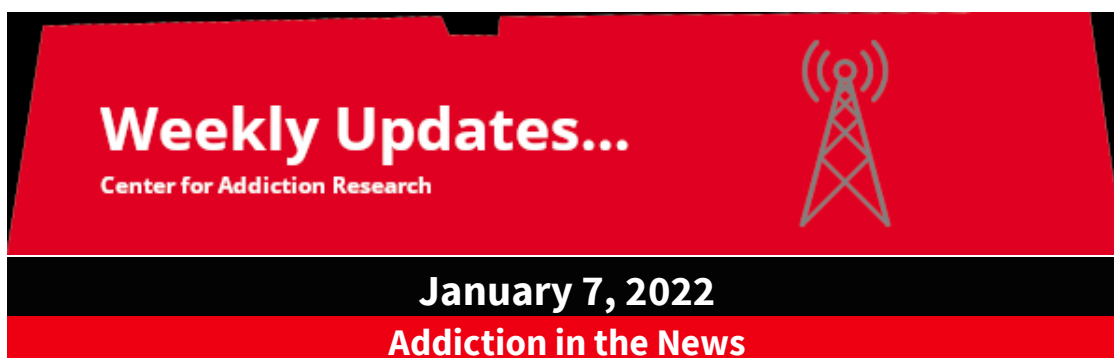


Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter includes highlights from addiction in the news topics, active funding opportunities offered by NIDA/NIAAA, and information about any new publications from CAR members. Please email Jen Rowe ([roweji@ucmail.uc.edu](mailto:roweji@ucmail.uc.edu))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

#### **Kentucky stories of addiction are powerful part of Sam Quinones' new book 'The Least of Us'**

Recreational use of hard drugs in this country is a thing of the past. As absurd as this sounds given recent public announcements of skyrocketing numbers of U.S. overdose deaths, it's a major theme of Sam Quinones' just-released book, "The Least of - Us: True Tales of America and Hope in the Time of Fentanyl and Meth." 21st Century drug use is even more perilous than in the past, with a high likelihood of mental illness and loss of life. What this book is not, is merely a collection...

#### **'Blind Eye' by Portsmouth rappers focuses on opioid addiction in southern Ohio**

A rap group from Portsmouth. A producer from Helsinki. And a crowd-funding music platform based in Stockholm. Those are the key ingredients behind "Blind Eye," a song released in November by Raw Word Revival that is available on Spotify and Apple Music. Portions of the profits from the song benefit Scioto CASA (Court Appointed Special Advocates). Raw Word Revival was formed in 2011 in Portsmouth, a town that has been hard hit by opioid...

#### **Studies find that even as opioid overdose deaths level off, death rate rises for Black individuals**

A newly published study has shed light on increased deaths in opioid overdose among Black individuals. In a recent study in the American Journal of Public

Health, experts found opioid overdose death rates increased by 40% among non-Hispanic Black individuals between 2018 and 2019, despite having leveled off overall. "I try to help them get in recovery or to stay in recovery," said Gary Biggers, a 30-year-old who coaches for Voices of Hope and travels all across the state to bring resources...

### **Attorneys for Lake, Trumbull counties will seek to make pharmacies pay for damages brought by opioids**

CLEVELAND, Ohio – Attorneys for Lake and Trumbull counties will return to a courtroom this spring, seeking to make three major pharmacy chains pay for their role in the opioid crisis. In October, a federal jury found that CVS, Walgreens and Walmart created a public nuisance in the counties because the chains failed to stem the oversupply of prescription opioids through their stores. The verdict was the nation's first involving the role of pharmacies in the opioid...

### **'Increasingly poisoned' drug supply contributing to surge in Northeast Ohio overdose deaths, officials say**

A spike in overdose deaths in early December prompted Cuyahoga County Medical Examiner Dr. Thomas Gilson to issue a public health alert for the second consecutive month. At least eight people died of suspected drug overdoses in the county on Dec. 2. A month earlier, Gilson issued a public health alert after 12 people died from suspected overdoses between Nov. 6-7. "Much like a month ago, yesterday's overdose cluster is very concerning," Gilson said in a Dec. 3 statement. "Again, the..."

### **Mercer County sees record-breaking number of overdose deaths in 2021**

In 2021, Mercer County saw its worst year on-record for opioid-overdose deaths. It's an issue, not just in the county but throughout the Valley, that's long needed a solution. In 2021, a year that's seen a record-breaking number of Covid-19 deaths, there is another epidemic that's been overshadowed: the opioid epidemic. "We shouldn't be hidden," Mercer County Coroner John Libonati, said. "We should be out there amongst the people." John Libonati believes its not only a coroner's...

### **U.S. Attorney's Office Announces More Than \$1.1 Million to Support Substance Abuse Programs in Western Ohio**

The U.S. Attorney's Office for the Northern District of Ohio announced today that the Department of Justice Office of Justice Programs (O.J.P.) awarded \$1,199,650 in grant funding to support programs that provide services to address opioid, stimulant and substance abuse issues in Western Ohio. The Hancock County A.D.A.M.H.S. Board was awarded \$600,000 to support the Recovery Community Organization Outreach Project. This initiative provides recovery support services, peer recovery...

### **See how much overdose deaths in Ohio increased during COVID-19**

The coronavirus has caused increased stress and isolation for many people. Some have turned to substance abuse or increased the quantity and frequency of drug use during the coronavirus restrictions. Others turned to new drugs if their preferred drug became more difficult to access. More drug users were using alone due to social distancing measures, which increases the risk of overdose death since there isn't someone to administer first aid and call for help. With in-person...

### **DEA investigation links overdoses to Mexican drug networks – Cleveland, Ohio**

Washington DC (WJW) – The Drug Enforcement Agency has linked the increased mortality from fentanyl-related overdose in the United States to the Mexican criminal drug network. Authorities say these drug networks will use social media platforms to bring drugs that are a mixture of fentanyl and fake prescription drugs to the United States. The DEA targeted these drug networks during the surge in public security from September 29th to December 14th. Meanwhile, the DEA...

## **National News**

### **Drug And Alcohol Use Among US Teens Saw Record Decline In 2021, Survey Finds.**

In continuing coverage, [USA Today](#) (12/16, 12.7M) reports that drug and alcohol use among US teens “saw a record decline in 2021, according to a nationwide survey published Wednesday” by the National Institute on Drug Abuse. Researchers saw the “largest single-year drop in the use of substances such as alcohol, marijuana and vaped nicotine among teens since” the annual Monitoring the Future survey began in 1975. NIDA Director Nora Volkow said, “We have never seen such dramatic decreases in drug use among teens in just a one-year period.” Richard Miech, principal investigator of the study, told USA Today that a combination of factors stemming from the pandemic “really led to a drop in availability of drugs and opportunities.” Also mentioned are SAMHSA and the Centers for Disease Control and Prevention.

**Additional Sources.** [HealthDay](#) (12/16, 11K) reports vaping’s popularity rates “also fell after COVID-19’s emergence. It remains the predominant method of nicotine consumption among young people, who may not recognize the risks associated with e-cigarettes.” According to HealthDay, “Rates of past-year nicotine vaping fell from nearly 17% to 12% among 8th graders, from about 31% to less than 20% among 10th graders, and from roughly 35% to about 27% among 12th graders.”

### **What Alcohol Sales In 13 States Reveal About Drinking During COVID-19.**

[KRDO-TV Colorado Springs \(CO\)](#) Colorado Springs, CO (12/22, 42K) reports that many US states changed their laws during the COVID-19 pandemic “to allow ‘to-go’

sales of alcoholic beverages from restaurants that weren't previously allowed to do so." The NIH "report that online sales of alcohol increased 477% by the end of April 2020." According to the article, "Citing data published by the National Institute on Alcohol Abuse and Alcoholism, Zinnia Health analyzed how alcohol sales during the first year of the pandemic compared to 2017–19 averages among 13 states where data was available."

### **DEA Ends 5-Decade Federal Monopoly On Research Cannabis Production, Approves Two Companies To Harvest Plants.**

[Benzinga](#) (1/5, Zdinjak, 152K) reports, "The Drug Enforcement Administration (DEA) finally authorized two cannabis companies to harvest marijuana for research purposes, reported Marijuana Moment, ending a five-decade federal monopoly." Groff North America Hempex and the Biopharmaceutical Research Company "have officially obtained DEA approval have started cultivation and harvesting marijuana plants." National Institute on Drug Abuse Director Dr. "Nora Volkow told the outlet that it would be 'valuable' for researchers to use marijuana from dispensaries to better examine what kind of weed is being consumed to better understand its benefits and risks."

### **Is Cannabis Use Increasing Schizophrenia?**

In a commentary for the [Psychiatric Times](#) (1/5, 18K), E. Fuller Torrey, MD, writes that the National Institute on Drug Abuse in September "reported that cannabis use among college students reached 44% in 2020, a significant increase from 38% in 2015 and at its highest level since the 1980s." He says, "This follows a July report from researchers in Denmark who claim that the increasing use of cannabis is a likely cause of increasing incidence of schizophrenia noted in that country over the past 2 decades." Torrey adds that "it is an embarrassment to American medicine that" the National Institute of Mental Health and that "NIMH should issue a request for proposals to try and confirm the Danish study in another country which has appropriate data so that we will have a definitive answer to" whether or not cannabis use is linked to schizophrenia.

### **People Who Use Medical Marijuana Anticipate Shortages When Montana Opens Recreational Marijuana Market.**

[Kaiser Health News](#) (1/5, Franz) reports, "More than a year after voters approved legalizing marijuana for recreational use in Montana, anyone older than 21 can now enter a dispensary and buy cannabis." The change has made "Montanans who hold medical marijuana cards and use cannabis" question how recreational marijuana use will "affect their ability to access their medicine." Shortages occurred in other states and "some dispensaries had to close their doors or impose limits on purchases," while some states "required dispensaries to maintain enough stock to ensure that medical users can get what they need."

### **Committed Adult Smokers Who Start Vaping More Likely To Drop Cigarettes.**

[The Verge](#) (12/28, 1.54M) reports that adult smokers who do not intend to quit “but who start using e-cigarettes are more likely quit than those who don’t start vaping,” according to a study from the National Institutes of Health and the Food and Drug Administration published in [JAMA Network Open](#). According to the study, “1,600 people said in initial interviews that they didn’t use e-cigarettes and didn’t plan to ever quit smoking cigarettes. By the next set of interviews, around 6 percent of that group had stopped smoking traditional cigarettes. Participants who’d started using e-cigarettes daily during that time were much more likely to be in that 6 percent than participants who hadn’t – 28 percent of the group using e-cigarettes had stopped smoking cigarettes, compared to just under 6 percent of the group not using e-cigarettes.”

### **Harlem Residents Protest Against Opioid Clinics After Data Shows Most Are Used By Non-Residents.**

[Gothamist \(NY\)](#) (12/16, 122K) says Harlem residents are protesting against opioid clinics following the release of data showing most are used by non-residents. According to Gothamist, “For decades, Harlem residents have voiced concerns that their neighborhood has been a too-convenient location to place social services, like shelters and addiction programs, that other neighborhoods fight hard to keep out. This past weekend, Rev. Al Sharpton and U.S. Rep. Adriano Espaillat led a protest against a newly installed supervised injection site in Harlem, the first facility of its kind in the nation.” Harlem clinics loosened restrictions on take-home methadone doses amid the pandemic, but “take-home doses of methadone come with risks.” NIDA Director Dr. Nora Volkow said, “There are patients for whom being in a methadone clinic may be necessary because they need the extra oversight of someone else.”

### **To Fight Opioid Crisis, UW Researchers Take New Shot At Developing Vaccine Against Addictive Drugs.**

The [Seattle Times](#) (1/5, Furfaro, 1.19M) reports that it has been nearly 50 years since a group of researchers in Chicago reported that they had “created a vaccine against drug addiction and an early test showed it might work.” They found that a rhesus monkey was able to resist addiction to drugs like heroin and cocaine when they injected it “with a compound they’d developed – one designed to coax the immune system into fighting addictive drugs as if they were pathogenic invaders.” According to the Times, “Their finding, published in the top scientific journal *Nature* in 1974, heralded a new frontier in treating addiction.” However, “despite millions of dollars in research – and decades’ worth of studies, including a high-profile but failed attempt at a nicotine vaccine – there’s still no Food and Drug Administration-approved shot against any addictive substance.” Now, scientists at the new Center

for Medication Development for Substance Use Disorders at the University of Washington have raised more than \$2 million in initial funding to launch a new clinical trial. The National Institute on Drug Abuse and NIH Helping to End Addiction Long-term Initiative are mentioned.

### **Fentanyl Is The Leading Cause Of Death In Americans Ages 18-45.**

[The Denver Channel](#) Denver (1/4, 103K) reports on its site that “fentanyl started to make its way into the United States in noticeable doses” in 2015. Now, “according to the CDC, fentanyl is the leading cause of death for adults ages 18-45 in the United States.” The article adds, “In the year ending in April 2021, fentanyl claimed the lives of 40,010 Americans ages 18-45.” National Institute on Drug Abuse (NIDA) Director Dr. Nora Volkow said, “What is driving these behaviors in the illicit market is clearly just profit, it’s greediness.”

**Additional Sources.** [Pedfire](#) (1/4, Galib) reports, “The mounting death toll has alarmed US policymakers, who had hoped that a crackdown on doctor and pharmacy ‘shopping’ by prescription painkiller users and multibillion dollar settlements with pharmaceutical companies would ease an opioid crisis.” Instead, the worsening crisis “is accelerating a shift by some state and federal authorities to address the problem as a public health issue rather than a criminal justice one: to accept illegal drug use takes place, aim to minimize its effects via harm reduction policies and save lives.” In December, NIDA “published a report on supervised injection sites which concluded that they ‘may represent a novel way of addressing some of the challenges presented by the overdose crisis.’” Dr. Volkow said, “We have a horrible situation right now, with so many people dying. And we need to do everything that we can to minimize that.”

### **Study Finds Sharp Drop In Opioid Scripts Among Most Specialties.**

[Medscape](#) (1/4, Dooley Young, Subscription Publication, 219K) reports that an [Rand Corp](#) study “found US clinicians are prescribing fewer opioids, with variation among patients.” However, Bradley Stein, MD, PhD, MPH, the study’s lead author and a senior physician researcher at RAND Corp, “said the report also raises questions about what’s driving the changes.” For the NIH-supported [analysis](#) published by the *Annals of Medicine* on Dec. 28, the researchers analyzed “opioid prescriptions from two periods, 2008–2009 and 2017–2018,” using “data from the consulting firm IQVIA, which they say covers about 90% of US prescriptions.” The researchers found that “total opioid volume per capita by prescriptions filled in retail pharmacies decreased from 951.4 MME in 2008–2009 to 749.3 MME in 2017–2018.”

### **Opioid Use Disorder Treatment Access Increases In Areas With Large Medicaid Population.**

[Mirage News \(AUS\)](#) (1/5) reports, “Researchers report that in communities where Medicaid is a more common source of insurance, providers of buprenorphine, an

effective treatment for opioid use disorder (OUD), are much less likely to discriminate between Medicaid and privately insured prospective patients.” However, “patients with either type of coverage still face many barriers to obtaining an initial appointment for treatment.” Researchers “from Vanderbilt University Medical Center’s Departments of Pediatrics and Health Policy, Baylor University’s Hankamer School of Business, and RAND Corporation” assessed “county-level information on Medicaid enrollment combined with randomized field experiment data from 10 states obtained during a previous study.” The findings were published in Health Services Research. According to the article, “The research was supported by grants...from the National Institute on Drug Abuse.”

### **Opinion: Opioid Treatment Access Act Would Improve Access To, Modernize The Opioid Use Disorder Treatment Process.**

In an opinion for [STAT](#) (1/4, 262K), Donald Norcross (D-NJ), a member of the House of Representatives Committee on Education and Labor, writes that the US “recently reached a grim milestone: 100,000 overdose deaths in one year,” resulting from numerous factors, ranging from “the social isolation and economic destruction of the COVID-19 pandemic to a surge in the availability of fentanyl, a potent synthetic opioid.” Norcross says, “Although an effective treatment for opioid use disorder exists – methadone...-- restrictive federal regulations create powerful barriers to people seeking access to this lifesaving medicine.” He argues in favor of the Opioid Treatment Access Act, which would improve “access to and [modernize] the process of receiving treatment for opioid use disorder by allowing pharmacies to dispense methadone – and not necessarily for just a day at a time – so people can receive treatment at more convenient locations.”

### **Don’t Forget The Opioid Epidemic As We Battle COVID-19 Pandemic.**

In an opinion for [USA Today](#) (12/22, 12.7M), Sen. Shelley Moore Capito (R-WV) writes that the COVID-19 pandemic has led to “a record number of Americans dying as a result of a drug overdose.” Capito says that the US must “continue investing in drug prevention efforts” and “must stop drug use before it starts, especially among children, by encouraging the use of alternatives to opioids and supporting local programs tailored for each city, town and rural community, which have proved to show signs of success.” When she hosted National Institute on Drug Abuse Director Dr. Nora Volkow at West Virginia University in Morgantown, Capito says, “Not only did we witness the innovative work being done to curb addiction, but we also brought together national leaders with those working on the ground to share ideas that will one day save lives.”

### **Biden Facing Rising Opioid Deaths With Over 53,000 Deaths In 2021, CDC Data Show.**

[Newsweek](#) (12/22, Roos, 2.67M) reports that provisional CDC data “shows that more than 53,000 opioid-related deaths have been reported thus far in 2021, a number that demonstrates the persistence and severity of the country’s opioid overdose epidemic that federal health officials say started in the 1990s.” Though the data is not finalized, “the 53,702 deaths reported thus far still demonstrate an uptick in opioid-related deaths during President Joe Biden’s first year in office, a rise his two most recent predecessors also experienced.” According to Newsweek, “The number is about 12 percent greater than the 47,600 opioid overdose deaths that the CDC said were reported in 2017 when former President Donald Trump was serving his first year in office.”

### **Inflexible Methadone Regulations Impede America’s Efforts To Reduce Overdose Deaths.**

In an opinion for [STAT](#) (12/22, 262K), contributors Paul Joudrey and Adam Gordon write that those who use methadone to treat opioid addiction by law can get access to it only by attending a special “clinic which may interfere with other steps important for recovery, like childcare or employment.” Joudrey and Gordon explain that they “are members of a 17-person task force convened by the National Institute on Drug Abuse to develop a scientific agenda for expanding access to methadone treatment across the United States.” They argue that flexible methadone regulations will enable “scientists, health providers, and patients...to pursue...innovations and maximize health.”

### **Biden Hits Fentanyl Traffickers With New Sanctions; More Disturbing Numbers Released.**

[WWL – AM870](#) (12/18, Barry) reported, “As President Joe Biden and San Francisco Mayor London Breed each announced a plan to address the nation’s drug overdose crisis this week, new alarming data was released about fentanyl-related deaths.” According to data released Thursday by the CDC, “synthetic opioids were responsible for enough fatalities in the 12-month period ending this May to land the drugs on the most recent top 10 list of leading causes of death in the U.S.” National Institute on Drug Abuse Director Dr. Nora Volkow said that a rise in reported deaths related to fentanyl “has been going up and up and is not limited to a particular region or location, you can see it emerging around 2016.”

### **illicit Pills Containing Fentanyl On The Rise, US Federal Authorities Say.**

The [Wall Street Journal](#) (12/16, Kamp, Wernau, Subscription Publication, 8.41M) reports federal authorities report finding fentanyl in more pills that appear to be prescription medications like oxycodone. By September, federal authorities had seized more than 9.5 million of these fake pills, more than the total seized in the



previous two years, combined. The DEA says mass production of these pills by Mexican cartels is fueling the threat. A CDC report on Tuesday said pill-related deaths are especially common in the western US.

### **The Opioid Crisis Worsened During The Pandemic.**

Grace Segers writes in the [New Republic](#) (12/29, 192K) that similar to 2020, “2021 was a constant deluge of news: much of it bad (failed insurrection, the persistence of a deadly pandemic, etc.), some of it good (vaccines, boosters, etc.), and almost all of it overwhelming.” The pandemic “likely kept one such horrifying development off the front page: This year’s surge in drug overdose deaths, which for the first time climbed past 100,000 in the 12-month period ending in April 2021.” The figures “from the Centers for Disease Control and Prevention’s National Center for Health Statistics, released in November, articulate a devastating new record of predicted deaths that came amid Covid-19’s ravages.” Brandeis University’s Heller School for Social Policy and Management Opioid Policy Research Collaborative Medical Director Dr. Andrew Kolodny said “in a November interview that most people who died due to overdoses were addicted to opiates and that the devastation of addiction had been exacerbated by the pressures of the pandemic.” Segers concludes that without “additional funding for treatment, the opioid crisis will only worsen.”

### **HHS OIG Study Finds Only 15.9% Of Medicare Beneficiaries With Opioid Use Disorder Get Medications For Treatment.**

Behind a pay wall, [Inside Health Policy](#) (12/29, Early, Subscription Publication) reports that “a new HHS Office of the Inspector General (OIG) study finds only 15.9% of Medicare beneficiaries being treated for Opioid Use Disorder are receiving medications and even fewer are receiving both medications and behavioral therapy, and the OIG calls for CMS to educate beneficiaries about their treatment options.”

### **Opioid Overdose Death Rate Rose Faster For People Of Color.**

[Psychiatry Online](#) (12/28, Richmond, 4K) reports that a “recent study of 8.3 million people living in 67 communities found that the rate of opioid overdose deaths stayed about the same between 2018 and 2019, about 40 deaths per 100,000.” However, “[while] the rate held steady for Whites, opioid overdose deaths for Black people shot up 38%.” The findings were published in the American Journal of Public Health. National Institute on Drug Abuse (NIDA) Director Dr. Nora Volkow “wrote in a commentary in Drug and Alcohol Dependence that the crisis is about pain, not necessarily physical, but rather that which is inflicted by societal exclusion, rejection, and condemnation.” NIDA HEALing Communities Study Director Redonna Chandler, PhD, is quoted. [\[Article attached\]](#)

### **What Are Fentanyl Test Strips? Mom Advocates For Tool After Son's Death.**

[TODAY](#) (12/28, Kacala, Frank, 2.24M) reports that when Christine Marsh (D-AZ) “began running for state senator of Arizona in 2019, she also started researching a topic that was affecting her state: the opioid crisis.” Marsh learned about the dangers of fentanyl and “also discovered fentanyl testing strips, a tool that can be used to detect the presence of the synthetic opioid in other drugs, deterring some people from using at all.” However, Marsh “learned of the life-saving tool too late: Her youngest son, Landon, died of an overdose on May 18, 2020, after a night out with one of his best friends.” According to the article, “[TODAY](#) spoke with advocates and activists who say despite their effectiveness as a useful tool in harm reduction against fentanyl, awareness around testing strips is lacking and in some states they are even considered illegal.” The National Institute on Drug Abuse is mentioned.

### **As Opioid Epidemic Hits New Milestone, Work Is Underway To Increase Buprenorphine Access.**

[Healio](#) (12/27, Miller, 40K) reports that the CDC last month “released data that indicated more than 100,000 drug overdose deaths occurred from May 2020 to April 2021 – the highest number in a 12-month period.” Sixty-four percent of those deaths “involved synthetic opioids.” [Healio](#) spoke with Nora Volkow, MD, director of the National Institute on Drug Abuse, who “said efforts to reverse the number of opioid- and overdose-related deaths continue in earnest.” Dr. Volkow discussed “number of efforts that can be taken or that are already underway to increase access to buprenorphine.” For example, one “common element in many strategies to curb the opioid epidemic is increasing buprenorphine access to physicians and patients.”

### **San Francisco Board Of Supervisors Approves Opioid Emergency Order.**

The [AP](#) (12/24, Har) reported that the San Francisco Board of Supervisors recently “approved an emergency order to tackle the opioid epidemic in San Francisco’s troubled Tenderloin neighborhood, despite reservations by some that the declaration will be used by the mayor to criminalize people who are homeless” and/or have a substance use disorder. The order “authorizes the Department of Emergency Management to re-allocate city staff and bypass contracting and permitting regulations to set up a new temporary center where people can access expanded drug treatment and counseling.” The AP highlighted that overdoses killed more people than COVID-19 in San Francisco last year.

### **Paramedics Laud Program Making Buprenorphine More Easily Available To Frontline Workers.**

The [Pittsburgh Post-Gazette](#) (12/27, Bunch, 426K) reports, “Buprenorphine, a drug used to curb opioid addictions, can kickstart the road to lasting recovery – though getting it takes a prescription from a specially trained physician.” However, “a pilot

program unveiled in September by the Pittsburgh Bureau of EMS promises to change that, making buprenorphine available to opioid users at the scene of an overdose.” The article says, “In an interview with a team of Pittsburgh EMS paramedics and crew chiefs who work on the frontlines of the region’s opioid crisis, reactions to the program – now in its third month – were positive.” The FDA is mentioned.

### **Does Teen Prescription Drug Misuse Predict Later Substance Abuse?**

[MedPage Today](#) (1/5, Grant, 183K) reports, “Prescription drug misuse (PDM) at any age posed a risk for developing substance use disorder symptoms in adulthood – with some patterns posing bigger threats – a new study suggested.” In a group of “nearly 27,000 individuals” including “11 groups of adolescents from the Monitoring the Future study” that were “followed throughout adulthood, 45.7% reported past-year PDM at least once during the 32-year study period with 40% reporting poly-PDM (misuse of more than one prescription drug class in the same time period).” Researchers “were able to determine unique PDM trajectory patterns” and found “all trajectories were linked to substance use disorder (SUD) symptoms,” though “some trajectories were stronger predictors than others.” MedPage Today adds, “The study was supported by research grants and awards from the FDA, the National Institute on Drug Abuse, and the National Institutes of Health.”

### **Feds Announce Funds For Drug Harm Reduction Studies, Including On Decriminalization And Safe Consumption Sites.**

[Marijuana Moment](#) (12/30, Jaeger) reported that the National Institutes of Health (NIH) “is seeking to promote studies into the efficacy of a variety of harm reduction policies – including decriminalization and safe consumption sites – as part of a push to combat the overdose epidemic.” The NIH “put out a pair of requests for applications (RFAs) on Wednesday for an effort that will provide funding for efforts to investigate how that and other harm reduction policies could help address the drug crisis.” Specifically, the agency “wants to establish a Harm Reduction Network that seeks to ‘increase our understanding of the effectiveness, implementation and impact of existing and new harm reduction practices to address the ongoing opioid crisis and substance use disorder more broadly.’” According to the article, “NIDA Director Dr. Nora Volkow has repeatedly expressed concerns about the harms caused by the criminalization of drug possession, and has specifically called out the racial disparities in enforcement as a major problem – including in an interview with Marijuana Moment and in several op-eds.”

### **Opinion: Safe Consumption Sites For Drug Users Would Be Taking Harm Reduction Strategy Too Far.**

In an opinion for [The Hill](#) (12/21, 5.69M), contributor James Crotty writes that Office of National Drug Control Policy (ONDCP) Director Dr. Rahul Gupta in December

“provided strong support for a category of drug policy strategies known as harm reduction.” However, Crotty says that Gupta did not endorse “the establishment of ‘safe’ consumption sites, that is, places where people can use illegal drugs under medical supervision.” Crotty adds, “While consumption sites could provide another avenue for drug users to obtain treatment and recovery support services, there is a significant moral hazard to this approach.”

### **Opinion: Safe Injection Sites Are Vital To New York City In The Fight Against Overdose Deaths.**

In an opinion piece for the [Gotham \(NY\) Gazette](#) (12/22, 93K), The Dorm’s Chief Clinical Officer, Partner, and licensed clinical social worker Amanda Fialk, PhD, LCSW, says that “according to provisional figures from the National Center for Health Statistics, more than 100,000 Americans died of overdoses within a 12-month period ending in April 2021,” for the first time in history. Fialk says residents of New York City are a familiar part of the drug crisis, as one New Yorker dies of an overdose every four hours. Fialk says the war on drugs campaign was “exceedingly effective at perpetuating institutionalized racism and decimating communities of color,” but “failed to understand human behavior, as well as the power and root causes of addiction.” Fialk says “we need interventions that step away from shame and stigma and instead lean into connection, compassion, and understanding. Safe injection sites do exactly this and will be vital in the fight against overdose deaths.”

### **Deaths Due To Overdoses Topped Million For First Time Since CDC Began Collecting Data.**

[NPR](#) (12/30, Mann, 3.69M) reported, “Deaths due to drug overdose have topped a million for the first time since the Centers for Disease Control and Prevention began collecting data on the problem more than two decades ago.” According to NPR, “A study released Thursday by the National Center for Health Statistics...found that 932,364 people died in the US from fatal overdoses from 1999 through 2020.”

### **Making Addiction Treatment More Realistic And Pragmatic: The Perfect Should Not Be The Enemy Of The Good.**

NIDA Director Dr. Nora D. Volkow writes for [Health Affairs](#) (1/3, 35K) that 2021 “saw drug overdose deaths in the U.S. surpass an unthinkable milestone: 100,000 deaths in a year. This is the highest number of drug overdoses in our country’s history, and the numbers are climbing every month.” Volkow says the US urgently needs “a nationwide, coordinated response that a tragedy of this magnitude demands. Recent data from 2020 shows that only 13 percent of people with drug use disorders receive any treatment. Only 11 percent of people with opioid use disorder receive one of the three safe and effective medications that could help them quit and stay in recovery.”

### **Death By Drug Overdose In America.**

[The New York Journal](#) (12/17, Moore) reported in continuing coverage, “In 2020, over 93,000 Americans died from drug overdoses” which “historically marked the largest one-year increase in overdose deaths ever recorded, according to” CDC data. Researchers found that “the overdose death rates due to co-use of psychostimulants such as methamphetamine and cocaine have skyrocketed 180% from 2015 to 2019 according to the National Institutes of Health.” National Institute on Drug Abuse (NIDA) Director Dr. Nora Volkow said, “We are in the midst of an overdose crisis in the United States, and this tragic trajectory goes far beyond an opioid epidemic. In addition to heroin, methamphetamine and cocaine are becoming more dangerous due to contamination with highly potent fentanyl, and increases in higher risk use patterns such as multiple substance use and regular use.” NIDA Science Policy Branch Chief Emily Einstein, PhD, said, “What makes these data even more devastating is that currently, there are no approved medications to treat methamphetamine use disorder.”

### **Hollis Lewis: WV Must Focus On Addiction Prevention In 2022.**

In an opinion piece for the [Charleston \(WV\) Gazette-Mail](#) (12/21, Lewis, 110K), West Virginia Democratic Party Black Caucus Co-Chairman and adjunct criminal justice professor Hollis Lewis says that “West Virginia’s biggest issue is our state’s prevailing drug problem.” Lewis says the state “is amid a dual pandemic, dealing with a drug issue that has been exacerbated by COVID-19,” and “has more overdose deaths per capita than any other state in the country.” Lewis says the current response to drugs “is an increasing focus on treatment and rehabilitation,” and while “these efforts must continue, long-term solutions should be considered.” He points to the National Institute on Drug Abuse, which “indicates that substance abuse prevention in early childhood can help prevent drug use,” and says we have to start with “exposing children to prevention programs.” Lewis urges the use of a similar program to DARE (Drug Abuse Resistance Education), and says that “now is the time to put resources into prevention.”

### **New Report Finds Positive Trends In Youth Substance Use.**

Center for Adolescent Research and Education (CARE) President and Director Stephen Gray Wallace writes in the “Decisions Teens Make” blog for [Psychology Today](#) (12/29, Frye, 4.29M) that a December 15 National Institute on Drug Abuse report bucks “a now common narrative about substance use during the pandemic.” The report states, “In line with continued long-term declines in the use of many illicit substances among adolescents previously reported by the Monitoring the Future survey, these findings represent the largest one-year decrease in overall illicit drug use reported since the survey began in 1975.” NIDA Director Nora Volkow, MD, stated, “We have never seen such dramatic decreases in drug use among teens in just a one-year period. These data are unprecedented and highlight one

unexpected potential consequence of the COVID-19 pandemic, which caused seismic shifts in the day-to-day lives of adolescents... Moving forward, it will be crucial to identify the pivotal elements of this past year that contributed to decreased drug use – whether related to drug availability, family involvement, differences in peer pressure, or other factors – and harness them to inform future prevention efforts.”

### **Great Plains Health Offers Ketamine Infusions In Clinic Setting.**

[KFXL-TV](#) Lincoln, NE (1/3, Leverett) reports that “the National Institute on Drug Abuse found that nearly 35% of the 138 drug overdose deaths in Nebraska involved opioids” in 2018. North Platte-based Great Plains Health “wants to change the statistics with a new ketamine infusion treatment” that helps “to block how the brain understands pain.” According to the article, “The treatment is proving to be a success among patients with one patient saying, ‘The ketamine infusions help reset my nerve endings and reduce the pain, but more importantly, I was able to discontinue the use of all opioid drugs.’”

### **It’s Time To Call The American Obesity Epidemic What It Is: An Addiction Crisis.**

In an op-ed for [The Hill](#) (1/3, 5.69M), University of Rochester Adjunct Associate Professor of Brain and Cognitive Sciences Susan Peirce Thompson, PhD, says that in comparison with the \$4.5 billion paid for the opioid crisis, “the estimated cost of obesity...between \$147 and 210 billion a year,” is “shouldered by employers, insurance companies, and the government,” without acknowledging the crisis. Thompson says, “according to the NIH, obesity-related illness kills 325,000 Americans every year,” and points out that “we are literally eating ourselves to death” with “packaged, highly refined, chemically laden products marketed to us as ‘food.’” Thompson adds that this “food” will continue to kill “until we reframe what is being perpetrated on consumers in terms of addiction.” She says food addicts are up against a system and “society that norms over-consumption and socializes food addiction,” which must be conquered with “a system equally as strong.”

### **AI, Analytics Require Right Type Of Data To Not Overlook Multiracial Patients.**

[Modern Healthcare](#) (1/3, Kim Cohen, Subscription Publication, 215K) reports that “hospitals and health systems are rolling out more tools that analyze and crunch data to try to improve patient care – raising questions about when and how it’s appropriate to integrate race and ethnicity data.” The questions come as “a growing number of Americans identifying with more than one race or ethnicity,” and points to possible confusion “if an analytics or artificial-intelligence tool incorporates whether a patient is Black, white or another race into its prediction” without offering more options for multiple ethnicity. AI “could pose an opportunity for incorporating multiracial and multiethnic data – if developers have the right data to work from.” Experts agree, as AI is more flexible than “other analytics or

modeling approaches,” but emphasize the need for having the correct, unbiased data to work from.

### **FDA Releases Draft Guidance On How Data Can Be Collected From Study Participants Using Wearables, Other Technologies In Continuous Manner.**

[Bloomberg Law](#) (12/22, Baumann, Subscription Publication, 4K) reports, “The Food and Drug Administration released draft guidance Wednesday on how drug and device makers, scientists, and others can harness wearables and other technologies to collect data from study participants in a continuous manner.” This approach “breaks from the traditional method of running clinical trials.” **(Guidance is attached.)**

### **FDA Approves Injectable Form Of Cabotegravir For HIV Prevention.**

[Reuters](#) (12/20, Nadeem) reports that the Food and Drug Administration “on Monday approved an injectable form of” ViiV Healthcare’s “cabotegravir drug that is given every two months to prevent an HIV infection.” Reuters says, “The injection – Apretude – to prevent the virus that causes AIDS is aimed as an alternative to daily pills and has been approved for use in at-risk adults and adolescents.”

### **Opinion: FDA Modernization Act Is A Step To Bring Pharmaceutical Regulation Into The 21st Century.**

[Forbes](#) (12/20, Gatenholm, 10.33M) BICO CEO and co-founder Erik Gatenholm says that the FDA Modernization Act “can leverage technology to accelerate drug discovery and save millions of animals.” Gatenholm points out that the FDA “is still operating under the US Federal Food, Drug, and Cosmetic Act” passed in 1938. He says that animal testing for the safety of cosmetics and drugs is obsolete, pointing toward “new advancements in computer modeling, tissue engineering and other bio-convergence technologies.” He also adds that the National Center for Advancing Translational Sciences “has found that more than 95% of drugs that pass animal testing fail in human trials for either being ineffective or unsafe.” Gatenholm says the FDA Modernization Act “is a good first step in bringing our pharmaceutical regulation firmly into the 21st century.”

### **FDA Places Clinical Hold On Mind Medicine’s Application To Start Testing LSD In Patients With Generalized Anxiety Disorder.**

[Reuters](#) (12/21, Mishra) reports that the US FDA “put a clinical hold on Mind Medicine Inc’s application to start testing the psychedelic drug commonly known as LSD in patients with generalized anxiety disorder.” According to Reuters, “The Canada-based drug developer said on Tuesday the FDA hold was related to its investigational new drug application, which is required to start a mid-stage trial of the drug – lysergic acid diethylamide.”

### **CMS Introduces Option To Create 24/7 Mental Health Crisis Teams For Medicaid Recipients.**

[Becker's Hospital Review](#) (12/29, Moran, 91K) reports that "CMS is introducing a new option for state Medicaid programs to treat beneficiaries experiencing mental health or substance use crises." The option "will allow programs to support community-based mobile crisis teams to serve Medicaid recipients around the clock, according to the Dec. 28 announcement." HHS Secretary Xavier Becerra said "Thanks to resources provided by the American Rescue Plan, states now have an opportunity through their Medicaid programs to expand behavioral health support in their communities. Where needed, behavioral health experts, not law enforcement, should be the first responders to mental health and substance misuse crises."

### **GAO Warns Pandemic May Cause A Behavioral Health Crisis.**

The [Washington Post](#) (12/20, Davidson, 10.52M) reports, "As if more than 800,000 deaths and 50 million covid-19 cases in the United States are not bad enough, the virus appears to be spawning a different health calamity" – a behavioral health crisis, according to "a new Government Accountability Office (GAO) report." The Post says, "The expansive impact of the pandemic is demonstrated by this statistic: more than four out of 10 adults, 43 percent, told a Census Bureau pulse survey in November 2020 they suffered from anxiety or depression." Furthermore, "the GAO said 13 percent of adults responding to a survey admitted 'having started or increased substance use to cope with stress or emotions related to COVID-19.'" Even these data "might not reflect the true extent of the problem." The report also "identified six broad populations that are at a higher risk of covid-19 related behavioral health issues." The article mentions the Department of Health and Human Services Substance Abuse and Mental Health Services Administration and the CDC's National Center for Health Statistics.

### **Michigan School District Uses CBT-Based Curriculum To Help Students Struggling With Emotional, Mental Health.**

The [AP](#) (12/19, Tanner) reports that "in a school year that was supposed to be a return to normal but has proven anything but," Michigan's Van Buren Intermediate School District "has launched an educational program based on a key component of modern psychology – cognitive behavior therapy (CBT)." The district is "weaving evidence-based psychology methods into the curriculum and involving all students and staff." The program "includes...lessons for kids struggling with anxiety, depression or trauma, along with sessions on suicide prevention." US Surgeon General Vivek Murthy's Dec. 7th public health advisory is quoted as citing "research showing that depression and anxiety symptoms doubled among youth worldwide during the pandemic."



### **With Health Care Workers Hurting, A Doctor Wants To See If A Psychedelic Can Help.**

[NBC News](#) (12/16, Bush, 4.91M) reports, “As health care professionals across the US look for ways to deal with the mental and emotional anguish that has been wrought by the pandemic,” Anthony Back, a physician at Harborview Medical Center in Seattle, “is looking in a new, once-taboo, direction.” At the University of Washington in a first-of-its kind clinical trial, “Back’s research team will treat 30 depressed medical professionals with a dose of synthetic psilocybin – a psychedelic drug – to see if the drug, along with psychotherapy, can reduce their mental anguish.” The trial “follows small clinical trials of psilocybin in people with cancer and major depressive disorder that suggested it could help reduce depression and anxiety in these groups.” The FDA and NIH are mentioned in this story.

### **Psychedelics May Hold Promise As Medical Treatments, Though Currently Still Illegal.**

The [New York Times](#) (1/5, Eschner, 20.6M) reports that psychedelics seem to be everywhere, even though they are still mostly illegal. While the federal government currently “does not recognize a medical use for most of these drugs and says they have potential for abuse, some of the most prominent universities in the world are studying four substances in particular: psilocybin, ketamine, MDMA and LSD.” Most of the most recent “research suggests that these substances hold promise as part of larger treatment plans.” Furthermore, there “is growing evidence that psychedelic drugs operate differently in the brain than addictive drugs, and advocates have been consistently calling for legalization.” The Food and Drug Administration was mentioned.

### **Opinion Writer Who Tried Ketamine Infusions Says Depression Is “Powerfully...Ingrained.”**

In a guest essay for the [New York Times](#) (12/26, 20.6M), Vanessa Barbara said that as someone who has suffered from depression for many years, she “turned to a more experimental form of treatment,” and her “first encounter with ketamine did not go well.” Barbara said that “as an expert in psychological distress, and in the spirit of scientific inquiry, I’m here to share my findings.” She explained that at times the infusion was quite pleasant, but “in my worst moments, I felt that I had to solve impossible temporal paradoxes to stay alive... My brain was filled with loud construction sounds and I felt like I was about to die.” While the infusions did not help her depression, she “realized how powerfully depression is ingrained” within her brain, and “understood that chronic depression might not respond to language and thoughts, that only a rewiring of the brain’s neural pathways might dislodge it.”

### **Ketamine Therapy Is Going Mainstream. Are We Ready?**

The [New Yorker](#) (12/29, Witt, 5.31M) reports that ketamine “has been shown to help people suffering from anxiety and depression.” Psychedelic treatments for mental health, such as ketamine, went mainstream in 2018, but how the mind-altering drug “helps, who it will serve, and who will profit are open questions.” According to the [New Yorker](#), “in 2006, the National Institute of Mental Health concluded that a single intravenous dose of ketamine had rapid antidepressant effects.”

### **Animal Sedative Involved In Fatal Drug Overdoses In 23 States In 2019, CDC Report Finds.**

The [AP](#) (12/23, Rathke) reported that a fall report from the CDC found that animal sedative “xylazine was involved in fatal drug overdoses in 23 states in 2019, with the highest rate – 67% – happening in the Northeast.” However, “unlike opioids, there’s no antidote like naloxone, also called Narcan, specific to a xylazine overdose.”

## **Funding Opportunities**



[RFA-DA-22-051](#)

[HEAL Initiative: HEAL Data2Action Innovation Projects \(R61/R33 Clinical Trial Optional\)](#)

[RFA-DA-22-052](#)

[HEAL Initiative: HEAL Data2Action \(HD2A\) Data Infrastructure Support Center \(U24 Clinical Trial Optional\)](#)

[RFA-DA-22-050](#)

[HEAL Initiative: HEAL Data2Action Research Adoption Support Center \(U2C Clinical Trial Optional\)](#)

[RFA-DA-22-049](#)

[HEAL Initiative: HEAL Data2Action Modeling and Economic Resource Center \(U24 Clinical Trial Optional\)](#)

[RFA-MD-22-004](#)

[Innovations for Healthy Living - Improving Minority Health and Eliminating Health Disparities \(R43/R44 - Clinical Trial Optional\)](#)

[RFA-MH-22-170](#)

[Advancing communication strategies to support future HIV vaccine use \(R01 Clinical Trial Optional\)](#)

[RFA-MH-22-171](#)

[Advancing communication strategies to support future HIV vaccine use \(R21 Clinical Trial Optional\)](#)

[RFA-DA-22-046](#)

[HEAL Initiative: Harm Reduction Policies, Practices, and Modes of Delivery for Persons with Substance Use Disorders \(R01 Clinical Trial Optional\)](#)

[RFA-DA-22-042](#)

[HEAL Initiative: Harm Reduction Policies, Practices, and Modes of Delivery for Persons with Substance Use Disorders: Coordination Center \(R24 Clinical Trial Optional\)](#)

[RFA-DA-22-043](#)

[HEAL Initiative: Research Networks for the Study of Recovery Support Services for Persons Treated with Medications for Opioid Use Disorder \(R24 Clinical Trial Optional\)](#)

[RFA-DA-22-047](#)

[HEAL Initiative: Understanding Polysubstance Use and Improving Service Delivery to Address Polysubstance Use \(R01 Clinical Trial Optional\)](#)

[RFA-DA-22-048](#)

[HEAL Initiative: Pilot and Feasibility Trials to Improve Prevention and Treatment Service Delivery for Polysubstance Use \(R34 Clinical Trial Optional\)](#)

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

[HEAL Initiative: Planning Grants for Efficacy or Effectiveness Trials of Recovery Support Services for Individuals Treated with Medications for Opioid Use Disorder \(R34 Clinical Trial Optional\)](#)

[RFA-DA-22-044](#)

[HEAL Initiative: Data and Methods to Address Urgent Needs to Stem the Opioid Epidemic \(R01- Clinical Trial Not Allowed\)](#)

[RFA-DA-22-045](#)

[HEAL Initiative: Exploratory Data and Methods to Address Urgent Needs to Stem the Opioid Epidemic \(R21- Clinical Trial Not Allowed\)](#)

[NOT-DA-22-049](#)

[Notice of Special interest \(NOSI\): Medications Development for Stimulant Use Disorders](#)

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