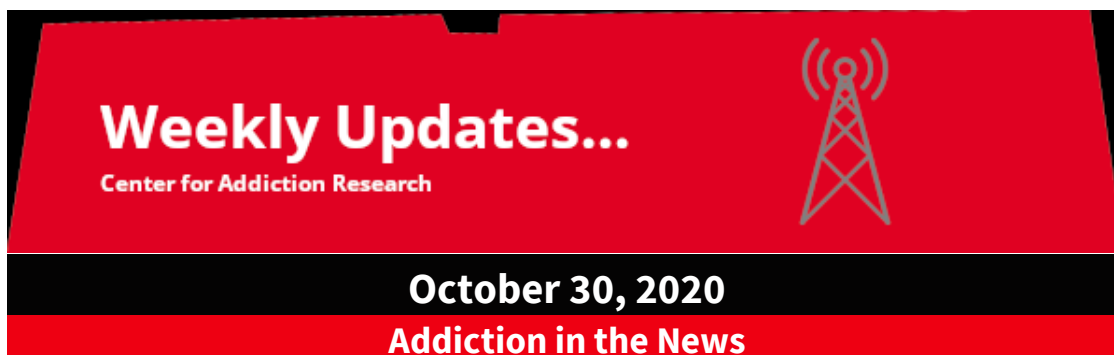


Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter will include highlights from Addiction in the News topics as well as active funding opportunities offered by NIDA/NIAAA. Please email Jen Rowe (roweji@ucmail.uc.edu) to change your communication preferences or to request additions to this distribution list.

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.



Physician Explains Model That Could Help Understand Basic Psychology Of Smoking Cessation.

Primary care physician Kelly Evans-Hullinger writes in the [Sioux Falls \(SD\) Argus Leader](#) (10/23, 179K) that she commonly encounters patients that she hopes will “embrace the goal of smoking cessation.” She says that she finds “it helpful to understand some basic psychology when it comes to smoking cessation.” She proceeds to explain **the Transtheoretical Model of Stages of Change developed in the 1970s, which “is widely used today to assess readiness for change when it comes to smoking and other lifestyle changes such as diet, exercise, alcohol and other substance use.”**

NIH Initiative Targets Opioid Use Disorder.

[Homeland Preparedness News](#) (10/21, Clark) reports, **“National Institutes of Health personnel have joined other federal entities in outlining support for a \$350 million multi-year HEALing Communities Study to address opioid use disorder interventions.”** The research is being “funded by the NIH Helping to End Addiction Long-termSM Initiative, or NIH HEAL InitiativeSM – which is described as a trans-agency effort to expedite scientific solutions to stem the national opioid crisis.” The study’s “analysis is administered in partnership by the National Institute on Drug

Abuse, part of NIH, and the Substance Abuse and Mental Health Services Administration.”

Where Recreational Marijuana Is Legal, Data Show Minimal Impacts On Teen Use And Traffic Deaths.

The [Arizona Republic](#) (10/21, Eltohamy, Randazzo, 869K) discusses the apparent impact of cannabis legalization in numerous states on teen use and traffic deaths. Overall, “states with legalized marijuana are finding more drivers impaired by the drug, but that comes in part because they are looking harder for it.” Notably, “Washington saw an increase in drugged driving before legalization that continued after the drug was permitted, and has seen more fatal accidents with people on multiple substances.” However, “officials in those states are hesitant to peg the increases on legalization, and researchers haven’t shown an increase in total traffic fatalities tied to the changes.” In terms of teens, “surveys of young people in Colorado...show a slight decline in the percentage of middle and high school students using the drug.” At the same time, “research from the National Institute on Drug Abuse shows an uptick in marijuana use nationally by eighth and tenth graders surveyed in 2019.”

Fruity Pot Gummies Risk Repeating E-Cig Mistake: Cannabis Weekly.

[Bloomberg](#) (10/25, Kary, 4.73M) reports that “as the edible cannabis industry begins offering seasonal promotions just like other consumer products companies, it may want to take heed of a cautionary tale from the vaping industry: Flavors, when too successful, can addict a younger generation.” Sales of the segment, according to “Headset, which tracks industry data...rose 80% over the past two years.” The piece points out that this growth is “all happening in a bit of a regulatory void.” However, an FDA “meeting on CBD slated for Nov. 19 is expected to offer hints on whether the agency will view cannabis more as a food or a dietary supplement.” Still, the actual “specifics remain up in the air.” The piece adds, “According to Susan Weiss, a director of research at the National Institute on Drug Abuse, accidental cannabis overdoses are up, particularly among children.”

AAP Releases Guidance Aimed At Improving Care For Women, Newborns Affected By Opioid Use.

The [AP](#) (10/25, Tanner) reports, “Opioid use in pregnancy has prompted new guidance from the American Academy of Pediatrics, aimed at improving care for women and newborns affected by their mothers’ drug use.” The “number of affected women and infants has increased in recent years but they often don’t get effective treatment, and the pandemic may be worsening that problem, said Dr.

Stephen Patrick, lead author of the academy report released Monday.” [The AAP](#) “says pregnant women should have access to opioid medication to treat opioid misuse,” and hospitals should have “written protocols for assessing and treating opioid-affected newborns,” though “many don’t and practices vary widely.” [\[Guidance attached.\]](#)

Four States Could Move To Legalize Cannabis Sales Following Election Day.

The [AP](#) (10/25, Blood) reports, “Voters in four states from different regions of the country could embrace broad legal marijuana sales on Election Day, and a sweep would highlight how public acceptance of cannabis is cutting across geography, demographics and the nation’s deep political divide.” Elections in “New Jersey, Arizona, South Dakota and Montana will shape policies in those states while the battle for control of Congress and the White House could determine whether marijuana remains illegal at the federal level.”

This Addiction Treatment Works. Why Is It So Underused?

The [New York Times](#) (10/27, Goodnough, 18.61M) reports the addiction treatment known as “contingency management rewards drug users with money and prizes for staying abstinent” and a “number of clinical trials have found it highly effective in getting people addicted to stimulants like cocaine and methamphetamine to stay in treatment and to stop using the drugs.” But researchers “say that one of the biggest obstacles to contingency management is a moral objection to the idea of rewarding someone for staying off drugs.” According to the article, “the fact that no public or private insurer will pay for contingency management, except in a few pilot programs, is a major challenge to expanding it; the biggest obstacle is that offering motivational rewards to patients has been interpreted as violating the federal anti-kickback statute.” Recently, a group of treatment experts “asked the Department of Health and Human Services to waive the statute for two years as it pertains to contingency management, but the agency refused.” Speaking of contingency management for meth addiction, Dr. Nora Volkow, the director of the National Institute on Drug Abuse, said, “If we were paying for it, that would help. But we badly need medications to help strengthen the response to behavioral interventions. This is a highly, highly addictive drug.”

Is Ketamine Living Up To The Promise For Depression?

In a piece for [Medscape](#) (10/26, Subscription Publication, 277K), Lloyd I. Sederer, MD, and J. John Mann, MD, discuss “how, nearly a year after its approval, ketamine fits into mental health care.” Asked what are the differences that have been discovered between esketamine and ketamine, Mann answered, “It is a bit different.

We've just completed a very important National Institutes of Health-funded clinical trial here at Columbia showing that with esketamine or ketamine itself, the dose and the blood levels are very closely related to the robustness of the clinical response." Mann added, "The National Institute of Mental Health's website offers good and reliable information for patients and their families. It is an unbiased, scientific, and thoughtful source of information, and better than just trolling the internet for information."

Drug-Law Overhauls Said To Be Increasingly Shifting On State Ballots.

The [New York Times](#) (10/26, Johnson, 18.61M) reports a proposed solution to substance abuse in Oregon "on the ballot next month would be one of the most radical drug-law overhauls in the nation's history, eliminating criminal penalties entirely for personal use amounts of drugs such as heroin, methamphetamine and cocaine." The American Psychiatric Association and the Oregon Psychiatric Physicians Association "both oppose the state's psilocybin proposal because they say that while the drug has indeed shown medical promise – the federal Food and Drug Administration last year called psilocybin a potential 'breakthrough therapy' for treating major depression – the measure's proponents are going too far by saying it might help everything from anxiety disorders to addiction." The Times adds Oregon is not alone in this shift, as "legal marijuana...has found a place on the ballot this year in Arizona, Mississippi, Montana and South Dakota."

Telehealth Providers, Advocates Urge DEA To Create Telehealth Registration For Drug Abuse Treatment.

[mHealth Intelligence](#) (10/26, Wicklund) reports that over "80 organizations, ranging from telehealth health providers and health systems to the American Telemedicine Association and America's Health Insurance Plans, have signed a letter asking Acting DEA Administrator Timothy Shea to create the registration process mandated in the Ryan Haight Act of 2008 and the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018." The letter said "The DEA...recognized the immediate need for expanded access to remote care during the pandemic and, in partnership with the Substance Abuse and Mental Health Services Administration, exercised its regulatory authority to permit remote prescribing of controlled substances using telemedicine without a prior in-person exam, regardless of the patient's location." The letter added, "While we appreciate these PHE-related changes, statute requires the implementation of a permanent regulation. ... The time for that regulation is long overdue."

Telehealth Pilot To Combine Substance Abuse, Behavioral Health Care.

[mHealth Intelligence](#) (10/28, Wicklund) reports, “The [Indiana University School of Medicine and Regenstrief Institute](#) are launching a telehealth project aimed at helping primary care providers treat patients dealing with both substance abuse issues and depression.” Supported by the National Institute of Mental Health, “they’ll compare outcomes from 200 volunteers using the nurse-supported connected health platform against 200 patients receiving traditional treatment from primary care physicians.” The project seeks “to determine whether primary care providers who use a telehealth platform can combine substance abuse treatment – including medication-assisted treatment (MAT) therapy – and behavioral health treatment to improve health outcomes.”

Expert Discusses Need To Move To Decentralized Clinical Trials.

In an opinion piece for [STAT](#) (10/28, 24K), Kent Thoenke, executive vice president and chief scientific officer at PRA Health Sciences, discusses the issue and challenges of clinical trial recruitment and retention during the pandemic, given people’s reduced access. He says, “One solution is to increase the use of decentralized trials. Instead of depending solely on in-person visits, decentralized trials fully or partially use telehealth, connected devices, mobile apps, and other technology to aid patient participation.” To address these and other concerns, he says, “The industry must move away from the paralyzing myth that decentralization means that everything becomes virtual.” He explains that while “some types of trials and diseases are appropriate for full decentralization...many trials and diseases will still require some in-person visits for radiology procedures, biopsies, endpoints that must be evaluated by trained professionals, and the like.”

Publication Provides Latest Review Of Behavioral Telehealth Legislation For Every State.

[MobiHealthNews](#) (10/28, Muoio) reports that October “saw the annual release of [Epstein Becker Green’s Telemental Health Laws Survey](#), a state-by-state review of behavioral telehealth legislation, regulation and policies.” The 2020 “breakdown includes regulation information for Puerto Rico, alongside the 50 states and Washington, D.C.” Apart from “compiling state-specific information for use by providers and other stakeholders, the firm’s review pulls out top-level trends that characterize the government’s current role in supervising remote behavioral health delivery.” For this year, “that meant increased messaging from healthcare officials such as CMS Administrator Seema Verma on the value of these services, as well as

more attention from federal departments focused on enforcement.” [This is an app for your phone.]

ASAM

A Groundbreaking New British Drug Offers Hope to Opioid Addicts

A 2019 report from West Sussex National Health System Trust, in Southeast England, found that the United Kingdom is now heading towards an American-style crisis with five people every day dying from opioid overdoses. Now, the UK is adding another treatment for opioid use disorder, Buvidal, which is available as a weekly or monthly depot form. *Business Insider*

>>> **“Buvidal is a hybrid medicine of Subutex, which has been authorised in the EU since 1998. Buvidal contains the same active substance as Subutex, but differs in strength and route of delivery. Buvidal is available as a prolonged-release solution for injection (8, 16, 24, 32, 64, 96 and 128 mg). The active substance of Buvidal is buprenorphine, an opioid partial agonist/antagonist.”]**

Buvidal is the trade name of Braeburn CAM 2038 formulation. It is marketed in Europe for a few years, and will be available in the US on Dec (1?) 2020.

Funding Opportunities



GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

[Notice of Special Interest \(NOSI\): Effects of smoking and vaping on the risk and outcome of COVID-19 infection](#)

[Providing Research Education Experiences to Enhance Diversity in the Next Generation of Substance Use and Addiction Scientists \(R25 Clinical Trials Not Allowed\)](#)

[Notice of Intent to Publish a Funding Opportunity Announcement for Tobacco Regulatory Science \(R01 Clinical Trial Optional\)](#)

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