



**The National Association of State Alcohol and Drug Abuse  
Directors  
DC Update  
March 19<sup>th</sup>, 2018**

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**Capitol Hill Happenings**

**House Energy and Commerce Subcommittee on Health to hold 2-day hearing on legislation to address opioid crisis**

The House Energy and Commerce Committee's Subcommittee on Health will be holding a two-day hearing, "Combating the Opioid Crisis: Prevention and Public Health Solutions," on March 21<sup>st</sup>-22<sup>nd</sup>. The Subcommittee, which is led by Chairman Michael Burgess (R-TX) and Ranking Member Gene Green (D-TX), will discuss approximately 25 bills that are designed to address the opioid crisis. Nearly 20 witnesses are expected to offer testimony in support of the various bills and discuss issues related to the opioid crisis. The bills that will be discussed cover a range of topics, including: recovery housing; prevention and treatment services for tribes; addiction workforce loan repayment; alternative pain management in emergency departments; enhancing prescription drug monitoring programs (PDMPs); and much more.

This will be the second of three legislative hearings to examine the opioid crisis and possible legislative solutions. Last month, the Subcommittee on Health held a legislative hearing on eight bills that aim to improve patient safety and bolster enforcement tools. The third and final hearing will focus on issues pertaining to insurance coverage.

Learn more about the Subcommittee's legislative hearing [here](#).

## News from the States

### **Ohio's opioid prescribing dropped nearly 30 percent in 2017**

The Ohio State Board of Pharmacy's Ohio Automated Rx Reporting System (OARRS) recently released a report describing the decrease in opioid prescribing within the State. According to the report, opioids prescribed to patients declined for the fifth consecutive year in 2017. Between 2012 and 2017, the total number of opioids dispensed to Ohio patients decreased by 225 million doses, or 28.4 percent. The report finds an 88 percent decrease in the amount of people engaged in the practice of doctor shopping since 2012.

Read the full report [here](#).

### **NM Statewide Epidemiological Outcomes Workgroup (SEOW) publishes brief on adverse health effects associated with opioid use**

New Mexico's Statewide Epidemiological and Outcomes Workgroup (SEOW) reviews and disseminates data about substance use, and it identifies best practice information about evidence-based prevention strategies, policies, and practices that can lead to positive health outcomes. The State's SEOW recently published a white paper entitled, "Adverse Health Effects Associated with Opioid Abuse and Non-Fatal Overdose." The paper examines specific types of opioid-related morbidity and their economic costs. The SEOW is currently developing a paper on how to reduce and treat the harm associated with opioid use beyond fatal overdose prevention.

Wayne Lindstrom, Ph.D., Director of the Behavioral Health Services Division within the New Mexico Human Services Department and member of NASADAD, serves on New Mexico's SEOW.

Read the white paper [here](#).

### **Ohio Chamber of Commerce releases toolkit to help employers to prevent and respond to employee opioid use**

Last week the Ohio Chamber of Commerce unveiled a new Employer Opioid Toolkit. The "Dose of Reality" toolkit includes online courses, videos and other material to help Ohio employers prevent and manage workplace risks associated with the opioid use. The online five-module course gives an overview of the issues an employer might consider when dealing with a worker's use of substances, including drug testing, how to establish a drug-free workplace, and how to respond to an employee's use of drugs. The Ohio Chamber of Commerce has also developed a course for employees that focuses on the dangers of misusing prescription drugs.

Access the toolkit [here](#).

## Around the Agencies

### **ASPE releases two briefs focusing on substance use and child welfare**

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) within the Department of Health and Human Services (HHS) recently released two briefs related to the impact of substance use on child welfare. The first brief, "The Relationship between Substance Use Indicators and Child Welfare Caseloads," describes how select indicators associated with substance use relate to child welfare caseloads.

The second brief is titled, “Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed Methods Study.” This document focuses on the relationship between parental substance misuse and child welfare caseloads, which began rising in 2012 after more than a decade of decline. Results describe how the child welfare system interacts with community partners to serve families that are impacted by substance use.

- Access “The Relationship between Substance Use Indicators and Child Welfare Caseloads” [here](#).
- Access “Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed Methods Study” [here](#).

### **SAMHDA launches new Restricted-Use Data Analysis System**

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Substance Abuse and Mental Health Data Archive (SAMHDA) recently launched a new section of its website, the Restricted-Use Data Analysis System (RDAS). RDAS is an application for online analyses to create and output crosstabs and perform logistic regression from a web browser. Data can be viewed by State over time, and data are available from 2004 to 2016. Currently, only data from the National Survey on Drug Use and Health (NSDUH) are available.

Access the RDAS section of SAMHDA [here](#).

### **DEA releases toolbox to promote Drug Take Back Day on April 28<sup>th</sup>**

The Drug Enforcement Agency (DEA) recently released a toolbox of materials for promoting National Prescription Drug Take Back Day, which will be held on April 28, 2018. The new toolbox includes: posters, pamphlets, digital billboards, print billboards, bus ads, site location banners, and a web button. The toolbox aims to encourage individuals to safely and anonymously dispose of prescription drugs.

Access the toolbox of materials [here](#).

### **News from NASADAD**

#### **NASADAD releases section-by-section summary of CARA 2.0**

On February 27, 2018, Senators Rob Portman (R-OH), Sheldon Whitehouse (D-RI), Shelley Moore Capito (R-WV), Amy Klobuchar (D-MN), Dan Sullivan (R-AK), Maggie Hassan (D-NH), Bill Cassidy (R-LA), and Maria Cantwell (D-WA) introduced “CARA 2.0,” a bill that aims to build upon the Comprehensive Addiction and Recovery Act (CARA) of 2016. CARA 2.0 increases the funding authorization levels of several CARA 2016 programs, and proposes policy changes to address the opioid crisis.

Some of the provisions in CARA 2.0 include:

- Authorizing \$100 million for each of fiscal years 2019 through 2023 to carry out the residential services grant program for pregnant and postpartum women (PPW). As authorized in CARA 2016, up to 25 percent of the funds appropriated to the PPW program may be used to implement a pilot program making competitive grants available to State alcohol and drug agencies to enhance flexibility in the use of funds for family-based services for pregnant and postpartum women with a substance use

disorder. The original authorization for the PPW program in CARA 2016 was \$16.9 million for each of fiscal years 2017 through 2021.

- Authorizing the Secretary of Health and Human Services (HHS), acting through the Director of the Center for Substance Abuse Treatment (CSAT) within the Substance Abuse and Mental Health Services Administration (SAMHSA), to publish best practices for operating recovery housing, based on: 1) the applicable domains, core principles, and standards of the National Alliance for Recovery Residences (NARR); and 2) input from other nationally accredited recovery housing entities and from stakeholders.
- Making permanent section 303 of CARA of 2016, which allows physician assistants (PAs) and nurse practitioners (NPs) to prescribe buprenorphine under the direction of a qualified physician, instead of sunseting in 2021. CARA 2.0 also allows States to waive the current 100-patient limit that a physician can treat with buprenorphine.

Access NASADAD's full summary of CARA 2.0 [here](#). The bolded sections of the summary offer a quick review of what's in the bill.

*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.*