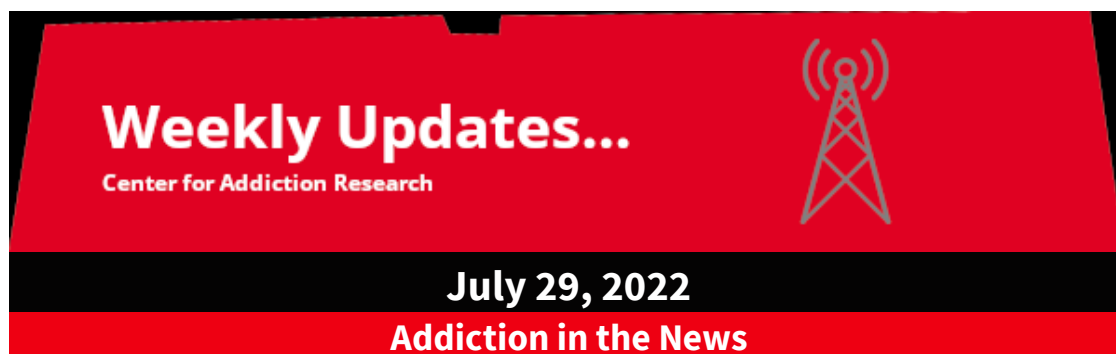


Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter includes highlights from addiction in the news topics, active funding opportunities offered by NIDA/NIAAA, and information about any new publications from CAR members. Please email Jen Rowe ([roweji@ucmail.uc.edu](mailto:roweji@ucmail.uc.edu))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

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



## **UC/ Regional News**

### **Kentucky, Opioids, And Fentanyl.**

Contributor Chrycilis Perry writes for the [Denver Patch](#) (7/20, 1.44M), "Kentucky has been hit particularly hard by the opioid crisis in recent years," which has led to people turning "to the street or black market to find the drugs they want" and coming into contact with fentanyl-contaminated pills. Fentanyl "has become so prevalent in Kentucky" that "more than 70% of all Kentucky overdose deaths in the last year were from fentanyl, not to mention that there was an almost 50% increase in overdoses in 2020 during the COVID-19 pandemic, making it one of the highest state increases in overdose deaths in the country." But there are options to help, such as Landmark Recovery treatment centers, and "as part of a partnership between the University of Kentucky and the Kentucky Department of Corrections, the Healing Communities Study is making Narcan free and available to qualifying individuals in the state of Kentucky." SAMHSA is mentioned.

### **National Opioid Settlement helps Ohio communities combat opioid epidemic**

DAYTON, Ohio — In 2020, there were more than 5,000 unintentional drug overdose deaths in Ohio, becoming the highest year yet since 2017, according to the latest data from the Ohio Department of Health. Settlement money from a national lawsuit against opioid companies is looking to help address this problem. In 2017, Ohio became the first in the nation to sue opioid makers and drug distributors. Opioid distributors agreed to send millions...

## **National News**

### **New Mexico Alcohol Deaths Examined.**

The [Farmington \(NM\) Daily Times](#) (7/27, 43K) reports on the first in a series of “articles that lay bare the damage alcohol does in New Mexico.” Investigation found that “alcohol kills New Mexicans at a higher rate than anywhere else in the country – and no one can fully explain why.” But “state leaders haven’t shown much interest in unraveling this mystery, or doing much about it,” and in 2021 “the Legislature voted to make alcohol easier to buy.” Alcohol consumption “in New Mexico is an emergency hiding in plain sight – and we’ve failed to address the crisis, in part, because we’ve misunderstood it.” And “although the state’s escalating alcohol crisis is complex, it is not unsolvable.” This series of articles “raises the most important question for the state to answer collectively: Have we hit rock-bottom, and are we ready to make a change?”

### **UK Study Says Increase in Drinking During Pandemic Could Bring Thousands More Hospital Admissions, Deaths, Disease.**

[Bloomberg](#) (7/25, Kirby, 3.57M) reports, “Increased drinking fueled by the pandemic could lead to thousands of extra hospital admissions, deaths and cases of disease over the next 20 years” in the UK experts warn. A “new study commissioned by NHS England from the University of Sheffield found that while lighter drinkers cut their consumption during the pandemic, heavier drinkers drank more and may never return to where they were.” When “looking at five alternative scenarios for how alcohol consumption may develop from 2022 onwards,” researchers said, “In our main scenario, we estimate that, over the next 20 years, there will be an additional 207,597 alcohol-attributable hospital admissions and 7,153 alcohol-attributable deaths, costing the NHS an additional £1.1 billion compared to if alcohol consumption had remained at 2019 levels.”

### **Lonely Childhoods Make Adult Drinking Problems More Likely.**

[HealthDay](#) (7/20, Quinlan Houghtaling, 11K) reports, “Having friends in childhood may help keep you clean and sober as a young adult, new research suggests.” Arizona State University (ASU) researchers “interviewed more than 300 college students who participated in assessments that focused on childhood loneliness, stress levels and drinking behaviors.” The research results “determined there was a link between feelings of loneliness in their pre-adolescent years and current drinking and stress levels,” but no “cause-and-effect link.” ASU Department of Psychology assistant research professor and study author Julie Patock-Peckham said, “In young adults, childhood loneliness before age 12 was associated with perceived stress right now and affected dysregulated drinking.” The study was funded by U.S. National Institute of Alcohol Abuse and Alcoholism and published online in the journal *Addictive Behaviors Reports*. The National Institutes of Health is mentioned. – [Link to article Does loneliness before the age of twelve indirectly affect impaired control over drinking, alcohol use, and problems through perceived stress? - ScienceDirect](#)

### **Federal Standards Handbook Gets New Section on Cannabis Potency, Packaging And Labeling.**

[Marijuana Moment](#) (7/22, Jaeger) reported, “A federal government handbook on standards for weights and measures is getting a new section on cannabis potency measurement, packaging, labeling and other issues related to products derived from the plant.” This “move is the result of a vote that state and local officials took at a conference last week.” Recently, NIDA “posted a request for applications on creating a medical marijuana registry to track everything from how patients are obtaining and consuming cannabis to their health outcomes.” This is “part of an overall objective to develop data standardization that could be used to ‘inform research, policy, and clinical recommendation practices on medicinal cannabis, associated conditions, and outcomes.’” Furthermore, “NIDA separately announced last year that it had determined the standard dose of THC that should be used for marijuana studies moving forward.”

### **Study Finds Higher Concentrations Of THC Increase Risk Of Addiction, Mental Health Outcomes.**

[CNN](#) (7/25, LaMotte, 89.21M) reports, “Higher concentrations of tetrahydrocannabinol or THC – the part of the marijuana plant that makes you high – are causing more people to become addicted in many parts of the world, a new review of studies found.” According to the study, when “compared with people who use lower-potency products (typically 5 to 10 milligrams per gram of THC), those who use higher-potency cannabis are more likely to experience addiction and mental health outcomes.” United Kingdom University of Bath department of psychology senior lecturer and study co-author Tom Freeman said in an email, “One of the highest quality studies included in our publication found that use of high potency cannabis, compared to low potency cannabis, was linked to a four-fold increased risk of addiction.” The study was published Monday in the journal *Lancet Psychiatry*. – [Link to article Association of cannabis potency with mental ill health and addiction: a systematic review - The Lancet Psychiatry](#)

### **Senate Democrats Unveil Long-Awaited Marijuana Legalization Bill.**

[ABC News](#) (7/21, Pecorin, 2.44M) reports, “Senate Democrats on Thursday unveiled their long-awaited marijuana legalization proposal,” the Cannabis Administration and Opportunity Act, “announcing sweeping legislation that would lift the federal prohibition on the drug and cede power to states to determine how to regulate it.” The Act, “championed by Majority Leader Chuck Schumer, D-N.Y., Finance Committee Chair Ron Wyden, D-Ore., and Sen. Cory Booker, D-N.J., looks to legalize marijuana at the federal level while creating FDA monitoring requirements like those that already exist for tobacco and alcohol.” In floor remarks Thursday, Schumer said, “Cannabis legalization has proven immensely successful at the state level, so it is time that Congress catches up with the rest of the country. I am proud to be the first Majority Leader ever to say that it is time to end the federal

prohibition on cannabis, and this bill provides the best framework for updating our cannabis laws and reversing decades of harm inflicted by the war on drugs.”

*Additional Sources.* [Marijuana Moment](#) (7/21, Jaeger) reports, “NIDA Director Nora Volkow told Marijuana Moment last year that scientists have been unnecessarily limited in the source of cannabis they’re permitted to study – and it makes sense to enact a policy change that expands their access to products available in state-legal markets.” The FDA, HHS, and NIH are mentioned.

[Politico](#) (7/21, Fertig, 6.73M) also covers the story.

### **Rise Of Potent Weed Brings Warnings Of Chronic Vomiting, Addiction.**

The [Orlando \(FL\) Sentinel](#) (7/27, Santich, 599K) reports, “With increasingly potent recreational and medical marijuana strains now widely available, some claim that what once could be dismissed as a largely harmless indulgence has become not only big business, but a rising threat to users’ health.” Now, “levels of THC – tetrahydrocannabinol, the psychoactive component in marijuana – have intensified dramatically in weed sold both for recreational use, which is illegal in Florida, and medical use, broadly legalized by state voters in a 2016 constitutional amendment.” And these “increasing levels of THC in both recreational and medical marijuana, some authorities claim, could lead to higher addiction rates.” But “others say the more potent strains merely allow users to smoke or ingest smaller amounts.” NIDA is mentioned.

### **This NIH-Funded Game Will Help You Earn Money If You Quit Smoking.**

[International Business Times](#) (7/20, Kalyani, 123K) reports, “The Hennepin Healthcare Research Institute is studying the new method of quitting smoking by allowing participants to play a game, called QuitBet.” Participants bet on themselves and win money if they “successfully stay away from cigarettes.” QuitBet “was developed by WayBetter” as “part of a series of ‘serious games’ funded by the National Institutes of Health (NIH) aimed at improving people’s health and lifestyle in a fun way.” QuitBet research has received \$1.15 million from the NIH.

### **Tobacco Treatment Aids Quitting For Dual Users Of Cigarettes, E-Cigarettes.**

[HealthDay](#) (7/27, 11K) reports, “Tobacco treatment, such as nicotine-replacement therapy and behavioral support therapy, helps dual users of cigarettes and electronic cigarettes quit smoking, according to a [study](#).” The researchers “assessed whether formal tobacco treatment...augments smoking cessation in individuals who use both cigarettes and e-cigarettes.” They found that “The prevalence of smoking cessation at 12 months among dual users was higher among individuals who received tobacco treatment...versus those who did not.” The study was published in Thorax. The Food and Drug Administration, and the National Institute on Drug Abuse are mentioned. – [Link to article Assessment of formal tobacco treatment and smoking cessation in dual users of cigarettes and e-cigarettes | Thorax \(bmj.com\)](#)

### **Survey Finds Vapes Function As Smoking Gateway For Young Canadians.**

The [Prince George \(CAN\) Citizen](#) (7/25, Eugene Park) reports a new survey by Statistics Canada found “two-thirds of Canadian teens ages 12 to 17 have used e-cigarettes or vapes before smoking cigarettes,” compared to just “one-third of young adults between 18 and 24 years old.” The findings worry experts, who point to studies suggesting “that nicotine-laden e-cigarettes have similar health impacts on the body as traditional cigarettes.”

### **Top Official At Center For Tobacco Products Takes Job At PMI.**

The [New York Times](#) (7/27, Jewett, 20.6M) reports that an FDA official “with considerable power over authorization decisions for e-cigarettes and products aimed at curbing smoking resigned on Tuesday to work for Philip Morris International, the global tobacco conglomerate and maker of Marlboros.” The official, Matt Holman, “was chief of the office of science in the agency’s Center for Tobacco Products.” In a staff memo on Tuesday, center Director Brian King “wrote that Dr. Holman had announced that he would be leaving – effective immediately – to join Philip Morris.”

### **No Increase In Overdose Deaths With Take-Home Methadone.**

[Medscape](#) (7/20, Whitlock Burton, Subscription Publication, 219K) reports, “The number of overdose deaths involving methadone decreased after the implementation of an early-pandemic policy that allowed some patients with opioid use disorder (OUD) to take methadone at home, new research” published in JAMA Psychiatry shows. National Institute on Drug Abuse Director and study co-investigator Dr. Nora Volkow said in a press release, “Treatment is an essential tool to stop the addiction and overdose crises, but it is vastly underused. This evidence adds significant weight to the argument that effective treatment for substance use disorders should be offered in an accessible and practical way that works for people who need it.” The study “was funded by the Centers for Disease Control and Prevention and the National Institutes of Health.” SAMHSA is mentioned.

### **Continuing Coverage: New CDC Report Found Significant Increase in Opioid Overdose Deaths In Black, Native American Communities.**

[ABC News](#) (7/20, Guilfoil, 2.44M) reports, “A new report from the Centers for Disease Control and Prevention has found a significant increase in opioid overdose death rates among Black and American Indian/Alaskan Natives people in the US.” CDC experts “said that a lack of education about lethal drugs, as well as limited access to treatment and treatment biases have exacerbated racial and ethnic disparities in drug overdoses.” According to latest CDC report “Black Americans saw a 44% increase and American Indian/Alaskan Natives had a 39% increase from 2019 to 2020,” while “comparatively, white Americans saw an increase of 22% from 2019 to 2020.” CDC Acting Principal Deputy Director Debra E. Houry “said in a Tuesday press conference that the disproportionate increase in overdose death rates within these

two groups may be contributed to health inequities, such as unequal access to substance abuse treatment and treatment biases.”

[NPR](#) (7/20, Chatterjee, 3.69M) and [TIME](#) (7/20, Law, 18.1M) also cover the story.

### **Adolescent Overdose Deaths Double Since 2010.**

[Psychiatry Online](#) (7/21, D'Arrigo, 4K) reports, “Overdose deaths among adolescents doubled from 2010 to 2021, with much of the increase occurring in recent years because of fentanyl, a study in JAMA has found.” The study “also revealed that adolescent overdose deaths rose more than 20% in the first six months of 2021.” University of California, Los Angeles medical student, researcher, and lead author Joseph Friedman, Ph.D., M.P.H., said the “findings run counter to an overall downward trend in adolescent substance use.” Friedman said, “Adolescent drug use rates have actually gone down a lot in recent years, so this is not about teen drug use becoming more common; rather it’s becoming more dangerous.” The study “was supported by the National Institute of General Medical Sciences, the National Institute on Drug Abuse, and the Korein Foundation.” The CDC is mentioned. – [Link to article Trends in Drug Overdose Deaths Among US Adolescents, January 2010 to June 2021 | Adolescent Medicine | JAMA | JAMA Network](#)

### **Opinion: Multi-State Opioid Settlements Don’t Educate Policymakers, Public or Change Pharmaceutical Industry.**

Guttman, Buschner & Brooks partner Reuben Guttman and University of Maryland Francis King Carey School of Law professor of law Liza Vertinsky write for [STAT](#) (7/25, 262K) that while the “multi-state enforcement effort by Attorneys General” between states and pharmaceutical companies over opioids is heralded by participating state Attorneys General “as a major success, with more than \$30 billion in settlement funds and future monitoring and restricting future opioid deliveries, it is a stretch to say these are industry-changing events.” In the lawsuits, “too little was done to educate policymakers and the public about the nature and sources of industry misconduct and to address the remaining vulnerabilities in the pharmaceutical manufacturing and distribution system.” The “public needs to know all the facts and policymakers need to act on the facts,” and “a simple press release announcing a seemingly high-dollar settlement doesn’t achieve either of those objectives.”

### **Researchers Develop Machine Learning Model Which Can Forecast National Weekly Opioid Overdose Mortality Trends.**

[Health IT Analytics](#) (7/26, Kennedy) reports, “Researchers have developed a machine learning (ML) model capable of estimating national weekly opioid overdose mortality trends in near real-time using proxy data sources such as public health information and law enforcement data.” Predicting “opioid overdose deaths is a major component of efforts to combat the opioid crisis, but issues around overdose data prevent public health officials from doing so effectively. According to the study, national data on opioid overdose deaths are often delayed by several

months or more, seriously limiting their usability.” Earlier this year, NIDA researchers “argued that these data lags are such a large issue that they force public health officials to fight the opioid epidemic ‘blindfolded.’” – [Link to article Estimating Weekly National Opioid Overdose Deaths in Near Real Time Using Multiple Proxy Data Sources | Addiction Medicine | JAMA Network Open | JAMA Network](#)

### **Researchers Develop Model Which Can Predict Opioid Use Among Post-Operative Outpatients.**

[Health IT Analytics](#) (7/22, Kennedy) reported researchers have “developed a prediction model capable of forecasting post-operative outpatient opioid use following gynecological surgery, which is currently being implemented in the clinical setting.” The model was “created using medical data from two cohorts of patients undergoing gynecologic oncology surgery: a training cohort from Feb. 1, 2018, to March 1, 2019, and a testing cohort for internal model validation from May 2019 to February 2020.” The researchers found that “age, educational attainment, smoking history, anticipated pain medication use, anxiety regarding surgery, operative time, and preoperative pregabalin administration were...significant predictors for opioid use following hospital discharge.” – [Link to article Development and Validation of a Model for Opioid Prescribing Following Gynecological Surgery | Addiction Medicine | JAMA Network Open | JAMA Network](#)

### **Postsurgical Opioid Refills Risky For Entire Household.**

[Medscape](#) (7/22, Anderson, Subscription Publication, 219K) reported, “Postsurgical opioid refills are associated with an increased risk for opioid misuse among family members – and the more refills, the higher the risk, new research” published online July 15 in JAMA Network Open suggests. Additionally, “if a surgical patient became a chronic opioid user, the likelihood of a family member misusing these drugs increased 2.5 times.” The “results showed that, after adjusting for covariates, filling only an initial prescription without any refills did not appear to increase risk for opioid misuse or chronic opioid use in family members compared with having no opioid prescription.” But “each additional opioid prescription refill for the patient was associated with a 19.2% (95% CI, 14.5% – 24.0%) increase in hazard of opioid misuse in the family member.” The US National Library of Medicine and the National Institutes of Health were among those funding the study. – [Link to article Association of Postsurgical Opioid Refills for Patients With Risk of Opioid Misuse and Chronic Opioid Use Among Family Members | Psychiatry and Behavioral Health | JAMA Network Open | JAMA Network](#)

### **Knowledge On Fentanyl, Relation to Opioids Detailed.**

[Wall Street Journal](#) (7/20, Wernau, Subscription Publication, 8.41M) reports on the legal uses of fentanyl as a medication for chronic pain in contrast with its current illicit manufacture and spread as an addition to typical illegal drugs or fabrications of common prescription medications. The article details how fentanyl affects the

body, signs and symptoms of an overdose, and how to treat an overdose correctly. The CDC and NIDA are mentioned.

### **Two Senators Propose Bipartisan Legislation To Help Seniors With Opioid Dependency.**

The [AP](#) (7/28) reports, “Senators from Maine and Maryland have proposed legislation they said would support older residents who are addicted to opioids.” Senators Susan Collins (R-MN) and Ben Cardin (D-MD) “said Wednesday they’ve introduced a bill to address challenges that Medicare beneficiaries face when seeking treatment for addiction.” Collins “said the toll of the opioid epidemic on older adults is an underappreciated aspect of the crisis.” The senators’ proposal “would require the Centers for Medicare and Medicaid Services to conduct outreach to beneficiaries to improve their awareness of treatment for opioid use disorder, they said.” The proposal “would also provide the Substance Abuse and Mental Health Services Administration with important data, such as figures about the number of Medicare beneficiaries diagnosed with the disorder, the senators said.”

### **FDA Commissioner’s Promised Opioid Review Facing Skepticism.**

The [AP](#) (7/27, Perrone) reports that as opioid deaths rose in 2016, the incoming FDA head “promised a ‘sweeping review’ of prescription painkillers.” Dr. Robert Califf, who was not commissioner at the time, “even personally commissioned a report from the nation’s top medical advisers that recommended reforms, including potentially removing some drugs from the market.” But the FDA still “has not pulled a single drug from pharmacy shelves since the report’s publication” and has instead added “six in the last five years.” Now Califf “is back in charge at the FDA, and he faces skepticism from lawmakers, patient advocates and others about his long-promised reckoning for drugs such as OxyContin and Vicodin.” In an AP interview, Califf “said a new internal review of opioids has been underway for months and that the public will soon ‘be hearing a lot more about this,’” and Califf “suggested the focus will be on future policy.”

### **Supplies Of A Drug Meant To Fight Opioid Addiction Fell During The Pandemic.**

[US News & World Report](#) (7/26, Johnson, 1.91M) says, “Researchers say regulations that limit patient access to methadone may have contributed to a significant decline in supplies of the opioid use disorder medication within the U.S. since the beginning of the pandemic.” The US’ “supply of methadone per capita fell 20% in the second quarter of 2020 compared to the first quarter of that year, marking the biggest decrease over the last decade, according to the findings of an analysis published Tuesday in JAMA Network Open.” The piece adds, “Methadone can only be dispensed by one of nearly 2,000 opioid treatment programs certified by the Substance Abuse and Mental Health Services Administration.” – [Link to article Changes in Buprenorphine and Methadone Supplies in the US During the COVID-19 Pandemic | Addiction Medicine | JAMA Network Open | JAMA Network](#)



### **Feds Must Do More To Fight Fentanyl, Senators Say.**

[MedPage Today](#) (7/26, Frieden, 183K) reports, “The federal government is not doing enough to lessen the fentanyl overdose crisis, Sen. Susan Collins (R-Maine) said Tuesday.” She made the comments during “a hearing on ‘Fighting Fentanyl: The Federal Response to a Growing Crisis.’” The article adds, “Miriam Delphin-Rittmon, PhD, administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), said her agency is ‘taking a multi-level approach; certainly there is quite a bit of work underway to increase access to medication-assisted treatment as well as other vital prevention and recovery services.’”

### **Teva Reaches Agreement In Principle To Pay \$4.25B To Resolve Opioid Lawsuits.**

The [New York Times](#) (7/26, Hoffman, 20.6M) reports, “Teva Pharmaceuticals, one of the country’s biggest manufacturers of generic opioids, announced a settlement in principle with some 2,500 local governments, states and tribes over the company’s role in the deadly, ongoing opioid epidemic.” This “deal – worth up to \$4.25 billion – came after a series of blistering trials and previous settlements in individual cases across the country over the past year.” Per the agreement, “Teva would make payouts over 13 years, directed to state, local and tribal programs to ease the opioid crisis, which has only deepened during the coronavirus pandemic. The \$4.25 billion total included the nearly \$550 million in settlements the company had already struck as trials got underway in San Francisco as well as in Florida, West Virginia, Texas, Louisiana and Rhode Island.”

[Reuters](#) (7/26, Knauth, Raymond) reports under the deal, “Israel-based Teva...will pay approximately \$100 million to Native American tribes and pay attorneys fees incurred by the states, local governments and tribes.”

The [AP](#) (7/26, Mulvihill) reports this “deal in principle would rank among the larger ones so far in a yearslong trend of companies settling the complicated lawsuits over the toll from an addiction and overdose epidemic, which has been linked to more than 500,000 deaths in the U.S. over the last two decades.”

Among other outlets providing coverage are the [Washington Post](#) (7/27, Kornfield, 10.52M), [The Hill](#) (7/26, Mueller, 5.69M) and the [Wall Street Journal](#) (7/26, Hopkins, Mulvaney, Subscription Publication, 8.41M).

### **First Mobile Methadone Unit In US Offers Counseling, Other Services To Rhode Islanders With Opioid Use Disorder.**

The [Providence \(RI\) Journal](#) (7/23, Miller, 376K) reported, “Framed by a record number of fatal drug overdoses in 2021, CODAC Behavioral Healthcare has launched a mobile medical unit that will dispense methadone and other medications along with offering counseling and other services for Rhode Islanders living with opioid use disorder.” This is reportedly the first unit “of its kind in the United States permitted under new federal Drug Enforcement Administration regulations that were adopted last year.”

### **Missouri Officials, Other Groups Using Grants, Initiatives to Address Increase In Black Overdose Deaths.**

[STAT](#) (7/25, Joseph, 262K) reports that fentanyl and opioid overdoses “are claiming the lives of Black people, as well as American Indian and Alaska Native people, at rates never seen before.” The Centers for Disease Control and Prevention last week noted “historic increases in overdose deaths broadly, reported an ‘alarming’ increase in disparities: the overdose death rate among Black people rose 44% in the first year of the pandemic alone, compared to 22% among white people.” Missouri “has one of the biggest gulfs in overdose rates between Black and white residents,” but “Missouri officials are trying to be more conscientious” and the state has started “providing grants to community groups in north St. Louis to link people to treatment, reaching beyond its usual partners.” Additionally, “a group of academics, clinicians, and advocates has also formed the CENTER Initiative to specifically take on deaths among Black St. Louisans.”

### **Canada Financing Legal Fentanyl Dispensary In Vancouver.**

The [New York Times](#) (7/26, Nolen, 20.6M) reports, “Canada’s public health system finances” a legal fentanyl dispensary in the Canadian city of Vancouver. The dispensary “is the latest and perhaps most radical step in a city that has consistently been at the leading edge” of harm reduction experiments. Harm reduction, “even in basic forms such as the distribution of clean needles, remains deeply controversial in the United States, although the concept has been gaining fitful support as” US drug overdoses increase.

### **ONDCP Director Overseeing Harm Reduction Strategy.**

The [New York Times](#) (7/26, Weiland, 20.6M) reports Office of National Drug Control Policy (ONDCP) Director Dr. Rahul Gupta is “overseeing what experts describe as the most progressive federal drug strategy since” the ONDCP was first launched. That “strategy largely rests on the concept of harm reduction, focused not on helping drug users achieve abstinence but on lowering their risk of dying or acquiring infectious diseases.” The strategy comes as “some lawmakers still express discomfort with harm reduction tools, not least fentanyl strips, which are gaining acceptance even in some conservative states but remain illegal in others.”

### **Two Washington Men Arrested For Smuggling 91K Fentanyl Pills.**

[Fox News](#) (7/25, Sorace, 23.99M) reports, “Two Washington men,” Juan E. Hernandez-Hernandez and Alejandro Macias-Velazquez, “were charged Friday in connection with smuggling 91,000 fentanyl pills inside potato chip containers, authorities said.” The two men “were arrested after an investigation into the pair’s connections to a transnational criminal organization that imports bulk quantities of fentanyl pills into Whatcom County, the Whatcom County Sheriff’s Office said.”

### **Experts Say Ruling In West Virginia Lawsuit Not a Setback In Opioid Fight.**

[USA Today](#) (7/24, Swartz, 12.7M) reports in order to tackle the opioid crisis, Cabell County in West Virginia “and its main city of Huntington decided to take the problem to the source: pharmaceutical companies that pushed millions of opioids into the county over the last decade.” Earlier this month, a federal judge ruled that three major pharmaceutical companies, AmerisourceBergen, Cardinal Health and McKesson, “were not liable, leaving one county at the center of the opioid epidemic in the dark without the critical resources it needs to save lives.” Although “the ruling came as a shock and disappointment to the people of Cabell, legal experts said the outcome isn’t...a setback in the opioid fight,” but “rather as an outlier in the effort to hold...the pharmaceutical industry accountable through the courts.”

### **Charlotte Police Increasingly Seeing Drugs Laced with Fentanyl Which Creates “Different Level Of Danger.”**

The [Charlotte \(NC\) Observer](#) (7/22, Cox, 443K) reported, “Charlotte-Mecklenburg Police’s narcotics unit buys lots of drugs as part of its investigations, but Lt. Sean Mitchell says he’s seeing an increase in drugs laced with fentanyl. Narcotics laced with the synthetic opioid are creating a ‘whole different level of danger,’ Mitchell said.” It “is so dangerous, anyone who takes it could be dead in moments. Fentanyl is 50-100 times stronger than morphine, according to the Drug Enforcement Administration.”

### **Chautauqua County One Of 16 In NY To Participate in HEALing Program.**

The [Dunkirk \(NY\) Observer](#) (7/25, 23K) reports, “Ongoing efforts to address overdose fatalities in Chautauqua County now include the county’s participation in an intervention funded by the National Institutes of Health” known as the “HEALing Communities Study, a project aimed at community-wide, evidence-based solutions to stem the national opioid crisis.” It is “the largest community-based implementation study ever in the field of addiction, the HEALing Communities Study, is being piloted in four states.” Dr. Nora D. Volkow, director of the National Institute on Drug Abuse in a news release by the NIH said, “The evidence generated through the HEALing Communities Study will help communities nationwide address the opioid crisis at the local level.”

### **Florida AG Wants Fentanyl Classified as A Weapon Of Mass Destruction.**

[Audacy](#) (7/21, Barry) reports, “This week, Florida Attorney General Ashley Moody sent a letter to President Joe Biden asking for fentanyl, a synthetic opioid, to be classified as a weapon of mass destruction.” According to a press release, Moody “decided to contact the president in the wake of Florida ‘mass overdose’ incidents.” Audacy “reported on rising deaths related to fentanyl in the U.S. last year and spoke to... Dr. Nora Volkow, Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health.” Volkow “said fentanyl is much stronger than many users expect and acts faster than they expect.” The CDC was mentioned.

### **Idaho Governor Says State Will Spend \$1M To Fight Illegal Fentanyl, Overdose Deaths.**

[AP](#) (7/21, Ridler) reports that Idaho Gov. Brad Little (R) said Thursday that “Idaho will spend \$1 million to fight illegal fentanyl use and resulting overdose death.” Little “said he’ll likely recommend additional money in his budget that will be considered by lawmakers early next year,” but “said urgent action is needed now for the fentanyl problem.” The funding “will be used for testing equipment to increase the ability of police to find fentanyl” and “for a media campaign to alert Idaho residents to the dangers of fentanyl.”

### **New Hampshire To Repay Almost \$8M In Federal Opioid Treatment Funds for Medicaid Patients.**

[New Hampshire Public Radio](#) (7/21, Fam, 6K) reports, “New Hampshire has agreed to repay nearly \$8 million to the federal government after an audit found shortcomings in opioid treatment programs for the state’s Medicaid patients.” The U.S. Department of Health and Human Services Office of Inspector General audit “found over 90% of the opioid treatment programs that cared for New Hampshire patients on Medicaid between July 2016 and July 2019 did not meet state and federal requirements.” New Hampshire Medicaid Director Henry Lipman responded to the audit in a letter and wrote that “he takes the findings seriously and is working to improve oversight.”

### **Tennessee Physician Convicted of Illegal Distribution Of Opioids.**

[Tennessean](#) (7/21, Washburn, 645K) reports, “A Nashville federal jury on Tuesday convicted a Smyrna” physician Dr. Hau T. La “of illegally distributing opioids, according to a news release from the Department of Justice.” La “owned and operated Absolute Medical Care in Smyrna, according to an April indictment.” La “offered addiction treatment but prescribed opioid pills to patients.” The “FBI, DEA, Tennessee Bureau of Investigation and Health and Human Services Office of the Inspector General investigated the case.”

### **Pennsylvania Expands Standing Order To Allow Injectable Naloxone To Be Obtained Without A Prescription.**

The [Philadelphia Inquirer](#) (7/27, Whelan) reports, “Pennsylvanians looking to protect themselves and others from an overdose can now obtain without a prescription a form of the overdose-reversal drug naloxone administered by a shot into the muscles, state officials said Wednesday.” Pennsylvania Acting Secretary of Health Denise Johnson “is expanding a standing order to allow people to obtain naloxone in the form of prefilled syringe injections – sold under the brand name ZIMHI – which can reverse the deadly effects of an accidental opioid overdose.” People “interested in obtaining naloxone can get the drug for free through NextDistro or by presenting a copy of the standing order at a local pharmacy” without a prescription. Previously in “2014, Rachel Levine, then the state health

secretary, signed a standing order that enabled people to get another form of naloxone, administered as a nasal spray, from pharmacies without a prescription.”

### **Shasta County Residents Speak About Recovery, Stigma Amid Rise Of Fentanyl Overdose Deaths.**

The [Redding \(CA\) Record-Searchlight](#) (7/26, Skropanic, 144K) reports, “Shasta County had a record number of fentanyl overdose deaths in 2021,” and “alcohol-related deaths are steadily on the rise, too, according to the county.” Physicians and therapists “spoke of efforts to make naloxone – a medicine that rapidly reverses an opioid overdose – more widely available to save lives.” Additionally, physicians “are using new medications to create recovery programs for people already addicted.” Some physicians “prescribed suboxone, a prescription medication that helps reduce cravings for prescribed and illegal opioids, according to the National Institute on Drug Abuse.”

### **New Hampshire Sues Pharmacy Chains Over Opioid Crisis.**

The [AP](#) (7/26, Ramer) reports, “The state of New Hampshire sued pharmacy chains Tuesday, becoming the latest government entity seeking to hold them accountable for fueling the nation’s deadly opioid epidemic.” This “lawsuit filed by Attorney General John Formella calls CVS, Rite Aid, Walgreens and their subsidiaries ‘the last link in the opioid supply chain and the critical gatekeeper between dangerous opioid narcotics in the public.’” The suit “accuses the companies of flouting their duty to protect public health and safety by failing to stop suspicious prescriptions and diverted drugs.”

### **Overdose Research Grant Awarded To Chatham-Based Pharma Company.**

The [Chatham \(NJ\) Patch](#) (7/26, Burns, 1.44M) reports Tonix, a “pharmaceutical company that specializes in repurposed drugs for central nervous system conditions, has received a federal grant to expand its research into TNX-1300 as a potentially life-saving treatment for cocaine overdoses.” The company “focuses on discovering, licensing, acquiring, and developing therapeutics to treat and prevent human disease and alleviate suffering.” On Monday, Rep. Mikie Sherrill (D-NJ) announced HHS “will award Tonix Pharmaceuticals a federal National Institute on Drug Abuse (NIDA) grant to expand their research into TNX-1300.”

### **More Than 1.5M New HIV Infections Recorded Last Year, UN Reports.**

The [New York Times](#) (7/27, Mandavilli, 20.6M) reports, “While the world’s attention was riveted on the COVID pandemic and the war in Ukraine, the fight against an older foe lost crucial ground: More than 1.5 million people became infected with H.I.V. last year, roughly three times the global target, the United Nations reported on Wednesday.” About “650,000 people died of AIDS in 2021, about one every minute, according to U.N.AIDS.” This “toll in 2021 was uneven, as people ages 15 to 24 years – and young women in particular – carried a disproportionate share of the burden.”

## **6 Ways To Bolster FDA's Guidance For Diversifying Participation In Clinical Trials.**

Syneos Health Chief Scientific Officer Nicholas Kenny, Medical and Scientific Strategy Vice President Keri McDonough, and Senior Medical Director Stephen Keith write for [STAT](#) (7/21, 262K), "It has been nearly 25 years since the Food and Drug Administration first issued guidance related to racial, ethnic, age, and gender populations underrepresented in clinical trials," but "it and other agency guidance and clear documentation of unequal representation have yielded little progress in improving clinical trial diversity." While latest FDA draft published April 2022, "is a welcome step forward," we have highlighted "several opportunities to enhance the already strong recommendations" including insisting on accountability, addressing "health care/access disparities," defining diverse population, setting enrollment goals and strategies for retention, and setting "mistrust within a historical context" with a provided statement. The NIH is mentioned.

## **NSF Grant Funding Is Racially Biased, Study Finds.**

The [Scientist](#) (7/27, Carstens, 157K) reports, "US National Science Foundation data collected between 1996 and 2019 show that white principal investigators were more likely to receive grant funding than their nonwhite colleagues, suggesting that 'Systemic racism manifests at the NSF as higher funding rates for proposals by White PIs than those by non-White PIs, a preprint posted this month argues.'" These "findings are similar to those of a 2011 analysis of racial disparities in National Institutes of Health grant recipients, which identified a difference in success rate between white and Black scientists of up to 13 percent." Although "follow-up studies have shown a decrease in NIH's funding gaps, they have not been eliminated, reports Science."

## **Article Examines FDA's Approach to Accelerated Drug Approvals.**

[NPR](#) (7/25, Lupkin, 3.69M) reports, "A special Food and Drug Administration process to get patients earlier access to new drugs has come under fire. The accelerated approval process speeds medicines to market based on preliminary study data." However, "there's a condition: The drugmaker needs to do an additional study after the drug is on the market to prove the drug really works. If the study doesn't pan out, the drug can be pulled off the market." Some drugmakers, however, "have fallen behind on their commitments to do those confirmatory studies, leaving patients and their doctors to make difficult decisions with incomplete information." The publication "examined 30 years of government data and records and conducted dozens of interviews as part of its investigation," coming up with five key details.

## **Officials Must Battle Suspicion Of Medical Establishment In Black Communities As 988 Launches.**

The [AP](#) (7/21, Goldberg) reports, “As director of the Mississippi chapter of the National Alliance on Mental Illness,” Sitaniel Wimbley, who is Black, “is on the front lines of a local effort with national implications.” She “is working to strengthen connections between mental health programs and people skeptical of their services.” The work “takes on a renewed urgency after the federal government launched the United States’ first nationwide three-digit mental health crisis hotline on July 16.” Federal officials “are grappling with how local teams staffing the national 988 lines will contend with suspicion of the medical establishment.” John Palmieri, a senior medical advisor at the Substance Abuse and Mental Health Services Administration, said: “The suicide rate trends are alarming for Black youth. SAMHSA is committed to working with trusted partners in the Black community to address inequity in access to mental health care services.”

## **Op-Ed: “Concerted Effort” Needed To Address Nurse Mental Health.**

In an op-ed for [Fortune](#) (7/25, 3.68M), Trusted Health Clinical Strategy and Transformation Vice President Danielle Bowie writes that throughout the pandemic, “a steady stream of media coverage detailed the sacrifices that nurses were making and lauded them as heroes.” She adds, “My hope was that the media coverage around nurse mental health and the wider mental health impacts of COVID would catalyze a reckoning in healthcare.” However, “new research from Trusted suggests the mental health headlines of the last few years have done little to create substantive change in the working lives of nurses.” The survey found that “two-thirds [of respondents] believe that the healthcare industry’s stance on their mental health has not changed since the start of the pandemic.” Bowie concludes, “Without a concerted effort to address mental health, especially for individuals in high stress jobs, employee attrition will continue to impact our nation’s ability to staff critical industries and the mass exodus of nurses will be just the beginning.”

## **Study Finds Diverse Nurse Staff Reduces Maternal Health Complications.**

[NBC News](#) (7/20, Bellamy-Walker, 4.91M) reports, “Hiring a more diverse nurse workforce may help address “racial and ethnic disparities in maternal health outcomes” and improve maternal health, according to a report from Columbia University researchers.” The findings “revealed that states with the highest nurse diversity reported fewer health complications for moms during childbirth.” The report found that “giving birth in states with the highest nurse diversity was associated with a reduction in severe adverse maternal outcomes by 50% for Asian and Pacific Islander mothers, 32% for white mothers, 31% for Latina mothers and 20% for Black mothers.” The findings were published in July in the *American Journal of Obstetrics and Gynecology*. – [Link to article Nurse workforce diversity and reduced risk of severe adverse maternal outcomes - American Journal of Obstetrics & Gynecology MFM \(ajogmfm.org\)](#)

### **Psychedelics And The National Institutes Of Health – How Do They Relate?**

[Benzinga](#) (7/26, Goldstein, 152K) reports, “As David Hodes first noted in The Green Market Report, the U.S. National Institutes of Health (NIH)’s growing interest in psychedelic studies is remarkable.” NIH “annually invests about \$41.7 billion in medical research as a whole.” NIH recently informed lawmakers that “it is currently funding 57 psychedelics projects for a total \$34.4 million, including 36 applied studies for the National Institute of Mental Health (NIMH). The agency has also been working with the FDA, the DEA, and the White House Office of National Drug Control Policy to facilitate the task of obtaining a registration to conduct research with controlled substances like psychedelics.” The article says NIDA Director Dr. Nora Volkow has wondered “about the possible actions the NIH can take to help accelerate research ‘so that we can truly understand what are the potentials and, ultimately, the application of interventions that are based on psychedelic drugs.’”

### **Biden Administration ‘Exploring’ Psychedelics Task Force Ahead Of Expected Federal Approval Of Psilocybin And MDMA.**

[Marijuana Moment](#) (7/27, Jaeger) reports, “A top federal health agency says it is actively ‘exploring’ the possibility of creating a task force to investigate the therapeutic of certain psychedelics like psilocybin and MDMA in anticipation of federal approval of the substances for prescription use.” Several “bipartisan congressional lawmakers, state legislators and military veterans sent letters to” HHS Secretary Xavier Becerra “earlier this year, urging him to consider establishing an ‘interagency taskforce on the proper use and deployment of psychedelic medicine and therapy.’” The letters said “that HHS should proactively work to set up a task force on the issue, especially given the anticipated Food and Drug Administration (FDA) approval of psilocybin and MDMA.” Congressional lawmakers “noted that even National Institute on Drug Abuse (NIDA) Director Nora Volkow has said that the ‘train has left the station’ on psychedelics, and they wrote that ‘people are going to use them regardless of whether regulators act.’”

### **Some Advocates Of Psychedelics Are Against Colorado Measure Which Seeks To Legalize Psilocybin.**

The [Denver Post](#) (7/26, Ricciardi, 660K) reports in “November, Colorado voters will be asked to decide whether to legalize psilocybin and psilocin, psychoactive compounds in magic mushrooms, as well as whether to establish healing centers where the public can access them in a therapeutic context.” However, “some of the state’s foremost psychedelics advocates are not on board with the measure, known as the Natural Medicine Health Act, and are actively campaigning against it.” They “remain leery of corporate interests behind the measure that they believe are preparing to enter the market to ‘tax, commodify, make profit’ on psilocybin.”



## Funding Opportunities



## GRANTS & FUNDING

NIH Central Resource for Grants and Funding Information

[NOT-AT-22-027](#)

[Notice of Special Interest \(NOSI\): Promoting Mechanistic Research on Therapeutic and Other Biological Properties of Minor Cannabinoids and Terpenes](#)

[RFA-DA-23-048](#)

[HEAL Initiative: Research Studies to Develop and Implement Interventions to Prevent Opioid Misuse in Community Health Centers \(R61/R33 Clinical Trial Required\)](#)

[RFA-MH-22-190](#)

[Expanding Collaborative Implementation Science to Address Social and Structural Determinants of Health and Improve HIV Outcomes \(R01 Clinical Trial Required\)](#)

[RFA-MH-22-191](#)

[Expanding Collaborative Implementation Science to Address Social and Structural Determinants of Health and Improve HIV Outcomes \(R24 Clinical Trial Not Allowed\)](#)

[RFA-MH-22-240](#)

[BRAIN Initiative: Brain Behavior Quantification and Synchronization \(R61/R33 Clinical Trial Optional\)](#)

[RFA-HD-23-013](#)

[Prevention and Treatment through a Comprehensive Care Continuum for HIV-affected Adolescents in Resource Constrained Settings Implementation Science Network \(PATCH-IN\) Clinical Research Centers \(UG1 Clinical Trial Optional\)](#)

[RFA-HD-23-014](#)

[PATC3H Implementation Science Network \(PATC3H-IN\) Coordination, Translation and Advanced Methods and Analytics Center \(UM2 Clinical Trial Optional\)](#)

## CAR Member New Publications

### **Breastfeeding Initiation and Continuation Among Women with Substance and Tobacco Use During Pregnancy: Findings from the Pregnancy Risk Assessment Monitoring System 2016-2018**

Nichole Nidey, Kathleen Groh, Alicia Agnoli, Christine Wilder, Tanya E. Froehlich, Stephanie Weber, and Laura R. Kair

## ABSTRACT

**Backgrounds and Aims:** Substance and tobacco use is associated with poor maternal and child health outcomes. Although these have each been linked to lower breastfeeding rates when examined separately, studies have yet to examine how the combination of tobacco and other substance use influences breastfeeding initiation and continuation. The aim of this study was to examine how the combination of smoking tobacco and use of illicit substances influences the odds of breastfeeding initiation and continuation.

**Materials and Methods:** This retrospective cohort study (n = 15,634) used survey data from the 2016-2018 Centers for Disease Control and Prevention (CDC) Pregnancy Risk Assessment Monitoring System from eight US states to examine the association of tobacco and illicit substance use with breastfeeding initiation and continuation ( $\geq 6$  weeks). The odds of breastfeeding initiation and continuation for individuals with and without prenatal tobacco and illicit substance use, adjusting for maternal and infant characteristics, were estimated using weighted, multivariable logistic regression models.

**Results:** The combination of prenatal tobacco and illicit substance use was associated with a 42% reduction in the odds of initiating breastfeeding (adjusted odds ratio [aOR] 0.58 [95% confidence interval, CI 0.39-0.87]) and a 39% reduction in the odds of breastfeeding for at least 6 weeks (aOR 0.61 [95% CI 0.41-0.92]) when compared with those without tobacco and substance use.

**Conclusion:** The odds of breastfeeding initiation and continuation are significantly lower among individuals with both prenatal tobacco and illicit substance use. Future studies are needed to identify barriers to breastfeeding within this population, to inform patient-centered interventions aimed at overcoming these barriers.

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