

May 14, 2026



DC Update: Senate Appropriations Subcommittee on Commerce, Justice, Science, and Related Agencies Hearing, NASADAD Participates in ONDCP Meeting on Emerging Drug Threats, CMS Updated Early and Periodic Screening, Diagnostic, and Treatment Coverage Guide, and More

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Capitol Hill Happenings

Senate Appropriations Subcommittee on Commerce, Justice, Science, and Related Agencies Hearing with FBI, DEA, USMS, and ATF

On May 12 at 2:00 pm, the Senate Appropriations Subcommittee on Commerce, Justice, Science, and Related Agencies held a hearing on "[*A Review of the President's Fiscal Year 2027 budget request for the Federal Bureau of Investigation; the Drug Enforcement Administration; the United States Marshals Service; and the Bureau of Alcohol, Tobacco, Firearms and Explosives.*](#)" The hearing addressed agency operations and potential funding adjustments. Witnesses included Terrance C. Cole, Administrator of the Drug Enforcement Administration; Robert Cekada, Director of the Bureau of Alcohol, Tobacco, Firearms, and Explosives; Gadyaces S. Serralta, Director of the United States Marshals Service; and Kashyap Patel, Director of the Federal Bureau of Investigation.

The full webcast of the hearing can be accessed [here](#).

Terrance C. Cole's testimony can be accessed [here](#).

Robert Cekada's testimony can be accessed [here](#).

Gadyaces S. Serralta's testimony can be accessed [here](#).

Kashyap Patel's testimony can be accessed [here](#).

NASADAD News

NASADAD Participates in ONDCP Meeting on Emerging Drug Threats

On Wednesday, May 13, NASADAD Executive Director Robert Morrison attended a meeting in Washington, D.C. sponsored by the Office of National Drug Control Policy (ONDCP) to discuss emerging drug threats facing the nation. NASADAD members Marlies Perez (California) and Trina Ita (Texas) were in attendance. The agenda featured remarks by ONDCP Director Sara Carter where she discussed the need to improve access to real-time data to help improve our national response to the emerging drug market. This includes the threats posed by xylazine, 7-Hydroxymitragynine (7-OH), medetomidine, fentanyl, carfentanil, and polysubstance use. The agenda also included speakers from the Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), Center for Forensic Science Research and Education (CFSRE) and others. The meeting concluded with an open dialogue that considered ways to increase information sharing across sectors.



[Pictured L-R: Marlies Perez, California; Robert Morrison, NASADAD; and Trina Ita, Texas]

Around the Agencies

It's National Prevention Week!: May 10th – 16th, 2026

National Prevention Week is a public education campaign that showcases the work of communities and organizations across the country that are preventing substance use promoting well-being. The Substance Abuse and Mental Health Services Administration's (SAMHSA) [National Prevention Week Webpage](#) has details on how to participate in the celebration, prevention-focused activities to implement in communities, and prevention resources. In recognition of National Prevention Week, SAMHSA released the [National Prevention Week Toolkit](#), which contains various resources to raise awareness on the importance of substance use prevention. Specifically, the toolkit contains social media shareables, key messaging, and other promotional tools to promote prevention efforts.

Additional SAMHSA information and resources on prevention can be found [here](#).

CMS Resource: Updated Early and Periodic Screening, Diagnostic, and Treatment Coverage Guide



On May 13, the Centers for Medicare & Medicaid Services (CMS) released an [updated Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) Coverage Guide](#). This guide aims to serve as a technical assistance tool for state EPSDT staff to help states deliver the full scope of care for children covered by Medicaid or the Children's Health Insurance Program (CHIP). Specifically, this resource compiles decades of guidance regarding issues ranging from informing families about program requirements to permissible limitations of interaction of EPSDT with services available to children under other federal authorities.

This guide can be accessed in full [here](#).

SAMHSA Report & Webinar: Community-Initiated Care & Funding Mechanisms for SUD Services

In April 2026, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Financing Reform and Innovation (CFRI) released a new report on "[Community-Initiated Care in Behavioral Health: Exploring Funding Mechanisms for Substance Use Disorders](#)." This report and webinar aim to examine community-initiated care (CIC) organizations to identify strategies and funding mechanisms that sustain substance use disorder (SUD) services. Specifically, these resources assert that utilizing existing resources and trained community members through CIC organizations can complement and expand SUD services while addressing service gaps.

The report can be accessed in full [here](#).

The webinar can be accessed [here](#).

The webinar slides can be accessed [here](#).

Research Round-Up

Study Evaluates the Impact of Weekly GLP-1s Combined with Cognitive Behavioral Therapy on Alcohol Use Disorder

Researchers from the National Institutes of Health (NIH) and international collaborators recently published a study in *The Lancet* titled, "[Once-weekly semaglutide versus placebo in patients with alcohol use disorder and comorbid obesity: a randomised, double-blind, placebo-controlled trial](#)." The study analyzed data from a 26-week, single-center, randomized, double-blind, placebo-controlled trial involving treatment-seeking patients with severe alcohol use disorder and comorbid obesity. Participants received either once-weekly semaglutide or saline placebo in addition to standard cognitive behavioral therapy. Semaglutide administration resulted in a greater reduction in heavy drinking days compared to placebo, with a mean change of -41.1 percentage points (95% CI -48.7 to -33.5) in the semaglutide group versus -26.4 percentage points (95% CI -34.1 to -18.6) in the placebo group. The mean difference was -13.7 percentage points (95% CI -22.0 to -5.4 ; $p=0.0015$). Semaglutide also demonstrated substantial effects on multiple secondary alcohol-related and somatic outcomes. Additional key findings include:

- Mean total alcohol consumption decreased (-1550.2 g/30 days with semaglutide versus -1025.9 g/30 days with placebo; estimated difference -467.5 g/30 days [95% CI -739.5 to -195.4]), as did mean drinks per drinking day (-3.5 units versus -2.1 units; estimated difference -1.5 units [-2.6 to -0.5]).
- Improvements were also observed in mean PACS score (-9.2 versus -6.1 ; estimated difference -3.1 [-5.1 to -1.2]), mean AUDIT score (-9.9 versus -6.3 ; estimated difference -3.3 [-5.5 to -1.1]), mean AUDIT-C score (-4.2 versus -2.7 ; estimated difference -1.5 [-2.6 to -0.4]), and overall WHO risk drinking levels (-1.75 versus -1.24 ; estimated difference -0.52 [-0.89 to -0.16]).
 - The PACS score refers to the Penn Alcohol Craving Scale. The AUDIT score denotes the Alcohol Use Disorders Identification Test, while AUDIT-C represents the consumption subscale.
- "The semaglutide group also had a significant 2-level reduction in the WHO risk drinking level compared with the placebo group."
- Adverse events were transient and generally consisted of mild to moderate gastrointestinal effects, occurring more frequently in the semaglutide group.



National Institutes
of Health

The authors conclude that semaglutide demonstrated robust therapeutic effects in treatment-seeking participants with obesity and alcohol use disorder. This trial supports previous preclinical and clinical findings that suggest GLP-1 receptor agonists may represent a novel treatment target for alcohol use disorder.

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

Alumni Update: Where Are They Now?

Sarah Wurzburg

From 2010 to 2013, Sarah Wurzburg was Research Analyst and Team Lead for Youth and Women's Services at NASADAD. She led the State Youth Substance Abuse Practice Guide project, provided technical assistance to state coordinators, and supported the Women's Service Network. She coordinated expert-led meetings, planned national conferences, authored surveys and research reports on behavioral health, drafted a Medicaid Brief using national data, and analyzed state funding strategies for prevention and treatment. Sarah also participated in federal meetings and conferences on youth and women's health issues.



Her experience at NASADAD emphasized the importance of connecting with peers who face similar challenges and showed that applying research to practice requires persistence and patience. She also developed a deeper understanding of the varied policy levers across states and recognized the critical role nonprofits play in supporting infrastructure for policy change.

After NASADAD, Sarah joined the Council of State Governments Justice Center, where she oversees a portfolio that includes crisis response, diversion, reentry support, and Medicaid initiatives. She works closely with states, counties, and nonprofits to drive systems change and help organizations build infrastructure suited to their specific policy environments.

Sarah values the field's close-knit nature. She often runs into former NASADAD colleagues and appreciates the ongoing collaboration within her professional network.

Webinars to Watch

CoE-PHI Webinar: Navigating Information Blocking: Practical Considerations for Health Care Providers

The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Center of Excellence for Protected Health Information (CoE-PHI) is hosting a webinar on [Navigating Information Blocking: Practical Considerations for Health Care Providers](#). This no-cost webinar is on May 21, 2026 from 1:00 pm - 2:15 pm ET. This webinar seeks to assist participants in understanding and applying the Information Blocking Rule's requirements and exceptions as they pertain to maintaining and sharing SUD and MH treatment information. Learning objectives include:

- “Describe the Information Blocking Rule and who it applies to
- Understand how the rule interacts with Part 2 and HIPAA
- Explore commonly applied exceptions to the Information Blocking Rule through interactive case studies examining real-world scenarios
- Identify relevant existing resources to increase understanding of the Information Blocking Rule”

Certificates of completion will be provided to those who attend the webinar.

Registration is available, [here](#).

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