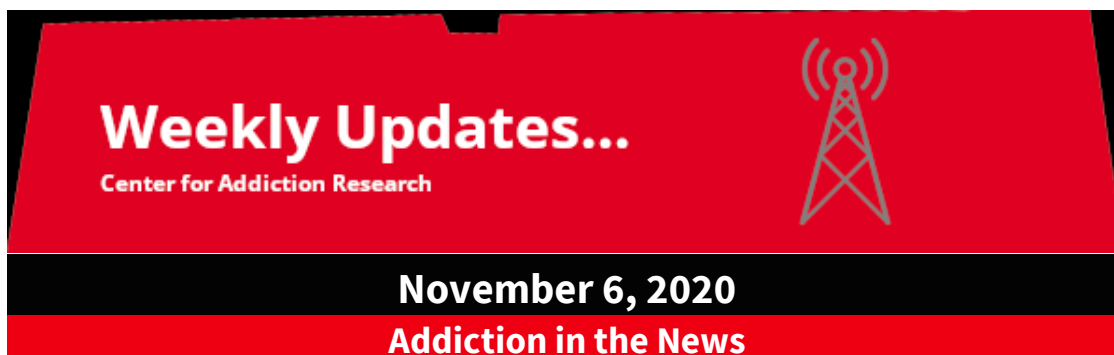


Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter will include highlights from Addiction in the News topics as well as active funding opportunities offered by NIDA/NIAAA. Please email Jen Rowe (roweji@ucmail.uc.edu) to change your communication preferences or to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



Data Sharing, Replicating Results Central To New NIH Policy.

[Bloomberg Law](#) (10/29, Lee, Subscription Publication, 4K) reports under a new data sharing policy released Thursday by the National Institutes of Health, “scientists should focus on sharing just high quality data that can be validated and replicated.” This change “from a previous draft policy is meant to ensure data sharing isn’t seen as ‘a perfunctory administrative requirement, but rather one that should be done with the understanding that these data are intended to be used by others,’ the National Institutes of Health said.” **[Policy from Federal Register is attached.]**

Over 80 Organizations Urge DEA To Allow Telehealth Prescriptions For Controlled Substances.

[Healthcare IT News](#) (10/29, Jercich, 2K) reports, “More than 80 organizations led by the Alliance for Connected Care called this week for the U.S. Drug Enforcement Agency to implement a telemedicine special registration that would allow providers to remotely prescribe controlled substances.” While “the DEA has allowed for remote prescribing of controlled substances using telehealth without an in-person exam during the pandemic, the groups point out the need for permanent regulation.”

Mebias Discovery Gets \$7.1M Grant To Advance Opioid Use Disorder Treatment.

The [Philadelphia Business Journal](#) (10/29, George, Subscription Publication, 860K) reports the National Institutes of Health's National Institute on Drug Abuse has given Mebias Discovery a \$7.1 million grant "to continue development of the company's new drug candidate designed to prevent and treat opioid use disorder." The article cites CDC figures on opioid use disorder. **["The Philadelphia biotechnology company previously received a \$2.6 million grant for its lead drug candidate, MEB-1170, from the National Institute of Drug Abuse in 2018. According to the company, MEB-1170 in preclinical studies has demonstrated it does not produce the dangerous side effects of respiratory depression and abuse potential associated with currently marketed opioids. Mebias is seeking to complete preclinical testing of MEB-1170 in 2021, then apply with the Food and Drug Administration to begin human testing of the new drug candidate."]**

Poor Studies Targeted Under New NIH Data Sharing Policy.

[Bloomberg Law](#) (10/30, Baumann, Subscription Publication, 4K) reported behind a paywall that clinical trials "could yield more useful results following a new NIH policy compelling researchers to devise plans for managing and sharing their data, the agency's science policy chief said." The US "clinical trials enterprise has faced heavy criticism for failing to yield groundbreaking results during the pandemic and producing trials that are mostly too small and poorly designed to do anything with those study results." The "final data sharing policy the National Institutes of Health released Thursday won't fix the problem by itself."

Patients Will Soon Have Free, Electronic Access To Physician Notes Under New Transparency Rule.

The [AP](#) (11/1, Johnson) reports, "More U.S. patients will soon have free, electronic access to the notes their doctors write about them under a new federal requirement for transparency." While "many health systems are opening up records Monday, the original deadline...federal health officials week gave an extension until April because of the coronavirus pandemic." **[The final rule can be found here: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/CMS-Transparency-in-Coverage-9915F.pdf>]**

In Last Week Of March 2020, Telehealth Visits More Than Doubled Compared With Prior Year, CDC Report Indicates.

[Healthcare IT News](#) (11/2, Jercich, 2K) reports, “A report from the U.S. Centers for Disease Control and Prevention released Friday found a 154% increase in telehealth visits during the last week of March 2020, compared with the same time period in 2019.” This “follows on the heels of new numbers from the Centers for Medicare and Medicaid Services, which reported that 34.5 million telehealth services were delivered from March through June.” That preliminary data indicates “a whopping 2,532% increase in services delivered compared with March through June 2019.”

Indian Health Service Working With Communities To Reduce Overdose Deaths By Boosting Naloxone Access.

[Homeland Preparedness News](#) (11/2, Carey) reports, “Members of the Indian Health Service, the Federal Health Program for American Indians, and Alaska Natives are working with members of their communities to reduce overdose deaths by improving access to Naloxone.” Clinical pharmacist at the Salt River Integrated Health Care Commander Robert Boyle “said workers at that clinic are working with the Salt River Pima-Maricopa Indian Community to train them to use naloxone kits to reverse the effects of opioid overdoses.”

STAT Examines Barriers To Widespread Use Of Remote Monitoring Tools.

[STAT](#) (11/3, Brodwin, 24K) reports that while “the pandemic has driven unprecedented demand for remote patient monitoring tools...for all their tech-savvy convenience, they have yet to overcome major barriers that prevent their adoption among larger swaths of the U.S. population.” According to STAT, “the field still faces several big hurdles to reach its true market potential, from limited internet and device access among rural and low-income populations to public wariness around new tools and looming concerns about privacy.”

More States Vote To Allow Marijuana Use; Oregon Votes To Decriminalize All Drugs, Allow Psilocybin For Mental Health Treatment.

The [AP](#) (11/4, Lieb) reports, “A nationwide push to relax drug laws took a significant step forward Tuesday as more states legalized marijuana for adults and voters made Oregon the first state to decriminalize the possession of small amounts of street drugs such as cocaine, heroin and methamphetamine.”

[Politico](#) (11/4, Fertig, Zhang, 4.29M) reports, “Some 16 million Americans were added to the list of places that allow adults to use marijuana legally” with ballot measures winning in Arizona, Montana, New Jersey, and South Dakota. That is in

addition to “about 93 million Americans who live in states that already have legalized weed, meaning about 1 in 3 Americans now live in states where marijuana is legal for anyone at least 21 years old.”

The [Wall Street Journal](#) (11/4, Morrison, Subscription Publication, 7.57M) reports that Oregon voters approved two ballot measures which the Journal says results in the decriminalization so far as state law goes of all currently illegal drugs, and would specifically legalize psilocybin for mental health treatment.

ASAM:

Opioid Use Disorder in Women and the Implications for Treatment

The current opioid epidemic has produced important differences by sex and gender with increased rates of use and overdose deaths in women. Significant mental health concerns for women include co-occurring psychiatric disorders and suicide and expanding medication treatment for perinatal opioid use disorder is crucial. While effective treatments exist for opioid use disorder, they are often not accessible, and a minority of patients are treated. The aim of this article is to provide a review of opioid use disorder in women and the implications for treatment. **[Article attached – Aimee Campbell and Shelly Greenfield are co-authors.]**

Funding Opportunities



GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

[NOT-AA-20-023](#)

[Notice of Intent to Publish a Funding Opportunity Announcement for Improving Health Disparities in Alcohol Health Services \(R01 Clinical Trial Optional\)](#)

