
Change is Law:
A Federal Drug Policy
Update
Live Webcast
March 29, 2023
Community
Impact
North Carolina
Center for U.S. Policy
@impactcarolina
@USPolicyCenter

Speakers

Erin Day

CEO, Community Impact NC
Wilson, NC | Bio

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Chairman, Center for U.S. Policy
Washington, DC | Bio | Publications

Ambitious Agenda

- Audience: moderate+ understanding of SUD continuum
- Federal policy (demand reduction focus)
  - Prevention
  - Treatment
  - Harm reduction
  - Recovery
- Federal appropriations
- Notable studies
- Clarifications, Q&A, and discussion

Policy Highlights

- Marijuana and cannabinoids
- X-waiver elimination
- Opioid treatment program rules
- Telehealth prescribing
- OTC naloxone

Public Health Emergencies

Drug Poisoning: Oct. 26, 2017

RENEWAL OF DETERMINATION THAT A PUBLIC HEALTH EMERGENCY EXISTS

As a result of the continued consequences of the opioid crisisaffecting our nation, on this date and after consultation with public health officials as necessary, I, Xavier Becerra,Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, 42 U.S.C. § 247d,do hereby renew, effective January 1, 2023, the October 26, 2017 determination by former Acting Secretary Eric D. Hargan, and most recently renewed effective, October3, 2022,that a opioid public health emergency exists nationwide.

December 22, 2022
_____
Date

/s/
_____
Xavier Becerra

COVID-19: Jan. 31, 2020

RENEWAL OF DETERMINATION THAT A PUBLIC HEALTH EMERGENCY EXISTS

As a result of the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic and to allow for an organized and coordinated transition from this unprecedented public health emergency, on this date and after consultation with public health officials as necessary, I, Xavier Becerra, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby renew, effective February 11, 2023, the January 31, 2020, determination by former Secretary Alex M. Azar II, that he previously renewed on April 21, 2020, July 23, 2020, October 2, 2020, and January 7, 2021, and that I renewed on April 15, 2021, July 19, 2021, October 15, 2021, January 14, 2022, April 12, 2022, July 15, 2022, October 13, 2022, and January 11, 2023, that a public health emergency exists and has existed since January 27, 2020, nationwide.

February 9, 2023
_____
Date

/s/
_____
Xavier Becerra

Change Is Law

"Change is the law of life. And those who look only to the past or the present are certain to miss the future."

--Pres. John F. Kennedy
Address in Frankfurt, Germany
June 25, 1963

- Third wave of drug poisoning crisis
- Complicated by illicit market and polysubstance use
- March 2020 OUD treatment flexibilities:
  - Unsupervised doses of methadone
  - Telehealth initiation of buprenorphine
- "First substantial change to OTP treatment and medication delivery standards in over 20 years"
- Federal legislation
- Public health emergency flexibilities end May 11
- Federal regulation

NEWS RELEASES

Media Advisory

Monday, July 19, 2021

https://www.nih.gov/news-events/news-releases/words-matter-language-can-reduce-mental-health-addiction-stigma-nih-leaders-say

Words matter: language can reduce mental health and addiction stigma, NIH leaders say

What

In a perspective published in *Neuropsychopharmacology*, leaders from the National Institutes of Health address how using appropriate language to describe mental illness and addiction can help to reduce stigma and improve how people with these conditions are treated in health care settings and throughout society. The authors define stigma as negative attitudes toward people that are based on certain distinguishing characteristics. More than a decade of research has shown that stigma contributes significantly to negative health outcomes and can pose a barrier to seeking treatment for mental illness or substance use disorders.

PREVENTION

OCTOBER 06, 2022

A Proclamation on Granting Pardon for the Offense of Simple Possession of Marijuana

Acting pursuant to the grant of authority in Article II, Section 2, of the Constitution of the United States, I, Joseph R. Biden Jr., do hereby grant a full, complete, and unconditional pardon to (1) all current United States citizens and lawful permanent residents who committed the offense of simple possession of marijuana in violation of the Controlled Substances Act, as currently codified at 21 U.S.C. 844 and as previously codified elsewhere in the United States Code, or in violation of D.C. Code 48–904.01(d)(1), on or before the date of this proclamation, regardless of whether they have been charged with or prosecuted for this offense on or before the date of this proclamation; and (2) all current United States citizens and lawful permanent residents who have been convicted of the offense of simple possession of marijuana in violation of the Controlled Substances Act, as currently codified at 21 U.S.C. 844 and as previously codified elsewhere in the United States Code, or in violation of D.C. Code 48–904.01(d)(1); which pardon shall restore to them full political, civil, and other rights.

Medical Marijuana and CBD Research Expansion Act

- FDA has approved four cannabinoid prescription medications: 3 synthetic delta-9-THC and 1 natural CBD
- FDA has not deemed other CBD products safe as drugs, supplements, or food additives
- Research Expansion Act signed Dec. 2, 2022
- Permits registrants to manufacture, distribute, dispense, or possess product for medical research
- Requires HHS to report on:
  - The therapeutic potential of marijuana
  - Its impact on adolescent brains and the ability to operate motor vehicles
- Directs DEA to:
  - Register practitioners to conduct research and manufacturers to supply product for research
  - Assess whether there is an adequate supply of marijuana for research

Cannabinoids

- FDA declined to regulate CBD under current law
  - Status quo: FDA has not deemed CBD supplements, food additives safe
  - Asked Congress for new law (Jan. 2023)
- Delta-8 THC
  - 9th Circuit: hemp derivative is legal under federal CSA (May 2022)
  - DEA: hemp extract is legal under federal CSA (Sep. 2021)
- DEA: Delta-8 THC-O and delta-9 THC-O (synthetic hemp derivatives) are Schedule I (Feb. 2023)

FDA Guidance

- FDA published final guidance on the development of drugs containing cannabis and cannabis-derived compounds (Jan. 2023)
- FDA published draft guidance, *Development of Non-Opioid Analgesics for Acute Pain*, to assist industry in developing non-opioid treatments (Feb. 2022)

988 and Crisis Response (1/2)

- 988 National Suicide Prevention and Mental Health Crisis Hotline – live on July 16, 2022 - #988Lifeline
- SAMHSA 988 & Behavioral Health Crisis Coordinating Office
  - Established in section 1101 of the Consolidated Appropriations Act of 2023 (Dec. 29, 2022)
  - To recommend ways to expand access to local crisis call centers, mobile crisis care, psychiatric emergency services, and rapid follow-up care
  - The Act authorized appropriations of $5,000,000 per year for fiscal years 2023 through 2027

988 and Crisis Response (2/2)

- Mental health mobile crisis response pilot program
  - Section 1122(a) of the Consolidated Appropriations Act of 2023 established a pilot program
  - Will award grants to states, municipalities, and tribes to establish or enhance crisis response teams
    - Divert MH and SUD crises from law enforcement
    - Provide immediate stabilization and referrals to MH and SUD services
    - Triage to a higher level of care if medically necessary
  - Teams may include licensed counselors, clinical social workers, physicians, paramedics, peer support specialists, and others
  - The Act authorized appropriations of $10,000,000 per year for fiscal years 2023 through 2027

COMMUNITY PARAMEDICINE TO HELP PEOPLE WHO USE SUBSTANCES

OVERVIEW AND RECOMMENDATIONS

INTRODUCTION

Community paramedicine (CP) programs are an extension of emergency medical services (EMS) that provide an opportunity to cover gaps in health care services within communities.[1] CP programs go beyond a traditional first responder ambulance model by blending components of public health, primary care, public safety, and prevention in a service delivery model.[2] These programs supplement — not replace — health care programs already available in a community. The goals of CP programs are to improve patient health and reduce overall health care costs.

Community paramedics are state licensed EMS professionals who complete an appropriate education program and demonstrate competence in the provision of health care services beyond those traditionally involved in emergency care and transport.[3] These advanced paramedics provide follow-up services after a health emergency to support access to care and prevent repeat incidents.

DEPLOYING CPs TO SUPPORT INDIVIDUALS WHO USE DRUGS

CP programs can empower EMS professionals to intervene and activate community resources for individuals who use substances and may benefit from supportive services. The following are some of the ways CPs can help people who use substances :

- Conducting screenings and brief interventions;
- Offering referrals to local treatment providers, mutual aid groups (such as AA or All-Recovery);
- Connecting individuals to their local Recovery Community Organization or Center;
- Dispensing naloxone, an opioid overdose reversal medication;
- Arranging for bridge medication between an emergency incident and an appointment with a substance use disorder (SUD) treatment provider;
- Supporting medication adherence, safe storage, and disposal;
- Providing education and medical care to prevent or treat substance-related infections; and
- Connecting individuals with social services, such as food assistance and violence- or substance-free housing.

If a patient has health insurance, the cost of providing some of these services could be reimbursable.

The following are considerations communities should take into account when starting new or adapting existing CP programs to enhance community SUD services.

UNDERSTAND STATE CP LAWS, REGULATIONS, AND PROGRAMS

State laws, regulations, or specialized programs determine the types of services that community paramedics can provide. CP authorizations can vary significantly from state to state, for example

- North Carolina EMS regulations permit EMS professionals to practice in CP program settings so long as the professional has received additional training as determined by the EMS system medical director to provide knowledge and skills for the community needs beyond the 911 emergency response and transport operating guidelines.[4]
- In Minnesota, state law broadly allows community paramedics to perform services in accordance with protocols and supervisory standards established by an ambulance service medical director, and as directed by a care plan developed by a patient's primary physician, advanced practice registered nurse, or physician assistant, in conjunction with the ambulance service medical director.[5] Such services may include health assessments, chronic disease monitoring and education, medication adherence, laboratory specimen collection, and

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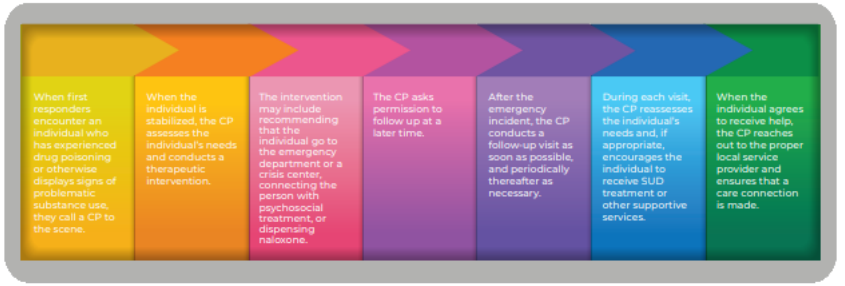
Community Paramedicine To Help People Who Use Substances Fact Sheet

Community paramedicine programs empower emergency medical services (EMS) personnel to intervene and activate community resources for individuals who may benefit from substance use disorder (SUD) treatment or other services, such as naloxone dispensing.

Successful community paramedicine programs bring together and activate various local leaders, including:

- EMS professionals
- Police
- Firefighters
- Social workers
- Emergency department personnel
- Certified peer support specialists
- Addiction treatment providers
- Mental health professionals
- Housing advocates
- Recovery community centers
- Recovery community organizations
- Substance misuse prevention coalitions

A community paramedic (CP) is an advanced paramedic who provides follow-up services after a health emergency to support access to care and prevent repeat incidents.



The benefits of community paramedicine programs include saving lives,[1] lowering costs,[2] and reducing repeat incidents and utilization of EMS resources.[3]

Sources

[1] Jac Charlier, Pre-Arrest Diversion: A Public Health Solution to a Public Safety Problem, CENTER FOR HEALTH AND JUSTICE https://ptaccollaborative.org/wp-content/uploads/2018/09/Pre-Arrest-Diversion_SlideShow.pdf

[2] Lauran Hardin & Shelly Trumbo, Taking Care of Charlie Helped One California Town Nearly Halve Hospital Use, STAT (Apr. 8, 2019) https://www.statnews.com/2019/04/08/taking-care-charlie-reduce-hospital-use/

[3] Dawn West, et al., Outcomes of a Citywide Campaign to Reduce Medicaid Hospital Readmissions With Connection to Primary Care Within 7 Days of Hospital Discharge, JAMA NETWORK (Jan. 25, 2019) https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2722571

Supported by the NC Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, with funding from the Substance Abuse and Mental Health Services Administration,State Opioid Response Supplemental - Prevention Funds (SOR- 3H79TI081710-0151)

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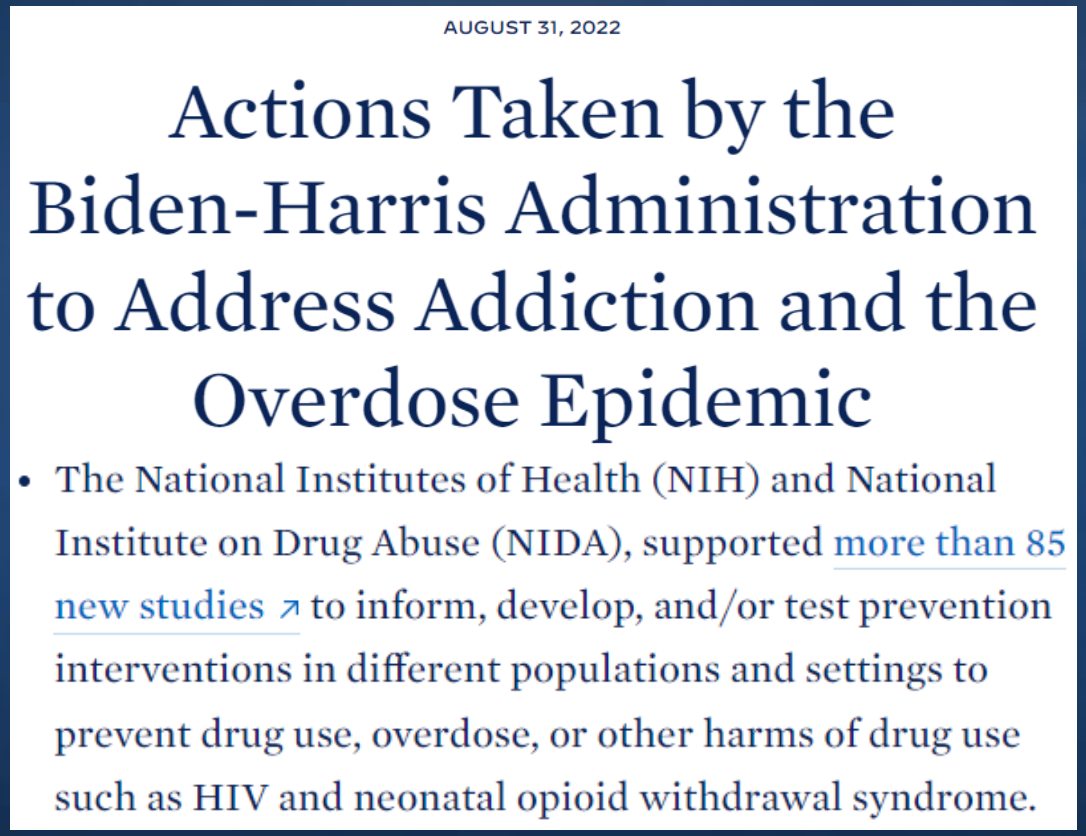
Community Coalitions

- ONDCP announced ≈ $81 million for 645 community coalitions as part of the Drug-Free Communities (DFC) Continuation Grants (July 2022)
  - The DFC program was created by the Drug-Free Communities Act of 1997
  - Provides grants to coalitions to create and sustain reductions in youth substance use
  - In 2021, 745 DFC-funded community coalitions across all states served communities with ≈ 57 million people (18% of the U.S. population)

Arkansas Medicaid 1115 Waiver

- Arkansas Medicaid 1115 demonstration waiver approved by CMS (Nov. 2022)
- Will test innovations to provide health services and address health-related social needs
  - Nutritional services
  - Outreach
  - Case management
- Will provide medically-necessary services to targeted populations
  - Health services for individuals with SMI or SUDs in rural areas
  - Maternal support up to two years postpartum
  - Actively engaging young adults at risk for poor health
    - Prior incarceration or involvement with juvenile justice system
    - Involvement with the foster care system
    - Young veterans who are at high-risk of homelessness

Studies Supported by NIH & NIDA



AUGUST 31, 2022

Actions Taken by the Biden-Harris Administration to Address Addiction and the Overdose Epidemic

- The National Institutes of Health (NIH) and National Institute on Drug Abuse (NIDA), supported more than 85 new studies ↗ to inform, develop, and/or test prevention interventions in different populations and settings to prevent drug use, overdose, or other harms of drug use such as HIV and neonatal opioid withdrawal syndrome.

- Updated figures:
  - Approximately $54 million
  - To support over 100 prevention and harm reduction studies
  - Between Jan. 2021 and Mar. 2023

Drug Scheduling

- Section 601 of the Consolidated Appropriations Act of 2023 extended DEA's temporary scheduling of "fentanyl-related substances" under Schedule I until December 31, 2024
- States have also placed fentanyl derivates in Schedule I of their own CSAs, such as NC's GS § 90-89

Syllabus

NOTE: Where it is feasible, a syllabus (headnote) will be released, as is being done in connection with this case, at the time the opinion is issued. The syllabus constitutes no part of the opinion of the Court but has been prepared by the Reporter of Decisions for the convenience of the reader. See *United States* v. *Detroit Timber & Lumber Co.*, 200 U. S. 321, 337.

SUPREME COURT OF THE UNITED STATES

Syllabus

XIULU RUAN *v.* UNITED STATES

CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT

No. 20–1410. Argued March 1, 2022—Decided June 27, 2022*

Petitioners Xiulu Ruan and Shakeel Kahn are medical doctors licensed to prescribe controlled substances. Each was tried for violating 21 U. S. C. §841, which makes it a federal crime, "[e]xcept as authorized[,] . . . for any person knowingly or intentionally . . . to manufacture, distribute, or dispense . . . a controlled substance." A federal regulation authorizes registered doctors to dispense controlled substances via prescription, but only if the prescription is "issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." 21 CFR §1306.04(a). At issue in Ruan's and Kahn's trials was the *mens rea* required to convict under §841 for distributing controlled substances not "as authorized." Ruan and Kahn each contested the jury instructions pertaining to *mens rea* given at their trials, and each was ultimately convicted under §841 for prescribing in an unauthorized manner. Their convictions were separately affirmed by the Courts of Appeals.

Held: Section 841's "knowingly or intentionally" *mens rea* applies to the statute's "except as authorized" clause. Once a defendant meets the burden of producing evidence that his or her conduct was "authorized," the Government must prove beyond a reasonable doubt that the defendant knowingly or intentionally acted in an unauthorized manner. Pp. 4–16.

(a) Criminal law generally seeks to punish conscious wrongdoing. Thus, when interpreting criminal statutes, the Court "start[s] from a longstanding presumption . . . that Congress intends to require a defendant to possess a culpable mental state." *Rehaif* v. *United States*,

*Together with No. 21–5261, *Kahn* v. *United States*, on certiorari to the United States Court of Appeals for the Tenth Circuit.

TREATMENT

X-Waiver Eliminated

- Section 1262 of the Consolidated Appropriations Act of 2023 removed the CSA requirement that practitioners apply for an X-waiver to prescribe buprenorphine for OUD
  - Current (regular) DEA registration is adequate
- Prescriber training required for DEA registration
  - At least 8 hours of training on recognizing and managing patients with SUDs
  - One-time requirement

Opioid Treatment Program Rules

- 42 CFR Part 8 changes proposed (Dec. 16, 2022)
  - Would allow medication units to provide the full range of OTP services
    - Facilitates OTP services at med units within pharmacies, hospitals, homeless shelters, jails, prisons, public health departments, and FQHCs
  - Would make permanent the COVID-19 PHE methadone take-home dose flexibilities (such as up to 7 days' worth during the 1st 14 days)
  - Would allow audio-visual telehealth for the evaluation and initiation of methadone (ordering and dispensing only)
- CSA amended: not required to have a separate registration for mobile medication units

42 CFR Part 2 Privacy Proposed Rule

- On December 2, 2022, HHS published a proposed rule that would amend the federal rules on confidentiality of SUD patient records set forth in 42 C.F.R. Part 2
- If finalized, Part 2 will more closely align with the HIPAA rules
- Many of the changes were required by the CARES Act, passed in 2020

Telemedicine Prescribing: Buprenorphine for OUD

- On March 1, 2023, the DEA published a proposed rule for induction of buprenorphine for OUD via telemedicine
- Proposed changes:
  - Allows DEA-registered practitioners to prescribe via telemedicine, including audio-only, to a new patient without first conducting an in-person evaluation
  - Limits the prescription to a 30-day supply until an in-person medical evaluation can be conducted
    - In the physical presence of the prescribing practitioner
    - By audio-visual telemedicine appointment In the physical presence of another DEA-registered practitioner
    - By DEA registered practitioner who conducted an in-person evaluation and provided a telemedicine referral
- [PHE patients would have 180 days to get an in-person evaluation]

Telemedicine Prescribing: Controlled Medications

- On March 1, 2023, the DEA published a proposed rule for telemedicine prescribing of controlled medications
- Proposed changes:
  - Allows DEA-registered practitioners to prescribe non-opioid Schedule III-V medications via telemedicine to a new patient without first conducting an in-person evaluation
  - Limits the prescription to a 30-day supply until an in-person medical evaluation can be conducted
    - In the physical presence of the prescribing practitioner
    - By audio-visual telemedicine appointment In the physical presence of another DEA-registered practitioner
    - By DEA registered practitioner who conducted an in-person evaluation and provided a telemedicine referral
  - Allows DEA-registered practitioners to prescribe Schedule II-V medications, including opioids, via telemedicine to a new patient upon receipt of a qualifying telemedicine referral from a referring practitioner who has conducted a medical evaluation
- PHE patients would have 180 days to get an in-person evaluation

3-Day & 45-Day Rules

- DEA announced three-day rule waivers
  - On March 23, 2022, the DEA announced that beginning in March 2022, practitioners working in hospitals, clinics, and emergency rooms can request an exception that would permit them to dispense three-day supplies of buprenorphine and methadone to treat patients experiencing acute opioid withdrawal symptoms.
- Section 1264 of the Consolidated Appropriations Act of 2023: Number of days to provide practitioner-administered buprenorphine for OUD increased from 14 to 45 days after receipt of medication

California Medicaid 1115 Waivers

- Medi-Cal 1115 waiver for pre-release services approved
  - On Jan. 26, 2023, CMS announced it approved California's Medicaid program (Medi-Cal) to cover health care services for certain incarcerated individuals up to 90 days before they are released.
  - For example, the program may cover SUD treatment before a Medicaid beneficiary is released from jail.
- Medi-Cal contingency management approved
  - The California Department of Health Care Services began offering contingency management benefits on July 1, 2022.
  - CM provides incentives for abstinence as evidenced by negative drug tests
  - The pilot program will continue until March 31, 2024.

CHIP Coverage

- State Medicaid and Children's Health Insurance Program (CHIP) programs now required to provide to eligible juveniles:
  - Behavioral health screening and diagnostic services 30 days prior to release
  - Case management and referrals 30 days prior, and at least 30 days following, release
- CHIP provisions in Soc. Sec. Act amended to conform with Medicaid provisions re: to suspensions and redeterminations of coverage while an inmate of a public institution
- Soc. Sec. Act amended to give states option to provide Medicaid and CHIP coverage to eligible juveniles in public institutions who are pending disposition of charges (beginning Jan. 1, 2025)

HARM REDUCTION

OTC Naloxone

- On Feb. 15, 2023, FDA advisory committees unanimously recommended approval of an OTC naloxone drug; approval expected soon
- Emergent BioSolutions, Harm Reduction Therapeutics (HRT), and Pocket Naloxone are pursuing OTC naloxone approvals
- HRT to sell product at $18 per dose

Safe-Use Sites

2022

Safehouse is in settlement talks with the U.S. Department of Justice

The nonprofit has been battling for years with the U.S. Justice Department to open a supervised injection site in Philadelphia.

By Nina Feldman · February 9, 2022

A look inside the 1st official safe injection sites in U.S.

Health Mar 9, 2022 7:46 PM EDT

2023

- January
  - Filing deadlines suspended so parties can mediate
  - Settlement conference held
- March
  - Second settlement conference (scheduled for March 24) canceled

RECOVERY

Acknowledgments of Recovery

- President Biden declared September “National Recovery Month”
- Substance Abuse Prevention and Treatment block grant changed to the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) block grant
- Congressional explanatory statement strongly urges states to use portion of block funding for recovery support services

FY23 APPROPRIATIONS

SAMHSA (1 of 2)

- Overall
  - $7.5 billion FY23
  - 15% ($970 million) increase from FY22
- Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant Program
  - $1.9 billion FY23
  - 2.7% ($50 million) increase from FY22
- State Opioid Response Grant Program
  - $1.575 billion FY23
  - 3.3% ($50 million) increase from FY22
- Tribal Opioid Response Grant Program
  - $50 million FY 23
  - 0% increase

SAMHSA (2 of 2)

- Center for Mental Health Services (CMHS)
  - $1.065 billion FY23
  - 78% ($466 million) increase from FY22
- Center for Substance Abuse Treatment (CSAT)
  - $574,219,000 FY23
  - 10% ($52,702,000) increase from FY22
- Center for Substance Abuse Prevention (CSAP)
  - $236,879,000 FY23
  - 8.5% ($18,660,000) increase from FY22

NIDA & NIAAA

- National Institute on Drug Abuse (NIDA)
  - $1,662,695,000 FY23
  - 4% ($67,221,000) increase from FY22
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
  - $595,318,000 FY23
  - 4% ($21,667,000) increase from FY22

ONDCP

NASADAD National Association of State Alcohol and Drug Abuse Directors

Office of National Drug Control Policy (ONDCP)

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
Drug Free Communities (DFC) Program	$100,000,000	$101,000,000	$102,000,000	$106,000,000	$109,000,000	+$3,000,000
High-Intensity Drug Trafficking Areas (HIDTA) Program	$280,000,000	$285,000,000	$290,000,000	$296,600,000	$302,000,000	+$5,400,000
Community-Based Coalition Enhancement Grants (CARA Grants)	$3,000,000	$4,000,000	$5,000,000	$5,200,000	$5,200,000	Level

~$416 million FY23

~2% increase

CDC – Select Programs

NASADAD National Association of State Alcohol and Drug Abuse Directors

Centers for Disease Control and Prevention (CDC) – Select Programs

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	$1,132,278,000	$1,273,556,000	$1,314,056,000	$1,345,056,000	$1,391,056,000	+$46,000,000
HIV Prevention by Health Depts.	$397,161,000	Not listed	Not listed	Not listed	Not listed	N/A
School Health- HIV	*$33,081,000*	*$33,081,000*	*$34,081,000*	*$36,081,000*	*$38,081,000*	+$2,000,000
Viral Hepatitis	$39,000,000	$39,000,000	$39,500,000	$41,000,000	$43,000,000	+$2,000,000
Infectious Diseases and the Opioid Epidemic	$5,000,000	$10,000,000	$13,000,000	$18,000,000	$23,000,000	+$5,000,000
Sexually Transmitted Infections	$157,310,000	$160,810,000	$161,810,000	$164,310,000	$174,310,000	+$10,000,000
Chronic Disease Prevention and Health Promotion	$1,187,771,000	$1,239,914,000	$1,276,664,000	$1,338,664,000	$1,430,414,000	+$91,750,000
Tobacco	$210,000,000	$230,000,000	$237,500,000	$241,500,000	$246,500,000	+$5,000,000
Excessive Alcohol Use	$4,000,000	$4,000,000	$4,000,000	$5,000,000	$6,000,000	+$1,000,000
Prevention Research Centers	$25,461,000	$26,461,000	$26,961,000	$26,961,000	$28,961,000	+$2,000,000
Birth Defects and Developmental Disabilities[12]	$155,560,000	$160,810,000	$167,810,000	$177,060,000	$205,560,000	+$28,500,000
Fetal Alcohol Syndrome	$11,000,000	$11,000,000	$11,000,000	$11,000,000	$11,500,000	+$500,000
Neonatal Abstinence Syndrome	$2,000,000	$2,250,000	$2,250,000	$3,250,000	$4,250,000	+$1,000,000
Injury Prevention and Control	$648,559,000	$677,379,000	$682,879,000	$714,879,000	$761,379,000	+$46,500,000
Unintentional Injury	$8,800,000	$8,800,000	$8,800,000	$8,800,000	N/A	N/A
Suicide Prevention	Not funded	$10,000,000	$12,000,000	$20,000,000	$30,000,000	+$10,000,000
Adverse Childhood Experiences	Not funded	$4,000,000	$5,000,000	$7,000,000	$9,000,000	+$2,000,000
Injury Prevention Activities	$28,950,000	$28,950,000	$28,950,000	$28,950,000	$29,950,000	+$1,000,000
Opioid *Overdose Prevention and Surveillance*	$475,579,000	$475,579,000	$475,579,000	$490,579,000	$505,579,000	+$15,000,000
Health Services Block Grant	$160,000,000	$160,000,000	$160,000,000	$160,000,000	$160,000,000	Level
America's Health Block Grant	Not funded	Not funded	Not funded	Not funded	Not funded	N/A

~3% increase

HRSA – Select Programs

NASADAD National Association of State Alcohol and Drug Abuse Directors

Health Resources and Services Administration (HRSA) – Select Programs

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
Community Health Centers	$1,625,522,000	$1,626,522,000	$1,682,772,000	$1,747,772,000	$1,857,772,000	+$110,000,000
Interdisciplinary Community-Based Linkages	$191,903,000	$220,903,000	$235,903,000	$252,298,000	$291,298,000	+$39,000,000
Maternal and Child Health Block Grant	$677,700,000	$687,700,000	$712,700,000	$747,700,000	$822,700,000	+$75,000,000
Rural Health	$317,794,000	$318,294,000	$329,519,000	$331,062,000	$352,407,000	+$21,345,000
Rural Communities Overdose Program	$120,000,000	$110,000,000	$110,000,000	$135,000,000	$145,000,000	+$10,000,000
Telehealth	$24,500,000	$29,000,000	$34,000,000	$35,050,000	$38,050,000	+$3,000,000
Ryan White HIV/AIDS Program	$2,318,781,000	$2,388,781,000	$2,423,781,000	$2,494,776,000	$2,571,041,000	+76,265,000
National Health Service Corps (NHSC)-Substance Use Disorder Providers	$105,000,000	$120,000,000	$120,000,000	$121,600,000	$125,600,000	+4,000,000
Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program	N/A	$12,000,000	$16,000,000	$24,000,000	$40,000,000	+$16,000,000
Peer Support	N/A	$10,000,000	$13,000,000	$14,000,000	$14,000,000	Level

~$6.2 billion FY23

~6% increase

ACF – Select Programs

~$15.44 billion FY23

~8% increase

NASADAD National Association of State Alcohol and Drug Abuse Directors

Administration for Children and Families (ACF) – Select Programs

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
Promoting Safe and Stable Families (PSSF)	$444,765,000	$437,515,000	$427,515,000	$427,515,000	$431,515,000	+$4,000,000
Regional Partnership Grant (RPG), mandatory	$20,000,000	$10,000,000	$20,000,000	$20,000,000	$20,000,000	Level
Children and Families Services Programs	$12,239,225,000	$12,876,652	$13,040,511,000	$13,438,343,000	$14,618,437,000	+$1,180,094,000
Child Abuse Prevention and Treatment Act (CAPTA) State Grants	$85,310,000	$90,091,000	$90,091,000	$95,091,000	$105,000,000	+$9,909,000
Child Welfare Services	$268,735,000	$268,735,000	$268,735,000	$268,735,000	$268,735,000	Level

Administration's Proposed FY 2023 Budget Regarding *ACF Programs:*

Regional Partnership Grants (RPG): "$20 million from mandatory funds are reserved for the RPG program, to provide services and activities to benefit children and families affected by a parent's or caretaker's substance use disorder, including opioid misuse, who come to the attention of the child welfare system."

CAPTA State Grants: "The FY 2023 President's Budget request for CAPTA State Grants is $125 million, an increase of $34.9 million from the FY 2022 annualized CR level. The funding will assist states in strengthening their child protective service systems, better serve families affected by substance use disorders, and support and enhance interagency and community-based collaborations to prevent child abuse and neglect by promoting child and family well-being. The request includes $83 million to combat the opioid crisis. The funding will help states to improve their response to infants affected by substance use disorders or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder by developing, implementing, and monitoring plans of safe care for these infants and their parents and caregivers. For FY 2023, it is estimated that 56 awards will be made with an average award of $2,203,125 and a range of $78,138 to $14,474,061."

DOJ – Select Programs

~$5.4 billion FY23

~8% increase

NASADAD National Association of State Alcohol and Drug Abuse Directors

Department of Justice (DOJ) – Select Programs

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
Drug Enforcement Administration	$2,687,703,000	$2,722,295,000	$2,819,132,000	$2,933,181,000	$2,563,116,000	+$141,594,000
Office of Justice Programs (OJP): Research, Evaluation, and Statistics	$80,000,000	$79,000,000	$82,000,000	$70,000,000	$77,000,000	+$7,000,000
Study on Law Enforcement Responses to Opioid Overdoses	Not funded	Not funded	Not funded	Not funded	$1,000,000	+$1,000,000
OJP: State and Local Law Enforcement Assistance	$1,723,000,000	$1,829,000,000	$1,914,000,000	$2,213,000,000	$2,416,805,000	+$203,805,000
Byrne Memorial Justice Assistance Grants	$329,600,000	$348,800,000	$360,100,000	$381,900,000	$770,805,000	+$338,905,000
Comprehensive Opioid, Stimulant, and Substance Use Disorder Program[4]	$157,000,000	$180,150,000	$185,000,000	$185,000,000	$190,000,000	+$5,000,000
Drug Courts	$77,000,000	$80,000,000	$83,000,000	$88,000,000	$95,000,000	+$7,000,000
Justice and Mental Health Collaboration Program (JMHCP)	$31,000,000	$33,000,000	$35,000,000	$40,000,000	$45,000,000	+$5,000,000
Residential Substance Abuse Treatment (RSAT)	$30,000,000	$31,160,000	$34,000,000	$40,000,000	$45,000,000	+$5,000,000
Second Chance Act/Offender Reentry	$88,000,000	$90,000,000	$100,000,000	$115,000,000	$125,000,000	+$10,000,000
Veterans Treatment Courts	$22,000,000	$23,000,000	$25,000,000	$29,000,000	$35,000,000	+$6,000,000
Prescription Drug Monitoring	$30,000,000	$31,000,000	$32,000,000	$33,000,000	$35,000,000	+$2,000,000
Community Oriented Policing Services (COPS)	$303,500,000	$343,000,000	$386,000,000	$511,744,000	$662,880,000	+$151,136,000
Drug Data Research Center to Combat Opioid Abuse	Not funded	Not funded	Not funded	Not funded	$4,000,000	+$4,000,000
Juvenile Justice Programs	$287,800,000	$320,000,000	$346,000,000	$360,000,000	$400,000,000	+$40,000,000

NOTABLE STUDIES

Research & Innovation

Buprenorphine After Nonfatal Opioid Overdose Results in Reduced Risk of Overdose Death

By

Deion Wright

Date

March 24, 2023

Media Contact

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Share

The highly effective medication can be prescribed or dispensed in physician offices

Receiving medication for opioid use disorders, such as buprenorphine after an overdose, leads to lower mortality risk, according to a Rutgers study.

Drug overdose deaths are a significant public health concern in the United States. According to the National Center for Health Statistics, there were more than 105,000 drug overdose deaths in 2021, which were largely attributed to opioids. Rutgers researchers found that opioid-involved overdose deaths following nonfatal overdose events are largely preventable with buprenorphine medication for opioid use disorder.

JAMA Network

Original Investigation | Substance Use and Addiction

January 20, 2023

Trends and Characteristics of Buprenorphine-Involved Overdose Deaths Prior to and During the COVID-19 Pandemic

Lauren J. Tanz, ScD[1]; Christopher M. Jones, PharmD, DrPH[1]; Nicole L. Davis, PhD[1]; et al

Question Did buprenorphine-involved overdose deaths change after implementing prescribing flexibilities during the COVID-19 pandemic?

Findings In this cross-sectional study including 74 474 opioid-involved overdose deaths, buprenorphine was involved in 2.6% of opioid-involved overdose deaths during July 2019 to June 2021. Although monthly opioid-involved overdose deaths increased, the proportion involving buprenorphine fluctuated but did not increase.

Meaning These findings suggest that actions to facilitate access to buprenorphine-based treatment for opioid use disorder during the COVID-19 pandemic were not associated with an increased proportion of overdose deaths involving buprenorphine; efforts are needed to expand more equitable and culturally competent access to and provision of buprenorphine-based treatment.

JAMA Network

August 31, 2022

Receipt of Telehealth Services, Receipt and Retention of Medications for Opioid Use Disorder, and Medically Treated Overdose Among Medicare Beneficiaries Before and During the COVID-19 Pandemic

Christopher M. Jones, PharmD, DrPH[1]; Carla Shoff, PhD[2]; Kevin Hodges, BS[2]; et al

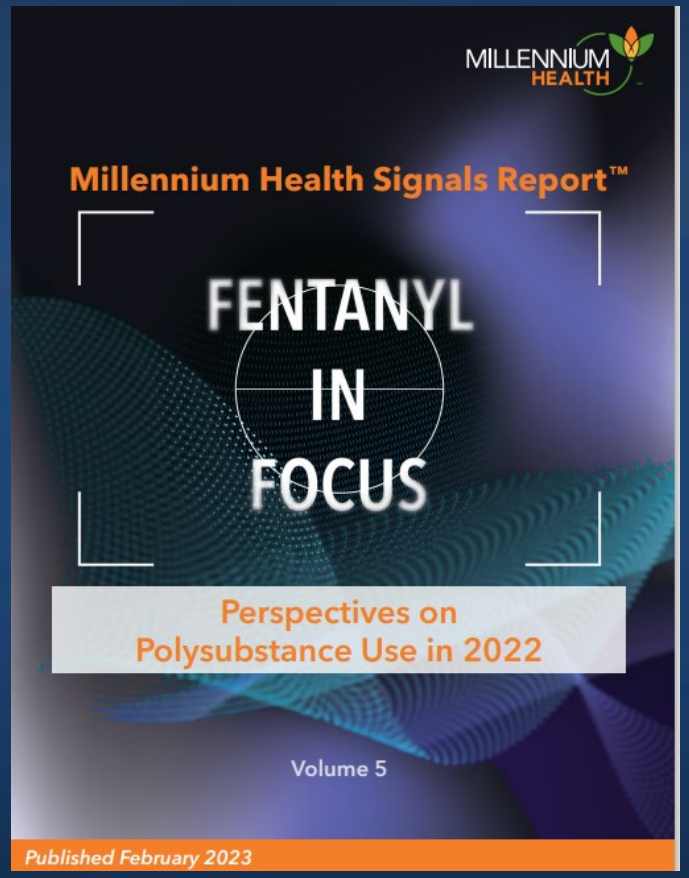
Question How were federal emergency authorities to expand telehealth use for substance use disorder treatment and facilitate provision of medications for opioid use disorder (MOUD) used during the COVID-19 pandemic among Medicare beneficiaries with opioid use disorder (OUD)?

Findings In this cohort study including 175 778 beneficiaries, receipt of OUD-related telehealth services during the COVID-19 pandemic was associated with improved MOUD retention and lower odds of medically treated overdose.

Meaning Emergency authorities to expand telehealth utilization and provide MOUD flexibilities during the COVID-19 pandemic were used among Medicare beneficiaries and were associated with improved MOUD retention and lower odds of medically treated overdose, lending support for permanent adoption.

Pre-Poisoning Data

- Analysis of more than 4.5 million urine specimens
  - Collected between 2015 and 2022
  - Over 600,000 unique patients who received care in SUD treatment settings in the U.S.



Polysubstance Use

Key Findings for Fentanyl Co-Positivity in Specimens Positive for Heroin, Prescription Opioids, Methamphetamine, or Cocaine

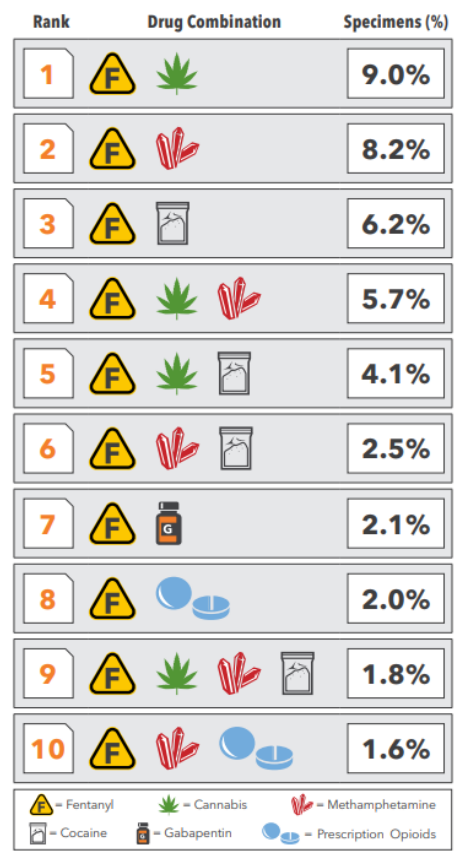
- Polysubstance use involving fentanyl has grown remarkably since 2015 and fentanyl co-detection in these groups increased by more than 60% from 2019 through 2022
- The co-detection of fentanyl nearly doubled (93% increase) in specimens positive for prescription opioids (▬) and has almost quadrupled (180% increase) in those positive for methamphetamine (▬) since 2019
- ▬ Fentanyl positivity remained highest among individuals who were positive for heroin in 2022, now detected in over 95% of heroin-positive specimens
- ▬ Nearly two-thirds of specimens that were positive for prescription opioids were also positive for fentanyl in 2022
- ▬ Almost half of specimens positive for methamphetamine were also positive for fentanyl in 2022
- ▬ Although the rate of increase has slowed since 2020 compared to the other drugs, almost half (~42%) of cocaine-positive specimens in 2022 were also positive for fentanyl

https://www.millenniumhealth.com/signalsreport/

Key Findings for Top 10 Drug Combinations in the Fentanyl-Positive Population

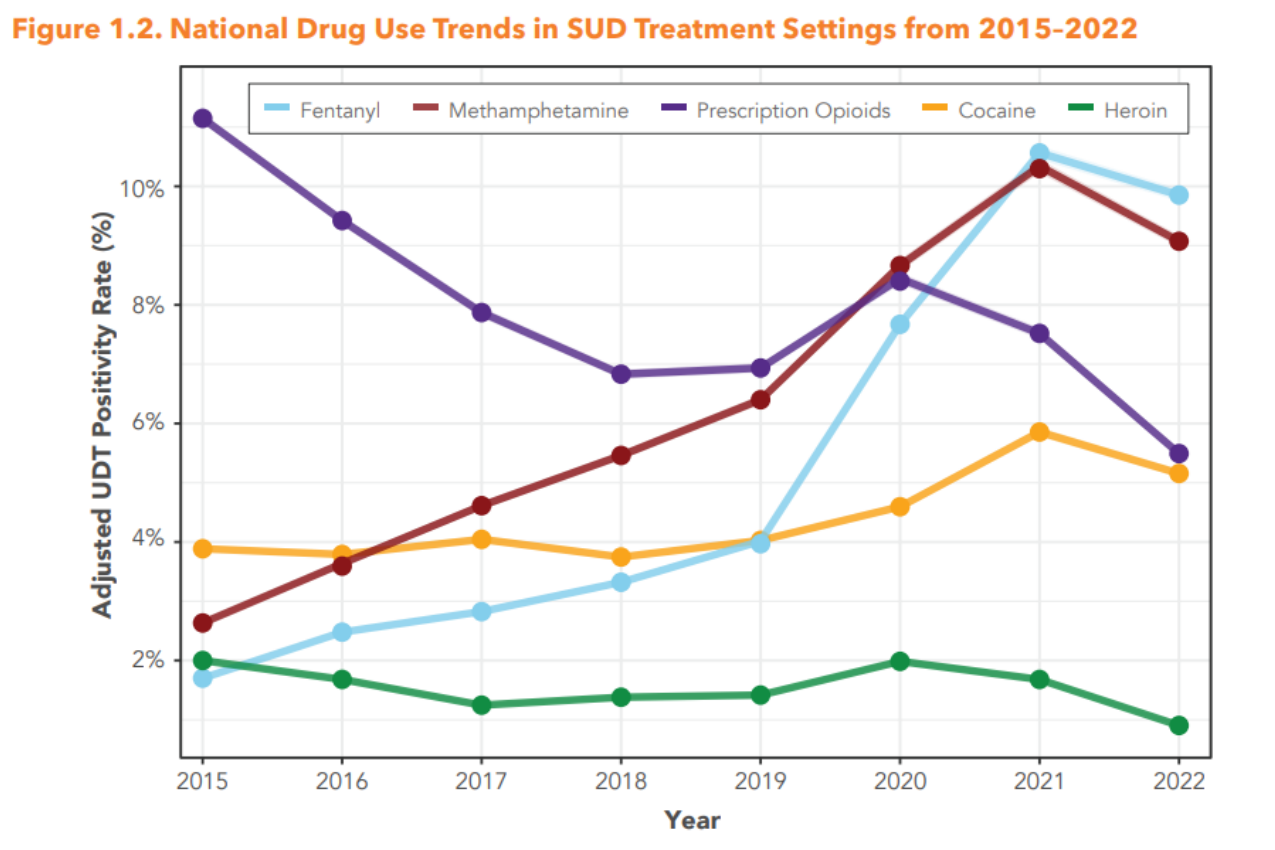
- Although approximately 17% of specimens tested positive for only fentanyl, over 83% of fentanyl-positive specimens were positive for more than just fentanyl (about 30% were positive for one additional drug, over 43% were positive for 2-3 additional drugs, and nearly 10% were positive for 4 or more additional drugs)
- Cannabis (THC) and fentanyl was the most found combination (9% of fentanyl-positive specimens)
- Stimulants were the second and third most commonly co-detected drugs in the fentanyl-positive population, with more than 8% of specimens testing positive for methamphetamine and over 6% positive for cocaine
- Fentanyl, cannabis (THC), and a stimulant were the next most-common combinations in the fentanyl-positive population
- Approximately 2% of fentanyl-positive specimens were positive for just prescription opioids or gabapentin
- Just under 2% were positive for fentanyl, cannabis (THC), methamphetamine, and cocaine
- Just over 1.5% of fentanyl-positive specimens were also positive for methamphetamine and prescription opioids

Figure 3.2. Top 10 Drug Combinations in the Fentanyl-Positive Population



The top 10 combinations of fentanyl with other drugs expressed as the proportion of unique patient specimens that were positive for only that particular combination of drugs in 2022. Fentanyl analogues were not included in this analysis.

Hints of Progress



https://www.millenniumhealth.com/signalsreport/

Q&A AND DISCUSSION


Change is Law:
A Federal Drug Policy
Update
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