I am trying to get Senator Young's attention concerning the Halt bill that the senator is sponsoring.

I am a Pharmacist which one of my specialties is in chronic pain management.

While in general trying to curtail OD/poisoning by illegal Fentanyl is important. However there is some 100-200 known Fentanyl analogs and only 3 are approved by the FDA, 2 for use in humans and 1 for use in large animals.

Here is the list in Wikipedia https://en.wikipedia.org/wiki/List_of_fentanyl_analogues

What I have seen being reported by the CDC and the media is that the fentanyl analog (Acetate) is what is being produce mainly by China and the Mex cartels are the way that it is getting to our streets.

It might be important to notice that while we see all these tablets being shown by the media being confiscated and claimed to be fentanyl. Yet there is no pharma that produces/sells fentanyl in a oral tablet format. From a commercial perspective, FDA approved Fentanyl citrate is only available as a topical patch for pain, an injectable used for sedation, or used in implanted pain pumps. There maybe some commercial generic products of a lozenges/lollipops or sublingual spray.

It is claimed that we have > 100 million chronic pain patients in this country, included in that number 25K-35K patients labeled as intractable chronic pain patients that have a need for some level of 24/7 therapy. Also within those numbers are an estimated 15 million of pediatric patients < 19 y/o dealing with pain from congenital health issues and/or terminal cancer.

Here is a non-profit dedicated to pediatric pain health issues https://carragroup.org/
http://youtu.be/CauxvRMmLhA.

I am concerned as anyone about the > 100,000/yr deaths from illegal Fentanyl coming from China/Mex cartels. However, we have ~ 100,000/yr deaths from the use/abuse of alcohol, but only ~ 1% is from alcohol toxicity - BAL >0.4

It took us only 12-14 yrs for us to figure out that prohibition did not work with alcohol prohibition and yet here we are 55 yrs after the CSA became law and 15 yrs ago we only had ~ 15K dying from opioid ODs. That is when Pres Obama, Gov Rick Scott & AG Pam Bondi ramped up the war on drugs.

Addiction has a major underlying mental health issues, could it be that fewer alcoholics die from alcohol poisoning BAL>0.4 because they know their limits and they are able to get a known purity and strength of their drug of choice - alcohol.

The street drugs that are killing most of those 100,000/yr is "bathtub fentanyl" and two veterinary drugs Xylazine & Medetomidine and now
will BODY COUNT GO UP? During 2023-24 seizures of street drugs laced with carfentanil rose by 720% and carfentanil is 10,000 more potent than Morphine and it is an FDA approved Veterinary med for large animals. Narcan is useless in trying to reverse a poisoning/OD containing Xylazine or Medetomidine and the normal dose of Narcan will probably not be effective with a poisoning/OD containing Carfentanil.
The fentanyl analog (acetate) that is in street drugs is already a illegal substance/med. The Halt bill is going to change that how?
Depending on which study you wish to believe, pharma opioids prescribed to legit chronic pain patients, 0.6% to 3% will become addicted. To put it another way, banning all fentanyl - including FDA approved products -

could cause that >97% of chronic pain patients would deny appropriate pain management.
The Fentanyl analog Sufentanil was originally suppose to be used in battlefield conditions:

https://www.fda.gov/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-agencys-approval-dsuvia-and-fdas-future-consideration

The original FDA approval of sufentanil sublingual tablet (Dsuvia) was not specifically for battlefield use. The FDA approved Dsuvia in November 2018 for use in managing acute pain in adults that is severe enough to require an opioid analgesic in certified medically supervised healthcare settings, including hospitals, surgical centers, and emergency departments3.

While battlefield use was a significant consideration in its development, it was not the sole or primary focus of the FDA approval. The Department of Defense collaborated with AcelRx Pharmaceuticals on the development of sublingual sufentanil because it filled an unmet medical need for treating soldiers on the battlefield where intravenous administration might not be possible23. However, the FDA approval encompassed broader medical applications.

The confusion might arise from the fact that the military application was carefully considered during the approval process, and the Pentagon had prioritized this medication3. After FDA approval, the U.S. Army approved Dsuvia for inclusion in all Army sets, kits, and outfits for deployed troops in 20209.

It's important to note that while battlefield use was a key driver in its development and subsequent military adoption, the FDA's approval was for a wider range of medical settings, not exclusively for military or battlefield use.

Does the members of Congress want to take away a fentanyl analog that was specifically developed and approved by the FDA to be used on our military when injured in training accidents or battlefield injuries

I will close this email with a quote from another Pharmacist:

“The moral test of a government is how it treats those who are at the dawn of life, the children; those who are in the twilight of life, the aged; and those who are in the shadow of life, the sick and the needy, and the handicapped.” – Hubert Humphrey

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