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D.C. Update: DEA launches Secure Your Meds campaign, SAMHSA releases guide on reentry services for women, and more

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Meet the Member

Maisha Giles, NASADAD Member from Minnesota

Maisha Giles is the Behavioral Health Director of the Behavioral Health Division (BHD) within the Community Supports Administration of the Minnesota Department of Human Services. Ms. Giles leads the work of BHD toward family-centered services and policies for prevention, intervention, treatment, and recovery in the areas of substance use disorder and co-occurring mental illnesses. Ms. Giles believes that effective services must be culturally responsive and equitable. This belief is based on her own experience, working with people whose lives have been severely interrupted by the complexity of addiction and mental illness. Ms. Giles is a 2019 Bush Fellow and is pursuing a PhD in Management and Public Service at Hamline University in Saint Paul. Ms. Giles has a Master of Arts in Psychology from Metropolitan State University in Saint Paul and holds these licenses: LMFT, LICSW, and LADC.



Around the Agencies

DEA launches Secure Your Meds campaign

The Drug Enforcement Administration (DEA) [announced](#) a new awareness campaign called



Secure Your Meds. Due to COVID-19, the DEA postponed their National Prescription Drug Take Back Day and the new campaign will encourage individuals to clean out their medicine cabinets and secure unused, unwanted, and expired prescription medications until a new Take Back Day can be scheduled. The campaign will also encourage families to discuss the issue of controlled prescription drug misuse. DEA Acting Administrator, Uttam Dhillon, stated, "With Americans at home, families need to be even more vigilant and keep prescription medications safe, secure, and out of reach of children and others in the household."

[CDC report examines rates of nonfatal overdoses in emergency departments](#)

The Centers for Disease Control and Prevention (CDC) released a new [Morbidity and Mortality Weekly Report \(MMWR\)](#) examining rates of nonfatal overdoses treated in emergency departments from 2016 to 2017. Results from the study indicated that nonfatal overdoses increased for all substances by 4.3%, all opioids by 3.1%, non-heroin opioids by 3.6%, heroin by 3.6%, and cocaine by 32.9%, whereas the rate for overdoses involving benzodiazepines decreased 5.2%. Researchers noted that the large increase in cocaine overdose rates may indicate an increase in polysubstance overdose based on results from previous studies. Additionally, while rates of overdose varied by age group, region, and urbanization level, increases in all substances, opioids, heroin, and cocaine were observed in the West, Midwest, and South.

[SAMHSA releases guide on reentry services for women involved in the criminal justice system](#)

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released a new [publication](#) titled, "After Incarceration: A Guide to Helping Women Reenter the Community." The guide was created for individuals who provide or coordinate reentry services for women involved in the criminal justice system and includes a checklist of considerations for working with this population. Considerations highlighted in the guide include: identify critical reentry needs; address substance use disorders; build links to mental health care; address physical and reproductive health care; provide culturally competent and trauma-informed services; build healthy, trusting relationships; reestablish family relationships; facilitate payment of justice system fines and fees; and increase self-efficacy through certified peer specialists.



[CDC to award CARES Act funding to States and local jurisdictions](#)

The Department of Health and Human Services (HHS) [announced](#) that the Centers for Disease Control and Prevention (CDC) will award \$631 million to 64 jurisdictions through the existing Epidemiology and Laboratory Capacity for Prevention and Control and Emerging Infectious Diseases (ELC) cooperative agreement. Using funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the CDC will contact State and local jurisdictions to access the funding, which can be used for a variety of activities, including establishing or enhancing the ability to aggressively identify cases, conduct contact tracing and follow up, and implement containment measures; improve morbidity and mortality surveillance; enhance testing capacity; controlling COVID-19 in high-risk settings and protect vulnerable or high-risk populations; and work with healthcare systems to manage and monitor system capacity.

THE OPIOID CRISIS AND
THE BLACK/AFRICAN AMERICAN
POPULATION: AN URGENT ISSUE



SAMHSA releases issue brief on opioid crisis and the Black/African American population

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Behavioral Health Equity released a new [issue brief](#) titled "The Opioid Crisis and the Black/African American Population: An Urgent Issue." The issue brief includes recent national data and discusses various precursors to opioid misuse in Black/African American communities, including pain management, illicit drug use, and opioid comorbidities. Social determinants of health and other community and system level factors are also discussed as challenges to prevention, treatment, and recovery for the Black/African American population. Finally, the issue brief provides

strategies to address opioid misuse through standard treatment, including medication-assisted treatment (MAT), and various community-informed strategies.

Research Roundup

Research report examines effects of State tax rates and policies on adolescent binge drinking trajectories

The Society for the Study of Addiction published a [research report](#) examining the effects of State tax rates, responsible drinking policies, and local liquor store availability on underage youth binge-drinking trajectories into early adulthood. Researchers found five patterns of binge drinking over the five-year period of the study: low-risk drinking, escalating, late-onset (i.e., increasing binge drinking frequency), chronic, and decreasing (i.e., a reduction in binge drinking). The largest group of respondents were in the low-risk category (32.9%), followed by the escalating category (26.1%) and the chronic category (15.1%). The study also found that respondents who lived in States with weaker alcohol policies were more likely to be in the escalating group, while respondents in States with higher beer excise taxes were less likely to be in the escalating group.