

NEWS BITES

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LAPPA NEWS

KNOWLEDGE LABS



The Legislative Analysis and Public Policy Association (LAPPA) has hosted three out of a planned six [Model Law Virtual Knowledge Labs](#) which offer stakeholders an exciting opportunity to engage with experts from around the country on a variety of topics ranging from overdose prevention to substance use during pregnancy. Sponsored in partnership with the *White House Office of National Drug Control Policy*, the Knowledge Labs are a virtual learning series that provide participants with an opportunity to deepen their awareness and understanding of how model laws can assist jurisdictions in addressing substance use disorders and concomitant issues. Knowledge Lab speakers share insights into the key

components of LAPPA's model laws, demonstrate how states have used these model laws to increase access to treatment and reduce overdose deaths, and discuss how the model laws balance the needs of those in the public health and public safety fields with the unique nature of the state legislative process. Click [here](#), to register for the next scheduled session, **School Response to Drugs and Drug Related Incidents**, scheduled for October 11th at 2:00 p.m.

PUBLICATIONS

Fact Sheets

A new fact sheet is available on LAPPA's website - [Deflection and the Deflection Pathways](#). Traditionally, law enforcement and other first responders had few options when encountering someone believed to have a substance use disorder, mental health disorder, or co-occurring disorders. Fortunately, today, many public health and safety leaders encourage law enforcement and other first responders to use non-traditional approaches when encountering someone believed to have a substance use disorder, mental health disorder, or co-occurring disorders. These new approaches include "deflection" to community-based substance use disorder or mental health disorder prevention, intervention, or treatment services, when warranted. This fact sheet provides an overview of what deflection is, examples of initiatives utilizing one or more of the six recognized deflection pathways, and a brief description of the status of deflection-related laws in the United States.

50-state Summaries

LAPPA is in the process of updating all of its 50-state summaries, available in the [Legal and Legislative Research](#) section of LAPPA's website. These comprehensive documents are updated twice yearly, once in the summer after most states' legislative sessions have ended and again at the end of the calendar year after special sessions have ended and governors have signed new bills into law. In this current update cycle, LAPPA's attorneys are adding a new section to each document; a list of all pending state and federal legislation now appears at the end summary, after the last state or territory chart listing applicable code provisions. The state summaries that have recently been updated include: (i) [Drug Take-back and Disposal Programs](#); (ii) [Good Samaritan Fatal Overdose Prevention and Drug-induced Homicide](#); (iii); [Kratom](#); and (iv) [Syringe Services Programs](#). Updates will continue to be posted for the next several weeks.

PRESENTATIONS

Senior Legislative Attorney Heather Gray recently spoke on the use of syringe services programs (SSPs) as a harm reduction strategy to address the effects of the opioid crisis in America's communities. In her presentation, at the Comprehensive Opioid, Stimulant, and Substance Use Program's (COSSUP's) National Forum hosted by the Bureau of Justice Assistance, Heather discussed the practical and legal implications of SSPs, covered the elements of LAPPA's model SSP law, and set forth both the advantages and limitations of SSPs as a form of harm reduction. A copy of Heather's presentation can be viewed [here](#).

Managing Attorney Jon Woodruff also presented at the COSSUP convening - on the implications of the Food and Drug Administration's approval of nonprescription naloxone. Jon covered several trending topics related to naloxone including: (i) third-party payer reimbursement for nonprescription naloxone; (ii) differences in state laws related to naloxone use in schools; (iii) noteworthy legislation that would increase access to naloxone; and (iv) the process of collaborating to implement a community-based overdose prevention program. A copy of Jon's presentation can be viewed [here](#).

Jon also spoke at a working group meeting of COSSUP grantees on information sharing, providing an overview of relevant federal laws and regulations including the HIPAA Privacy Rule, 42 C.F.R. Part 2, 28 C.F.R. Part 23, and CAPTA. When it comes to health information, what can be shared, with whom, and under what circumstances is a complicated and an often misunderstood area of federal law. An expert in privacy laws, Jon provided an overview of many of the relevant provisions that those who encounter private health information/data must navigate. A copy of his presentation can be viewed [here](#).

RESOURCES



LAPPA, in partnership with the Institute for Intergovernmental Research (IIR), developed several information sharing fact sheets to provide guidance for overdose fatality review (OFR) teams, public safety and public health agencies utilizing the Overdose Detection Mapping Application Program (ODMAP), and law enforcement deflection partnership efforts on what cannot legally be shared regarding federal law (such as 42 CFR Part 2 and the HIPAA Privacy Rule). All of the fact sheets can be found on the COSSUP website [here](#).

NATIONAL NEWS BITS

Hesitancy to Prescribe Buprenorphine Lingers: New research published in the *Journal of the American Medical Association* Health Forum emphasized that major challenges remain with regard to the comfort level of U.S. clinicians in prescribing buprenorphine to treat addiction. The federal government's recent moves to deregulate the medication led to a measurable rise in the number of prescribers, but not a significant rise in overall prescribing volume, underscoring the fact that changing prescribing habits is not imminent. Buprenorphine is currently the only medication available, outside of a specialized clinic, that treats opioid addiction, and as of late 2020, prescribers were required to undergo special training to obtain the so-called "X-waiver," a special license to prescribe the medication. The Trump Administration effectively eliminated the X-waiver requirement by permitting providers to treat up to 30 patients with buprenorphine without any additional training, and Congress completely eliminated the training requirement at the beginning of 2023. Unfortunately, even as restrictions on buprenorphine prescribing are removed, obstacles to its use persist, including concerns over Drug Enforcement Administration overreach, misuse of the drug, insurance coverage, and reports of physician assistants and nurse practitioners not being able to find a supervising physician to oversee their practice, as is still required in some states.

Insurance Coverage for OTC Naloxone: The opioid overdose reversal medication, naloxone, is now available without a prescription, but in the months since the Food and Drug Administration approved over-the-counter status for the life-saving kits, insurance companies have remained relatively quiet on the issue of coverage for the expensive drug. One major carrier, Blue Cross Blue Shield of Massachusetts, announced at the end of August that it would cover naloxone as an over-the-counter medication, but this announcement did not trigger other carriers to follow. Narcan, a popular nasal spray version of naloxone, can retail for more than \$50 for a two-dose pack, making it prohibitively expensive for many of those who need it and for harm reduction organizations that operate with extremely limited resources.

INTERNATIONAL NEWS BITS

Afghan Methamphetamine Taking Over: According to a report from the United Nations (UN) drug agency, Afghanistan is now the world's fastest-growing maker of methamphetamine, in addition to being a major source of opium and heroin. The report, which was issued by the UN Office on Drugs and Crimes, called the rise in manufacturing a growing threat to national and regional health and security. Methamphetamine suspected to have originated in Afghanistan has been seized all over the world, including in Europe and Africa. Methamphetamine manufacture has several advantages over cocaine and heroin production, including the fact that producers do not have to wait for something to grow, like the poppy flowers that are needed to produce opium; meth labs are also generally mobile, making them easy to move and hide. Although the Taliban-run government has prohibited the cultivation, production, sale, and use of all intoxicants, the illicit drug market is thriving as Afghanistan's economy is contracting and its citizens are dealing with decades of economic hardship. A government health official, speaking anonymously, stated that 20,000 people are currently hospitalized in the country for drug addiction, mostly for methamphetamine.

STATE NEWS BITS

Arkansas: State drug director Tom Fisher is warning citizens about a class of drugs (nitazenes), novel psychoactive substances thought to be up to 20 times more powerful than fentanyl. First discovered about five years ago entering the U.S. from China, nitazenes are synthetic opioids that may not respond to a regular dose of

currently available overdose reversal medication because of its high potency. Unfortunately, there is no easy way to tell if an individual may have ingested a substance adulterated with nitazenes – unless those in the presence of an overdose victim have access to updated rapid identification kits. Click [here](#), to read LAPPAs’ entire fact sheet series on novel psychoactive substances.

California: The Mendocino County Board of Supervisors voted to use \$63,285 of opioid settlement funds to cover a funding gap in the county budget related to employee health insurance premiums, wage increases, and cost of living adjustments – none of which qualify as allowable uses of the funds per the parameters of the settlement. One supervisor expressed concern that this action would set a precedent for the county to use the funds for its fiscal needs, and not for opioid abatement, while another stated that that the county has an obligation to balance its budget any way it can, regardless of where the money comes from or for what it was originally allocated.

Hawaii: The mayor of Honolulu signed a measure requiring all bars and restaurants in Honolulu serving alcohol to carry the opioid overdose antidote, naloxone. The city’s liquor commission will provide free starter doses for all licensees using some of the money it was awarded from the opioid settlement litigation. Honolulu is the first major U.S. city to require the stocking of naloxone in “high-risk venues,” and officials cite a steep rise in fentanyl overdoses as the primary reason for imposing the requirement on businesses.

Indiana: The state department of health put out an emerging drug alert pertaining to the substance known as Bromazolam, a synthetic drug first developed in the 1970s for medicinal purposes but never approved in the United States. It falls into the same drug class as Xanax and Valium and is known by several street names including XLI-268 and “fake Xanax.” Bromazolam, which is sold as tablets, powder, and gummies, is new to the U.S. market as a recreational drug so officials in Indiana did not test for it in toxicology reports until 2023.

Maine: A non-profit organization based in Bangor is planning to hire a “syringe waste specialist,” whose job responsibilities will include roaming the city streets and picking up used syringes. The needles pose a public health risk, and the city has been fielding requests from citizens who are concerned about seeing the needles in public spaces and on privately owned property. Funding for the position comes from opioid litigation settlement funds funneled to the state of Maine, which localities are permitted to use in support of measures including drug disposal and harm reduction. Property owners will be able to direct the specialist to syringes that need collecting through the Go Bangor app, by phone, and through e-mail.

Mississippi: According to a recent study, naloxone is unavailable in more than 40 percent of pharmacies across the State of Mississippi. When pharmacists were asked why they do not stock the life-saving medication, some were misinformed as to the standing order and believed a prescription was required to dispense naloxone. Others, however, were simply not willing to carry naloxone, citing a belief that the drug is only for “addicts” and those who abuse drugs, and carrying it in their stores would invite the wrong sorts of customers to shop in their establishments. The state department of health is working to increase availability by offering naloxone, at no cost, through the mail.

Nevada: The EMPOWERED program at Roseman University College of Medicine has been awarded a two-year grant of \$230,360 annually to support programs that help pregnant and post-partum people during their recovery from opioid use disorder. The grant was awarded by the Fund for a Resilient Nevada and was established in 2021 to administer the state’s portion of opioid litigation proceeds. EMPOWERED is a recovery-oriented, family-based program that combines medication for opioid use disorder with wraparound services, peer support, individual and group therapy, and general care and support while individuals seek recovery. The Centers for Disease Control and Prevention report that drug overdose continues to be the leading cause of death among women of child-bearing age (15 to 44 years) in the U.S.

New Jersey: On August 31, 2023 (Overdose Awareness Day), the state department of health approved funding for a new harm reduction center (the first in five years) and additional harm reduction services throughout the state. New Jersey began accepting applications for harm reduction centers in July, and the Visiting Nurse

Association of Central Jersey, which already operates a center in the state, will run it. The site will offer a safe, trauma-informed, non-stigmatizing space for people who use drugs to access naloxone, sterile syringes, and other safer use supplies. Staff will also provide wraparound services such as substance use disorder treatment, health care, and other services that address basic needs.

North Carolina: Through a new website, North Carolinians can see exactly how their state, county, and municipal leaders are spending the hundreds of millions of dollars awarded as part of the nationwide opioid litigation settlement. Citizens will be able to view a digital dashboard to see planned strategies for spending the dollars, which are meant to be set aside to address: (1) substance use disorders; (2) the opioid epidemic; (3) overdose prevention; and (4) other drug-related harms. Transparency and accountability are a hallmark of North Carolina's approach to spending opioid settlement money, and the state received an award for excellence from a public health coalition led by the Johns Hopkins' Bloomberg School of Public Health for devoting nearly all settlement funds to addressing the opioid epidemic.

Oregon: As part of an effort to make the city more livable, the Portland City Council voted unanimously to enact a ban on the use of fentanyl, methamphetamine, and heroin on public property. The emergency ordinance adds criminal penalties to public drug use, including up to six months in jail or a \$500 fine, but the measure is currently unenforceable because residents of the State of Oregon voted to decriminalize public consumption of those drugs through a ballot measure in 2020. State lawmakers would have to pass a new law permitting cities and other municipalities to regulate public drug consumption, which has been on the rise in Oregon's cities with many now viewing these once idyllic communities as places of lawlessness, homelessness, and drug-driven despair.

South Carolina: A newly signed law allows schools to stock, and trained staff to administer, overdose reversal medication to students on school grounds during school hours. Prior to implementation of this law, school nurses in South Carolina were generally prohibited from administering naloxone to students, and in the event a student suffered an overdose, a nurse would have to call 911 and then hope that the school's resource officer was equipped with a dose of Narcan. The legislation was an extension of an existing measure that allows schools to stock and administer EpiPens for allergic reactions; grant funds will cover the cost of stocking each school in the state that wants naloxone.

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 for addiction 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/>.

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