The following is a compendium of news reports over the past month that may be of interest to our AG offices who are dealing with substance abuse issues. Neither the National Association of Attorneys General nor the National Attorneys General Training & Research Institute expresses a view as to the accuracy of news accounts, nor as to the position expounded by the authors of the hyperlinked articles.

MAY 2015

New Developments in Combatting Opioid Abuse

Florida Attorney General Pam Bondi announced that the former owner of a pill mill and a physician who worked at said clinic are facing Oxycodone trafficking charges, including racketeering, trafficking, conspiracy and manslaughter. The manslaughter charge relates to the death of a patient who overdosed three days after his seventeenth visit to the clinic.

General Bondi also recently thanked the Florida Legislature for voting to remove the sunset provision of the state’s pill mill regulations. Since the regulations passed in 2011, prescription drug related deaths have dropped by nearly 30 percent and Oxycodone deaths have dropped by 65 percent.

Indiana Attorney General Greg Zoeller has urged his state’s legislature to pass syringe-exchange legislation, in the wake of the HIV outbreak that has been tied to injection drug use in Scott County, Indiana. Additionally, General Zoeller met with the Indiana Drug Abuse Prevention Task Force, of which he serves as a co-chair, to discuss the state’s response effort.

A Maine program called Diversion Alert provides doctors and pharmacists with a monthly list of people who have been arrested or summoned for prescription diversion and other drug related crimes. The program is funded by a two-year grant from the office of Maine Attorney General Janet Mills. The program helps providers to identify patients with possible addiction problems.

Massachusetts Attorney General Maura Healey, together with the other members of the Massachusetts governor’s opioid task force, met for the task force’s fourth and final public hearing in early April 2015. General Healey emphasized the importance of a holistic approach to addressing opioid abuse, stating “[w]e really need to come at this issue from so many fronts in order to be able to really get at this terrible disease….”

The New Jersey Division of Consumer Affairs and New Jersey Acting Attorney General John Hoffman have announced that Nelson Press, a New Jersey based printing company, no longer has authorization to act as a printer or vendor of prescription blanks, due to a lapse in security requirements that allowed a suspended doctor to obtain and write unauthorized prescriptions for opioid pain killers. A doctor and a physician assistant have been arrested in connection with the investigation. The scheme was discovered with the help of the state’s prescription drug monitoring program.
Acting Attorney General Hoffman also revealed the state’s online app, which allows authorized users of the state’s prescription drug monitoring program to access the program via smartphones and handheld devices. New Jersey is the first state in the nation to utilize this app. It is free of charge to Apple users and will be available for Android and Windows Mobile users this summer.

Ohio Attorney General Mike DeWine announced the recommendations issued by the Overdose Prevention Task Force that he formed in 2014. The task force reviewed the methods for collecting overdose death data within the state and “also examined the value of non-fatal overdose data and other data sources that could be utilized to prevent overdose deaths.” The full list of recommendations can be accessed at this link.

General DeWine’s Drug Abuse Awareness Outreach Coordinator recently held a heroin and opioid awareness meeting in Gallipolis, Ohio, to discuss local drug combat initiatives. Emphasis was placed on heroin use across “all races and income levels.” The goal of the meeting was to spread awareness.

In 2012, then West Virginia Attorney General Darrell V. McGraw, Jr. filed suit against out-of-state drug wholesalers, arguing that the defendants “helped fuel Southern West Virginia’s prescription pill problem by shipping an excessive number of painkillers to pill mill pharmacies in the region.” Two state agencies have since joined the suit as plaintiffs. Recently, the office of current Attorney General Patrick Morrisey filed a motion to unseal a revised complaint which would reveal the details of the defendants’ business records including the number of prescription pain killers shipped to drug clinics in the state. The defendants are opposing the unsealing of the complaint, arguing that the businesses’ sensitive business information must be protected.

California’s State Board of Pharmacy will now allow pharmacists to provide Naloxone to those who request it, even if the requestors do not have a prescription. This change is due to emergency regulations approved by the Board. Naloxone will be furnished pursuant to a protocol which was developed by the Board and approved by the California Medical Board.

California’s legislature is considering AB 623, which will limit access to opioids and ensure that providers can prescribe abuse-deterrent opioid formulations.

California’s Supreme Court will consider whether state regulators, such as those with the Medical Board of California, should have “unrestricted access“ to the state’s prescription drug monitoring program.

In Kentucky federal court, a former nurse has sued the state’s Administrative Office of the Courts, alleging that the Office, including the Office’s Director, engaged in discriminatory behavior and violated the Americans with Disabilities Act. Specifically, the nurse was charged with burglary and theft of a drug and was allowed to remain out of jail as part of a Monitored Conditional Release Program, but was not permitted to ingest methadone, Suboxone or “similar conditions” even though they had been prescribed to her by a physician. Had she taken any of the prescribed substances, her bond would be revoked. The defendants have moved for dismissal. Notably, Kentucky’s court rules have since changed and defendants will not be required to cease taking properly prescribed medically-assisted treatment drugs as a condition of court programs.

New Jersey Governor Chris Christie has signed two bills into law that relate to opioid abuse prevention. S. 2369 codifies and expands Project Medicine Drop, which is the state’s drug disposal
program, and S.2732 serves as a “mandate for the attorney general to coordinate statewide law enforcement efforts against drug abuse.”

New York State will fund a program which will provide Naloxone kits to state schools. School employees will also be trained on how to use Naloxone. Specifically, $272,000 has been set aside in the budget for training for school personnel. Those schools who complete the training will receive kits.

Tennessee Governor Bill Haslam has signed Senate Bill 157, which repeals the Intractable Pain Treatment Act of 2001 (IPTA). Under IPTA, if a patient presented with severe chronic intractable pain, and a doctor refused to prescribe an opiate to treat the pain, the doctor was required to let the patient know that there were other doctors in the area who could prescribe such medication.

The U.S. Department of Health and Human Services (HHS) is launching a four-pronged initiative to reduce opioid abuse. The initiative will focus on prescription drug monitoring programs, increasing the use of Naloxone, expanding medication-assisted treatment (MAT), and exploring “bipartisan policy changes to increase the use of buprenorphine.”

The U.S. Senate is considering the FDA Accountability for Public Safety Act (FAPSA), which would set stricter standards for FDA approval of new opioid drugs. Specifically, FAPSA would require that the FDA convene an Advisory Committee meeting or panel for any new, altered, or generic opioid drug. If the Advisory Committee voted against approval and the FDA’s Center for Drug Evaluation and Research decided to approve it anyway, the Commissioner of the FDA would need to make the final decision and then issue a report to Congress explaining why the drug was approved.

U.S. Senators Joe Donnelly (Indiana) and Kelly Ayotte (New Hampshire) have introduced the Heroin and Prescription Opioid Abuse Prevention, Education, and Enforcement Act of 2015, which aims to “better enable health care providers and public health officials to prevent prescription drug abuse; support law enforcement efforts to get heroin off the streets; allow more first responders access to life-saving Naloxone; and raise awareness among healthcare providers, patients and the public regarding prescription opioid abuse and heroin.”

A recent Yale University study found that patients treated in emergency departments for overdoses who have been provided with buprenorphine are more likely to enter treatment and reduce illicit opioid use. This is in comparison to those patients who are referred to addiction treatment but do not receive buprenorphine.

Vivitrol, also known as extended-release naltrexone, is used to block the effects of opioids on the brain. It is given as a monthly injection. A recent study of men incarcerated by the New York City Department of Corrections found that Vivitrol is “associated with a much lower rate of heroin relapse in men who have been released from jail, compared with released inmates addicted to heroin who are not given treatment.”

This article details the activities of a group of heroin traffickers from Xalisco, Mexico, who have “devised a system for selling heroin across the United States that resembles pizza delivery.”

**Synthetic Drug News**
As a result of a civil suit filed by **Colorado Attorney General Cynthia Coffman**, a Colorado Springs woman must now pay a $1 million penalty in connection with her sale of synthetic cannabinoids. These sales continued after an initial seizure of the product by law enforcement. The defendant has also pled guilty to distribution of synthetic cannabinoids in criminal court and was sentenced to probation. This civil penalty is the largest ever ordered in Colorado in a case involving synthetic cannabinoids.

**Illinois Attorney General Lisa Madigan**, together with the Illinois Poison Center, recently issued an alert to the state’s citizens after media reports of increased emergency room visits and deaths tied to synthetic drugs nationwide. General Madigan’s efforts to fight against synthetic drugs in her state have led to a legislative ban of the substances as well as the launch of “Operation Smoked Out,” a statewide initiative to remove the drugs from stores.

The office of **Washington, D.C., Attorney General Karl A. Racine** has launched an initiative aimed at ending the sale of dangerous synthetic drugs within its jurisdiction. In connection with the initiative, the office has filed suits against stores selling synthetic substances, on the grounds that such sales violate the District’s public-nuisance laws.

In the first three weeks of April, state poison control centers across the nation received approximately 1,000 reports of adverse reactions to “spice,” a type of synthetic marijuana. This number is more than double the amount received from January through March. States that have seen increases include Alabama, Arizona, Florida, Mississippi, New Jersey, New York and Texas. Experts are unsure of whether this increase is due to an increase in the use of synthetics or a “particularly dangerous formulation.”

This article provides insight into the type of behavior exhibited by patients in New York State who have ingested spice. In particular, the patients have been presenting with signs of sedation and have come to the hospitals on their own (rather than due to police activity or the urging of others). The article refers to “spice” and “spike” interchangeably.

A new type of synthetic cathinone, known as “flakka” has appeared in states including Florida, Ohio and Texas. It contains alpha-PVP and is also known as “gravel.” According to this article, South Florida hospitals are admitting 20 new patients each day for flakka abuse. It can be snorted, swallowed, injected, or vaped and provides a feeling of euphoria. It can cause heart palpitations aggressive and violent behavior, kidney failure, and death.

Recently, the Office of National Drug Control Policy hosted an informative webinar on synthetic drugs. The webinar can be viewed at the following link.

According to the National Kidney Foundation, **synthetic marijuana** might be harmful to the kidneys. In a recent news release, the Foundation stated that, “[t]heories suggest that the compounds may have harmful heavy metal residues, as these are known to affect different parts of the body, including the kidneys.” At this stage, the Foundation has characterized the relationship between kidney damage and synthetic drugs as “correlated.”

This website provides helpful information on synthetic drugs.

**Updates in the Field of Marijuana Legalization**
The Kansas Supreme Court will consider whether a voter-approved ordinance that lessens penalties for marijuana possession is legal. Kansas Attorney General Derek Schmidt is asking the Court to nullify the ordinance on the grounds that it conflicts with Kansas state law.

Ohio Attorney General Mike DeWine has rejected a petition for the legalization of marijuana on the grounds that the summary of the petition was not “fair and truthful.” The amendment was called “Legalize Marijuana in Ohio.” The accompanying summary misstated the amount of tax distributed to the state’s Municipal and Township Government Stabilization Fund and omitted portions of the proposed amendment in that the summary stated that the amendment would apply to adults 21 or older but failed to include language from the amendment which noted that the age limitation would not apply to patients with proper medical documentation.

Alabama’s legislature will consider SB326, known as “The Alabama Medical Marijuana Patient Safe Access Act.” If passed, the legislation would allow for the treatment of certain serious medical conditions by medical marijuana and would prohibit employers from taking adverse actions against these patients, with an exception for employees in “safety-sensitive positions.” It would also allow the establishment of medical marijuana dispensaries and allow patients and caregivers to grow a quantity of marijuana.

Alaska’s Alcohol Beverage Control Board is considering the state’s first draft marijuana regulations. Its first meeting on the issue was held in late April. The meeting focused on ensuring access to medical marijuana and the safety of medical marijuana products and testing facilities. The draft regulations are focused on definitions, such as “marijuana plant” and “edible marijuana product” as well as “possession of a marijuana plant.” Once the Alcohol Beverage Control Board drafts regulations, such regulations will be reviewed for approval by the newly established Marijuana Control Board. As of April 30, no Marijuana Control Board members had been appointed.

Colorado legislators are considering a proposal which would ask voters to approve sales and excise taxes. Without this approval, the $58 million in taxes obtained from recreational marijuana would have to be refunded to voters. The proposal would also set aside $300,000 for the Colorado State Fair, $1 million for poison control centers, and $2 million for a school bullying prevention fund.

Georgia Governor Nathan Deal has signed HB1, which makes the use of cannabis oil legal for the treatment of eight medical conditions. Patients will be allowed to possess up to 20 ounces of the oil. The oil must contain no more than 5% of tetrahydrocannabinol (THC).

Maine has approved a petition for a 2016 ballot initiative. The initiative must have 61,000 valid signatures by January 22 for it to appear on the 2016 ballot. Eventually, if the initiative is included on the ballot and voted into law, adults 21 years of age or older would be permitted to possess and grow limited amounts of marijuana and a system of manufacture, testing, regulation, and retail sale would be set up in the state.

Two Minnesota labs have received approval to test medical marijuana produced by state-approved manufacturers. The approval comes from the state’s Department of Health. Patient registration will begin on June 1 and distribution of medical marijuana will begin on July 1.

MBank, an Oregon-based bank that previously stated that it would work with the Colorado marijuana industry has now decided that it can no longer have members of the industry as clients due to a lack of
“resources necessary to manage the compliance” requirements of such banks. This article examines other possible reasons why the bank has decided to no longer work with those in the marijuana industry.

The Oregon legislature is considering a SB 844, which would limit the size of marijuana growing operations. Medical marijuana activists and patients are concerned about the effect that it would have on the supply of marijuana in the state. This article details the ongoing debate.

Washington Governor Jay Inslee signed a medical marijuana bill into law which creates a voluntary registry of patients, bans “collective gardens,” and makes other sweeping changes to medical marijuana practices in the state. SB 5052 allows patients to buy medical-grade marijuana from recreational marijuana stores once those stores obtain an endorsement to sell the products and also allows patients to participate in cooperative grows of up to four patients. Patients who join the registry will be allowed to possess three times as much marijuana as is allowed under the recreational law and will also be able to grow up to six plants at home.

The U.S. House of Representatives voted against an amendment to the Military Construction and Veterans Affairs Appropriations Bill which would have blocked the Department of Veterans Affairs from spending money to enforce a ban on Veterans Affairs doctors from discussing medical marijuana with their patients.

U.S. Border Patrol agents have reported that, since recreational marijuana was legalized in Colorado and Washington, the agents have seized smaller quantities of the drug along the United States/Mexican border. Additionally, the Mexican army has reported a 32 percent decline in marijuana seizures from 2013 to 2014.

The U.S. Supreme Court has asked the Obama administration to comment on the lawsuit filed by Nebraska and Oklahoma against Colorado. Specifically, the Court has stated that “[t]he Solicitor General is invited to file a brief in this case expressing the views of the United States.”

The Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) has released a preliminary report which examines the impact of the legalization of recreational marijuana in Colorado. The report can be accessed at this link.

**Other News of Interest**

In Alabama, state and federal officials including Alabama Attorney General Luther Strange will meet to discuss concerns relating to heroin, prescription drug abuse, and the prevalence of synthetic marijuana.

Florida Attorney General Pam Bondi announced that 22 people have been arrested and over $1.3 million worth of methamphetamine has been seized as the result of an investigation conducted jointly by the Attorney General’s office, local law enforcement, and the U.S. Drug Enforcement Administration (DEA).

A record amount of methamphetamine was seized in Arkansas in April. The seized drugs were worth an estimated $10 million and were found in a tractor-trailer rig east of Little Rock.
A New Jersey Assemblyman has announced that he will introduce legislation to make kratom illegal in the state.

This White Paper, written by the President of Mothers Against Drunk Driving (MAAD) and the President of DUI Victim Voices, was prepared for U.S. House of Representatives’ Committee on Transportation and Infrastructure, provides an overview of the current drugged driving problem in this country and asks that Congress support eight initiatives which the authors believe will help to stop DUID.

A study released by the Institute of Health Metrics and Evaluation at the University of Washington found that nationwide levels of heavy drinking and binge drinking are increasing and that these rates are rising much faster for women than for men. The rates also vary by geographic area. The study has been published in the American Journal of Public Health.

Researchers at the University of North Carolina have called fake and low-quality drugs a “global pandemic,” although it is unknown exactly how pervasive these drugs are.

Over the past month, NAAG’s Visiting Fellows attended the hearings listed below. If you would like more information regarding the substance of these events, please email me and I will forward you the notes taken at the events.

- U.S. House of Representatives Energy and Commerce Subcommittee on Oversight and Investigation’s hearing on “Combatting the Opioid Abuse Epidemic: Professional and Academic Perspectives.”
- U.S. House of Representatives Energy and Commerce Subcommittee on Oversight and Investigation’s hearing on “What is the Federal Government Doing to Combat the Opioid Abuse Epidemic?”

From April 6-9, 2015, I attended the National RX Drug Abuse Summit. I found it to be incredibly informative. To access materials discussed at the Summit, please click on this link. If you have any questions, please feel free to email me.

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