U. S. Department of Justice
Drug Enforcement Administration

www.dea.gov

Springfield, Virginia 22152

APR 19 2011

The Honorable Richard G. Lugar
United States Senate
Washington, D.C. 20510

Dear Senator Lugar:

Thank you for your letter dated February 24, 2011, to the Drug Enforcement Administration (DEA) on behalf of (b)(6) In his correspondence to you, Mr. (b)(6) referenced an article in USA Today about states preparing bills that would make "bath salts" illegal and his concern over the misuse of these products. Mr. (b)(6) was referring to products that contain one or more of the following cathinone derivatives: methylone, 3,4-methylenedioxypyrovalerone, mephedrone, 4-methoxymethcathinone, 3-fluoromethcathinone, and 4-fluoromethcathinone. I apologize for the delay in responding.

The DEA shares Mr. (b)(6) concern regarding these substances, which are typically sold over the internet and promoted as research chemicals, "bath salts," or "plant food." These substances are not scheduled under the Controlled Substance Act (CSA). These substances are categorized within the phenethylamine class of substances and share structural similarities with some schedules I and II controlled substances. Therefore, some of these substances, may be considered analogues of schedules I and II substances pursuant to the analogue provision of the CSA, 21 U.S.C. § 813.

Evidence of mephedrone use and associated toxicity has been increasing since 2009. The adverse health effects caused by mephedrone are broadly similar to those seen with other stimulant drugs. Adverse effects produced by phenethylamines are increased heart rate, chest pain, agitation, irritability, dizziness, delusions, suicidal thoughts, nose bleeding, nausea, and vomiting. To date, one confirmed and several suspected deaths related to mephedrone have been reported by the Europol-EMCDDA Joint Report on Mephedrone 2010. In recent years, United States law enforcement agencies have documented seizures in Oregon, Illinois, and Alabama associated with mephedrone.

Currently, DEA is actively collecting information on the pharmacology, toxicology, and abuse of these substances. Additionally, DEA is currently coordinating with the National Institute on Drug Abuse to initiate animal studies in order to determine the pharmacological effects of these substances. Under the CSA, 21 U.S.C. § 811(b), before DEA can add a drug or other substance to a schedule, it must request from the Department of Health and Human Services (DHHS) a scientific and medical evaluation and scheduling recommendation. Scheduling these substances would impose regulatory controls and criminal sanctions upon the handling of these substances.

I trust this information will assist you in responding to Mr. (b)(6) If I may be of further assistance to you in this matter, please do not hesitate to contact me again.

Sincerely,

(b)(6)

(b)(6) Section Chief
Congressional Affairs Section

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Springfield, Virginia 22152

APR 19 2011

The Honorable Robert P. Casey, Jr.
United States Senate
Washington, D. C. 20510

Dear Senator Casey:

Thank you for your letter dated March 29, 2011, to the Drug Enforcement Administration (DEA). You wrote expressing your concern on the prevalence and abuse of so called "bath salts" in communities throughout Pennsylvania and across the United States. Bath salts are products that contain one or more of the following cathinone derivatives: methylone, 3,4-methylenedioxypyrovalerone, mephedrone, 4-methoxymethcathinone, 3-fluoromethcathinone, and 4-fluoromethcathinone. You requested DEA exercise its authority to temporarily ban bath salts as DEA did earlier this year with synthetic cannabinoids.

The DEA shares your concern regarding these substances, which are typically sold over the internet and promoted as research chemicals, "bath salts," or "plant food." These substances are not scheduled under the Controlled Substances Act (CSA). These substances are categorized within the phenethylamine class of substances and share structural similarities with some schedules I and II controlled substances. Therefore, some of these substances, may be considered analogues of schedule I substances pursuant to the analogue provision of the CSA, 21 U.S.C. § 813.

Evidence of mephedrone use and associated toxicity has been increasing since 2009. The adverse health effects caused by mephedrone are broadly similar to those seen with other stimulant drugs. Adverse effects produced by phenethylamines are increased heart rate, chest pain, agitation, irritability, dizziness, delusions, suicidal thoughts, nose bleeding, nausea, and vomiting. To date, one confirmed and several suspected deaths related to mephedrone have been reported by the Europol-EMCDDA Joint Report on Mephedrone 2010. In recent years, United States law enforcement agencies have documented seizures in Oregon, Illinois, and Alabama associated with mephedrone.

Currently, DEA is actively collecting information on the pharmacology, toxicology, and abuse of these substances. Additionally, DEA is currently coordinating with the National Institute on Drug Abuse to initiate animal studies in order to determine the pharmacological effects of these substances. Under the CSA, 21 U.S.C. § 811(b), before DEA can add a drug or other substance to a schedule, it must request from the Department of Health and Human Services a scientific and medical evaluation and scheduling recommendation. Scheduling these substances would impose regulatory controls and criminal sanctions upon the handling of these substances.

Thank you for your interest in this matter. If you should have any further questions, please do not hesitate to contact me again.

Sincerely,

(b)(6)

(b)(6) Section Chief
Congressional Affairs Section