

## School of Public Health Dean Ashish K. Jha, MD, departs Brown; Francesca L. Beaudoin, MD, to serve as interim



PROVIDENCE [BROWN UNIVERSITY] — **ASHISH K. JHA, MD**, dean of the Brown University School of Public Health, departed Brown at the end of December to lead an initiative that aims to bolster the nation's defenses against emerging pandemic and biological threats. The initiative builds on work he started at the White House while on leave from the University in 2022 and has further cultivated during his time at Brown.

Brown Provost Francis J. Doyle III said that while Jha's leadership will be missed at the School of Public Health, he is embarking on exciting work that will have an impact far beyond the University.

"As the U.S. and other nations have continued to witness the impact of avian flu, mpox, COVID-19 and other infectious diseases, Ashish's work can bring scientists, policymakers and organizations together to develop solutions to confront a new era of biological threats," Doyle said. "This work holds the potential to connect directly with the pioneering work in Brown's School of Public Health to advance pandemic preparedness and response."

Dr. Jha was appointed to lead the School of Public Health (SPH) in February 2020, weeks before COVID-19 grew to a major public health crisis for the United States. He began his tenure as dean in September 2020, and under his leadership, SPH has experienced a period of growth and expansion. In Fall 2023, SPH expanded into 155 South Main Street, which now houses the school's Mindfulness Center; Survey, Qualitative and Applied Data Research Core; and Hassenfeld Child Health Innovation Institute.

The school also opened an office in Washington, D.C., in 2024, contributing to the national impact of the Pandemic Center that launched in 2022. The new presence in the capital complements the work of other research units dedicated to driving policy changes as the school has continued to build upon its tradition of research excellence by tackling some of the most pressing public health issues facing society.

In addition to biosecurity and pandemic preparedness, the school has increased its influence in the areas of climate change and public health, health policy reform, and overdose prevention. Dr. Jha has recruited world-class faculty with expertise across many of these areas, in addition to building the school's work in global health and information disorders.

"Helping lead and build this school has been an extraordinary privilege, and I'm enormously proud of what we as a team have accomplished," Dr. Jha said.



### Interim leadership

**FRANCESCA L. BEAUDOIN, MD**, academic dean of the School of Public Health and a professor of epidemiology and emergency medicine, will serve as interim dean of the school.

"For the past two years, Francesca has been part of an exceptional leadership team at the school and has been a key partner in SPH's growth and success," Doyle said. "Under her leadership, the school will continue to build its national influence in using data and analysis to inform recommendations for public health policy and concrete actions to improve population health."

Dr. Beaudoin will oversee the school's academic departments, research centers, doctoral and master's programs, and undergraduate concentrations. With more than 150 faculty and 800 undergraduate and graduate students, the school is home to 13 nationally renowned research centers and receives more than \$90 million in external funding annually.

In addition to the national and global public health initiatives that will continue to engage faculty and student scholars across the school in the coming months and years, SPH will continue research and education initiatives to make a positive impact on local communities. This includes work on public health challenges like Rhode Island's overdose epidemic, efforts to address air and water pollution, and collaborating with scholars across disciplines to help families cope with Alzheimer's disease and dementia. ❖

## Butler Hospital launches Express Care

PROVIDENCE — Butler Hospital recently announced the launch of Express Care, designed to provide timely, high-quality support for individuals seeking mental health care. Similar to the “urgent care” medical office model, Express Care will offer a shorter wait and a specialized patient experience, helping patients reach the right clinical care more quickly. The Express Care Clinic provides psychiatric evaluation with individualized treatment planning and level of care recommendations.

“This program was created to fill the gap between routine outpatient scheduling and the emergency department,” said **GRETCHEN ANDERSON, LICSW, CCS, LCDP**, Sr. Clinical Director of Ambulatory & Outpatient Behavioral Health at Butler and CNEMG Behavioral Health Practices. “Our goal is to provide rapid access to compassionate expert care for people who need timely support without the long wait times.”

Butler Express Care is available Monday through Friday, 9:00 a.m. to 9:00 p.m., providing care to adolescents, adults, and older adults who may need:

- Medication refills
- Connection to a new therapist or psychiatrist
- Bridge care while transitioning into or out of a partial hospitalization program
- Support and resources to begin behavioral health, even for the first time
- Short-term stabilization and assessment
- Collaboration of care
- Individualized recommendations of care within our CNE network or to community behavioral health providers

This model strengthens access to behavioral health services by offering immediate connection to clinicians who understand the distinct needs of every life stage, supported in part by Butler’s specialized adolescent and geriatric providers. This streamlined approach ensures that adolescents, young adults, college students, adults, and older adults can receive timely, personalized care for a wide range of concerns, including anxiety, depression, mood dysregulation, stress related to life transitions, and grief and loss.

“We recognize that navigating the mental health system can be overwhelming,” said Anderson. “Express Care simplifies that journey. Whether someone needs support in managing symptoms with medication management, a therapy connection, or guidance on starting treatment, we’re here to help them take the next step.”

For more information about the express care behavioral health service, including hours, location, and referral guidelines, visit [www.butler.org/express-care](http://www.butler.org/express-care). ❖

## AMA welcomes CMS model targeting chronic conditions with tech tools

CHICAGO — The American Medical Association (AMA) endorsed the Centers for Medicare & Medicaid Services (CMS) for launching a voluntary initiative to test technology-supported care for the millions of patients with chronic conditions in Original Medicare.

The model aims to overcome Medicare’s barriers to technological advancements that have proved beneficial in helping patients manage their chronic diseases. The voluntary model focuses on common conditions, such as high blood pressure, diabetes, chronic musculoskeletal pain, depression, and other conditions affecting millions of Americans. CMS announced the novel approach, known as ACCESS (Advancing Chronic Care with Effective, Scalable Solutions) Model, this week.

“ACCESS is an important step toward bringing new, effective digital health tools into everyday care for Medicare patients. We applaud CMS and, in particular, Director Abe Sutton’s team at the Center for Medicare and Medicaid Innovation, for this new approach,” said AMA CEO **JOHN WHYTE, MD, MPH**. “For too long, outdated payment barriers have made it difficult for physicians to use new tools that can improve care for common chronic conditions. This new model has the potential to give clinicians more flexibility, strengthen care teams, and—most importantly—help patients live healthier lives. The AMA looks forward to supporting physicians as they adopt technology-enabled care models in ways that enhance the patient-physician relationship.”

The ACCESS Model aligns payments with measurable improvements in patients’ chronic conditions based on each person’s starting point and tailored to patients’ needs for care rather than the individual services provided. By enabling the use of telehealth, wearable monitoring devices, digital coaching tools, and other innovative technologies, the model will help modernize chronic disease management and expand access for patients who have traditionally faced barriers to technology-enabled care. ❖

## Reed and Whitehouse co-sponsor legislation to prevent dangerous gun sales

WASHINGTON, DC — When it comes to the sale of firearms, Senators **JACK REED** and **SHELDON WHITEHOUSE** say the rule should be simple: ‘no background check, no sale’ for all firearm transfers and purchases.

In an effort to keep dangerous weapons out of the hands of people the law already says should not own them, Reed and Whitehouse joined Senator Richard Blumenthal (D-CT) and 23 of their Senate colleagues on December 12 in introducing the Background Check Completion Act (S.3458). This legislation would end an exemption—known as “default to proceed”—that allows a sale to go forward if the background check process takes more than 72 hours.

When a criminal background check indicates that a firearm purchaser may have a criminal record, the Federal Bureau of Investigation (FBI) tries to determine whether the purchaser can legally buy a gun. If this process takes longer than 72 hours for those 21 years of age or older, or 10 days for those under 21, gun dealers can complete the sale even though there is a heightened risk that the purchaser is legally disqualified from purchasing a gun.

The gap in existing law has allowed thousands of gun sales to prohibited buyers, including the sale of the firearm used by the shooter in the deadly attack at Charleston’s Emanuel AME Church. In that case, the church shooter was able to buy a .45 caliber handgun, even though he admitted to a disqualifying drug crime. But due to a bureaucratic processing error, the FBI was unable to confirm the admission, and the mandatory 72 hours elapsed, so the gun purchase went forward.

### Companion legislation in the U.S. House of Representatives is led by Representative James E. Clyburn (D-SC).

According to Everytown for Gun Safety, background checks stop gun sales to criminals every day. Since 1994, these laws have blocked more than 5 million gun sales to people who could not legally own guns.

“Background checks are effective, but only if they are allowed to be complete. Closing the Charleston loophole is a commonsense, overdue step to save lives and prevent guns from ending up in the hands of dangerous individuals who are ineligible to own them,” said Senator Reed. “Someone who is ineligible to own a gun shouldn’t be able to obtain one just because of an error or a three day shot clock running out. Congress should close this dangerous loophole and invest in modernizing the FBI background check

interface to enhance public safety and keep guns out of the hands of dangerous individuals.”

“America faces constant tragic reminders of how devastating gun violence can be. We need to do everything we can to keep guns out of the wrong hands, including making sure no one can purchase a gun without a background check,” said Senator Whitehouse, who serves on the Senate Judiciary Committee. “This commonsense measure to finally close a background check loophole is long overdue and will help save lives.”

The Background Check Completion Act would require a completed background check for every gun buyer who purchases a gun from a federally-licensed gun dealer.

The legislation has been endorsed by Everytown for Gun Safety, Giffords, Brady, Sandy Hook Promise and Newtown Action Alliance. ❖

### LETTER TO THE EDITOR

#### United effort by physicians is part of strategy to address shootings

Gun violence to school-children incidence has increased over the last few decades. Whatever Americans have done so far to curb this terrible trend has not worked too well; we need a different approach. So, now is the time for action, not just nice words.

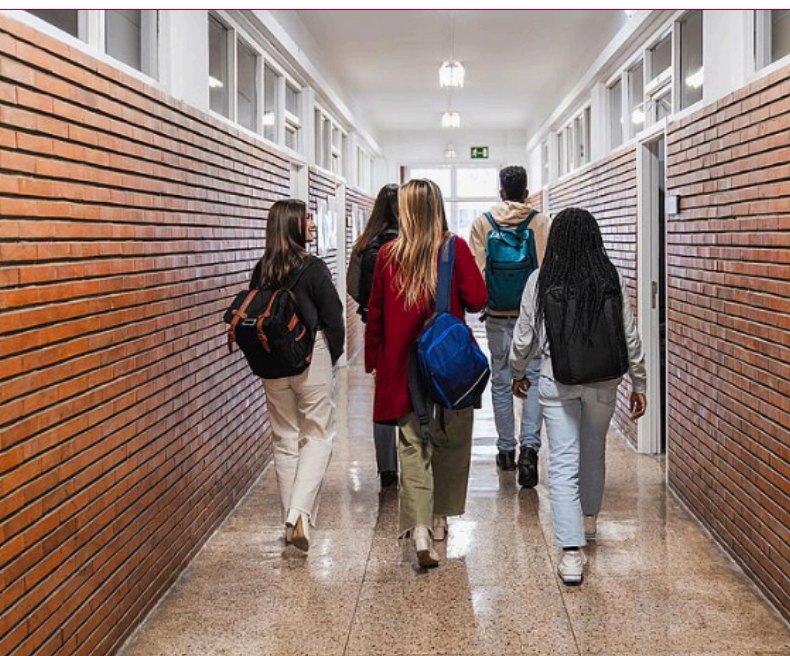
Open dialogue is one way hopefully to start combating this problem. Voice your opinions federal and state legislators. Talk to your governor, mayor, and city government people. Doctors are respected and thus have the power to speak and be heard. Facilitate discussions at local groups, at political sessions, and maybe with a letter to the newspaper. This topic is appropriate for a medical meeting agenda discussion, perhaps with a noted speaker. Maybe write about this topic to professional journals. Seek impact wherever you are comfortable. More united effort by physicians might diminish shootings and help us all, especially our kids.

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## Reported use of most drugs remains low among US teens

BETHESDA, MD — For the fifth year in a row, use of most substances among teenagers in the United States has continued to hover around the low-water mark reached in 2021. The findings come from the latest report of the Monitoring the Future Survey, an annual survey of drug use behaviors and attitudes among eighth, 10th, and 12th graders that has been supported by the National Institutes of Health (NIH) for 51 years.

Researchers, based at the University of Michigan, Ann Arbor, detected a sharp decline in reported use of most drugs from 2020 to 2021. This substantial falloff was largely attributed to disruptions in drug availability and in the social lives of teens during the pandemic, when many were isolated at home with parents or other caregivers and spending less time with friends. The researchers also found that the percentage of teens currently abstaining from alcohol, tobacco, and nicotine use held steady at historically high levels.



“We are encouraged that adolescent drug use remains relatively low and that so many teens choose not to use drugs at all,” said **NORA D. VOLKOW, MD**, director of NIH’s National Institute on Drug Abuse (NIDA). “It is critical to continue to monitor these trends closely to understand how we can continue to support teens in making healthy choices and target interventions where and when they are needed.”

For the survey, eighth, 10th, and 12th graders self-report their substance-use behaviors over various time periods, including past 30 days, past 12 months, and their lifetime. The survey also documents students’ perceptions of harm, disapproval of use, and perceived availability of drugs.

The data indicates that, compared to 2024, reported use of most drugs in most grades held steady in 2025. These are some of the key findings:

- Abstaining from, or not using, marijuana, alcohol, and nicotine remained stable for all grades, with 91% of eighth graders, 82% of 10th graders, and 66% of 12th graders reporting abstaining in the past 30 days.
- Alcohol use remained stable among all three grade levels, with 11% of eighth graders, 24% of 10th graders, and 41% of 12th graders reporting use in the past 12 months.
- Cannabis use remained stable among all grades, with 8% of eighth graders, 16% of 10th graders, and 26% of 12th graders reporting use in the past 12 months. Of note, 2% of 8th graders, 6% of 10th graders, and 9% of 12th graders reported use of cannabis products made from hemp, which include intoxicating products such as delta-8-tetrahydrocannabinol, in the past 12 months.
- Nicotine vaping remained stable among all grades, with 9% of eighth graders, 14% of 10th graders, and 20% of 12th graders reporting use in the past 12 months.
- Nicotine pouch use remained stable among all grades, with 1% of eighth graders, 3% of 10th graders, and 7% of 12th graders reporting use in the past 12 months.
- Heroin use among all three grades remains low, though values increased significantly from 2024, with 0.5% of eighth graders (compared to 0.2% in 2024), 0.5% of 10th graders (compared to 0.1% in 2024), and 0.9% of 12th graders (compared to 0.2% in 2024) reporting use in the past 12 months.
- Cocaine use also remained low and stable for 10th graders, with 0.7% reporting use in the past 12 months; though values increased significantly among the other grades surveyed, with 0.6% of eighth graders (compared to 0.2% in 2024) and 1.4% of 12th graders (compared to 0.9% in 2024) reporting use in the past 12 months.

“The slight but significant increase we see in heroin and cocaine use warrants close monitoring. However, to put these current levels of use in context, they are leagues below what they were decades ago,” said **RICHARD A. MIECH, PhD**, team lead of the Monitoring the Future survey at the University of Michigan.

The results were gathered from a nationally representative sample, and the data were statistically weighted to provide national numbers. The investigators collected 23,726 surveys from students enrolled across 270 public and private schools nationwide from February through June 2025. Students took the in-school survey via the web—either on tablets or on a computer.

The 2025 survey results are available online from the University of Michigan. ❖