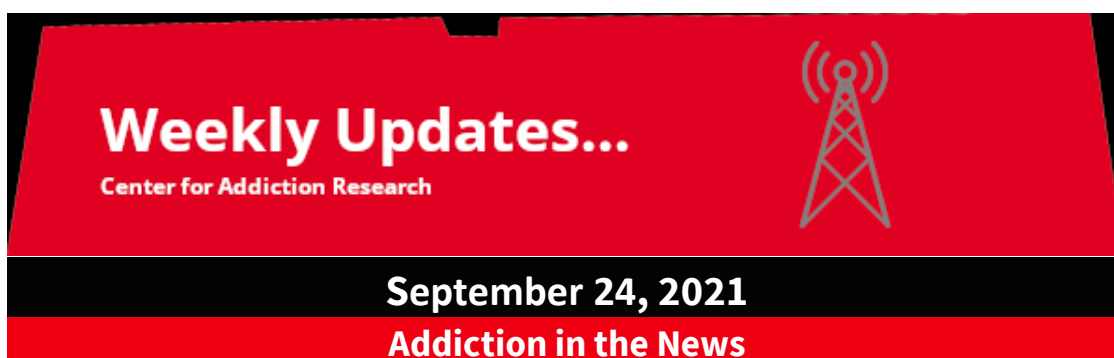


UC CAR Weekly Newsletter 9.24.2021

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**

### **Senate passes Gavarone's Relapse Reduction Act**

COLUMBUS, Ohio — The Senate on Wednesday passed Senate Bill 25, also known as the Relapse Reduction Act. Sponsored by State Sen. Theresa Gavarone, R-Bowling Green, the bill takes action to prevent predatory drug trafficking in Ohio. The Relapse Reduction Act increases penalties for drug trafficking when the offense is committed on the premises, or within 500 feet, of an addiction recovery...

### **On the front lines: Law enforcement, jails adapt to opioid epidemic**

John Tharp's firsthand experience with the opioid epidemic started when he became sheriff of Lucas County, Ohio, about eight years ago. Now retired, Tharp made it a point to ride with the row patrols and stop by the county jail during midnight shift to visit the officers on-duty, and he often saw recent arrestees going through drug and alcohol withdrawal. One night, Tharp saw a clean-cut man...

### **Pandemic-fueled overdose surge can't be ignored**

Over the past 19 months, the nation has focused almost singular attention on the devastating COVID-19 pandemic that has played a part in ending more than 670,000 American lives and infected more than 42 million individuals. Yet at the same time,

another public health crisis — once high atop the national consciousness — has been gaining ferocity, albeit more quietly. That is the...

## **National News**

### **Americans Are Using Alcohol To Cope With Pandemic Stress: Nearly 1 In 5 Report 'Heavy Drinking'.**

[USA Today](#) (9/22, Hauck, 12.7M) reports that a survey of 6,006 US adults conducted by The Harris Poll found “about 17% of respondents reported ‘heavy drinking’ in the past 30 days.” SAMHSA Chief Medical Officer Dr. Neeraj Gandotra “said the study’s findings were ‘not surprising’” because “almost 90% of individuals with substance use disorder are not in treatment, and alcohol and drug use typically worsen with isolation.” NIAAA Director Dr. George Koob said, “While we are still learning how the COVID pandemic is impacting alcohol use, it seems clear that some people are drinking more.” He added, “In many studies, increases in consumption during the pandemic were linked to increases in stress.”

### **Former GOP Rep. Endorses Psilocybin Treatment For Alcohol Use Disorder.**

[Filter \(NY\)](#) (9/21) reports former Rep. Mimi Walters (R-CA) “is touting the therapeutic benefits of psychedelics, sharing the story of how a close family friend was able to recover from alcohol use disorder with the help of psilocybin.” According to the article, “A growing body of research has demonstrated that certain psychedelics may be effective in the treatment of conditions such as addiction, severe depression and post-traumatic stress disorder.” National Institute on Drug Abuse Director Dr. Nora Volkow told Marijuana Moment recently that she believes the US is seeing an increase in psychedelic use among young adults due in part to media attention to these studies.

### **An Ex-Drinker’s Search For A Sober Buzz.**

In the [New Yorker](#) (9/16, 5.31M), Contributor John Seabrook writes, “For the North American non-alcoholic-beer drinker, who was until recently shut out of the craft-beer revolution of the past twenty years, these are hoppy times.” Seabrook, who has been sober for more than five years, describes how his obsession with non-alcoholic beer concerned his wife Lisa. Seabrook “asked George Koob, the director of the National Institute on Alcohol Abuse and Alcoholism...and Nora Volkow, the director of the National Institute on Drug Abuse, about my raging non-alcoholism.” Koob said, “When you extinguish a learned habit, it doesn’t disappear. ... All you’re doing is replacing that habit with a different habit.” Volkow told him, “It’s an automatic compulsive behavior. ... If I know I can fall into a binge, as I do with chocolate-chip cookies, how do I avoid it? Very simple. I avoid putting chocolate-chip cookies in front of me.”

### **There's New Science Linking Marijuana To Uncontrollable Vomiting.**

[Men's Health](#) (9/20, Washington-Harmon, 13.76M) reports that new research indicates that increasing numbers of individuals “are in the emergency room for uncontrollable vomiting, also known as cyclical vomiting syndrome (CVS), following marijuana legalization.” The analysis, which was sponsored by the National Institute on Drug Abuse, was published Friday in JAMA Network Open. **(Article attached.)**

### **Study Showed Marijuana Legalization Doesn't Increase Youth Use.**

[Indica Online](#) (9/17) reported, “On September 7, the results of the American Medical Association study of the relationship between youth marijuana use and its legalization for medical and recreational use were published.” The researchers “analyzed federal Youth Risk Behavior Survey data collected from 1993-2019 in 10 states” and “concluded that youth weed use doesn't increase after the legalization.” National Institute on Drug Abuse Director Dr. Nora Volkow “admitted that the states having legalized cannabis have better outcomes while ‘the adverse effects of marijuana use are much worse in some states.’” The Monitoring the Future survey is mentioned. **(Article attached.)**

### **Study Finds Telehealth Smoking Cessation Treatment Can Reduce Disparities Among Incarcerated Smokers.**

The [New Brunswick \(NJ\) Patch](#) (9/21, Edelstein, 1.44M) reports, “Telehealth smoking cessation treatment programs can reduce tobacco-related disparities among incarcerated smokers, according to a Rutgers study.” The study, published in the Journal of Telemedicine and Telecare, “found that video conferencing with tobacco treatment specialists may help smokers incarcerated in rural prisons quit tobacco smoking.” The researchers, “to address the lack of resources...were the first to use video conferencing to deliver group-based smoking cessation counseling to inmates in rural prisons.” The researchers “also provided inmates with nicotine replacement therapy patches to aid in the cessation process.”

### **3 Groups Faced The Highest Overdose Increases In 2020.**

[Futurity](#) (9/20, Pikul-Brown, 10K) reports new research indicates “men, people who had lost jobs, and people with mental health diagnoses experienced the largest increases in rates of overdose deaths during the pandemic.” The study, which received support from the National Institute on Drug Abuse, “also found increases in deaths involving synthetic opioids and in deaths occurring in personal residences (compared to a hospital or elsewhere).” The findings were published in JAMA Network Open. **(Article attached.)**

### **Physicians Have Prescribed 44% Fewer Opioids Over Past Decade, But Overdoses Have Continued To Climb, Report Finds.**

[The Hill](#) (9/21, Coleman, 5.69M) reports, “Physicians have prescribed 44 percent fewer “opioids over the past decade, yet fatal and non-fatal drug overdoses have continued to climb, according to a new [report](#) [PDF] from the American Medical Association (AMA)” that “documented a 44.4 percent decrease in opioid prescriptions between 2011 and 2020, with a 6.9 percent reduction between 2019 and last year, with more” physicians “using prescription drug monitoring programs.” Nevertheless, CDC data revealed that “more than 93,000 people died of drug overdoses in 2020, including about 69,000 from opioid overdoses,” representing “a record high and an almost 30 percent increase in overall fatal overdoses from the prior year.”

### **Lawmakers, Biden Official Call For Bipartisan Action On Opioid Addiction.**

[The Hill](#) (9/22, Schonfeld, 5.69M) reports, “Lawmakers on both sides of the aisle said Tuesday that bipartisan support is needed to provide more federal resources to fight the opioid epidemic.” Speaking at The Hill’s Advancing Health Equity in our Nation’s Opioid Response event on Tuesday, Rep. Mike Turner (R-OH) said at Tuesday’s event, “If we can start treatment while someone is incarcerated and then continue that treatment when they’re released, our success rate will be huge, as we have continuity as they go back to the environment from which the addiction was expressed.” The Hill adds, “An estimated 65 percent of the U.S. prison population has an active substance use disorder, according to the National Institute on Drug Abuse.”

### **Columnist: Naloxone, Fentanyl Detection Kits Can Save Lives.**

[Los Angeles Times](#) (9/19, 3.37M) columnist Robin Abcarian says “stories about accidental overdose deaths involving fentanyl are becoming increasingly common.” Abcarian asserts that “there is no way of knowing, of course, but it is possible they might have lived if they’d had access to an easily obtainable nasal spray called Narcan [naloxone], which reverses an opioid overdose.” Or, Abcarian writes, “they might have refrained from using it altogether had they first tested the substance with an easy-to-use kit that can detect fentanyl, which kills thousands of Americans a year – and many of them don’t even know they are putting themselves in danger.”

### **Living ‘Nerve Circuit’ Could Test Opioid Alternatives.**

[Futurity](#) (9/22, Bronston-Tulane, 10K) reports, “Researchers have designed a living bioengineered nerve circuit that mimics the pain transmission pathway in the spinal cord” in order “to help scientists test the effectiveness of non-addictive alternatives to opioid painkillers.” According to Futurity, “The study is his first paper under the HEAL Initiative, or Helping to End Addiction Long-term Initiative, a \$945 million, multi-university funding endeavor sponsored by the National Institutes of Health.”

### **Older Americans Continue Falling Victim To Drug Diversion.**

The [New York Times](#) (9/17, Span, 20.6M) reported, “researchers and advocates trying to protect seniors from abuse and exploitation wish they knew” how often “older Americans fall victim to drug diversion, in which someone steals or tampers with prescription medications, particularly opioids, for personal use or for sale.” Most “often, however, victims of drug diversion live in their own homes, where the people stealing their medications are likely their own family members.” The article adds that “about one-third of Medicare Part D beneficiaries had at least one opioid prescription” this year, according to the HHS OIG.

### **Meth-Related Overdose Deaths Nearly Tripled, NIH Research Finds.**

[Bloomberg Law](#) (9/22, Baumann, Subscription Publication, 4K) reports research indicates that “[deaths] linked to methamphetamine overdoses nearly tripled in recent years, indicating the public health crisis of substance misuse that takes tens of thousands of lives in the U.S. annually extends beyond opioids.” Researchers “found the number of overdose deaths involving psychostimulant drugs other than cocaine – largely meth – increased 180% from 5,526 in 2015 to 15,489 in 2019.” According to the article, “Meth use only increased by 43% in that same time frame, suggesting that high risk behaviors such as mixing substances may be contributing to the increase in deaths.” The findings were published Wednesday in *JAMA Psychiatry*.

**Additional Sources.** [NPR](#) (9/22, Mann, 3.69M) reports, “The researchers found Native Americans and Alaska Natives still have the highest rate of methamphetamine use disorder and have seen sharp increases in drug deaths in recent years.” National Institute On Drug Abuse Director Dr. Nora Volkow, who coauthored the study, said, “In terms of absolute numbers, the group that’s most negatively affected by methamphetamines are American Indians and Alaska Natives and the difference is gigantic.” NIDA neuroscientist Emily Einstein, co-author of the study, stated, “What makes these data even more devastating is that currently there are no approved medications to treat methamphetamine use disorder.” Volkow “says it’s important that more treatment approaches be shaped to build on cultural strengths and local resources, especially in American Indian and Alaska Native communities.” **(Article attached.)**

### **Meth Found In Super 8 Motel Water Supply In New Mexico.**

The [Daily Mail \(UK\)](#) (9/19, Manno, 4.11M) reports “the water supply of a Super 8 motel in New Mexico has been shut down after a guest said a piece of methamphetamine came out of a faucet and struck them in the eye on Thursday.” The “substance – which cops later determined to be meth – was found in multiple locations throughout the 2-star inn, located off Highway 70 in Portales, about 230 miles east of Albuquerque.” NIDA and NIH are mentioned.

### **Top Federal Drug Official Says We Don't Need More Research To Show Criminalization's Racist Impact.**

[Cannabis News World](#) (9/20) reports, "When it comes to the war on drugs, there's no need for further research to prove that such criminalization has disproportionately impacted communities of color...said" National Institute on Drug Abuse Dr. Nora Volkow in a recent interview. Volkow "spoke to the scientific journal publisher Springer Nature about a variety of drug policy issues in an interview and authored a new op-ed for Scientific American." According to the article, "The overarching themes again concern the current criminalization and stigmatizing approach to drugs and the need for a policy change."

### **Magic Mushrooms May Be The Biggest Advance In Treating Depression Since Prozac.**

[Newsweek](#) (9/22, Piore, 2.67M) reports that 24 volunteers are "taking part in a small study aimed at evaluating the effectiveness of a combination of psychotherapy and" psilocybin, the active ingredient "magic mushrooms," to "treat depression – an approach that, should it win approval, could be the biggest advance in mental health since Prozac [fluoxetine] in the 1990s." The National Institute of Mental Health is mentioned.

### **Apple Reportedly Developing Software To Diagnose, Screen For Depression In Users.**

[The Hill](#) (9/21, Kelley, 5.69M) reports Apple "is reportedly developing new health care software to diagnose and screen for signs of depression in users, The Wall Street Journal reported Tuesday." The diagnoses "would be generated with a bevy of user data, ranging from physical activity levels, sleep patterns, mobility, typing behavior and other health information." Further, developers at the company "are looking to use the data to refine algorithms that can detect signs of depression and other targeted mental health conditions." The software "is part of a joint effort between Apple and the University of California, Los Angeles (UCLA) as well as researchers from Biogen, a biotechnology company specializing in neurological diseases."

### **Trade Groups Raise Concerns About ONC's Health Data-Sharing Rule.**

[Modern Healthcare](#) (9/20, Subscription Publication, 215K) reports, "Healthcare organizations and software developers may have trouble determining what data elements they need to exchange under new federal interoperability regulations, according to a trio of health information technology and management trade groups Monday." Under the Office of the National Coordinator for Health Information Technology's current data-sharing rule, "healthcare providers, health information exchanges and developers of health IT software that have earned approval from the

agency's health IT certification program" must "share a limited set of data elements with patients and one another." But starting in October 2022, healthcare groups will be "required to share a broader set of health data, known as electronic health information, under the rule."

### **Person-First Language About Schizophrenia May Affect Clinician Beliefs, Study Suggests.**

STAT (9/22, Bender, 262K) reports, "Mental health counselors had kinder and less authoritative reactions to statements that used the phrase 'person with schizophrenia' instead of 'schizophrenic,' a new study finds – an important confirmation of the benefits of person-first language." The study, "published Wednesday in the Journal of Counseling & Development, adds to a broader social conversation but sparse scientific literature supporting person-first language, which is meant to de-stigmatize disabilities, mental health conditions, and other conditions." Darcy Granello, "co-author of the study and a professor of counselor education at the Ohio State University, said the new research confirms the importance of those linguistic changes."

### **Nearly Half Of HIV PrEP Descovy Switches Contraindicated.**

Medscape (9/22, Boerner, Subscription Publication, 219K) reports, "George Froehle, PA, a primary care clinician at CentraCare in rural St. Cloud, Minnesota, has been prescribing the HIV prevention pill tenofovir disoproxil fumarate plus emtracitabine (TDF/FTC) since it was marketed by the brand name Truvada and the US Food and Drug Administration approved it in 2012." However, he has recently "been having conversations with patients about the new HIV prevention pill, tenofovir alafenamide plus emtracitabine (TAF/FTC, Descovy) as well." A recent study "suggests that only between 1 in 10 and 1 in 3 switches to the new formulation of HIV pre-exposure prophylaxis (PrEP) are indicated by lab work – and that nearly half of people receiving a prescription for the new version had lab results actually contraindicating the switch." NIAID funded the study.

## **Funding Opportunities**



## **GRANTS & FUNDING**

NIH Central Resource for Grants and Funding Information

[NOT-DA-21-075](#)

[Notice of NIDA's Participation in PA-20-144, "Innovations in HIV Prevention, Testing, Adherence and Retention to Optimize HIV Prevention and Care Continuum Outcomes \(R01 Clinical Trial Optional\)"](#)

[NOT-DA-21-076](#)

[Notice of NIDA's Participation in PA-20-145, "Innovations in HIV Prevention, Testing, Adherence and Retention to Optimize HIV Prevention and Care Continuum Outcomes \(R21 Clinical Trial Optional\)"](#)

[NOT-DA-21-077](#)

[Notice of Early Expiration of PAR-21-022, "Multi-Site Studies for System-Level Implementation of Substance Use Prevention and Treatment Services \(R01 Clinical Trial Optional\)"](#)

[NOT-DA-21-078](#)

[Notice of Early Expiration of PAR-21-023, "Multi-Site Studies for System-Level Implementation of Substance Use Prevention and Treatment Services \(R34 Clinical Trial Optional\)"](#)

[NOT-DA-21-083](#)

[Notice of clarification in RFA-DA-22-022, "Fentanyl and its Analogs: Effects and Consequences for Treatment of Addiction and Overdose \(UG3/UH3 Clinical Trial Optional\)"](#)

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