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.

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**UC/ Regional News**

**Local Recovery Home Aims To End The Stigma Around Addiction Recovery.**

WTWO-TV Terre Haute, IN (10/14, Craig) reports the Next Step organization in Terre Haute, Indiana aims to reduce overdose deaths and the rate of relapse. The organization “only has a 15% relapse rate which Next Step Executive Director Dana Simons said is positive.” WTWO-TV says that “according to the National Institute on Drug Abuse, those who seek help to treat drug addiction relapse 40% of the time.” The organization plans “to reverse some of the national trends by first ending the stigma around recovery.”

**A Different Kind Of Pain Treatment**

Since the Harvest of Ohio dispensary opened up in Athens in mid-September, many customers from Southeast Ohio have purchased legal medical marijuana products to treat illnesses ranging from cancer to Alzheimer’s Disease to PTSD. Most customers come in, though, to treat chronic pain. Southeast Ohio, like many parts of the country, is a region full of people well aware of the consequences of combating chronic pain. From just 2006 to 2014, more than...

**Fentanyl pressed Xanax found all over west side of Cleveland**

CLEVELAND, Ohio (WOIO) - Overdoses are skyrocketing across Northeast Ohio as a bad batch of pills is making the rounds on Cleveland’s west side near 117th. “What we’ve heard about the Xanax on the streets comes from people who are actively
using,” said Sara Szelagowski, with Project White Butterfly. “It’s a zipcode where there has been a lot of overdoses, and there’s a lot of known drug use...

**Mental Health and Recovery levy addresses local needs**
The Tri-County Board of Recovery and Mental Health Services is asking voters in Miami, Darke and Shelby counties to renew its 0.6-mill Mental Health and Recovery levy for the purpose of providing counseling and supportive services to children and adults through the operation of alcohol and drug addiction programs and mental health programs. This is nothing new. The board has been...

**National News**

**Study Suggests Brief Medical Interventions May Help Reduce Alcohol Consumption.**
*Fox News* (10/14, McGorry, 23.99M) reported, “Short one-on-one discussions about alcohol consumption in a doctor’s office may reduce patients’ drinking levels, according to a study.” Research published in the journal *Addiction* “indicated that brief interventions, described as conversations lasting under an hour and targeted to motivate changes in a patient’s risky drinking behavior, resulted in a reduction of one drinking day per month.” Per “the study, general medical settings may be ideal because they present significant opportunity to screen for alcohol and drug use across non-treatment seeking patients of varying ages receiving services at the clinic for a wide array of other medical conditions.” [Article Attached.]

**Head Of Federal Marijuana Farm’s Study Says Illegal Cannabis Seizures Have ‘Decreased Dramatically’ Amid Legalization Movement. {Psychedelics Increase}**
*Marijuana Moment* (10/14) reports that research “demonstrating the therapeutic benefits of psychedelics could be leading more people to experiment with substances like psilocybin, a top federal drug official said in a new interview with Marijuana Moment.” National Institute on Drug Abuse (NIDA) Director Nora Volkow “also spoke in the Thursday interview about the need to decriminalize drug possession and her surprise that teen marijuana use has not increased as more states enact legalization.” Volkow also referenced “a new federal survey reveling that fewer college-aged adults are drinking alcohol and are instead opting for psychedelics and cannabis.” The Monitoring the Future (MTF) study “is meant to highlight patterns of behavior for the use of legal and illicit drugs, and its latest iteration found that past-year use of psychedelics like psilocybin and LSD among college students nearly doubled from 2019 to 2020, from five to nine percent.”

**Recreational Marijuana Use Legislation Being Shaped In Maryland.**
The *Washington Informer* (10/20, Ford, 55K) reports that the Maryland Legislature is “working on legalizing cannabis for adult recreational use.” On October 13, “the House Cannabis Legalization work group held a two-hour virtual meeting...with presentations summarizing cannabis, its health and safety impacts and proposed
policies to implement.” Physicians Susan Weiss and Patricia Frye “and Taylor Kasky of the Maryland Medical Cannabis Commission said data collection represents one of the best ways to assess legalizing cannabis.” Weiss, who is the director of the division of extramural research at the National Institute on Drug Abuse, said, “It’s important that adult use legalization goes into effect so that there’s also strong, public health campaigns in place when the laws change.”

Using E-Cigarettes To Prevent Smoking Relapse Doesn’t Work Well, Study Finds.
CNN (10/19, LaMotte, 89.21M) reports, “Using e-cigarettes and other tobacco products to keep from relapsing to cigarettes doesn’t appear to be effective,” researchers concluded in “a new longitudinal study of nearly 13,000 smokers in the United States,” analyzing “data on smokers who had quit cigarettes.” The study revealed that “50% of former smokers who quit tobacco ‘cold turkey’ were off cigarettes at the second annual follow up, but only 41.5% of those who used any other form of tobacco use, including e-cigarettes, had quit successfully.” The study analyzed data “gathered by the National Institute on Drug Abuse and the Food and Drug Administration’s Center for Tobacco Products.”

Nicotine Patch+Varenicline Fails To Move Needle On Smoking Cessation.
Physician’s Weekly (10/20) reports, “Combination treatment with varenicline and nicotine patch therapy did not lead to improved smoking abstinence among adults smoking at least five cigarettes a day, regardless of whether treatment was carried out for 12 or 24 weeks, researchers found.” Timothy B. Baker, “PhD, of the Center for Tobacco Research and Intervention at the University of Wisconsin School of Medicine and Public Health in Madison, Wisconsin, and colleagues wrote in JAMA that ‘some research has reported significant increases in smoking cessation when varenicline is used in combination with a nicotine replacement therapy (NRT), leading the American Thoracic Society to ‘conditionally recommend varenicline plus nicotine patch combination therapy over varenicline monotherapy for smoking cessation.’” This research “was supported by grants from the National Heart, Lung, and Blood Institute and from the National Cancer Institute (both awarded to the University of Wisconsin Center for Tobacco Research and Intervention).”

UAB Researcher Granted Federal Funding For Psilocybin, Smoking Study.
WAAY-TV Huntsville, AL (10/18, Barnett) reports “researchers at the University of Alabama at Birmingham, Johns Hopkins University and New York University were recently awarded nearly $4 million in funding to study the effects of a classic psychedelic compound in helping people quit smoking.” It marks “the first time in about 50 years that such a study has received federal funding, according to UAB.” The NIDA grant “will help fund research on how psilocybin can be used to help smokers quit cigarettes.”
FDA Approves High-Dose Naloxone Product To Counteract Opioid Overdose

*DIA:*

**FDA Approves High-Dose Naloxone Product To Counteract Opioid Overdose**

*Healio* (10/19, Miller) reports, “The FDA has approved Zimhi [naloxone hydrochloride], a high-dose naloxone product that is administered through a prefilled syringe to counteract potentially fatal opioid overdoses, the agency and the drug’s manufacturer, “announced.” The drug “is approved to be delivered via a ‘unique high dose’ of 5 mg/0.5 mL, either intramuscularly or subcutaneously, the manufacturer said.”

Pain Impairs Our Ability To Feel Pleasure – And Now We Know Why, And How.

The *ZME Science (ROU)* (10/19, Micu, 15K) reports, “Researchers are homing in on the brain circuits that handle pain-induced anhedonia, the reduction in motivation associated with experiencing pain.” The study, which currently only involves “lab rats, might prove pivotal in our efforts to address depression and the rising issue of opioid addiction.” The findings were published in the journal Nature Neuroscience. National Institute on Drug Abuse Director Dr. Nora Volkow, who was not affiliated with the study, said, “Chronic pain is experienced on many levels beyond just the physical, and this research demonstrates the biological basis of affective pain. It is a powerful reminder that psychological phenomena such as affective pain are the result of biological processes.” [Article attached.]

Hulu’s ‘Dopesick’ Revives A False Narrative; Pain Patients May Suffer.

Cato Institute Senior Fellow Jeffrey Singer, MD, writes in the *American Council on Science and Health* (10/19, 1K) that “the streaming service Hulu comes out with a new miniseries, based on the 2018 book Dopesick, threatening to breathe new life into this false and dying narrative” that “America’s overdose crisis is the direct result of doctors overtreating their pain patients with opioids, condemning them to a life of addiction.” Singer adds, “Regardless of the etiology, as Drs. Nora Volkow and Thomas McLellan of the National Institute on Drug Abuse pointed out in this *New England Journal of Medicine* article, when people are placed on opioids for the treatment of pain, addiction is very uncommon, ‘even among those with preexisting vulnerabilities.’” [Article attached.]

Vanderbilt Study Shows Link Between Neonatal Opioid Withdrawal Syndrome, Foster Care Entry.

*WZTV-TV* Nashville, TN (10/19, Shelton, 210K) reports a new study from the Vanderbilt Center for Child Health Policy “reveals a link between the number of babies diagnosed with neonatal opioid withdrawal syndrome (NOWS) and the number of infants entering foster care.” The findings were published in Health Affairs. From 2009 to 2017, researchers “examined data from 580 counties in eight states to see if there is a correlation between foster care entry and NOWS” and “discovered that a single diagnosis of NOWS per 10 births was associated with a 41
percent higher rate of infant foster care entry. They also found that living in a rural county was associated with a 19 percent higher rate of foster care entry." The research was supported by grants from the National Institute on Drug Abuse.

**UMass Chan Researchers Awarded $12.3M For Opioid Addiction Treatment.**

The *Worcester (MA) Business Journal* (10/18, Hamilton, 116K) reports, “A UMass Chan Medical School research team was awarded a four-year, $12.3-million grant from the National Institutes of Health to study and develop a treatment program for adults with opioid-use disorders and mental illness, according to a Monday press release from the Worcester school.” The program, Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking (MISSION), “includes therapy, peer support, and critical time intervention, which connects clients with housing and employment resources.” The “grant will help assess whether a combination of less-intensive intervention combined with medication can also be effective.”

**NYPD Ordered To Let Drug Addicts Shoot Up Freely.**

The *New York Post* (10/16, Byrne, Balsamini, 7.45M) reported, “The New York Police Department waved the white flag last week – upon orders to surrender from Albany – directing officers to let drug addicts freely shoot up on city streets, and even let them share needles.” The directive to NYPD commanders issued last Friday stated, “Effective immediately, members of the service should not take any enforcement action against any individual who possesses a hypodermic needle, even when it contains residue of a controlled substance.” According to the Post, “Senate Bill 2523, cited in the order to street cops, decriminalizes the possession or sale of hypodermic needles and syringes, commonly used by addicts to inject drugs such as heroin.”

**2015 To 2019 Saw Downward Trend For Buprenorphine Misuse.**

*HealthDay* (10/15, 11K) reported, “From 2015 to 2019, the prevalence of buprenorphine misuse trended downward, according to a study published online Oct. 15 in JAMA Network Open.” Beth Han, M.D., Ph.D., M.P.H., of the NIH “and colleagues used data for 214,505 adult respondents from the 2015 to 2019 National Survey on Drug Use and Health to examine past-year prescription opioid use, misuse, opioid use disorder (OUD), and motivations for recent misuse.” They “found that an estimated 2.4 million U.S. adults used buprenorphine in 2019 and an estimated 0.7 million misused buprenorphine compared with an estimated 4.9 and 3.0 million who misused hydrocodone and oxycodone, respectively.”

**Addiction: Anaheim Firm To Test Implant That Blunts A Drug User’s High.**

The *Orange County (CA) Register* (10/20, Sforza, 594K) reports that Anaheim, California-based BioCorRx has moved “closer to bringing a potentially life-saving implant to market” as “deadly fentanyl shows up in just about every street drug.
and as overdose deaths are expected to hit an all-time high of 100,000 this year.”
The company “hit a major milestone earlier this year when it got clearance from the U.S. Food and Drug Administration to proceed to human trials for BICX104, its naltrexone implant for opioid use disorder.” BioCorRx “hopes to eventually prove the implant’s usefulness in fighting alcoholism – an even larger problem – as well.” The National Institute on Drug Abuse awarded BioCorRx a $3.5 million grant in September “for this next phase of research, bringing its total NIDA funding to $5.7 million.”

How Biosurveillance Turns Opioid Data Into Intelligence For Police.
The Police1 Jobs (10/20, Lawrence) reports “the growth of the opioid epidemic has spurred an increase in public safety partnerships and task forces charged with addressing this national public health emergency.” These “partnerships have led to the realization of the intelligence available to help understand the size and scope of the problem.” Lowell, Massachusetts’ “EMS agency, Trinity EMS, has for many years provided meaningful and timely analysis of their data, sharing that information in as near to real-time as possible to help health officials, police and fire departments with the fight against opioid abuse.” The EMS agency initially “started drilling down into its patient care reports (PCR) data using linkages into its FirstWatch biosurveillance system to speed up notifications of opioid overdoses into real-time data.” Lowell is part of the NIH HEALing Communities Study.

The Chiropractic Economics (10/14, DeBusk) reports that in recent decades, “electronic health records (EHRs) have been providing patients access to their digital medical files while also enabling them to communicate with their health care providers via secure online portals.” Now, the NIH “reports that, as part of a three-year research study, the Mayo Clinic is modifying the EHRs in 24 of its surgical practices.” This change “will provide over 70,000 patients access to use an updated system that allows them to indicate whether they will accept information about alternative ways to ease their post-surgery pain.” The research is a part of the NIH’s HEAL Initiative, which is an “effort to curb the use of...prescription painkillers” and opioids.

Volkow: Fentanyl Driving Increase in Cocaine-Involved Deaths.
The HMP Global Learning Network (10/14, Valentino) reports “deaths associated with psychostimulant drug use are on the rise across the United States, and understanding what is driving shifts in the choice of drugs people are being exposed to is crucial for preventing them.” Nora Volkow, MD, director of the National Institute on Drug Abuse, told Cocaine, Meth & Stimulant Summit attendees in a session presented on Thursday.” When examining “surveys of drug use in the US from 2016 to 2019, the number of individuals reporting cocaine use has remained fairly
consistent, which suggests that increases in mortality are a result of individuals being exposed to cocaine that is more dangerous than what had been previously used, Dr Volkow said.” One “likely culprit is the presence of fentanyl.” Volkow said, “In many instances, users do not know they are buying cocaine that has been contaminated with fentanyl.”

**What Fuels Teen Addiction?**
The Atlanta Jewish Times (10/13) contributor Chana Shapiro examines the factors that lead to teenage addiction. Recently, “Scientific American described a study published in Nature Neuroscience about research headed by Dr. Marco Venniro. He found that social interactions can have a profound effect on drug self-administration and relapse, as well as on the brain’s response to drug-associated cues.” The research, which was funded by the National Institute on Drug Abuse (NIDA), “showed that rats will forgo heroin and methamphetamine in favor of spending time with other rats.” Shapiro says the findings “highlights the importance of incorporating voluntary choice between drugs and social rewards into drug addiction research.”

**P2P Meth Reportedly Creating Wave Of Severe Mental Illness, Worsening Homelessness In US.**
The Atlantic (10/18, Quinones, 3.53M) reports, “Different chemically than it was a decade ago,” methamphetamine “is creating a wave of severe mental illness and worsening America’s homelessness problem.” People addicted to meth, counselors, and cops say so-called phenyl-2-propanone (P2P) meth use is “quickly causing steep deterioration in mental health.” According to experts, this type of meth “seems to create a higher order of cerebral catastrophe.” Ken Vick, the director of a drug-treatment center in Kansas City, Missouri, said, “I don’t know that I would even call it meth anymore.”

**Oklahoma Woman Convicted Of Manslaughter, Sentenced To Four Years In Prison For Miscarriage.**
World Socialist Web Site (10/19, 33K) reports, “On October 5 an Oklahoma woman was found guilty of first-degree manslaughter of a non-viable fetus, after suffering a miscarriage at 17 weeks, and sentenced to four years in prison.” The article adds, “The fetus tested positive for methamphetamine, amphetamine, and another drug in the liver and brain, according to an obstetrician-gynecologist.” According to the National Institute on Drug Abuse, “research indicates methamphetamine is associated with significant pregnancy complications such as ‘increased rates of premature delivery [and] placental abruption (separation of the placental lining from the uterus).’”
Advocates Urge New York Officials To Invest In Behavioral Health System To Curb Overdose Deaths.

The Albany (NY) Times Union (10/20, Bump, 315K) reports “advocates and individuals impacted by addiction are calling on New York lawmakers and government officials to make significant investments in the state’s behavioral health system, now that new funding streams are available, to curb the alarming rise in statewide overdose deaths.” At a Wednesday hearing, “advocates warned lawmakers that onetime funding increases and initiatives will not be sufficient to address the growing crisis, which has been exacerbated by the elimination of services throughout the pandemic and an ongoing worker shortage.” With “new funding streams coming in from opioid-related settlements and federal grants, they urged policymakers to act quickly and to make long-term investments that will prevent further deaths and create a more sustainable treatment system.”

Experts Talk Pros, Cons Of Legalizing All Drugs.

In an episode of “The Argument” featured on the New York Times (10/20, 20.6M) site, “Jane Coaston [talked] to Ismail Ali, the policy and advocacy director for the Multidisciplinary Association for Psychedelic Studies, and Jonathan P. Caulkins, a professor of operations research and public policy at Carnegie Mellon University’s Heinz College, about the pros and cons of legalizing all drugs.” Ali said that he does “think that legal, regulated access is likely the best environment for a number of drugs, but I think it’s going to depend very much on the substance itself, and factors that have to do with the supply and demand questions with respect to where and how it’s produced.” Likewise, Caulkins said that legalization should “be decided on a case by case basis.”

Key Health Lawmaker Moves To Set Up Biden’s Biomedical Agency.

Bloomberg Law (10/15, Baumann, Subscription Publication, 4K) reported, “President Joe Biden’s proposal to create a biomedical innovation hub within the National Institutes of Health is getting another jumpstart after being held up in the annual appropriations process.” On Friday, Rep. Anna G. Eshoo (D-CA) “introduced a bill...to authorize the Advanced Research Projects for Health...through a public-private partnership approach instead of the research grant process the agency.”

Additional Source. Inside Health Policy (10/15, Wang, Subscription Publication) reported that under the proposed bill, the Advanced Research Projects Agency for Health would be established “as a separate agency within HHS – rather than within the National Institutes of Health.”

Mental Health, Addiction Clinics Across Michigan Will Receive Same Medicaid Funding As Any Other Health Center.

According to the AP (10/17, Nichols), beginning “this month, 13 mental health and addiction clinics across Michigan will receive the same Medicaid funding as any other health center in an effort U.S. Sen. Debbie Stabenow [D-MI] says will help
bridge the stigmatic and funding divide between mental and physical health.” Now, “the selected Certified Community Behavioral Health Clinics, which meet high standards of care for those in need of mental health and addiction services, will be fully reimbursed by Medicaid, the same as other health care services, instead of relying on grants to supplement costs.”

Many Patients With Chronic Back Pain Given Pain Reprocessing Therapy May Become Nearly Or Fully Pain-Free, Researchers Say.

In a special piece for the Washington Post (10/15, 10.52M), Nathaniel Frank, director of the What We Know Project at Cornell University and a chronic pain sufferer, wrote, “The view that chronic pain originates in the brain – that it’s fundamentally a psychological phenomenon, and can be eliminated by altering thoughts, beliefs and feelings...has long been controversial,” but “it’s increasingly clear that chronic pain is often ‘neuroplastic’ – generated by the brain in a misbegotten effort to protect us from danger.” This bodes well, “because what the brain learns, we are discovering, it can unlearn.” A recent study revealed that many patients with chronic back pain given “pain reprocessing therapy” were “nearly or fully pain-free after this purely psychological intervention, compared with just 10 percent of the control group.” [Article attached.]

Substance Abuse Boosts Severe COVID Risk Even After Vaccination.

Medscape (10/14, Yasgur, Subscription Publication, 219K) reports people “with substance use disorders (SUDs) have a twofold increased risk for COVID-related hospitalization and death even after vaccination, new research shows.” Researchers “analyzed data on over 10,000 vaccinated individuals with various SUDs and almost 600,000 vaccinated individuals without an SUD.” They discovered that “about twice as many individuals with an SUD had a breakthrough COVID-19 infection as their counterparts without an SUD, at 7% vs 3.6%, respectively.” National Institute on Drug Abuse Director Nora Volkow, MD, said, “It is crucial that clinicians continue to prioritize vaccination among people with SUDs, while also acknowledging that even after vaccination, this group is at an increased risk and should continue to take protective measures against COVID-19. In addition, clinicians should screen their patients for SUDs in order to best understand their risks and care needs [since] many physicians don’t screen or inquire about SUD, which is a tremendous missed opportunity and one that is likely to jeopardize their ability to effectively care for their patients.” The study “was published online October 5 in World Psychiatry.”
NOT-DA-21-086
Notice of Change to PAR-22-027, "Mechanism for Time-Sensitive Drug Abuse Research (R21 Clinical Trial Optional)"

NOT-DA-21-087
Notice of High Priority Research Areas for NIDA T32 Training Grants

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