

UC CAR Weekly Newsletter 9.30.2022

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

Most people who need addiction treatment don't get it. Yet many state laws limit access

Federal data shows most people who need treatment for opioid use disorder don't get it. Yet nearly every state has laws that limit access to opioid treatment programs, according to a new report from the Pew Charitable Trusts. Researchers say these state restrictions go against evidence-based practices and limit access to care. Opioid treatment programs are facilities that can offer all three U.S. Food and Drug Administration-approved...

Op/Ed: 5 steps to decrease opioid overdoses, recover from substance abuse in Indiana

Substance use and substance use disorder (SUD) have been a growing public health concern over the past decade, both nationally and in Indiana. Data from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics indicates there were an estimated 100,306 overdose fatalities in the U.S. during a 12-month period ending in April 2021, an increase of 28.5% from the same period in 2020. The COVID-19 pandemic...

National News

People Previously Convicted For Marijuana-Related Offenses Apply To Sell Recreational Cannabis In New York.

The [New York Times](#) (9/26, Southall, 20.6M) reports people with a history of drug convictions are "applying for a license to open one of New York's first dispensaries

to legally sell recreational cannabis.” These licenses, which last four years, “are reserved for business owners who have been convicted of marijuana-related offenses in a New York State court, and will allow them to sell cannabis to any adult as early as this year.” New York’s “effort aims to atone for the damage inflicted during the war on drugs, which has been criticized for targeting communities of color and focusing on drug use as a crime and not a public health issue.”

Vermont Opens Up Cannabis Sales On Oct 1.

The [Burlington \(VT\) Free Press](#) (9/29, Hallenbeck, 85K) reports that Vermont “is allowing businesses to sell products containing THC, the main active, intoxicating ingredient in cannabis.” Already “more than two dozen businesses throughout Vermont have applied to the state’s Cannabis Control Board for retail permits, but the board has awarded only a handful so far.” Sales are to begin on October 1.

Georgia Cannabis Board Approves Two Companies To Sell Medical Marijuana.

The [AP](#) (9/22, Muhumuza) reports that on Wednesday, the Georgia Access to Medical Cannabis Commission board “overseeing the state’s efforts to get patients access to medical marijuana has approved production licenses for two companies, a step to getting patients access to medication after a seven-year wait.” The board “unanimously approved licenses for Botanical Sciences and Trulieve Georgia, reports The Atlanta Journal-Constitution.”

California’s Failed Promises During Campaign To Legalize Pot Examined.

The [Los Angeles Times](#) (9/22, McGreevy, 3.37M) reports, “Architects of the effort to legalize pot in California made big promises to voters.” However, “six years later, California’s legal weed industry is in disarray with flawed policies, legal loopholes and stiff regulations hampering longtime growers and sellers.” Despite the belief “that it would become a model for the rest of the country, the state has instead provided a cautionary tale of lofty intentions and unkept promises. Compromises made to win political support for Proposition 64, the 2016 initiative to legalize cannabis, along with decisions made after it was approved by voters that year, unleashed a litany of problems that have undermined the state-sanctioned market.”

Arkansas Supreme Court Puts Recreational Marijuana Back On Arkansas Ballot.

The [AP](#) (9/22, DeMillo) reports, “The Arkansas Supreme Court on Thursday said voters can decide whether to legalize recreational marijuana, overturning a state panel’s decision to block the measure from the November ballot.” The “justices granted a request by Responsible Growth Arkansas, the group behind the proposal, to certify the measure for the November ballot.”

Ex-Smokers Cut Risk Of Dying Early By Adopting Healthy Behaviors, Study Says.

[UPI](#) (9/22, Packer-Tursman) reported, “The 52 million former smokers in the United States should stick to a healthy lifestyle to reduce their risk of dying early, a federal study published” in JAMA Network Open on Thursday urges. The study by “researchers from the National Cancer Institute, a part of the National Institutes of Health, said” a healthy lifestyle was “associated with a 27% reduction in the risk of death for former smokers over the study’s 19-year follow-up period, compared with those who don’t follow a healthy lifestyle.” NCI’s Division of Cancer Epidemiology & Genetics epidemiologist and study lead author Maki Inoue-Choi said, “The key message for public health is that all former smokers may additionally benefit from adhering to healthy lifestyle recommendations, regardless of their prior smoking use.” – *Link to article* [Association of Adherence to Healthy Lifestyle Recommendations With All-Cause and Cause-Specific Mortality Among Former Smokers | Lifestyle Behaviors | JAMA Network Open | JAMA Network](#)

McKinsey’s Role In Addiction Examined.

The [New York Times](#) (9/29, Bogdanich, Forsythe, 20.6M) reports McKinsey & Company, the global consulting giant, “said its work with Juul had focused on youth vaping prevention.” But “that work was just the latest in a decades-long history of consulting for companies that sell addictive products,” like opioids. In 2021, “McKinsey agreed to pay more than \$600 million to settle state investigations into its role in helping Purdue Pharma and other drugmakers fuel the opioid epidemic. And for decades, McKinsey has helped manufacturers boost sales of the most lethal consumer product in American history – cigarettes.” For pharmaceutical companies selling addictive products, McKinsey “also offered deep ties to the Food and Drug Administration, a regulatory agency vital to their survival.” Even so, “McKinsey denies any wrongdoing in helping to market opioids, vaping and cigarettes.”

CTP Director Discusses Approach To Regulating Tobacco In Question And Answer Session.

The [AP](#) (9/26, Perrone) reports, “There’s been no honeymoon period for the Food and Drug Administration’s new tobacco chief, Brian King, the public health scientist now responsible for regulating the nation’s multibillion-dollar cigarette and vaping industry.” In a question-and-answer session with King and the AP, King discusses “his approach to regulating tobacco and nicotine, including the potential for e-cigarettes to serve as a less harmful alternative for adult smokers.” In the session, King “cited so-called nicotine salts technology pioneered by Juul as a potentially promising tool for smokers, but also warned of its risks for young people.”

Judge Rules Against Oregon County’s Flavored Tobacco Ban.

The [AP](#) (9/22, Muhumuza) reports, “A judge in Oregon’s Washington County has ruled against the county’s 2021 ban on flavored tobacco products, meaning adults over 21 can still buy them.” The judge “wrote in his opinion this week that the

decision to disallow licensed retail sale of such products must come from the state, not county by county.” County “commissioners last November voted to ban the products to curb nicotine use among teenagers and young adults,” arguing “that flavors such as bubble gum hook young people, who buy the products from retailers who don’t check IDs.”

New Jersey Casino Workers Hold Protest After Discussion On Smoking Ban Canceled.

The [AP](#) (9/22, Perry) reports, “Irate that a session to discuss a proposed smoking ban during a major casino industry conference was snuffed out, casino workers and patrons opposed to smoking in the gambling halls held a noisy protest outside the meeting Thursday.” Around “100 people rallied in the rain underneath a walkway outside the Hard Rock casino, demanding that the” New Jersey “Legislature act on a bill to ban casino smoking that has the support of more than half of state lawmakers and Gov. Phil Murphy.” The discussion “was scrapped when the casino industry representative, Resorts Casino President Mark Giannantonio, withdrew.”

JEC Report Finds Opioid Crisis Has Cost US \$1.47T In 2020.

[Reuters](#) (9/28, Aboulenein) reports, “Fueled by the COVID-19 pandemic, the economic toll of the opioid addiction and overdose crisis on the United States reached nearly \$1.5 trillion in 2020 alone and is likely to grow, a congressional report seen by Reuters shows.” According to CDC data, “opioid-related deaths soared during the pandemic” with fentanyl accounting for “75% of the 107,000 drug overdose fatalities in 2021.” The Congressional Joint Economic Committee (JEC) that issued the report Wednesday said “that after adapting a method used by CDC scientists and adjusting for inflation, it found that the crisis cost the U.S. economy \$1.47 trillion in 2020, a \$487 billion increase from 2019.” – *Link to report [jec-cost-of-opioids-issue-brief.pdf \(senate.gov\)](https://www.jec.senate.gov/imo/media/doc/2020-09-28-jec-cost-of-opioids-issue-brief.pdf)*

Biden Administration Allocating \$1.5B To Combat Opioid Crisis, Support Recovery.

[The Hill](#) (9/23, Folmar, 5.69M) reported on Friday, President Biden announced “his administration would distribute \$1.5 billion to states and territories, including tribal lands, to fund responses to opioid overdoses and support recovery.” HHS will distribute “the funding through the Substance Abuse and Mental Health Services Administration’s (SAMHSA) State Opioid Response and Tribal Opioid Response grant programs as part of National Recovery Month.” Assistant Secretary of Health and Human Services for Mental Health and Substance Use Miriam Delphin-Rittmon said on Thursday, “Combating the nation’s addiction and overdose crisis indeed depends on collaboration between federal entities, state, local and tribal communities. ... But I want to ensure that we remain equally focused on the individuals in crisis and individuals in recovery.”

[CNBC](#) (9/24, Capoot, 7.34M) reported these “grants will expand access to treatment and recovery support services, allow states to invest in better overdose

education and increase the accessibility of FDA-approved naloxone products, which are used to help reverse an opioid overdose.”

[Forbes](#) (9/23, Hart, 10.33M) reported the Administration also announced an additional \$12 million “for law enforcement agencies working ‘on the front lines of the overdose epidemic’ and plans for the Treasury to use sanctions against global drug trafficking operations.” This money, “which adds to \$275 million of funding announced in April, will help officials prevent overdoses, take down trafficking operations and tackle violent crime associated with drugs, the White House said.”

[UPI](#) (9/23, Hughes) quoted HHS Secretary Xavier Becerra as saying, “Providing access to evidence-based, person-centered care is a central part of HHS’ strategy for ending the overdose crisis. ... Through these grants, we are investing in evidence-based support and services for individuals, families, and communities on the road to recovery. Through these grants, we are investing in hope.”

[Axios](#) (9/23, Knutson, 1.26M) and [Medical Marketing & Media](#) (9/23, Bushak) also covered the story.

FDA Releases Guidance Exempting Opioid-Reversal Drug Naloxone From Some Product-Tracing Requirements To Expand Access.

[Bloomberg Law](#) (9/22, Castronuovo, Subscription Publication, 4K) reports, “Harm reduction programs distributing the opioid-reversal drug naloxone are exempt from certain federal product tracing requirements” in the Drug Supply Chain Security Act “in an effort to better expand supply, the FDA said Thursday.” The FDA guidance “outlines the FDA’s approach to regulating the drug as the Biden administration prioritizes addiction treatments and harm reduction strategies in its fight against the opioid crisis.” Harm reduction programs “have had difficulties acquiring naloxone in part because all three approved versions require a prescription, and because typically trading partners of a prescription drug manufacturer, wholesale distributor, repackager, or a dispenser must be authorized.”

Health Officials Warn Of Rainbow Fentanyl Being Used To Target Children And Young Adults.

[People](#) (9/26, Etienne, 48.65M) reports, “Health officials are warning of rainbow fentanyl that looks like candy, saying it could pose a threat to children” and young adults. The DEA “recently issued a warning about the ‘alarming’ trend of rainbow fentanyl” nationally, and “officials reported seizing rainbow fentanyl in multiple forms, including pills, powders, and blocks that resemble sidewalk chalk.” The DEA “stresses that fentanyl in any color, shape, or size should be considered extremely dangerous.” According to NIDA, fentanyl “is now the leading cause of overdose deaths, along with other synthetic opioids.”

[TODAY](#) (9/26, 2.24M) reports DEA Administrator Anne Milgram warned Monday in an interview that “drug cartels are using brightly colored ‘rainbow fentanyl’ pills to target children as young as middle schoolers.” Milgram “said the drug is being sold in pills and powders that come in a variety of colors, shapes and sizes intended to

look like candy,” and “sometimes traffickers even nickname the products “Sweet Tarts” and “Skittles” after real candy.”

An Animal Tranquilizer Poisoning The Heroin Supply Has Drug Policy Experts Worried.

[Salon](#) (9/25, Farah, 126K) reports, “A tranquilizer used for animals,” Xylazine, “is appearing more frequently in street drugs across North America, alarming drug policy experts and harm reduction advocates alike.” Although Xylazine “is not an opioid...it can knock a user out for longer than most opioids – about six to eight hours – thus playing a growing role in drug overdose deaths, according to experts.” NIDA Director Dr. Nora Volkow said in an email, “The harms of xylazine are compounded when it is used in combination with other central nervous system depressants like alcohol, benzodiazepines and opioids (like fentanyl or heroin), which can increase the risk of fatal overdose. Xylazine is one component of the severe current overdose epidemic, and we must work to make treatment for substance use disorders cheaper and easier to obtain than illicit drugs.”

Potent Non-Opioid Xylazine Emerges As Overdose Threat Without Antidote.

[WileyOnline](#) (9/26, 143K) reports, “With no convenient means for its detection and no reversal agent for administration in cases of overdose, the highly dangerous tranquilizer xylazine is proving to be a challenge for medical and harm reduction practitioners as it becomes a more prominent street drug in the U.S.” As a “non-opioid veterinary drug that has no approved uses in humans, xylazine appears to be showing up more frequently in anecdotal and research reports, with the drug most often used in combination with other central nervous system depressants.” National Institute on Drug Abuse (NIDA) Director Dr. Nora Volkow “pointed ADAW to a 2019 Centers for Disease Control and Prevention analysis of more than 45,000 overdose deaths, which found that 1.8% of the deaths were positive for xylazine.” Volkow added, “Fentanyl or its analogs were listed as a cause of death in nearly all xylazine-involved deaths.”

Animal Tranquilizer Tainting Drug Supplies In US.

[The Hill](#) (9/27, Wornell, 5.69M) reports the animal tranquilizer Xylazine “is appearing more frequently in drug supplies across the country, sometimes causing drug users to lose parts of their limbs.” Xylazine “has been increasingly reported in the heroin and fentanyl supply in Philadelphia and Delaware, causing some people to lose fingers and toes after using what’s known as ‘tranq’ on the street.” Researchers “estimate that Xylazine is in 91% of the heroin and fentanyl supply in Philadelphia, and its prevalence is making its way west.”

Additional Source. [WFXT-TV](#) Boston (9/27, Karedes) reports that NIDA “has linked xylazine to an increasing number of overdose deaths across the country, and the largest impact has been seen in the Northeast.”

Two Republican Congressmen Introduce Bill To Make Fentanyl Distribution Possible Felony Murder Offense.

[The Hill](#) (9/22, Bradley, Delandro, 5.69M) reports, “Amid the rise of fentanyl being trafficked across the U.S.-Mexico border and into communities across America,” Senator Marco Rubio (R-FL) and Rep. Tony Gonzales (R-TX) introduced the Felony Murder for Deadly Fentanyl Distribution Act “to make the distribution of fentanyl resulting in death a felony murder offense.” In a statement, Rubio said, “Fentanyl is killing Americans at a record high. This deadly drug is widespread throughout our country and has left no community untouched. This bill would make drug dealers pay the price for selling deadly fentanyl.” Rubio also “said in his announcement that fentanyl use is the leading cause of death among Americans between the ages of 18 and 45.” However, “The Associated Press has debunked similar claims that fentanyl is the leading cause of death among U.S. adults. Both heart disease and cancer kill more people, according to the CDC.”

Pennsylvania Will Receive More Than \$80M In Federal Funding To Address Opioid Addiction.

The [Pittsburgh Post-Gazette](#) (9/28, Webster, 426K) reports, “Pennsylvania will receive more than \$80 million in federal funding to address opioid addiction, the White House announced last week.” The funding “will be used for programs intended to help save lives, including the distribution of Narcan, which can prevent opioid overdose.” The funds will be used to start several projects, including “continuing support for what is known as the ‘RISE’ plan, \$13 million for setting up treatment for under- and uninsured individuals and establishing more medication assisted treatment (MAT) bridge clinics, in which a health care professional prescribes buprenorphine (a chemical similar to methadone that treats opioid withdrawal) through telemedicine.”

As FL Contends With The Fentanyl Crisis, Harm Reduction Advocates Work To Save Lives.

[Florida Phoenix](#) (9/28) reports, “With thousands of Floridians dying of drug overdoses caused by fentanyl, Attorney General Ashley Moody has been urging the Biden administration since mid-summer to classify the drug as a ‘weapon of mass destruction,’ warning of the dangers posed if the potent opioid gets into the hands of an avowed enemy of the United States.” But “while the attorneys general push the federal government to act more forcefully to stem the epidemic, the Florida Department of Health and grassroots organizations scattered across the state are working daily in a different way: Help decrease the harms of drug use and prevent overdoses and infectious diseases.” NIDA is mentioned.

San Francisco Releases Plan With Measurable Goals To Reduce Drug Overdoses.

The [San Francisco Chronicle](#) (9/28, Moench, Mishanec, 2.44M) reports, “Amid increasing political pressure, San Francisco released for the first time a plan with measurable goals to reduce overdose deaths after a streak of fatalities that left

roughly 1,700 people dead in less than three years.” The state Department of Public Health on Wednesday released a plan that “calls for reducing overdoses in San Francisco by 15% by 2025, reducing racial disparities in overdose deaths by 30% by 2025 and increasing the number of people receiving medications for addiction treatment by 30% by 2025.” The plan would “create ‘wellness hubs’ for drug users, expand treatment access and availability, and create an office to coordinate city efforts amid a worsening fentanyl crisis playing out on the streets.”

Guest Columnist Alyssa Curran: ‘It Is Unacceptable For A Single Life To Be Lost To Opioid Overdose’.

Guest columnist Alyssa Curran writes for the [Daily Hampshire \(MA\) Gazette](#) (9/28), about her personal journey through alcohol addiction and her move into “working in the field of substance use disorder.” Curran writes, “My time in recovery has coincided with the opioid epidemic in ways that have made the landscape of substance use disorder in 2022 utterly unrecognizable from what it was in 2011,” but the lack of available treatment has not changed. As community coordinator for “the Belchertown/Ware community coordinator for the HEALing Communities Study, a National Institute of Health research project with the goal of reducing the opioid overdose death rate,” Curran writes, “I hope to reconnect with an old core belief, one that I had been unknowingly letting go of after each painful loss of a friend, loved one or neighbor; it is unacceptable for a single life to be lost to opioid overdose.”

HHS Awards \$3.75M To RWJBarnabas Health To Expand Treatment, Support Services For People With Opioid Dependence.

[NJBIZ \(NJ\)](#) (9/27, Perry, 16K) reports, “RWJBarnabas Health is expanding access to treatment and support services for those with opioid addiction or dependence thanks to new federal grant funding.” HHS’ SAMHSA “awarded the health care system’s Institute for Prevention and Recovery a \$3.75 million grant to support the implementation of the Medication-Assisted Treatment – Prescription Drug and Opioid Addiction Program (MAT-PDOA) over a five-year period. The funding will also establish ‘bridge clinics’ at Newark Beth Israel Medical Center in Newark and Clara Maass Medical Center in Belleville.”

Drug Addiction Program OneFifteen By Verily Life Sciences Described.

[Bloomberg](#) (9/27, Bergen, 3.57M) reports on the drug addiction program OneFifteen developed by “Verily Life Sciences LLC, a subsidiary of Alphabet Inc., Google’s parent company.” Verily “started OneFifteen in 2019 to provide what it calls a ‘tech-enabled’ approach to substance abuse, marking Silicon Valley’s largest foray into the US’s opioid epidemic.” Verily gathers patient “data it can feed into its sophisticated software, presumably leading to novel, individualized treatment strategies the company hopes will revolutionize the way drug addiction is treated.” But “with far fewer patients than it expected in its first year, Verily struggled to collect enough data to run the sort of analysis that was the foundation of its

strategy,” but Verily says its “telehealth program and app have been successes, even though it acknowledges that more than a quarter of its patients have never even used its technology offerings.”

Two Alabama Republicans May Propose Harsh Penalties For Traffickers, Distributors Of Fentanyl In 2023 Despite Critics.

The [AP](#) (9/26) reports, “Alabama lawmakers may consider harsher penalties for traffickers and distributors of illicit fentanyl next year, but some say a comprehensive approach should also include more health services and helping drug users reduce overdoses.” Reps. Matt Simpson (R) and Chris Pringle (R) “tell Al.com they plan bills next year to increase penalties for distributing the deadly drug that accounted for 66% of all U.S. overdose deaths in 2021.” Simpson’s proposal would increase prison sentences “based on the weight of fentanyl distributed in Alabama,” and would be “among the harshest” of similar laws in other states. Simpson’s plan could have “traffickers caught with more than 8 grams of fentanyl” facing a life sentence.

Colorado Springs Artist Joins State-Wide Project Battling Stigma Around Drug Addiction.

[KOAA-TV](#) Colorado Springs, CO (9/27, Bryan, 61K) reports, “The Recovery Cards Project created by Colorado’s opioid anti-stigma campaign, Lift The Label, is reaching out to the community with specially-designed greeting cards with messages of hope. The project lets Colorado residents send these words of inspiration for free to their loved ones battling addiction.” Local artist Maggie Bryan Lo Gomez, “has been selected to design their own card for the initiative. They said after losing a loved one to addiction in 2015, the effort hit home.” NIDA is mentioned.

Tennessee Is Seeing Steady Rise In Deaths Involving Fentanyl, Synthetic Opioids.

[WATE-TV](#) Knoxville, TN (9/26, Weeks, 157K) reports the deadly opioid fentanyl “is making its way across the country and right into Tennessee,” and “data shows Tennessee has seen a steady rise in deaths related to synthetic opioids.” From 2016 to 2021, deaths involving fentanyl went from 169 to 2,014. Among the issues around fentanyl deaths is that “fentanyl, and similar opioids, aren’t just being used in illegal drugs,” but are also “found in seemingly safe ones” such as prescription pills, an inability to detect fentanyl’s presence in a pill without professional equipment, and teens experimenting with drugs they do not know have fentanyl inside. Experts discuss how to deal with a fentanyl overdose.

Commentary: Amid An Opioid Epidemic, Berkshire Communities Are Losing So Many Lives To Addiction. It’s Time To Start Saving Them.

Dr. Jennifer Michaels, medical director of the Brien Center, Berkshire County’s largest provider of behavioral health and addiction services, writes in the [Pittsfield](#)

[\(MA\) Berkshire Eagle](#) (9/27, 44K), “Harm reduction has proven immensely successful.” And even though “many deride Narcan as an intervention that enables addiction, research has proven otherwise.” Michaels says, “Economic incentives underline the importance of effective treatment,” and “the National Institute on Drug Abuse estimates that untreated addiction costs taxpayers over \$600 billion dollars every year through health care, law enforcement, criminal justice, lost wages, and drug-related crimes.” But, “fortunately we have several robust community programs dedicated to addiction treatment,” like “the HEALing Communities Study, a federal grant that researches the expansion of community-based prevention, overdose treatment and medication-based treatment in select communities hit hard by the opioid crisis.”

LA School District To Expand Anti-Drug Strategy By Stocking Campuses With Overdose Reversal Drug Naloxone.

The [Los Angeles Times](#) (9/22, Blume, 3.37M) reports, “Los Angeles public schools will stock campuses with the overdose reversal drug naloxone in the aftermath of a student’s death at Bernstein High School, putting the nation’s second-largest school system on the leading edge of a strategy increasingly favored by public health experts.” The decision “is part of the district’s newly expanded anti-drug strategy,” which will include “expanded parent outreach and peer counseling.” On Thursday, officials “said nine students had overdosed across the district in recent weeks, including seven linked to the Bernstein campus and Hollywood High School.”

Researchers Develop Machine-Learning AI Tool Which Uses EHR Data To Identify People Who Inject Drugs.

[Health IT Analytics](#) (9/27, Kennedy) reports, “Researchers at the University of California, Los Angeles (UCLA) Health have developed an artificial intelligence (AI)-based tool that can identify people who inject drugs using EHR data faster and more accurately than standard methods.” According to the UCLA study, “the efficient identification of people who inject drugs is crucial to improving risk assessment and mitigation, clinical decision-making, and health services research.” The study “findings indicate that NLP/ML algorithms may be more effective at identifying those who inject drugs than some standard methods, the researchers concluded.” The researchers “argued that such models should be considered for identifying this population to improve clinical decision-making, health services research, and administrative surveillance.” – [Link to article Natural Language Processing and Machine Learning to Identify People Who Inject Drugs in Electronic Health Records | Open Forum Infectious Diseases | Oxford Academic \(oup.com\)](#)

Drug Treatment Admissions Fell Sharply For People Of Color During Pandemic.

[Healthcare Finance News](#) (9/23, Lagasse, 93K) reported, “Admissions to drug treatment programs declined by nearly one-quarter during the first year of the COVID-19 pandemic, with the cuts steepest among people of color, according to a

new RAND Corporation study.” While “treatment for substance use disorder has...been an area of focus for the Department of Health and Human Services, which in June invested close to \$15 million in 29 organizations in rural communities to address psychostimulant misuse and related overdose deaths,” overdose related “deaths involving psychostimulants, including methamphetamine, rose from 547 in 1999 to 23,837 in 2020, an increase exacerbated by the COVID-19 pandemic, according to the National Institute on Drug Abuse.” – [Link to article Analysis of Substance Use Disorder Treatment Admissions in the US by Sex and Race and Ethnicity Before and During the COVID-19 Pandemic | Health Disparities | JAMA Network Open | JAMA Network](#)

Is Pharma Neglecting The Unmet Need Of Substance Use Disorder Therapies?

The [Clinical Trials Arena \(UK\)](#) (9/22, Fultinavičiūtė) reports, “Addiction is a widespread disease affecting millions of people” globally, “but the stigma around addiction and its treatment is halting the development of new medications.” This stigma “and questionable profitability are the factors explaining why pharma is not investing more in the clinical research for new treatments for addiction.” NIH Intramural Research Program (IRP) senior clinical investigator at National Institute on Drug Abuse Dr. Lorenzo Leggio, explains the stigma stops people from discussing their problem, and “as a result, this creates a vicious cycle in drug development because the pharma sector sees it as ‘an arena with low profits.’” Leggio and other experts suggest one way to address the issue is to involve the patient population and its viewpoint in the research.

Opinion: US Overdose Deaths Can Be Reduced By Investing In The Addiction Policy Workforce.

Former National Drug Control Policy Director Michael Botticelli and Georgetown University Law Center’s O’Neill Institute distinguished scholar and director of the Addiction and Public Policy Initiative Regina LaBelle write for [The Hill](#) (9/28, 5.69M), that the reality of the overdose epidemic “and the toll it takes on communities is heartbreaking” but there is hope. The HHS “recognizes the central role recovery plays in reducing overdose deaths,” and “more than 20 million people are in recovery from a substance use disorder...as we close out the month of September as National Recovery Month.” Recovery Month “is also a call to action to create a wider, deeper and more nuanced approach to building healthy communities” by “creating more robust training in addiction science and policymaking, and by engaging people in recovery in a meaningful way in policymaking. ... Investing in the addiction policy workforce is long overdue and necessary to make the bold choices needed to improve the lives of people and communities affected by addiction.”

After rocky start, hopes up in Oregon drug decriminalization.

The [AP](#) (9/25, Selsky) reports, “Two years after Oregon residents voted to decriminalize hard drugs and dedicate hundreds of millions of dollars to treatment, few people have requested the services and the state has been slow to channel the

funds.” Despite voters passing “the state’s pioneering Drug Addiction Treatment and Recovery Act in 2020,” which supports treatment and decriminalizes “possession of personal-use amounts of heroin, cocaine, methamphetamine and other drugs,” Oregon “still has among the highest addiction rates in the country.”

Certain Patients With Cured HCV Still Face Risks For HCC.

[Medscape](#) (9/23, Crist, Subscription Publication, 219K) reported, “In patients with cured hepatitis C, the risk for hepatocellular carcinoma remains high among those who had cirrhosis before infection, according to a new report” supported by the NCI and published online in the American Journal of Gastroenterology. It found, “in those without cirrhosis, diabetes and hypertension also play a role in the risk for hepatocellular carcinoma.” Study author Jennifer Kramer, PhD, said, “This paper highlights the need for patients with cured hepatitis C virus infection and preexisting cirrhosis to be monitored over time to examine changes in their bloodwork that may signify increased risk for developing liver cancer.” – *Link to article* [Longitudinal associations of risk factors and hepatocellular... : Official journal of the American College of Gastroenterology | ACG \(lww.com\)](#)

FSU Awarded Grant For ‘Mystery Shopper’ Research To Reduce HIV Infections In Young Adults.

The [Tallahassee \(FL\) Democrat](#) (9/26, Jean, 188K) reports that the National Institute of Mental Health has awarded a \$4.9 million “grant to Florida State University’s College of Medicine,” which “can possibly change the trajectory of young adults affected by the HIV epidemic, which remains a main health concern decades after the initial outbreaks in the U.S.” The “researchers will focus on how to reduce HIV infections in young, gay men ages 18-29 by having them act as ‘mystery shoppers,’ where they will go into HIV clinics to rate their experience and the services they were given.”

FDA Releases Two Proposed Rules To Standardize Human Subject Protection Regulations With HHS Common Rule.

Behind a paywall, [Bloomberg Law](#) (9/27, Baumann, Subscription Publication, 4K) reports, “Clinical researchers whose studies fall under both HHS and FDA jurisdictions will have a more consistent set of standards for protecting their study volunteers under a pair of proposed rules released Tuesday.” The FDA “released two proposed rules Tuesday that aim to iron out inconsistencies between the agency’s human subject protection regulations (21 CFR 50; 21 CFR 56; 21 CFR 812) and Health and Human Services Department regulations known as the Common Rule (45 CFR 46).” – *Links to proposed rules* [2022-21088.pdf \(federalregister.gov\)](#), [2022-21089.pdf \(federalregister.gov\)](#)

Research Suggests High R&D Costs Do Not Justify High Drug Prices.

The [Times of San Diego](#) (9/26, Sklar, 12K) reports, “The amount of money spent on research and development for new pharmaceutical drugs doesn’t correlate with

high prices for the medications, according to a study published Monday and including the work of UC San Diego researchers.” The “international team of researchers evaluated whether high R&D costs explain high drug prices in the United States, but they found no link between the two.” London School of Economics and Political Sciences assistant professor and first author Olivier Wouters said “There is a presumption that high R&D costs justify high drug prices. ... If that were true, then we’d see a positive association between the two measures.” Published Monday in JAMA Network Open, the study “found no such association for 60 new drugs approved by the Food and Drug Administration from 2009 to 2018.” – [Link to article Association of Research and Development Investments With Treatment Costs for New Drugs Approved From 2009 to 2018 | Clinical Pharmacy and Pharmacology | JAMA Network Open | JAMA Network](#)

Racial Disparities In Maternal Health May Be Related To Broader Challenges, Study Suggests.

[Healthcare Finance News](#) (9/23, Lagasse, 93K) reported, “The Blue Cross Blue Shield Association has released data showing evidence that women of color are at higher risk of pregnancy-related complications, regardless of having commercial health insurance or Medicaid.” Instead, the numbers “indicate U.S. maternal health disparities are likely the result of broader health system and societal challenges, including underlying chronic conditions, racial inequities, and likely biases within the healthcare system itself.” The study “examined the rate of childbirth complications in nearly 11 million U.S. births to women with either commercial insurance or Medicaid as measured by the Centers for Disease Control and Prevention’s Severe Maternal Morbidity Measure (SMM).” – [Link to report How Race and Ethnicity Influence Maternal Health Risks \(bcbs.com\)](#)

Latinos Face Disparities In Access, Quality Of Mental Health Treatment, APA Says.

[ABC News](#) (9/23, Ramos, Su, Halsey, Valle, 2.44M) reported, “According to data from the Substance Abuse and Mental Health Services Administration, in 2020, more than 18% of the Latinx community reported having a mental health condition,” and research available on the CDC’s “website also showed that 40.3% of Hispanic people experienced symptoms of depression, compared to 25.3% of white people.” Additionally, Latinos “face disparities in access and quality of mental health treatment, according to the American Psychiatric Association, which cites language barriers, lack of insurance and ‘lack of culturally tailored services and culturally competent mental health professionals’ among the many contributing factors.”

Can Psychedelic Drugs Treat Depression? Fitchburg Institute Wants To Be Leader In The Field.

The [Wisconsin State Journal](#) (9/24, Wahlberg, 355K) reported that “the \$70 million Usona Institute building going up next to Promega Corp.’s campus in Fitchburg is expected to become a national hub for the use of psychedelic drugs to treat

depression and other mental health conditions.” Usona’s development “comes amid a growing national profile for psychoactive medicine,” including a \$4 million NIDA grant to Johns Hopkins University “to study psilocybin for tobacco addiction,” and funding from the National Cancer Institute to New York University for “a large study of psilocybin for depression and distress among patients with advanced cancer.” Former NIH Director Dr. Francis Collins said on psychedelics during a budget hearing in 2021, “I think as we’ve learned more about how the brain works, we’ve begun to realize that these are potential tools for research purposes and might be clinically beneficial.” The National Institute of Mental Health was mentioned.

Study Uses In Silico Modeling To Isolate Possible Non-Hallucinogenic Antidepressant Molecules In LSD-Adjacent Molecules.

[STAT](#) (9/28, Keshavan, 262K) reports that a hallucinogen without hallucinogenic properties could be “a potent and fast-acting antidepressant, according to a new study based on virtual drug screening.” As “psychedelic drugs are now widely understood to have striking antidepressant effects...a group of computational biologists sought to determine whether any new, LSD-adjacent molecules might have other medicinal powers.” In a study “published Wednesday in *Nature*, the scientists used in silico modeling, generating 3D iterations of more than 75 million related molecules that don’t actually exist, but could.” After testing, “they found therapeutic potential in a handful,” and “further studies in mice showed that these synthetic, near-psychedelic molecules seemed to have distinct antidepressant activity – minus the trademark hallucinations.” The work still has limitations, but the team is continuing to investigate the two molecules found to have non-hallucinogenic traits.

[Nature](#) (9/28, 194K) also covers the story. – [Link to article *Bespoke library docking for 5-HT2A receptor agonists with antidepressant activity* | Nature](#)

Funding Opportunities



[NOT-DA-22-080](#)

[Notice of Pre-Application Technical Assistance Webinar for NIDA RFA-DA-23-057 and RFA-DA-23-058](#)

[NOT-DA-23-010](#)

[Notice of Special Interest \(NOSI\): HEAL Initiative: Development of Medications to Prevent and Treat Opioid and/or Stimulant Use Disorders and Overdose](#)

Other Funding Opportunities:

The Alkermes Pathways Research Awards®

Applications close November 30th, 2022 (by 11:59 EDT)

The Alkermes Pathways Research Awards® program provides opportunities for individual grants of up to \$100,000 per research project for junior investigators and in this round will support research projects focused on schizophrenia and bipolar disorder. For more information and full eligibility criteria please visit [Alkermes Pathways Research Awards](#).

UC Foundation Funding Opportunities

Please contact Carol Russell at (513) 556-6169 or carol.russell@uc.edu **at least 5 business days before the deadline**, prior to applying to either of the below opportunities, to ensure coordination and facilitate assistance with approaches.

Interact for Health to Place 10,000 Overdose Response Boxes in Local Neighborhoods

Deadline: Applications will be reviewed on a weekly, rolling basis until December 9, 2022, or until funds are deleted, whichever comes sooner.

Interact for Health is accepting funding requests to support partners in purchasing, installing and monitoring overdose response boxes (also known as NaloxBoxes or Overdose First Aid Boxes) in their community. An overdose response box is designed to accommodate up to 2 doses of naloxone (brand name Narcan). Naloxone is a medication designed to rapidly reverse an opioid overdose. The overdose response box is also equipped with gloves, alcohol pads and a mask for rescue breathing. Applicants may request funding to support up to five Overdose First Aid boxes at a time. Funding for each box requested will be \$500. This should support the cost and shipment of the overdose response box, several doses of Narcan or naloxone, and funds toward some staff time to install and monitor the box. If an applicant receives support from Interact for Health for this program, Interact for Health will request a short report of activities six months after funds are awarded. Information requested will include locations the overdose response boxes were installed and if the Narcan/naloxone had been used. An overdose response box can be installed in public places where community members gather or in areas that are potential hotspots for overdoses.

- A total of \$50,000 has been designated for this effort in 2022.
- To be eligible, organizations must serve at least one of these Ohio or Kentucky counties:
 - In Ohio: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland or Warren County, or
 - In Kentucky: Boone, Bracken, Campbell, Gallatin, Grant, Kenton or Pendleton County.

