

UC CAR Weekly Newsletter 4.23.2021

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

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



## UC/ Regional News

### **UC 2021 All-University Faculty Awards**

**Kenneth Sherman, MD, PhD**, (CAR member) was among 13 UC faculty award recipients honored during a Virtual Faculty Awards Ceremony yesterday. Sherman, Gould Professor of Medicine and Director of the Division of Digestive Diseases in the Department of Internal Medicine, received the 2021 Distinguished Research Professor Award. Please join us in applauding his accomplishments! Congratulations, Dr. Sherman! **[Read more about Sherman's career.](#)**

## National News

### **How Bad Is Our Pandemic Drinking Problem?**

The [New York Times](#) (4/21, Tingley, 20.6M) reports that studies show the coronavirus pandemic "has changed alcohol use patterns, especially among women," although "the impacts probably won't be fully known for years." According to the article, "In 2020, researchers at the National Institute on Alcohol Abuse and Alcoholism (N.I.A.A.A.) found that from 1999 through 2017, per capita consumption increased by 8 percent and the number of alcohol-related deaths doubled, many caused by liver disease." Now, "a growing body of research...has begun to confirm that Americans, and women in particular, are indeed drinking

more in response to the pandemic.” NIAAA Director George Koob said, “It shouldn’t have been a surprise, but it did surprise us, this drinking to cope.”

### **Some States Take Potency Into Account When Crafting Cannabis Regulations.**

The [AP](#) (4/20, Peltz) reports some state cannabis regulations are taking the drug’s potency into account. For example, New York and Illinois have both decided to tax cannabis based on its THC content, while Vermont has capped the THC level in cannabis sold there. Proponents of such measures say they will protect public health by prohibiting, or discouraging, the use of cannabis with a high level of THC. Others have criticized such measures as simply a new form of criminalizing cannabis use and say such policies will result in illegal sales.

### **Florida House Measure To Cap THC In Medical Marijuana Will Not Become Law This Year.**

The [Miami Herald](#) (4/19, Wilson, 647K) reports, “A controversial measure being contemplated by Florida lawmakers to cap the potency of medical marijuana will apparently not become law this year.” In March, legislators “in two House committees voted to advance the bill, which, among other things, would have capped the amount of tetrahydrocannabinol (THC) in the marijuana offered to patients.” The measure “would have had to clear” Health and Human Services before being heard on the House floor, “but the health committee met Monday for the last scheduled time without hearing the THC bill.”

### **Biden Administration Considering Policy To Reduce Nicotine In Cigarettes.**

The [Wall Street Journal](#) (4/19, Maloney, Subscription Publication, 8.41M) reports the Biden Administration is considering a policy to reduce nicotine in cigarettes to non-addictive levels. The news comes as the FDA is considering a separate policy to ban menthol cigarettes.

According to [Bloomberg](#) (4/19, Kary, 3.57M), the FDA is “expected to state its position on whether it would still allow menthol cigarettes by April 29.”

### **Report Finds More Than 50% Of Global Smoking-Related Deaths Occur In Asia, Far East.**

The [People’s Journal \(PHL\)](#) (4/19, Delos Reyes) reports, “Consumer advocates and tobacco harm reduction (THR) experts called on the World Health Organization (WHO) and governments in Asia and the Far East (A&FE) to allow smokers to choose safer alternatives, following the latest report that more than half of global smoking-related deaths occur in the region.” The report, “Tobacco Harm Reduction: A Burning Issue for Asia and the Far East,” emphasizes “tobacco harm reduction which refers to a range of pragmatic policies, regulations and actions aimed at reducing health risks by providing safer nicotine products.”

### **Philip Morris Attempting To Persuade Customers To Switch To Heated Tobacco Products Instead Of Cigarettes.**

The [Los Angeles Times](#) (4/16, Chang, 3.37M) reported, “Philip Morris International is trying to persuade customers to switch to its heated tobacco products, which it claims are better alternatives [to cigarettes] because they are smoke-free.” The Times spoke with Philip Morris International America CEO Martin King “about the company’s change in direction and the challenges of trying to wean customers off an addictive product (and onto another).”

### **Civil Rights Organizations, African-American Health Groups Increase Pressure On Biden Administration To Ban Menthol Cigarettes.**

The [Washington Post](#) (4/16, McGinley, 10.52M) reported, “Civil rights organizations and African American health groups ramped up pressure on the Biden administration to ban menthol cigarettes, accusing the tobacco industry of targeting Black communities for decades and demanding government action on what they said was an urgent social justice issue.” A coalition of 10 groups sent a letter to HHS Secretary Xavier Becerra calling for the FDA to “start the regulatory process to ban menthol, saying such a move was long overdue.”

### **House Passes Bill To Extend Fentanyl-Copycat Ban.**

[The Hill](#) (4/21, Marcos, 5.69M) reports “the House easily passed legislation on Wednesday to extend a ban on copycats of fentanyl, a highly addictive synthetic opioid, that is set to expire on May 6 without congressional action.” Legislators approved “the bill by voice vote to extend through Oct. 22 the federal government’s ability to regulate fentanyl analogues as one of the most strictly controlled drugs with no accepted medical use and a high potential for abuse.”

### **Opioid Vaccine In The Works, Could Be ‘Game Changer For Addiction,’ Researcher Says.**

[Fox News](#) (4/20, Hein, 23.99M) reports, “Research is underway to develop a twice-per-year vaccine that may help people overcome opioid addiction. The vaccine, which is being funded in part by a \$25 million grant from the National Institutes of Health Helping to End Addiction Long-term Initiative (HEAL), targets fentanyl,” which “was named the deadliest drug in America by the Centers for Disease Control and Prevention (CDC) in recent years, beating out heroin and oxycodone.” University of Houston professor of psychology Therese Kosten said of the research, “This could be a game changer for addiction.” ([News Release from UH-https://uh.edu/news-events/stories/2021/april-2021/04192021-therese-kosten-opioid-vaccine-grant.php](https://uh.edu/news-events/stories/2021/april-2021/04192021-therese-kosten-opioid-vaccine-grant.php))

### **Optimizing EHR Opioid Prescribing Default Settings Can Boost Prescribing Patterns, Study Indicates.**

[EHR Intelligence](#) (4/19, Jason) reports, “Optimizing EHR opioid prescribing default settings can boost prescribing patterns, according to a [study](#) published in JMIR Publications.” In addition, “reducing the duration of an opioid prescription and cutting down the quantity of pills could minimize the chance of opioid dependence and overdose.” [\(Article attached.\)](#)

### **Overdose Deaths From Fentanyl Are Rising In The Western US.**

The [Wall Street Journal](#) (4/15, Lovett, Subscription Publication, 8.41M) reports overdose deaths from fentanyl are rising in the western US. The article cites statistics reflecting the large recent increases in overdose deaths from fentanyl in San Francisco, Los Angeles, and Seattle.

### **Burned In Tobacco Deal, Cities In Opioid Fight Want Share Of Pot.**

[Bloomberg](#) (4/15, Feeley, 3.57M) reports, “US cities and counties are increasingly at odds with their own state governments over how to divvy up \$641.5 million that consulting firm McKinsey & Co. has offered to settle its liability for work with the opioid industry.” The company has “reached final agreements with all 50 states to resolve lawsuits claiming it helped boost sales of the addictive drugs.” The final decision on how to distribute the funds “could have wider implications,” particularly in the “thousands of cities and counties [that] are pursuing opioid lawsuits against drug makers like Johnson & Johnson and distributors like McKesson Corp.” Multiple states “may soon have billions to distribute,” as “J&J and drug distributors McKesson Corp., Cardinal Health Inc. and AmerisourceBergen Corp. are offering to pay a total of \$26 billion to settle their liability – including with cities and counties – though the deal hasn’t been finalized.”

### **White House, DOJ Leaders Canceled Fentanyl Analogues Meetings With DEA, Sources Say.**

The [AP](#) (4/15, Balsamo) reports the White House and Department of Justice leaders “have, on several occasions, canceled meetings with officials at the Drug Enforcement Administration,” according to three anonymous individuals who are familiar with the matter. Those individuals said the aim of the meetings was to work on extending a fentanyl analogues ban that expires in early May. The AP reports the DOJ stated that it “will work with Congress to seek a clean, seven-month extension to prevent this important law enforcement tool from lapsing while we address legitimate concerns related to mandatory minimums and researcher access to” affected substances. Andrew Bates, a White House spokesperson, said the Administration “is committed to avoiding expiration of” the fentanyl analogues ban, “and we have communicated that clearly to both parties in Congress.”

### **The World's Leading Medical Journals Don't Write About Racism. That's A Problem.**

[TIME](#) (4/21, Boyd, Krieger, De Maio, Maybank, 18.1M) says, “Amid growing calls for anti-racism and health equity, troubling reports have emerged highlighting the ways the U.S. health care industry avoids even talking about, let alone addressing, racism.” A new report “examined the top four medical journals in the world and found that they almost never publish scientific articles that name racism as a driver of poor health outcomes.” The article adds that on March 1, the NIH “announced new initiatives to address the impacts of ‘structural racism on biomedical research,’” and on April 8, the CDC “declared racism ‘a serious public health threat.’”

### **Pandemic Disrupting Battle Against HIV/AIDS.**

[NPR](#) (4/21, Varney, 3.69M) reports “the COVID-19 pandemic has caused profound disruptions in almost every aspect of” the battle against HIV/AIDS, “grounding outreach teams, sharply curtailing testing and diverting critical staff away from laboratories and medical centers.” Although “the shift in priorities is nationwide, delays in testing and treatment carry particularly grievous risks in Southern states, now the epicenter of the nation’s HIV crisis.” Early “evidence is disturbing experts who have celebrated the enormous strides in HIV treatment.”

### **HRSA Awards Almost \$13M In Funding To Healthcare Providers To Address Rural Health Disparities With Telehealth, Other Services.**

[mHealth Intelligence](#) (4/21, Wicklund) reports the Health Resources and Services Administration (HRSA) has “awarded almost \$13 million in funding to help healthcare providers use telehealth and other services to address rural health disparities.” HRSA awarded the funding to 61 organizations in 35 states through its Rural Health Care Services Outreach Program, which “expands and improves health services for rural residents by supporting innovative and evidence-based approaches tailored to the specific needs of local communities.”

***Two West Virginia Providers In Rural Areas To Receive Over \$418K From US Government.*** The [AP](#) (4/21) reports “two rural healthcare providers in West Virginia will get \$418,800 from the federal government, the state’s U.S. senators announced Wednesday.” Wirt County Health Service Association will receive roughly “\$218,800 and Williamson Health and Wellness Center will receive \$200,000.” Sen. Joe Manchin (D-WV) and Sen. Shelley Moore Capito (R-WV) “said they successfully advocated for the U.S. Health Resources and Services Administration to make counties such as Wirt County eligible for the rural funding.”

### **Physicians: CMS Must Continue Reimbursing Phone-Only Telehealth Visits To Avoid Worsening Health Disparities.**

In an opinion piece for [STAT](#) (4/21, 262K), University of Chicago physicians Sachin D. Shah, Lolita Alkureishim, and Wei Wei Lee write, “Telehealth access that includes telephone-only visits can help reduce certain health care disparities, as these low-tech visits provide access to essential health care for many whose alternative is no care at all.” However, they warn that “this lifeline may be cut, as CMS has signaled it plans to end reimbursement for telephone-only visits when the public health emergency ends.” They explain that such “digital redlining – systematically excluding low-income neighborhoods from broadband service and digital technologies – has further worsened long-standing inequities, leaving many vulnerable patients on the wrong side of the digital divide.” They conclude, “We urge CMS, commercial payers, and state governments to heed the call from groups like the American Medical Association and state medical associations to continue reimbursement and payment parity for telephone visits as a matter of health equity.”

### **NIH’s New AI Initiative Aims To Improve Integrative, Biomedical Research.**

[GovernmentCIO](#) (4/20, Harris) reports, “The National Center for Complementary and Integrative Health is helping lead a new initiative at the National Institutes of Health to advance biomedical research with the adoption of artificial intelligence.” The initiative, Brain2AI, will bring “technological and biomedical experts together to accomplish a variety of goals, including generating new ethical and trustworthy biomedical and behavioral data; developing software and standards to unify data attributes across various data sources and types; and creating automated tools to accelerate findable, accessible, interoperable and reusable data sets.” The article adds, “NCCIH is partnering alongside the National Library of Medicine, National Eye Institute, National Human Genome Research Institute and National Institute of Biomedical Imaging and Bioengineering to approve and fund Bridge2AI’s work.”

### **CDC-Affiliated Blog NCHStats Highlighted As Resource For Up-To-Date Health Data.**

The [Washington Post](#) (4/15, Blakemore, 10.52M) discussed the CDC-affiliated blog NCHStats, in which statisticians at the Centers for Disease Control and Prevention’s National Center for Health Statistics go into detail on various data released by the agency. The Post says “it’s an informative glimpse into the ever-evolving world of the numbers and statistics that represent the nation’s health.” The blog “provide up-to-date stats on topics such as mental health, chronic disease and accidental death, and highlight the most important messages from data releases.” Additionally, the blog is “home to transcripts of Statcasts, the NCHS’s podcast, and links to each episode.” **(Some highlights related to drug overdose deaths from that blog are below.)**

<https://nchstats.com/2021/03/25/drug-poisoning-mortality-by-state-and-by-race-and-ethnicity-united-states-2019/>

### **Drug Poisoning Mortality By State in 2019**

- The age-adjusted rate for drug overdose deaths in the United States for 2019 was 21.6 per 100,000 standard population.
- **The five states with the highest rates were West Virginia (52.8), Delaware (48.0), District of Columbia (43.2), Ohio (38.3), and Maryland (38.2).**
- The five states with the lowest rates were Nebraska (8.7), South Dakota (10.5), Texas (10.8), North Dakota (11.4), and Iowa (11.5).

<https://nchstats.com/2021/03/17/provisional-monthly-drug-overdose-deaths-from-august-2019-to-august-2020/>

### **Provisional Monthly Drug Overdose Deaths August 2019-August 2020**

Provisional data show that the reported number of **drug overdose deaths occurring in the United States increased by 25.1% from the 12 months ending in August 2019 to the 12 months ending in August 2020, from 68,371 to 85,516.**

## **Funding Opportunities**



## **GRANTS & FUNDING**

NIH Central Resource for Grants and Funding Information

[NOT-MH-21-230](#)

[Notice of Special Interest \(NOSI\): Research on Strategies to Enhance Mental Health Interventions and Services within Employment and Job Training Settings](#)

[RFA-OD-21-006](#)

[Building Interdisciplinary Research Careers in Women's Health Program \(BIRCWH\) \(K12 Clinical Trial Optional\)](#)

[PAR-21-209](#)

[NIH Countermeasures Against Chemical Threats \(CounterACT\) Early-stage Investigator Research Award \(R21 Clinical Trial Not Allowed\)](#)

[NOT-AA-21-016](#)

[Notice of Intent to Publish a Funding Opportunity Announcement for Limited Competition for the Continuation of the National Consortium on Alcohol and Neurodevelopment in Adolescence \(NCANDA\) Research Project Sites \(U01\)](#)

[NOT-AA-21-017](#)

[Notice of Intent to Publish a Funding Opportunity Announcement for Limited Competition for the Continuation of the National Consortium on Alcohol and Neurodevelopment in Adolescence \(NCANDA\) Administrative Resource \(U24\)](#)

[NOT-AA-21-018](#)

[Notice of Intent to Publish a Funding Opportunity Announcement for Limited Competition for the Continuation of the National Consortium on Alcohol and Neurodevelopment in Adolescence \(NCANDA\) Data Analysis Resource \(U24\)](#)

[NOT-DA-21-038](#)

[Notice of Change to PAR-20-214, "Research to Improve Native American Health \(R21 Clinical Trials Optional\)"](#)

[NOT-DA-21-037](#)

[Notice of Change to PAR-20-238, "Intervention Research to Improve Native American Health \(R01 Clinical Trial Optional\)"](#)

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