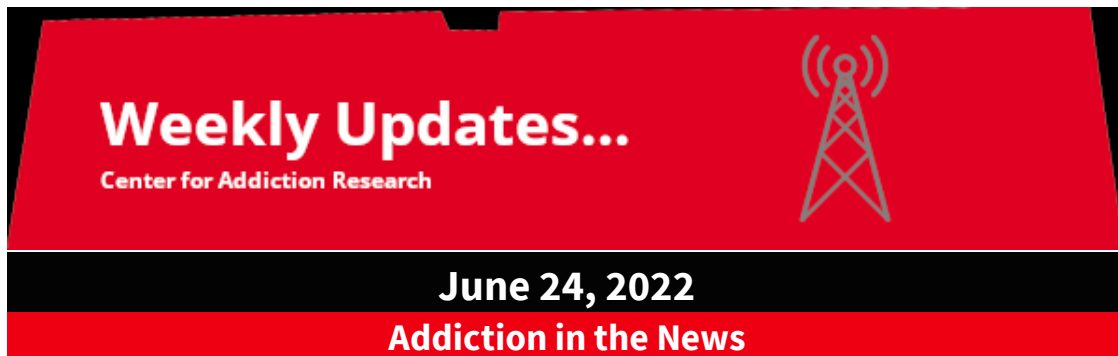


UC CAR Weekly Newsletter 6.24.2022

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

Department of Internal Medicine Spring Research Award – Dean’s List Weekly News from the College of Medicine 6.21.2022

Congratulations to Jason Blackard, PhD, professor in the Division of Digestive Diseases, recipient of the Senior Faculty Pilot Project Award totaling \$30,000 for his proposals “Novel Therapeutic Strategies Targeting the Chemokine System for Opioid Use Disorder and HIV”. Funds will support one year of research beginning July 5. **(CAR member, Dr. Blackard)**

Efforts To Reduce Overdose Deaths Continue.

The [Ashtabula \(OH\) Star Beacon](#) (6/22, Dillaway, 38K) reports, “Efforts to reduce overdose deaths will continue after two and a half years of help from a major grant through the HEALing communities Study, said Kaitie Park, director of community engagement, prevention and planning for the Ashtabula County Mental Health & Recovery Services Board.” Ashtabula County “received \$900,000 to battle the scourge of overdoses and worked with a cooperative venture between First Responders, the Ashtabula County Health Department, Signature Health and Community Council Center to name a few.” The article says “the grant paid for Nalaxone to be distributed by first responders, hospitals, the county health department, churches, community organizations and more.”

Ohio State students create app to help prevent fentanyl deaths

COLUMBUS, Ohio — After two Ohio State University students died of an overdose from taking what they thought was Adderall, officials are asking everyone to be

cautious of fentanyl-laced drugs. A similar tragedy led a group of students to create the SOAR Initiative, which aims to reduce the number of overdose deaths. “So when we heard (about the overdoses), we were all shocked. All of us had sort of different connections to the overdose...

Kim Moser: Preventing substance use and addiction; legislature passed several initiatives that matter

Without a doubt, the opioid epidemic has taken a devastating toll on our state. It is an urgent and pressing health crisis that impacts our people’s quality of life and our state’s ability to reach our potential. We are not alone, as more than 100,000 Americans died of a drug overdose last year alone. Kentucky’s overdose deaths skyrocketed last year, fueled by the increased...

National News

National Institute On Drug Abuse Seeks To Set Up Medical Marijuana Registry, Here’s How It Will Function.

[Benzinga](#) (6/16, Martinovic, 152K) reports, “The National Institute on Drug Abuse (NIDA) announced recently that it was searching for new partners to supply cannabis for research purposes.” To be eligible, “partnering facilities need to be authorized by the Drug Enforcement Administration (DEA) to cultivate marijuana, according to the special notice issued in May.” NIDA “announced plans to support researchers who can develop and maintain a medicinal cannabis use registry with \$1.5 million in funding. The purpose of the registry is to ‘inform research, policy, and clinical recommendation practices’ on medicinal marijuana, as well as related conditions and outcomes, according to the NIDA’s request for applications (RFA) posted on Tuesday.”

Additional Source. [Marijuana Moment](#) (6/16) reports, “NIDA said that, in an ideal world, research on the health outcomes of medical marijuana use would come from clinical trials, rather than registry data.” However, “as Director Nora Volkow has repeatedly emphasized, there are significant obstacles for studies that involve Schedule I drugs like cannabis.”

US Medical Marijuana Enrollments Quadrupled Over Four Year Span.

The [Washington Post](#) (6/21, Searing, 10.52M) reports, “A growing number of people in the United States are enrolling in medical marijuana programs,” which enables people to buy cannabis for medicinal use, “with the total surpassing 2.97 million through 2020, more than quadrupling the number of people enrolled in 2016, according to a study published in *Annals of Internal Medicine*.” The FDA has approved “a few marijuana-based medications” that “treat health issues of people with cancer, AIDS or childhood epilepsy, and several other drugs are undergoing clinical trials to determine their safety and effectiveness.”

Advocates Say Legalizing Marijuana Could Prevent Opioid Overdoses.

The [Racine \(WI\) Journal Times](#) (6/20, 156K) reports that the Police Department in Racine, Wisconsin is “warning the public of an increased presence of fentanyl, a deadly opioid, in locally recovered marijuana, a drug that it is virtually impossible to overdose from.” Synthetic opioids such as “fentanyl are blamed for recent sharp increases in drug overdose deaths nationwide.” Between 1999 and 2020, “U.S. drug-related overdose deaths rose from fewer than 20,000 per year to 91,799 in 2020, the federally funded National Institute on Drug Abuse reported. Across that same timeframe, the U.S. population grew by only 18.1%, from 279 million to 329.5 million.”

High-THC Cannabis Products May Be Poisoning Teens.

The [New York Times](#) (6/23, Caron, 20.6M) reports that even though “recreational cannabis is illegal in the United States for those under 21, it has become more accessible” for young people “as many states have legalized it.” Experts say “high-THC cannabis products...are poisoning some heavy users, including teenagers.” While “marijuana is not as dangerous as a drug like fentanyl...it can have potentially harmful effects – especially for young people, whose brains are still developing.” Some effects are “uncontrollable vomiting and addiction.” Also, “adolescents who frequently use high doses of cannabis may also experience psychosis that could possibly lead to a lifelong psychiatric disorder, an increased likelihood of developing depression and suicidal ideation, changes in brain anatomy and connectivity and poor memory.” Despite the Food and Drug Administration sending “warnings about various cannabis products, including edibles...federal regulators haven’t taken action to curb potency levels because cannabis is federally illegal.”

California Marijuana Industry Begins Opening “Weed Cafes.”

The [New York Times](#) (6/21, Karlamangla, 20.6M) reports “Weed Cafes” are the next effort from “California’s weed industry, which four years after legalization is still looking for ways to compete with the state’s huge illegal pot market.” With openings “in West Hollywood, San Francisco, Palm Springs and elsewhere,” smaller California cities “are considering allowing them as a means to increase tax revenue and attract tourists.” However, the “idea isn’t universally popular,” with 62% of California cities and municipalities banning “any kind of marijuana retail.”

FDA To Set Maximum Nicotine Level In Cigarettes, Some Other Tobacco Products.

[NPR](#) (6/22, Chappell, 3.69M) reports in continuing coverage that the FDA “has called cigarettes ‘the only legal consumer product that, when used as intended, will kill half of all long-term users.’” However, “the agency has never regulated nicotine, cigarettes’ notoriously addictive ingredient – and for years, it’s been wanting to change that. Now, it seems, the time has come.” The regulator “is poised to set a maximum nicotine level in cigarettes and some other tobacco products, looking to make them less addictive and wean smokers away from the habit. Despite an

overall trend away from smoking, tobacco use remains the No. 1 cause of preventable deaths in the U.S.”

[CBS News](#) (6/22, 5.39M) reports FDA Commissioner Robert Califf said, “Making cigarettes and other combusted tobacco products minimally addictive or non-addictive would help save lives.” He added, “Lowering nicotine levels to minimally addictive or non-addictive levels would decrease the likelihood that future generations of young people become addicted to cigarettes and help more currently addicted smokers to quit.”

FDA Reportedly Preparing To Ban Juul E-Cigarettes From US Market.

In an “exclusive,” the [Wall Street Journal](#) (6/22, A1, Maloney, Subscription Publication, 8.41M) reports that, according to people familiar with the matter, possibly as early as this week the FDA will order e-cigarette company Juul Labs Inc. to take its products off the US market, following a nearly two-year review of company data. [CNN](#) (6/22, Valinsky, 89.21M) reports, “An FDA spokesperson told CNN the agency could not provide any information at this time.”

[Reuters](#) (6/22, Paramasivam) reports, “The FDA’s review of the applications was based on whether the e-cigarettes are effective in getting smokers to quit and, if so, whether the benefits to smokers outweigh the health damage to new users, including teenagers.” [Forbes](#) (6/22, Halpert, 10.33M) reports the FDA allowed “tobacco-flavored e-cigarettes from other big companies, including Reynolds American and NJOY, to remain on the market.”

[Bloomberg](#) (6/22, Muller, 3.57M) reports that following the WSJournal report, “Brand-loyal vapers are flocking to their favorite shops to stock up on Juul Labs Inc.’s e-cigarettes.” It is the “latest hit for Juul after the FDA banned sales of customer-favorite fruity and sweet flavors on concerns the products were being marketed to minors. But the company isn’t being singled out – the FDA has generally tightened its oversight of e-cigarette companies and is reviewing thousands of applications from companies aiming to sell similar products.”

The [Washington Times](#) (6/22, 626K) reports, “FDA action to remove the products would be the Biden administration’s second move in as many days to confront the tobacco and smoking industry,” with the FDA on Tuesday proposing a maximum amount of nicotine for cigarettes. FDA Commissioner Robert M. Califf said, “Lowering nicotine levels to minimally addictive or non-addictive levels would decrease the likelihood that future generations of young people become addicted to cigarettes and help more currently addicted smokers to quit.”

Opinion: Menthol Tobacco Products Are Being Used To Attract Youth Smokers.

Rachael Russell, a public health educator for Tobacco-Free CNY and the Onondaga County Health Department, writes in a [Syracuse \(NY\) Post-Standard](#) (6/21, 467K) op-ed that tobacco companies have been using “menthol-flavored tobacco products as a manipulative way to bait our youth into initiating smoking and becoming long-term daily smokers.” Russell explains that “over 80% of youth who have ever tried tobacco started with a flavored product, and more than half of youth who smoke

use menthol cigarettes.” She concludes that “Big Tobacco’s predatory usage of menthol is an injustice to our youth.”

Study Suggests Vaping Lung Damage Can Cause Long-Term Problems.

In a health news round-up, the [Cleveland Plain Dealer](#) (6/21, 1.22M) reports on a study that suggests “vaping-related lung damage can cause long-term health problems.” Researchers found that “a substantial proportion of patients continue to experience difficulty breathing, brain fog and mood disorders a year after being diagnosed with lung injuries associated with e-cigarette or vaping.” However, “about three out of five patients continued to vape or smoke despite their lung injury and the associated health impacts.”

Mydecine Cleared For Trial To See If Psilocybin Can Help Smokers Quit.

In a pay-walled article, [Bloomberg Law](#) (6/17, Subscription Publication, 4K) reported, “Mydecine Innovations says the FDA has cleared it to proceed with a government funded trial of whether MYCO-001, a psilocybin compound, can help people quit smoking.” The company “said the study is ‘the first time in 50 years the US government has funded a study evaluating a psychedelic compound for therapeutic use.’”

Study Of Smoking Activity Following Brain Injury Could Lead To New Therapies To Treat Addiction, Researchers Say.

The [Scientist](#) (6/16, Williams, 157K) reports, “A study of people who effortlessly quit smoking after a stroke or other brain injury – and of those who suffered an injury but then kept smoking – has pinpointed a brain network involved in addiction, researchers reported June 13 in Nature Medicine.” Experts “say the findings may help identify targets for therapies that could treat addictions.” In the study, researchers “compared the brain scans of 34 people who suddenly quit smoking following a focal brain injury, such as from a stroke, with those of 69 people who continued smoking after such an injury.” [\[Article attached.\]](#)

Untreated’: Patients With Opioid Addiction Could Soon Lose Access To Virtual Care.

[Politico](#) (6/20, Mahr, Leonard, 6.73M) reports, “Thousands of patients turning to online help for opioid addiction could soon lose access to life-saving services that rapidly expanded during the pandemic – even as opioid deaths reach record levels.” In 2020, laws were changed “allowing patients to see medical practitioners from their homes and skip the in-person visits normally required to get a prescription for buprenorphine, a drug used to treat opioid dependence.” However, “the federal regulations that have allowed practitioners the flexibility to prescribe buprenorphine after an audio or video appointment – and to patients outside their state – are due to expire along with the Covid-19 public health emergency.” Now, public health officials “fear they are on the precipice of losing one of their most valuable tools to combat opioid addiction, further complicating efforts to tackle a

crisis that is affecting a growing number of young adults and claiming hundreds of thousands of lives.” NIDA Director Nora Volkow said, “If we now remove the flexibilities with telehealth, we will make the problem even worse. Patients will just go untreated.”

Additional Sources. [Gizmodo](#) (6/21, 596K) reports NIDA “released a study in October last year that said misuse of buprenorphine had actually decreased over the years from 2015 to 2019.” The study’s authors “wrote that in 2019, less than 18% of those with opioid-use disorder got medication-assisted treatment ‘in part due to the stigma and barriers to accessing these medications.’” Volkow said, “High quality medical practice requires delivery of safe and effective treatments for health conditions, including substance use disorders. This includes providing life-saving medications to people suffering from an opioid use disorder.”

Uncertain Future For Virtual Treatment Of Opioid Addiction.

[Politico](#) (6/22, Leonard, Reader, 6.73M) reports, “Federal regulations allowing online prescribing for drugs to treat people addicted to opioids could soon lapse, leaving an uncertain path forward for thousands of patients turning to virtual treatment and the digital health companies themselves. ... The eased rules could expire along with the Covid-19 public health emergency, which the Department of Health and Human Services could end as soon as October.” NIDA Director Nora Volkow said, “If we now remove the flexibilities with telehealth, we will make the problem even worse.”

With ‘Fentanyl Everywhere’ And Black Deaths Soaring, Advocates In Brockton Test Ways To Save Lives.

[WBUR-FM Boston](#) (6/16, Bebinger, 71K) reports, “Across the state and nation, overdose death rates among Black people who use drugs hit new highs during COVID, catching up to or even surpassing whites.” This “trend affirms new realities: The overdose crisis has ensnared many more people, and it is no longer limited to opioids. The presence of fentanyl in stimulants like cocaine and crack, as well as fake pills of all kinds, is expanding the overdose crisis.” Now, researchers have “turned a spotlight on overdoses in Brockton,” Massachusetts. The city “is one of 67 communities from four states participating in a \$350 million federal project...the HEALing Communities study.” Speaking about Brockton’s efforts to combat the crisis, “‘They did everything possible to meet and move forward with the goal of increasing access to the treatment we know works and will make an impact,’ says Redonna Chandler, who directs the HEALing Communities study, at the National Institute on Drug Abuse.”

Biden’s New Regulatory To-Do List Targets Addiction, Climate.

[Bloomberg Law](#) (6/21, Subscription Publication, 4K) reports that President Biden “released his third regulatory to-do list Tuesday, detailing his ambitions to regulate consumer data use, treat opioid addiction, and reduce greenhouse gas emissions.” The proposed list “offers a window into how the administration plans [to] use

federal agencies in the coming months to advance its priorities. Its impact potentially ripples from multinational corporations to local agencies and average citizens.” However, “the list isn’t final” and “agencies will have to complete a number of tasks before the policies take effect, including drafting rules and collecting feedback. The White House regulations office will sign off on each rule before it is published.” The FDA is mentioned.

Vermont Governor Vetoes Bill On Safe Drug Consumption Sites And Harm Reduction.

[Marijuana Moment](#) (6/20, Jaeger) reports recently, Vermont Gov. Phil Scott (R) “vetoed a bill that would have created a working group tasked with crafting a plan to open safe consumption sites where people could use currently illicit drugs in a medically supervised environment.” The measure approved by the Legislature “would have helped create a framework to authorize overdose prevention centers to operate.” The article says Scott took this action “at a time when more states are exploring and enacting bold harm reduction proposals to mitigate the overdose epidemic, and when even the White House is evidently embracing the broader strategy.” The piece mentions HHS Secretary Xavier Becerra and the NIH.

WVU Potomac State College To Offer Mental Health And Addiction Studies Major This Fall.

The [Parsons \(WV\) Advocate](#) (6/21) reports that the West Virginia University Potomac State College “will offer a Mental Health and Addiction Studies major starting this fall for individuals who are interested in a helping profession.” Based on “the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health, 19.7 million American adults (aged 12 and older) battled a substance use disorder in 2017.” Addiction and drug abuse “cost American society more than \$740 billion annually in lost workplace productivity, healthcare expenses, and crime-related costs according to the National Institute on Drug Abuse.” The Potomac State College’s Mental Health and Addiction Studies “major will provide a broad knowledge base in mental health, prevention, intervention, and community impacts, with a focus on addiction treatment and recovery.”

Walgreens Launches Business To Help Improve Diversity In Drug Trials.

[Bloomberg](#) (6/16, Rutherford, 3.57M) reports, “Walgreens Boots Alliance Inc. is moving into a new dimension of health care with a business designed to help improve diversity in drug trials by making them more accessible to patients.” The company “will start offering its retail locations, which number more than 9,000, and connections to patients to help fix the long-standing problem.”

[Modern Healthcare](#) (6/16, Hartnet, Subscription Publication, 215K) reports Walgreens “will utilize its network of primary care, home health and in-store clinics and pharmacies to staff the trials, and hire more physicians to oversee the research.” Also, the company “will tap its database of pharmacy customers to

identify patients who are eligible for certain trials and has formed a partnership with medical data company Pluto Health to access patient medical records.”

[Forbes](#) (6/16, Japsen, 10.33M) contributor Bruce Japsen reports that this business endeavor “comes as the U.S. Food and Drug Administration and the Biden White House look to improve drug research and patient health outcomes by enrolling more Americans from underrepresented racial and ethnic populations into U.S. clinical trials.” According to the FDA “an estimated one in five drugs have varied responses in ethnic groups yet most clinical trial participants are white.” The agency “has acknowledged that racial and ethnic minorities are ‘frequently underrepresented in biomedical research.’”

CDC Reported 100,000+ Drug Overdoses In 2021.

The [AP](#) (6/17) reported that for the first time, “the Centers for Disease Control and Prevention reported more than 100,000 Americans overdosed on drugs in 2021, a nearly 30% swing from 2020.” The Drug Policy Alliance director of public relations Matt Sutton said, “This is no longer one of those things that happened to that person. It’s a thing that’s happening to everyone.” He “points to two triggers for our record drug abuse in America. One is the pandemic, which forced people into isolation and depression so that drug experimentation and addiction followed. The second is the rapid takeover of fentanyl, a highly addictive synthetic opioid.”

House Passes Bipartisan Mental Health, Substance Abuse Package.

[The Hill](#) (6/22, 5.69M) reports, that on Wednesday, the House passed a bipartisan package “that seeks to address mental health and substance abuse in the U.S.” It “calls for creating a Behavioral Health Crisis Coordinating Office in the Substance Abuse and Mental Health Services Administration... which would be tasked with bolstering access to crisis care.” The new office “would receive \$5 million per year starting in fiscal year 2023 until fiscal year 2027.” Furthermore, the package “compels the secretary of the Department of Health and Human Services to direct or support research that looks into the effect smartphone and social media use have on the health and development of adolescents.”

Funding Opportunities



GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

UC Foundation Funding Opportunities

Please contact Carol Russell at (513) 556-6169 or 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 to Fund Quality of Recovery Housing in Greater Cincinnati

Deadline: July 25, 2022 at 5pm

Interact for Health will provide funding for recovery housing for people with opioid use disorder, particularly people of color. Proposed projects will improve the quality of existing recovery houses or expand the number of beds in areas where houses do not currently exist, or the need is greater than existing capacity. Potential projects include convening a work group to complete a community assessment, obtaining Ohio, Kentucky or Indiana certification, improving recovery houses to meet National Alliance for Recovery Residences standards, increasing bed capacity, and adding or improving access to services. Interact for Health will award a total of up to \$450,000 to improve and increase recovery housing in its 20-county service area. Planning grants will not exceed \$25,000 and must demonstrate a strong implementation and sustainability plan as Interact for Health is completing the final year 4 of its strategic plan and cannot assure support for implementation. Implementation grant amounts will vary based on the proposed projects and plans.

Anthem Launches New Funding for Programs that Strive for Maternal Health Equity

Deadline: August 31, 2022 (Subject to Change)

Anthem Foundation is focusing its charitable support on programs that specifically work to create equity in maternal healthcare by addressing racial disparities, biases, barriers to care, and health-related social needs. The programs that apply for support should drive specific, measurable maternal/child health outcomes. In all, the foundation intends to invest up to \$30 million over the next three years. The goals of the grant program are to reduce primary C-section rates, reduce maternal morbidity and mortality, and reduce the preterm birth rate. Anchored by a commitment to improving the health of the socially vulnerable, Anthem is prioritizing partnerships and programs that address racial inequities and health disparities. To be eligible, a program can be local, supporting socially vulnerable populations with relevant interventions in Ohio, Indiana, Virginia, New York, Georgia or California. The program can also be national, promoting scalable and sustainable systemic change. Generally, grants will run from one to three years. Grant dollar ranges are open; Anthem determines funding levels based on several factors, including the need and the plan presented to address it.

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