

UC CAR Weekly Newsletter 8.12.2022

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

Center for Addiction Research Upcoming Summer Speaker Series

Back by popular demand, the Center for Addiction Research will hold its final 2022 virtual Summer Speaker Series event, Wednesday, August 17 at 12pm on "Understanding and Impact of Medical Marijuana in Ohio", with presenter and CAR member, Dr. LaTrice Montgomery. The series is hosted by the Urban Health Pathway of Next Lives Here. [\(pdf invitation attached\)](#)

>> Register for any of the presentations

Number Of Overdoses Continue To Be Concerning For Jefferson County Health Officials.

[WTOV-TV](#) Steubenville, OH (8/8, Mesogitis) reports, "The drug epidemic across America is impacting people on streets in Jefferson County," Ohio. Jefferson County Health Commissioner Andrew Henry said, "So far, for calendar year 2022, there have been 176 overdoses." Henry said one of the biggest factors "is a combination of drugs when people are mixing opioids with stimulants aka cocaine laced with fentanyl." The Jefferson County health department is "working with several agencies in order to combat the epidemic, like the Healing Communities study – an 18-month inquiry."

OneOhio Recovery Foundation Overseeing State Opioid Settlement Money Sued Over Lack Of Open Records, Transparency.

The [Columbus \(OH\) Dispatch](#) (8/9, Wu, 526K) reports, "The nonprofit tasked with distributing \$440 million in opioid settlement money," the OneOhio Recovery

Foundation, “isn’t following public records and meeting laws, according to lawsuits filed Monday.” The lawsuits “accuse the nonprofit of ‘shady maneuvering’ by classifying itself as a private nonprofit organization to avoid following open records law.” OneOhio “has maintained that it’s simply trying to follow what the settlement has called for...and that openly saying it is a public body would jeopardize that status.” The opioid settlement does call “for OneOhio to be a private foundation,” but “the memorandum detailing the settlement says that ‘meetings shall be open, and documents shall be public to the same extent they would be if the Foundation was a public entity.’” OneOhio “has stated that it is not subject to open meeting laws, in part given its status as a private foundation.”

Indiana Youth Smoking And Drinking Hit A 30-Year Low.

The [Warrick County \(IN\) News](#) (8/11, 23K) reports, “Youth cigarette, alcohol and marijuana use saw the lowest rates in 30 years, according to a new survey from Indiana University. The 2022 Indiana Youth Survey is administered by Prevention Insights at the IU School of Public Health. More than 90,000 students across the state in sixth through 12th grades participated.” The survey found that “alcohol use among 12th graders in the past 30 days has dropped nearly 40 percentage points since 1991,” and “cigarette use among 11th graders saw a 37.3 percentage point decrease from a prevalence rate of 40.1% in 1996.” Meanwhile, “marijuana use among 10th graders decreased 16.5 percentage points from a high of 24.9% in 1996.” Additionally, “the Monitoring the Future survey found a 25% drop in substance use among teens from 2020 to 2021.”

Providing free rides could help people in addiction recovery

Charmin Gabbard cares deeply about people struggling with addiction because it’s a struggle she can relate to. In her 20s, Gabbard had three DUIs in five years. Two of those violations resulted in prison sentences. She was eager to turn her life around. But when she was released from prison in 2015, she’d been banned from driving due to her prior DUIs. And she lived five miles outside of Connersville, a rural town in eastern Indiana. When she...

Pain volume control: a link between chronic pain and opioid abuse in the brain - OSU, UM research suggests

CLEVELAND, Ohio — Patients with fibromyalgia and those prone to opioid addiction may have something in common, researchers say: the part of the brain that controls the body’s perception of pain has the volume cranked too high. Daniel Clauw, a pain researcher at the University of Michigan, and Trent Hall, who studies opioid use disorder at Ohio State University, recently published a study in the journal *Pain Reports* that suggests...

National News

Studies Suggest Loosened Liquor Laws To Help Restaurants During the Pandemic Led To Increased Alcohol Consumption.

The [Stateline](#) (8/4, Povich, 2K) reports in its blog, “Most states that allowed curbside pickup or home delivery of alcohol to help restaurants, bars and liquor stores survive pandemic closures have extended the looser liquor laws. But in their desire to boost the hospitality industry, states might be fueling binge drinking and higher overall alcohol consumption, some research shows.” A study “published earlier this year by researchers from the Johns Hopkins Bloomberg School of Public Health found that people who had alcohol delivered reported consuming more drinks and drinking on more days than people who obtained it through other methods.” But others, such as the trade association Distilled Spirits Council, “question the connection between looser laws and increased consumption – or even that people drank more during the pandemic,” and point to a Gallup poll and the recent National Survey on Drug Use and Health issued by SAMHSA. – Link to article [Full article: Alcohol consumption and alcohol home delivery laws during the COVID-19 pandemic \(tandfonline.com\)](#)

Marijuana Legalized On Reservation That Prohibits Alcohol Sales.

[Kaiser Health News](#) (8/8, Zionts) reports, “Citizens of the Oglala Sioux Tribe overwhelmingly voted in 2020 to legalize recreational and medical marijuana on” the Pine Ridge Indian Reservation in South Dakota, “which has prohibited the sale and consumption of alcohol for more than 100 years.” Customers who recently visited a dispensary on that reservation “said they view marijuana as a safe and natural way to obtain relief from mental health disorders and chronic illnesses, which are common among tribal citizens.” They also said marijuana is less dangerous than alcohol.

Synthetic Cannabinoid Use Declining In States Where Recreational Marijuana Is Legal.

[CNN](#) (8/9, LaMotte, 89.21M) reports, “Between 2010 and 2015, synthetic cannabis poisonings were on the rise.” But “those numbers may now be declining in states in which the use of recreational marijuana is permitted, said Tracy Klein, assistant director for the Center for Cannabis Policy, Research and Outreach at Washington State University in Vancouver, Washington.” Some people “use synthetic cannabinoids ‘to attempt to avoid positive drug screens performed as a condition of employment, in substance abuse treatment programs, or in the criminal justice system,’ according to the US Centers for Disease Control and Prevention.” However, “marijuana copycats have sent thousands of people to emergency rooms over the past decade.” Currently, “there’s no way to know which synthetic cannabinoids are actually in the purchased product or what else might be in the solvents used to soak the dried plants, experts say.” And as of now, “there is no antidote for synthetic cannabinoid poisoning and long-term effects are unknown, the CDC stated.”

Missouri Voters Will Decide In November If State Should Legalize Recreational Marijuana.

The [AP](#) (8/9, Ballentine) reports, “A campaign to legalize recreational marijuana in Missouri gathered enough signatures to make it on the November ballot, Republican Secretary of State Jay Ashcroft announced Tuesday.” Should “voters approve the constitutional amendment on marijuana, those age[d] 21 and older could buy and grow it for personal consumption as early as this year.”

Oklahoma Paying Company To Verify Signatures For Recreational Marijuana Ballot Initiative.

[Oklahoma Watch](#) (8/8, Monies) reports “Oklahoma is paying a company associated with a political polling firm \$300,000 per year to verify signatures for statewide ballot initiatives, leading some to question the fairness of the process by which Oklahomans can vote directly on state issues.” Now, Western Petition Systems is “in charge of verifying signatures for State Question 820, which would legalize recreational marijuana for adult users 21 and older.” Organizers for the “adult-use cannabis state question, Yes on 820, turned in 118 boxes of signatures on July 5 to the secretary of state’s office,” which “represented more than 164,000 signatures, many more than the 94,911 needed for a statewide initiative election.”

Adolescents Who Vape Are Over Three Times More Likely To Use Cannabis, Study Suggests.

The [Washington Post](#) (8/8, Blakemore, 10.52M) reports “vaping is growing more prevalent among young people – in 2021, 1 in 9 high school students said they had vaped in the past month, according to the Centers for Disease Control and Prevention.” Meanwhile, a new study suggests that vaping is “a gateway to marijuana use,” finding “that adolescents who use e-cigarettes are over three times more likely to use cannabis than those who don’t – and that more than 1 in 10 youths who say they have never used cannabis go on to do so within a year.” Between 2017 and 2019, the researchers “found, those who reported vaping were more likely to say they had begun using cannabis one year later than those who didn’t use e-cigarettes.” The research was published in JAMA Network Open. – [Link to article Use of Electronic Cigarettes Among Cannabis-Naive Adolescents and Its Association With Future Cannabis Use | Adolescent Medicine | JAMA Network Open | JAMA Network](#)

Top Federal Health Agency Wants Input On Marijuana Research Barriers, Including Schedule I And Limited Strain Access.

[Marijuana Moment](#) (8/10, Jaeger) reports the NIH “says that, after thousands of years of documented marijuana use for medicinal purposes, it wants to get to work identifying barriers to cannabis research to help ‘strengthen the scientific evidence’ of the plant’s therapeutic potential.” The NIH “posted a request for information (RFI) on Wednesday,” and said in the notice “that eight of its component agencies are partnering on the new initiative to solicit information about research barriers

such as the ongoing Schedule I status of marijuana and limitations on the types of products available for use in clinical trials.” The agencies are NIDA, NCCIH, NEI, NHLBI, NIA, NIAAA, NIDCR, and NCI. Although the FDA “has approved cannabinoid-based therapies for select conditions, NIH acknowledged that the majority of states have adopted medical cannabis programs for patients with various conditions” that may have inadequate research on cannabis benefits. NIDA Director Nora Volkow is noted for her reluctance to study cannabis.

Brain Structure, Cognitive Performance Linked With Tobacco Use In Kids.

[MedPage Today](#) (8/10, Lopilato, 183K) reports, “Children who started using tobacco by age 10 had significantly inferior cognitive performance and smaller brain structures after a 2-year follow-up period, a [cohort study](#) reported.” Children “reporting ever using tobacco products had significantly lower scores in the Picture Vocabulary Test of the NIH Toolbox Cognition Battery both at baseline and at 2-year follow-up compared with never-users,” and “structural MRI revealed that whole-brain measures in cortical areas were significantly lower among ever-users at baseline, whereas cortical volumes were reduced in ever-users at baseline and at 2 years...reported” researchers in JAMA Network Open. – [Link to article Longitudinal Assessments of Neurocognitive Performance and Brain Structure Associated With Initiation of Tobacco Use in Children, 2016 to 2021 | Child Development | JAMA Network Open | JAMA Network](#)

FDA Sends “Refused-To-Accept” Letters To Makers Of More Than 88,000 Nicotine Products.

[Politico](#) (8/4, Foley, Mahr) reports the Food and Drug Administration Center for Tobacco Products “said Wednesday that the agency has sent ‘refused-to-accept’ letters to the makers of more than 88,000 products containing lab-made nicotine.” CTP Director Brian King “said that the letters to manufacturers whose applications weren’t up to snuff ‘state that it is illegal to sell or distribute in the U.S. marketplace any new tobacco product that has not received premarket authorization.’” The FDA “also noted that it would continue to assess more than 350 synthetic nicotine product applications that appear to have adequate materials.”

More Teenagers Of Certain Racial, Sexual, Gender Minority Groups Using Flavored Nicotine Products, Study Finds.

[The Hill](#) (8/8, Melillo, 5.69M) reports that “amid rising scrutiny of the e-cigarette industry, a new [study](#) published in Pediatrics found more teenagers of certain racial or ethnic, sexual or gender minority groups are using flavored nontobacco oral nicotine products like lozenges and gummies.” Such “products can contain high levels of nicotine but are not approved by the Food and Drug Administration to help individuals quit smoking.” The survey was “conducted among 3,516 ninth and 10th graders in California.” It “found e-cigarette use is still the most prevalent form of nicotine consumption among this age group; nearly 10 percent have used the product at least once and 5.5 percent had in the past six months.” Teen girls,

Hispanic teens, “and members of the LGBTQ+ community were all more likely to have used flavored oral nicotine products.”

[HealthDay](#) (8/8, Thompson, 11K) reports “about 3.4% of respondents said they’d tried the flavored nicotine products.” E-cigarettes were the most popular nicotine or tobacco item, “with 9.6% reporting that they’d vaped.” The FDA “in April received the authority from Congress to regulate tobacco products containing nicotine from any source, closing the synthetic nicotine loophole, FDA Center for Tobacco Products Director Brian King said in a statement published Aug. 3.” – [Link to article Adolescent Use of Flavored Non-Tobacco Oral Nicotine Products | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)

Maine City Holds Public Hearing, Vote On Flavored Tobacco Ban.

The [Bangor \(ME\) Daily News](#) (8/9, Russell, 178K) reports, “Bangor was the first city in Maine to ban sales of flavored tobacco products last fall, but reversed course in April after the city solicitor said that the city had failed to give affected vendors a required 30-day notice before considering the ordinance.” City “councilors revived the ordinance in June and held a public hearing last week that continued into Monday night, where dozens of advocates and opponents of the ban spoke passionately.” The law “will levy a fine of \$50 to \$100 for first-time offenders and then \$300 to \$1,000 for each offense within the same two-year period.”

One Of The Best Tools To Manage The Opioid Crisis Already Exists.

Science Journalist Emma Yasinski writes for [Undark](#) (8/4, Yasinski), “In March 2020, concerns about Covid-19 led” the Substance Abuse and Mental Health Services Administration (SAMHSA) to relax restrictions for the distribution of methadone, the drug that helps people with opioid use disorder. SAMHSA “announced that states could request an exception allowing clinics to offer a greater amount of take-home doses” for stable patients. About half of methadone clinics followed the request, and the “pandemic provided the natural experiment to demonstrate that loosening regulations on methadone in the U.S. was safe.” On July 13, 2022, NIDA and NCIPC researchers “published some of the most powerful results of that experiment,” showing that while opioid overdoses rose, “the percentage of overdose deaths involving methadone decreased.” Yasinski concludes, “We already know methadone works. Allowing people to pick up a week’s or month’s supply at their local pharmacies will make it work better and for more people.”

Two Substance Use Experts Debunk Myths About Fentanyl.

[TODAY](#) (8/10, Holohan, 2.24M) reports, “When people hear about fentanyl, it’s often through horror stories of accidental overdoses or first responders being poisoned just by being near the substance.” But TODAY “spoke to two substance use experts” – Mass General Brigham Substance Use Disorder Medical Director Dr. Sarah Wakeman and Case Western Reserve University School of Medicine medical toxicologist and addiction medicine physician Dr. Ryan Marino – “who debunked some of the most prevalent myths surrounding fentanyl that they encounter,”

including that overdoses can happen by touch or nearness, no type of recovery requires someone to “quit cold turkey,” illicit drug manufacturers do not “deliberately cut their drugs with fentanyl to cause addiction,” and that “if naloxone is readily available, people will use drugs more.”

Forever 16: America’s Teens Succumbing To Deadly Fentanyl.

[AFP](#) (8/9, Danilova) reports, “America’s opioid crisis has reached catastrophic proportions, with over 80,000 people dying of opioid overdoses last year, most of them due to illicit synthetics such as fentanyl – more than seven times the number a decade ago.” DEA Chief of Operations Ray Donovan said, “This is the most dangerous epidemic that we’ve seen. Fentanyl is not like any other illicit narcotic, it’s that deadly instantaneously.” And overdose “deaths are rising especially quickly among young people, who obtain counterfeit prescription drugs through social media. Unknown to them, the pills come either laced with or made of fentanyl.” NIDA Deputy Director Wilson Compton “said the number of Americans doing drugs has largely stayed the same in recent years, but what changed is how deadly they’ve become.”

Utah Health Insurer To Add Prescription Digital Therapeutic As Covered Benefit For Some Members With Opioid Use Disorder.

[mHealth Intelligence](#) (8/9, Vaidya) reports, “SelectHealth, a Utah-based health insurer and a wholly owned subsidiary of Intermountain Healthcare, has added reSET-O, a prescription digital therapeutic, as a covered benefit for some members.” The FDA-authorized reSET-O, “developed by Pear Therapeutics, is designed to treat opioid use disorder.” reSET-O “is a 12-week program that provides cognitive behavioral therapy (CBT) through a tablet or smartphone. It is meant to be used alongside outpatient treatment that includes transmucosal buprenorphine and contingency management for adult patients supervised by a clinician.”

Hawaii Governor Outlines Plans For Spending \$78M In Opioid Settlement Money.

The [AP](#) (8/10, McAvoy) reports, “Hawaii Gov. David Ige on Tuesday outlined plans for how the state will spend \$78 million it’s receiving from a multistate settlement reached with pharmaceutical industry companies over their role in the opioid addiction crisis.” Hawaii and its “counties have agreed to spend the funds on treatment, prevention and education, with 85% directed at opioids and the remaining 15% for other substances. An advisory committee comprised of equal numbers of county and state representatives will consult on how 85% of the money is spent statewide. The other 15% will be spent at the county level in a manner determined by the county.” Ige said “officials will first conduct a statewide assessment of needs.”

Opinion: Senators Can Help Fix Tennessee’s Opioid Crisis By Passing MAT Act.

United Way of West Tennessee president and CEO Matt Marshall writes for the [Tennessean](#) (8/4, 645K), Tennessee “ranks the sixth hardest hit in the nation by drug overdose deaths, and seventh specifically by opioids.” But “while our society has been tempted to view addiction as little more than a manageable vice, we now know that it is a chronic disease that can affect anyone. And the U.S. Senate can act today to help people struggling with opioid use disorder” (OUD). The FDA-approved “medications for OUD – buprenorphine, methadone and naltrexone – are the gold standard of treatment.” But “unfortunately, outdated red tape, rooted in stigma about addiction, prevent these medications from being widely available. ... Congress can fix this” by having the Senate pass the “Mainstreaming Addiction Treatment Act, legislation that would immediately remove training and licensing barriers and help increase access to buprenorphine treatment” nationwide.

Veteran Develops App To Help Stop Relapse Of Substance Abuse.

[NBC News](#) (8/9, Gilchrist, 4.91M) reports in a video, “According to the National Institutes of Health, more than one in 10 veterans who seek care at the U.S. Department of Veterans Affairs meet the criteria for being diagnosed with substance abuse disorder. NBC News’ Aaron Gilchrist spoke with one veteran,” Sharina Johnson, who created the Arcana Recovery smartphone app “to help others stop relapse after she recovered from PTSD and opioid addiction.” The app connects people to addiction counselors, tracks mood, and uses AI to help stop relapses.

Montana Department Of Corrections Receives \$780K Grant For Opioid Response.

[KRTV-TV](#) Great Falls, MT (8/10, Ambarian) reports, “Leaders with the Montana Department of Corrections have announced they’ve received a \$780,000 grant” from the Montana Board of Crime Control “to support their response to the opioid epidemic.” The board “awarded the DOC the grant last month for a Comprehensive Opioid Abuse Program.” DOC leaders “said they’ll use the money to develop additional programs and help cover reimbursement for some medications, equipment and medication-assisted treatment. The DOC’s Health Services Bureau is still finalizing their program offerings.” The DOC “pointed to data from the National Institute on Drug Abuse, showing 65% of inmates in U.S. prisons are dealing with substance use disorders.”

District Court Rules Walgreens “Substantially Contributed” To San Francisco Opioid Crisis.

The [Washington Post](#) (8/10, Kornfield, 10.52M) reports a US District court ruled Wednesday that “Walgreens helped fuel the opioid epidemic in San Francisco by shipping and dispensing the addictive drugs without proper due diligence...in what attorneys suing the retailer called a ‘wake-up call for companies.’” The District judge “said Walgreens ‘substantially contributed’” to the opioid crisis “by not stopping suspicious orders and dispensing drugs that were diverted for illicit use,

causing a public nuisance in a major city that is among the hardest hit by addiction and overdoses.” Walgreens, “responsible for shipping nearly 1 out of every 5 oxycodone and hydrocodone pills distributed nationwide during the height of the opioid crisis, was the only drug company sued by San Francisco that did not settle, going to trial in April.”

First Of Its Kind Drug, To Reverse Effects Of Cocaine Intoxication, Awarded Grant.

[Labiotech](#) (8/4, Laws) reports, “An enzyme that efficiently degrades and metabolizes cocaine has been given a ‘cooperative agreement grant’ from the National Institute on Drug Abuse (NIDA) part of the National Institutes of Health.” The enzyme, “TNX-1300 demonstrated activity on reversing the physiological effects of IV cocaine challenge in people who use cocaine in a prior phase 2a randomized, double-blind, placebo-controlled clinical study.” Tonix Pharmaceuticals president and CEO Seth Lederman said, “This grant award underscores the unmet need for safe and effective treatments for cocaine intoxication and validates the progress we have achieved to date with TNX-1300.” Tonix “recently announced the design of a new single-blind, open-label, placebo-controlled, randomized phase 2 clinical trial of TNX-1300 for the treatment of cocaine intoxication. The phase 2 study, which has the potential to serve as a pivotal trial, is anticipated to start in the fourth quarter of 2022, pending” FDA agreement. The FDA has already granted TNX-1300 the Breakthrough Therapy designation.

CDC Study Indicates Less Than A Third Of Insured Americans With Hepatitis C Receive Treatment Within A Year Of Diagnosis.

[USA Today](#) (8/9, Rodriguez, 12.7M) reports over “95% of people infected with hepatitis C can be cured with a simple course of antivirals,” however, more than “2 million adults in the U.S. are still living with the virus,” according to a new CDC study. The CDC examined data on “nearly 50,000 insured patients diagnosed with hepatitis C between January 2019 and October 2020 and found less than one-third received treatment within a year of their diagnosis, according to the study published Tuesday in the Morbidity and Mortality Weekly Report.” Researchers found some 23% of Medicaid recipients were treated, compared to 28% of Medicare beneficiaries and 35% of people with private insurance. Dr. Carolyn Wester, director of the CDC’s division of viral hepatitis, said, “Our study shows that there are large gaps in hepatitis C treatments persisting nearly a decade after a highly effective curative treatment was approved.”

The [AP](#) (8/9, Stobbe) reports, “Insurance restrictions appear to be part of the reason for the surprisingly low percentage. A course of treatment can cost tens of thousands of dollars but can wipe out the infection in only a few months.” Furthermore, “not enough primary care doctors are prescribing the medicines, perhaps thinking it should be handled by a specialist or dissuaded by the paperwork that may be required, experts said.”

[Reuters](#) (8/9, Roy) quotes CDC Acting Principal Deputy Director Debra Houry as saying, “Everyone with hepatitis C should have access to lifesaving treatment, regardless of race, ethnicity, age or insurance status. ... This is critical to stop preventable deaths and prevent new infections.” – [Link to CDC Vital Signs: Hepatitis C Treatment Among Insured Adults – United States, 2019–2020](#)

Op-Ed Urges Congressional Action To Help Seniors Deal With Mental Health Issues, Substance Abuse Disorders Exacerbated By Pandemic.

Michael Pessman, a gerontologist and community engagement coordinator at Rush University Medical Center in Chicago, writes in an op-ed for [The Hill](#) (8/9, 5.69M), “Many older Americans face age-related mental health issues and substance abuse disorders that were exacerbated by COVID-19,” which “is fueling a national health crisis that requires action by policymakers, health care providers and insurers.” Pessman says, “Behavioral health care providers could make considerable progress in this country through these Medicare reforms. Policymakers, administrators, providers, insurers, patients and families need to work together to solve mental and behavioral health challenges.” However, “Congress must act to pass the Mental Health Access Improvement Act before more older Americans suffer.”

Federal Court Rules CVS Must Face Lawsuit Over HIV Medication Distribution Policies.

[Bloomberg Law](#) (8/8, Wille, Subscription Publication, 4K) reports plaintiffs in a lawsuit against CVS Health scored a victory “when a California federal judge said the company’s subsidiaries were likely subject to the Affordable Care Act’s rules prohibiting discrimination.” The complaint “challenges a CVS policy that requires HIV/AIDS patients to receive their specialty medications at a CVS pharmacy or through the mail, instead of at non-CVS ‘community pharmacies,’ in order to receive discounted, in-network prices.”

Response To Psychedelic Drugs May Be Determined By Genetic Variations In Serotonin Receptor.

[Pharmacy Times](#) (8/8, Mulrooney, 5K) reports, “Genetic variations in the 5-hydroxytryptamine serotonin receptor uniquely impacted the receptor’s response to psychedelic drugs, including LSD and psilocin, possibly explaining why patients have varied success with psychedelic treatment for psychiatric conditions.” A study published in ACS Chemical Neuroscience finds “common genetic variations in one serotonin receptor may impact the receptor’s response to psychedelic drugs.” Bryan Roth, MD, PhD, the Michael Hooker Distinguished Professor of Pharmacology, who leads the NIH Psychotropic Drug Screening Program said, “Based on our study, we expect that patients with different genetic variations will react differently to psychedelic-assisted treatments. ... We think physicians should consider the genetics of a patient’s serotonin receptors to identify which psychedelic compound is likely to be the most effective treatment in future clinical trials.” – [Link to article 5-](#)

[HT2A SNPs Alter the Pharmacological Signaling of Potentially Therapeutic Psychedelics | ACS Chemical Neuroscience](#)

New 988 Lifeline Providing Assistance To People Experiencing Mental Distress, Substance Use-Related Crises.

[Wired](#) (8/8, Rogers, 3.42M) reports 988 is “the new number anyone in America can call or text for help if they feel suicidal or experience mental distress. You’re not alone. Millions of Americans think about suicide every year according to the Center for Disease Control. Reach out for help, no matter how depressed or isolated you feel.” People can also call 988 if they “are experiencing a substance use-related crisis.” Dr. Miriam Delphin-Rittmon, assistant secretary for mental health and substance use at HHS, said people who are contacting 988 for the first time “can expect to be connected with a trained counselor who is compassionate and who will be there with them. ... Someone who is present and speaks with them about what they’re experiencing.”

Climate Hazards Worsen About 58% Of Infectious Diseases In People, Study Suggests.

The [AP](#) (8/8, Borenstein) reports “climate hazards such as flooding, heat waves and drought have worsened more than half of the hundreds of known infectious diseases in people, including malaria, hantavirus, cholera and anthrax, a study says.” Researchers examined “the medical literature of established cases of illnesses and found that 218 out of the known 375 human infectious diseases, or 58%, seemed to be made worse by one of 10 types of extreme weather connected to climate change, according to a [study](#) in Monday’s journal Nature Climate Change.” In a number of cases, “downpours and flooding sicken people through disease-carrying [mosquitoes], rats and deer.” Furthermore, “there are warming oceans and heat waves that taint seafood and other things we eat and droughts that bring bats carrying viral infections to people.”

The [Scientist](#) (8/8, Carstens, 157K) also reports on the story.

Funding Opportunities



GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

[RFA-DA-23-013](#)

[NIDA REI: Addressing Racial Equity in Substance Use and Addiction Outcomes Through Community-Engaged Research \(R01 Clinical Trial Optional\)](#)

[RFA-DA-23-023](#)

[NIDA REI: Reaching Equity at the Intersection of HIV and Substance Use: Novel Approaches to](#)

[Address HIV Related Health Disparities in Underserved Racial/Ethnic Populations \(R01 Clinical Trial Optional\)](#)

[RFA-DA-23-024](#)

[NIDA REI: Reaching Equity at the Intersection of HIV and Substance Use: Novel Approaches to Address HIV Related Health Disparities in Underserved Racial/Ethnic Populations \(R34 Clinical Trial Optional\)](#)

[RFA-DA-23-025](#)

[NIDA REI: Coordination Center to Support Racial Equity and Substance Use Disparities Research \(U24 Clinical Trial Not Allowed\)](#)

[RFA-DA-23-026](#)

[NIDA REI: Racial Equity Visionary Award Program for Research on Substance Use and Racial Equity \(DP1 Clinical Trial Optional\)](#)

[RFA-DA-23-028](#)

[NIDA REI: Research on Neurocognitive Mechanisms Underlying the Impact of Structural Racism on the Substance Use Trajectory \(R61/R33 Clinical Trial Optional\)](#)

[RFA-DA-23-032](#)

[NIDA REI: Addressing Racial Equity in Substance Use and Addiction Outcomes Through Community-Engaged Research at Minority Serving Institutions \(R01 Clinical Trial Optional\)](#)

[RFA-DA-23-031](#)

[NIDA REI: Racial Equity Visionary Award Program for Research at Minority Serving Institutions on Substance Use and Racial Equity \(DP1 Clinical Trial Optional\)](#)

[RFA-DA-23-029](#)

[NIDA REI: Research at Minority Serving Institutions on Neurocognitive Mechanisms Underlying the Impact of Structural Racism on the Substance Use Trajectory \(R61/R33 Clinical Trial Optional\)](#)

[NOT-DA-22-066](#)

[Notice of Correction to RFA-DA-23-053, "HEAL Initiative: Translating Research to Practice to End the Overdose Crisis \(R61/R33 Clinical Trial Optional\)"](#)

[RFA-NS-22-070](#)

[HEAL Initiative: Development and Validation of Non-Rodent Mammalian Models of Pain\(R01 Clinical Trial Not Allowed\)](#)

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.

Gilead Scholars Program Bolsters the HIV Research of Junior Faculty

Deadline: September 9, 2022

Gilead Research Scholars invites applications for basic and clinical research in the field of HIV. Grants of up to \$90,000 per year for two years will be awarded. Areas of research may include basic, clinical, behavioral, epidemiological, implementation science, and community-based participatory research; management of complications, comorbidities and/or co-infections, e.g., HIV and aging; HIV prevention; and health economics outcomes research. This award is intended for junior faculty who meet the criteria for early-stage investigator as defined by the National Institutes of Health. To be eligible, applicants must hold an MD, DO, PhD, or equivalent degree at time of award and be within five years of a faculty appointment in association with an academic research institution at the time of application. Applicants must have a research mentor with extensive experience in the field of HIV.

© [2020 Center for Addiction Research]

