

February 8, 2024



D.C. Update: NASADAD Releases Updated Brief on Synar, SAMHSA Releases Updated Overdose Prevention and Response Toolkit, CMS Announces New Model for Mental Health and SUD Care Integration, and More.

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Meet The Member

Young Onuorah, National Prevention Network (NPN) Coordinator for Oklahoma

Young Onuorah is the Senior Director for Prevention Services at the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). In his role, he oversees prevention services for the State of Oklahoma, including the Oklahoma Strategic Prevention Framework State Incentive Grant (SPF-SIG), the Strategic Prevention Framework Partnerships for Success (SPF-PFS) Grants, the Strategic Prevention Framework Prescription Drug Monitoring (SPF Rx) Grants, the Oklahoma Meth Prevention Initiative, the Crystal Darkness Phase 2 campaign, and the prevention component of the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant. He also currently serves as the National Prevention Network (NPN) Coordinator for Oklahoma since February 2022.



Young is an International Certified Prevention Specialist (ICPS), a senior member of the International Society of Substance Use Professionals (ISSUP), and the Oklahoma Preventionist of the year 2010 as awarded by Oklahoma Drugs and Alcohol Professional Counselor Association (ODAPCA) via prevention service peers' nomination. He was recognized in May 2016 for his collaborative prevention work with Oklahoma tribes by the Southern Plains Tribal Health Board's Tribal Epi Center.

Young holds a master's degree in public administration and more than 20 years of

NASADAD News

NASADAD Releases Updated Brief on Synar Amendment/Tobacco 21

Today, NASADAD releases an updated brief on *An Overview of the Synar Provision* in light of recent federal actions related to Synar. This updated brief includes the history of Synar, the impact of Tobacco 21 legislation, and the most recent federal actions. This brief will continue to be a “living document” that tells the story of Synar/Tobacco 21.

The updated brief can be found on NASADAD’s website, [here](#).

An Overview of the Synar Provision:

History, Impact of Tobacco 21 Legislation, and Recommendations

Background

Congress enacted the Alcohol, Drug Abuse, and Mental Administration Reorganization Act (Public Law No. 102-321) in 1992 that included a provision referred to as the Synar Amendment. The Amendment aimed to decrease youth tobacco use by requiring States and Territories to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18.

In 1996, the Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services (HHS), issued a regulation giving further guidance to States related to Synar implementation and enforcement. The regulation required States to conduct annual, unannounced inspections of tobacco retailers that provide a probability sample of the accessibility of tobacco products to minors under the age of 18. States had to meet at least an 80 percent compliance rate of retailers refusing tobacco sales to minors. States that have a retail violation rate (RVR) of 20 percent or more resulted in penalization up to 40 percent of a State’s Substance Abuse Prevention and Treatment (SAPT) Block Grant.

Over time, Congress worked with the Administration to offer an alternative penalty that was significantly less than the 40 percent marker but required the State to generate funds to remedy the violation. No federal funding was ever provided to the managers of the Substance Use Prevention, Treatment, and Recovery Services (SUPTS) Block Grant (previously Substance Abuse Prevention and Treatment (SAPT) Block Grant) – State alcohol and drug agencies – to specifically support Synar implementation and enforcement activities.

Impact of Federal Tobacco 21 Law on Synar

Tobacco 21 legislation was included in a larger fiscal year 2020 appropriations package (P.L. 116-54) that was enacted in December 2019. The final law:

- **Maintained Synar but increased the age for tobacco access from 18 to 21.**
- **Maintained FDA’s jurisdiction over tobacco and maintained FDA’s contracts to States and third-party vendors for compliance checks and enforcement.**
- **Created a mandatory 3-year transition and implementation period where no penalties could be levied for Synar noncompliance.**
 - The Secretary of HHS could add an additional 2 years to this transition period with no penalties.
- **Authorized \$18.5 million per year for 5 years (FY 2020-2024)** for grants to States to ensure compliance with the new approach to Synar. If the Secretary of HHS determines a State is prepared to meet, or has met Synar requirements, the allowable uses of the transition grants expand to include tobacco cessation activities, strategies to prevent the use of tobacco products by individuals under the age of 21... or allowable uses under Synar.
 - These funds were never appropriated.
- **Required the Secretary of HHS to provide technical assistance to States,** required SAMHSA and FDA to coordinate the technical assistance, and that the technical assistance provided to States is consistent with applicable regulations for retailers under part 114.0 of title 21, Code of Federal Regulations (CFR).*

FDA’s Role – The U.S. Food and Drug Administration (FDA) plays an important role in regulating the sale of tobacco products. The FDA’s Center for Tobacco Products (CTP) authorizes the sale of new and modified risk tobacco products with marketing orders, which are granted based on the product’s risks to the population as a whole. Additionally, the FDA directs federal resources through contracts to some States or third-party vendors to support compliance checks and enforcement. These resources are not necessarily allocated to the State alcohol and drug agency.

Around the Agencies

SAMHSA Funding Opportunity: State Pilot Program for Treatment for Pregnant and Postpartum Women

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced a new funding opportunity for the 2024 [State Pilot Program for Treatment for Pregnant and Postpartum Women](#). The Pregnant and Postpartum Women Pilot Program (PPW-PLT) provides grants to States and Territories to develop a coordinated care system to provide outpatient services for pregnant and postpartum women with a substance use disorder (SUD). The grant program seeks to increase positive maternal and child health outcomes, decrease infant mortality, and reduce the impact of SUD on PPW, their children, and family members. Program objectives include to:

1. “...advance family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder (SUD), emphasizing the treatment of opioid use disorders;
2. help state substance use agencies provide outpatient treatment and recovery support services for pregnant and postpartum women with SUD; and
3. promote a coordinated system of SUD care within each state.”

Only Single State Agencies (SSA) are eligible to apply to the program. SAMHSA will provide up to 4 awards of up to \$900,000 per year, per award for up to 3 years for total program funding of up to \$3,600,000. Applications are due April 1, 2024.

The Notice of Funding Opportunity (NOFO) for the program can be downloaded [here](#).

SAMHSA Releases Updated Overdose Prevention and Response Toolkit

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released an updated version of the [Overdose Prevention and Response Toolkit](#). The Toolkit is intended to provide guidance to a range of individuals regarding preventing and responding to an overdose. The updated Toolkit now

contains additional guidance about opioid overdose reversal medications, stimulant overdoses, and population-specific information, such as people who use drugs and first responders, among others. The Toolkit is designed to be a supplement for overdose prevention and reversal training provided by SAMHSA.

The Toolkit can be downloaded [here](#).



CMS Announces New Model to Advance Integration in Mental Health and Substance Use Disorder Care

On January 18, the Centers for Medicare & Medicaid Services (CMS) announced the [Innovation in Behavioral Health \(IBH\) Model](#), a new model to facilitate the integration of mental health and substance use disorder (SUD) care with primary care services for individuals with Medicaid and Medicare. Specifically, the IBH Model’s objective is to “... improve the overall quality of care and outcomes for adults with mental health conditions and/or substance use disorder by connecting them with the physical, behavioral, and social supports needed to manage their care.”

The new model also seeks to foster health information technology capacity building through infrastructure payments. Participation in the Model will involve the formation of interprofessional care teams of community-based behavioral health organizations, physical health providers, and other localized supports who will collaborate to screen, assess, and coordinate individuals’ physical and mental health and SUD needs. Additional details on eligibility and participation will be announced in the Notice of Funding Opportunity (NOFO) for the model, which is expected in Spring 2024.

CMS has also released [Frequently Asked Questions \(FAQ\)](#) and a [factsheet on the model](#).

CMS’ press release announcing the new model can be found [here](#).

NIDA Funding Opportunity: Strategies to Address Stigmatizing Beliefs and Policies Affecting People Who Use Drugs

The National Institute on Drug Abuse (NIDA) announced a Notice of Special Interest (NOSI) for [Strategies to Address Stigmatizing Beliefs and Policies Affecting People Who Use Drugs](#). This NOSI aims to reduce the negative outcomes

associated with the stigmatization of people who use drugs (PWUD) by supporting research to develop and test strategies to address the stigma and its consequences at the individual, interpersonal, and structural level. Outcomes of interest include:

- “Decreasing substance use and overdose rates
- Increasing the likelihood of SUD treatment referral, access, initiation, engagement, and retention
- Increasing the likelihood that healthcare providers and other employees at healthcare organizations, including administrative staff, receive substance use education and stigma awareness and reduction training
- Increasing the availability of SUD service providers, including those who provide MOUD
- Increasing access to and engagement with harm reduction services
- Increasing social connectedness, housing stability, and employment
- Decreasing criminal-legal involvement
- Reducing misinformation regarding substance use
- Improving acute and chronic pain management among people who use drugs”



National Institute
on Drug Abuse

Applicants are encouraged to propose strategies that address multiple types of stigma and are scalable, sustainable, and impact diverse populations, including the [National Institutes of Health \(NIH\)-designated underserved groups](#).

This NOSI is an ongoing opportunity that expires on January 8, 2027. The first available due date for applications is June 5, 2024.

Additional details on eligibility and how to apply can be found in the NOSI, [here](#).

Research Roundup

NIDA Study Reports Law Enforcement Seizures of Psilocybin Mushrooms Rose Significantly Between 2017-2022

A National Institute on Drug Abuse (NIDA)-funded study published in the *Journal Drug and Alcohol Dependence* on [National and Regional Trends in Seizures of Shrooms \(Psilocybin\) in the United States, 2017-2022](#) reported a significant increase in law enforcement seizures of psilocybin mushrooms, also known as “magic mushrooms” or “shrooms,” in the United States from January 2017 to December 2022. The study is based on data from the White House Office of National Drug Control Policy’s (ONDCP) [High Intensity Drug Trafficking Areas \(HIDTA\) program](#), which tracks law enforcement seizures in hotspots across the country. Key findings include:

- The number of law enforcement seizures of psilocybin mushrooms increased from 402 seizures in 2017 to 1,396 in 2022.
- The total weight of psilocybin mushrooms seized by law enforcement increased from 226 kg (498 lbs) in 2017 to 844 kg (1,861 lbs) in 2022.
 - The total weight seized peaked in 2021 (1,542 kg/3,400 lbs).
- The most seizures occurred in the Midwest (36.0%), followed by the West (33.5%).
 - The greatest total weight in seizures came from the West (1,864 kg/4,109 lbs, representing 42.6% of all seizures), followed by the South (1,832 kg/4,039 lbs, representing 41.8%).

The authors note that law enforcement seizures do not necessarily reflect prevalence of use but rather the availability of illicit substances and call for further research on prevalence, viability as treatment, and the effects of psilocybin consumption.

NIDA’s press release on the study can be found [here](#).

We're Hiring!

NASADAD Hiring for Summer Public Policy Intern

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) is hiring for a Summer Public Policy Intern within the Public Policy Department. See the job listing and link to apply below:

Summer Public Policy Internship

NASADAD is now accepting applications for a paid internship position within the Department of Public Policy. Interns work directly to support the Executive Director and Public Policy Staff on legislative, regulatory, and other matters related to substance use disorders (SUD). This position offers an excellent opportunity to gain first-hand exposure to working with Congress, government agencies, and other stakeholders on issues pertaining to addiction.

More information on the position, including qualifications, benefits, and how to apply can be found [here](#).

If you have any questions, please contact Lacy Adams, Public Policy Analyst, at ladams@nasadad.org.

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