Welcome to the Biannual Bulletin from the UC/UC Health Addiction Center! The biannual bulletin features news stories and summaries from our research, clinical, and education UCAC team, highlighting 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 January 2027, please send a brief summary/story accompanied by pictures or graphics (if available) to Jen Rowe (roweji@ucmail.uc.edu) any time prior to January 15th. Thank you!

UCAC Biannual Bulletin

July 2026

Member Research Updates

2027 Next Bulletin Release Date:
- Late January

2027 Next Deadline for Submitting Stories:
- January 15th

Register Now! UC/UC Health Addiction Center Summer Speaker Series, final session, Wednesday, August 12, 2026 at 12:00 PM, featuring Dr. Corey Hayes and Dr. Daniel Bebo, "Towards Personalized Medicine For Opioid Use Disorder: Analyses of Data from Veterans Health Administration." Sponsored by: UC/UC Health Addiction Center

GLP-1s Are a Weight Loss Miracle. Could They Also Curb the Opioid Crisis?

For Sydney S., there is no way to describe rock bottom. She was her addiction and her addiction was her. Even from a young age, she says her memories contained one throughline: "Always wanting more."

Before 2024, Sydney, now 27, responded to every minor upset, irritant, or disappointment with drug use. (She requested her full last name not be shared to protect her privacy.) What started as a marijuana dependency at 12 moved to alcohol use at 14. During college, she joined in on the binge drinking culture, adding drugs like cocaine, Percocet, Xanax, and eventually ketamine to an already overwhelming alcohol consumption. It interrupted friendships, cut through studio time for her art degree, and took up so much time that she eventually shut down her small art business. Even when she wanted to sit down and paint, the drugs came first. By the time Sydney was 21, the solution to every problem was drug use. "My life just became so unmanageable. There was a downward spiral," Sydney says. "I was taking so much in a day that I cannot believe I'm alive."

At the threat of losing her friends, family, and possibly her life, Sydney agreed to go to inpatient treatment in 2024. She spent months at Caron Treatment Centers, a facility in Delray Beach, Florida that combines medical treatment with psychiatric counseling. Sydney is one of the 48 million Americans each year who struggle with substance use disorder. But when she walked through the doors of Caron, she joined a much more exclusive group — a select number of patients including GLP-1 medications in their addiction treatments.

GLP-1 medications like Ozempic have dominated public attention since 2021 for their ease with aiding weight loss. But a growing body of research over the last few years suggests that GLP-1s can significantly help people suffering from substance abuse disorders get clean fast and stay clean longer. GLP-1s aren't the first potential meds targeting these issues. But the new research about their link comes at a time when the medical community is facing a historically devastating overdose epidemic — one that's killed more than 450,000 Americans in the past five years. Aside from GLP-1s, a small number of therapeutic options already exist and are approved by the FDA. But experts tell Rolling Stone their social stigma often drive patients

away from the help they need. Prescribers also have to contend with a lack of information about the long term effects of GLP-1 usage, which becomes especially dangerous when a return to form doesn't just include weight loss but a possible relapse to life-threatening substance abuse. GLP-1s have fought a winning battle in the public consciousness, a transformation that's taken them from unknown "miracle drugs" to routine treatments in just a few years. Can they have the same impact on the opioid crisis?

HERE'S HOW IT WORKS: GLP-1s TICKLE a set of receptors in the body that signal the pancreas to release more insulin. That delays emptying of the stomach. And in so doing, it controls peoples' appetites, leaving them feeling fuller longer. Taken for an extended period of time, these medications can directly lead to weight loss. First developed and approved in 2017 as a treatment for type 2 diabetes symptoms, Ozempic became especially popular online on apps like X (formerly Twitter) and TikTok in 2021, where it was referred to as a "secret weight loss drug" for the biggest names in Hollywood. After interest in the drugs sparked a national shortage in the U.S., the FDA approved several versions specifically for weight loss, including Zepbound and Wegovy's pill form

But GLP-1s also have an unexpected impact on the brain. Dr. Christian Hendershot, the director of Clinical Research at the USC Institute for Addiction Science, tells Rolling Stone that GLP-1s interact with a person's neural reward network, structures stored in the brain that impact what we do to feel good and how often we do it. "There's a kind of a satiety effect that is generated by these medications that is brain mediated," Hendershot says. "Reward-related centers of the brain are what we think leads to reduced cravings." This aligns with reporting from 2023 and 2024, which found that patients who used GLP-1s for weight loss reported less "food noise," a term for how much brain power is spent thinking strictly about food.

One of the most hopeful areas of application, therefore, is substance abuse disorders. There were a record number of drug-related deaths in 2023, with an average of 110,000 Americans dying annually from opiate overdoses. The years since have seen decreases in the number of overdose deaths. T. John Winhusen, professor and vice chair of addiction sciences at the University of Cincinnati, attributes that progress in part to a coordinated set of harm reduction measures, such as access to both Narcan and doctors who could prescribe medications to forestall opioid use. But public health experts are concerned those trends might not stick, given recent actions by the Trump administration. Take, for instance, $350 million in funding cuts, and layoffs that have gutted nearly half of the Substance Abuse and Mental Health Services Agency's (SAMHSA) workforce, according to reporting by STAT News.

"If people can't access treatment," Winhusen says, "we're definitely going to see an increase in overdose deaths."

Medication development for addiction has been a slow process. Before 1956, addiction to drugs and alcohol were considered failings in morality or personal will. Today, there are still only three major medicines used for addiction treatment and approved by the FDA: buprenorphine, methadone, and naltrexone, along with a handful more that treat specific withdrawal symptoms. But Hendershot says that many of these medications are historically underutilized because of stigma. In 2024, a CDC study found that of the estimated 10 million American adults who needed treatment for opiate use disorder, only 25 percent were prescribed buprenorphine. A part of accepting the prescription might mean the difficult task of accepting the addiction as a problem that needs medical treatment.

In contrast, with a GLP-1, people might be more inclined to take them because of their burnished reputation. "One of the appealing aspects about GLP-1 therapies is that they're widely accepted," Hendershot says. "They're actually very much in demand, and [an] increasing proportion of physicians

and clinicians are familiar with these medications. We think that this will allow us to circumvent some of the barriers related to the uptake of traditional [substance] use disorder treatments."

Winhusen envisions a future where GLP-1 drugs help with one of the most difficult barriers to successful medical treatment — stopping them from walking away. There's a limit to what the current medications on the market can address. For a person struggling with substance abuse disorder, one strong craving can be the catalyst for a patient to completely abandon sobriety. Studies show that, in the month after patients stop therapies like buprenorphine, they are six times more likely to die than while they were in treatment.

"One of the biggest challenges in treating opioid use disorder is actually keeping people in treatment long enough for them to benefit from it," Winhusen says.

That's why Winhusen has kicked off one of the largest trials in the country using GLP-1's in tandem with buprenorphine, the synthetic opioid used in substance abuse treatment. He's aiming to enroll more than 300 patients across 10 sites to see if GLP-1's can stop patients from having that one bad day, and keep them in treatment for longer: studies show that only about half of patients who start treatment stay in treatment for more than six months.

At Caron Treatment Centers, where Sydney was treated, Dr. Adam Scioli works as the chief medical officer and program director, where he supervises the center's staff, and treatment protocols. In 2023, the center worked with Penn State University School of Medicine to start one of the first studies on the effect of a GLP-1 on addiction patients. "What we found was a pretty significant reduction in cravings at a much lower dose than the general population tends to be on, particularly for weight loss," he says.

After the study was over, Scioli and the doctors at Caron began to offer GLP-1s as supplemental medication for those at the center for addiction treatment. Since then, they've treated 150 patients with GLP-1s for their substance abuse disorders, with a large majority reporting significant reductions in cravings.

"This medication gets patients feeling more normal earlier," he says. Instead of seeing themselves as addicts, he adds, they see themselves as members of a community, "just like anyone else who is sick — someone who has the potential to get well, contribute in a meaningful way, and be treated as an equal."

That was Sydney's experience. When she added a GLP-1 five months into treatment, she found that the mental space she had dedicated to drugs and alcohol began to shrink. Sydney continued to speak with her doctor, and attend counseling both solo and with her family, a combination that aided her recovery. But she says the most shocking moment came after she left treatment. Eventually, inevitably, she was confronted with drugs again. But things went differently this time.

"I found it pretty unique to see how it worked in my brain," she says. "When I went to move out of my home in Miami, there [were] enough drugs in the house for months of relapsing. And I didn't touch one thing. That was a pretty spiritual moment where I was able to be around drugs and not pick up anything."

Despite the potential for the medications — and their positive effects for people like Sydney — the FDA has not currently approved any GLP-1s for specific use in substance abuse disorder treatment. That means doctors have to prescribe GLP-1's "off-label," which is fairly common across medicine — especially in psychiatry, where many popular medications for sleep disorders, anxiety, and depression were originally approved for other

conditions, like seizures. But GLP-1 prescriptions for off-label uses are much less likely to be approved by insurance companies, studies show.

Those trends make the kinds of trials that researchers like Scioli and Winhusen are doing — to prove the therapies can work for many patients with opioid use disorders, not just a few — all the more urgent. They'll also have to mitigate concerns about potential long-term effects of taking a GLP-1. The FDA already notes that common long term side effects of GLP-1s could include bone density loss and gastrointestinal issues. (A 2025 study created by researchers at Washington University at St. Louis found links between long-term GLP-1 usage and pancreatitis and kidney conditions.)

That said, the only way to truly know the long-term effects of GLP-1 usage is to monitor patients who go through the trials for months and years. But if the drugs aren't approved, that means the patients who can't get the drug off-label (either because doctors won't prescribe, or because insurers won't cover it) will have to wait, too. And that's the very thing that people with substance use disorder might not have: time.

"I'm a researcher, so I'm excited when there are opportunities for developing new therapies," says Dr. Carolina Haass-Koffler, an associate professor of Psychiatry and Human Behavior at Brown. "But," Haass-Koffler adds, "there are only two real clinical trials that show the use of GLP-1s–and the majority of [available] information is anecdotal. We need to be careful."

Sydney, who left Caron in 2025, continues to take a GLP-1. Now, she says she wakes up at 5 almost every morning so she can paint before she leaves for her 9 to 5 job.

"I've made my best art sober — that's an unmatched feeling that drugs can't give me," she adds. "Knowing how much I can accomplish, I think I will be on [a GLP-1] for a very long time."

UC News story by Tim Tedeschi:
Trial results support weekly buprenorphine treatment of opioid use disorder during pregnancy

UC News story by Ashley Nguyen:
Treating opioid use during pregnancy to take center stage during Addiction Center Summer Speaker Series

Read the Rolling Stone article
Read the Rolling Stone article free on Yahoo News (Featured above)
Read the NIH news release
Read the story in MedPage Today
Read the story in Medical Xpress

Read the publication in the *Journal of the American Medical Association Internal Medicine*:
Extended-Release vs Sublingual Buprenorphine in Pregnancy Through 12 Months Post Partum: A Randomized Clinical Trial

A hidden crisis: Fentanyl overdoses hitting the elderly

Fentanyl continues to be the primary cause of drug overdose deaths in the United States. Even a very small amount of it can cause a lethal overdose. Last year, synthetic opioids, primarily fentanyl, accounted for 60% of all overdose deaths in the United States. And for seniors, it's becoming a bigger issue.

"The overdose crisis has continually gotten worse," said Daniel Arendt, PharmD, associate professor of pharmacy practice and administrative sciences at University of Cincinnati.

And now deaths from fentanyl mixed with stimulants have skyrocketed among seniors, increasing by 9,000% in just eight years!

"The opioid epidemic really entered the public lexicon in the early 2010s of recognizing how much of an issue it was," explained Dr. Arendt Fentanyl is only available by prescription. It comes as patches to put on your skin, lozenges and tablets, nasal spray and injections that are usually given in a hospital. Seniors are at risk because they usually take several medications. Methamphetamine is one of the most common stimulants paired with fentanyl, surpassing alcohol, and benzodiazepines. A 2025 study says one reason seniors are at higher risk is they process drugs more slowly, leading to longer effects and increased overdose risk.

"And it's still a public health epidemic," Dr. Arendt told Ivanhoe. Experts say what pain medicine specialists can do is recognize that polysubstance use can occur in all age groups, be cautious when prescribing opioids to people over 65, simplify medication routines and use clear labeling and safe storage instructions.

Seniors who have multiple chronic conditions are more likely to overdose. Some of the signs to look for include having pale, blue or purple lips and fingernails, slowed or stopped heartbeat or breathing, tiny pupils and they are unresponsive. Call 911 immediately.

Read or watch the News4Jax story:
A hidden crisis: Fentanyl overdoses hitting the elderly

UC News story by Tim Tedeschi:
Fentanyl overdoses hitting the elderly

Mortality Risk Decreases When Opioid Use Disorder Treatment Duration Continues Past 6 Months: Results of a Retrospective Cohort Study

Clinical guidelines suggest opioid use disorder medications should continue for at least 6 months to provide benefit, but it is unclear what the optimal treatment duration may be. This study examined how length of opioid use disorder medication treatment was associated with risk for mortality among a sample of veterans.

WHAT PROBLEM DOES THIS STUDY ADDRESS?
Opioid use disorder remains a significant public health concern: an estimated 80,000 people a year die from opioid overdoses. In addition, opioid use disorder increases the risk of death from other causes, including infectious diseases like Hepatitis and HIV. Medications for opioid use disorder improve quality of life and reduce risk of premature death, but optimal duration of treatment remains unclear. Clinical guidelines specify that patients should undergo treatment for at least 6 months, and evidence suggests that extending treatment beyond 1 year is associated with reduced

mortality. However, it is unknown if prolonging treatment further confers additional reductions in risk of premature death. This study examined whether remaining on medication treatment for up to 6 years was associated with lower all-cause mortality.

HOW WAS THIS STUDY CONDUCTED?
This was a retrospective cohort study of 32,348 adults with opioid use disorder to determine how duration of medication (i.e., prescription of buprenorphine, methadone, or naltrexone) was associated with all-cause mortality risk. Data were from electronic health records of US veterans diagnosed with an opioid use disorder who initiated treatment via the Veteran's Health Administration between October 1, 2010, and September 29, 2020. Opioid use disorder was identified using International Classification of Diseases 9 and 10 codes (specifically opioid use, dependence, or abuse). Duration of treatment was measured via the time between initial medication for opioid use disorder prescription and discontinuation of treatment (i.e., a gap of more than 28 days between last covered day from a previous prescription and the next documented receipt of any medication). The primary outcome of this research was all-cause mortality which was determined via the Veteran's Health Administration Mortality Data Repository.

Results of these analyses are likely not generalizable due to the limitations of the data. First, the sample was comprised exclusively of veterans, and most patients were White (>66%) middle-aged (mean age>49) men (>92%). In addition, since patients received treatment via the Veteran's Health Administration, they likely did not encounter common barriers to care including lack of health insurance and cost of treatment.

WHAT DID THIS STUDY FIND?
The study found that continuing opioid use disorder treatment duration past 1 year was associated with reduced risk of all-cause mortality. Patients who maintained medication prescriptions for at least 1 year were significantly less likely to die prematurely than those who maintained treatment for 6 months. Compared with 6 months of treatment, longer treatment durations were associated with progressively better predicted 6-year survival through about 4 to 5 years, after which gains were no longer significant.

Additional analyses were conducted to determine if regimen changes impacted study results. Separate statistical tests were run excluding patients who restarted treatment after discontinuation and patients who switched medication type. Results showed that even when these patients were removed from the analyses, the same patterns emerged. This suggests that longer treatment duration may reduce risk of premature death regardless of whether patients restart or change treatment.

WHAT ARE THE IMPLICATIONS OF THE STUDY FINDINGS?
This study suggests that extending opioid use disorder treatment (potentially up to 4 years or more) may improve survival among patients. Patients retained in treatment longer had better predicted 6-year survival, with gains continuing through about 4 to 5 years. Study results are promising but should be interpreted with caution. The study aggregated all types of opioid use disorder medications into one variable – i.e., though agonists buprenorphine/naloxone and methadone were the most common medications by far. Also, it is unclear why the benefits did not continue through to 6 years. It is possible, as authors suggest, that too few individuals continued to take medication for this long, rendering accurate predictions more difficult to make.

Results may not generalize given the specificity of the sample (i.e., US veterans who were majority White middle-aged men). In addition, while invaluable for epidemiological research, electronic health records analyses are often limited due to data issues, including diagnostic codes being imperfect measures of health behaviors, and missing data. Furthermore, it is

beyond the scope of such data to determine how other factors may have impacted treatment adherence and mortality (e.g., health literacy and medication knowledge). Regardless of these limitations, the present study suggests that opioid use disorder treatment outcomes may improve when medications are maintained for several years, potentially 4 years or more—well beyond current clinical guidelines. While this study focused on all-cause mortality, other long–term studies suggest that agonist medications offer benefit in terms of reduced opioid use for many years.

BOTTOM LINE
Patients who remain on medications for opioid use disorder for at least 4 years may have better survival than those treated for only 6 months. Further research is needed to corroborate these findings and determine if current clinical guidelines should be revised.

Article above from *Recovery Bulletin*:
Mortality risk decreases when opioid use disorder treatment duration continues past 6 months: results of a retrospective cohort study

Read the study in *Addiction*:
Evaluating the optimal duration of medication treatment for opioid use disorder

UC finds integrating substance use disorder treatment into clinic-based internal medicine expands access to care

Researchers at the University of Cincinnati found that embedding addiction treatment into primary care training clinics may be a promising approach to addressing substance use disorders (SUDs).

Published in the journal Academic Medicine, the study shows how integrating SUD treatment into an internal medicine resident practice could not only expand access to primary care addiction treatment for patients but also significantly boost physician confidence in treating addiction.

Based on the 2024 National Survey on Drug Use and Health, approximately 48.4 million Americans aged 12 and older (about 16.8% of the population) experienced SUD. Yet, fewer than 1 in 4 individuals received addiction treatment.

Lead author Michael Binder, MD, adjunct associate professor of medicine and a UC Health physician, notes that while this small proportion of individuals receive treatment for SUD, many internal medicine residents report limited hands-on training in addiction care.

“In traditional training, addiction care is often taught in theory rather than practice,” he said. “We wanted to create a model where treating substance use disorders is integrated into everyday primary care, because that’s where many patients already are.”

The research team launched a structured, clinic-based training experience in 2023 within a UC resident primary care practice.

The core clinical team included attending physicians Binder and Carolyn Chan, MD; clinical pharmacists Marisa Brizzi, PharmD, and Bailey Francis, PharmD; addiction fellows Ross Lawson, MD, and Aastha Singh, MD; medical assistant supervisor Shantel Voelker; and UC internal medicine resident physicians.

The study evaluated data from the clinic’s first 15 weeks, including both patient care metrics and resident education outcomes. During that period, the clinic recorded 73 patient visits, with opioid use disorder and alcohol use disorder among the most common diagnoses.

Researchers also surveyed participating residents before and after their rotation. Results from 11 of the 18 residents showed marked improvements in confidence when diagnosing SUDs, interpreting urine drug tests, initiating treatment with and adjusting medication (such as buprenorphine) for opioid use disorder, and providing harm-reduction counseling.

“For many residents, this was their first time actually starting medications for opioid use disorder or counseling patients on harm reduction,” Binder said. “After just a few weeks, we saw substantial gains in their confidence to do these things independently.”

Unlike specialty addiction centers, this clinic operates within a standard internal medicine practice, making addiction treatment more accessible in primary care settings and reducing stigma for patients.

“Integrating addiction treatment into primary care helps normalize it,” Binder said. “Patients can receive care for substance use disorders in the same place they manage diabetes or hypertension, which can lower barriers and improve engagement.”

This practical response to gaps in addiction medicine training for internal medicine residents augments the training received in residency to meet the growing need for robust clinical experiences in SUD treatment.

Researchers emphasize that this is an early evaluation, and future work will examine long-term patient outcomes and the impact of addiction training on physician practice after residency.

“This is a first step,” Binder said. “Our goal is to better understand how experiences like this shape not only physician confidence, but also patient care over time.”

The team hopes the model can be adapted by other academic medical centers seeking to expand access to evidence-based addiction treatment and improve physician training.

“Ultimately, we need more clinicians who feel prepared to treat substance use disorders,” Binder added. “Embedding this care into primary care training is one way to help make that happen.”

Ellen Jochum, chief physician resident who practiced in the clinic, said that she had limited formal training in addiction medicine and SUD treatment within a primary care setting before participating.

“In medical school, we learned about the medications used for opioid use disorder and alcohol use disorder and how to treat alcohol withdrawal, but this was in the context of inpatient care, not outpatient, and certainly not by a primary care physician,” she said, adding that the same went for residency outside this clinic and one elective rotation.

“This was an incredible and invaluable experience for me. The doctors in the clinic provided great education, going more into depth about medications, reactions to expect and how to counsel patients,” she added.

The clinic experience also strengthened her ability to communicate with patients experiencing substance use disorders, addiction recovery challenges and other vulnerable health situations.

She emphasized that the hands-on training, outpatient substance use treatment experience and patient counseling opportunities helped build confidence in delivering evidence-based addiction treatment and connecting patients with community support resources and recovery services.

"I feel much more prepared because of my experiences and now feel comfortable starting treatment for patients with a substance use disorder, knowing resources available to them," she said. "I am going to be starting as a primary care physician this summer, and I am so grateful I have this training and education to incorporate into my future practice."

Article by Katie Pence in UC News:
UC finds integrating substance use disorder treatment into clinic-based internal medicine expands access to care

Read the study in *Academic Medicine*:
Development of an addiction medicine clinic integrated into an internal medicine ambulatory practice

2026 New Publications and Newly Funded Grants

Rapid HIV anti-retroviral therapy (ART) medication start among a sample of emergency department HIV screening programs
Moschella, Phillip; Kitzmiller, Katiey; Braun, Robert; Oluwasanmi, Mofetoluwa; Freiermuth, Caroline E; Faryar, Kiran

The American Journal of Emergency Medicine
DOI: https://doi.org/10.1016/j.ajem.2026.07.012

The association between naloxone distribution, buprenorphine treatment and retention and incident high-risk opioid prescribing with opioid overdose death in Kentucky, Massachusetts, New York and Ohio, United States: An exploratory community-level cohort study of data from the HEALing Communities Study
Alexander Y Walley, Debbie M Cheng, Nathan Vandergrift, Marc Larochelle, JaNae Holloway, Jennifer L Brown, Redonna Chandler, Laura C Fanucchi, Daniel J Feaster, Patricia R Freeman, Timothy Hunt, Michelle R Lofwall, Hannah K Knudsen, Edward V Nunes, Emmanuel Oga, Douglas R Oyler, Jeffrey H Samet, Jennifer Villani, Sharon L Walsh, T John Winhusen

Addiction
DOI: https://doi.org/10.1111/add.70478

Overcoming low representation: Lessons from an integrative data analysis of CTN studies for assessing treatment effectiveness among Black people who use cocaine and/or opioids
Lesia M. Ruglass, Adriana Espinosa, Caravella McCuistian, Angela M. Haeny, Joel Lopez, Christopher Roundtree, Ashley Vena, Antonio A. Morgan-López, A. Kathleen Burlew

Journal of Substance Use and Addiction Treatment
DOI: https://doi.org/10.1016/j.josat.2026.210022

Experiences of pregnant and postpartum people of color engaged in a randomized clinical trial of medication to treat opioid use disorder during pregnancy: A "Positive Outliers" analysis
Alexindra Wheeler, Erin Major, Julyvette Vazquez, Latisha Goullaud, Frankie Kropp, Shelly F. Greenfield, Grace Humiston, Marcela C. Smid, Bettina B. Hoeppner, John T. Winhusen, Davida M. Schiff

Journal of Substance Use & Addiction Treatment
DOI: https://doi.org/10.1016/j.josat.2026.209988

Symptom-Based Dosing for Neonatal Opioid Withdrawal
The OPTimize NOW Randomized Clinical Trial
Lori A. Devlin, DO; Denise C. Babineau, PhD; Stephanie L. Merhar, MD; Sara B. DeMauro, MD, MSCE; Walter K. Kraft, MD; Scott A. Lorch, MD, MSCE; Abhik

Das, PhD; Scott A. McDonald, BS; Evan Rhodes, BSPH; Augusto F. Schmidt, MD; Lillian Trochinski, BSN; Margaret Crawford, BS; Thitinart Sithisarn, MD, PhD; Lawrence Leeman, MD; Kelley Zagol Kovatis, MD; Namasivayam Ambalavanan, MD; Ryan W. Smith, MD; Sucheta Telang, MBBS; Jennifer A. Tioseco, MD; Jennifer M. McAllister, MD; Scott L. Wexelblatt, MD; Bhanu Muniyappa, MD; Patricia K. Williams, MD; Susan C. Adeniyi-Jones, MD; Crystal D. Hill, MD; Tanner Wright, MD; Gregory M. Sokol, MD; Lynette Johnson, DO; Richard W. Hall, MD; Scott D. Duncan, MD; Karen Puopolo, MD; Krishna Dummula, MD; Ann Anderson-Berry, MD; Jonathan M. Davis, MD; Brenda Poindexter, MD; Leslie W. Young, MD; for the HEAL Evaluation of Limited Pharmacotherapies for Neonatal Opioid Withdrawal Syndrome (HELP for NOWS) Consortium

JAMA
DOI: https://doi.org/10.1001/jama.2026.5782

Comparative effectiveness of social-contextual treatments for improving substance-related problems among Black adults: An individual-level data synthesis
Adriana Espinosa, Angela M. Haeny, Lesia M. Ruglass, Caravella McCuistian, Ashley Vena, Christopher Roundtree, Joel Lopez, Antonio A. Morgan-López, A. Kathleen Burlew

Addiction
DOI: https://doi.org/10.1111/add.70405

Collaboration with community partners to expand naloxone access in the HEALing Communities Study
Tim Ingram, Sofia Rubi, Sierra Dantzler, Jolene DeFiore-Hyrmer, Jennifer L. Brown, Joel Sprunger, T. John Winhusen, Michael S. Lyons

Journal of the American Pharmacists Association
DOI: https://doi.org/10.1016/j.japh.2026.103044

Fentanyl-Induced Changes in the Cellular Transcriptome of a Person Living With HIV: A Case Report
Krishna M. Roskin, Heidi L. Meeds, Janani Madhuravasal Krishnan, Matthew Juhascik, John M. Cafardi, Jennifer L. Brown, Caroline Freiermuth, Michael S. Lyons, Kenneth E. Sherman, Jason T. Blackard

Case Reports in Infectious Diseases
DOI: https://doi.org/10.1155/crdi/9959580

Single cell RNA transcriptome response to fentanyl use in persons with hepatitis C virus infection
Krishna M. Roskin, Heidi L. Meeds, Janani Madhuravasal Krishnan, Matthew Juhascik, John M. Cafardi, Jennifer L. Brown, Caroline Freiermuth, Michael S. Lyons, Kenneth E. Sherman, Jason T. Blackard

Frontiers in Virology
DOI: https://doi.org/10.3389/fviro.2025.1585217

Single cell RNA transcriptome response to fentanyl use in persons with HIV infection
Krishna M. Roskin, Heidi L. Meeds, Janani Madhuravasal Krishnan, Matthew Juhascik, John M. Cafardi, Jennifer L. Brown, Caroline Freiermuth, Michael S. Lyons, Kenneth E. Sherman & Jason T. Blackard

Scientific Reports
DOI: https://doi.org/10.1038/s41598-026-38854-4

Exploring the use of telemedicine to expand addiction and recovery resources in Great Plains Tribal Communities
Michael C. Harding MD, MPH, Anna C. Kihlstrom MPH, Allison Kelliher MD, Carmen Rosa MS, Frankie B. Kropp MS, T. John Winhusen PhD, Donald K.

Warne MD, MPH

Journal of Rural Health
DOI: https://doi.org/10.1111/jrh.70113

Association between pregnancy intention and postpartum contraceptive interest among pregnant people with opioid use disorder
Davida M. Schiff, Alexindra Wheeler, Daniel Lewis, Mishka Terplan, Shelly F. Greenfield, Jessica R. Gray, Elizabeth E. Krans, Marcela C. Smid, Frankie Kropp, John T. Winhusen

Journal of Substance Use and Addiction Treatment
DOI: https://doi.org/10.1016/j.josat.2026.209899

Factors Associated With Opioid-Involved Overdose: Descriptive Data From a Randomized Controlled Trial Evaluating Extended-Release Buprenorphine for Perinatal Opioid Use Disorder
Sara M. Witcraft, PhD, Leah Holcomb, PhD, Yingjia Wei, PhD, Gerald Cochran, MSW, PhD, John T. Winhusen, PhD, Michelle R. Lofwall, MD, Peter R. Martin, MD, Jessica L. Young, MD, Jessica Spinali, RN, and Constance Guille, MD, MSCR

Substance Use & Addiction Journal
DOI: https://doi.org/10.1177/29767342251390075

Developing and Evaluating a Firefighter Self-Administered Neurostimulation Intervention for Traumatic Stress to Reduce Alcohol Use (R34AA032824)
PI: Joel Sprunger, PhD
Sponsor: NIH/NIAAA

HCPH HIV Testing
PI: Richard J. Ryan, MD
Sponsor: Centers for Disease Control and Prevention

Ending the HIV Epidemic Activities
PI: Richard J. Ryan, MD
Sponsor: Centers for Disease Control and Prevention

UCAC Recognition

Inaugural UC/UC Health Addiction Center (UCAC) Pilot Award Recipients
The UCAC selected the inaugural recipients of its Pilot Research Program. The program is designed to support innovative addiction research projects by UC College of Medicine faculty that will generate critical data, foster interdisciplinary approaches, and strengthen competitiveness for future extramural funding. The two awardees for 2026-2027 were:

- **Davide Amato, MSc, PhD, PD**, **(UCAC Researcher)** Associate Professor of Pharmaceutical Sciences, James L. Winkle College of Pharmacy, for his project: *"Characterization of subsecond dopamine dynamics of psilocybin with relevance for substance use disorders"*
- **Victor J. Schneider, PhD, (UCAC Researcher)** Assistant Professor Clinical, Department of Psychiatry and Behavioral Neuroscience, for his project: *"Characterizing heavy drinking in midlife and older adults via mixed methods"*

We look forward to the impact these projects will have on advancing addiction research.

2026 Faculty-to-Faculty Mentoring Awardee
Congratulations to **Jason Blackard, PhD, (UCAC Researcher)** Walter A. and George McDonald Foundation Professor of Medicine, Department of Internal Medicine, Division of Gastroenterology and Hepatology, and recipient of the Provost/VPR Faculty-to-Faculty Mentoring Awardee. This award recognizes the exceptional commitment and impact of faculty members who mentor their colleagues. This prestigious award honors the significant time, dedication, and care invested in advancing the career development and academic success of fellow faculty across research, education, service, and clinical practice. Dr. Blackard said, "Faculty-to-faculty mentorship is a cornerstone of academic success. Effective mentorship can increase productivity, help with retention and overall job satisfaction, and support underrepresented and underserved groups. I have had outstanding mentors across various stages of my career and appreciate the opportunity to pay that forward with the next generation of researchers and educations."

Promotion:
Congratulations to **Dr. Carolyn Chan (UCAC Clinical)** on her well-deserved promotion to UC Associate Professor of Psychiatry. This promotion recognizes her exceptional contributions to the department.

Carolyn Chan, MD
Promoted to: Associate Professor of Clinical-Geo
Promoted from: Assistant Professor
Psychiatry & Behavioral Neuroscience

CoM Office of Research 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.

Congratulations to the recently featured UCAC Director and UCAC Researchers!

T. John Winhusen, PhD, Vice Chair of Addiction Sciences, Donald C. Harrison Endowed Chair in Medicine, Department of Psychiatry and Behavioral Neuroscience.
Award: National Institute on Drug Abuse CTN-0080-A-1 (SUCCESS Study)
Project Title: Successful Recruitment and Retention in a Randomized Controlled Trial of Pregnant People with OUD
Project Period: 3/1/2024–2/28/2026
Summary: This study identifies strategies to improve recruitment and retention of pregnant individuals with opioid use disorder in randomized controlled clinical trials.

Award: National Institute on Drug Abuse CTN-0080-A-2 (PRoMOTE Study)
Project Title: Promoting Research with Mothers Receiving OUD Treatment; A Focus on Equity
Project Period: 3/1/2024–2/28/2026
Summary: PRoMOTE aims to explore and address barriers to research participation among pregnant women in treatment for opioid use disorder, with an emphasis.

Jason T. Blackard, PhD, Professor**,** Department of Internal Medicine, Division of Gastroenterology and Hepatology

Award: National Institute on Drug Abuse R01
Project Title: Single Cell Opioid (Fentanyl) Responses in the Context of HIV
Project Period: 7/15/2025–3/31/2030
Summary: Fentanyl is now involved in the vast majority of opioid overdose deaths, yet its effects on immune cells and viral infections remain poorly understood. Building on prior NIDA-funded work, this project uses multi-omics analyses of well-characterized patient samples to define how fentanyl alters immune cell gene expression and microRNA profiles in people with HIV and/or HCV. These insights will inform strategies to reduce viral reactivation and improve treatment outcomes in populations affected by opioid use. Collaborators include Krishna M. Roskin, PhD, Department of Pediatrics, CCHMC.

Caroline Freiermuth, MD, MHS, Associate Professor, Department of Emergency Medicine
Award: Substance Abuse and Mental Health Services Administration Award
Project Title: IH26 Integrated Harm Reduction
Project Period: 9/30/2025–9/29/2026
Summary: The University of Cincinnati Early Intervention Program works to ensure naloxone is widely available across Hamilton and Butler Counties to prevent fatal opioid overdoses. Through emergency department and community outreach, Health Promotion Advocates identify high-risk individuals, provide education and referrals, and distribute harm-reduction resources. With fentanyl increasingly present in the local drug supply, expanding naloxone access is critical to reducing overdose-related morbidity and mortality.

Teresa M. Reyes, PhD, Senior Associate Dean for Basic and Translational Research, Professor, Department of Pharmacology, Physiology, and Neurobiology
Award: National Institute of Neurological Disorders and Stroke R21
Project Title: Role of Perinatal Testosterone in Programming Behavioral and Astrocyte Responses to Early-Life Chemotherapy
Project Period: 8/1/2025–7/31/2027
Summary: This research investigates how sex differences in early brain development—particularly a perinatal testosterone surge in males—may alter astrocyte calcium signaling and increase vulnerability to later cognitive deficits. Using a translational mouse model of childhood acute lymphoblastic leukemia (ALL) plus chemotherapy, the work examines why males show greater long-term impairments in executive function and memory while females appear more resilient. By combining astrocyte-specific gene analyses, calcium imaging, and advanced behavioral testing, the study aims to pinpoint astrocyte mechanisms that drive cognitive dysfunction and reveal new targets for intervention after early-life cancer treatment.

Joel Sprunger, PhD, Associate Professor, Licensed Clinical Psychologist, Department of Psychiatry and Behavioral Neuroscience
Award: National Institute on Alcohol Abuse and Alcoholism R34
Project Title: Developing and Evaluating a Firefighter Self-Administered Neurostimulation Intervention for Traumatic Stress to Reduce Alcohol Use
Project Period: 5/1/2026–4/30/2029
Summary: Firefighters frequently experience traumatic events that contribute to post-traumatic stress symptoms and heavy alcohol use, yet effective treatments targeting both conditions are limited. This project will test a wearable neurostimulation device that stimulates the vagus nerve as a potential way to reduce trauma-related symptoms and drinking among firefighters with alcohol use disorder. If feasible and effective, the approach could support a larger clinical trial and provide a new treatment option for this high-risk population. Collaborators include Kate M. Chard, PhD, Department of Psychiatry & Behavioral Neuroscience.

Tongli Zhang, PhD, Associate Professor, Department of Pharmacology, Physiology, and Neurobiology
Award: U.S. Army Contracting Command
Project Title: Developing an Effective Protocol to Build Credential Biomedical Models
Project Period: 2/1/2026-1/31/2029
Summary: This project aims to close a critical gap in biomedical modeling by developing a credible protocol for building and validating coagulation control models that reduce decision risk in military and civilian settings. Using a “learn by doing” approach, the work will integrate existing coagulation models with experimental data, Approximate Bayesian Computation, machine learning, and best practices in verification, validation, and uncertainty quantification. The resulting models and generalizable protocol will support informed decision-making, advancing military readiness as well as personalized medicine, drug development, and biomedical research.

UC Research Rainmakers: Celebrating our Outstanding Researchers




The Office of Research is proud of the Research Rainmakers, whose sponsored research awards in fiscal year 2025 placed them in the top 25% of earners at UC. Those recognized are from the arts, humanities, and social sciences as well as from the sciences, technology, engineering, mathematics, and medical fields. Below is the list of UC/UC Health Addiction Center Research Members who were recognized for this accomplishment and the number of times they have been recognized since FY16.

College of Medicine
T John Winhusen, 10
Teresa M Reyes, 6
Richard Ryan, 3

College of Education, Criminal Justice, and Human Services
Sarah Manchak, 4

UC/UC Health Addiction Center Research 2026 Summer Speaker Series

To view the completed sessions recordings and presentation slides, or to register for the final virtual August session, please visit the 2026 Summer Speaker Series webpage.

Beyond Daily Dosing: Comparing Extended-Release and Sublingual Buprenorphine for Opioid Use Disorder in Pregnancy and Postpartum—Research Evidence and Lived Experience

Wednesday, June 10, 2026
12:00–1:00 p.m.


T. John Winhusen, PhD, University of Cincinnati


Kelsie Buchanan, Recovery Advocate

Participants ≈≈ 43

Survey Rating:

95% rated the session as being very good or excellent

Characterizing Heavy Drinking in Midlife and Older Adults via Virtual Reality Alcohol Administration and Qualitative Interviews

Wednesday, July 8, 2026
12:00–1:00 p.m.


Victor Schneider, PhD, University of Cincinnati


Christian C. Garcia, PhD, University of Cincinnati

Participants ≈≈ 36

Survey Rating:

100% rated the session as being very good or excellent

CCTST - LIFT Mentorship Workshops

A series of mentorship workshops to fill gaps in research mentorship knowledge and training. Whether you are an experienced mentor or an early-stage investigator, these workshops provide the tools needed to move research from "Ideas to Impact—Faster. Together." All mentorship workshops are led by **Jason Blackard, PhD**, Professor, Department of Internal Medicine. If you have any questions, please email Andi Christopher at chrisao@ucmail.uc.edu, Project Manager, LIFT, CCTST Workforce Development.

Register Here
August 14, 11:00 AM – 1:00 PM – Fostering Independence
September 29, 9:00 AM – 11:00 AM – Aligning Expectations
November 6, 9:00 AM – 11:00 AM – Promoting Professional Development

News from the Ohio Valley Node

CTN-OVN
The National Drug Abuse Treatment Clinical Trials Network-Ohio Valley Node

The Prenatal Action for Taking Healthy Steps (PATHS) toolkit, developed out of protocol CTN-0080-A3 (led by the Ohio Valley Node), offers evidence-based educational resources about the use of medication to treat opioid use disorder (OUD) during and after pregnancy. Toolkit materials include flyers, info sheets, posters, an education video, social media images and short videos ("Reels") for download and sharing, and a discussion guide that can be used to direct conversations about MOUD in pregnant/postpartum people either in a group or individual settings, as well as a set of external links and resources that can be helpful.

Learn More:
PATHS Toolkit: Workbook on OUD and Pregnancy

UC/UC Health Addiction Center (UCAC)

University of Cincinnati
College of Medicine
3230 Eden Avenue
Cincinnati OH, 45267

UCAC Director:
Dr. T. John Winhusen

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

University of CINCINNATI | UC Health
ADDICTION CENTER

UCAC Research 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

UCAC Research 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 UCAC using the website link below: https://med.uc.edu/institutes/addiction-center


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