

**The National Association of State Alcohol and Drug Abuse**

**Directors**

**DC Update**

**February 1st, 2018**

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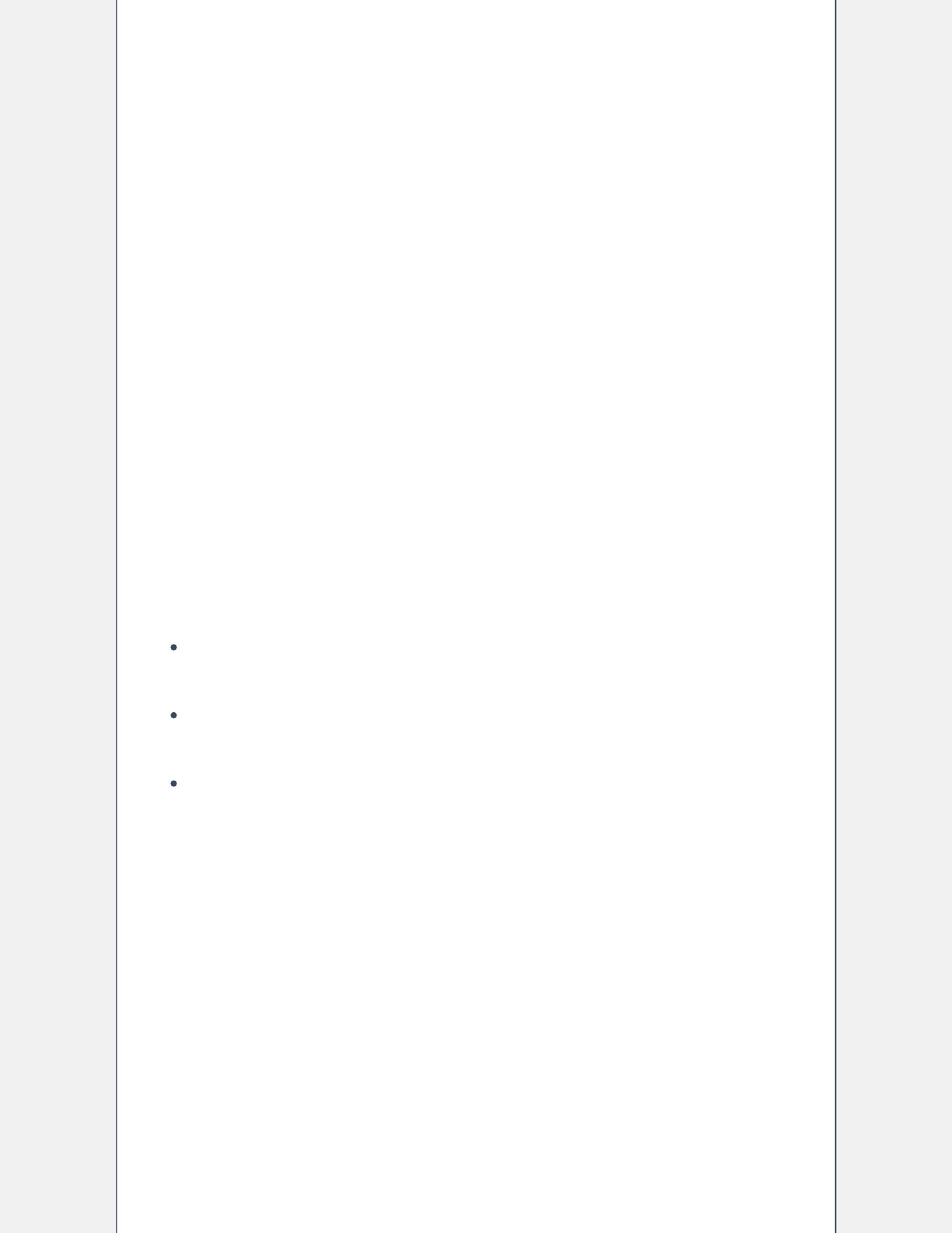
Last week the Drug Enforcement Administration (DEA) published a final rule that allows nurse practitioners and physician assistants who meet certain requirements to prescribe and dispense medication-assisted treatment (MAT) drugs. The DEA’s rule implements a provision in the Comprehensive Addiction and Recovery Act (CARA) of 2016, which expanded the category of eligible providers to include nurse practitioners and physician assistants in order to increase access to MAT for opioid addiction. Previously, only physicians could qualify to provide buprenorphine treatment.

To qualify for a prescribing waiver, nurse practitioners and physician assistants must be licensed under State law to prescribe certain controlled substances and complete at least 24 hours of initial training. Based on State law, they may also need to be supervised by or work in collaboration with a qualified physician.

A separate final rule in 2016, issued by the Department of Health and Human Services (HHS), increased the maximum number of patients that a qualified practitioner may treat for opioid use disorder from 100 to 275.

Read the DEA’s final rule [here](https://www.gpo.gov/fdsys/pkg/FR-2018-01-23/pdf/2018-01173.pdf).

Learn more about nurse practitioner/physician assistant waivers from the Substance Abuse and Mental Health Services Administration (SAMHSA) [here](https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/qualify-np-pa-waivers).

**NIH research finds breakthrough in antipsychotic drug development**

A study funded by the National Institute of Mental Health (NIMH), National Institute of General Medical Sciences (NIGMS), and the National Cancer Institute (NCI)—all part of the National Institutes of Health (NIH)—has made a breakthrough in making antipsychotic drugs safer and more targeted. Antipsychotic drugs that are used to treat individuals with schizophrenia, bipolar disorder, and autism-spectrum disorders often cause severe side effects because the medications interact with dozens of other brain receptors, not just the receptor they are meant to bind to. Researchers have deciphered the molecular structure of a common antipsychotic docked in its key receptor. This sheds light on how atypical antipsychotic drugs bind to their primary molecular target in the human brain. This NIH study, published in *Nature*, will allow researchers to selectively activate the target receptor, potentially limiting antipsychotic side effects such as anxiety, dizziness, and digestive issues.

Read the NIH press release on the study [here](https://www.nih.gov/news-events/news-releases/molecular-secrets-revealed-antipsychotic-docked-its-receptor).

**SAMHSA releases National Strategy for Suicide Prevention Implementation Assessment Report**

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released its National Strategy for Suicide Prevention Implementation Assessment Report. This report is an assessment of the implementation of the revised 2012 National Strategy for Suicide Prevention. The report provides an overview of recent efforts to implement the goals and objectives of the National Strategy for Suicide Prevention and makes suggestions for increasing the effectiveness of these implementation efforts. The three recommendations in the report are:

States, tribes, and communities should consider building an infrastructure to support stable, comprehensive, and coordinated suicide prevention efforts;

The National Action Alliance for Suicide Prevention, or some other national body, should consider developing a blueprint for community-based suicide prevention.

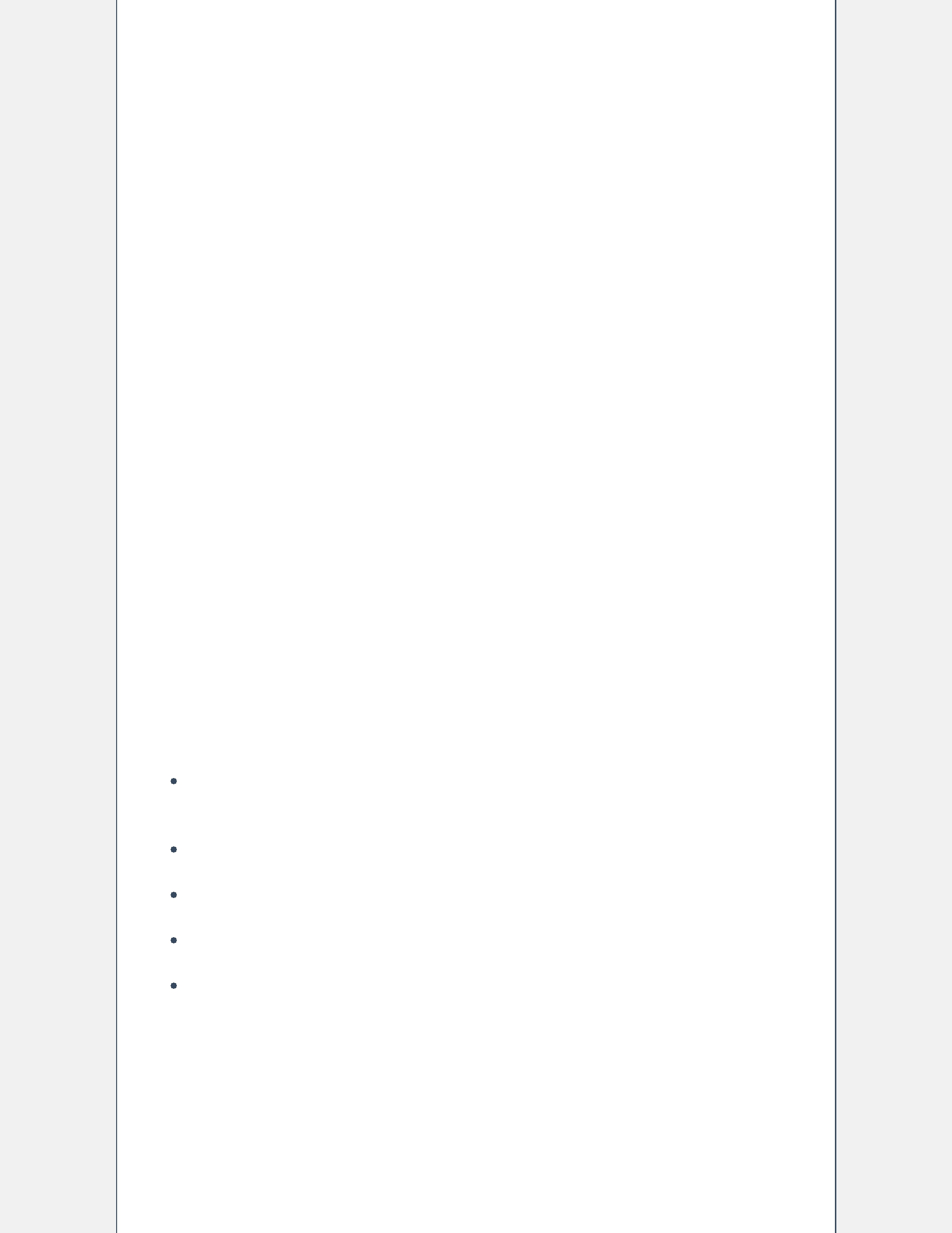
Promote comprehensive state, tribal, and community suicide prevention efforts by holding quarterly or bi-annual regional meetings. The public sector, private sector, or a public/private partnership could undertake this recommendation.

Read the report [here](https://store.samhsa.gov/shin/content/SMA17-5051/SMA17-5051.pdf).

**FTC and SAMHSA release fact sheet on getting help for opioid dependence or withdrawal**

The Federal Trade Commission (FTC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) recently released a fact sheet, “Getting the Right Help for Opioid Dependence or Withdrawal.” The one-page document warns against certain products that claim to cure opioid addiction or withdrawal. Specifically, the fact sheet highlights dietary supplements and products such as kratom. The FTC and SAMHSA encourage those who are considering treatment for an opioid use disorder to call SAMHSA’s National Helpline, use the SAMHSA treatment locator, and visit the FTC website to learn more about dietary supplements.

Access the fact sheet [here](https://www.consumer.ftc.gov/sites/www.consumer.ftc.gov/files/en_getting_the_right_help_for_opioid_dependence_or_withdrawal.pdf). It is also available in Spanish [here](https://www.consumidor.ftc.gov/sites/www.consumer.ftc.gov/files/sp_getting_the_right_help_for_opioid_dependence_or_withdrawal.pdf).

**Capitol Hill Happenings**

**House Energy and Commerce Committee to begin series of legislative hearings on opioids**

Earlier this week, Rep. Greg Walden (R-OR), Chairman of the House Energy and Commerce Committee announced that the committee will soon begin a series of hearings to consider legislation that aims to address the opioid crisis. The specific list of bills that the committee will consider has not been released yet. The first hearing is being planned for the week of February 26th. Last year, the committee held a Member Day, during which members of Congress spoke about the impact of the opioid crisis and offered potential legislative solutions.

Read more about Chairman Walden’s announcement [here](http://thehill.com/policy/healthcare/371468-house-panel-to-begin-hearings-on-bills-to-fight-opioid-crisis).

**In the News**

**NASTAD releases call to action and recommendations for supervised injection sites**

The National Association of State and Territorial AIDS Directors (NASTAD) has released two documents related to supervised injection facilities (SIFs). The first document, a call to action, notes that in response to the new cases of hepatitis B, C, and HIV that have been fueled by the opioid crisis, policymakers, public health leaders, and communities should utilize a comprehensive approach to end these intersecting health issues. In the document, NASTAD states that it, “supports the inclusion of supervised injection facilities for federal, state, and local governments striving to effectively reduce overdose deaths and decrease rates of infectious disease among people who use drugs.”

In its Recommendations for Action, NASTAD outlines how various stakeholder groups can support supervised injection sites. The recommendations are tailored to health departments; elected officials and policymakers; and community-based organizations and advocates. Some of the recommendations for health departments include:

Become familiar with literature and evidence surrounding SIFs and provide community education on the role of SIFs as an effective element of a comprehensive response

Consider the health department role in, and potential for, implementing SIFs in your jurisdiction

Provide data on overdose deaths, hepatitis B and C, HIV, and injection drug use to community partners

Become familiar with and support SIF advocacy efforts by providing data and technical assistance

Evaluate SIFs as they are implemented

Access the Call to Action [here](https://www.nastad.org/resource/call-action-supervised-injection-facilities).

Read the Recommendations for Action [here](https://www.nastad.org/resource/supervised-injection-facilities-recommendations-action).

*Should you have any questions, or require additional information, please do not hesitate to contact Robert Morrison, Executive Director, or Shalini Wickramatilake-Templeman, Federal Affairs Manager, at (202) 293-0090.*

