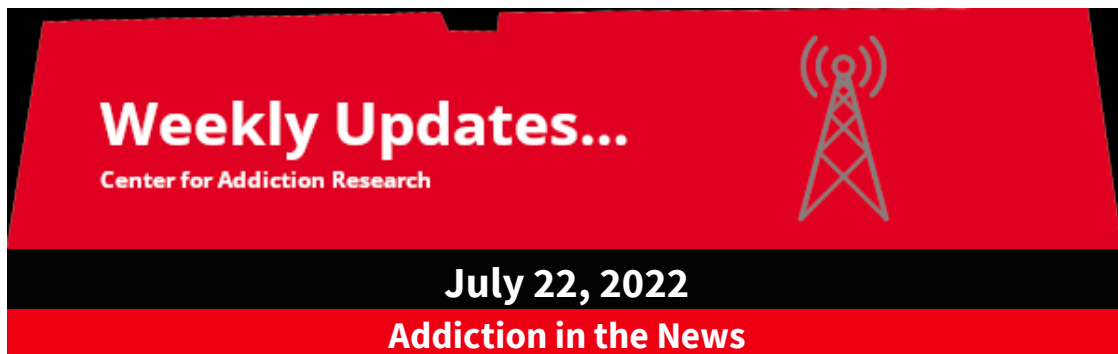


Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter includes highlights from addiction in the news topics, active funding opportunities offered by NIDA/NIAAA, and information about any new publications from CAR members. Please email Jen Rowe (roweji@ucmail.uc.edu) to change your communication preferences. Thank you.

Thank you for your interest in the Center for Addiction Research - our mission is to accelerate scientific progress in the prevention and treatment of substance use disorders and their consequences by fostering research collaborations across: 1) UC departments, colleges, and centers including Cincinnati Children's Hospital Medical Center; 2) Local, regional, and state community and governmental partners; and 3) Other academic institutions and industry."



UC/ Regional News

enCompass: Comprehensive Training on Navigating Addiction – upcoming dates

General link to the registration page: <https://www.addictionpolicy.org/encompass-ohio>

Also, links that include partner social media tiles, flyer, etc.

- [July 26, 2022](#)
- [September 8, 2022](#)
- [November 1, 2022](#)

Your Future Health: Sleep medication may help treat addiction, according to small study

CINCINNATI (WKRC) - A new study shows a pill that helps people sleep might also play a role in treating addiction. This small study from the National Institutes of Health suggests a drug used for people who can't sleep might make a big difference in opioid recovery. The drug in this new study is a common medication already on the market and appears to help in the withdrawal time from addiction. "They are looking at a new drug, or relatively...

Governor DeWine Announces Local Government Payments from National Opioid Settlement Begin

(COLUMBUS, Ohio)—Ohio Governor Mike DeWine announced today that the first payments of funds to local governments from the OneOhio settlement with national opioid distributors have been made electronically. Local governments will

determine how to use the payments, totaling more than \$8.6 million, to best combat the opioid epidemic in their own communities. Following these initial payments, governments will continue...

Portman seeks drug solutions at local roundtable discussion

DAYTON — U.S. Sen. Rob Portman (R-Ohio) hosted a roundtable discussion on the nation's drug crisis Friday, talking with community leaders, state representatives, and health care officials at local addiction treatment provider OneFifteen. Portman toured the facility and met with a number of clients living on the campus of OneFifteen's sober living facility. "Some of them are working part-time now. Some of them are getting back with their..."

Federal jury holds pharmacy chains CVS, Walgreens and Walmart responsible for role in opioid crisis

A federal jury in Cleveland on Tuesday found that three of the nation's largest pharmacy chains, CVS, Walgreens and Walmart, were liable for contributing to the opioid epidemic in two Ohio counties. It marks the first time the retail segment of the drug industry has been held accountable in the decades long opioid epidemic. The case could set a precedent for other U.S. cities and counties looking to take legal action against corporations...

Indiana's Health Rankings Slipping Behind National Average As Health Groups Urge Action On Tobacco.

[Inside INdiana Business](#) (7/15, Brown) reported that Indiana's health rankings have slipped "further behind the national average," even as lawmakers continue to place public health initiatives "on the backburner." Tobacco is the "leading cause of preventable death" in Indiana, "killing more than 11,000 Hoosiers annually" and driving "many chronic diseases." To address the issue, the American Cancer Society Cancer Action Network and other groups have asked "lawmakers to seriously consider a \$2 per pack tax increase on cigarettes with a parallel tax on all other tobacco products, including e-cigarettes, during the next legislative session."

National News

Global Study Finds Surprising Results for Alcohol Consumption.

[CNN](#) (7/14, LaMotte, 89.21M) reports that "no amount of alcohol is healthy if you are younger than 40, mostly due to alcohol-related deaths by auto accidents, injury and homicide, according to a" study on "alcohol risk by global geographical region, age, sex and year." However, "if you are 40 or older without underlying health conditions...the new research found small amounts of alcohol might reduce the risk of cardiovascular disease, stroke and diabetes." CNN adds, "Women are especially sensitive to the effects of alcohol, according to the National Institute on Alcohol Abuse and Alcoholism, or NIAA. Alcohol-related problems appear sooner and at lower drinking levels than in men, it said." The FDA is mentioned. – *Link to paper*

[\(Population-level risks of alcohol consumption by amount, geography, age, sex, and year: a systematic analysis for the Global Burden of Disease Study 2020 - The Lancet\)](#)

Even A Drink A Day Might Raise Brain Risks.

[HealthDay](#) (7/18, Physician's Briefing Staff, 11K) reports, “Even moderate drinking may be related to higher iron levels in the brain – a potentially risky situation for memory and thinking skills, a new study” by a UK University of Oxford research team found. The researchers “found that among nearly 21,000 middle-aged and older adults, those who drank as little as a few beers a week showed more iron accumulation in their brains than non-drinkers,” and this “iron buildup in certain brain areas correlated with weaker scores on tests of mental abilities like reasoning, planning and problem-solving.” Lead researcher Dr. Anya Topiwala said, “Even small amounts of alcohol, within current alcohol guidelines, could harm your brain.” However, the findings “do not prove that alcohol directly raised brain iron or that brain iron was responsible for the lower test scores.” The findings were published in the journal PLOS Medicine. The U.S. National Institute on Alcohol Abuse and Alcoholism was mentioned. – *Link to article* [Associations between moderate alcohol consumption, brain iron, and cognition in UK Biobank participants: Observational and mendelian randomization analyses | PLOS Medicine](#)

Top Federal Drug Agency Details Plan to Award One New Marijuana Supplier Contract For Research Purposes.

[Marijuana Moment](#) (7/19, Jaeger) reports, “The federal government is set to finally contract another marijuana manufacturer to supply cannabis for research purposes, posting a pre-solicitation notice about the opportunity for recently authorized growers.” The National Institute on Drug Abuse (NIDA) “has worked with the same single marijuana farm at the University of Mississippi for more than 50 years, and scientists have been critical about the quality of the cannabis and extracts produced at the facility.” Experts and lawmakers “have consistently complained about the current, exclusive supply of marijuana that NIDA has been dependent upon, citing studies showing that the chemical makeup of that cannabis more closely resembles hemp than marijuana available in commercial state markets, potentially skewing research findings.” Scientists “also say that the Schedule I status of marijuana under the Controlled Substances Act is prohibitive” for research. NIDA leader Nora Volkow “said that she’s personally reluctant to go through the onerous process of getting approval to study Schedule I drugs like marijuana.” Volkow “has been repeatedly pressed on cannabis research issues, as well as the agency’s work with respect to other substances like kratom and various psychedelics.”

Where Pot Became Legal, Car Crash Deaths Rose: Study.

[HealthDay](#) (7/19, Reinberg, 11K) reports, “Car crashes and deaths are on the rise in U.S. states that have legalized recreational marijuana, a new study finds.” Insurance Institute for Highway Safety (IIHS) Vice President for research and statistical services and lead researcher Charles Farmer said, “Marijuana, like alcohol and just about every other drug, changes how you feel and how you behave. That’s the purpose of a drug. And that changes how you drive. We all need to realize that driving after using marijuana is a bad idea.” The research team “found that after marijuana legalization, the rate of car crashes with injuries increased by nearly 6%, while fatal crashes rose by 4%,” but “no increase in these crashes was seen in states that hadn’t legalized marijuana.” Farmer “doesn’t believe marijuana legalization is the only cause of rising collision rates, and the study can’t prove a direct cause-and-effect relationship.” The National Institute on Drug Abuse is mentioned. – *Link to article* [Changes in Traffic Crash Rates After Legalization of Marijuana: Results by Crash Severity: Journal of Studies on Alcohol and Drugs: Vol 83, No 4 \(jsad.com\)](#)

Australians Support Regular Cannabis Use Compared to Smoking Tobacco, Study Suggests.

[The Guardian \(UK\)](#) (7/15, Cassidy, 5.53M) reports that regular cannabis use “has become more accepted than smoking tobacco, the latest National Drug Strategy Household Survey (NDSHS) has found.” The 2019 data, “compiled by the Australian Institute of Health and Welfare and released on Friday, asked around 20,000 people aged 14 and over about their attitudes towards drugs.” It “found, for the first time, 20% of respondents supported regular cannabis use compared to 15% in support of tobacco.”

Telephone Patient Outreach Effective for Smoking Cessation, Quit Rates.

[PatientEngagementHIT](#) (7/19, Rodriguez) reports a new study suggests “offering smoking cessation treatment through a telephone patient outreach model may be an effective way to engage patients and help them quit smoking.” A trial of over 800 patients “resulted in better 3-month quit rates” for those with telephone treatment “than the minimal treatment, 14.3 percent compared to 7.9 percent.” Their [findings](#) were published in the Journal of the National Cancer Institute. – *Link to article* [Randomized Trial of Telephone-Based Smoking Cessation Treatment in the Lung Cancer Screening Setting | JNCI: Journal of the National Cancer Institute | Oxford Academic \(oup.com\)](#)

Experts Disagree on Whether Taking Juul Off Market Would Reduce Teen Vaping.

[The Hill](#) (7/17, 5.69M) reports that “experts are divided over whether efforts to keep Juul products off the market will put a dent in the youth vaping epidemic.”

According to The Hill, Juul has faced criticism since its launch, as its “vapes resembled a USB drive, and the company originally marketed fruity flavors like mango that its founders said were aimed at helping people quit smoking combustible cigarettes.” However, “experts are divided over whether the youth vaping epidemic has gotten worse or improved,” as “according to the latest FDA data, around 11 percent of high-school students and around three percent of middle-school students reported vaping in 2021.”

FDA Issues Over 100 Warnings to Two Synthetic Vaping Manufacturers.

[Axios](#) (7/14, Shapero, Falconer, 1.26M) reports, “The FDA said it has issued warnings to two manufacturers for marketing synthetic vaping products without authorization and sent 107 other warning letters to retailers for illegally selling such products to underage buyers in recent days.” Axios says “the law means synthetic nicotine products must comply with the FDA’s regulations for nicotine, including not selling the products to buyers under 21, not marketing the products without the agency’s authorization.” FDA’s Center for Tobacco Products director Brian King, “said in a statement the agency would ‘continue to investigate companies that may be marketing, selling, or distributing non-tobacco nicotine products illegally and will pursue action, as appropriate,’ in the coming weeks.”

Smoking Rate of Black Adults In Wisconsin Is Three Times That Of Whites, Study Says.

The [Milwaukee Journal Sentinel](#) (7/14, Causey, 844K) reports, “While adult smoking rates were similar between races (14.4% for Black Americans and 13.3% for whites nationally), Wisconsin is an outlier in one important respect, according to recent [study](#).” The adult smoking rate for Black people “living in Wisconsin is 30%, or nearly three times higher than white people in the state at 12%.” That 18 percentage point disparity “is the widest gap between Black and white smokers in the nation, according to Dr. Michael Fiore, co-author and director of the University of Wisconsin Center for Tobacco Research and Intervention.”

Two Senators Write Letter to FDA Over Failure To Ban E-Cigarettes.

[STAT](#) (7/13, 262K) reports, “Two key senators say the FDA ‘appears to be on the brink of failing yet again at protecting our nation’s children,’ because the agency has not yet taken action against certain illegal vaping companies despite a clear congressional directive to pull these products off the market.” The letter was from Sens. Dick Durbin (D-IL) and Susan Collins (R-ME), “two of the lawmakers who spearheaded a March effort to give the Food and Drug Administration authority to crack down on so-called synthetic vaping products.” According to recent reporting from STAT News, the “FDA has failed to take enforcement action against e-cigarette manufacturers that are on the market illegally and failed to submit a timely

premarket tobacco product application (PMTA) by May 14, 2022, as required by the new law,' the lawmakers wrote to Commissioner Robert Califf.”

Moms' Cooing Swapped with Morphine for Newborns In Withdrawal.

[Medscape](#) (7/18, Jaklevic, Subscription Publication, 219K) reports, “Four years ago, Atrium Health, in Charlotte, North Carolina, embarked on a dramatic change in how it cares for newborns exposed to opioids in the womb.” It developed the “Eat, Sleep, Console” approach, which allows these infants to “stay in private rooms where they can bond with their parents.” Additionally, mothers “are taught how to sooth their babies with swaddling, rocking, and cooing.” Previously, the newborns “spent their first weeks in a neonatal intensive care unit (NICU), isolated from their parents and treated with regular doses of morphine to ease their symptoms.” The new approach has been adopted by 26 hospitals “as part of a clinical trial sponsored by the National Institutes of Health and a program called Advancing Clinical Trials in Neonatal Opioid Withdrawal Syndrome (ACT NOW).”

Relaxed Methadone Rules Appear Safe, Researchers Find.

In an article carried by 295 sources, the [AP](#) (7/13, Johnson) reports, “As the coronavirus pandemic shut down the nation in March of 2020, the U.S. government told methadone clinics they could allow stable patients with opioid addiction to take their medicine at home unsupervised.” Methadone “can be dangerous in large amounts and most patients are required to take the liquid medicine daily at clinics.” It was unclear “whether the relaxed take-home policy would cause more harm than good.” But “a new study of fatal overdoses from January 2019 to August 2021 suggests that easing access was safe. It did not lead to more deaths involving the treatment drug.” This “finding may help make the change permanent, wrote the authors, who are U.S. government researchers from the Centers for Disease Control and Prevention and the National Institute on Drug Abuse.”

Additional Source. [HealthDay](#) (7/13, 11K) also reports. -

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2793744>

Interview With Nora Volkow.

[CCTV.org](#) (6/19, Baker) reports on a video interview between Addiction Recovery Channel’s Ed Baker and NIDA Director Dr. Nora Volkow “as they discuss the consistently accelerating velocity of drug overdose death in America,” and the “relationship between the deadly force of stigma and the unprecedented lethality of fentanyl.” Baker and Volkow also discuss the “current Harm Reduction Interventions and their necessity and effectiveness during this time of public health crisis,” as well as “the effectiveness and potential of Overdose Prevention Sites.” Volkow is shown saying, “What drove me to the field and my passion, is what we all have in terms of personal experiences, also there is a scientific one, and then as a

physician to my experience as a doctor basically seeing how we basically completely neglect individuals with a substance abuse disorder. ... From the scientific perspective, I've always been fascinated with the human brain.”

Congress: To Prevent Addiction, Empower Physicians and Patients to Choose Non-Opioids.

Pacific Research Institute senior fellow Henry I. Miller writes for [The Hill](#) (7/18, 5.69M), “Every month, it seems, the United States smashes another unenviable record when it comes to drug addiction and overdose statistics.” The latest data from the Centers for Disease Control and Prevention (CDC) “show a jaw-dropping 108,000 overdose deaths in 2021.” To help save lives, “Congress and the Biden administration must embrace efforts to prevent addiction before it can begin” by “reducing the overprescribing of opioid-based medications, preventing the illicit use and diversion of these powerful drugs, and expanding access to a wide array of drugs and devices that can often manage pain without the risks of addiction.” The bipartisan Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act should be enacted “to reduce the incidence of opioid use disorder and overdose deaths.” Miller writes, “It’s long past time to treat FDA-approved non-opioid approaches fairly.” The NIH is mentioned.

Study Reveals Rise in Injection Drug Use in US In Recent Years.

[USA Today](#) (7/15, Rodriguez, 12.7M) reported, “The opioid epidemic has led to a meteoric rise in injection drug use over the past decade, according to a study funded by the Centers for Disease Control and Prevention, which experts say may also have contributed to an increase in overdoses and infectious diseases.” The CDC’s National Center for Health Statistics “reported an estimated 100,306 drug overdose deaths in the U.S. in the 12 months ending in April 2021, a nearly 30% increase from the same period the year before.”

[The Hill](#) (7/15, Breslin, 5.69M) reported the study showed that “the most recent data, from 2018, estimated that approximately 4 million Americans injected drugs,” a “five-fold increase from the last approximation, in 2011.” The research also found that “the burden of fatal and nonfatal overdoses among those who inject drugs has...gone up sharply.” – *Link to article:* [Estimated number of people who inject drugs in the United States | Clinical Infectious Diseases | Oxford Academic \(oup.com\)](#)

Antidepressants May Curb Opioid Overdose.

[Medscape](#) (7/14, Yasgur, Subscription Publication, 219K) reports, “Patients with a history of depression who are also being treated with opioid analgesics have a lower risk for overdose and self-harm after taking antidepressants, new research suggests.” Researchers “analyzed insurance claims for more than 200,000 adults with a history of depression. Of these, 8200 experienced adverse events (AEs) during the year after initiation of opioid therapy.” But, “the risk for an AE such as overdose

and other forms of self-harm was reduced among patients who had been treated with antidepressants for at least 6 weeks.” The study was funded by NIDA.

CDC Nixes Misleading Video About Cops’ Risk of Fentanyl Overdose.

[MedPage Today](#) (7/14, D'Ambrosio, 183K) reports, “The CDC removed a video from its website that experts said misled law enforcement officers about their risk of fentanyl overdose on the job, an agency spokesperson confirmed.” Previously, MedPage Today “reported that the video, which lived on CDC’s website for the National Institute for Occupational Safety and Health (NIOSH), was concerning to experts who said it didn’t provide any proof of fentanyl exposure or overdose.”

Commentary Discusses Supreme Court’s Unanimous Ruling Overturning Criminal Convictions Related to Opioids.

Joel Cohen, former member of the New York State Judicial Conduct Commission, writes in [The Hill](#) (7/13, 5.69M), “It is rare indeed, especially in these politically polarized times, for the U.S. Supreme Court to decide a case unanimously – especially when overturning a seemingly important criminal conviction.”

Furthermore, “it’s even more surprising when the conviction in question relates to opioids, given the profoundly negative profile they own in America.” However, “this is what occurred with *Ruan v. United States*, which the court decided on June 27,” where “two physicians, in unrelated cases, dispensed controlled substances.” They were convicted, but SCOTUS overturned the convictions. Cohen goes on to further discuss the court’s ruling.

Opinion: DOJ Must Bring Charges Against Executives Who Perpetuated Overdose Crisis.

Ed Bisch, founder of Relatives Against Purdue Pharma, writes in [STAT](#) (7/13, 262K), “I’ve been a frequent critic of Purdue Pharma since Eddie’s [Bisch’s son] death. I was a firsthand witness to a plague that would spread across the country, morphing from pills to heroin, and later illicit fentanyl. I seethed as opioid sales rose in eerie parallel to deaths and addictions.” He writes, “I’ve come to realize just how many others created and sustained the overdose epidemic.” He concludes, “For the sake of my family – and yours – the Department of Justice needs to bring criminal charges against the executives who perpetuated the overdose crisis and, against all fines and hand-slaps to the contrary – continue to sell, sell, sell.” The FDA is mentioned.

Salvage: Sustaining The HEALing Communities Study’s Impact.

Cayuga County Mental Health Department HEALing Cayuga Project Director Monika Salvage writes in a special for the [Auburn \(NY\) Citizen](#) (7/19, 51K), “The good news is that Cayuga County was part of the first wave of HEALing Communities Study

counties that received federal grant funding to address opioid overdose deaths, starting in 2020.” The best news “is that we have tangible evidence of the impact this initiative has had on our community,” with data that “shows a 22% reduction of overdose deaths in 2021 and overdose witnesses potentially saving 94 lives with Narcan.” But “the implementation period and funding for interventions ended on June 30.” Now, “as the second wave of participating counties embark on their HEALing Communities Study journey, Cayuga County is starting its post-grant transition.” Salvage writes, “We are exploring the aspects of the work we definitely want to sustain and are pursuing future funding opportunities to keep saving lives in Cayuga County in a coordinated and data-driven manner.”

Florida AG Urging for Fentanyl to Be Declared A WMD.

[Fox News](#) (7/16, Shaw, 23.99M) reports exclusively, “Florida Attorney General Ashley Moody is calling for illicit fentanyl to be declared a weapon of mass destruction after two mass overdoses in her state – and amid an increase in overdoses attributed to the deadly drug.” Moody “is urging President Biden to either use executive authority or urge Congress to declare fentanyl a WMD.” In a letter to Biden, Moody writes, “Given how many Americans are being murdered, the whole federal government and every tactic and capability that we have should be utilized to stop the death and destruction that fentanyl is causing.” Moody has also “urged President Biden to raise the issue with Mexican President Andres Manuel Lopez Obrador.” Biden “did cite the fentanyl crisis in his public remarks alongside Lopez Obrador,” and said the US is “accelerating our efforts to disrupt the trafficking of fentanyl and other drugs, that are literally killing...people.” The CDC and DEA are mentioned.

Nevada Begins Distribution of Opioid Settlement, Federal Funds for Programs To Fight Opioid Addiction.

[Las Vegas Review-Journal](#) (7/18, Robertson, 372K) reports, “Nevada governments are planning to expand opioid treatment and addiction prevention services as they begin to receive the first allocations of money from” \$285.2 million in “settlements the state made with drug manufacturers.” The funding “is slowly being distributed to cities and counties beginning now, with a requirement that those funds be spent on addiction treatment and support services.” Funding from the settlements “as well as some federal grant money are distributed based on the One Nevada Agreement” which “divides money between the state, counties and some cities based on need.” State Department of Health and Human Services clinical program planner Dawn Yohey said of state plans for the funding, “Spend money to save lives, use evidence to guide spending, invest in youth prevention, focus on racial equity, and develop a fair and transparent process for deciding when to spend the funding.” The CDC is mentioned.

Authorities Seize One Million Pills Containing Fentanyl in California.

[USA Today](#) (7/15, Snider, 12.7M) reported in continuing coverage, “One million pills containing fentanyl, valued at as much as \$20 million, were seized during a recent raid near Los Angeles, amounting to law enforcement’s largest bust of its kind in California.” US fatalities “from fentanyl increased 23% to account for two-thirds of overdoses last year, according to data from the Centers for Disease Control and Prevention.”

Minnesota Drug Overdose Fatalities Reached 1,286 Last Year.

According to the [Minneapolis Star Tribune](#) (7/16, Chhith, 855K), “Drug overdose deaths soared in Minnesota last year, following a nationwide trend, but there are signs prescription opioid deaths are falling and better access to lifesaving naloxone is making a difference.” Overdose fatalities hit “1,286 in 2021, up 22% – the highest recorded in at least the last decade, according to a preliminary Minnesota Department of Health report.” The CDC is mentioned.

Senate GOP Doctors Caucus Unveils PSA Warning Americans About Dangers of Fentanyl.

[Fox News](#) (7/14, Alic, 23.99M) reports, “The Senate GOP Doctors Caucus unveiled a public service announcement Thursday warning the American public about the dangers of fentanyl.” The group, “composed of five senators who are medical professionals, was compelled to produce the PSA because few Americans know about the severity of the scourge of the synthetic drug, which is more than 80% stronger than morphine.”

Rite Aid Reaches \$10.5M Opioid Settlement with Counties in Three States.

[Reuters](#) (7/14, Knauth) reports, “Rite Aid Corp has inked a \$10.5 million settlement with counties in three states allowing it to sit out the next wave of trials stemming from the opioid epidemic in the U.S., which are slated to begin against national pharmacy chains next year.” The company “will pay \$3.5 million each to Georgia’s Cobb County, North Carolina’s Durham County and Ohio’s Montgomery County, exiting all scheduled opioid trials in which it is a defendant, according to settlement documents posted online on Tuesday by Cobb County.” Reuters says, “the opioid litigation has resulted in major settlements with drug distributors and manufacturers, including a \$26 billion settlement with Johnson & Johnson, McKesson Corp, AmerisourceBergen Corp, and Cardinal Health Inc.”

OD Stat Report Analyzes Opioid Overdose Death Causes.

[Philadelphia Inquirer](#) (7/19, Whelan) reports, “A new report from Philadelphia’s OD Stat program, which analyzes a handful of deaths per quarter, details the lives and

deaths of 17 people who died of an overdose in 2021.” Philadelphia “has not released finalized overdose numbers for 2021, but according to preliminary data from the state...Philadelphia saw at least 1,274 deaths in 2021, the city’s highest count on record.” Although not “comprehensive, the OD Stat report offers a snapshot of an overdose crisis compounded by other health, economic and structural challenges that, for many, make overdoses almost unavoidable despite their efforts to get help.” OD Stat Central Administrator Zoe Soslow said, “The purpose [of the program] is to identify missed opportunities, to serve as a learning environment, and develop recommendations that we think will lead to a reduction in overdoses.”

PA. Court System Says It’s Not Responsible for County Judges Banning Opioid Addiction Medication.

The [Philadelphia Inquirer](#) (7/15) reports that the Department of Justice “sued the Pennsylvania court system in February, alleging that it discriminated against people with opioid use disorder.” It “found that several county courts in the state system banned or limited the use of medication prescribed to treat addiction.” The article says “for people with opioid use disorder, buprenorphine and methadone can reduce withdrawal symptoms and cravings without causing a euphoric high, according to a report from the National Institute on Drug Abuse, a federal agency.” One of the other drugs in question, “naltrexone, works to block the euphoric effects of opioid drugs, and the federal Substance Abuse and Mental Health Services Administration has found there is ‘no abuse and diversion potential with naltrexone.’”

Sources Say Endo Considering Filing for Bankruptcy Amid Debts, Opioid Lawsuits.

[Endpoints News](#) (7/13, DeFeudis) reports that “Endo International is reportedly considering filing for bankruptcy in an attempt to dig itself out from billions of dollars in debt and a mountain of opioid lawsuits.” According to the article, “unnamed sources told the Wall Street Journal that Endo is weighing a Chapter 11 filing as it contends with \$8 billion in debt.” Endo “has also yet to settle thousands of lawsuits over its opioid pain med Opana ER, which was taken off the market in 2017 at the FDA’s request.”

Mexican Authorities Announce “Historic” Raid Led to Seizure Of \$230M Worth Of Fentanyl.

[USA Today](#) (7/13, Tebor, 12.7M) reports, “Mexican authorities announced it conducted a ‘historic’ raid this month, seizing over half a ton of fentanyl in the state of Sinaloa on Thursday in the largest fentanyl drug bust in the country’s history.” The Ministry of National Defense “announced last week that the Mexican military

and national guard located the drugs in a warehouse in the northern city of Culiacán that was operated by ‘members of organized crime’ on July 2.” One official “estimated the fentanyl had an illicit value of around \$230 million.”

Parts Of Connecticut Have High Rates Of Drug Overdose And Death. Will Increasing Services Make A Difference?

[Hartford \(CT\) Courant](#) (7/19, Stannard, 438K) reports that a “new Yale School of Medicine study will help determine the best way to help inmates who have been released within 30 days and those who have been involved with the justice system because of opioid or stimulant use to establish stable, drug-free lives” in rural sections of eastern Connecticut. The main purpose of the Addressing Risk Through Community Treatment for Infectious Disease and Opioid Use Disorder Now (ACTION) study “is to see whether a mobile health van or a patient navigator, who meets individually with clients, is more effective in helping study participants get back on their feet.” According to Yale University Principal Investigator Dr. Sandra Springer, the mobile van staff and patient navigators will be “helping them with housing, food assistance, transportation and other services.” The “\$11.5 million, five-year study is supported by the National Institute on Drug Abuse, part of the National Institutes of Health.”

NIDA Deputy Director Interviewed on Root Causes Of Medication Misuse.

[Newsy](#) (7/14, Scott) reports, “A study of 3000 adults aged 57 to 85 by the National Institute on Drug Abuse showed mixing of prescription and over the counter drugs along with dietary supplements.” In a video interview, National Institute on Drug Abuse Deputy Director Dr. Wilson Compton discusses the “root cause behind the misuse of everyday medication by people.” Compton is shown saying, “Regardless of age, I think it is surprising that these medical substances are misused, but it turns out that just because they come from a pharmacy or originally from a prescription, they can have the same recreational uses as many other substances. ... Plus people will sometimes use them to self treat their underlying psychiatric or mental health problems or conditions.” Compton discusses the consistent misuse of drugs by older adults, the accidental misuse of drugs due to not following physician instructions, and medications that cause harmful reactions when used incorrectly or are deliberately processed into methamphetamines.

Study Finds Two Supervised Drug Sites in US Decreased Overdose Risk.

[Marijuana Moment](#) (7/15, Jaeger) reported that an American Medical Association (AMA) [study](#) found “the first sanctioned safe consumption drug sites in the US have decreased overdose risk, steered people away from using in public and provided other ancillary health services to people who use currently illicit substances.” According to Office of National Drug Control Director Dr. Rahul Gupta, the

Administration “is reviewing broader drug policy harm reduction proposals, including the authorization of supervised consumption sites” like the two supervised sites in New York City that the AMA studied. The article added that HHS Secretary Becerra “has also signaled that the Biden administration would not move to block the establishment safe injection sites, stressing that ‘we are literally trying to give users a lifeline.’” – *Link to article: [First 2 Months of Operation at First Publicly Recognized Overdose Prevention Centers in US | Psychiatry and Behavioral Health | JAMA Network Open | JAMA Network](#)*

Integrity House Pilot Program To Use Gift Cards To Reward People Addicted To Drugs For Staying With Treatment.

Behind a pay wall [New Jersey Star-Ledger](#) (7/19, Strunsky, 1.47M) reports, “Could Frozen Macha Lattes or Chocolate Cream Cold Brews help stem an increase in cocaine and methamphetamine addiction blamed on the deadly effects of fentanyl during the opioid epidemic?” The Newark, New Jersey-based Integrity House “will try to find out under a \$400,000 contract with the state Division of Mental Health and Addiction Services that will use gift cards to reward people addicted to stimulants for staying off drugs and on track with their treatment.”

Drug Decriminalization Could Help Resolve ‘Obvious Challenge’ To Addiction Treatment, Top Federal Official Says.

[Marijuana Moment](#) (7/14, Jaeger) reports, “Nora Volkow, director of the National Institute on Drug Abuse (NIDA), wrote in a blog post published last week that there’s an urgent need to reshape addiction treatment, specifically by putting more resources towards identifying ‘pre-addiction’ to get people help before the disease.” However, “‘rebranding’ addiction on its own isn’t going to fix one of the core problems keeping people from seeking treatment.” Volkow wrote, “Rebranding mild to moderate substance use disorder as a common and addressable behavioral health pattern could normalize and thus destigmatize potentially unhealthy substance use that does not merit the specialized interventions required to treat addiction, while also raising awareness of the potential health risks of such a pattern. However, interventions should ensure that the pre-addiction label does not lead to stigmatization of the people to whom it is applied.” The National Institute of Mental Health is mentioned. – *The blog post (<https://nida.nih.gov/about-nida/noras-blog/2022/07/time-to-start-talking-about-pre-addiction>) and commentary ([Preaddiction—A Missing Concept for Treating Substance Use Disorders | Psychiatry and Behavioral Health | JAMA Psychiatry | JAMA Network](#)) mentioned.*

Teva Heads to Supreme Court Over Generic Drug Labeling Battle.

[Bloomberg Law](#) (7/13, Subscription Publication, 4K) reports, “Teva Pharmaceuticals USA Inc. is taking a long-running battle over generic drug labeling to the US Supreme Court, asking the justices to hear a case that could have broader ramifications on the cost of medicine.” The petition “comes after the US Court of Appeals for the Federal Circuit twice ruled that Teva’s label on a copycat version of GlaxoSmithKline Plc’s heart drug Coreg led doctors to prescribe the generic for an infringing use.”

[Reuters](#) (7/13, Brittain) reports, “The case could be important for the future of so-called ‘skinny labels,’ which allow generic drugmakers to avoid patent claims if the generic’s government-mandated drug label omits potentially infringing uses of the brand-name drug.” The FDA is mentioned.

Federal Patent & Trademark Office Takes Tough Stand Against Minor Patent Changes in Drugs.

Behind a pay wall, [STAT](#) (7/18, Silverman, 262K) reports, “For the second time this month, the U.S. Patent & Trademark Office has taken a tougher stand toward drugmakers that make small changes to their medicines in order to extend monopolies, which can result in medicines costing more.” The issue “has percolated for years amid complaints that drug companies regularly file inconsequential claims to win extra patent protections and that the PTO has failed to act on those concerns.” But in 2021, “the matter gained traction...when the Biden administration issued an executive order arguing that patent laws were used ‘misused to inhibit or delay’ competition from lower-cost generic drugs.”

Liver Cancer Risk Persists After DAA Treatment For HCV.

[Medscape](#) (7/14, Crist, Subscription Publication, 219K) says, “Hepatocellular carcinoma risk declines after direct-acting antiviral [DAA] treatment but remains high enough to justify screening for at least 7 years after hepatitis C cure, according to a new report.” Researchers found that “among patients with cirrhosis and fibrosis-4 (FIB-4) scores of 3.25 or higher, the incidence of hepatocellular carcinoma appeared to decline progressively each year up to 7 years after a sustained virologic response, although the rate remained above the 1% per year threshold that warrants screening.” University of Washington Medicine Professor Dr. George Ioannou said, “The majority of patients with hepatitis C have been treated and cured in the United States.” He added, “After hepatitis C eradication, these patients generally do very well from the liver standpoint, but the one thing they have to continue worrying about is development of liver cancer.” The research “was funded by an NIH/NCI grant and a VA CSR& under Ioannou.”

Evolution Of Integrated Social Determinants of Health Programs Examined.

[STAT](#) (7/14, Palmer, 262K) reports on “a growing effort a...health care systems around the country...to simplify screening for social needs and make it a regular part of care.” Now, “the greater Hackensack Meridian Health network is a case study in the evolution of integrated social determinants of health programs.” The system “has built two separate platforms into its electronic health record to help providers collect information about social needs from its patients,” and “as of July, it had used that information to refer patients to community health resources more than a million times.” CMS is mentioned.

Washington, Other States Considering Loosening Psilocybin Restrictions.

The [Stateline](#) (7/15, Ollove, 2K) said, “With research showing promising results for patients, lawmakers in” Washington and “other states and cities...are considering loosening psilocybin restrictions. A few states want to legalize psilocybin treatment for all adult patients, while others want to limit it to veterans or others with PTSD. Other states have formed task forces to study the issue.” The FDA is mentioned.

Op-Ed: Researchers Developing Psilocybin-Based Treatments Offering Benefits Without Hallucinations.

Health and science writer Dana Smith wrote for the [New York Times](#) (7/15, 20.6M), “Psilocybin is expected to receive approval for depression from the Food and Drug Administration by the end of the decade, possibly in the next few years.” And to manage current obstacles to potential treatments with psilocybin, “some scientists are working to develop molecules based on psychedelics that provide the therapeutic benefits of the drugs but without the hallucinations.” Smith added, “At stake in this debate is not only the intellectual question of how drugs that take you to hell and back can cure your depression, but also the future of how they are administered as medications and in what form they make it to market.”

Oregon Psilocybin Measure Sparks Some Confusion.

The [AP](#) (7/14, Rush) reports, “As Oregon drafts the rules for its new psilocybin program, the first of its kind in the U.S., residents are voicing concern about the confusing patchwork of local ordinances that may emerge.” Oregon in 2020 “became the first state in the nation to legalize the therapeutic, supervised use of psilocybin after 56% of voters approved Ballot Measure 109.” However, “the measure allows counties to opt out of the program if their constituents vote to do so, and several are hoping to do just that, sparking confusion among residents hoping to get involved in the nascent sector.” The FDA is mentioned.

Concussions Increase Chance of Suicide in Adolescents With History Of Depression, Study Finds.

The [Pittsburgh Post-Gazette](#) (7/16, Pasion, 426K) reported, “Adolescents with a history of depression have a higher chance of attempting suicide if they’ve had a concussion, a new study led by University of Pittsburgh School of Medicine researchers finds.” Investigators “analyzed survey responses from more than 28,000 high school students between 2017 and 2019 and found that in those who had a history of depression, concussions were the strongest predictor of also attempting suicide.” They also “found among the same group, being Black, Hispanic or multiracial and having past-year concussion history increased the odds of a suicide attempt by 59%.” Researchers “used survey data from the Youth Risk Behavior Surveillance System, a national survey measuring health-related behaviors contributing to death and disability among Americans.”

988 Suicide Lifeline In Place, But Access To Care Falls Short.

[Medscape](#) (7/19, Brooks, Subscription Publication, 219K) reports, “As of July 16, Americans experiencing a mental health crisis can call the federally mandated 988 national suicide lifeline to be connected to services and counselors.” However, Yale School of Public Health “researchers assessed county-level access to crisis intervention teams (CITs) in 2015 and 2020” based “on responses to the annual Substance Abuse and Mental Health Services Administration (SAMHSA) survey of public and private healthcare facilities.” They found that “while most of the US population (88%) had access to a CIT, half of the counties had no facility that offered CIT services.” The researchers concluded, “This suggests there may be opportunities to increase public funding or technical support in centers in danger of losing CIT access to prevent these closures.” The study was supported “by the National Institute of Mental Health and the Agency for Healthcare Research and Quality.”

New 988 Mental Health Hotline Launched Saturday.

The [New York Times](#) (7/15, Ortiz, Eder, 20.6M) reported that as of Saturday, “Americans in distress have a new number to dial for help – 988, a revamped National Suicide Prevention Lifeline.” The number “is intended to meet a rising tide of mental illness in the United States.” HHS Secretary Xavier Becerra “applauded efforts to prepare for 988 while acknowledging that extensive work lay ahead.”

The [AP](#) (7/15, Tanner) reported, “A RAND Corp. survey published last month found that fewer than half of state or regional public health officials were confident about being ready for 988, which is expected to generate an influx of calls.” However, Becerra said, “If we can get 988 to work like 911...lives will be saved.”

[USA Today](#) (7/15, Moniuszko, 12.7M) reported that according to Substance Abuse and Mental Health Services Administration Assistant Secretary Miriam

Delphin-Rittmon, “President Joe Biden’s administration has ‘significantly increased funds towards the lifeline’...with a \$432 million initial investment.”

However, [ABC News](#) (7/15, Livingston, 2.44M) reported, “HHS officials continue to emphasize the need for state-level investment for this system to be built out long-term and able to handle the volume of calls.” Becerra said at a new conference, “Failure is not an option. ... 988 is a three digit number, but it really is more.”

[Fox News](#) (7/16, Musto, 23.99M) reported that Becerra said, “We are looking to every governor and every state in the nation to do their part to make this a long-term success.”

Other outlets covering the story include [CBS News](#) (7/16, Powell, 5.39M), [CNN](#) (7/16, Howard, Stracqualursi, 89.21M), the [Boston Herald \(MA\)](#) (7/16, Medsger, 327K), [CALmatters](#) (7/15, Wiener), the [Concord \(NH\) Monitor](#) (7/15, Duckler, 27K), [The Hill](#) (7/15, Ali, 5.69M), the [Louisville \(KY\) Courier-Journal](#) (7/15, Ladd, 554K), the [Orange County \(CA\) Register](#) (7/16, Schallhorn, 854K), [Popular Science](#) (7/15, Saha, 7.65M), the [Oklahoman \(USA\)](#) (7/16, Branham, Hayes, 371K), the [Orlando \(FL\) Sentinel](#) (7/15, Santich, 599K), the [Philadelphia Inquirer](#) (7/15, Gutman), the [San Diego Union-Tribune](#) (7/15, Murga, 587K), [Santa Fe New Mexican](#) (7/15, Silva, 65K), the [Santa Rosa \(CA\) Press Democrat](#) (7/16, Barber, 226K), the [Seattle Times](#) (7/16, Jimenez, 1.19M), the [Washington Times](#) (7/15, Matthews, 626K), the [Winston-Salem \(NC\) Journal](#) (7/16, Craver, 226K), and the [South Florida Sun Sentinel](#) (7/16, Perkins, 525K),

Mental Healthcare Shortage in US Examined.

The [Wall Street Journal](#) (7/15, Zumbrun, Subscription Publication, 8.41M) reports on the mental healthcare provider shortage in the US. The article examines how telehealth improves these shortages, but there are still many Americans living without reliable access to providers. HHS, the Health Resources and Services Administration, and the Surgeon General are mentioned.

New Partnership Gets Rid Of Language, Financial Barriers To Offer Care To Hispanic Residents.

[WFTV-TV](#) Orlando, FL (7/19, Navarro, 272K) reports, “In Florida, the battle to seek mental health care is not only a language barrier for some, but also a financial one.” In a partnership funded by NIH grant money, “Hispanic community groups are teaming up to give people the care they need at Pan American Behavioral Health, regardless of language, transportation, money or immigration.” The partnership “will allow people for the next three years to schedule appointments through Pan American for everything from mental health services, case management and substance abuse.”

Funding Opportunities



GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

[RFA-DA-23-041](#)

[HEAL Initiative: Multilevel Interventions to Reduce Harm and Improve Quality of Life for Patients on Long Term Opioid Therapy \(MIRHIQL\) \(R01 Clinical Trial Required\)](#)

[RFA-DA-23-042](#)

[HEAL Initiative: Multilevel Interventions to Reduce Harm and Improve Quality of Life for Patients on Long Term Opioid Therapy \(MIRHIQL\): Resource Center \(U24- Clinical Trial Optional\)](#)

[NOT-AA-22-014](#)

[Notice of Change to NOT-AA-20-018 "Notice of Special Interest: Secondary Analyses of Existing Alcohol Research Data"](#)

[NOT-DA-23-011](#)

[Notice of Special Interest \(NOSI\): HEAL Initiative: Regarding the Availability of Administrative Supplements to Support the Addition of Justice Measures](#)

[PAS-22-206](#)

[HEAL Initiative: Career Development Awards in Implementation Science for Substance Use Prevention and Treatment \(K01 - Clinical Trial Required\)](#)

[PAS-22-207](#)

[HEAL Initiative: Career Development Awards in Implementation Science for Substance Use Prevention and Treatment \(K23 - Clinical Trial Required\)](#)

[NOT-OD-22-178](#)

[Notice of Special Interest \(NOSI\): Increasing Uptake of Evidence-Based Screening in Diverse Populations Across the Lifespan](#)

[NOT-OD-22-179](#)

[Notice of Special Interest \(NOSI\): Addressing Evidence Gaps in Screening](#)

[RFA-OD-22-015](#)

[Galvanizing Health Equity Through Novel and Diverse Educational Resources \(GENDER\) Research Education R25 \(R25 Clinical Trial Not Allowed\)](#)

