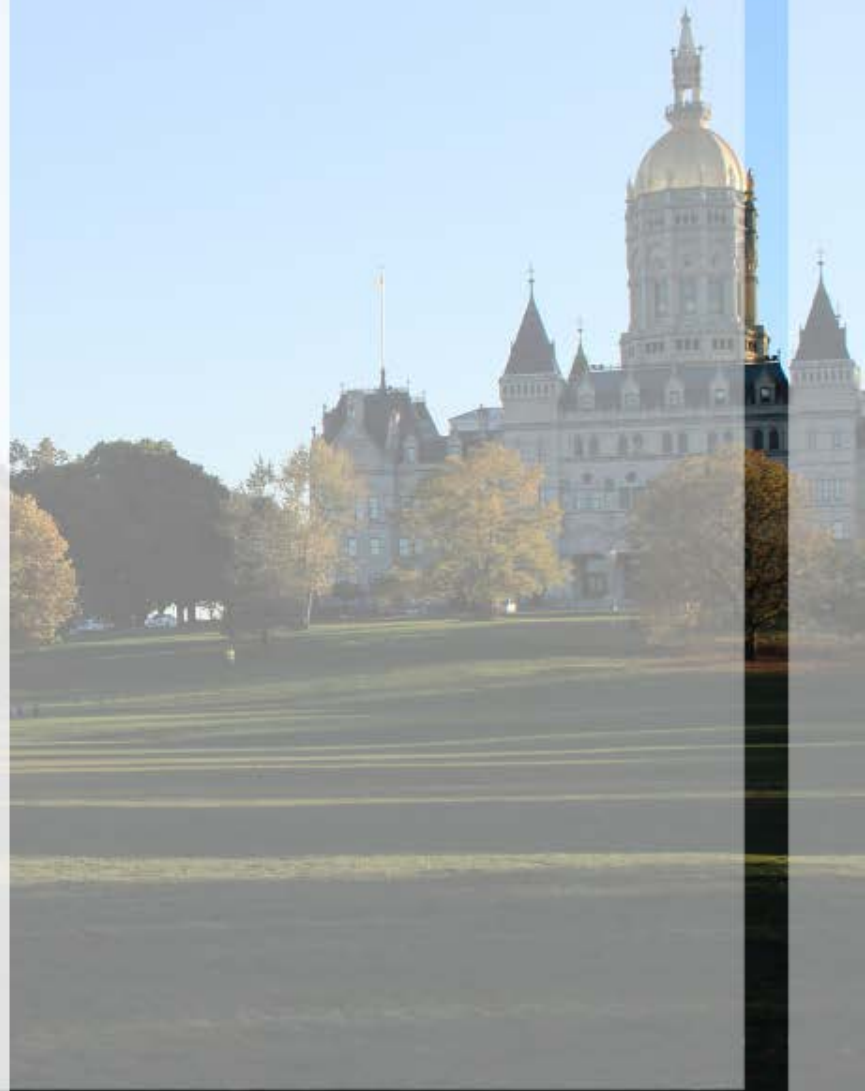


The Changing Landscape of Connecticut's Drug Policy



Topics



- **Opioid Drug Abuse Laws**
 - James Orlando, OLR
 - Eileen Lawlor, LCO

- **Drug Penalty Changes**
 - Michelle Kirby, OLR

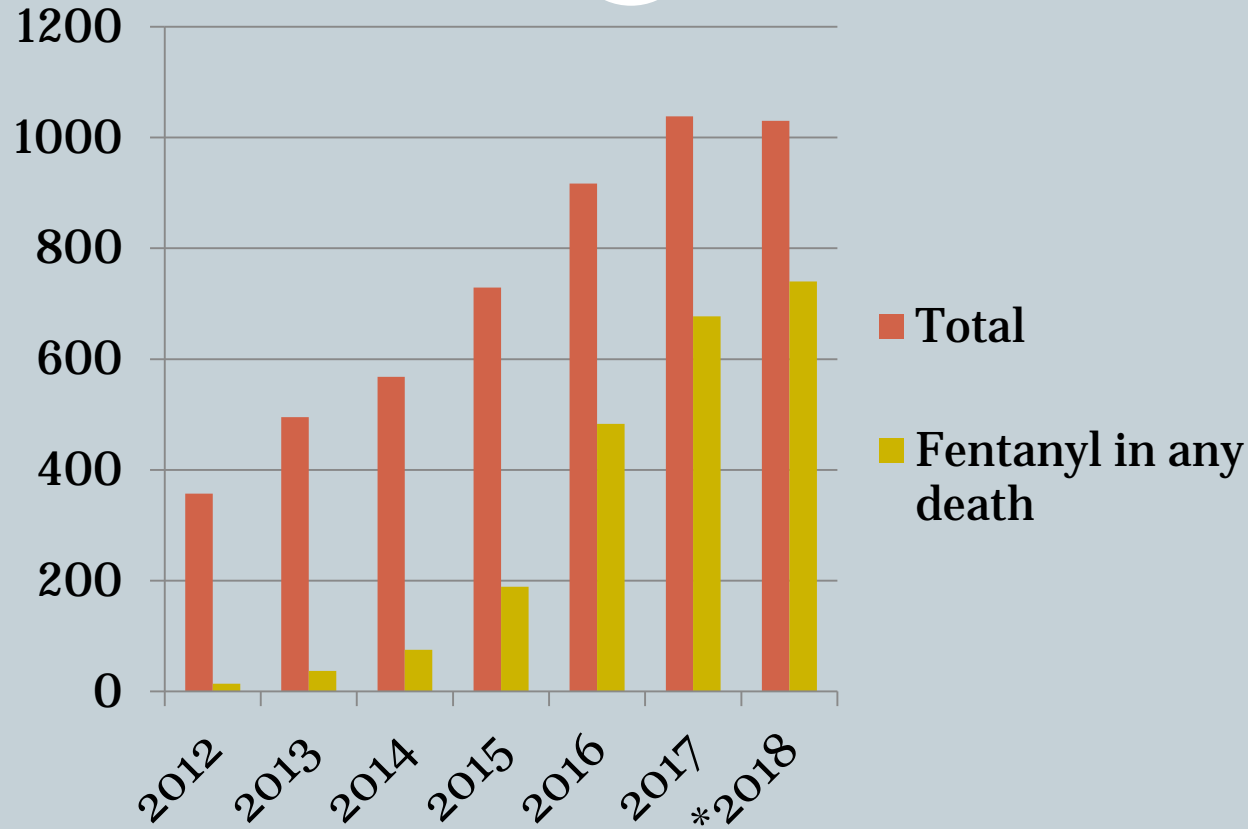
- **Recreational Marijuana**
 - Angela Rehm, LCO

Opioid Drug Abuse Laws



- **Prescription Drug Monitoring Program**
- **Access to Opioid Antagonists**
- **Prescription Limits**
- **Sober Living Homes**
- **Other**

Accidental Drug Overdose Deaths in Connecticut



Source: Office of the Chief Medical Examiner. Data does not include pure alcohol intoxications. 2018 total is projected.

Prescription Drug Monitoring Program



- **Collects prescription data on most controlled substances into a centralized online database, to present a complete picture of a patient's controlled substance use**



Prescription Drug Monitoring Program (cont.)



- **2013: Required Scope of Reporting**

- Expanded to cover (1) out-of-state pharmacies that ship drugs into the state and (2) any other drug dispensing practitioner
- Certain exemptions added (e.g., hospital inpatients) ([PA 13-172](#) and [PA 13-108](#))

Prescription Drug Monitoring Program (cont.)

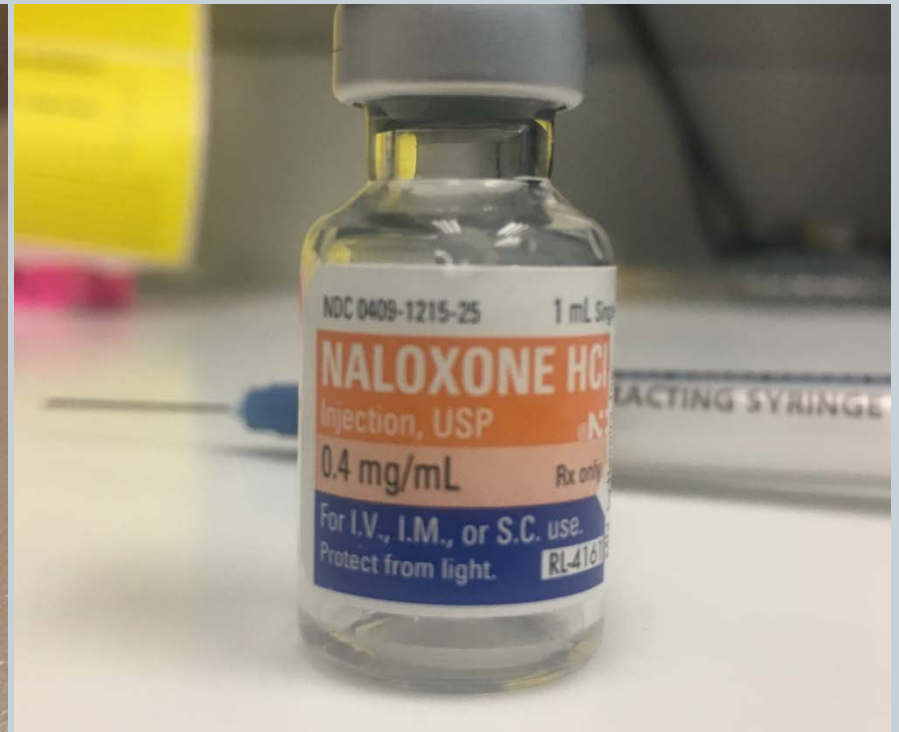


- **2013 and 2015: Increased Frequency of Reporting**
 - By end of next business day (still weekly for veterinarians) ([PA 13-172](#) and [PA 16-43](#))
- **2015: Prescribers' Required Review of Patient Records**
 - When prescribing more than a 72-hour supply of a controlled substance
 - Every 90 days for prolonged treatment (annually for schedule-V non-narcotics) ([PA 15-198](#) and [PA 16-43](#))

Opioid Antagonists



Prescription drugs such as Naloxone (e.g., Narcan) that counteract the effects of opioid overdoses



Access to Opioid Antagonists



- **2012: Third-Party Prescriptions**
 - [PA 12-159](#) allowed prescribers to prescribe or dispense opioid antagonists to anyone (e.g., family members) to prevent or treat an overdose
- **2015: Prescriptive Authority for Pharmacists**
 - [PA 15-198](#) allowed pharmacists to prescribe opioid antagonists if they meet certain requirements (e.g., training and certification program)

Access to Opioid Antagonists (cont.)



- **2016: Local EMS Plans**
 - Plans must require that at least one EMS provider who is likely to arrive first at a medical emergency carry an opioid antagonist and be trained on how to administer it ([PA 16-43](#) and [PA 17-131](#))
- **2017: Standing Order for Pharmacies**
 - [PA 17-131](#) allowed a prescribing practitioner to issue a standing order to a pharmacist for opioid antagonists
- **2018: Local Agency Program**
 - [PA 18-166](#) allowed prescribers to enter into agreements with specified agencies (e.g., law enforcement) to distribute and administer opioid antagonists

Limits on Opioid Drug Prescriptions



- **Maximum Supply of Opioid Drugs**
 - **Seven-day** supply for an **adult** for first-time outpatient use ([PA 16-43](#))
 - **Five-day** supply for **minors** under age 18 ([PA 17-131](#))
 - Larger supply permitted to treat an acute medical condition, chronic pain, cancer-associated pain, or for palliative care

Limits on Opioid Drug Prescriptions (cont.)



- **2017: Voluntary Non-Opioid Directive Form**
[PA 17-131](#)
- **2018: Prescriptions to Self or Family**
[PA 18-166](#)
 - Schedule II to Schedule IV drugs generally not permitted
 - 72-hour supply exception

Sober Living Homes



Regulatory Overview

- **Definition**
- **No licensure, but homes must comply with local requirements, such as zoning and fire safety codes**
- **Fair Housing Act and Americans With Disabilities Act protections**

Sober Living Homes (cont.)



Connecticut's Voluntary Registration Program

- Operators of sober living homes certified by the National Alliance for Recovery Residences (NARR) may report a home's certified status to DMHAS ([PA 18-171](#))
- DMHAS list of certified homes and number of available beds at each home

Sober Living Homes (cont.)



Program Requirements

- Opioid antagonists on-site
- Advertising and marketing
- DMHAS disclosure

Other



- **New CME Requirements** – [PA 15-198](#)
- **Health Insurance** – [PA 16-43](#) and [PA 17-131](#)
- **Overdose Data Reporting** – [PA 18-166](#)
- **Studies/ Working Groups** – [Various acts](#)

Recent Drug Penalty Changes



Recent Measures In Connecticut



- 1. Decriminalized the possession of small amounts of marijuana**
- 2. Reduced criminal penalties for certain drug convictions**
- 3. Reduced penalties for drug-free zone violations**
- 4. Expanded Good Samaritan law**

Decriminalization

Possession of less than half an ounce of marijuana



PA 11-71, §§ 1-5

- **Marijuana possession**
Changed from possible prison term to a fine
- **Drug paraphernalia possession**
Changed from a crime to an infraction
- **Violator under age 21**
Imposed a 60-day suspension of driver's license or 150 days ineligibility after meeting licensing requirements

New Penalty Structure

Possession of half an ounce or more of marijuana or any amount of another illegal drug



PA 15-2, JSS created a new penalty structure that:

- Punishes this offense as a class A misdemeanor rather than a felony
- Allows the court to:
 - suspend prosecution for a **second offense** and order treatment for a drug-dependent person
 - punish **third-time or subsequent offenders** as persistent offenders (class E felony penalties)

Drug-Free Zone



- [PA 11-71](#)
 - Eliminated mandatory minimum sentences for possession of **less than half an ounce of marijuana** (and related drug paraphernalia) within a zone
- [PA 15-2, JSS](#)
 - Removed mandatory minimum prison term for possession of **half an ounce or more of marijuana or any quantity of other illegal drugs** within a zone
 - Classified this crime as a class A misdemeanor (imprisonment, probation, and community service)

Good Samaritan Law



PA 11-210 prohibits the prosecution of individuals who in good faith seek or receive emergency medical care for themselves or another person they reasonably believe is experiencing an overdose from the ingestion, inhalation, or injection of intoxicating liquor or any drug or substance

Recreational Marijuana



Drafting Legislation for the Retail Sale of Marijuana

Legislative Considerations



1. **Separate scheme from existing medical marijuana program**
2. **Legal age for consumer**
3. **Possession limits**
4. **Form of marijuana and limitations on different formulas**
5. **Grow your own—what are the revenue implications? How does this factor into possession limits?**
6. **Under which agency for regulatory purposes?**
7. **Regulation of sellers, growers, and producers—including licensure and location/zoning decisions**

Legislative Considerations



8. Revenue—in what form? Sales tax? Gross receipts tax? Excise tax? How will taxes be paid to Department of Revenue Services in a cash-only economy?
9. Public Safety—Driving under the influence (DUI), law enforcement resources
10. Public Health—Potential increased adolescent use, public smoking
11. Timeframe and effective date for implementation
12. Other considerations—hemp cultivation, education and preventive measures, state/federal considerations, workplace issues, landlord/tenant issues

Questions



LIBRARY RESEARCH GUIDE:
**[HTTPS://WP.CGA.CT.GOV/LIB/2018-ISSUES-
CONFERENCE-DRUG-POLICY](https://wp.cga.ct.gov/lib/2018-issues-conference-drug-policy)**



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2018**