

UC CAR Weekly Newsletter 9.23.2022

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

Cincinnati Opioid Addiction Response Strategy Focuses On Those Most Vulnerable To Overdose.

The [Cincinnati Enquirer](#) (9/22, DeMio, 223K) reports that outreach workers are moving with police in part of “endless, tightly focused efforts to prevent overdoses, provide continuing care and services to individuals with addiction and fix festering problems that could reignite addiction illness in Cincinnati Police District 3.” The plan is “loosely identified as the District 3 neighborhoods’ hotspots program, a project that started in East Price Hill on Oct. 1, 2021, with a National Institutes of Health Healing Communities Study grant of \$188,360, and gradually was expanded through the district.” The Healing Communities Study “is an effort to integrate evidence-based prevention, treatment and recovery interventions to reduce opioid overdose deaths by 40% over three years in communities in states including Ohio and Kentucky.”

[enCompass: Comprehensive Training on Navigating Addiction – upcoming date](#)

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

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

- [November 1, 2022](#)

National News

Heart Medication Shows Potential As Treatment For Alcohol Use Disorder.

[Neuroscience News](#) (9/20) reports, “A medication for heart problems and high blood pressure may also be effective for treating alcohol use disorder, according to a new study” published in *Molecular Psychiatry*. Led by scientists at the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), “the study presents converging evidence from experiments in mice and rats, as well as a cohort study in humans, suggesting that the medication, spironolactone, may play a role in reducing alcohol drinking.” Study co-author and NIAAA Director George F. Koob, Ph.D. said, “These are very encouraging findings.” NIDA Director Dr. Nora Volkow said, “Just like for any other medical condition, people with substance use disorders deserve to have a range of treatment options available to them, and this study is an exciting step in our effort to expand medications for people with alcohol use disorder.” – [Link to article *Spironolactone as a potential new pharmacotherapy for alcohol use disorder: convergent evidence from rodent and human studies* | *Molecular Psychiatry* \(nature.com\)](#)

Researchers Say Alcohol Warning Labels Do Not Adequately Inform Consumers About Cancer Risk.

The [Washington Post](#) (9/19, Blakemore, 10.52M) reports alcohol warning labels “haven’t been updated since the late 1980s,” and “now, researchers say they don’t adequately advertise alcohol consumption’s biggest potential health consequence: cancer, including breast cancer.” In a perspective piece published in “the *New England Journal of Medicine*, researchers warn that the labels are outdated and vague about alcohol consumption’s risks, despite the public health burden of drinking.” Few people in the US “know enough about those risks, they write, pointing to data that suggests nearly 70 percent of them don’t realize alcohol consumption increases cancer risk.” The CDC is mentioned in this story.

Deadly Crash In 2021 Prompts NTSB Push For Blood Alcohol Monitoring Systems In New Cars.

The [AP](#) (9/20, Krisher) reports, “The National Transportation Safety Board is recommending that all new vehicles in the U.S. be required to have blood alcohol monitoring systems that can stop an intoxicated person from driving.” The recommendation, if “enacted by the National Highway Traffic Safety Administration, could reduce the number of alcohol-related crashes, one of the biggest causes of highway deaths in the U.S.” The latest push for monitoring systems “was included in a report released Tuesday about a horrific crash last year in which a drunk driver collided head-on with another vehicle near Fresno, California, killing both adult drivers and seven children.”

The [Los Angeles Times](#) (9/20, Winton, 3.37M) reports, “The NTSB’s recommendation to the National Highway Traffic Safety Administration will ramp up pressure to address drunk-driver safety and prevention as vehicle technology improves. The NTSB has previously said such technology is possible.”

Alcohol-Related Hospitalizations, Deaths Rose In New Jersey Amid Pandemic, Data Show.

The [Bergen \(NJ\) Record](#) (9/15, Fallon) says the number of New Jersey residents “hospitalized for alcohol-related liver disease jumped 19% from 2019 to 2021 while the number of deaths skyrocketed from 357 to 444, says a report released Thursday by the New Jersey Hospital Association.” Data show “13,188 people were admitted with alcohol-related liver disease last year, compared with 11,039 in 2019, the year before the pandemic.” In addition, the state “saw 3,046 and 3,125 drug overdose deaths in 2020 and 2021, respectively – the two highest totals since overdose deaths were first tracked 10 years ago.”

U.S. Teens’ Drinking, Smoking Declines While Vaping & Pot Use Keep Rising.

[HealthDay](#) (9/21, Norton, 11K) reports, “Fewer U.S. teenagers are drinking and smoking these days, but marijuana and vaping have gained in popularity – particularly among kids with lots of unsupervised free time,” according to the “findings of a new study tracking substance use trends among American teens over the past 30 years.” The researchers “found that while substance use has generally declined over time, there were two notable exceptions: marijuana use, which has been inching up for many years; and vaping of nicotine and marijuana, which has surged in the past several years.” And the “changing patterns in how kids spend their free time may help explain the decline in most types of substance use, the findings suggest: Compared with their predecessors in the 1990s, teenagers today ‘party’ less often and are less likely to have a part-time job.” – [Link to article Full article: Adolescents’ Use of Free Time and Associations with Substance Use from 1991 to 2019 \(tandfonline.com\)](#)

FDA Warns Of “Serious Health Risks” Over Delta-8 THC Products.

[USA Today](#) (9/22, Berger, 12.7M) reports, “The FDA and some marijuana industry experts” share concerns over cannabinoid delta-8 THC products, and nearly “a dozen states have banned the hemp-derived drug.” Concerns over “delta-8 are largely focused on how it’s made,” as “delta-8 is typically produced by dissolving CBD...in solvents, such as toluene that is often found in paint thinner. Some people in the marijuana industry say that process leaves a potentially harmful residue.” A study published last year in the journal *Chemical Research in Toxicology* “found lead, mercury, and silicon in delta-8 electronic cigarettes.” Consequently, “the FDA has issued warnings about the ‘serious health risks’ of delta-8, citing concerns about the conversion process, and has received more than 100 reports of people hallucinating, vomiting, and losing consciousness, among other issues, after consuming it.”

FDA Is Opposing Big Companies, Congressional Bill Working To Sell, Regulate CBD Food, Drinks.

[STAT](#) (9/20, Florko, 262K) reports, “Major food makers are ready to cash in on selling CBD-filled foods and drinks.” But the FDA “isn’t having it,” as “technically all products containing CBD, or cannabidiol, are illegal under FDA’s rules.” The FDA “recently warned Congress that any attempts to legalize CBD foods would put the public health at risk” which is “a stark contrast to the FDA’s approach toward CBD dietary supplements.” But “in a sharply worded letter sent late last month to Commissioner Robert Califf, the sponsors of” a bill to legalize and regulate CBD foods “wrote that the FDA’s reply was ‘a completely insufficient response at this moment when cannabidiol (CBD) products are proliferating around the country.’” Former FDA Commissioner Scott Gottlieb and Janet Woodcock were also mentioned.

Oklahoma Court Rules Recreational Marijuana Measure Will Not Be On November Ballot.

The [AP](#) (9/21, Murphy) reports, “A proposed state question on whether to legalize the recreational use of marijuana in Oklahoma won’t appear on the November ballot, the state Supreme Court ruled Wednesday.” Justice Douglas Combs wrote for the court, “SQ820 will be voted upon by the people of Oklahoma, albeit either at the next general election following November 8, 2022, or at a special election set by the Governor or the Legislature.” The measure will not be on the fall ballot, because of delays in counting “signatures and for the courts to consider several legal challenges.”

California’s Marijuana Legalization Reportedly Ushered In Wave Of Public Corruption.

The [Los Angeles Times](#) (9/15, 3.37M) reports in a 4,900-word piece that “California’s decision to legalize recreational cannabis in 2016” brought in “a wave of corruption, prosecutions and accusations that has rocked local governments across the state and left them with few effective tools to combat the problem.” An investigation by the Times “found corruption or other questionable conduct covering a vast area of activities: public officials demanding cash from cannabis business owners to approve licenses; government officials threatened with physical violence over pot regulations; and elected officials accepting money from cannabis businesses even as they regulated them.” The cannabis industry has also “donated a torrent of campaign cash to local government officials as cannabis became a new and powerful special interest.”

FDA Combats Nicotine Gummies As Threat To Children.

[CNN](#) (9/16, Christensen, 89.21M) reported the Food and Drug Administration “has been warning parents to keep an eye out for products that may look like typical candy but are actually nicotine-based.” Additionally, “the FDA last month sent a warning letter to VPR Brands, one of the companies that makes nicotine gummies,

advising that the products were being sold illegally.” The FDA “said in a statement to CNN that it’s ‘deeply committed to addressing the ongoing public health concerns around all youth tobacco use’ and ‘will continue to take appropriate enforcement actions that are supported by evidence.’”

Children More Likely To Have Non-Allergic Asthma If Fathers Were Exposed To Secondhand Smoke In Childhood, Study Finds.

[The Hill](#) (9/16, Hou, 5.69M) reported a study “found that the risk of non-allergic asthma in children increased by 59 percent if their fathers were exposed to secondhand smoke in their childhood, compared to children whose fathers were not exposed.” Furthermore, “if the fathers were exposed to secondhand smoke and went on to smoke themselves, the risk for their children to have asthma was even higher at 72 percent.” The findings were published in the *European Respiratory Journal*. – *Link to article* [Pre-pubertal smoke exposure of fathers and increased risk of offspring asthma: a possible transgenerational effect | European Respiratory Society \(ersjournals.com\)](#)

UVA Health To Study Effectiveness Of Tobacco Quitting Programs In Appalachia.

[WRIC-TV](#) Richmond, VA (9/21, Murray, 241K) reports, “Fourteen community pharmacies will team up with UVA Health next year to help Appalachians quit smoking and test the effectiveness of multiple tobacco-quitting programs in effort to fight cancer rates in the region.” An analysis found that Appalachia had a higher rate of cancer compared to West Virginia, and this could be attributed to higher rates of smoking. Additionally, “people in rural Appalachia are less likely to take advantage of resources to quit smoking.” UVA Health’s “study in Appalachia will evaluate the effectiveness of different combinations of smoking quitting programs.”

Commentary Says US Must Use All Available Options To Prevent Overdose Deaths.

Donna Black, President and Board Chair of the International Association of Fire Chiefs, and Libby Jones, project director of the Overdose Prevention Initiative, wrote in an op-ed for [The Hill](#) (9/16, 5.69M) that US “fire and EMS personnel are on the front lines of combatting the overdose crisis, helping to save thousands of lives every year.” Although “first responders can successfully prevent fatal overdoses using naloxone, we do not have to wait until a person overdoses to send help – there are evidence-based approaches to prevent overdoses before they happen. Medications to treat opioid use disorder (MOUD) have been shown to significantly reduce the risk of overdose death.” In spite of “this demonstrated success, only 11 percent of people with opioid use disorder received MOUD in 2020, partly due to outdated federal regulations.” The authors said “we must use every option available to reduce overdose deaths.”

Why Overdose Deaths Skyrocketed After Opioid Prescriptions Dropped

[TIME](#) (9/19, Law, 18.1M) reports, “The American crackdown on the drugs that kicked off the modern opioid overdose epidemic – prescription opioids – largely

succeeded.” And “according to data released by the American Medical Association (AMA) on Sept. 8, opioid prescriptions have dropped in every state over the last decade, plummeting nearly 50% nationally.” But efforts for preventing overdose deaths are “an abject failure,” and “annual opioid overdose deaths more than tripled between 2010 and 2020, according to federal data.” The AMA “and experts on drug use argue that the key” to preventing overdose deaths “will be to lift barriers preventing people from getting access to treatments for substance use disorder” and “to expand access to tools that save lives.”

Supreme Court Ruling Requires Proving Criminal Intent To Charge Physicians With Illegal Opioid Prescriptions.

[Kaiser Health News](#) (9/19, Kelman) reports, “A Supreme Court ruling” *Ruan v. United State* “has raised the bar to convict in a case” involving a physician writing illegal prescriptions. The Supreme Court said in a June decision that “prosecutors must not only prove a prescription was not medically justified – possibly because it was too large or dangerous, or simply unnecessary – but also that the prescriber knew as much.” The “court’s unanimous ruling complicates the Department of Justice’s ongoing efforts to hold irresponsible prescribers criminally liable for fueling the opioid crisis.”

AMA Report Concludes Barriers To Care Are Exacerbating Drug Overdose Epidemic.

[Medical Marketing & Media](#) (9/15, O'Brien) says recently, the AMA “released a report that found barriers to care have worsened the nation’s drug overdose epidemic, urging industry stakeholders to take action in response.” This “study found that while opioid prescribing is declining, overdoses and deaths related to illicit manufacturing of fentanyl, cocaine and methamphetamine have continued to rise.” Data show US overdose deaths have increased by “more than 17% since 2020...with deaths topping 107,000 in 2021.”

FDA Commissioner Says FDA External Review Of Opioid Decisions Will Be Led By Ohio State University Experts.

Behind a paywall, [Bloomberg Law](#) (9/19, Castronuovo, Subscription Publication, 4K) reports, “Subject matter experts at Ohio State University will lead the FDA’s external review into its past opioid decisions, the agency’s head said Monday.” FDA Commissioner Robert M. Califf, “in a Twitter post, offered the latest details on the long-awaited review he announced last month along with the agency’s framework for preventing overdose-related deaths nationwide.”

Advocates Say Harm Reduction Programs To Stop Overdoses Should Look Like Canadian SOS Programs.

[STAT](#) (9/21, Joseph, 262K) reports that Canada’s safer opioid supply (SOS) program is “not without risks,” and critics, “including some addiction medicine doctors who argue people should be directed toward treatment and that providers should be focused on reducing drug use, not furnishing the drugs.” But supporters argue

“such concerns ignore the emergency of implacable and preventable overdose deaths happening every day as a result of complacency and inaction.” SOS programs “would be illegal under U.S. policies,” and the Biden Administration, “despite touting its support for select harm reduction strategies” would probably not use them. But advocates “say if you really are on board with harm reduction principles...safer supply is exactly what that looks like.”

US Places Limits On Export Of Fentanyl To Russia.

The [Washington Post](#) (9/15, Whalen, 10.52M) reports on Thursday, the US “strictly limited the export of fentanyl and related chemicals to Russia, saying that they ‘may be useful’ as chemical weapons to support Russia’s ‘military aggression.’”

According to the Commerce Department, “sales to Russia of the powerful opiate will now require a U.S. government license. The rule also applies to exports to Belarus, whose leadership supports Russian President Vladimir Putin.”

CT Clinic Workers: Overdose Patients Can Re-Overdose After Receiving Narcan.

The [Connecticut Post](#) (9/18, Field, 310K) reports, “The relatively short duration of the anti-overdose drug naloxone means that it is possible for a person to re-overdose after receiving treatment even if they don’t ingest any more drugs.” NIDA “says naloxone lasts for 30 to 90 minutes. People who receive naloxone should be ‘monitored for another two hours after the last dose of naloxone is given to make sure breathing does not slow or stop,’ the federal agency says.” One expert “said the lasting time of naloxone depends on factors that include a person’s metabolism and size,” as well as “the type and amount of opioid consumed.”

Parents Who Lost Children To Fentanyl March Near White House.

The [Washington Post](#) (9/17, Kornfield, 10.52M) reported that on Saturday, about 400 mothers who have lost children to fentanyl “marched to the White House to demand that the government put forth a greater effort to promote public understanding of the synthetic opioid that is 50 times more powerful than heroin.” They put up 50 banners which “stretched for about 400 feet, nearly spanning the width of the National Mall.” The banners “featured [the] faces of nearly 3,500 people who lost their lives to fentanyl. Many were young, even teenagers. Some wore their high school jerseys or graduation caps.” Last year, “more than 71,000 people died of synthetic opioid overdoses, according to the Centers for Disease Control and Prevention.” One group, “Lost Voices of Fentanyl, which has more than 19,000 members on Facebook, argues that the Biden administration has not done enough to stop fentanyl from being brought across the border, or to raise awareness of its dangers.”

Kansas Senator Announces Legislation To Require Social Media, Communications Providers To Actively Combat Illegal Sale, Distribution Of Drugs On Their Platforms.

[WIBW-TV](#) Topeka, KS (9/18, Motter, 71K) reports Senator Roger Marshall (R-KS) “says on Friday, Sept. 16, he announced his new legislation, the Cooper Davis Act, named

after a Johnson County teenager who tragically lost his life to a fentanyl overdose after he took half a pill of what he believed to be Percocet” through social media. Marshall “said that the new legislation would require social media companies and other communication providers to take a more active role in working with federal agencies to combat the illegal sale and distribution of drugs on their platforms.” Marshall also said “earlier in the week...he questioned Centers for Disease Control and Prevention Director Rochelle Walensky about what her agency has done to stop the flow of the illicit drug into communities.” Marshall also said Walensky “confirmed she has had conversations with the Department of Health and Human Services about declaring the fentanyl crisis a public health emergency.”

Teva To Finalize \$4.35B Opioid Settlement By Year’s End, Begin Making Payments In 2023.

[Reuters](#) (9/18, Scheer) reports, “Teva Pharmaceutical Industries...expects to finalise an opioid settlement in the United States by year-end and start paying in 2023, its chief executive said on Sunday, while confirming he was unlikely to renew his contract next year.” Following “years of negotiations, Israel-based Teva in July proposed a \$4.35 billion nationwide settlement – mostly cash and partly medicines that will amount to \$300 million to \$400 million over 13 years – to resolve its opioid lawsuits.” States, counties and cities in the US have “filed more than 3,000 lawsuits against opioid manufacturers, distributors and pharmacies, accusing them of playing down the risks of addiction and failing to stop pills from being diverted for illegal use.”

Morrisey Joins Effort To Classify Fentanyl As ‘Weapon Of Mass Destruction’.

[WBOY-TV](#) Clarksburg, WV (9/15, Kirk, 54K) reports, “A group of Attorneys General from 18 states, including West Virginia, is urging President Biden to classify fentanyl as a Weapon of Mass Destruction due to record overdose deaths nationwide.” The AGs wrote “to President Biden on Thursday asking for the reclassification of the drug as a WMD.” At present, “only the federal government treats fentanyl as a narcotics control problem, but if made, the change would require the U.S. Department of Homeland Security and the Drug Enforcement Administration to coordinate a response with other agencies, including the Department of Defense.” NIDA data indicate “fentanyl deaths have drastically increased in the past seven years...with nearly 60,000 synthetic-opioid-related deaths reported in the U.S. in 2020.”

Study Evaluating Canada’s First “Safer Opioid Supply” Program Shows Potential To Save Lives.

The [Albany \(OR\) Democrat-Herald](#) (9/20, 40K) reports, “As opioid overdose deaths continue to soar, a Canadian program points to one way to save lives: providing ‘safer’ opioids to people at high risk of overdose,” according to “a study evaluating Canada’s first formal ‘safer opioid supply,’ or SOS, program.” Programs like this

“aim to prevent overdoses by giving vulnerable people an alternative to the increasingly dangerous street supply of opioids.”

[HealthDay](#) (9/20, 11K) and six other media outlets report, “As opioid overdose deaths continue to soar, a Canadian program points to one way to save lives: providing ‘safer’ opioids to people at high risk of overdose.” The idea is “the conclusion of a study evaluating Canada’s first formal ‘safer opioid supply,’ or SOS, program.” The program’s “result was a rapid drop in emergency department trips and hospitalizations among the 82 clients studied, the researchers found,” along with no deaths “over six years.” The study “was published Sept. 19 in the CMAJ (Canadian Medical Association Journal).” NIDA was mentioned as a source on OUD. – [Link to article Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario | CMAJ](#)

OIG Report Highlights Opioid Use, Lack Of OUD Treatment Among Medicare Beneficiaries.

[MedCity News](#) (9/20, Plescia) reports, “Opioid use and the lack of treatment continues to be a concern for Medicare beneficiaries, with about 50,400 Part D beneficiaries experiencing an opioid overdose in 2021,” according to a new Office of Inspector General report. The OIG “report is mostly based on five data sources: Medicare Part D Prescription Drug Event records, the First Databank, the Medicare Enrollment Database, the National Claims History File and Part C Encounter Data.” Although “more than 1 million Medicare beneficiaries were diagnosed with opioid use disorder in 2021...only 18% received medication to treat their disorder.” OIG said, “Nonetheless, this low proportion may indicate that beneficiaries have challenges accessing treatment.”

Walmart, CVS Reach Combined \$147M Settlement Over West Virginia Opioid Lawsuit.

The [AP](#) (9/20, Willingham) reports, “Walmart and CVS Pharmacy have settled with the state of West Virginia for a combined total of \$147 million in a lawsuit over the companies’ roles in contributing to the oversupply of prescription drugs that fueled the opioid epidemic in the country’s most impacted state, Attorney General Patrick Morrisey announced Tuesday.” Both the Walmart and CVS lawsuits “were part of a larger trial that was pushed back to June of next year along with Kroger and Walgreens. Morrisey recently announced a settlement with Rite Aid for up to \$30 million to resolve similar litigation.”

[Reuters](#) (9/20, Knauth) reports, “West Virginia has been particularly hard hit by the epidemic, with a per capita opioid mortality rate over three times the national average in 2020, according to data from the National Center for Health Statistics.” CVS “said that it will continue to defend itself in other opioid lawsuits, but believed that ‘putting these claims behind us’ was the right decision in the West Virginia case.”

[The Hill](#) (9/20, Weixel, 5.69M) also covers the story.

Colorado Overdose Deaths Rise As State Is Used As Fentanyl Corridor.

[CBS News](#) (9/21, Pegues, 5.39M) reports, “The leading cause of overdoses is fentanyl, the synthetic opioid that’s 50 times more powerful than heroin.” And according to the CDC, “overdose deaths topped 100,000 for the first time ever in 2021...with nearly 70% of them involving fentanyl.” Colorado “saw an almost 70% increase in fatal fentanyl overdoses from 2020 to 2021, with more than 900 deaths total last year, according to the Colorado Department of Public Health and Environment.” Colorado has become a corridor for fentanyl “because the cartels realize that by going through Colorado, they can reach vast parts of the U.S.”

The [CBS Evening News](#) (9/21, 6:44 p.m. EST, story 7, 2:50, Duncan, 3.26M) also reported the story.

LAPD Police Chief Encourages Cooperation With Victims Of Overdoses For Investigation Into Fentanyl-Containing Pills.

The [Los Angeles Times](#) (9/21, Blume, 3.37M) reports, “At least seven teenagers, including the 15-year-old Bernstein High School girl who died last week, have overdosed in the past month from pills possibly containing fentanyl, according to the Los Angeles Police Department.” The police “said they are investigating whether the most recent overdose was connected to the drugs that killed 15-year-old Melanie Ramos, a student at Bernstein High School, on Sept. 13.” LAPD Chief Michel Moore “confirmed that the 10 pills that police took into custody last week during the arrest of a 15-year-old boy on suspicion of manslaughter tested positive for fentanyl.” Moore “said the department’s high-intensity drug task force has been assigned to investigate the case and that it is hopeful that other victims of the overdoses will come forward and cooperate with law enforcement.”

Study Shows Overdose Death Rates Between 2018, 2021 Were Highest For American, Alaskan Native People, And Black Men.

[CNN](#) (9/20, McPhillips, 89.21M) reports, “Drug overdose deaths in the United States increased sharply throughout the Covid-19 pandemic, reaching record levels in 2021. But the burden on different racial and ethnic groups has changed, according to a study by federal researchers published Tuesday in JAMA Network Open.” The study found “for those ages 35 to 64, American Indian and Alaska Native people had the highest rate of overdose deaths in 2018,” but “by 2021, rates among Black men had surpassed” them. And between 2018 and 2021, the overdose deaths “involving fentanyl nearly tripled for this group.” The researchers wrote that the findings “underscore the urgency of expanding prevention, treatment, and harm reduction interventions tailored to specific populations, especially American Indian or Alaska Native and Black populations, given long-standing structural racism and inequities in accessing these services.” – [Link to article Racial and Ethnic Disparities in Drug Overdose Deaths in the US During the COVID-19 Pandemic | Health Disparities | JAMA Network Open | JAMA Network](#)

Fentanyl, Meth Overdoses Becoming More Common In Butte County.

The [Chico \(CA\) Enterprise-Record](#) (9/18, Weber, 89K) reports “overdoses from illicit drugs like fentanyl and meth have become” more common “in Butte County in the past two years.” Butte County Sheriff Kory Honea said, “Prior to 2019, 2020, fentanyl wasn’t something that we saw on the streets of Butte County; it wasn’t something we were dealing with. ... Then, it really exploded in terms of use.” The article adds, “Reported overdoses from meth and fentanyl rose significantly since 2018, which Honea attributes to fentanyl being laced into meth products and new chemical processes to make what’s called P2P meth.”

The Meth Crisis Is Worse Than Ever, But New Treatments Might Be Around The Corner.

[STAT](#) (9/16, 262K) reports that a new treatment is becoming available for meth addiction that involves a “monoclonal antibody that binds to methamphetamine molecules and helps prevent them from entering the brain.” The treatment “has shown anecdotal promise in a pair of Phase 2 clinical trials.” The new approaches “are being implemented amid a dramatic rise in methamphetamine-related deaths, which roughly tripled between 2015 and 2019, according to the National Institute on Drug Abuse.” NIDA Director Nora Volkow said, “I wish I could say that at this point, we had medications [for meth addiction] like we have for opioid use disorder.” She added, “And we currently have naloxone for opioid overdose – we have nothing like that for methamphetamine, and these monoclonal antibodies could act like that, by sequestering the drug in the blood and stopping it from actually binding into the relevant brain systems.”

Meth Overdose Deaths Rose Sharply In Pennsylvania, New Jersey, Data Indicate.

The [Philadelphia Inquirer](#) (9/17, Whelan) reported, “Overdose deaths involving methamphetamine have increased sharply in Pennsylvania and New Jersey, where a sevenfold rise in death rates between 2015 and 2019 was the highest in the country, a recent analysis from the Pew Charitable Trust found.” These “deaths come as more people are using a drug most commonly known as meth, a stimulant which produces an energizing high by increasing activity in the central nervous system.” The drug “has been around for decades, and was once primarily associated with rural areas. Now, it’s being used in widely varying circles, from people using it to enhance sex in party settings to people in opioid addiction in Philadelphia, some of whom use it to combat the sedative-like effects of their drug of choice.”

Peer Recovery Specialists Providing Assistance To Victims Immediately After Overdoses.

The [AP](#) (9/17, Lavoie) reported “four peer recovery specialists...have been working in central Virginia this year as part of ‘Project Recover.’” These “specialists are embedded with ambulance crews and police officers so they can offer guidance and resources to victims during one of the most difficult times of their lives –

immediately following an overdose.” This “program began after Courtney Nunnally, a recovering addict who founded a nonprofit organization to help get people into treatment, partnered with the U.S. Attorney’s Office in the Eastern District of Virginia.” The article said, “The use of peer recovery specialists gained popularity in the late 1990s, when the federal Substance Abuse and Mental Health Services Administration began to fund grant programs specifically focused on peer recovery support services.”

Experts, Public Health Advocates Becoming Vocal On Push For Funding Of Syringe Service Programs.

[Roll Call](#) (9/21, Raman, 130K) reports, “Experts say the spike in overdoses and diseases related to sharing needles means it’s time to revoke a longtime ban restricting federal funds for syringe exchanges.” But bipartisan lawmakers “remain resistant to allowing taxpayer dollars to go to clean needles and syringes for drug use.” Syringe service programs “have been active since the 1980s.” Public health advocates, the CDC, the NIH, and “multiple public health departments have touted the programs’ benefits, saying their ability to connect drug users with opioid overdose reversal drugs like naloxone or fentanyl test strips can also reduce drug-related deaths.” Democrats and the Biden Administration have tried to remove language banning funding for such programs “from Labor-HHS-Education spending bills, most recently during the fiscal 2022 omnibus negotiations,” and are pushing to remove them again.

Advocates Angry About California Governor’s Veto Of Safe Injection Sites.

The [Los Angeles Times](#) (9/16, Reyes, 3.37M) reported that on International Overdose Awareness Day, “dozens of people...gathered downtown to mourn and rage, lighting candles, laying down roses and planting purple flags in the City Hall lawn to remember the dead. At the microphone, harm reduction advocates demanded government action and investment in stopping overdose deaths as the annual toll has exceeded 10,000 statewide.” This “rally came the week after Gov. Gavin Newsom vetoed a state bill that would have allowed supervised sites for people to inject drugs to be launched through pilot programs in Los Angeles, San Francisco and Oakland. The decision disappointed and enraged local activists who argue that such sites are desperately needed to save lives.”

Merck, Gilead Sciences To Resume Late-Stage Studies Of HIV Treatment After FDA Lifts Hold On Clinical Trials For Lower Doses.

[Reuters](#) (9/20, Mishra, Mandowara) reports, “Merck & Co Inc said on Tuesday it would start fresh late-stage studies of its HIV treatment, islatravir, months after the U.S. Food and Drug Administration put the trials on hold, citing safety concerns.” Merck said the FDA “has reviewed and agreed with the plan to study lower-dose versions of the once-daily pill for treating HIV patients.” Merck “said a mid-stage trial testing a low dose of islatravir and Gilead Sciences lenacapavir in adults with

HIV-1 infections would also be resumed.” But Merck also “said it was discontinuing development of a once-a-month dose of islatravir for preventing HIV infection.”

Initiatives Forming To Focus On Social Determinants Of Health.

The [Milwaukee Journal Sentinel](#) (9/15, Boulton, 844K) reports, “One of the realities of our health system – the world’s most expensive, accounting for almost one-fifth of the U.S. economy – is that access to hospitals and doctors alone will not improve the overall health of people who face the challenge of being poor.” Other factors, such as “housing, food, transportation, income and education – even something as simple as an air conditioner – can be more important to health than access to even the best physicians and hospitals.” The US is willing to “spend hundreds and even thousands of dollars when poor people visit an emergency department. ... But the country does not ensure that they have adequate housing or food.” Across the US, “hundreds of initiatives are beginning to focus on the social determinants, or drivers, of health.”

House Democrat Presses Bill To Encourage More Diversity In Clinical Trials Run By NIH.

[STAT](#) (9/19, Castillo, 262K) reports, Rep. Robin Kelly (D-IL) “admits that the word ‘diversity’ has scared some of her Republican colleagues away from her effort to improve representation in clinical trials.” At a recent STAT event, she said, “It’s been a little tough on the other side of the aisle. ... I don’t want to put one broad brush on everybody, but ... they feel like the government’s putting their nose in something a little bit too much.” Kelly “has already managed to get one GOP co-sponsor on board with her bill, the NIH Clinical Trial Diversity Act of 2022, which would require clinical trial sponsors to write formal diversity plans when they apply for funding from the National Institutes of Health. If it passes, the bill would also hold pharmaceutical companies responsible for a clear strategy to recruit and retain people largely underrepresented in trials. It would also apply anti-discrimination rules to clinical trials.”

More Than 80 Percent Of US Maternal Deaths In Two-Year Period Due To Preventable Causes, CDC Report Finds.

[USA Today](#) (9/19, Hassanein, 12.7M) reports, “A staggering number of maternal deaths in the United States were found to be preventable, according to a federal analysis of maternal death data released Monday.” A CDC report found that “more than 80%, or roughly 4 in 5 maternal deaths in a two-year period, were due to preventable causes.” The studies “of 2017 to 2019 pregnancy-related deaths, which disproportionately occur among women of color including Black and Indigenous, are based on figures from maternal mortality review committees.” According to the report, “of the 1,018 deaths, 839 occurred up to a year postpartum, with mental health conditions – deaths by suicide or overdose – the top underlying cause followed by extreme bleeding, or hemorrhage, according to the report.” – *Link to*

[CDC Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019 | CDC](#)

Initiative To Legalize Psychedelic Drugs On Colorado Ballot.

[Forbes](#) (9/21, 10.33M) contributor A. J. Herrington writes that Colorado voters will have the opportunity to vote for “the legalization of psychedelic drugs” during the general election. Kevin Matthews is “a designated representative for” the Natural Medicine Health Act and said, “As we deal with a growing mental health crisis in our state, we need new tools to help Coloradans heal, and these are research-backed therapies that can work even where other treatments have failed.”

HHS Awards Over \$3M To Help Promote Mental Health Among Black Youth.

[Bloomberg Law](#) (9/20, Subscription Publication, 4K) reports, “The Office of Minority Health has awarded more than \$3 million in grants to eight organizations as part of a three-year initiative surrounding Black youth mental health policies, the Department of Health and Human Services said Tuesday.” According to HHS, grantees “will identify existing policies expected to promote mental health in Black youth using a policy assessment framework and test their impact across different settings.”

HHS Unveils Roadmap Which Seeks To Address Mental Health Crisis.

[Healthcare Dive](#) (9/21, Kelly) reports HHS unveiled “an issue brief detailing its ‘Roadmap for Behavioral Health Integration’ intended to better incorporate mental health and substance use care into the larger healthcare system. The roadmap includes feedback HHS Secretary Xavier Becerra received from patients and providers during a recent national tour.” This “plan would coordinate behavioral healthcare with social service and early childhood systems, with a focus on improving equitable access.” Its “initiatives will be advanced alongside other efforts underway to address the nation’s mental health crisis, including the agency’s overdose prevention strategy and the new 988 crisis hotline, the HHS said.”

House Bill Would Establish HHS Grant Program To Substitute Law Enforcement Response With Mental Health Professionals For Mental Health Crises.

Behind a paywall [Bloomberg Law](#) (9/22, Banoub, Subscription Publication, 4K) reports, “The Health and Human Services Department would establish a grant program to hire, train, and dispatch mental health professionals instead of law enforcement when someone experiencing a mental health crisis calls 911, the National Suicide Hotline, or another emergency line, under H.R. 8542.” The Congressional bill “would authorize \$250 million for the period of fiscal 2023 through 2027 for HHS to award grants under the new program to states, local and tribal governments, and tribal organizations.”

Many In US Unable To Afford Basic Necessities Due To Medical Debt, Researchers Say.

[NBC News](#) (9/16, Lovelace, 4.91M) reported that medical debt “is leaving many people in the U.S. unable to afford groceries or pay their mortgages – even among the insured, research published Friday has found.” Researchers “say the findings, published in the journal JAMA Network Open, provide additional evidence that medical debt is a driver of both health and financial inequities in America, and highlights the need for policy reform.” – [Link to article Prevalence and Risk Factors for Medical Debt and Subsequent Changes in Social Determinants of Health in the US | Health Disparities | JAMA Network Open | JAMA Network](#)

Funding Opportunities



[RFA-DA-23-057](#)

[HEAL Initiative: HEAL Data2Action Innovation and Acceleration Projects, Phased Awards \(R61/R33, Clinical Trial Optional\)](#)

[RFA-DA-23-058](#)

[HEAL Initiative: HEAL Data2Action Acceleration Projects \(R33 Clinical Trial Not Allowed\)](#)

[RFA-NS-23-006](#)

[HEAL INITIATIVE: Development of Therapies and Technologies Directed at Enhanced Pain Management \(R43/R44 Clinical Trial Not Allowed\)](#)

[RFA-NS-23-007](#)

[HEAL Initiative: Development of Therapies and Technologies Directed at Enhanced Pain Management \(R41/R42 Clinical Trial Not Allowed\)](#)

[NOT-AA-22-015](#)

[Notice of NIAAA Participation in PAR-22-181, "NIDA, NIMH, NINR, and NINDS Research Opportunities for New and "At-Risk" Investigators to Promote Workforce Diversity \(R01 Clinical Trial Optional\)"](#)

[RFA-DA-23-035](#)

[Large Scale Integrated Mapping and Molecular Profiling of Cell Ensembles and/or Cell-Types Mediating Opioid Action in the Rodent Brain \(R01 - Clinical Trial Not Allowed\)](#)

[NOT-HD-22-043](#)

[Notice of Special Interest \(NOSI\): Implementation Science to Advance Maternal Health and Maternal Health Equity for the IMPROVE initiative](#)

[RFA-DA-23-039](#)

[BRAIN Initiative: Theories, Models and Methods for Analysis of Complex Data from the Brain \(R01 Clinical Trial Not Allowed\)](#)

[NOT-MH-22-315](#)

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

CAR Member New Publications

Protocol for community-driven selection of strategies to implement evidence-based practices to reduce opioid overdoses in the HEALing Communities Study: a trial to evaluate a community-engaged intervention in Kentucky, Massachusetts, New York and Ohio

April M Young, Jennifer L Brown, Timothy Hunt, Linda S Sprague Martinez, Redonna Chandler, Emmanuel Oga, T John Winhusen, Trevor Baker, Tracy Battaglia, Rachel Bowers-Sword, Amy Button, Amanda Fallin-Bennett, Laura Fanucchi, Patricia Freeman, LaShawn M Glasgow, Jennifer Gulley, Charles Kendall, Michelle Lofwall, Michael S Lyons, Maria Quinn, Bruce David Rapkin, Hilary L Surratt, Sharon L Walsh

BMJ Open

DOI: <http://dx.doi.org/10.1136/bmjopen-2021-059328>

ABSTRACT

Introduction: Opioid-involved overdose deaths continue to surge in many communities, despite numerous evidence-based practices (EBPs) that exist to prevent them. The HEALing Communities Study (HCS) was launched to develop and test an intervention (i.e., Communities That HEAL (CTH)) that supports communities in expanding uptake of EBPs to reduce opioid-involved overdose deaths. This paper describes a protocol for a process foundational to the CTH intervention through which community coalitions select strategies to implement EBPs locally.

Methods and Analysis: The CTH is being implemented in 67 communities (randomised to receive the intervention) in four states in partnership with coalitions (one per community). Coalitions must select at least five strategies, including one to implement each of the following EBPs: (a) overdose education and naloxone distribution; expanded (b) access to medications for opioid use disorder (MOUD), (c) linkage to MOUD, (d) retention in MOUD and (e) safer opioid prescribing/dispensing. Facilitated by decision aid tools, the community action planning process includes (1) data-driven goal setting, (2) discussion and

prioritisation of EBP strategies, (3) selection of EBP strategies and (4) identification of next steps. Following review of epidemiologic data and information on existing local services, coalitions set goals and discuss, score and/or rank EBP strategies based on feasibility, appropriateness within the community context and potential impact on reducing opioid-involved overdose deaths with a focus on three key sectors (healthcare, behavioural health and criminal justice) and high-risk/vulnerable populations. Coalitions then select EBP strategies through consensus or majority vote and, subsequently, suggest or choose agencies with which to partner for implementation.

Ethics and Dissemination: The HCS protocol was approved by a central Institutional Review Board (Advarra). Results of the action planning process will be disseminated in academic conferences and peer-reviewed journals, online and print media, and in meetings with community stakeholders.

Trial registration number: NCT04111939.

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