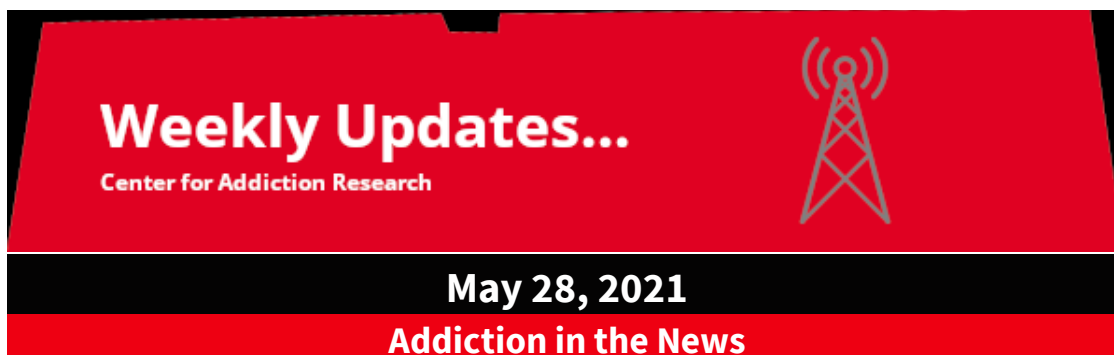


UC CAR Weekly Newsletter 5.28.2021

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

Overdose of opiates associated with poor mental health

Washington [US], May 27 (ANI): A new study from the University of Cincinnati shows that opioid epidemics are causing fatal damage to people in disproportionate clusters from Cape Cod to San Diego. Fatal opiate overdose is most common in six states: Ohio, Pennsylvania, Kentucky, West Virginia, Indiana, and Tennessee. However, researchers used data from the US Centers for Disease Control and...

Overdose spike in Hamilton County prompts officials to issue alert; fentanyl in drug supply blamed

A report of 21 overdoses in one day in Hamilton County along with a few additional days with higher-than-usual overdoses has prompted an alert to people who use drugs and those who care for them. Area health officials and the Hamilton County Addiction Response Coalition issued the alert Wednesday afternoon, noting that they suspect high levels of the powerful opioid fentanyl...

Ohio State study finds 'opioid treatment deserts' across Franklin County and Columbus

Ohioans who live in areas with low access to treatment for opioid-related overdoses are less likely to maintain sobriety, an Ohio state research study suggests. Researchers at the Wexner Medical Center at Ohio State and the Colleges of Public

Health, Social Work, and Arts and Sciences found the likelihood of a person staying in treatment for opioid use drops by as much as 50 percent when a provider...

National News

Children At Increased Risk Of Accidental Poisoning From Products Made From Marijuana, Study Suggests.

[CNN](#) (5/24, LaMotte, 89.21M) reports “children are at increased risk of accidental poisoning from edibles and other products made from marijuana, according to a new study analyzing calls to poison control centers from January 2017 through December 2019.” Phone “calls about poisoning as a result of consuming products such as weed concentrates, extracts, beverages, vape juice and edibles more often involved children under 10 years old, the study found, compared to calls about dried or pre-rolled cannabis plant poisonings.” Of those calls, the largest proportion “involved edibles (36.6%), the study found.” The study was published in JAMA Network Open.

FDA Discusses Possibility Of Reducing Level Of Nicotine In Cigarettes.

The [Washington Post](#) (5/24, Ellerbeck, Winfield Cunningham, 10.52M) reports the FDA “created waves last month when it announced it would ban menthol cigarettes,” and the agency “has discussed the possibility of reducing the level of nicotine in cigarettes, a proposal that could have a seismic impact on the tobacco industry and public health.” According to the president of the Campaign for Tobacco-Free Kids and a proponent of nicotine reduction, “reducing nicotine in cigarettes to nonaddictive levels would bring about the most fundamental change in the tobacco market in the tobacco market in history.” The piece mentions Acting FDA Commissioner Dr. Janet Woodcock and former FDA Commissioner Dr. Scott Gottlieb.

West Virginia Opioid Trial Raises Questions Of Liability For AmerisourceBergen, Cardinal Health And McKesson.

[NPR](#) (5/26, Mann, 3.69M) reports documents from a federal opioid trial currently being litigated in West Virginia revealed McKesson corporate executives “sent at least two memos ordering employees to ‘refrain from using the word ‘suspicious’ to describe escalating opioid orders from pharmacy chains” during the peak of the opioid epidemic. The trial “focuses on claims by local officials in Cabell County and the city of Huntington,” and its “outcome is expected to establish whether drug distributors AmerisourceBergen, Cardinal Health and McKesson face liability nationwide for their alleged failure to curb the flow of prescription painkillers that were allegedly later abused.” The article adds, “Government officials who’ve sued the drug industry say name-brand companies including CVS, Johnson & Johnson, Walgreens and Walmart created a growing pipeline of pain pills that led to widespread addiction and overdoses.”

Surge In Opioid Deaths Reportedly Not Getting Enough Attention During Pandemic.

Morgan Radford reported on [NBC Nightly News](#) (5/25, story 13, 2:20, 5.16M) that a “surge in opioid-related deaths” has not “gotten enough attention amid the pandemic.” Radford reported, “Nearly 200 Americans are dying every single day from opioid overdoses, an increase of 34% during the pandemic, leading to the highest one-year death toll from overdoses ever recorded.”

DC Region Sees Sharp Increase In Opioid Deaths During Coronavirus Pandemic.

The [Washington Post](#) (5/23, Fadulu, 10.52M) reports, “Fatal opioid overdoses increased 46 percent” in the District of Columbia in 2020, “according to city data, despite a pre-pandemic pledge by D.C. Mayor Muriel E. Bowser (D) to cut opioid deaths in half between late 2018 and the fall of last year.” Virginia “recorded 2020 as its deadliest year ever for opioid-related fatalities, according to preliminary data, with a 47 percent increase compared to 2019.” Maryland “saw a nearly 19 percent jump in fatal overdoses involving opioids, according to preliminary data, with increases of 54.9 percent in Prince George’s County and 25.6 percent in Montgomery County.”

House Committee Members Actually Agree On NIH Budget Increase.

[MedPage Today](#) (5/26, Firth, 183K) reports lawmakers “discussed the NIH funding request for fiscal year 2022, during a House subcommittee hearing on Tuesday.” According to the article, “Over the last 14 months, Congress saw fit to steer \$4.8 billion in funding to NIH COVID-19-related research, pointed out Rep. Rosa DeLauro (D-Conn.), chair of the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.” The funding, “coupled with certain private sector partnerships, led to the development of three FDA authorized COVID-19 vaccines in ‘record time.” The article adds, “President Biden’s proposed budget for fiscal year 2022 seeks to boost funding for the NIH by about \$9 billion, with \$2.5 billion for ‘core activities.” Furthermore, the proposed budget “includes \$6.5 billion for the development of the new Advanced Research Projects Agency-Health (ARPA-H), which is intended to speed the development of new therapies and cures,” DeLauro explained.” NIH Director Francis Collins, MD, PhD, recently explained the goal of ARPA-H. Dr. Anthony Fauci is quoted.

National Institutes Of Health Launches \$50B Governmentwide IT Contract Vehicle.

[FedScoop](#) (5/26, Jones) reports the National Institutes of Health “has issued a request for proposals for its long-awaited governmentwide acquisition vehicle that will give up to \$50B to federal contractors over a 10-year period.” The CIO-SP4 vehicle “has 10 task areas including IT services, CIO support, cybersecurity, digital

government and cloud services and software development.” It “will be managed by the NIH’s Information Technology Acquisition and Assessment Center (NITAAC) and is designed to meet agencies’ general information technology, biomedical and health IT needs across the federal government.”

Blacks, Latinos Saw Largest Spike In Overdose Deaths In 2020, Study Finds.

[USA Today](#) (5/26, Rodriguez, 12.7M) reports, “Researchers from the University of California, Los Angeles, examined data from emergency medical service (EMS) calls and compared overdose deaths in 2020 to prior years.” The researchers “found overdose deaths seen by EMS increased by 42% in the U.S. in 2020 compared to 2018-2019.” The report shows that “the largest spikes were seen among Blacks and Latinos, with 50.3% and 49.7% increases in overdose deaths during the pandemic, respectively.”

FDA Signals It Will Start Enforcing Requirement For Some Sponsors To Post Trial Data To ClinicalTrials.gov Database.

[Medscape](#) (5/20, Dooley Young, Subscription Publication, 219K) reports the FDA “signaled it may soon enforce a federal requirement that sponsors of certain trials provide data to the public via the ClinicalTrials.gov database.” In the first such enforcement threat from the agency, the FDA “on April 27 warned Acceleron Pharma that it might face penalties of \$10,000 per day if it did not meet a 30-day deadline to submit information from a 2017 study to the ClinicalTrials. Gov website.” The article adds, “The agency issued a statement on April 28 from acting FDA Commissioner Janet Woodcock, MD, about stepped-up enforcement,” in which she “also drew attention to the issue on social media.”

FDA Revises, Expands Draft Guidance On Adjusting For Covariates In Statistical Analysis Of Randomized Controlled Trials.

[Endpoints News](#) (5/20, Brennan) reports, “The FDA on Thursday revised and expanded a 2019 draft [guidance](#) [pdf] that spells out how to adjust for covariates in the statistical analysis of randomized controlled trials (RCTs).” The updated 8-page draft includes more “detailed recommendations on linear and nonlinear models to analyze the efficacy endpoints in RCTs.” The article adds, “Baseline covariates are the demographic factors, disease characteristics, or other information collected from participants before they are randomized in a trial, FDA explains.” The guidance explains, “Covariate adjustment refers to the use of baseline covariate measurements for estimating and testing treatment effects between randomized groups.”

CVS To Help Drug Developers Enroll Patients For Clinical Studies.

[Reuters](#) (5/20) reports, “CVS Health Corp...said on Thursday it had started offering clinical study services to support drug developers with tasks such as patient

enrollment.” it also said that it will “use analytics and local community connections to help individuals learn about clinical study opportunities that could be appropriate for them.”

CVS Health Launches New Business Arm To Drive Greater, More Diverse Clinical Trial Participation.

[Fierce Healthcare](#) (5/25, Minemyer, 150K) reports, “CVS Health has launched a new business arm that aims to drive greater, and more diverse, participation in clinical trials.” The new business, Clinical Trials Services, “focuses on three core areas: patient recruitment, delivering clinical trials in multiple ways and generating real-world evidence on therapies and devices.”

The Solution To Ethical Challenges Of Big Data May Just Be More Technology.

In an opinion piece for [Modern Healthcare](#) (5/20, Subscription Publication, 215K), Dr. Christine Cassel writes, “Data is probably the most powerful tool in research medicine, promising to leapfrog over long-standing barriers and deliver dramatic advances for patients and communities. Yet, the issue of data privacy adds enormous challenges and complexity to achieving the potential that big data analytics offers, in healthcare and beyond.” Cassel writes, “Fortunately, the massive acceleration of data science in the past decade has enabled a technological breakthrough – synthetic data – that promises to solve many of these challenges – not by regulation but by data science itself. Generated by advanced machine learning models, synthetic data can be realistic but not real data that accurately and reliably mimics all of the statistical properties of the original data without exposing any actual patient information, fully protecting patient privacy and bypassing the need for further regulatory requirements.” Cassel writes, “The NIH’s National COVID Cohort Collaborative (N3C) is leveraging this technology to generate a non-identifiable synthetic version of the largest available repository of patient-level COVID-19 data, enabling greater access to the massive amounts of clinical data needed to advance research efforts.”

Switch To Telepsychiatry During Pandemic Led To Fewer Patients Skipping Appointments, Report Says.

[Kaiser Health News](#) (5/24, Berger) reports that “when the covid-19 pandemic forced behavioral health providers to stop seeing patients in person and instead hold therapy sessions remotely, the switch produced an unintended, positive consequence: Fewer patients skipped appointments.” Just “9% of psychiatrists reported that all patients kept their appointments before the pandemic, according to an American Psychiatric Association report.” However, “once providers switched to telepsychiatry, that number increased to 32%.”

House, Senate Legislation Aim To Make Permanent COVID-19 Telehealth Flexibilities For Medicare, Medicaid.

[Fierce Healthcare](#) (5/25, King, 150K) reports “a House bill introduced Monday and a Senate bill introduced Tuesday both aim to make certain telehealth flexibilities” that were implemented by CMS during the pandemic “permanent for Medicaid and Medicare beneficiaries.” The Senate bill “seeks to increase telehealth access for Medicaid and Children’s Health Insurance Program beneficiaries, according to a report in Politico.” Fierce Healthcare notes HHS Secretary Becerra “has repeatedly underscored the need for legislative help if the boom in telehealth wants to continue,” saying, “If we don’t learn from COVID how telehealth can save lives then we are going to be in trouble.”

New Center To Study Barriers To Full Practice Authority And Guide Policy Changes.

[HealthLeaders Media](#) (5/21, Davis, 118K) reported, “A new research and innovation center established by Columbia University School of Nursing will study policies and barriers that limit advanced practice nurses in providing primary care as part of its ultimate goal to expand access to high-quality, safe healthcare.” The Center for Healthcare Delivery Research and Innovation (HDRI) “will support cutting-edge research on healthcare systems in the United States and internationally, which is critical to expanding access to care, Lusine Poghosyan, Ph.D., MPH, RN, FAAN, executive director of the new center, says in a press release.” In a five-year, “\$3.6 million grant funded by the National Institute on Aging, Poghosyan and her HDRI team are looking at racial disparities in care among people with dementia who receive care from NP practices.”

Senate Confirms Chiquita Brooks-LaSure As Leader Of CMS.

The [New York Times](#) (5/25, Weiland, Sanger-Katz, 20.6M) reports that on Tuesday, the Senate voted to confirm Chiquita Brooks-LaSure as the leader of CMS, “one of the most powerful posts at the Department of Health and Human Services.” As the head of CMS, “Brooks-LaSure will manage roughly \$1 trillion of the federal budget in addition to the Affordable Care Act’s health insurance marketplaces and regulations.” The Times adds “Brooks-LaSure’s predecessor, Seema Verma, feuded bitterly during the Trump administration with” former HHS Secretary Azar, “and she attracted inspector general and congressional investigations into her agency’s lavish spending on outside consultants who worked to polish her personal brand.”

The [AP](#) (5/25, Alonso-Zaldivar) reports “Brooks-LaSure will be the first Black person to head” CMS. The vote “was 55-44, with five Republicans joining Democrats in approving her nomination.”

Colorado Offering To Pay Hospitals To Shut Down Free-Standing Emergency Rooms.

The AP (5/24, Galewitz) reports “Colorado health officials so abhor the high costs associated with free-standing emergency rooms they’re offering to pay hospitals to shut the facilities down.” Colorado “wants hospitals to convert them to other purposes, such as providing primary care or mental health services.” Kim Bimestefer, executive director of Colorado’s Department of Health Care Policy & Financing, said, “We don’t want hospitals to have stand-alone ERs, so we are willing to pay to shut them down.”

Funding Opportunities



GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

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

[Mechanistic Studies on the Impact of Social Inequality on the Substance Use Trajectory \(R01 Basic Experimental Studies with Humans Required\)](#)

[RFA-DA-22-030](#)

[Mechanistic Studies on the Impact of Social Inequality on the Substance Use Trajectory \(R21 - Basic Experimental Studies with Humans Required\)](#)

[RFA-DA-22-007](#)

[Mechanistic Studies on the Impact of Social Inequality on the Substance Use Trajectory \(R01 Clinical Trial Not Allowed\)](#)

[RFA-DA-22-005](#)

[Mechanistic studies on the impact of social inequality on the substance use trajectory \(R21 - Clinical Trial Not Allowed\)](#)

[PAR-21-230](#)

[Chronic, Non-Communicable Diseases and Disorders Across the Lifespan: Fogarty International Research Training Award \(NCD-LIFESPAN\) \(D43 Clinical Trial Optional\)](#)

[RFA-DA-22-012](#)

[Assessing the Effects of Cannabinoids on HIV-Associated Persistent Inflammation \(R01 Clinical Trial Optional\)](#)

[NOT-NS-21-065](#)

[Notice of Change in Application Type for BRAIN Initiative: Team-Research BRAIN
Circuit Programs TeamBCP](#)

[NOT-DA-21-058](#)

[Notice of Early Termination of RFA-DA-22-002, "Limited Competition Coordinating
Center for the HIV/AIDS and Substance Use Cohorts Program \(U24 - Clinical Trial Not
Allowed\)"](#)

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