

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](mailto:roweji@ucmail.uc.edu)) to change your communication preferences. **Please note that the weekly newsletter will be on hiatus Friday, September 2, and Friday, September 9.** 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**

#### **Recover Out Loud Arts & Music Festival**

**September 24<sup>th</sup>, 2022, from 10 am- 4 pm**

In honor of National Recovery Month, the Division of Harm Reduction at Hamilton County Public Health is hosting a festival to celebrate individuals in recovery. ([pdf flyer attached](#))

We want all roads of recovery--and recovery allies--to come together at the Recover Out Loud Festival. Live your recovery out loud, share your time, show us your talents, and come together for a day of fun and fellowship. If you're interested in taking an active role during the festival (as a vendor, volunteer, or voice of hope), please fill out the survey below to let us know how you'd like to participate. [Survey](#)

#### **'Dopesick' Author Speaks in Ohio: Addiction Not a Moral Failure**

With more than a billion in opioid settlement dollars coming to Ohio, advocates argued it must be directed to evidence-based strategies. Ohio ranked fourth among states in 2020 for drug overdose mortality, with a majority of deaths caused by opioids. Beth Macy, a journalist, wrote the best-selling book "Dopesick," which examined the origins of the opioid epidemic. She said real change can happen at the community level with a shift in mindset, with...

## **National News**

### **‘Magic Mushroom’ Psychedelic May Help Heavy Drinkers Quit.**

The [AP](#) (8/24, Johnson) reports, “The compound in psychedelic mushrooms helped heavy drinkers cut back or quit entirely in the most rigorous test of psilocybin for alcoholism,” investigators concluded in a study in which “93 patients took a capsule containing psilocybin or a dummy medicine, lay on a couch, their eyes covered, and listened to recorded music through headphones.” Participants “received two such sessions, one month apart, and 12 sessions of talk therapy.”

*Additional Sources.* [USA Today](#) (8/24, Weintraub, 12.7M) reports the study at the New York University Langone Center for Psychedelic Medicine “found that 48 people who received the active therapy drank fewer than 10 days a month, while the 45 who received the antihistamine continued to drink heavily for 23 days a month. Those who took the psychedelic also drank less on their drinking days than those who got the placebo,” according to the [findings](#) published online Aug. 24 in JAMA Psychiatry. National Institute on Alcohol Abuse and Alcoholism Director Dr. George Koob, “said the studies on psychedelics and addiction remain early and inconclusive but seem promising.”

Also reporting are the [Wall Street Journal](#) (8/24, Hernandez, Subscription Publication, 8.41M), [CNN](#) (8/24, LaMotte, 89.21M), [STAT](#) (8/24, Goldhill, 262K), [Forbes](#) (8/24, Yakowicz, 10.33M), [NBC News](#) (8/24, Sullivan, Syal, Lynch, Smith, 4.91M), [Fortune](#) (8/24, Lambert, 3.68M), [TIME](#) (8/24, Law, 18.1M), [MedPage Today](#) (8/24, DePeau-Wilson, 183K) and [UPI](#) (8/24, Packer-Tursman). – *This is following up on Betty’s mention of this study yesterday* [Percentage of Heavy Drinking Days Following Psilocybin-Assisted Psychotherapy vs Placebo in the Treatment of Adult Patients With Alcohol Use Disorder: A Randomized Clinical Trial | Psychiatry and Behavioral Health | JAMA Psychiatry | JAMA Network](#)

### **Increased Alcohol Use Linked With Higher Risk Of Cancer In New Study.**

[CNN](#) (8/24, Thomas, 89.21M) reports, “People who increased the amount of alcohol they drank also had an increased risk of cancer, according to the results of a large study in Korea published on Wednesday in JAMA Network Open.” The new “study found that people who increased the amount they drank had a higher risk of all cancers, including alcohol-related cancers, than the group that made no changes to their drinking habits.” It additionally found that the “risk also increased for non-drinkers who changed their habits and became mild, moderate or heavy drinkers.” However, even though “the study has key strengths, such as the size of the cohort and the large number of cases, it also has some limitations, according to an accompanying editorial from experts at the National Cancer Institute.” – *Link to article* [Association Between Changes in Alcohol Consumption and Cancer Risk | Cancer Screening, Prevention, Control | JAMA Network Open | JAMA Network](#)

### **Why Pandemic, Personal Stressors Push Some To Problem Drinking.**

In an op-ed for [Medscape](#) (8/23, Subscription Publication, 219K), Medical Reporter Damian McNamara writes National Institute on Alcohol Abuse and Alcoholism

Senior Scientific Adviser Aaron White, PhD, said “the COVID-19 pandemic...changed why some people drink alcohol,” as people used alcohol to address their stress. McNamara states “the cycle of drinking, abstaining, and relapsing...can increase the risk for long-term adverse health effects.” Data from the National Institute on Alcohol Abuse and Alcoholism show consumption of alcohol “contributes to more than 200 health conditions” and alcohol use disorder is on the same level as the number of Americans affected by cancer. Despite that, “the National Institutes of Health budget for researching cancer is about 10 times greater than NIH money focusing on alcohol use disorder.” McNamara points to resources available for people suffering from alcohol use disorder, such as HHS’ Substance Abuse and Mental Health Services hotline.

### **Use Of Marijuana And Psychedelics Is Soaring Among Young Adults, Study Finds.**

The [New York Times](#) (8/23, Jacobs, 20.6M) reports federal survey data show “marijuana and hallucinogen use among young adults reached an all-time record last year.” Additionally, the research “found that nicotine vaping and excessive alcohol consumption continued to climb in 2021.” However, “cigarette smoking and opioid abuse among young adults dropped last year.” National Institute on Drug Abuse Director Dr. Nora Volkow said, “Overall, the results are very concerning,” and “what they tell us is that the problem of substance abuse among young people has gotten worse in this country.” Although the Food and Drug Administration “is expected to grant approvals for some therapeutic uses [of psychedelics] in the coming years,” experts “stress the importance of using them with professional guidance.”

*Additional Sources.* The [Washington Post](#) (8/24, Pietsch, 10.52M) reports, “Nearly 43 percent of young people said they had used marijuana in the past 12 months, up from 29 percent in 2011 and nearly 34 percent in 2016, according to the Monitoring the Future study by the University of Michigan, which surveyed nearly 5,000 young adults between 19 and 30 years old.” The survey also found “more than 28 percent of young people said they had used marijuana in the past month, and more than 1 in 10 were ‘daily’ consumers, using marijuana 20 times or more in the past 30 days” In a news release, Volkow said, “We need to know more about how young adults are using drugs like marijuana and hallucinogens, and the health effects that result from consuming different potencies and forms of these substances.”

[Good Morning America](#) (8/23, McCarthy, 402K) reports that Volkow “told ‘Good Morning America’ that this data provides a window into young adults’ substance use patterns.” She added, “Certainly the consumption of marijuana has been going up across all of the country and it is driven by the legalization.” Volkow continued, “Pretty much everybody who ends up having a problem with substance use started as a teenager and continued use as a young adult.”

[NPR](#) (8/24, Archie, 3.69M) reports that Volkow also said, “Young adults are in a critical life stage and honing their ability to make informed choices. ...

Understanding how substance use can impact the formative choices in young adulthood is critical to help position the new generations for success.”

Other media covering the story include a [CNN](#) (8/22, Enten, 89.21M) video, [Forbes](#) (8/22, Porterfield, 10.33M), and the [Detroit News](#) (8/22, 1.16M). – *Link to new release [Marijuana and hallucinogen use among young adults reached all-time high in 2021 | National Institutes of Health \(NIH\)](#)*

### **Legalizing Recreational Cannabis In The U.S. Has Increased Frequency Of Use.**

[Scienmag](#) (8/25) reports, “A new study published in the scientific journal *Addiction* has found that the legalization of recreational cannabis in U.S. states appears to have caused a 20% average increase in cannabis use frequency in those states.” The research “evaluated the effects of recreational cannabis legalization in a large sample of” 111 identical twin pairs. When “looking at all of the study participants, the study found a ~24% increase in mean cannabis use frequency attributable to legalization.” Whereas “looking just at the identical twins living in states with different policies, the twin living in a ‘legal’ state used cannabis ~20% more frequently than their cotwin living in an ‘illegal’ state. These findings suggest that recreational legalization caused an increase in cannabis use.” The study “was supported by National Institute on Drug Abuse, National Institute of Mental Health, and National Institute on Alcohol Abuse and Alcoholism.” – *Link to article [Impacts of recreational cannabis legalization on cannabis use: a longitudinal discordant twin study - Zellers - Addiction - Wiley Online Library](#)*

### **Weed Drinks Are A Buzzy Alcohol Substitute. But Are They Safe?**

The [New York Times](#) (8/19, Blum, 20.6M) reported as more states legalize recreational marijuana, “cannabis-infused mocktails, seltzers and alcohol-free wines are hitting the market, often sold as a shortcut to a healthier high. These drinks are not the beverages that contain small doses of CBD, a compound found in marijuana and hemp that doesn’t get you high, which have been trendy for the last decade. Marijuana drinks are made with THC, the intoxicating substance in cannabis, and customers seem willing to try them.” However, physicians “and cannabis researchers said marijuana beverages come with their own set of risks, and a long list of questions.” The article mentioned the National Institute on Drug Abuse.

### **Court Of Appeals Rules FDA Must Reconsider Rejection of Flavored Vapes**

[Reuters](#) (8/24, Pierson) reports, “The U.S. Food and Drug Administration must reconsider its denial of six companies’ applications to sell e-cigarette products, a federal appeals court has ruled.” On Tuesday, “a 2-1 panel of the 11th U.S. Circuit Court of Appeals ruled...that the agency’s decisions were arbitrary and capricious because it refused to consider the companies’ plans to prevent their products from falling into the hands of minors.” The ruling “puts the court at odds with the D.C. Circuit and 5th Circuit, which have upheld the FDA’s authority to deny similar

applications without considering the manufacturers' plans for avoiding underage use.”

### **Vaping Industry Flouting FDA Orders To Remove Illicit Goods From Market.**

[STAT](#) (8/24, Florko, Welle, 262K) reports the FDA “has spent more than four years trying to decide whether retailers should be able to sell products like cotton candy-flavored liquids, vapes made to look like fidget spinners, and disposables filled with more nicotine than 200 cigarettes.” So far the FDA “has explicitly ordered hundreds of them off the market,” but “a STAT investigation found that vape companies are regularly flouting the FDA’s orders. They’re making, stocking, and selling the illicit goods.” The STAT “reporting reveals, too, just how reluctant the FDA is to use its power to rein in bad actors.” Although “the FDA declined STAT’s request for an interview with either FDA Commissioner Robert Califf or the head of the FDA’s Center for Tobacco Products, Brian King,” an FDA spokesperson “implied the agency may soon get tougher against companies that ignore its orders” and another spokesperson said the FDA was looking into better ways of enforcement.

### **FDA Issues Warning To Nicotine Gummies Manufacturer.**

The [AP](#) (8/18, Perrone) reports the Food and Drug Administration “on Thursday issued a first-of-a-kind warning to the maker of nicotine gummies, saying the illegal candies pose a growing risk to teenagers and younger children.” The agency “said the fruit-flavored gummies from Florida manufacturer VPR Brands could cause nicotine poisoning or even death if eaten by small children.” The agency’s “warning letter gives the company 15 days to remove or address the violations.”

### **As More Communities Ban Flavored Tobacco, California Will Vote Over Statewide Ban In November.**

[Kaiser Health News](#) (8/19, Finn) reports, “California’s third-largest city banished flavored tobacco products from store shelves this summer, joining scores of other cities and counties in the state in a public health push to reduce nicotine addiction among youths and young adults.” Similar to San Jose, Sacramento County, “Los Angeles, California’s largest city, and San Diego will implement prohibitions in January.” Despite “big and small communities across the state” already taking action, “Californians in November will decide whether to enact one of the nation’s most comprehensive statewide bans on flavored tobacco – making it illegal for brick-and-mortar retailers to sell flavored cigarettes, e-cigarettes, or vapes, including those flavored with menthol. Sales of gums or gummies that contain nicotine and are not approved by the FDA would also be prohibited.”

### **\$2.8M E-Cigarette Intervention Grant For Hawaii’s Youth.**

[KHON-TV](#) Honolulu (8/24, Briseno, 267K) reports, “The University of Hawaii Cancer Center Researcher, Scott Okamoto, PhD, MDW received a \$2.8 million grant” from NIDA “to evaluate and develop an e-cigarette prevention intervention for Hawaii’s youth in rural areas.” NIDA “builds on Ho’ouana Pono, a drug curriculum designed for

rural Hawaiian youth.” Along with the intervention plan, “there will also be a social media and print campaign which will be placed at multiple schools across the Big Island from the intervention plan.” UH Manoa “expects around 500 students to enroll in this study over the next five years.”

**NIDA Center for the Clinical Trials Network (CCTN) Virtual Workshop:  
Prehospital Treatment for OUD**

**Tuesday, September 6, 2022, from 11:00 AM-5:00 PM ET**

[Register for this event here.](#)

This event will bring together stakeholders, experts, and federal staff to present recent research and innovative EMS or paramedic administered approaches for opioid use disorder and overdose and to identify research needed to evaluate prehospital approaches for opioid use disorder. It will highlight promising research, describe innovative programs in the United States, and identify research priorities to inform research planning. Individuals with disabilities who need sign language interpreting and/or other reasonable accommodations to participate in this event, should contact Sean Randol at (240) 863-0507 or [srandol@leedmci.com](mailto:srandol@leedmci.com) or through the Federal Relay (1-800-877-8339). Requests should be made *at least* five business days in advance of the event.

**White House Announces \$12.4M In Funding For Drug-Free Community Grants.**

[Bloomberg Law](#) (8/18, Subscription Publication, 4K) reports, “About \$12.4 million in federal funding will go to grants for 99 new coalitions for the Drug-Free Communities Support Program, Dr. Rahul Gupta, director of the White House Office of National Drug Control Policy” (ONDCP) announced. The ONDCP said in a news release Thursday that “the coalitions will provide education on illicit fentanyl and counterfeit pills as well as prescription drugs, marijuana, tobacco, and alcohol.”

**Most Drug Overdose Patients Not Tested for Fentanyl, Synthetic Opioids.**

[Health IT Analytics](#) (8/23, Kennedy) reports, “A new study by Epic Research and the University of Maryland’s Center for Substance Abuse Research (CESAR) shows that only 5 percent of drug overdose patients admitted to the emergency department are tested for fentanyl and synthetic opioids, despite these drugs being the leading cause of death for Americans 18 to 45 years.” The researchers concluded the “findings may be part of larger trends in screening and shifts in drug use,” and “recommend EDs review standard toxicology panels and consider including synthetic opioid testing in their screenings.” NIH and NIDA are mentioned. - [Only 5% of Overdose Patients Tested for Fentanyl, #1 Killer of Americans 18-45](#) ([epicresearch.org](http://epicresearch.org))

**Out-Of-Pocket Costs For Opioid Treatment Rose By 500% For Uninsured, Study Finds.**

[The Hill](#) (8/19, Barnes, 5.69M) reported rising “prices for the life-saving opioid treatment naloxone are keeping out it out of the hands of uninsured Americans,

even as the cost has dropped for those with medical insurance.” A RAND Corporation study “found that the average out-of-pocket cost of naloxone for uninsured patients...increased by 500 percent from 2014 to 2018,” however, “for those with insurance, the cost decreased by 26 percent.” On “average, out-of-pocket cost[s] among those without insurance jumped from \$27 in 2014 to \$250 in 2018, the study found.” – [Link to article Trends in Out-of-Pocket Costs for Naloxone by Drug Brand and Payer in the US, 2010-2018 | JAMA Health Forum | JAMA Network](#)

### **Opioid Crisis Costs Arizona An Estimated \$53B Last Year.**

The [Arizona Republic](#) (8/24, R. Gonzalez, 1.05M) reports that on Wednesday, “an online panel,” hosted over Zoom by the nonprofit and nonpartisan Common Sense Institute Arizona, “discussed the toll the opioid crisis has had on Arizona’s economy with estimated costs on the state reportedly having tripled over the past decade.” The panel’s “policy and research director, Glenn Farley, said he determined the increase by following the methodology the Centers for Disease Control and Prevention used to find Arizona’s opioid addiction costs for 2017.” He said, “The cost last year reached a peak record of about \$53 billion,” comparatively “to the \$21 billion the CDC previously found in 2017.” The “estimated cost comes largely from opioid overdose deaths” and “reduced productivity and quality of life for those with opioid addiction, along with law enforcement and medical treatment costs.”

### **Montana Police Department Warns Of Increase In Fentanyl Deaths, Overdoses.**

The [Billings \(MT\) Gazette](#) (8/23, Hamby, 179K) reports, “Fentanyl is suspected of killing 18 people in Yellowstone County so far this year, and the Billings Police Department is putting the city on alert.” Additionally, “at least 159 other people are suspected to have overdosed on the synthetic opioid, according to a statement released by the department Tuesday.”

### **City Of Dearborn To Boost Access To Narcan With Two Vending Machines.**

The [Detroit Free Press](#) (8/20, McMurtrie, 2.16M) reported “the city of Dearborn is taking steps to help save lives” as the number of deaths linked to opioid overdoses rise in the US. The piece added, “At no cost, the city secured 396 units of Narcan, an opioid overdose-reversal medication, to increase access to the public with two stocked vending machines, according to an Instagram post.”

### **US Border Agents Seized Record Amount Of Fentanyl In July.**

[KNWA-TV](#) Fayetteville, AR (8/21, 225K) reports, “Border authorities seized a record amount of the synthetic opioid fentanyl in July, most of which came through U.S. ports of entry, data released this month shows.” U.S. Customs and Border Protection figures show, “officers with the agency’s Office of Field Operations seized approximately 1,800 pounds of fentanyl in July, while U.S. Border Patrol agents who guard the vast border areas between ports of entry seized about 340 pounds.”

### **Australian Feds Warn Again Dangers Of Fentanyl Following Seizure Of “Extraordinary” Amount In Melbourne.**

The [Australian Broadcasting Corporation](#) (8/22, Brown, 82K) reports, “Federal authorities have found an “extraordinary” amount of fentanyl hidden inside machinery in a Melbourne warehouse.” According to the article, “the Australian Federal Police (AFP) and Australian Border Force (ABF) have seized 11 kilograms of the opioid – a record in Australia – and 30 kilograms of methamphetamine that arrived from Canada late last year.” Consequently, “the AFP says the smuggling attempt is ‘outrageous’ and are warning of the dangers of the deadly opioid.”

### **Federal Grant Helps Lowell Combat Opioid Epidemic.**

The [Lowell \(MA\) Sun](#) (8/18, Gilbert, 94K) reports that on August 9, the Lowell City Council “voted to accept a \$1.9 million federal grant over the next four years awarded to the Lowell Health Department to enhance naloxone training and distribution, bringing” Mayor Sokhary Chau’s “vision of 24-hour health care for Lowell residents – especially for underserved populations – closer to reality.” The federal “funding will support the Lowell Comprehensive Addiction and Recovery Support Initiative, which will focus on the city’s Black and Hispanic communities.” State HHS director Lisa Golden said in a statement, “This grant will allow the Health Department and our project partners to expand upon community outreach and connections to treatment by the Lowell Community Opioid Outreach Program.” During the council meeting, “Devon Goldberg, community coordinator for the Lowell HEALing Communities Study from the Greater Lowell Health Alliance, one of the project funding partners, addressed the council on the need for Naloxboxes in public places.”

### **Colombia’s New Government Proposes Decriminalizing Cocaine.**

The [Washington Post](#) (8/20, A1, Schmidt, Duran, 10.52M) reports, Colombia is “the largest producer of cocaine in the world, the source of more than 90 percent of the drug seized in the United States. It’s home to the largest Drug Enforcement Administration office overseas. And for decades, it’s been a key partner in Washington’s never-ending ‘war on drugs.’” And currently, “Colombia is calling for an end to that war. It wants instead to lead a global experiment: decriminalizing cocaine.” Indeed, “two weeks after taking office, the country’s first leftist government is proposing an end to ‘prohibition’ and the start of a government-regulated cocaine market. Through legislation and alliances with other leftist governments in the region, officials in this South American nation hope to turn their country into a laboratory for drug decriminalization.”

### **California Governor Vetoes Bill For Supervised Safe Injection Sites.**

The [AP](#) (8/22, Thompson) reports California Gov. Gavin Newsom (D) “vetoed a bill Monday that he said could have brought ‘a world of unintended consequences’ by allowing Los Angeles, Oakland and San Francisco to set up sites where opioid users could legally inject drugs under supervision.” Newsom said, “The unlimited number



of safe injection sites that this bill would authorize – facilities which could exist well into the later part of this decade – could induce a world of unintended consequences.”

The [New York Times](#) (8/22, Cowan, 20.6M) reports Newsom wrote in the veto letter, “I have long supported the cutting edge of harm reduction strategies. However, I am acutely concerned about the operations of safe injection sites without strong, engaged local leadership and well-documented, vetted, and thoughtful operational and sustainability plans.”

The [Los Angeles Times](#) (8/22, Wiley, 3.37M) reports Newsom also wrote, “It is possible that these sites would help improve the safety and health of our urban areas, but if done without a strong plan, they could work against this purpose. These unintended consequences in cities like Los Angeles, San Francisco and Oakland cannot be taken lightly. Worsening drug consumption challenges in these areas is not a risk we can take.” Newsom “said he would instruct California Health and Human Services Secretary Dr. Mark Ghaly to convene city and county officials to ‘discuss minimum standards and best practices’ that could then be recommended to the Legislature.”

[Politico](#) (8/22, Colliver, 6.73M) and the [San Jose Mercury News](#) (8/22, Kendall, 432K) also cover the story.

### **ONDCP Director Finishes Out Three-Day Tour Of West Virginia.**

The [Wheeling \(WV\) News-Register](#) (8/19, Adams, 57K) reports, “Dr. Rahul Gupta, director of the White House Office of National Drug Control Policy, spent the last three days on a listening tour in West Virginia – the state where he once served as chief health officer.” On Thursday, he spent the “morning in Putnam County where he announced a nationwide program to fund 99 youth substance use prevention groups part of the Office of National Drug Control Policy Drug-Free Communities program.” The new “initiative will provide \$12.4 million in grant funding for prevention programs to keep children away from prescription drugs, tobacco, marijuana, and alcohol.” Additionally, “Gupta pointed to two \$1 million grants through the Rural Communities Opioid Response program through the U.S. Department of Health and Human Services earlier this week by Manchin and U.S. Sen. Shelley Moore Capito, R-W.Va.”

### **HHS Awards \$20M To Expand HIV Prevention, Testing, Treatment.**

The [Pharma Letter](#) (8/24, Subscription Publication) reports HHS Secretary Xavier Becerra “has announced more than \$20 million in funding to expand HIV prevention, testing, and treatment services at health centers nationwide.” This “funding is being awarded by the Health Resources and Services Administration (HRSA) to expand HIV prevention, testing, and treatment services at 64 health centers.”

### **Judge Rules Gilead Sciences Must Face Proposed Lawsuit Over Alleged Payment To Delay Competing HIV Drug.**

[Reuters](#) (8/22, Pierson) reports, “Gilead Sciences Inc must face a proposed class action lawsuit accusing it of paying off Indian generic drugmaker Cipla Ltd not to compete with its HIV preventive drug Truvada, a federal judge has ruled.” The US District judge “ruled Friday that a Florida police health plan, the Jacksonville Police Officers and Fire Fighters Health Insurance Trust, could proceed with its lawsuit even though it could not yet allege precise details about the confidential 2014 settlement between the companies.” The judge “wrote that circumstances surrounding the settlement...provided enough support to the trust’s case to survive motions by Gilead and Cipla to dismiss it.”

### **New Study Examines Trend Of Adult Hallucinogen Use In Last Two Decades.**

[Axios](#) (8/18, Habeshian, 1.26M) reports, “Hallucinogen use in the United States has increased among adults in the last two decades, a new study found.” The study, “published in peer-reviewed journal *Addiction*, is the first to provide formal statistical analyses of trends in hallucinogen use in the last 20 years, according to the researchers at Columbia University’s Mailman School of Public Health and its Irving Medical Center.” One study author, Dr. Ofir Livne, said, “Given the recent media coverage showing that an increasing number of adults may be reporting positive effects of ‘microdosing’ and expecting therapeutic benefits of hallucinogens without negative effects, our findings merit a comprehensive examination of time trends and motives for hallucinogen frequency and quantity of use.” – *Link to article [Adolescent and adult time trends in US hallucinogen use, 2002–19: any use, and use of ecstasy, LSD and PCP - Livne - Addiction - Wiley Online Library](#)*

### **Medicare Advantage Lacking For Mental Health Coverage.**

[Healthcare Finance News](#) (8/18, Lagasse, 93K) reports “data from the Commonwealth Fund and the National Library of Medicine” reveals that “an estimated 1.7 million Medicare beneficiaries [are] living with a diagnosed substance use disorder, and about one in four beneficiaries [are] living with a mental health condition.” At the same time, a “new J.D. Power 2022 U.S. Medicare Advantage Study” shows “just 38% of MA plan members say they have enough coverage for mental health treatment, down from 39% a year ago” and “just 27% of members say they have enough coverage for substance use disorder services.” The article mentions that “the Centers for Medicare and Medicaid Services is looking for ways to make Medicare Advantage better” and offers the July release of a Request for Information “seeking public comment on the popular offering” as an example.

### **Report Points To Need For Telehealth Services To Address Inequities.**

[mHealth Intelligence](#) (8/18, Melchionna) reports “a July report from The Brookings Institute...stated that continuous telehealth guidance along with healthcare flexibilities are essential for system optimization.” While “the government was

highly efficient during the process of implementing telehealth at the start of the COVID-19 pandemic,” the study suggests that “there are various steps to take and factors to consider.” Among them are the necessity of “further communication between state and federal governments” and elimination of inequities. The article points to how HHS and the Dept. of Justice collaborated this month “to establish telehealth guidance” that “centered around the elimination of discrimination within telehealth by adjusting policies and supporting those who are underserved.”

### **Cancer Patient Trying To Compel DEA To Allow Her To Use Psilocybin.**

[TIME](#) (8/24, Law, 18.1M) reports terminal cancer patient Erinn Baldeschwiler is “fighting for access to...psilocybin-assisted therapy, which past research has found can ease” anxiety and depression for patients who have an advanced form of cancer. After Baldeschwiler’s palliative care physician “applied to the Drug Enforcement Administration (DEA) to receive a waiver to provide the drug, the DEA refused, declaring in February 2021 that it had no authority to waive the Controlled Substances Act.” That doctor and Baldeschwiler “are now working with Kathryn Tucker, a lawyer focused on expanding access to psychedelics for groups including terminally ill people, to compel the DEA to allow use of psilocybin under the Right to Try law.” Psilocybin use for anxiety and depression “could be approved by the U.S. Food and Drug Administration (FDA) within the next few years.”

## **Funding Opportunities**



### [NOT-DA-22-072](#)

[Notice of Change to Key Dates for RFA-DA-23-013, "NIDA REI: Addressing Racial Equity in Substance Use and Addiction Outcomes Through Community-Engaged Research \(R01 Clinical Trial Optional\)](#)

### [NOT-DA-22-067](#)

[Notice of Change to Key Dates for RFA-DA-23-032, "NIDA REI: Addressing Racial Equity in Substance Use and Addiction Outcomes Through Community-Engaged Research at Minority Serving Institutions \(R01 Clinical Trial Optional\)"](#)

### [NOT-DA-23-005](#)

[Notice of Special Interest \(NOSI\): HEAL Initiative: Biospecimen Collection in Pregnancy](#)

[RFA-DA-23-050](#)

[HEAL Initiative: Development and validation of virtual assessments to study children and caregivers in their natural environment \(R01- Clinical Trial Not Allowed\)](#)

[RFA-DA-23-055](#)

[HEAL Initiative: Development and validation of virtual assessments to study children and caregivers in their natural environment \(R01- Basic Experimental Studies with Humans Required\)](#)

[RFA-DA-23-056](#)

[Chemical Countermeasures Research Program \(CCRP\) Initiative: Basic Research on The Deleterious Effects of Acute Exposure to Ultra-Potent Synthetic \(UPS\) Opioids \(R01 Clinical Trial Not Allowed\)](#)

[NOT-MH-22-290](#)

[Notice of Pre-Application and Technical Assistance Webinar for RFA-MH-22-240, "BRAIN Initiative: Brain Behavior Quantification and Synchronization \(R61/R33 Clinical Trial Optional\)"](#)

[RFA-EB-22-002](#)

[HEAL Initiative: Translational Development of Diagnostic and Therapeutic Devices \(R18 Clinical Trial Not Allowed\)](#)

## CAR Member New Publications

### **The synthetic opioid fentanyl increases HIV replication and chemokine co-receptor expression in vitro**

Ling Kong, Mohamed Tarek M Shata, Jennifer L Brown, Michael S Lyons, Kenneth E Sherman, Jason T Blackard

*Journal of NeuroVirology*,

DOI: <https://doi.org/10.1007/s13365-022-01090-3>

#### **ABSTRACT**

The US is experiencing a major public health crisis that is fueled by the illicit use of synthetic opioids including fentanyl. While several drugs of abuse can enhance viral replication and/or antagonize immune responses, the impact of specific synthetic opioids on HIV pathogenesis is poorly understood. Thus, we evaluated the effects of fentanyl on HIV replication in vitro. HIV-susceptible or HIV-expressing cell lines were incubated with fentanyl. HIV p24 synthesis and chemokine receptor levels were quantified by ELISA in culture supernatants and cell lysates, respectively. Addition of fentanyl resulted in a dose-dependent increase in HIV replication. Fentanyl enhanced expression of the HIV chemokine co-receptors CXCR4 and CCR5 and caused a dose-dependent decrease in cell viability. The

opioid antagonist naltrexone blocked the effect of fentanyl on HIV replication and CCR5 receptor levels but not CXCR4 receptor levels. TLR9 expression was induced by HIV; however, fentanyl inhibited TLR9 expression in a dose-dependent manner. These data demonstrate that the synthetic opioid fentanyl can promote HIV replication in vitro. As increased HIV levels are associated with accelerated disease progression and higher likelihood of transmission, additional research is required to enhance the understanding of opioid-virus interactions and to develop new and/or optimized treatment strategies for persons with HIV and opioid use disorder.

**Eating, Sleeping, Consoling for Neonatal Opioid Withdrawal (ESC-NOW): a Function-Based Assessment and Management Approach study protocol for a multi-center, stepped-wedge randomized controlled trial.**

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**Risky alcohol use among patients dispensed opioid medications: A clinical community pharmacy study**

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**ABSTRACT**

**Background**

Included among the significant risk factors for opioid overdose is concomitant use of other central nervous system depressants, particularly alcohol. Given the continued expansion of community pharmacy in the continuum of care, it is imperative to characterize alcohol use among pharmacy patients dispensed opioids in order to establish a foundation for identification and intervention in these settings.

**Methods**

This secondary analysis utilized data from a one-time, cross-sectional health assessment conducted among patients dispensed opioid medications in 19 community pharmacies in Indiana and Ohio. Adult, English speaking, patients not receiving cancer care who were dispensed opioid medications were asked to self-report alcohol and substance use, behavioral and physical health, and demographic information. Descriptive and logistic regression analyses were employed to characterize alcohol use/risky alcohol use and patient characteristics associated therewith.

## Results

The analytical sample included 1494 individuals. Participants were on average 49 years of age (Standard Deviation=14.9)—with 6% being persons of color (n = 89). Weekly drinking was reported by 18.1% (n = 204) and daily drinking was reported by 6.8% (n = 77) of the study sample, with a total of 143 (9.6%) participants reporting moderate/high risk drinking.

Males (Adjusted Odds Ratio [AOR]=1.94, 95% CI=1.3,2.9), those with higher pain interference (AOR=1.44, 95% CI=1.0,2.0), overdose history (AOR=1.93, 95% CI=1.1,3.5), sedative use (AOR=2.11, 95% CI=1.3,3.5), and tobacco use (AOR=2.41, 95% CI=1.6,3.7) had increased likelihood of moderate/high risk alcohol use (all  $p < 0.05$ ).

## Conclusions

Medication labeling and clinical guidelines clearly indicate that patients should abstain from concomitant use of opioids and alcohol. This study has identified rates and associated risk factors of risky alcohol use among a clinical sample of community pharmacy patients dispensed opioid medications. Continuing this line of research and potential clinical service development has the ability to improve patient safety through addressing a significant gap within the current opioid epidemic.

## Neural alterations in opioid-exposed infants revealed by edge-centric brain functional networks

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## ABSTRACT

Prenatal opioid exposure has been linked to adverse effects spanning multiple neurodevelopmental domains, including cognition, motor development, attention, and vision. However, the neural basis of these abnormalities is largely unknown. A total of 49 infants, including 21 opioid-exposed and 28 controls, were enrolled and underwent MRI ( $43 \pm 6$  days old) after birth, including resting state functional MRI. Edge-centric functional networks based on dynamic functional connections were constructed, and machine-learning methods were employed to identify neural features distinguishing opioid-exposed infants from unexposed controls. An accuracy of 73.6% (sensitivity 76.25% and specificity 69.33%) was achieved using 10 times 10-fold cross-validation, which substantially outperformed those obtained using conventional static functional connections (accuracy 56.9%). More importantly, we identified that prenatal opioid exposure preferentially affects inter- rather than intra-network dynamic functional connections, particularly with the visual, subcortical, and default mode networks. Consistent results at the brain regional and connection levels were also observed, where the brain regions and connections associated with visual and higher order cognitive functions played pivotal roles in distinguishing opioid-exposed infants from controls. Our findings support the clinical phenotype of infants exposed to opioids in utero and may potentially explain the higher rates of visual and

emotional problems observed in this population. Finally, our findings suggested that edge-centric networks could better capture the neural differences between opioid-exposed infants and controls by abstracting the intrinsic co-fluctuation along edges, which may provide a promising tool for future studies focusing on investigating the effects of prenatal opioid exposure on neurodevelopment.

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