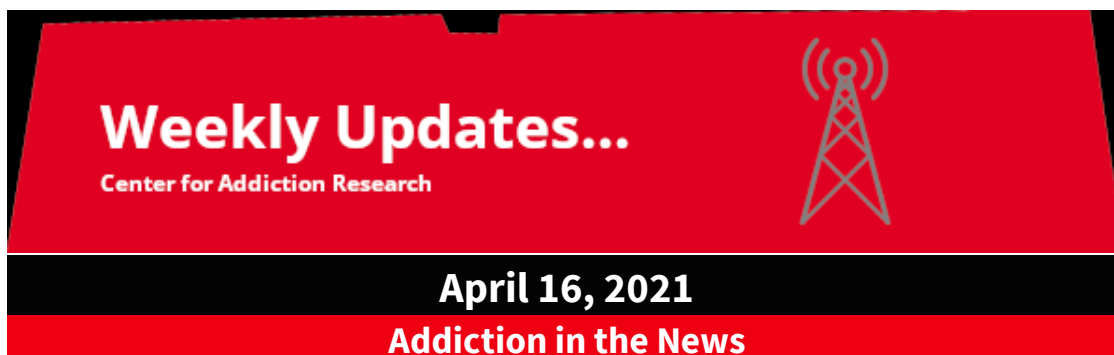


UC CAR Weekly Newsletter 4.16.2021

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) 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 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 May and run through August. **Featured CAR presenters will be Drs. Burlew, Blackard, Lyons and Merhar.** [\(pdf attached\)](#)

>> Register for any of the presentations

The 'Other Epidemic' Of Opioids Rages On

Last week, the Ohio Department of Mental Health and Addiction Services announced **\$13 million in new grants awarded** to community organizations trying to reduce opioid overdoses in the state. That's right, another epidemic is still raging while we tap the "refresh" buttons on our browsers hoping for our COVID-19 vaccination appointments. According to **the most recent data from the CDC**, about 5,000 Ohioans died from drug overdoses...

National News

This Popular Diet Could Help Manage Alcohol Use Disorder.

[Inverse](#) (4/9, Putka, 645K) reported, “Researchers are looking into the keto diet – the trendy eating regimen that’s taken over the wellness corner of the internet – as a potential tool for treating alcohol use disorder.” A study “published Friday in [Science Advances](#) found a ketogenic diet in alcohol-dependent humans and rats seemingly suppressed withdrawal symptoms.” Nora Volkow, “the senior author of the study”, tells [Inverse](#): “Through the use of diet, we’re actually able to improve outcomes on a very devastating pathology.” Volkow is the chief of the Laboratory of Neuroimaging at the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a part of the National Institutes of Health (NIH).

Physicians: AMA Continues To Support War On Drugs Despite Condemning Systemic Racism.

In an opinion piece for [CNN](#) (4/14, 89.21M), David L. Nathan, MD, DFAPA, founder and board president of Doctors for Cannabis Regulation and clinical associate professor of psychiatry at Rutgers Robert Wood Johnson Medical School; H. Westley Clark, MD, JD, MPH, retired director of the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration; and Joycelyn Elders, MD, MS, 15th Surgeon General of the United States of America, write that [the AMA is wrong to support the war on drugs](#), “even as it hypocritically condemns systemic racism for creating inequity and limiting access to health care among communities of color.” They argue, “The organization fails to appreciate or chooses to ignore the fact that the uneven application of laws on cannabis prohibition contributes to poverty, which is one of the largest obstacles to health care access in communities of color.”

Marijuana Legalization: Too Much Cash And Other Problems Congress Needs To Resolve.

In an opinion for [USA Today](#) (4/15, 12.7M), contributors Michael Nutter and John Tilley write that “the growing parade of states with legal marijuana continues to march forward,” and “every one of them conflicts with the federal Controlled Substances Act,” which “defines marijuana as a dangerous drug with no medical value.” They add, “Under an illusion of sovereignty, states that legalize cannabis are, in effect, licensing people and businesses to technically commit federal felonies.” As “members of a task force convened by the Council on Criminal Justice to create a roadmap for federal action toward a fairer and more effective justice system,” Nutter and Tilley suggest that Washington take action, including directing the Justice Department and HHS “to work with other federal and state stakeholders to create a framework for the waiver system” as well as directing the NIH “to expand support for cannabis research to target products sold in stores.”

Researchers Study Impact Of Covid-19 Pandemic On Vaping, E-Cigarette Use Among Hispanic Teens.

[Healthy Hispanic Living](#) (4/13, Castro) reports, “Researchers are investigating how the COVID-19 pandemic is contributing to increased substance use and growing mental health concerns among Hispanic adolescents.” FIU psychologists Elisa Trucco and Matthew Sutherland “are recruiting participants from the Antecedents and Consequences of Electronic Nicotine Delivery Systems (ACE) Project, an ongoing study funded by the National Institutes of Health (NIH) to investigate the effects of e-cigarettes, vaping devices and other electronic nicotine delivery systems on adolescents.” The researchers “are looking to find what factors are contributing to vaping and e-cigarette use among Hispanic youth in Miami-Dade County.”

Two Studies Examine Use Of E-Cigarettes In Music Videos, Effect On Teenage Vaping.

[HealthDay](#) (4/12, Thompson, 11K) reports two studies say popular musicians are using product placement in music videos to sell e-cigarettes to young people, and such exposure to e-cigarettes can affect young people’s decision to vape. In one study published in *Nicotine & Tobacco Research*, researchers found “music videos identified as featuring e-cigarette product placements during a four-month period in 2018 received more than 1.6 billion total views on YouTube.” In the other study published in *Health Education & Behavior*, researchers found “young adults who recalled seeing vaping in a music video they watched were nearly three times more likely to report ever trying an e-cigarette and more than three times as likely to have vaped in the past month, compared with those never exposed to such imagery.”

Opinion: Failure To Ban Menthol Cigarettes Is Another Example Of Institutional Racism.

In an opinion piece for [The Raleigh \(NC\) News & Observer](#) (4/8, 396K), North Carolina State University professor Michael Schwalbe writes, “In recent years, the Black Lives Matter movement has exposed the institutional racism underlying the inordinate use of violence by police against people of color. At the same time, another form of institutional racism has largely evaded public scrutiny: the tobacco industry’s marketing of mentholated tobacco products to the Black community.” Schwalbe writes, “Passage of the Family Smoking Prevention and Tobacco Control Act in 2009 gave the FDA an opening to ban menthol. The act banned fruit and candy flavors in cigarettes but, in deference to the tobacco industry’s political clout, menthol was exempted.” Schwalbe argues, “If the FDA fumbles again, Congress could pass legislation to take mentholated tobacco products off the market, as Canada and the European Union have already done.”

House Democrats Ask FDA To Remove All Vaping Products From Market During Approval Process.

[Inside Sources](#) (4/8, McGrady) reports that House Democrats “have asked acting Food and Drug Administration (FDA) Commissioner Janet Woodcock to remove all vaping products from the market during an ongoing product approval process, despite evidence showing millions of Americans have used these alternatives to stop smoking traditional cigarettes.” The letter “signed by Reps. Debbie Wasserman Schultz, D-Fla., Diana DeGette, D-Colo. and 40 of their colleagues, notes: ‘Flavored e-cigarettes are putting a new generation of kids at risk of nicotine addiction and the serious health harms that result from tobacco use. And these products are widely available and popular with kids.’”

Overdose Deaths Have Surged During The Pandemic, C.D.C. Data Shows.

The [New York Times](#) (4/14, Goodnough, 20.6M) reports that more than 87,000 Americans “died of drug overdoses over the 12-month period that ended in September, according to preliminary federal data, eclipsing the toll from any year since the opioid epidemic began in the 1990s.” The surge “represents an increasingly urgent public health crisis, one that has drawn less attention and fewer resources while the nation has battled the coronavirus pandemic.” The pandemic “unquestionably exacerbated the trend, which grew much worse last spring: The biggest jump in overdose deaths took place in April and May, when fear and stress were rampant, job losses were multiplying and the strictest lockdown measures were in effect.”

Additional Sources. [The Hill](#) (4/14, Coleman, 5.69M) reports, “Nora Volkow, the director of the National Institute on Drug Abuse, said last week at a conference that the jump in drug overdose deaths is ‘predominantly driven by fentanyl...among Black Americans.’”

[Fox News](#) (4/14, Miles, 23.99M) reports, “The pandemic also forced drug users to rely on different sources for their drugs, so they might not have been as aware of what they were getting.” At last week’s conference, Volkow said, “Dealers are lacing these non-opioid drugs with cheaper, yet potent, opioids to make a larger profit.”

NIH To Leverage Data Management For Opioid Crisis Research.

[Health IT Analytics](#) (4/14, Kent) reports that the NIH Helping to End Addiction Long-term (HEAL) Initiative “is tapping into data management and stewardship expertise to better inform research related to the opioid crisis.” The NIH HEAL Initiative “is providing up to \$21.4 million over five years to the Renaissance Computing Institute (RENCI) at the University of North Carolina at Chapel Hill and RTI International to help researchers securely prepare and sustain data from more than 500 studies.” The effort “includes over 20 distinct programs led by 12 NIH Institutes and Centers.”

Lessons Learned About Substance Use Disorders During the COVID-19 Pandemic

Posted on April 8th, 2021 by **Dr. Francis Collins**

“Every spring, I and my colleague Dr. Nora Volkow, Director of NIH’s National Institute on Drug Abuse (NIDA), join with leaders across the country in the Rx Drug Abuse and Heroin Summit. Our role is to discuss NIH’s continued progress in tackling our nation’s opioid crisis. Because of the continued...”

Read More ...

Opinion: FDA Should Require Manufacturers To Collect More Data On Women In Trials For Chronic Pain Treatments.

In an opinion for [The Hill](#) (4/12, 5.69M), contributors Monica Mallampalli and Martha Nolan write that “recent hopes of a new treatment for a common chronic pain condition, osteoarthritis (OA), were dashed when a much-anticipated novel OA pain drug was not approved by the FDA’s expert panel because of safety concerns.” They explain that **most patients currently manage this condition “by using either NSAIDs or opioids and joint replacement surgery when worsening of the joint occurs.”** Because “OA, a degenerative chronic pain condition, disproportionately affects women,” Mallampalli and Nolan argue that it is “important that the FDA require manufacturers to not just collect demographic data (sex, age, race and ethnicity) in clinical trials but to actually determine the effect of the treatment for the different subgroups and report such information.”

White House Budget Proposes Billions Of Dollars For Cancer Research, Opioid Crisis Response.

[Modern Healthcare](#) (4/9, Hellmann, Subscription Publication, 215K) reported that President Biden’s budget request to Congress “proposes the creation of a new agency dedicated to cancer research, billions of dollars in funding to help end the opioid epidemic and an investment in the rural health workforce.” As Biden’s “first budget request to Congress as president, it offers a look at his priorities on healthcare and education, with increases in discretionary – or optional spending – across the board.” The request “released Friday by the White House Office of Management and Budget requests \$6.5 billion to launch the Advanced Research Projects Agency for Health within the National Institutes of Health.”

This Heroin-Using Professor Wants To Change How We Think About Drugs.

The [New York Times](#) (4/10, Leland, 20.6M) reported, “**Carl L. Hart, a neuroscientist at Columbia University, fielded questions the other day about his new book, which makes an unconventional case for drug use.**” Hart, 54, “the first tenured African-American science professor at Columbia, is a gadfly among drug researchers and a rock star among advocates for decriminalizing drugs.” In “Drug Use for Grown-Ups: Chasing Liberty in the Land of Fear,” he “confides that he has used heroin regularly

for the last four years and describes the time he took morphine daily for three weeks in order to experience withdrawal.” At Columbia, he “began conducting experiments with drug addicts, recruiting them through ads in the Village Voice.” With grants from the National Institute on Drug Abuse, Hart and his colleagues “administered millions of dollars’ worth of crack, methamphetamine, cannabis and other drugs in laboratory settings.”

Author Highlights Role Of Sackler Family In Opioid Crisis.

In an interview with [CBS News](#) (4/11, 5.39M), “Empire of Pain: The Secret History of the Sackler Dynasty” author Patrick Keefe said that members of the Sackler family who own Purdue Pharma largely avoided public scrutiny as the opioid epidemic spread in the US despite being aware of increased abuse of Purdue drug OxyContin. While a FDA-approved insert disclosed the drug was twice as strong as morphine, “Purdue later admitted that it knew many doctors mistakenly believed morphine was stronger,” according to CBS. Keefe said, “And there are emails where senior executives at the company say, ‘We need to be careful not to correct this mistaken assumption by the doctors. We need to let them keep thinking that oxycodone is actually weaker, and not stronger.’”

West Virginia Legislature Approves Bill Regulating Needle Exchange Programs.

The [AP](#) (4/10, Dil) reported, “A West Virginia bill that would regulate needle exchange programs gained final approval in the Republican-controlled legislature on Saturday amid a spike in HIV cases in the state.” While “critics have said its more stringent requirements for the programs will constrain the number of providers who give clean syringes to injection drug users not able to quit the habit,” supporters of the bill “said the legislation would help those addicted to opioids get connected to health care services fighting substance abuse.” West Virginia “Republican Gov. Jim Justice told reporters late Saturday before it won final passage in the House of Delegates that he supported the legislation.”

Biden DOJ Slow To Act On Opioid Crisis Despite AG Garland Saying It Should Be ‘High Priority’.

[Fox News](#) (4/8, Keene, 23.99M) reports, “Attorney General Merrick Garland pledged to make the opioid crisis still plaguing America a ‘high priority’ for the Department of Justice (DOJ),” but “Garland and the Biden administration have put the crisis on the backburner.” The article adds that “one of President Biden’s initial executive orders cut a Trump-era order that made it easier for physicians to prescribe the drug buprenorphine – a transformative treatment used to combat opioid addiction that requires a federal license to prescribe.” According to the NIDA, “the US saw a ‘significant increase’ in opioid overdose-related deaths in 2019, nearing 50,000 deaths due to the drugs.”

Legislation, Not Nuisance-Based Litigation, Is The Best Solution To The Opioid Epidemic.

In a [Washington Times](#) (4/8, 626K) op-ed, former Utah Attorney General John Swallow expresses concern about public nuisance-based opioid crisis litigation. Swallow, who thinks the legislative branch of government is the one that can properly address opioid crisis-related problems, urges “any judge, attorney general, or lawyer involved in” public nuisance-based opioid crisis lawsuit cases “to consider the unintended ramifications as they pursue further action.” According to Swallow, such cases “could negatively impact any industry falling out of favor with the media, such as energy, agriculture and even domestic manufacturing.” The National Institute on Drug Abuse is mentioned.

WPost: Biden Is “Perfect Person” To Change Government’s Response To US Addiction Crisis.

In an opinion piece for the [Washington Post](#) (4/14, 10.52M), contributor Robert Gebelhoff writes, “The United States is facing its worst addiction crisis in history.” He notes that “the Biden Administration is not ignoring the epidemic”, but it “has missed some crucial opportunities to signal that it will give the crisis the attention it deserves.” Gebelhoff concludes by saying, “Biden, given his own family’s history with addiction, is the perfect person to finally change the federal government course. He should get on with it already.”

Analysis Of Racial Diversity At NEJM, JAMA Met With Silence.

[STAT](#) (4/12, McFarling, 262K) reports on an analysis conducted in October by cardiologist Raymond Givens that dives “into the race and ethnicity of the editors and decision-makers at top-tier medical journals.” He “found that of 51 editors at the New England Journal of Medicine, just one was Black and one was Hispanic. Of 49 editors at JAMA, two were Black and two were Hispanic.” Givens “sent his findings to the journals’ top editors, hoping to start a conversation about how they could diversify their editing staffs,” but he did not receive a response from JAMA. NEJM editor-in-chief Eric Rubin offered to speak with Givens, “but the two never connected.” Givens and others “say the troubling overall lack of diversity on editorial boards may be one reason the issue of health inequities...has received less clinical and research attention than it should.”

FDA May Move To Reduce Clinical Trial Bureaucracy, Woodcock Says.

[Bloomberg Law](#) (4/9, Baumann, Subscription Publication, 4K) reported, “Physicians running clinical trials may have less paperwork in the future by relying more on electronic health records and telemedicine, acting FDA Commissioner Janet Woodcock said” on Friday, indicating that lessons she learned while working with Operation Warp Speed raised novel opportunities to streamline future clinical

studies. Woodcock said, “We were really impeded – and we still are – by too much trial bureaucracy and unnecessary repetition of all kinds.”

Funding Opportunities



[NOT-OD-21-100](#)

[Notice of Special Interest \(NOSI\): Improving Patient Adherence to Treatment and Prevention Regimens to Promote Health](#)

[RFA-OD-21-008](#)

[Emergency Awards: Community-engaged COVID-19 Testing Interventions among Underserved and Vulnerable Populations RADx-UP Phase II \(U01 Clinical Trial Optional\)](#)

[RFA-OD-21-009](#)

[Emergency Award: RADx-UP - Social, Ethical, and Behavioral Implications \(SEBI\) Research on Disparities in COVID-19 Testing among Underserved and Vulnerable Populations \(U01 Clinical Trials Optional\)](#)

[NOT-AA-21-015](#)

[Notice of NIAAA Participation in NOT-OD-21-086 "Notice of Intent to Reissue PAR-18-324 "Testing Interventions for Health-Enhancing Physical Activity \(R01 - Clinical Trial Optional\)" as a Notice of Special Interest \(NOSI\)"](#)

[NOT-AA-21-020](#)

[Notice of Intent to Publish a Funding Opportunity Announcement for Collaborative Initiative on Fetal Alcohol Spectrum Disorders \(CIFASD\), Research Project \(U01 Clinical Trial optional\)](#)

[NOT-AA-21-025](#)

[Notice of Change: Extension and Additional Key Dates for NIAAA RFA-AA-21-002 "SARS-CoV-2, COVID-19 and Consequences of Alcohol Use \(R01 Clinical Trial Not Allowed\)"](#)

[NOT-AA-21-026](#)

[Notice of Change: Extension and Additional Key Dates for NIAAA RFA-AA-21-003](#)

["SARS-CoV-2, COVID-19 and Consequences of Alcohol Use \(R03 Clinical Trial Not Allowed\)"](#)

[NOT-AA-21-027](#)

[Notice of Change: Extension and Additional Key Dates for NIAAA RFA-AA-21-004 "SARS-CoV-2, COVID-19 and Consequences of Alcohol Use \(R21 Clinical Trial Not Allowed\)"](#)

[NOT-DA-21-041](#)

[Notice of Special Interest \(NOSI\) Announcing the Availability of Administrative Supplements and Urgent Competitive Revisions for Research on the 2019 Novel Coronavirus](#)

[NOT-AA-21-013](#)

[Notice of NIAAA Participation in NOT-OD-21-087 "Notice of Special Interest \(NOSI\): Developing and Testing Multilevel Physical Activity Interventions to Improve Health and Well-Being"](#)

[NOT-AA-21-014](#)

[Notice of NIAAA Participation in NOT-OD-21-085 "Notice of Intent to Reissue PAR-18-307 " Developing Interventions for Health-Enhancing Physical Activity \(R21/R33 - Clinical Trial Optional\)" as a Notice of Special Interest \(NOSI\)"](#)

CAR Member New Publications

“Healthcare resources attributable to child tobacco smoke exposure” Ashley L. Merianos, Roman A. Jandarov, Judith S. Gordon, Michael S. Lyons, E. Melinda Mahabee-Gittens

Journal PLOS ONE,

DOI: <https://doi.org/10.1371/journal.pone.0247179>

ABSTRACT

Background: Tobacco smoke exposure (TSE) places an economic toll on the U.S. healthcare system. There is a gap in the literature on pediatric emergency department (ED) and urgent care related healthcare costs and utilization specific to tobacco smoke-exposed patients. The objectives were to assess pediatric ED visits, urgent care visits and hospital admissions longitudinally, and baseline visit costs among tobacco smoke-exposed children (TSE group) relative to unexposed children (non-TSE group).

Methods and Findings: We conducted a retrospective study using electronic medical records of 380 children ages 0–17 years in the TSE group compared to 1,140 in the non-TSE group propensity score matched via nearest neighbor search by child age, sex, race, and

ethnicity. Linear and Poisson regression models were used. Overall, children had a mean of 0.19 (SE = 0.01) repeat visits within 30-days, and 0.69 (SE = 0.04) pediatric ED visits and 0.87 (SE = 0.03) urgent care visits over 12-months following their baseline visit. The percent of children with ≥ 1 urgent care visit was higher among the TSE group (52.4%) than the non-TSE group (45.1%, $p = 0.01$). Children in the TSE group ($M = \$1,136.97$, $SE = 76.44$) had higher baseline pediatric ED visit costs than the non-TSE group ($M = \$1,018.96$, $SE = 125.51$, $p = 0.01$). Overall, children had 0.08 (SE = 0.01) hospital admissions over 12-months, and the TSE group ($M = 0.12$, $SE = 0.02$) had higher mean admissions than the non-TSE group ($M = 0.06$, $SE = 0.01$, $p = 0.02$). The child TSE group was at 1.85 times increased risk of having hospital admissions (95% CI = 1.23, 2.79, $p = 0.003$) than the non-TSE group.

Conclusions: Tobacco smoke-exposed children had higher urgent care utilization and hospital admissions over 12-months, and higher pediatric ED costs at baseline. Pediatric ED visits, urgent care visits, and hospitalizations may be opportune times for initiating tobacco control interventions, which may result in reductions of preventable acute care visits.

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