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

Justice Department Announces Enforcement Action Charging 12 Medical Professionals with Opioid Distribution Offenses

The Department of Justice, together with federal and state law enforcement partners, today announced criminal charges against 14 defendants in eight federal districts across the United States for their alleged involvement in crimes related to the unlawful distribution of opioids. Twelve of the defendants were medical professionals at the time of these alleged offenses. "Today's Opioid Enforcement Action highlights the Justice Department's latest...

Stay up-to-date on research projects being conducted by CAR members: **Projects** (uc.edu)

Stay up-to-date on CAR member publications: Publications (uc.edu)

National News

Legal States Are Rushing To Study The Mental Health Risks Of High Potency Cannabis.

The Fresh Toast (5/4, Loreto) reports, "Marijuana legalization has picked up speed over the last couple of years," but there remains surprisingly little definitive research on the drug's possible side effects. According to the article, "Several studies have found links between THC and mental health conditions, including psychosis," with one "study suggesting that people who consume cannabis on a daily basis are five times more likely to have a psychotic episode." National Institute on Drug Abuse Director Dr. Nora Volkow said, "We are seeing a very significant rise in psychosis associated with the consumption of marijuana. ... And the higher the content of THC, the higher the likelihood of a psychotic episode." Dr. Volkow "claims more research is necessary in order to know whether or not THC can cause schizophrenia."

Smoking Marijuana May Increase Risk Of Heart Attack, Study Suggests.

<u>NBC News</u> (4/30, Bendix, 4.91M) reported, "Smoking marijuana at least once a month is linked to an elevated risk of heart attack, according to a new study among nearly 160,000 people in the U.K." The study "looked at more than 11,000 people between ages 40 and 69 who said they smoked marijuana at least once a month." The researchers "then compared that group to 122,000 other people in the same age bracket who did not smoke marijuana at all, and nearly 23,000 more who smoked less frequently." The study "also attempts to figure out why smoking weed can lead to heart problems." Investigators "found that THC...binds to [a] receptor in blood vessels," which suggests "that using THC frequently could activate that receptor in a way that leads to inflammation in blood vessels, which in turn can accelerate a buildup of plaque in the arteries that can lead to a heart attack."

Fewer People With Mental Health, Substance Use Disorders Are Smoking.

The <u>Washington Post</u> (5/2, Blakemore, 10.52M) reports a new study published in JAMA showed "'significant declines' in cigarette smoking among people with depression, substance use disorder or both between 2006 and 2019." National Institutes of Health and Substance Abuse and Mental Health Services Administration researchers "drew on data from the National Survey on Drug Use and Health, a long-standing survey that interviews thousands of Americans about their mental health, drug use and more. The survey asks participants to self-report whether they smoked within the last month." National Institute on Drug Abuse Deputy Director Wilson Compton said: "These declines tell a public health success story." **[The cost of cigarettes may have also influenced people to stop smoking.]**

Indigenous Americans See Fivefold Increase In Fatal Opioid Overdoses Over Two Decades, Study Suggests.

The Hill (5/3, Guzman, 5.69M) reports in continuing coverage that new research indicates "opioid overdose deaths among American Indian and Alaska Native communities increased fivefold from 1999 to 2019, while the number of drug overdoses overall in the US has quadrupled since 1999." The findings were published this week in the journal BMJ Open.

HHS Announces \$55 Million In Funding For Tribal Opioid Response Program.

Bloomberg Law (5/4, Subscription Publication, 4K) reports, "The <mark>US Department of</mark> Health and Human Services announced \$55 million in funding for its Tribal Opioid Response grant program, according to a department announcement Wednesday." The Tribal Opioid Response "grant program increases access to FDA-approved medications and supports prevention, harm reduction, treatment, and recovery support services, the department said." According to the department, "each year, funding will be provided for up to 150 grantees over a two-year project period."

Bars, Businesses Offering Free Fentanyl Test Strips Amid Spike In Overdoses.

<u>The Hill</u> (4/29, Guzman, 5.69M) reported that to push back against the threat of illicit fentanyl leading to a record high number of drug overdoses, "a nonprofit based in Oakland, Calif., has made it its mission to help recreational drug users 'survive the night,' by expanding access to fentanyl test strips – small strips of paper that can determine whether fentanyl is present in a batch of drugs in minutes." Since 2019, FentCheck has provided "fentanyl tests to more than 30 businesses in the Oakland area and has expanded to Reno, Portland, New York, Philadelphia, and soon New Jersey." According to the Hill, "The test strips are seen as a key tool to curtail accidental overdoses, and federal agencies like the Centers for Disease Control and Prevention...and the National Institute on Drug Abuse have backed them as an effective prevention strategy."

Opioid Makers Could Face Higher Standards Under Proposal By FDA Commissioner.

<u>Bloomberg Law</u> (4/28, Baumann, Subscription Publication, 4K) reports, "Opioid makers who want to put new painkillers on the market should have to prove their drug works better than what's already out there, [FDA Commissioner Robert Califf] said Thursday in calling for new legal authority for the agency." Speaking to a Senate Appropriations Committee panel, Califf said, "Opioids don't work like other drugs, and I think that's something that I would like to see happen." His "proposal would toughen standards for drugmakers seeking to sell new opioids, and it's one of several moves the US drug regulator is considering to curb one of the nation's most pressing public health challenges."

Bipartisan Letter To Attorney General Raises Concerns Over Opioid Shortages.

Endpoints News (5/2, Brennan) reports, "Democrat Marcy Kaptur of Ohio joined with Republican Andy Harris of Maryland in penning a new letter to Attorney General Merrick Garland raising fresh concerns about the most recent opioid settlements that require Teva Pharmaceuticals to provide more than \$200 million worth of naloxone supplies to just three states over 10 years, and which might create shortages elsewhere." The letter "questions what Garland's plans are moving forward, especially considering Congress previously raised warnings in August 2020 that manufacturers supplying MAT drugs to states at no cost in lieu of paying out their settlements could create bottlenecks in supplies." In the meantime, "the FDA may need more congressional authority to ensure that opioids coming to market are better than what's currently available, commissioner Rob Califf said at a hearing last week."

UVM Researchers Probe Links Between Opioid Use And PTSD.

WCAX-TV Burlington, VT (5/4, Guessferd, 87K) reports, "Almost all people with opioid use disorder have experienced trauma at some point in their lifetime, and about a third of that population report symptoms of PTSD, according to psychiatric experts." Therefore, "University of Vermont researchers want to find out how simultaneous treatment of both conditions can help patients heal faster and more effectively." They "also hope to determine whether patients who attend more therapy sessions experience more progress, as attendance rates for prolonged exposure therapy are poor, given how demanding the treatment is." The researchers will use "some of the \$750,000 grant from the National Institutes of Health."

University Of Arizona, Oklahoma State Team Up To Fight Opioid Crisis, Chronic Pain.

<u>Forbes</u> (5/2, Nietzel, 10.33M) reports, "The University of Arizona and Oklahoma State University announced last week that the two research universities will form a partnership to address the opioid crisis and the problem of chronic pain." Their partnership "will combine research, treatment and education in an attempt to develop non-addictive treatments for people suffering from chronic pain as well as to discover new treatments for substance use disorders." The partnership will involve three research centers, which "will combine their respective research and clinical capabilities as part of a collaboration that will address several goals of the National Institutes of Health (NIH) HEAL (Helping to End Addiction Long-term Initiative, launched in April 2018."

A New Synthetic Opioid Makes Its Way Across The U.S., Already Killing One Cape Cod Teen.

The <u>Cape Cod (MA) Times</u> (4/29, Devaney, 64K) reports, "When Jill Maiorana's son Joey Bernard died at age 18 in November from a drug overdose, she assumed fentanyl took his life." However, "when Maiorana, of North Falmouth, received the toxicology report in March, she was shocked to find that Bernard actually died from a drug called N-pyrrolidino etonitazene – a synthetic opioid 20 times more potent than fentanyl." Uncertain if N-pyrrolidino etonitazene is coming into Cape Cod, Maiorana has sought to raise awareness among "other parents who have children that are also suffering from addiction." National Institute on Drug Abuse Deputy Director Wilson Compton said, "We don't have evidence that N-pyrrolidino etonitazene has reached New England. … But we do have evidence from other parts of the country beyond Florida."

'It's Life Or Death Right Now': Alexandria Police Issue Warning After Juvenile Opioid Overdoses.

WUSA-TV Washington (5/4, Satterfield, 502K) reports, "<mark>The City of Alexandria Police Department is warning the community about a recent spike in suspected fentanyl-related overdoses in school-aged kids</mark>." This warning "comes after reports from

minors using a 'little blue pill' they believed to be Percocet pills that were actually laced with fentanyl." Alexandria, Virginia officials "said between April 1 and May 1, 12 opioid overdoses were reported to the city, six of those incidents involved people under the age of 17. No fatalities were reported and many of the victims were revived by first responders equipped with Narcan, according to the release." The article adds that "fentanyl is a highly potent synthetic opioid that is 50 to 100 times more potent than morphine, according to the National Institute on Drug Abuse."

Opioids Killed Thousands Of Maryland Residents In 2021.

<u>Capital News Service</u> (5/3, Brennan) reports, "Maryland saw an increase in opioid and fentanyl-related deaths in 2021," with opioid-related deaths increasing by 2.09% from 1,865 in 2020 to 1,904 in 2021, CDC data show. Opioid and fentanylrelated fatalities "have been growing nationwide in recent years. According to the National Institute of Drug Abuse (NIDA), 70% of all overdose deaths in 2018 (some 46,802 deaths altogether) involved opioids." The article adds, "In 2018, Maryland's opioid-related death statistics were even higher than the national average, with 2,087 deaths, making up 'nearly 90% of drug overdose deaths,' according to NIDA."

Anti-Opioid Crisis Program In Massachusetts To Be Expanded.

The <u>AP</u> (5/3) reports Suffolk District Attorney Kevin Hayden "announced he was allocating \$400,000 to expand" a diversion program that aims to help prevent opioid crisis-related problems in Suffolk County, Massachusetts. The program, officially called Services Over Sentences, allows "nonviolent offenders with mental health or substance use disorders to take part in a treatment program to avoid conviction or mitigate or replace a traditional criminal sentence."

Afghanistan's Meth Industry Growing At "Breakneck Speed."

The <u>Washington Post</u> (5/2, George, Warrick, 10.52M) reports that "for decades," Afghanistan "has been a global hub for opium production, estimated to supply 80 percent of the world's opiate users," but "now its meth industry is growing at breakneck speed, stoking fears among Western experts and officials that, under the Taliban, Afghanistan could become a major supplier as demand rises globally." The Post adds, "Hundreds of meth labs have appeared in Afghanistan over the past six years, according to independent experts, former government officials and drug traders," and "more are being built each month as the country's economic crisis forces Afghans to find new sources of income. The vast majority of meth produced is for export, but an increasing number of Afghans are turning to it as their drug of choice."

Why Forced Addiction Treatment Fails.

In an opinion for the <u>New York Times</u> (4/30, 20.6M), contributor Maia Szalavitz wrote, "<mark>At least 37 states now have laws on the books that allow parents, police or</mark> concerned others to petition courts to compel rehab through civil commitment if a judge deems someone a threat to themselves or others." However, according to Szalavitz, "voluntary rehab has a better track record and is less likely to harm the people it is intended to help." Szalavitz added that National Institute on Drug Abuse Director Dr. Nora Volkow said, "The data does not show that it's beneficial to put someone in jail or prison or force them against their will to go to treatment."

Record Number Of Rhode Island Residents Died From Accidental Drug Overdoses In 2021.

The <u>Providence (RI) Journal</u> (5/2, 376K) reports, "More Rhode Islanders died of accidental drug overdoses in 2021 than any other year on record, according to the Rhode Island Department of Health." In 2021, "435 Rhode Island residents died of accidental overdoses, up from the previous high of 384, set in 2020, according to Health Department figures." Furthermore, "the figure for 2021 is expected to go even higher when the Office of the State Medical Examiners completes its analysis of December deaths."

Op-Ed: Chronic Pain Is Not Caused By One's Imagination.

In an op-ed for the <u>Los Angeles Times</u> (5/2, 3.37M), Brigham and Women's Hospital, Harvard Medical School, and the VA Boston Healthcare System Physician Haider Warraich writes, "Chronic pain affects 1 in 5 people around the world, and for many, their agony controls and constrains their lives." He adds, "Being told that pain is a figment of an overactive imagination is too often a way to dismiss real suffering, but pain researchers know that most pain, and especially chronic pain, is a complex phenomenon that always involves the mind and the body." Warraich concludes "the term 'all in the head' needs to be reclaimed and redefined. Instead of using it to belittle or delegitimize, it should be used to empower."

Sports Betting Is Exploding. This Ex-Gambler Has A \$15,000 Cautionary Tale.

Contributing reporter John Briley wrote in the <u>Washington Post</u> (4/29, 10.52M) that, as a former gambler, he watches "with a sense of unease as sports wagering goes mainstream." Briley said, "In 2021, some 15 million more Americans reported having bet on sports than in 2018, the" National Council on Problem Gambling "found, and the risk of anyone – even nongamblers – developing a disorder rose roughly 50 percent during that span." According to Briley, National Institute on Drug Abuse Science Policy Branch chief Emily Einstein said, "Problem gambling is similar to the full spectrum of psychological disorders where something that can be normal and controllable suddenly becomes uncontrollable, and interferes with someone's day-to-day life."

New Holistic Healing, Psychedelic Therapy Center Launches In Austin.

<u>KTBC-TV</u> Austin, TX (5/1, Lehmkuhl, 106K) reports, "Millions of Americans will battle or have battled drug addictions and 85% relapse within a year of treatment, according to the National Institute on Drug Abuse." A new program called Within launched in Austin, Texas intends "to significantly lower that percentage." The program "utilizes ketamine therapy. The center will blend the psychedelic medicine with 'holistic healing and next-generation functional wellness' to treat mental health conditions and addictions, including substance abuse, PTSD and depression."

HHS Unveils Final Rule For Standardization Under ACA Plans.

Bloomberg Law (4/28, Stein, Subscription Publication, 4K) reports "HHS delayed a controversial ban on discrimination in health care that would strengthen protections for the LGBT community in a Thursday final rule setting parameters for insurers under Obamacare." Insurance companies "will need to post standardized costs for their plans offered on Healthcare.gov under the rule." In addition, it "will require insurers to post maximum out-of-pocket costs, deductibles, and costsharing to allow consumers to 'more directly compare other important plan attributes, such as premiums, provider networks, prescription drug coverage, and quality ratings.'" HHS Secretary Xavier Becerra said, "By including new standardized plan options on HealthCare.gov, we are making it even easier for consumers to compare guality and value across health care plans." CMS Administrator Chiguita Brooks-LaSure is also quoted. [To view the final rule in its entirety 660 pages, please visit: https://www.cms.gov/files/document/cms-9911-f-patientprotection-final-rule.pdf - PDF; To view the final rule Fact Sheet, visit: https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-andpayment-parameters-2023-final-rule-fact-sheet]

Funding Opportunities

NIH Central Resource for Grants and Funding Information

<u>NOT-AA-22-012</u>

Notice of Special Interest: Research on Alcohol and Coronavirus Disease (COVID-19) within the Mission of NIAAA

RFA-NS-22-052

<u>HEAL Initiative: Team Research for Initial Translational Efforts in Non-addictive</u> <u>Analgesic Therapeutics Development [Small Molecules and Biologics] (U19 Clinical</u> <u>Trial Not Allowed)</u>

Other Funding Opportunities:

<u>UC College of Medicine Research Innovation/Pilot Grant Program</u> Application Due Date: Monday, May 16, 2022 by 8am The <u>Research Innovation/Pilot Grant Program</u> was established to assist College of Medicine faculty with generating preliminary data necessary to develop highly competitive NIH or other grant applications, or to take their research in a new direction. This program seeks to support the development of innovative studies with a high potential for future extramural funding and is designed to enhance new or current faculty research programs. Applications are due via the <u>submission</u> <u>portal</u>. Click <u>here</u> to read more about eligibility criteria and application instructions.

<u>Notice of Funding Opportunity for TI-22-006 Tribal Opioid Response (TOR) Grants</u> Application Due Date: Monday, June 27, 2022

The purpose of the TOR program is to assist in addressing the overdose crisis in Tribal communities by increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and co-occurring substance use disorders. The TOR program also supports the full continuum of prevention, harm reduction, treatment and recovery support services for stimulant misuse and use disorders, including for cocaine and methamphetamine. Eligibility is limited to federally recognized American Indian or Alaska Native Tribe or tribal organizations. Tribes and tribal organizations may apply individually, as a consortium, or in partnership with an Urban Indian Organizations.

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