

UC CAR Weekly Newsletter 4.30.2021

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) 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

Center for Addiction Research to hold Summer Speaker Series

The Center for Addiction Research will hold its first Summer Speaker Series event, Wednesday, May 5 at 8am on "Addressing Disparities Through Community Collaboration" featuring CAR member, Dr. Burlew. The series is hosted by the Urban Health Pathway of Next Lives Here. Monthly presentations run through August. **Featured CAR presenters in future sessions will be Drs. Blackard, Lyons and Merhar.** (pdf invite attached)

>> Register for any of the presentations

Pear Announces Ohio Department of Mental Health and Addiction Services will Provide Access to Prescription Digital Therapeutics to Help Local Communities Continue Fight Against Opioid Addiction

COLUMBUS, Ohio & BOSTON & SAN FRANCISCO--(BUSINESS WIRE)--Pear Therapeutics, Inc. announced today that the [Ohio Department of Mental Health and Addiction Services](#) (OhioMHAS) and [RecoveryOhio](#) are providing access to Pear's FDA-authorized prescription digital therapeutics (PDTs) reSET® and reSET-O® for the treatment of substance use disorder (SUD) and opioid use disorder (OUD), respectively. Eligible patients will be prescribed and treated with reSET or reSET-O to help communities throughout Ohio continue the fight against addiction. Funding is provided by the State Opioid Response (SOR) 2.0 grant...

Summit County father hopes opioid-focused bill helps families battling addiction

HUDSON, Ohio — Even in the midst of the COVID-19 pandemic, the opioid epidemic continues to ravage communities throughout the country and in Ohio. The Ohio Attorney General’s Office [said](#) the state’s death rate from opioid overdoses in the second quarter of 2020 was the highest in 10 years. Now, Greg McNeil, a Summit County father who lost his son to an opioid overdose, is hoping a new bill called Non-opioids Prevent Addiction in the Nation (NOPAIN) Act can...

Infective Endocarditis From IV Drug Use Tied to Hemorrhagic Stroke

One consequence of the ongoing opioid epidemic in the United States may be an increase in the number of hemorrhagic strokes caused by [infective endocarditis](#), research suggests. Intravenous drug use (IVDU) can cause this bacterial infection of the heart. In a single-center study, infective endocarditis was associated with an increase in the risk for [hemorrhagic stroke](#) as well as an increase in healthcare use and costs. "Patients who are known IV drug users who have endocarditis should be more carefully screened for symptoms of cardiovascular..."

National News

Health Care Professionals Should ‘Screen For And Address’ Prenatal Cannabis Use Disorder.

[Healio](#) (4/26, Gramigna, 40K) reports, “[Prenatal cannabis use disorder was linked to increased risk for major adverse neonatal outcomes,](#)” investigators concluded after analyzing “[data from 4.83 million mothers who delivered a live singleton birth between 2001 and 2012 and their paired infants, with data collected via mother-infant linked hospital discharge records, as well as from birth and death certificates.](#)” The [findings](#) of the “population-based, retrospective cohort study” were published online April 22 in the journal *Addiction*. In a related press release, National Institute on Drug Abuse Director Nora Volkow, MD, “highlighted considerations that may be necessary for prenatal cannabis use.”

Additional Source. [HealthDay](#) (4/26, Norton, 11K) reports that Volkow, whose institute funded the study, said, “There’s a common misconception that because [marijuana] is a plant, it’s safe.” According to the article, “[While few babies died during the first year of life – fewer than 1% – those whose moms used marijuana heavily had a 35% higher risk.](#)” Volkow said, “[That was a surprising finding.](#) ... It will need to be replicated in other studies, because that’s the first time it’s been reported.”

Heavy Marijuana Use During Pregnancy Linked To Premature Birth, Early Infant Death.

[NBC News](#) (4/23, Carroll, 4.91M) reports, “[Women who use marijuana during pregnancy are putting their babies at risk, a study published Thursday finds.](#)” The

piece says that “babies born to women who were heavy cannabis users during pregnancy are more likely to have health problems, including premature birth and death within a year of birth, compared to babies born to women who did not use cannabis during pregnancy, according to an analysis of nearly 5 million California women who gave birth between 2001 and 2012.” The findings were published in the journal *Addiction*. According to the article, “The finding that babies whose mothers used cannabis were more likely to die within the first year, ‘I have not seen before,’ said Dr. Nora Volkow, director of the National Institute on Drug Abuse, which provided funding for the research.” Volkow said, “In the past, effects of smoking during pregnancy have not made an attempt to quantify whether it was regular use or use in high doses.”

Researchers To Give Free E-Cigarettes To Smokers Attending Emergency Departments In London.

[BBC News](#) (4/28, 876K) reports, “Smokers attending emergency departments will be given free e-cigarettes and taught how to use them, in a trial designed to help people quit” in Norfolk, London. During the study, “some smokers in emergency departments – whatever they are being treated for – will be given vaping starter packs and referred for continuing support.” Other patients “will receive only leaflets with details of local smoking-cessation services.” One, three and six months later, “both groups will be asked if they still smoke.”

Biden Administration Expected To Ban Menthol Cigarettes.

The [New York Times](#) (4/28, Kaplan, 20.6M) reports, “The Biden administration is planning to propose a ban on menthol cigarettes, a long-sought public health goal of civil rights and anti-tobacco groups that has been beaten back by the tobacco industry for years, according to a federal health official.” Menthol cigarettes have long “been marketed aggressively to Black people in the United States.” The FDA says about 85% of Black smokers use menthol.

According to [CBS News](#) (4/28, Erickson, 5.39M), “The American Civil Liberties Union (ACLU) and dozens of other criminal justice groups warned the White House and Health and Human Services Secretary Xavier Becerra that a ban on menthol cigarettes would have ‘serious racial justice implications.’” The ACLU argued that this “ban will trigger criminal penalties, which will disproportionately impact people of color.”

The [Washington Post](#) (4/28, A1, McGinley, 10.52M) reports on its front page, “The administration also is poised to say it will seek to ban menthol and other flavors in mass-produced cigars, including small cigars popular with young people,” according to people familiar with the situation.

The [New York Times](#) (4/28, Kaplan, 20.6M) says the FDA must, pursuant to a court deadline, “respond by April 29 to a citizens’ petition to ban menthol.”

FDA Poised To Ban Menthol Cigarettes This Week, Experts Predict.

[NBC News](#) (4/26, Edwards, 4.91M) reports, “The Food and Drug Administration appears likely to move to ban menthol in cigarettes this week – a step, experts say, that has been years in the making and that could have a significant positive impact on the health of Black Americans.” American Lung Association Advocacy AVP Erika Sward said, “When you combine high rates of smoking with systematic racism in health care systems, you have a tremendous health disparity.” Both the NIH and the CDC “recently announced plans to address structural racism in health care.”

Living With A Smoker Increases Risk Of Mouth Cancer By 51%, Study Shows.

The [Daily Mail \(UK\)](#) (4/26, Pinkstone, 4.11M) reports, “A non-smoker who lives with someone who does smoke is at 51 per cent higher risk of developing mouth cancer than if they lived in a smoke-free home, a study shows.” Research conducted by King’s College London collected data “from more than 6,900 people from around the world” that “revealed individuals who are exposed to second-hand smoke.” The team’s “analysis of five studies ‘supports a causal association’ between second-hand smoke exposure and oral cancer.”

Concerns Raised Over High Rate Of Opioid Prescriptions Issued To COVID-19 Survivors With Lingering Symptoms.

[Kaiser Health News](#) (4/28, Szabo) reports, “Covid survivors are at risk from a possible second pandemic, this time of opioid addiction, given the high rate of painkillers being prescribed to these patients, health experts say.” In fact, a new study published “in Nature found alarmingly high rates of opioid use among covid survivors with lingering symptoms at Veterans Health Administration facilities.” Roughly “10% of covid survivors develop ‘long covid,’ struggling with often disabling health problems even six months or longer after a diagnosis.”

HHS Rolls Back Training Requirements For APPs Who Prescribe Buprenorphine.

[PatientEngagementHIT](#) (4/28, Heath) reports HHS “is rolling back some training requirements, known as the X-waiver, for advance practice providers prescribing buprenorphine, a key drug used in opioid use disorder (OUD) treatment, a move many providers say could improve patient access to care.” The department’s “practice guidelines exempt eligible physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives from certain training provisions. Typically, these clinicians would have to complete training, counseling, and other ancillary services in order to obtain a waiver to treat up to 30 patients with buprenorphine.” Tom Coderre, acting secretary for Mental Health and Substance Use, who leads HHS’s Substance Abuse and Mental Health Services Administration, said, “The spike we’ve seen in opioid involved deaths during the COVID-19 pandemic requires us to do all we can to make treatment more accessible.”

As Opioid Deaths Surge, Biden Team Moves To Make Buprenorphine Treatment Mainstream.

NPR (4/27, Mann, 3.69M) reports the Biden Administration “says new federal guidelines released Tuesday” by HHS “will allow far more medical practitioners to prescribe buprenorphine, a drug proven to reduce opioid relapses and overdose deaths.” The change “lowers regulatory hurdles that critics believe sharply limit use of the life-saving medication at a time when drug deaths are surging.” Assistant Secretary of Health Dr. Rachel Levine said, “We have made this much easier for physicians but also for other medical practitioners.”

Additional Sources. The AP (4/27, Johnson) reports the new guidelines “mean doctors and other health workers will no longer need extra hours of training to prescribe buprenorphine, a gold standard medicine that helps with cravings.” Furthermore, they “no longer have to refer patients to counseling services.” Under the “loosened guidelines, prescribers will be able to treat up to 30 patients at a time with the drug.”

The Hill (4/27, Coleman, 5.69M) reports, “Despite the training exemptions, providers are still required to send a notice of intent to prescribe buprenorphine from HHS’s Substance Abuse and Mental Health Services Administration (SAMHSA).” In addition, healthcare “workers who intend to treat more than 30 patients will need additional training and federal waiver.”

On its “All Things Considered Podcast,” NPR (4/27, Cornish, de Leon, Caldwell, Isackson, 3.69M) spoke “with Dr. Nora Volkow, the director of the National Institute on Drug Abuse, about new rules that will make it easier to prescribe buprenorphine for opioid addiction.” Volkow said, “This is crucial, because one of the roadblocks we have had is access to treatment and not sufficient numbers of clinicians that are wavered to provide with buprenorphine. ... So, this will increase the number of people that can be treated.” (**Press release:**

<https://www.hhs.gov/about/news/2021/04/27/hhs-releases-new-buprenorphine-practice-guidelines-expanding-access-to-treatment-for-opioid-use-disorder.html>)

California Senate Passes Bill Authorizing Supervised Sites For Drug Users.

The AP (4/21, Beam) reports, “Instead of putting opioid-users in jail, a proposal moving through the California Legislature would give them a place to inject drugs while trained staff watch them to make sure they don’t die from accidental overdoses.” The California “state Senate passed a bill on Thursday by just one vote that would allow the programs in Oakland, San Francisco and Los Angeles County.” Now, the bill must “pass the state Assembly before it can go to Democratic Gov. Gavin Newsom.”

Commentary: Congress Must Act To Combat Opioid Crisis.

In a commentary piece for the [Baltimore Sun](#) (4/22, 629K), former Mississippi Attorney General Mike Moore and Maryland Congressman David Trone write that “it’s the crisis raging in the background, with opioid deaths surging over the past year as economic opportunities, isolation and mental health declined amid COVID-19.” To solve this crisis, they argue that Congress must immediately “dedicate long-term funding for treatment and for emergency medical services like naloxone.”

Addiction Should Be Treated, Not Penalized.

Dr. Nora D. Volkow, director of the National Institute on Drug Abuse, writes for [Health Affairs](#) (4/27, 35K) that the coronavirus “pandemic has highlighted the large racial health disparities in the United States. Black Americans have experienced worse outcomes during the pandemic, continue to die at a greater rate than White Americans, and also suffer disproportionately from a wide range of other acute and chronic illnesses. These disparities are particularly stark in the field of substance use and substance use disorders, where entrenched punitive approaches have exacerbated stigma and made it hard to implement appropriate medical care.” Volkow says it has been evident for decades that addiction is a medical condition, yet it is still being criminalized. She argues, “The US must take a public health approach to drug addiction now, in the interest of both population well-being and health equity.”

Psychedelic-Like Drug Lacking Hallucinogenic Side Effects Identified With New Sensor.

[Genetic Engineering & Biotechnology News](#) (4/28, Dong, Ly, Ly, 189K) reports on psychLight, which “is a genetically encoded fluorescent sensor” that can reveal the “hallucinogenic potential” of a “psychedelic or psychedelic-like compound.” In an article in *Cell*, “investigators reported that they used psychLight to identify a compound called AAZ-A-154, a previously unstudied molecule that has the potential to act on beneficial pathways in the brain without hallucinogenic effects.” Lin Tian, one of the senior authors of the study, said, “The special funding mechanisms of BRAIN Initiative from the” NIH “allowed us to take a risky and radical approach to developing this technology, which could open the door to discovering better drugs without side effects and studying neurochemical signaling in the brain.”

Physicians In Britain Can Now Write “Social Prescriptions” So Patients Can Benefit from Human Connections.

In an article as part of a new series on the Future of Health Care, the [New York Times](#) (4/28, Hanc, 20.6M) says that “social prescriptions are already being written in Britain, where physicians can now direct patients to a ‘link worker,’ a trained specialist who focuses on connecting patients to community groups and services for practical and emotional support.” These “link workers not only connect patients

with existing groups but also help create new groups, working as needed with local partners.” The UK’s NHS “calls social prescribing a ‘key component’ of the country’s health care system, and it has set a goal to have nearly one million patients referred for social-prescription interventions by 2024.”

Vizient Finds That 40% Of Neurology Visits Still Conducted Using Telehealth.

[Modern Healthcare](#) (4/23, Gillespie, Subscription Publication, 215K) reported that healthcare performance improvement company Vizient “analyzed over 26 million visits between April 2020 and January 2021, which came from 96,500 providers and 18,000 locations.” In January, “40% of neurology visits were still conducted using telehealth, second only to behavioral health, which had 68% of visits over telehealth that month.” Vizient “group senior vice president of advanced analytics and product management David Levine said they were surprised by the finding.”

DIA:

House Bill Would Expand Access To Pharmacy Care For Underserved Areas
[Drug Topics](#) (4/22, Ientile) reports that the American Pharmacists Association (APhA) and the American Society of Health-System Pharmacists (ASHP) on Thursday “released [a] joint support statement for the introduction of a bill aimed at increasing access to critical primary health care services for medically underserved communities.” The legislation, “named the Pharmacy and Medically Underserved Area Enhancement Act, would empower pharmacists to offer Medicare Part B services already authorized in their states of practice.” The bill “was introduced by Rep. GK Butterfield (D-NC) and Rep. David McKinley (R-WV), citing challenges in receiving care for those in rural and underserved areas and pharmacist accessibility to these populations.”

Funding Opportunities



GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

[NOT-OD-21-113](#)

[Notice of Intent to Reissue PAR-18-845 Electronic Nicotine Delivery Systems \(ENDS\): Basic Mechanisms of Health Effects \(R01 - Clinical Trial Not Allowed\) and PAR-18-846 \(R21 - Clinical Trial Not Allowed\) as a Notice of Special Interest \(NOSI\)](#)

[NOT-OD-21-114](#)

[Notice of Intent to Reissue PAR-18-847 Electronic Nicotine Delivery Systems \(ENDS\):](#)

[Population, Clinical and Applied Prevention Research \(R01- Clinical Trial Optional\) and PAR-18-848 \(R21 - Clinical Trial Optional\) as a Notice of Special Interest \(NOSI\)](#)

[NOT-DA-21-012](#)

[Notice of Special Interest \(NOSI\): Women and Sex/Gender Differences in Drug and Alcohol Abuse/Dependence](#)

[NOT-EB-21-012](#)

[Notice of Extension of the Expiration Date of PAR-19-159, "Bioengineering Research Grants \(BRG\) \(R01 Clinical Trial Required\)"](#)

[RFA-DA-22-001](#)

[Mobile Health Solutions to rectify digital inequality in communities affected by drug addiction \(R43/R44 Clinical Trial Optional\)](#)

© [2020 Center for Addiction Research]

