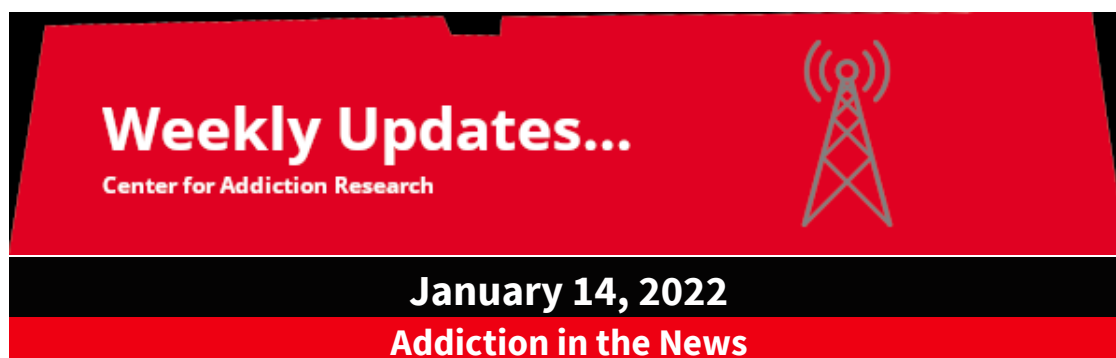


Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter includes highlights from addiction in the news topics, active funding opportunities offered by NIDA/NIAAA, and information about any new publications from CAR members. Please email Jen Rowe ([roweji@ucmail.uc.edu](mailto:roweji@ucmail.uc.edu)) to change your communication preferences. Thank you.

Thank you for your interest in the Center for Addiction Research - our mission is to accelerate scientific progress in the prevention and treatment of substance use disorders and their consequences by fostering research collaborations across: 1) UC departments, colleges, and centers including Cincinnati Children's Hospital Medical Center; 2) Local, regional, and state community and governmental partners; and 3) Other academic institutions and industry."



### **UC/ Regional News**

#### **UC professor develops novel approach to combat cocaine addiction**

Researcher seeks FDA approval for first-in-human trials of anti-cocaine antibody  
Andrew Norman's unique approach to treating cocaine addiction has been met with skepticism and consternation from fellow researchers, but it's showing promise and caught the attention of Ohio Lt. Gov. Jon Husted. Norman, a professor of pharmacology at the University of Cincinnati, is seeking Food and Drug Administration approval... **(featuring CAR member and Addiction Treatment Development and Testing Core leader, Dr. Andrew Norman)**

#### **In 2021, RALI Ohio distributed nearly 40,000 medication disposal pouches**

DAYTON — Since launching in 2018, nearly 600 Ohio-based organizations, including Goodwill Easterseals Miami Valley, received more than 118,000 safe drug disposal kits, at no cost, from the Rx Abuse Leadership Initiative (RALI) of Ohio. During 2021, Ohioans received nearly 40,000 pouches to safely dispose of their unused, unwanted, or expired prescription medications. "Our organization is a proud partner with RALI Ohio and we have..."

#### **Avon Lake mayor comments on opioid settlement**

AVON LAKE, Ohio -- In August 2021, the City of Avon Lake joined other Ohio communities in accepting terms of an estimated \$829 million legal settlement between the State of Ohio and three large pharmaceutical companies. The settlement is for damages resulting from the serious impact of opioid addiction.

The city passed an ordinance Nov. 22 citing its participation in the legal settlement. The money is all part of a \$26 billion...

## **National News**

### **This Federally-Funded Study Will Test Whether Cannabis Can Treat HIV-Related Pain.**

[Analytical Cannabis](#) (1/6) reports that the National Institute on Drug Abuse has awarded a group of researchers at the University of Mississippi School of Pharmacy “a \$1.37 million grant to study whether cannabis compounds can treat HIV-related pain.” Now, “the team at the University of Mississippi will begin screening and identifying cannabis compounds with known anti-inflammatory and pain-relieving effects.”

### **Cannabis Compounds Prevented Covid Infection In Laboratory Study.**

[Bloomberg](#) (1/12, Matsuyama, 3.57M) reports two cannabis compounds – cannabigerolic acid and cannabidiolic acid – “prevented the virus that causes COVID-19 from penetrating healthy human cells, according to a laboratory study published in the Journal of Nature Products.” In the study, the compounds “bound to spike proteins found on the virus and blocked a step the pathogen uses to infect people.”

**Additional Sources.** Contributor Chris Roberts writes in [Forbes](#) (1/13, 10.33M) that the study from researchers at Oregon State University “could mean that certain cannabis-derived preparations, given in the right amount, might help people fight off COVID-19.” However, he says, “What this research does not mean is that smoking cannabis helps protect you from the coronavirus, or that ‘weed stops COVID’ (at least in the practical sense), or that the reason why someone got sick with COVID while someone else didn’t had anything to do with cannabis.” Roberts adds, “Yet by the time the story began appearing in every news outlet, aggregator, Facebook post, and clout-chasing social media account by Wednesday morning, that was the meaning the research had taken on.”

### **Republican Bill Would Get People Off Opioids And Into Cannabis And Psychedelics, Wait, What?**

[Cannabis.net](#) (1/11, Billions) reports, “Proposed policy reform by the Republicans seeks to allow Schedule 1 drugs like marijuana and psilocybin to be researched by multiple researchers without the long process of seeking individual permission from the DEA.” Also, “a group of companion bills is set to be introduced to the House and Senate by the Republicans. These bills could unlock the doors to a unique Anti-opioid plan and introduce the concept of in-depth research for cannabis, psychedelics, and other prohibited substances in the Schedule 1 class.” Recently, “the Drug Enforcement Administration (DEA) and National Institute on Drug Abuse (NIDA) disclosed that they support these recommendations.” NIDA Director Dr. Nora Volkow “told an online publication that the recent proposals made by the DEA are encouraging.”

### **FDA Approves IND Application For CBD-Based Opioid Use Disorder Treatment.**

[Healio](#) (1/11, 40K) reports, “The FDA has granted investigational drug designation to Ananda Scientific Inc. for Nantheia ATL5, a liquid augmentative cannabidiol-based treatment for opioid use disorder, according to a company press release.” An upcoming clinical trial that will be funded by the National Institute on Drug Abuse “for Nantheia ATL5 will take place at the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA.”

### **When Smokers With No Plans To Quit Try Vaping, They Often Quit Anyway.**

[Filter \(NY\)](#) (1/11) reports a new study found smokers with no plans to quit were still “multiple times” more likely to quit if they started vaping, “compared to those who never used e-cigarettes.” The study’s “nearly 20 co-authors,” including researchers from the FDA and NIH, “focused on a select group of 1,600 individuals who did not set out to quit smoking” and found 28% “quit when they began vaping every day.” The findings were published in JAMA Network Open.

### **Older Americans Are The Ignored Victims Of The Opioid Epidemic.**

[TIME](#) (1/12, Law, 18.1M) reports in continuing coverage, “Between May 2020 and April 2021, drug overdoses caused more than 100,000 deaths in the US, according to provisional data from the” CDC’s National Center for Health Statistics. Furthermore, “new analysis suggests that many of these deaths are from a somewhat surprising group: older Americans.” According to the new study, “[in] adults ages 55 and older, opioid overdose deaths rose tenfold between 1999 and 2019, surging from 0.9 deaths per 100,000 people to 10.7.” The findings were published in JAMA Network Open.

**Additional Source.** [The Root](#) (1/12, Womack, 191K) reports that U.S. News and World Report on Tuesday “reported that since 2013, Black men have had higher death rates among adults around the ages of 55 and older. They also reported the opioid fatality rate among Black men was four times higher than the average adult population.” NIDA Director Dr. Nora Volkow “extended the conversation about disparities in treatment to disparities in healthcare.” She told NPR, “If you are Black American and you have an opioid use disorder, you are much less likely to be prescribed medications for opioid use disorder.”

### **Opioid Deaths Have Surged Among Older Black Men, Study Finds.**

[US News & World Report](#) (1/11, Johnson, 1.91M) says, “Opioid overdose deaths among older adults in the US have grown fastest among Black men, a new study shows.” The research “found the annual rate of opioid overdose deaths increased approximately tenfold among adults 55 years of age and older, from 0.9 deaths per 100,000 population in 1999 to 10.7 per 100,000 in 2019.” The findings (1/4) were published Tuesday in JAMA Network Open.

### **Researcher Testing Effectiveness Of Opioid Use Disorder Vaccine.**

[CBS Evening News](#) (1/12, 6:44 p.m. EST, story 7, 2:10, O'Donnell, 3.64M) reported, “Nearly 1 million Americans have died from drug overdoses in the last two decades, and more than 70%” of those deaths involved opioids. Now, though, a Columbia University professor is testing the effectiveness of an experimental opioid use disorder vaccine that is focused on oxycodone.” This professor, Sandra Comer, “said her hope is that her research demonstrates that if someone who is in opioid use disorder recovery were to relapse, the vaccine would provide “some level of protection, at least against overdose, and maybe an opportunity for us to reengage them in treatment.” The CBS Evening News report highlights that if the oxycodone-focused opioid use disorder vaccine “works, researchers hope to target other opioids, including fentanyl and heroin, perhaps in a single vaccine.”

### **Health Officials Warn Fentanyl Is Becoming More Accessible To Young People.**

[Fox News](#) (1/12, Westfall, 23.99M) reports, “Health officials say fentanyl isn’t just killing people in the substance abuse community, it’s also killing children who aren’t even aware they’re taking it.” The drug “has been found in vape pens on high school campuses in recent months” and “officials have a growing concern that middle school, high school, and college-aged kids are being targeted as criminals make fentanyl pills disguised as oxycodone, Adderall, and Xanax.” Many students reportedly access the drugs through social media, thinking they are buying something else. The Substance Abuse and Mental Health Services Administration is mentioned.

### **FDA Warns About Risk Of Dental Problems Tied To Use Of Buprenorphine.**

[Reuters](#) (1/12, Leo) reports that on Wednesday, the Food and Drug Administration “warned patients and prescribers about the risk of potential dental problems arising from the use of buprenorphine medicines to treat opioid addiction and pain.” The regulator “said the opioid addiction treatment has been reported to cause tooth decay, infection, and, in some cases, total tooth loss in patients with no history of dental issues.”

### **FDA Authorizes German Startup To Conduct Clinical Trial Of Ketamine Therapy In Treatment-Resistant Depression.**

[Forbes](#) (1/12, Yakowicz, 10.33M) reports that the FDA “has authorized German psychedelics startup Atai Life Sciences to conduct a clinical trial on a nonpsychedelic form of ketamine for treatment-resistant depression.” Atai “will study R-ketamine, an enantiomer of ketamine, the FDA-approved dissociative anesthetic that is used for general anesthesia and off-label as a popular treatment for depression.”

### **The Next Big Trend In Mental Health Treatments? Psychedelic Therapy.**

[USA Today](#) (1/7, Moniuszko, 12.7M) reports, “If you haven’t heard about psychedelics being used as a treatment for mental health disorders, this year may

change that.” Among others, in 2021 then-NIH Director Dr. Francis Collins “made headlines for praising psychedelics’ potential as a therapeutic treatment option.” Johns Hopkins Center of Psychedelics and Consciousness Research acting Director Dr. Matthew W. Johnson said, “Expect more of that flavor at the NIH, expect less risk aversion.” Dr. Johnson says “it’s shifted from being viewed as radical to a worthy avenue to explore given the promising evidence in treating depression and substance use disorders, especially in the context of a suicide and drug overdose epidemic.”

### **Jolting The Brain’s Circuits With Electricity Is Moving From Radical To Almost Mainstream Therapy. Some Crucial Hurdles Remain.**

STAT (1/12, Cueto, 262K) reports, “The National Institute[s] of Health’s massive BRAIN Initiative put circuits front and center, distributing \$2.4 billion to researchers since 2013 to devise and use new tools to observe interactions between brain cells and circuits.” According to BRAIN Initiative neurological disorders lead Nick Langhals, “many BRAIN projects are still in early stages, finishing enrollment or small feasibility studies.” However, “over the next couple of years, scientists will begin to see some of the fruits of their labor, which could lead to larger clinical trials, or to companies developing more refined brain stimulation implants.” The article adds, “Money from the National Institutes of Mental Health, as well as the NIH’s Helping to End Addiction Long-term (HEAL), has similarly sweetened the appeal of brain stimulation, both for researchers and industry.”

## **Funding Opportunities**



[RFA-DA-22-037](#)

[Accelerating the Pace of Drug Abuse Research Using Existing Data \(R01 Clinical Trial Optional\)](#)

[RFA-DA-22-038](#)

[Accelerating the Pace of Drug Abuse Research Using Existing Data \(R21 Clinical Trial Optional\)](#)

[NOT-DA-22-008](#)

[Notice of Change to RFA-DA-22-033, "Coordinating Center for the HIV/AIDS and Substance Use Cohorts Program \(U24 - Clinical Trial Not Allowed\)"](#)

[PAR-22-092](#)

[Health Care Models for Persons with Multiple Chronic Conditions from Populations that Experience Health Disparities: Advancing Health Care towards Health Equity \(R01 - Clinical Trials Optional\)](#)

[RFA-NS-22-034](#)

[HEAL Initiative: Discovery and Validation of Novel Targets for Safe and Effective Pain Treatment \(R01 Clinical Trial Not Allowed\)](#)

[NOT-DA-22-001](#)

[Notice of Change to Key Dates for NIDA PAR-21-183, " Developing Digital Therapeutics for Substance Use Disorders \(UG3/UH3 Clinical Trial optional\)"](#)

[PAR-22-057](#)

[Emergency Awards: HEAL Initiative: Translational Science Career Enhancement Awards for Early and Mid-career Investigators \(K18 Clinical Trials Not Allowed\)](#)

Other sources:

The [CCTST Just-In-Time](#) (JIT) grant program is designed to support basic, clinical and translational science CCHMC and UC investigators who require the services of an institutional core to develop key preliminary data for federal (R01, D0D, VA, etc.) or equivalent scale foundation or professional association grant funding. The maximum allowable budget (direct costs) is \$7,500. The application will open on January 10, 2022 and will close at 11:59pm on February 6, 2022. For additional information, please contact [Kat Persons](#).

## CAR Member New Publications

**“Opioid-specific medication-assisted therapy and its impact on criminal justice and overdose outcomes”** C. Clare Strange, Sarah M. Manchak, Jordan M. Hyatt, Damon M. Petrich, Alisha Desai, Cory P. Haberman

*Campbell Systematic Reviews*,

DOI: <https://doi.org/10.1002/cl2.1215>

### ABSTRACT

**Background:** The overlap between justice system involvement and drug use is well-documented. Justice-involved people who misuse opioids are at high risk for relapse and criminal recidivism. Criminal justice policymakers consider opioid-specific medication-assisted therapies (MATs) one approach for improving outcomes for this population. More research is needed that explores the impacts of opioid-specific MATs for justice-involved people.

**Objectives:** This study sought to assess the effects of opioid-specific MAT for reducing the frequency and likelihood of criminal justice and overdose outcomes for current or formerly justice-involved individuals.

**Search Methods:** Records were searched between May 7, 2021, and June 23, 2021. We searched a total of sixteen proprietary and open access databases that included access to gray literature and conference proceedings. The bibliographies of included studies and relevant reviews were also searched.

**Selection Criteria:** Studies were eligible for inclusion in the review if they: (a) assessed the effects of opioid-specific MATs on individual-level criminal justice or overdose outcomes; included (b) a current or formerly justice-involved sample; and (c) a randomized or strong quasi-experimental design; and c) were published in English between January 1, 1960 and October 31, 2020.

**Data Collection and Analysis:** We used the standard methodological procedures as expected by The Campbell Collaboration.

**Main Results:** Twenty studies were included, representing 30,119 participants. The overall risk of bias for the experimental studies ranged from “some” to “high” and for quasi-experimental studies ranged from “moderate” to “serious.” As such, findings must be interpreted against the backdrop of less-than-ideal methodological contexts. Of the 20 included studies, 16 included outcomes that were meta-analyzed using mean log odds ratios (which were reported as mean odds ratios). Mean effects were nonsignificant for reincarceration (odds ratio [OR] = 0.93 [0.68, 1.26], SE = .16), rearrest (OR = 1.47 [0.70, 3.07], SE = 0.38), and fatal overdose (OR = 0.82 [0.56, 1.21], SE = 0.20). For nonfatal overdose, the average effect was significant (OR = 0.41 [0.18, 0.91], SE = 0.41,  $p < 0.05$ ), suggesting that those receiving MAT had nearly 60% reduced odds of a nonfatal overdose.

**Implications for Policy, Practice, and Research:** The current review supports some utility for adopting MAT for the treatment of justice-involved people with opioid addiction, however, more studies that employ rigorous methodologies are needed. Researchers should work with agencies to improve adherence to medication regimens, study design, and collect more detailed information on participants, their criminal and substance use histories, onset, and severity. This would help clarify whether treatment and control groups are indeed comparable and provide better insight into the potential reasons for participant dropout, treatment failure, and the occurrence of recidivism or overdose. Outcomes should be assessed in multiple ways, if possible (e.g., self-report and official record), as reliance on official data alone may undercount participants' degree of criminal involvement.

© [2020 Center for Addiction Research]

