

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

MODEL STATE OFFICE OF DRUG CONTROL POLICY ACT

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SECTION I. SHORT TITLE.

This Act may be referred to as the “Model State Office of Drug Control Policy Act,” “the Act,” or “Model Act.”

SECTION II. LEGISLATIVE FINDINGS AND PURPOSE.

(a) Legislative findings.—The [legislature]¹ finds that:

- (1) In 2024, more than 73 million Americans aged 12 and older reported past year use of illicit drugs,² with almost 62 million of those reporting cannabis use, 7.8 million reporting opioid use, and 668,000 reporting past year use of illegally made fentanyl;³
- (2) Additionally in 2024, more than 134 million Americans aged 12 and older reported past month use of alcohol, with nearly 57.9 million reporting binge alcohol use and, of those, 14.5 million reporting heavy alcohol use;⁴
- (3) During the same time period, approximately 48.3 million Americans aged 12 and older reported having any substance use disorder characterized as mild (27 million), moderate (11 million), or severe (10.3 million);⁵

¹ This Act contains certain bracketed words and phrases (e.g., “[legislature]”). Brackets indicate instances where state lawmakers may need to insert state-specific terminology or facts.

² “Illicit drugs” is defined by the Substance Abuse and Mental Health Services Administration to include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutics that were misused, including pain relievers, tranquilizers, stimulants, and sedatives. This definition does not include gamma hydroxybutyrate (GHB), kratom, nonprescription cough or cold medicines, synthetic cannabis, synthetic stimulants, illegally made fentanyl, and CBD or hemp products. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health, Appendix A: Key Definitions*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVS. ADMIN. (last updated Sept. 8, 2025), <https://www.samhsa.gov/data/sites/default/files/reports/rpt56484/NSDUHDetailedTabs2024/NSDUHDetailedTabs2024/2024-nsduh-detailed-tables-appa.htm#i-2>.

³ *Id.* at Table 1.1A,

<https://www.samhsa.gov/data/sites/default/files/reports/rpt56484/NSDUHDetailedTabs2024/NSDUHDetailedTabs2024/2024-nsduh-detailed-tables-sect1pe.htm#tab1.1a>.

⁴ *Id.* at Table 2.1A,

<https://www.samhsa.gov/data/sites/default/files/reports/rpt56484/NSDUHDetailedTabs2024/NSDUHDetailedTabs2024/2024-nsduh-detailed-tables-sect2pe.htm#tab2.1a>. “Binge alcohol use” is defined for females as drinking four or more drinks on the same occasion and for males as drinking five or more drinks on the same occasion on at least one day in the past 30 days. “Heavy alcohol use” is defined for females as drinking four or more drinks on the same occasion and for males as drinking five or more drinks on the same occasion and on each of five or more days in the past 30 days. *Id.* at Glossary.

⁵ *Id.* at Table 5.2A,

<https://www.samhsa.gov/data/sites/default/files/reports/rpt56484/NSDUHDetailedTabs2024/NSDUHDetailedTabs2024/2024-nsduh-detailed-tables-sect5pe.htm#tab5.2a>.

- (4) In 2024, 2.9 million individuals aged 12 and older reported initiating cannabis use in the past year, 4.2 million reporting initiating alcohol use, and 6.7 million reported initiating other illicit drug use;⁶
 - (5) Approximately [n] of individuals in [state] have a substance use disorder;⁷
 - (6) It is the policy of this state to undertake every effort, explore every opportunity, invite every useful contribution, and expend every available resource for enforcement of counterdrug measures and the prevention, education, and treatment of substance misuse and abuse;⁸ and
 - (7) Collaboration and cooperation between various federal, state, and local agencies, including law enforcement, health departments, substance use disorder treatment and recovery programs, and others, can increase the effectiveness of enforcement, prevention, education, treatment, and recovery efforts in [state].⁹
- (b) Purpose.—The purpose of this Act is to:
- (1) Establish a state agency to direct, coordinate, and oversee enforcement, prevention, education, treatment, and recovery policies and programs in [state];
 - (2) Identify the powers and duties of such agency as well as the agency’s director; and
 - (3) Provide funding for such agency.

Commentary

In 2024, more than 48 million Americans aged 12 and older reported having a substance use disorder,¹⁰ while more than 73 million reported using illicit drugs in the past year¹¹ and approximately 134 million reported using alcohol in the month prior to completing the survey.¹² Experts agree that there is no “one size fits all” way to address substance misuse and abuse and that it requires a collaborative approach that focuses on enforcement, prevention, education, intervention, treatment, and recovery.¹³ However, there are a number of common problems that

⁶ *Id.* at Table 4.5B,

<https://www.samhsa.gov/data/sites/default/files/reports/rpt56484/NSDUHDetailedTabs2024/NSDUHDetailedTabs2024/2024-nsduh-detailed-tables-sect4pe.htm#tab4.5b>.

⁷ States should fill in this statistic with state-specific information.

⁸ LA. REV. STAT. ANN. § 49:219.1 (West 2025).

⁹ *See, e.g., Promising Strategies to Reduce Substance Abuse*, DEP’T OF JUST., OFF. OF JUST. PROGRAMS (Sept. 2000), <https://www.ojp.gov/pdffiles1/ojp/183152.pdf>.

¹⁰ *Supra* note 5.

¹¹ *Supra* note 2.

¹² *Supra* note 4.

¹³ *See, e.g., Cara Alexander and Torrance Brown, Collaborative Substance Use Prevention: Stronger Together*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVS. ADMIN. (Oct. 10, 2024), <https://www.samhsa.gov/blog/collaborative-substance-use-prevention-stronger-together>; *Collaborative Approaches to Drug and Alcohol Prevention in the Community*, THE NEIGHBORHOOD HOUSE,

act as barriers to successful collaboration among state agencies and other stakeholders including, but not limited to, procedural and regulatory differences between agencies and stakeholders that might impede collaboration; statutory or regulatory restrictions on data sharing; lack of resources; and different priorities or objectives among state agencies, some of which may directly conflict with others (*e.g.*, arresting drug users for possession versus deflecting the individual to treatment).¹⁴ One way to address these barriers is through the creation of a single agency to both, among other duties, develop a drug strategy that encompasses the state's goals and priorities and to coordinate a collaborative approach among state agencies and other stakeholders to address substance misuse and abuse.

Although this Model Act creates a single state agency to perform all of the duties and functions required or authorized by this Act, the drafters recognize that creation of such an agency may not be possible in every jurisdiction due to restrictions in state constitutions or laws. Where such restrictions exist, jurisdictions could alternatively create a state drug control policy advisory board to perform many of the duties set forth in this Act.

This Model Act builds on the mission and purpose of the federal Office of National Drug Control Policy and on the laws in states from across the country that have created successful and robust state agencies.

SECTION III. DEFINITIONS.

[States may already have definitions in place for some or all of the following terms. In such case, states may use the existing definitions in place of those listed below.]

For purposes of this Act, unless the context clearly indicates otherwise, the words and phrases listed below have the meanings given to them in this section:

- (a) [Department.]—“[Department]” means the state agency in which the Office of Drug Control Policy is administratively housed;
- (b) Office.—“Office” means the [State] Office of Drug Control Policy;
- (c) Substance.—“Substance” means alcohol, illicit drugs, prescription drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects;¹⁵ and

<https://www.nhicolumbus.org/collaborative-approaches-to-drug-and-alcohol-prevention-in-the-community.html>; *supra* note 9. Enforcement includes both administrative enforcement (*i.e.*, enforcement of policies and rules) and law enforcement involvement.

¹⁴ *Collaborative Approaches to Drug and Alcohol Prevention in the Community*, THE NEIGHBORHOOD HOUSE, <https://www.nhicolumbus.org/collaborative-approaches-to-drug-and-alcohol-prevention-in-the-community.html>.

¹⁵ Taken from *Substance Use*, CTRS. FOR DISEASE CONTROL & PREVENTION (last reviewed Aug. 20, 2024), <https://www.cdc.gov/nchs/hus/sources-definitions/substance-use.htm>.

- (d) Substance use disorder.—“Substance use disorder” means the recurrent use of alcohol and/or drugs that causes clinically significant impairment, including health or medical problems, and an inability to meet major responsibilities at work, school, or home.¹⁶

Commentary

The terms defined in this section may already be defined under state law, and states are free to use those definitions in lieu of the definitions provided in this section. However, some of the definitions in this section may have been revised to better fit the needs and circumstances of this Act, and changes to such definitions may impact the effectiveness of the Act.

SECTION IV. ESTABLISHMENT OF [STATE] OFFICE OF DRUG CONTROL POLICY.

- (a) Establishment of Office.—There is hereby established the [State] Office of Drug Control Policy in the [office of the governor/department].
- (b) Purpose.—The purpose of the Office is to lead and coordinate [state]’s drug policies to improve the health and safety of its citizens; identify challenges to addressing substance misuse and abuse; and make recommendations to the governor, [legislature], and state agencies regarding enforcement, education, intervention, treatment, and recovery programs, policies, and practices.¹⁷
- (c) Administration.—The Office shall be administratively housed in the [governor’s office/department] and administrative support services shall be provided to the Office by such [governor’s office/department].

Commentary

This section establishes the state Office of Drug Control Policy and recommends that the legislators establish the Office in the office of the governor. The purpose of this is so that the Office functions as part of the executive branch and, as one working group member emphasized, to overcome some of the data sharing barriers that might arise between state and local agencies; however, states are free to establish the Office in the department or agency that best suits its duties.

This section also recommends that legislators administratively house the Office in the appropriate state department or agency. The drafters did not designate a specific department in which the Office should be housed but recommend that it be within the state department responsible for programs and other activities related to substance use disorder such as the state

¹⁶ *Co-occurring Disorders and Other Health Conditions*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVS. ADMIN., U.S. DEP’T OF HEALTH & HUM. SERVS. (March 29, 2024), <https://www.samhsa.gov/find-help/disorders>.

¹⁷ Taken from *About*, OFF. OF NAT’L DRUG CONTROL POL’Y, <https://www.whitehouse.gov/ondcp/> (last visited July 1, 2025).

substance abuse authority, department of public safety, office of the governor, department of health, or department of behavioral health services. The reasons for this are twofold – first, to take advantage of the chosen department’s expertise in public health and safety, and second, to reduce the cost of operating the Office.

One working group member who chose not to be listed in the acknowledgments, expressed concern about the creation of a single agency to oversee the enforcement and treatment goals in a state and noted that the goals of a treatment agency are different than those of an enforcement agency. Additionally, the person expressed concern that the information and data sharing might foster mistrust of the treatment system and make people who use drugs feel less safe and more criminalized. The reviewer worried that the creation of a centralized agency to address both enforcement and treatment might ultimately divert public health and treatment funding and resources to law enforcement and weaken a state’s ability to improve access to prevention, intervention, treatment, and recovery services. While the drafters acknowledge these concerns, the overarching goal of this Model Act is to increase collaboration and ensure that agencies are meeting the drug control goals, including treatment and recovery goals, of the state through the creation of a single agency. Further, another working group member stressed that the way to address these concerns is through anti-stigma education and pointed out that when these groups collaborate effectively, their ability to help individuals is greatly increased. This Act does not give the Office the power to allocate state or federal funds to a specific agency or department, nor does it make any recommendation that jurisdictions give the Office that power.

Another working group member suggested that, in addition to the Office, there should be a drug policy board established within the Office to act as the lead coordinating body for statewide drug control efforts and be comprised of representatives from a variety of agencies and organizations and include people with lived experience. The working group member also recommended that the drug policy board establish a heroin and opioid prevention and education council to function as an advisory body focused on the opioid epidemic.

SECTION V. POWERS AND DUTIES OF [STATE] OFFICE OF DRUG CONTROL POLICY.

The Office shall be responsible for all matters relating to the research, coordination, and execution of drug control policy in [state] and shall have the following powers and duties:

- (a) Coordinate with other appropriate state agencies to create a statewide drug control strategy to effectively combat illegal drugs and reduce the prevalence of substance misuse and abuse among both the youth and adult populations in [state], review such strategy on at least an annual basis to ensure it is consistent with the state’s current drug control priorities, and publish the strategy on the Office’s website;

- (b) Develop long- and short-term plans and strategies that prioritize areas of need or otherwise organize the use of resources in [state] and review and revise such plans and strategies at least annually;
- (c) Using existing effectiveness metrics, monitor the data and issues related to access to substances, substance use disorder policies, including enforcement, prevention, education, intervention, treatment, and recovery policies, their impact on state and local programs, and their flexibility to adapt to the needs of local communities and service providers;
- (d) Coordinate and oversee the collection of data related to access to substances and substance use disorder policies, identify any gaps in existing data sources, and make recommendations to the governor and [legislature] to address those gaps as may be necessary;
- (e) Track current drug trends within the state and at the national level, including data on substance use patterns, overdose rates, emerging substances, trafficking activity, and treatment and recovery needs;
- (f) Collaborate with state and local agencies and community-based leaders, drug court judges, advocates, harm reduction professionals, and others to lead the development and implementation of local and community strategies to combat substance misuse and substance use disorder, including state and local law enforcement, prevention, education, intervention, treatment, and recovery activities;
- (g) Coordinate with other state agencies including, but not limited to, the [state agency/ agencies responsible for law enforcement, department of corrections, department of education, and the department of health and human services or public health], and facilitate coordination between public and private, state and local, agencies, organizations, and service providers, and monitor related programs;
- (h) Assess the roles and coordination efforts of federal, state, and local law enforcement agencies and inter- and intrastate operations in combating drug trafficking, with recommendations for improving the effectiveness of multi-jurisdictional operations throughout the state to reduce the illegal drug trade;

- (i) Coordinate with representatives from [federal, state, and local agencies responsible for law enforcement] to identify, examine, select, or develop, recommend, or implement enforcement measures;
- (j) Evaluate specific problem areas and unintended consequences relating to the enforcement of laws regulating substances and make recommendations to improve the impact of those laws through legislative and regulatory action;
- (k) Identify, examine, select, or develop, recommend, or implement demand reduction measures such as prevention, education, intervention, treatment, rehabilitation, and public awareness;
- (l) Receive reports of the allocations and expenditures of all state and federal anti-drug abuse funds earmarked for law enforcement, prevention, education, intervention, treatment, and recovery to ensure funds are being utilized in furtherance of the state drug control strategy;
- (m) Evaluate how state and federal anti-drug monies are utilized by state and local agencies in implementing anti-drug programs and evaluate and recommend changes in the methods or priorities of the allocation of funds to state and local agencies;
- (n) Identify and evaluate the effectiveness of state and local public awareness and drug prevention programs, in collaboration with existing systems, in both the public and private sectors in order to develop and implement recommendations for improving the effectiveness of such programs;
- (o) In collaboration with other state agencies, act as the referral source of information, utilizing existing information clearinghouse resources, relating to substance misuse and abuse prevention, education, intervention, treatment, and recovery programs and identify gaps in information referral sources;
- (p) Make policy recommendations to the governor, the [legislature], state and local agencies, and local substance misuse and abuse advisory and coordination boards to further the goals of the state drug control strategy;
- (q) Periodically review the methods, policies, and procedures of established Offices in other states to determine if other evidence-based strategies used in those states may be effective in [state];

- (r) Ensure that service providers that provide services related to substance misuse and abuse have access to training, technical assistance, and consultation services;
- (s) Review existing evidence-based research related to substance misuse and abuse enforcement, prevention, education, intervention, treatment, and recovery annually to ensure state efforts are in line with current best practices;
- (t) Establish a mechanism to coordinate and collaborate with existing distribution systems of funds to support any state and local enforcement, prevention, education, intervention, treatment, and recovery program based on the state drug control strategy that encourages substance misuse and abuse cessation and prevention through evidence-based strategies;
- (u) Work with prevention education programs and community-based organizations to establish comprehensive substance misuse and abuse prevention education programs and carry out the state drug control strategy developed in this section. These organizations shall be encouraged to collaborate with state and local health departments and community mental health centers to plan and implement primary prevention youth-focused interventions to delay the initiation of youth substance use, prevent the development of substance misuse behaviors, and impede the development of substance use disorders;
- (v) Lead the development and coordination of media campaigns, including social media, designed to provide public education and increase public awareness to prevent substance use, misuse, and abuse;
- (w) Track drug-related state and federal legislation to assess the potential impact of such legislation on state programs, funding, drug control strategy priorities, and public health initiatives;
- (x) Seek assistance or support from any state agency or private sector entity which may be helpful in diminishing or eradicating substance misuse and abuse;
- (y) Develop and propose administrative regulations necessary to implement this Act;¹⁸ and
- (z) Any other duties as requested by the governor or the [legislature].

¹⁸ The drafters based paragraphs (a) to (v) on IOWA CODE ANN. § 80E.1 (West 2025), KY. REV. STAT. ANN. § 15A.340 (West 2025), KY. REV. STAT. ANN. § 15A.342 (West 2025), LA. REV. STAT. ANN. § 49:219.3 (West 2025), and W. VA. CODE § 16-5T-2 (West 2025).

Commentary

This section sets out the powers and duties of the Office which were taken from the laws in Iowa, Kentucky, Louisiana, and West Virginia.¹⁹ States may choose to include or exclude other specific duties or powers. However, the drafters included each of the items set forth in this section to allow the Office to effectively lead, coordinate, and oversee a statewide effort to enforce state laws regulating substances; reduce demand; prevent substance misuse and abuse through education, prevention, and enforcement efforts; increase the availability of all types of substance use disorder treatment throughout the state; and collaborate with other state agencies to implement the state drug control strategy. This effort begins with the creation and implementation of the state drug control strategy and short- and long-term plans designed to lead enforcement, prevention, education, treatment, and recovery efforts across the state and continues with the identification and implementation of demand reduction measures, making recommendations to improve multi-jurisdictional efforts across the state, and working with community-based organizations. Each of the specific powers and duties set forth in this section also represent one or more of the national drug control priorities including enforcement efforts to help secure the global supply chain against drug trafficking; reducing fatal overdoses; preventing substance use, misuse, and abuse; and treatment measures that lead to long-term recovery.²⁰

SECTION VI. DIRECTOR FOR THE OFFICE OF DRUG CONTROL POLICY.

- (a) Appointment of director.—There shall be a director within the Office who shall be appointed by and serve at the pleasure of the governor [with the advice and consent of the legislature] and who shall report directly to the governor.
- (b) Powers and duties of director.—The director shall have the following powers and duties:
- (1) Oversee the operations of the Office;
 - (2) Develop and submit a budget to the governor and [legislature] concerning enforcement, prevention, education, intervention, treatment, and recovery programs related to drugs within the various state agencies and work with such agencies in developing the departmental budget requests;
 - (3) Oversee deposits and expenditures from the Office budget and assist with audits of the funds;
 - (4) Assist the governor in the establishment of policies, goals, objectives, and priorities for the state drug control strategy;
 - (5) Based on the policies, goals, objectives, and priorities established in paragraph (4), lead the development of the state drug control strategy;

¹⁹ *Id.*

²⁰ See *Statement of Drug Policy Priorities*, THE WHITE HOUSE, EXEC. OFF. OF THE PRESIDENT, OFF. OF NAT'L DRUG CONTROL POL'Y (April 1, 2025), [2025-Trump-Administration-Drug-Policy-Priorities.pdf](#).

- (6) Make recommendations to the governor and/or the [legislature] regarding changes in the organization, management, and budgets of state departments and agencies engaged in enforcement, prevention, education, intervention, treatment, or recovery, to implement the policies, goals, priorities, and objectives established in the state drug control strategy;
- (7) Appear before duly constituted committees and subcommittees of the [legislature] to represent the governor's drug policies;
- (8) Serve as a representative of the governor, at his or her request, in appearing before the [legislature] on all issues relating to the state drug control strategy;
- (9) Coordinate, monitor, and lead all statewide substance enforcement efforts;
- (10) Notify any state or local agency engaged in enforcement, prevention, education, intervention, treatment, or recovery if its policies are not in compliance with the responsibilities of the agency under the state drug control strategy and offer the provision of technical assistance to such agency in order to bring it into compliance;
- (11) Require each state agency engaged in drug enforcement, prevention, education, intervention, treatment, or recovery to submit to the director on an annual basis, beginning [date], an evaluation, in a format established by the director and including such additional information as may be required by the director, of the progress by the agency with respect to drug control strategy goals including, as applicable to the agency, any progress with respect to success in reducing sources of illegal drugs, success in reducing violent crime associated with drug use in the state, success in reducing the negative health and social consequences of drug use in the state, and implementation of drug treatment and prevention programs and improvements to the adequacy and effectiveness of such programs;
- (12) Submit annual reports to the governor and the [legislature] with a summary of the evaluations received by the director pursuant to paragraph (11) and the progress of each agency toward the drug control strategy goals. Such reports shall be submitted within [60/90] days of [date set forth in paragraph (11)] each year;
- (13) Coordinate and lead media campaigns designed to provide public education and increase public awareness to prevent substance use, misuse, and abuse through

- social media and by working with local media to reach all segments of the community quickly and efficiently;
- (14) Serve as spokesperson on substance issues when requested by the governor, or his or her designee, or the [legislature];
- (15) Search for and advertise grant opportunities for state and local programs and agencies, including the Office, within [state] that engage in drug enforcement, prevention, education, intervention, treatment, or recovery;
- (16) Hire and oversee staff, as necessary; and
- (17) Any other duties as requested by the governor, the [legislature], or as may be required to perform the duties of the Office pursuant to this Act.²¹
- (c) Designees.—The director may appoint a designee to perform, or assist in the performance of, one or more of the duties set forth in subsection (b).

Commentary

This section requires the appointment of a director to oversee the operations of the Office and sets out the additional powers and duties of the director. It requires that the director be appointed by and serve at the pleasure of the governor. Although this position is intended to be apolitical, the drafters recognize that different gubernatorial administrations may have varying strategies and priorities to address substance misuse and abuse in their states. Therefore, subsection (a) permits the governor to appoint a director who shall serve at the pleasure of the governor. It also includes an option to require that the appointment be made with the advice and consent of the state legislature as states may have different requirements for the appointment of executive-level directors.

One working group member pointed out that the turnover and appointment process for directors appointed by the state governor can be complicated and can impact the stability of the Office and suggested that the director be appointed by the head of the department in which the Office is housed if it is not housed in the governor's office. If the Office is not housed in the governor's office, the language of this section may need to be modified to substitute the term “governor” with the head of the department in which the Office is housed.

Subsection (b) sets forth the powers and duties of the director which include overseeing the Office, leading the development of the strategic plan, searching for grant opportunities, and hiring staff. It also provides that the director will perform any other duties as requested by the governor or the legislature. Finally, subsection (c) permits the director to appoint a designee to perform, or assist in the performance of, one or more of the duties set forth in subsection (b). The

²¹ The drafters based subparagraphs (1) to (16) on 21 U.S.C.A. § 1703; IOWA CODE ANN. § 80E.1 (West 2025), KY. REV. STAT. ANN. § 15A.340 (West 2025), and KY. REV. STAT. ANN. § 15A.342 (West 2025).

purpose of this is to permit the director to enlist the expertise of a variety of individuals (*e.g.*, by hiring individuals with expertise in grant writing or using social media).

The drafters did not include a date by which the reports from state agencies required by paragraph (b)(11) are due as states may have different requirements for when such reports should be submitted. In addition, there is no due date for the reports required by paragraph (b)(12) from the director to the governor and state legislature summarizing the reports submitted pursuant to paragraph (b)(11). The drafters suggest that those reports be due 60 or 90 days following the date on which the reports submitted under paragraph (b)(11) are due in order to give the director sufficient time to review and summarize those reports before the annual reports to the governor and legislature are due.

SECTION VII. ASSISTANCE AND COOPERATION OF STATE AND LOCAL AGENCIES AND BOARDS.

- (a) Required assistance.—All agencies, boards, commissions, and departments of [state] and any of its political subdivisions with substance misuse and abuse enforcement, prevention, education, intervention, treatment, and recovery duties shall assist the Office in its work. This requirement does not extend to resource allocation except as otherwise required by this Act.
- (b) Data sharing.—Notwithstanding any other provision of law to the contrary, the Office may receive, and all state and local agencies, boards, commissions, and departments shall provide, upon request, all data and information needed to facilitate the collection of data by the Office and perform its duties under this Act.
- (c) Confidentiality.—Data and information provided to the Office by any state or local agency, board, commission, or department shall remain confidential and subject to the same confidentiality and privacy provisions as are required of the originating agency.
- (d) Cost of services.—No agency, board, commission, or department that furnishes information, reports, aid, services, and assistance as may be requested by the Office shall do so without cost or charge of any nature to the Office; however, such required assistance shall be subject to the funding constraints of the entity.
- (e) Access to public facilities.—The facilities of each public library and university shall be made available for use by the Office.

- (f) Attorney general.—It shall be the duty of the state attorney general to give assistance to the Office and to render an opinion in writing on any subject requested by the Office.²²
- (g) Creation and submission of reports.—All agencies, boards, commissions, and departments of [state] and any of its political subdivisions in receipt of state or federal anti-drug abuse funds earmarked for law enforcement, prevention, education, treatment, and recovery shall submit reports to the Office detailing all allocations and expenditures of such funds in a format and containing such information as required by rules and regulations promulgated by [department] pursuant to this Act.

Commentary

This section requires all state agencies, departments, and boards to cooperate with any requests from, and provide information to, the Office upon request. It also prohibits such entities from charging for the provision of any such information. Additionally, this section provides that any confidentiality or privacy restrictions on information held by an agency, board, commission, or department that is shared with the Office will be subject to the same restrictions once in the custody of the Office. Finally, subsection (g) requires agencies, boards, commissions, and departments in receipt of state or federal anti-drug abuse funds to submit reports to the Office detailing all allocations and expenditures of such funds consistent with rules established by the department.

SECTION VIII. FUNDING.

- (a) Budget allocation.—Unless otherwise fully funded through another source, the [legislature] shall appropriate sufficient funds for each fiscal year to the Office for the purpose of establishing, implementing, operating, and overseeing the Office.
- (b) Pursuit of funding.—The Office may pursue all federal funding, matching funds, and foundation or other charitable funding for the initial start-up and ongoing activities required under this Act as allowable under state law.
- (c) Opioid settlement funds.—Unless otherwise prohibited by law or court order, funds available from an opioid litigation settlement or damage award may be used to fund, in whole or in part, the establishment, implementation, operation, and oversight of the Office.

²² This section is based on language in LA. REV. STAT. ANN. § 49:219.4 (West 2025) and W. VA. CODE § 16-5T-2 (West 2025).

- (d) Acceptance of gifts.—The Office may accept such gifts, grants, and endowments, from public or private sources, as may be made from time to time, in trust or otherwise, for the use and benefit of the purposes of this Act and expend the same and any income derived from it according to the terms of the gift, grant, or endowment, as allowed by state and federal law.

Commentary

Funding sections in model laws can be complicated, as states fund projects through legislation in a variety of ways, and there is no “one size fits all” approach. However, if the Model Act omits the funding discussion altogether, the legislation could give the appearance of an unfunded mandate.

SECTION IX. RULES AND REGULATIONS.

Within [n] months, the [department] shall promulgate such rules and regulations as are necessary to effectuate this Act including establishing the format, contents, and submission deadline for reports required to be submitted by agencies, boards, commissions, and departments pursuant to Section VII of this Act.

SECTION X. SEVERABILITY.

If any provision of this Act or application thereof to any individual or circumstance is held invalid, the invalidity does not affect other provisions or applications of the Act that can be given effect without the invalid provisions or applications, and to this end, the provisions of this Act are severable.

SECTION XI. EFFECTIVE DATE.

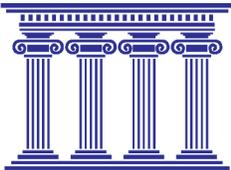
This Act shall be effective on [specific date or reference to normal state method of determination of the effective date].

ABOUT THE 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.

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