

Transforming Discoveries into Therapies

**Ranking Member** 

Commerce

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The Hon. Cathy McMorris Rodgers

House Committee on Energy and

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**U.S. House of Representatives** 

**U.S. House of Representatives** 

Washington, D.C. 20515

The Hon. Brett Guthrie

Subcommittee on Health

Washington, D.C. 20515

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December 15, 2021

Dear Chair Eshoo and Ranking Member Guthrie,

The American Society for Pharmacology and Experimental Therapeutics (ASPET) appreciates the opportunity to provide feedback to the subcommittee on Section 7 of the interagency proposal to combat illicit fentanyl-related substances (FRS). ASPET supports elements of the interagency proposal that will streamline current registration requirements for research on FRS and all other Schedule I compounds. These reforms will make it easier for researchers to understand the abuse potential and toxicity of FRS and possibly result in new therapeutic treatments for overdose, pain, and addiction.

ASPET is a 4,000-member scientific society whose members conduct essential basic and clinical pharmacological research and are employed by academia, government, large pharmaceutical companies, small biotech companies, and non-profit organizations. ASPET members work in a variety of different fields and their efforts help to develop new medicines and therapeutic agents to fight existing and emerging diseases. Many ASPET members are licensed to conduct research on controlled substances.

The public health crisis of opioid misuse and addiction continues to evolve and deepen. Recent data released by the Centers for Disease Control and Prevention shows that drug overdose deaths exceeded 100,000 from April 2020 to April 2021, a 28.5 percent increase over the previous year and the highest number ever recorded in a 12-month period. Overdose deaths involving synthetic opioids—primarily illicit fentanyl and its analogs increased by 55 percent in 2020. Due to the novel nature of many FRS, more

research is necessary to understand the pharmacological effects of these drugs. For instance, there is growing concern that the higher potency, faster onset, and longer duration of action of FRS may diminish the effectiveness of naloxone in reversing opioid overdose. Naloxone—which received FDA approval in 1971—is still the only medication available to prevent and treat opioid overdose. More research will help us better understand the threat of FRS and may yield additional treatments to assist us in treating opioid overdose.

## Council

## Sec. 7. REGISTRATION REQUIREMENTS RELATED TO RESEARCH

A Schedule 1 classification poses significant challenges to researchers who intend to work with controlled substances. The cost of licensing, the extended wait time to receive approval, the limitations on supply, the storage requirements, and mandatory inspections all contribute to making research on Schedule 1 drugs burdensome and prohibitively difficult. Section 7 of the interagency proposal contains provisions designed to facilitate research with Schedule I substances, for which ASPET has provided comments.

a) Alternative Registration Process for Schedule I Research

The alternative registration process proposed in this subsection will simplify and speed up the application process potentially resulting in more researchers choosing to work with Schedule I substances like FRS. Specifically, no longer requiring a researcher to submit an amended application notifying the DOJ of research protocol changes as long as those changes do not modify the quantity of the substance used will save time and effort. Additionally, permitting a researcher to commence research on a Schedule I or II substance before receiving a final decision from DOJ will also allow research to proceed expeditiously.

ASPET does have concerns that this subsection is limited to research funded by HHS and the Department of Veterans Affairs, or research done for an Investigative New Drug (IND) exemption from the FDA. ASPET members conduct research on FRS at the request of the DEA; would this process apply to that research, or would research on behalf of the DEA require traditional amended protocols? Several of our members also report using residual funds from other sources to pilot new research on substances without research support. The language narrowing this process to only HHS, VA, and IND funded research appears to foreclose that option.

b) Separate Registrations Not Required for Additional Researcher in Same Institution

In 2018 during testimony before the subcommittee, ASPET member and Professor in the Department of Pharmacology and Toxicology at the Virginia Commonwealth University (VCU), Dr. Patrick Beardsley, testified that prior to 2013 one person (usually the department chair) was permitted to dispense controlled substances to other faculty within the department.<sup>1</sup> After 2013, however, all faculty that conducted research with controlled substances were required to obtain their own sets of registrations. In his department, that meant over 20 faculty now had to obtain their own registrations at an enormous cost of time and money. The clarification in this subsection would make it permissible for a senior investigator in a research department to hold a registration under which other independent researchers in the department could work. This would be very helpful in streamlining research on Schedule I substances.

c) Single Registration for Related Research Sites

In the aforementioned testimony, Dr. Beardsley also testified that he is required to have a licenses for each of the buildings on VCU's campus in which he conducts research; thus, he is required to have four Schedule I, four Schedule II-V, and four Commonwealth of Virginia controlled substance registrations.<sup>2</sup> As he noted, "the bureaucratic burden of maintaining location-specific records for one set of registrations is challenging, for four it makes research untenable." Permitting a single registration for the performance of research or storage of substances under the control of the same institution would greatly facilitate the research process with Schedule I drugs.

d) New Inspection Not Required in Certain Situations

<sup>&</sup>lt;sup>1</sup> <u>https://energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/Testimony-Beardsley-HE-Hrg-on-Combating-the-Opioid-Crisis-Helping-Communities-Balance-Enforcement-and-Patient-Safety-2.pdf</u>

<sup>&</sup>lt;sup>2</sup> Ibid.

This subsection allows a researcher to perform research on a substance in the same schedule or under a less restrictive schedule without waiting for the DEA to investigate the researcher's laboratories or premises. For instance, if researchers have approval to investigate one FRS substance and want to compare it to another FRS substance for which they are seeking approval, they can do so without the delay of waiting for an inspection and approval by DEA.

e) Continuation of Research on Substances Newly Added to Schedule I

In situations where researchers are investigating a substance that is unscheduled or scheduled at a lower level, this will ensure that placing that substance into Schedule I does not force the researcher to stop his or her research until he or she receives DEA approval. The reforms in this subsection will help lessen the chilling effect that a Schedule I designation can sometimes have on research.

f) Treatment of Certain Manufacturing Activities as Coincident to Research

This subsection would permit researchers to manufacture small quantities of a substance for the purpose of research without obtaining a separate manufacturing license so long as the researcher notifies DOJ of the manufacturing activities and the quantity produced. This proposal will permit researchers to create small quantities of target substances without fear that they are engaged in illegal manufacturing activity. However, additional clarification is needed on what constitutes a "small" quantity of a substance, as this is dependent on the potency of the drug.

Science has a role to play in protecting individuals from the harms caused by drug abuse. To do that, researchers need access to those drugs so that they may study the benefits and risks associated with their use. ASPET believes the interagency proposal provides changes to the registration requirements for research with Schedule I substances that will provide greater access for scientific research while reducing regulatory burden.

Respectfully,

Margaret E. Guegy

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