

tem of care for such individuals and their families;

(4) train community leaders, mental health and substance abuse professionals, families, law enforcement personnel, judges, health professionals, persons working in financial assistance programs, social service personnel, child welfare professionals, and other service providers on the implications of fetal alcohol syndrome and alcohol-related birth defects, the early identification of and referral for such conditions;

(5) develop innovative techniques for preventing alcohol use by women in child bearing years;

(6) perform other functions, to the extent authorized by the Secretary after consideration of recommendations made by the National Task Force on Fetal Alcohol Syndrome.

**(c) Report**

**(1) In general**

A recipient of an award under subsection (a) shall at the end of the period of funding report to the Secretary on any innovative techniques that have been discovered for preventing alcohol use among women of child bearing years.

**(2) Dissemination of findings**

The Secretary shall upon receiving a report under paragraph (1) disseminate the findings to appropriate public and private entities.

**(d) Duration of awards**

With respect to an award under subsection (a), the period during which payments under such award are made to the recipient may not exceed 5 years.

**(e) Evaluation**

The Secretary shall evaluate each project carried out under subsection (a) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

**(f) Authorization of appropriations**

For the purpose of carrying out this section, there are authorized to be appropriated \$5,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(July 1, 1944, ch. 373, title V, §519D, as added Pub. L. 106–310, div. B, title XXXI, §3110, Oct. 17, 2000, 114 Stat. 1185.)

**§ 290bb–25e. Repealed. Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248**

Section, act July 1, 1944, ch. 373, title V, §519E, as added Pub. L. 106–310, div. B, title XXXI, §3104(c), Oct. 17, 2000, 114 Stat. 1173, related to prevention of methamphetamine and inhalant abuse and addiction.

**§ 290bb–25f. Prevention and education programs**

**(a) In general**

The Secretary of Health and Human Services (referred to in this Act as the “Secretary”) shall award grants to public and nonprofit private entities to enable such entities to carry out science-based education programs in elementary and secondary schools to highlight the harmful effects of anabolic steroids.

**(b) Eligibility**

**(1) Application**

To be eligible for grants under subsection (a), an entity shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

**(2) Preference**

In awarding grants under subsection (a), the Secretary shall give preference to applicants that intend to use grant funds to carry out programs based on—

(A) the Athletes Training and Learning to Avoid Steroids program;

(B) The Athletes Targeting Healthy Exercise and Nutrition Alternatives program; and

(C) other programs determined to be effective by the National Institute on Drug Abuse.

**(c) Use of funds**

Amounts received under a grant under subsection (a) shall be used for education programs that will directly communicate with teachers, principals, coaches, as well as elementary and secondary school children concerning the harmful effects of anabolic steroids.

**(d) Authorization of appropriations**

There is authorized to be appropriated to carry out this section, \$15,000,000 for each of fiscal years 2005 through 2010.

(Pub. L. 108–358, §4, Oct. 22, 2004, 118 Stat. 1664.)

**Editorial Notes**

REFERENCES IN TEXT

This Act, referred to in subsec. (a), means Pub. L. 108–358, October 22, 2004, 92 Stat. 1661, known as the Anabolic Steroid Control Act of 2004. For complete classification of this Act to the Code, see Short Title of 2004 Amendment note set out under section 801 of Title 21, Food and Drugs, and Tables.

CODIFICATION

Section was enacted as part of the Anabolic Steroid Control Act of 2004, and not as part of the Public Health Service Act which comprises this chapter.

**§ 290bb–25g. Awareness campaigns**

**(a) In general**

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention and in coordination with the heads of other departments and agencies, shall advance education and awareness regarding the risks related to misuse and abuse of opioids, as appropriate, which may include developing or improving existing programs, conducting activities, and awarding grants that advance the education and awareness of—

(1) the public, including patients and consumers—

(A) generally; and

(B) regarding such risks related to unused opioids and the dispensing options under section 829(f) of title 21, as applicable; and

(2) providers, which may include—

(A) providing for continuing education on appropriate prescribing practices;

(B) education related to applicable State or local prescriber limit laws, information on the use of non-addictive alternatives for pain management, and the use of overdose reversal drugs, as appropriate;

(C) disseminating and improving the use of evidence-based opioid prescribing guidelines across relevant health care settings, as appropriate, and updating guidelines as necessary;

(D) implementing strategies, such as best practices, to encourage and facilitate the use of prescriber guidelines, in accordance with State and local law;

(E) disseminating information to providers about prescribing options for controlled substances, including such options under section 829(f) of title 21, as applicable; and

(F) disseminating information, as appropriate, on the National Pain Strategy developed by or in consultation with the Assistant Secretary for Health; and

(3) other appropriate entities.

#### (b) Topics

The education and awareness campaigns under subsection (a) shall address—

(1) the dangers of opioid misuse and abuse;

(2) the prevention of opioid misuse and abuse, including through non-addictive treatment options, safe disposal options for prescription medications, and other applicable safety precautions; and

(3) the detection of early warning signs of addiction.

#### (c) Other requirements

The education and awareness campaigns under subsection (a) shall, as appropriate—

(1) take into account any association between prescription opioid abuse and heroin use;

(2) emphasize—

(A) the similarities between heroin and prescription opioids; and

(B) the effects of heroin and prescription opioids on the human body; and

(3) bring greater public awareness to the dangerous effects of fentanyl when mixed with heroin or abused in a similar manner.

(Pub. L. 114-198, title I, §102, July 22, 2016, 130 Stat. 698; Pub. L. 115-271, title VII, §7161(b), Oct. 24, 2018, 132 Stat. 4061.)

#### Editorial Notes

##### CODIFICATION

Section was enacted as part of the Comprehensive Addiction and Recovery Act of 2016, and not as part of the Public Health Service Act which comprises this chapter.

##### AMENDMENTS

2018—Subsec. (a). Pub. L. 115-271, §7161(b)(1), amended subsec. (a) generally. Prior to amendment, text read as follows: “The Secretary of Health and Human Services, in coordination with the heads of other departments and agencies, shall, as appropriate, through existing programs and activities, advance the education and awareness of the public (including providers, patients, and consumers) and other appropriate entities regarding the risk of abuse of prescription opioids if such drugs are not taken as prescribed.”

Subsec. (b)(1). Pub. L. 115-271, §7161(b)(2)(A), substituted “opioid misuse and abuse” for “opioid abuse”.

Subsec. (b)(2). Pub. L. 115-271, §7161(b)(2), substituted “opioid misuse and abuse” for “opioid abuse” and “non-addictive treatment options, safe disposal options for prescription medications, and other applicable” for “safe disposal of prescription medications and other”.

#### Statutory Notes and Related Subsidiaries

##### SYNTHETIC OPIOID AND EMERGING DRUG MISUSE DANGER AWARENESS

Pub. L. 117-328, div. FF, title I, §1272, Dec. 29, 2022, 136 Stat. 5686, provided that:

“(a) IN GENERAL.—Not later than one year after the date of enactment of this Act [Dec. 29, 2022], the Secretary shall provide for the planning and implementation of a public education campaign to raise public awareness of synthetic opioids (including fentanyl and its analogues) and emerging drug use and misuse issues, as appropriate. Such campaign related to synthetic opioids shall include the dissemination of information that—

“(1) promotes awareness about the potency and dangers of fentanyl and its analogues and other synthetic opioids;

“(2) explains services provided by the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention (and any entity providing such services under a contract entered into with such agencies) with respect to the use and misuse of opioids (including synthetic opioids) and other emerging drug threats, such as stimulants, as appropriate; and

“(3) relates generally to opioid use and pain management, including information on alternative, nonopioid pain management treatments.

The Secretary shall update such campaign to address emerging drug misuse issues, as appropriate.

“(b) USE OF MEDIA.—The campaign under subsection (a) may be implemented through the use of television, radio, internet, in-person public communications, and other commercial marketing venues and may be targeted to specific demographic groups.

“(c) CONSIDERATION OF REPORT FINDINGS.—In planning and implementing the public education campaign under subsection (a) related to synthetic opioids, the Secretary shall take into consideration the findings of the report required under section 7001 of the SUPPORT for Patients and Communities Act (Public Law 115-271) [132 Stat. 4007].

“(d) CONSULTATION.—In coordinating the campaign under subsection (a), the Secretary shall consult with the Assistant Secretary for Mental Health and Substance Use to provide ongoing advice on the effectiveness of information disseminated through the campaign.

“(e) REQUIREMENT OF CAMPAIGN.—The campaign implemented under subsection (a) shall not be duplicative of any other Federal efforts relating to eliminating substance use and misuse.

“(f) EVALUATION.—

“(1) IN GENERAL.—The Secretary shall ensure that the campaign implemented under subsection (a) is subject to an independent evaluation, beginning 2 years after the date of enactment of this Act, and 2 years thereafter.

“(2) MEASURES AND BENCHMARKS.—For purposes of an evaluation conducted pursuant to paragraph (1), the Secretary shall—

“(A) establish baseline measures and benchmarks to quantitatively evaluate the impact of the campaign under this section; and

“(B) conduct qualitative assessments regarding the effectiveness of strategies employed under this section.

“(g) REPORT.—The Secretary shall, beginning 2 years after the date of enactment of this Act, and 2 years thereafter, submit to Congress a report on the effec-

tiveness of the campaign implemented under subsection (a) towards meeting the measures and benchmarks established under subsection (f)(2).

“(h) DISSEMINATION OF INFORMATION THROUGH PROVIDERS.—The Secretary shall develop and implement a plan for the dissemination of information related to synthetic opioids, to health care providers who participate in Federal programs, including programs administered by the Department of Health and Human Services, the Indian Health Service, the Department of Veterans Affairs, the Department of Defense, and the Health Resources and Services Administration, the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), and the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.).

“(i) TRAINING GUIDE AND OUTREACH ON SYNTHETIC OPIOID EXPOSURE PREVENTION.—

“(1) TRAINING GUIDE.—Not later than 18 months after the date of enactment of this Act, the Secretary shall design, publish, and make publicly available on the internet website of the Department of Health and Human Services, a training guide and webinar for first responders and other individuals who also may be at high risk of exposure to synthetic opioids that details measures to prevent that exposure.

“(2) OUTREACH.—Not later than 18 months after the date of enactment of this Act, the Secretary shall also conduct outreach about the availability of the training guide and webinar published under paragraph (1) to—

- “(A) fire department staff;
- “(B) law enforcement officers;
- “(C) ambulance transport and other first responders;
- “(D) hospital emergency department personnel; and
- “(E) other high-risk occupations, as identified by the Secretary.”

INFORMATION MATERIALS AND RESOURCES TO PREVENT ADDICTION RELATED TO YOUTH SPORTS INJURIES

Pub. L. 114-198, title I, §104, July 22, 2016, 130 Stat. 700, provided that:

“(a) REPORT.—The Secretary of Health and Human Services (referred to in this section as the ‘Secretary’) shall, not later than 24 months after the date of the enactment of this section [July 22, 2016], make publicly available on the appropriate website of the Department of Health and Human Services a report determining the extent to which informational materials and resources described in subsection (c) are available to teenagers and adolescents who play youth sports, families of such teenagers and adolescents, nurses, youth sports groups, and relevant health care provider groups.

“(b) DEVELOPMENT OF INFORMATIONAL MATERIALS AND RESOURCES.—The Secretary may, for purposes of preventing substance use disorder in teenagers and adolescents who are injured playing youth sports and are subsequently prescribed an opioid, not later than 12 months after the report is made publicly available under subsection (a), and taking into consideration the findings of such report and in coordination with relevant health care provider groups, facilitate the development of informational materials and resources described in subsection (c) for teenagers and adolescents who play youth sports, families of such teenagers and adolescents, nurses, youth sports groups, and relevant health care provider groups.

“(c) MATERIALS AND RESOURCES DESCRIBED.—For purposes of this section, the informational materials and resources described in this subsection are informational materials and resources with respect to youth sports injuries for which opioids are potentially prescribed, including materials and resources focused on the risks associated with opioid use and misuse, treatment options for such injuries that do not involve the use of opioids, and how to seek treatment for addiction.

“(d) NO ADDITIONAL FUNDS.—No additional funds are authorized to be appropriated for the purpose of car-

rying out this section. This section shall be carried out using amounts otherwise available for such purpose.”

SUBPART 3—CENTER FOR MENTAL HEALTH SERVICES

§ 290bb-31. Center for Mental Health Services

(a) Establishment

There is established in the Administration a Center for Mental Health Services (hereafter in this section referred to as the “Center”). The Center shall be headed by a Director (hereafter in this section referred to as the “Director”) appointed by the Secretary from among individuals with extensive experience or academic qualifications in the provision of mental health services or in the evaluation of mental health service systems.

(b) Duties

The Director of the Center shall—

(1) design national goals and establish national priorities for—

- (A) the prevention of mental illness; and
- (B) the promotion of mental health;

(2) encourage and assist local entities and State agencies to achieve the goals and priorities described in paragraph (1);

(3) collaborate with the Director of the National Institute of Mental Health and the Chief Medical Officer, appointed under section 290aa(g) of this title, to ensure that, as appropriate, programs related to the prevention and treatment of mental illness and the promotion of mental health and recovery support are carried out in a manner that reflects the best available science and evidence-based practices, including culturally and linguistically appropriate services, as appropriate;

(4) collaborate with the Department of Education and the Department of Justice to develop programs to assist local communities in addressing violence among children and adolescents;

(5) develop and coordinate Federal prevention policies and programs and to assure increased focus on the prevention of mental illness and the promotion of mental health, including through programs that reduce risk and promote resiliency;

(6) in collaboration with the Director of the National Institute of Mental Health, develop improved methods of treating individuals with mental health problems and improved methods of assisting the families of such individuals;

(7) administer the mental health services block grant program authorized in section 300x of this title;

(8) promote policies and programs at Federal, State, and local levels and in the private sector that foster independence, increase meaningful participation of individuals with mental illness in programs and activities of the Administration, and protect the legal rights of persons with mental illness, including carrying out the provisions of the Protection and Advocacy of Mentally Ill Individuals Act<sup>1</sup> [42 U.S.C. 10801 et seq.];

<sup>1</sup> See References in Text note below.