

UC CAR Weekly Newsletter 8.20.2021

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**

### **We need to safeguard opioid settlement funds: Ken Slenkovich**

*Guest columnist Ken Slenkovich was the associate director of The Center for Community Solutions before becoming assistant dean of the College of Public Health at Kent State University.* All eyes are understandably on the COVID-19 pandemic, with over 20,000 deaths and 1.1 million cases in Ohio. But as the state battles the virus and works to restart its economy, another even deadlier epidemic is silently overwhelming thousands of Ohio families. According to data from the Centers for Disease Control and Prevention, there were about 23,000 drug...

### **Columbus agrees to join state opioid settlement against three large drug distributors**

The City of Columbus will join a massive state settlement of about \$809 million with three major drug distributors that were sued for their part in perpetuating the deadly opioid epidemic. Mayor Andrew J. Ginther and Columbus City Attorney Zach Klein jointly announced Thursday that the city would join the settlement through the "OneOhio" plan that Ohio Attorney General Dave Yost and Gov. Mike DeWine unveiled in March 2020 to settle...

## **National News**

### **Pandemic Drinking Soars Among Blacks, Hispanics, Women With Young Children, Study Says.**

[New Jersey Star-Ledger](#) (8/15, Llorente, 1.47M) reports “alcohol consumption increased markedly at the outset of the pandemic and continued to climb through the end of last year, according to a new study on American drinking habits.” The largest jump “in excessive consumption – monitored between pre-pandemic February 2020 and the start of the second wave in November – occurred among Blacks, at 510%, according to research funded by the National Institute on Alcohol Abuse and Alcoholism.” The largest jumps “in average consumption occurred among Black women, at 173%; Hispanic women, at 148%; Black men, at 173%; men of ‘other race and ethnicity,’ at 209%; and women with children younger than 5, at 323%.” NIH is mentioned.

**Additional Source.** The [New York Post](#) (8/15, Reilly, 7.45M) reports “the latest figures found that overall US drinking consumption was 39 percent higher in November 2020 than the previous February, before the virus hit the country.”

### **Opinion: Federal Cannabis Legalization Must Ensure Safe, Efficient Medical Use.**

In a [STAT](#) (8/17, 262K) “First Opinion” piece, Association of Cannabinoid Specialists President Jordan Tishler writes, “Legislation to legalize cannabis at the federal level recently proposed by Sen. Chuck Schumer (D-N.Y.) and a group of Senate Democrats is long overdue,” and “while it aims to fix injustices done to communities of color that have been most harmed by the war on drugs, it excludes one very important demographic: patients.” Tishler and the Association of Cannabinoid Specialists list “four key components” to ensure “cannabis patients...have ready access to safe and efficient treatments.”

### **Record-High Percentage Of American Adults Say They Have Tried Marijuana, Poll Finds.**

[Forbes](#) (8/17, Hart, 10.33M) reports, “A record-high proportion of American adults – 49% – said they have tried marijuana, according to a new poll by Gallup.” About half of “Millennials, Gen X, and Baby Boomers...have tried marijuana – roughly the same as prior polls – but” only “19% of the Traditionalists, born before 1946, said they had tried it.”

### **Nearly 42% Of Cannabis Users Reported Using More Cannabis While Working Out, Survey Finds.**

[Forbes](#) (8/18, Herrington, 10.33M) reports that the fitness industry saw upheaval during the pandemic last year “with gyms in 48 states shuttered by early April 2020.” Meanwhile, nearly 42% of cannabis users reported “that they were using more cannabis while working out, according to a survey by online fitness resource FitRated.” The survey of more than 1,000 cannabis users found that “only 14% said

they were using less marijuana during the Covid-19 outbreak, while 44.3% said their cannabis use had remained about the same.”

### **Relaxing Restrictions On Methadone For Treatment Of Opioid Addiction Appears Safe, Research Finds.**

The AP (8/12, Johnson) reports, “It appears safe to relax restrictions on methadone, the oldest and most stigmatized treatment drug for opioid addiction.” Amid the pandemic, “the government told methadone clinics they could allow stable patients to take their medicine at home unsupervised.” Research “shows it didn’t lead to surges of methadone overdoses or illegal sales. And the phone counseling that went along with take-home doses worked better for some people, helping them stay in recovery and get on with their lives.”

[https://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(21\)00175-6/fulltext](https://www.journalofsubstanceabusetreatment.com/article/S0740-5472(21)00175-6/fulltext)

<https://apnews.com/article/science-health-pandemics-coronavirus-pandemic-c36442b3fe8f2074e2fe3907d11ca579>

### **The Pandemic Changed The Trajectory Of America’s Overdose And Suicide Crises.**

In Vox (8/12, Scott, 1.88M), Dylan Scott writes, “Drug overdose deaths jumped 30 percent last year to 92,500, according to newly released federal data, a sudden surge following years of incremental increases once the opioid epidemic took hold,” but “suicides actually dropped slightly, from 47,500 in 2019 to 44,800 in 2020.” He adds that National Institute on Drug Abuse Director Dr. Nora Volkow “told me the spike in 2020 was a historical aberration, based on the prior trends.” Volkow said, “We have never seen that ever, a 30 percent increase. ... This is completely different. It’s a disruption of the trend.”

### **The Feather And The Knife: Navigating Life With Chronic Pain.**

The POZ (8/16, Boerner) reports, “Studies have found that between 25% and 85% of people living with HIV experience chronic pain, compared with estimates of 11% to 20% of the general population.” However, “despite the high rates of pain, some research suggests that people living with HIV are less likely to be prescribed opioid pain treatment than their HIV-negative peers.” The article adds that the HIV Global Pain Task Force “is now soliciting recommendations for the HIV pain research agenda from people living with HIV.” Meanwhile, the NIH “launched the Helping to End Addiction Long-term (HEAL) Initiative in 2018 and has so far funded it with \$1.5 billion to back experimental research and the development of medical devices that might treat opioid use disorder or address or prevent pain.”

### **HHS Providing Over \$80M To Combat Opioid Crisis In Rural Communities.**

Filter (NY) (8/16, Hoque) reports through its Rural Community Opioid Response Program, HHS is providing “more than \$80 million to combat the opioid-involved

overdose crisis and support public health in rural communities.” The article says \$78 million will fund “overdose prevention, treatment and recovery services for people who use opioids, and an additional \$7.5 million through a separate program” will be “focused on people who use stimulants.” HHS Secretary Xavier Becerra said, “These investments address a wide range of critical issues the Biden-Harris Administration is focused on to improve health care in rural communities across the country.”

#### **DIA:**

##### **Nearly Half Of Opioid Prescriptions Given To Pediatric Patients Are Considered High-Risk, Data Indicate**

[HealthDay](#) (8/16) reports, “Almost half of pediatric opioid prescriptions are considered high-risk by one or more metric, and high-volume prescribers write more than half of the prescriptions, according to” researchers who analyzed 4,027,701 prescriptions and “found that 3.5 percent of U.S. children and young adults had one or more dispensed opioid prescription. Overall, 41.8 of the prescriptions for opioid-naïve patients exceeded a three-day supply and 3.8 percent exceeded a seven-day supply. For young children, 8.4 percent of prescriptions were for tramadol and 7.7 percent were for codeine.” The data were published in [Pediatrics](#).

##### **Op-Ed: Fentanyl Misinformation Leading To Counterproductive Policies.**

In an op-ed for the [Los Angeles Times](#) (8/15, 3.37M), [Sheila Vakharia](#) and [Jeannette Zanipatin](#) write that misinformation about fentanyl distracts from the “tragic reality” that it “was involved in more than 60% of overdose deaths last year.” They argue that “erroneous police statements can create an atmosphere that forces politicians to propose counterproductive policies in the midst of a panic.” They add that the federal government should “divest from our reliance on policing and punishment-first strategies that have failed to save lives or reduce the supply of fentanyl-related substances.”

##### **Opinion: Opioid Denial Has Failed To Control Overdoses, Deaths.**

In an opinion for the [Philadelphia Inquirer](#) (8/16), [Jeffrey Singer](#), a senior fellow at the Cato Institute, and [Josh Bloom](#), who is director of chemical and pharmaceutical science at the American Council on Science and Health, write that it has been “clear for years that all attempts to control overdoses by reining in opioid supply and prescriptions have been abject failures.” They explain, “In recent years, the press, the general public, and health-care professionals have begun to acknowledge that illicit fentanyl and its analogs, not prescription painkillers, are responsible for the surge in deaths.” They add that University of California, Davis researcher [Alicia Agnoli](#), who is the author of a recent study in [JAMA](#), “challenged the dogma of opioid denial as a means to control overdoses and deaths and examined the

consequences of this denial on pain patients whose medications have been tapered, often forcibly.”

### **Opinion: FDA Should Not Ban Kratom.**

In an opinion for [Scientific American](#) (8/12, 3.1M), contributor Maia Szalavitz wrote that the issue of whether or not the FDA should “ban kratom is an excellent litmus test of whether the Biden administration will actually use the philosophy of harm reduction to guide drug policy – or just spout the trendy catchphrase as window dressing to hide ongoing engagement in the war on drugs.” According to Szalavitz, “An estimated 10-16 million Americans currently use kratom as an alternative to opioids, most commonly to treat pain or as a substitute for street drugs.” She added, “The herbal supplement can be abused, but given the explosion in opioid deaths, eliminating this safer substitute will almost certainly lead to more deaths.”

### **New AI Tool Will Predict Patients at High Risk for Opioid Use Disorder.**

[HealthNewsDigest](#) (8/12) reports, “University of Florida researchers are developing a new artificial intelligence tool that will help clinicians identify patients at high risk for opioid use disorder and overdose” with the support of a five-year, \$3.2 million National Institute on Drug Abuse grant. According to the article, “The tool will use data from patients’ electronic medical records to guide clinicians in safely and effectively prescribing opioid medications.”

### **Chronic Pain Can Disrupt Medication-Assisted Treatment For Opioid Use Disorder.**

[Practical Pain Management](#) (8/12, Hurt) reports, “Research further links pain severity – even during opioid agonist treatment – to increased opioid cravings, which may lead to illicit opioid use.” According to the article, “Researchers at Johns Hopkins University School of Medicine and the Intramural Research Program of the National Institute on Drug Abuse (NIDA) designed a study to explore whether opioid craving mediates the association between pain and illicit opioid use during opioid-agonist treatment.” The researchers “performed a secondary analysis of data that had been gathered for a larger project conducted by NIDA’s Intramural Research Program (NIDA IRP)” and “found that momentary pain severity was significantly associated with greater opioid cravings, and those cravings predicted illicit opioid use in the next moment, suggesting that in addition to stress and negative mood (already established risk factors) pain may be an important risk factor for opioid craving.”

### **Number Of Adults Using Widely Prescribed Stimulants Has Doubled In Recent Years, Study Finds.**

[STAT](#) (8/17, Silverman, 262K) reports new research indicates “the number of adults who used two widely prescribed stimulants nearly doubled in recent years, raising concerns about a potential wave of abuse since both medicines can be highly

addictive.” Specifically, the study found that “an estimated 4.1 million adults reported using amphetamines and methylphenidate in 2018, an increase of nearly 80% from 2013.” The findings were published in BMJ Open.

### **Fruit Flies Reveal Promising Drug Candidates For Treating Cocaine Use Disorder.**

DDNews (8/13, Ortolano) reported that researchers have “used an innovative computational approach to” identify “ibrutinib, a drug commonly used to treat cancer, as a potential candidate for treating cocaine toxicity.” They “used publicly available genome wide expression data and an unlikely model for cocaine addiction – fruit flies – to establish a new method for screening and validating generic drugs for a variety of drug use disorders.” National Institute of Drug Abuse Intramural Research Program Deputy Scientific Director Lorenzo Leggio, who was not involved with the study, said, “We have medications for opioid use disorder and alcohol use disorder, but we are lacking effective medications for stimulant use disorders, including cocaine use disorder. ... It’s definitely intriguing and welcome that there are scientists who are thinking out of the box.” The findings from the recent preliminary study were published on medRxiv.

### **Addiction Should Be Treated, Not Penalized.**

In a perspective piece for Nature (8/17, 194K), National Institute on Drug Abuse Director Dr. Nora Volkow writes that “public health-based alternatives to criminalization” of drug use “range from drug courts and other diversion programs to policies decriminalizing drug possession.” Volkow says that “moving away from punishing drug use...might require diverse strategies.” She adds that “the National Institute on Drug Abuse is redoubling its focus on vulnerabilities and progression of substance use and addiction in minority populations.” **(Article attached.)**

### **Drug-Overdose Deaths Climb Nationally Putting Compassionate Care On The Front Lines At Saint Peter’s University Hospital.**

Tap Into New Jersey (8/18, O'Donnell) reports on the “patients in the throes of drug overdose” who “are on death’s doorstep by the time they arrive at the doors of the Saint Peter’s University Hospital’s emergency room.” Last month, the CDC “released data that shows that deaths from drug overdoses soared to more than 93,000 in 2020.” That figure “represents a staggering 30% rise nationwide from 2019.” National Institute on Drug Abuse Director Nora Volkow “called the latest data on overdose deaths ‘chilling.’”

### **Biden Administration Investing \$19M Boost Telehealth In Rural, Underserved Areas.**

Fierce Healthcare (8/18, Landi, 150K) reports, “The Biden administration is investing \$19 million to expand telehealth in rural and underserved communities to help

increase access to care during the COVID-19 pandemic.” The money “will provide funding for telehealth incubators to pilot new telehealth services and track outcomes in rural medically underserved areas that have high chronic disease prevalence and high poverty rates.” In addition, it “will provide training and support to primary care providers in rural, frontier, and other underserved areas.” HHS Secretary Xavier Becerra said, “Telehealth is crucial to providing convenient and sustained care for patients. ... This funding demonstrates the Biden-Harris Administration’s strong commitment to expanding access to quality health care for everyone, including in rural and underserved communities. I will continue to support innovative solutions that will strengthen our health care system.”

#### **DIA:**

#### **FDA Clears Device For Reduction Of Anxiety Symptoms In Adult Patients With Depression, Company Says**

[HCPLive](#) (8/18, Butera) reports the FDA “announced clearance for the Deep Transcranial Magnetic Stimulation (Deep TMS™) System, which was developed by BrainsWay Ltd., for the reduction of comorbid anxiety symptoms in adult patients with depression, otherwise known as anxious depression.” The agency’s “decision came after the company submitted data from 573 patients who had undergone Deep TMS treatment in 11 studies, including both randomized controlled trials and open-label studies.” The clearance was announced in an Aug. 18 [press release](#) from BrainsWay Ltd

#### **Researchers Breaking Away From The Central Dogma Of Depression.**

[STAT](#) (8/16, Lopez Lloreda, 262K) reports, psychiatry’s “long embrace of the ‘monoamine hypothesis’ – the idea that depression primarily results from abnormal levels of neurotransmitter chemicals in the brain and that drugs can restore the proper balance – is giving way to a more complex understanding and alternative treatments, from ketamine to psychedelics to magnetic stimulation.” In April, the National Institute of Mental Health (NIMH), “awarded eight grants to test new ways to reduce suicidal thoughts and behaviors in a fast-acting manner, including ketamine and using magnets to activate parts of the brain.”

#### **Ultra-Processed Foods: Why They Generate Such A Strong Addiction.**

[The Saxon](#) (8/15) reports that while ultra-processed foods “are actively associated with an increased risk of developing diabetes, obesity, cardiovascular conditions, hypertension, cancer, and other chronic diseases, they have also been shown to...generate brain changes and that is why they are considered highly addictive and in fact the more they are consumed it will be increasingly difficult to reduce their consumption, especially in younger people.” The human “brain registers all pleasure in the same way.” Its “response is the same to stimulant substances such

as drugs, alcohol, fun, positive experiences, excitement, and of course, food.”

Recently, “neuroscientist Nora Volkow stated that this mechanism is directly related to our basic survival instinct: ‘During most of evolution, food was scarce,’ ancient humans needed this motivation to survive.”

### **Opinion: Hospital Emergency Departments Have Obligation To Provide Addiction Care.**

In an opinion for [STAT](#) (8/13, 262K), contributors [Sika Yeboah-Sampong](#) and [Gail D’Onofrio](#) wrote, “For many of the 19 million Americans struggling with addiction, emergency department visits may be the only health care they receive.” However, they said that “far too many emergency departments fail to provide essential evidence-based and lifesaving care for these patients.” They argued that this needs to change because these “hospital emergency departments have an obligation to provide equitable care for all patients.”

### **People Of Color Make Up Growing Shares Of Drug Overdose Deaths In U.S.**

[MarketWatch](#) (8/12, Jagannathan, 2.64M) reports “a documented rise in drug-overdose deaths during the pandemic has disproportionately impacted Black and Native Americans, according to a new analysis of government data spanning 2018 to the first several months of COVID-19.” Although “death rates for drug overdoses grew for all racial and ethnic groups from 2018 to 2020, Black and American Indian and Alaska Native people experienced the biggest increases, according to the [report](#) by Kaiser Family Foundation.” During a virtual discussion “in April, National Institute on Drug Abuse director Nora Volkow described ‘a perfect storm’ contributing to overdose deaths involving not just opioids but also stimulant drugs.” Volkow said, “We have people stressed to their limits by decreases in the economy, the loss of jobs, the death of loved ones.”

### **‘Welcoming’ Language Key To Patients’ Recovery From Substance Use, Mental Illness.**

[Healio](#) (8/12, Miller, 40K) reports in a video on its site that a “physician’s choice of words can make a difference in a patient’s chances of overcoming mental illness and substance use disorders, National Institute on Drug Abuse Director Nora D. Volkow, MD, told [Healio Primary Care](#).” [Healio](#) adds, “Data indicate that in the United States, almost 90% of patients with substance use disorders and 35% of those with serious mental illness do not seek treatment, according to a Neuropsychopharmacology [paper](#) that Volkow recently co-authored” with National Institute of Mental Health Director Joshua A. Gordon, MD, PhD, and National Institute on Alcohol Abuse and Alcoholism Director George F. Koob, PhD. Volkow said, “[For patients] to go seeking help when they are feeling the most vulnerable and deal with language that stigmatizes is actually going to interfere with the likelihood of that person wanting to return.”



## Funding Opportunities



### GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

[NOT-DA-21-073](#)

[Notice of Change in Key Dates and Application Types for RFA-DA-23-001, "Exploiting in Vivo or in Situ Imaging Approaches to Understand HIV-relevant Processes In The Context of Substance Use Disorders \(R61/R33 Clinical Trials Optional\)"](#)

[PAR-21-271](#)

[Maximizing Opportunities for Scientific and Academic Independent Careers \(MOSAIC\) Postdoctoral Career Transition Award to Promote Diversity \(K99/R00 Independent Clinical Trial Not Allowed\)](#)

[PAR-21-272](#)

[Maximizing Opportunities for Scientific and Academic Independent Careers \(MOSAIC\) Postdoctoral Career Transition Award to Promote Diversity \(K99/R00 - Independent Clinical Trial Required\)](#)

[PAR-21-273](#)

[Maximizing Opportunities for Scientific and Academic Independent Careers \(MOSAIC\) Postdoctoral Career Transition Award to Promote Diversity \(K99/R00 - Independent Basic Experimental Studies with Humans Required \(BESH\)\)](#)

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