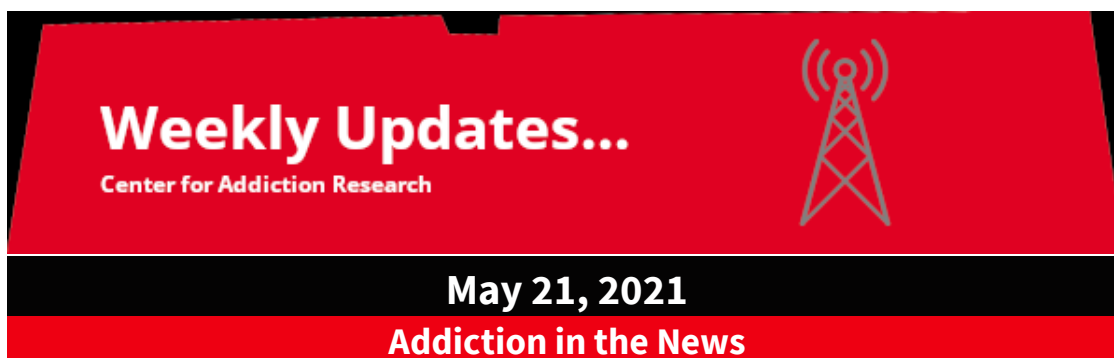


UC CAR Weekly Newsletter 5.21.2021

Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter includes highlights from addiction in the news topics, active funding opportunities offered by NIDA/NIAAA, and information about any new publications from CAR members. Please email Jen Rowe ([roweji@ucmail.uc.edu](mailto:roweji@ucmail.uc.edu)) to change your communication preferences. Thank you.

Thank you for your interest in the Center for Addiction Research - our mission is to accelerate scientific progress in the prevention and treatment of substance use disorders and their consequences by fostering research collaborations across: 1) UC departments, colleges, and centers including Cincinnati Children's Hospital Medical Center; 2) Local, regional, and state community and governmental partners; and 3) Other academic institutions and industry."



## UC/ Regional News

### **Lyons named SAEM Public Health Leadership Award recipient (CAR member)**

Michael Lyons, MD, associate professor, Department of Emergency Medicine, was honored May 13 with the Public Health Leadership Award from the Society for Academic Emergency Medicine (SAEM). The award was presented virtually during the SAEM21 annual meeting.

The award honors an SAEM member who has made exceptional contributions to addressing public health challenges through interdisciplinary leadership in innovation locally, regionally, nationally and internationally. These contributions and accomplishments demonstrate foresight and leading-edge innovative thinking.

"It is a tremendous honor to be the second annual recipient of this important award and immensely gratifying to see the specialty of emergency medicine evolve to embrace prevention and population health as a complement to our core mission of stabilizing individual patients with acute illness and injury," Lyons says.

SAEM recognized Lyons for being "a transformative and nationally recognized leader at the intersection of emergency medicine and public health for nearly 20 years, most predominantly in the areas of transmissible infectious diseases and substance use disorders."

Lyons, who also holds a master's in public health, leads the UC Early Intervention Program (EIP), an array of clinical prevention services continuously funded for two decades by a variety of public health, community, health care and industry sponsors. The EIP was the first and most notable example of health departments directly funding prevention programs in emergency departments and innovates operational changes to advance public health practice in health care settings in ways that do not require external funding as well. The EIP also is active in the community, most recently operating a countywide COVID-19 screening effort.

Lyons also led the planning and evaluation of the nation's largest per capita regional naloxone distribution effort, and is currently serves as co-lead of Ohio's Intervention Operations Core in the \$350 million National Institutes of Health/Substance Abuse and Mental Health Services Administration HEALing Communities Study, promoting multisector system and practice change to substantially reduce opioid overdose deaths.

### **CDC: Ohio's opioid epidemic cost \$72 billion in 2017**

COLUMBUS, Ohio — The following article was originally published in the Ohio Capital Journal and published on News5Cleveland.com under a content-sharing agreement. Ohio's opioid epidemic caused an economic loss of more than \$72 billion in 2017, the second most per capita...

### **As opioid court battles continue, Butler County sees 'unwelcome' shift in drug use**

Butler County is still suffering the effects of the opioid epidemic, which has been affected by the coronavirus pandemic, but several lawsuits seeking cash to help solve the drug abuse problem are far from over. A year ago, just before the pandemic began, Butler County and other jurisdictions...

### **Evansville receives two of the first opioid rescue kits in the state**

EVANSVILLE, Ind. — Destigmatizing addiction is a key battle in combating the opioid epidemic that has ravaged the nation, and particularly the Midwest, over the past two decades. It is also an entirely uphill battle, something Lavender Timmons recognizes in her role as director and co-founder of the...

## **National News**

### **U.S. Set To Allow More Facilities To Produce Marijuana For Research.**

[Science](#) (5/17, Wadman, 484K) reports, "Moving to end one university's [decades-long] monopoly on supplying marijuana for U.S. research, the Drug Enforcement Administration (DEA) said last Friday it will soon issue licenses to a number of growing facilities." The agency "announced on its website that it had sent a

memorandum of agreement (MOA) to several manufacturers that had applied for licenses to grow cannabis for research studies.” According to Science, “under the regulations published in December 2020, and the processes laid out in Friday’s memo, DEA will purchase the cannabis from growers and provide it to National Institutes of Health-funded and other researchers, although in some cases growers will supply small amounts directly to labs.”

### **Alabama Governor Signs Bill Legalizing Medical Marijuana.**

The AP (5/17, Chandler) reports Alabama Gov. Kay Ivey (R) signed into law a bill legalizing medical marijuana “Monday as Republican opposition to the issue faded after decades of debate.” The state’s program “will allow people with a qualifying medical condition to purchase medical marijuana with the recommendation of a doctor.” Ivey said, “This is certainly a sensitive and emotional issue and something that is continually being studied. On the state level, we have had a study group that has looked closely at this issue, and I am interested in the potential good medical cannabis can have for those with chronic illnesses or what it can do to improve the quality of life of those in their final days.”

### **FDA Approves More Powerful Naloxone Version As Opioid Deaths Soar.**

The Washington Post (5/17, Bernstein, 10.52M) reports that as opioid deaths soar once more, the FDA in April “approved a more powerful version of the fast-acting antidote naloxone, an emergency medicine that restores breathing halted by overdoses of fentanyl, heroin or oxycodone.” With the approval for what is “just the second version of the lifesaving nasal spray, the FDA allowed a pharmaceutical company to double the strength of the product, from the 4 -milligram doses available now to 8 milligrams of the ingredient in each dose.” FDA Center for Drug Evaluation and Research Director Patrizia Cavazzoni said, “Addressing the opioid crisis is a top priority for the FDA, and we will continue our efforts to increase access to naloxone and place this important medicine in the hands of those who need it most.”

### **Fentanyl Overdoses Increasing Across Georgia.**

The AP (5/16) reports, “Fentanyl overdoses, including by people taking pills falsely sold to them as Xanax or Percocet, are spreading across Georgia.” In April, “state Public Health Department warned of the problem...and urged people who notice unusual overdose activity or counterfeit pills to contact the Georgia Poison Center or the Public Health Department’s opioid unit.”

### **Patients Report Subcutaneous Buprenorphine Preferable To Sublingual Formulation.**

Healio (5/13, Gramigna, 40K) reports researchers found in a randomized clinical trial that “patients with opioid dependence who received subcutaneous buprenorphine

reported higher satisfaction and lower treatment burden vs. those who took sublingual buprenorphine.” The findings were published in JAMA Network Open. In an invited commentary, “Wilson M. Compton, MD, MPE, and Nora D. Volkow, MD, both of the National Institute on Drug Abuse, wrote: ‘While there may be modest variations in adverse effects and tolerability in general for the different formulations, the underlying pharmacology is generally identical,’ which means that ‘differences are expected to be in their use in practice.’”

**Additional Source.** [Psychiatric News](#) (5/13, 91K) reports the study’s “results highlight the importance of using patient-reported outcomes when developing medication treatment for substance use disorders.”

### **Novel Technologies for Infants With Neonatal Opioid Withdrawal Syndrome**

Some infants develop severe withdrawal symptoms within the first 72 hours after birth resulting in a diagnosis of neonatal opioid withdrawal syndrome, or NOWS. Two start-up companies have come up with new devices that stimulate the babies’ dysfunctional nervous systems and may improve outcomes for these infants. **(A gently vibrating bassinet pad and wearable ear stimulation are the new technologies – click on article title to access report.)**

### **Depot Buprenorphine A Shot In The Arm For Opioid Addiction?**

[Medscape](#) (5/18, Brooks, Subscription Publication, 219K) reports research published in JAMA Network Open suggests “adults in treatment for opioid dependence report high satisfaction with buprenorphine injections.” Patients in the DEBUT trial “who received weekly or monthly depot buprenorphine had significantly higher overall treatment satisfaction, reduced treatment burden, and higher quality-of-life ratings than peers who received daily treatment with sublingual buprenorphine.” In an invited commentary, National Institute on Drug Abuse director Nora Volkow, MD, and NIDA deputy director Wilson Compton, MD, “note that the ‘voice of the patient’ has been missing from most of the work in medication development, including for opioid use disorder.”

### **Pharma Executive Blames Vague DEA Rules For Opioid Epidemic.**

The [AP](#) (5/18) reports David May, the vice president of corporate security and diversion control for the AmerisourceBergen Drug Co., testified at the West Virginia opioid trial against AmerisourceBergen, Cardinal Health, and McKesson on Monday and “continued to blame the Drug Enforcement Administration for West Virginia’s addiction epidemic, saying his company’s internal controls went beyond what regulations require.” He claimed “that the company’s abuse prevention systems have gone beyond the DEA’s expectations and federal regulations, and have been improved over the years through more digital monitoring and training.”

The [Huntington \(WV\) Herald-Dispatch](#) (5/18, Hessler, 82K) reports Steve Mays, AmerisourceBergen Vice President of regulatory affairs, testified on Tuesday and

“focused on defining what the company sees as a suspicious order.” He explained that “The DEA did not set the number of pills that it would see as making a suspicious order at the time and left it for the companies to decide privately.”

### **ONC Launches New Interoperability Effort.**

[Modern Healthcare](#) (5/13, Cohen, Subscription Publication, 215K) reports that HHS' Office of the National Coordinator for Health Information Technology on Thursday “launched its latest interoperability effort, designed to identify ‘aspirational’ yet ‘achievable’ interoperability goals for the industry to rally around over the next decade.” The new initiative, “dubbed ‘Health Interoperability Outcomes 2030,’ comes on the heels of ONC’s decision last week to sunset a 10-year interoperability roadmap that the agency launched in 2015.” In a blog post Thursday, “ONC deputy national coordinator Steve Posnack wrote that while ONC programs like the interoperability roadmap and federal health IT strategic plans, as well as interoperability regulations mandated by Congress in the 21st Century Cures Act, have been the ‘driving force’ behind ONC’s work over the last five years, there’s room for new future-facing work.”

### **WHO, CDC Finally Accept Scientists’ Argument COVID-19 Can Spread Through The Air.**

[Bloomberg](#) (5/16, Gale, 3.57M) reports, “Authorities have come to accept what many researchers have argued for over a year: The coronavirus can spread through the air.” The article adds, “That new acceptance, by the World Health Organization and the U.S. Centers for Disease Control and Prevention, comes with concrete implications: Scientists are calling for ventilation systems to be overhauled like public water supplies were in the 1800s after fetid pipes were found to harbor cholera.”

### **Lab Rats Are Overwhelmingly Male, And That’s A Problem.**

[CNN](#) (5/14, Hunt, 89.21M) reported, “Concern has been growing in recent years that ignoring or downplaying differences in sex as a biological variable – whether in cells under a microscope or in lab animals – is undermining biomedical research at the earliest stages.” That “matters because many diseases – including Covid-19 – affect men and women differently, and missing sex-based differences can make misdiagnosis and mistreatment more likely.” Chyren Hunter, “associate director for basic and translational research at the National Institutes of Health Office of Research on Women’s Health, which is holding a conference on sex as a biological variable this week, said: ‘When researchers don’t consider sex as a biological variable, that means we have incomplete data. And if we have incomplete data, we run the risk of making judgments that are incorrect. “

### **Healthcare Professionals Raise Concerns About New Law Requiring Patients To Have Immediate Access To Health Information.**

[Kaiser Health News](#) (5/18, Kwon) reports, “On April 5, a federal rule went into effect that requires health care providers to give patients...electronic access to their health information without delay upon request, at no cost.” The rule has been praised “as a long-awaited opportunity for patients to control their data and health,” but “the rollout of the rule has hit bumps, as doctors learn that patients might see information before they do.” The Office of the National Coordinator for Health Information Technology noted the new rule does not require providing access to protected information if patients did not have the right already under HIPAA.

### **Commentary Calls On All States To Give Nurses Full Practice Authority.**

[STAT](#) (5/18, 262K) features commentary from Regina Cunningham, CEO of the Hospital of the University of Pennsylvania, in which she calls on every state to “unleash the power of the country’s nursing workforce” by giving nurses “full practice authority,” which “allows advanced practiced registered nurses, including nurse practitioners and nurse midwives, to prescribe medications, make diagnoses, and provide treatment independent of a physician.” According to Cunningham, “In the 23 states and the District of Columbia where advance practice nurses have full practice authority, quality of care has improved and gaps in access to care have narrowed. In contrast, the 27 states that do not give nurses full practice authority are more likely to have geographic disparities, higher burdens of chronic disease, difficulty accessing primary care, and higher costs.”

### **SAMHSA To Award \$3 Billion In Block Grants For Behavioral Health To States And Territories.**

[Modern Healthcare](#) (5/18, Brady, Subscription Publication, 215K) reports, “HHS’ Substance Abuse and Mental Health Services Administration will give states and territories \$3 billion in block grants to support behavioral health.” HHS Secretary Xavier Becerra said in a statement, “Behavioral health is a priority for the Department of Health and Human Services. The COVID-19 pandemic has made clear the need to invest resources in our nation’s mental health and address the inequities that still exist around behavioral health care. That’s why we are making this historic investment in mental health and substance use services.” Modern Healthcare adds, “according to the Centers for Disease Control and Prevention, about 20,000 more people died from drug overdoses through September 2020 than the year before.” In addition, “CMS recently found that Medicaid and Children’s Health Insurance Program beneficiaries continue to use mental health services less than they did before the pandemic.” HHS Assistant Secretary for Health Dr. Rachel Levine also commented on the grants.

[Inside Health Policy](#) (5/18, Lotven, Subscription Publication) reports the funds will come “from the American Rescue Plan to support mental health and substance abuse services.”

The [AP](#) (5/18) reports, “New Hampshire is getting nearly \$10.7 million in federal grants through the American Rescue Plan to support efforts to combat substance use disorder and increase access to mental health services.” The AP adds, “The funds are coming from the U.S. Department of Health and Human Services.”

## Funding Opportunities



## GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

[NOT-DA-21-052](#)

[Notice of Pre-Application Information Webinar for PAR-21-183, "Developing Digital Therapeutics for Substance Use Disorders \(UG3/UH3 Clinical Trial optional\)"](#)

[PAR-21-155](#)

[Academic Research Enhancement Award for Undergraduate-Focused Institutions \(R15 Clinical Trial Not Allowed\)](#)

[PAR-21-154](#)

[Academic Research Enhancement Award for Undergraduate-Focused Institutions \(R15 Clinical Trial Required\)](#)

[NOT-DA-21-046](#)

[Notice of Information: NIDA Extensions for NRSA Fellowships and Career Development Award Recipients Whose Career Trajectories Have Been Significantly Affected by COVID-19](#)

[NOT-DA-22-050](#)

[Notice of Intent to Publish a Funding Opportunity Announcement for Blueprint Medtech: Small Business Translator \(U44\)](#)

[NOT-DA-21-004](#)

[Notice of Special Interest: Advanced Computational Approaches to Elucidate Disease Pathology and Identify Novel Therapeutics for Addiction](#)

[NOT-DA-21-044](#)

[Notice of Special Interest: Administrative Supplements to Support Research on Health Equity in NIDA-funded Grant Awards](#)

[NOT-DA-21-055](#)

[Request for Information \(RFI\): Access and use of data from the Adolescent Brain Cognitive Development \(ABCD\) Study](#)

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