

June 20, 2019



D.C. Update: New NGA resources, CDC study on opioid misuse and binge drinking, and more



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Capitol Hill Happenings

House Committee on Oversight and Reform Holds Hearing on Federal Approach to Opioid Treatment

The House Committee on Oversight and Reform held a [hearing](#) on June 19, 2019 titled, "Medical Experts: Inadequate Federal Approach to Opioid Treatment and the Need to Expand Care." The Committee is led by Chairman Elijah Cummings (D-MD) and Ranking Member Jim Jordan (R-OH). Witnesses included: Dr. Susan R. Bailey, President-elect, American Medical Association (AMA); Dr. Arthur C. Evens, CEO, American Psychological Association (APA); Ms. Angela Gray, Nurse Director, Berkeley-Morgan County Board of Health, West Virginia; Dr. Yngvild K. Olsen, Vice President, American Society of Addiction Medicine (ASAM); Ms. Jean Ross, President, National Nurses United; and Nancy Young, Executive Director of Children and Family Futures (CFF). The hearing examined the treatment gap, the effectiveness of recent federal efforts to address addiction, and the Comprehensive Addiction Resources Emergency (CARE) Act ([H.R. 2569](#)), which is sponsored by Chairman Cummings.

News from NASADAD

NASADAD presents before Faces and Voices' Association of Recovery Community Organizations

On Wednesday, June 19th, Robert Morrison, Executive Director of the National

Association of State Alcohol and Drug Abuse Directors (NASADAD) provided an overview of the Association's core public policy priorities at the Faces and Voices' Association of Recovery Community Organizations (ARCO) National Leadership Summit, held just outside Washington, D.C. Patty McCarthy Metcalf serves as Executive Director of Faces and Voices of Recovery (FAVOR). The presentation provided background information on provisions within the Comprehensive Addiction Recovery Act (CARA), the 21st Century CURES Act, and the SUPPORT for Patients and Communities Act. In addition, an overview of federal funding supporting substance use disorder programs was provided. The attendees were particularly interested in activities related to recovery funded by the State Targeted Response to the Opioid Crisis (STR) Grants and the State Opioid Response (SOR) Grants. NASADAD provided some brief background regarding recovery-specific activities in eight States. Slides can be accessed [here](#), and more information about ARCO can be found [here](#).

NASADAD attends Hill briefing on substance use disorder treatment strategies for ethnic populations

On June 19th, Emily Diehl, NASADAD's Public Policy Associate, attended a briefing, "SUD Treatment Strategies for Ethnic Populations: Outcomes, Benefits and Success," hosted by Treatment Communities of America (TCA) with support from the Congressional Black Caucus (CBC). Panelists included: Emory Cabrera, Executive Director of Clinical Services with Integrity Health; Dave Mineta, President and CEO of Momentum for Mental Health; Najiy Shabazz, Counselor and person in recovery from Regional Addiction Prevention; and Dr. Sushma Taylor, President and CEO of Center Point. The briefing focused on high rates of substance use disorder (SUD) within racial and ethnic populations, but lower rates of treatment admissions for this population. Speakers highlighted various barriers to treatment including a lack of culturally competent providers, lack of information due to language or cultural barriers, and therapeutic approaches that aren't compatible or adjusted for ethnic minorities. The briefing also included a discussion on culturally competent services that are effective for this population.

News from the States

Dr. Stephanie Woodard, SSA of Nevada, Discusses Opioid Recovery on Vegas PBS

Recently Nevada's State alcohol and drug agency director, Dr. Stephanie Woodard, was [interviewed](#) on Vegas PBS for their "Nevada Week" segment, *Opioid Recovery: Nevada's Eternal Battle*. Others who were interviewed on the segment included Dr. Mel Phol, Chief Medical Officer of Las Vegas Recovery Center; Will Allphin, Director of Programs for Foundation for Recovery; and Krista Hales, IOTRC Director for the Center for Behavioral Health.

The experts who were interviewed spoke about various efforts to address the opioid crisis through the use of medication-assisted treatment (MAT) and the importance of recovery-oriented systems of care. In particular, Dr. Woodard noted that Nevada has seen decreases in prescription opioid misuse and higher rates of treatment admissions stating, "When we look at making sure we have some stabilization within the State and ensuring greater access to care, we're certainly doing much better."



In the News

New York Times Highlights Ohio Elementary School Implementing Drug Prevention Curriculum

The *New York Times* recently published an [article](#) about the effects of the opioid crisis on children in Ohio. The State had the country's second highest rate of opioid overdose deaths in 2017. Minford Elementary School is in a county that has been hit particularly hard by the crisis. Almost half of the students enrolled have witnessed drug use at home and often have behavioral and psychological problems as a result. According to the article, "Governor Mike DeWine proposed \$550 million in student wellness funding," and schools like Minford Elementary have used the money to hire a teacher to meet one-on-one with students who have experienced trauma as a result of parental substance use. The school also provides a sensory room for children to use when they need to calm down and classes have special lessons on self-control and anger management. The State is in the process of expanding the program through the 12th grade.

National Governors Association Releases Publications Addressing the Infectious Disease Consequences of the Opioid Crisis

The National Governors Association (NGA) recently released two publications focused on State approaches to addressing the infectious disease consequences of the opioid crisis. The opioid crisis has led to increased transmissions of human immunodeficiency virus (HIV), hepatitis C virus (HCV), and other infections resulting from injection drug use. To address these challenges, the NGA Center for Best Practices Health Division conducted a study of Kentucky's syringe services programs, and has published [Addressing the Rise of Infectious Disease](#)

[Related to Injection Drug Use: Lessons Learned from Kentucky](#). Both publications were developed in partnership with the Centers for Disease Control and Prevention (CDC) and ChangeLab Solutions. NGA has also released [State Approaches to Addressing the Infectious Disease Consequences of the Opioid Epidemic: Insights from an NGA Learning Lab](#), which reviews the development and implementation of strategic plans to address infectious disease consequences of the opioid crisis in Alabama, Arkansas, Delaware, Kentucky, Michigan, Utah, Virginia and Washington.

NGA BRIEF | MAY 2019

Addressing the Rise of Infectious Disease Related to Injection Drug Use

LESSONS LEARNED FROM KENTUCKY

EXECUTIVE SUMMARY

With opioid-involved overdoses claiming the lives of 130 people every day across the United States, governors are looking to replicate best practices to address the epidemic and related challenges, including increased transmission of costly and devastating infectious diseases.¹ This case study explores Kentucky's effort to establish syringe services programs, referred to as Harm Reduction and Syringe Exchange Programs (HRSEPs), in areas hardest hit by the opioid epidemic. The first southern state to authorize syringe services programs, Kentucky has established more than 50 HRSEPs to curb infectious disease transmission, provide basic health care services and establish new pathways to substance use disorder treatment and recovery for people who inject drugs.

Injection drug use increases the risk of transmitting blood-borne infections such as human immunodeficiency virus (HIV), hepatitis C virus (HCV) and endocarditis when people who inject drugs share needles, syringes and other injection equipment that may contain infected blood. New cases of HIV have been diagnosed, and new cases of HCV have increased 350% since 2010, with the most significant increases occurring among young people in nonurban areas.² In 2015, recognition of an outbreak of HIV and HCV among people in a small Indiana county who inject drugs brought national attention to the significant risk of infectious disease transmission in this population and spurred other jurisdictions, including neighboring Kentucky, to act to prevent future outbreaks.

In 2016, the Centers for Disease Control and Prevention (CDC) identified 220 counties across 26 states at high risk for rapid spread of HIV and HCV related to injection drug use based on indicators such as deaths from drug overdose, opioid prescribing and availability of opioid use disorder treatment. Certain areas are more vulnerable to infectious disease outbreaks, but the widespread increase in injection drug use across the country puts nearly every state at risk, with serious fiscal and public health consequences.

Kentucky's experience offers important lessons for other states grappling with these challenges. Drawing on extensive interviews with state and local leaders in Kentucky, this case study provides insights into best practices and lessons learned, with a focus on the cross-sector partnerships central to state and local efforts to expand comprehensive harm reduction services.

Considerations for Governors in Expanding Comprehensive Harm Reduction

- ▶ **Gubernatorial leadership and strong, cross-agency partnerships at the state level can help build and maintain support for syringe services programs as part of a comprehensive response to the opioid crisis.**
- ▶ **Funding, data and technical assistance are critical for local communities seeking to establish comprehensive harm reduction and syringe services programs.**
- ▶ **Engaging local public health, law enforcement, business leaders, the faith community and other local stakeholders is key to building and sustaining support.**



Addressing the Rise of Infectious Disease Related to Injection Drug Use: Lessons Learned from Kentucky | NGA Brief, May 2019

Around the Agencies

CDC Study on Correlation Between Binge Drinking and Prescription Opioid Misuse

According to a new [study](#) by researchers at the Centers for Disease Control and Prevention (CDC), over half of Americans who misused

SAMHSA Releases FOA for Mental and Substance Use Disorders Prevalence Study

The Substance Abuse and Mental Health Services

prescription opioids also participated in binge drinking from 2012-2014. Using data from the National Survey on Drug Use and Health (NSDUH), researchers found that “people who binge drank were nearly twice as likely to misuse prescription opioids as non-drinkers, even after taking into account other factors...like age and sex.” According to the study, 2 in 3 people who engaged in binge drinking and the misuse of opioids were age 26 or older and had lower education and income levels. As a result of the study, the CDC researchers recommend a “comprehensive and coordinated approach” to help reduce the risk of drug overdoses resulting from binge drinking and prescription opioid misuse.

Medicaid Patients Insured After Expansion Less Likely to be Prescribed Opioids

A recent [study](#) funded by the Agency for Healthcare Research and Quality (AHRQ) and published in *Addiction*, found that Medicaid patients in the State of Oregon who returned to the program or were newly covered due to Medicaid expansion were less likely to be prescribed opioids. The study included 225,295 adult Medicaid beneficiaries and found that 52.5% of continuously enrolled patients were prescribed opioids compared to 42.3% of newly enrolled patients and 49.3% of returning beneficiaries. The study also found that 16% of continuously insured patients were diagnosed with opioid use disorder (OUD), compared with 12% of returning beneficiaries and 13% of newly enrolled patients. The authors of the study concluded that “policymakers should consider the importance of Medicaid continuity in combating the opioid epidemic and the need for adequate access to continuous insurance.”

Administration (SAMHSA) is currently accepting [applications](#) for the Mental and Substance Use Disorders Prevalence Study (MDPS). The funding opportunity announcement states that “current surveillance systems leave several gaps in the understanding of [serious mental illness and substance use disorders],” including a lack of accurate estimates of individuals with serious mental disorders and the exclusion of populations who do not reside in households. The purpose of the grant program is to ensure that these gaps in surveillance are addressed through a pilot program that assists in estimating the actual number of individuals living with mental and substance use disorders. The grant program will address surveillance gaps by creating a pilot program with the goal of obtaining accurate estimates of individuals living with mental and substance use disorders. SAMHSA plans to issue 1 grant of up to \$30,000,000 for up to 3 years. Applications are due Friday, August 16, 2019.