



D.C. Update: Spotlight on veterans, summary of the SUPPORT Act, and more

Visit our Website

---

## Around the Agencies

### **SAMHSA blog post on supporting our veterans**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a new blog post, "[Supporting Those Who Serve](#)", that highlights the impact of deployment and trauma-related stress that affects many military members and veterans, as well as their families and others who support them. The blog post notes that, "Many military personnel fear they will experience discrimination for seeking or receiving behavioral health treatment services. Our friends, family, and neighbors may be struggling and not recognize the signs, or they may not feel comfortable asking for help." The blog post features a video that describes the five signs of emotional distress (personality change; agitation; withdrawal; poor self-care; and hopelessness) and how to help.

### **AHRQ releases report on frequency of substance use at State and county levels**

The Agency for Healthcare Research and Quality (AHRQ) has released a [report](#) that includes State- and county-level analysis of hospitalizations related to the four most common types of substance-related care: alcohol, opioids, cannabis, and stimulants. The analysis is based on 2013-2015 data from 31 states that provide data to AHRQ's [Healthcare Cost and Utilization Project \(HCUP\)](#), the nation's most comprehensive source of hospital data. Some findings include:

- Of counties providing data, Baltimore City, Maryland, had the highest rates of opioid (1,592 per 100,000 population), cannabis (843) and stimulant (931) stays and the third highest rate of alcohol-related stays (1,955)
- Starr County, Texas, had the lowest rate of opioid-related stays (15 per 100,000), and Val Verde County, Texas, had the lowest rate for cannabis-related stays (19).
- The annual per capita cost of alcohol-related stays was highest in Rhode Island (\$98) and Massachusetts (\$95)

Overall, from 2013 to 2015, there was an average of one substance-related inpatient stay annually for every 100 people in the United States.

### **GAO releases report on DEA oversight of State and local illicit marijuana eradication efforts**

The Government Accountability Office (GAO) has released a report, "[Illegal Marijuana: Opportunities Exist to Improve Oversight of State and Local Eradication Efforts](#)," which examines the Drug Enforcement Agency's (DEA) Domestic Cannabis Eradication/ Suppression Program (DCE/SP). DCE/SP supports participating State and local law enforcement agencies' efforts to eradicate illegal marijuana. The GAO report examines (1) DCE/SP funding and expenditures in recent years, (2) how DEA ensures that participating agencies expend funds in accordance with program requirements, and (3) how DEA uses performance assessment to help manage DCE/SP. The GAO recommends that the DEA develop a plan to ensure the collection of consistent documentation of expenditures, clarify its guidance for reporting program activities, document all of its program goals, and develop performance measures for DCE/SP.

---

## In the News

### **NCSL overview of State marijuana laws**

The National Conference of State Legislatures (NCSL) announced an update of its [Marijuana Overview](#), which reviews marijuana legalization, decriminalization, penalties, and other laws across the U.S. According to the Marijuana Overview, 10 States and the District of Columbia

now have legalized small amounts of marijuana for adult recreational use; 22 States and the District of Columbia have decriminalized small amounts of marijuana; and several other State actions have reduced criminal penalties for marijuana convictions or passed laws addressing expungement of certain marijuana convictions.

---

## News from NASADAD

### NASADAD releases section-by-section summary of the SUPPORT Act

NASADAD has received many requests for a detailed summary of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271) given the length and complexities of the bill. In response, we developed a [section-by-section summary](#) of the SUPPORT Act, which was signed into law on October 24<sup>th</sup>, and contains several provisions related to Medicaid, Medicare, FDA, CDC, SAMHSA, ONDCP, and more.

Some of the provisions in the bill include:

- Reauthorizing grants to States to address the opioid crisis (previously authorized in the 21st Century Cures Act of 2016), and adding to the grant program a 5% set-aside for Indian tribes, as well as up to a 15% set-aside for States and Tribes with the highest age-adjusted rate of drug overdose deaths based on CDC data. The bill authorizes \$500 million for each of FY 2019 - FY 2021.
- Establishing a grant program for emergency rooms to create a protocol to support individuals who have survived an opioid overdose, including having onsite peer recovery coaches.
- Creating a grant program to establish at least 10 Comprehensive Opioid Recovery Centers (CORCs) throughout the U.S.
- Developing and disseminating best practices for recovery housing.
- Student loan repayment for SUD treatment professionals in mental health professional shortage areas or counties that have been hardest hit by drug overdoses.
- Reauthorizing the Office of National Drug Control Policy (ONDCP), as well as the Drug-Free Communities (DFC) and High-Intensity Drug Trafficking Areas (HIDTA) programs.
- Reauthorizing SAMHSA's Residential Treatment for Pregnant and Postpartum Women (PPW) program for FY 2019-FY 2023.
- temporarily (FY 2019-FY 2023) repealing the IMD exclusion, allowing State Medicaid programs to receive federal reimbursement for up to 30 total days of care in an IMD during a 12-month period for eligible individuals with a substance use disorder.
- Adding clinical nurse specialists, certified nurse anesthetists, certified nurse midwives, and allopathic and osteopathic doctors to the category of qualifying practitioners who can prescribe buprenorphine.

---

## Upcoming Events

### NIDA and NIAAA announce National Drug and Alcohol Facts Week 2019

The National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism have announced that the next [National Drug and Alcohol Facts Week](#) will be held January 22-27, 2019. NIDA and NIAAA encourage prevention and treatment professionals and organizations to participate in National Drug and Alcohol Facts Week (NDAFW) to help increase awareness of the science behind the effects of drug and alcohol use on the brain, body, and behavior, and connect students with scientists and other experts. Organizations can register their NDAFW events [online](#) to be featured on the official 2019 NDAFW map. NIDA staff can also help support event planning efforts, including with free materials to complement awareness-raising events.