D.C. Update: Surgeon General releases report on smoking cessation, study examines the rise in overdoses involving stimulants and opioids, and more

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Meet the Member
Deirdre Calvert, Massachusetts Member
Deirdre Calvert, MSW, LICSW, is the Director of the Massachusetts Department of Public Health’s Bureau of Substance Addiction Services (BSAS). As a Licensed Independent Clinical Social Worker with an MSW from Boston University, she has more than 25 years of experience in substance use treatment and co-occurring mental illness. Deirdre began her career working with parenting and pregnant women struggling with addiction and homelessness. She has held multiple leadership roles, including clinical director of a large methadone clinic, director of psychotherapy of office-based opioid treatment clinics, and the director of a private residential facility in Boston.

Capitol Hill Happenings
Lawmakers send letter to DEA regarding expansion of MAT through telemedicine and mobile clinics
Lawmakers Ann Kuster (D-NH-02), Sen. Patty Murray (D-WA), and Sen. Elizabeth Warren (D-MA) sent a letter to Uttam Dhillion, Acting Administrator of the Drug Enforcement Administration (DEA) regarding the expansion of medication-assisted treatment (MAT) services via telemedicine and mobile clinics. The Substance Use
Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018 included a provision that requires the DEA to issue a rule within a year of enactment that would provide a special registration allowing providers to prescribe MAT through telemedicine. Additionally, the lawmakers urged the DEA to issue regulations that would allow the use of mobile methadone clinics to expand access to MAT in rural areas and underserved inner city communities. As described in the letter, these regulations have been on the DEA’s agenda for nearly two years and no action has been taken to date.

News from the States
Illinois Governor signs executive order to address opioid crisis
Illinois Governor J.B. Pritzker recently signed an executive order titled “Strengthening the State’s Commitment to Ending the Opioid Epidemic.” The order establishes the Governor’s Opioid Overdose Prevention and Recovery Steering Committee, which will work towards addressing racial disparities in responding to the opioid crisis. As described in the announcement, while Illinois saw the first decrease in five years in opioid overdose deaths, deaths among African Americans and Latinos increased. The Steering Committee will also focus on harm reduction strategies; establishing local recovery-oriented systems of care (ROSC); recommendations for policies to ensure that residential programs provide medication-assisted treatment (MAT); creation of a single State website that includes prevention, treatment, and recovery resources; and the launch of a public awareness campaign. The NASADAD member from Illinois is Dani Kirby, Director of the Division of Substance Use Prevention and Recovery within the Illinois Department of Human Services, who serves on the NASADAD Board of Directors.

Around the Agencies
Issue brief discusses challenges in providing SUD treatment to child welfare population in rural communities
The Office of the Assistant Secretary for Planning and Evaluation (ASPE) within the Department of Health and Human Services (HHS) released a brief titled, “Challenges in Providing Substance Use Disorder Treatment to Child Welfare Clients in Rural Communities.” The brief highlights the various challenges in providing treatment to this population including a lack of resources, limited access to private and public health insurance, rural economics, transportation and technological limitations, difficulties with collaboration between child welfare agencies and substance use disorder (SUD) treatment providers, and stigma and lack of anonymity in rural areas. The brief also provides potential strategies to overcome current challenges, including increasing the availability of local services, collaboration and possible co-location of child welfare and SUD staff, and leveraging flexible funding.

HHS announces proposed rule change to Ensuring Equal Treatment of Faith-Based Organizations
The Office of the Secretary for the Department of Health and Human Services
(HHS) released a proposed rule change on **Ensuring Equal Treatment of Faith-Based Organizations**. As described in the Federal Register notice, the proposed changes are intended to provide clarity about the rights and obligations of faith-based organizations, clarify HHS guidance documents regarding financial assistance for faith-based organizations, and eliminate certain requirements that no longer reflect executive branch guidance or Supreme Court precedent. The proposed changes are intended to ensure that HHS programs are implemented in line with current federal law. Comments on the proposed rule change must be received by February 18, 2020.

**Surgeon General releases report on smoking cessation**
The Surgeon General, Vice Adm. Jerome Adams, released a new report regarding smoking cessation. The report examines the effectiveness of various smoking cessation tools and concludes that FDA-approved medications, in combination with counseling, are particularly effective; reviews the health effects of smoking and the improvements to health when smokers quit; highlights important new data on populations in which the prevalence of smoking is high and quit rates are low; and identifies gaps in the availability and utilization of programs, policies, and resources that improve cessation rates. The report also discusses the use of e-cigarettes as a cessation tool and notes that there is currently inadequate evidence to conclude that e-cigarettes can increase smoking cessation.

**ACF releases information memorandum regarding Family First Transition Act**
The Administration for Children and Families (ACF) recently released an information memorandum regarding the enactment of the Family First Transition Act within the 2020 Further Consolidated Appropriations Act that was signed into law in December of 2019. The Transition Act modifies the requirement in the Family First Prevention Services Act (FFPSA) that at least 50 percent of title IV-E prevention services expenditures be for "well-supported" practices. The Transition Act temporarily suspends this requirement for two fiscal years (FY) and gradually phases it back in through FY 2024. The memorandum also provides information on new enhanced funding for FFPSA transition grants and grants to provide funding certainty for eligible waiver agencies.

**HRSA accepting applications for the Opioid-Impacted Family Support Program grant**
The Health Resources and Services Administration (HRSA) is now accepting applications for the Opioid-Impacted Family Support Program (OIFSP) grant. The purpose of the grant is to support training programs in expanding the number of peer support specialists, and other substance use- and mental health-related paraprofessionals, who are trained to work in interprofessional teams to provide services to children whose parents, and their family members who are in guardianship roles, are impacted by substance use disorders (SUD). Eligible applicants include State-licensed mental health nonprofit and for-profit organizations, including accredited universities, community colleges, and technical schools. A technical assistance webinar will also be held for potential applicants on February 4th from 1:00pm-2:30pm EST. Applications for the grant program are due on April 13, 2020.

**GAO releases report on MAT access barriers for Medicaid beneficiaries**
The Government Accountability Office
(GAO) recently released a report on barriers to receiving medication-assisted treatment (MAT) for Medicaid beneficiaries. As required by the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018, the report reviews current State-based policies to determine current access barriers and identified the following as contributors: some States do not provide Medicaid coverage for certain forms of MAT as required by federal law; Medicaid beneficiaries may face delays in receiving their medication due to prior authorization requirements; distribution methods that require providers to purchase and store medications until administered to the patient, which places providers at financial risk if the medication is not used; and federal waiver requirements for prescribing buprenorphine. The GAO recommends that the Centers for Medicare and Medicaid (CMS) examine the extent to which States are in compliance and take action as appropriate.

**Research Roundup**

**CDC study examines regional trends in synthetic cannabinoid exposure**

The Centers for Disease Control and Prevention (CDC) published a report in Drug and Alcohol Dependence that examined regional trends in suspected synthetic cannabinoid exposure. Researchers analyzed emergency department (ED) data and found that between 2016 and 2019, out of 303.5 million ED visits, 21,714 involved suspected synthetic cannabinoid exposure. Study results also indicated a 2% decrease in synthetic cannabinoid exposures at the national level, however the data varied significantly by region. Exposures in the Midwest increased by 6.3% and in the Northeast by 3.2%, while the Southeast and the West saw a decrease of 7.7% and 11.4% respectively.

**Study examines the rise in overdoses involving stimulants with and without opioids**

A report recently published in Addiction examined trends and recent changes in non-fatal and fatal stimulant overdose rates with and without opioids. Researchers found that in 2017, almost 73% of cocaine-involved deaths and 50% of psychostimulant-involved deaths involved an opioid. Additionally, non-fatal cocaine overdoses with an opioid increased in recent years and non-fatal psychostimulant overdoses increased both with and without opioids. The study concluded that while increases in cocaine-involved overdoses seem to be driven by the opioid crisis, including synthetic opioids, increases in both fatal and non-fatal psychostimulant overdoses are occurring more frequently with and without the presence of opioids.