

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**

#### **Why Do Some Babies With Pre-Birth Drug Exposure Have Delayed Development? New Study Could Find An Answer.**

The [Cincinnati Enquirer](#) (11/17, 223K) reports that an upcoming, groundbreaking national study “will include about 400 Cincinnati-area babies as they grow into children,” with the goal of “paving the way for new treatments or approaches for children with pre-birth exposures to medications or illicit drugs.” The National Institute on Drug Abuse’s Adolescent Brain Cognitive Development Study “is expected to get underway in the summer of 2022.” The study “will include some babies exposed in utero to medications or other drugs, and some who were not.” Dr. Stephanie Merhar, a lead researcher, from Cincinnati Children’s Hospital Medical Center, said, “This study will be one of the largest and most detailed studies of early brain development in general that has been conducted in the US.” **(featuring CAR member and Perinatal Addiction and Developmental Consequence Core leader, Dr. Stephanie Merhar)**

#### **Survey Suggests Physicians’ Fears Of Patient Opioid Use Show Gap In Addiction Education.**

The [Cincinnati Enquirer](#) (12/1, DeMio, 223K) reports, “Nearly a decade into the opioid epidemic and in the shadow of the COVID-19 pandemic, physicians in America seem to remain uncertain about how to identify and treat patients with addiction disorders, a new survey shows.” A new [report](#) by Quest Diagnostics “reveals physicians’ worries and fears about recognizing addiction and affects of the

pandemic on people who use drugs.” These responses “show a troubling yet unsurprising lack of understanding about opioid use disorder, addiction specialists say.” The report comes “as the United States faces a record high number of overdose deaths. The Centers for Disease Control and Prevention last month released a provisional count of 100,306 drug overdose deaths from May 2020-April 2021.”

### **Tri-State Overdose Deaths Skyrocket During Pandemic.**

[WCPO-TV Cincinnati](#) (11/30, Bethel, 185K) reports, “Reported overdose deaths have skyrocketed in Kentucky, Indiana and Ohio between April 2020 and April 2021, according to a report published last week on the” CDC site. This surge “has been driven by several factors, according to the National Institute on Drug Abuse, which told CNN on Nov. 17 that it’s a combination of cheaper synthetic opioids and the COVID-19 pandemic.” National Institute on Drug Abuse Director Dr. Nora Volkow told CNN on November 17, “What we’re seeing are the effects of these patterns of crisis and the appearance of more dangerous drugs at lower prices. ... In a crisis of this magnitude, those already taking drugs may take higher amounts and those already in recovery may relapse. It’s a phenomenon we’ve seen and perhaps could have predicted.”

### **The U.S. Just Broke A Devastating Record For Drug Overdose Deaths.**

[SELF Magazine](#) (11/18, Stinchcombe, 3.68M) reports in continuing coverage “For the first time in U.S. history, more than 100,000 people died from drug overdoses in a single year, according to provisional data from the” CDC. This “represents an increase of 28.5% above the same time period the year prior, from April 2020 to April 2021, per the CDC.” NIDA Director Nora Volkow said that overdoses “are driven both by fentanyl and also by methamphetamines. ... They are among the most addictive drugs that we know of and the most lethal.”

The [Lexington \(KY\) Herald-Leader](#) (11/18, Acquisto, 205K) reports, “Kentucky ranked fourth in the nation for its rate of overdose deaths between April 2020 and April 2021, according to” the new data. According to the Herald-Leader, “During that 12-month period, 2,319 people fatally overdosed in the commonwealth – 52 per 100,000 people – which represents a more than 54% increase from the previous 12-month period.”

### **Opioid Crisis Hitting Black Communities At Alarming Rates Amid Pandemic.**

[The Grio](#) (11/23, Minor, 295K) reports, “In the thick of the COVID pandemic, deaths among Black Americans soar due to the opioid addiction crisis.” According to “the Center’s for Disease Control and Prevention (CDC), in a span of one-year overdose deaths started trending upward.” Dr. Nora Volkow, Director of National Institute on Drug Abuse said, “At the beginning of the opioid crisis it was primarily White Americans who were impacted by this but a growing number of Black Americans are

dying at alarming rates.” The article adds, “The National Institutes of Health (NIH) in a recent study focused on opioid addiction in four states: Kentucky, Massachusetts, New York, and Ohio” and found “from 2018 to 2019, the opioid death rate among Black people increased by 38%” and experts believe the pandemic exacerbated this even further.

### **Column: Reforming Ohio's Good Samaritan law can help save lives, spare families grief**

An empty chair at the Thanksgiving table, a missing smile in the annual family photo in front of the Christmas tree. Each holiday season sees the return of my grief. On March 29, 2012, my younger sister, Monica Simon, died of a heroin overdose in her Columbus apartment, just one week after her 22nd birthday. Her death was one of over 1,200 unintentional opioid overdose fatalities in Ohio that year. Like many, I have chosen not to think about...

### **3 of America's biggest pharmacy chains have been found liable for the opioid crisis**

A federal jury on Tuesday found three of the nation's biggest pharmacy chains, CVS, Walgreens and Walmart, liable for helping to fuel the U.S. opioid crisis — a decision that's expected to have legal repercussions as thousands of similar lawsuits move forward in courts across the country. Jurors concluded that the pharmacies contributed to a so-called public nuisance in Lake and Trumbull counties in Ohio...

### **Bloomberg Philanthropies Is Giving Kentucky \$10 Million To Battle Opioid Addiction**

Kentucky is getting \$10 million to battle opioid addiction from Bloomberg Philanthropies, Gov. Andy Beshear announced on Wednesday. The commonwealth is one of seven states being gifted funds to fight the opioid epidemic by former New York City mayor Michael Bloomberg's philanthropic organization. “Winning the battle against the opioid crisis and helping Kentuckians overcome addiction is a top priority...

### **Walmart, CVS Appeal of Opioid Loss Has Good Chance, Experts Say**

While a Cleveland jury concluded Walmart Inc., CVS Health Corp. and Walgreens Boots Alliance Inc. exacerbated Ohio's opioid epidemic with lax oversight of prescription painkillers, the verdict may not survive on appeal, according to legal experts. The companies, who vowed to appeal, may not have to work hard to make their case, said Carl Tobias, a University of Richmond law professor who follows the litigation. Overturning...

## **National News**

### **Strains Of NIDA.**

The [Boulder \(CO\) Weekly](#) (11/24, Brendza, 102K) reports, “For a very long time ‘research grade’ cannabis could only come from a single source: the National Center

for the Development of Natural Products at the University of Mississippi – a facility producing marijuana exclusively for the National Institute on Drug Abuse’s (NIDA) research.” However, “NIDA’s cannabis is of exceptionally poor quality, as researchers like Daniela Vergara,” an evolutionary biologist studying cannabis genomics at the University of Colorado, Boulder, have found. Vergara “and her colleagues have produced two papers both examining the quality of NIDA’s cannabis: The first, in 2017, examined the phenotypic variation of the federally produced marijuana, and the second, in 2021, looked at its genomic variation.”

### **Cannabis Use In Pregnancy May Lead To A More Anxious, Aggressive Child.**

The [New York Times](#) (11/19, Moyer, 20.6M) reported new research indicates that “children of women who use marijuana during or soon after pregnancy are twice as likely as other kids to become anxious, aggressive or hyperactive.” [Medscape](#) (11/19, Swift, Subscription Publication, 219K) reported that the analysis was supported by the National Institute of Mental Health and the National Institute on Drug Abuse. The [findings](#) were published in Proceedings of the National Academy of Sciences. Researchers “assessed the effects of gestational maternal cannabis use on psychosocial and physiological measures in young children as well as its potentially immunomodulatory effect on the in utero environment as reflected in the placental transcriptome” and found that “[maternal] cannabis use was associated with reduced maternal and paternal age, more single-mother pregnancies, state anxiety, trait anxiety, depression, cigarette smoking, and African American race.”

### **More And More Americans Are Smoking Pot. What Does That Mean For Their Health?**

[FiveThirtyEight](#) (11/30, Black, 1.57M) reports that 18 states and Washington, D.C., have legalized pot, “and more American adults are using the drug than any time since Ronald Reagan was president.” Furthermore, “just as the legality and culture around pot has changed, so has some of the science.” Epidemiologists “admit that pot isn’t the health menace we were once told it was – and there’s some evidence that a little bit of pot could be a good thing for adults.” According to FiveThirtyEight, “Government agencies like the National Institute on Drug Abuse (NIDA) have spent over \$1 billion vilifying cannabis as a uniquely damaging substance.” However, “there is a robust body of evidence that cannabis can provide health benefits.” NIDA Director Dr. Nora Volkow said, “BMI is lower in marijuana users, and that was very surprising, and yet we know that high BMI, particularly the older you get, can have negative effects. ... This is why we need to study it.” She “reiterated that she is ‘absolutely’ concerned about increasing rates of cannabis consumption,” but “for adults who use cannabis occasionally and in moderate doses...it wasn’t clear if there were any negative effects.”

### **No Evidence' Of Cannabis Harm With Casual Adult Use, Fed Official Says.**

[Marijuana Moment](#) (12/1, Angell) reports that National Institute on Drug Abuse Director [Dr. Nora Volkow](#) said that she does not “know of any scientific evidence” that “occasional [adult] marijuana use has harmful effects.”

*Additional Sources.* [Benzinga](#) (12/1, Zdinjak, 152K) reports that Volkow “discussed the benefits and harms of cannabis consumption in an interview with [FiveThirtyEight](#).” According to [Benzinga](#), “Volkow did however restate that she is ‘absolutely’ worried about higher rates of marijuana use and that frequent (daily) consumption, in the long run, can produce ‘harmful effects even on the adult brain.’”

### **Marijuana Use Among Pregnant Women Drops In Colorado.**

The [Denver Westword](#) (12/1, 261K) reports, “[Marijuana use among pregnant women in Colorado dropped in 2020](#),” according to a report released in November by the Colorado Department of Public Health and Environment.” According to data from the CDPHE’s annual Pregnancy Risk Assessment Monitoring System, “[6.8 percent of Colorado women surveyed admitted to using marijuana at some point during their pregnancies in 2020, down from 8.2 percent in 2019 and 7.8 percent in 2016.](#)” The article adds, “This percentage was near pre-COVID rates at the national level in 2020 and lower than rates during the pandemic, which were 6.75 percent and 8.14 percent, respectively, according to data from the National Institute on Drug Abuse.”

### **Fentanyl-Laced Weed Confirmed In Connecticut By Health Officials.**

[VIBE](#) (11/22, Inman, 29K) reports the [Connecticut State Department of Public Health](#) has confirmed the presence of fentanyl-laced marijuana in the state “after a string of overdoses were reported throughout the past few months.” [VIBE](#) adds, “The New York Times reported during the 12-month period that ended in April, more than 100,000 Americans died of overdoses, up almost 30 percent from the 78,000 deaths in the prior year and more than doubled since 2015.” National Institute on Drug Abuse Director [Dr. Nora Volkow](#) said, “To change this unprecedented level of drug overdose death, we must continue to pursue the innovative science that addresses the rapidly changing drug supply, addiction crisis, and related harms.”

### **Scientists Find Opioids More Powerful Than Fentanyl Circulating In DC.**

[The Hill](#) (11/30, Rai, 5.69M) reports, “Forensic analysts have alerted the District of Columbia’s Department of Forensic Sciences (DFS) that [there is a new synthetic opioid circulating in the illicit drug supply in the city as it continues to grapple with a flood of fatal overdoses.](#)” DFS scientists “found the synthetic drugs during a routine study of used syringes in September and October, [The Washington Post](#) reported. [The opioids – called protonitazene and isotonitazene – were found to be several times more potent than fentanyl.](#)” This discovery “has raised alarms because” the drugs “could be less vulnerable to some of the primary resources used to prevent overdoses, such as fentanyl testing strips and the overdose antidote

Narcan, which is also known as Naloxone.” Per “the Centers for Disease Control and Prevention, fentanyl is 50 to 100 times more potent than morphine. Scientists say that nitazene is even more powerful.”

### **Analysis Advocates For Use Of Fentanyl Strips, Other Harm Reduction Methods To Help US Overdose Crisis.**

CNN (12/1, Kounang, 89.21M) reports on “a little strip of paper not much longer than 2 inches” that “has the potential to prevent a drug overdose” because “these strips can detect fentanyl, the deadliest drug in the United States, when it’s mixed with other drugs.” Fentanyl “is 50 times more powerful than heroin and is extremely cheap to produce.” The test strips “were first developed as way to screen for people using fentanyl by testing their urine, but harm reduction groups found a way to utilize the strips to help keep the drug supply safer.”

In an analysis on the topic, CNN (12/1, 89.21M) says that the issue of US drug overdose deaths “needs much more attention.” CNN investigated “fentanyl testing strips” and also noted “New York City this week opened two overdose prevention centers, also known as supervised consumption sites or safe injection sites, where users can receive medical care after injecting themselves with drugs.” These methods are known as “‘harm reduction’ – giving users safe spaces to shoot drugs or the power to see if what they’re taking contains fentanyl.” They are two “emerging ways to deal with the problem that enables safer drug use rather than rely[ing] on law enforcement.”

### **School Officials Taken To Hospital After Being Exposed To Fentanyl From Student’s Vape Pen.**

Newsweek (12/1, Jackson, 2.67M) reports, “Two student resource officers and a school nurse were treated for exposure to fentanyl on Tuesday after a vape pen was confiscated from a 17-year-old student at a high school in Madisonville, Tennessee, according to authorities.” The Monroe County Sheriff’s Office “said two of its student resource officers and the school nurse were administered Narcan after they were exposed to the opioid.”

### **Opinion: Policymakers Need To Bolster Efforts To Target Illicit Fentanyl, Heroin.**

Forbes (12/1, 10.33M) contributor Joshua Cohen says in an opinion piece that “while the U.S. has been battling Covid-19 it’s gotten lost in the shuffle that the nation had record numbers of drug overdose-related deaths in 2020; approximately 93,000.” Contrary to the public’s “perception, the problem of misuse, abuse, and diversion of prescription opioids has been much less of a factor in recent years.” Cohen writes that “heroin and illicit synthetic fentanyl account for the vast majority of drug overdose-related fatalities, with fentanyl being far and away the biggest driver.” Cohen asserts that “government policymakers must redouble efforts to target the current drivers of the opioid crisis, namely, illicit fentanyl and heroin, while

reframing preventive approaches in place to curb misuse and abuse of prescription opioids.”

### **Device Can Detect When Person Is Experiencing Opioid Overdose, Researchers Find.**

[The Hill](#) (11/22, Guzman, 5.69M) reports, “Researchers from the University of Washington have developed a device,” which “can detect when a person is experiencing an opioid overdose.” The study “details how a prototype device worn like an insulin pump can detect when a person is experiencing an opioid overdose and administer naloxone, a drug used to reverse narcotic overdoses, for treatment.” The findings were published Monday in Scientific Reports.

### **Study Will Assess Therapy to Reduce Opioid Withdrawal, Ongoing Cravings.**

[HMP Global Learning Network](#) (11/26, Valentino) reported, “Spark Biomedical has received a \$2.49 million grant from the National Institutes of Health HEAL (Helping to End Addiction Long-term) Initiative to conduct a clinical trial in partnership with Hazelden Betty Ford Foundation and Gaudenzia Inc. to examine how its Sparrow Therapy System, a transcutaneous auricular neurostimulation (tAN) therapy, can improve opioid addiction treatment retention by reducing post-acute opioid withdrawal symptoms and ongoing cravings.” The “grant will fund a prospective, randomized, controlled, multi-center, 2-phase clinical trial that is slated to begin in January.”

### **Experts Say Drug Overdose Wave Driven By Fentanyl Mixed With Other Drugs.**

[NBC News](#) (11/27, McCausland, 4.91M) reported, “The spike of drug overdose deaths this year and last year has many drug abuse and addiction researchers,” physicians, “and health officials worried about a growing trend among overdose victims that appears to indicate a new and different wave of the opioid epidemic.” According to NBC, “While the loneliness and the challenges of the coronavirus pandemic appear to have driven drug use, many experts say the latest overdose wave is driven in part by the use of fentanyl with other drugs.” Behind the over 100,000 overdose deaths reported this year by the CDC, experts “said, is an ongoing surge in the number of cocaine, methamphetamine and other drug deaths that are connected to the simultaneous use of fentanyl.” CDC National Center for Health Statistics Chief of Mortality Statistics Dr. Robert Anderson said, “Probably more than half of the cases involve fentanyl mixed with another drug.”

### **How Fentanyl Became An American Crisis.**

[The Hill](#) (11/22, Barnes, 5.69M) reports, “Drug overdose deaths in the U.S. increased dramatically over the last year, surpassing 100,000 for the first time – a tragedy driven largely by the rise in fentanyl.” National Institute on Drug Abuse Director Dr. Nora Volkow said, “Today, drug cartels in Mexico are mass producing fentanyl and methamphetamine largely sourced from chemicals in China. And they’re

distributing these substances throughout the” US, “noting how the rise exceeded expert expectations, which usually predict a rise in drug use in times of turmoil.” Volkow added, “But what we didn’t expect was that during that period, there will be a massive increase in the entry of these illicit substances into the country.” She explained further, “Fentanyl is an extraordinarily potent drug. It was manufactured specifically to be much more potent than morphine. ... If someone is a drug dealer, they make much more money by selling fentanyl than by selling heroin or selling cocaine.”

### **Inside Fentanyl’s Mounting Death Toll: ‘This Is Poison’.**

A [New York Times](#) (11/20, A1, Nir, 20.6M) analysis said, “In the 12-month period that ended in April, more than 100,000 Americans, a record number, died from overdoses, according to preliminary data from the United States Centers for Disease Control and Prevention.” The bulk of the fatalities were connected “to synthetic opioids like fentanyl,” which “is spliced into party drugs where it can be consumed unwittingly, as it was by six people killed by a single batch of laced cocaine on Long Island this summer.” The Times added, “The spread of fentanyl has been stealthy, steady and deadly, according to interviews with nine people involved in the sale of illegal drugs in New York, where much of the country’s fentanyl enters the street market, as well as law enforcement and addiction experts.”

The [High Times](#) (11/19, 20K) reported that National Institute on Drug Abuse Director Dr. Nora Volkow said, “These are numbers we have never seen before.” She “noted that a majority of the deaths occurred among people aged 25 to 55.” Dr. Volkow said, “They leave behind friends, family and children, if they have children, so there are a lot of downstream consequences. ... This is a major challenge to our society.”

### **Buprenorphine Misuse: What’s The Reality?**

National Institute on Drug Abuse Deputy Director Wilson Compton, MD, writes in [MedPage Today](#) (11/18, 183K) that “[buprenorphine] is a partial opioid agonist that was originally developed to treat pain – but it’s also a highly effective medication to treat OUD.” He adds, “With widespread efforts to increase the numbers of people with OUD in medication treatment, we badly need empirical evidence about buprenorphine misuse: its extent, whether it is increasing, and why people misuse the drug.” He says that his group at NIDA “along with a CDC colleague utilized data from the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health (NSDUH) to help answer these questions.” Their findings were published in JAMA Network Open. According to Compton and his fellow researchers, “nearly three quarters of U.S. adults who reported buprenorphine use in 2019 did not report misusing buprenorphine during the previous 12 months and that misuse of buprenorphine by people with OUD declined during 2015-2019.”



### **Impact Of The Opioid Crisis On Pain Treatment In Sickle Cell Disease.**

[Clinical Advisor](#) (11/22, Rodriguez, 374K) reports that researchers found in a 2020 review that multiple “underlying causes of pain can contribute to the evolution of chronic pain in” sickle cell disease (SCD), “including repeated acute nociceptive pain from VOCs, inflammatory pain, neuropathic pain, and opioid-induced hyperalgesia... all of which lead to central sensitization.” Meanwhile, “increasing reports indicate that pain management in SCD has been complicated by efforts to stem the opioid epidemic,” which Kalpna Gupta, PhD, professor of medicine in the division of hematology/oncology at the University of California, Irvine, said have inadvertently “had an adverse effect by creating ‘opioidphobia’ amongst prescribers, thus denying opioids when required for sickle pain.” The National Heart, Lung, and Blood Institute is mentioned.

### **Ron English: Child Tax Credit Will Help People In Treatment For Addiction.**

Rev. Ron English, who is president of the Charleston chapter of the NAACP, wrote in an opinion for the [Huntington \(WV\) Herald-Dispatch](#) (11/21, 82K) that “the expanded child tax credit that went into effect earlier this year is” helping families in West Virginia “struggling with substance use disorder.” English said that National Institute on Drug Abuse Director Dr. Nora Volkow stated that “we cannot hope to abate the opioid and heroin crisis without addressing the economic disparities that augment the economic crises that deprives people of hope and opportunity on the path toward recovery.” He added that Partnership of African American Church CEO Rev. James Patterson reminds us that “we must realize what the (expanded) Child Tax Credit means for those families who are dealing with that, but it means a great deal.”

### **Woman Sues Physicians Who Reduced Her Husband’s Opioid Doses Before He Committed Suicide.**

[STAT](#) (11/22, Joseph, 262K) reports, “For six years, Brent Slone had relied on opioid medication to tame his agonizing pain” before committing suicide shortly after being denied access to his prescription of high-dose opioids until an appointment almost a week away. STAT adds that “his wife then sued the clinic and its physicians – a rare legal challenge to doctors over their decisions to reduce patients’ opioid doses.” The wife’s attorney contended that his providers rashly cut his dose by 55% due to carelessness. At the trial, the jury “found the physicians and pain clinic at fault and awarded the family nearly \$7 million, with \$3 million allocated for Slone’s daughter, who was 12 when her father died.”

### **PPB Seizes More Meth, Pot, Cocaine In 2021, But Staffing Limits Investigations.**

[KOIN-TV](#) Portland, OR (11/29, 193K) reports the Portland Police Bureau has “seen a significant increase in the amount of methamphetamine, marijuana and cocaine it’s seized in 2021.” This year, police have reported 118 overdose deaths, “significantly higher than the number reported in all of 2020, 86 deaths.” The department has also

“seen an increase in counterfeit prescription pill seizures in 2021,” with an “overwhelming amount...made with fentanyl – a synthetic opioid that the National Institute on Drug Abuse says is similar to morphine but 50 to 100 times more potent.”

### **Can Safe Injection Sites Save Lives?**

[MedPage Today](#) (11/23, Firth, 183K) reports, “Public health advocates and researchers drilled down into the risks and benefits of opening safe injection sites – spaces where people can legally consume or inject their own illicit drugs under medical supervision – in the U.S., during a panel discussion Monday hosted by the American Enterprise Institute.” Proponents of sites “say they prevent drug overdose deaths, while also connecting participants to counseling, treatment, and other health services” but critics “say the sites encourage and enable high-risk behaviors.” Director of the National Institute on Drug Abuse Nora Volkow “in an email to [MedPage Today](#) in July, lauded the idea of increasing harm-reduction research, noting specifically that supervised injection facilities have shown ‘some promise in reducing harms and social costs associated with injection drug use.’” However, critics continue to “raise concerns” over their effectiveness.

### **Nation’s First Supervised Drug-Injection Sites Open In New York.**

The [New York Times](#) (11/30, Mays, Newman, 20.6M) reports, “In an attempt to curb a surge in overdose deaths caused by increasingly potent street drugs, New York City authorized two supervised injection sites in Manhattan that began operating on Tuesday.” Staff at two sites “in the neighborhoods of East Harlem and Washington Heights provided clean needles, administered naloxone to reverse overdoses and provided users with options for addiction treatment. Users brought their own drugs to the sites.” New York City became the first in the US “to open officially authorized injection sites – facilities that opponents view as magnets for drug abuse but proponents praise as providing a less punitive and more effective approach to addressing addiction.”

The [Washington Post](#) (11/30, Bernstein, Kornfield, 10.52M) reports, “While the number of overdose deaths prevented may be small, the opening of the centers is a break with U.S. policy in the effort to save the lives of people who use drugs.” Both “cities and states have been fighting for years to open the facilities but were stymied most recently by the Trump administration, which adamantly opposed them, and, in some cases, opposition from neighbors of the sites.” The current Administration “has adopted a slate of harm-reduction strategies – without specifically taking a position on the controversial overdose-prevention centers – as the number of overdose deaths reached a record of 100,000 in a single year.”

The [AP](#) (11/30, Peltz) reports that these type of sites “exist in Canada, Australia and Europe and have been discussed for years in New York and some other U.S. cities and states. A few unofficial facilities have operated for some time.” The AP adds, “Researchers have estimated that supervised injection sites in New York City

could prevent 130 deaths and save \$7 million in health care expenses per year. Studies have also found that such facilities reduce HIV infections and 911 calls for overdoses, among other problems.”

The [Washington Times](#) (11/30, Tan, 626K) reports Dr. Nora Volkow, director of the National Institute on Drug Abuse, said “The bulk of the evidence suggests that overdose prevention centers have shown promise in reducing harms and social costs associated with injection drug use, including reversing overdoses and linking people to medical care for addiction.” She also said, however, that more research is needed.

### **SAMHSA Grant Will Help Phoenix Clinic Expand Mental Health, Substance Abuse Treatment.**

The [Arizona Republic](#) (11/22, 1.05M) reports, “A west Phoenix clinic is expanding treatment for mental health and substance use disorder for underserved individuals and veterans after securing a \$4 million federal grant.” The clinic, Terros Health, “was awarded the funds from the Substance Abuse and Mental Health Services Administration to improve access and care for complex mental health and substance use disorders.” The grant will allow the clinic to “increase screenings, provide different forms of outpatient care and improve rehabilitation services.”

### **Vermont Had Highest Percentage Increase In US In Drug Overdose Deaths During Pandemic, CDC Data Show.**

The [AP](#) (11/19) reported, “Vermont has had the highest percentage increase of any state in the U.S. in drug overdose deaths during the coronavirus pandemic, according to the” CDC. The state’s “overdose deaths for the 12 months ending in April 2021 went up by nearly 70% from the previous 12 months, from 123 deaths to 209, according to the CDC’s monthly national overdose death report.”

### **Is Psychedelic Research Funding Starting To Shift?**

[MedPage Today](#) (11/24, Basen, 183K) reported that largescale funding for US psychedelic research centers “from private donors is drying up.” However, industry investments have increased “as biopharmaceutical companies are starting to bet on these substances becoming therapies in the coming years.” Meanwhile, federal agencies, including the National Institute on Drug Abuse (NIDA), may “be warming to paying for psychedelic research.” NIDA recently awarded Johns Hopkins University Center for Psychedelic & Consciousness Research “\$4 million to run a multi-site pilot study of psilocybin for tobacco cessation.” The article noted that this “was the first government-sponsored study of these substances in a half-century.”

### **Washington Ketamine Clinics Spark Debate.**

The [Seattle Times](#) (11/28, 6:02 a.m. EST, Pasricha, 1.19M) reports a Westlake, Washington clinic – which was opened by a company that sells “medically supervised ‘psychedelic journeys’” – is one of “at least a dozen such facilities” that

have opened around the Puget Sound region in the last three years. Clinic Director Bridget Carnahan “calls ketamine therapy a ‘new frontier’ for understanding mental illnesses.” The Times reports ketamine “is not approved by the Food and Drug Administration for treating mental illness,” and that “frequent use can lead to addiction.” Some studies, however, “suggest that...the drug may help alleviate symptoms of severe depression, post-traumatic stress disorder (PTSD) and anxiety.” However, medical and legal concerns have been raised over the clinics and use of the drug.

### **Why COVID Poses A Greater Risk To People With A Mental Health Diagnosis.**

[NPR](#) (11/17, Chatterjee, 3.69M) reported, “The CDC recently added people with mental illness to the list of those who should be prioritized for COVID-19 vaccines and boosters.” NPR’s Rhitu Chatterjee quotes several experts and points to multiple studies to explain “why psychiatric disorders put people at higher risk of COVID.” For example, National Institute on Drug Abuse Director [Dr. Nora Volkow](#), author of a recent study that supports the CDC’s guidance, said, “If individuals have had a history of a mental disorder, they were more likely, on the one hand, to get infected.”

### **Commentary Examines How Apps May Help Men Seek Mental Health Assistance.**

Author Andrew Reiner, who wrote the book “Better Boys, Better Men: The New Masculinity That Creates Greater Courage and Emotional Resiliency,” wrote in a [Washington Post](#) (11/19, 10.52M) op-ed, “On the heels of a well-documented upsurge in anxiety, loneliness and depression sparked by the pandemic, mental health apps have become an important resource for men.” Reiner said Harvard Medical School’s John Naslund and some other experts are hopeful that the private nature of “mental health and well-being apps...will erode men’s reticence about seeking help” when dealing with mental health issues. Reiner, who urged potential users of such apps to try and determine how their personal data may be used, wrote some research “has shown that men are four times more likely to commit suicide than women” and that men are more likely to develop a substance use disorder and die as a result of consuming drugs.

### **FDA Moves Ahead With Relaxing Consent Requirements For Low-Risk Studies.**

[Bloomberg Law](#) (11/18, Baumann, Subscription Publication, 4K) reports, “The FDA is moving ahead with finalizing a long-awaited rule that would allow drug and device companies for the first time to relax consent requirements for some low-risk studies, officials said Thursday.” This rule “would allow ethics boards known as institutional review boards (IRBs) to waive the requirement for researchers to obtain informed consent from participants” and “would mark a critical step toward harmonizing the FDA’s requirements for conducting studies with human volunteers.”

### **Congress Moving Toward Requiring Women To Register For Military Draft.**

The [Wall Street Journal](#) (11/18, Wise, Youssef, Subscription Publication, 8.41M) reports that Congress is moving forward with requiring women to register for the draft. According to the Journal, a bipartisan provision in both the House and Senate versions of a \$777.9 billion annual defense policy bill would expand registration for the Selective Service to include young women for the first time. The House passed its bill in September by a large bipartisan margin, and the Senate is expected to pass its version soon.

### **NIDA Awards Funding to Study Incentivizing Contingency Management Adoption.**

[HMP Global Learning Network](#) (11/24, Valentino) reports that DynamiCare Health “announced this month that it has been awarded a Fast-Track Small Business Innovation Research grant from the National Institute on Drug Abuse...to fund a study that will test incentivizing addiction treatment providers to adopt contingency management programs.” The digital health company “will receive up to \$2 million over 3 years if project milestones are met.”

## **Funding Opportunities**



## **GRANTS & FUNDING**

NIH Central Resource for Grants and Funding Information

[PAR-21-343](#)

[Opportunities for Collaborative Research at the NIH Clinical Center \(U01 Clinical Trial Optional\)](#)

[PAR-21-342](#)

[Pre-application: Opportunities for Collaborative Research at the NIH Clinical Center \(X02 Clinical Trial Optional\)](#)

[NOT-DA-22-047](#)

[Notice of Special Interest \(NOSI\): Mechanistic studies on the impact of substance use in sex and gender differences in HIV-associated neurocognitive disorders](#)

[PAR-22-031](#)

[Drug Discovery For Nervous System Disorders \(R01 Clinical Trials Not Allowed\)](#)

[PAR-22-032](#)

[Drug Discovery For Nervous System Disorders \(R21 Clinical Trials Not Allowed\)](#)

[NOT-DA-21-084](#)

[Notice of Intent to Publish a Funding Opportunity Announcement for NIDA Research Center of Excellence Grant Program \(P50 Clinical Trial Optional\)](#)

[NOT-DA-23-002](#)

[Notice of Special Interest \(NOSI\): Research in the Chemistry and Pharmacology of Addictive Drugs](#)

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