

Welcome to the Biannual Bulletin from the Center for Addiction Research! The biannual bulletin contains news stories and summaries provided by CAR members about the great work they are doing. Thank you to those who shared stories for this edition! To have your work included in the next issue, coming in late July 2026, please send a brief summary/story accompanied by pictures or graphics (if available) to Jen Rowe ([roweji@ucmail.uc.edu](mailto:roweji@ucmail.uc.edu)) any time prior to July 15th. Thank you!

## CAR Biannual Bulletin

January 2026

### Member Research Updates

**2026 Next Bulletin Release Date:**  
- Late July

**2026 Next Deadline for Submitting Stories:**  
- July 15th

**Save the Dates! June 10, July 8, and August 12, 2026**  
**Center for Addiction Research Summer Speaker Series Returns**  
**Speakers from the CAR include Dr. Winhusen, Director & Dr. Victor Schneider, Member**

### UC research links childhood trauma, tobacco exposure



A new study reveals a troubling connection between adverse childhood experiences and children's exposure to tobacco smoke in their homes.

The study is led by University of Cincinnati researcher Ashley Merianos who specializes in tobacco use and its effects.

The research, funded by the National Institutes of Health and now published in *Child Protection and Practice*, highlights that in the United States school-aged children facing trauma such as parental divorce, community violence or financial hardship are significantly more likely to live in households where tobacco is used — putting their health at further risk.

“Adverse childhood experiences [ACEs] and tobacco smoke exposure are two major independent problems faced by school-aged children in the U.S.,” notes Merianos, a professor in UC's School of Human Services, within the College of Education, Criminal Justice, and Human Services, and Information Technology.

Merianos has spent over a decade researching the effects of tobacco use (including vaping) on public health — with an emphasis on childhood development.

#### Key findings:

- As the number of ACEs increases, so does the likelihood of children living with tobacco users and being exposed to harmful smoke.
- Both household-related trauma (like parental separation) and community-level adversity (such as witnessing neighborhood violence) correlate with increased exposure.
- Even children whose caregivers smoke exclusively outside the home are at risk, due to thirdhand smoke residue on clothing, furniture and surfaces.

“There is a common myth that children living with tobacco smokers who only smoke outside their homes are safe from tobacco smoke exposure and its negative health outcomes,” says Merianos.

Third-hand smoke

This study shows that ACEs increase the likelihood that children live with tobacco smokers who smoke only outdoors or are exposed to thirdhand smoke only, she says.

The findings also suggest that ACEs may be a root cause of exposure to thirdhand smoke — or both secondhand and thirdhand smoke — urging health and policy leaders to consider trauma-informed approaches to tobacco prevention and household health interventions.

Merianos is an affiliate member of the Thirdhand Smoke Research Consortium.

Thirdhand smoke is either inhaling, ingesting or absorbing through the skin the pollutants that are left behind in the environment after tobacco has been smoked. The pollutants can be found on walls, furniture and decorations.

Merianos recently led a study in collaboration with Cincinnati Children's on the levels of thirdhand smoke in 80 homes where children reside. That study found nicotine on surfaces in all of the children's homes and detected the presence of a tobacco-specific carcinogen in nearly half of the homes.

In the current study, the authors call for targeted policies to address both ACEs and environmental tobacco exposure to protect vulnerable populations.

**UC News story by Angela Koenig:**  
**[UC research links childhood trauma, tobacco exposure](#)**

**Read the study in *Child Protection and Practice*:**  
**[Adverse childhood experiences and tobacco smoke exposure among U.S. school-aged children](#)**

## **Trials testing psychedelics for treating substance abuse disorders**



Clinical Research News highlighted a presentation from the University of Cincinnati's Davide Amato and Jon Kostas, executive director of the Association for Prescription Psychedelics, discussing current trials testing psychedelics to treat substance use disorders. Amato and Kostas spoke at the Center for Addiction Research's Summer Speaker Series Aug. 13.

Amato gave an overview of the history of psychedelics and research on their use to treat substance use disorder. He noted former names for the class of drugs such as "psychotomimetics" and "hallucinogens" can be misleading.



"In the context of psychosis, altered perception is very different," said Amato, PhD, associate professor in UC's James L. Winkle College of Pharmacy. He said psychosis is diagnosed based on persistent symptoms including delusions and a loss of adherence to reality, while psychedelic experiences can be marked by increased ratings in positive attitudes, mood and social effects.

Amato and his colleagues are publishing research soon that summarizes current studies registered at ClinicalTrials.gov and identifies rebalancing of the brain's dopamine system as the means by which psychedelics might help blunt drug-seeking behavior and promote drug abstinence. The article has been accepted for publication by the British Journal of Pharmacology.

**UC News story by Tim Tedeschi:**  
**[Trials testing psychedelics for treating substance abuse disorders](#)**

**Read the article in *Clinical Research News*:  
[Many Trials Testing Psychedelics for Treating Substance Abuse Disorders](#)**

**Read the study in *British Journal of Pharmacology*:  
[Psychedelics as pharmacotherapeutics for substance use disorders: A scoping review on clinical trials and perspectives on underlying neurobiology](#)**

## **Study Shows Community Coalition-Prioritized Strategies Increased Naloxone Education and Distribution in Jails**



Recent findings published in Health & Justice show that the NIH HEALing Communities Study (HCS) was associated with a significant increase in the number of jails that provided overdose education and delivery of naloxone to individuals returning from incarceration in participating communities. These results underscore the value of a community-engaged intervention that leveraged local coalitions to plan and implement overdose education and naloxone distribution (OEND) strategies to expand access to life-saving overdose prevention services within correctional settings.

“This study is the first to evaluate a community-engaged intervention that uses local coalitions to drive action planning for implementation of OEND in jails to address opioid overdose among people impacted by incarceration,” says lead author Dr. Timothy Hunt, Research Scientist and Associate Director of the Social Intervention Group at the Columbia University School of Social Work.



The transition from incarceration back to the community is a high-risk and vulnerable period, especially for individuals with a substance use disorder (SUD). Research has shown that overdoses are one of the leading causes of death for individuals returning to the community following incarceration (Hunt et al., 2025), and individuals are up to 129 times more likely to die from an overdose within the first two weeks compared to the general population (Binswanger et al., 2007). Yet, only about 25% (or one in four) of U.S. jails currently provide naloxone to individuals upon release (Maruschak et al., 2023; Scott et al., 2022).

OEND initiatives have been shown to be effective in reducing overdose fatalities in both community and justice settings. These programs provide naloxone to individuals at risk of overdose (or likely to witness one) and educate them on how to recognize and respond to an overdose. OEND programs have also been effective in promoting community confidence and willingness to intervene in overdose situations (Hunt et al., 2025).

Launched in 2019, the HCS is the largest addiction prevention and treatment implementation study ever conducted that tested the impact of a community-driven approach—called Communities That HEAL intervention—designed to empower local coalitions and help them select and implement effective strategies and practices best suited to their needs. Through its efforts, the HCS helped 67 communities across four states (New York, Massachusetts, Kentucky, and Ohio) overcome barriers to scaling up evidence-based strategies, including OENDs, medications for opioid use disorder (MOUD), and safer opioid prescribing and dispensing practices across a variety of settings to reduce opioid-related deaths.

Sheriff Juan Figueroa of Ulster County, New York, which was one of the participating HCS communities, shares: “As the epidemic continues, being alert and saving the lives of those who suffer from substance use disorders remains a priority in Ulster County. Our partnership with the county government, our community, and the HEAL intervention assures law enforcement, families, and community partners collaborate to educate those at risk of overdoses through education and knowledge in the use of Naloxone.”

In this study, researchers assessed the impact of the Communities That HEAL intervention, which supported local coalitions in planning and implementing OEND strategies to address overdose risk among individuals impacted by incarceration. Jail-based OEND outcomes were measured through surveys administered to HCS Intervention communities (n = 34) that received the intervention first and implemented strategies between January 1, 2020, and June 30, 2022. These results were compared to HCS Waitlist control communities (n = 33), which did not implement strategies until after Intervention communities concluded. Data were collected from all 67 participating communities between 2019 and 2022 at three points: baseline and two annual follow-ups.

### Key Findings

- HCS significantly increased both overdose education and naloxone delivery among participating jails:
  - Overdose education: The number of Intervention community jails that provided overdose education increased from 38% at baseline to 77% after receiving HCS support. In comparison, 36% of the Waitlist control community jails provided overdose education at baseline.
  - Naloxone distribution: Intervention community jails that distributed naloxone at release increased from 26% at baseline to 71% during the evaluation period; 36% of the Waitlist control community jails provided naloxone at release at baseline.
- Flexible implementation models enabled success, with communities using a variety of approaches based on capacity and constraints:
  - Education strategies: Jails used various methods to provide naloxone education (e.g., through tablets, kiosks, or facility communications devices), which allowed streamlined completion tracking and easy identification of who should receive naloxone. In addition, some jails played educational videos in booking areas where individuals were held while waiting to be processed into the facility.
  - Naloxone was distributed at various points: Some jails provided naloxone upon release, while others offered naloxone at intake and placed it in personal belongings. Access methods included discharge kits, from vending machines in release areas, or through vouchers redeemable at community-based organizations or pharmacies.
  - Targeted vs. Universal Approaches: Some jails offered OEND to all individuals leaving jail, while others focused on high-risk groups, such as individuals with SUDs.

"This study highlights the ingenuity of community-engaged collaborations between coalitions and correctional facilities to address a shared recognition that the post-release period is a dangerous one for overdoses among persons recently released from jail," says senior author Dr. Joel Sprunger, Assistant Professor of Clinical Psychiatry and Behavioral Neuroscience at the University of Cincinnati College of Medicine. "Through many permutations of OEND across states and communities, these jails implemented strategies that undoubtedly saved lives."

"These findings underscore the success of the Communities THAT HEAL intervention in increasing both naloxone delivery and overdose education

and the value of engaging local coalitions to work with correctional facilities and integrate OEND into correctional health services,” says Dr. Hunt. “By empowering communities, aligning, with evidence-based practices, and leveraging flexible models of care, this community-engaged approach can save lives at one of the most dangerous transition points for individuals with SUD.”

**Article from Addiction Policy Forum:**  
**[Study Shows Community Coalition-Prioritized Strategies Increased Naloxone Education and Distribution in Jails](#)**

**Read the study in *Health & Justice*:**  
**[Overdose education and naloxone distribution in jails: Examining the impact of the Communities That HEAL intervention in 4 states](#)**

## **Smoking-reduction strategies could ease loneliness and social isolation**



Health behavior experts have a question: If loneliness results in the same risk of dying early as smoking up to 15 cigarettes a day, could the strategies that greatly reduced smoking in the United States a half century ago also potentially ease the loneliness epidemic today?

To get closer to the answer, a team led by the Texas A&M University School of Public Health built on a recent benchmark study on social isolation, loneliness and smoking by aligning its strategies for reducing tobacco use with those of the U.S. Surgeon General's advisory on the current epidemic of loneliness and social isolation.

"What I think might shock people is that if you feel lonely or socially isolated, you have about a 30% increased risk of heart disease and stroke, and older adults who experience these conditions chronically have about a 50% greater risk of developing dementia," said Tyler Prochnow, who spearheaded the commentary, which was published in Public Health Report. "This increase in risk is similar to the increased risks of cardiovascular disease, stroke and cancer that we see with tobacco use."

In addition, he said more than one out of every five adults in the United States say they are socially isolated, and half feel lonely.

"This is a growing public health crisis that needs a coordinated, long-term, systemic approach, but our responses to this problem haven't been able to move the needle yet," he said.

He noted that while social isolation and loneliness are both forms of social disconnection, isolation is typically an objective condition defined by little interaction with others, while loneliness is a subjective feeling of distress when current connections don't match the desired level and quality of connection.

"People can experience both at the same time, but that may not always be the case, which complicates the problem," he said. "You could feel a deep sense of loneliness while being surrounded by people, while others may have one connection that fulfills their social needs."

For their commentary, the team aligned the recommendations of the benchmark study with six strategic areas used to successfully reduce tobacco use: policy implementation, environmental changes, systemic reforms, educational programs and shifts in social norms.

Among other strategies implemented to reduce tobacco use that could be considered to reduce loneliness and social isolation, the researchers identified the following:

- Policy changes. Just as age restrictions and warning labels effectively reduced smoking, warning labels and age restrictions could be mandated for devices or apps; public health funding could be used to promote social connection initiatives; and social impact assessments could be required for new policies or large-scale projects.
- Environmental changes. Like the smoke-free designations in public places, public spaces and workplaces could be designed to foster social engagement.
- Systems-level change. Tobacco screenings are now part of routine health care, and support systems such as quitlines exist for people who want to quit using tobacco. Likewise, social connection screenings and loneliness support helplines should be supported and promoted.
- Health education programs. The prevention programs introduced in schools and the media to reduce tobacco use could be adapted to address social connection.
- Social norm changes. Tobacco use decreased following its denormalization in the media and elsewhere, and similar approaches could be used to promote strong social connections, as well as to destigmatize loneliness and seeking help to address it.

"We believe that the comprehensive, multifaceted framework that successfully reduced tobacco use provides public health professionals and others with a useful approach for addressing the growing epidemic of loneliness and social isolation," Prochnow said.

"When we recognize the health risks and the number of people affected by loneliness and social isolation, we know we have to meet this problem with the urgency, coordination and sustained commitment."

**Article from Medical Xpress:**  
[\*\*Smoking-reduction strategies could ease loneliness and social isolation\*\*](#)

**Read the study in *Public Health Reports*:**  
[\*\*Clearing the Air: Using Tobacco Prevention Lessons for Social Connection\*\*](#)

## **Longer treatment with medications for opioid use disorder associated with greater probability of survival**



A new study of over 32,000 US veterans has found that the longer people stay on medications for opioid use disorder (buprenorphine, methadone, or extended-release naltrexone), the greater the probability of short- and medium-term survival. This benefit continues to increase for at least four years of ongoing treatment, considerably longer than most patients currently stay in treatment.

People with opioid use disorder run the risk of dying from accidental overdose, but opioid use disorder also increases the risk of death from other health conditions, most notably infectious disease. People who receive buprenorphine and other medications for opioid use disorder (MOUD) have fewer drug cravings, improved social functioning, and better quality of life than those who do not, and those improvements decrease their risk of mortality.

Current treatment durations and patient preferences  
 It's unusual for patients to stay on MOUD for four years, or even for one year. Most standards of care specify six months as the minimum target for treatment duration, and more than 25% of patients say they want even shorter durations.

This study shows that to get the greatest benefit from MOUD, the recommended treatment duration should be years longer. Encouraging patients to continue treatment for at least four years will significantly increase their chances of survival.

#### Study findings on survival probability

The study, published in *Addiction*, measured relative predicted survival probability as the ratio of the predicted probability of surviving to six years if a patient was treated for one year instead of six months, two years instead of six months, and so on. Longer time on therapy increased expected relative survival, with larger gains in longer time horizons. Higher-risk patients saw greater benefits over shorter time horizons than lower-risk patients.

For example, a 50-year-old male with no other health risk factors who remained in MOUD treatment for two years had a 4% higher survival probability than a 50-year-old male who stopped treatment at six months.

In contrast, a 30-year-old female with no other health risk factors was not projected to achieve a 4% greater survival probability until around five years of MOUD duration. Additionally, for the lowest risk patients, the improvements in relative survival for each additional year of therapy started to diminish as duration increased, with no statistically discernible difference beyond four years.

The study included 19,666 buprenorphine users, 8,675 methadone users, and 4,007 extended-release naltrexone users. After four years of receiving MOUD, additional time in treatment may not continue to increase the relative predicted probability of survival.

#### Article from Medical Xpress:

**[Longer treatment with medications for opioid use disorder associated with greater probability of survival](#)**

#### Read the study in *Addiction*:

**[Evaluating the optimal duration of medication treatment for opioid use disorder](#)**

### 2025 New Publications



#### **Cigarette use and smoking cessation goals among pregnant women with opioid use disorder**

Elizabeth E. Krans, Daniel Lewis, Antoine Douaihy, Michelle R. Lofwall, Frankie Kropp, Peter R. Martin, Reesha S. Sanghani, Jesse N. Cottrell, T. John Winhusen

*Journal of Substance Use and Addiction Treatment*

DOI: <https://doi.org/10.1016/j.josat.2025.209865>

#### **A community-driven approach to address substance use and create a Great Plains American Indian addiction and recovery research agenda**

Brynn Luger, Anna Kihlström, Brinda Sivaramakrishnan, Allison Kelliher, Frankie Kropp, Carmen Rosa, T. John Winhusen, Donald Warne, the CTN0129 participating Tribal communities

*American Journal of Community Psychology*

DOI: <https://doi.org/10.1002/ajcp.70039>

#### **Gender-specific addiction research needed now more than ever: Reflections from 25 years of the NIDA Clinical Trials Network Gender Special Interest Group**

Aimee N.C. Campbell, A. Kathleen Burlew, Constance Guille, Mia A. Haidamus, Denise A. Hien, Therese Killeen, Michelle R. Lofwall, Margaret M.

Paschen-Wolff, Christi A. Patten, Dawn E. Sugarman, T. John Winhusen, Ludmila N. Bakhireva, Amy M. Loree, Shayna Mazel, Shelly F. Greenfield

*Journal of Substance Use and Addiction Treatment*

DOI: <https://doi.org/10.1016/j.josat.2025.209849>

**Impact of a brief personally tailored opioid-overdose and medication for opioid use disorder education intervention on naloxone acceptance in peripartum individuals: A secondary exploratory analysis**

Michelle R. Lofwall, Frankie Kropp, Jasmin Charles, Gerald Cochran, Antoine Douaihy, Mary Edwards, Daniel Lewis, Carmen Rosa, Jessica L. Young, T. John Winhusen

*Journal of Substance Use and Addiction Treatment*

DOI: <https://doi.org/10.1016/j.josat.2025.209816>

**Acute alcohol in prefrontal cortex is characterized by enhanced inhibition that transitions to excitation**

Kathleen G. Bryant, David Swygart, Yuexi Yin, Meredith R. Bauer, Mitchell D. Morningstar, Nicholas M. Timme, William H. Barnett, Colleen E. McGonigle, Eric A. Engleman, Patrick L. Sheets, Christopher C. Lapish

*iScience*

DOI: <https://doi.org/10.1016/j.isci.2025.112920>

**Do Communities Implementing the Communities That HEAL Intervention Have Significantly Lower Rates of High-Risk Opioid Prescribing and Dispensing?**

Frances R. Levin MD, Douglas R. Oyler PharmD, Denise C. Babineau PhD, Jennifer Villani PhD, Redonna K. Chandler PhD, Patricia R. Freeman PhD, Daniel P. Alford MD, MPH, Naleef Fareed PhD, Nicole Mack MS, Trang Q. Nguyen MD, DrPh, Daniel M. Walker PhD, Joella Adams PhD, Trevor J. Baker MS, Donna Beers MSN, RN-BC, Shoshana N. Benjamin MPH, Jennifer Bhuiyan PharmD, Derek Blevins MD, James L. David MS, Netrali Dalvi MPH, Lauren D'Costa BS, Daniel J. Feaster PhD, LaShawn Glasgow DrPH, Dawn A. Goddard-Eckrich EdD, Yi Han MA, Mallory Harris MSW, Timothy Hunt PhD, Charles Knott MPA, Adrienne Matson PharmD, Frank Mierzwa PMP, Lisa Newman MSPH, Edward V. Nunes MD, Emmanuel A. Oga MD, Monica F. Roberts PharmD, Aimee Shadwick MA, Abigail Shoben PhD, Svetla Slavova PhD, Laura Stinson PharmD, Gary A. Zarkin PhD, Bridget Freisthler PhD, Jeffrey H. Samet MD, Sharon L. Walsh PhD, T. John Winhusen PhD, Rebecca D. Jackson MD, Nabila El-Bassel PhD

*AJPM Focus*

DOI: <https://doi.org/10.1037/pha0000764>

**An individual-level data synthesis of Clinical Trials Network studies to examine the impact of psychosocial treatments for Black people who use cocaine and/or opioids**

A. Kathleen Burlew, Lesia M. Ruglass, Adriana Espinosa, Caravella McCuistian, Angela M. Haeny, Ayana Jordan, Christopher Roundtree, Joel Lopez, Ashley Vena, Antonio A. Morgan-López

*Drug and Alcohol Dependence*

DOI: <https://doi.org/10.1016/j.drugalcdep.2025.112850>

**Negative urgency accounts for associations between internalizing symptoms and lifetime nonfatal opioid overdose among patients from three urban Ohio emergency departments**

Dan Petrovitch, Katie P Himes, Emma Quarles, Caroline E Freiermuth, Robert S Braun, Joshua W Lambert, Jennifer L Brown, Michael S Lyons, Brittany E PUNCHES, Jon E Sprague, Andrew K Littlefield

*Experimental and Clinical Psychopharmacology*

DOI: <https://psycnet.apa.org/doi/10.1037/pha0000764>

**Increasing access: Making naloxone available at highway rest areas**

Tim Ingram, Sofia Rubi, Jennifer L. Brown, Joel Sprunger, Aimee Shadwick, Clark Crago, Michael S. Lyons, T. John Winhusen

*Exploratory Research in Clinical and Social Pharmacy*

DOI: <https://doi.org/10.1016/j.rcsop.2025.100660>

**Patient Acceptance of Rapid HIV Testing During Targeted Screening in the Emergency Department**

Brianna N McMonagle, Robert Braun, Jude Luke, Anita Goel, Caroline Freiermuth

*Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*

DOI: <https://doi.org/10.5811/westjem.48500>

**Overdose risk profiles in pregnancy: Latent class analysis of pregnant individuals with opioid use disorder**

Elysha Cash, Gerald Cochran, Marcela C. Smid, Jasmin E. Charles, Grace Humiston, Yingjia Wei, Nicole Mauerman, Kristi Carlston, Grace Broussard, Britnee Sengpraseut, Peter R. Martin, T. John Winhusen

*Journal of Substance Use and Addiction Treatment*

DOI: <https://doi.org/10.1016/j.josat.2025.209809>

**Scoping review of associations between cytochrome P450 3A4/5 single nucleotide polymorphisms and risk factors for fentanyl overdose**

Dan Petrovitch, Katie P. Himes, Jason J. Bischof, Robert S. Braun, Jennifer L. Brown, Isaiah C. Eleda, Caroline E. Freiermuth, Shaopeng Gu, O. Trent Hall, Julie A. Johnson, David F. Kisor, Joshua W. Lambert, Michael S. Lyons, Morgan V. Maloney, Brittany E. Punches, Emma Quarles, Andrew K. Littlefield & Jon E. Sprague

*Pharmacogenomics*

DOI: <https://doi.org/10.1080/14622416.2025.2562796>

**An individual-level data synthesis of Clinical Trials Network studies to examine the impact of psychosocial treatments for Black people who use cocaine and/or opioids**

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*Drug and Alcohol Dependence*

DOI: <https://doi.org/10.1016/j.drugalcdep.2025.112850>

**Correlates of Recreational and Medicinal Cannabis Use Among Non-Hispanic Black and Hispanic Men with Chronic Condition**

Benjamin N. Montemayor, Ashley L. Merianos, Caroline D. Bergeron, Ledric D. Sherman, Wura Jacobs, Sunghyun Chung, Arham Hassan & Matthew Lee Smith

*Journal of Community Health*

DOI: <https://dx.doi.org/10.1007/s10900-025-01500-7>

**Personally-Tailored Opioid-Overdose and Medication for Opioid Use Disorder (MOUD) Education (TOME) Significantly Increases MOUD and Overdose Knowledge in Peripartum Individuals: Results from a Randomized Controlled Pilot Trial**

T. John Winhusen, Frankie Kropp, Marcela C. Smid, Jessica L. Young, Todd H. Davies, Daniel Lewis, Carmen Rosa, Maham Dilawar, Elizabeth E. Krans, Candace Hodgkins, Gerald Cochran, Michelle R. Lofwall

*Drug and Alcohol Dependence*

DOI: <https://doi.org/10.1016/j.drugalcdep.2025.112795>

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DOI: <https://dx.doi.org/10.1007/s10900-025-01500-7>

## CAR Member Recognition



**CoM Office of Research recognizes Gallery of Awardees**

Recognizing the challenges of competing for funding to support faculty research programs, the College of Medicine Office of Research celebrates researchers in the Gallery of Awardees. The gallery honors those faculty members who have been awarded external grants of \$100,000 per year or more direct costs and recently featured **T. John Winhusen, PhD, CAR Director**, Vice Chair of Addiction Sciences, Donald C. Harrison Endowed Chair in Medicine, Department of Psychiatry and Behavioral Neuroscience.

Award: National Institute on Drug Abuse Award

Project Title: The Ohio Valley Node of the Clinical Trials Network

Project Period: 3/1/2025-2/29/2032

Award Amount: \$12.85 million

Summary: The Ohio Valley Node (OVN) joined NIDA's Clinical Trials Network (CTN) in September of 2000 as one of the CTN's second wave of awardees and has been funded continuously since then. Funds in the current 7-year award cycle (3/1/2025 - 2/29/2032) support OVN infrastructure, project development, and support to all OVN performance sites.



Congratulations to **Joel Sprunger, PhD**, on his well-deserved promotion to UC Associate Professor of Psychiatry, effective September 1, 2026. This promotion recognizes his exceptional contributions to the department.

- Promoted to: Associate Professor of Clinical-Geo
- Promoted from: Assistant Professor
- Psychiatry & Behavioral Neuroscience effective 9/1/2026



**Research Rising Star Award**

Congratulations to **Dr. Jayme McReynolds, Assistant Professor of Pharmacology**, for being named a Research Rising Star at the UC College of Medicine's recent Celebration of Research. We look forward to her future accomplishments.



Congratulations to **Victor Schneider, PhD, Assistant Clinical Professor**, and Dr. Christian Garcia on the acceptance of their two abstracts for presentation at the highly competitive 'Alcoholism and Stress: A Framework for Future Treatment' conference to be held in Volterra, Italy (May 2026).

***Table for one: relationships of heavy drinking, loneliness, and stress***

Victor J. Schneider, PhD, Christian C. Garcia, PhD, & Jeff Boissoneault, PhD

***Relationship between patterns of drinking behavior and subjective cognitive decline in midlife and older adults***

Christian C. Garcia, PhD, Victor J. Schneider, PhD, & Rose Marie Ward, PhD

## News from the Ohio Valley Node



**CTN-0152 Opens for Recruitment!** The CTN-OVN has successfully led pre-initiation activities for the CTN-0152 (Evaluation of Tirzepatide as an Adjunct to Buprenorphine (TAB); **Lead Investigator – Dr. T. John Winhusen, CAR Director**) study, and four sites are now open for participant recruitment. TAB is a double-blind, randomized, placebo-controlled, intent-to-treat trial designed to evaluate the effect of weekly subcutaneous (SQ) tirzepatide versus placebo as an adjunct to buprenorphine maintenance treatment (BUP) for opioid use disorder. Approximately 310 participants who have recently initiated BUP will be randomized across 10 study sites.

### Original story from the Clinical Trials Network (CTN):

[News from the Ohio Valley Node](#)

### Center for Addiction Research (CAR)

University of Cincinnati  
College of Medicine  
3230 Eden Avenue  
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**CAR Director:**  
**Dr. T. John Winhusen**

**Changing outcomes,  
saving lives through  
work on opioid,  
stimulant, cannabis,  
and alcohol use  
disorders**

### CAR Mission

To accelerate scientific progress in the prevention and treatment of substance use disorders and their consequences by fostering research collaborations across:

- UC departments, colleges, and centers including Cincinnati Children's Hospital Medical Center
- Local, regional, and state community and governmental partners
- Other academic institutions and industry

### The CAR includes three research concentrations (cores):

- Addiction Treatment Development and Testing (ATT)
- Perinatal Addiction/Developmental-consequences (PAD)
- Population Health and Health Services (PHHS)



**Find out more about the CAR using the website link below:** <https://med.uc.edu/institutes/CAR/home>

