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**

**Save the Date! Friday, August 6 from 8am-4pm - Block HIV/HCV Cincinnati 2021**
This community-based initiative will build connections across local and regional care networks to optimize the identification and treatment of patients with hepatitis C virus (HCV), specifically in the context of human immunodeficiency virus (HIV)/HCV coinfection. (CAR member, Dr. Sherman, Cincinnati Co-chair) [pdf flyer attached]

>>Register for the Cincinnati event today – free, but space is limited!

**Ohio bill addressing opioid crisis advances in House**
State Rep. Al Cutrona (R-Canfield) announces that his bipartisan legislation providing a solution in addressing the opioid crisis recently passed unanimously out of the Ohio House Health Committee. House Bill 193 requires Schedule II prescriptions to be done electronically, except under certain circumstances. Cutrona is the sponsor of the bill. "I’m very pleased that after many in-depth discussions on this bill that it has been approved…"
Federal Study Shows Link Between Pot Use, Suicide.
The Detroit Free Press (6/22, Kovanis, 2.16M) reports a study by the National Institute on Drug Abuse "shows a link between marijuana use and suicide in young adults." The study, "which analyzed data from more than 280,000 people ages 18 to 35, suggests marijuana users thought about suicide, planned suicide or attempted it more often than people who don't use marijuana." NIDA Director Dr. Nora Volkow said, “While we cannot establish that cannabis use caused the increased suicidality we observed in this study, these associations warrant further research, especially given the great burden of suicide on young adults.” The findings were published in JAMA Network Open.

Vitamin D Deficiency May Increase Risk for Addiction to Opioids and Ultraviolet Rays
Vitamin D deficiency strongly exaggerates the craving for and effects of opioids, potentially increasing the risk for dependence and addiction, according to a new study led by researchers at Massachusetts General Hospital (MGH). These findings, published in Science Advances, suggest that addressing the common problem of vitamin D deficiency with inexpensive supplements could play a part in combating the ongoing scourge of opioid addiction. (Article attached.)

Border Crisis Showing Few Signs Of Slowing Down As Fentanyl Seizures Rise.
Fox News (6/19, Shaw, 23.99M) reported “the Biden administration has been facing a continuing crisis at the southern border after taking office in January, and so far there are few signs of it slowing down significantly – with the number of [immigrants] and seizures of the deadly drug fentanyl continuing to rise.” There were over 180,000 immigrant “encounters in May, yet another increase from the more than 178,000 in April and that has been increasing sharply from the 78,000 in January – although the numbers have been increasing since April of last year.” Meanwhile, “drug seizures [overall] are up by 18 percent in May from April 2021.” Seizures of “fentanyl are significantly higher – up by more than 300% over May last year.”

Drug Addict Has Remained Sober Since Experimental Brain Surgery.
In an approximately 3,000-word piece, the Washington Post (6/18, A1, Bernstein, 10.52M) said that since undergoing experimental brain surgery in excess of 600 days ago, Gerold Buckhalter, who had previously been addicted to drugs, “has not touched drugs again.” Buckhalter “is the only person in the United States to ever have substance use disorder relieved by deep brain stimulation. The procedure has reversed Parkinson’s disease, epilepsy and a few other intractable conditions, but had never been attempted for drug addiction here.”
Proposals To Reduce Overdoses Through Various Programs Face Backlash.

NPR (6/19, Mann, 3.69M) reported that the US “saw more than 92,700 fatal overdoses in 2020, a 29% increase over the previous year, according to preliminary data from the Centers for Disease Control and Prevention released last week.” If current trends “continue, illicit drugs will soon kill more Americans every day than COVID-19.” In parts of the world, “including Australia, Canada and Portugal, communities are experimenting with public health approaches that include providing active drug users with a safe supply of their drug of choice.” But advocates concede “that these programs remain controversial. In much of the U.S., addiction policy is moving in the opposite direction.”

Biden Has Proposed A New Agency To Turbocharge Medical Treatments. But There’s A Fight Over Where It Should Live.

The Washington Post (6/23, Alemany, 10.52M) reports, “In the Administration’s debut budget proposal, the National Institutes of Health received $6.5 billion to launch” the Advance Research Projects Agency for Health (ARPA-H). Some medical experts and some lawmakers “believe that for the agency to successfully innovate, it should be a stand-alone entity within the Department of Health and Human Services, and free of what many experts view as NIH’s bureaucratic and time-consuming approach to innovation and research.” The White House and NIH Director Francis Collins, “however, are making a full-court press to house the entity inside NIH and are lobbying lawmakers to get behind their approach.”

Possible Game Changer In The Treatment Of Depression And Anxiety.

WJAR-TV Providence, RI (6/23, Morse, 157K) reports, “There is a possible game changer in the treatment of depression and anxiety.” It’s a “first-of-its-kind, first in-human research that involves the use of an MRI and special ultrasound.” This research “will be conducted at the Providence VA Medical Center, thanks to a $2.3 million award from the National Institute of Mental Health.”


mHealth Intelligence (6/22, Wicklund) reports US Reps. Liz Cheney (R-WY) and Debbie Dingell (D-MI) are introducing the Advancing Telehealth Beyond COVID-19 Act of 2021, which aims to “codify critical telehealth policies implemented during the pandemic.” The bill “tackles some of the most noteworthy waives introduced by the Centers for Medicare & Medicaid Services over the past year and a half to expand telehealth coverage and access during the coronavirus pandemic.” Among other things, the bill eliminates “geographical restrictions on Medicare coverage for telehealth services,” expands “Medicare coverage to include audio-only telehealth...in certain circumstances,” and extends “coverage for telehealth services at federally qualified health centers (FQHCs) and rural health clinics (RHCs).”
Morning People May Be At Lower Risk Of Depression, Study Suggests.
The New York Times (6/21, Bakalar, 20.6M) reports a new study suggests morning people “may be at reduced risk for major depression.” The team used “a research method called Mendelian randomization that helps pinpoint the cause of what may be a cause-and-effect relationship.” This method allows researchers to “compare large groups of people based on genetic variants that are independent of other health or behavioral characteristics.” They “used two genetic databases of more than 800,000 adults to do a Mendelian randomization study of circadian rhythm and the risk for depression.” The study “found that in people with the genetic variants for being an early bird, for every hour earlier the sleep midpoint, there was a 23 percent lower risk of major depression.”

Premier Healthcare Alliance Says CMS Should Advance Interoperability, Improve Patient Data Exchange.
EHR Intelligence (6/21, Nelson) reports “CMS should establish cross-continuum data standards, automate the prior authorization process, and integrate administrative and clinical data to advance interoperability and improve patient data exchange. Premier healthcare alliance outlined in a recent letter to CMS Administrator Chiquita Brooks-LaSure.” Premier “noted that while the ONC interoperability rule has helped promote seamless data exchange across the care continuum, nationwide health interoperability will require the support of CMS and its federal partners.” Blair Childs, senior vice president of public affairs at Premier healthcare alliance, wrote, “it is essential to address ongoing interoperability challenges so that providers can improve care delivery, patient safety and performance, and to drive operational efficiencies.”

Cures Act Provision Requires Clinicians To Open Their Notes To Patients.
STAT (6/18, Preston, 262K) reported, “Clinicians' notes...are typically filled with medical jargon – which, for the most part, patients never saw.” The notes “have mainly been a tool for health care providers to track their work and communicate with each other.” However, as of April, “under a provision of the 21st Century Cures Act, health care providers are required to give all their patients electronic access to most kinds of medical notes.”

Communities Across US Experiment With Programs That Send Mental Health Workers, Not Police To Deal With Some Crises.
The Washington Post (6/20, Waters, 10.52M) reported that, “at a moment of national reckoning over police shootings, often of people of color and of those in mental health crisis, cities around the country are looking into or already pursuing” efforts to divert some emergency calls to mental health workers rather than police. For example, CAHOOTS (Crisis Assistance Helping Out On The Streets) is a Eugene,
Oregon-based service “that sends a mental health crisis worker and EMT, rather than police, to people in mental health distress.” In Phoenix, a “consortium of nonprofit agencies led by Solari Crisis and Human Services, has built a crisis line and mobile response system that, in one recent 30-day period, handled 20,000 calls and dispatched mobile crisis teams composed of a mental health clinician and a paraprofessional — and not police — 2,200 times.”

Funding Opportunities

RFA-DA-22-009
Organoid Modeling of Neural Stimulants and HIV Comorbidity of Human Brain (R01-Clinical Trial Optional)

RFA-DA-22-011
Large Scale Mapping and/or Molecular Profiling of Ensembles and/or Cell-Types Mediating Opioid Action in the Rodent Brain (R01 - Clinical Trial Not Allowed)

NOT-AA-21-034
Notice of Participation of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in PAR-20-125 Native American Research Centers for Health (NARCH) (S06 Clinical Trials Optional)

NOT-DA-21-050
Notice of Intent to Publish a Funding Opportunity Announcement for the NIH HEAL Initiative: Preventing Opioid Misuse and other Drug Use by Intervening on Social Determinants (R01 Clinical Trials Optional)

PAR-21-250
Mechanisms of Alcohol Tolerance (R21/R33 Clinical Trial Optional)

NOT-AI-21-056
Notice of Special Interest (NOSI): HIV Drug Resistance Assays and Actionable Data Dissemination Strategies

NOT-AI-21-054
Notice of Special Interest (NOSI): Harnessing Big Data to Halt HIV
NOT-DA-21-030
Notice of Special Interest (NOSI): Advancing HIV/AIDS Research through Computational Neuroscience

RFA-DA-22-003
Elucidating the Effects of ART on Neuronal Function in the Context of SUD and HIV (R01 - Clinical Trials Not Allowed)

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