January 16, 2025



DC Update: DEA & HHS Final Rule on Expansion of Buprenorphine Treatment via Telemedicine, SAMHSA Launches Center for Addiction Recovery Support, NASEM Study on Cannabis Policy Landscape, and More.



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Meet the Member

Valerie Leach, National Prevention Network (NPN) Coordinator for Ohio

Valerie Leach, OCPC, currently serves as a Manager for the Office of Community and Family Resiliency within the Ohio Department of Mental Health and Addiction Services. Ms. Leach also serves as the National Prevention Network (NPN) Coordinator for Ohio.

With over 20 years of experience in the mental health and substance use disorder (SUD) field, Ms. Leach is a leading advocate and expert in SUD prevention and early



intervention services. Her extensive experience includes direct care services provision in correctional settings and community-based support for people with mental health and SUD challenges.

In her current role, she plays a pivotal role in advancing SUD prevention services through a comprehensive public health approach. Ms. Leach is credited with lifting up and leading several key initiatives, including the Ohio Youth Led Prevention Network, Ohio Adult Allies, Ohio's Suicide Prevention Plan, Ohio School Wellness Initiative, and the Ohio Older Adult Behavioral Health and Wellness Initiative.

Ms. Leach received her bachelor's degree in criminal justice from Ohio University and is

an Ohio Certified Prevention Consultant (OCPC).

NASADAD News

Ivana Sánchez Joins NASADAD as Public Policy Intern

It is our pleasure to introduce to you our Public Policy Intern for this spring, Ivana Sánchez!

Ivana joined NASADAD this week as the Public Policy Intern supporting the work of the Public Policy Department. Please see a brief bio below:

Ivana Sánchez Navarro joined NASADAD as Public Policy Intern in January 2025. She is from San Lorenzo, Puerto Rico, and graduated in May 2024 from the University of Rochester with a double degree in Neuroscience and Psychology. Ivana is also currently a graduate student at



Georgetown University in the Addiction Policy and Practice program. In the future, she hopes to attend medical school and become involved in both the policy and healthcare fields of addiction. In her free time, she enjoys spending time with her family back home and visiting different local breakfast spots around the island.

We are very excited to have her on board!

Please do not hesitate to reach out and introduce yourself. Ivana can be reached at: isanchez@nasadad.org.

Around the Agencies

DEA and HHS Announce Final Rule on Expansion of Buprenorphine Treatment via Telemedicine Encounter

The Drug Enforcement Administration (DEA) and the Department of Health and Human Services (HHS) announced that on February 17, 2025, they will publish a final rule in the Federal Register on *Expansion of Buprenorphine Treatment via Telemedicine Encounter*. The rule will permit telemedicine prescribing of buprenorphine for the treatment of opioid use disorder (OUD). The rule impacts regulations promulgated by the DEA (21 CFR part 1306) and the Substance Abuse and Mental Health Services Administration (SAMHSA) (42 CFR part 12).

Specifically, the rule permits the prescribing of Schedule III-V controlled substances for the treatment of OUD "...via interactive telecommunications systems, including audio-only telecommunications system..." under specific conditions that require the prescriber to check the patient's record in the State's Prescription Drug Monitoring System (PDMP) for the year prior to the date of the examination and document the results of the PDMP review in the patient's record. The rule establishes procedures for situations in which the PDMP is not available at the time of the telemedicine encounter. Prescriptions may be issued in this manner for up to six months, during which time the prescribing practitioner must conduct at least one in-person medical evaluation of the person.

The regulations also require the patient to present government issued identification to the pharmacy when the prescription is presented to be filled.

DEA's press release announcing the final rule can be found here.

SAMHSA Announces the Launch of the RecoverMe Campaign

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced the launch of *RecoverMe*, a campaign that seeks to connect young adults, ages 18-25, to resources to help them navigate unique mental health and substance use



disorder (SUD) challenges during their recovery journey. As part of the campaign's launch, SAMHSA also released the *RecoverMe Campaign Partner Toolkit*, which offers customizable social media content, sample newsletter content, and other tools to help young adults on their personal recovery journey. The campaign's messaging encourages people to seek recovery supports that are right for them, connect with an active recovery community, and embrace recovery as a journey toward overall wellbeing.

SAMHSA's Office of Recovery Announces the Launch of the Center for Addiction Recovery Support (CARS)

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Recovery (OR), in partnership with *One World Recovery Network (OWRN)*, announced the launch of the *Center for Addiction Recovery Support (CARS)*. CARS is designed to provide training and technical assistance (TTTA) to advance the nation's recovery support infrastructure and help organizations support individuals with mental health and substance use disorder (SUD) achieve recovery. CARS' TTA is led by individuals with lived and living experience with mental health and SUD and is divided into four main objective categories:

- Strengthen the General Peer Workforce
- Advance Recovery Across Service Settings
- Advance Recovery Across Purpose-Focused Settings
- Advance Recovery Evidence & Research

SAMHSA's press release announcing the launch of CARS can be found here.

Research Roundup

NASEM Releases Report on Public Health Consequences of Changes in the Cannabis Policy Landscape

The National Institute on Drug Abuse (NIDA), along with the Centers for Disease Control and Prevention (CDC), the National Center for Complementary and Integrative Health (NCCIH), and the National Cancer Institute (NCI), sponsored a National Academies of Sciences, Engineering, and Medicine (NASEM) study on *Public Health Consequences of Changes in the Cannabis Policy Landscape*. This study resulted in a report on *Cannabis Policy Impacts Public Health and Health Equity* comparing different regulatory frameworks for cannabis that exist across States to identify policies that have the greatest influence on protecting public health from cannabis-related harms. Specifically, the report examined the impact of different States' cannabis policies on cannabis availability and use, composition and potency, and product safety, as well as a range of social and economic indicators. The report identified the following State cannabis policies as being most likely to protect public health from cannabis-related harms:

- State Monopolies
- Restrictions and Requirements for Retail Operations
- Pricing
- Restrictions on Cannabis Impaired Driving
- Tax Strategies
- Restrictions on Physical Retail Availability
- Measures to Limit Youth Access and Exposure
- Product Design Restrictions and Requirements

Ultimately, the report notes that more research is needed on the impact of changes in the cannabis policy landscape as policy details vary greatly among States. Further, the report calls for more detailed information on health and safety outcomes associated with specific policy frameworks and the health effects of cannabis use across demographic groups and

groups with various medical conditions.

NIDA's press release on the study can be found here.

Webinars to Watch

HRSA Webinar: A Systems Approach to Sustainable Integrated Behavioral Health



The Health Resources and Services Administration (HRSA) is hosting a webinar on *A Systems Approach to Sustainable Integrated Behavioral Health*. This no-cost webinar is on January 28, at 1:00 pm ET. The webinar will outline a systems-level approach to developing and sustaining effective Integrated Behavioral Health (IBH) models that foster cross-functional teams and efficient resource utilization. Specifically, speakers will examine strategies across five system levels to build and sustain integrated care practices for mental health and substance use disorder (SUD) services, as well as provide background on how patient experiences directly influence health care outcomes.

1.0 Continuing Education (CE) credits are available for participation in the webinar.

Registration is required.

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