CFSO
Consortium of Forensic Science Organizations

American Academy of Forensic Sciences
American Society of Crime Laboratory Directors
International Association for Identification
International Association of Coroners and Medical Examiners
National Association of Medical Examiners
Society of Forensic Toxicologists

7/21/2026

Centers for Disease Control and Prevention
Office of the Director
1600 Clifton Road NE
Atlanta, GA 30329

Dear Dr. Bhattacharya :

We write to urge the Centers for Disease Control and Prevention to develop three new certified reference material programs targeting designer benzodiazepines, mitragynine, and synthetic cannabinoids – drug classes that have emerged as urgent public health threats yet remain severely underserved by current analytical infrastructure. These programs would be modeled after the CDC's Traceable Opioid Material® (TOM) Kits initiative, which has demonstrated improved laboratory accuracy and public health surveillance nationwide. The same logic, the same need, and the same opportunity for impact apply here.

The Problem: Two Drug Classes Outpacing Laboratory Capabilities

Designer benzodiazepines – including flualprazolam, clonazolam, bromazolam, and etizolam – are novel psychoactive substances engineered to mimic the pharmacological effects of controlled benzodiazepines while evading standard immunoassay screening. These compounds are increasingly detected in overdose deaths, drug-facilitated sexual assault cases, and impaired driving investigations. Yet because certified reference materials are frequently unavailable or prohibitively expensive, many clinical and forensic laboratories cannot perform confirmatory identification or validated quantitation. The result is underreporting, misclassification, and a surveillance gap that obscures the true scope of designer benzodiazepine harm.

The synthetic cannabinoid market presents a parallel and equally serious challenge. Compounds such as MDMB-4en-PINACA, 5F-MDMB-2201, and ADB-BUTINACA appear in seized drug exhibits and emergency department presentations with alarming frequency, often adulterated into products marketed as harmless herbal blends. These substances carry extreme potency, unpredictable toxicity profiles, and chemical diversity specifically designed to stay one step ahead of existing test menus. No sooner does a laboratory develop a validated method for one compound than a structural analog appears in its place. Without a robust, regularly updated supply of certified reference materials, laboratories are perpetually behind the curve.

Proposed Programs

We propose that the CDC develop and distribute two parallel programs:

- Traceable Designer Benzodiazepine Material Kits – providing standardized, certified reference materials for confirmed and emerging designer benzodiazepine analogs in biological matrices, enabling definitive identification and quantitation across forensic and clinical laboratory settings.
- Traceable Synthetic Cannabinoid Material Kits – delivering a regularly updated, diverse library of certified reference materials for synthetic cannabinoid compounds, supporting method development and validation for both biological and non-biological matrices.

Both programs would follow the proven TOM Kits architecture: CDC-sponsored production and certification, distribution to qualifying laboratories, and a commitment to updating compound libraries as the market evolves. The TOM Kits model has established that this approach is operationally feasible, scientifically rigorous, and capable of producing meaningful improvements in surveillance and casework accuracy at scale.

Why CDC – And Why Now

No other federal agency is better positioned to lead this effort. The CDC has the scientific infrastructure, interagency relationships, and public health mission that make it the logical home for reference material programs of this scope and consequence. The commercial market has failed to meet this need: many designer benzodiazepine and synthetic cannabinoid analogs are available from only a handful of specialty suppliers, at costs that put them out of reach for under-resourced forensic and public health laboratories. A CDC-sponsored program would address both the supply gap and the cost barrier simultaneously.

The urgency is real and growing. Designer benzodiazepines are now regularly identified as co-intoxicants in fentanyl-related overdose deaths, a combination whose lethality exceeds that of either substance alone. Synthetic cannabinoid exposure continues to drive mass casualty events, emergency department surges, and deaths that might be preventable with better diagnostic tools. These ultra-potent synthetic cannabinoids and related novel psychoactive substances also pose a particular public health challenge in correctional settings, where drug-soaked paper (including letters, cards, books, and legal mail) provides a discreet route of introduction, fueling clusters of severe intoxications and fatal overdoses among incarcerated populations and further straining already limited correctional health-care resources. Every month that laboratories lack adequate reference materials is a month in which deaths go unexplained, cases go unprosecuted, and emerging trends go undetected..

Anticipated Public Health Impact

Establishing these programs would produce measurable benefits across multiple domains:

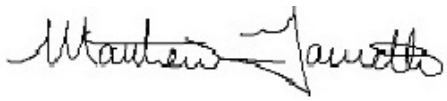
- Medicolegal death investigation: Improved cause-of-death accuracy and enhanced detection of drug-facilitated assault and homicide.
- Clinical toxicology: Better identification of intoxicating agents in emergency settings, supporting more targeted treatment decisions.
- Forensic casework: More defensible analytical results in criminal prosecutions involving drug-facilitated crimes and impaired driving.
- Surveillance and policy: Robust national data on emerging drug trends to inform evidence-based public health interventions and scheduling decisions.

The CDC has already demonstrated with the TOM Kits program that a targeted federal investment in reference material infrastructure can transform laboratory capabilities and public health outcomes. Designer benzodiazepines and synthetic cannabinoids represent the next frontier of that same challenge. We respectfully urge the CDC to apply its proven model to these drug classes without delay.

We welcome the opportunity to discuss these proposals in greater detail and to provide any additional scientific or operational input that would assist in program development. Thank you for your consideration of this urgent public health matter.

The Consortium of Forensic Science Organizations is a collaborative of the leading forensic science organizations in the United States representing over 21,000 forensic science practitioners including virtually all forensic science laboratory, medical examiner office, and coroner office leaders.

Thank you for your consideration. I can be reached at matthew.gamette@thecfso.org or 208-608-2301



Matthew Gamette
CFSO Chair, on behalf of the CFSO Board of Directors