

UC CAR Weekly Newsletter 8.13.2021

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

Could Best Medicine For Newborns With Opioid Exposure Be Mom? Cincinnati Hospitals Try New Approach.

The [Cincinnati Enquirer](#) (8/11, DeMio, 223K) reports that “despite all precautions against it, some pregnant women have addiction and continue to use opioids,” and “even for pregnant women no longer using, the best treatment is prescribed opioid medication – methadone or buprenorphine – which stabilizes the mother and can prevent relapse.” The Enquirer says that “just as medication is best for these mothers,” the “latest research shows that the best treatment for their newborns is mom.” The idea comes “from a mom-centered approach to caring for opioid-exposed newborns called Eat, Sleep, Console.” With this approach, “infants and moms are kept together and the infant is evaluated this way.” Three Cincinnati hospitals “are among 26 nationwide trying it in a clinical study” sponsored by NIH through the HEAL initiative. (July topic in UC CAR Summer Speaker Series event with CAR member, Dr. Merhar, watch recording of the session linked here <https://www.med.uc.edu/institutes/CAR/summer-speaker-series-recordings-and-presentation-slides>. CAR member, Dr. Wexelblatt also featured in this article).

Indiana To Fund \$1.3M Distribution Of Opioid Reversal Agent Naloxone.

The [AP](#) (8/7) reported, “Indiana will fund a \$1.3 million distribution of the opioid reversal agent naloxone to ensure the medication reaches Hoosiers who are at risk of drug overdoses, state officials have announced.” Overdose Lifeline, Inc. “will distribute 35,000 doses of naloxone to first responders, families, friends and others who are likely to be the first on the scene if someone overdoses.”

Pandemic Role in Kentucky Record Overdose Death

Fatal drug overdose in Kentucky (a continuous tragedy that devastated the state’s communities) surged nearly 50% last year, saying the isolation caused by the COVID-19 pandemic was a “major factor.” The state report concludes. According to reports from the Kentucky Judiciary and Public Security Cabinet and the Narcotics Control Policy Department, it was due to drug overdose in 2020. Official...

National News

Unhealthy Alcohol Usage Increased In 2020, But Fewer People Sought Help, Data Show.

The [Burlington \(VT\) Free Press](#) (8/10, Peachin, 85K) reports, “Although unhealthy alcohol usage likely increased in 2020, the number of people seeking help for alcoholism was down by 9 percent, according to recent data released by the Vermont Department of Health.” The lower numbers of individuals seeking help for alcoholism “may be attributed to the fact that most alcoholism recovery programs are run in-person,” commissioner Kelly Dougherty said.”

Drug- And Alcohol-Related Deaths On The Rise, According To Summit County Coroner.

The [Summit \(CO\) Daily](#) (8/11, deJong, 38K) reports Summit County, Colorado “already struggled with alcohol and substance use before the pandemic, but since the county’s first confirmed case of COVID-19 in March 2020, local officials and experts are reporting that the issue is getting exponentially worse.” According to the Daily, “Summit County Coroner Regan Wood said her office is seeing a higher rate of 30- to 40-year-old males dying of alcohol and drug overdoses, and these deaths are ‘probably more accidental than intentional.’” Furthermore, the county “had three deaths that involved kratom, which is a tropical tree native to Southeast Asia with leaves that contain compounds that can have mind-altering effects, per the National Institute on Drug Abuse.”

Naloxone More Difficult To Obtain As Overdoses Reach All-Time High.

The [Washington Post](#) (8/11, Kornfield, 10.52M) reports that naloxone, “an affordable antidote for opioid overdoses, has become more difficult to obtain amid a fatal

epidemic.” According to the Post, “after a manufacturing issue halted Pfizer’s production of the single-dose injectable naloxone in April, groups that distribute a significant amount of the lifesaving medicine say they are facing an unprecedented obstacle to reverse drug overdoses as they reach an all-time high.” What’s more, “organizers say the insufficient supply has been felt unequally across the” US. For its part, drugmaker “Pfizer, which offers naloxone at a discount to a national buyer’s club made up of harm prevention programs, said it may take until February before it can meet demand again.”

Medications Treating Opioid Addiction, Overdoses Not Widely Available In Federal Prisons, Investigatory Piece Finds.

In a lengthy investigatory piece, the [Marshall Project](#) (8/10, Schwartzapfel, 52K) reports that three years ago, “Congress passed the First Step Act, a wide-ranging prison reform legislation that, among other things, required the federal prison system to expand access to medications for people addicted to opioids.” Currently, however, the combination of “bureaucratic inertia and outdated thinking about addiction treatment means the federal program is still serving only a tiny fraction of those eligible, The Marshall Project has learned.” As of last month, “the Bureau of Prisons [BOP] had only 268 people on medications to treat opioid dependence, according to” BOP National Health Services Administrator Jeffrey Burkett. The Marshall Project mentions the FDA.

Genesis Healthcare Agrees To Settlement With Federal Government.

[Bloomberg Law](#) (8/9, Stein, Subscription Publication, 4K) reports that HHS said that “nursing homes in Rhode Island and Massachusetts operated by Genesis HealthCare Inc. have agreed to adopt new policies after allegations that they denied admission to patients because of medications being taken to treat opioid use disorder.”

[Modern Healthcare](#) (8/9, Johnson, Subscription Publication, 215K) reports, “Genesis Healthcare has settled allegations that twelve of its facilities in Massachusetts and Rhode Island denied admission to potential residents who were prescribed opioid use disorder treatments.” The settlement includes a payment by Genesis of “more than \$700,000” as well as the adoption of “non-discrimination policies” and an agreement to “train admissions personnel.” Acting HHS Director of the Office of Civil Rights Dr. Robinsue Frohboese said that HHS Secretary Becerra “made advancing the goal of ending the opioid crisis a key priority for HHS, particularly since the COVID-19 pandemic has exacerbated this deadly crisis.”

Columnist Says “No Reason” Why US Cannot Bring End To Opioid Epidemic.

[New York Times](#) (8/8, 20.6M) editorial board member Jeneen Interlandi writes that since Purdue Pharma “released its patented pain medication OxyContin to an

unsuspecting public” more than two decades ago, “more than 500,000 people have died in the United States in an addiction and overdose crisis triggered by the excessive marketing and overuse of that drug and others like it.” While 500,000 “is an incomprehensible figure, even – or especially – in the age of Covid,” it is “important to remember that there are still more causes for hope than for despair. For starters, we know what does and doesn’t work against addiction epidemics,” and “we now have an administration that seems capable of making these distinctions between effective and ineffective approaches to the crisis.” Interlandi argues, “There’s still a lot of work to do, but if lawmakers and other officials step up, there’s no reason the nation can’t finally bring this epidemic to an end.”

Opinion: Why Are Overdoses Up? Many Factors Work Against Recovery And There Are No Sure-Fire Solutions.

In an opinion piece for the [San Diego Union-Tribune](#) (8/11, 587K), Father Joe’s Villages President and CEO Jim Vargas says that in 2020, “Father Joe’s Villages’ security officers saved the lives of 42 individuals who were experiencing an overdose by administering naloxone, a medicine that reverses an opioid overdose.” Vargas writes that “their interventions have been needed more and more since the introduction of a dangerous opioid called fentanyl into our community, as well as the increased pressures of the pandemic.” Vargas asserts, “The reality is that there are many factors working against an individual on the journey to recovery and there are no sure-fire solutions.” NIDA is mentioned.

Opioid Overdoses In Wisconsin Have Increased Since COVID-19 Pandemic’s Onset, Report Indicates.

The [AP](#) (8/10) reports, “Opioid overdoses in Wisconsin have increased since the COVID-19 pandemic began, according to a [report](#) [PDF] the state Department of Health Services released Tuesday.” The report “shows the rate of overdose incidents rose from about seven per 100,000 people in January 2019 to about 13 per 100,000 people this past March. Overdoses spiked in May 2020 to about 15 per 100,000 people.” The data also revealed that “overdoses rose sharply during the pandemic’s onset, then decreased and now appear to be rising again.”

Maryland Congressional Candidate Discusses Ways Maryland Can Utilize Funds From National Settlement To Battle Opioid Crisis.

In a [Baltimore Sun](#) (8/10, 629K) op-ed, R. David Harden (D), who’s running in Maryland’s 1st Congressional contest, writes that “there is no better place to learn about the opioid crisis than from the first responders working the county fairs this summer. Public health officials, law enforcement and addiction counselors all tell the same story: Opioids are killing rural communities in Maryland.” Harden adds

that during July, “a bipartisan coalition of state attorneys general announced a \$26 billion national settlement with drugmaker Johnson & Johnson and three companies that distributed opioid painkillers. The State of Maryland stands to receive \$485 million of this settlement to help address the opioid epidemic here.” Harden goes on to present “four ways in which Maryland can leverage these funds to produce real results,” one of which entails “pilot[ing] supportive housing initiatives.”

Montana Saw Spike In Montana Fentanyl Seizures, Fatal Crashes In 2020, Report Finds.

[The Missoulian \(MT\)](#) (8/8, Buchli, 124K) reports, “The Montana Highway Patrol published its annual report on July 29 outlining major trends in crash patterns and drug seizures across the state in 2020, including 4,556 fentanyl pills seized on Montana roadways.” There were 190 fatal crashes among Montana drivers “in 2020 – up from 166 in 2019.”

Reaching Recovery Through Hope, Faith And Exercise.

Vivien Williams writes in the “Health Fusion” column on [Inforum](#) (8/11) about Tom Truszinski, a former addict who is now a pastor, and “the Rochester director of the Minnesota Adult and Teen Challenge, a nonprofit, faith-based drug and alcohol treatment center that serves roughly 200 men and women in [its] residential program.” The mission of the center is to “assist teens and adults in gaining freedom from chemical addictions and other life controlling problems by addressing their physical, emotional and spiritual needs.” Truszinski said, “Meth users whose bodies have withered look in the mirror and see death. But with proper exercise and nutrition their bodies begin to change. Then they can look in the mirror and see life.” Williams adds that the NIDA “website notes that exercise, when combined with cognitive behavioral therapy, can help smokers quit.”

Top Federal Drug Official Says Criminalization Creates Stigma And Harms Health Of Consumers.

[Marijuana Moment](#) (8/11, Adlin) reports National Institute on Drug Abuse Director Nora Volkow “says ending harsh penalties around [drug] use would reduce harm and facilitate access to treatment.” Volkow wrote in an op-ed for STAT, “Societal norms surrounding drug use and addiction continue to be informed by myths and misconceptions. ... Among the most harmful of these is the scientifically unfounded belief that compulsive drug-taking by individuals with addiction reflects deliberate antisocial or deviant choices.” Volkow continued, “This belief contributes to the continued criminalization of drug use and addiction.” She also wrote, “Many people intersect with the criminal justice system as a direct or indirect result of their

substance use disorders, and the experience may worsen their addiction and their physical and mental health.”

Encouraging Understanding With The Drug Task Force.

The [Narrowsburg \(NY\) River Reporter](#) (8/11, Mayo, 12K) reports that this past month, the drug task force in Sullivan County, New York “announced a partnership with Hope Not Handcuffs (HNN), a program that helps connect people suffering from substance use disorder with treatment options.” The program aims to treat “people with respect.” When an individual “with a substance use disorder walks into a police station, HNN sends them an ‘angel’ advocate, who can provide them with comfort and connect them with treatment options as an alternative to jail time.” NIDA is mentioned.

CDC: US Sets New Record For Drug Overdose Deaths.

[Modern Healthcare](#) (8/11, Johnson, Subscription Publication, 215K) reports that “overdose deaths skyrocketed during the pandemic reaching a record 95,000 last year,” according to a new CDC report. In particular, “overdose deaths increased 31% from January 2020 to January 2021 compared to the previous 12-month period, which took place prior to the coronavirus pandemic.” Regina LaBelle, Acting Director of the White House Office of National Drug Control Policy, said “these rising deaths highlight the importance of removing barriers to support for people with substance use disorder.” However, according to the US Surgeon General, “just 10% of the 20 million people who need substance use treatment get it.”

New Jersey Needle-Exchange Program Ordered To Close.

The [New York Times](#) (8/10, Tully, 20.6M) reports needle-exchange program Oasis in Atlantic City, New Jersey “has been ordered to close amid two new health emergencies: a record-setting spike in opioid overdoses nationwide and a pandemic that has exposed profound flaws in the health care safety net, particularly among the poor and in communities of color.” The Times adds, “A majority of the Democrat-led Atlantic City City Council voted last month to evict Oasis after expressing frustration that it was the only place in southeast New Jersey where intravenous drug users can trade in needles.” The program is “expected to be gone from its South Tennessee Avenue location by early November.”

Baylor Professor To Use Telehealth To Help Counsel Young Women At Risk.

[mHealth Intelligence](#) (8/9, Wicklund) reports that Baylor University Professor Danielle Parrish, PhD, is using a \$3.1 million National Institutes of Health grant “to study how connected health can be integrated into a program that helps women between the ages of 14-17 avoid risky behaviors.” The projects, which “will use

telehealth and mHealth to improve risk reduction education for young women,” targets those “who’ve been referred by the local juvenile justice system.”

Experts Discuss How Shifting Cultural Norms Regarding Certain Drugs Might Lay Groundwork For Improved Policy.

The [New York Times](#) (8/9, 20.6M) reports on an episode of its “Sway” podcast in which author Michael Pollan and Kara Swisher talk about “how changing cultural norms around certain drugs may pave the way for better policy, and when MDMA therapy might be approved by the Food and Drug Administration.”

Opinion: Overcoming Historical Barriers To Trial Enrollment Requires More Proactive, Human-Centered Approach.

In an opinion for [STAT](#) (8/5, 262K), Sam Brown, a digital strategy and transformation management consultant for Point B, writes, “By disrupting the clinical trials process, the Covid-19 pandemic has served as a tipping point to advance decentralized clinical trials (DCTs) and other innovations in managing these essential studies.” However, Brown says, “to overcome historical barriers to trial enrollment such as lack of awareness and education, concern or stigma related to patient safety, or fear of the unknown, what’s needed is a more proactive, human-centered approach.” He adds that this “approach focuses on understanding where people are and meeting them there – not just physically but also mentally and emotionally.”

AI, Ketamine May Have Potential To Fight Rare Diseases.

[STAT](#) (8/5, Palmer, 262K) chronicles the story of a child diagnosed with a rare “neurodevelopmental condition called ADNP syndrome” and how artificial intelligence led to a breakthrough. In 2019, a “tool, called mediKanren, scanned millions of biomedical abstracts hunting for relationships between existing compounds and the gene involved in the disease.” Within seconds, mediKanren “pinpointed an unexpected target: ketamine.” The drug “has long been approved as an anesthesia drug in kids and adults, and researchers were finalizing its approval as a treatment for major depression,” but “AI suggested it could be repurposed to fight a new foe.”

Funding Opportunities



GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

[NOT-DA-21-064](#)

[Notice of Special Interest \(NOSI\): International Research Collaboration on Drug Abuse and Addiction Research](#)

[RFA-DA-22-022](#)

[Fentanyl and its Analogs: Effects and Consequences for Treatment of Addiction and Overdose \(UG3/UH3 Clinical Trial Optional\)](#)

[RFA-AI-21-058](#)

[American Women: Assessing Risk Epidemiologically \(AWARE\) \(R01 Clinical Trial Optional\)](#)

[NOT-OD-21-168](#)

[Notice to Extend Expiration Date and Add a Receipt Date for PA-18-932: Increasing Uptake of Evidence-Based Screening in Diverse Adult Populations \(R01 Clinical Trial Optional\)](#)

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