

NEWS BITES

MARCH 2021

LAPPA NEWS

The Legislative Analysis and Public Policy Association (LAPPA) recently published two new model acts, the *Model Overdose Fatality Review Teams Act* and the *Model Recovery Residence Certification Act*. Both model acts, as well as others LAPPA has published, can be found on its website in the model law section at <https://legislativeanalysis.org/model-laws/>.

Overdose fatality review (OFR) is a powerful tool that can be used to identify and respond to community-specific patterns related to drug overdose deaths. LAPPA's *Model Overdose Fatality Review Teams Act* was written in consultation with a host of subject matter experts and creates a legislative framework for establishing county-level, multidisciplinary OFR teams in individual states. While overdose deaths occur nationally, OFRs established at the local level allow for the identification of challenges unique to that local area. The model act addresses the duties, responsibilities, and composition of OFR teams in order for them to properly examine and understand the circumstances leading up to a fatal overdose. To read the full *Model Overdose Fatality Review Teams Act*, [click here](#).

Two LAPPA attorneys served as panelists during last month's Comprehensive Opioid, Stimulant, and Substance Abuse Program National Opioid Fatality Review Forum. Legislative Attorney Stephanie Noblit participated in a panel discussion about operating an OFR within a state that has OFR-specific laws. Ms. Noblit shared the major aspects of LAPPA's *Model Overdose Fatality Review Teams Act* and highlighted the specific features of the legislation. Senior Legislative Attorney Jon Woodruff presented during a later session regarding (1) OFRs that operate in jurisdictions without specific OFR-related laws; (2) the key types of information often sought by OFR teams; and (3) how they are able to share data without those OFR-specific laws.

LAPPA's *Model Recovery Residence Certification Act* is designed to implement a voluntary certification process for recovery residences in a state. The purpose of certification is to allow for greater oversight of recovery residences and greater protection of recovery home residents. As currently drafted, the model act allows either a state agency designated by the state or an approved certifying organization under contract with the state agency to certify recovery residences under the program outlined in the model act. The model act also addresses the zoning issues that have arisen in local jurisdictions around the country. To read the full *Model Recovery Residence Certification Act*, [click here](#).

In addition to the model acts described above, LAPPA has three new fact sheets available on its website: (1) Pay for Success Funding Initiative; (2) Peer Respite as an Alternative to Hospitalization; and (3) Polypharmacy and the Elderly – Reducing the Risk of Adverse Events Through Monitoring and Communication. These fact sheets, and others, are all available at <https://legislativeanalysis.org/research/>.

New Methamphetamine Treatment Shows Promise

The results of a recent study by the National Institutes of Health show that a combination of injectable naltrexone and oral buprenorphine is safe and effective in treating adults with moderate to severe methamphetamine use disorder. The findings show that this combination therapy could be a welcome addition to current approaches, which include behavioral therapies and contingency management interventions. Methamphetamine use disorder is a serious condition for which there are currently no approved treatment medications. Long-term misuse can cause changes in the brain leading to severe consequences lasting beyond an individual's use of the substance. The study, known as the Accelerated Development of Addictive Pharmacotherapy Treatment for Methamphetamine Use Disorder (ADAPT-2), was conducted from 2017 to 2019 and followed 403 adults aged 18 to 65, all of whom had moderate to severe methamphetamine use disorder. Participants in the study's treatment group were assessed to have fewer cravings than those in the placebo group and reported greater improvements in their lives. Perhaps most importantly, no significant adverse effects associated with the dual-medication treatment were reported. Research findings from ADAPT-2 were published in the *New England Journal of Medicine*. To read an abstract and access the study, click [here](#).

Federal Agencies Teaming Up to Curb Illegal Online Opioid Sales

The National Telecommunication and Information Administration (NTIA) and the Food and Drug Administration (FDA) recently teamed up to conduct a pilot program aimed at curbing access to illegal online opioid sales. The two federal agencies worked with domain name registries, and their combined efforts led to the identification of almost 30 domain names associated with websites that were advertising the availability of misbranded and/or unapproved opioids. The FDA issued warning letters to the operators of those websites and, under the pilot program, also notified the website's affiliated domain name registry if the website operator did not respond to the warning letter within an adequate timeframe. NTIA, FDA, and the domain registries plan to continue their collaboration in the hopes of mitigating the public health and safety threats caused by illegal opioid sales. To read more about this project, visit NTIA's website [here](#)

Antibiotics as an Alternative to Opioids for Pain Relief?

Three antibiotics that have been around for decades can block a type of pain triggered by nerve damage – if administered together. Researchers from UT Southwestern Medical Center recently reported that, in their study, mice with neuropathic pain experienced milder reactions to painful stimuli after being injected with a combination of the three FDA-approved antibiotics demeclocycline, chlortetracycline, and minocycline. When the brains of the test subjects were examined, researchers found that tissues containing receptors responsible for nerve pain had been inactivated, thereby leading to pain resistance. Whether or not this treatment could work in humans is a question for further research, say the study's authors. To read more about this study at *Science Daily* online, click [here](#).

Overdose Deaths Rise Dramatically

Daily news about COVID-19-related deaths have overshadowed recent reports that overdose deaths are rising dramatically in the U.S. The Centers for Disease Control and Prevention (CDC) estimates that 81,230 drug overdose deaths occurred from June 2019 through May 2020. Widespread unemployment, financial worries, and pandemic-driven isolation are likely factors contributing to higher drug use, experts say. Illicit fentanyl, manufactured around the world in clandestine labs and often used to adulterate heroin, is largely responsible for the soaring overdose death rate. In fact, fentanyl and stimulants (such as methamphetamine and cocaine) now account for the majority of overdose deaths, and this trend is predicted to continue and worsen over the next year. Click [here](#), to read the full article from *New York* magazine.

Doctors Face Threats for Saying “No”

Doctors across the country are reporting increasing threats of violence for refusing to prescribe opioids and for trying to wean their patients off addictive pain therapies. Physicians treating pain state that threats of violence are steadily increasing, and have been for years, as legal and regulatory pressure is leading to more prescribing of alternative therapies to treat pain. Nearly half of all pain specialists surveyed at a 2019 meeting of the American Academy of Pain Management cited opioid management as the reason they were threatened by a patient. In the face of increased violence, localities are bringing together law enforcement officials, physicians, and others to: (1) brainstorm ways to keep doctors safe; (2) discuss alternatives to opioids; and (3) tackle the addiction that plagues communities. Click [here](#) to read more on this story from *ABC News*.

Physician-Pharmacist Collaboration May Increase Treatment Adherence

A pilot study published in the journal *Addiction* shows that a collaborative approach to treating opioid use disorder, one that relies heavily on community pharmacists, may increase patient adherence to treatment. The study, supported by the National Institute on Drug Abuse, followed the care of 71 patients using buprenorphine maintenance, all of whom reside in the Raleigh-Durham, North Carolina area. Six physicians and six community pharmacists took part in the pilot, in which increasing doses of buprenorphine were overseen by a “waivered” physician. Participants in the study also attended monthly maintenance visits with a pharmacist who dispensed buprenorphine, assessed how well that medication was working, and provided counseling and referrals to specialists as needed. Researchers concluded that the pilot offered strong enough evidence to support advancing physician-pharmacist team-based approaches as part of efforts to expand access to opioid use disorder treatment. For more information on the study, visit the website of the National Institutes of Health [here](#).

Neonatal Opioid Withdrawal Care Lacking

An examination of data on 1,377 infants born with neonatal opioid withdrawal syndrome between July 1, 2016 and June 30, 2017 showed that prenatal care for opioid use disorder and neonatal treatment for opioid withdrawal varies widely from site to site across the country. Hospitals varied in many statistical categories, including the proportion of infants receiving toxicology screening, number of infants receiving medication for withdrawal, number of infants receiving secondary medications, number of infants receiving fortified feeds, and number of infants receiving maternal breast milk. In terms of prenatal care, the study showed that only 68.2 percent of mothers received adequate prenatal care, which was defined as at least three visits during pregnancy, with care starting in the first trimester. Researchers note that some site-to-site variations in care might be attributed to factors that were not measured and/or the possibility that the 30 hospitals studied may not be representative of all hospitals nationwide. To read the study in the *Journal in the American Academy of Pediatrics*, click [here](#).

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California: Senate Bill 855, which took effect on January 1, 2021, will make it harder for insurers to limit patients to one week of residential addiction treatment, effectively making it easier for patients to get needed care for mental health and substance use disorder. Opponents of the new law say it will increase health care costs and subject insurers to continuous litigation. Proponents, meanwhile, say the measure will allow providers wide discretion to decide what type of treatment is best for each individual patient.

Colorado: A program that replaces police officers with health care workers on mental health and substance abuse calls in the Denver area is beginning to show success. After responding to hundreds of calls, the dispatched health care workers reported no resulting arrests in the six-month period from June 1 to November

30, 2020, and not a single case in that time period required assistance from the Denver Police Department. The program is called the STAR (Support Team Assisted Response) program, and its providers only respond to incidents for which there is no evidence of criminal activity, disturbance, weapons, threats, violence, injuries, or serious medical needs.

Indiana: The Lawrence County Sheriff's Department is using a new tool to help identify drug-impaired drivers. The recently acquired SoToxa Mobile Test System is a handheld tool that uses a mouth swab to detect the presence of cocaine, methamphetamine, marijuana, amphetamine, and benzodiazepines. Results from the swabs are available within minutes. However, the downside is that the swabs and devices are expensive, with the devices costing approximately \$4,500 per unit.

Missouri: January marked the latest chapter in the long history of attempts to implement a statewide prescription monitoring system in the state. Missouri is the only U.S. state that does not have such a program. The bill's sponsor is hopeful that removing the provision that would allow the prescription database to be used by law enforcement will increase the chances of the measure passing this year. At this point, it is unclear whether this change, along with others, will sway any of the state's lawmakers that have historically opposed a prescription monitoring program.

New Mexico: The state House of Representatives is considering House Bill 63 which would amend the requirements testing the blood of a person suspected of operating a vehicle while intoxicated. If passed and enacted, HB 63 would authorize certain medical professionals to withdraw blood in the performance of a chemical blood test to detect impaired driving, clarifying that the chemical blood test may be for alcohol or drugs.

North Dakota: More than two dozen people have been charged in a federal crackdown on drugs being funneled from Michigan to North Dakota in a case federal agents are calling Operation Blue Prairie. According to the North Dakota U.S. Attorney's office, criminals have been trafficking oxycodone from the Detroit area to three Native American reservations in North Dakota for approximately five years. Tens of thousands of pills, worth at least \$2.5 million dollars, are suspected of having been illegally sold on the reservations.

Pennsylvania: A tranquilizer used by veterinarians has been implicated in nearly one third of fatal overdoses involving heroin and/or fentanyl in the greater Philadelphia area. Xylazine is a non-opioid sedative, painkiller, and muscle relaxant that is commonly used in veterinary medicine but is not approved by the Food and Drug Administration for use in humans. The study's authors acknowledge that they were unable to determine which drug, or specific combination of drugs, actually caused each fatal overdose. However, at a minimum, the evidence suggests that xylazine use as an opioid may increase the chances of suffering a fatal overdose.

ABOUT LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

The Legislative Analysis and Public Policy Association (LAPPA) is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to model laws and policies that can be used by national, state, and local criminal justice and substance use disorder practitioners who want the latest comprehensive information on law and policy. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, law enforcement/community engagement, alternatives to incarceration for those with substance use disorders, medication-assisted treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.

For more information about LAPPA, please visit: <https://legislativeanalysis.org/>.