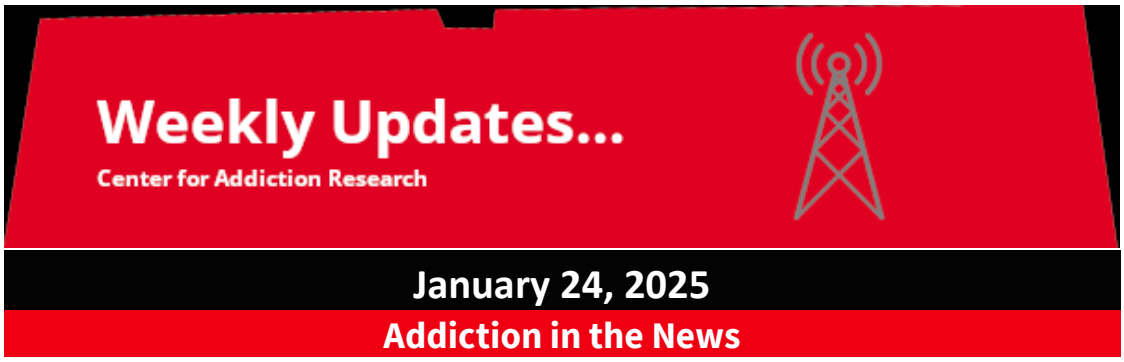
UC CAR Weekly Newsletter 1.24.2025

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

UC researchers to study overdose hot spots in Cincinnati

A collaboration between the University of Cincinnati and the Hamilton County Office of Addiction Response — funded by a $350,000 National Institute of Justice grant — is taking a new approach to help combat the growing overdose crisis in the region. UC criminal justice researchers will conduct a study of data from emergency medical calls, overdose response teams and local coroner records to pinpoint areas or hot spots to determine where in Cincinnati overdoses are occurring most frequently. With this information, a research team will then implement and study interventions aimed at reducing overdose incidents in these hot spots. According to the most recent data, Cincinnati… **(Dr. Sarah Manchak, CAR Associate Member)**

Governor DeWine's RecoveryOhio Initiative Launches Groundbreaking Dashboard to Help Communities Predict, Prevent Overdoses

Ohio Governor Mike DeWine's RecoveryOhio initiative has launched a groundbreaking new online dashboard, designed to predict when communities may be at heightened risk for a spike in drug overdoses, so local leaders can take action in time to save lives. The first-of-its-kind tool uses a variety of data to pinpoint ZIP codes at increased risk for overdoses up to 30 days in advance. Developed in partnership with the InnovateOhio Platform (IOP), RecoveryOhio's Overdose Early Warning Dashboard draws upon data sources like emergency medical reports, naloxone administration, socioeconomic indicators, law enforcement data, and more. These inputs fuel a sophisticated predictive model that produces a color-coded risk map of Ohio ZIP codes – which are categorized

into one of five risk levels: low, minor, moderate, significant, or severe. This innovative resource provides local leaders with a critical window for intervention. With this information at their disposal, first responders and community health leaders representing local health districts, hospitals, ADAMH boards, coroners' offices, treatment providers, and others can work together to spread awareness in their communities. The advanced warning also provides an opportunity for resources like naloxone and fentanyl test strips to be surged into potential hot spots. The model's forward-looking approach marks a significant shift in the state's means of responding to overdose threats. Historically, drug trends in local communities have shifted so rapidly that alarming patterns have only been detected after coroners report a rise in fatalities. Updated daily, the new dashboard offers dynamic, real-time insights into the evolving landscape of drug and overdose prevalence across the state – for the first time allowing for a proactive response, rather than reactive one. In partnership with ReLink.org, the dashboard also serves as a hub for accessing prevention-related resources. People can find information and links to community support services, family and individual counseling, naloxone distribution programs (like the Ohio Department of Health's Project DAWN), and outpatient treatment programs in their area. The dashboard project was led by RecoveryOhio and IOP, with additional support from the Ohio Department of Health, Ohio Department of Job and Family Services, Ohio Department of Public Safety, Ohio Board of Pharmacy, Ohio Supreme Court, Ohio Department of Mental Health and Addiction Services, Ohio Department of Medicaid, and Ohio Department of Administrative Services. It exemplifies Ohio's whole-of-government approach to tackling the addiction epidemic.

Summit County sheriff discusses new mental illness, addiction unit at county jail

Over the past four years, at least 219 people incarcerated in Ohio jails have died, according to an investigation from a team of Ohio newspapers released in June. Of these deaths, around one in three were attributed to substance abuse. Substance abuse among jail inmates isn't unique to Ohio. According to the National Institute of Health, an estimated 65% of the U.S. prison population has active substance use disorders. More than two-thirds of Ohio jails provide medication to help those going through detox, but a large treatment gap remains. Withdrawal can be a challenging and painful process, and many inmates require around-the-clock monitoring and support. In some Ohio counties, such as Hamilton, Franklin and Stark, programs that tackle these issues show promising results. And since last March, the…

National News

New Treatment Report Shows Most Admissions in US for Alcohol, Followed by Heroin and Meth

A new report from the Substance Abuse and Mental Health Services Administration (SAMHSA) on Treatment Episode Data Set (TEDS) provides a detailed snapshot of substance use disorder treatment services across the United States. Findings are

drawn from nearly 1.5 million treatment admissions and 1.4 million discharges reported in 2022 and show that 35.5% of admissions were for alcohol use, 16.9% were for heroin use, 13.9% were for methamphetamine use, 11.7% were for other opiates/synthetics use, 9.8% were for marijuana/hashish use, 6.2% were for cocaine use, and 2.3% were for other…

FDA approves marketing of nicotine pouches

Following an extensive scientific review, the U.S. Food and Drug Administration has authorized the marketing of 20 ZYN nicotine pouch products. Nicotine pouches—small synthetic fiber pouches containing nicotine—are designed to be placed between a person's gum and lip. Referencing the public health standard legally required by the 2009 Family Smoking Prevention and Tobacco Control Act, the FDA determined that due to substantially lower amounts of harmful constituents than cigarettes and most smokeless tobacco products, the authorized nicotine pouches pose a lower risk for cancer and other…

Study reveals diverse perceptions of vaping dangers among students

From 2012 to 2021, the use of e-cigarettes by adults in the United States increased from 2.2% to 4.5%. During the same time frame, there was a stark increase in use among young adults, ages 18 to 24 years old, from 2.4% to 11%. To understand factors that led to the escalation, researchers at the University of Alabama at Birmingham studied how college students perceived the health risks of e-cigarettes compared to traditional cigarettes. The results, published in the Journal of Community Health, showed the perception of the potential harm of e-cigarettes varied based on factors like sex, vaping status, and field of study/…

Mindfulness Training Offers Some Benefits for OUD Patients on Buprenorphine

Rates of opioid use were similar for people with opioid use disorder prescribed buprenorphine who participated in mindfulness training versus a recovery support group, a randomized trial showed. Among nearly 200 participants, opioid use was 13.4% for those in the Mindful Recovery Opioid Use Disorder Care Continuum (M-ROCC) group compared with 12.7% for those in a recovery support group control curriculum (difference 0.6%, 95% CI -8.2% to 9.5%, P=0.89), reported Zev Schuman-Olivier, MD, of the Cambridge Health Alliance in Malden, Massachusetts, and colleagues. Anxiety T scores were also similarly reduced…

Study finds smoking opioids is associated with lower mortality than injecting but is still high-risk

A new study published in Addiction has found that opioid smoking appears to be associated with lower mortality risk compared with opioid injecting. The authors, however, caution that opioid smoking still carries a substantial overdose risk and that these results should not be interpreted as suggesting that opioid smoking is safe. The study analyzed substance use treatment data from 2006 to 2021, comparing 287,481 individuals who reported smoking opioids as their primary form

of substance use and an equal weighted number of individuals who reported injecting opioids as their primary form of substance use. The outcome of…

Racial disparities in opioid prescriptions persist despite socioeconomic factors

Non-white communities had significantly less access to opioid medications commonly prescribed for moderate to severe pain than white communities over the decade beginning in 2011, according to a study by Weill Cornell Medicine researchers. The findings, published Jan. 23 in Pain, stretched across all socioeconomic groups, and suggest that communities of color may be especially vulnerable to the unintended consequences of efforts to reduce unsafe use of opioid analgesics. From 2011 to 2021, prescription opioid use dropped by about 50% across the United States as a likely sign of attempts to reduce overuse of…

DEA Proposes a Special Registry for Telehealth Providers of Controlled Substances

Physicians would have to register with the Drug Enforcement Administration (DEA) for telehealth prescribing of certain controlled substances under a proposed rule issued Wednesday by the agency. "DEA's goal is to provide telehealth access for needed medications while ensuring patient safety and preventing the diversion of medications into the illicit drug market," DEA Administrator Anne Milgram said in a press release. "We understand the difficulties some patients have accessing medical providers in-person, and we want to ease this burden while also providing safeguards to keep patients safe." Under the rule…

Clinical Trials Network Northeast Node Webinar:

Emergency Department Treatment of Opioid Use Disorder: Innovation & Discovery

Date/Time: Thursday, February 6, 2025, 12:00 – 1:00 PM ET

Opioid use disorder (OUD) took the lives of an estimated 107,543 people in the United States in 2023, yet medications to treat OUD are effective and widely available. Emergency departments are a 24/7/365 option for combatting this crisis and saving lives. In this presentation, Dr. Gail D'Onofrio will discuss the evidence regarding initiation of buprenorphine in the ED, describe innovations in dosing and formulations (extended-release and high dose initiation), and discuss implementation strategies to improve uptake of evidence-based practices and integration into EDs across the country.

An NYC nonprofit has reversed 1,700 overdoses since 2021. Under Trump, it faces an uncertain future

NEW YORK — Shawn has spent the better part of the last hour injecting fentanyl. But he is not in any danger: After a brief scare, when his heart rate dropped considerably, the pulse oximeter on his left index finger now says his vital signs are nearly back to normal. The staff at OnPoint NYC, the harm reduction nonprofit whose back room is designated for precisely this purpose, are no longer worried.

Instead of administering medical care, they bring him a cup of coffee and a candy bar. It is late morning in East Harlem, a neighborhood long known not just for its cultural richness but also for the crime and drug use that often accompany…

US accuses Walgreens of filling millions of illegitimate prescriptions, including for opioids

DEERFIELD, Ill. -- The U.S. Justice Department is accusing Walgreens of filling millions of prescriptions in the last decade and more without a legitimate purpose, including for dangerous amounts of opioids, according to a lawsuit filed this week. Filed in the U.S. District Court for the Northern District of Illinois, the complaint says the drugstore chain's pharmacists filled controlled substance prescriptions with clear red flags that indicated they were highly likely to be unlawful. Walgreens also systematically pressured pharmacists to fill prescriptions without taking the time to confirm their validity, according to the…

Funding Opportunities

NIH GRANTS & FUNDING
NIH Central Resource for Grants and Funding Information

RFA-HL-26-009
Limited Competition: Clinical Research Sites (CRS) for the MACS/WIHS Combined Cohort Study (MWCCS) (U01 Clinical Trial Not Allowed)

RFA-HL-26-010
Limited Competition: Data Analysis and Sharing Center (DASC) for the MACS/WIHS Combined Cohort Study (MWCCS) (U01 Clinical Trials Not Allowed)

RFA-HL-26-011
Leadership and Coordination Center (LACC) for the MACS/WIHS Combined Cohort Study (MWCCS) (U01 Clinical Trials Not Allowed)

NOT-DA-25-035
Notice of Early Expiration and Reissue of PAR-24-060, "Pilot and Feasibility Studies in Preparation for Substance Use Prevention Trials (R34 Clinical Trial Optional)"

NOT-DA-25-036
Notice of Early Expiration and Reissue of PAR-24-062, "Phased Research to Support Substance Use Epidemiology, Prevention, and Services Studies (R61/R33 Clinical Trials Optional)"

UC Foundation Funding Opportunity

Please contact Carol Russell at (513) 556-6169 or **russecg@foundation.uc.edu at least 5 business days before the deadline,** prior to applying to the below opportunity, to ensure coordination and to facilitate assistance with approaches.

Agility Grants Promote Efforts to Prevent Problem Gambling

Deadline: February 26, 2024

The National Council on Problem Gambling's Agility Grants program provides funding to U.S. nonprofits to implement and expand problem gambling prevention programs. The grants focus on two strategic priorities: prevention innovation and prevention amplification. Prevention innovation focuses on the development, deployment, research, and evaluation of problem gambling prevention programs and curricula. Prevention amplification aims to promote new thought leaders and platforms to educate communities about problem gambling, with priority on youth and leaders of color. Grants target projects reaching populations at higher risk of developing a gambling problem, including middle school, high school, and college students and athletes; Black, Hispanic, Native American, Asian, and other communities of color; and communities disproportionately affected by problem gambling. Grant amount: $20,000 to $40,000. To qualify for an Agility Grant, applicants must be designated by the IRS as a 501(c)(3) nonprofit organization. Newly designated 501(c)(3) organizations will be considered as long as they have documentation showing their accepted 501(c)(3) status.

Other Funding Opportunity

Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

New funding opportunities are now available through the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP). These grants aim to support initiatives addressing substance use disorders in our communities. For detailed information on eligibility criteria, application deadlines, and submission guidelines, please visit the COSSUP funding page.

CAR Member New Publications

Approaches, barriers, and facilitators in statewide initiative to combat opioid overdose: A narrative review of Ohio's Experiences During the HEALing Communities Study

Jason McMullan, Will Mueller, Jennifer L Brown, Irene Ewing, Michael S Lyons, Joel Sprunger, John Winhusen, Thomas Collins

Prehospital Emergency Care Journal
DOI: https://doi.org/10.1080/10903127.2025.2451214

ABSTRACT

Objectives: Opioid-associated fatal and non-fatal overdose rates continue to rise. Prehospital overdose education and naloxone distribution (OEND) programs are attractive harm-reduction strategies, as patients who are not transported by EMS after receiving naloxone have limited access to other interventions. This narrative summary describes our experiences with prehospital implementation of evidence-based OEND practices across Ohio as part of the HEALing Communities Study (HCS).

Methods: HCS was a parallel-group, cluster randomized, unblinded, wait-list controlled trial of 67 communities highly impacted by opioid-related overdose fatalities in four states, including Ohio. An EMS Intervention Design Team (IDT), consisting of EMS physicians, paramedics, and an EMS department Chief with an established OEND program, supported participating EMS agencies. Services of the IDT included protocol development, program training, and stigma-reduction education. HCS funding supported implementation costs and varied by county/agency.

Results: In 12 Ohio counties, 29 agencies implemented an OEND program; agencies served rural, suburban, and urban communities. While leaving naloxone kits with patients and/or families at an EMS call was universally adopted, additional OEND approaches were undertaken. Seven EMS agencies registered with the Ohio Department of Health's Project DAWN program, allowing hub-and-spoke distribution of state-provided naloxone to smaller OEND programs. An urban EMS agency targeted mass gatherings for OEND efforts; bicycle teams providing crowd medical response distributed leave-behind naloxone kits in a process mirroring traditional 9-1-1 calls while static first aid stations offered overdose educational materials, information on local resources, and take-home naloxone kits. A rural EMS agency allowed community members to request naloxone kits from agency headquarters. To address an overdose hotspot at an interstate rest area, a rural joint ambulance district partnered with the county health department to install and maintain a public-access naloxone station. Observed facilitators included Ohio's legal and regulatory environment, creating local definitions of success, identifying and empowering local champions, and operational solutions to ease OEND for practitioners. Stigma represents the biggest barrier, with ongoing education as the best solution. Incremental program implementation was most successful.

Conclusions: Our OEND implementation experiences across multiple Ohio EMS agencies identified several barriers, facilitators, and creative solutions that may inform future prehospital harm-reduction programs.

Keywords: Emergency Medical Services; harm reduction; naloxone; opioid overdose.

Effect of the Communities That HEAL Intervention on Overdose Education and Naloxone Distribution: A Cluster-Randomized, Wait-List Controlled Trial

Patricia R Freeman, Alexander Y Walley, T John Winhusen, Emmanuel A Oga, Jennifer Villani, Timothy Hunt, Redonna K Chandler, Douglas R Oyler, Brittni Reilly, Kitty Gelberg, Christian Douglas, Michael S Lyons, JaNae Holloway, Nathan A Vandergrift, Joella W Adams, Katherine Asman, Trevor J Baker, Candace J Brancato, Debbie M Cheng, Janet E Childerhose, James L David, Daniel J Feaster, Louisa Gilbert, LaShawn M Glasgow, Dawn A

Goddard-Eckrich, Charles Knott, Hannah K Knudsen, Michelle R Lofwall, Katherine R Marks, Jason T McMullan, Carrie B Oser, Monica F Roberts, Abigail B Shoben, Michael D Stein, Scott T Walters, Josie Watson, Gary A Zarkin, Rebecca D Jackson, Jeffrey H Samet, Sharon L Walsh, Nabila El Bassel

American Journal of Public Health
DOI: https://doi.org/10.2105/ajph.2024.307845

ABSTRACT

Objectives: To determine whether the Communities That HEAL (CTH) intervention is effective in increasing naloxone distribution compared with usual care.

Methods: The HEALing (Helping to End Addiction Long-Term) Communities Study (HCS) is a cluster-randomized, parallel-arm, wait-list controlled implementation science trial testing the impact of the CTH intervention on increasing the use of evidence-based practices to lower opioid-related overdose deaths. Communities (n = 67) highly impacted by opioid overdose in Kentucky, Massachusetts, New York, and Ohio were allocated to CTH intervention (n = 34) or wait-list comparison (usual care; n = 33) arms. The primary outcome for this study was the number of naloxone units distributed in HCS communities during the comparison period (July 1, 2021–June 30, 2022), examined using an intent-to-treat negative binomial regression model.

Results: Naloxone distribution was 79% higher in the CTH intervention versus usual care arm (adjusted relative rate = 1.79; 95% confidence interval = 1.28, 2.51; P = .001; adjusted rates of naloxone distribution 3378 vs 1884 naloxone units per 100 000 residents), when controlling for urban–rural status, state, baseline opioid-related overdose death rate, and baseline naloxone distribution rate.

Conclusions: The CTH intervention increased naloxone distribution compared with usual care in communities highly impacted by the opioid crisis.

Trial Registration: ClinicalTrials.gov identifier: NCT04111939.

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