NASCSA BREAKING NEWS

September 1, 2016

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NASCSA Dues Statements Are Out

NASCSA relies on dues and sponsorships to fulfill its mission. Membership dues run from July 1-June 30th.

Dues renewals have been mailed out. If you did not receive one please contact the NASCSA office so we can send you a duplicate statement.

FDA Requires Strong Warnings for Opioid Analgesics, RX Opioid Cough Products, and Benzodiazepines

After an extensive review of the latest scientific evidence, the U.S. Food and Drug Administration announced today that it is requiring class-wide changes to drug labeling, including patient information, to help inform health care providers and patients of the serious risks associated with the combined use of certain opioid medications and a class of central nervous system (CNS) depressant drugs called benzodiazepines.

To read the full press release click here.

DEA Announces Intent to Schedule Kratom

Washington, DC - The Drug Enforcement Administration (DEA) today announced its intention to place the active materials in the kratom plant into Schedule I of the Controlled Substances Act in order to avoid an imminent hazard to public safety. Mitragynine and 7-hydroxymitragynine are found in kratom, which is a tropical tree indigenous to Thailand, Malaysia, Myanmar, and other areas of Southeast Asia. The announcement was made in the U.S. Federal Register and can be found here.

Kratom is abused for its ability to produce opioid-like effects and is often marketed as a legal alternative to controlled substances. Law enforcement nationwide
Did you know that NASCSA publishes a monthly compilation of state regulatory actions related to pharmacy and controlled substances. State Regulatory Developments is located on the website here.

Follow NASCSA on Twitter

NASCSA is pleased to announce that it is now on Twitter and the number of followers continues to grow each month so please follow us at @NASCSA.

Interested in PMP Legislation?

Due to our recent collaboration with the National Alliance for Model State Drug Laws (NAMSDL), we have been provided with an updated compilation of information on state and federal legislation and regulations pertaining to Prescription Monitoring Programs as a courtesy.
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Kratom is abused for its ability to produce opioid-like effects and is often marketed as a legal alternative to controlled substances. Law enforcement nationwide has seized more kratom in the first half of 2016 than any previous year and easily accounts for millions of dosages intended for the recreational market, according to DEA findings. In addition, kratom has a high potential for abuse, has no currently accepted medical use in treatment in the United States, and has a lack of accepted safety for use under medical supervision. These three factors constitute a Schedule I controlled substance according to the Controlled Substances Act passed by Congress in 1970.

Kratom has been seized by law enforcement in various forms, including powder, plant, capsules, tablets, liquids, gum/resin, and drug patch. Because the identity, purity levels, and quantity of these substances are uncertain and inconsistent, they pose significant adverse health risks to users.

From February 2014 to July 2016, over 55,000 kilograms of kratom material were encountered by law enforcement at various ports of entry within the United States. Additionally, another 57,000+ kilograms of kratom material offered for import into the United States between 2014 and 2016 are awaiting an FDA admissibility decision. Together, this material is enough to produce over 12 million doses of kratom. The FDA has also warned the public not to use any products labeled as containing kratom due to concerns about toxicity and potential health impacts. In addition, FDA has issued and updated two import alerts related to kratom products. Kratom has been on DEA's list of drugs and chemicals of concern for several years.

The American Association of Poison Control Centers identified two exposures to kratom from 2000 and 2005. Between 2010 and 2015, U.S. poison centers received 660 calls related to kratom exposure. The
Center for Disease Control (CDC) found that kratom abuse leads to agitation, irritability, tachycardia, nausea, drowsiness, and hypertension. Health risks found in kratom abusers include hepatotoxicity, psychosis, seizure, weight loss, insomnia, tachycardia, vomiting, poor concentration, hallucinations, and death. DEA is aware of 15 kratom-related deaths between 2014 and 2016.

**NASCSA Bylaws Updates**

Proposed updates to the Bylaws have been posted for consideration at the annual business meeting. Please review the proposed changes [here](#) for consideration. Coming weeks as the program is finalized.

**Deadline for Submitting Resolutions for Consideration is September 4th**

The Resolution/Bylaws Committee is reminding all members that the deadline for submitting ideas for consideration at during the business meeting at the annual conference is **September 4th** (pursuant to bylaws of the Association).

Current resolutions that have been received are posted [here](#). Please read the resolutions and contact NASCSA if you have additional suggestions for resolutions to be considered during the business meeting. Should you have ideas for consideration, please send them to KathyKeough@nascsa.org.

**Nominations Sought for NASCSA’s Executive Committee**

The Executive Committee of NASCSA will have three (3) openings on the Board for the 2016-2017 year due primarily to changes in titles/responsibilities of several board members. Members of the Executive Committee are expected to participate in periodic conference calls (approximately one per month lasting
less than one hour) as well as a midyear meeting in April.

We are seeking three individuals willing to consider running for office. For additional information or to discuss your candidacy please contact Ralph Orr at ralph.orr@dhp.virginia.gov.

It is critical to the viability of NASCSA that we have an active Executive Committee so we would strongly encourage your consideration and involvement.

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