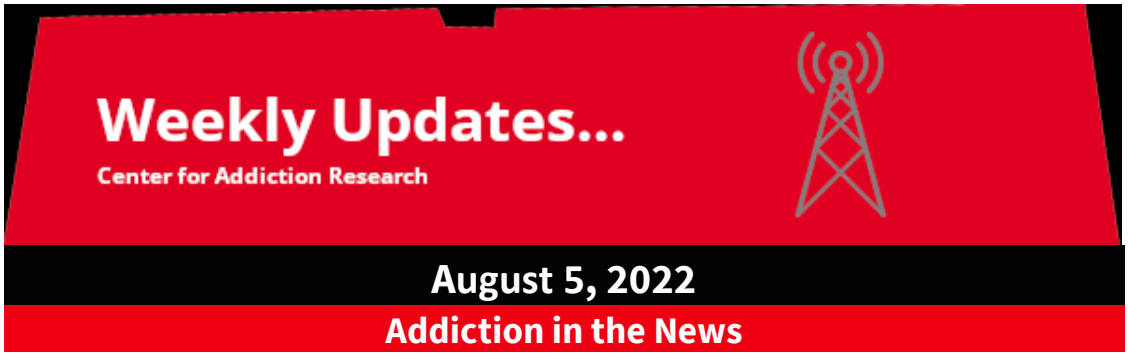
UC CAR Weekly Newsletter 8.5.2022

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

Stay up-to-date on research projects being conducted by CAR members: Projects (uc.edu)

Stay up-to-date on CAR member publications: Publications (uc.edu)

National News

Marijuana Research Bill Required 'Compromise' Over Dispensary Access For Scientists To Get Senate Buy-In, House Sponsor Says.

Marijuana Moment (7/28, Jaeger) reports, "A bipartisan marijuana research bill that passed in the U.S. House of Representatives on Tuesday will be 'enacted into law very soon,'" according to bill sponsor Rep. Earl Blumenauer (D-OR) on Wednesday. But "getting the limited, research-focused legislation in shape for Senate approval took significant compromise, he explained." When first introduced in July, the Medical Marijuana and Cannabidiol Research Expansion Act was "billed as a merger of separate, standalone House and Senate cannabis research legislation that already passed in each respective chamber," but "one key provision of the House version was notably omitted that would have allowed scientists to access marijuana from state-legal dispensaries for study purposes." So while even NIDA Director Nora Volkow "has said that she supports letting researchers access marijuana that's available in commercial state markets across the country, that component was sidelined in the interest of getting something passed this session."

The National Institute Of Drug Abuse (NIDA) Plans To Add One New Cannabis Supplier Contract For Research Purposes.
Cannabis Science Tech (7/28, McEvoy) reports, "The National Institute on Drug Abuse (NIDA) recently posted a notice to Drug Enforcement Agency-approved cannabis manufacturers that they will soon be able to submit applications to supply cannabis for research purposes." NIDA "has only worked with one cannabis farm for the past 50 years – the new cannabis supplier selected by NIDA would be the second federally authorized in the country." NIDA "notified institutions that have received Drug Enforcement Administration (DEA) approval to cultivate cannabis that starting around July 28 they will be able to submit applications to supply cannabis for research purposes." And "about two months ago, NIDA first published an initial 'sources sought' notice to gather information from prospective applicants about their ability to grow and analyze cannabis."

States Seek To Regulate Hemp Products.
NPR (7/30, Paviour, 3.69M) reported, "Hemp products that can get you high have proliferated online and at corner stores, even in places where marijuana remains illegal." These products, "marketed under names like delta-8 and delta-10, have been a lifeline for the struggling hemp industry," and "even critics of the products acknowledge some companies maintain high standards for their products, with credible lab testing and careful quality control." But "federal regulators aren't monitoring what's in the products," and some "researchers have found problems ranging from irregular dosing to heavy metals." A "recent federal appeals court verdict appeared to uphold the legality of delta-8 products on the federal level," and "in the absence of clear federal regulations or guidance, lawmakers in states like Colorado and Oregon have taken matters into their own hands with bans on the products." But "some in the hemp industry are fighting back," and "state regulators in Texas, Kentucky and Kansas are facing lawsuits from the hemp industry over new restrictions."

Legalization Doesn't Lead More Teens To Try Cannabis, Researchers Find.
Marijuana Moment (8/2, Adlin) reports, "A perennial question around legalizing cannabis for adults is whether it leads to more young people trying the drug." And "according to a new study by Michigan State University researchers, the answer so far is no." The authors write, "We offer a tentative conclusion of public health importance. ... Legalized cannabis retail sales might be followed by the increased occurrence of cannabis onsets for older adults, but not for underage persons who cannot buy cannabis products in a retail outlet." The paper's "findings suggest that legalizing cannabis for adult use does indeed seem to increase first-time cannabis consumption, but only among people who can actually use the drug legally." The peer-reviewed article was published late July in the journal PLOS One, and is partially funded by the NIH. – *Link to article* Estimating the effects of legalizing recreational cannabis on newly incident cannabis use | PLOS ONE

In Small Pilot Study, CBD Appears To Have Curbed Severity Of Chronic Anxiety Symptoms In Young People.
Bloomberg (8/3, Millson, 3.57M) reports, "Taking cannabidiol – the non-intoxicating component of cannabis better known as CBD – may curb the severity of chronic anxiety symptoms in young people," investigators concluded in a 12-week, 31-patient pilot study conducted by the "Australian youth mental health organization Orygen."

Could Smoking Pot As A Teen Contribute To Mental Health Problems In Adulthood?
The Bloomington (IN) Herald-Times (8/3, Smith, 79K) reports that as "cannabis products become more readily available alongside relaxing state laws across the country, Indiana University researchers are assessing how regular use of cannabis can impact teenagers' mental health in adulthood." Neuroscientists Ken Mackie and Hui-Chen Lu "have received more than $2 million from the NIH's National Institute on Drug Abuse to research the impact of cannabis use during adolescence, with the intention to contribute to the development of new therapies and treatment options." Some recent studies "have indicated cannabis products, especially modified strains that have risen in popularity, can have a negative effect on brain development." Mackie said, "The THC content of cannabis has increased dramatically in the last 20 to 25 years. That's concerning because a lot of the adverse effects seem to be due to THC."

AAP Against Use Of Medical Marijuana By Massachusetts Students.
The Boston Herald (MA) (8/2, Medsger, 327K) reports, "The use of medical marijuana by students, the subject of a study waiting for Gov. Charlie Baker's signature, is not being backed by the American Academy of Pediatrics." On Tuesday, an academy spokesperson told the Herald, "The AAP opposes medical marijuana outside the regulatory process of the US Food and Drug Administration." Massachusetts "legislature sent the governor a host of changes to the state's weed laws Monday, including a proposal to study giving students access to medical marijuana during the school day, as the Herald first reported." The AAP "says that so far there is not enough information yet about appropriate dosing and side effects to make a decision on the matter."

Board Blocks Recreational Marijuana Legalization Measure From Arkansas Ballot.
The AP (8/3, DeMillo) reports, "The State Board of Election Commissioners on Wednesday blocked" a proposed recreational marijuana legalization measure "from appearing on Arkansas' ballot this fall." Arkansas Gov. Asa Hutchinson (R), "who is a former head of the federal Drug Enforcement Administration, opposed the proposal."

Breaking Nicotine's Powerful Draw.
The New York Times (8/2, Jacobs, Chiarito, 20.6M) reports, "Millions of smokers could be forced to confront the agony of nicotine withdrawal as the F.D.A. weighs calling for a drastic reduction in the addictive lure of cigarettes." The regulatory "agency set next May as its timetable for introducing a fully developed proposal." However, "many experts hope regulators will champion an immediate 95 percent reduction in nicotine levels – the amount federally funded studies have determined is most effective for helping smokers kick the habit." The Times adds that "it could be years before any new policy takes effect, if it survives opposition from the tobacco industry." National Institute on Drug Abuse Director Dr. Nora Volkow, "expressed confidence in the studies that backed an immediate cut in nicotine levels versus a gradual tapering. But she said that scientists and regulators still needed to address the welter of unforeseen consequences that could prove disruptive to determined smokers and could fuel the creation of underground markets for full-nicotine cigarettes."

Vape Trade Group Backs FDA On Menthol Cigarette Ban.
Bloomberg Law (8/3, Castronuovo, Subscription Publication, 4K) reports, "The FDA has gained an unlikely ally in its plans to ban menthol cigarettes – a leading vaping trade group that wants to see smokers switch to e-cigarette products." The FDA "received hundreds of thousands of comments on its effort to target menthol and other flavored tobacco products that can make smoking harder to quit." The Vapor Technology Association, which represents the vape industry, "says it wants to see the proposal go through, so long as the FDA authorizes more e-cigarettes as an alternative."

Mayo Clinic Nicotine Dependence Center Director Applauds Menthol Cigarette Ban.
The Forum of Fargo-Moorhead (ND) (8/2, 49K) reports Mayo Clinic Nicotine Dependence Center Director Dr. J. Taylor Hays "says the proposed Food and Drug Administration plan to ban menthol cigarettes now under final review 'would probably save hundreds of thousands of lives over the next three or four decades.'" While "some Black leaders have opposed the ban as discriminatory, it is hailed by others as a correction to years of menthol cigarette marketing targeting Black Americans." Research suggests that "following a ban, between 92,000 and 238,000 fewer Black Americans are expected to die of smoking-related illness over the ensuing decades."

Regular Smokers Bought Fewer Cigarettes During COVID-19, Study Indicates.
The Hill (8/3, Melillo, 5.69M) reports, "Regular smokers made significantly fewer cigarette purchases, cut down on the quantity of cigarettes they smoked and notably quit during the pandemic – behaviors that researchers in a new study say were prompted by the health risks of COVID-19." The researchers "found that between 2019 and 2020, cigarette purchases among regular smokers decreased

between 20 and 30 percent." Additionally, "the data from more than 4,000 individuals showed quitting rates increased by about 10 percentage points between March 2020 and January 2021." The study was published in Communications Medicine. – *Link to article* Sustained decline in tobacco purchasing in Denmark during the COVID-19 pandemic | Communications Medicine (nature.com)

Colleges, Universities Provide Recovery Programs For Students Recovering From Addiction.

US News & World Report (8/3, Johnson, 1.91M) says, "colleges and universities across the U.S. have been making a concerted effort for years to provide safe spaces for students in recovery." Currently, "more than 140 schools in the U.S. have 'collegiate recovery programs' that provide support to help students maintain their sobriety while continuing their education, according to the Association of Recovery in Higher Education, the country's leading organization representing these types of programs and communities." These "collegiate recovery programs have been around for four or five decades, but Canfield and others say their evolution began around the mid-2000s, when Texas Tech received a grant from the federal Substance Abuse and Mental Health Services Administration and the U.S. Department of Education to develop a model that could be replicated by other schools."

Why It Could Be So Important To Recognize Pre-Addiction.

Lantie Jorandby, M.D., a board-certified psychiatrist with a specialty certification in Addiction Psychiatry and Addiction Medicine writes in Psychology Today (8/3, 4.29M) "our understanding of addiction and addiction treatment has come a long way in the last two decades," and "we know so much more about the brain chemistry of addiction now," meaning "the therapies and medications we use are more effective and evidence-based." National Institute on Drug Abuse Director Nora Volkow, "and two other prominent thinkers in the addiction treatment field recently proposed the term 'pre-addiction' to describe mild-to-moderate substance use disorder (SUD)." Volkow explains the term in a recent commentary in JAMA Psychiatry: "The term 'pre-addiction' gives a readily understandable name to a vulnerable period of time in which preventive care could help avert serious consequences of drug use and severe substance use disorders." Jorandby concludes, "still have a long way to go in our understanding of addiction and addiction treatment. ... But we are making progress on several fronts. This new thinking about pre-addiction is a significant example of that. It could lead to a new way of diagnosing, treating, and paying for addiction and addiction care."

New Study Shows Drug Overdose Deaths Among Black Americans Increased In 2020.

The Sacramento (CA) Observer (7/29, Durham, 146K) reports a new study finds that "drug overdose deaths among Black Americans increased by record numbers in 2020." Scientists believe "pressures from the COVID-19 pandemic, accessibility to

treatment, and stigma contributed to an overall rise in overdose death rates." Also, "illicitly manufactured drugs like fentanyl have increased in drug supply and have driven up drug overdose deaths in recent years, scientists from the Center for Disease Control and Prevention have found." Health scientist Mbabazi Kariisa "co-authored a study of drug overdose deaths in marginalized communities in 25 states and the District of Columbia. Drug overdose deaths increased 30% in the U.S from 2019 to 2020, but the CDC found that the death rate for those in the Black community increased by 44% in the same two years." – *Link to article* Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics — 25 States and the District of Columbia, 2019–2020 | MMWR (cdc.gov)

Study Links Increase In Telehealth Visits With Increase In Prescribing Buprenorphine Treatment For Veterans With Opioid Use Disorder During Pandemic.

STAT (7/28, Muthukumar, 262K) reports, "Drug treatment of veterans with opioid use disorder increased during the first year of the pandemic, according to a new study, suggesting that the rapid shift from in-person to telehealth visits at VA medical centers enabled patients to get access to care despite Covid-related disruptions." The study "found that the number of Veterans Health Administration patients receiving buprenorphine for opioid use disorder increased 14% in the first year of the pandemic compared with the preceding 12 months." The increase "coincided with a huge jump in use of telephone and video telehealth visits for prescribing buprenorphine, from 11.9% of visits in March 2019 to 82.6% in February 2021." The study was published Thursday in the American Journal of Psychiatry. – *Link to article* Impact of COVID-19 Telehealth Policy Changes on Buprenorphine Treatment for Opioid Use Disorder | American Journal of Psychiatry (psychiatryonline.org)

As Opioid Epidemic Rages, Biden Policy Inches Toward Harm-Reduction.

Medical Marketing & Media (7/28, Bushak) reports, "The nation's opioid epidemic, which was initially assumed to have peaked in 2017, was briefly eclipsed by" by the COVID-19 pandemic, but as the pandemic fades, "the opioid crisis continues to rage unabated." And "as people continue to die, the Biden administration has embraced a new policy approach: Harm-reduction." Yale School of Medicine Addiction Medicine program Director Dr. David Fiellin said, "The administration has taken important first steps, but they need to be supplemented by eliminating regulatory and legislative barriers and providing sufficient funds for the organizations that are doing real harm-reduction work." NIDA, part of the NIH, "is currently funding harm-reduction research," but "results and learnings, however, probably will not be available for five to 10 years."

Musical Festivals More Welcoming Of Naloxone, Still Wary Of Allowing Fentanyl Testing Kits.
NPR (8/3, Farmer, 3.69M) reports, "Music festivals once frowned upon naloxone, and some banned it. But even though what's known as harm reduction – the concept of minimizing the negative effects of illicit drug use without trying to stop it altogether – has gained acceptance, it's far from embraced." Even more "less accepted than naloxone among concert promoters is helping people test their drugs for fentanyl." However, "overdose deaths continue to climb in the U.S.," many of which are "caused by synthetic opioids. This has prompted federal and state governments to try to think of new ways to combat the crisis, with the Biden administration giving $30 million to support programs that have often operated in the shadows." Over the "years, the Substance Abuse and Mental Health Services Administration also has fully embraced fentanyl test kits," and now "public health agencies increasingly recommend that even people who don't use drugs carry naloxone."

Methadone Clinics Step Up Their Backlash Against Reform.
Filter (NY) (8/2) reports, "The members of the American Association for the Treatment of Opioid Dependence (AATOD) are outraged." AATOD "represents the interests of over 1,200 opioid treatment programs (OTPs), also known as methadone clinics." The outrage "was triggered by...the Opioid Treatment Access Act (OTAA), which the group labels as 'dangerous,' and the Mainstreaming Addiction Treatment (MAT) Act." Both bills recommend "a few modest changes to loosen restrictions on access to methadone and buprenorphine." And "to kill the bills, the group created fact sheets that are full of misleading statements, exaggerations and lies of omission, as well as being condescending to people who take methadone." AATOD "members sense a direct threat to their power and profits," and "the misinformation in the documents is shocking from an organization that purports to believe in 'evidence-based clinical practice.'" NIDA Director Dr. Nora Volkow was quoted on the need to address patients who do not wish to go to a clinic for opioid treatments.

DEA Warns Of Fentanyl Pills Disguised As Legitimate Prescription Medication.
The Louisville (KY) Courier-Journal (7/29, Warren, 554K) reported, "The deadliest drug epidemic in the nation's history is only intensifying, with overdose deaths topping 107,000 last year, 15% more than the year before, according to provisional data released by the CDC's National Center for Health Statistics." And "many of those deaths are blamed on fentanyl," which according to the DEA is found "in everything from heroin and cocaine to pills shaped, dyed and stamped to look like legitimate prescription medication." The "two main importers smuggling the drug across the Mexican border, according to the DEA: are the Sinaloa Cartel previously led by infamous drug lord 'El Chapo' and the Cártel Jalisco Nueva Generación led by fugitive cartel boss 'El Mencho.'" According to the DEA, "an average of one in every four fentanyl pills confiscated by the DEA contained a lethal dose."

FTC Settles First Case For Deceptive Opioid Addiction Recovery Fraud Against R360.

Columnist Randy Hutchinson writes for the Memphis (TN) Commercial Appeal (7/28, 288K), "The Opioid Addiction Recovery Fraud Prevention Act of 2018 authorizes the FTC to seek civil penalties for unfair or deceptive acts or practices regarding substance use disorder treatment services or products." The Act "covers services that purport to provide treatment, referrals to treatment, or recovery housing for people with substance use disorders." Now, "the FTC has settled its first case under" the Act "with a Ft. Lauderdale, Florida, company called R360 LLC and its owner, Steven Doumar." Doumar and R360 supposedly selected treatment centers to help patients with addiction recovery, but instead were paid for recommendations. The settlement "imposes a $3.8 million civil penalty against R360 and Doumar, although it's suspended because they don't have the money to pay it."

Critics Say Pennsylvania's New Injectable Form Of Naloxone Is Unnecessary.

The Pittsburgh Post-Gazette (7/29, 426K) reported, "A newly approved and injectable form of naloxone, a life-saving opioid overdose-reversing drug, is now available to Pennsylvania residents without a prescription, although some drug treatment advocates are questioning whether the move will have the intended impact." The naloxone injections, "sold under the brand name ZIMHI, contain a 5 mg dose of naloxone." Prevention Point Pittsburgh Overdose Prevention Project Coordinator Alice Bell "said the new product was unnecessary because currently authorized naloxone doses are already enough to fight overdoses." Bell also "said the drug is so strong, it can cause intense withdrawal symptoms like extreme pain, vomiting and diarrhea which could lead opioid users to distrust any form of naloxone altogether." The FDA "approved the ZIMHI injection last October and added it to the list of injectable naloxone products."

What's Killing Coloradans? Increase In COVID, Overdose Deaths Keep State's Mortality Level Elevated.

The Denver Post (7/31, Wingerter, 660K) reports, "Increased deaths from COVID-19 and overdoses canceled out progress against other diseases in Colorado last year, meaning the state's mortality rate barely budged from its 2020 high." While "2020 was an inarguably bad year," it "ended with hopes that vaccines would end the days of mass casualties from the virus and deaths from other causes would gradually return to normal as people were able to seek medical care and social support more easily." But "while the COVID-19 vaccines did dramatically reduce the odds of dying, not enough people got them." In 2021 "Colorado recorded 48,284 deaths, a figure that was 10,363 more than the pre-pandemic average – and 5,298 of those were caused by the virus. The rise in drug overdoses contributed 911 additional deaths, and increased heart disease deaths added 796." NIDA Director Dr. Nora Volkow discussed overdose deaths.

State Attorneys Reach Agreement With Allergan For $2.37B In Opioid Settlements.

The New York Times (7/29, Hoffman, 20.6M) reported, "A bipartisan group of state attorneys general announced Friday morning that it had struck an agreement in principle with the pharmaceutical company Allergan for $2.37 billion to resolve more than 2,500 opioid-related lawsuits brought by states, local governments and tribes nationwide." Allergan "declined to comment, but a quarterly earnings report on Friday by Allergan's parent company, AbbVie, characterized the amount as 'a charge related to a potential settlement of litigation involving Allergan's past sales of opioid products.'" The proposed settlement "is a companion agreement to a $4.25 billion deal in principle announced earlier in the week from Teva Pharmaceuticals." The deals are linked largely due to Teva's 2016 purchase of "Allergan's generic drug portfolio, including its substantial opioid business. Teva made this week's settlement contingent in part on Allergan's reaching its own deal for opioid liability."

The Hill (7/29, Weixel, 5.69M) also covered the story.

California Awards 8 San Diego Hospitals Nearly $1M To Combat Opioid Crisis.

The San Diego Union-Tribune (8/3, Mapp, 587K) reports, "Eight hospitals in San Diego County have been awarded a total of $960,000 to address the opioid crisis by helping emergency departments access medication-assisted treatment." The funding from California Bridge Behavioral Health Navigator Program "supports hospitals in their effort to treat patients with opioid addictions and concurrent mental health conditions in their emergency departments." The "participating hospitals identify and treat patients who would benefit from medicines such as buprenorphine to prevent cravings and withdrawal symptoms from opioids, as well as other behavioral health services."

Texas Program Distributing Narcan To Fight Opioid Overdoses Has Run Out Of Money.

The Texas Tribune (8/3, Barragán, 258K) reports that advocates "have depended on a federally funded state program run out of the UT Health San Antonio School of Nursing for free Narcan." But "in January, the program ran out of money for the fiscal year." And "while large police departments...can pay for the high cost of the drug from their budgets, smaller nonprofits and law enforcement agencies do not have big enough budgets to pay for naloxone." This "has led to calls for Texas to do more to make the treatment easily available to law enforcement and regular Texans, including by putting some of the state's own money into the program instead of relying on federal grants" from SAMHSA. But while Gov. Greg Abbott's "Operation Lone Star has devoted billions of dollars to stopping the drug's flow into Texas," state leaders "have paid considerably less attention to providing first responders the training to prevent overdoses once they happen."

Tennessee AG Sues Walgreens Over Alleged Contribution To Tennessee's Opioid Crisis.

The AP (8/3, Raby) reports Tennessee's Attorney General Herbert H. Slatery III "said Wednesday he has sued Walgreens, accusing the drugstore chain of contributing to the state's opioid crisis by failing to maintain effective controls against the abuse of prescription pain pills." The lawsuit "seeking unspecified civil penalties was filed in Knox County Circuit Court...and alleges violations of Tennessee's Consumer Protection Act." The lawsuit "said that between 2006 and 2020, Walgreens retail stores in Tennessee dispensed more than 1.1 billion oxycodone and hydrocodone pills." And "one pharmacy alone in Jamestown dispensed enough opioids over that period to supply each resident with 2,104 pills." In a statement "Wednesday night, Walgreens said it 'never manufactured or marketed opioids, nor did we distribute them to the pain clinics and 'pill mills' that fueled this crisis.'"

Reuters (8/4, Gorman) reports the lawsuit said, "Walgreens did not flood the state of Tennessee with opioids by accident. Rather, the fuel that Walgreens added to the fire of the opioid epidemic was the result of knowing – or willfully ignorant – corporate decisions."

Bill To Allow Supervised Safe Injection Sites In Three California Cities Awaits Governor Newsom's Signature.

The Los Angeles Times (8/2, Lin, 3.37M) reports that SB 57, "a bill allowing drug users to safely inject themselves at supervised facilities in Los Angeles, San Francisco and Oakland passed the state Senate Monday and is awaiting Gov. Gavin Newsom's signature." The bill "would allow the three cities to operate overdose prevention programs until 2028 and provide a hygienic site where people can inject preobtained drugs." Before implementation, the "three cities would have to give local public health officials, law enforcement and the public the opportunity to weigh in on the program in a public meeting. The organization operating the program would also have to provide an annual report to the city or county." The drug users "would be exempt from professional discipline, civil liability and existing criminal penalties due to good-faith conduct and actions." However, the Medical Board of California and the Osteopathic Medical Board of California "would still be allowed to take disciplinary action against licensed medical professionals."

Experts Say It Is Past Time To Widen Access To Addiction Medicine, Harm Reduction Tools.

TODAY (8/2, Jacoby, 2.24M) reports, "People who use drugs are increasingly facing a new challenge" in "a drug supply that is less predictable and more dangerous than ever before." But "people who use drugs don't have enough access – or access at all – to the things that could save their lives, experts in addiction medicine and harm reduction say." These experts say "it's way past time to widen access to the few tools we have...and to consider implementing new and innovative options to keep people alive." According to the CDC, "polysubstance use is the use of more than one drug at a time, even unintentionally...such as using heroin or cocaine that's cut with

illicit fentanyl." And according to a July CDC report, "it's this type of drug use that's fueling U.S. overdose deaths – especially among people of color."

Impact Of San Francisco's New Drug Sobering Center Still Unclear.
The San Francisco Chronicle (8/1, Moench, 2.44M) reports San Francisco's "SoMa RISE, the city's long-awaited drug sobering center on Howard Street, is a place where people who are high can get rest, basic resources and connections to shelter or detox." But not everyone has "glowing reviews of San Francisco's most recent effort to address the crisis of people suffering from addiction on the streets," as it does not offer housing. SoMa RISE "is still gathering data to assess whether it's fulfilling its goals to provide people short-term respite and long-term help, and help relieve overburdened emergency rooms." It is "not yet clear if the center is reducing the number of people in drug-induced psychosis cycling through emergency rooms and on the streets, one of the center's goals." And "it's also unclear how much of an impact 20 beds will have in a health care system badly in need of reform."

Single-Cell Studies Offer New View Of How HIV Infections Persist—And Might Be Cured.
Science (8/3, 484K) reports, "Curing HIV infections remains one of the most formidable challenges in biomedicine, in part because cells that hold the viral DNA in their chromosomes persist in the face of powerful drugs and immune responses." But for the first time, researchers found "isolated single cells from these stubborn viral reservoirs and characterized their gene activity, suggesting potential new cure strategies." Science says, "At the AIDS conference, Eli Boritz, an immunologist at the National Institute of Allergy and Infectious Diseases (NIAID), described his team's effort to better understand HIV's hideouts by analyzing single cells with the viral DNA in a latent state. Previous studies have isolated HIV inside of single cells in the reservoir, but scientists could not evaluate the host cell's gene activity because of a Catch-22: They could only identify whether a cell was infected by prodding the virus to copy itself, which, in turn, likely altered the cellular gene expression."

ViiV Healthcare Deal To License HIV Prevention Medicine For Manufacture, Distribution Of Lower-Cost Generic Faces Criticism.
STAT (7/28, Silverman, 262K) reports, "In a much ballyhooed move, ViiV Healthcare finalized a deal to license its long-acting injectable HIV prevention shot to the Medicines Patent Pool so that generic companies can make and distribute lower-cost versions to low- and middle-income countries." But the deal "also generated criticism over manufacturing restrictions and pricing uncertainty." The deal "followed harsh criticism over a decision made earlier this year to remain the 'sole supplier'" of the HIV prevention medicine Apretude (cabotegravir) "on a global basis during the initial launch years." Apretude "was recently approved in the U.S." However, "the deal with the Medicines Patent Pool, an organization backed by the United Nations that negotiates licensing rights for manufacturing, is seen as highly significant in the ongoing fight against HIV."

Analysis Finds Largest European Research Funders Often Fail To Monitor Research Progress, Set Policies, Or Require Clinical Trial Transparency.
STAT (8/1, Silverman, 262K) reports, "Nearly two dozen major organizations that fund medical research in Europe often failed to set policies or monitor progress for registering clinical trials and publishing study results, an issue that can lead to shortcomings in medical literature, a new analysis finds." The analysis found that "among 21 of the largest public and philanthropic funders, only 14 mandated prospective trial registration and just six required that trial results be made public on registries within a year of a trial's completion." Additionally, "only 43% of the funders actively monitored whether trials were registered, and just 38% tracked whether results were made public." The study authors "argue that the gaps and distortions in clinical trial information undermine regulatory decision-making, health technology assessments, clinical guideline development, public procurement, and public health measures." The authors "noted trial registration and publication constitute a global ethics requirement by the World Medical Association." The analysis was published in JAMA Network Open. – *Link to article* Adoption of World Health Organization Best Practices in Clinical Trial Transparency Among European Medical Research Funder Policies | Global Health | JAMA Network Open | JAMA Network

Paper Analyzing Clinical Trials For Mental Health Apps Suggests Need For Data On User Engagement.
STAT (8/2, Aguilar, 262K) reports, "A new paper scrutinizing six clinical trials supporting four mental health apps cleared by the Food and Drug Administration argues there's an urgent need to close the 'gap between intention and real-world efficacy for digital therapeutics' – specifically, the dearth of data on how much people actually use digital treatments." The authors "ultimately concluded that some apps may be of fleeting interest to users," and "argue that to see long-term success of software-based treatments, sometimes called digital therapeutics, the industry must confront this reality." The "paper points out that in some cases, trials for products intended to be used at home were tested in clinics, and patients were encouraged to stick to their treatments through both supervision and in some cases financial incentives." The steps "shown to improve engagement in clinical studies may be important tools to consider as app makers move from short-term studies of interventions for acute conditions to products aimed at helping people manage mental health conditions for long periods of time." – *Link to article* Frontiers | Digital therapeutics for mental health: Is attrition the Achilles heel? (frontiersin.org)

High Rate Of Mental Health Problems In Transgender Children.
Author Batya Swift Yasgur, MA, LSW writes for Medscape (7/28, Subscription Publication, 219K), "Transgender children, even those young as 9 or 10 years old, already show increased susceptibility to mental health problems compared with their cisgender peers, new research suggests." Senior author Kenneth C. Pang,

MBBS, BMedSc, PhD, associate professor, Murdoch Children's Research Institute, University of Melbourne, Royal Children's Hospital, Australia, told Medscape Medical News, "Our findings emphasize the vulnerability of transgender children, including those who may not yet have accessed specialist support." Pang added, "Transgender children receiving such [specialized] care are likely to enjoy higher levels of support than those unable to access such services, and this might create differences in mental health." To investigate this, "the researchers turned to participants...in the Adolescent Brain Cognitive Development (ABCD) study." – *Link to article* Prevalence of Mental Health Problems in Transgender Children Aged 9 to 10 Years in the US, 2018 | Health Disparities | JAMA Network Open | JAMA Network

Rite Aid Stops Filling Prescriptions For Mental Telehealth Startups.
Behind a pay wall Bloomberg (7/28, Swetlitz, 3.57M) reports, "Rite Aid Corp. pharmacies are no longer filling prescriptions for controlled substances like Adderall from clinicians working with mental telehealth startups Cerebral Inc. and Done." Rite Aid, "which has over 2,350 locations across the US, adopted the policy earlier this year, Rite Aid spokesperson Catherine Carter said in an email Thursday."

Despite Expansion Of Mental Health Hotline Network, Rural US Residents Still Face Shortage Of Care.
Kaiser Health News (7/28, Louis) reports, "The National Suicide Prevention Lifeline's 988 phone number, which launched July 16, was designed as a universal mental health support tool for callers at any time anywhere." But the US "is a patchwork of resources for crisis assistance, so what comes next isn't universal." The level of support that 988 callers "receive depends on their ZIP code." In particular, rural Americans, "who die by suicide at a far higher rate than residents of urban areas, often have trouble accessing mental health services." More than "150 million people in the U.S. – most from rural or partially rural communities – live in places designated as mental health professional shortage areas by the federal Health Resources and Services Administration."

HHS, DOJ Publish New Guidance To Eliminate Discrimination In Telehealth Care.
mHealth Intelligence (8/1, Melchionna) reports, "the US Department of Health and Human Services (HHS) worked with the US Department of Justice (DOJ) to publish new guidance that seeks to eliminate discrimination in the telehealth arena." The COVID-19 pandemic has brought on a "rapid expansions in healthcare access, particularly through the use of telehealth," and even though "telehealth is a valuable resource, discrimination does exist, leading to barriers to care." In fact, "research has shown that racial minorities, older age groups, and those living in rural areas use telehealth less frequently." The new "guidance aims to ensure equitable care for those with disabilities, including people who are blind, deaf, or do not speak English proficiently," and "to curb discrimination, providers can take several actions, including making changes to their policies and practices to provide

additional support for disabled people who wish to have a virtual visit, such as implementing sign language interpretation and language assistance services."

Romney Proposes Bill For New Health Agency To Streamline Public Health Information.

The Salt Lake (UT) Tribune (7/28, Scholl, 284K) reports, Sen. Mitt Romney (R-UT) "told reporters on Thursday he will propose a bill in the Senate to create the 'Center for Public Health Data,' an agency to streamline the collection and distribution of public health information, which would be available to all levels of the government, hospitals, researchers and anyone who wants to access it, not just the federal government." Should the bill be "supported by other federal lawmakers and the White House, CPHD would be housed under the federal Department of Health and Human Services."

Funding Opportunities

NIH GRANTS & FUNDING
NIH Central Resource for Grants and Funding Information

RFA-DE-23-015
HEAL Initiative: Oral Complications Arising from Pharmacotherapies to Treat Opioid Use Disorders (R01 Clinical Trial Not Allowed)

RFA-DE-23-016
HEAL Initiative: Oral Complications Arising from Pharmacotherapies to Treat Opioid Use Disorders (R21 Clinical Trial Not Allowed)

RFA-DA-23-053
HEAL Initiative: Translating Research to Practice to End the Overdose Crisis (R61/R33 Clinical Trial Optional)

RFA-DA-23-054
HEAL Initiative: Translating Research to Practice to End the Overdose Crisis (R33 Clinical Trial Optional)

NOT-DA-23-007
Notice of Special Interest (NOSI): HEAL Initiative: Opioid Use Disorder Care Pathways for Individuals with Histories of Exposure to Violence

NOT-DA-23-008
Notice of Special Interest (NOSI) HEAL Initiative: Workforce Interventions to Improve Addiction Care Quality and Patient Outcomes

NOT-NS-23-002
Notice of Special Interest (NOSI): HEAL Initiative: Clinical Translation of Diagnostic and Therapeutic Devices via Blueprint MedTech

RFA-DA-23-049
HEAL Initiative: Therapeutics Development for Opioid Use Disorder in Patients with Co-occurring Mental Disorders (UG3/UH3 - Clinical Trial Optional)

RFA-NS-23-003
HEAL Initiative: Interdisciplinary Team Science to Uncover the Mechanisms of Pain Relief by Medical Devices (RM1 Clinical Trial Optional)

RFA-OD-22-014
Specialized Centers of Research Excellence (SCORE) on Sex Differences (U54 Clinical Trial Optional)

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