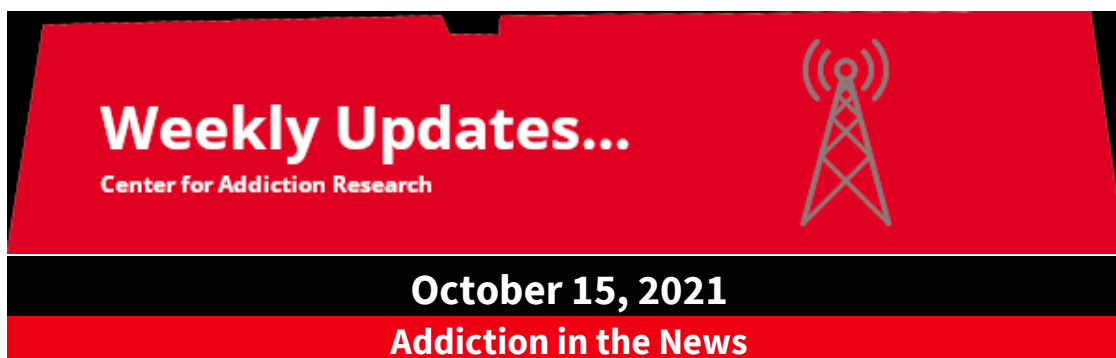


Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter includes highlights from addiction in the news topics, active funding opportunities offered by NIDA/NIAAA, and information about any new publications from CAR members. Please email Jen Rowe (roweji@ucmail.uc.edu)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

Smokers, Marijuana And Substance Users Are More Prone To Breakthrough COVID-19. But Why?

The [Cincinnati Enquirer](#) (10/10, DeMio, 223K) reported **smokers and people addicted to alcohol or opioids, are “more likely to experience breakthrough COVID-19..., a new study shows.”** The “study from researchers at Case Western Reserve University in Cleveland also shows that **co-occurring health conditions and adverse socioeconomic health factors, which are more common in people with substance use disorders than those without, are largely responsible for the greater risk of breakthrough infections.**” Researchers and Cincinnati area specialists were not “surprised by the findings of the study, which was funded by the National Institute of Drug Abuse.”

Additional Sources. The [New York Post](#) (10/10, 7.45M) reported the study, which was “published last Tuesday in *World Psychology*, found that **those with a substance use disorder (SUD) – a dependence on marijuana, alcohol, cocaine, opioids and tobacco – were more likely to contract the coronavirus after receiving both of their vaccination shots.**” People “without an SUD saw a 3.6 percent rate of breakthrough infections, compared to a 7 percent rate in those with an SUD.”

OSU Study: Naloxone Doesn't Encourage Heroin Use.

[WCMH-TV](#) Columbus, OH (10/7, Bowers, 352K) reports, “**The possibility of being revived with naloxone does not cause Americans to think heroin is less risky, according to researchers at The Ohio State University.**” The **findings** were published

on Thursday in the journal *Addiction*. The National Institute on Drug Abuse funded the research.

Whitehall program shows why part of \$808 million opioid settlement should support state drug policy office

For years, the opioid epidemic has decimated communities throughout Ohio, from urban centers to small towns and rural farming communities to the most affluent suburbs. The COVID-19 pandemic has only intensified this crisis as people are faced with economic strain and increased isolation. With no centralized state leadership in place, local governments have been compelled to step up and tackle the opioid...

National News

Patients, Physicians Push To “Move Beyond” Controversial Sober Period Before Live Transplants.

[NPR](#) (10/10, Pattani, 3.69M) reported that in “the U.S., a widespread clinical practice requires patients with alcoholic liver disease to complete a period of sobriety before they can get on the waiting list for a liver.” This informal rule “can be traced to the 1980s. The thinking then – and among proponents of the practice today – was that six months of abstinence gave a patient’s liver time to heal and, thus, avoid a transplant.” Also, “the patient would at least have proven they can stay sober and would not return to drinking after a transplant.” However, recent “have exposed flaws in that premise. Six months of abstinence is not a good predictor of long-term sobriety” and many patients die within that time. With “the understanding of addiction” evolving, “many surgeons and families say the six-month wait unfairly penalizes those with substance use disorder.” Johns Hopkins Medicine Liver Transplant Head for Baltimore Dr. Andrew Cameron said, “We have to move beyond denying people lifesaving therapy because we think they don’t deserve it.”

Marijuana Use Can Cause Non-Fatal Overdoses.

[AFP](#) (10/7, Savage) reports National Institute of Drug Abuse (NIDA) chief of science policy Emily Einstein said a widely-shared claim on social media that an individual would need to smoke more than 1.3 million joints in about 15 minutes to overdose on marijuana is “false.” Einstein said, “While cannabis is not associated with the risk of overdose death posed by substances such as fentanyl and methamphetamine, the toxicity of smoked cannabis will depend on the concentration of THC in the product, not the number of joints.” She added that adverse effects for high THC levels “can include seizures, heart dysrhythmias, acute psychosis, and cyclical vomiting.”

Senators Call On AG Merrick Garland To Decriminalize Cannabis.

The [High Times](#) (10/12, 20K) reports US senators Cory Booker (D-NJ) Elizabeth Warren (D-MA) “recently sent a letter to Attorney General Merrick Garland urging the Department of Justice to decriminalize cannabis at the federal level.” The letter calls “on Garland to remove cannabis from the nation’s list of drugs regulated under the federal Controlled Substances Act.” Under “the Controlled Substances Act (CSA),

Garland has the authority to ‘remove a substance from the CSA’s list, in consultation with the Secretary of Health and Human Services (HHS).’” The senators “noted in their letter that legalization will facilitate cannabis as a treatment option for serious medical conditions including chronic pain, PTSD and terminal illnesses.” Writing “that federal agencies including the Food and Drug Administration and the National Institute on Drug Abuse have acknowledged that THC and CBD have proven medical applications, Warren and Booker argued that the decriminalization of ‘cannabis is crucial to facilitating scientific research and would be invaluable to doctors and patients across the nation.’”

Survey Suggests Many Patients With Breast Cancer Report Using Marijuana, But Few Tell Their Physicians.

[NBC News](#) (10/12, Carroll, 4.91M) reports, “Many breast cancer patients use cannabis to ease the symptoms of the disease and its treatments, but few tell their doctors, a new survey finds.” Out of 600 surveyed adults with a breast cancer diagnosis, “42 percent reported using some form of cannabis for relief of symptoms such as nausea and vomiting, pain, insomnia, anxiety and stress, according to the report published Tuesday in *Cancer*.” Additionally, “while 39 percent said they had mentioned cannabis to their doctors, just 4 percent of the 306 participants who said they wanted more information had turned to their physicians for information on the drug.”

Op-Ed: FDA, Congress Should Enforce Regulations On CBD Products To Protect Consumers.

National Consumers League Executive Director Sally Greenberg writes in an op-ed for [Morning Consult](#) (10/12, 3K) cannabidiol “has taken this country by storm,” but “the problem is that this is not a risk-free compound. Consumers who use CBD products should be aware that the industry may not be accurately or sufficiently testing, marketing or labeling these products.” Greenberg adds the NCL created the Consumers for Safe CBD to urge “the FDA to enforce regulations and call on Congress to protect consumer safety as part of any legislative action.”

Health Experts Push For Limits On Marijuana Legalization In Maryland.

[WYPR-FM](#) Baltimore (10/13, Baye, 6K) reports, “Maryland lawmakers are exploring the possibility of legalizing the recreational use of marijuana.” However, “during a meeting Wednesday of the House of Delegates’ Cannabis Legalization Workgroup, some health experts warned against moving forward without both strong regulations and a public health campaign.” National Institute on Drug Abuse Division of Extramural Research Director Susan Weiss said, “This is not the same product that people were using 20 years ago.” Weiss “said a key difference between the marijuana used today and the drug used decades ago is the ratio of THC, the chemical that can create a high, to CBD, another component of the cannabis plant that doesn’t contribute to a high.”

Study Suggests Incentives Help Pregnant People Stop Smoking.

The [Wisconsin State Journal](#) (10/11, Wahlberg, 355K) reports, “Offering gift cards to pregnant women on Medicaid who smoke if they receive home visits and calls encouraging them to quit could save money by reducing health care costs from conditions such as preterm birth and asthma, according to a UW-Madison study.” The study included “more than 1,000 pregnant women on Wisconsin’s Medicaid program in 2012 to 2015 who smoked or recently quit and were at risk of starting again.” Furthermore, “a cost-benefit analysis showed it would cost \$3,399 to help an additional baby grow up smoke-free, an investment that would pay for itself by decreasing associated medical costs.”

The National Institute On Drug Abuse Hands Over Cash For Study Investigating If Psilocybin Can Get People Off The Cigs.

[Cannabis News World](#) (10/14) reports the National Institute on Drug Abuse (NIDA) “is funding a study into how psilocybin could help people quit smoking cigarettes – one of the latest examples of the government’s growing interest in psychedelic therapy.” The recently approved grant “will enable researchers at Johns Hopkins University (JHU), New York University and the University of Alabama at Birmingham to explore how so-called magic mushrooms can help people curb their addiction to cigarettes.” JHU professor Matthew Johnson “announced the grant funding on Monday.” Johnson “believes that this is the ‘first grant from the US government in over a half century to directly study therapeutics of a classic psychedelic.’”

1 In 5 ‘Opioid-Naive’ People Continue To Take Pain Medication 3 Months After Surgery.

[Everyday Health](#) (10/12, Upham, 331K) reports “new research shows that approximately 1 in 5 ‘opioid-naive’ adults continued to use the pain medication three months after having a [surgical] procedure.” Patients “with depression, bipolar disorder, pulmonary hypertension, or who were smokers were among those with the highest risk for continuing to take opioids, according to the findings which were presented at the Anesthesiology 2021 annual meeting held October 8 to 12 in San Diego, California.” NIDA is mentioned.

US Reaches Record High Of More Than 96,000 Drug Overdose Deaths In A 12-Month Period, CDC Data Show.

[CNN](#) (10/13, Langmaid, 89.21M) says, “Reported drug overdose deaths in the United States hit a new high of more than 96,000 in the 12-month period ending March 2021,” investigators concluded in data released Oct. 13 “by the US Centers for Disease Control and Prevention’s National Center for Health Statistics.” Breaking down “overdose death data by drug class,” researchers found that “opioids accounted for the highest number of overdose deaths, followed by synthetic opioids excluding methadone.” The past year “saw the largest single-year increase in drug overdose deaths ever reported in the United States, with more than 93,000 deaths in 2020, the CDC said earlier this year – an increase of nearly 30% over 2019.” National

Institute on Drug Abuse Director Dr. Nora Volkow “called the data ‘chilling,’ saying the pandemic ‘created a devastating collision of health crises in America.’”

Additional Sources. [The Hill](#) (10/13, Coleman, 5.69M) reports, “The record fatality count occurred during a time period encompassing the bulk of the pandemic’s first year,” but “the federal agency notes the data is provisional and the actual number of deaths is likely larger as death records are finalized.” What’s more, “all states but New Hampshire, New Jersey and South Dakota saw increases in overdose deaths, according to the data.”

A Global Fight Looms Over Kratom, A Possible Opioid Alternative.

[Politico](#) (10/9, Gardner, 6.73M) reported, “A World Health Organization meeting next week could determine the future of kratom.” The international organization’s “drug dependence committee will conduct a ‘pre-review’ of kratom.” Politico says the “analysis could set the stage for the drug to undergo further scrutiny by global health regulators, potentially putting it on the path to being scheduled as a controlled substance.” While supporters of the drug believe it “is a promising replacement for opioids that could help wean people addicted to those drugs,” their claims “have yet to be fully vetted by scientists” and the US government “has twice tried to restrict kratom’s use by classifying it as a controlled substance.” An FDA spokesperson “said the agency will seek public comment to inform the U.S. position if the WHO recommends international controls on kratom or any other drug under consideration next week.”

Snapchat Boosts Efforts To Root Out Drug Dealers.

[NBC News](#) (10/7, Solon, 4.91M) reports, “Snapchat has developed new tools and educational content to crack down on the sale of deadly counterfeit pills on the messaging app.” The new “tools aim to warn users about the dangers of those pills in an effort to keep its community safe from the ‘devastating impacts of the fentanyl crisis.’” It also said that “it has improved the automated systems it uses to detect the sale of illegal drugs on the app, hired more people to respond to law enforcement requests for data during criminal investigations and developed an in-app education portal called Heads Up focused on the dangers of fentanyl and counterfeit pills.”

Additional Sources. [The Verge](#) (10/7, Solon, 1.54M) reports, “When users search for drug-related keywords like ‘fentanyl,’ Snap says it will direct them to a new educational portal called Heads Up,” and is “also ramping up actions against drug dealers on its platform, including improved in-app reporting tools and proactive detection.” The National Institute on Drug Abuse is mentioned.

Spokane Seeing Alarming Rate Of Deaths Related To Fentanyl.

[KHQ-TV](#) Spokane, WA (10/13, 164K) says the medical examiner (ME) in Spokane County, Washington “reported nearly 6,000 deaths in Spokane County in 2020,” and “the report shows nearly half – 47% – of deaths investigated by the M.E. – 726 – in 2020 were accidental.” Over “100 accidental deaths were drug overdoses according to the report.” The report indicates “that the majority of overdose deaths in 2020 are

attributed to methamphetamine and heroin, but fentanyl deaths continue to increase at an alarming rate.” New CDC data show that “from March 2020 through March 2021 there have been 96,779 reported overdose deaths in the U.S. but that number is really predicted to be more than 99,000.” NIDA Director Nora Volkow said, “70% of those overdoses are driven by fentanyl.”

New York Governor Signs Measures Designed To Decrease Drug Overdoses.

The [AP](#) (10/8, Villeneuve) reported, “New York has decriminalized the possession and sale of hypodermic needles and syringes as part of new laws signed this week by Gov. Kathy Hochul that supporters hope will reduce the number of people who die of drug overdoses.” According to a summary of the legislation, “the new law will end the arrests of ‘thousands of people each year for syringe possession.’” Another drug-related bill signed by Hochul says “courts can no longer consider possession of opioid-blocking drugs like naloxone as evidence of possession of controlled substances.” Meanwhile, “judges can now order treatment for people who use alcohol or drugs in excess – rather than requiring them to develop a full addiction first. And state prisons and local jails will launch a more extensive medication-assisted treatment program to help more than half of incarcerated people in New York who have a substance use disorder and face risk of overdose after release.”

Albuquerque Seeks To Replace Police With Social Workers For Mental Health Calls.

The [Washington Post](#) (10/8, A1, 10.52M) reported that “in one of the most tangible shifts in public safety since last year’s killing of George Floyd spawned anti-police-brutality protests nationwide, [Albuquerque, New Mexico] has established a new category of first responder.” The Post said that “starting in September, 911 dispatchers had an option beyond the police, with social workers and others in related fields patrolling the city and fielding calls pertaining to mental health, substance abuse or homelessness that otherwise would have been handled by an armed officer.” Meanwhile, “whether the new department can make the desired impact is being closely watched not only here, but also in cities nationwide that are either attempting or contemplating something similar.”

Op-Ed: Treating Clinicians Suffering From Stress And Burnout During Pandemic With Psychedelic-Assisted Therapy Could Have “Halo Effect” In Other High-Stress Fields.

In a [TIME](#) (10/13, 18.1M) op-ed, Dr. Shoshana Ungerleider, an internal medicine physician in San Francisco, writes, “If these studies and programs” involving psychedelic-assisted therapy “are successful, they have the potential to alleviate the symptoms of stress, burnout and depression that health care workers,” scarred from long hours, seeing too much death and burned out from being overworked and overwhelmed amid the pandemic, “are feeling.” Additionally, “they may even stop medical professionals from leaving the workforce at an alarming rate and avert the looming disaster of a worldwide health care worker shortage.” Ungerleider says,

“The halo effect could be enormous and offer the possibility of treating others in high-stress fields.”

Startups Are Betting On A Psychedelic Gold Rush.

[Vox](#) (10/13, Heilweil, 1.88M) reports on several startups investing in psychedelic therapies, even though “the Drug Enforcement Agency (DEA) lists psychedelics like psilocybin and MDMA in schedule 1 of the Controlled Substance Act, which says they have no medical value and a high potential for abuse.” However, “there’s also growing evidence that psychedelics could lead to game-changing medications and, when combined with conventional therapy, may help people who aren’t seeing results through currently available treatments.” Several cities in the US “have already decriminalized psilocybin, the active ingredient in magic mushrooms, and the Food and Drug Administration (FDA) is overseeing clinical trials into using psychedelics to treat PTSD and depression.” Vox adds that last month, “researchers at Johns Hopkins University received funding from the National Institute on Drug Abuse to investigate whether psilocybin could help people quit cigarettes.”

Denver May Further Ease Magic Mushrooms Laws.

The [Denver Post](#) (10/8, 660K) reported that “further easing of laws relating to psychedelic mushrooms, possibly using the drug for mental health therapy and training Denver’s first responders to better react to a psychedelic crisis are just three of several recommendations issued in a new report by the Denver Psilocybin Mushroom Policy Review Panel.” The Post said “the panel that includes District Attorney Beth McCann, law enforcement officers and psilocybin advocate Kevin Matthews was formed after 2019, when Denver voters were the first in the U.S. to effectively decriminalize psychedelic mushrooms by declaring them the ‘lowest law-enforcement priority.’” The report said, “The panel unanimously agreed that decriminalizing psilocybin mushrooms in Denver has not since presented any significant public health or safety risk in the city.” The report “will be presented to a Denver City Council committee in November.”

Biden’s Biomedical Research Agency Dropped From Social Spending Bill.

[Politico](#) (10/8, Owerhohle, Ollstein, 6.73M) reported, “President Joe Biden’s plan for a new health agency that would work with the private sector to treat cancer, Alzheimer’s disease and other ailments is being dropped from Democrats’ sweeping social spending package, jeopardizing whether the initiative can be launched this year, according to three people familiar with the negotiations.”

Additional Sources. [Bloomberg Law](#) (10/8, Ruoff, Subscription Publication, 4K) reported, “House leaders proposed earmarking \$3 billion for what the White House calls the Advanced Research Projects Agency for Health, or ARPA-H, modeled on similar research initiatives at the Pentagon and the Department of Energy.” ARPA-H “would be housed within the National Institutes of Health to speed up game-changing biomedical discoveries.”

Acting FDA Chief Calls For Community Clinicians To Be Involved In Trials.

[Inside Health Policy](#) (10/7, Wang, Subscription Publication) reports behind a paywall that acting FDA chief Janet Woodcock “led fellow FDA officials and the head the National Minority Quality Forum in calling for the public and private sectors to provide robust and ongoing funding to help get community clinicians involved in clinical trials.” Doing so “could help increase diversity in trials and ensure equitable health care for diverse populations, the officials say.” Community clinicians, “they note, have established relationships with and often are in the same neighborhoods as their patients.”

Funding Opportunities



[RFA-NS-22-002](#)

[HEAL Initiative: Advancing Health Equity in Pain Management \(R61/R33 Clinical Trial Required\)](#)

CAR Member New Publications

“Reductions in tobacco use in naltrexone, relative to buprenorphine-maintained individuals with opioid use disorder: Secondary analysis from the National Drug Abuse Treatment Clinical Trials Network” LaTrice Montgomery, T. Winhusen, Jennifer Scodes, Martina Pavlicova, Dylanne Twitty, Aimee N.C. Campbell, An Li Wang, Edward V. Nunes, John Rotrosen

Journal of Substance Abuse Treatment,
DOI: <https://doi.org/10.1016/j.jsat.2021.108489>

ABSTRACT

Background: Smoking prevalence in individuals with opioid use disorder (OUD) is over 80%. Research suggests that opioid use significantly increases smoking, which could account for the strikingly low smoking-cessation rates observed in both methadone- and buprenorphine-maintained patients, even with the use of first-line smoking-cessation interventions. If opioids present a barrier to smoking-cessation, then better smoking outcomes should be observed in OUD patients treated with extended-release naltrexone (XR-NTX, an opioid antagonist) compared to those receiving buprenorphine (BUP-NX, a partial opioid agonist).

Methods: The current study is a secondary analysis of a 24-week, multi-site, open-label, randomized clinical trial conducted within the National Drug Abuse Treatment Clinical Trials Network comparing the effectiveness of XR-NTX vs. BUP-NX for adults with OUD.

Longitudinal mixed effects models were used to determine if there was a significant reduction in cigarette use among daily smokers successfully inducted to treatment (n = 373) and a subset of those who completed treatment (n = 169).

Results: Among daily smokers inducted onto OUD medication, those in the XR-NTX group smoked fewer cigarettes per day (M = 11.36, SE = 0.62) relative to smokers in the BUP-NX group (M = 13.33, SE = 0.58) across all study visits, (b (SE) = -1.97 (0.55), p < .01). Results were similar for the treatment completers.

Conclusions: OUD patients treated with XR-NTX reduced cigarette use more than those treated with BUP-NX, suggesting that XR-NTX in combination with other smoking cessation interventions might be a better choice for OUD smokers interested in reducing their tobacco use.

“Validation and threshold identification of a prescription drug monitoring program clinical opioid risk metric with the WHO alcohol, smoking, and substance involvement screening test” Gerald Cochran, Jennifer Brown, Ziji Yu, Stacey Frede, M. Aryana Bryan, Andrew Ferguson, Nadia Bayyari, Brooke Taylor, Margie E. Snyder, Elizabeth Charron, Omolola A. Adeoye-Olatundee, Udi E.Ghitza, T.Winhusen

Journal Drug and Alcohol Dependence,

DOI: <https://doi.org/10.1016/j.drugalcdep.2021.109067>

ABSTRACT

Background: Prescription drug monitoring programs (PDMPs) are critical for pharmacists to identify risky opioid medication use. We performed an independent evaluation of the PDMP-based Narcotic Score (NS) metric.

Methods: This study was a one-time, cross-sectional health assessment within 19 pharmacies from a national chain among adults picking-up opioid medications. The NS metric is a 3-digit composite indicator. The WHO Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) was the gold-standard to which the NS metric was compared. Machine learning determined optimal risk thresholds; Receiver Operating Characteristic curves and Spearman (P) and Kappa (K) coefficients analyzed concurrent validity. Regression analyses evaluated participant characteristics associated with misclassification.

Results: The NS metric showed fair concurrent validity (area under the curve \geq 0.70; K=0.35; P = 0.37, p < 0.001). The ASSIST and NS metric categorized 37% of participants as low-risk (i.e., not needing screening/intervention) and 32.3% as moderate/high-risk (i.e., needing screening/intervention). Further, 17.2% were categorized as low ASSIST risk but moderate/high NS metric risk, termed false positives. These reported disability (OR=3.12), poor general health (OR=0.66), and/or greater pain severity/interference (OR=1.12/1.09; all p < 0.05; i.e., needing unmanaged-pain screening/intervention). A total of 13.4% were categorized as moderate/high ASSIST risk but low NS metric risk, termed false negatives.

These reported greater overdose history (OR=1.24) and/or substance use (OR=1.81–12.66; all $p < 0.05$).

Conclusions: The NS metric could serve as a useful initial universal prescription opioid-risk screener given its: 1) low-burden (i.e., no direct assessment); 2) high accuracy (86.5%) of actionable data identifying low-risk patients and those needing opioid use/unmanaged pain screening/intervention; and 3) broad availability.

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