman and members of the Judiciary's Subcommittee on Crime, Terrorism, Homeland Security, and Investigations. Thank you for inviting me here to testify today about this proposed legislation.

My name is Reta Newman and I am here today representing Drug Free America Foundation, for whom I serve as a special advisor. Drug Free America is a non-profit organization "committed to developing, promoting, and sustaining national and international policies and laws that will reduce illegal drug use and drug addiction"[i]. I am also the Director of the Pinellas County Forensic Laboratory at the District Six Medical Examiner Office in Largo, Florida. The Forensic Laboratory serves the criminal justice community of Pinellas County (Clearwater/St. Petersburg) for its forensic investigative needs and the Medical Examiner serves Florida's 6th District (Pinellas and Pasco Counties) for determinations of cause and manner of death. Among other services, the laboratory provides analysis and identification of drugs in seized drug investigations, driving under the influence investigations, and death investigations. I have been active in this profession over 25 years and have monitored drug trends and their impacts to public safety throughout my career.

In my testimony today, in support of this legislation, I would like to provide an awareness of the impact of synthetic drug analogues and false labeling of drugs, especially but not limited to fentanyl analogues, on our society through examples taken from local drug and death investigations. It should be noted, that while my testimony is based primarily on what is happening in Pinellas and Pasco Counties, which is significant; we are not the epicenter of this crisis, which makes these statistics all the more significant.

It should be of no surprise that the United States is in the midst of a clandestine opioid crisis with an unprecedented number of overdoses and overdose deaths. Drug overdoses are now the leading cause of death for Americans under the age of 50[ii]. In 2010, Florida was in the spotlight for the number of deaths associated with prescription drugs and Pinellas/Pasco counties were hit especially hard. The prescription drug abuse crisis was such that the average number of accidental deaths associated with drug overdoses increased by almost 100% percent in a two year period. Through legislation and enforcement targeting "pill mill" doctors; improved prescribing practices by physicians; and public education to the crisis, the number of overdose deaths associated with prescription opiates dropped significantly to the lowest rate in 8 years. Unfortunately, since 2015, the overdose rate has increased to levels exceeding the prescription drug crisis. In these cases, however, the increase is due not to abuse of prescription drugs; but that of illicit drugs. While clandestinely produced and distributed synthetic opioids are the primary drugs of concern; deaths associated with synthetic cannabinoids ("spice") and cathinones ("bath salts") have also increased in this time period.

Until 2015, the incidences of fentanyl in death cases investigated by the medical examiner's office were strictly limited to the prescription drugs used in end-of-life medical care and surgical procedures. In 2015, the seized drug unit began to see clandestinely produced fentanyl in powders and pills. The

fentanyl pills were labeled to mimic other pharmaceutical preparations (Xanax, OxyContin). Seven deaths in a 30 day period were attributed to these counterfeit pills. A 50mg dose of a non-extended release oxycodone can be fatal in most circumstances; the fentanyl equivalent is 0.5 mg. Fentanyl is a schedule II controlled substance. It is an opioid that works on the same receptors as morphine and oxycodone; however it is 100 time more potent than morphine. The concentration in non-pharmaceutical (illicit) preparations varies widely from sample to sample. Given that the users were likely expecting 30mg oxycodone dosages in these counterfeit pills and the high toxicity of fentanyl; the increase in overdoses and overdose deaths were inevitable. In a given week, our laboratory sees multiple submissions of pills, labeled to mimic pharmaceutical preparations, which contain a wide variety of clandestine drug mixtures.

In late 2014, a new fentanyl analogues was introduced into the clandestine market in Florida. Acetyl fentanyl began appearing in seized drug, DUI, and post mortem submissions. The appeal to the distributor was in that this was an inexpensive, highly potent, highly addictive, non-controlled drug. The economic benefit was huge; the risk, to the distributor, was almost non-existent. When acetyl fentanyl became controlled (federally in May, 2015), it was rapidly replaced with butyryl and furanyl fentanyl. Upon scheduling (May, 2016) the market began to shift to fluoro-isobutyryl fentanyl (FIBF). By simply changing one atom or functional group on the base structure, a novel (and, for all intents, non-controlled) drug is created. Because of the chemical structure of the parent compound there is the potential to create 100s of fentanyl analogues. Currently, approximately 50 have been isolated. The newest appears to be cyclopropyl fentanyl which has been attributed to multiple overdoses in Georgia[iii]. It is not currently controlled and we do not have any information on its potency or danger to public safety. At this point, we do not know how well it can be detected in measurable amounts in biological fluids. The drugs are, quite literally, being tested for potency and toxicity on the street. The current known range of potency for these compounds varies from 100 to 10,000 times that of morphine based upon the analogue structure.

In several post-mortem cases, the determination of the cause of death has come not from the drugs identified in the decedent but the drugs identified in the syringe that is still in the decedent's arm or hand. The fatal concentrations of some of the synthetic analogues is such that it is below the detection limit of laboratory instrumentation and processes. Because of this, the reported incidences of analogue-related deaths is, most assuredly, under-reported. Barring drug or paraphernalia at the scene, unexplained deaths in younger people with or without known drug abuse history in which drug testing is not conclusive are reported with undetermined causes of death.

The risk of synthetic analogues is not limited to the drug user. Fentanyl analogues pose a significant risk to the public in other ways. In powder form, the drug is easily aerosolized and can be absorbed through the skin. There have been several incidents of first responders' exposure to fentanyl analogues [iv]. Extreme precautions, including distribution of Narcan to laboratory personnel and other public safety employees at risk of incidental exposure, have been necessarily implemented[v]. The potential for a serious event due to a widespread accidental or intentional exposure incidents exist.

In the first six months of 2016, fentanyl analogues contributed to deaths in 149 cases in the State of Florida. [vi] In the first five months of 2017, fentanyl analogues have contributed to the deaths in 60 cases in Pinellas and Pasco County alone. Approximately, one third of those are from fentanyl analogues that are not controlled. The CDC recently reported a 73% increase in fentanyl related overdoses from 2014 to 2015. These are numbers from the beginning of the crisis; the rate since has increased substantially[vii].

While not necessarily as potent, similar incidents of non-controlled analogues of initially unknown toxicity have appeared in the form of multiple other drug classes. Analogues of synthetic cannabinoids ("spice") and cathinones, among others have resulted in numerous overdoses and overdose deaths

throughout the county. As soon as one chemical structure becomes controlled, it is rapidly replaced with others. Even though the risk to public safety is quite significant, there are currently no meaningful legal deterrents to the production, distribution, or use of these drugs, while the economic benefits are huge. Placing proactive legal controls on these analogues will not, in itself, eliminate the drug abuse problem in this county; however, without this legislation, the criminal justice community is severely hampered in their ability to attack the problem.

Thank you for this opportunity to speak to you today.

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[i] "Home | Drug Free America Foundation, Inc." *Home | Drug Free America Foundation, Inc.*N.p., n.d. Web. 24 June 201

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[iii] Johnson, Craig. "GBI Identifies Potent New Form Of Fentanyl In Mass Overdoses." *Atlanta, GA Patch.* Patch, 14 June 2017. Web. 24 June 2017.

[iv] Siemaszko, Corky. "Fentanyl Crisis: Ohio Cop Accidentally Overdoses During Drug Call."*NBCNews.com.* NBCUniversal News Group, 15 May 2017. Web. 26 June 2017.

[v] U.S. Drug Enforcement Administration. *Fentanyl: A Briefing Guide for First Reponders.* Washington DC: US Dept of Justice, 2017. Print.

[vi] Florida Department of Law Enforcement: Medical Examiner Commmission. "Drugs Identified in Deceased Persons by Florida Medical Examiners." *FDLE.* Florida Department of Law Enforcement, n.d. Web 25 June 2017..

[vii] "Morbidity and Mortality Weekly Report (MMWR)." *Centers for Disease Control and Prevention.* Centers for Disease Control and Prevention, 29 Dec. 2016. Web. 26 June 2017.