DRUG CHECKING EQUIPMENT FOR FENTANYL AND OTHER SUBSTANCES (UPDATE)

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INTRODUCTION

"Drug checking" is a strategy to prevent overdoses among individuals who use illicitly obtained drugs by informing these individuals of the substances present in a sample and if those substances include an unexpected adulterant.[1] While drug checking programs are more common in parts of Europe and Canada, the proliferation of adulterants such as fentanyl and xylazine in the American illicit drug supply over the past decade has led to an increased interest in drug checking—and the equipment used to do it—in the United States.

Drug checking equipment (DCE) includes both simple drug checking methods and more complex options. Simple DCE, such as fentanyl test strips (FTS) and other rapid drug test strips, liquid reagent tests, and thin layer chromatography kits, provide qualitative information about the presence of a particular drug/substance—or lack thereof—for which the test is designed.[2] These types of DCE, however, do not shed light on the presence of substances beyond the scope of the test or quantitative information about potency.[3] More complex and advanced DCE provide added information about the composition of drugs and other adulterants within a tested substance as well as drug potency. Advanced DCE includes Fourier-transform infrared spectroscopy, gas chromatography/mass spectrometry, high-performance liquid chromatography, and nuclear magnetic resonance techniques.[4]

In June 2021, the Legislative Analysis and Public Policy Association (LAPPA) published a fact sheet on FTS.[5] The fact sheet followed an April 2021 announcement by the U.S. Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), that federal funds could be used to purchase FTS.[6] LAPPA's 2021 fact sheet addressed how disposable, single-use FTS work as a drug checking tool, studies investigating their efficacy, and the obstacle to large-scale FTS distribution created by state laws criminalizing the use and possession of drug paraphernalia.

Now, five years later, some aspects of drug checking and FTS described in the 2021 fact sheet remain the same, while others have changed. Things that remain the same include the underlying reason for drug checking programs generally, the technology behind FTS and all other rapid drug test strips (which are formally known as lateral flow

[1] *See* Henry Larweh and Danielle Nestadt, "Strengthening Public Health Surveillance of Illicit Drug Supplies through the Power of Community Drug Checking Programs," Johns Hopkins Bloomberg School of Public Health, accessed July 2, 2026, https://opioidprinciples.jhsph.edu/drug-checking/.

[2] Jia Pu et al., "Drug Checking Programs in the United States and Internationally: Environmental Scan Summary," Mathematica (September 17, 2021): 1, https://aspe.hhs.gov/sites/default/files/documents/79e1975d5921d309ed924148ef019417/drug-checking-programs.pdf (discussing results of studies about drug checking).

[3] *See* Traci C. Green et al., "An assessment of the limits of detection, sensitivity and specificity of three devices for public health-based drug checking of fentanyl in street-acquired samples," International Journal of Drug Policy 77 (March 2020): 102661, https://doi.org/10.1016/j.drugpo.2020.102661.

[4] Pu et al., "Drug Checking Programs," *supra* note 2, at 1-2.

[5] Legislative Analysis and Public Policy Association, "Fentanyl Test Strips," June 1, 2021.

[6] U.S. Centers for Disease Control and Prevention, "Federal Grantees May Now Use Funds to Purchase Fentanyl Test Strips," news release, April 7, 2021, https://archive.cdc.gov/www_cdc_gov/media/releases/2021/p0407-Fentanyl-Test-Strips.html.

chromatographic immunoassays[7]), FTS limitations, and how community organizations and individuals use them. However, there have been several changes over the past five years, and the purpose of this fact sheet is to update stakeholders on those. These include the availability of rapid test strips for drugs other than fentanyl, new limitations on using federal funds for rapid drug test strips, new studies, and fewer state law obstacles.

RAPID TEST STRIPS FOR ADDITIONAL SUBSTANCES

FTS were the first type of rapid drug test strip in the United States to gain widespread use for drug checking purposes. Community organizations in the U.S. began pilot programs to distribute FTS for drug checking purposes in 2017, in response to increased amounts of fentanyl and fentanyl analogs appearing in the U.S. drug supply.[8] While fentanyl and its analogs continue to be worrisome, other substances of concern in the U.S. drug supply have emerged over time, leading to commercially available rapid drug test strips for several substances of concern other than fentanyl.

As of June 2026, one well-known DCE manufacturer sells rapid test strips for five different types of drugs on its website: fentanyl, xylazine, medetomidine, nitazene, and benzodiazepine.[9] A recently adopted (November 2025) drug checking regulation in Ohio also expressly identifies rapid test strips for these five types of drugs.[10] Although not highly publicized in the U.S., benzodiazepine test strips originated shortly after FTS, as some Canadian organizations that provide drug checking services started using them around 2018.[11] Xylazine,[12] medetomidine,[13] and nitazene[14] test strips are all much newer. Xylazine test strips (XTS) emerged for drug checking in early 2023,[15] while the medetomidine and nitazene test strips first appeared in 2024.[16] Recent research indicates that these newer rapid drug tests strips are viable tools for drug checking, but they have many of the same limitations as FTS as listed below.

There is now a considerable body of scientific evidence that FTS are accurate and reliable for use in drug checking as long as the individual performing the test appropriately dilutes the sample with water and the level of fentanyl is not below the test's level of detection.[17] A 2024 scientific review of 91 published journal articles about FTS found that FTS have approximately 96-98 percent sensitivity and 89 percent specificity for fentanyl.[18] With respect to the accuracy of diagnostic tests, "sensitivity" measures the proportion of positive test results out of all truly positive samples. That is, the closer the sensitivity is to 100 percent, the fewer the number of false negatives (*i.e.*, the test

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[7] Ju Nyeong Park et al., "Validation of a lateral flow chromatographic immunoassay for the detection of fentanyl in drug samples," Drug and Alcohol Dependence 240 (November 2022):109610, https://doi.org/10.1016/j.drugalcdep.2022.109610.
[8] Nicholas C. Peiper et al., "Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States," International Journal of Drug Policy 63 (January 2019): 123, https://doi.org/10.1016/j.drugpo.2018.08.007.
[9] "Harm Reduction," BTNX, accessed July 1, 2026, https://www.btnx.com/category/harm-reduction.
[10] OHIO ADMIN. CODE 4729-8-02 (2025).
[11] Aaron Shapiro et al., "Detection of etizolam, flualprazolam, and flubromazolam by benzodiazepine-specific lateral flow immunoassay test strips," British Columbia Centre on Substance Use (July 2020): 5, https://drugcheckingbc.ca/wp-content/uploads/sites/4/2020/07/BenzoTestStrip_Report.pdf.
[12] Legislative Analysis and Public Policy Association, "Novel Psychoactive Substances: Xylazine – Update," March 18, 2024, https://legislativeanalysis.org/novel-psychoactive-substances-xylazine/.
[13] Legislative Analysis and Public Policy Association, "Novel Psychoactive Substances: Medetomidine," June 28, 2024, https://legislativeanalysis.org/novel-psychoactive-substances-medetomidine/.
[14] Legislative Analysis and Public Policy Association, "Novel Psychoactive Substances: Nitazenes," September 18, 2023, https://legislativeanalysis.org/novel-psychoactive-substances-nitazenes/.
[15] Erin Thompson et al., "Pilot findings on the real-world performance of xylazine test strips for drug residue testing and the importance of secondary testing methods," Drug and Alcohol Dependence Reports 11 (June 2024): 100241, https://doi.org/10.1016/j.dadr.2024.100241.
[16] John S. Angles et al., "Emergence of Medetomidine in New York's Illicit Drug Supply," New England Journal of Medicine Evidence 5, no. 5 (April 10, 2026): 3, https://doi.org/10.1056/EVIDpha2600045; Liam M. DeVrieze et al., "Nitazene test strips: a laboratory evaluation," Harm Reduction Journal 21, no. 159 (August 28, 2024): 2, https://doi.org/10.1186/s12954-024-01078-8.
[17] Eric Kutscher et al., "Fentanyl Test Strips for Harm Reduction: A Scoping Review," Journal of Addiction Medicine 18, no. 4 (July-August 2024): 373-380, https://doi.org/10.1097/ADM.0000000000001321.
[18] *Id.*, *supra* note 17 (citing to Park et al, "Validation," *supra* note 7 and Karen McCrae et al., "Assessing the limit of detection of Fourier-transform infrared spectroscopy and immunoassay strips for fentanyl in a real-world setting," Drug & Alcohol Review 39, no. 1 (January 2020): 98-102, https://doi.org/10.1111/dar.13004).

result is negative for fentanyl when fentanyl actually is present).[19] Meanwhile, "specificity" measures the proportion of negative test results out of all truly negative samples, such that the closer the specificity is to 100 percent, the fewer the number of false positives (*i.e.*, the test says fentanyl is present when it is not).[20] False positives may occur for FTS at high concentrations of certain non-opioid substances, while some fentanyl analogs, such as carfentanil, norcarfentanil, norfentanyl, test negative.[21]

Over the past three years, studies about the accuracy and reliability of new tests strips have emerged. In 2024, one group of researchers concluded that XTS "effectively detect xylazine as a major sample component" but "may not be accurate in detecting residual amounts of xylazine, especially if xylazine is not a dominant component of the tested sample."[22] In a different study published in 2026, researchers found that one manufacturer's XTS "had a relatively low sensitivity, but higher specificity."[23] With respect to nitazene test strips, a 2024 study concluded that they "can theoretically alert to the presence of most nitazene analogues that have emerged on recreational drug markets" but that the strips may yield false negative results in the presence of certain nitazene groups.[24]

Medetomidine presents a detection challenge for rapid drug test strips because the drug is chiral, meaning that its molecules exist in two non-superimposable mirror-image forms, dexmedetomidine and levomedetomidine.[25]A 2026 study about different medetomidine test strips on the market found that some strips "detect racemic medetomidine [a 50/50 mix of dexmedetomidine and levomedetomidine] but give a negative result for pure levomedetomidine."[26] Other types of medetomidine strips "required both dexmedetomidine and levomedetomidine to be present to give a positive result."[27] Accordingly, researchers concluded that "organizations selecting [medetomidine] test strips for public health applications should select strips that can detect both dexmedetomidine and racemic versions of this sedative."[28]

CHANGES TO THE USE OF FEDERAL GRANT FUNDS

In April 2021, to help curb the spike in drug overdose deaths largely driven by fentanyl and fentanyl analogs, CDC and SAMHSA announced that grantees could use federal funds to purchase FTS as long as "the purchase of FTS is consistent with the purpose of the [grant] program."[29] In July 2025, SAMHSA issued an official public communication (termed a "Dear Colleague" letter) outlining supplies and services that grantees could provide with SAMHSA funding that expressly indicated that grantees could use SAMHSA funding for "[s]ubstance test kits, including fentanyl test strips and xylazine test strips."[30]

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[19] Rachel West and Amanda Kobokovich, "Understanding the Accuracy of Diagnostic and Serology Tests: Sensitivity and Specificity," Johns Hopkins Bloomberg School of Public Health, December 2020, https://centerforhealthsecurity.org/sites/default/files/2022-11/201207-sensitivity-specificty-factsheet.pdf.
[20] *Id*., *supra* note 19.
[21] Kutscher et al, "Fentanyl Test Strips," *supra* note 17 (citing to Park et al, "Validation," *supra* note 7; Traci C. Green et al., "An assessment," *supra* note 3; Tracy-Lynn E. Lockwood et al., "High concentrations of illicit stimulants and cutting agents cause false positives on fentanyl test strips," Harm Reduction Journal 18, no. 30 (March 9, 2021), https://doi.org/10.1186/s12954-021-00478-4; Hannah Crepeault et al., "Examining fentanyl and its analogues in the unregulated drug supply of British Columbia, Canada using drug checking technologies," Drug and Alcohol Review 42, no. 3 (March 2023): 538-543, https://doi.org/10.1111/dar.13580; Rebekah E. Wharton et al., "Detection of 30 Fentanyl Analogs by Commercial Immunoassay Kits," Journal of Analytical Toxicology 45, no. 2 (March 2021): 111-116, https://doi.org/10.1093/jat/bkaa181).
[22] Erin Thompson et al., "Pilot findings," *supra* note 15.
[23] Caitlin A. Molina et al., "Assessing the real-world performance of xylazine test strips for community-based drug checking in Los Angeles," Harm Reduction Journal 23, no. 53 (February 8, 2026), https://doi.org/10.1186/s12954-026-01396-z.
[24] Liam M. DeVrieze et al., "Nitazene test strips," *supra* note 16.
[25] Anita Amate and Marya Lieberman, "Chiral sensitivity of medetomidine lateral flow immunoassay test strips," Harm Reduction Journal 23, no. 19 (January 2, 2026), https://doi.org/10.1186/s12954-025-01387-6.
[26] Amate and Liberman, "Chiral sensitivity," *supra* note 25.
[27] *Id*.
[28] *Id*.
[29] U.S. Centers for Disease Control and Prevention, "Federal Grantees May Now Use Funds to Purchase Fentanyl Test Strips," news release, April 7, 2021, https://archive.cdc.gov/www_cdc_gov/media/releases/2021/p0407-Fentanyl-Test-Strips.html.
[30] Substance Abuse and Mental Health Services Administration, "Dear Colleague," U.S. Department of Health and Human Services, July 29, 2025: 2, https://www.samhsa.gov/sites/default/files/dear-colleague-letter-executive-order-ending-crime-disorder-americas-streets-07302025.pdf. The letter also set forth certain supplies/services that grantees could not provide with SAMHSA funding.

Then, in April 2026, SAMHSA issued another communication that reversed the use of SAMHSA funding for rapid drug test strips.[31] Under this guidance: "[n]o HHS funding can be used directly or through subsequent reimbursement of grantees or others to purchase or distribute . . . [f]entanyl test strips or any other substance test kits, including xylazine and medetomidine test strips, intended for use by people using drugs."[32] There is an exception to this prohibition, as it does not apply to law enforcement, emergency medical services, public health officials, or healthcare professionals "using drug testing technologies in the regular course of discharging their professional duties, or as specifically authorized by the program statute."[33]

NEW STUDIES ON THE USE OF RAPID DRUG TEST STRIPS

LAPPA's 2021 fact sheet describes three studies published in 2018 or 2019 that investigate the efficacy of FTS and whether they cause behavioral changes in the individuals who use them for drug checking. These studies suggest that FTS are a good addition to evidence-based overdose prevention but that more studies are needed to fully understand the impact of FTS in changing behavior and preventing overdose.[34]

Some studies published since 2021 have shown that the use of FTS leads to positive behavior change (PBC). For example, one study based on data collected in 2023 from 732 individuals in Kentucky, New York, and Ohio found that "[study] participants who used FTS at baseline engaged in more overdose risk reduction behaviors and did so more frequently during follow-up than those who did not use FTS."[35] These PBCs included having naloxone nearby when using drugs, testing the strength of drugs before using them, and asking someone to check on them while using.[36] However, researchers did not find any association between FTS use and a lowered risk of nonfatal overdose.[37] In addition, the 2024 scientific review of published journal articles about FTS identified 26 studies documenting actual, or theoretical, PBC as a result of FTS.[38] The most common PBCs included using smaller amounts of drugs, not using the drug, going slower, or using a "tester shot" to see how the drug feels before administering the entire dose.[39]

DECREASING LEGAL OBSTACLES FOR POSSESSING OR USING RAPID DRUG TEST STRIPS

When the increased interest in drug checking in the United States began, many state criminal laws included DCE within the definition of "drug paraphernalia." However, in recent years, various states have expressly removed some DCE from this definition, particularly as it relates to the possession or use of rapid drug test strips.

The underlying cause of this issue dates back many years. The first state drug paraphernalia laws took effect in the mid-1970s in reaction to a perceived loophole in the federal Comprehensive Drug Abuse Prevention and Control Act,[40] the legislation containing the federal Controlled Substances Act (CSA).[41] Although the original form of the CSA criminalized possessing and selling controlled substances, it did not criminalize selling devices that facilitated

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[31] Substance Abuse and Mental Health Services Administration, "Dear Colleague," U.S. Department of Health and Human Services, April 24, 2026, https://www.samhsa.gov/sites/default/files/dear-colleague-letter-upated-hr-funding-guidance.pdf ("Dear Colleague 2026").
[32] *Id*., *supra* note 31, at 2.
[33] *Id*., *supra* note 31, at 2, n.6.
[34] Legislative Analysis and Public Policy Association, "Fentanyl Test Strips," *supra* note 5, at 2-3.
[35] Rachel A. Vickers-Smith et al., "Fentanyl Test Strip Use and Overdose Risk Reduction Behaviors Among People Who Use Drugs," JAMA Network Open 8 no. 5 (May 13, 2025): 9, https://doi.org/10.1001/jamanetworkopen.2025.10077.
[36] Vickers-Smith et al., "Fentanyl Test Strip Use," *supra* note 35, at 9.
[37] *Id*., "*supra* note 35, at 10.
[38] Kutscher et al, "Fentanyl Test Strips," *supra* note 17. A "theoretical" PBC occurs where an individual who uses drugs indicates that they would have changed their behavior if they had access to FTS.
[39] *Id*.
[40] Comprehensive Drug Abuse Prevention and Control Act of 1970, Pub. L. No. 91–513, 84 Stat. 1236 (1970).
[41] 21 U.S.C. § 801 et seq. (2025).

the use of controlled substances.[42] As sales of drug paraphernalia grew in the 1970s, states and localities enacted laws to prevent the sale and use of drug paraphernalia. Many courts, however, found early legislative attempts unconstitutionally vague. In response, the Drug Enforcement Administration drafted a Model Drug Paraphernalia Act in August 1979 (the 1979 Act) for states to use.[43]

By December 1987, 38 states and the District of Columbia had enacted the 1979 Act.[44] Once enacted, these laws remained largely unchanged for over 30 years. The definition of "drug paraphernalia" in the 1979 Act—and thus, the definition during that time period in most states' laws—includes items used for "testing, [or] analyzing" a controlled substance.[45] The 1979 Act lists numerous categories of items meeting this definition, including "[t]esting equipment used, intended for use, or designed for use in identifying, or in analyzing the strength, effectiveness or purity of controlled substances."[46] The 1979 Act also made it illegal for an individual "to use, or to possess with intent to use" or "deliver, possess with intent to deliver, or manufacture with intent to deliver" drug paraphernalia. Accordingly, all DCE, including rapid drug test strips, are potentially subject to criminal penalty in any state whose law tracked the 1979 Act without subsequent amendment. Even if present-day local law enforcement and prosecutors do not actively enforce the statutory prohibition on DCE, the potential for enforcement may chill the use and distribution of these items.

As of July 1, 2026, in 47 states, the District of Columbia, and four U.S. territories, possessing or using FTS is not potentially subject to criminal penalty for drug paraphernalia for at least some individuals in the jurisdiction.[47] (The qualifier "for at least some individuals in the jurisdiction" is necessary because, in a few states, FTS remain subject to potential penalty depending either on who possesses/uses the FTS, or how they use the FTS.[48]) This number has increased from 25 states and the District of Columbia in April 2022.[49] Iowa, North Dakota, and Texas are the three remaining states in which drug paraphernalia penalties potentially apply for every individual possessing or using FTS.

The following are five instances in which a jurisdiction's drug paraphernalia law does not apply to possessing or using FTS for drug checking: (1) the jurisdiction does not have a law against drug paraphernalia generally; (2) the jurisdiction does not prohibit the possession/use of drug paraphernalia without an intent to sell it; (3) the jurisdiction's definition of drug paraphernalia is not broad enough to include any type of DCE; (4) the jurisdiction's definition of drug paraphernalia expressly excludes some (or even all) forms of DCE; and (5) even though DCE may constitute drug paraphernalia in the jurisdiction, possessing/using certain types of DCE is exempt from drug paraphernalia penalties for at least some individuals.[50] In the laws of 17 states, two or more of these instances

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[42] *See* U.S. International Trade Commission, "Importation of Certain Drug Paraphernalia into the United States," USITC Publication 2223 (September 1989): 1-2, https://www.usitc.gov/publications/332/pub2223.pdf; Michael J. Barbour, "Virginia's Drug Paraphernalia Law," University of Richmond Law Review 16, no. 1 (1981): 161-162, https://scholarship.richmond.edu/cgi/viewcontent.cgi?article=1560&context=lawreview; Michael D. Guinan, "Constitutionality of Anti-Drug Paraphernalia Laws-The Smoke Clears," University of Notre Dame Law Review 58, no. 4 (April 1983): 834-840, https://scholarship.law.nd.edu/ndlr/vol58/iss4/5/.

[43] *Id*., *supra* note 42, at 2.

[44] *Id*. The 38 states not identified by name in the remainder of this footnote are the ones who enacted the 1979 Act on or before December 1987. As of December 1987, six states had drug paraphernalia laws not based on the 1979 Act (Colorado, New York, Ohio, Oregon, Tennessee, and West Virginia). U.S. International Trade Commission, "Importation," *supra* note 42, at 2. Six other states had no drug paraphernalia law at all as of December 1987 (Alaska, Hawaii, Illinois, Iowa, Michigan, and Wisconsin). U.S. International Trade Commission, "Importation," *supra* note 42, at 2.

[45] *Id*., *supra* note 42, at Appendix C. The 1979 Act does not define either "testing" or "analyzing."

[46] U.S. International Trade Commission, "Importation," *supra* note 42, at Appendix C. *Id.*

[47] Legislative Analysis and Public Policy Association, "Drug Checking Equipment, Needles/Syringes, and Drug Paraphernalia: Summary of State Laws," September 17, 2025: 9, https://legislativeanalysis.org/drug-checking-equipment-needles-syringes-and-drug-paraphernalia-summary-of-state-laws/.

[48] *Id*., *supra* note 47, at 9.

[49] Legislative Analysis and Public Policy Association, "Drug Paraphernalia: Summary of State Laws, April 2022:5.

[50] Legislative Analysis and Public Policy Association, "Drug Checking Equipment," *supra* note 47, at 6-8.

apply.[51] Most of states' legislative changes since 2017 has been legislators amending statutes so that instance (4) and/or (5) applies.

There are 11 states where the statutory language that precludes application of criminal drug paraphernalia penalties to FTS is not broad enough to also include XTS.[52] As a result, as of July 1, 2026, for at least some individuals, possessing or using XTS is not potentially subject to criminal penalty for drug paraphernalia in 36 states, the District of Columbia, and four U.S. territories.[53] Moreover, in Florida and Wisconsin, the statutory language that precludes application of criminal drug paraphernalia penalties to FTS and XTS is not broad enough to include rapid test strips for other drugs.[54] In total, in 32 states, the District of Columbia, and four U.S. territories possessing or using any form of DCE to test for the presence of any adulterant is not potentially subject to criminal penalty for drug paraphernalia for at least some individuals in the jurisdiction.[55]

CONCLUSION

There have been some significant changes related to rapid drug test strips in the five years since LAPPA first published its sheet on FTS. These changes include the availability of rapid test strips for other types of drugs (xylazine, medetomidine, nitazene, and benzodiazepine), a reversal by SAMHSA on using federal grant funds for them, and additional state law amendments to except rapid drug test strips from drug paraphernalia penalties. What has not changed in that time is the underlying purpose for drug checking programs, the technology behind how rapid drug test strips work, and studies showing that access to FTS may lead to positive behavior changes.

RESOURCES

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[51] *Id*., *supra* note 47, at 8.
[52] These 11 states are Alabama, Arizona, Arkansas, Hawaii, Idaho, Kansas, Kentucky, Mississippi, Missouri, South Dakota, and Tennessee. Legislative Analysis and Public Policy Association, "Drug Checking Equipment," *supra* note 47, at 10. Ohio was in this group until November 1, 2025. *See* OHIO ADMIN. CODE 4729-8-02 (2025). Florida was in this group until July 1, 2026. *See* 2026 Fla. Laws Ch. 157 (West).
[53] Legislative Analysis and Public Policy Association, "Drug Checking Equipment," *supra* note 47, at 10.
[54] Florida (2026 Fla. Laws Ch. 157 (West) (amending FLA. STAT. ANN. § 893.145 (West 2026)) and Wisconsin (WIS. STAT. ANN. § 961.571(1)(a) (West 2026)).
[55] Legislative Analysis and Public Policy Association, "Drug Checking Equipment," *supra* note 47, at 12.

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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 disorder, 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 disorder, medication for addiction treatment in correctional settings, and the involuntary commitment of individuals with alcohol or substance use disorder.

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