

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**

#### **Save the Dates! Center for Addiction Research to hold Summer Speaker Series**

The College of Medicine's Center for Addiction Research will hold a Summer Speaker Series to discuss the innovative work and ongoing projects with the community related to prevention, intervention, and treatment. The series is hosted by the Urban Health Pathway of Next Lives Here. Monthly presentations begin in June and run through August. **Featured CAR presenters will be Drs. Montgomery and Norman.** [\(pdf attached\)](#)

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

#### **CoM Office of Research Gallery of Awardees**

The CoM Office of Research publicizes faculty who have been awarded external grants of \$100,000/yr. or more and recently featured two CAR Members.

**Jason Blackard, PhD**, Professor, Department of Internal Medicine, Division of Infectious Diseases

- Award: National Institute on Drug Abuse R33
- Project Title: PHASE II-Omics Analysis of HIV during Synthetic Opioid Exposure
- Project Period: 1/1/2022- 1/31/2024
- Summary: The US is in the midst of a major opioid epidemic largely attributed to synthetic opioids. For example, fentanyl is 50-100 times more potent than heroin and is involved in >60% of overdoses nationwide and >90% of overdoses in Ohio, although this is almost certainly an underestimate of recreational use.

Individuals with opioid use disorder are at significant risk for transmission of HIV, and new cases of HIV are on the rise in the Midwest and at our institution. Opioid receptors are expressed in a variety of cell types that are susceptible to HIV infection. Commonly abused opioids promote HIV replication and virus-mediated pathology. Thus, translational research on virus-opioid interactions is essential for optimized treatment and limiting viral reactivation. Important knowledge regarding how synthetic opioids influence HIV latency and reactivation is absent from the available literature. To fill this critical gap and institute a major shift forward in our understanding of this epidemic, researchers propose a series of complementary in vivo studies to directly evaluate the impact of synthetic opioids on markers of HIV latency/reactivation, viral diversity, transcription factor expression, microRNA expression, and cell signaling pathways.

**Michael S. Lyons, MD**, Associate Professor, Department of Emergency Medicine

- Award: Centers for Disease Control and Prevention
- Project Title: Ending the HIV Epidemic
- Project Period: 11/1/2021- 7/31/2022
- Summary: This research works to reduce risk and improve receipt of medical care and services by PLWHA not in care (newly and previously diagnosed) throughout Hamilton County (inclusive of WOC, Youth 18-29, and IDU), using one large ED in Hamilton County with a wide-reaching patient catchment area, four syringe exchange sites, correctional facilities, and one addiction treatment center.

### **Pharmacist: While eyes are on opioids, methamphetamine ending lives below surface**

As a practicing pharmacist I have been witness to the rise in the use of analgesic opioids and methamphetamine—at times, purchased right in front of my pharmacy. I have practiced in retail, hospital, oncology, and home infusion pharmacy. I have been a director of pharmacy for Blue Cross Blue Shield of Ohio, managed care pharmacy and Ohio Medicaid. Managing the legal and illicit drugs in Ohio has been challenging. At Medicaid, I served...

### **Kentuckiana officials plan to use opioid settlement dollars to treat and prevent addiction**

LOUISVILLE, Ky. (WDRB) -- Officials in Kentucky and Indiana are making plans to use massive payouts from a historic opioid settlement to treat current drug addicts and prevent others from becoming hooked. Over 47.1 million pain pills flowed through Floyd County over the past six years. That's about 92 pills per person, per year, causing countless overdoses and heartbreak for victims' families. As a result, four major opioid distributors...

## **People and Planet: Opioid addiction plagues towns across Ohio**

From the biggest city in Ohio to the most isolated towns, opioid addiction is a dangerously prevalent epidemic in many communities, accounting for 70% of all drug overdoses occurring in the state. In the heart of Columbus, syringes can be found littered in the street, while the sparsely populated Pike County is at high risk for HIV and hepatitis C outbreaks from sharing needles. In Ohio at large, most everyone knows somebody who is addicted...

## **National News**

### **Article Examines App Using “Contingency Management” To Help People Stay Sober.**

The [Boston Globe](#) (4/13, Pressman, 1.04M) reports on an app “made by Boston startup DynamiCare Health” that aims to help keep individuals sober by using “contingency management,” which offers “people struggling with addiction small rewards, like vouchers or gift cards, for making positive changes can help break the cycle of drug or alcohol dependency.” The company “is among a growing cohort of local software companies using everything from mobile apps to video games to treat disease.”

### **DEA Says Marijuana Seeds Are Considered Legal Hemp As Long As They Don’t Exceed THC Limit.**

[Marijuana Moment](#) (4/7, Jaeger) reports that the Drug Enforcement Administration (DEA) “recently carried out a review of federal statute and implementing regulations in response to an inquiry from attorney Shane Pennington regarding the legality of cannabis seeds, tissue culture and ‘other genetic material’ containing no more than 0.3 percent THC.” The DEA “affirmed that while it used to be the case that marijuana seeds were controlled – full stop – that’s no longer the case because of the federal legalization of hemp, as Pennington discussed in an edition of his On Drugs newsletter on Substack on Monday.” The agency “has effectively acknowledged that the plant’s seeds are generally uncontrolled and legal, regardless of how much THC might end up being produced in buds if those seeds were cultivated.” The head of the National Institute on Drug Abuse is mentioned.

### **FDA Gains Control Over Synthetic Nicotine.**

The [Daily Mail \(UK\)](#) (4/13, Shaheen, 4.11M) reports, “The Food and Drug Administration (FDA) will gain the power to regulate synthetic nicotine on Thursday, potentially opening the door for a full fledged ban of flavored e-cigarettes in the United States.” Beginning April 14, “the legal definition of a tobacco product will include any that contains or is derived from nicotine to be used by humans.” Therefore, “e-cigarettes, vapes and other devices that use synthetic forms of the drug will fall under FDA regulation.”

### **Smoking Is Number One SDOH Affecting Mortality.**

[PatientEngagementHIT](#) (4/13, Heath) reports, “Smoking was the leading social determinant of health [SDOH] affecting mortality and life expectancy, although income was another strong SDOH predictor, according to researchers from the Center for Population Health at Georgetown University and the Department of Sociology at UC Riverside.” A study “revealed that people who had never smoked were 37 percentage points more likely to live until at least age 85 than those who had smoked in their lifetime.” Meanwhile, “folks with more than \$300,000 in assets were 19 percentage points more likely to live until age 85 compared to those with no assets at all.” The researchers concluded that “this is a key finding for healthcare providers working to understand how social determinants of health factor into their clinical practice.” **[This article can be misleading. Having \$300,000 in assets does not guarantee one a longer life. Having \$300,000 in assets means that one hasn't spent one's funds on unhealthy pursuits such as drug addiction, gambling, excessive alcohol, risky investments, etc. Rational, healthy behavior habits could be more a predictor of long life than assets of \$300,000.]**

### **Dr. Nora Volkow Lecture Recap.**

[Smart Recovery](#) (4/11) reports, “SMART Recovery was proud to feature Dr. Nora Volkow, Director of the National Institute on Drug Abuse (NIDA), as the inaugural presenter of the Jonathan Von Breton Memorial Lecture Series.” Dr. Volkow’s “presentation was an eye-opening and informative Master Class in how NIDA-funded research programs and initiatives are yielding scientifically quantifiable results in addiction prevention, treatment, and after care.” According to Smart Recovery, “She touched on a broad range of topics including more progressive and pragmatic ways to help individuals with Opioid Use Disorders (OUDs) through adaptations in the judicial system, increased role of telemedicine, Naloxone overdose education kits, take-home Methadone protocols, safe injection sites, syringe service programs, and free Fentanyl test strips to combat the tens of millions of Fentanyl-laced street drugs flooding the United States every year.”

### **Justice Department Seeks To Counter Discrimination Against Those In Treatment For Opioid Addiction With New Guidelines.**

The [AP](#) (4/9, Mulvihill, Lauer) reported, “On top of the stigma surrounding addiction, people who are in medical treatment for substance abuse can face additional discrimination – including in medical and legal settings that are supposed to help.” The Justice Department published new guidelines in response asserting “that it’s illegal under the Americans with Disabilities Act to discriminate against people because they are using prescribed methadone or other medications to treat opioid use disorder.” The AP added that the guidelines “offer clarification and signal that authorities are watching for discrimination in a wide range of settings.”

### **CDC Weighs New Guidelines For Physicians On Prescribing Opioids For Pain.**

[NPR](#) (4/9, Stone, 3.69M) reported that physicians “will soon have new guidelines from the Centers for Disease Control and Prevention on how and when to prescribe opioids for pain.” Those guidelines “will serve as an update to the agency’s previous advice on opioids, issued in 2016,” which are “widely blamed for leading to harmful consequences for patients with chronic pain.” According to NPR, “Federal officials have acknowledged their original guidance was often misapplied; it was supposed to serve as a roadmap for clinicians navigating tricky decisions around opioids and pain – not as a rigid set of rules.”

### **Postpartum HCV Treatment Rare In Infected Mothers With Opioid Use Disorder.**

[MD Edge ObGyn](#) (4/7, Swift) reports, “Despite the availability of effective direct-acting antivirals, very few mothers with opioid use disorder (OUD) and hepatitis C virus (HCV) during pregnancy received follow-up care or treatment for the infection within 6 months of giving birth, a retrospective study of Medicaid maternity patients found.” The study “was supported by the National Institute of Drug Abuse and by the Delaware Division of Medicaid and Medical Assistance and the University of Delaware, Center for Community Research & Service.”

### **Saving a Life When No One Is Around**

Overdose is a medical emergency. Rapid use of the rescue medication naloxone is essential – but many people overdose alone. [NIH HEAL Initiative](#)® researchers are developing an implantable device that will automatically detect an overdose and administer naloxone. [Read more.](#)

### **Washington State Health Officials Urging Public To Carry Naloxone As Drug-Related Overdose Deaths Climb Statewide.**

The [AP](#) (4/13) reports, “Washington health officials are urging the public to carry naloxone as drug-related overdose deaths climb statewide at an ‘alarming’ rate.” According to the AP, “Overdose deaths in Washington surpassed 2,000 last year – a more than 66% increase since 2019, according to data released Tuesday by the state Department of Health.”

### **Colorado Lawmakers Add Tougher Punishment For Fentanyl Possession To Bill.**

The [Denver Post](#) (4/13, Schmelzer, 660K) reports, “Colorado lawmakers made their bill to combat fentanyl more punishing by approving an amendment to make possession of more than a gram of the deadly synthetic opioid a felony.” For nearly 14 hours, “starting Tuesday and ending at 3 a.m. Wednesday, addiction experts, doctors, advocates for racial justice in the legal system, defense attorneys and others begged members of the House Judiciary Committee to resist such a policy.” However, “district attorneys and cops made the opposite push, some arguing that possession of any amount of fentanyl should be a felony, and Wednesday’s vote indicates the committee was more inclined to their argument.”

### **Vermont's Opioid-Related Deaths Increase By 33 Percent In 2021, Report Finds.**

The AP (4/7) reports, “The number of opioid-related overdose deaths in Vermont increased by 33% in 2021 to a record number of 210 fatalities, the Vermont Health Department” said in a report released this week. The report “found that fentanyl was involved in 93% of last year’s opioid deaths while the percentage of deaths that involved heroin dropped from 25% in 2020 to 10% last year.” According to the AP, “The study also found that use of methamphetamine and the drug xylazine, a veterinary sedative, were increasingly contributing to opioid-related fatal overdoses among Vermont residents.”

### **People Who Use Psilocybin May Be Less Likely To Develop Opioid Use Disorder, Study Suggests.**

USA Today (4/7, Rodriguez, 12.7M) reports new research “suggests a psychedelic drug found in some mushrooms may have protective benefits against addiction.” For the study, over “200,000 participants reported whether they had abused or experienced dependence on opioids in the past year, and whether they had ever taken the psychedelic drugs psilocybin, peyote, mescaline or LSD in their lifetime.” Investigators found opioid use disorder “was 30% less likely among people who used psilocybin compared with those who never had it.” The findings were published Thursday in Scientific Reports.

### **Well House Builds Student Community Around Substance-Free Living.**

The Stanford University (CA) Daily (4/10, Kupor) reports, “Nestled on the edge of Mayfield Avenue in Robert Moore North, The Well House (The Well) made its debut” at Stanford University “last fall as the first consolidated substance-free housing option for students.” According to the article, “The house, which hosts 51 undergraduates and two Resident Fellows (RFs), provides a community for students committed to living in and actively contributing to an environment free from drug and alcohol use.” Well House Resident Fellow Noel Vest, “a psychiatry instructor at the Stanford School of Medicine, serves as an inaugural Well House RF alongside his wife Ryelee Vest, who also works as a program coordinator for the National Institute [on] Drug Abuse *Clinical Trials Network.*”

### **Proliferation Of Stand-Alone Clinics Offering Ketamine Concerning To Many In Medication Safety, Mental Health Fields.**

Modern Healthcare (4/5, Gillespie, Subscription Publication, 215K) reports the proliferation in “investor-owned or independently owned stand-alone clinics” offering ketamine, an off-label treatment for depression, “is concerning to many in the drug safety and mental health fields.” Off-label use of ketamine offers “no regulatory oversight of doctors’ prescribing patterns, safety protocols or adverse events in patients.” In addition, ketamine “is sometimes marketed for a host of other chronic diseases and behavioral diagnoses that have little scientific backing.”

## **Powerful Animal Tranquilizer Now Contaminating Most Of Philadelphia's Drug Supply.**

The [Philadelphia Inquirer](#) (4/10, Whelan) reports that "xylazine, a powerful animal tranquilizer" is "now contaminating most drugs advertised as fentanyl or heroin" in the Philadelphia area. According to the Inquirer, "The situation has doctors, public health officials, advocates, and drug users united in fear." Xylazine "depresses respiration and can't be reversed with naloxone, making it harder to save people overdosing on xylazine-fentanyl combinations."

## **Most Mental Health Apps Unregulated.**

According to the [New York Times](#) (4/13, Caron, 20.6M), mental health apps "claim to help with issues as varied as addiction, sleeplessness, anxiety and schizophrenia, often by using tools like games, therapy chatbots or mood-tracking diaries." Most of these apps are "unregulated," however, and while "some are considered useful and safe, others may have shaky (or nonexistent) privacy policies and a lack of high-quality research demonstrating that the apps live up to their marketing claims." In fact, "Stephen Schueller, the executive director of One Mind PsyberGuide, a nonprofit project that reviews mental health apps, said the lack of regulation has created a 'Wild West,' that was exacerbated when the Food and Drug Administration loosened its requirements for digital psychiatry products in 2020." Furthermore, "there is no requirement that all wellness apps conform to the Health Insurance Portability and Accountability Act, known as HIPAA, which governs the privacy of a patient's health records."

## **Psilocybin Appears To Be More Effective Than Escitalopram For Severe Depression In Small Scan Study.**

The [New York Times](#) (4/11, Jacobs, 20.6M) reports a functional magnetic resonance imaging study that included "43 people with severe depression" revealed that "over the course of three weeks, participants who had been given the antidepressant escitalopram reported mild improvement in their symptoms, and the scans continued to suggest the stubborn, telltale signs of a mind hobbled by major depressive disorder," while those given "psilocybin therapy reported a rapid and sustained improvement in their depression, and the scans showed flourishes of neural activity across large swaths of the brain that persisted for the three weeks." The findings were published online April 11 in the journal Nature. [\[Article attached.\]](#)

## Funding Opportunities



### GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

[PAR-22-156](#)

[Alcohol Health Services Research \(R01 Clinical Trial Optional\)](#)

[PAR-22-157](#)

[Alcohol Health Services Research \(R34 Clinical Trial Optional\)](#)

[PAR-22-158](#)

[Alcohol Treatment and Recovery Research \(R01 Clinical Trial Required\)](#)

[PAR-22-159](#)

[Alcohol Treatment and Recovery Research \(R34 Clinical Trial Required\)](#)

[NOT-DA-22-057](#)

[Notice of NIDA's Participation in PAR-21-277, "Maximizing Opportunities for Scientific and Academic Independent Careers \(MOSAIC\) Institutionally-Focused Research Education Award to Promote Diversity \(UE5 - Clinical Trial Not Allowed\)"](#)

[RFA-AI-22-024](#)

[Limited Interaction Targeted Epidemiology: Viral Suppression \(LITE-VS\) \(UG3/UH3 Clinical Trial Optional\)](#)

### UC Foundation Funding Opportunities

Please contact Carol Russell at (513) 556-6169 or [carol.russell@uc.edu](mailto:carol.russell@uc.edu) **at least 5 business days before the deadline**, prior to applying to either of the below opportunities, to ensure coordination and facilitate assistance with approaches.

[Interact for Health Grants Focus on Cincinnati-Area Efforts to Reduce Opioid Abuse](#)  
Deadline: April 26, 2022, 5 p.m.

Interact for Health seeks to support harm reduction programs that reverse the trend of overdoses and deaths from opioids in Greater Cincinnati. The goal is to expand existing harm reduction efforts and support new harm reduction programs in Greater Cincinnati. These initiatives may include planning or implementing a new program or expanding existing harm reduction services currently offered. Interact for Health anticipates these grants will begin in the spring of 2022. Planning grants will be no more than \$20,000 and implementation or expansion projects will be no more than \$75,000. Desired applicants are community-based nonprofits or public health organizations. Applicants must: Be a public or private nonprofit or



governmental organization or Provide services in at least one county of Interact for Health's 20-county service area.

[Applications Sought for Research into Prevention, Treatment of Gambling Disorder](#)  
Deadline: May 2, 2022

The [International Center for Responsible Gaming](#) (ICRG) is dedicated to scientific research on gambling disorders and responsible gambling. Grants of up to \$30,000 will be awarded in support of a variety of research activities, exploring the etiology, prevention, and treatment of gambling disorder and the development and evaluation of responsible gambling strategies, including pilot and feasibility studies; secondary analysis of existing data; small, self-contained research projects; development of research methodology; and development of new research technology. Eligible applicants include domestic or international, public, private, nonprofit, or for-profit organizations. The principal investigator must have a PhD, MD, or other terminal degrees. The ICRG encourages early-career investigators to apply for a seed grant.

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