

NEWS BITES

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DEA's Class-wide Fentanyl Ban Set to Expire on February 6, 2020: In February of 2018, the United States Drug Enforcement Administration (DEA) issued a class-wide ban of all substances that are similar or related to fentanyl, temporarily placing them into Schedule I. The DEA deemed it necessary to use its emergency scheduling authority to “avoid an imminent hazard to public safety” based on the many possible variations to the fentanyl molecule. This umbrella classification of fentanyl and its analogs has reduced the rate of new fentanyl-related substances entering the black market. However, the temporary scheduling is set to expire on February 6, 2020, and the DEA is not eligible to further extend the ban beyond that date. As a result, at the end of November 2019, Congressman Brian Fitzpatrick (PA-01) and Congresswoman Annie Kuster (NH-02) introduced the bipartisan Extend Act, which would extend the class-wide ban for another two years to allow Congress and the DEA and other federal agencies to arrive at a solution that permanently prevents fentanyl-like substances from threatening public safety. For more information on the Extend Act, please visit <https://www.congress.gov/bill/116th-congress/house-bill/5233/titles?r=127&s=1>.

Deaths from Methamphetamine Use are on the Rise: Recent federal data, spanning from May of 2018 through May of 2019, show a nearly 25 percent rise in deaths involving methamphetamine. The powerful stimulant has been a factor in more deaths than opioid painkillers nationwide over the last year. Methamphetamine use grew exponentially in the United States in the 1990s; that trend continued into the early 2000s and then backed off due in part to targeted laws and enforcement efforts aimed at stymieing small laboratories where most of the drug being consumed was “cooked up” in people’s homes. Today’s methamphetamine is predominantly an imported product, is far more potent, and is contributing to an alarming rise in methamphetamine-related overdoses. Unlike with an opioid overdose, there is currently no way to reverse the effects of a methamphetamine overdose, and there is no medication approved to treat meth addiction. Compounding the problem is the fact that behavioral therapies that exist are out of reach for many who could benefit from them. For more information, please visit <https://www.nytimes.com/2019/12/17/health/meth-deaths-opioids.html>.

Additionally, LAPP is in the process of compiling relevant state laws and regulations related to this topic – this research will be posted to LAPP’s website in the coming weeks at www.legislativeanalysis.org.

Shifting Resources from the Opioid Crisis to Combat Growing Meth and Cocaine Use: A bipartisan bill was recently approved in Congress that will give states more flexibility in how they spend Opioid Response Grant funds. The Combating Meth and Cocaine Act will allow states to focus economic resources on combatting the growing use of methamphetamine and cocaine flooding across the border from Mexico. States have been reporting increases in overdose deaths related to illegal drugs and in response, the federal legislation will give states the authority to spend federal dollars on the issues affecting their respective populations. For more information, please visit <https://www.cincinnati.com/story/news/2019/12/26/states-get-ok-shift-u-s-opioid-funding-meth-cocaine-problems/2686310001/>.

Punishing Women for Opioid Use Increases the Incidence of Birth Complications: The number of women who have an opioid use disorder at the time they deliver their babies has increased four-fold in the last 15 years, and the number of states that criminalize opioid use during pregnancy has more than doubled during that same time frame. These punitive measures are intended to protect unborn babies and discourage opioid use during pregnancy, but a recent RAND Corporation study found that the states with laws that penalize pregnant women who use opioids have a statistically significant higher rate of infants born with drug withdrawal symptoms. Opponents of these punitive measures claim they have the unwanted effect of adding to existing stigma associated with drug use and discourage pregnant women from seeking treatment during their pregnancies, which would improve the outcome for both mother and newborn. Currently, 23 states and the District of Columbia require health care professionals to report suspected prenatal drug use, and only 19 states have an established and funded treatment program for pregnant women. For more information, please visit <https://abcnews.go.com/Health/pushed-shadows-punishing-pregnant-women-opioid-leads-birth/story?id=67292638>.

Roadside Drug Testing Becoming a Reality: Police in New Zealand are being given the authority to conduct random roadside testing of a person's oral fluids to detect the presence of substances that can impair a person's ability to drive safely. Under the country's new policy, the threshold for impairment will be similar to that for alcohol, and a driver who tests positive for the presence of banned substances and other impairing medications will be fined and immediately suspended from driving for a minimum of 12 hours. The testing devices are currently capable of testing for THC (the active ingredient in marijuana), methamphetamine, opiates, cocaine, MDMA (ecstasy), and benzodiazepines. It is important to note that while the test can detect prescription medications that impair driving capability, a medical defense will be available for those who can demonstrate the medication was taken in compliance with a physician's prescription. For more information, please visit <https://www.beehive.govt.nz/release/roadside-drug-testing-be-introduced>.

Demographic Shift in Synthetic Opioid-related Overdose Deaths: A recent study published by the Centers for Disease Control shows that the two-year period from 2015 to 2017 saw a sharp increase in synthetic opioid-related deaths in metropolitan areas across the country. Of particular note is an increase in those deaths among minority populations who had historically experienced low death rates in the past. African Americans aged 45 to 54 living in large central metropolitan areas had an increase from just over 19 to more than 40 deaths per 100,000 for all opioids and from just under six to just under 30 per 100,000 for synthetic opioids. The report points to these statistics to highlight the changing demographics of those populations most affected by the opioid crisis, especially synthetic opioids. The study notes possible factors contributing to this shift, including changing prescribing practices and disproportionate access to treatment, and researchers propose that prevention strategies should take into account the risk factors associated by being a member of a specific racial or ethnic group. For more information, please visit <https://www.clinicalpainadvisor.com/home/topics/opioid-addiction/the-shifting-demographics-of-synthetic-opioid-related-overdose-deaths/>.

New Technology in the Fight Against Opioid Abuse: The Director of Northwestern University's Center for Bio-Integrated Electronics has invented a flash drive-sized trans-dermal, implantable device that can sense whether a person's blood oxygen level is at a dangerous level, automatically triggering the release of naloxone into the person's bloodstream. Opioid overdoses depress breathing and often result in unconsciousness, overdose symptoms that can be counteracted by the opioid antagonist naloxone. The device would be implanted in at-risk populations, such as those reentering society after incarceration or those in treatment programs, and if the device registers three straight abnormal readings, an electronically-triggered dose of naloxone is released. The device is also Bluetooth-enabled and, through the overdose victim's cellphone, will place a call to emergency services. Treatment providers are applauding the invention but caution there are roadblocks to widespread use such as privacy concerns and health risks associated with patients trying to extract the implants. For more information, please visit <http://www.thestandard.com.hk/section-news.php?id=214341>.

Treating Opioid Use Disorder with Ibogaine: Ibogaine is an alkaloid found in the root bark of a West African shrub and has been used in Western medicine for more than 150 years. The substance has hallucinogenic properties and has proven effective in treating fevers, toothaches, and high blood pressure. Ibogaine is now at the center of a growing debate on whether it can be used in the treatment of opioid use disorder. The substance is currently on the DEA's list of Schedule I substances, meaning the drug has no acceptable medical use and a high potential for abuse. Some experts, however, believe ibogaine can play an important role in treating opioid addiction. A report published in *Progress in Brain Research* indicates that a heaping teaspoon of iboga root triggers a state of euphoria, followed by a period of reflection that gives a patient insight into his/her addictive behavior. Research has also shown that ibogaine can resolve symptoms associated with opioid withdrawal syndrome and can prevent a return to opioid use. Opponents, however, find no justification for the use of ibogaine and cite a lack of credible research and documented cases of ibogaine users experiencing cardiac arrest, cerebral edema, and death. The National Institute on Drug Abuse has indicated it will consider the idea of ibogaine as a treatment option if the agency receives "meritorious" grant applications focused on the topic. For more information, please visit <https://www.healio.com/primary-care/pain-management/news/online/%7B5f1fc883-ad6e-44f2-bd25-02546cc4eea4%7D/ibogaine-treatment-for-opioid-use-disorder-what-you-need-to-know>

New Hampshire Governor Welcomes Recovery-friendly Workplaces: Workplaces have not escaped the rising trend in substance use disorders, and one governor is taking steps to address this issue. Governor Chris Sununu recently implemented the next phase of the state of New Hampshire's "Recovery Friendly Workplace Initiative," in part by creating an alliance with OSHA, the federal Occupational Safety and Health Administration. This partnership will connect those struggling with addiction to helpful recovery resources. OSHA's stated mission is to prevent workplace injuries, illnesses, and fatalities, which through partnerships like the one in New Hampshire, include working to prevent overdose deaths in the workplace attributed to non-medical use of drugs and alcohol. Estimates show that untreated addiction costs New Hampshire's economy more than two billion dollars per year, so the workplace recovery initiative not only helps people with their substance use disorders, it helps a company's bottom line and improves the health of the state's overall economy. For more information, please visit <https://www.recoveryfriendlyworkplace.com/>.

Clinical Trial Compares the Effect of Intranasal Naloxone to Intramuscular Naloxone: A recently-completed clinical trial found that a single dose of naloxone administered intranasally was not as effective as a single dose administered intramuscularly in reversing the effects of an opioid overdose. During the clinical trial, significantly more clients who received intranasal naloxone required an additional rescue dose as compared to the study participants who received an initial dose of naloxone injected into the muscle. The study's authors concluded that this finding indicates a slower response time in participants administered intranasal naloxone and that the intranasal route is not as effective. The results of this trial are largely in conformance with other similar trials and, as indicated by the authors, indicate the importance of further study of the effectiveness of different methods for administering the life-saving medication. This study was published in the Journal of the American Medical Association – to read more, please visit <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2755306>.

Michigan to offer Medication-assisted Treatment to its Prison Population: The state of Michigan recently announced that it will begin providing medication-assisted treatment (MAT) to prisoners suffering from addiction. This marks an important step in the growing movement to identify addiction as an illness, for which everyone – including inmates – deserves treatment. Offering this treatment modality to the incarcerated population is a growing trend nationwide, and with the announcement, Michigan joins a growing list of states and localities that will provide inmates access to methadone, naltrexone, and buprenorphine – all medications proven to show success in treating opioid addiction. All three medications reduce opioid cravings and lessen the severe symptoms associated with withdrawal, and advocates hope that providing treatment to those who are incarcerated can help reduce the large number of inmates with an opioid addiction, estimated to be around 20 percent in Michigan. The state’s goal is to have MAT available in all prisons by the end of 2023. For more information, please visit <https://www.freep.com/story/news/health/2019/11/14/michigan-prisoner-addiction-treatment-needle-exchange/4190567002/>.

Additionally, LAPPa is currently drafting a model law for states to use as they consider legislation related to the use of MAT in correctional settings. Research on this topic and the published model law will be available in the coming months on LAPPa’s website at www.legislativeanalysis.org.

Dental School Established Opioid-free Prescribing Guidelines: The University of Pittsburgh School of Medicine recently became the first in the nation to establish opioid-free pain management guidelines for most of the procedures performed in its clinics. The school is hoping to reverse the decades long practice of routinely prescribing opioids for dental procedures whose post-operative pain can be managed with non-opioid therapies. Current evidence shows that alternative therapies can work as well as or even better than opioids and do not have the same side effects such as nausea, constipation, and most importantly, the potential for abuse. The new guidelines advocate that clinicians prescribe non-opioid pain relievers whenever possible and if a patient cannot tolerate those or if additional pain relief is required, the practitioner should limit an opioid prescription to the lowest potency possible, only prescribe three days’ worth, and should check the state’s prescription monitoring database prior to offering the prescription. For more information, please visit <https://www.dental.pitt.edu/pitt-school-dental-medicine-commits-opioid-free-prescribing-guidelines>.

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info@thelappa.org
@theLAPPa

