



## *Regional Substance Abuse Council*

### **An Act relative to substance use, treatment, education and prevention**

An Act relative to substance use, treatment, education and prevention, passed with unanimous votes in both legislative chambers and was signed into Massachusetts law on March 14, 2016.

#### **Prevention:**

##### *Youth focused:*

- **School substance use prevention policies**  
"Each public school shall have a policy regarding substance use prevention and the education of its students about the dangers of substance abuse. The school shall notify the parents or guardians of all students attending the school of the policy and shall post the policy on the school's website."
- **SBIRT in schools**  
"Subject to appropriation, each city, town, regional school district, charter school or vocational school district shall utilize a verbal screening tool to screen pupils for substance use disorders. Screenings shall occur on an annual basis and occur at 2 different grade levels as recommended by the department of elementary and secondary education, in consultation with the department of public health."
- **Science of addiction in driver's safety courses**  
"The curriculum shall include a module on the science related to addiction and addictive substances, which shall also include the impact of psychoactive substances on the brain and the effect of such substances on a person while operating a motor vehicle."
- **Annual head injury training**  
"The bureau of substance abuse services shall provide educational materials on the dangers of opiate use and misuse to those persons participating in the annual head injury safety program required by this section. The educational materials shall also be distributed in written form to all students participating in an extracurricular athletic activity prior to the commencement of their athletic seasons."

##### *Community Focused:*

- **Non-opioid drug availability**  
"The commission shall also identify and publish a list of non-opioid drug products that have been approved by the United States Food and Drug Administration that are

effective pain management alternatives and have a lesser potential for abuse than an opioid drug product contained in Schedules II and III of section 3 of chapter 94C. The commission shall provide for distribution, including electronic distribution, of copies of the list and revisions to the list among all prescribers and dispensers licensed to practice in the commonwealth and to other appropriate individuals and shall supply a copy to any person on request and upon payment of the cost of printing.”

- **Partial fill of opioid prescriptions**

“A registered pharmacist filling a prescription for an opioid substance in schedule II section 3 may dispense the prescribed substance in a lesser quantity than the recommended full quantity indicated on the prescription if requested by the patient”

- **Training for prescribers**

“Practitioners who prescribe controlled substances, except veterinarians, shall be required, as a prerequisite to obtaining or renewing their professional licenses, to complete appropriate training relative to: (i) effective pain management; (ii) the risks of abuse and addiction associated with opioid medication; (iii) identification of patients at risk for substance use disorders; (iv) counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications; (v) appropriate prescription quantities for prescription medications that have an increased risk of abuse; and (vi) opioid antagonists, overdose prevention treatments and instances in which a patient may be advised on both the use of and ways to access opioid antagonists and overdose prevention treatments.”

- **Safeguards on high-risk drugs**

“Prior to issuing an extended-release long-acting opioid in a non-abuse deterrent form for outpatient use for the first time, a practitioner registered under section 7 shall: (i) evaluate the patient’s current condition, risk factors, history of substance abuse, if any, and current medications; and (ii) inform the patient and note in the patient’s medical record that the prescribed medication, in the prescriber’s medical opinion, is an appropriate course of treatment based on the medical need of the patient.”

“No health care provider or employee of a health care provider acting in good faith shall be subject to criminal or civil liability or be considered to have engaged in unprofessional conduct for failing to offer or administer a prescription or medication order for an opiate under the voluntary non-opiate directive form.”

- **7 day prescription limit**

“When issuing a prescription for an opiate to an adult patient for outpatient use for the first time, a practitioner shall not issue a prescription for more than a 7-day supply. A practitioner shall not issue an opiate prescription to a minor for more than a 7-day supply at any time and shall discuss with the parent or guardian of the minor the risks associated with opiate use and the reasons why the prescription is necessary.”

- **Ban on powdered alcohol**

## **Intervention/Harm Reduction:**

- **Municipal police training on Good Samaritan Law and drug-related overdoses**  
“The municipal police training committee may establish a course within the recruit basic training curriculum for regional and municipal police training schools to train law enforcement officers on the application of section 34A of chapter 94C and section 12FF of chapter 112 and the procedures for response to calls for assistance for drug-related overdoses.”
- **Narcan civil liability protection**  
“Any person who, in good faith, attempts to render emergency care by administering naloxone or any other opioid antagonist, as defined in section 19B of chapter 94C, to a person reasonably believed to be experiencing an opiate-related overdose, shall not be liable for acts or omissions resulting from the attempt to render this emergency care; provided, however, that this section shall not apply to acts of gross negligence or willful or wanton misconduct.”

## **Treatment:**

- **24-hour substance abuse evaluation**  
“A person presenting in an acute-care hospital or a satellite emergency facility who is reasonably believed by the treating clinician to be experiencing an opiate-related overdose, or who has been administered naloxone prior to arriving at the hospital or facility, shall receive a substance abuse evaluation within 24 hours of receiving emergency room services.”
- **State’s ability to investigate/study licensed addiction treatment centers (section 60)**
- **Bed finder tool update**  
“Notwithstanding any general or special law to the contrary, the Massachusetts behavioral health access (MABHA) website, operated by the office of medicaid’s behavioral health vendor, shall post contact information for all insurance payers, including a phone number which is accessible 24 hours per day, for the purpose of enhancing communication between payers and providers.”
- **Training for police departments on the centralized substance abuse referral system**
- **Change to section 35 warrant timeline**  
“If such person is not immediately presented before a judge of the district court, the warrant shall continue day after day for up to 5 consecutive days, excluding Saturdays, Sundays and legal holidays, or until such time as the person is presented to the court, whichever is sooner; provided, however that an arrest on such warrant shall not be made unless the person may be presented immediately before a judge of the district court.”
- **Universal intake form**  
“The division of insurance, in consultation with the department of mental health, the department of public health and the bureau of substance abuse services, shall

recommend a universal intake form to streamline the administrative process for intake of a behavioral health or substance use disorder patient.”

**Other:**

- **Drug stewardship program**  
“Drug stewardship program, a program financed by a pharmaceutical product manufacturer or a group of manufacturers to collect, secure, transport and safely dispose of unwanted drugs.”
- **Gabapentin added to monitoring on PMP**

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