

April 8, 2022



D.C. Update: Cassandra Price (SSA, GA) Testifies before House E&C, April is Alcohol Awareness Month, Save the Date for SAMHSA's National Prevention Week and Prevention Day

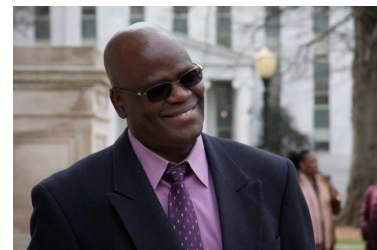
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Meet the Member

Yomi Makanjuola, Director of Treatment Services for State of Georgia

Yomi Makanjuola has over 35 years of experience working in the field of substance use disorders and mental health services. He spent 20 years working as a clinician with different community providers in both residential and outpatient programs including a jail based residential treatment program, before moving to the State office in 2006 to serve as the Assistance Project Director for the State Adolescent Substance Abuse Treatment Coordination Grant (SAC). He currently serves as the Director of Treatment Services for the Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) in the Office of Addictive Diseases. He is also the Project Director for the Georgia State Targeted Response to the Opioid Grant (STR) and the Georgia State Opioid Response Project (SOR-I & SOR-II) Grants from the Substance Abuse and Mental Health Services Administration (SAMHSA). He oversees both the budget/financial, and all aspects of the programmatic, policies and procedures related to all substance use disorder services for Adults, women, Young Adult, and adolescent treatment programs for the State.



Yomi Makanjuola received his first undergraduate degree in Business Management and received another undergraduate degree in Psychology. He then received a Masters and Doctoral degree in General Psychology Specialization. He has presented on topics related to addiction at both the national and State level. He has facilitated many group discussions and provided technical assistance to service providers, and different organizations statewide. He is a current board

Capitol Hill Happenings

Cassandra Price (SSA, GA) testifies before Energy and Commerce Subcommittee



On April 5th, Cassandra Price (SSA, GA), Director of Georgia's Office of Addictive Diseases, as well as Past President of NASADAD's Board of Directors, served as a witness for the House Energy and Commerce Subcommittee on Health's hearing,

["Communities in Need: Legislation to Support Mental Health and Well-Being."](#) The House Energy and Commerce Subcommittee on Health is led by Chairwoman Anna Eshoo (D-CA) and Ranking Member Brett Guthrie (R-KY). The hearing and Director's Price's testimony is available [here](#).

(Director Price began her remarks at 3:31:40 of the hearing.)

Other Recent Congressional Hearings

- April 6 – Senate Committee on Armed Services hearing on ["Suicide Prevention And Related Behavioral Health Interventions In The Department Of Defense"](#)
- April 6 – House Education and Labor Committee hearing on ["Examining the Policies and Priorities of the U.S. Department of Health and Human Services"](#)
- April 6 – House Committee on the Budget hearing on ["Department of Health and Human Services FY 2023 Budget"](#)
- April 5 – Natural Resources Committee Subcommittee on Oversight and Investigations hearing on ["Oversight: The Opioid Crisis in Tribal Communities"](#)
- April 5 – Senate Committee on Finance hearing on ["The President's Fiscal Year 2023 Health and Human Services Budget"](#)
- March 31 – House Ways and Means Committee hearing on ["FY 2023 Budget Request for the Department of Health and Human Services"](#)
- March 30 – Senate Committee on Finance hearing on ["Behavioral Health Care When Americans Need It: Ensuring Parity and Care Integration"](#)

Rep. Cárdenas, Stewart, Napolitano, Katko Launch Bipartisan 988 & Crisis Services Task Force

Representatives Tony Cárdenas (D-CA-29), Chris Stewart (R-UT-02), Grace F. Napolitano (D-CA-32) and John Katko (R-NY-24) last week announced the new Bipartisan House 988 & Crisis Services Task Force as part of the Congressional Mental Health Caucus. Chaired by Reps. Cárdenas and Stewart, the task force aims to ensure effective implementation of the new 988 hotline and infrastructure for nationwide crisis care services. As stated in the [press release](#), "the 988 & Crisis Services Task Force serves as a bipartisan forum for Members of Congress and their staff to work together to effectively implement 988 and the infrastructure to provide crisis care services nationwide, so that every person in crisis, and their family, receives a humane response that treats them with dignity and connects them to appropriate and timely care. To meet these goals, the task force also serves to educate colleagues on the impact of effective crisis services in increasing access to care, improving health outcomes, achieving cost-savings and reducing unnecessary burden on law enforcement."

Rep. Rodgers and Guthrie Statement on the Medical Marijuana Research Act

The House Energy and Commerce Committee Ranking Member Cathy McMorris Rodgers (R-WA) and Energy and Commerce Subcommittee on Health Ranking Member Brett Guthrie (R-KY) released the following [statement](#) about H.R. [5657](#), the

Medical Marijuana Research Act. "The Medical Marijuana Research Act amends the Controlled Substances Act to establish a new, separate registration process to facilitate biomedical research on marijuana. It will support basic research which will allow us to better understand potential medicinal uses and it could help facilitate the development of a future field sobriety test." The act is led by Rep. Earl Blumenauer (D-OR), Rep. Andy Harris (R-MD) and Rep. Morgan Griffith (R-VA). H.R. 5657 passed the House with bipartisan support.

Around the Agencies

April is Alcohol Awareness Month

This month is Alcohol Awareness Month! In a new National Institute of Health (NIH) Director's [Blog post](#), George F. Koob, Ph.D., Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), discusses the impact of stigma on people who have a mental illness or an alcohol or other substance use disorder. In the article, Dr. Koob discusses a strategy for alleviating the stigma associated with alcohol-related conditions through consistent use of non-pejorative, non-stigmatizing, person-first language to describe such conditions and the people who are affected by them. Dr. Koob also provided recommended language for reducing alcohol-related stigma:



- Use alcohol use disorder, or AUD, instead of *alcohol abuse*, *alcohol dependence*, and *alcoholism*. In the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, AUD replaces the older categories of alcohol abuse and alcohol dependence with the single disorder, AUD, which ranges from mild to severe.
- Use alcohol misuse instead of *alcohol abuse* when referring broadly to drinking in a manner, situation, amount, or frequency that could cause harm to the person who is engaging in drinking or to those around that person. For some individuals, any alcohol use constitutes alcohol misuse.
- Use person-first language to describe people with alcohol-related problems such as:
 - Person with alcohol use disorder instead of *alcoholic* or *addict*
 - Person in recovery or person in recovery from alcohol use disorder instead of *recovering alcoholic*
 - Person who misuses alcohol or person who engages in alcohol misuse instead of *alcohol abuser* and *drunk*
- Use alcohol-associated liver disease instead of *alcoholic liver disease*. Also use alcohol-associated hepatitis, alcohol-associated cirrhosis, and alcohol-associated pancreatitis instead of *alcoholic hepatitis*, *alcoholic cirrhosis*, and *alcoholic pancreatitis*. The use of "alcoholic" as an adjective may perpetuate stigma for people with alcohol-associated liver disease and other alcohol-related health conditions.

Department of Justice Issues Guidance on Protections for People with Opioid Use Disorder under the Americans with Disabilities Act

The U.S. Department of Justice (DOJ) Civil Rights Division released new guidance, "[The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery](#)," on how the Americans with Disabilities Act (ADA) protects people with opioid use disorder (OUD) who are in treatment or recovery, including those who utilize medication-assisted treatment (MAT). This guidance is intended to help people with OUD understand their rights under federal law and to provide guidance to entities



The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery

The opioid crisis poses an extraordinary challenge to communities throughout our country. The Department of Justice (the Department) has responded with a comprehensive approach prioritizing prevention, enforcement, and treatment. This includes enforcing the Americans with Disabilities Act (ADA), which prohibits discrimination against people in recovery from opioid use disorder (OUD) who are not engaging in illegal drug use, including those who are taking highly prescribed medication to treat their OUD. This guidance document provides information about how the ADA can protect individuals with OUD from discrimination—an important part of combating the opioid epidemic across American communities. While this document focuses on individuals with OUD, the legal principles discussed also apply to individuals with other types of substance use disorders.

1) What is the ADA?

The ADA is a federal law that gives civil rights protections to individuals with disabilities in many areas of life. The ADA guarantees that people with disabilities have the same opportunities as everyone else to enjoy employment opportunities,¹ participate in state and local government programs,² and purchase goods and services.³ For example, the ADA protects people with disabilities from discrimination by social services agencies; child welfare agencies; courts; prisons and jails; medical facilities, including hospitals, doctor's offices, and skilled-nursing facilities; homeless shelters; and schools, colleges, and universities.

2) Does an individual in treatment or recovery from opioid use disorder have a disability under the ADA?

Typically, yes, unless the individual is currently engaged in illegal drug use. See Question 5. The ADA prohibits discrimination on the basis of disability.⁴ The ADA defines disability as (1) a physical or mental impairment that substantially limits one or more major life activities,

covered by the ADA about how to comply with the law. The full press release can be found [here](#).

Public Comment on Centers for Disease Control and Prevention Draft Clinical Practice Guideline for Prescribing Opioids Ends April 11



The Centers for Disease Control and Prevention (CDC) draft Clinical Practice Guideline for Prescribing Opioids (an update to the [2016 Guideline for Prescribing Opioids for Chronic Pain](#)) 60-day public comment period ends on **April 11, 2022**. Visit CDC's [webpage](#) that details the process of updating the Guideline.

SAMHSA: Save the Date for National Prevention Week and Prevention Day



The Substance Abuse and Mental Health Services Administration (SAMHSA) will host National Prevention Day on Monday, May 9, and it will be delivered virtually through an interactive online conference platform. Hear from prevention leaders; learn about the latest developments in the areas of mental illness and substance use prevention, treatment, and recovery. National Prevention Day kicks off National Prevention Week (NPN) from May 8 – 14 which serves as a national public education platform bringing together communities and organizations to raise awareness about the importance of substance use prevention and positive mental health. To learn more, visit SAMHSA's [NPN web page](#).

Research Roundup

National Institute on Drug Abuse (NIDA): Drug use severity in adolescence affects substance use disorder risk in adulthood



A new National Institutes of Health (NIH)-funded [study](#) shows screening for substance use disorder in teens may help predict adult prescription drug use and misuse and prevent overdose. The study found that people who reported multiple symptoms consistent with a substance use disorder at age 18 would later exhibit two or more of these symptoms in adulthood. These individuals were also more likely, as adults, to use and misuse prescription medications, as well as self-treat with opioids, sedatives, or tranquilizers. "Screening adolescents for drug use is extremely important for early intervention and prevention of the development of substance use disorder," said Dr. Nora Volkow, Director of the National Institute on Drug Abuse (NIDA). "This is critical especially as the transition from adolescence to adulthood, when brain development is still in progress, appears to be a period of high risk for drug use initiation."

National Institutes of Health Helping to End Addiction Long-term Initiative (NIH HEAL Initiative) Funding an Implanted Device That Could Detect an Overdose and Give Naloxone

A National Institutes of Health Helping to End Addiction Long-term Initiative (NIH HEAL Initiative) -funded research team are developing a miniaturized overdose-

detection device. Implanted under the skin, the device would detect an overdose, automatically administer naloxone, and alert emergency responders and other members of the individual's support system. The technology works by continuously measuring blood oxygen levels and automatically administering naloxone when oxygen levels get dangerously low (which occurs during an overdose).

As stated in the [press release](#), "If this now-experimental device is approved for use in humans, it will be able to do several things. In addition to measuring blood oxygen levels, the device has a rechargeable battery to power it and a pump with multiple reservoirs of naloxone as a backup in case the first dose isn't delivered correctly or is not enough. To be optimally effective, the device will be able to operate independently and communicate if and when a person can't. The HEAL-funded team is developing a chip connected to a mobile device that can alert emergency responders or others who can help. So far, this experimental naloxone implant works well in rodents, and researchers will next test it in larger animals, such as pigs, whose body functions more closely resemble those of the human body. Those tests will help determine, for example, the best place in the body to implant such a device and measure oxygen levels."