

A history of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and pulmonary hypertension in people who use it. Clinicians should be prepared to monitor the possible adverse effects of methamphetamine use, the prevalence of which is increasing in our country, when treating those with COVID-19.

Other risks for people with substance use disorders include decreased access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19. Homelessness or incarceration can expose people to environments where they are in close contact with others who might also be at higher risk for infections. The prospect of self-quarantine and other public health measures may also disrupt access to syringe services, medications, and other support needed by people with OUD.

We know very little right now about COVID-19 and even less about its intersection with substance use disorders. But we can make educated guesses based on past experience that people with compromised health due to smoking or vaping and people with opioid, methamphetamine, cannabis, and other substance use disorders could find themselves at increased risk of COVID-19 and its more serious complications—for multiple physiological and social/environmental reasons. The research community should thus be alert to associations between COVID-19 case severity/mortality and substance use, smoking or vaping history, and smoking- or vaping-related lung disease. We must also ensure that patients with substance use disorders are not discriminated against if a rise in COVID-19 cases places added burden on our healthcare system. As we strive to confront the major health challenges of opioid and other drug overdoses—and now the rising infections with COVID-19—NIDA encourages researchers to request supplements that will allow them to obtain data on the risks for COVID-19 in individuals experiencing substance use disorders.

Information Courtesy of www.samhsa.gov

New Biological Clues Linking Social Connectedness to Reduced Drug Craving and Relapse

Information courtesy of National Institute on Drug Abuse

Research published by Marco Venniro and NIDA colleagues in 2018 found that positive social interaction in rats prevents drug self-administration. When given a choice between interacting with another rat or taking heroin or methamphetamine, the rats consistently chose the social reward.

The researchers also examined the effect of social interaction on incubation of drug craving, a phenomenon in which drug seeking progressively increases after they are no longer given access to drugs—similar to what many human drug users experience during drug abstinence. The researchers provided rats who had been trained to self-administer an addictive drug with a choice between the drug or a rewarding social interaction and found that the rats chose the social reward over the drug. Moreover, the rats who chose to abstain from drugs—as opposed to forced abstinence—were protected against incubation of drug craving.

The current study offers the first mechanistic explanation for the protective effect of social interaction on incubation of craving in rodents, showing that it is mediated by the activation of neurons expressing the enzyme PKC δ in one part of the brain's amygdala. The scientists also found that activation of a peptide called somatostatin in the amygdala is critical for incubation of drug craving following forced abstinence. In addition, these researchers introduced novel viral tools that will allow other researchers to mechanistically study the role of PKC δ and somatostatin in learned and motivated behaviors related to drug use disorders, as well as other psychiatric disorders.

The rat social choice model used by this team already has clinical implications, with several researchers initiating human studies on brain mechanisms of choice between rewarding social interactions and addictive drugs. Scientists hope that these new findings will stimulate more human research into how social-based treatment approaches might help restore normal amygdala function, resulting in reduced relapse risk.

The research was done by NIDA intramural scientists in collaboration with the Messing lab at the University of Texas in Austin.

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Thank you to ALL the doctors and nurses who help to make a difference every single day regardless of the circumstances. Watch Video link to celebrate those who risk their lives to save ours!



March 30th – April 5, 2020
Is National Drug & Alcohol Facts Week



National Drug and Alcohol Facts Week® links students with scientists and other experts to counteract the myths about drugs and alcohol that teens get from the internet, social media, TV, movies, music, or from friends. It was launched in 2010 by scientists at the National Institute on Drug Abuse (NIDA) to stimulate educational events in communities so teens can learn what science has taught us about drug use and addiction. The National Institute on Alcohol Abuse and Alcoholism became a partner in 2016, and alcohol has been added as a topic area for the week. NIDA and NIAAA are part of the National Institutes of Health.

FACT OF THE DAY WEDNESDAY APRIL 1

If you smoke marijuana a lot in your teens, you could lose IQ points (which measure intelligence) that you might never get back.

Can Smoking Marijuana Actually Lower Your IQ?

Many teenagers assume smoking weed is harmless because of all the myths floating around saying it's safe. What few people know is that the age you start using marijuana actually makes a difference. In fact, if you start smoking it as a teenager, there can be some serious problems for you down the road.

Although we already knew from past research that if you start smoking pot as a teen, you'll be more likely to get addicted, new research (just published in a well-known journal called Proceedings of the National Academy of Sciences) now says if you smoke marijuana heavily as a teenager, it can actually lower your IQ!

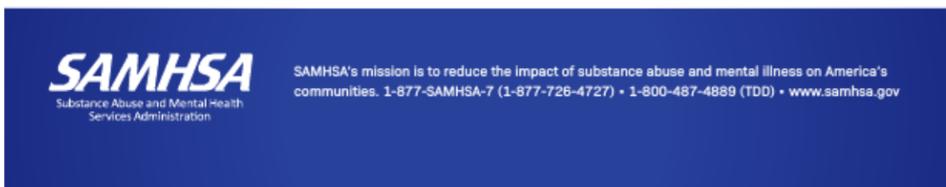
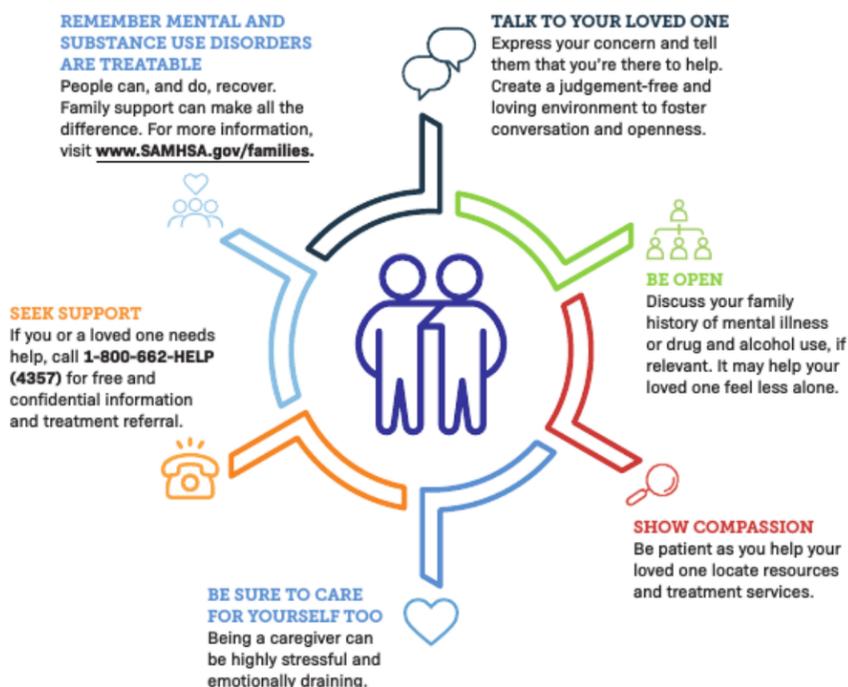
Scientists looked at more than 1,000 people born in 1972 and 1973. When they were 13 years old, they were given IQ and other kinds of intelligence tests. They were interviewed every few years about their use of marijuana and then tested again when they were 38 years old.

The results? Those who smoked weed heavily as teens showed mental decline even after they quit using the drug—and had, on average, an 8-point drop in their IQ scores. An 8-point loss could push a person of average intelligence into the lower third of testers. Those who started smoking pot after age 18 also showed some decline, but not as much.

This was an interesting study because it also collected information from people who knew the study participants. They reported that people who smoked marijuana heavily had more memory and attention problems and did not organize their lives as well, misplacing things and forgetting to keep appointments, pay bills, or return calls. This highlights the lasting effect marijuana can have on the teenage brain, which is still developing and still wiring itself to handle the onslaught of information it gets every day.

HELPING A LOVED ONE DEALING WITH MENTAL AND/OR SUBSTANCE USE DISORDERS

You may suspect or discover your loved one is dealing with a mental illness, drinking too much, or using drugs. As a family member, you can play a central role in getting them the help they need.



April is Alcohol Awareness Month

