**October 16, 2025**

NASADAD
NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG AGENCY DIRECTORS

# DC Update: NASADAD Publishes New SOR Thematic Brief on Initiatives for Young Adults, Senate Passes Second Chance Reauthorization Act, DEA Red Ribbon Week: October 23- 31, and More.

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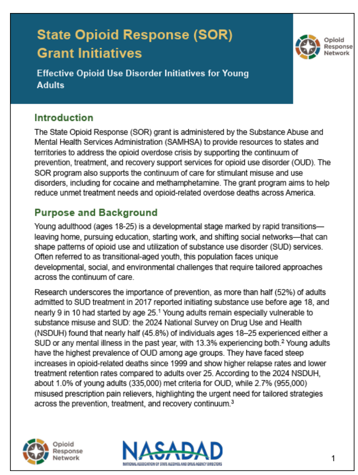
## NASADAD News

### NASADAD Publishes New Thematic Brief: State Opioid Response Grant Initiatives: Effective Opioid Use Disorder Initiatives for Young Adults



State Opioid Response (SOR) Grant Initiatives

Effective Opioid Use Disorder Initiatives for Young Adults

Opioid Response Network

**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.

**Purpose and Background**

Young adulthood (ages 18-25) is a developmental stage marked by rapid transitions—leaving home, pursuing education, starting work, and shifting social networks—that can shape patterns of opioid use and utilization of substance use disorder (SUD) services. Often referred to as transitional-aged youth, this population faces unique developmental, social, and environmental challenges that require tailored approaches across the continuum of care.

Research underscores the importance of prevention, as more than half (52%) of adults admitted to SUD treatment in 2017 reported initiating substance use before age 18, and nearly 9 in 10 had started by age 25.[1] Young adults remain especially vulnerable to substance misuse and SUD: the 2024 National Survey on Drug Use and Health (NSDUH) found that nearly half (45.8%) of individuals ages 18–25 experienced either a SUD or any mental illness in the past year, with 13.3% experiencing both.[2] Young adults have the highest prevalence of OUD among age groups. They have faced steep increases in opioid-related deaths since 1999 and show higher relapse rates and lower treatment retention rates compared to adults over 25. According to the 2024 NSDUH, about 1.0% of young adults (335,000) met criteria for OUD, while 2.7% (955,000) misused prescription pain relievers, highlighting the urgent need for tailored strategies across the prevention, treatment, and recovery continuum.[3]

Opioid Response Network NASADAD NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG AGENCY DIRECTORS 1

NASADAD recently published a new thematic brief as part of its series of briefs on the impact of the State Targeted Response (STR) and State Opioid Response (SOR) Grants on State substance use systems on *State Opioid Response (SOR) Grant Initiatives: Effective Opioid Use Disorder Initiatives for Young Adults*. This brief builds on NASADAD's interactive map that offers State and territorial-specific briefs highlighting each State substance use agency's use of STR and SOR funds across the continuum and other thematic briefs that cover strategies for addressing common issues related to the use of those funds across States. Specifically, the new brief provides an overview, lessons learned, and real examples of primary prevention, overdose prevention, treatment, and recovery support strategies States have implemented using STR and SOR funding to address opioid misuse and opioid use disorder (OUD) among young adults.

State examples featured in this brief by topic include:

- Opioid Prevention Education on College and University Campuses
    - Missouri Partners in Prevention and MoSafeRX
- Naloxone Education and Availability
    - Arkansas Collegiate Network (ACN) and Collegiate NARCAN Campaign
- Access to SUD Treatment That Includes Medications for Opioid Use Disorders
    - California Youth Opioid Response
- Recovery Support Services Tailored to Young Adults
    - Maryland Recovery Residences for Young Adults (Ages 1826)

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

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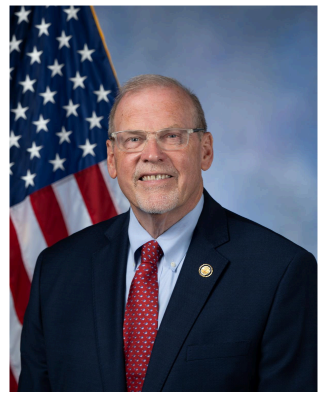
## Voices on the Hill

### Representative Morgan Griffith, Congressman for Virginia's 9th District



Congressman Morgan Griffith (R-VA-09) currently serves as Representative for Virginia's 9th District, a position he has held since 2011. Prior to his election to Congress, Representative Griffith served in the Virginia House of Delegates from 1994 to 2011 representing Virginia's 8th district and as Majority Leader from 2000 to 2010, and, before that, a private practice attorney for nearly two decades. Representative Griffith received a B.A. from Emory and Henry College and J.D. from the Washington and Lee University School of Law.

Representative Griffith has a strong legislative focus on addressing substance use-related issues through legislation targeting the opioid crisis, regulating controlled substances, and supporting the continuum of substance use disorder (SUD) services. Specifically, in 2018, Representative Griffith introduced the *Creating Opportunities that Necessitate New and Enhanced Connections That Improve Opioid Navigation Strategies (CONNECTIONS) Act (H.R.5812)*, a bill that authorizes the Centers for Disease Control and Prevention (CDC) to award grants and provide technical assistance on overdose prevention and surveillance activities and strengthens Prescription Drug Monitoring Program (PDMP) data collection that was later incorporated in the *SUPPORT for Patients and Communities Act (P.L. 115-271)*. Representative Griffith also introduced the *Medicaid Providers Are Required To Note Experiences in Record Systems to Help In-need Patients (PARTNERSHIP) Act (H.R.5801)* in 2018, another bill included in the SUPPORT Act that requires States to adhere to PDMP standards to receive Medicaid matching funds, including checking PDMPs for a Medicaid enrollee's prescription drug history before prescribing them controlled substances. More recently, Representative Griffith supported the passage of the *SUPPORT for Patients and Communities Reauthorization Act of 2025 (H.R.2483)*, legislation reauthorizing a series of programs authorized under the original SUPPORT Act through Fiscal Year (FY) 2030 that address the opioid crisis, overdose, and other SUD issues.

Representative Griffith currently serves as Chairman of the House Energy and Commerce Committee, Subcommittee on Health, which has jurisdiction over public health programs. He is also a member of the House Energy and Commerce Committee, Subcommittee on Environment, and the Subcommittee on Communications & Technology, in addition to the Committee on House Administration and the Committee on the Rules and Organization of the House.

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## Capitol Hill Happenings

### Senate Passes Second Chance Reauthorization Act

On October 9, the Senate considered and approved, by a vote of 77 to 20, the *National Defense Authorization Act (NDAA) for Fiscal Year 2026 (S.2296)*, a legislative package that authorizes the annual budget and expenditures for the Department of Defense (DOD) and defense-related activities. The *Second Chance Reauthorization Act of 2025 (S.1843)*, a bill to reauthorize a series of programs authorized under the original *Second Chance Act of 2007 (P.L. 110-199)* administered by the Department of Justice's (DOJ) Office of Justice Programs (OJP) designed to lower recidivism and improve outcomes for people reentering society from incarceration through Fiscal Year (FY) 2030, was included within the Senate-passed NDAA as Amendment 3435. Collectively referred to as Second Chance Act (SCA) grant, these grants provide a range of reentry services to people with co-occurring mental health and substance use disorder (SUD), including substance use screening and referral to SUD treatment, among others. Senator Shelley Moore Capito (R-WV) sponsored the amendment for inclusion in the NDAA.

**Next Steps:** With the Senate passing the NDAA for FY 2026, including the amendment to reauthorize the SCA grants, the next steps are for the full House to consider and approve the NDAA, after which the two chambers would reconcile any differences between their bills before sending them to the President to be signed into law. Trade press reports that the bill is headed for conference with the House and Senate Armed Services Committees. A date and time have yet to be set for House-consideration of the bill.

NASADAD would like to recognize the Second Chance Act Working Group for its work to promote this bill.

Please reach out to Rob Morrison (rmorrison@nasadad.org) or Dan Diana (ddiana@nasadad.org) with any questions.

*NASADAD will follow up as developments occur.*

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## Around the Agencies

### DEA Red Ribbon Week: October 23- 31!

The Drug Enforcement Administration (DEA) is recognizing October 21- 31 as Red Ribbon Week. Founded in 1985, Red Ribbon Week is an annual observance held every year from October 23-31 hosted by the National Family Partnership (NFP) dedicated to honoring the lives lost to drug-related harms and educating youth on the dangers of substance use and opportunities to get involved in prevention activities. Part of DEA's month-long Red Ribbon Campaign, this year's Red Ribbon theme is **Life is a Puzzle, Solve It Drug Free**. Further, in recognition of Red Ribbon Week, DEA released the *Red Ribbon Toolkit*, which contains links to various resources with more information on Red Ribbon Week and DEA initiatives around substance use prevention, education, and community outreach.

DEA's press release on the 2025 Red Ribbon Campaign can be found here.

A recording of DEA's 2025 Virtual Red Ribbon Rally can be accessed here.

### FDA Announces Initiative to Encourage Retailers to Stop Selling Illegal Vapes

FDA U.S. FOOD & DRUG ADMINISTRATION

The Food and Drug Administration (FDA) recently released a statement announcing a new initiative to encourage retailers to stop selling illegal vapes. With rollout expected this fall, the initiative seeks to increase voluntary compliance from retailers who sell vaping products, including vape shops, convenience stores, and gas stations, among other retailers, on not selling illegal vaping products. Specifically, FDA will mail materials to more than 300,000 retailers nationwide about which tobacco products are legal to sell, containing:

- "A list of the 39 vapes and 20 nicotine pouch products that can be legally marketed in the United States, which features QR codes linked to the FDA real-time digital versions of these lists (www.fda.gov/authorizedecigs and www.fda.gov/authorizednicotinepouches);

- Information on accessing FDA's new Searchable Tobacco Product Database, a database of over 17,000 tobacco products—covering all categories, such as cigarettes, cigars, hookah, and e-cigarettes—that may be legally marketed in the United States; and

- New tobacco retailer education materials, including a wall calendar of reminders focused on retailer requirements such as only selling tobacco products to those 21 and older and requiring a photo ID check of anyone under 30."

FDA Commissioner Dr. Marty Makary's statement on the new initiative can be found here.

## SAMHSA's National Center of Excellence for Tobacco-Free Recovery Offering Technical Assistance

The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded National Center of Excellence for Tobacco-Free Recovery (CoE-TFR) is offering free, tailored technical assistance (TA) to State alcohol and drug agencies, mental health and substance use disorder (SUD) health systems, and provider organizations. The Center is offering a range of TA on various aspects related to tobacco use prevention within States, including prevention services, data collection/analysis, and partnerships with stakeholders in communities. In addition, the Center also contains specific TA designed to assist State alcohol and drug agencies in fulfilling their core responsibilities of running State substance use systems. Specifically, CoE-TFR is offering TA on the following:

- "Support with building robust cross-agency & cross-sector partnerships (e.g. health, mental health, Medicaid, criminal justice) to align strategy and resources

- Connecting your workforce to subject matter experts who can guide implementation of evidence-based practices for tobacco screening and cessation

- Redesigning organizational workflows and data systems so that tobacco use screening and cessation support are integrated into routine care, documentation, and performance monitoring

- Providing access to tools, resources and webinars to ensure you have the latest evidence-based practices and approaches to addressing tobacco use for people with behavioral health conditions"

CoE-TFR's Technical Assistance Request form can be accessed here.

## DEA Highlights Prevention Resources for Substance Use & Misuse Prevention Month

DEA United States Drug Enforcement Administration

In recognition of Substance Use & Misuse Prevention Month 2025, the Drug Enforcement Administration (DEA) is highlighting educational resources on substance use prevention. These resources are designed to inform the public about illicit substance regulations and laws, as well as provide evidence-based strategies for communities to prevent substance use, especially among youth. Specifically, the highlighted resources include:

- *Campus Drug Prevention*
  - "Campus Drug Prevention (CDP) provides institutions of higher education and their surrounding communities with resources to prevent drug misuse among college students. CDP promotes the importance of prevention and its role in helping ensure the health and safety of our nation's college students."

- *Just Think Twice*
  - "Just Think Twice provides high school aged students with the tools to learn about drug types and the dangers of using them. Visit the Just Think Twice

website to access our drug index, read true stories, and learn the consequences of drug use."

- *Get Smart About Drugs*
    - "Get Smart About Drugs (GSAD) aims to provide parents, educators, and caregivers the tools to talk about drug misuse and safety. Visit the Get Smart About Drugs website to access our drug index and learn about drug use and the effects they have on families."

Additional DEA educational prevention resources can be found here.

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## Research Roundup

### Study Compares Effectiveness and Safety of Rapid Induction and Standard Induction to Injectable Extended-Release Buprenorphine

University researchers recently published an article in *JAMA Network Open* on *Rapid vs Standard Induction to Injectable Extended-Release Buprenorphine: A Randomized Clinical Trial*. The study analyzed data of 700 patients with moderate or severe opioid use disorder (OUD) who inject opioids or use fentanyl from 28 outpatient treatment centers in the US and Canada to compare the effectiveness and safety of rapid induction (RI) and standard induction (SI) using transmucosal buprenorphine-naloxone followed by extended-release buprenorphine injection. Specifically, the study found that, at injection 2 (one week after injection 1), RI treatment retention was higher than retention in SI overall, and in patients who tested positive for fentanyl through extended-release buprenorphine injection 2, with no meaningful differences in safety between the two. Other key findings include:

- "The difference in the retention rate between RI and SI at injection 2 was 11.8%.
    - There were similar findings in the fentanyl-positive subpopulation, for which the retention rate difference was 14.8%.
    - Among the fentanyl-negative subpopulation, both treatment arms had numerically comparable retention (difference, 3.0%).

- A higher proportion of participants in the RI vs SI treatment arm received injection 3, supporting the primary end point results.
    - Despite the extra week of transmucosal buprenorphine induction with SI vs RI, the study retention rate at 5 weeks after transmucosal buprenorphine was higher in the RI vs SI arm (60.2% vs 53.4%).

- A total of 565 (77.5%) of participants were fentanyl positive by urine drug screen (UDS) at the induction visit.
    - Induction failure was much higher in the fentanyl-positive SI subpopulation (94 of 196 [48.0%]) compared with the fentanyl-negative subpopulation (10 of 59 [16.9%]). After injection 1 and before injection 2 at week 2, 4 of 49 (8.2%) of the fentanyl-negative and 9 of 102 (8.8%) of the fentanyl-positive subpopulations discontinued. Before injection 3 at week 6, 7 of 49 (14.3%) and 15 of 102 (14.7%) of the fentanyl-negative and fentanyl-positive subpopulations, respectively, discontinued.

- There was no meaningful difference in the incidence of adverse events (AEs) between RI and SI (difference, 6.1%).
    - A similar proportion of participants in the RI and SI arms reported severe AEs up to injection 2 (difference, 1.2). Five participants in the RI arm and 1 participant in the SI arm reported a serious AE up to injection 2 (difference, 0.7).
    - Fewer participants had AEs related to extended release buprenorphine in either treatment arm between extended-release buprenorphine injections 2 and 3 vs after injection 1 (31 of 314 [9.9%] vs 114 of 409 [27.9%] for RI and 11 of 138 [8.0%] vs 33 of 151 [21.9%] for SI, respectively).

- A total of 149 of 474 participants (31.4%) in the RI and 64 of 255 participants (25.1%) in the SI arm had AEs associated with opioid withdrawal symptoms up to injection 2; these AEs were more common in the fentanyl-positive vs fentanyl-negative subpopulation."

The study also provides data on routes of administration and demographic groups.

The authors call for increased uptake of RI over SI buprenorphine-naloxone for treatment of OUD given its improvements in retention without additional safety concerns.