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**

**Center for Addiction Research upcoming Summer Speaker Series Event**
The Center for Addiction Research will hold its final Summer Speaker Series event on Wednesday, August 11 from 12-1pm, focusing on ““QRT+”: Role of Academic and Community Partnership in Evolution of Outreach Intervention to Engage Individuals in Treatment for Opioid Use Disorder” featuring CAR member, Dr. Lyons. Please use the link below to register for this session or to watch the recordings of the previous month’s sessions. Thank you to the Urban Health Pathway of Next Lives Here for hosting this series of events.

>> Register for the August presentation, view previous months event recordings

**Report: Pandemic A Role In Kentucky’s Record Overdose Deaths.**
The AP (8/4, Schreiner) reports, “Fatal drug overdoses in Kentucky – an ongoing scourge that has ravaged communities in the state – surged nearly 50% last year and isolation caused by the COVID-19 pandemic was a ‘major contributing factor,’ a state report concludes.” According to the article, “More than 1,964 Kentuckians died from drug overdoses in 2020, according to the report from the Kentucky Justice and Public Safety Cabinet and the Office of Drug Control Policy.” The rising death count was driven by opioid abuse with the prevalence of fentanyl reported as a key factor.
Additional Source. WTVQ-TV Lexington, KY (8/4, Rogers, 11K) reports the state saw “a 49% increase in drug overdose deaths compared with the year prior.” The rise “in the death toll was driven mostly by a rise in opioid abuse, fentanyl and fentanyl analogues, which were found in 1,393 cases.” The piece adds that “in 2019, Kentucky was selected by the National Institutes of Health and the Substance Abuse and Mental Health Services Administration as one of only four states to participate in the ‘HEALing Communities Study,’ the largest implementation-science study ever undertaken in the United States to reduce overdose death at the community level.”

The Fight Is Personal For Some EMTs Attacking Ohio Overdoses One Study, One Emergency Call At A Time.

WEWS-TV Cleveland (8/2, Walsh) reports Ohio’s Ashtabula County has seen an increase in opiate overdoses “from 13 in 2018 to nearly triple that number – 34 – two years later, in 2020.” Ohio State University professor of medicine and HEALing Communities Study lead investigator Dr. Rebecca Jackson said, “You talk to people and realize that it touches all of us. Communities actually are selecting the evidence-based interventions in order to address the kind of the gaps that they have within their care.” The article says the HEALing Communities Study “is a collaboration of academia, community organizations and services to improve opioid education, increase the number of people on treatments, and reduce stigma about opioid recovery. Its overall goal is hefty – reduce overdose deaths by 40%.”

'On a pace to set a record': Overdose deaths in Vanderburgh on the rise for 2nd year in a row

EVANSVILLE, Ind. — From rehab, Corey Keown reflected in a letter to his sister about the far-reaching impact of addiction. "I am here with people from all different walks of life: Doctors, lawyers, dentists, Wall Street brokers, millionaires and everyday people like me who have all kinds of addictions," he wrote in the letter to his younger sister Katie Carley. The letter hits her more intensely now than it did when she...

National News

Alcohol Consumption Linked To More Than 700K Cancer Cases Last Year, Study Indicates.

The Hill (8/3, Choi, 5.69M) reports that a new study found alcohol consumption was “a cause in more than 700,000 new cancer cases worldwide last year.” The researchers explained that “there are multiple avenues through which alcohol can lead to cancers, including damage caused by the alcoholic metabolite acetaldehyde – a known carcinogen – as well as hormonal changes caused by alcohol. Ethanol may also contribute to cancer by acting as a solvent for other carcinogens such as chemicals found in tobacco.”
Federal Restrictions Regarding Cannabis-Related Grants Through SAMHSA Unveiled.
The *High Times* (8/4, Potter, 20K) reports, “Federal grant restrictions revolving around cannabis-related grant funding through the Substance Abuse and Mental Services Administration (SAMHSA) were announced earlier this week.” The story “broke when the Pennsylvania Department of Drug and Alcohol Programs (PDDAP) made note of a change in text for organizations that are eligible to receive federal SAMHSA grants on August 2.” The new wording states, “SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana.”

House Approves Marijuana Banking, Employment And D.C. Sales Provisions In Large-Scale Spending Bill.
*Marijuana Moment* (7/29) reports, “The U.S. House of Representatives on Thursday approved a package of spending legislation that contains measures to provide protections for banks that work with state-legal cannabis businesses and allow the legalization of marijuana sales in Washington, D.C., among many other drug policy provisions.” According to the article, “The appropriations legislation and attached reports also direct federal government agencies to reconsider policies that fire employees for using cannabis in compliance with state law, criticize restrictive hemp regulations, encourage CBD to be allowed in foods and urge expanded research on marijuana and other substances.” The National Institute on Drug Abuse is mentioned.

Highway Safety Still A Concern As Vermont Prepares For Retail Cannabis Sales.
*WVNY-TV* Burlington, VT (7/29, Bates) reports “Vermont’s preparations for a retail marijuana market are now focused on what’s been a point of contention for several years – ensuring law enforcement has the tools needed to identify impaired drivers on the road.” The state’s “Cannabis Control Board took up the topic at their meeting Thursday morning.” One may “think a roadside saliva test for marijuana would be an easy way to determine whether someone is under the influence behind the wheel, but according to the National Institute on Drug Abuse, it can be found in saliva for days or even weeks after use.”

Public Health Researchers Reportedly Racing To Develop Improved Tools To Prevent Fatal Overdoses.
*STAT* (7/30, Lin, 262K) reported, “As fatal overdoses once again rise – accounting for 92,183 deaths in 2020, a 30% increase from the year before – public health researchers are racing to develop better tools to prevent them.” While “some see promise in models that pull in data and spit out predictions about who is at highest risk of developing opioid use disorder or overdosing, giving health officials and physicians an idea of where to target strained prevention resources,” other “experts
say that a scattered and siloed system to collect data on overdoses and outcomes is hamstringing efforts to further develop and deploy those models.”

**Study Finds Opioid Overdose-Related ER Visits Increased Last Year In US.**

*HealthDay* (7/30, Preidt, 11K) reported a Mayo Clinic study found that “opioid overdose-related” emergency room (ER) visits in the US “rose 28.5% last year, compared to 2018 and 2019.” The National Institute on Drug Abuse is mentioned.

*The Hill* (7/31, Hou, 5.69M) reported the study (3/18) – published in Annals of Emergency Medicine – “shows that hospital visits for opioid overdose increased by about 28 percent in the U.S. in 2020 compared to 2018 and 2019. Emergency department (ED) visits overall decreased in 2020 by about 14 percent. Health experts are concerned that the actual rate of opioid overdoses could be higher.”

**High-Dose Buprenorphine Effective In ED For Opioid Use Disorder.**

*RT Magazine* (8/4, 60K) reports, “High-dose buprenorphine therapy, provided under emergency department care, is safe and well tolerated in people with opioid use disorder experiencing opioid withdrawal symptoms, according to a study supported by the” National Institute on Drug Abuse (NIDA) through the Helping to End Addiction Long-term (HEAL) Initiative. The findings were published in JAMA Network. NIDA Director Dr. Nora Volkow said, “Emergency departments are at the front lines of treating people with opioid use disorder and helping them overcome barriers to recovery such as withdrawal. ... Providing buprenorphine in emergency departments presents an opportunity to expand access to treatment, especially for underserved populations, by supplementing urgent care with a bridge to outpatient services that may ultimately improve long-term outcomes.”

**Fentanyl Crisis Threatening To Spiral Out Of Control.**

*WIVB-TV Buffalo, NY* (7/29, Baldwin, 100K) reports “overdose deaths hit record highs in 2020,” as “93,000 people died due to a drug overdose as the U.S. battled COVID-19.” Fentanyl “contributed to 42,687 overdose deaths in the 12 months leading up to May 2020.” NIDA Director Dr. Nora Volkow said, “This drug is very, very harmful.” She added, “We have seen that change from pure heroin into synthetic opioids, which for the dealers offer a much greater profit.” However, Volkow stated they “are actually much more dangerous than even pure heroin because of the intrinsic efficacy of these drugs.”

**Orange County Fentanyl-Related Fatality Rate More Than Doubled In 2020, Data Show.**

The *Orange County (CA) Register* (7/30, Licas, 594K) reports, “The number of fentanyl-related deaths in Orange County more than doubled in 2020, with Orange County coroner’s officials attributing 432 deaths to the potent opiate compared to 165 fatal overdoses the year before.” The article added, “It’s not immediately clear
why the county’s number keeps rising, but the pandemic may have played a role in last year’s spike. Some experts theorized that those with difficulty accessing health care during this time might have turned to drugs or alcohol instead.” The National Institute on Drug Abuse is mentioned.

**Fentanyl Deaths Are Soaring In Texas, And Officials Aren’t Taking Key Steps To Stop Them.**
The *Houston Chronicle* (7/29, Goni-Lesson, Barned-Smith, 982K) reports, “Fentanyl deaths are soaring in Texas, and officials aren’t taking key steps to stop them.” According to the article, “The National Institute on Drug Abuse released data showing a 14-fold increase in synthetic opioids – mainly fentanyl – as the main driver of overdoses from 2012 to 2019.” However, “as this newest drug crisis worsens, experts say state and local health officials are failing to take key steps that could save Texans in the grips of addiction from the risk of fentanyl-tainted drugs.”
Texas “doesn’t effectively track overdose deaths and consequently doesn’t fully know the scope of the problem.” Furthermore, the state “does not provide adequate funding for prevention or treatment, according to experts.”

**San Francisco Response Team Aims To Help Overdose Survivors.**
The *San Francisco Chronicle* (8/2, Rashad, 2.44M) reports, “As San Francisco struggles with an exploding drug epidemic that killed more than 700 people last year, a new city-run response team hit the streets Monday to try to help people who survive an overdose.” The goal of the Street Overdose Response Team “is to prevent a future, potentially fatal overdose by directing people to resources and treatment. The influx of fentanyl, a powerful opioid, has exacerbated the city’s drug crisis over the past few years, with fatal overdoses rising from 441 in 2019 and 259 in 2018.”

**Volkow: NIH Research Addressing Stigma Of Drug Use And Addiction Could Improve Health Of Millions Of Americans.**
The National Institute on Drug Abuse Director Nora Volkow writes for *STAT* (8/3, 262K) that among “the most harmful” misconceptions surrounding drug use and addiction “is the scientifically unfounded belief that compulsive drug-taking by individuals with addiction reflects ongoing deliberate antisocial or deviant choices. This belief contributes to the continued criminalization of drug use and addiction.” She continues, “The silence of people living with active drug use disorders due to the stigma associated with their condition means the wider public has no opportunity to hear from them and no opportunity to revise their prejudices, such as the belief that addiction is a moral failing or a form of deviance.” Volkow concludes, “In addition to research already underway on stigma and stigma reduction at the National Institutes of Health, research on the positive and possible negative outcomes associated with alternative policy models that move to prioritize treatment over punishment are also urgently needed, as such models could remove
a major linchpin of the stigma around drug use and addiction and improve the health of millions of Americans.’”

**CDC Report Calls For Expanded Syringe Access In West Virginia County Due To Rise In HIV Cases.** The AP (8/3, Raby) reports “people who inject drugs in” Kanawha County, West Virginia “should have expanded access to sterile syringes, testing and treatment in response to one of the nation’s highest spikes of HIV cases, according to federal and state recommendations released Tuesday. The report released by the Centers for Disease Control and Prevention, the state Department of Health and Human Resources and Kanawha County’s health department comes amid a new state law that tightens requirements for needle exchange programs.” The CDC also calls for greater community involvement, public health data analysis, and “expanding and improving so-called harm reduction programs.”

**Controversy Flares Over Informing Research Subjects About ‘Incidental’ Genetic Findings.** Science (8/2, Wadman, 484K) reports the debate over whether “people who volunteer for genomic studies be told about unrelated disease mutations that turn up in their sequence data” arose “again last week after bioethicists at the National Institutes of Health (NIH) published a study showing many participants who at first refuse those findings can change their minds.” The investigators “re-contacted research participants in a large NIH study 1 to 3 years after they enrolled.” The team says “of the 83 initial refusers, 41 changed their minds and accepted after being presented with new information.” NIH National Human Genome Research Institute Deputy Director Ben Berkman and his co-authors conclude that “an opt-out system would be better: Researchers should notify participants during the initial informed consent process that they will receive incidental results, and withhold the findings only if they actively refuse.”

**Nurse Rehabilitation Programs: Why Is Enrollment So Low?** MedPage Today (8/3, Clark, 183K) reports that its three-month investigation “has revealed that enrollment among alternative-to-discipline (ATD) rehabilitation programs for nurses – believed to be the best option to help them overcome substance use disorder without discipline – is ‘tragically small,’ in the words of one nursing expert.” This means “many nurses who could benefit don’t get the care they need earlier, before their addictions have disrupted their lives and careers.” The ATD program allows nurses to “escape harm to their reputation and public disciplinary action in exchange for their participation in a state-authorized protocol that can include workplace monitoring.” Former National Institute on Drug Abuse Director Robert DuPont, MD, said that the programs can “provide a path that saves
nurses’ careers, promote long-term recovery, and are an attractive option for nurses with alcohol and other drug problems” when run properly.

**Psychedelics Decriminalization Advancing In Three More Cities, Spanning From Coast To Coast.**

*Marijuana Moment* (8/3, Jaeger) reports that advocates across the US “are actively making new strides to reform local laws governing psychedelics like psilocybin and ayahuasca – building on a national movement that has already seen numerous cities decriminalize entheogenic substances.” The article offers “a breakdown of where the efforts stand in each city.” The National Institute on Drug Abuse is mentioned.

**My Depression Was Consuming Me. My Doctor’s Prescription? Shock Therapy. It Worked.**

In a perspective piece for the *Washington Post* (7/30, 10.52M), Danielle Huggins wrote that her new psychiatrist “quickly diagnosed me as having medication resistant depression and said I should have electroconvulsive therapy (ECT). She explained ECT is a series of treatments where, under anesthesia, electric currents are passed through the brain to trigger a seizure, and that it can provide relief to some people for whom other therapies haven’t worked.” Huggins wrote that the American Psychiatric Association “says that ‘ECT’s effectiveness in treating severe mental illnesses is recognized by the American Psychiatric Association, the American Medical Association, the National Institute of Mental Health, and similar organizations in Canada, Great Britain and many other countries.’” Huggins wrote, “Not everyone benefits as I did from ECT and some people require regular repeat treatment. But my new psychiatrist had been correct: I’ve been shocked back to life.”

**Woman Admits To Illegally Importing Bath Salts From The Netherlands.**

The *Latin Times* (8/4, Yap) reports “a Boise, Idaho woman has pleaded guilty on Tuesday, Aug. 3, to importing bath salts from the Netherlands via international mail after buying the controlled substance using Bitcoin.” Jennifer Neimann “admitted on Tuesday to the importation of a controlled substance into the country, as she faces sentencing for her crime which may mean up to twenty years in prison and a one-million-dollar fine.” Bath salts are also called synthetic cathinone, which “is considered a new psychoactive substance and has no legitimate medical use other than to copy the effects of other controlled substances, according to the National Institute on Drug Abuse.”
**Third Frontier Research Incentive Funding Opportunity - Intent to Release Request for Proposal**

As part of its mission, the Ohio Department of Higher Education (ODHE) works with institutions of higher education to expand research in areas of priority identified by the state. This research is used to guide policy and develop solutions that address these priorities. The institutions chosen to conduct this research are selected through a competitive process. The recently passed state budget included a provision, **Research Incentive Third Frontier**, allocating $8M to ODHE to be used by the Chancellor to advance collaborative research at institutions of higher education. Per the language, the Chancellor has discretion to target these funds toward the following research areas and initiatives:

- Research Regarding the Reduction of Infant Mortality
- Research Regarding Opiate Addiction
- Cyber Security Initiatives and Programs
- Support of the I-Corps@Ohio Program
- Support of the Ohio Innovation Exchange Program

In addition, the recently passed state budget included a provision, in the **Research Incentive Third Frontier**, again allocating up to **$1.5 million** to ODHE to be used by the Chancellor to advance Spinal Cord research at institutions of higher education.

RFPs for these projects are scheduled to be released on **August 9, 2021** with the proposal reviews beginning **September 13, 2021**. When released the RFPs and all relevant Q&A information can be obtained by following this link: [ODHE Grant Resources & Requests for Proposals](#). If there are any questions, please feel free to contact me at csee@highered.ohio.gov or Mitzi Dunn at mdunn@highered.ohio.gov.

**PAR-21-310**  
**Imaging - Science Track Award for Research Transition (I/START) (R03- Clinical Trial Optional)**
PAR-21-309
Imaging - Science Track Award for Research Transition (I/START) (R03 - Basic Experimental Studies with Humans Required)

RFA-DA-22-018
Advancing Validated Drug Targets for Substance Use Disorders (R41/R42 - Clinical Trial Not Allowed)

RFA-DA-22-023
Advancing Validated Drug Targets for Substance Use Disorders (R43/R44 - Clinical Trial Not Allowed)

NOT-DA-21-066
Notice of Correction to RFA-DA-22-031 HEAL Initiative: Novel Targets for Opioid Use Disorders and Opioid Overdose (R01 Clinical Trial Not Allowed)

NOT-DA-21-072
Notice of Change to include NIDA-Specific Interest Areas in PAR-21-281, "Dyadic interpersonal processes and biopsychosocial outcomes (R01, Clinical Trials Not Allowed)"

NOT-DA-21-071
Notice of Change to include NIDA-Specific Interest Areas in PAR-21-280, "Dyadic interpersonal processes and biopsychosocial outcomes (R01, Basic Experimental Studies with Humans)"

NOT-DA-21-068
Notice to Extend the Expiration Date for PAR-19-368, "Accelerating the Pace of Drug Abuse Research Using Existing Data (R01 Clinical Trial Optional)"

NOT-DA-21-069
Notice to Extend the Expiration Date for PAR-19-162, "Accelerating the Pace of Child Health Research Using Existing Data from the Adolescent Brain Cognitive Development (ABCD) Study (R01-Clinical Trial Not Allowed)"

NOT-DA-21-070
Notice to Extend the Expiration Date for PAR-19-163, "Accelerating the Pace of Child Health Research Using Existing Data from the Adolescent Brain Cognitive Development (ABCD) Study (R21-Clinical Trial Not Allowed)"
NOT-NS-21-078
Notice of Change to Add Responsiveness Criteria and Further Clarify Clinical Trials Allowed in PAR-19-040 "Countermeasures Against Chemical Threats (CounterACT): Optimization of Therapeutic Lead Compounds (U01 Clinical Trial Optional)"

NOT-NS-21-076
Notice of Change to Add Responsiveness Criteria and Further Clarify Clinical Trials Allowed in PAR-20-316 "Countermeasures Against Chemical Threats (CounterACT) Research Centers of Excellence (U54 Clinical Trial Optional)"

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