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D.C. Update: Sara Goldsby, NASADAD President, testifies before Senate HELP Committee, HHS announces a standard clinical definition for opioid withdrawal in infants, and more

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Meet the Member

Lisa Coleman, Prevention Coordinator for State of Michigan

Lisa Coleman has worked in the mental health and substance use disorder field, mainly prevention, for the past 22 years and is a Certified Prevention Consultant. Currently, she is the PDO Project Director and Departmental Prevention Specialist for the Michigan Department of Health and Human Services / Office of Recovery Oriented Systems of Care. Her various prevention responsibilities involve oversight of Michigan's Synar program, Substance Abuse Prevention and Treatment (SAPT) Block Grant contracts, and prevention discretionary grants. She leads several state level groups including an Older Adult Wellbeing Workgroup, a Marijuana Prevention Workgroup, a Youth Access to Tobacco Workgroup, and a Prevention Workgroup. Ms. Coleman received her B.A. in Social Justice from Olivet Nazarene University in 1992.



NASADAD Staff Spotlight

Jose Silva, Research Analyst at NASADAD

Mr. Silva is a recent graduate of the University of Pittsburgh with a dual master's degree in public health and social work. Before arriving at NASADAD, Jose was an Education/Employment Specialist in the Behavioral Healthcare Division of the Arlington County Department of Human Services, and spent time as a Trauma Survivors Network Fellow with the Allegheny Health



Network. During his time at NASADAD, Jose contributed to a request for information (RFI) on [State Needs Assessment and Planning](#), developing State Opioid Response (SOR) State Briefs, and an RFI on [Workforce Recruitment](#).

News from NASADAD

[Sara Goldsby, NASADAD President, testifies before Senate HELP Committee](#)

On Tuesday, February 1st, Sara Goldsby (SSA, S.C.), Director of the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS), as well as President of NASADAD's Board of Directors, testified before the Senate Health, Education, Labor, and Pensions (HELP) Committee during a hearing, "Mental Health and Substance Use Disorders: Responding to the Growing Crisis." The HELP Committee is led by Chair Patty Murray (D-WA) and Ranking Member Richard Burr (R-N.C.).

Ms. Goldsby's testimony covered the following areas:

- The critical role State alcohol and drug agencies play in overseeing and implementing a coordinated prevention, treatment, and recovery service system
- Working to support providers to ensure quality and delivery of evidence-based practices
- Coordinating with other State agencies on programs and services across prevention, treatment, and recovery
- Communicating with, and acquiring input from, providers and local communities and stakeholders
- Efforts from the federal government that have been helpful in addressing SUD issues

Her recommendations to the Committee included:

- Promote and ensure a strong SAMHSA that serves as the lead federal agency across the federal government on substance use disorder service delivery
- Ensure that federal policy and resources related to substance use disorders are routed through the State alcohol and drug agency
- Continued investments in the SAPT Block Grant while maintaining maximum flexibility
- Promote sustained and predictable funds through three- to five-year discretionary grants
- Ensure new federal initiatives and funding complement and enhance the current system
- Continue to work to address the opioid crisis but also elevate efforts to address all substance use disorders, including those linked to alcohol and other substances
- Provide SAMHSA the authority and resources to help address the nation's substance use disorder workforce crisis
- Ensure that initiatives designed to implement 988 and crisis services improvement to specifically include programs and strategies to address substance use disorders
- Maintain recent flexibilities to ensure access to substance use disorder services



Sara Goldsby during virtual hearing

Other witnesses included:

- Mitch Prinstein, PhD, ABPP, Chief Science Officer, American Psychological Association, Chapel Hill, NC
- Michelle P. Durham, MD, MPH, FAPA, DFAACAP, Vice Chair of Education, Department of Psychiatry, Clinical Associate Professor of Psychiatry & Pediatrics, Boston Medical Center, Boston University School of Medicine, Boston, MA
- Jennifer D. Lockman, PhD, CEO, Centerstone Research Institute, Nashville, TN
- Claire Rhyneer, Mental Health Youth Advocate, Anchorage, AK

A recording of the hearing and Ms. Goldsby's testimony can be accessed [here](#).

Around the Agencies

HHS announces a standard clinical definition for opioid withdrawal in infants

The Department of Health and Human Services (HHS) together with leading clinicians, researchers, and policy experts led the development of a standard clinical definition for opioid withdrawal in infants. As described in a [press release](#), the definition is accompanied with a set of foundational principles that outlines bioethical uses for the definition, distinctly centering around identifying clinical and supportive care needs of mothers and their infants, using an evidence-based, compassionate, and equitable approach. The announcement builds on a recent [study](#) from HHS researchers that highlighted data collection challenges, including lack of a standard definition. "As a pediatrician, I have seen the need for a standard clinical definition for opioid withdrawal in neonates and am excited to see this step in improving care for infants and their families as part of the HHS Overdose Prevention Strategy," said HHS Assistant Secretary for Health ADM Rachel Levine.



Research Roundup

Study examines opioid overdose death rates among older adults

A recently published [study](#) examined rates of opioid overdose deaths among older adults from 1999 to 2019. Researchers examined data from adults who died due to opioid overdose at 55 years or older stratified by sex and by race and ethnicity. Results of the study indicated that 79,893 persons 55 years or older died due to an opioid overdose during the 21-year study period. Among these individuals, 79.97% were aged 55 to 64 years, and 58.98% were men. In addition, the annual overall death rate per 100,000 persons ranged from a low of 0.9 in 1999 to a high of 10.7 in 2019 and increased annually beginning in 2000. Researchers

also found that rates among non-Hispanic black men began to increase in 2013 and, by 2019, the opioid overdose fatality rate among this population was 40.03 per 100,000 which is four times greater than the overall opioid overdose fatality rate.



**National Institute
on Drug Abuse**

Suicides by drug overdose increased among young people, elderly people, and Black women, despite overall downward trend

The National Institute on Drug Abuse (NIDA) released a new [study](#) that found an overall decrease in intentional drug overdose deaths in recent years, but an increase in young people aged 15-24, older people aged 75-84, and non-Hispanic Black

women. The study also found that women were consistently more likely than men to die from intentional drug overdoses. The highest rates were observed in women ages 45 to 64. In addition, factors such as time of year, length of day, and day of the week appeared to be associated with intentional overdose death rates.