Salvia Divinorum

Department *of* Health
& Human Services

Information & Endorsement Disclaimer

Presentation of Information

This presentation is compiled and presented solely at the request of a legislator to provide background materials for legislative review.

Please Note: The findings, research, and policy summaries contained herein are for informational purposes and **do not constitute an official endorsement or recommendation** by the Utah Department of Health and Human Services.

Department *of* Health & Human Services

Constituent Legislative Request

Proposed Statutory Change

- **Action Requested:** Enact a bill to outlaw *Salvia divinorum* and classify its active ingredient, salvinorin A, as a Schedule I controlled substance under Utah Code § 58-37-4.
- **Scope:** Criminalize unauthorized manufacturing, distribution, sale, and personal possession across the state.
- **Target Rationale:** Close current regulatory gaps that leave the herb legal for over-the-counter and online retail sales.

Key Rationale Cited in Request

- **Extreme Potency:** Salvinorin A can produce immediate, intense dissociative hallucinations and loss of reality.
- **Physical Trauma Risk:** Spatial disorientation during episodes can cause falls, accidental injury, or dangerous actions.
- **Acute Panic & Distress:** Frequent user reports of intense terror, paranoia, and feeling a "sense of dying."
- **Adolescent Protection:** Unregulated access allows youth experimentation during critical brain development.

What is Salvia Divinorum?

- **Botanical Nature:** A psychoactive plant in the mint family (Lamiaceae) endemic to the cloud forests of Oaxaca, Mexico, traditionally used in Mazatec healing rituals.
- **Unique Pharmacology:** Active ingredient *Salvinorin A* is a highly selective kappa-opioid receptor (KOR) agonist. It is chemically distinct from serotonergic psychedelics (LSD, Psilocybin).
- **Rapid Onset & Duration:** When smoked or inhaled, peak effects occur within seconds and dissipate in 15–30 minutes, producing brief but profound environmental detachment.
- **Atypical Reward Profile:** Unlike many drugs of abuse, salvinorin A does not appear to produce classic dopaminergic reward signaling and has shown relatively low reinforcing potential.

Policy Argument Matrix

Arguments For Schedule I Ban

- **Extreme Microgram Potency:** Salvinorin A is one of the most potent naturally occurring hallucinogenic agents known (by weight).
- **Acute Behavioral Danger:** Rapid, intense alterations in perception, awareness, coordination, and responsiveness may increase risk of accidental injury.
- **Acute Psychological Effects:** Many users report frightening experiences, severe confusion, panic, or paranoia.
- **Unregulated Access:** In the absence of age restrictions and product standards, adolescents may have access to highly concentrated extracts.

Arguments Against Schedule I Ban

- **Low Apparent Dependence Potential:** Available evidence suggests relatively low reinforcing and dependence liability.
- **Physical Toxicity:** Controlled human studies have shown limited cardiovascular effects, but human safety data remain limited
- **Research Potential:** KOR compounds are being studied as tools and potential therapies in pain, addiction, mood disorders, and neurological disease.
- **Alternative Regulatory Options:** Age restrictions, product standards, labeling, and limits on concentration could potentially reduce risk without full prohibition.

Utah Legislative History

2006

Initial Public Attention

Following local media reports, Rep. Paul Ray filed initial bill drafting requests to ban the substance.

2007–2009

Legislative Bills Stalled

Bills such as HB 190 and HB 277 sought Schedule I status but failed to pass committee review.

2010

Formal CSAC Review

CSAC evaluated Salvia alongside Spice. CSAC recommended banning Spice, but *opposed* banning Salvia.

Present

Unscheduled Status

Utah Code § 58-37-4 leaves *Salvia divinorum* unscheduled and unregulated under state law.

National Legal Landscape

Jurisdiction Level	Classification / Status	Regulatory Detail	Prevalence
U.S. Federal (DEA)	Drug of Concern	Unscheduled under CSA; monitored for abuse trends	Nationwide
Schedule I Ban	Strict Prohibition	Criminalizes possession and sale (e.g., FL, TX, IL, VA)	~30 States
Age-Restricted	Regulated Sale	Legal for adults (18+ or 21+); illegal to sell to minors (e.g., CA, ME)	Select States
Unregulated / Legal	Unscheduled	Over-the-counter and online retail sales allowed (e.g., UT, OR, WA)	Remaining States

Questions & Discussion

Prepared for the Utah Controlled Substances Advisory Committee

Utah Department of Commerce — DOPL

Utah Code § 58-37-4 Evaluation

Fenfluramine remains in Utah Schedule IV after federal decontrol

July 28, 2026

Offered as a suggestion, not a recommendation or mandate. *The CSD is sharing an observation from its data and a change in federal law that the committee may wish to consider as it prepares its interim report. Whether to act, and how, is entirely the committee's judgment.*

What we found

- **Federal law:** DEA removed fenfluramine, including its salts and isomers, from all schedules of the Controlled Substances Act effective December 23, 2022, striking and reserving 21 C.F.R. § 1308.14(d). The action followed a binding HHS recommendation, based on FDA's eight-factor review, that the substance does not meet the criteria for control in any schedule.
- **Utah law:** Fenfluramine is still listed in Utah Schedule IV at Utah Code § 58-37-4(2)(d)(iii). The listing survived the most recent amendment to that section, S.B. 83 (2026), effective May 6, 2026. Because a substance is a "controlled substance" if it appears in the Utah schedules *or* the federal schedules, the state listing alone keeps it under full state control, including the CSD reporting duty in § 58-37f-203(3)(a).
- **CSD data:** We queried the database and found **no fenfluramine dispensing reported at all**. That result is consistent with several explanations — no Utah patients currently on therapy, out-of-state specialty pharmacies treating the drug as noncontrolled under federal law, or dispensing that falls within the health care facility exception. The CSD cannot distinguish among them from the data alone.

Context the committee may find useful

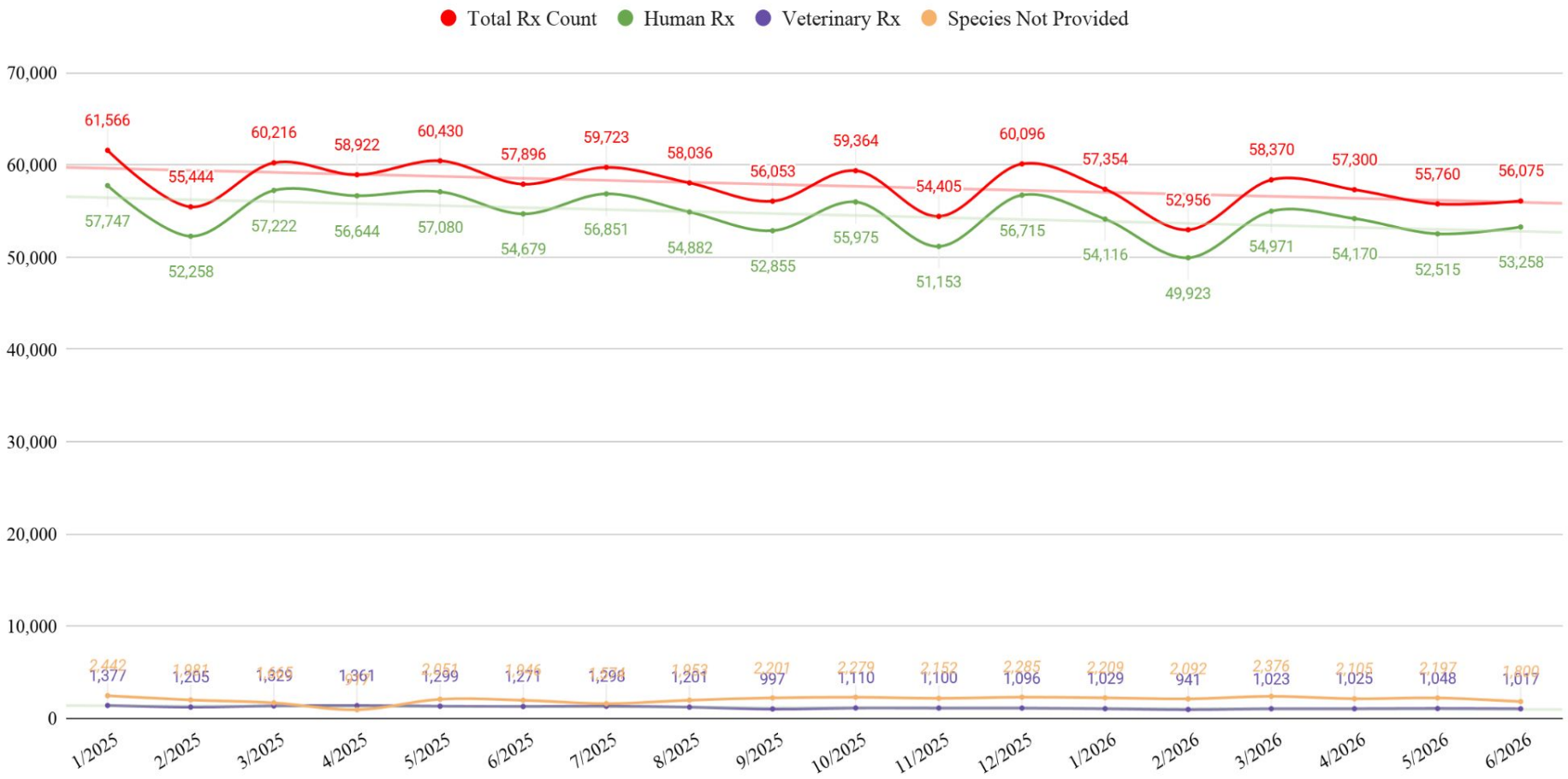
- The only marketed fenfluramine product is Fintepla, FDA-approved for seizures associated with Dravet syndrome in patients two years and older. It is distributed through a restricted network under an FDA-required REMS with mandatory cardiac monitoring, which operates independently of scheduling and was unaffected by decontrol.
- Two states have already conformed: California deleted fenfluramine from its Schedule IV by statute (A.B. 2018, ch. 98, Stats. 2024), and South Carolina removed it by Board order on January 5, 2023 under standing federal-conformity authority.
- Drafting note: as codified, § 58-37-4(2)(d)(iii) refers to "the following substances" but enumerates none — a defect worth cleanup regardless of the scheduling question.
- Because no records are being submitted, removing the listing would not reduce the surveillance data available to prescribers, pharmacists, or the state.

If the committee wishes to take it up

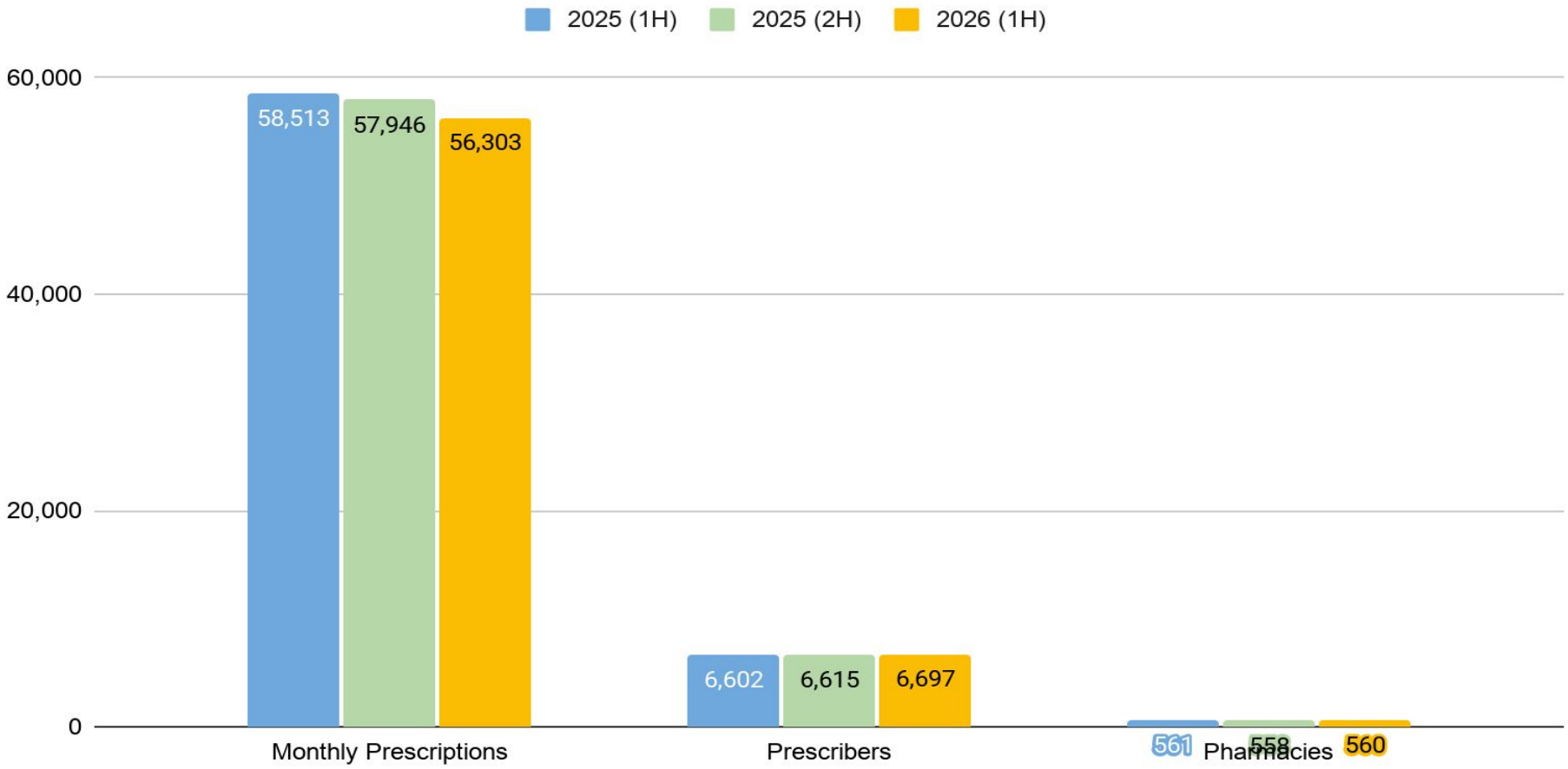
Utah Code § 58-38a-203(1)(b) makes the committee the advisory body to the Legislature on removal of a substance from a schedule, and § 58-38a-203(2) requires the committee's written report to the Health and Human Services Interim Committee on or before September 30. The factors at § 58-38a-203(3) — including whether other states have scheduled the substance and whether it has an accepted medical use — would frame the analysis. CSD staff are glad to supply dispensing data, a state-by-state comparison, or draft language on request.

Sources: 87 Fed. Reg. 78,857 (Dec. 23, 2022) (DEA final rule, Docket No. DEA-945); Utah Code §§ 58-37-2(1)(f)(i), 58-37-4(2)(d)(iii), 58-37f-203, 58-38a-203; S.B. 83, 2026 Gen. Sess.; Cal. A.B. 2018, ch. 98, Stats. 2024; Order of the S.C. Board of Health and Environmental Control (Jan. 5, 2023), reprinted in S.C. House Journal (Feb. 7, 2023). Prepared with AI-assisted research; all citations verified against primary sources.

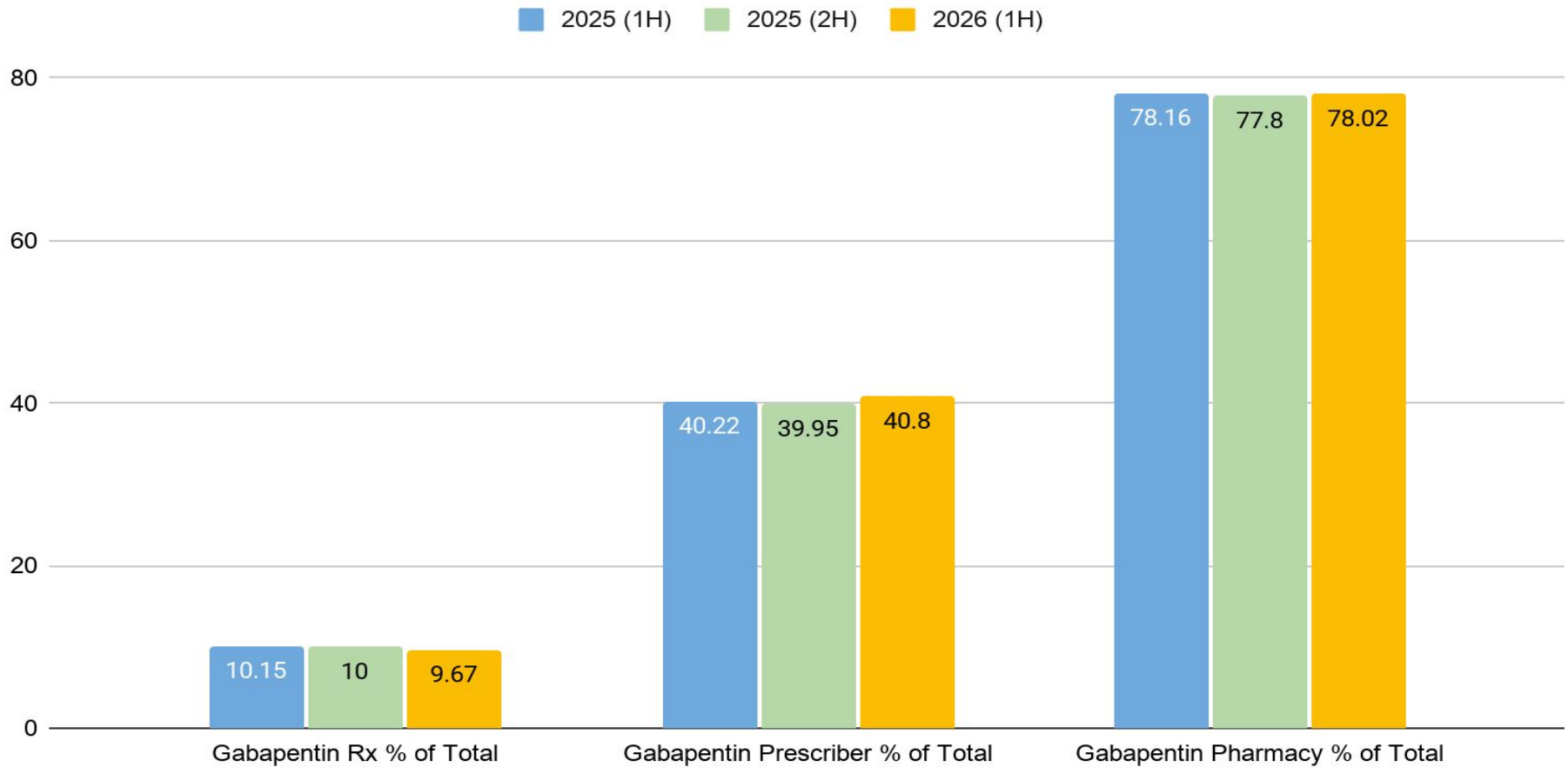
Gabapentin Trends 2025 - 2026 (1H)



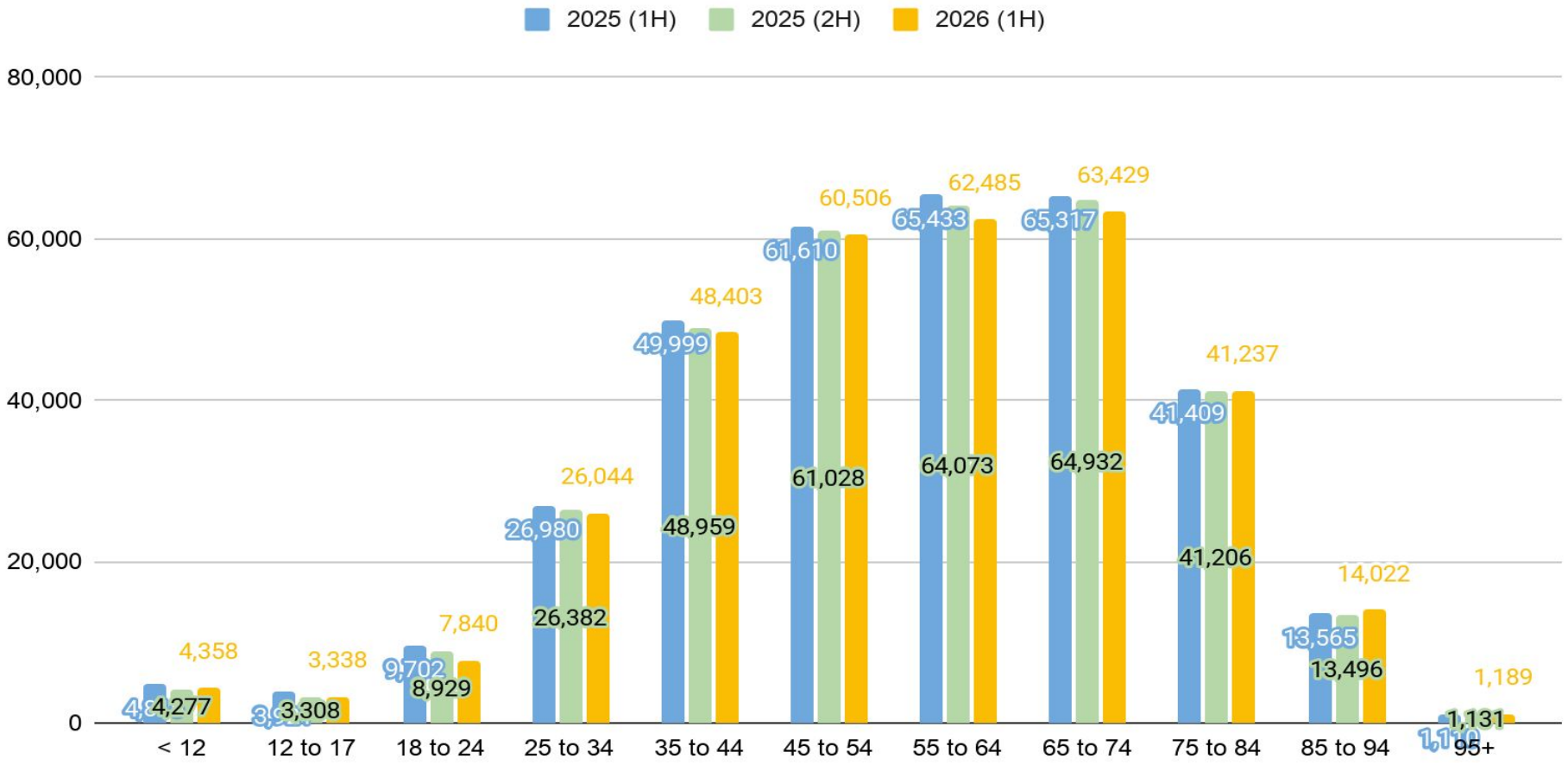
Gabapentin Averages



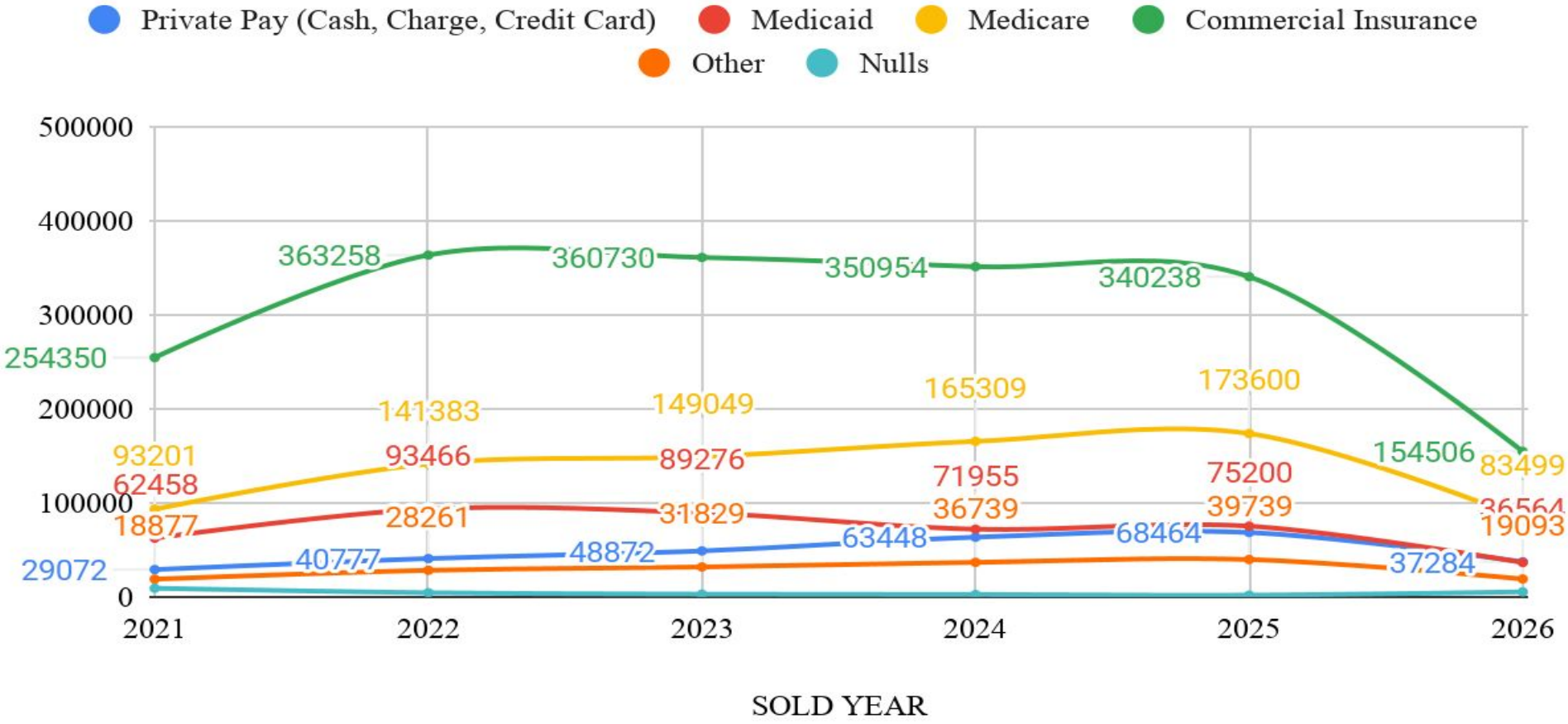
Gabapentin Percentages



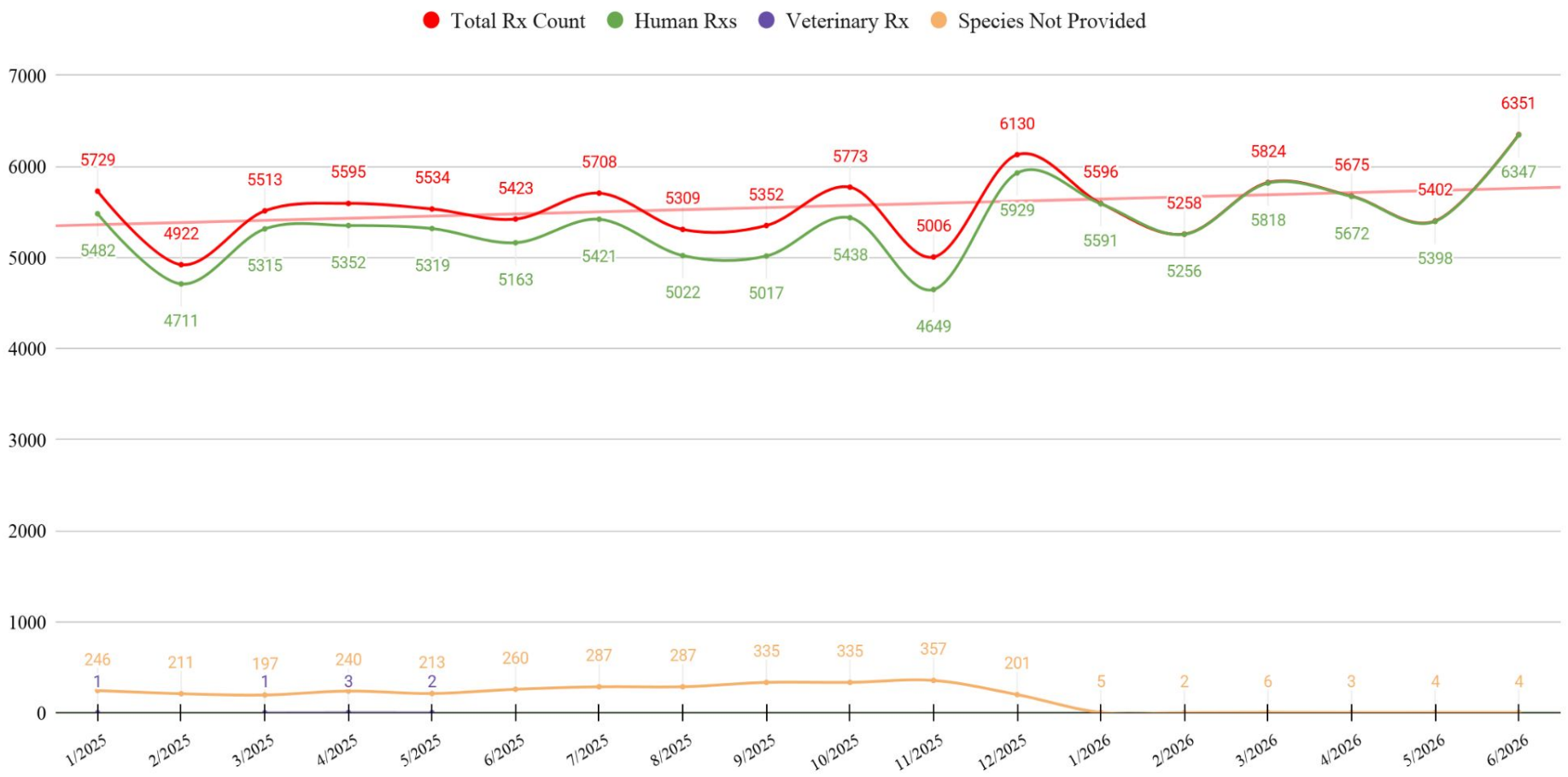
Gabapentin Age Frequency



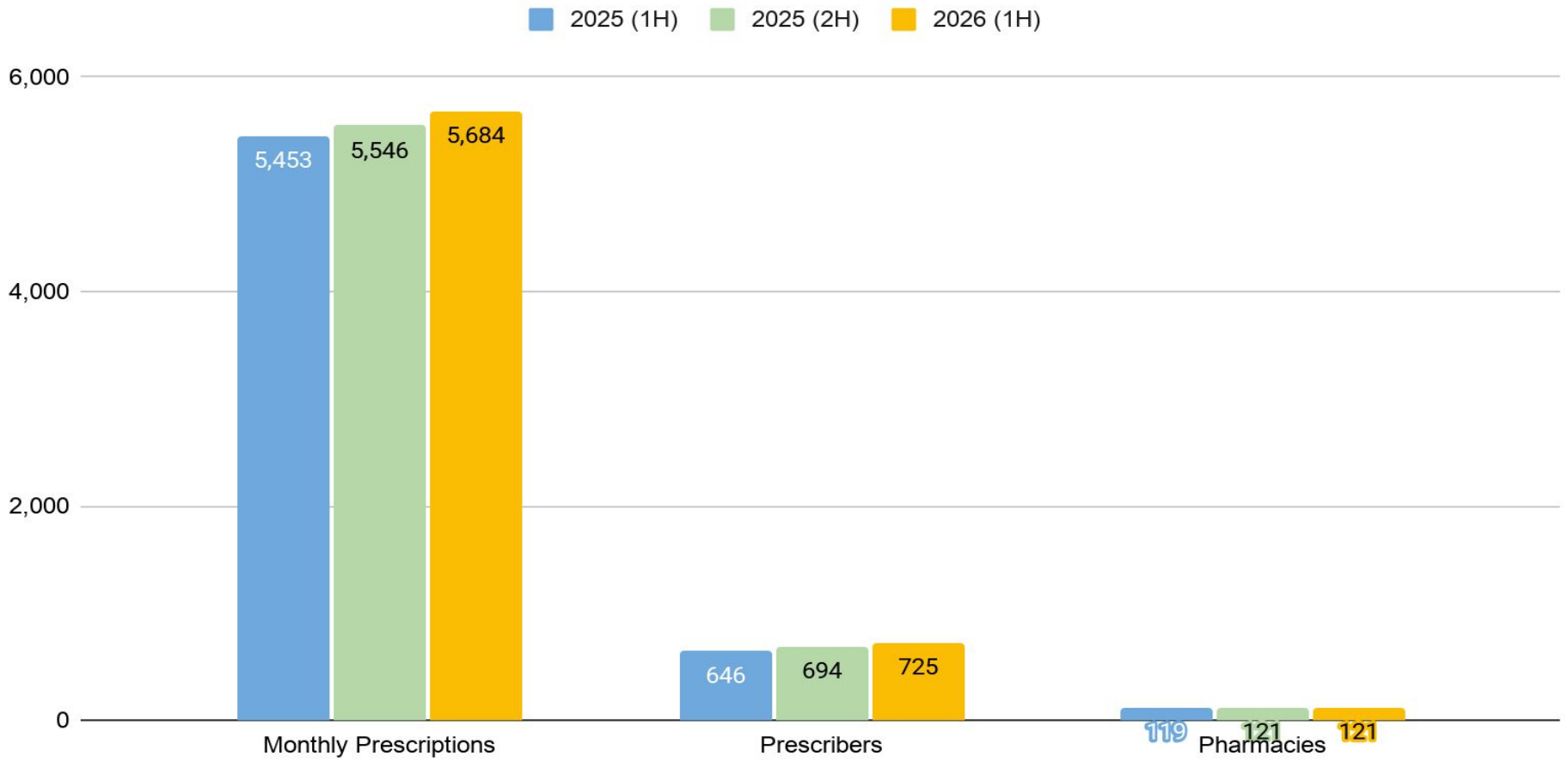
Gabapentin Payment Trends



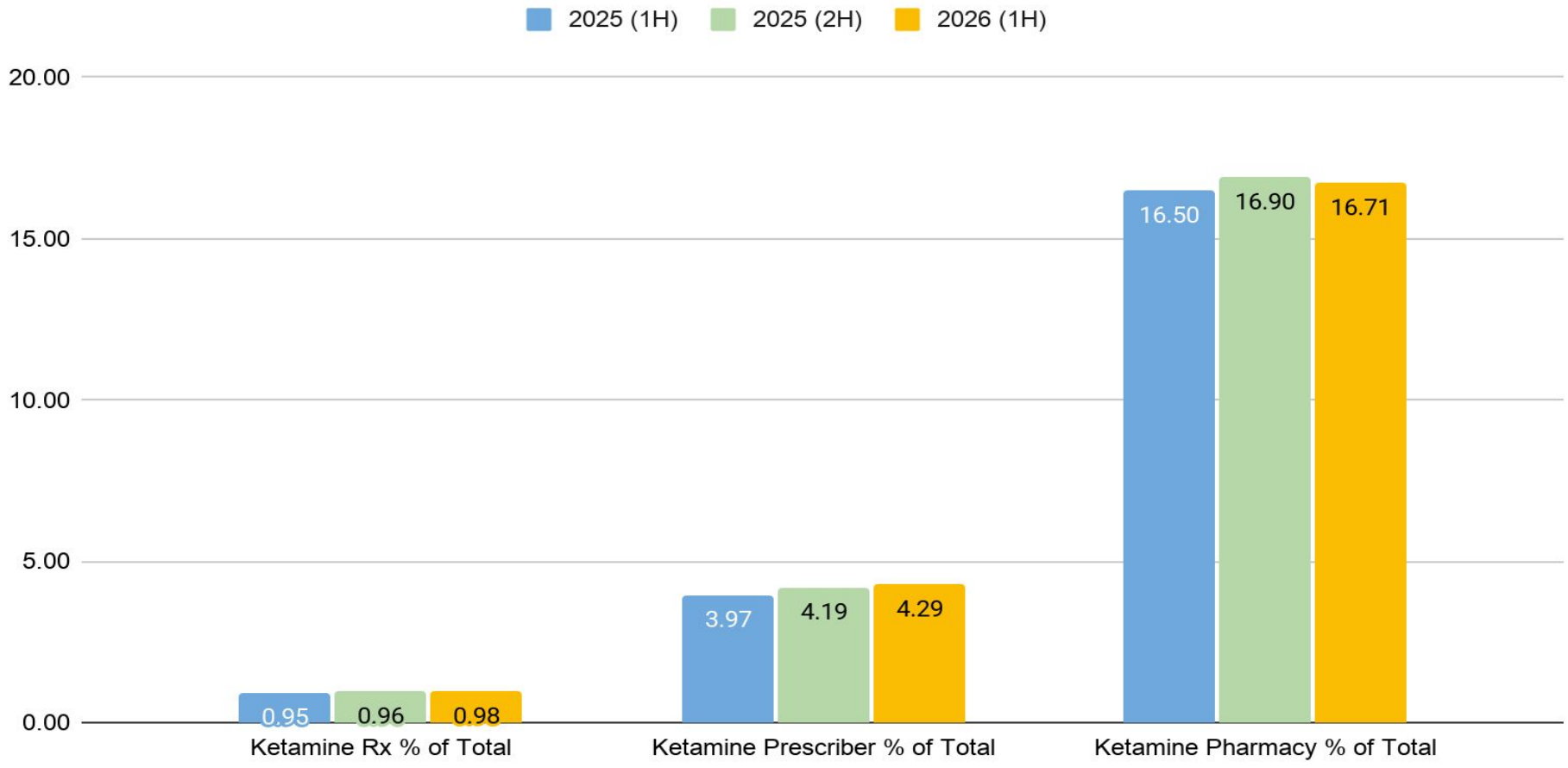
Ketamine Trends 2025 - 2026 (1H)



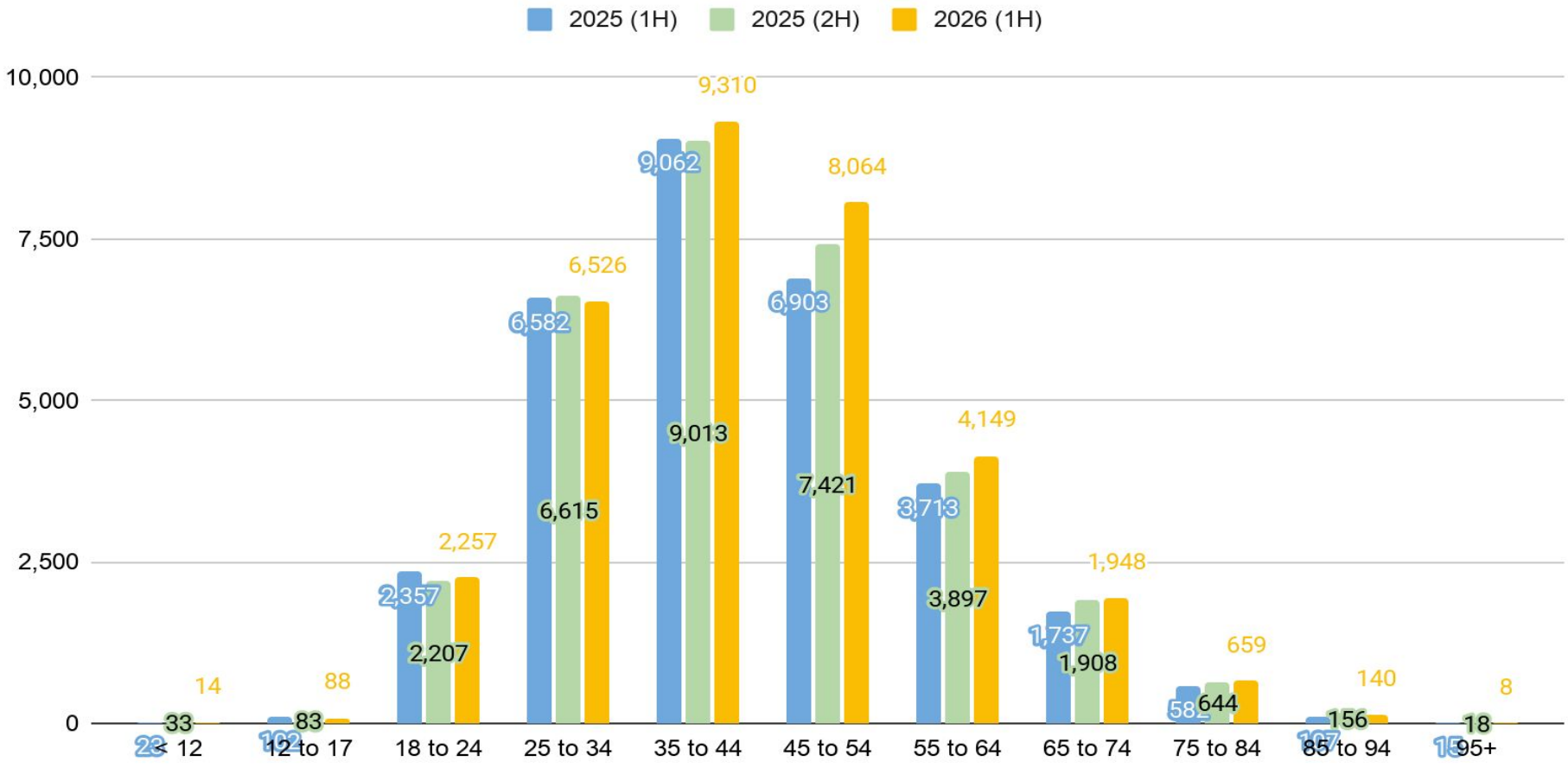
Ketamine Averages



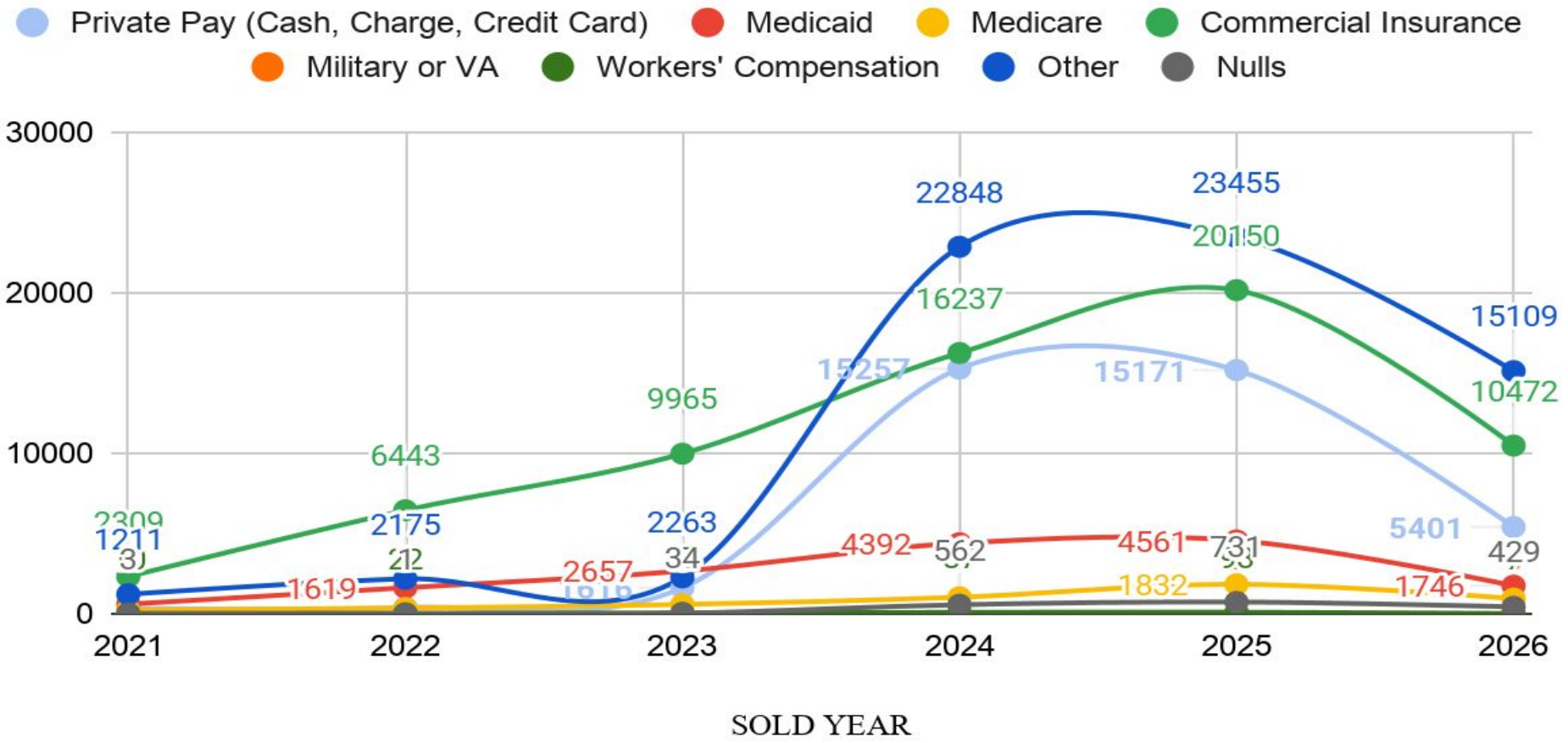
Ketamine Percentages



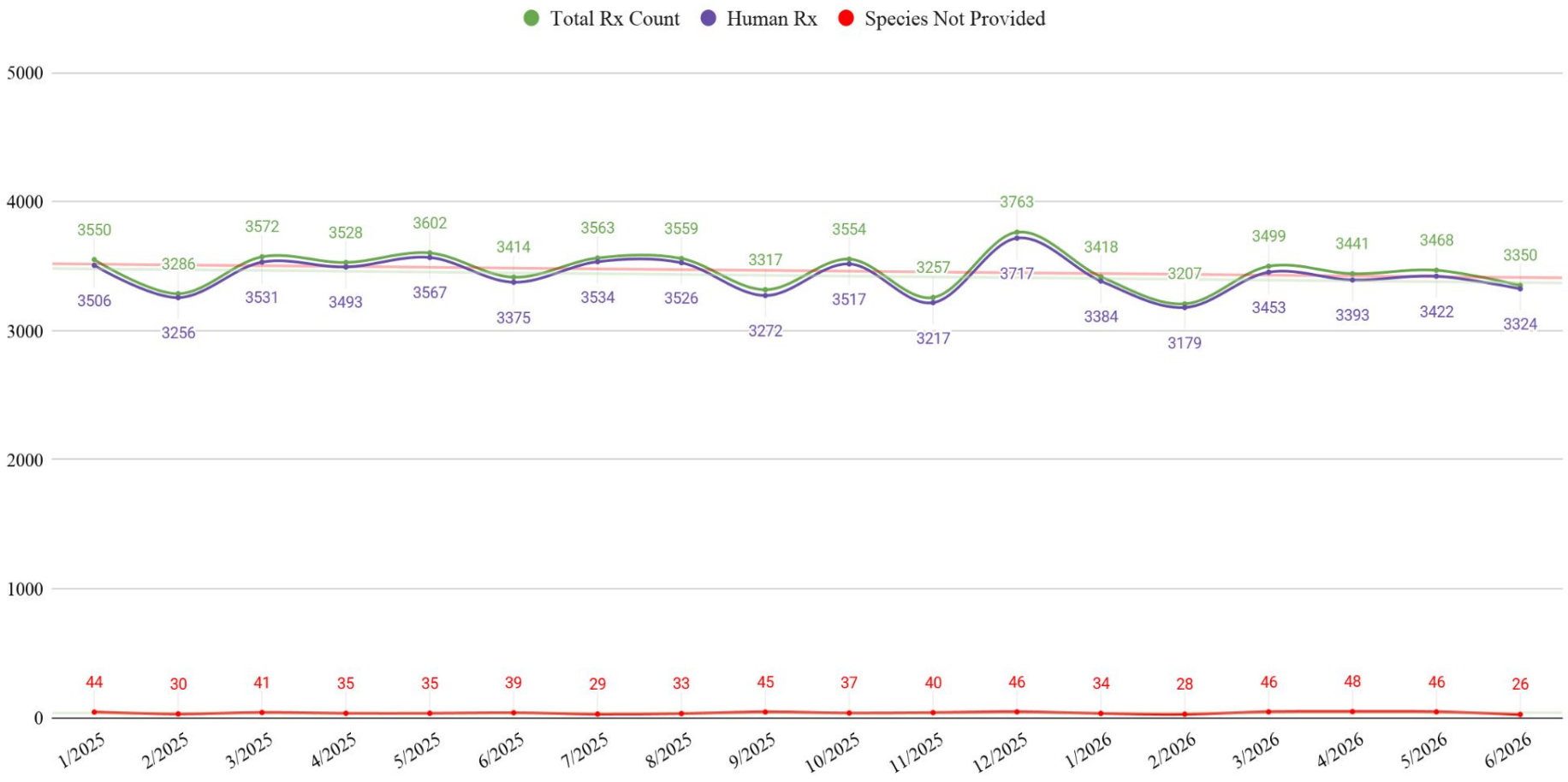
Ketamine Age Frequency



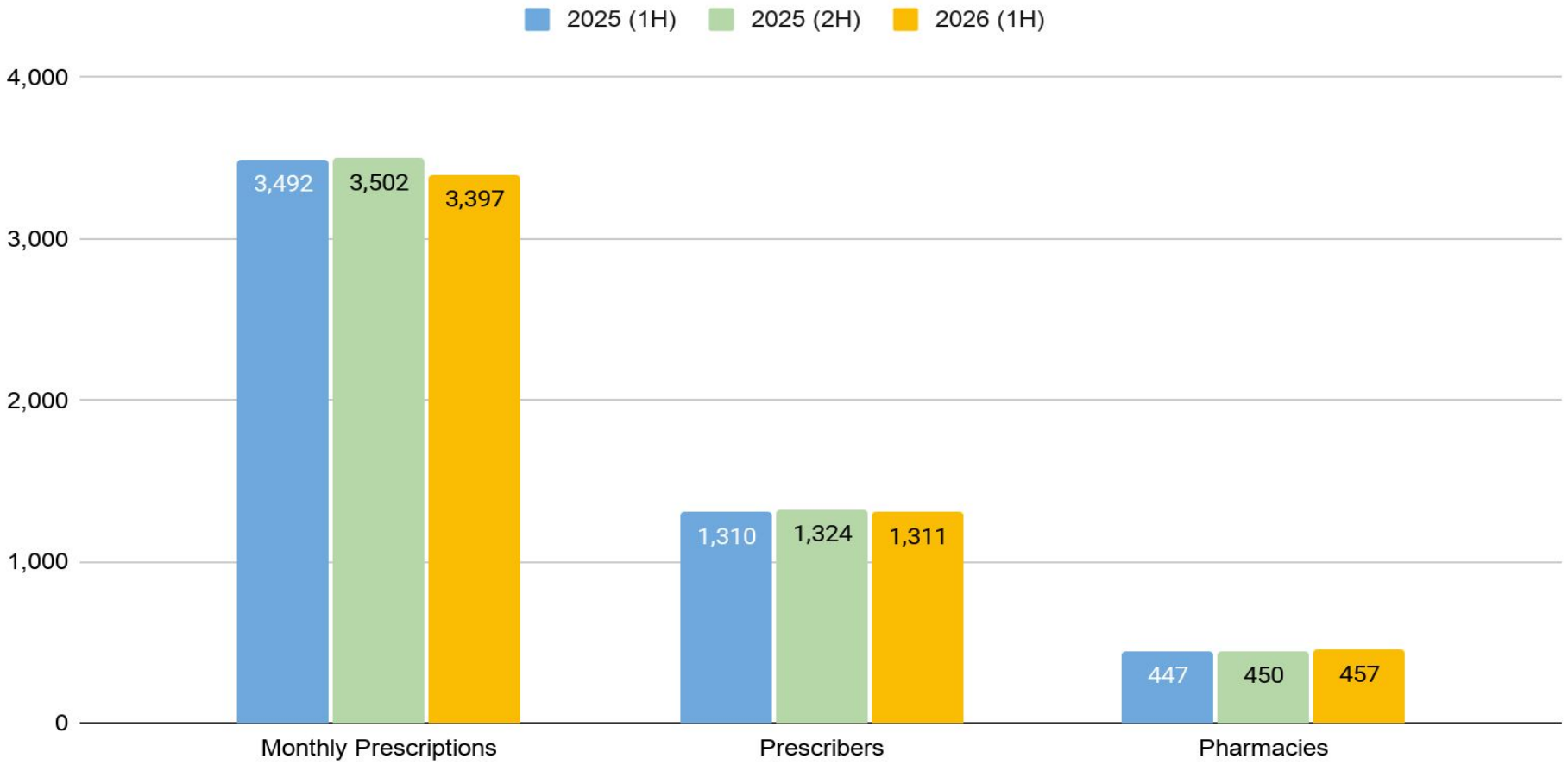
Ketamine Payment Trends



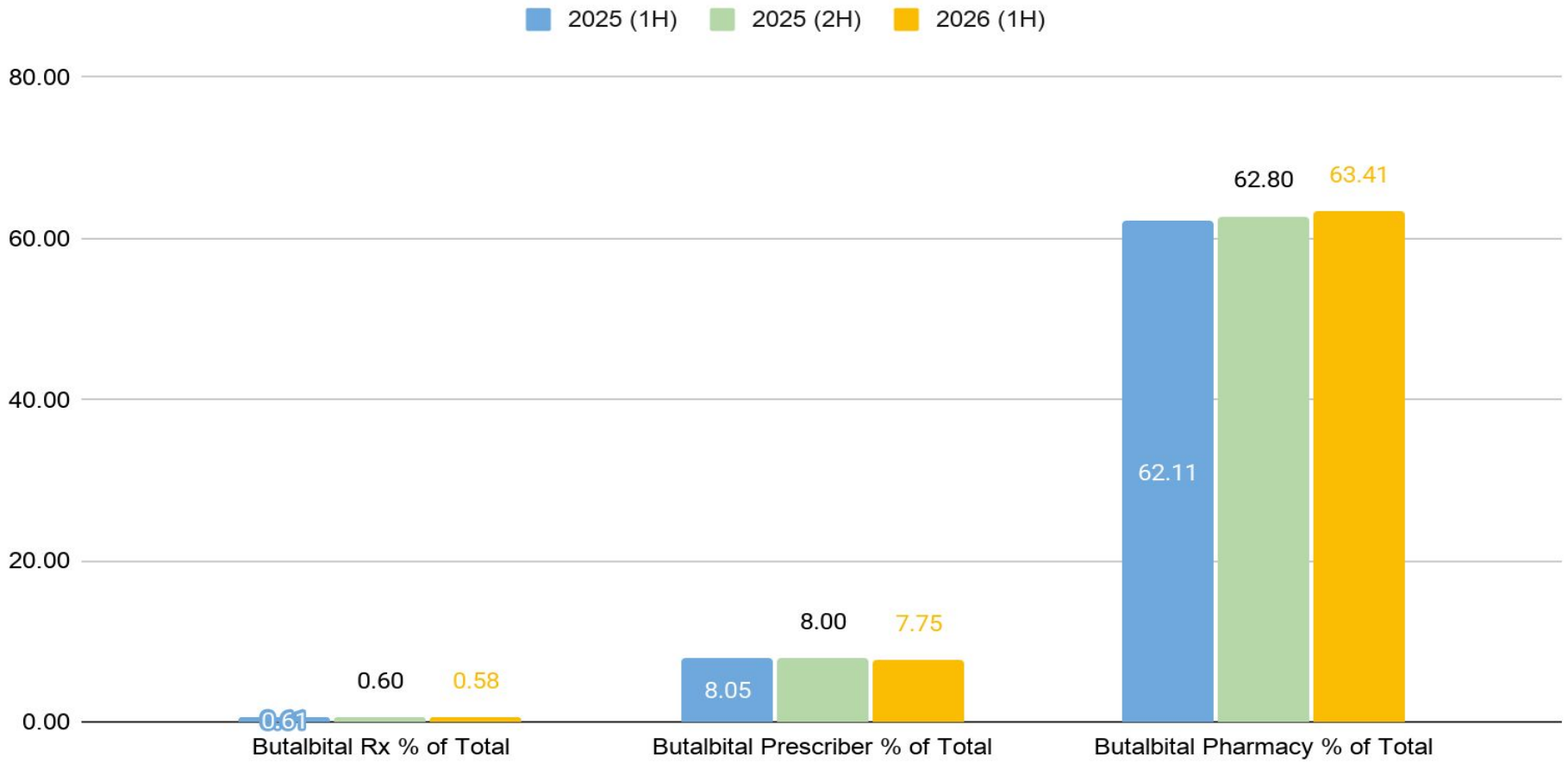
Butalbital Trends 2025 - 2026 (1H)



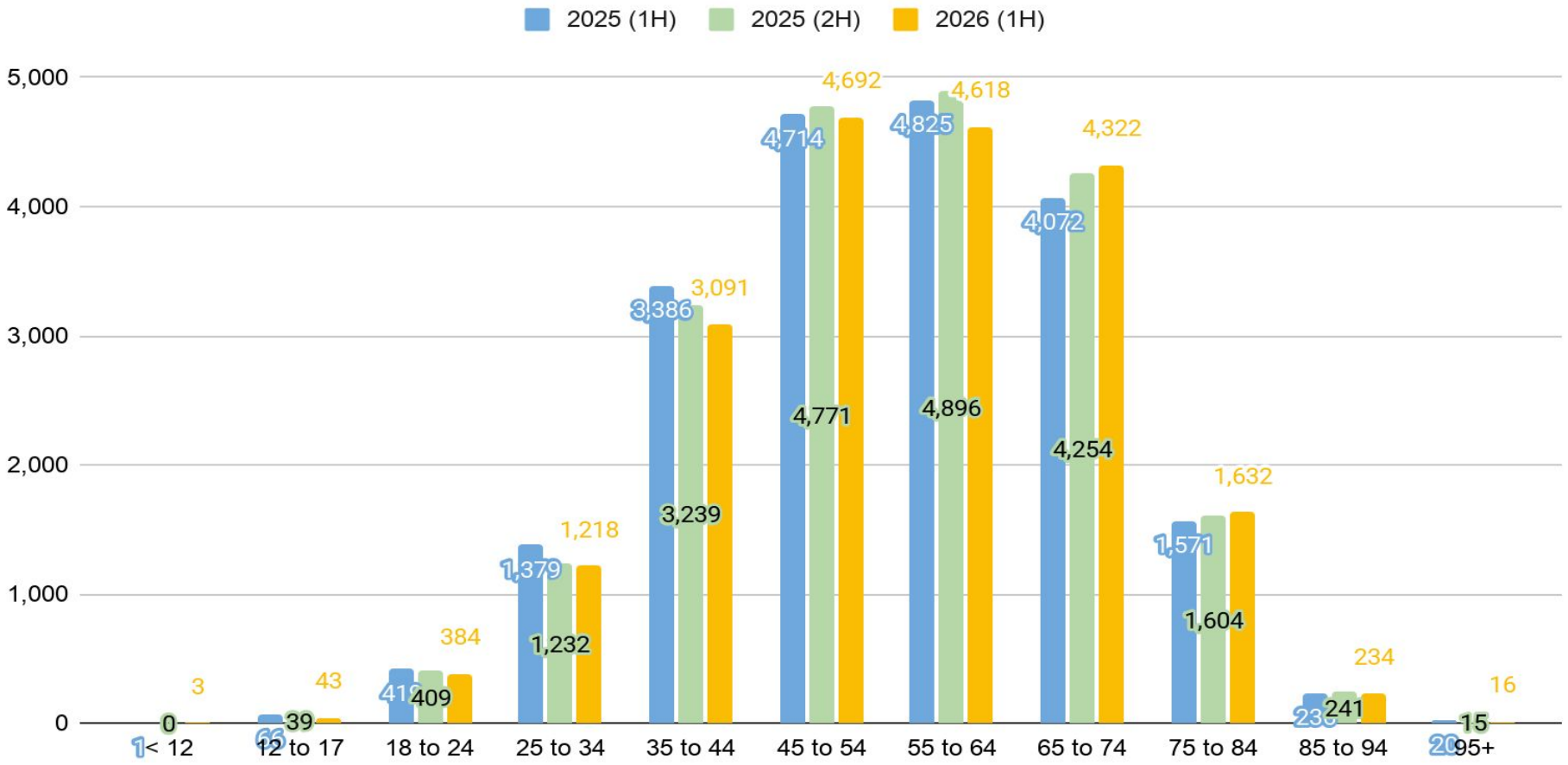
Butalbital Averages



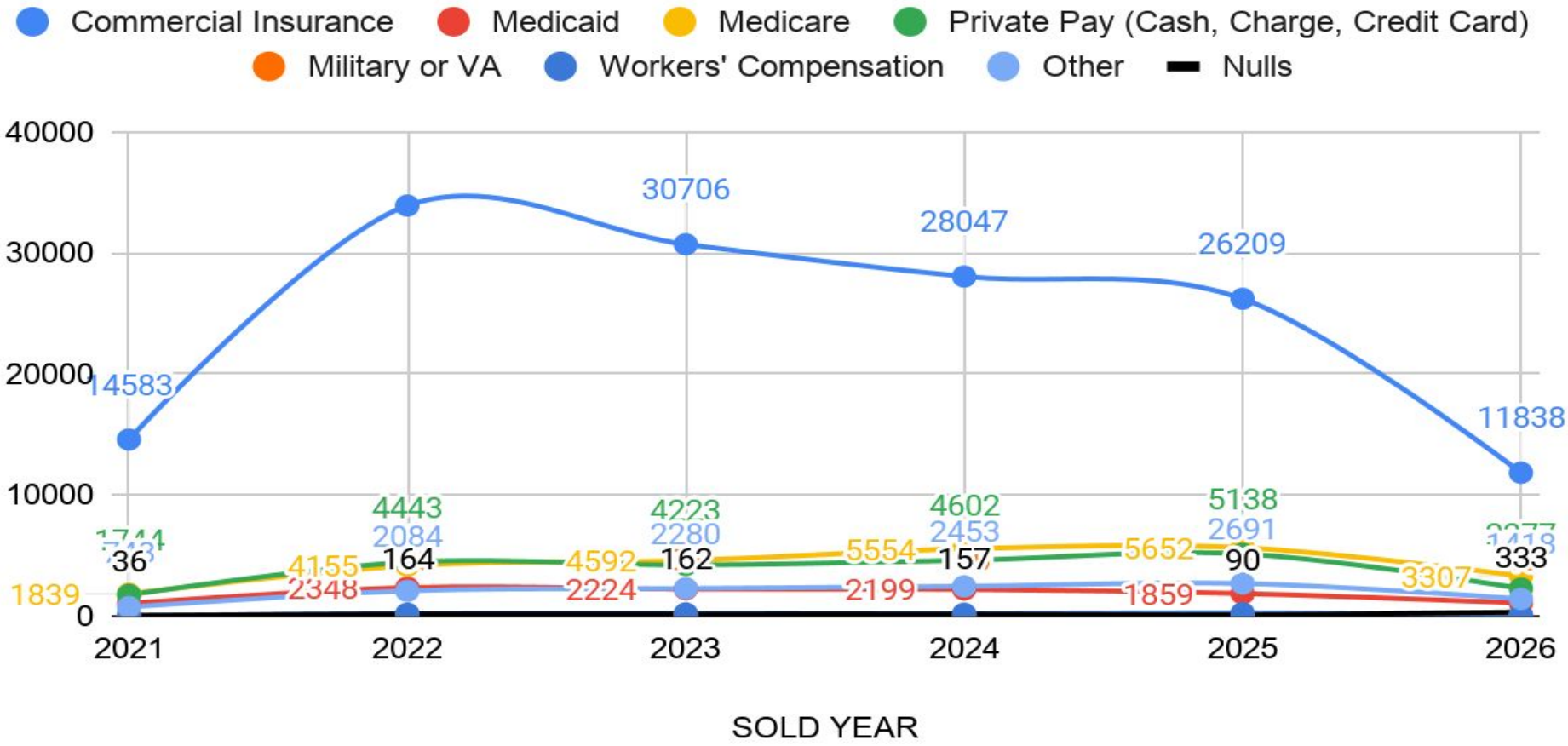
Butalbital Percentages



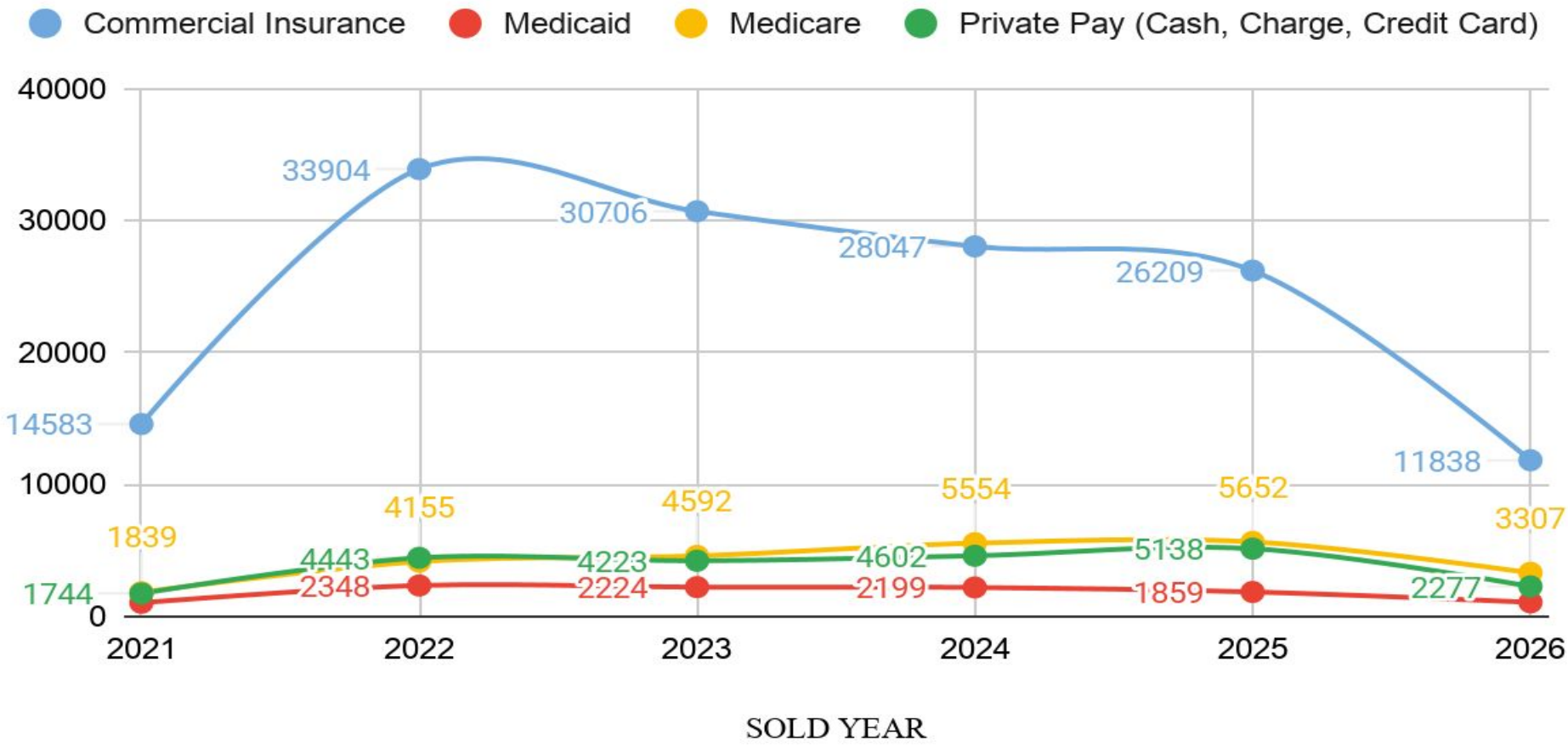
Butalbital Age Frequency



Butalbital Payment Type Trends - ALL



Butalbital Payment Type Trends - Major



Butalbital Payment Type Trends - Minor