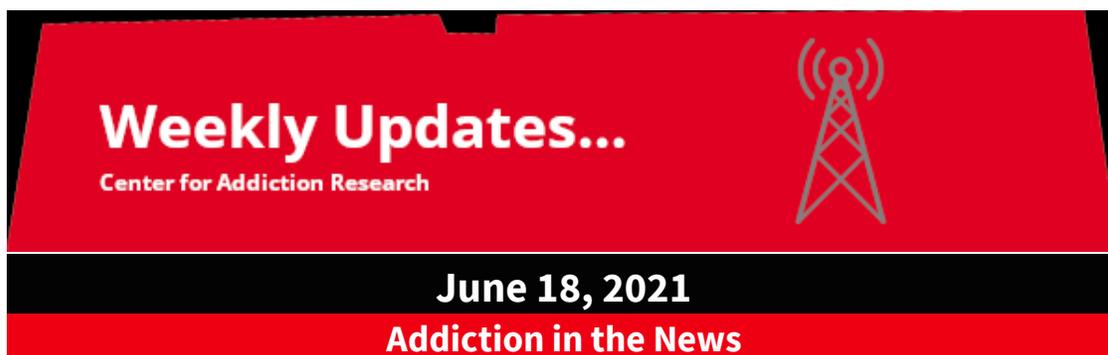


Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter includes highlights from addiction in the news topics, active funding opportunities offered by NIDA/NIAAA, and information about any new publications from CAR members. Please email Jen Rowe (roweji@ucmail.uc.edu)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



National News

Dems Introduce Measure To Decriminalize Drug Possession At Federal Level.

[Newsweek](#) (6/15, Hutzler, 2.67M) reports legislation “to end criminal penalties for drug possession at the federal level was unveiled by Democrats on Tuesday, ahead of the 50th anniversary when President Richard Nixon declared the ‘war on drugs.’” The bill, the “Drug Policy Reform Act (DPRA), would decriminalize personal use possession of all scheduled drugs – including marijuana, heroin and cocaine – and automatically expunge records and provide for resentencing for those serving time for certain drug-related arrests.” In addition, it would “prohibit the denial of employment, immigration status, public benefits, voting rights, and more based upon a criminal history for drug possession.” Under the measure, “authority and criteria for the classification of substances would shift from the U.S. Attorney General to the Secretary of Health and Human Services (HHS).”

[The Verge](#) (6/15, Lyons, 1.54M) reports that the bill was introduced by Reps. Cori Bush (D-MO) and Bonnie Watson Coleman (D-NJ). They called it a “health-centered approach” to dealing with drug possession.

Brunswick Addiction Center In Maine Recognized For Anti-Tobacco Efforts.

The [Portland \(ME\) Press Herald](#) (6/16, 174K) reports, “The Addiction Resource Center in Brunswick was among nine Maine Behavioral Health Organizations recognized by the annual Gold Star Standards of Excellence Behavioral Health Awards.” The

center “was recognized for meeting a Gold Level through the 2021 Gold Star Standards of Excellence program for efforts to address tobacco use and exposure.”

Braeburn Resubmits NDA For Experimental Opioid Use Disorder Treatment After FDA Rejection.

The [Philadelphia Business Journal](#) (6/16, George, Subscription Publication, 875K) reports, “Braeburn Inc. has resubmitted its new drug application for Brixadi [buprenorphine], the firm’s experimental therapy for opioid use disorder,” after the FDA in December rejected the new drug candidate. The agency “cited deficiencies found during an inspection at a third-party manufacturing facility as its main reason for not approving the therapy at that time.” Representatives of the Montgomery County drug developer “said the company has worked closely with the unnamed third-party manufacturer to address the deficiencies identified in the FDA’s completed response letter.”

Recent Legislation Can Dramatically Improve Substance Use Prevention: Here’s How To Seize The Opportunity.

Linda Richter, Lindsey Vuolo and Robyn Oster write for [Health Affairs](#) (6/10, 35K) that the “recent and ongoing opioid crisis has prompted a surge in much-needed legislative attention and action to bolster our nation’s response to addiction. Congress passed the Comprehensive Addiction Recovery Act in 2016 and the SUPPORT for Patients and Communities Act in 2018 to address opioid misuse, addiction, and overdose deaths through a variety of initiatives in prevention, treatment, harm reduction, and recovery support.” However, in order “to really meet the goal of preventing substance use and addiction, we have to fundamentally rethink our approach by both starting prevention efforts earlier in a child’s life and broadening the lens of what we consider to be effective prevention.” The authors mention the National Institute on Drug Abuse’s Adolescent Brain Cognitive Development Study.

DIA:

For The Second Time, FDA Issues Complete Response Letter Regarding NDA For IV Tramadol As Nonopioid Treatment For Patients With Acute Pain, Company Says

According to [Healio](#) (6/14, Stott), in a [press release](#), “Avenue Therapeutics announced the FDA has issued a second complete response letter regarding the new drug application [NA] for intravenous tramadol as a nonopioid treatment for patients with acute pain.” The agency “expressed concerns that the delayed and unpredictable onset of analgesia from IV tramadol made it unsuitable as a monotherapy to treat acute pain in patients,” thus dealing the company “another setback” by “issuing a second complete response letter for its intravenous tramadol formulation as a nonopioid treatment for patients with acute pain.”

Local Governments In GOP-Led Areas Approve Restrictions On Needle Exchanges.

[Politico](#) (6/10, Goldberg, 6.73M) reports that “recent efforts to shutter needle exchanges in Republican-led areas could indicate renewed GOP backlash to the controversial programs aimed at preventing outbreaks of HIV and hepatitis, public health experts are increasingly warning.” According to the article, “West Virginia, which has been ground zero for the deadly opioid epidemic, this spring approved sweeping new requirements that have already forced the planned closure of one needle exchange program and left the future of several others in doubt.”

NIH Releases A Plan To Confront Structural Racism. Critics Say It’s Not Enough.

[STAT](#) (6/10, McFarling, 262K) reports, “Saying structural racism is a chronic problem throughout biomedical research and within their own walls, leaders of the National Institutes of Health Thursday unveiled a plan intended to eliminate a big gap in grants awarded to white and minority scientists and boost funding for research on health disparities.” The agency, “the largest funder of biomedical research in the United States, said it would also expand a program to recruit, mentor, and retain researchers from underrepresented racial and ethnic groups, and appoint diversity and inclusion officers at each of its 27 institutes and centers.” Published in the journal *Cell*, the plan “acknowledges that structural racism is a problem throughout society and says ‘biomedical science is far from free of its stain.’” Not only “have people of color experienced health inequities for centuries, the report notes, but scientists of color have been stymied in their careers by not getting adequate funding and other support from NIH.”

The Authorship Rows That Sour Scientific Collaborations.

[Nature](#) (6/14, Fleming, 194K) reports authorship disputes are something scientists deal with on a continuous basis. A “2011 survey¹ of the corresponding authors of more than 500 papers in 6 leading medical journals found that 17.6% admitted that their papers included ‘honorary authors’, individuals named as authors despite not meeting authorship criteria set out in guidelines issued by the International Committee of Medical Journal Editors, and 7.9% had ghost authors whose names were ultimately missing from the paper.” In a second study, “a group at the US National Institute of Environmental Health Sciences (NIEHS) in Research Triangle Park, North Carolina, carried out an online survey of almost 6,700 international researchers who had published papers that listed at least two authors.” The results indicated “that 46.6% had experienced disagreements about author naming, and that 37.9% had had disputes about name order on author lists.”

Sage's Depression Drug Significantly Improves Symptoms Compared To Placebo, Study Finds.

[Reuters](#) (6/15, Maddipatla) reports, "Sage Therapeutics said on Tuesday its experimental depression drug showed significant improvement in symptoms compared to placebo in a late-stage study." The study "assessed Sage's once-daily oral drug, zuranolone, as a two-week course for the mood disorder that impedes patients' ability to carry out daily activities such as work, school or social interactions." The drug "was generally well-tolerated in the study and showed a safety profile consistent with its previous clinical studies, Sage and partner Biogen said in a joint statement."

ONC Unveils Draft Data Standard For Patient Addresses.

[Modern Healthcare](#) (6/16, Cohen, Subscription Publication, 215K) reports on Wednesday, HHS' Office of the National Coordinator for Health Information Technology unveiled "the first draft of ProjectUS@, an effort to create an industrywide data standard for documenting patient addresses in healthcare." The public will be able to comment on the draft from July 1 through July 31. The project seeks "to create a data standard for addresses that will help healthcare organizations more accurately match patients with their medical record." Steve Posnack, ONC's deputy national coordinator for health IT, wrote, "As mundane as address may seem it is often one of the key elements used for the purposes of patient matching and linking records. ... ProjectUS@ is reflective of how subtle improvements in health IT can have a big impact when implemented at a national scale."

Senators Support Pay Models That Integrate Primary, Mental Healthcare.

[Modern Healthcare](#) (6/15, Gellman, Subscription Publication, 215K) reports, "Promising results from a federal demonstration has spurred a bipartisan group of senators to push for new pay models that support integrating primary care and behavioral health." Sen. Mike Crapo (R-ID) introduced the idea of "using state waivers to fund primary and behavioral care integration." Meanwhile, Sen. Debbie Stabenow (D-MI) and Sen. Roy Blunt (R-MO) "introduced a bill to fully fund more CCBHCs [Certified Community Behavioral Health Clinics]." The article adds, "Other lawmakers expressed interest in sponsoring similar legislation building on current community models presented at the hearing."

Analysis: Telehealth Has Not Improved Access To Mental Healthcare As Much As Anticipated.

[TIME](#) (6/14, Ducharme, 18.1M) reports, "For years, teletherapy has been pitched as the next frontier in mental-health care." Amid the COVID-19 pandemic, it quickly became psychiatry's "lifeline." By May of last year, "85% of the American Psychiatric Association's (APA) surveyed clinician members said they were conducting the

majority of their sessions virtually, up from just 2% prior to the pandemic.” The article says, “Telehealth has indisputably improved mental-health care access – but not to such an extent that it delivers on promises of revolutionizing the mental-health system. The same problems that kept many people – particularly those who are lower-income or of color – from seeking care before the -pandemic still exist, even with the expansion of telehealth.” Consequently, “mental-health usage in the U.S. hasn’t changed as drastically as many advocates would have liked.”

Poorly Designed EHR Systems Lead To Nurse Burnout, Study Finds.

[Modern Healthcare](#) (6/10, Christ, Subscription Publication, 215K) says according to a new a study of 12,004 nurses by the University of Pennsylvania found that “nurses working with [EHR] systems that had poor usability were 41% more likely to experience burnout than those with better operating EHRs, 61% more likely to be dissatisfied with their job and 31% more likely to want to leave their position.” The authors “judged EHR usability by nurses’ responses to questions about how easy it was to access patient information quickly, how much the system interfered with patient care, how easy it was to use, how much they trusted the system’s patient assessment and medication data, how much the system helped them complete work efficiently and how easy it was to share information with other health team members.”

Funding Opportunities



GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

[PAR-21-244](#)

[NIDA Animal Genomics Program \(U01 Clinical Trial Not Allowed\)](#)

[RFA-AI-20-069](#)

[Innovative Models for Delivering PrEP and STI Services to Stop HIV in the United States \(R61/R33 Clinical Trial Optional\)](#)

[RFA-DA-22-017](#)

[PrEP for HIV Prevention among Substance Using Populations \(R01 - Clinical Trial Optional\)](#)

[NOT-DA-21-062](#)

[Notice of Expiration of NOT-DA-18-017, "NIDA to Highlight Topics of Special and/or Continuing Interest in Addiction Research on the NIDA Website"](#)

[NOT-AA-21-033](#)

[Request for Information \(RFI\): Inviting Input on NIAAAs 2022-2026 Strategic Plan Outline](#)

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