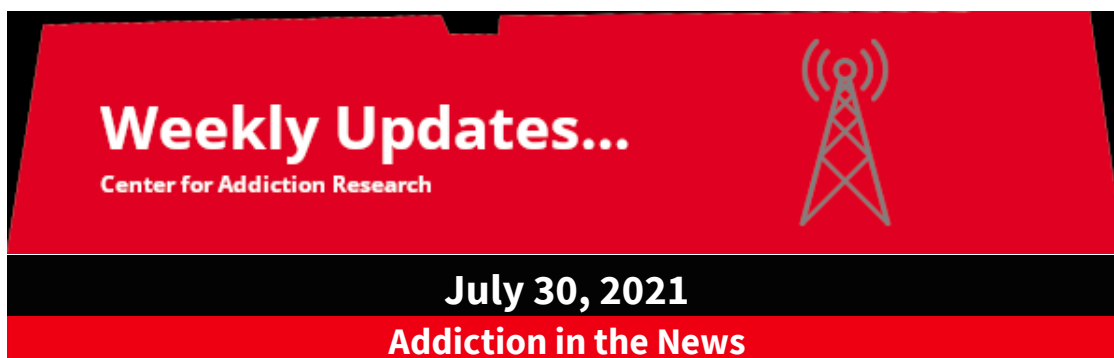


Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter includes highlights from addiction in the news topics, active funding opportunities offered by NIDA/NIAAA, and information about any new publications from CAR members. Please email Jen Rowe (roweji@ucmail.uc.edu)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

Some KY Counties Seeing An Increase In Drug Overdoses, Deaths.

[WTVQ-TV](#) Lexington, KY (7/21, McSwine, 11K) reports “Kentucky is seeing a surge, and it’s not just the coronavirus – it’s drug overdoses and deaths, which have been rising steadily since 2019, according to the” National Institute on Drug Abuse. Detective Jeff Farmer from “the Franklin County Sheriff’s Office said when the pandemic first surged, so did overdoses, but when the pandemic slowed, drug abuse did not.” The detective “said there have been about 50 overdose deaths this year compared to about 20 at this time last year.”

Ohio could get \$1B from multibillion dollar deal with opiate maker and three distributors

Ohio and other states reached a \$26 billion settlement with the three largest drug distributors as well as manufacturer Johnson & Johnson that is expected surge cash into opioid treatment and prevention programs. Ohio's cut of the cash could hit \$1.03 billion if local jurisdictions sign onto the agreement, according to Ohio Attorney General Dave Yost's office. The agreement comes...

Cameron outlines opioid settlement's impact on Kentucky

FRANKFORT, Ky. (AP) — Kentucky stands to eventually reap more than \$460 million to combat its opioid-addiction woes as its share from a possible \$26 billion

settlement with several pharmaceutical companies, Attorney General Daniel Cameron said Wednesday. Cameron laid out details of the potential impact of a settlement on Kentucky, which has been hit hard by the deadly...

National News

Public Opinion On Marijuana Changing Since Legalization.

[WLUC-TV](#) Marquette, MI (7/28, Friend, 106K) reports “on marijuana with a look at what has changed since recreational use was legalized in 2018.” Great Lakes Recovery Centers, a U.P. substance abuse treatment center, “says it now has more problems getting people to stop using cannabis than before.” Great Lakes Recovery Centers Chief Clinical Officer Robert Mellin “says since the legalization of marijuana in Michigan, society’s attitude towards the substance has changed.” Great Lakes Recovery Centers Children’s Services Director Jennifer Santer said that cannabis is “kind of a gateway to make them more likely to try something else.” The National Institute on Drug Abuse (NIDA) said that “findings are consistent with the idea of marijuana as a gateway drug,” but that most “people who use marijuana do not go on to use other, harder substances.” NIDA said “contrary to popular belief, marijuana can be addictive.”

Is Medical Cannabis Really A Magic Bullet?

[The Guardian \(UK\)](#) (7/24, Cox, 5.53M) reported, “Over the past 15 years, an increasing number of scientists have become interested in the potential benefits of medical cannabis for treating all kinds of illness, from multiple sclerosis to anxiety, sleep disorders and post-traumatic stress disorder.” This is because phytocannabinoids, which occur naturally in the cannabis plant, “bind to receptors on the body’s endocannabinoid system, a complex cell-signalling network stretching throughout the whole body, which is involved in neurological functions ranging from pain-sensing to regulating the sleep-wake cycle.” However, National Institute on Drug Abuse Division of Extramural Research Director Susan Weiss said, “There are several concerns that scientists and medical professionals have with medical cannabis. ... While cannabis is purported to have many benefits, very few indications have rigorous evidence around both the risks and benefits for medical use.”

Schizophrenia Cases Associated With Cannabis Use Disorder Rose Between 1995 And 2010, Study Finds.

[CNN](#) (7/22, 89.21M) reports, “The proportion of schizophrenia cases linked with problematic use of marijuana has increased over the past 25 years, according to a new study from Denmark.” The percentage of schizophrenia diagnoses associated with cannabis use disorder increased from 2% in Denmark in 1995 to around 4% in 2000. The study found that the percentage reached 8% by 2010. The findings were published in JAMA Psychiatry. Meanwhile, the US NIH “said it’s hard to obtain

accurate estimates of the prevalence of schizophrenia because diagnosis is complex and it overlaps with other disorders.”

Advocates Say Harm Reduction Is Most Effective Approach To Substance Use.

The [New York Times](#) (7/23, 20.6M) reported, “Rather than seeking an unattainable ‘drug-free world,’ harm reductionists focus on reducing drug-related damage. People always have and always will take drugs, they argue. A better approach is to target harm, not highs.” The notion “of harm reduction has helped at least 18 states legalize marijuana by emphasizing the fact that it is less dangerous than legal drugs such as alcohol and tobacco.”

The Evaluation of Cytisinicline in Cessation of E-cigarette Use, Nicotine Addiction.

[RT Magazine](#) (7/26, 60K) reports “Achieve Life Sciences, a clinical-stage pharmaceutical company, has been awarded a grant from the National Institute on Drug Abuse (NIDA) of the National Institutes of Health (NIH) to evaluate the use of cytisinicline as a treatment for cessation of nicotine e-cigarette use.” The “grant award, to commence on August 1, 2021, will be utilized to complete critical regulatory and clinical operational activities, such as protocol finalization, clinical trial site identification, and submission of a new IND to FDA for investigating cytisinicline in nicotine e-cigarette users.”

Closing The Drug Program In Atlantic City Means People Will Die.

In an opinion for the [Newark \(NJ\) Star-Ledger](#) (7/28, Budsock, 1.89M), Integrity House President and CEO Robert J. Budsock “says the Atlantic City Council’s decision to close ‘Oasis,’ a harm reduction center run by the South Jersey Aids Alliance (SJAA), will lead to deaths.” He “is urging officials, including Gov. Murphy, to reopen the center quickly.” Referring to the “harm and potential for overdose death associated with illicit drug use,” Budsock adds that “overdose deaths related to the ongoing opioid epidemic rose almost 30% last year, to the highest number ever recorded by the CDC – a number that Dr. Nora Volkow, director of the National Institute on Drug Abuse (NIDA), called ‘chilling.’”

Overdose Reversal Drug Naloxone Already Administered 4,200 Times In San Francisco So Far In 2021.

The [San Francisco Chronicle](#) (7/26, Jung, 2.44M) reports, “The opioid-driven drug overdose crisis in San Francisco, which accelerated in 2020, continues to kill an average of more than 50 people nearly every month in the city.” Between January and June, San Francisco has reported 344 accidental overdose deaths, including 256 involving fentanyl. Meanwhile, “Narcan [naloxone] has already been administered more than 4,200 times in San Francisco in just the first six months of 2021 by the Drug Overdose Prevention and Education Project.”

Massachusetts Farmers Market Offering Naloxone Faces Resistance.

[WWLP-TV](#) Springfield, MA (7/25, Wilkinson, 453K) reports “a farmers market booth offering information and Narcan [naloxone] in Belchertown,” Massachusetts “was met with resistance by some online.” Alyssa Curran, the HEALing Communities Study Coordinator of the Western Massachusetts Training Consortium, said, “I was nervous for Sunday. I just saw the negative comments and that kind of stuck with me but the response was so amazing.” She “said when stigmas were revealed online a show of support came through.” Usually, “when they give out Narcan at a park in Ware, they only hand out 6 boxes, but during the Sunday farmers’ market in Belchertown two weeks ago, more was distributed.”

AMA Says Narrow CDC Opioid Guidance Only Harms Patients With Pain.

[Bloomberg Law](#) (7/22, Reed, Subscription Publication, 4K) reports, “Setting universal thresholds for opioid prescriptions harms patients with pain and does nothing to slow the raging overdose epidemic, the American Medical Association said Thursday in a plea to the CDC for new guidance.” The agency “released guidelines in 2016 recommending that primary care providers who prescribe opioids for chronic pain exercise caution and consider how the risks of a prescription measure up to the benefits.”

Treasury Clarifies That Cities And Counties Can Use American Rescue Plan Money To Combat Opioid Crisis.

[American City & County](#) (7/21, Castillo) reports that “last year, drug overdose deaths in the United States spiked nearly 30 percent to about 90,000, with close to 70,000 involving opioids, according to provisional data” from the CDC. NIDA Director Nora Volkow said, “This is the highest number of overdose deaths ever recorded in a 12-month period, and the largest increase since at least 1999.” In a memo, “the Treasury clarified that cities and counties can use [American Rescue Plan] allotments to support ‘mental health services and substance use disorder services, including for individuals experiencing trauma exacerbated by the pandemic.’” Such “uses include ‘community-based mental health and substance use disorder programs that deliver evidence-based psychotherapy, crisis support services, medications for opioid use disorder, and/or recovery support.’”

Emergency Department Visits Related To Opioid Overdoses Up Significantly During COVID-19 Pandemic.

[Science Daily](#) (7/28, 94K) reports “emergency department visit rates because of an opioid overdose increased by 28.5% across the U.S. in 2020, compared to 2018 and 2019, recent Mayo Clinic research finds.” Overall, emergency visits “decreased by 14% last year, while visits because of an opioid overdose increased by 10.5%.” Opioid overdoses accounted “for 0.32 out of 100 visits, or 1 in every 313 visits, which

is up from 0.25, or 1 in every 400 visits, the previous two years.” The [study](#) was published in the Annals of Emergency Medicine and “was supported by the National Institute on Drug Abuse, of the National Institutes of Health.”

High-Dose Withdrawal Drug In ER Can Help Battle Opioid Addiction.

The [Powdersville \(SC\) Post](#) (7/21, Attkisson) reports, “As per the latest analysis, administering large dosages of buprenorphine in the emergency room is a secure and efficient approach to managing withdrawal signs in individuals suffering from opioid dependence.” National Institute on Drug Abuse Director Dr. Nora Volkow stated, “Emergency departments are on the front lines of treating patients with opioid use disorder and assisting them in overcoming barriers to recovery like withdrawal.” In a news release from NIDA, which funded the research, Volkow said, “Providing buprenorphine in emergency departments presents an opportunity to expand access to treatment, especially for underserved populations, by supplementing urgent care with a bridge to outpatient services that may ultimately improve long-term outcomes.”

Common Opioids Are More Often Prescribed To White Patients Than To Black Patients Treated In Same Facility, Study Finds.

[STAT](#) (7/21, López Lloreda, 262K) reports “a new study finds that common opioids such as codeine and morphine are more often prescribed to white patients than to Black patients treated within the same health system.” In approximately “90% of the 310 health systems studied, the opioid dose prescribed to white patients was higher than the one prescribed to Black patients.” The data indicated that “on average, white patients received 36% more pain medication by dosage than Black patients, even though both groups received prescriptions at similar rates.”

New Opioid Death Numbers Show COVID Lockdowns Cost Lives.

[Inside Sources](#) (7/28, Graf) reports new CDC data “show deaths involving opioids surged 37 percent between 2019 and 2020.” About “69,710 Americans lost their lives due to opioid overdoses last year, bolstering claims the COVID-19 lockdowns cost more than money. They cost lives.” The American Medical Association said in June, “The nation’s COVID pandemic made the nation’s drug overdose epidemic worse. ... The nation’s opioid epidemic has grown into a much more complicated and deadly drug overdose epidemic.” The National Institute on Drug Abuse is mentioned.

DEA Worried About “Trash Cans” Threat.

The [Louisville \(KY\) Courier-Journal](#) (7/27, Warren, 554K) reports the DEA is worried about the threat posed by “trash cans,” which is the street name for “colorful capsules or vials packed haphazardly with fentanyl, an opioid so potent that just a tiny amount can kill.” The Courier-Journal adds, “The capsules are too thick to

swallow, and the vials have lids or flip-tops, said” DEA Washington Special Agent in Charge Jarod Forget.

Words Matter: Language Can Reduce Mental Health and Addiction Stigma

In a perspective published in *Neuropsychopharmacology*, leaders from the National Institutes of Health address how using appropriate language to describe mental illness and addiction can help to reduce stigma and improve how people with these conditions are treated in health care settings and throughout society. The authors define stigma as negative attitudes toward people that are based on certain distinguishing characteristics. More than a decade of research has shown that stigma contributes significantly to negative health outcomes and can pose a barrier to seeking treatment for mental illness or substance use disorders.

Thirty five percent of people with serious mental illness in the U.S., and nearly 90% of people with substance use disorders, do not receive treatment. The perspective authors point to evidence that stigma-related bias among clinicians can contribute to a treatment-averse mindset and to flawed clinical care, including failure to implement proven methods of treatment. Further, when a person with a mental illness or substance use disorder continues to experience stigma, they may begin to internalize it. This “self-stigma” can lead to lower self-esteem and feelings of self-worth and can become an ongoing source of distress that may exacerbate symptoms and create barriers to successful treatment.

Conversely, efforts to reduce stigma may reduce the psychological burden it places on individuals and can be an important component of removing barriers to care. The authors highlight numerous studies showing that using scientifically accurate language and terms that centralize the experience of patients with mental illness and substance use disorders is one key component to reducing stigma. They argue that a shift in language is crucial for mobilizing resources toward mental health and addiction services and eroding the prejudices that keep people who need those services from seeking or receiving them. Though stigma is difficult to eliminate, they contend that changing the language we use to describe these conditions can make a significant and immediate difference for the people experiencing them. [\(Article attached\)](#)

New Mobile App To Help Treat Addiction In Montana Under New Partnership With Addiction Treatment Provider.

The AP (7/27, Samuels) reports, “A mobile application will be used to help treat addiction in Montana under a new partnership between an addiction treatment provider in Billings and a private company, state officials announced Tuesday.” The Recovery Pathways program “will send personalized phone messages to those recovering from addiction and their family members to supplement in-person

therapy under the jurisdiction of drug treatment courts in Yellowstone County.” Gov. Greg Gianforte said “there is no doubt” the app will save lives.

Long-Acting Treatments May Launch New Era In HIV Prevention, Experts Say.

[NBC News](#) (7/28, Ryan, 4.91M) reports that “almost a decade after the daily HIV-prevention pill hit the market, long-acting forms of this public health tool, including a drug-infused implant meant to last a year, have shown promise in clinical trials.” According to NBC, “experts believe such medications could launch a new era in HIV prevention, one that is long overdue for Black, Hispanic and younger people, who have been particularly prone to missing doses and dropping out of prevention programs.” The FDA “is slated to issue a decision about cabotegravir’s use as PrEP by early 2022.”

Biden Administration Announces Two Initiatives To Combat Health Disparities Related To HIV, COVID-19.

[PatientEngagementHIT](#) (7/27, McKeon) reports “the Biden Administration, along with HHS, announced two new initiatives to support health equity and combat health disparities relating to COVID-19 and HIV.” For one initiative, “HHS announced that \$1.6 billion in funding from the American Rescue Plan will go toward COVID-19 testing and mitigation in vulnerable communities.” HHS Secretary Xavier Becerra said, “As we continue the vaccination program to get more Americans protected, it is important that we double down on our efforts to increase testing especially in vulnerable communities.” Meanwhile, “HHS launched The HIV Challenge, a nationwide competition aimed at reducing HIV-related stigma and health disparities.” Assistant Secretary for Health Rachel Levine said, “HIV-related stigma is one of the reasons why prevention and treatment options, such as PrEP and ART, are underutilized.”

Pleasurable Dopamine Impulses Can Be Controlled At Will, Mouse Studies Show.

[Genetic Engineering & Biotechnology News](#) (7/26, 189K) reports, “A new study from scientists at the University of California San Diego (UCSD) shows mice can volitionally control random dopamine pulses.” The findings were reported in the [article](#), “Reinforcement learning links spontaneous cortical dopamine impulses to reward,” published in the journal *Current Biology*. Financial support for the study came from the National Institutes of Health.

Opinion: Paying Clinical Trial Participants Will Result In Greater Diversity.

In an opinion for [USA Today](#) (7/24, 12.7M), John Whyte, chief medical officer for WebMD, who formerly worked for five years at the FDA’s Center for Drug Evaluation and Research, wrote, “When the Supreme Court ruled against the NCAA and in favor of compensating college athletes, I considered how this strategy could help solve

the lack of diversity in clinical research and clinical trial enrollment.” He added, “We desperately need to improve diversity in clinical trials. Paying people to participate will not only compensate them for financial losses but create a more representative sample for new treatments.”

Addiction Treatment Is Hard. A New Wave Of Apps Aims To Help.

[Fast Company](#) (7/22, Reader, 2.49M) reports that the pandemic has “opened the door for innovation in certain aspects of mental healthcare, especially around addiction,” and rehabilitation “programs – ranging from 12-step programs to medication-assisted therapy – all went online.” Now, numerous “startups are thinking about how they can leverage the boom in telehealth to deliver better addiction care.” The article questions if apps can “help people stick with their treatment programs.” National Institute on Drug Abuse Director Dr. Nora Volkow said, “I have not seen any application right now that has aimed to actually provide a surrogate of that physical contact.” She “says that where apps really excel is in affordability and flexibility.”

Rise In Telehealth During Pandemic Sparks Concerns About Equal Access To Healthcare.

The [Los Angeles Times](#) (7/25, 3.37M) reports that telehealth, “which went up dramatically in use during the COVID-19 pandemic, has long been envisioned as a way to help patients without forcing them to trek to a clinic.” Reaching a doctor by computer or phone “can be easier for patients who can’t take time off work, need to juggle child care or have to take a string of buses to get to a medical office.” But the rise of telehealth “has also raised concerns about perpetuating unequal access to care, partly due to the ‘digital divide.’” Keith T. Kanel, “director of the Division of Practice Improvement at the Agency for Healthcare Research and Quality, said that paying doctors for phone visits has been the most contentious aspect of the telehealth debate as the pandemic ebbs.”

House Report Calls On NIH To Study Psychedelic-Assisted Therapies.

[Lucid News](#) (7/26, Newcomb) says a new 453-page report, “issued by House Appropriations Committee for Departments of Labor, Health and Human Services, Education, and Related Agencies (known as LaborH), asks the National Institutes of Health ‘and other relevant Federal agencies to undertake, and where appropriate expand, research to evaluate the effectiveness of psychedelic therapies in treating PTSD, major depressive disorder, and other serious mental health conditions.’” The article also mentions the FDA.

8% Of Researchers In Dutch Survey Have Falsified Or Fabricated Data.

[Nature](#) (7/22, Chawla, 194K) reports, “An estimated 8% of scientists who participated in an anonymous survey of research practices at Dutch universities

confessed to falsifying and/or fabricating data at least once between 2017 and 2020.” More than 10% of medical and life-science researchers “admitted to committing this type of fraud”, the survey found.” **Results** of the survey “were posted 6 July on the preprint server MetaArXiv.” Other such studies, “including one from 2005 that examined rates at which scientists funded by the US National Institutes of Health falsified or ‘cooked’ data, have found lower proportions.” **In the NIH study, “0.3% of more than 3,000 respondents admitted to data falsification.”**

Anesthesia Medication Ketamine Showing Increased Promise As Treatment For People Experiencing Depression.

ABC News (7/21, Nissen, 2.44M) reports, “The anesthesia medication ketamine is showing increased promise as a treatment for people experiencing depression who haven’t found relief with other prescription medications.” Known for its use as a party drug, “generic ketamine isn’t specifically approved as a depression treatment, but U.S. doctors are often allowed to prescribe Food and Drug Administration-approved medicines ‘off-label’ for another use.” **In 2019, the agency “approved Spravato [esketamine], a ketamine-related nasal spray drug, given in conjunction with antidepressants that has been shown to help people with treatment-resistant depression.”** However, “many clinics offer generic ketamine, often in the form of intravenous infusions.”

Investigation Finds That Epic Algorithms Provide Inaccurate Patient Information.

STAT (7/26, Ross, 262K) reports behind a paywall, “Several artificial intelligence algorithms developed by Epic Systems, the nation’s largest electronic health record vendor, are delivering inaccurate or irrelevant information to hospitals about the care of seriously ill patients, contrasting sharply with the company’s published claims, a STAT investigation found.” Employees of “several major health systems said they were particularly concerned about Epic’s algorithm for predicting sepsis, a life-threatening complication of infection.” The algorithm, “they said, routinely fails to identify the condition in advance, and triggers frequent false alarms.” Some hospitals “reported a benefit for patients after fine-tuning the model, but that process took at least a year.” The article adds, “**STAT’s investigation, based on interviews with data scientists, ethics experts, and many of Epic’s largest and most influential clients, underscores the need for extreme caution in using artificial intelligence algorithms to guide the care of patients.**”

Funding Opportunities



GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

[NOT-AA-21-036](#)

[Notice of Intent to Publish a Funding Opportunity Announcement for HIV Prevention and Alcohol \(R34 Clinical Trials Optional\)](#)

[NOT-AA-21-035](#)

[Notice of Intent to Publish a Funding Opportunity Announcement for HIV Prevention and Alcohol \(R01 Clinical Trials Optional\)](#)

[NOT-DA-21-067](#)

[Notice of Correction to RFA-DA-22-032, HEAL Initiative: Novel Targets for Opioid Use Disorders and Opioid Overdose \(R21 Clinical Trial Not Allowed\).](#)

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