

# Talking Points and Resources for Addressing Substance Use Disorders 12.7.21

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NOTE: All of the following information is in the public domain

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## IN THE NEWS



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

## OPDAAC Meeting Materials Now Available!

Thank you to everyone who attended our virtual Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC) Meeting on October 29th! The meeting agenda, slides and recording are now available on our website. You can access them [here](#).

Our next meeting is scheduled for Friday, December 10, 2021 from 10:00 am until 12:00 pm. The focus of the meeting will be on justice-involved populations and traumatic and acquired brain injuries. You can register for the meeting [here](#).

In addition, here are some resources that were shared during the meeting that may be useful.

The Opioid Settlement Dashboard – [ncopioidsettlement.org](https://ncopioidsettlement.org)

NC DOJ Opioid Settlement Page – <https://www.morepowerfulinc.org/opioid-settlements/>

NC Association of County Commissioners (NCACC) Opioid Litigation Page – <https://www.ncacc.org/services-for-counties/disaster-preparedness-and-recovery/opioid-litigation-settlement/>

Settlement Memorandum of Agreement (details the strategies) – <https://ncdoj.gov/wp-content/uploads/2021/04/Opioid-MOA.pdf>

NCDHHS' Opioid and Substance Use Action Plan – <https://www.ncdhhs.gov/media/13667/download?attachment>

NC Opioid and Substance Use Action Plan Data Dashboard –

<https://www.ncdhhs.gov/opioid-action-and-substance-use-plan-data-dashboard>

North Carolina Safer Syringe Initiative – <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-services-program-north-carolina>

<https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-services-program-north-carolina>

Evidence-Based Strategies for Preventing Overdose, CDC –

<https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

NC Peer Certification – <https://pss.unc.edu/certification?>

Settlement Amounts by County – [https://www.morepowerfulnc.org/opioid-](https://www.morepowerfulnc.org/opioid-settlements/distributor-ji-settlements/settlement-amounts-for-local-north-carolina-governments/)

[settlements/distributor-ji-settlements/settlement-amounts-for-local-north-carolina-governments/](https://www.morepowerfulnc.org/opioid-settlements/distributor-ji-settlements/settlement-amounts-for-local-north-carolina-governments/)

Please feel free to email me with any questions: [sara.j.smith@dhhs.nc.gov](mailto:sara.j.smith@dhhs.nc.gov).

## **SAMHSA Awards \$123 Million in Grants for Multifront Approach to Combat the Nation's Overdose Epidemic**

Monday, September 13, 2021

[https://www.samhsa.gov/newsroom/press-](https://www.samhsa.gov/newsroom/press-announcements/202109130300?utm_source=SAMHSA&utm_campaign=1303e85fec-SAMHSA%20Announcement%202021%2009%2013%201600314&utm_medium=email&utm_term=0_ee1c4b138c-1303e85fec-168833005)

[announcements/202109130300?utm\\_source=SAMHSA&utm\\_campaign=1303e85fec-SAMHSA Announcement 2021 09 13 1600314&utm\\_medium=email&utm\\_term=0\\_ee1c4b138c-1303e85fec-168833005](https://www.samhsa.gov/newsroom/press-announcements/202109130300?utm_source=SAMHSA&utm_campaign=1303e85fec-SAMHSA%20Announcement%202021%2009%2013%201600314&utm_medium=email&utm_term=0_ee1c4b138c-1303e85fec-168833005)

SAMHSA is awarding funding throughout the Nation for the following grant programs: **note: ONLY THOSE GRANTS WITH NC AWARDEES LISTED.**

### **Medication Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)**

The MAT-PDOA grant program expands and enhances communities' access to medication-assisted treatment (MAT) services for people who have opioid use disorder (OUD). The five-year program seeks to increase the number of Americans receiving MAT and decrease their illicit opioid use and/or prescription misuse by their six-month follow-ups. Awards totaling \$71.3 million are headed to 127 MAT-PDOA grantees, (**WAKE FOREST UNIVERSITY HEALTH SCIENCES**) including 10 awards to tribal entities, which will receive up to \$331.2 million over five years.

### **Strategic Prevention Framework for Prescription Drugs (SPF Rx)**

The SPF Rx program provides funding to states, territories, and some tribal entities to raise community awareness and bring prescription drug misuse prevention activities and education to schools, communities, parents, prescribers, and their patients. The program is designed to raise awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults. Funding awards totaling \$9.9 million are headed to 21 SPF Rx grantees, (**NC DHHS**) who will receive up to \$40.3 million over five years.

### **Providers Clinical Support System – Universities (PCSS-Universities)**

SAMHSA's Providers Clinical Support System (PCSS) is a national training and clinical mentoring project developed in response to the prescription opioid misuse epidemic. PCSS trains health professionals to provide effective, evidence-based treatments to patients with OUD in primary care, psychiatric care, substance use disorder treatment, and pain management settings. The PCSS-Universities grant will expand or enhance access to MAT services at the community level by investing in the Nation's medical workforce educational system. This grant program funds education and training in MAT for students pursuing careers in the medical, physician assistant, and nurse practitioner fields. Funding awards totaling \$3.9 million are headed to 27 PCSS-Universities grantees, (**NC GOVERNOR'S INSTITUTE ON ALCOHOL AND SUBSTANCE ABUSE, UNC WILMINGTON**) who will receive up to \$11.9 million over three years.

### **With overdose deaths soaring, DEA warns about fentanyl-, meth-laced pills**

[https://www.washingtonpost.com/national-security/dea-warning-counterfeit-drugs/2021/09/27/448fcb18-1f27-11ec-b3d6-8cdebe60d3e2\\_story.html?mkt\\_tok=ODUwLVRBQS01MTEAAAF\\_y2D1ZjgLYoalKmeQJkOkCYleGA1AkNsFhWXDqeQCR7aJ9Lsy5L\\_M0C8N1IG2rO2u\\_w\\_tyiUwKPE2XAz9c3wLcHOVJnYD-3YnVFyBv8\\_525UT](https://www.washingtonpost.com/national-security/dea-warning-counterfeit-drugs/2021/09/27/448fcb18-1f27-11ec-b3d6-8cdebe60d3e2_story.html?mkt_tok=ODUwLVRBQS01MTEAAAF_y2D1ZjgLYoalKmeQJkOkCYleGA1AkNsFhWXDqeQCR7aJ9Lsy5L_M0C8N1IG2rO2u_w_tyiUwKPE2XAz9c3wLcHOVJnYD-3YnVFyBv8_525UT)

The Drug Enforcement Administration issued a public warning Monday that a growing number of fake pills bought online are laced with potentially lethal amounts of the synthetic opioid fentanyl, and blamed social media sites for not doing more to protect their users.

"We decided to do this because the amounts are staggering," DEA Administrator Anne Milgram said in an interview with The Washington Post. "We are in the midst, in my view, of an overdose crisis, and the counterfeit pills are driving so much of it."

The DEA has seized 9.6 million counterfeit pills already this budget year, which is more than it seized in the previous two years combined, officials said. The number of seized counterfeit pills found to contain fentanyl has jumped 430 percent since 2019.

Jack Westfall said part of the problem lies in the common assumption, particularly by young people, that a pill purchased online must be made in a reputable lab somewhere and, therefore, must not be too dangerous. Westfall recalled getting a phone call from the medical examiner when he worked as a public health official in Santa Clara County in California in 2019.

*"She said she had two teenagers on her table, and she was worried they'd both overdosed on pills," he said. "For those two teenagers, they thought they were taking a Percocet, and they each took half a pill, and even half was a lethal dose."*

It's not just that the drugs being consumed are changing and killing more Americans. The way Americans buy illicit drugs has also changed. Many of the counterfeit pills that alarm the DEA are being sold on sites such as Snapchat and TikTok, Milgram said: "The drug dealer isn't just standing on a street corner anymore. It's sitting in a pocket on your phone.

"Social media is not doing enough to deal with this," she said, while emphasizing that the first priority is warning the public. "We have not gone to them yet with specific demands, but we will at some point go to them."

In a statement, TikTok said: "Content and accounts promoting illicit drug sales are not allowed on TikTok and will be removed. We also engage experts and regulators to strengthen our safeguards and promote the safety and well-being of our community."

Asked about online drug sales, a spokesperson for Snapchat said the company is "committed to doing everything we can to fight it on Snapchat. We strictly prohibit drug-related activity on our

platform, aggressively enforce against these violations, and support law enforcement in their investigations.”

But a [subsequent investigation](#) by Digital Citizens Alliance and the Coalition for a Safer Web, which included the same researcher, Eric Feinberg, found that of 40 drug-dealing Instagram and YouTube accounts identified in 2019, just 10 had been removed independently by tech companies by March of this year.

In an interview, Feinberg said that the problem persisted on Instagram and YouTube, but was also migrating to other platforms that are very popular with young people, such as Snapchat and TikTok.

## **Snapchat publicly addresses fentanyl crisis**

Snapchat publicly addressed [reports](#) about young users buying fentanyl-laced counterfeit pills from drug dealers via its platform, announcing a new in-app tool called "Heads Up" that provides content to users from substance abuse experts when they search for drug-related keywords.

Snapchat will distribute content via its "Heads Up" tool from groups such as the Substance Abuse and Mental Health Services Administration (SAMHSA); Song for Charlie, a non-profit dedicated to raising awareness about fentanyl-laced pills; and Shatterproof, an addiction treatment nonprofit.

- It will also include additional resources from the Centers for Disease Control and Prevention to be added in the coming weeks.
- The company has launched a video ad campaign to raise awareness about the issue to its users, and says it's rolling out a new national augmented reality filter that directs users to the new "Heads Up" portal with educational information
- "We believe it is our responsibility to keep our community safe on Snapchat and we have made significant operational improvements over the past year to eradicate drug sales from our platform," the company said.

## **Digital Health Practices, Social Media Use, and Mental Well-Being Among Teens and Young Adults in the U.S.**

A national [survey](#) of 14- to 22-year-olds provides new evidence on the growing mental health crisis affecting young people. The survey, sponsored by [Hopelab](#) and [Well Being Trust](#) (WBT), finds that large numbers of teens and young adults experiencing moderate to severe symptoms of depression are turning to the internet for help, including researching mental health issues online (90 percent), accessing other people's health stories through blogs, podcasts, and videos (75 percent), using mobile apps related to well-being (38 percent), and connecting with health providers through digital tools such as texting and video chat (32 percent).

According to the survey, many young people say social media helps them find connection, support, and inspiration during times of depression, stress, or anxiety. Among those with moderate to severe symptoms of depression, 30 percent say social media is "very" important to them for feeling less alone, compared to 7 percent of those without depression; and 27 percent



say it is “very” important for getting inspiration from others, compared to 13 percent for those without depression.

“We know definitively that teens and young adults readily seek support online to deal with mental health. We must meet them where they are and figure out how to provide appropriate care, in whatever shape or form that may look like for them. Our communities, clinicians, and policy makers must identify and support resources—both digital and in-person—that can be most effective in promoting good mental health and well-being,” said, Benjamin F. Miller, Psy.D., Chief Strategy Officer, Well Being Trust.

Other key findings include:

- One third (33 percent) of all 14- to 22-year-olds have successfully connected with health peers online, and 91 percent of them say the experience was helpful.
- 65 percent of all teens and young adults say they “hardly ever” or “never” feel left out when using social media, compared to about a third (34 percent) who say they often (7 percent) or sometimes (27 percent) do.
- Three out of four LGBTQ youth (76 percent) have looked online for information about depression, compared to 32 percent of straight youth; 75 percent of LGBTQ youth have looked for information about anxiety, compared to 36 percent of their straight peers; and 68 percent of LGBTQ youth have looked for information on stress, compared to 40 percent of straight youth.

## Shatterproof Addiction Stigma Index in collaboration with The Hartford October 2021

<https://www.shatterproof.org/sites/default/files/2021-10/Shatterproof%20Addiction%20Stigma%20Index%202021%20Report.pdf>

Supported by Ipsos alongside Dr. Brea Perry and Dr. Anne Krendl from Indiana University, Shatterproof developed the **SASI** – a *first-of-its-kind measurement tool designed to set a baseline measure of addiction stigma and attitudes from the public about substance use. It also measures the perceptions of those with a SUD, including the degree to which they have internalized societal exclusion.* With a comprehensive set of more than 50 validated stigma measures issued to a representative sample of 7,889 U.S. residents, this is both the largest and most expansive survey on addiction stigma ever fielded.

- The levels of stigma measured in the SASI are striking. Despite decades of public education, 75.2% of the public do not believe that a person with a SUD is experiencing a chronic medical illness like diabetes, arthritis, or heart disease.
- Additionally, 53.2% of respondents hold the beliefs that SUD is caused by a person's bad character. Stigmatizing attitudes from the public are connected to broad levels of discrimination felt by those with SUD. Even worse, 45.4% and 45.9% of the public is unwilling to live next to or be close friends with someone with a SUD, respectively.
- Stigmatizing attitudes such as these can lead to structural discrimination and can also be found in the discriminatory attitudes displayed by both employers and healthcare professionals who staff and lead institutions meant to support those with a SUD. 44.5%

of healthcare professionals surveyed expressed the harmful belief that medications for opioid use disorder were substituting one drug addiction for another.

## **Demonstrating the Value of Recovery Housing: Technical Expert Panel Findings**

Earlier this year, the National Council for Mental Wellbeing, through funding from the [Opioid Response Network](#), hosted a technical expert panel (TEP) of recovery housing leaders, researchers, treatment providers, national associations, federal agencies, Single State Agency directors and payers, to explore ways to best demonstrate the value of recovery housing in the United States.

Read our new report, [Demonstrating the Value of Recovery Housing: Technical Expert Panel Findings](#), for the key strategies and recommendations identified by the TEP to improve and expand recovery housing in the U.S.

[Download the Report](#)

## **Behavioral Health Equity Report 2021**

Provides a breakdown and discussion of data drawn from the National Survey on Drug Use and Health from 2015 to 2019. Details youth and adult mental health and substance use indicators by race and ethnicity, income level, and metro or nonmetro county, among others.

Sponsoring organization: Substance Abuse and Mental Health Services Administration

Date: 10/2021

## **Prevention, Treatment, and Recovery Innovations in Native American Communities**

The Tribal Opioid Response Technical Assistance Center is funded by the Substance Abuse and Mental Health Services Administration.

<https://attcnetwork.org/sites/default/files/2021-08/TOR%20Success%20Stories%20FINAL.pdf>

The National American Indian and Alaska Native Addiction Technology Transfer Center, in collaboration with JBS International, has been working with close to 200 Native communities across the country to facilitate the adoption of medication-assisted treatment (MAT), and evidence-based psychosocial practices (EBPs), and support the integration of such practices into experience-based and knowledge-based practices (EBP/KBP) developed in Native communities over centuries.

## **NC DHHS 2021-23 Strategic Plan GOAL 4: Turn the tide on North Carolina's opioid and substance use crisis.**

<https://www.ncdhhs.gov/media/13331/download?attachment>

## **New & Improved!** Opioid and Substance Use Action Plan (OSUAP 3.0)



In May, IVPB helped launch the state's new and improved Opioid and Substance Use Action Plan (OSUAP 3.0). This third iteration of the plan included a broadened focus on **polysubstance use as well as centering equity and lived experiences** to ensure that the strategies to address the overdose epidemic are led by those closest to the issue. You can find the entire plan [here](#).

### **Jail-based Overdose Prevention Education and Naloxone Distribution - A NC Harm Reduction Coalition Toolkit**

<https://files.constantcontact.com/023aa8ab001/0555ee76-8e79-479c-ab95-9ca4f6d78e2a.pdf>

### **New CSRS Informational Resources, Benefits for SUD Coalitions, Agencies, Prescribers from The NC DHHS Drug Control Unit**

With Mandatory Use of the Controlled Substance Reporting System (CSRS), the North Carolina Prescription Drug Monitoring Program, coming into full effect July 7<sup>th</sup>, 2021, **the NC DHHS Drug Control Unit has launched a technical assistance and education program for prescribers and dispensers (doctors, nurses, pharmacists, and including veterinarians) as well as community health partners such as substance misuse coalitions, local health departments and hospital partners.**

Topics can be tailored based on the requesting audience, but can include how to register for the CSRS, how to use the CSRS as a clinical tool, show county/regional search activity as defined by requirements set forth by legislation as well as how this data can assist community/population health agencies/groups in securing funding for activity-based initiatives and program proposals by establishing strong partnerships with NC DHHS's CSRS Team. *For more information contact [CSRSutilization@dhhs.nc.gov](mailto:CSRSutilization@dhhs.nc.gov)*

### **North Carolina Opioid Data Dashboard Resources**

The purpose of this Resources document is to provide more specific links to resources for each metric and corresponding local action. There are many possible corresponding links, these are what were found to be the most relevant or helpful.

### **(1) Track progress and measure our impact**

- Opioid overdose deaths
  - NC State Center for Health Statistics (NC SCHS): <https://schs.dph.ncdhhs.gov/>
  - NC Office of the Chief Medical Examiner (NC OCME): <https://www.ocme.dhhs.nc.gov/>
  - County-Level Poisoning Data Tables: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>
  - CDC Drug Overdose Deaths Data: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
- Opioid overdose ED visits
  - NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT): <https://ncdetect.org/>
  - Monthly NC DETECT Overdose ED Visits Reports: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>
  - County-Level Poisoning Data Tables: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>
  - CDC Nonfatal Drug Overdoses Data: <https://www.cdc.gov/drugoverdose/data/nonfatal.html>
- Point Person
  - North Carolina Opioid Action Plan 2.0: [https://files.nc.gov/ncdhhs/OAP-2.0-8.7.2019\\_final.pdf](https://files.nc.gov/ncdhhs/OAP-2.0-8.7.2019_final.pdf)
  - DHHS Opioid page: <https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/north-carolinas-opioid-action-plan>
  - NC IVPB Poisoning page: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>
- Uses DHHS resources
  - DHHS Grant Opportunities: <https://www.ncdhhs.gov/about/grant-opportunities>
  - Mental Health, Developmental Disabilities and Substance Abuse Services Grant Opportunities: <https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-substance-abuse-services-grant-opportunities>
  - Public Health Grant Opportunities: <https://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities>

### **(2) Reduce the supply of inappropriate prescription and illicit opioids**

- Patients receiving opioid pills
  - NC Controlled Substances Reporting System (NC CSRS): <https://www.ncdhhs.gov/divisions/mhddsas/ncdcu/csrs>
  - NC CSRS 2020 Annual Report: <https://files.nc.gov/ncdhhs/SL-2017-74--Section-12-Controlled-Substance-Reporting---Annual-Report-2020--Final-.pdf>
  - NC Operation Medicine Drop: <https://ncdoi.com/OSFM/SafeKids/Operation%20Medicine%20Drop.aspx?sec=omd>
  - CDC Prescribing Rate Maps: <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>
- Illicit opioid involvement in deaths
  - NC Office of the Chief Medical Examiner (NC OCME): <https://www.ocme.dhhs.nc.gov/>
  - NC OCME Data and Annual Reports: <https://www.ocme.dhhs.nc.gov/annreport/index.shtml>
  - CDC Heroin Overdose Data: <https://www.cdc.gov/drugoverdose/data/heroin.html>
  - CDC Synthetic Opioid Overdose Data: <https://www.cdc.gov/drugoverdose/data/fentanyl.html>
- Prescription dropboxes
  - Prescription Dropbox Locator: <https://apps.ncdoi.net/f?p=102:2>
  - More Powerful NC: <https://www.morepowerfulnc.org/get-involved/pill-disposal/>
- Test strip distribution
  - NC Safer Syringe Initiative Registered SSPs: <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-programs-north>
  - Perspectives on rapid fentanyl test strips as a harm reduction practice: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-018-0276-0>
  - Fentanyl Test Strip Pilot: <https://harmreduction.org/issues/fentanyl/fentanyl-test-strip-pilot/>

### **(3) Prevent future opioid addiction by supporting children and families**

- Children in foster care due to parental substance use
  - NC Division of Social Services: <https://www.ncdhhs.gov/divisions/dss>



- NC Child Welfare Services: <https://www.ncdhhs.gov/divisions/social-services/child-welfare-services>
- Newborns with CC4C substance use referral
  - NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (NC DMHDDAS): <https://www.ncdhhs.gov/divisions/mhddsas>
  - Infant Plan of Safe Care: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/infant-plan-safe-care>
  - Care Coordination for Children (CC4C): <https://www.ncdhhs.gov/infant-plan-safe-care/care-coordination-for-children>
  - NC Early Childhood Data: <https://www.ncdhhs.gov/about/department-initiatives/early-childhood/early-childhood-data>
- START program
  - Department of Social Services Contact List: <https://files.nc.gov/ncdhhs/documents/files/dss/directory.pdf>
  - The Pregnancy and Substance Use Toolkit: [https://issuu.com/harmreduction/docs/pregnancy\\_and\\_substance\\_use-a\\_harm\\_2fa242e7fb6684?emci=d1775917-e508-eb11-96f5-00155d03affc&emdi=f7d74814-5b0a-eb11-96f5-00155d03affc&ceid=9307569](https://issuu.com/harmreduction/docs/pregnancy_and_substance_use-a_harm_2fa242e7fb6684?emci=d1775917-e508-eb11-96f5-00155d03affc&emdi=f7d74814-5b0a-eb11-96f5-00155d03affc&ceid=9307569)
  - START Model: <http://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/detailed>
  - START Model Kentucky: <https://www.ncsc.org/~media/81A5C7BAD5B54160886D2ED9D0E5CE63.ashx>
- Community response program
  - Community Response Programs: <https://files.nc.gov/ncdhhs/documents/files/dss/statistics/Appendix-A-CBCAP.pdf>
  - The Pregnancy and Substance Use Toolkit: [https://issuu.com/harmreduction/docs/pregnancy\\_and\\_substance\\_use-a\\_harm\\_2fa242e7fb6684?emci=d1775917-e508-eb11-96f5-00155d03affc&emdi=f7d74814-5b0a-eb11-96f5-00155d03affc&ceid=9307569](https://issuu.com/harmreduction/docs/pregnancy_and_substance_use-a_harm_2fa242e7fb6684?emci=d1775917-e508-eb11-96f5-00155d03affc&emdi=f7d74814-5b0a-eb11-96f5-00155d03affc&ceid=9307569)
  - Trauma Sensitive Schools Training Package: [https://safesupportivelearning.ed.gov/sites/default/files/TSS\\_Training\\_Package\\_Implementation\\_Guidefinal.pdf](https://safesupportivelearning.ed.gov/sites/default/files/TSS_Training_Package_Implementation_Guidefinal.pdf)
  - Treatment and Services Adaptation Center: <https://traumaawareschools.org/>

#### (4) Advance harm reduction

- Community naloxone reversals
  - NC DPH Naloxone Reporting Tool: <https://naloxonesaves-nc.org/>
  - NC Syringe and Naloxone Access: <https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/syringe-and-naloxone-access>
  - Naloxone Saves: A harm reduction resource for NC: <https://www.naloxonesaves.org/>
  - NC Harm Reduction Coalition Naloxone & OD Prevention: <http://www.nchrc.org/programs-and-services/>
- Acute Hepatitis C infections
  - NC Division of Public Health, HIV/STD/Hepatitis Surveillance Unit: <https://epi.dph.ncdhhs.gov/cd/stds/figures.html>
  - NC Communicable Disease Data Dashboard: <https://public.tableau.com/profile/nc.cdb#!/vizhome/NCD3NorthCarolinaDiseaseDataDashboard/DiseaseMapsandTrends>
  - NC Safer Syringe Initiative HIV and Hep C Resources: <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/hiv-and-hepatitis-c-prevention-and>
- Naloxone access
  - Naloxone Saves: <https://naloxonesaves-nc.org/>
  - Naloxone Distribution Toolkit: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/NaloxoneDistributionToolkitFinalApproved-042219.pdf>
  - NC Naloxone Standing Order FAQs: Pharmacist Guide: <http://www.ncbop.org/PDF/NaloxoneStandingOrderFAQ021220.pdf>
- Low/no-cost sterile syringe access
  - NC Safer Syringe Initiative Registered SSPs: <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-programs-north>

## **(5) Address non-medical drivers of health and eliminate stigma**

- Calls for housing-related services
  - NC Coalition to end Homelessness: <https://www.ncceh.org/>
  - NC 211 Housing and Shelter Assistance: <https://www.nc211.org/housing-help>
- Unemployment rate
  - US Bureau of Labor Statistics: <https://www.bls.gov/lau/>
  - Healthy NC 2030: <http://nciom.org/healthy-north-carolina-2030/>
  - American Community Survey (ACS) Data: <https://www.census.gov/programs-surveys/acs>
- Housing First
  - Housing First in Permanent Supportive Housing Brief: <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>
  - Continuums of Care: <https://www.ncceh.org/coc/>
  - North Carolina Balance of State Continuum of Care: <https://www.ncceh.org/bos/>
- Fair chance hiring
  - NCHRC Fair Chance Hiring: <http://www.nchrc.org/fair-chance-hiring/>
  - Executive Order 158: <https://governor.nc.gov/news/governor-roy-cooper-signs-executive-order-improve-fair-hiring-practices-north-carolina-state>

## **(6) Address the needs of justice-involved populations**

- Incarceration rate
  - NC Department of Public Safety (DPS) Statistics: <https://www.ncdps.gov/about-dps/departments-public-safety-statistics>
  - Healthy NC 2030: <http://nciom.org/healthy-north-carolina-2030/>
- Law Enforcement naloxone reversals
  - NC DPH Naloxone Reporting Tool: <https://naloxonesaves-nc.org/>
  - NC DHHS Opioid Epidemic and First Responders: <https://www.ncdhhs.gov/about/departments-initiatives/opioid-epidemic/first-responders>
  - NC Safer Syringe Initiative: Quick Answers for Law Enforcement Personnel: <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/quick-answers-law-enforcement>
  - NC Harm Reduction Coalition: Law Enforcement Resources: <http://www.nchrc.org/law-enforcement/preventing-occupational-fentanyl-and-fentanyl-analog-exposure-to-emergency-responders/>
- Pre-arrest diversion
  - Law Enforcement Assisted Diversion: <http://www.nchrc.org/lead/law-enforcement-assisted-diversion/>
  - Crisis Intervention Trainings: <https://www.citinternational.org/Learn-About-CIT>
- MAT in Jails
  - National Commission on Correctional Healthcare: <https://www.ncchc.org/jail-based-MAT>
  - Promising Practice Guidelines for Jail-Based MAT: <https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf>
  - SAMHSA MAT in Correctional Settings: <https://blog.samhsa.gov/2019/03/15/breaking-the-cycle-medication-assisted-treatment-mat-in-the-criminal-justice-system>

## **(7) Expand access to treatment and recovery supports**

- Patients receiving buprenorphine
  - Buprenorphine Guidance Document: <https://files.nc.gov/ncdhhs/BuprenorphineGuidance.pdf>
  - Opioid Information for Providers: <https://www.ncdhhs.gov/about/departments-initiatives/opioid-epidemic/opioid-information-providers>
  - NC Controlled Substances Reporting System (NC CSRS): <https://www.ncdhhs.gov/divisions/mhddsas/ncdcu/csrs>
  - NC CSRS 2020 Annual Report: <https://files.nc.gov/ncdhhs/SL-2017-74--Section-12-Controlled-Substance-Reporting---Annual-Report-2020--Final-.pdf>
- People served by treatment programs
  - NC Treatment and Recovery Support Resources: <https://www.ncdhhs.gov/about/departments-initiatives/opioid-epidemic/treatment>
  - NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (NC DMHDDSAS): <https://www.ncdhhs.gov/divisions/mhddsas>

- Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locators: <https://www.samhsa.gov/find-treatment>
- Peer-support specialists
  - NC Certified Peer Support Specialist Program: <https://pss.unc.edu/>
  - Peer Support Specialists Enhance Mental Health, Substance Use Recovery: <https://www.ncdhhs.gov/blog/2019-09-20/peer-support-specialists-enhance-mental-health-substance-use-recovery>
- MAT Providers
  - More Powerful NC: <https://www.morepowerfulnc.org/get-help/finding-treatment/>
  - SAMHSA Medication Assisted Treatment: <https://www.samhsa.gov/medication-assisted-treatment>

## The Helping to End Addiction Long-term (HEAL) Initiative of the National Institutes of Health

Rebecca G. Baker, PhD<sup>1</sup>; Walter J. Koroshetz, MD<sup>2</sup>; Nora D. Volkow, MD<sup>3</sup>

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JAMA. 2021;326(11):1005-1006. doi:10.1001/jama.2021.13300  
<https://jamanetwork.com/journals/jama/fullarticle/2783676>

The Helping to End Addiction Long-term (HEAL) initiative of the National Institutes of Health was launched in 2018 to provide scientific solutions to the evolving crisis of opioid misuse, addiction, and overdose. With dedicated support from Congress, the HEAL initiative has funded more than \$1.5 billion in research through more than 500 projects nationwide, and plans to expand research investments. This comprehensive approach includes efforts to develop more effective therapies for managing pain and for treating opioid use disorder (OUD), test effective pain management strategies that limit addiction risk, and implement evidence-based OUD treatment in a variety of settings.<sup>1</sup> The HEALing Communities Study aims to reduce opioid-related overdose deaths by 40% over 3 years in 67 participating communities across 4 states. The study has launched community advisory coalitions and communication campaigns, data dashboards to help guide community decision-making, and individual community action plans to implement evidence-based practices.<sup>3</sup>

The HEAL initiative has also established partnerships to provide evidence-based solutions for the millions of individuals with substance use disorders who pass through the US justice system. The HEAL initiative's *Justice Community Opioid Innovation Network* is testing approaches in 27 states to increase the quality of care for people with opioid misuse and OUD, in partnership with state and local justice systems and community-based treatment providers.

Infants exposed to opioid drugs taken during a mother's pregnancy can be born physically dependent on opioids and experience withdrawal, a condition known as neonatal opioid withdrawal syndrome (NOWS). The Advancing Clinical Trials in Neonatal Opioid Withdrawal Syndrome (ACT NOW) study of infants born with NOWS across 30 research hospitals identified significant variation in the care for these infants.<sup>4</sup> To follow these effects long term, the HEALthy Brain and Child Development Study will track the effects of opioid and other exposures in 7500 infants nationwide prospectively over a 10-year period.

The HEAL initiative projects are also investigating how innovative technologies can help people with pain and addiction. *Advances in vaccine technology have enabled first-in-human testing of a vaccine for opioids*, with the goal of preventing return to use and overdose. Multiple studies are testing implanted devices and noninvasive stimulation for managing pain.

## Scientists eye opioid vaccine as shot to stem opioid epidemic

[https://www.nbcnews.com/health/health-news/opioid-vaccine-eyed-scientists-shot-stem-overdose-epidemic-rcna2088?utm\\_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm\\_medium=email&\\_hsmi=165810860&\\_hsenc=p2ANqtz-8ny7-8-VAN6vnxTwqrdDegu4vizyoUd\\_iPZuCGvBITF0cEJhxc7XfdLHh17EKAHfJenaONc8PmiR6UsiQV4yrP-PfkKw&utm\\_content=165810860&utm\\_source=hs\\_email](https://www.nbcnews.com/health/health-news/opioid-vaccine-eyed-scientists-shot-stem-overdose-epidemic-rcna2088?utm_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm_medium=email&_hsmi=165810860&_hsenc=p2ANqtz-8ny7-8-VAN6vnxTwqrdDegu4vizyoUd_iPZuCGvBITF0cEJhxc7XfdLHh17EKAHfJenaONc8PmiR6UsiQV4yrP-PfkKw&utm_content=165810860&utm_source=hs_email)

The trial — the first to test the safety and potential effectiveness of an opioid vaccine in humans — is being led by Sandra Comer, a professor of neurobiology in the department of psychiatry at Columbia University's Vagelos College of Physicians and Surgeons, and Marco Pravetoni, of the University of Minnesota Medical School.

All of the participants, are in active phases of addiction and are being housed at Columbia or another clinic for 10 weeks during the study. That's because researchers must give the participants nonlethal doses of opioids, including heroin, after the experimental vaccine to see how it works. "The principle is pretty simple," Pravetoni said. It "triggers the patient's own immune system to develop antibodies against the target." It's the same basic idea behind all vaccines: [teach the immune system](#) to make antibodies that will target and destroy a specific invader.

The challenge of any opioid vaccine research is to make that inoculation recognize a variety of opioids. "Heroin doesn't look like fentanyl, and fentanyl doesn't look like oxycodone," she said. Indeed, both teams ultimately hope to create a so-called multivalent vaccine that would target multiple risky opioids. Carfentanil, for example, is 100 times as strong as fentanyl and 10,000 times more potent than morphine, according to the [National Institute on Drug Abuse](#).

Researchers at Scripps Research in La Jolla, California, investigated a potential vaccine that could target both fentanyl and carfentanil. Preliminary data was published in the journal [ACS Chemical Biology](#) earlier this year.

## COVID-19 Resources

**COVID-19 has highlighted the mental toll nurses face. Organizations must create a better system | Opinion**

*The ongoing COVID-19 pandemic sheds new light on unique risks those in the nursing profession face which separate us from any other profession- mental health struggles that if left unaddressed can result in abusing and becoming addicted to easily accessible workplace narcotics.*

**Daniel Del Toro** Guest Columnist

Addiction rates among the nearly 3 million actively practicing nurses in the United States are estimated by the National Council of State Boards of Nursing to be like that of the general population, roughly 10-15%. With this data it can be assumed that over 300,000 impaired nurses remain hidden in the workforce, posing an increased risk of harm to themselves and their patients. These risks can be reduced through early identification and intervention by their colleagues, however most nurses adhere to a "don't ask, don't tell" alternative as legal and ethical concerns arise when confronting a fellow nurse suspected of substance abuse.

This is often made even more complicated by the fact that in such high intensity work environments it can be difficult to tell the difference between impairment and common stress-related behaviors and errors.

How can we help our fellow nurses, especially during the unprecedented stress of COVID-19 which has seen record numbers of nurses to leave the profession primarily due to burnout? We can help by knowing the subtle early signs of addiction and how to intervene in a meaningful way that is supportive and compassionate as opposed to judgmental and punitive.

While many healthcare organizations provide newly hired nurses a brief overview of state regulations regarding their duty to report suspected or confirmed impairment of their colleagues, detailed education providing guidance on early identification and intervention when addiction is suspected of a fellow nurse is often omitted.

As a nurse who struggled with burnout and addiction early in my career, I was unaware that my state licensing board funded a peer support organization which provides nurses addiction treatment and ongoing recovery monitoring as opposed to punitive measures which in many cases include prosecution and license revocation.

### **Medication Assisted Treatment and COVID-19: Treatment Recommendations** **- Reprinted from The North Carolina Survivors Union**

During the COVID-19 pandemic, it is critical to remember that we are still in the midst of an overdose crisis. While many regulators have argued that methadone and buprenorphine policies must be deliberately restrictive due to the risk of overdose, adverse medication effects, and medication diversion, the COVID-19 crisis has forced many regulating bodies to re-evaluate these policies in order to comply with the urgent need for communities to practice social distancing and sheltering-in-place. Multiple government agencies including SAMHSA, the DEA, Medicare, and Medicaid have recently announced policy changes to allow for more flexible prescribing and dispensing. While these changes are a step forward, clinics have been either reluctant or resistant to fully implement them to the extent allowable under law. In light of the evolving pandemic and the needs of the community, we must not allow fears of overmedication and diversion to outweigh the health risks caused by patients being forced daily to congregate in large groups, or being driven to an adulterated illicit drug supply.

Close person-to-person contact and group assembly are currently actions deemed hazardous to public health. Unfortunately, “sheltering in place” is unrealistic for many people who use drugs. People who use opioids are either forced to continue to engage with the illicit drug market or must comply with prohibitive and insurmountable requirements to receive medications for Opioid Use Disorder (OUD). Many opioid users are at an increased risk of COVID-19 infection due to being immunocompromised and/or having comorbid health conditions.

In order to reduce the risk of COVID-19 infection, involuntary withdrawal, and drug poisoning, the Urban Survivors Union and the undersigned organizations strongly recommend the following measures be taken immediately:

- 1) The only acceptable standard for discharge of patients from OUD treatment during the COVID-19 outbreak shall be violent behavior that would endanger their own health and safety or that of other patients or staff.
- 2) Administrative detox shall be fully suspended during the pandemic and patients shall be provided the opportunity to request dose increases as needed, given that the illicit drug market will continue to experience fluctuations and patients need access to these life-saving medications. Patient doses shall not be reduced during the transition to take-home care unless they request



adjustments to their doses, or documented medical emergencies require it and patients cannot consent due to medical crises, as may be the case with severe respiratory distress resulting from COVID-19 infection.

3) Referrals for COVID-19 testing shall be made available at all opioid treatment programs (OTPs), as well as syringe service programs. Staff shall receive training to recognize the symptoms of COVID-19 and be familiarized with protocols to refer patients for further testing. Harm reduction providers can also play an essential role in “flattening the curve” of transmission by identifying cases, making medical attention available to those who test positive, and teaching life-saving harm reduction skills to help people stay safe during this crisis. Plain language and evidence-based public health materials about COVID-19 prevention, symptom identification, and treatment should be available in locally prominent languages at all locations for participants and their communities.

4) During the COVID-19 national emergency, healthcare professionals—including doctors, nurse practitioners, physician assistants, and pharmacists--shall not be required to complete the previously-mandated training and waiver to prescribe these medications, thereby making MAT available in all settings. Prescribers shall not have limitations on the number of patients that they can treat. Naloxone and other overdose prevention tools (i.e. fentanyl test strips) shall be prescribed or made available with all dispensed medications in compliance with state law.

5) Opioid treatment programs (OTPs), prescribing clinicians, and pharmacies shall actively work to expand access to methadone treatment through the medical maintenance/office-based and pharmacy-delivery methods currently allowed by federal exception/waiver. The existing OTP regulations for the dispensing of MAT shall be temporarily adjusted to require all pharmacies to dispense these medications. This will reduce the risks of transmission associated with daily clinic attendance and person-to-person contact. In accordance with SAMHSA recommendations, lockbox requirements for take-home dispensing shall be suspended. Standard dispensing protocols for other opioid medications are deemed sufficient, since child- and tamper-proof bottles are already in use for methadone and buprenorphine. (Per SAMHSA's TIP 43, Chapter 5: "Some programs require patients to bring a locked container to the OTP when they pick up their take-home medication to hold it while in transit. This policy should be considered carefully because most such containers are large and visible, which might serve more to advertise that a patient is carrying medication than to promote safety.")

6) Take-home exception privileges shall be expanded to the maximum extent possible, limited only by available supply and operations for delivery. Any bottle checks that clinics wish to conduct shall be conducted by tele-medicine. Take-home schedules shall be authorized for individuals in all medical settings, including pharmacies and mobile vans. In light of new SAMHSA guidelines, clinics shall allow 14 to 28 days of take-home privileges to as many patients as possible. Patients testing positive for benzodiazepine or alcohol use shall be allowed the take-home privileges outlined in SAMHSA guidelines, but may be additionally required to check in via telemedicine for the purpose of decreasing the risk of adverse reactions, including overdose. Access to take-home doses is critical to keep patients engaged and retained in treatment.

7) Telehealth and service by phone shall replace any and all in-person requirements and appointments as the primary means of service provision until social distancing guidelines change. Toxicology requirements shall be suspended for the duration of telehealth-based services. Telemedicine services shall include waived platforms, such as telephone intakes and video conferencing, as some patients may have different access needs.

8) The regulatory in-person requirements for methadone inductions shall be lifted in order to be consistent with the new policy changes for buprenorphine inductions. Clinic-based in-person

appointments shall conform to social distancing requirements and OSHA guidelines for the management of the COVID-19 pandemic.

9) DEA restrictions on mobile medication units shall be revised to accommodate delivery of medications to individuals who are sequestered in their homes, are quarantined, or live in rural communities that are 15 miles or more from the nearest opioid treatment program.

10) State and federal Medicaid dollars shall be expanded to cover all costs for take-home medications not otherwise covered by insurance for patients experiencing financial hardship due to COVID-19. In states that did not expand Medicaid, the state shall be the payor of last resort.

In the interest of saving lives and adhering to existing public health protocol for management of COVID-19 transmission, it is necessary to make significant revisions to existing regulatory standards. This is a critical time to take decisive action for the protection of patients, providers, their families, and the community. As our healthcare system reaches full capacity and becomes overburdened by COVID-19-related emergencies, as seen in Italy and Spain, providers on the front lines will be forced to make life and death choices. These recommendations outline a plan of primary prevention that will minimize the burden on our healthcare system and save lives during this national emergency.

We, the undersigned, are a coalition of direct service providers, community advocates, public health officials, medical professionals, human rights groups, people in recovery, treatment professionals, members of impacted communities, and many others. We ask SAMHSA, the DEA, and all other federal, state, and local regulatory bodies and health authorities to adopt these recommendations fully and immediately in light of the COVID-19 pandemic.

## NC DHHS COVID-19 Stakeholder Update

**NC Medicaid is committed to ensuring that beneficiaries are able to get rides to their medical appointments through Non-Emergency Medical Transportation (NEMT) and Non-Emergency Ambulance Transportation (NEAT) providers**, whether the beneficiary is in NC Medicaid Direct or NC Medicaid Managed Care. Prepaid Health Plans (PHPs) began providing NEMT and NEAT services to managed care beneficiaries on July 1, 2021, and local Departments of Social Services (DSS) continue to coordinate NEMT and NEAT services for NC Medicaid Direct and the Eastern Band of Cherokee Indian (EBCI) Tribal Option members. Please reference the [Non-Emergency Transportation for NC Medicaid Managed Care Bulletin](#) posted on July 20, 2021 for detailed information about transportation services.

### Updates to be aware of:

- DHHS is renewing its workplace face-covering guidance and implementing the Interim Policy on Face Coverings Requirements. Effective immediately, all employees, contractors, students, temporary staff, or volunteers, within a state government office, building, or facility, must wear an appropriate face-covering regardless of their vaccination status unless exempt due to a qualifying reason such as a disability or any other lawful reason.
- North Carolina will [require](#) vaccine verification for State Employees and has adjusted mask guidance to align with the [CDC's](#) new guidelines.

- Constituents looking for vaccines can use the Find a Vaccine Location tool at [myspot.nc.gov](https://myspot.nc.gov) or call 888-675-4567.

**PRESS RELEASES** since the last update include:

- **COVID-19 Hospitalizations Hitting All-Time Highs; Health Officials Urge Vaccination**
- **Gov. Cooper Signs Executive Order Extending Health Care Regulatory Waivers to Address COVID-19 Pandemic Response**
- **Gov. Cooper, State Health Leaders Urge Some Schools To Revisit Decisions and Fully Implement Health Protections**

**NEW** resources since the last update include:

- Updated Testing Events page (**English**)
- Updated **COVID-19 Vaccine Management System (CVMS) Steps for Providers**
- Updated **CVMS User Guides, Recorded Trainings and Upcoming Trainings**
- Unpublished **Hospitalization Demographics** page combined with **Hospitalizations**
- Updated **Frequently Asked Questions about COVID-19 Vaccinations**
- Updated **7 Things You Should Know About the COVID-19 Vaccines**
- Updated **View or Print Your COVID-19 Vaccine Information**
- Updated **Vaccines**
- Updated **COVID-19 Vaccine Incentives**
- Updated County Alert System to **Country Transmission Data**
- Updated **map One Pager for Patients**
- Updated **Access Points for Non-Congregate Shelter Across NC**
- Updated **StrongSchoolsNC: Public Health Toolkit - K-12**
- Updated **StrongSchools FAQ**
- Updated **Clusters in Child Care and School Settings Report**
- Updated **Outbreaks in Congregate Living Settings Report**
- Updated **CLI Surveillance**
- Updated **Surveillance Summary**

**Resources in Spanish:** [Recursos en Español](#)

- Updated Testing Events page ([Spanish](#))

**UPDATED** guidance since the last update includes:

**Updated Guidance** since the last update includes:

- Updated [Guidance: Staying Ahead of the Curve](#) (specifically [NCDHHS Interim Guidance for Indoor and Outdoor Venues](#))
- Updated [Guidance: Staying Ahead of the Curve](#) (specifically [Recommendations for Protecting Each Other from COVID-19](#), [Guidance for Events and Festivals](#), [Guidance for Weddings and Celebrations](#) (new), and [Guidance for Places of Worship](#))
- Updated [Guidance: Vaccines](#) (specifically [Statewide Standing Order for FDA Approved COMIRNATY and FDA Authorized Pfizer and Moderna COVID-19 Vaccine Administration](#))

Updated [Guidance: Child Care](#) (specifically [ChildCareStrongNC Spanish Toolkit](#))

**Please see the new website just for teens in Spanish and English. Teens helped create the materials on the site. [TeenVaxFacts.com](#)** Also see link below for Spanish and English. Once you go the website you can choose English or Spanish.

[Vacunas Para Jovenes | NC COVID-19 \(ncdhhs.gov\)](#)

- [TeenVaxFacts.com Launches to Inform North Carolina Teens on COVID-19 Vaccines](#)

**The Tobacco Prevention and Control Branch of NCDHHS** has received some funding through the health equity COVID grants and are able to provide some **scholarships to the Duke/UNC Certified Tobacco Treatment Specialist credentialing training.**

If anyone in your organization has wanted to participate but was unable to due to the cost of \$1100/person, this scholarship may allow them to participate in the training. The training is now virtual for four half days live virtually and online for the rest of the program. If you have providers who would like to attend as a team of 2-4 so that they can integrate tobacco treatment into their program especially if they work with American Indians, African Americans, people who have behavioral health conditions, live in rural NC, or identify as LGBTQ, contact [joyce.swetlick@dhhs.nc.gov](mailto:joyce.swetlick@dhhs.nc.gov). There will be courses coming up in October, March, and June plus some individual courses. You can look at [www.dukeunctts.com](http://www.dukeunctts.com) to learn more about the program and its offerings.

## **SAMHSA Training and Technical Assistance Related to COVID-19**

[https://www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf?utm\\_source=SAMHSA&utm\\_campaign=1025336f16-COVID\\_TTA\\_2021\\_07\\_26\\_1600154&utm\\_medium=email&utm\\_term=0\\_ee1c4b138c-1025336f16-168833005](https://www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf?utm_source=SAMHSA&utm_campaign=1025336f16-COVID_TTA_2021_07_26_1600154&utm_medium=email&utm_term=0_ee1c4b138c-1025336f16-168833005)

As the situation with COVID-19 rapidly evolves, SAMHSA is promoting the use of evidence-based resources and practices related to the virus. **The Providers Clinical Support System**

(PCSS) has collected a variety of resources you may find helpful while we all navigate this difficult healthcare crisis: <https://pcssnow.org/resources/covid-19>

## RCORP-TA COVID-19 Resources

### [HHS/DoD National Emergency Telecritical Care Network](#)

- [SAMHSA Training and Technical Assistance Related to COVID-19](#)
- [HHS: What Works and What Doesn't in COVID-19 Vaccine Outreach](#)

**ATTC Network COVID-19 Resources for Addictions Treatment.** The Addiction Technology Transfer Center (ATTC) Network was established in 1993 by the Substance Abuse and Mental Health Services Administration. The online catalog of COVID-related resources includes regularly updated guidance and trainings for professionals in the field.

**People with substance use disorders may be at higher risk for SARS-CoV-2 breakthrough infections -- *Co-occurring health disorders appear to contribute to increased risk, NIH study suggests.***

Researchers analyzed electronic health records from nearly 580,000 people in the United States with and without substance use disorders who were fully vaccinated against COVID-19 between December 1, 2020, and August 14, 2021, and who had not been infected with SARS-CoV-2 before the vaccination. The status of infection was based on the ICD-10 diagnosis code of COVID-19 or lab-test confirmed presence of SARS-CoV-2 and related RNA.

They determined the proportion of people in each group who contracted SARS-CoV-2 at least 14 days after their final vaccination. This analysis was repeated after matching patients with and without substance use disorders for demographic characteristics; socioeconomic factors that influence health, such as housing or employment instability; and lifetime physical illnesses, such as high blood pressure, heart disease, obesity, or diabetes. The team also examined if fully vaccinated people with breakthrough infections had a different risk for hospitalization and death compared with matched people without breakthrough infections.

*The researchers found that the risk of breakthrough infections was significantly higher in people with substance use disorders than in those without: 7% of vaccinated people with substance use disorders had a breakthrough infection during the study, compared with 3.6% of vaccinated people without substance use disorders.*

The study suggests that the increased risk of breakthrough infections in people with substance use disorders was primarily due to co-occurring diseases and adverse socioeconomic characteristics. When these factors were controlled for, people with most substance use disorders no longer had elevated rates of breakthrough infections. *The only exception were people with cannabis use disorder, who still were 55% more likely to experience breakthrough infections as people without substance use disorders*, even though patients with cannabis use disorder tended to be younger and had fewer co-occurring health conditions than those with other substance use disorders. The authors hypothesized that factors such as adverse effects of cannabis on lung and immune function may have contributed to the higher risk for breakthrough infection in this group.



## The early impact of COVID-19 on the incidence, prevalence, and severity of alcohol use and other drugs: A systematic review

Rose A.Schmidt<sup>ab1</sup>RosalieGenois<sup>c</sup>JonathanJin<sup>a</sup>DanielVigo<sup>d</sup>JürgenRehm<sup>abefghij</sup>BrianRush<sup>abg</sup>

Drug And Alcohol Dependence, Volume 228, November 2021, 109065

The impact of COVID-19 appears to be minimal, or at least variable for the people represented by Tier 1, 2 and 3 in our NBP model. The changes within these groups seem to be dependent on the sub-population and their pre-pandemic drinking patterns (e.g., mostly at home etc.).

The clearest negative SU outcomes in the context of COVID-19 are among people categorized as needing Tier 4 and 5 services who have history of problems related to their substance use and concurrent disorders. Across multiple measurements, the studies we reviewed indicated that people who already drank in risky ways before the pandemic were more likely to increase their substance use during the pandemic (see additionally [Barrio et al., 2021](#) published after our search closure). This may have significant implications for service planning.

Increased substance use during COVID-19 among those currently having suicidal thoughts is an important finding to investigate in future studies ([Chodkiewicz et al., 2020](#)). Having an alcohol use disorder increases the risk of committing suicide, and acute alcohol use is associated with greater risks of suicide attempts ([Flensburg-Madsen et al., 2008](#), [Borges et al., 2017](#)). Although preliminary evidence does not show a significant increase in suicide rates during the pandemic ([Pirkis et al., 2021](#)), since the use of substances can act as a trigger of suicidal behavior, health systems need to increase screening and offer appropriate prevention and treatment to those having suicidal thoughts ([Vijayakumar et al., 2011](#)).

## Prevention and Harm Reduction

CDC has released its [2020 Behavioral Risk Factor Surveillance System](#) data set.

### Results from the 2020 National Survey on Drug Use and Health: Detailed Tables

Presents data on use of illicit drugs, alcohol, and tobacco, trends in substance use disorder and mental health, and access to treatment for youth and adults. Features statistics for a variety of demographic and geographic characteristics, including rural versus urban status. Includes information on substance use and mental health during the COVID-19 pandemic.

Sponsoring organization: Substance Abuse and Mental Health Services Administration

Date: 10/2021

### GUIDANCE ON HANDLING THE INCREASING PREVALENCE of Drugs Adulterated or Laced with Fentanyl

<https://www.thenationalcouncil.org/wp-content/uploads/2021/09/Guidance-of-Fentanyl-Adulteration-9-2021.pdf?dof=375ateTbd56>

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## HHS Secretary Becerra Announces New Overdose Prevention Strategy

[https://www.hhs.gov/about/news/2021/10/27/hhs-secretary-becerra-announces-new-overdose-prevention-strategy.html?utm\\_source=SAMHSA&utm\\_campaign=9f661cbaec-SAMHSA Announcement 2021 10 27 1600426&utm\\_medium=email&utm\\_term=0\\_ee1c4b138c-9f661cbaec-168833005](https://www.hhs.gov/about/news/2021/10/27/hhs-secretary-becerra-announces-new-overdose-prevention-strategy.html?utm_source=SAMHSA&utm_campaign=9f661cbaec-SAMHSA%20Announcement%2021%2010%2027%201600426&utm_medium=email&utm_term=0_ee1c4b138c-9f661cbaec-168833005)

## Current marijuana use and alcohol consumption among adults following the legalization of nonmedical retail marijuana sales — Colorado, 2015-2019

A new report using data from Colorado's Behavioral Risk Factor Surveillance System (BRFSS) demonstrated that from 2015 to 2019, one third (34.3%) of Colorado adults who reported binge drinking used marijuana which was significantly higher than that among adults who reported non-binge drinking (14.8%) and adults who reported non-drinking (9.9%). Several recommendations for the prevention of alcohol-related harms are discussed.

[Read the full report here.](#)

## Teen Mental Health First Aid Course

This past year and a half hasn't been easy. COVID-19 changed the way we educate our youth, spend our time, work and learn. With all the upheaval, taking care of our mental wellbeing — especially our teens' — has become more critical than ever before.

That's why we're excited to bring you [teen Mental Health First Aid](#) (tMHFA) in person and online.



tMHFA is an evidence-based training from the [National Council for Mental Wellbeing](#) in partnership with [Born This Way Foundation](#). It teaches teens in grades 10-12, or ages 15-18, how to identify, understand and respond to signs of a mental health or substance use challenge in their friends and peers. The training gives teens the skills to have supportive conversations with their friends and how to get help from a responsible and trusted adult.

Now available nationwide, this training has a blended learning option that accommodates those unable to attend in person because of physical distancing requirements or remote schooling.

**If you are connected to a local high school or youth-serving organization, we encourage you to let them know [how to apply](#) to bring [tMHFA](#) to teens in their community.**

None of this would be possible without your support of the National Council and Mental Health First Aid. Thank you for choosing to #BeTheDifference!

For more information about tMHFA, download this [one-pager](#), view our [Frequently Asked Questions](#) and visit [MHFA.org/teens](#). You can also reach out to [teenMHFA@theNationalCouncil.org](mailto:teenMHFA@theNationalCouncil.org) with any questions.

## **CDC issues warning after study finds 2 million teens used e-cigs this year**

[https://www.foxnews.com/health/cdc-issues-warning-study-2-million-teens-used-e-cigs?utm\\_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm\\_medium=email&\\_hsmt=165810860&\\_hsenc=p2ANqtz-9ZEmQLlyDdMLZbnP8PUsDd\\_WiTi7H9hYxbTiK16E8GDX-LAbu8dtiH\\_-zstUx4ikliRoihu8TPgrnGKEjkl32lZodgBQ&utm\\_content=165810860&utm\\_source=hs\\_email](https://www.foxnews.com/health/cdc-issues-warning-study-2-million-teens-used-e-cigs?utm_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm_medium=email&_hsmt=165810860&_hsenc=p2ANqtz-9ZEmQLlyDdMLZbnP8PUsDd_WiTi7H9hYxbTiK16E8GDX-LAbu8dtiH_-zstUx4ikliRoihu8TPgrnGKEjkl32lZodgBQ&utm_content=165810860&utm_source=hs_email)

The number of teenagers who have [used e-cigarettes](#) has reached 2 million, and more than 80% of those middle and [high school students](#) used flavored e-cigs in 2021, according to a study released today by the [Center for Disease Control and Prevention \(CDC\)](#) and [Food and Drug Administration \(FDA\)](#). Since 2014, they have been the most frequently used smoking product among U.S. youth.

Of the students that were surveyed, 43.6% of high school students and 17.2% of middle school students have used e-cigs in the past month. Of those students, 27.6% of high school and 8.3% of middle school students admitted to daily use. Flavored e-cigs are prevalent.

## **CDC issues health advisory regarding increases in availability of cannabis products containing delta-8 THC and reported cases of adverse events**

The CDC issued a Health Alert Network Health Advisory this week to alert stakeholders and the public about increased availability of cannabis products containing delta-8 tetrahydrocannabinol (THC). A wide variety of delta-8 THC products are increasingly appearing in both marijuana and hemp marketplaces as well as online, and variations in product content, manufacturing practices, and labeling may lead to unexpected effects among consumers. The American Association of Poison Control Centers (AAPCC) began monitoring delta-8 THC adverse effects

in 2021 and found that from January 1 to July 31, 2021, there were 660 reported delta-8 THC poisonings ("exposures"), 18% of which required hospitalization. [Read the full alert here](#)

## **Implementation of Screening, Brief Intervention, and Referral for Treatment in the Aging Network of Care to Prevent Alcohol, Recreational Drug, and Prescription Medication Misuse**

[Denise M. Scott](#), [Hanno Petras](#), [Nnenna Kalu](#), [Gloria E. Cain](#), [Dietrich B. Johnson](#), [Zili Sloboda](#) & [Robert Emory Taylor](#), *Prevention Science* volume 21, pages972–978 (2020)

<https://link.springer.com/article/10.1007/s11121-020-01154-y>

Although recreational drug use is uncommon among older adults, recent research has shown that recreational drug use patterns and misuse of alcohol and prescription medications among baby boomers are increasing (Barry and Blow [2016](#); Caputo et al. [2012](#); Oslin [2004](#)). As older adults generally have chronic conditions that lead to the use of prescription drugs and over-the-counter (OTC) medications, they are more at risk for dangerous alcohol-medication interactions (Breslow et al. [2015](#)). Also, recent increases in rates of death and use of prescription opioids with suicidal intent among older adults have important implications as the USA undergoes rapid expansion of this population (West et al. [2015](#); Lippold et al. [2019](#)). Despite their heightened vulnerability, few older adults are screened, and most older adults do not receive needed preventive services or early interventions even though evidence-based programs exist. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is considered an evidence-based public health approach for addressing this gap but has rarely been used in the aging network of care (Blow and Barry [2000](#); Kuerbis et al. [2015](#)). Thus, the focus of this brief report is to document the barriers and facilitators of implementing SBIRT in nonmedical organizations serving older adults and to assess whether older adults can be recruited and retained into this program. This study did not involve randomization of study participants to an experimental condition, and consequently, it is not possible to draw causal inferences about program impact.

At baseline, of the 302 older adults recruited, 54 (17.9%) screened positive for alcohol or drug use (see Fig. [1](#)), with the majority screening positive for alcohol use only (77.8%). A small percentage of older adults reported drug use only (11%) or alcohol and drug use (11%). Of the 54 followed-up at 3 months, 28 (51.9%) older adults screened positive (75% of which were for alcohol only and 25% for alcohol and drug use). At the 6-month follow-up, 15 (34.9%) screened positive (70.6% of which were for alcohol only). Additionally, a referral to treatment was offered to 3 participants at baseline, two at a 3-month follow-up, and one at a 6-month follow-up.

**For more information on how alcohol affects women's health, check out ARCR's topic series "[Women and Alcohol](#)."** Fifteen experts review the latest research on alcohol's unique effects on women across the life cycle, including women of color, LGBTQ women, older women, and pregnant women.

**Help for Grand families Impacted by Opioids and Other Substances** is a set of resources from Generations United that includes recommendations and resources on five topics identified by kinship caregivers as uniquely challenging for grand families impacted by substance use.

<https://www.gu.org/resources/grand-resource-help-for-grandfamilies-impacted-by-opioids-and-other-substance-use/>

## Opioid Response Project Resource Library

<https://orp.sites.unc.edu/resource-library/>

### Trends in Nonfatal and Fatal Overdoses Involving Benzodiazepines — 38 States and the District of Columbia, 2019–2020

*Weekly* / August 27, 2021 / 70(34);1136–1141. Stephen Liu, PhD<sup>1</sup>; Julie O'Donnell, PhD<sup>1</sup>; R. Matt Gladden, PhD<sup>1</sup>; Londell McGlone, MPH<sup>1</sup>; Farnaz Chowdhury<sup>2</sup>

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7034a2.htm?ACSTrackingID=USCDC\\_1026-DM64733&ACSTrackingLabel=August%20Drug%20Overdose%20News%20Updates%20and%20IOAD%202021%20&deliveryName=USCDC\\_1026-DM64733](https://www.cdc.gov/mmwr/volumes/70/wr/mm7034a2.htm?ACSTrackingID=USCDC_1026-DM64733&ACSTrackingLabel=August%20Drug%20Overdose%20News%20Updates%20and%20IOAD%202021%20&deliveryName=USCDC_1026-DM64733)

Increases in benzodiazepine overdose ED visits throughout 2020, coupled with increases in illicit benzodiazepine deaths since 2019, highlight the need to enhance efforts to mitigate harm from simultaneously using benzodiazepines and opioids and monitor the magnitude and persistence of increases in illicit benzodiazepine deaths. Persons who co-use opioids and benzodiazepines might be less likely to receive medications for opioid use disorder than persons using opioids only (10); therefore, efforts to increase treatment access should be enhanced. *Expansion of naloxone availability and rapid naloxone administration should be encouraged for overdoses involving benzodiazepines and opioids because naloxone reverses opioid overdoses irrespective of benzodiazepine presence.* However, educational efforts should emphasize the dangers of using illicit benzodiazepines, especially in combination with opioids, and the importance of calling 9-1-1 even after naloxone administration, because benzodiazepine overdose symptoms are unaffected by naloxone and might require additional medical treatment. These efforts, complemented by broader primary prevention of drug use and misuse, could prevent drug overdose morbidity and mortality.

Contact Interim Director Amanda Dezarns ([adezarns@ncpreventiontta.org](mailto:adezarns@ncpreventiontta.org)) at the **NC Training and Technical Assistance Center** of the NC DHHS Division of MH/DD/SAS which offers no-cost expert consultation and supportive resources to implement education, community-based processes, and environmental strategies primarily via monthly telephone assistance.

Check out their training calendar here: <http://nctraining.info/calendar.html>

Past training calendar with recorded webinars and resources at:

<https://ncpreventiontta.zendesk.com/hc/en-us/categories/360000854992-Training-Files-and-Resources>

Contact Erin Day, **Community Impact NC** at [erin@impactcarolina.org](mailto:erin@impactcarolina.org) for no-cost technical assistance, particularly for using the SAMHSA Strategic Prevention Framework (required of Drug Free Communities grantees) and training in CADCA concepts.

**Crowd-sourced Naloxone** – check out **NaloxoFind** on Google Play or Apples App Store... free smartphone app that can be used to find a Naloxone carrier in a



2-mile radius. Only as good as the number of carriers who sign up, so please do so.

Read more about it here: <https://www.altrixmedical.com/single-post/2019/06/05/A-Case-For-Crowd-Sourced-Naloxone>

## Updated Operation Medicine Drop website at

<https://ncdoi.com/osfm/safekids/Operation%20Medicine%20Drop.aspx?sec=omd>

makes it easy to find drop boxes and take-back events nearest you. Lots of free handouts.

**Need help with overprescribing in your community?** The North Carolina Association of Pharmacists is training pharmacist students to assist with educational interventions for prescribers. Contact Cheryl Viracola, PharmD, at the Association at 984-439-1646.

**SYRINGE ACCESS PROGRAMS** are pipelines into treatment while helping addicted individuals avoid “patient brokers”. Syringe program participants are FIVE times more likely to enter treatment and 3.5 times more likely to cease injecting. *Engage your local medical device/supply company to provide no/low-cost syringes.* Attach a nurse to address health disparities (Cone Health).

Find a list of all active SEPs here: <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/funding-syringe-exchange-programs>

## Harm Reduction and Treatment Services for People in Rural Areas Who Use Psychostimulant Drugs

[https://www.rcorp-ta.org/resources/harm-reduction-and-treatment-services-people-rural-areas-who-use-psychostimulant-drugs?utm\\_source=email&utm\\_medium=weekly%20update&utm\\_campaign=07072021](https://www.rcorp-ta.org/resources/harm-reduction-and-treatment-services-people-rural-areas-who-use-psychostimulant-drugs?utm_source=email&utm_medium=weekly%20update&utm_campaign=07072021)

# Community Coalition Capacity-Building and Sustainability Ideas

## Engage Your Rotary Club!

In 2013 Rotary formed an International Rotary Action Group on Addiction Prevention which is active in 45 countries. I strongly recommend you look at their 17-minute video here [edventi.com/addiction-prevention-toolkit](http://edventi.com/addiction-prevention-toolkit). Excellent. If you have a Rotary in your community, it might very well be worthwhile engaging them, like Surry County Substance Abuse Office is!

## Mental health is the next big workplace issue

[https://www.axios.com/mental-health-is-the-next-big-workplace-issue-3d0959f0-f5a0-4e62-bfac-714fae3ce5c0.html?mkt\\_tok=ODUwLVRBQS01MTEAAAF-7ec4iksR-V\\_uTXLkEYQHWupAbHoYLJjpxQR2JL4u8Xg9K\\_63hSxYIPrxDapwi\\_Bpig0nMJgHKchEzUnSU8JTv\\_oCw6kZqMHJm5mWALN8vjha1](https://www.axios.com/mental-health-is-the-next-big-workplace-issue-3d0959f0-f5a0-4e62-bfac-714fae3ce5c0.html?mkt_tok=ODUwLVRBQS01MTEAAAF-7ec4iksR-V_uTXLkEYQHWupAbHoYLJjpxQR2JL4u8Xg9K_63hSxYIPrxDapwi_Bpig0nMJgHKchEzUnSU8JTv_oCw6kZqMHJm5mWALN8vjha1)

Employees' mental health is quickly becoming a top concern for companies as they try to hold on to workers through the pandemic.

**Why it matters:** The firms that confront mental health are poised to win the war for talent. "These days there are worker shortages everywhere," says Chris Swift, CEO of The Hartford, a financial services and insurance company. Mental health is a massive contributor to that, he says.

**What's happening:** The pandemic has dragged on, and people are dealing with even more loss and isolation — at the same time that America's opioid crisis has gotten worse. Burnout and addiction are seeping into the workplace.

- Despite the fact that we've gotten used to pandemic-era living, workplace burnout is rising. 44% of workers say they feel fatigued on the job, up from 34% in 2020, per [a study](#) conducted by the human resources consulting firm Robert Half.
- Drug overdose deaths spiked 30% in 2020 — to nearly 100,000 — and the bulk were opioid overdoses, [Bloomberg reports](#). The deaths and drug addictions are contributing to the overall worker shortage.

### It's harming workplaces.

- A whopping 52% of U.S. employers say they are “experiencing significant workplace issues” with substance misuse or addiction by employees, according to [a new survey](#) from The Hartford. That's up from 36% in March 2020.
- 31% of U.S. employers say workforce mental health is having a severe or significant financial impact on the company, up from just 20% in March 2020.

## Multi-Sector Health Partnerships in Rural Areas and Small Cities.

This tool from the Build Healthy Places Network helps community leaders understand and find opportunities for collaboration between the community development, finance, public health, and healthcare sectors.

## Handbook for Community Anti-Drug Coalitions

<https://riverheadcap.org/wp-content/uploads/2015/09/CADCA-Handbook-for-Community-Anti-Drug-Coalitions.pdf>

This brief handbook was developed by CADCA's National Coalition Institute to provide an overview of resources for and about community anti-drug coalitions. We hope these resources will help your coalition become more effective. They are described in depth in Chapters 2 and 3. Coalition building is hard but fulfilling work. By bringing together different sectors of the community, your coalition can work effectively to develop a comprehensive solution to your community's unique substance abuse problems. The aim of your coalition, especially if you receive funding through the Drug Free Communities Support Program, should be to achieve

sustainable population-level reductions in substance abuse rates. This requires you to implement communitywide strategies to change problem environments, not solely to develop prevention programs that focus on serving individuals or groups of individuals. It also requires that you to bring the entire community together to achieve measurable results. We hope this handbook will help educate, inform and empower your coalition and will provide some of the basic tools needed for success. To access these resources and keep up with the latest coalition resources, you can visit the CADCA website at <http://www.cadca.org>.

### **Community of Practice: Preventing and Reducing the Stigma of Substance Use Disorders in Rural Communities - Implementation and Lessons Learned**

Sponsoring organizations: Great Lakes PTTC, Prevention Technology Transfer Center Network Report discusses strategies for reducing stigma around substance use disorders (SUDs) and SUD treatment in rural communities. Details the implementation of Communities of Practice sessions with participants and breaks down participant data and session timeline.

### **Training and Educating Public Safety to Prevent Overdose Among Black, Indigenous, and People of Color Communities**

[https://www.thenationalcouncil.org/training-public-safety-to-prevent-overdose-in-bipoc-communities/?mkt\\_tok=NzczLU1KRi0zNzkAAAGAGikE8WtVHRkHvPMN5dvArngxsnCyeRQ6y3\\_d2CCPeOq24\\_YnBSUu-6lYmL\\_nEKazop1y5xl10MFK6HI-zLvLImB3LGYtesZQ-S2\\_nAbr](https://www.thenationalcouncil.org/training-public-safety-to-prevent-overdose-in-bipoc-communities/?mkt_tok=NzczLU1KRi0zNzkAAAGAGikE8WtVHRkHvPMN5dvArngxsnCyeRQ6y3_d2CCPeOq24_YnBSUu-6lYmL_nEKazop1y5xl10MFK6HI-zLvLImB3LGYtesZQ-S2_nAbr)

For more information, please contact Emma Amoako at [EmmaA@thenationalcouncil.org](mailto:EmmaA@thenationalcouncil.org).

## **Application of Digital Health Technologies to SUD**

### **Medicare Announces Permanent Payment for Mental Health Visits Provided via Telehealth and Other FQHC Payment Policies**

Last week, CMS issued the final version of the [Medicare Fee Schedule regulation for CY2022](#). Under this regulation, FQHCs and RHCs will now be eligible for reimbursement for mental health visits provided via telehealth – including audio-only visits – even after the pandemic ends. Other FQHC payment provisions in the Final Rule include:

- Starting in January, FQHCs and RHCs can bill for Chronic Care Management and Transitional Care Management services for the same patient during the same period.
- Starting in January, certain FQHC and RHC providers can be reimbursed for providing attending physician services for hospice patients.

- It does not appear that CMS addressed the recommendation to allow FQHCs and RHCs to be reimbursed separately for Remote Patient Monitoring.

### **Duke-Margolis Center for Health Policy Recruiting Psychotherapists for Input on Telehealth Policy – Behavioral Health Virtual Forum on December 8 (Flyer Attached)**

The Duke-Margolis Center for Health Policy is seeking eight (8) licensed master's and doctoral level-trained psychotherapists (e.g., LCSW, LICSW, LPC, LMFT, LMHC, LCADAC, PhD, PsyD, etc.) to serve as subject matter experts for a conversation on access to care, telehealth, and health disparities. They are hoping to engage health care professionals who represent diverse locations, practice types, and perspectives, and they have specifically reached out to NCCHCA in hopes of recruiting experts from FQHCs. The goal of this project is to identify practice and policy changes that can improve equitable access to care using telehealth. North Carolina Medicaid is currently reviewing telehealth policies tied to the COVID-19 Public Health Emergency, so we have a unique opportunity to influence Medicaid telehealth policy and influence policies in other sectors such as digital broadband.

**They will host a 1-hour meeting on Wednesday, December 8<sup>th</sup> from 12:00pm – 1:00pm** via Zoom as a forum referred to as Community Consultation Studios (CCS), which is a listening session facilitated by experts with the Duke University Community Engaged Research Initiative (CERI) of the Duke Clinical and Translational Sciences Institute. CCS Participants will be compensated \$50 for sharing their perspectives and helping us brainstorm ways to inform state telehealth policies. The studio will be held via Zoom and conference call. Attached is a flyer with additional information. For those who are interested in participating, they can contact email Eve Marion ([eve.marion@duke.edu](mailto:eve.marion@duke.edu)), Research Program Leader working with Duke University's CERI team. **(Please copy NCCHCA on your email to Eve Marion if you reach out).**

### **Tele-Psychiatry a Resounding Success in 5-Year Trial**

Aug 25, 2021 -- Reports on the Study to Promote Innovation in Rural Integrated Telepsychiatry (SPIRIT), a telepsychiatry trial focusing on rural Federally Qualified Health Centers (FQHCs) and patients who had screened positive for post-traumatic stress disorder (PTSD) and/or bipolar disorder. Notes that according to the results of the trial, treating mental health issues among underserved populations through telepsychiatry increases quality of life, perceived access to care, and minimizes barriers to accessing care.

Source: UW Medicine

**Technology-enhanced contingency management: Exploring the feasibility**  
<https://www.recoveryanswers.org/research-post/contingency-management-app-exploring-feasibility-automated-digital-contingency-management-substance-use-disorder/>

## Using AI to Build a Bridge Between Men and Mental Health Care

10/15/2021 By Athena Robinson, PhD

Traditional conceptualizations of people who self-identify as men often paint a picture of people devoid of negative emotions—particularly sadness, loneliness, and grief. However, the reality is that [6 million men](#) are affected by depression in the United States every year, men are at an [increased risk for suicide](#) and [substance use disorder](#), and men are [less likely to seek mental health treatment](#). The proof that this demographic needs mental healthcare is staring us all in the face.

But why are so many men not asking for help from those qualified to give it? In part, because the gender binary has been constructed such that in many cultures, those identifying as male often feel pressure to conform to certain norms of what it means to “be a man.” Stigma and/or shame also play a role in thwarting treatment seeking behaviors. Relatedly, recent research has linked some aspects of [masculine norms](#) to greater risk of thoughts about suicide. Indeed, conforming to archetypal masculine norms can be extremely limiting when it comes to self-expression and self-care—2 things that are essential to anyone’s mental and physical health, no matter their gender identity.

As we deepen our understanding of the growing emotional impact of the COVID-19 pandemic, men with this risk profile need a trusted, accessible outlet to support them as they navigate distressing emotions. Because artificial intelligence (AI)-driven solutions are inherently nonhuman and nonjudgemental, they have the potential, when evidence-based and empirically tested, to present a new way to seek mental health care, especially for those facing stigma or feeling shame around their mental illness.

### AI as a stepping stone for overcoming stigma

Working in tandem with a wide variety of mental health advocacy efforts, AI will be one of our most powerful tools for breaking down stigma-driven barriers. AI doesn’t judge. AI doesn’t feel or think anything. AI can be a tool to help people sort through their thoughts and emotions, and teach strategies for identifying and moving past distorted thought patterns. In fact, it’s been [found](#) that, when interacting with a computer, people report lower fear of self-disclosure, lower impression management, displayed their sadness more intensely, and were rated by observers as more willing to disclose.

In further support of this, a May 2021 [study](#) challenged the traditionally held notion that digital mental health interventions are, by definition, limited because they don’t involve a human provider. The study found the following 3 key conclusions:

- A well-designed relational agent can develop a rapport with users that is similar to the kind of rapport seen in traditional human delivered treatment.
- Users feel this bond with the relational agent in as early as 3 days.
- The therapeutic bond holds steady over time.

Considered a foundational aspect of all health care delivery and a necessary condition for change, therapeutic bond within a mental health context is measured as an element of the Working Alliance Inventory-Short Revised (WAI-SR). The WAI-SR is a measure that assesses 3 key aspects of the therapeutic alliance: agreement on the tasks of therapy;



agreement on the goals of therapy; and, as explored in this study, development of an affective bond.

The formation of a bond between people and relational agents suggests that this form of digital therapeutic can be a viable gateway to mental health care support for men, specifically. Relational agents can augment and enrich the therapeutic experience for both patient and therapist, break accessibility barriers, relieve our overburdened mental healthcare system and so much more.

Yet, the technology's greatest promise may be as a bridge to a future where people of all gender identities can access mental health care, without stigma or shame. The ability to establish a bond, and to do so with millions of people simultaneously, is the secret to unlocking the potential of digital therapeutics like never before.

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Athena Robinson, PhD, is Chief Clinical Officer at Woebot Health and Adjunct Clinical Associate Professor at Stanford's School of Medicine. At Woebot Health, Athena oversees the company's regulatory strategy and overall program of research, as well as the empirically-supported psychotherapeutic underpinnings of the Woebot Health products.

## **Palo Alto University Offers Training Program for Digital Mental Health Practices**

Tom Valentino, Senior Editor, Behavioral Healthcare Executive

[https://www.hmpgloballearningnetwork.com/site/bhe/news/palo-alto-university-offers-training-program-digital-mental-health-practices?hmpid=Z2xlbm4uZmllbGRAZGhocy5uYy5nb3Y=&utm\\_medium=email&utm\\_source=enewsletter&utm\\_content=1367024310](https://www.hmpgloballearningnetwork.com/site/bhe/news/palo-alto-university-offers-training-program-digital-mental-health-practices?hmpid=Z2xlbm4uZmllbGRAZGhocy5uYy5nb3Y=&utm_medium=email&utm_source=enewsletter&utm_content=1367024310)

Palo Alto University has announced it will begin offering a 50-hour training program for incorporating digital therapy tools into mental health practices. The program, Foundations of Digital Mental Health, will offer “foundational knowledge, training, and best practices necessary” for the online delivery of mental health services.

The program is provided by the university's Division of Continuing and Professional Studies (CONCEPT) and includes specialized training from leading digital therapy providers, who will guide online videos, readings, and exercises. The program is designed for psychologists, counselors, and those in private practice.

Key learning objectives of the training program include:

- Vetting and using digital tools and technology in therapy
- Evaluating evidence for integrated face-to-face and tech-facilitated therapy and creating a hybrid model if necessary
- Discussing ethical concerns of digitally based therapy, including privacy and collection of user data

To earn a certificate, participants will complete 4 courses:

- Foundations in Digital Therapy
- Technology and Mental Health for Children and Adolescents
- Suicide, Risk Assessment, and Treatment Planning via Telemental Health
- Evidence-Based Internet Interventions to Reduce Health Disparities

“The pandemic required a shift to online delivery of care, which is here to stay,” PAU president Maureen O’Connor said in a news release. “This important certificate ensures that mental health providers understand and apply important best practices in delivering care in an online environment.”

## **Canadian mHealth App Takes Aim at Preventing Deadly Drug Overdoses**

**A healthcare provider in Ontario is testing out an mHealth app that allows the user to activate an alarm after taking a drug, with the app automatically notifying emergency officials if the alarm isn’t turned off.**

Aside from the self-activated alarm, the app also offers links to a suicide hotline, a crisis hotline and the 811 hotline for medical advice. In addition, it offers instructions on CPR and Naloxone treatment for those who might be with the user before help is summoned.

The app relies heavily on the user for activation, giving him or her the power to choose whether to access help when using drugs. Telehealth advocates say this type of platform helps put the user in charge of healthcare management decisions and could go a long way toward developing pathways toward substance abuse treatment.

## **Study: Addiction Treatment mHealth Apps Aren’t Protecting Patient Data**

**An analysis of 10 of the most popular mHealth apps for opioid addiction treatment and recovery finds that few are putting enough effort into protecting a user’s personal health information.**

<https://mhealthintelligence.com/news/study-addiction-treatment-mhealth-apps-arent-protecting-patient-data>

mHealth apps and other telehealth services give those living with addiction an opportunity to access care at any time and place, particularly when they most need assistance, while also giving providers a platform to reach out and help more patients. But as the study points out, they place more emphasis on treatment and less on ensuring privacy and security.

“Providers should be aware that these services may not be handling patient privacy as a priority and creating risks for patients,” they continued. “Funders should be aware that these issues are a core component of the service and need thorough vetting before funding. Regulators should be aware that the vacuum of guidance for addiction treatment apps has been filled by a variety of telehealth services. These services may not protect patient privacy in accordance with 42 CFR Part 2 and HIPAA and are in need of additional guidance to protect patients and providers who use these services.”

“We wish to emphasize the central role that addiction treatment and recovery apps may play in the lives of people with an opioid addiction,” the report concludes. “We do not wish to see any of the apps we’ve identified in this report to be reflexively removed or banned from app stores such

as Google Play, and instead recommend that privacy and security concerns be addressed by the developers and updated versions of apps be distributed to users. Patients should be aware that these services may violate expectations of privacy that someone would have with traditional addiction treatment and may not comply with the privacy and security protections for in-person treatment.”

## **FTC Emphasizes Security Standards for mHealth Apps, Devices**

**The Federal Trade Commission has issued a policy statement re-emphasizing that mHealth apps and devices must conform with the Health Breach Notification Rule.**

[https://mhealthintelligence.com/news/ftc-emphasizes-security-standards-for-mhealth-apps-devices?eid=CXTEL000000376772&elqCampaignId=21427&utm\\_source=nl&utm\\_medium=email&utm\\_campaign=newsletter&elqTrackId=de548ebb3a9e43e9a8076088b005644f&elq=df43c02a326b45f0ae33596fb89add57&elqaid=22286&elqat=1&elqCampaignId=21427](https://mhealthintelligence.com/news/ftc-emphasizes-security-standards-for-mhealth-apps-devices?eid=CXTEL000000376772&elqCampaignId=21427&utm_source=nl&utm_medium=email&utm_campaign=newsletter&elqTrackId=de548ebb3a9e43e9a8076088b005644f&elq=df43c02a326b45f0ae33596fb89add57&elqaid=22286&elqat=1&elqCampaignId=21427)

## **CMS Faces Calls to Improve Remote Patient Monitoring Coverage in 2022 PFS**

**Telehealth advocates are submitting recommendations to CMS to improve coverage for remote patient monitoring services in the proposed 2022 Physician Fee Schedule.**

[https://mhealthintelligence.com/news/cms-faces-calls-to-improve-remote-patient-monitoring-coverage-in-2022-pfs?eid=CXTEL000000376772&elqCampaignId=21195&utm\\_source=nl&utm\\_medium=email&utm\\_campaign=newsletter&elqTrackId=fa2f390c01a24dc78fb15c2a8d20c9ef&elq=58a17d963fc3456f82a3ea47490d43f4&elqaid=22083&elqat=1&elqCampaignId=21195](https://mhealthintelligence.com/news/cms-faces-calls-to-improve-remote-patient-monitoring-coverage-in-2022-pfs?eid=CXTEL000000376772&elqCampaignId=21195&utm_source=nl&utm_medium=email&utm_campaign=newsletter&elqTrackId=fa2f390c01a24dc78fb15c2a8d20c9ef&elq=58a17d963fc3456f82a3ea47490d43f4&elqaid=22083&elqat=1&elqCampaignId=21195)

## **Innovative Digital Platform to Reinforce Recovery for Substance Abuse Disorders**

[https://www.hmpgloballearningnetwork.com/site/bhe/news/innovative-digital-platform-reinforce-recovery-substance-abuse-disorders?hmpid=Z2xlbm4uZmllbGRAZGhocy5uYy5nb3Y=&utm\\_medium=email&utm\\_source=newsletter&utm\\_content=1341999327](https://www.hmpgloballearningnetwork.com/site/bhe/news/innovative-digital-platform-reinforce-recovery-substance-abuse-disorders?hmpid=Z2xlbm4uZmllbGRAZGhocy5uYy5nb3Y=&utm_medium=email&utm_source=newsletter&utm_content=1341999327)

DynamicCare Health has recently announced a new digital care platform for healthcare providers to assist their patients in combating substance use disorders. The goal of this technology is to positively reinforce an individual’s personal journey to recovery from addiction.

Using their smartphone, patients can access random breath and saliva tests, check-in for treatment attendance sessions via GPS, receive telehealth recovery support. Patients are also eligible for monetary rewards transferred to a smart debit card that will block cash withdrawals and usage at liquor stores and bars. Clinicians have the ability to monitor patient care more closely and provide real-time support to their patients.

According to 3 published clinical trials, this new platform has demonstrated an increase in quit rates for drugs, alcohol, and tobacco 2 to 3 times the standard clinical treatment. Former US Representative Patrick Kennedy says, “DynamiCare Health offers the kind of

innovation the recovery community desperately needs. It's taking underutilized tools that we've long known are effective from scientific literature and bringing them into routine clinical practice at scale."

## **A comparison of electronically-delivered and face to face cognitive behavioral therapies in depressive disorders: A systematic review and meta-analysis**

[Candice Luo<sup>1</sup>](#), [Nitika Sanger<sup>2,3</sup>](#), [Nikhita Singhal<sup>1</sup>](#), [Kaitlin Pattrick<sup>1</sup>](#), [Ieta Shams<sup>4</sup>](#), [Hamnah Shahid<sup>5</sup>](#), [Peter Hoang<sup>1</sup>](#), [Joel Schmidt<sup>1</sup>](#), [Janice Lee<sup>1</sup>](#), [Sean Haber<sup>1</sup>](#), [Megan Puckering<sup>1</sup>](#), [Nicole Buchanan<sup>1</sup>](#), [Patsy Lee<sup>1</sup>](#), [Kim Ng<sup>1</sup>](#), [Sunny Sun<sup>1</sup>](#), [Sasha Kheyson<sup>1</sup>](#), [Douglas Cho-Yan Chung<sup>6</sup>](#), [Stephanie Sanger<sup>7</sup>](#), [Lehana Thabane<sup>8</sup>](#), [Zainab Samaan<sup>8,9,3</sup>](#)

<https://pubmed.ncbi.nlm.nih.gov/32775969/>

EClinicalMedicine . 2020 Jun 27;24:100442. doi:0.1016/j.eclinm.2020.100442. eCollection 2020 Jul.

Although previous reviews have compared the effects of eCBT to face-to-face CBT, there is an overall lack of adequately powered and up-to-date evidence in the literature to provide a reliable comparison between the two modes of administration. The purpose of this study is to evaluate the effects of eCBT compared to face-to-face CBT through a systematic review of the literature.

In total, we included 17 studies in our analyses. Our results demonstrated that eCBT was more effective than face-to-face CBT at reducing depression symptom severity (Standardized mean difference [SMD]: -1.73; 95% confidence interval [CI]: -2.72, -0.74; GRADE: moderate quality of evidence). There were no significant differences between the two interventions on participant satisfaction (SMD 0.13 95%; CI -0.32, 0.59; GRADE: low quality of evidence). One RCT reported eCBT to be less costly than face-to-face CBT (GRADE: low quality of evidence). Results did not differ when stratified by subgroups such as participant age and study location.

# **Treatment**

## **Opioid Overdoses Related to Neurocognitive Impairment**

[https://www.hmpgloballearningnetwork.com/site/pcn/news/opioid-overdoses-related-neurocognitive-impairment?hmpid=Z2xlbm4uZmllbGRAZGhocy5uYy5nb3Y=&utm\\_medium=email&utm\\_source=e-newsletter&utm\\_content=1350325737](https://www.hmpgloballearningnetwork.com/site/pcn/news/opioid-overdoses-related-neurocognitive-impairment?hmpid=Z2xlbm4uZmllbGRAZGhocy5uYy5nb3Y=&utm_medium=email&utm_source=e-newsletter&utm_content=1350325737)

In total, 6 journal articles were case-control studies, 18 were case series, 11 were cohort studies, and 44 were case reports. About 65% of the studies shared brain magnetic resonance imaging (MRI) results and 27.8% shared neuropsychological test results.

Researchers reported that the existing publications suggest an association between brain injuries, neurocognitive impairments, and opioid overdose. "Respiratory depression is a defining characteristic of opioid overdose and prolonged cerebral hypoxia may cause brain injuries and/or neurocognitive impairments," concluded Dr Winstanley et al. "The onset, characteristics, and duration of such injuries is variable and additional research is needed to understand their clinical implications."

## Recording Now Available! Microdosing: A Guide to Using Buprenorphine During the Illicit Fentanyl Pandemic

Dr. Ryan Kelly, University of Minnesota

The increasing presence of fentanyl in the drug supply has complicated induction onto buprenorphine for many patients. Standard induction methods can lead to precipitated withdrawal in individuals who have been using fentanyl or fentanyl-contaminated substances. Microdosing is an innovative method for addressing this emerging challenge.



This presentation is geared toward providers and anyone interested in the provision of services for people who use opioids.

Recording, slides, and handouts available on the [Duke Opioid Collaboratory](#) **Ongoing: [HRSA Payment Program for RHC Buprenorphine-Trained Providers](#)**. In June of this year, the Health Resources and Services Administration (HRSA) launched an effort to improve access to substance use disorder treatment by paying for providers who are waived to prescribe buprenorphine, [a medication used to treat opioid use disorder](#). Rural Health Clinics still have the opportunity to apply for a \$3,000 payment on behalf of each provider who trained to obtain [the waiver necessary to prescribe buprenorphine](#) after January 1, 2019. Approximately \$1.5 million in program funding remains available for RHCs and will be paid on a first-come, first-served basis until funds are exhausted. Send questions to [DATA2000WaiverPayments@hrsa.gov](mailto:DATA2000WaiverPayments@hrsa.gov). There is ongoing availability of a [free online course for waiver eligibility training](#) from the American Osteopathic Academy of Addiction Medicine and the Providers Clinical Support System. [website](#).

## Trends and Characteristics of Buprenorphine Misuse Among Adults in the US

Author(s): Beth Han, Christopher M. Jones, Emily B. Einstein, Wilson M. Compton : JAMA Network Open, 4(10) 10/2021

Results of a study to identify prescription opioids that are most frequently misused, examine differences in motivations for misuse between buprenorphine and non-buprenorphine prescription opioids, and explore trends in and factors associated with buprenorphine misuse among people with or without opioid use disorder. Features statistics on sociodemographic characteristics, health conditions, and behavioral health status among adults with past-year buprenorphine use, with breakdowns by large metropolitan, small metropolitan, and nonmetropolitan areas.

## Comprehensive Substance Use Disorder Services for Pregnant and Postpartum Women

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) is pleased to announce the release of a new fact sheet, [Comprehensive Substance Use Disorder Services for](#)

[Pregnant and Postpartum Women: A Closer Look at SAMHSA's Pregnant and Postpartum Women Program](#). The fact sheet provides data on substance use among pregnant women, an overview of neonatal abstinence syndrome and fetal alcohol spectrum disorders, the impact of adverse experiences in childhood, and the importance of family-based approaches to treatment.

### **Methamphetamine Research Report: What treatments are under development for methamphetamine use and addiction?**

<https://www.drugabuse.gov/publications/research-reports/methamphetamine/what-treatments-are-under-development-methamphetamine-use-addiction>

### **Contingency Management Rates Best in Comparison of Treatments for Cocaine Use Disorder**

<https://www.hmpgloballearningnetwork.com/site/addiction/article/contingency-management-rates-best-comparison-treatments-cocaine-use-disorder>

In a meta-analysis of 157 clinical trials, contingency management programs were found to be the most beneficial treatment modality for cocaine use disorder among adults. Findings, compiled by researchers from Stanford University, Veterans Affairs Palo Health Care System and the University of Pennsylvania, were [published on JAMA Network Open](#).

“Moreover, large-scale implementation of contingency management programs for the treatment of substance use disorders by the U.S. Department of Veterans Affairs has indicated both clinical benefits similar to those reported in clinical trials and low costs,” the researchers wrote. “Given the results of our study and the fact that the Department of Veterans Affairs is the largest integrated provider of addiction services in the U.S., consideration of the implementation of contingency management programs on a national level or within other major healthcare systems in the U.S. is warranted.”

### **Contingency Management - - Recent Study Summaries, Related Articles, Resources from Recovery Research Institute**

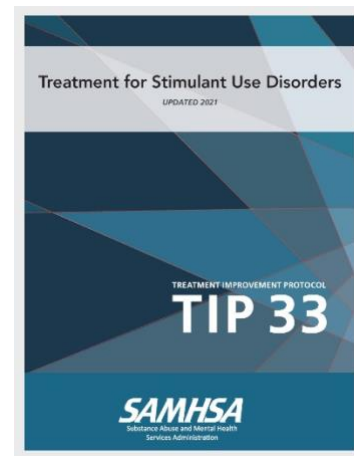
<https://www.recoveryanswers.org/research-post/contingency-management-app-exploring-feasibility-automated-digital-contingency-management-substance-use-disorder/>

New Publication: November 2, 2021



### Treatment Improvement Protocol (TIP) 33: Treatment for Stimulant Use Disorders

This updated TIP reviews what is known about treating the medical, psychiatric, and SUD-related problems associated with the use of cocaine and methamphetamine, as well as the misuse of prescription stimulants. The TIP offers recommendations on treatment approaches and maximizing treatment engagement and retention, and strategies for initiating and maintaining abstinence.



**Updated in 2021! PCSS Chronic Pain Core Curriculum** will provide clinicians with a solid base when treating chronic pain. The curriculum was created in an effort to consolidate the vast amount of information available to clinicians into a course that provides clinicians with the information, resources, and knowledge they need to treat their patients who suffer from chronic pain, including non-pharmacological treatments. The result is the most comprehensive and up to date curriculum developed thus far for the treatment of chronic pain.

- The modules in this updated curriculum have been revised by Drs. Chou, Weimer and Sevarino from material released in 2017. The revision includes up-to-date content, including accommodations for shifts in language and terminology.

### **Racial Inequities in Treatments of Addictive Disorders**

Although many acknowledge substance use as the number one health problem in North America, data reveals that treatment gaps are enormous. In 2018, only 18% of people identified as needing treatment actually received it. These gaps are greater for minoritized communities. For Black and Latinx groups in the US, 90% and 92%, respectively, who are diagnosed with an SUD did not receive addiction treatment. In the new paper, "[Racial Inequities in Treatments of Addictive Disorders](#)," researchers from Yale University explore the racial underpinnings of our current treatment system and methodologies for change.

### **Intersection of Substance Use, HIV, and HCV Office Hour**

The interplay between substance use, HIV, and hepatitis C virus (HCV) present unique challenges and opportunities for patients and their care team, especially considering the COVID-19 pandemic. Having timely access to specialist support can help behavioral health and medical providers alike feel more confident in decision making and development of person-centered, evidence-based care plans. The HRSA-funded NCCC provides free, confidential, one-on-one teleconsultation to health care providers on evaluation and management of substance use disorders, and the prevention and management of HIV and hepatitis C. For more information on accessing the NCCC services, please visit our website at [nccc.ucsf.edu](https://nccc.ucsf.edu).

**Original Investigation** Substance Use and Addiction August 27, 2021

## Mobile Telemedicine for Buprenorphine Treatment in Rural Populations With Opioid Use Disorder

Eric Weintraub, MD<sup>1</sup>; Chamindi Seneviratne, MD<sup>1</sup>; Jessica Anane, MPH<sup>1</sup>; et al Kelly Coble, LCSW-C<sup>1</sup>; Jessica Magidson, PhD<sup>2</sup>; Sarah Kattakuzhy, MD<sup>3</sup>; Aaron Greenblatt, MD<sup>1</sup>; Christopher Welsh, MD<sup>1</sup>; Alexander Pappas, MD<sup>1,4</sup>; Terri L. Ross, LCSW-C<sup>5</sup>; Annabelle M. Belcher, PhD<sup>1</sup>

Author Affiliations [Article Information](#)

*JAMA Netw Open.* 2021;4(8):e2118487. doi:10.1001/jamanetworkopen.2021.18487

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2783548>

Can medications to treat opioid use disorder be effectively provided to individuals living in underserved rural areas via telemedicine in a mobile treatment unit? In this quality improvement study, comparable to office-based telemedicine programs, 58.51% of patients treated in a mobile telemedicine treatment unit remained in treatment at 90 days. Longer retention was significantly associated with reduced opioid use.

These findings suggest that the combination of telemedicine and mobile services is a unique approach to extend access to medications for opioid use disorder to rural areas and is especially relevant in a postpandemic climate; this model demonstrates feasibility and lays the groundwork for adoption in rural populations.

## Mobile Telemedicine for Buprenorphine Treatment in Rural Populations With Opioid Use Disorder

Results of a study conducted from June-October 2020 in Caroline County, Maryland, to evaluate the implementation of an initiative to extend access to telemedicine (TM) medications for opioid use disorder to rural communities, by bringing care via a TM mobile treatment unit (TM-MTU). Features demographics and statistics on opioid use during TM-MTU treatment.

Author(s): Eric Weintraub, Chamindi Seneviratne, Jessica Anane, et al.

Location: JAMA Network Open, 4(8)

Date: 08/2021

## Reimbursement for Medications for Addiction Treatment Toolkit

<https://pcssnow.org/wp-content/uploads/2021/07/Reimbursement-Toolkit.pdf>

Resources and presentations can be found at <https://pcssnow.org/?s=COVID>

- Initial Patient Contact about Buprenorphine Checklist - <https://opioidresponsenetwork.org/ResourceMaterials/Sample-Initial-Patient-Contact-about-Buprenorphine.pdf>

## New Resource from the American Academy of Pediatrics—Youth Tobacco Cessation: Considerations for Clinicians

[Youth Tobacco Cessation: Considerations for Clinicians.](#)

This brief, practical guide is designed to support pediatric health clinicians in screening patients for tobacco use and providing behavioral and pharmacological support to help youth quit. The

resource uses an easy, 3-step model, “[Ask-Counsel-Treat \(ACT\)](#),” to guide clinical interactions around cessation.

Topics Covered:

- Screening for tobacco use, including smoking and vaping
- [Behavioral cessation supports](#), including texting services, quitlines, online resources
- Pharmacologic supports, including [Nicotine Replacement Therapy](#)
- [Flowchart](#) for clinical interactions
- Using the [EHR](#) to identify and address tobacco use

This resource is free! Pediatric health clinicians can find these materials at [www.aap.org/cessation](http://www.aap.org/cessation).

Please contact Julie Gorzkowski MSW, AAP Director of Adolescent Health Promotion, with any questions: [RichmondCenter@aap.org](mailto:RichmondCenter@aap.org)

## Neuroscience Offers Clues for Better Treatment of AUD and Anxiety, Depression



In recognition of National Suicide Prevention Month, ARCR encourages readers to learn more about the connection between alcohol use and suicidal behavior.

Alcohol use disorder (AUD) is a potent risk factor for suicidal behavior and greatly complicates treatment for anxiety and depressive disorders. Despite sustained research on the relationship between these disorders, treatments for co-occurring disorders have a poor record of addressing alcohol misuse and only modestly improve symptoms of depression and anxiety. Fruitful areas of research, however, are emerging, as scientists discover neurobiological alterations that may predispose individuals to co-occurring disorders and provide opportunities for targeted treatment.

- [Co-Occurring Alcohol Use Disorder and Anxiety: Bridging the Psychiatric, Psychological, and Neurobiological Perspectives](#)
- [Suicidal Behavior: Links Between Alcohol Use Disorder and Acute Use of Alcohol](#)
- [Alcohol Use Disorder and Depressive Disorders](#)

**Check out the RTI Opioid Newsletter here:**

<https://www.rti.org/emerging-issue/understanding-preventing-and-treating-opioid-abuse>

## **Providing Affirming Care for LGBTQ+ People in Substance Use Treatment**

The *Opioid Response Network (ORN)*, in partnership with Columbia University Department of Psychiatry Division on Substance Use Disorders, has created a one-of a-kind web-based training that will help substance use disorder treatment providers deliver more affirming care to their LGBTQ+ clients. The course will:

- Provide an introduction to terminology related to gender, sexuality and LGBTQ+ communities;
- Discuss why substance use uniquely impacts LGBTQ+ communities;
- Include stories from LGBTQ+ individuals about their experiences in substance use disorder treatment and perspectives from providers who work with LGBTQ+ clients; and
- Include instructive videos featuring staff and LGBTQ+ clients interacting within substance use disorder treatment settings.

**This new training will help participants identify key components of care for LGBTQ+ people, and how to make the treatment environment and staff interactions more welcoming for LGBTQ+ clients by:**

- Respecting privacy;
- Modeling affirming interactions; and
- Addressing stigma.

**Participants will develop skills to improve their delivery of affirming care to LGBTQ+ people and determine changes they would like to make in their own organizations with support from the *ORN*.**

**Authors:** Margaret Paschen-Wolff, DrPH, MSW; Jeremy D. Kidd MD, MPH; Avery DeSousa, BA; Theresa V. Navalta, BA; and the Community Advisory Board.

**Course Access and Additional Information**

**Accreditation Designation Funding Disclosure Statements**

**Injury and Violence Prevention Branch (IVPB) staff, along with many of our partners, have been hard at work over the past year, which have resulted in the following publications.**

- Austin, A. E., Bona, V. D., Cox, M. E., Proescholdbell, S., Fliss, M. D., & Naumann, R. B. (2021). Prenatal Use of Medication for Opioid Use Disorder and Other Prescription

Opioids in Cases of Neonatal Opioid Withdrawal Syndrome: North Carolina Medicaid, 2016-2018. *American Journal of Public Health*, e1–e4. Advance online publication. <https://doi.org/10.2105/AJPH.2021.306374>

NC Medical Society Foundation is looking for sites to try out their MAT dashboard software -- **The Recovery Platform, as part of their Project OBOT.**  
<https://projectobot.com/>

Opioid Addiction is a treatable disease, but it requires significant care coordination and collaboration among providers and care resources. Providers given proper training and surrounded with professionals to share in their patient's treatment strategy can successfully treat those suffering opioid Use Disorder. With the formation of Project OBOT, the NCMSF has established a coalition of organizations including: Governor's Institute NC Association of Local Health Directors, LabCorp, The Recovery Platform, UNC School of Public Health, Project Echo, MAHEC and others to facilitate expansion of MAT. Through the establishment of research-based, data driven pilots, Project OBOT will provide increased patient access by using a care-specific platform for opioid treatment and recovery. Project OBOT helps ensure compliance with standards, tracks patient drug court involvement/status, direct feed of testing to LabCorp, supports counseling via smart phone, attending group via telehealth connection. Contact Franklin Walker at [FWalker@ncmedsoc.org](mailto:FWalker@ncmedsoc.org)

## Recovery Support

### **SAMHSA to Launch New "Office of Recovery" to Expand Its Commitment to Recovery for All Americans**

Thursday, September 30, 2021

The Substance Abuse and Mental Health Services Administration (SAMHSA) is launching an Office of Recovery, within the Office of the Assistant Secretary for Mental Health and Substance Use, to advance the agency's commitment to, and support of, recovery for all Americans. September marks National Recovery Month, and in organizing this new office, SAMHSA will now have a dedicated team with a deep understanding of recovery to promote policies, programs and services to those in or seeking recovery.

"We have identified recovery as a crosscutting principle throughout SAMHSA's policies and programs," said Miriam E. Delphin-Rittmon, Ph.D., the U.S. Department of Health and Human Services Assistant Secretary for Mental Health and Substance Use and the leader of SAMHSA. "In standing up this new office, SAMHSA is committed to growing and expanding recovery support services nationwide."

Recovery is enhanced by peer-delivered services. These peer support services have proven to be effective as the support, outreach and engagement with new networks help sustain recovery over the long term. Peer services are critical, given the significant workforce shortages in behavioral health. SAMHSA's new Office of Recovery will promote the involvement of people with lived experience throughout agency and stakeholder activities, foster relationships with internal and external organizations in the mental health and addiction recovery fields and

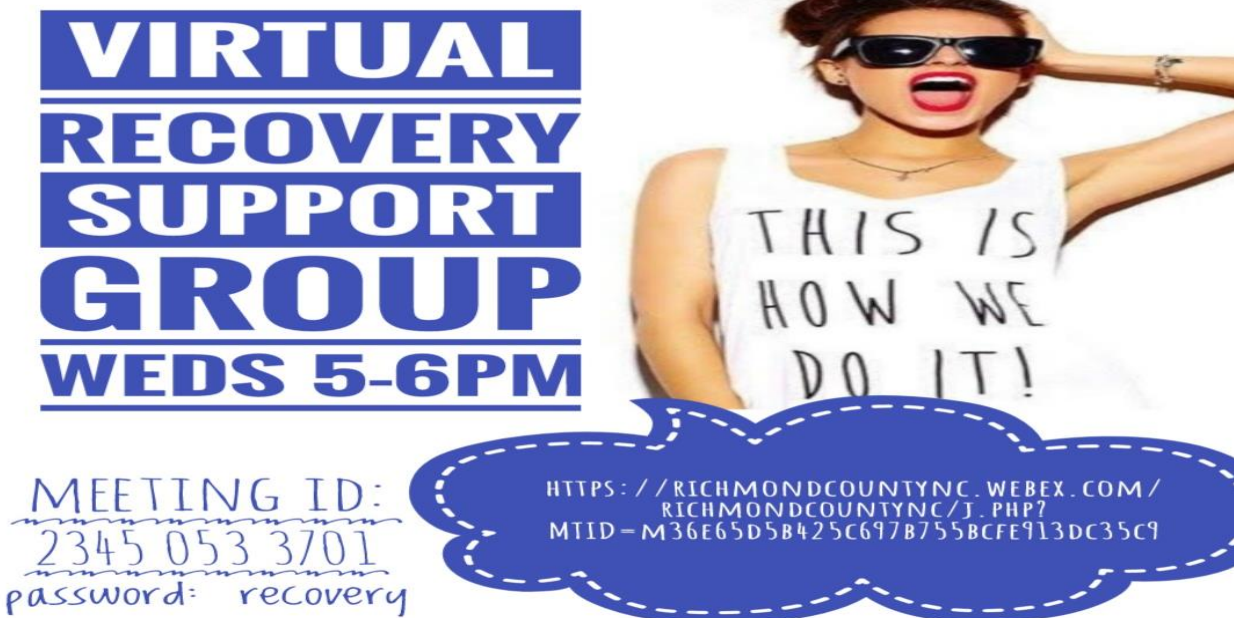


identify health disparities in high-risk and vulnerable populations to ensure equity for support services across the Nation.

“SAMHSA believes in recovery and recognizes the importance of including families, loved ones and allies,” said Assistant Secretary Delphin-Rittmon. “If people are struggling, they don’t need to struggle alone – services and supports are available across the country, which can help people find long-term recovery.”

SAMHSA has a long history of advancing Recovery Support dating back to the 1980s with the Community Support Program and the 1990s, when the first Recovery Community Support Programs were funded. SAMHSA defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential.

People searching for treatment for mental or substance use disorders can find treatment by visiting <https://findtreatment.samhsa.gov> or by calling SAMHSA’s National Helpline, 1-800-662-HELP (4357).



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RECOVERY  
SUPPORT  
GROUP  
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2345 053 3701  
password: recovery

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[HTTPS://RICHMONDCOUNTYN.C.WEBEX.COM/  
RICHMONDCOUNTYN.C/J.PHP?  
MTID=M36E65D5B425C697B755BCFE913DC35C9](https://richmondcountync.webex.com/richmondcountync/j.php?MTID=M36E65D5B425C697B755BCFE913DC35C9)

### **An Update on the Evidence for Alcoholics Anonymous Participation**

Alcoholics Anonymous (AA) is the world’s most widely available and widely used mutual-help program, which has helped countless millions of individuals recover from addiction through its 85-year history. Since researchers began formally studying AA in the late 20th century, however, there has been debate among clinical scientists about its effectiveness. This recently released comprehensive [report](#) systematically reviews the science to date on AA using rigorous meta-analytic techniques to weigh the evidence.



## Initial Evaluation of a Peer Recovery Coach Program in a Large Hospital System

Recovery coaches are typically individuals with “lived experience” of SUD recovery who have specialized training to help peers navigate the challenges of early recovery. While recovery coaches have been central to community-based recovery support services since their inception, they are starting to be integrated into mainstream general hospital settings. In this initial [evaluation](#) of a peer recovery coach program in a large hospital system, researchers compared how individuals fared clinically in the six months before and after meeting with a recovery coach.

### **StartYourRecovery.org**

If you or a loved one is struggling with an SUD, [StartYourRecovery.org](#) is a new website that encourages people to find the support they need, or to help their loved ones encourage and support help-seeking by providing resources for recovery. Individuals can hear stories from people with similar life experiences, discover the answers they need for recognizing and dealing with substance misuse and locate support. This website is funded by a number of reputable nonprofit organizations.

## Peers Speak Out: Improving Substance Use Treatment Outcomes During COVID-19 Preliminary Findings December 3, 2020

[https://www.rcorp-ta.org/sites/default/files/2021-09/Peers-Speak-Out\\_FullReport.pdf](https://www.rcorp-ta.org/sites/default/files/2021-09/Peers-Speak-Out_FullReport.pdf)

With funding from the Patient-Centered Outcomes Research Institute, Community Catalyst is partnering with Faces & Voices of Recovery and the American Society of Addiction Medicine to increase the voices of people with substance use challenges and people in recovery in influencing research and improving treatment outcomes through the “Patients Lead” project. The long-term goal of Patients Lead is to ensure treatment and recovery services are designed to achieve the outcomes most important to the individuals using those treatment and recovery services. This fall, patients<sup>1</sup> spoke out through a national online survey, two focus groups<sup>2</sup> and the Patients Lead National Peer Council about what outcomes they want from treatment, how COVID-19 is affecting them and what needs to change about treatment/services. Community Catalyst offers these preliminary findings and recommendations so researchers, clinicians, advocates and policymakers can begin taking action now to make these patient-centered outcomes a reality. More detailed findings will be forthcoming in [March 2021](#). The final findings could differ once we complete the full analysis and discuss all the data with the Peer Council, our partners and our project advisors.

- [Recovery-Oriented Systems of Care: A Perspective on the Past, Present, and Future](#) Larry Davidson, Michael Rowe, Paul DiLeo, Chyrell Bellamy, and Miriam...
- [Alcohol Use Disorder: The Role of Medication in Recovery](#) Barbara J. Mason and Charles J. Heyser
- [The Role of the Family in Alcohol Use Disorder Recovery for Adults](#) Barbara S. McCrady and Julianne C. Flanagan

- [The Emergence, Role, and Impact of Recovery Support Services](#) Leonard A. Jason, Meghan Salomon-Amend, Mayra Guerrero, Ted Bobak, Jack O'Brien...
- [Racial/Ethnic Disparities in Mutual Help Group Participation for Substance Use Problems](#) Sarah E. Zemore, Paul A. Gilbert, Miguel Pinedo, Shiori Tsutsumi, Briana...
- [Naturalistic Research on Recovery Processes: Looking to the Future](#) Robert L. Stout
- [Impact of Continuing Care on Recovery From Substance Use Disorder](#) James R. McKay
  - [Brain Structure and Function in Recovery](#) Sara Jo Nixon and Ben Lewis
  - [Recovery and Youth: An Integrative Review](#) Andrew J. Finch, Jordan Jurinsky, and Billie May Anderson
  - [Recovery in Special Emphasis Populations](#) Eric F. Wagner and Julie A. Baldwin
  - [Epidemiology of Recovery From Alcohol Use Disorder](#) Jalie A. Tucker, Susan D. Chandler, and Katie Witkiewitz
  - [What Is Recovery?](#) Katie Witkiewitz, Kevin S. Montes, Frank J. Schwebel, and Jalie A. Tucker

### Online Recovery Resources:

- Medication Assisted Recovery Anonymous (MARA) Meetings: <https://www.mara-international.org/>
- Self-Management and Recovery Training (SMART) Recovery Meetings: <https://www.smartrecovery.org/community/>
- Spanish-language Recovery Meetings: <https://www.embarkpca.net/espanol>
- Indigenous Culture Recovery Groups: <http://www.wellbriety.com/circles.html>
- LGBTQI Recovery Groups: [https://www.smartrecoverytest.org/local/meetings/?search\\_keywords=LGBTQ#s=1](https://www.smartrecoverytest.org/local/meetings/?search_keywords=LGBTQ#s=1)

## Increasing Accessibility with Translation and Interpretation Services Toolkit:

The Peer Recovery Center of Excellence is pleased to share ***Increasing Accessibility with Translation & Interpretation Services Toolkit***. With the growing number of those with limited English proficiency (LEP), substance use disorder and mental health facilities would benefit from providing extensive language services. Expanding language services increases inclusivity and care volume. The relationship between a peer support worker and a peer is the foundation to effective treatment and recovery support. To provide culturally and linguistically appropriate services to people with LEP, we outlined steps you can take to plan and implement translation and interpretation services.



### Contact Us:

[info@peerrecoverynow.org](mailto:info@peerrecoverynow.org)

### Our Website:

[PeerRecoveryNow.org](http://PeerRecoveryNow.org)



## Recovery Research Institute - THE RECOVERY BULLETIN

<https://t.e2ma.net/webview/jvvotm/5dfa41f4856aff0a10c0daeb9e9880da?fbclid=IwAR36LK4BfQ3qNnni3eGCCHvFIVMnzCnpqTCOh1Z4gkkoS9EPtJw-FMzFSWU>

## Building and Strengthening the Capacity of Recovery Community Organizations Results of a Needs Assessment Across U.S. RCO

<https://peerrecoverynow.org/documents/FINAL.RCO.Needs.Assessment-updated.9.28.pdf>

## **“It Just Kind of Cascades”: A critical ethnography of methamphetamine-related pleasure among people in recovery**

Samuel J Brookfield<sup>a,\*</sup>, Linda Selvey<sup>a</sup>, Lisa Maher<sup>b</sup>, Lisa Fitzgerald<sup>a</sup>  
<sup>a</sup> School of Public Health, University of Queensland, 266 Herston Road, Herston, QLD 4006, Australia <sup>b</sup> Kirby Institute, Level 6, Wallace Wurth Building, High Street, University of New South Wales (UNSW), Kensington, NSW 2052, Australia

<https://www.rcorp-ta.org/sites/default/files/2021-09/Cascades%20of%20methamphetamine%20use.pdf>

**Background:** Despite its well documented risks and harms, methamphetamine use can also be experienced as a pleasurable, purposeful, and productive activity. Drug use discourse has historically deemphasised the pleasures of drug use, as they can contradict the expectations of neoliberalism that individuals be moderate, rational consumers. The purpose of this study was to explore the experiences of people trying to reduce or control their methamphetamine use, utilising a critical interactionist approach to excavate the subjugated knowledge of methamphetamine-related pleasure, and construct an understanding of methamphetamine use that incorporated these positive experiences.

**Methods:** Qualitative interviews and ethnographic observation were conducted over an eight-month period with a group of twelve people using methamphetamine and accessing recovery services. Transcripts and fieldnotes were analysed thematically with a critical interactionist lens.

**Results:** The pleasures of methamphetamine use were differentiated into pursuing the rush, exploring sociality, self-medication, and desiring productivity. The interwoven nature of these themes presents a multidimensional understanding of methamphetamine use resulting from a cascade of interacting causes and effects, rather than a linear product of individual choice or structural forces. These findings also highlight the complex symbiotic relationship between pleasure, productivity, and risk for people using methamphetamine which can be traced to the broader cultural and economic context in which use occurs. **Conclusion:** Interventions and policies responding to harmful methamphetamine use must address the content and nature of the methamphetamine use cascade, acknowledging the diverse needs methamphetamine can meet for contemporary neoliberal citizens, and the sometimes complex and sophisticated purposes for which people may utilise its effects.

**Save the Date! Journey toward Recovery Rich Communities; Where We Have Been, Where We Are Now, Where We Are Going**

**Peer Recovery Center of Excellence** [noreply@peerrecoverynow.org](mailto:noreply@peerrecoverynow.org)

**12-Step Meeting Finder** (Face-to-Face & Online) <https://meetings.intherooms.com/>

**Celebrate Recovery** (Face-to-Face)

<https://locator.crgroups.info/>

# Recovery Friendly Workplace TOOLKIT

<https://peerrecoverynow.org/documents/FINAL-RFW-Toolkit.pdf>

Employers have felt the impact of substance misuse for decades through absenteeism, loss of productivity, safety issues and poor job performance. Through Recovery Friendly Workplaces, we can accomplish a number of things. We can fight the stigma associated with the disease of addiction and encourage employees to get help sooner by providing resources that meet people where they're at and support their own, unique recovery pathway. There are many ways to recover from addiction, and it is important that we encourage employees to find what works best for them. In this toolkit, we introduce what substance use disorder is, its impact in the workplace, and how to create and support a Recovery Friendly Workplace. The goal of this toolkit is to provide you with practical tools and information. Too often, we ignore problems and do not provide resources to help people take action. This is just a small sample of what you can do for your employees.

## SMART Recovery Meetings

(Face-to-Face & Online)

<https://www.smartrecovery.org/>

**Choice In Recovery** (Multiple Pathways, links to resources and Meetings)

<http://choiceinrecovery.net/resources/>

## SAMHSA: Virtual Recovery Resources

This [tip sheet](#) describes resources that can be used to virtually support recovery from mental/substance use disorders. It also provides resources to help local recovery programs create virtual meetings.

**SAMHSA list at** <https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf>

**Map of RCOs, RCCs with address, contact info here:** <https://impactcarolina.org/rcc-list/>

**Local virtual meetings and online support resources for those struggling with substance use disorders and behavioral health issues,** access these at [www.RecoveryAll.org](http://www.RecoveryAll.org). When you land on the home page click on [Virtual Resources](#). Once you've reviewed the list, if you know of resources to add please forward those to Deborah Kopytowski at [debk@recoveryall.org](mailto:debk@recoveryall.org). We can easily update the list as we get new resources, and we encourage you to share this information with anyone who might benefit.

**Check out Peer VOICE NC at** <https://www.facebook.com/pvncprn/>, a statewide peer movement to enhance peer leadership and engagement, coordinate existing efforts to build qualified and competent per professionals and providers and improve mental health and substance use recovery.

# Grant Opportunities

## A Simple Guide: Behavioral Health Grants

HRSA is awarding more than \$200M through the Integrated Behavioral Health Services program. Find resources to obtain grants for funding for an integrated approach to treatment.

**“The Health Resources and Services Administration (HRSA) is awarding more than \$200 million to 1,208 health centers across the nation to increase access to high quality, integrated behavioral health services, including the prevention or treatment of mental health conditions and/or substance use disorders, including opioid use disorder through the Integrated Behavioral Health Services (IBHS) program.”<sup>1</sup>**

### **DATA 2000 Waiver Training Payment Program**

One-time direct payment of \$3,000 to Federally Qualified Health Centers and Rural Health Clinics for each eligible provider who possesses a DATA 2000 waiver to prescribe buprenorphine for the treatment of opioid use disorder.

**Geographic coverage: Nationwide**

**Applications accepted on an ongoing basis**

Sponsor: Health Resources and Services Administration

The Health Resources and Services Administration will be making approximately 50 awards of \$1 million each to rural communities to enhance prevention, treatment, and recovery from substance use disorder. Eligible applicants are domestic public, private, and nonprofit entities that can deliver services in [HRSA-designated rural areas](#), particularly for populations that have historically suffered from poorer health outcomes. The applicant organization must be part of an established network or consortium that includes at least three other separately-owned entities.

**Details about this funding opportunity can be found on [Grants.gov](#). Applications are due by January 13, 2022.**

Please see ["Related Documents"](#) for the full announcement that includes dial-in information for the webinar. For questions, please write to [ruralopioidresponse@hrsa.gov](mailto:ruralopioidresponse@hrsa.gov).

### **Grants Management from Hrsa.gov**

**How should recipients of rural health grants and cooperative agreements manage activities and services if critical staff members are unable to work due to either illness or COVID-19 quarantine?**



HRSA's FORHP recognizes that many recipients are working to address or may be impacted by COVID-19 emergencies within their communities, which may impact their ability to meet grant requirements. We encourage recipients to continue to provide rural health services and grant activities in a safe and efficient manner. Please talk with your project officer regarding alternative approaches to planned activities. Once the emergency has waned, we will work with you on the completion of required activities.

**What flexibilities are available to recipients of rural health grants if our projects and activities are interrupted, or we are unable to complete required reports?** Please see the [HRSA COVID-19 Grantee Frequently Asked Questions](#) and discuss your specific situation with your FORHP project officer.

## **Subscribe to SUD grant notifications at grants.gov**

**Also check HRSA grant opps at**

**[hrsa.gov/grants/find-funding?status=Open&bureau=All&page=1](https://grants.hrsa.gov/grants/find-funding?status=Open&bureau=All&page=1)**

HRSA has a lot of resources to help grantees. Check out their technical assistance resources at [www.hrsa.gov/grants/apply](https://www.hrsa.gov/grants/apply)

**Also review the HRSA SF-424 Application Guide**

**NOTE: Ensure that your SAM.gov and Grants.gov passwords are up to date – HRSA advises that it might take a month to update them**

**Local data resources at [data.hrsa.gov](https://data.hrsa.gov) to get HRSA Fact Sheets by county/state/national**

### **[Walmart Local Community Grants](#)**

Walmart's local community grants are awarded through an open application process and provide funding directly from Walmart and Sam's Club facilities to local organizations in the U.S. **Closing date: Dec. 31, 2021.**

**The Rural Health Information Hub (RHInhub)** offers free tailored searches of funding sources for your project through their foundation directory service. Contact them at [info@ruralhealthinfo.org](mailto:info@ruralhealthinfo.org) or call 1-800-270-1898.

## **Golden LEAF Foundation – Open Grants Program:**

**<https://www.goldenleaf.org/grant-seekers/open-grants-program/>**

**Sign up for the Dogwood Health Trust Monthly Funding Opportunity**  
**Update here: [leveragefund@dht.org](mailto:leveragefund@dht.org)**

We are pleased to share our most recently curated list of [funding opportunities](#) that may be a fit for your organization. We encourage you to look through the list and search for grant options that would potentially align with the work you're doing now, your mission *and* the Leverage Fund. Please keep in mind that this list is by no means exhaustive. We continue to advise that you conduct your own internet searches based on your organization's focus areas and programs, but we hope this helps. To learn more, simply send us an email at [leveragefund@dht.org](mailto:leveragefund@dht.org).

[https://mcusercontent.com/3eb84bfd5788c17e64165acc8/files/c4c5d6ba-5e84-b64b-3f51-e4f0f62486cb/DHT\\_NovNewsletterNL\\_1121.pdf?utm\\_source=Dogwood+Health+Trust&utm\\_campaign=c9450abf6c-EMAIL\\_CAMPAIGN\\_5\\_29\\_2021\\_12\\_00\\_COPY\\_01&utm\\_medium=email&utm\\_term=0\\_739b8b2708-c9450abf6c-367228441](https://mcusercontent.com/3eb84bfd5788c17e64165acc8/files/c4c5d6ba-5e84-b64b-3f51-e4f0f62486cb/DHT_NovNewsletterNL_1121.pdf?utm_source=Dogwood+Health+Trust&utm_campaign=c9450abf6c-EMAIL_CAMPAIGN_5_29_2021_12_00_COPY_01&utm_medium=email&utm_term=0_739b8b2708-c9450abf6c-367228441)

## New Grant Portal

Have a great program or a new idea you'd like to share? Visit our [new online grant application portal](#) to fill out a pre-application and get the conversation going with a member of our Impact Team about potential funding. Our new portal is open to all and we'd love to hear from you!

We are specifically interested in projects that take an equitable approach to issues in one or more of our four strategic priority areas: Housing, Education, Economic Opportunity, or Health & Wellness. We also would like to learn about projects that help increase broadband access for learning or health and projects that help address racial equity specifically. You'll find more information about the kinds of organizations and projects we are seeking to fund on the grant application portal page.

Your pre-application is designed to give us a quick introduction to your program or project. After you submit it, one of our Impact Team members will follow up with you within 10 business days with any questions and will guide you through the appropriate next steps. Currently, there is no due date for submitting requests, but we encourage you to apply as soon as you are ready since funding is limited in each area.

Please visit our new online [grant portal](#) today and email [impactgrants@dht.org](mailto:impactgrants@dht.org) with any questions.

## Dogwood Announces New Racial Equity Grants

[Racial Equity Community Grants](#) are designed as a first step from Dogwood Health Trust to infuse capital into historically underfunded organizations whose primary purpose is serving Black, indigenous and communities of color, and whose leadership is representative of the communities they serve. Our goal is to recognize and support the great work and leadership that is already taking place and help to solidify or expand that work.

Grants of up to **\$25,000** from this fund may be used for immediate needs, program support, general operating support – whatever applying organizations believe will best support their work and increase their impact. Both 501(c)(3) organizations and government agencies are welcome to apply. The online application is quick and easy, and there are minimal reporting requirements.

## NCDHHS Announces Funding Opportunity to Serve Justice-Involved Individuals as COVID-19 Impacts Overdoses

<https://www.ncdhhs.gov/news/press-releases/2021/10/19/ncdhhs-announces-funding-opportunity-serve-justice-involved-individuals-covid-19-impacts-overdoses>

The North Carolina Department of Health and Human Services today released a funding opportunity that will award a total of \$5.8 million to at least nine organizations statewide to increase access to high-quality opioid use disorder treatment for people in the criminal justice system.

"The pandemic is shining a bright light on the substance abuse crisis in our country," said Governor Roy Cooper. "We know that many people in our prisons need treatment and these resources will assist them in leading safe, productive lives when they re-enter society."

"The COVID-19 pandemic has been particularly difficult for people who struggle with substance use disorders," said NCDHHS Secretary Mandy K. Cohen, M.D. "This funding will connect people involved in the justice system to high quality treatment for opioid use disorder, helping us build a more resilient infrastructure for a stronger and healthier North Carolina."

This program, made possible by an award from the federal [Bureau of Justice Assistance](#), is soliciting applications for the NC Comprehensive Opioid Abuse Site-Based Program, which will reduce opioid-related deaths, improve access to evidence-based treatment and reduce future criminal justice involvement among the people served by these programs. Organizations can apply for grants to establish or expand:

- Pre-arrest or pre-conviction diversion programs, such as Law Enforcement Assisted Diversion (LEAD Programs) and Police Assisted Addiction and Recovery Initiatives (PAARI), that divert people who commit low-level crimes to appropriate treatment options.
- Comprehensive jail-based medication assisted treatment programs that provide medication assisted treatment (MAT) during incarceration and connect people to continued treatment upon release. Comprehensive MAT programs, which include providing buprenorphine, methadone or both, are the gold standard for opioid use disorder treatment.
- Overdose prevention education and naloxone distribution upon release programs that engage people during incarceration and provides harm reduction education, including how to prevent overdoses, how to respond to an overdose and how to T

The applications for funding under this program are available at [www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services-grant-opportunities](http://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services-grant-opportunities).

Full details on the application and performance timeline, eligibility criteria for applying, and allowable uses of program funds can be found in the [formal request](#).access community resources.

## **New Funding Opportunity: FY2022 HRSA RCORP-Implementation**

The Health Resources and Services Administration will be making approximately 50 awards of \$1 million each to rural communities to enhance prevention, treatment, and recovery from SUD. Eligible applicants are domestic public, private, and nonprofit entities that can deliver services in HRSA-designated rural areas, particularly for populations that have historically suffered from poorer health outcomes. The applicant organization must be part of an established network or consortium that includes at least three other separately owned entities. Details about this funding opportunity can be found on Grants.gov. **Applications are due by January 13, 2022.**

## **HRSA's Graduate Psychology Education (GPE) Program**

Apply now to HRSA's Graduate Psychology Education (GPE) program to receive funding for training doctoral health psychology students, interns, and post-doctoral residents in behavioral health and SUD prevention and treatment services. Through the GPE program, HRSA aims to prepare and increase the mental and behavioral health workforce to address the opioid crisis in high-need areas of the country. The program also supports faculty development of health service psychology. Learn more about eligibility, funding, and the period of performance on HRSA's GPE Program page.

# **Legislative Initiatives, Current State Bills**

## **STATE BILLS**

Track state bills at <https://www.legiscan.com/NC/pending/house-health-committee/id/659?page=1>

## **FEDERAL BILLS**

Federal Office of Rural Health Policy [FORHP Policy page](#) to see recent updates and send questions to [ruralpolicy@hrsa.gov](mailto:ruralpolicy@hrsa.gov).

Federal Weekly Opioid Policy Report at: <https://groups.google.com/forum/#!topic/nc-pdo-news/OV84Y7YQFhY>

## **National Council Commends Reintroduction of the Bipartisan Excellence in Mental Health and Addiction Treatment Act of 2021**

<https://www.thenationalcouncil.org/press-releases/national-council-commends-reintroduction-of-the-bipartisan-excellence-in-mental-health-and-addiction-treatment-act-of-2021/>

Key provisions of the Excellence in Mental Health and Addiction Treatment Act:

- Allows any state or territory to participate in the CCBHC Medicaid Demonstration program (currently, only 10 states are in the demonstration) and allocates additional planning grant monies for states to prepare to do so.

- Authorizes monies for Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grants, an important tool in helping provider organizations adopt the CCBHC model and prepare for participation in state-led CCBHC implementation efforts.
- Establishes and funds a technical assistance center for current and prospective CCBHCs within SAMHSA.

## **ASAM Supports Simultaneous Passage of the Medication Access and Training Expansion (MATE) Act and the Mainstreaming Addiction Treatment (MAT) Act**

On August 5, ASAM sent a letter to senior Biden Administration officials reiterating its strong support for simultaneous passage of the bipartisan, bicameral Medication Access and Training Expansion (MATE) Act of 2021 (S. 2235/H.R. 2067) and the Mainstreaming Addiction Treatment (MAT) Act of 2021 (S. 445/H.R. 1384). The MATE Act would require most controlled medication prescribers registered with the Drug Enforcement Administration (DEA) to have a baseline knowledge of how to identify, treat, and manage patients with substance use disorder (SUD). The MAT Act would eliminate what would then be a clearly redundant requirement that practitioners apply for a separate DEA waiver to prescribe buprenorphine for opioid use disorder (OUD), along with the x-waiver's patient limits and extra regulatory burdens on buprenorphine for OUD.

ASAM's letter emphasized that America faces a significant and worsening workforce shortage, both in the addiction space and in healthcare more broadly. By simultaneously passing the MATE and MAT Acts, Congress could dramatically expand the number of clinicians who are trained to treat addiction. It is particularly important that all prescribers of DEA-controlled medications receive training on addiction, as these healthcare professionals often interact with, and have opportunities to provide effective interventions for, individuals with SUD – opportunities to help that are often missed.

**Read the letter [here](#).**

**Read the MATE Act [here](#).**

**Read the MAT Act [here](#).**

## **California Lawmakers Push Feds to Allow a Therapy That Pays Meth Users to Abstain**

[https://khn.org/news/article/california-lawmakers-push-feds-to-allow-a-therapy-that-pays-meth-users-to-abstain/?utm\\_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm\\_medium=email&hsmi=137775771&hsenc=p2ANqtz--wZjrW0jp9h6OsK2\\_kLx2dZdV--T46K95bi\\_a5ZEQp3mzyXSHno\\_E-xk4pO3GGt7D-iTRwP2djXE74K-8iv-iekXtd3g&utm\\_content=137775771&utm\\_source=hs\\_email](https://khn.org/news/article/california-lawmakers-push-feds-to-allow-a-therapy-that-pays-meth-users-to-abstain/?utm_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm_medium=email&hsmi=137775771&hsenc=p2ANqtz--wZjrW0jp9h6OsK2_kLx2dZdV--T46K95bi_a5ZEQp3mzyXSHno_E-xk4pO3GGt7D-iTRwP2djXE74K-8iv-iekXtd3g&utm_content=137775771&utm_source=hs_email)