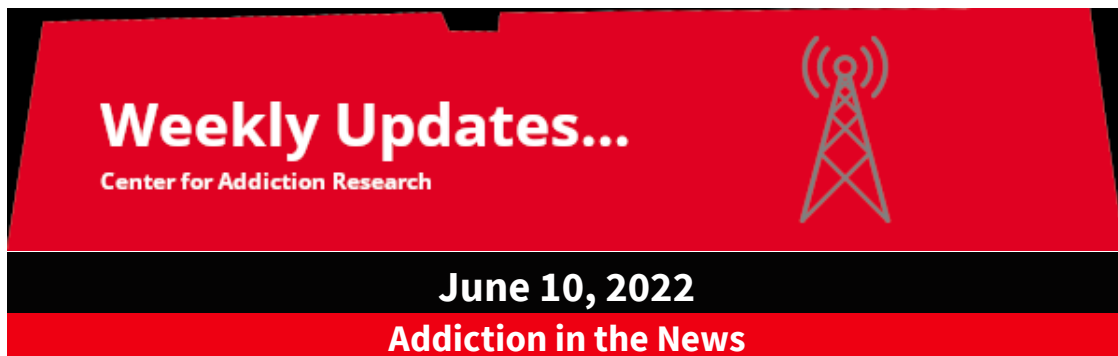


Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter includes highlights from addiction in the news topics, active funding opportunities offered by NIDA/NIAAA, and information about any new publications from CAR members. Please email Jen Rowe ([roweji@ucmail.uc.edu](mailto:roweji@ucmail.uc.edu)) to change your communication preferences. 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**

### **Center for Addiction Research Upcoming Summer Speaker Series**

Back by popular demand, the Center for Addiction Research will hold its first virtual Summer Speaker Series event of 2022, Wednesday, June 15 at 12pm on "UC (HEALing Communities Study) + Hamilton County Addiction Response Coalition partnership to engage the African American community to prevent overdoses". The series is hosted by the Urban Health Pathway of Next Lives Here. Monthly presentations run through August. **Featured CAR presenters in future sessions will be Drs. Montgomery and Norman.** [\(pdf invitation attached\)](#)

**>> Register for any of the presentations**

### **Youngstown, Ohio Officials Warn Of Risk Of Overdose As Cocaine And Methamphetamine Circulate.**

[WKBN-TV](#) Youngstown, OH (6/6, Collier, 286K) reports that in Youngstown, Ohio, "Mercy Health and local health agencies are teaming up to issue a warning about the risk of overdose with cocaine and methamphetamine that is circulating in the area." These "drugs are contaminated with fentanyl and circulating in the community, according to John Sorboro, MD, ABPN, head addiction medicine services physician for Mercy Health – Youngstown." The article says, "According to the National Institute on Drug Abuse, some drug dealers will mix fentanyl with cocaine, heroin, MDMA and methamphetamine and other drugs because it takes very little to produce a high, making it a cheaper option."

### **How teens are using social media to buy and sell fentanyl-laced drugs**

The drug and fentanyl epidemic is moving to the social media sphere, and many parents do not know their kids are part of it. A recent study published in the Journal of the American Medical Association (JAMA) shows between 2019 and 2021, the number of teens who died from fentanyl increased from 253 to 884. Many of those fentanyl-laced drugs were purchased over clandestine social media apps like TikTok, Snapchat, and Wickr. “It’s pretty...

### **Ky. AG Cameron announces commission to oversee opioid settlement funds**

Kentucky leaders will soon start planning how to spend nearly \$500 million from a multistate settlement with four companies accused of fueling the opioid crisis. On Monday, Attorney General Daniel Cameron announced appointments to the Opioid Abatement Advisory Commission, which will help determine how best to use the funds Kentucky will receive over the next 18 years. Cameron announced in February the state was set to receive...

## **National News**

### **Prescription Cannabis Products With More THC Show Benefit In Easing Chronic Pain, Analysis Finds.**

[CNN](#) (6/8, LaMotte, 89.21M) reports that new research indicates that those “who suffer from chronic pain may find small-to-moderate pain relief for the short-term when using certain prescription cannabis products with higher THC to CBD levels, but there are some worrisome side effects.” Yasmin Hurd, a professor of pharmacological sciences, neuroscience and psychiatry at the Icahn School of Medicine at Mount Sinai in New York City, who was not involved with the study, said, “There is some indication of weak-to-moderate pain relief depending on the THC/CBD ratio, but there is an increase of side effects such as dizziness and sedation.” However, CNN adds that “no such benefits were found from any over-the-counter THC or CBD extracts from the whole marijuana plant.” Researchers “analyzed 25 clinical trials and observational studies involving nearly 15,000 people” and found that “prescription drugs dronabinol, made of pure synthetic THC, and nabilone, which is nearly pure THC, were linked to moderate improvements in pain relief, but an increased risk of drowsiness and dizziness.” The findings were published Monday in the Annals of Internal Medicine.

### **Orally Ingested Cannabis Products Can Provide Pain Relief, Study Finds.**

[New Scientist](#) (6/6, Wetzell, 26K) reports, “Some orally ingested cannabis products can provide short-term relief of chronic pain, according to one of the largest-ever reviews of studies on their use for this purpose.” Furthermore, “products with a high ratio of tetrahydrocannabinol (THC) to cannabidiol (CBD) seem to offer the most dramatic pain reduction, but relief often comes with side effects including nausea, dizziness and drowsiness.”

### **High Doses Of CBD Do Not Appear To Impair Driving, Researchers Say.**

[Forbes](#) (6/4, Sabaghi, 10.33M) reported, “Researchers of the University of Sydney, Australia, found that high doses of CBD don’t impair driving.” Published in the *Journal of Psychopharmacology* on May 30, the study “says that oral CBD treatment, even if taken at a high dosage, doesn’t ‘appear to induce feelings of intoxication and is unlikely to impair cognitive function or driving performance.’” Researchers “analyzed the simulated driving performance of 17 participants who undertook driving tasks after consuming a placebo and three different dosages of CBD in oil: 15mg, 300mg, and 1,500 mg.”

### **Experts Call for Real-Time, Comprehensive Data to Address Opioid Crisis.**

[Health IT Analytics](#) (6/8, Kennedy) reports, “Researchers argue that current issues around opioid overdose data prevent public health officials from getting a clear picture of the opioid crisis, leading them to fight the epidemic ‘blindfolded.’” The article says, “In an opinion piece published in *Addiction* last month, researchers from the National Institute of Drug Abuse at the National Institutes of Health (NIH) posited that the only way to effectively address the opioid crisis is to use real-time, disaggregated data to identify which groups of individuals are most at-risk and use that information to target prevention and treatment at the local level.” The researchers “argue that real-time data would allow public health officials to understand the impact of various mitigation strategies on factors like drug use, medications for opioid use disorder (OUD), access to lifesaving interventions, recovery support services, and overdose deaths.”

### **Fentanyl Bill Passes But Neither Side Content.**

The [Colorado Springs \(CO\) Independent](#) (6/8, Redd, 60K) reports, “The Fentanyl Accountability and Prevention Bill (HB22-1326) was relentlessly negotiated then finally signed into law by Gov. Jared Polis on May 25.” However, compromises required for its passage have reportedly left all sides “displeased with parts of the new law, which goes into effect July 1.” According to the article, “HB22-1326, on the prosecutorial side, aims to deter illegal drug use by making them more difficult and riskier to buy through stiffer penalties. However, those opposing incarceration for drug possession are most upset that the bill changes the amount that would bring felony charges from 4 grams of a substance containing fentanyl to 1 gram.” The National Institute on Drug Abuse is mentioned.

### **High Risk For Persistent Opioid Use In Young People With Sarcoma.**

[Medscape](#) (6/8, Brooks, Subscription Publication, 219K) reports, “Young people with sarcoma may be at heightened risk for long-term opioid use following their cancer treatment.” During a recent “nationally representative cohort of adolescents and young adults with sarcoma,” researchers found that “nearly two thirds took opioids during treatment, and almost one quarter of those patients continued to use opioids after treatment ended.” The research “was partially funded by the National

Cancer Institute, the Breast Cancer Research Foundation, the American Cancer Society, and the Herbert Irving Comprehensive Cancer Center.”

### **“Administrative Detox” From Methadone Sums Up System’s Cruelty.**

Ashley Shukait, MPH, CHES, a harm reductionist and public health consultant, writes in [Filter \(NY\)](#) (6/8) about an individual who “is just the kind of person that federal agencies – like the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC) and the National Institute on Drug Abuse (NIDA) – highlight **when they define recovery and promote high-barrier access to medication for opioid use disorder (MOUD).**” However, this individual “was also honest about his new job, reporting the tiny income to Medicaid. That honesty came with a devastating cost. Because **reporting that little bit of income...made him immediately ineligible for Medicaid coverage.**” He “**lost his coverage...abruptly terminating his methadone access.**” Shukait says this story highlights the flaws in the system set up to help these kinds of individuals.

### **Researchers Develop Machine-Learning Model That May Accurately Predict Opioid Overdose Risk In Medicaid Beneficiaries.**

[Health IT Analytics](#) (6/1, Kennedy) reports, “**Researchers have developed and validated a machine-learning...model that can accurately predict opioid overdose risk in Medicaid beneficiaries in Pennsylvania and Arizona, indicating that the model may be valuable for making such predictions using beneficiary data from other states,**” according to a [study](#) published in *The Lancet Digital Health*. Overall, **the study found that “the model achieved high performance.”**

### **Opioid-Related Overdoses Reached Record High Last Year In Massachusetts.**

The [Boston Herald \(MA\)](#) (6/8, Sobey, 327K) reports, “**Opioid-related overdose deaths in the Bay State spiked to an all-time high last year,** according to state health officials who cited the COVID-19 pandemic and **the powerful synthetic opioid fentanyl as major factors in the higher death rate.**” According to the Herald, “**there were 2,290 confirmed and estimated opioid-related overdose deaths in 2021,** the state Department of Public Health reported on Wednesday. That is a record high for one year in Massachusetts, shattering the previous peak of 2,110 deaths in 2016.”

### **Montana Officials Report At Least Eight Fatal Overdoses Likely Linked To Fentanyl Over 11 Day Period.**

[Fox News](#) (6/7, Best, 23.99M) reports, “**There were at least eight fatal drug overdoses between May 22 and June 1 throughout Montana, all of them likely due to opioids,** health officials said this week.” Emergency responders “**found blue M30 pills near the deceased, which are likely counterfeit pills laced with fentanyl, a dangerous opioid that is 50 to 100 times more powerful than morphine.**”

### **Colorado Governor Signs Bill To Regulate Kratom Sales.**

[Marijuana Moment](#) (6/2) reports that Colorado Governor Jared Polis (D) “has signed a bill that provides a regulatory framework for the legal sale of kratom, a plant that advocates say can serve as a safer alternative to opioids and also help treat symptoms of addiction withdrawal.” The signing of the Regulation Of Kratom Processors Act “makes Colorado the eighth state to take this kind of legislative approach to the substance at a time when calls for safe opioid alternatives are rising at all levels of government amid the ongoing overdose epidemic.” The National Institute on Drug Abuse is mentioned.

### **Los Angeles School District Warns Of Fentanyl-Laced Ecstasy Pills After Three Teens Overdose.**

The [Los Angeles Times](#) (6/2, Alvarez, 3.37M) reports, “The Los Angeles Unified School District is sounding an alarm about fentanyl-laced ecstasy pills after three” teenage students “were found unconscious in a Los Angeles County home on May 25 after taking ecstasy pills that were contaminated with fentanyl.” According to the Times, “emergency personnel used naloxone, or Narcan, and a breathing tube to resuscitate the teens, who all suffered brain damage.”

### **Opinion: Government Sending Wrong Signals To Drug Users With “Harm Reduction” Policy.**

In an opinion for the [New York Post](#) (6/3, 7.45M), Howard Husock, a senior fellow at the American Enterprise Institute, wrote that the New York “Health Department’s subway ad campaign reassuring hard-drug users that they can be ‘empowered’ by ‘using safely’” is “part of a larger ‘harm reduction’ movement based on the idea that the combination of decriminalization or outright legalization will reduce the tragic number of US overdose deaths.” However, Husock said, “Accepting hard-drug use signals that public-health authorities believe they have no tools to reverse a public-health crisis, that they are giving up on thousands of citizens or embracing the misbegotten idea that one can be a productive drug addict. ... Government sends signals about what it is acceptable.”

### **Oregon Botched Drug Treatment Plan Tied To Decriminalization, According To State Officials And Lawmakers.**

The [AP](#) (6/2, Selsky) reports, “Efforts to get millions of dollars in funding to treatment centers and related services as part of Oregon’s pioneering drug decriminalization have been botched even as drug addictions and overdoses increase, state officials and lawmakers said on Thursday.” After “decriminalizing possession of personal amounts of heroin, cocaine, methamphetamine and other drugs” in 2020, the state found that “only 1% of people who received citations for possessing controlled substances asked for help via” a new hotline. According to the AP, “The ballot measure redirected millions of dollars in tax revenue from the state’s legal marijuana industry to treatment. But applications for funding stacked up after state officials underestimated the work required to vet them and get the

money out the door, officials testified Thursday before the House Interim Committee on Behavioral Health.”

### **Pilot Testing Program In Maryland Finds New Illegal Drug.**

The [Baltimore Sun](#) (6/2, Cohn, 629K) reports that eight “needle exchange programs in Maryland have been mailing swabs collected from users of street drugs to the National Institute of Standards and Technology in Gaithersburg since October” as part of a pilot testing program. According to the Sun, “The findings have revealed a new scourge in the long-running drug epidemic: xylazine (ZY-lah-zeen), an animal tranquilizer,” which showed up as part of the drug mixture in every batch tested recently.

### **Vermont Governor Vetoes Bill Creating Safe Injection Sites.**

The [AP](#) (6/8) reports, “Gov. Phil Scott has vetoed a bill aimed in part at creating one or more safe injection sites, also called overdose prevention sites, in Vermont where people could legally use drugs under supervision as a way to reduce overdoses.” Scott (R) “wrote in his veto message to lawmakers on Tuesday that ‘it seems counterintuitive to divert resources from proven harm reduction strategies to plan injection sites without clear data on the effectiveness of this approach.’”

### **Pennsylvania Event Pushes For Legalization Of Syringe Services.**

The [Pittsburgh Tribune-Review](#) (6/7, 245K) reports on “an event at the” Pennsylvania “Capitol” that pushed “for passage of proposed bills that would legalize syringe services throughout” the state. These services are “presently legal in Philadelphia and Pittsburgh, which are allowed to legalize them because of their status as major cities.” Meanwhile, “some smaller Pennsylvania municipalities also have them, but do so illegally, according to speakers at the event. They are unable to receive federal funds toward the programs.” The article says, “Bills to legalize syringe services have been introduced in Pennsylvania’s House and Senate, and speakers said there’s an urgent need to pass them.”

### **Maine Cracked Down On Small-Time Meth Makers, And Major Drug Dealers Moved In.**

The [Bangor \(ME\) Daily News](#) (6/6, Burns, 178K) reports that meth seizures in Maine are “becoming a common occurrence, with police sometimes seizing one, two, four or even 14 pounds of meth at a time” with meth seizures by weight rising about 215% in the past three years alone. As heroin or illicit prescription pills “have become harder to find, others, such as meth and the highly potent synthetic opioid fentanyl, have become ‘readily available.’” The National Institute on Drug Abuse is mentioned.

### **HHS Grants \$15 Million To Address Rural Psychostimulant Misuse.**

[Bloomberg Law](#) (6/8, Subscription Publication, 4K) reports, “The Department of Health and Human Services allocated nearly \$15 million in funding for rural



communities to address psychostimulant misuse and related overdose deaths, according to the agency Wednesday.”

**Additional Source.** [Healthcare Finance News](#) (6/8, Morse, 93K) reports, “The funding is going to 29 organizations in amounts of \$500,000 each,” coming from HHS’ Health Resources and Services Administration. The article says, “Drug overdose deaths involving psychostimulants, including methamphetamine, rose from 547 in 1999 to 23,837 in 2020, which has been exacerbated by the COVID-19 pandemic, according to the National Institute on Drug Abuse.” Furthermore, “through the Substance Abuse and Mental Health Services Administration (SAMHSA), HHS also recently announced \$55 million in funding for its Tribal Opioid Response grant program that addresses the overdose crisis in tribal communities.” HHS Secretary Xavier Becerra said, “The nation’s overdose epidemic has taken too many lives too soon, particularly across our rural communities.”

### **Suicides Among Black People May Be Vastly Undercounted.**

[Scientific American](#) (6/6, Novak, 3.1M) reports that West Virginia University investigator Ian Rockett has spent years researching “why the rate of suicide among Black people in the U.S. is recorded as a third of that among white people.”

Recently, Rockett’s research has started to answer “the extent to which medical examiners and coroners have lacked sufficient data to accurately determine causes of death.” His “2010 study published in BMC Psychiatry found that Black American deaths are 2.3 times more likely than white deaths to be classified as undetermined at the time they occur,” leading Rockett and his colleagues to fear that the CDC’s “report earlier this year of a 5.5 percent uptick in Black suicides was most likely an underestimate.” National Institute on Drug Abuse Director Dr. Nora Volkow “says that there’s a higher prevalence of suicide in individuals who misuse drugs, although we don’t know the ‘direction of the association’ – whether drugs cause suicides or those who are suicidal are relying on drugs.” Dr. Volkow “thinks the explanation is some combination of both.” Dr. Volkow says, “Drug users are at a higher risk of dying by suicide because they don’t see a way out.”

### **Apple Will Add Medication Tracking To iPhone, Apple Watches.**

[Modern Healthcare](#) (6/8, E.W. Turner, Subscription Publication, 215K) reports that “Apple announced Monday it would add a medication tracking service through its native Health app.” This app “includes medication reminders and scheduling, the ability to scan drugs or manually add them into the app and in the U.S., it notifies people on critical drug interactions.” The app “will be available on iPhones and Apple Watch devices in the iOS 16 operating system on phones and the watch OS 9 operating system for the Apple Watches.”

### **Psychedelics Study Focuses On Alleviating Depression In Healthcare Workers.**

[NPR](#) (6/7, 3.69M) reports that University of Washington researchers are conducting a study that seeks to determine whether psychedelics can “alleviate depression in

healthcare workers.” There has been “record burnout among” such workers during the COVID-19 pandemic.

### **Ketamine Can Treat Depression.**

Nick Hilden wrote in [Inverse](#) (6/3, 645K) about his experience “on an interior journey with Mindbloom, a psychedelic therapy company that provides what is – for all practical purposes – ketamine-by-mail accompanied by therapeutic treatments given over Zoom.” He said, “Mindbloom is part of a vanguard of emerging healthcare providers using the technology we have all come to rely on during the Covid-19 pandemic to deliver a similarly innovative medical intervention for psychiatric conditions: psychedelics.” Hilden noted that Lawrence Park, “Director of the Clinical Research Unit at the National Institute of Mental Health’s Experimental Therapeutics and Pathophysiology Branch,” said, “Scientific studies demonstrate ketamine has rapid antidepressant effects for individuals with major depression and bipolar depression.” Hilden mentioned the FDA.

### **Analysis Discusses Integrating Mental Healthcare With Primary Care.**

[USA Today](#) (6/3, Pattani) reports, “As mental health concerns have risen over the past decade – and reached new heights during the pandemic – there’s a push for primary care doctors to provide mental health care.” Research “shows primary care physicians can treat patients with mild to moderate depression just as well as psychiatrists – which could help address the nationwide shortage of mental health providers.” Furthermore, “primary care doctors are also more likely to reach patients in rural areas and other underserved communities, and they’re trusted by Americans across political and geographic divides.” However, “the way many insurance plans cover mental health doesn’t necessarily support integrating it with physical care.”

## **Funding Opportunities**



### **GRANTS & FUNDING**

NIH Central Resource for Grants and Funding Information

[NOT-DA-22-058](#)

[Notices of Special Interest \(NOSI\): High Priority Areas in Integrative Neuroscience Branch in the Division of Neuroscience and Behavior](#)



