



**DC Update: NASADAD Publishes SOR Thematic Brief on SUD Programs for Military Veterans and their Families, NASADAD Attends 2025 Recovery Summit in Kentucky, Federal Government Shutdown Ends, and More.**

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## NASADAD News

### **NASADAD Publishes Thematic Brief: State Opioid Response Grant Initiatives: Effective Substance Use Disorder Programs for U.S. Military Veterans and their Families**

NASADAD, with support from the Opioid Response Network (ORN), recently published a new thematic brief as part of its series of briefs on the impact of the State Opioid Response (SOR) Grants on State substance use systems. The new brief is titled [State Opioid Response Grant \(SOR\) Initiatives: Effective Substance Use Disorder Programs for U.S. Military Veterans and their Families](#). The brief builds upon [NASADAD's interactive map](#) that offers State and territorial-specific briefs highlighting each State's substance use agency's use of STR and SOR funds across the continuum and other thematic issue briefs covering strategies for addressing common issues related to those funds across States. Specifically, the brief outlines the unique substance use disorder (SUD) and related health needs of military veterans and their families, the core elements for effective treatment and

**State Opioid Response (SOR) Grant Initiatives**

**Effective Substance Use Disorder Programs for U.S. Military Veterans and their Families**



**Introduction**

The State Opioid Response (SOR) grant is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide resources to states and territories to address the opioid overdose crisis by supporting the continuum of prevention, treatment, and recovery support services for opioid use disorder (OUD). The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine. The grant program aims to help reduce unmet treatment needs and opioid-related overdose deaths across America.

This document describes effective substance use disorder (SUD) programs for U.S. military veterans and their families that states have implemented with SOR funding.

**Purpose and Background**

This brief highlights the unique SUD and related health needs of military veterans and their families, offers core elements of effective treatment and recovery services, and provides examples of effective programs implemented by states with SOR funding to serve this population. It aims to help states, tribes, and territories better understand and implement effective and appropriate OUD and stimulant use disorder (SUD) programs across the continuum of care for veterans and their family members.

**SUD Prevalence Among U.S. Military Veterans**

Veterans and their families have made important commitments, contributions, and sacrifices in serving the nation. Their service experience places





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recovery services for that particular population, and real-life examples of State initiatives implemented using STR and SOR funding in various settings to serve that population.

State examples by core element featured in this brief include:

- Provide Individualized SUD Services, Medical Care & Wraparound Supports
  - The Maine Veterans Treatment Court
- Ensure Access to Behavioral and Pharmacotherapy
  - CrossRoads of Southern Nevada Veterans Program
- Providing Training for Staff on Military Culture
  - Indiana STAR Behavioral Health Providers (SBHP)
- Employ Veteran Peer Recovery Specialists to Help Combat the Effects of Stigma
  - Minnesota Recovery Community Network – Veteran Peer Recovery

Additional thematic briefs on the use of STR and SOR funds in States can be found on the NASADAD public website, [here](#).

### **NASADAD Executive Director Attends 2025 Recovery Summit in Richmond, Kentucky**

On November 11, NASADAD Executive Director Robert Morrison joined others at the 2025 Recovery Summit held in Richmond, Kentucky. Rob joined Stephanie Campbell, Kent Strategic Advisors; and Shelly Weizman, Georgetown University O'Neill Institute for National and Global Health Law; on a panel moderated by Tara Hyde, CEO, People Advocating Recovery (PAR); to round out the event. It was a wonderful surprise to reconnect with NASADAD Alum Mike Townsend, former SSA in Kentucky, at the conference. For the past two decades, Mike has been leading efforts to expand access to recovery housing as the Recovery Kentucky Program Director at the Kentucky Housing Corporation.



We wish to thank Kentucky PAR, Tara Hyde, Gene Detherage Jr., and the many others who contributed to this wonderful event. To learn more, visit <https://recoverysummit.org/>.

(Pictured L to R: Tara Hyde, PAR; Gene Detherage Jr., Chief Membership and Operations Officer, Kentucky Nonprofit Recovery Alliance; and Rob Morrison, NASADAD).

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### **Voices on the Hill**

#### **Congresswoman Lori Trahan, Representative for Massachusetts 3rd District**

Congresswoman Lori Trahan (D-MA-03) serves as the Representative for Massachusetts's 3rd congressional district, a position she has held since 2019. She also serves as Senior Whip in the House under House Minority Whip Katherine Clark (D-MA-05), in addition to co-chair of the Democratic Policy and Communications Committee and a member of the Democratic Steering and Policy Committee. Prior to her election to Congress, she served as CEO of a consulting firm, and, before that, in various capacities for a software company. Representative Trahan began her career in the office of the former Massachusetts Representative Marty Meehan (D-MA-05), where she eventually became his chief of staff. Representative Trahan holds a B.S. in comparative and regional studies in international relations from Georgetown University's Walsh School of Foreign Service.



Representative Trahan is a staunch supporter of bipartisan efforts to address substance use disorder (SUD), with a focus on regulating the prescription of controlled substances, promoting recovery, and preventing drug overdoses. Specifically, in 2019, Representative Trahan introduced the [Safer Prescribing of Controlled Substances Act \(H.R.2734\)](#), which sought to establish a training requirement for practitioners who are licensed to dispense or conduct research with a controlled substance as a condition of obtaining or renewing their registration. That year, Representative Trahan also introduced the [Medication Access and Training Expansion \(MATE\) Act of 2019 \(H.R.4974\)](#), legislation to require all prescribers of controlled substances to complete a training on prevention, treatment, and management of opioid use disorder (OUD) and other substance use disorder (SUD) as a condition of obtaining or renewing their registration with the Drug Enforcement Administration (DEA). Representative Trahan subsequently introduced the [MATE Act of 2021 \(H.R.2067\)](#), which sought to establish the same training requirement and was passed via the [Consolidated Appropriations Act, 2023 \(P.L. 117-328\)](#). In 2023, Representative Trahan was an original cosponsor of the [Substance Wastewater Inspection for Trends in \(SWIFT\) Detection Act of 2023 \(H.R.4773\)](#), a bill to expand certain federal programs to do wastewater surveillance to monitor the use of controlled substances, including fentanyl and other synthetic drugs. Later in 2023, Representative Trahan also cosponsored the [Substance Use Disorder and Family Engagement \(SAFE\) in Recovery Act \(H.R.5866\)](#), which aimed to expand services available to families affected by SUD, including requiring health centers funded through the Community Health Center Fund to provide mental health and SUD treatment services. More recently, in 2024, she introduced [H.Res.1419](#), a resolution recognizing August 30 at Overdose Awareness Day.

Representative Trahan currently serves on the House Energy and Commerce Committee, which has jurisdiction over public health programs, including on the Subcommittees on Health; Commerce, Manufacturing, and Trade; and Oversight and Investigations. Further, Representative Trahan is the co-chair of the Bipartisan Mental Health and Substance Use Disorder Task Force.

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## Capitol Hill Happenings

### President Trump Signs Continuing Resolution into Law; Federal Government Shutdown Ends

Late on November 12, President Trump signed into law the [Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 \(H.R.5371\)](#), a legislative package consisting of:

- a continuing resolution (CR) that temporarily extends funding for the federal government at its final Fiscal Year (FY) 2025 funding levels through **January 30, 2026**, with a few exceptions; and
- three full-year FY 2026 appropriations bills- the final FY 2026 Military Construction, Veterans Affairs, and Related Agencies; Agriculture, Rural Development, Food and Drug Administration, and Related Agencies; and Legislative Branch appropriations bills.

\* Please note that the CR temporarily extends funding for all federal agencies, other than those included in the full-year appropriations bills, at final FY 2025 funding levels through January 30, 2026, whereas the three full-year appropriations bills provide final full-year FY 2026 funding (October 1, 2025 – September 30, 2026) for the agencies mentioned above covered by the bills. \*

**Recent actions:** On November 12, the full House considered and approved the package by a vote of 222 to 209. Six Democrats voted in favor of the bill, including Representatives Cuellar (D-TX-28), Davis (D-NC-01), Golden (D-ME-02), Gray (D-CA-13), Gluesenkamp Perez (D-WA-03), and Suozzi (D-NY-03). Two Republicans voted against the measure, including Representatives Massie (R-KY-04) and Steube (R-FL-17).

On November 10, the full Senate considered and approved the package by a vote of 60 to 40. The vote came after Republican leadership and a bipartisan group of senators struck a deal over the weekend for eight members of the Senate Democratic Caucus to vote in favor of the CR in exchange for Republicans' commitment to vote on a bill to extend the enhanced subsidies under the Affordable Care Act (ACA) established during COVID that are set to sunset at the end of the year by the second week of December. The package also requires the government to rehire all federal employees laid off during the shutdown as a result of reductions in force (RIF) and provide them with backpay, as well as a blanket prohibition on RIFs in any department or agency until the end of the CR.

The eight members of the Senate Democratic Caucus who voted in favor of the package include: Senators Cortez Masto (D-NV), Durbin (D-IL), Fetterman (D-PA), Hassan (D-NH), Kaine (D-VA), King (I-ME), Rosen (D-NV), and Shaheen (D-NH). Senator Paul (R-KY) was the lone Republican to vote against the package.

**Next steps:** The CR provides Congress 11 weeks to negotiate on a final funding package or another CR for the remaining nine appropriations bills. Trade press reports that Senate Republican leadership plans to begin consideration of four of the remaining appropriations bills as early as next week, including the Defense; Labor, Health and Human Services, Education, and Related Agencies; Commerce, Justice, Science, and Related Agencies; and Transportation, Housing and Urban Development, and Related Agencies appropriations bills. The timing for consideration of the remaining bills remains in flux.

*NASADAD will keep the membership informed as developments occur.*

If you have any questions, please reach out to Rob Morrison ([rmorrison@nasadad.org](mailto:rmorrison@nasadad.org)) or Dan Diana ([ddiana@nasadad.org](mailto:ddiana@nasadad.org)).

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## Around the Agencies

### Make America Healthy Again Summit Held November 12, 2025

On November 12, federal officials and leaders of the Make America Healthy Again (MAHA) movement held a day-long summit on the movement in Washington, D.C. The summit brought leaders of the MAHA movement, agency heads under the Department of Health and Human Services (HHS), health care company executives, and other stakeholders who support the movement together for a discussion on a range of MAHA-endorsed topics. Specifically, the summit featured discussions led by Mehmet Oz, Administrator of the Centers for Medicare & Medicaid Services (CMS); Jay Bhattacharya, Director of the National Institutes of Health (NIH); Marty Makary, Commissioner of the Food and Drug Administration (FDA); Jim O'Neill, Acting Director of the Centers for Disease Control and Prevention (CDC) and HHS Deputy Secretary; Chris Klomp, Director of Medicare and Deputy Administrator of CMS; and David Sacks, White House AI Czar, as well as CEOs of health technology companies. Further, the summit featured remarks from Vice President JD Vance and HHS Secretary Robert F. Kennedy Jr., among other leaders.

### NIDA-Funded National Drug Early Warning System Releases Special Report: US Counties with the Highest EMS Encounters for Nonfatal Drug-Related Overdoses



The National Institute on Drug Abuse (NIDA)-funded [National Drug Early Warning System \(NDEWS\)](#) Coordinating Center at the University of Florida released a special report on [US Counties with the Highest EMS Encounters for Nonfatal Drug-Related Overdoses: January 1, 2025 – September 30, 2025](#). Created using NDEWS' Hotspot Alerts, a dynamic notification system updated bi-weekly that provides surveillance on the emergence of new substances, the special report covers data from January 1, 2025, through September 30, 2025, on the rate of emergency medical services (EMS) encounters for nonfatal drug-related overdoses in the ten counties in the U.S. with the highest rates of EMS encounters

following a nonfatal drug overdose across the country. Further, the special report breaks down the EMS encounters for nonfatal drug-related overdose by substance used, as well as compares those rates to the rate of overall EMS encounters in those counties. The top ten counties are: Los Angeles, CA; Cook, IL; Denver, CO; Hennepin, MN; Allegheny, PA; Pinellas, FL; San Diego, CA; San Francisco, CA; Philadelphia, PA; and Riverside, CA.

The Special Report can be downloaded in full, [here](#).

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## Research Roundup

### Study Identifies Overdose Risk Profiles in Pregnant Women with Opioid Use Disorder

A group of university researchers recently published a study in the *Journal of Substance Use and Addiction Treatment* (JSAT) on [Overdose Risk Profiles in Pregnancy: Latent Class Analysis of Pregnant Individuals with Opioid Use Disorder](#). The study analyzed data from the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN) Medication Treatment for Opioid Use Disorder in Expectant Mothers (MOMs) trial, a national multi-site randomized controlled trial that compared two buprenorphine formulations among pregnant women with opioid use disorder (OUD), to identify overdose risk characteristics among pregnant women with OUD and develop risk profiles. Specifically, the study identified three distinct classes of overdose risk profiles among pregnant women in the study, ranging from highest to lowest: the tolerance and polysubstance/alcohol use (high alcohol) class (10%); synthetic opioid and polysubstance use (low alcohol/fentanyl) class (46.4%); and low risk class (43.6%). Other key findings include:

- “The tolerance and polysubstance/alcohol use (high alcohol) class was labeled to reflect the three responses with the highest conditional item probabilities: co-use with alcohol (1), co-use with other drugs (1), and use of larger amounts (0.86).
  - The high alcohol class reported the most (non-opioid) substance use in the last 12 months with 6 times higher odds of marijuana use and 17.48 times higher odds of cocaine use compared to the low-risk class.
- The synthetic opioid and polysubstance use (low alcohol/fentanyl) class was labeled to reflect its two highest item probabilities: co-use with other drugs (0.8) and use of synthetic opioids (0.66). This class has no co-use with alcohol.
  - The low alcohol/fentanyl class had the highest reports of childhood physical abuse, greater odds of experiencing intimate partner violence regarding recovery, and greater odds of a threat to safe living.
- The third class was labeled low-risk and had the lowest conditional item probabilities for all items (0.01–0.08), except for alcohol (0.05).
  - The low-risk class had the lowest reports of polysubstance use in the last 12 months and the least reports of both childhood sexual trauma and adulthood sexual trauma.”

The study also contains data on demographic characteristics, substances used and routes of use, and a range of trauma characteristics.

The researchers call for targeted prevention interventions reflecting overdose risk profiles for pregnant women to address individualized needs and improve maternal outcomes.

The study can be downloaded in full, [here](#).

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## Webinars to Watch

### Central East ATTC Webinar: More Than Just “Cutting Back”: The Clinician’s Toolkit for Alcohol Use Disorder & Learning Collaborative



The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded [Central East Addiction Technology Transfer Center \(ATTC\)](#) is hosting a webinar on [More Than Just "Cutting Back": The Clinician's Toolkit for Alcohol Use Disorder & Learning Collaborative](#). This no-cost webinar is on November 18, at 11:30 am ET, and is followed by a learning collaborative on December 2, at 12:00 pm ET. The webinar is intended for therapists, counselors, and prescribers and seeks to provide them with a comprehensive, integrated toolkit for addressing alcohol use disorder (AUD). Specifically, the webinar will cover screening for AUD, the Food and Drug Administration (FDA)-approved medications, and evidence-based psychosocial and relapse prevention strategies addressing the full spectrum of AUD. Learning objectives include:

- "Describe the prevalence of Alcohol Use Disorder (AUD) in the general population and its impact on public health.
- Differentiate between the DSM-5 criteria for mild, moderate, and severe AUD.
- Utilize validated screening tools to efficiently detect unhealthy alcohol use.
- Identify key strategies including pharmacotherapy and psychosocial interventions."

Contact Hours (Certificates of Attendance) are available for participation in both sessions.

[Registration](#) is required for either session.

## **South Southwest ATTC Webinar: Introduction to Clinical Compliance and Quality Assurance in Substance Use Treatment**

The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded [South Southwest Addiction Technology Transfer Center \(ATTC\)](#) is hosting a webinar on [Introduction to Clinical Compliance and Quality Assurance in Substance Use Treatment](#). This no-cost webinar is on November 19, at 1:00 pm ET. The webinar aims to provide foundational training for substance use treatment providers on the essential principles of clinical compliance and quality assurance (QA) in substance use disorder (SUD) treatment programs. Specifically, the webinar will cover Federal, State, and accreditation compliance standards, as well as real-life examples of building compliance awareness and proactive QA processes to support effective and ethical SUD treatment. Learning objectives include:

- "Define clinical compliance and quality assurance, and explain their relationship to effective treatment.
- Identify the primary regulatory and accreditation bodies that influence compliance requirements in SUD programs.
- Describe common areas of compliance risk in documentation, service delivery, and recordkeeping.
- Explain the purpose of internal audits and QA reviews in maintaining program integrity.
- Recognize the role of staff at all levels in promoting compliance and quality improvement.
- Apply basic problem-solving and communication techniques to strengthen compliance performance in their own work setting."

1.5 Continuing Education Units (CEU) are available for participation in this webinar.

[Registration](#) is required.

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