December 12, 2019

NASADAD National Association of State Alcohol and Drug Abuse Directors

D.C. Update: House and Senate Committee leaders announce agreement on legislation to raise the purchasing age of tobacco to 21, new report examines the impact of the opioid crisis on children, and more



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Meet the Member Sara Goldsby, Region IV Director

Sara Goldsby serves as Regional Director for Region IV on the NASADAD Board of Directors. She was confirmed as Director of the Department of Alcohol and Other Drug Abuse Services (DAODAS) by the South Carolina Senate on February 8, 2018, after being appointed Acting Director by Governor Nikki Haley in August 2016, then nominated as Director by Governor Henry McMaster in May 2017. As Director, she has led South Carolina's response to the opioid crisis and currently serves as co-chair of the State Opioid Emergency Response Team. Under her leadership, DAODAS has been instrumental in increasing access to medication-



assisted treatment (MAT) and the opioid overdose antidote naloxone.

With passion around social determinants of health and access to care, Director Goldsby earned her Master of Social Work and Master of Public Health degrees – with an emphasis on health services, policy, and management – from the University of South Carolina in 2015. Director Goldsby was also the 2019 recipient of the Ramstad-Kennedy Award for Outstanding Leadership, awarded by the National Recovery Month Planning Partners, for her leadership on recoveryrelated efforts.

Capitol Hill Happenings House and Senate Committee leaders announce agreement on

legislation to raise the purchasing age of tobacco to 21

House and Senate Committee leaders recently <u>announced</u> a bipartisan agreement on legislation that would lower health care costs. Senate Health Committee Chairman Lamar Alexander (R-TN), House Energy and Commerce Committee Chairman Frank Pallone (D-NJ), and Energy and Commerce Ranking Member Greg Walden (R-OR) announced an agreement on the Lower Health Care Costs Act of 2019, including a provision to raise the purchasing age of tobacco products to 21. The package also includes provisions related to surprise billing of patients, funding Community Health Centers for five years, and lowering prescription drug and medical costs through price transparency and competition.

Senators send letter to Attorney General regarding MAT expansion in criminal justice settings

Senators Margaret Hassan (D-NH), Edward Markey (D-MA), Jeanne Shaheen (D-NH), and Elizabeth Warren (D-MA) recently sent a <u>letter</u> to Attorney General William Barr regarding medication-assisted treatment (MAT) for individuals involved in the criminal justice system. As described in the letter, the First Step Act of 2018 required the Director of the Bureau of Prisons (BOP) to submit a report to Congress on the availability and capacity of the BOP to treat individuals with opioid use disorder (OUD). The legislation also required that the report include a description of plans to expand the use of MAT in criminal justice settings. The Senators noted that a report was released in March of 2019, however, it did not include the required information. In response, the letter requests that the BOP provide written responses to these and other questions by January 17, 2020.



Around the Agencies FDA and CDC release the 2019 National Youth Tobacco Survey

The Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) recently released the <u>2019 National Youth Tobacco Survey</u> (NYTS), showing a significant rise in e-cigarette use among middle and high school students. According to the survey results, more than 5 million youth reported having used e-cigarettes in the past 30 days, an increase from 3.6 million in 2018. Additionally, nearly one million youth reported daily use and 1.6 million youth used e-cigarettes on 20 or more days per month. The survey also noted that while cigarette use has declined, the increase in e-cigarette use is undermining progress towards reducing overall tobacco use in youth. The NYTS survey also assessed

the reasons that youth choose to use e-cigarettes with the most commonly selected reasons including use by "friend or family member"; availability of "flavors such as mint, candy, fruit, or chocolate"; and the belief that "they are less harmful than other forms of tobacco".

HRSA releases report on how Ryan White HIV/AIDS Program providers can serve clients with substance use disorder

The Health Resources and Services Administration (HRSA) recently released a report regarding the intersection of the Ryan White HIV/AIDS Program (RWHAP) and the opioid crisis. The HRSA HIV/AIDS Bureau (HAB) hosted a Technical Expert Panel (TEP) with RWHAP recipients and other experts to discuss efforts that could be bolstered to serve individuals with HIV and a substance use disorder (SUD). As a result of the meeting, the report highlights considerations from RWHAP providers on implementing services and strategies that have been effective in building systems of care.

In the News New report examines the impact of the opioid crisis on children

The United Hospital Fund released a new <u>report</u> that examines the effects of the opioid crisis on children and adolescents. *The Ripple Effect: National and State Estimates of the U.S. Opioid Epidemic's Impact on Children* charts the impact of parental opioid use on children in each State. The report found significant variation

The Ripple Effect National and State Estimates of the U.S. Opioid Epidemic's Impact on Children



between States, with the rate of children affected by opioids determined to be highest in West Virginia (54 per 1,000 children) and lowest in California (20 per 1,000). As described in the report, if current trends continue, the number of children impacted by opioid use will rise to an estimated 4.3 million by 2030 and the cumulative lifetime cost will reach \$400 billion due to spending on health care, special education, child welfare, and criminal justice. The report also includes 10 priority strategies to be used in response to the growing number of children affected by opioids including investments in evidence-based programs for youth development, increasing the availability of family-based mental health services, expanding treatment and recovery programs for adolescents, and supporting foster and kinship caregivers.

Clinical recommendations released to address neonatal opioid withdrawal syndrome in tribal populations

The Indian Health Service (IHS) and American Academy of Pediatrics (AAP) Committee on Native American Child Health recently <u>released</u> clinical recommendations related to neonatal opioid withdrawal syndrome (NOWS). The recommendations are intended for IHS, tribal, and Indian health care facilities, compiled over the past year from from opioid listening sessions and tribal consultations. The resource includes standards of care regarding screening, diagnosis, and treatment, and is intended to improve identification, care, and outcomes for infants at risk for NOWS. The newly released recommendations are an addition to a <u>quide</u> released in March of 2019 covering the same population.

Harvard Medical School consortium to develop nonopioid pain therapies

Harvard Medical School <u>announced</u> the creation of a new consortium that will attempt to develop nonopioid pain therapies. The Safe Therapeutic Options for Pain and Inflammation (STOP PAIN) consortium, in collaboration with Boston Children's Hospital, Massachusetts Institute of Technology (MIT), and the Max Planck Institute for Medical Research, will aim to identify compounds that block the sensory neurons that sense and initiate pain. As described in the announcement, researchers are optimistic that with their collective expertise they will be able to develop compounds suitable for human clinical trials within the five-year time frame for the project.

Research Roundup

Study finds increase in waivered clinicians in rural areas due to nurse practitioners and physician assistants

A study recently published in Health Affairs

examined data on the number of clinicians waivered to prescribe buprenorphine in rural areas. The Comprehensive Addiction and Recovery Act (CARA), passed in 2017, enabled nurse practitioners (NPs) and physician assistants (PAs) to obtain waivers to prescribe the medication. However, researchers indicated that there is limited data on how this legislation has impacted rural areas. Using federal data, the study found that the number of clinicians waivered to prescribe buprenorphine in rural areas increased by 111 percent from 2016 to 2019. NPs and PAs accounted for more than half of the increase, and broad scope-of-practice regulations were associated with twice as many waivered NPs as restricted scopes of practice were.

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Upcoming Events Upcoming webinar on recovery support programs

Faces and Voices of Recovery (FAVOR), in collaboration with the National Recovery Institute's Center for Best Practices in Recovery Support Services, announced a

new webinar that will address access to recovery support programs across the country. Recovery organization leaders will provide an overview of the existing networks of recovery community organizations, recovery housing, collegiate recovery programs, recovery high schools, and alternative peer group programs. Presenters include Rebecca Bonner, Board Member of the Association of Recovery Schools; John Cates, Board Chair of the Association of Alternative Peer Groups; Patty McCarthy, Executive Director of FAVOR; Tim Rabolt, Executive Director of the Association of Recovery Residences. The webinar will be held on December 17th and registration can be accessed <u>here</u>.

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