

# Addiction Medicine Review of High Impact Publications: 2025 - 2026

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  - Talia Rosen, Diana Lee, Jennifer McNeely, Brian Hurley, Carla Marienfeld

# Learning Objectives (Suggested)

At the conclusion of this session, participants will be able to have:

- Increased awareness of recent key studies in the field of addiction medicine
- Increased working knowledge of key findings from recent cutting edge or important research in addiction medicine
- Discuss the clinical utility and methods for applying the knowledge and findings from key research articles in addiction medicine

# 2025 and addiction media coverage

Overdose declines from 2024 seem to be persistent...but why?

GLP-1s taking over all of health care...what role for SUD?

US Federal Administrative changes: DHHS, NIH, SAMHSA, CMS, etc

- RFK Jr's 'Recovery Centers', STREETS, faith-based treatment
- Massive re-orgs at SAMSHA, CDC, NIH
- Psychedelic meds executive order (April 2026)
- Rescheduling of cannabis to SIII (Thu April 23, 2026)

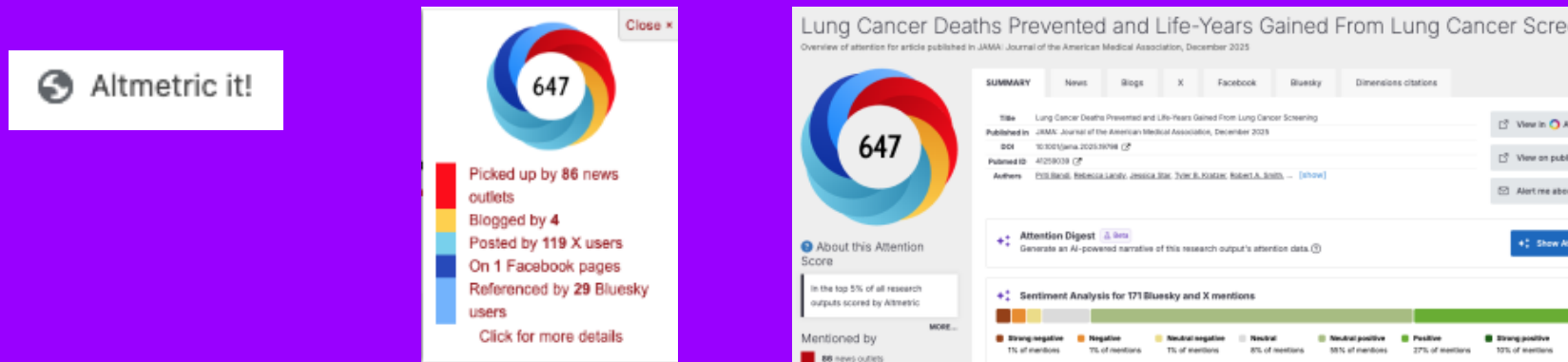
Alcohol limits, harms, and lower consumption trends

Ever-changing nicotine markets and trends, also, lung CA screening for smokers is lacking

# Methods: Literature scan and article selection

## 1. Lit Scan of all of PubMed and Altmetric for 1/1/2025-present:

- **Search terms:** 'addiction', 'substance use disorders', 'addiction treatment', 'nicotine', 'opioids', 'fentanyl', 'harm reduction'...**35** different terms which map to **MESH terms**
- **Ranked by Altmetric score** (media and social media posts):
  - Altmetric for Pubmed using Altmetric Chrome browser extension
  - 2026: trial access to Altmetric Explorer



## 2. By Journal Index search:

- **Highest impact general medical or psychiatry journals:** NEJM, The Lancet, JAMA, AJP, JAMA Internal Medicine, JAMA Psychiatry, JAMA Network Open, Annals IM
- **Addiction Specialty Journals:** Addiction, Am J Add, J Add Med, JSAT, DAD, Substance Use & Addiction, Tobacco Control, Intl J Drug Policy, Harm Reduction J
- **Ranked by Altmetric Scores**

4. Newsletter scans: **BU's Alcohol, Other Drugs, and Health**; ASAM Weekly

5. **Final Selection:** Altmetric score ranking plus editorial perspective and opinions

# Literature Scan: Results

- All of Pubmed Year for 2025-2026: 13,436 papers
- Papers screened: 1034
- Mean score, if score >50: 206
- Top 10 + some others = today's slides: 24 papers
- Literature Scan Results on Google/Drive:  
<https://docs.google.com/spreadsheets/d/1TVUeYSjaQ6k8FOmy-3QxE83XIoD9K1Br/edit?usp=sharing&ouid=105957773192103431397&rtpof=true&sd=true>
- This presentation:  
[https://docs.google.com/presentation/d/1b6nBEa7zOSGi6YKAS\\_RKZx2oyRaEPIBQ/edit?usp=sharing&ouid=105957773192103431397&rtpof=true&sd=true](https://docs.google.com/presentation/d/1b6nBEa7zOSGi6YKAS_RKZx2oyRaEPIBQ/edit?usp=sharing&ouid=105957773192103431397&rtpof=true&sd=true)

# Top 10 Addiction Medicine Papers, 2025-2026

TITLE	AU	Journal	Year	Altmetric Score
Once-Weekly Semaglutide in Adults With Alcohol Use Disorder: A Randomized Clinical Trial.	Hendershot	<i>JAMA Psychiatry</i>	2025	4108
Alcohol use and risk of dementia in diverse populations: evidence from cohort, case–control and Mendelian randomisation approaches	Topiwala	<i>BMJ Evidence-Based Medicine</i>	2026	3373
Vaping and harm in young people: umbrella review	Golder	<i>Tobacco Control</i>	2025	1740
Did the illicit fentanyl trade experience a supply shock?	Vangelov	<i>Science</i>	2026	1331
Addictive Screen Use Trajectories and Suicidal Behaviors, Suicidal Ideation, and Mental Health in US Youths	Xiao	<i>JAMA</i>	2025	1315

# Top 10 Addiction Medicine Papers, 2025-2026

TITLE	AU	Journal	Year	Altmetric Score
Increases in Suicides and Overdoses During the 2023 Wildfires in Maui, Hawai'i	Xiao	<i>JAMA</i>	2025	1142
Growing Health Concern Regarding Gambling Addiction in the Age of Sportsbooks	Yeola	<i>JAMA Internal Medicine</i>	2025	1128
Trends in Alcohol Use After the COVID-19 Pandemic: A National Cross-Sectional Study.	Ayyala-Somayajula	<i>Annals of Internal Medicine</i>	2025	1128
Nicotine Ingestions Among Young Children: 2010-2023.	Olivas	<i>Pediatrics</i>	2025	1034
Changes in Synthetic Opioid-Involved Youth Overdose Deaths in the United States: 2018-2022.	Miller	<i>Pediatrics</i>	2025	937

# 2025: Important Themes:

Lower OD rates and OUD treatment innovations

Stimulant trends

Nicotine and vaping

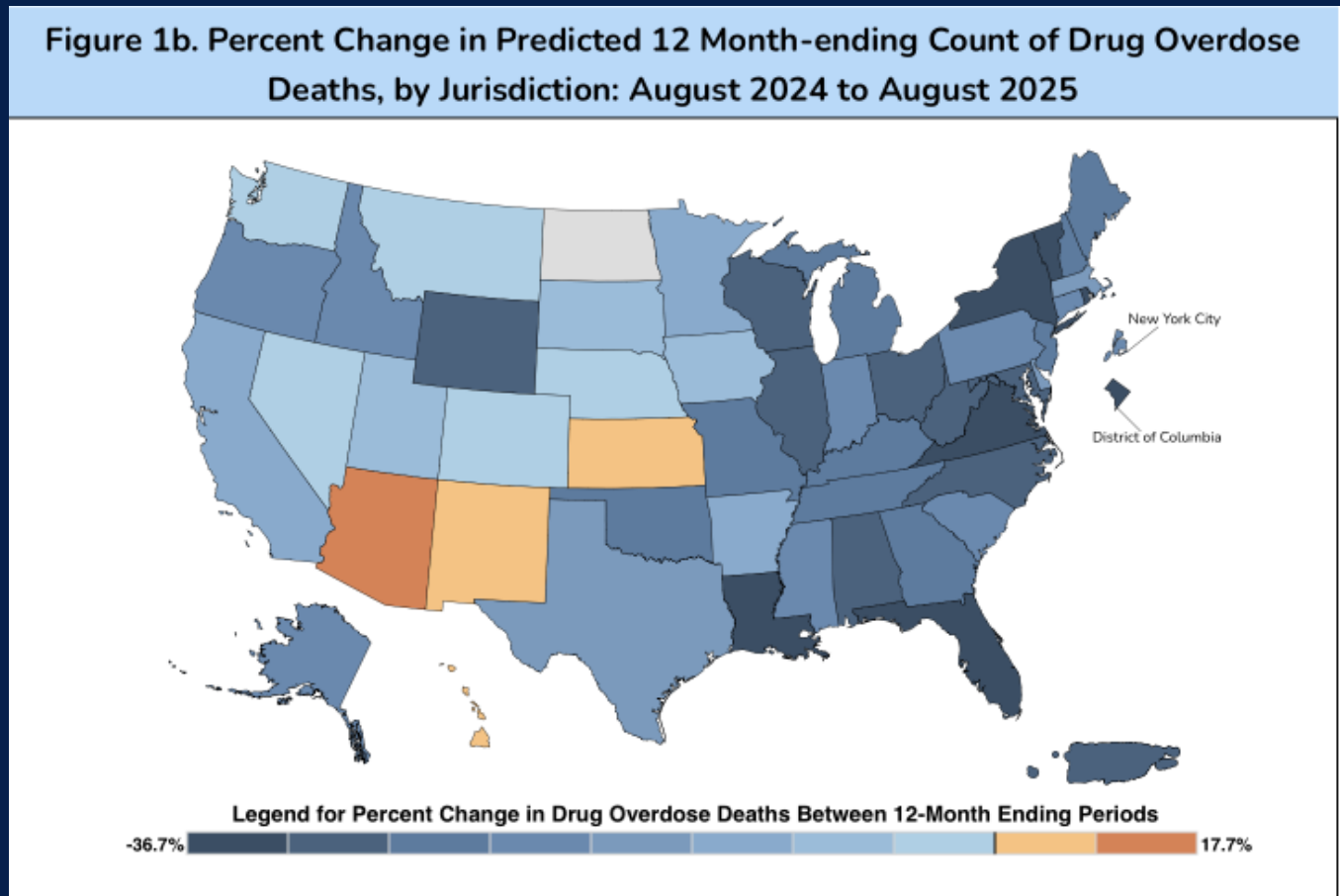
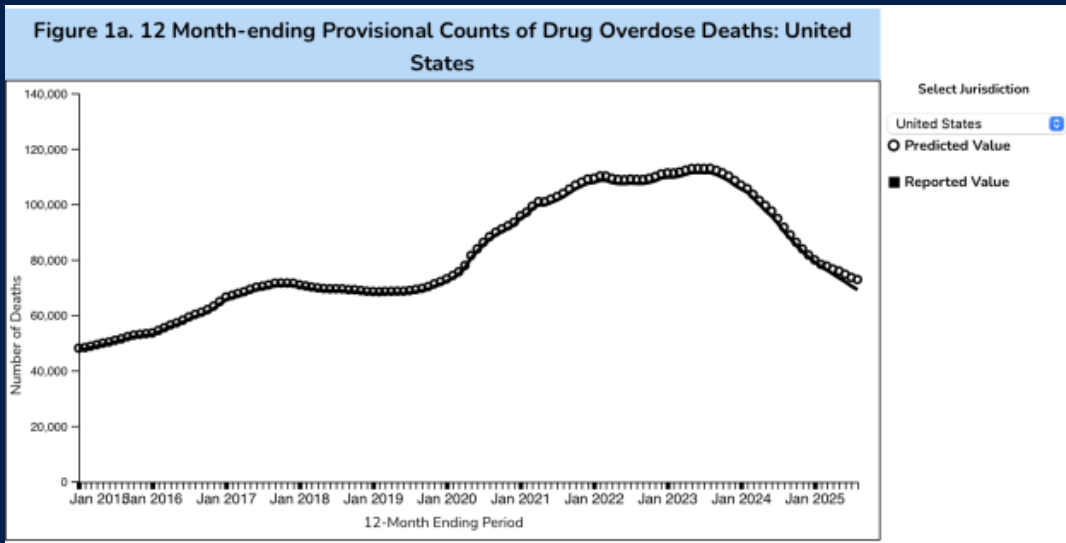
GLP1s: AUD, Nicotine, OUD applications

Alcohol: Evolving understanding risks and harms

On-line kids, gambling and sports betting: massive concern

# US overdose deaths fell through most of 2025, federal data reveals

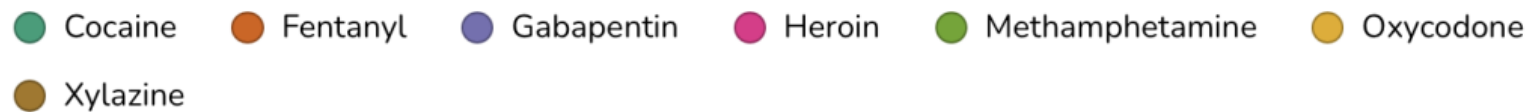
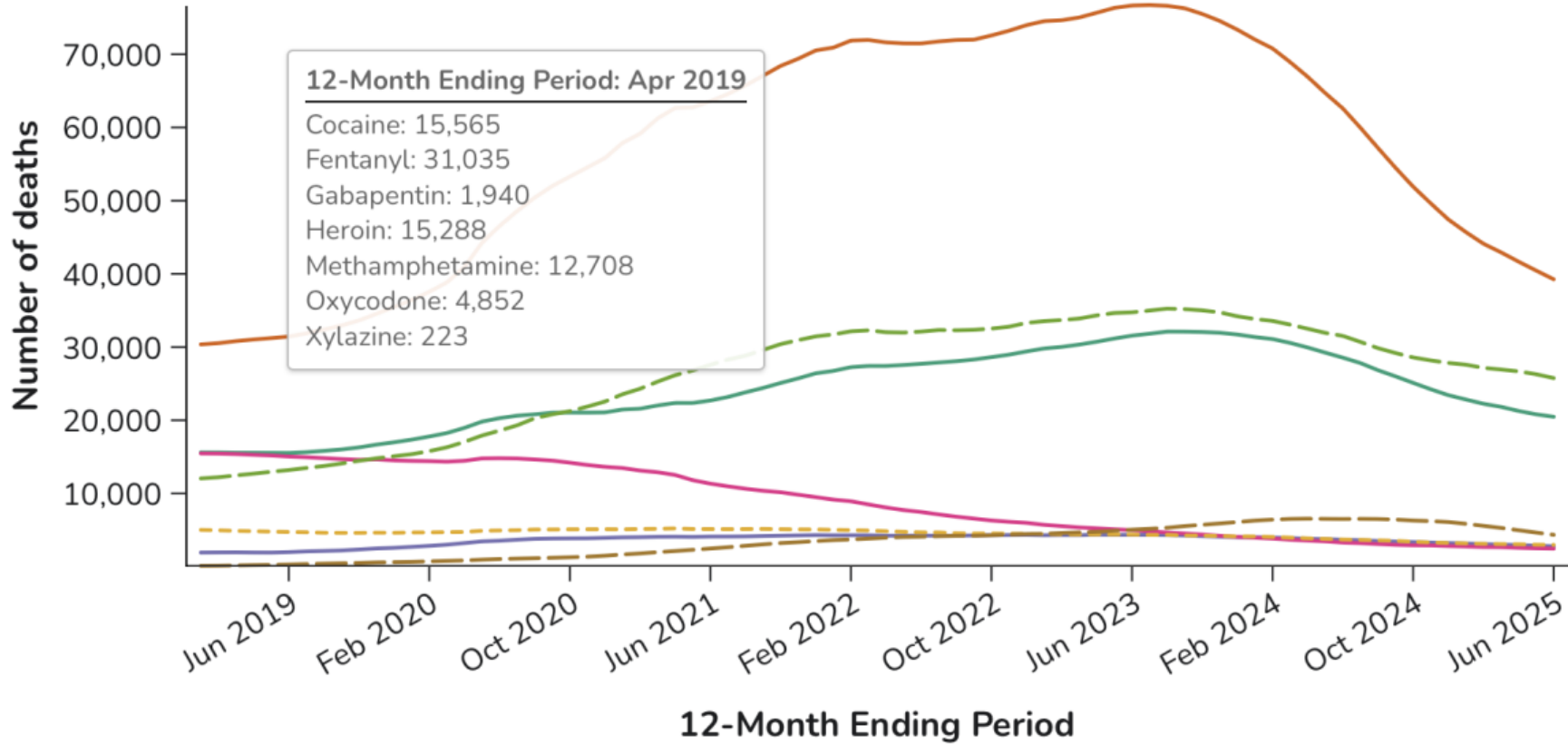
An estimated 73,000 people died from overdoses in the 12-month period that ended August 2025, down about 21% from the 92,000 in the previous 12-month period.



## Source

NCHS, National Vital Statistics System. Estimates for 2024 and 2025 are based on provisional data. Estimates for 2015-2023 are based on final data (available from: [https://www.cdc.gov/nchs/nvss/mortality\\_public\\_use\\_data.htm](https://www.cdc.gov/nchs/nvss/mortality_public_use_data.htm)).

# Provisional Drug Overdose Death Counts for Specific Drugs





## Did the illicit fentanyl trade experience a supply shock?

Vangelov, Kasey; Humphreys, Keith; Caulkins, Jonathan P; Pollack, Harold; Pardo, Bryce; Reuter, Peter

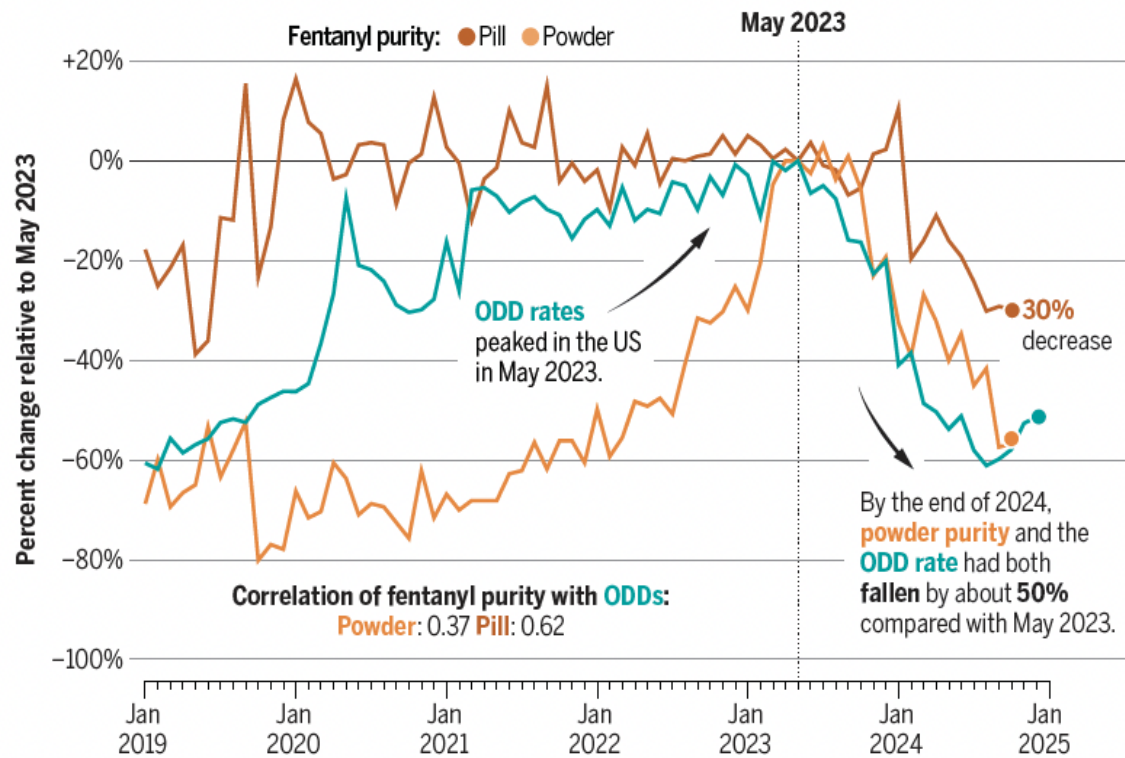
ISSN: 0036-8075 , 1095-9203; DOI: 10.1126/science.aea6130; PMID: 41505547

Science , 2026, Vol.391(6781), p.134-136



### US fentanyl purity and overdose mortality rates

Rates of overdose death (ODD) involving synthetic opioids and the purity of fentanyl powder and pills are indexed to May 2023, when ODDs peaked in the United States. Crude ODD rates are calculated using monthly population counts. See supplementary materials for details.



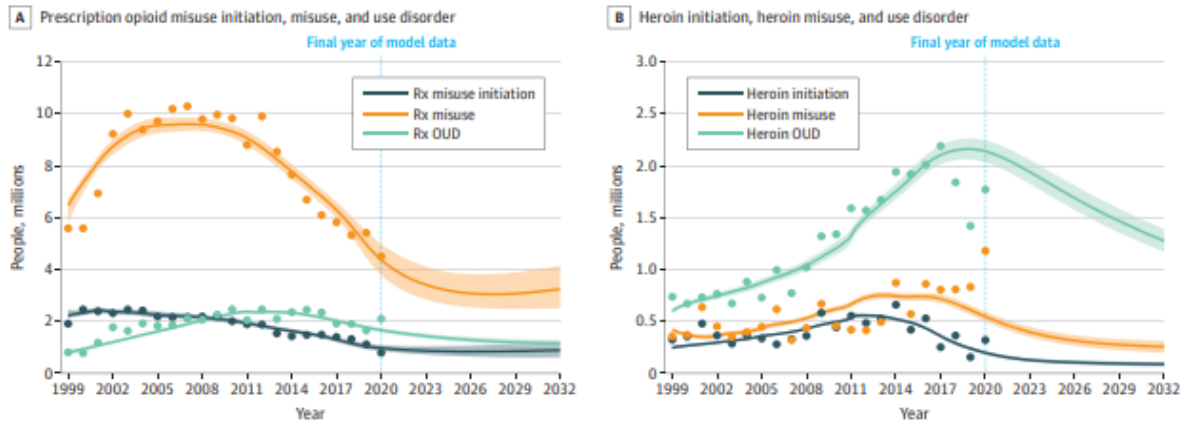
### Abstract

Fatal overdoses from synthetic opioids, most notably fentanyl, steadily increased more than 25-fold in the United States over 15 years, peaking at 76,000 in 2023 (1). This trend began to sharply reverse in mid-2023, dropping the annual rate of fentanyl overdose deaths (ODDs) by over a third by the end of 2024 (1). Explaining this unexpected drop is of major scientific and policy interest. Whether a supply shock could account for a substantial part of the decline is challenging to determine because drug trafficking organizations operate in secret. Synthesizing data from the US and Canadian governments and from discussions on the social media platform Reddit, we suggest there was a major disruption in the illicit fentanyl trade, possibly tied to Chinese government actions, that translated into sharp reductions in overdose mortality beginning in mid- or late-2023 and continued into 2024 across both the US and Canada.

"Many Mexico-based fentanyl cooks are having difficulty obtaining some key precursor chemicals," the DEA's 2025 National Drug Threat Assessment stated. "Some China-based chemical suppliers are wary of supplying controlled precursors to its international customers, ... to comply with recent updates to the United Nations counter-narcotics treaty."

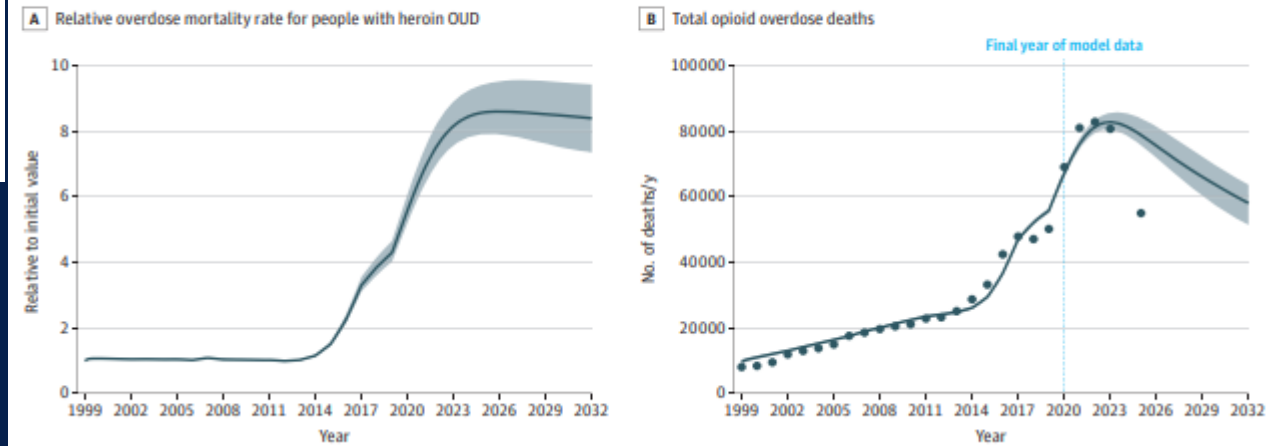
# Structural Drivers of the Drop in Opioid Overdose Deaths in the US

Figure 1. Trends in Opioid Misuse Initiation and Prevalence of Misuse and Opioid Use Disorder (OUD) Involving Prescription Opioids (A) and Heroin (B)



- Model estimates how a falling at-risk population combined with probable plateauing of the mortality rate produced the recent decline in US overdose deaths
- Shrinking at-risk population initially masked by lethality of fentanyl, which drove a surge in deaths
- Authors concluded that population decline is a key structural driver of improvements in overdose mortality rates

Figure 2. SOURCE-Calibrated Overdose Mortality Rate for People With Heroin Opioid Use Disorder (OUD) (A) and Trends in Opioid Overdose Deaths (B)

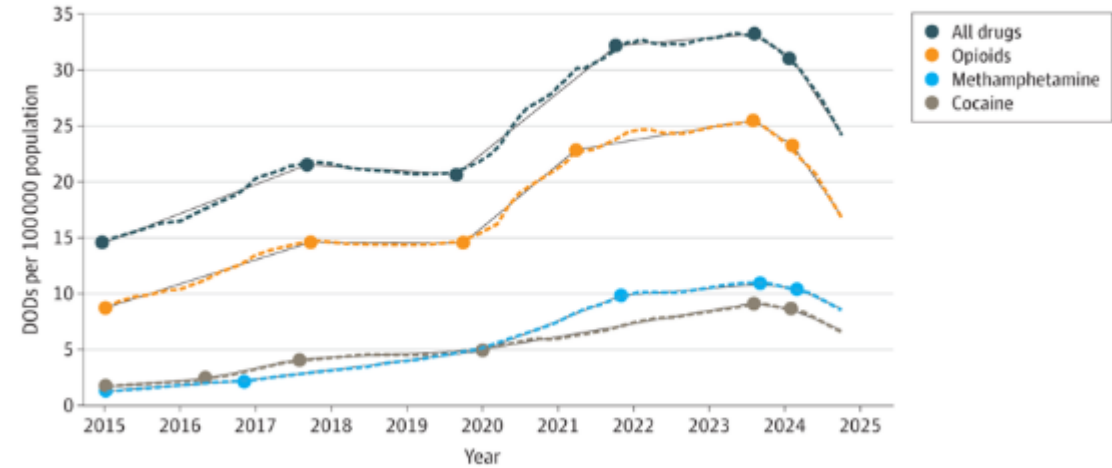




# Decline in US Drug Overdose Deaths by Region, Substance, and Demographics

Lori Ann Post, PhD<sup>1,2</sup>; Daniel Ciccarone, MD, MPH<sup>3</sup>; George Jay Unick, MSW, PhD<sup>4</sup>; [et al](#)

Figure 1. Joinpoint Analysis of Drug Overdose Death (DOD) Rates



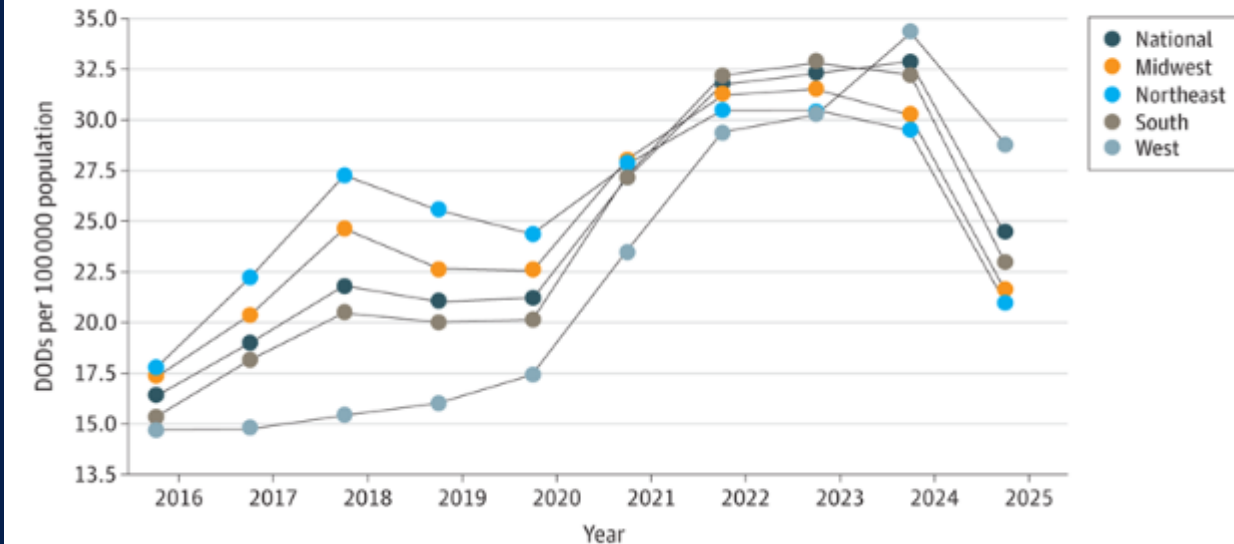
National DOD rate peaked August 2023. Peak earlier: NE, MW, and South; later in West. By late 2023, death rates continued to accelerate among:

- -Adults >55 years
- -American Indian or Alaska Native individuals
- -Black or African American individuals
- -Hispanic or Latino individuals
- -Multiracial individuals

Table 1. DOD Rates by Decedent Demographics

Characteristic	DODs, per 100 000 population <sup>a</sup>								
	2015	2016	2017	2018	2019	2020	2021	2022	2023
Overall	16.34	19.70	21.61	20.62	21.52	27.69	32.13	32.39	31.35
Age, y									
15-24	9.68	12.37	12.65	10.81	11.19	16.49	17.22	15.40	13.50
25-34	26.98	34.52	38.44	35.52	35.64	47.69	52.88	50.58	45.61
35-44	28.45	35.06	39.13	38.32	40.47	52.93	61.97	62.86	60.83
45-54 y	30.16	34.59	37.88	35.33	36.90	46.04	53.76	55.15	53.32
≥55	13.19	15.13	16.49	16.83	17.99	20.54	26.45	27.92	27.99
Race									
American Indian or Alaska Native	NA	NA	NA	16.33	19.15	25.69	34.34	38.43	38.45
Asian	NA	NA	NA	3.37	3.65	4.89	5.13	5.87	5.56
Black or African American	NA	NA	NA	21.19	24.64	34.88	43.73	47.18	48.88
Native Hawaiian or Other Pacific Islander	NA	NA	NA	10.71	10.41	12.09	18.16	17.46	23.23
White	NA	NA	NA	22.38	22.89	28.87	32.91	32.50	30.85
Multiracial	NA	NA	NA	8.33	9.12	13.41	15.56	16.63	16.91
Sex									
Female	11.95	13.47	14.36	13.53	13.66	16.78	19.33	19.09	18.22
Male	20.88	26.13	29.09	27.93	29.62	38.81	45.19	45.96	44.76
Ethnicity									
Hispanic or Latino	7.32	9.10	10.22	10.62	12.34	17.04	20.61	22.06	22.26
Not Hispanic or Latino	18.11	21.83	23.94	22.70	23.43	29.96	34.59	34.52	33.18

Figure 2. Annual Drug Overdose Death (DOD) Rates by US Census Region From October 2015 to October 2024





## Original Investigation

### Estimates of Illicit Opioid Use in the US

David Powell, PhD<sup>1</sup>; Mireille Jacobson, PhD<sup>2</sup>

Estimates of illicit opioid use are limited  
 This limits our ability to monitor trends in prevalence.  
 This survey study estimated near real-time rates of illicit opioid use.  
 Suggests illicit opioid use is more prevalent than estimated  
 ~11% of >18 years reported using illicit opioids within the past 12 months,  
 ~7.5% of >18 years used IMF in past 12 months

**Table 2. Illicit Opioid Use Within the Past 12 Months Among 1515 Participants<sup>a</sup>**

Variable	% (95% CI)	
	Illicit opioid use	Illicit fentanyl use
Intentional or unintentional use	10.96 (9.38-12.53)	7.52 (6.20-8.85)
Intentional use	7.72 (6.38-9.07)	4.95 (3.86-6.04)
Unintentional use	3.23 (2.34-4.13)	2.57 (1.78-3.37)

**Table 3. Initial Opioid Exposure Among Respondents Reporting Illicit Opioid Use<sup>a</sup>**

Variable	% (95% CI)	
	Illicit opioid use	Illicit fentanyl use
<b>Initial exposure</b>		
Opioids prescribed to you	39.16 (31.73-46.58)	40.35 (31.34-49.36)
Prescription opioids not prescribed to you	36.14 (28.84-43.45)	33.33 (24.68-41.99)
Illicit opioids	24.70 (18.14-31.26)	26.32 (18.23-34.40)
<b>Intentional use</b>		
Opioids prescribed to you	40.17 (31.29-49.05)	45.33 (34.07-56.60)
Prescription opioids not prescribed to you	38.46 (29.65-47.28)	33.33 (22.66-44.00)
Illicit opioids	21.37 (13.94-28.79)	21.33 (12.06-30.60)
<b>Unintentional use</b>		
Opioids prescribed to you	36.73 (23.24-50.23)	30.77 (16.28-45.25)
Prescription opioids not prescribed to you	30.61 (17.71-43.52)	33.33 (18.54-48.13)
Illicit opioids	32.65 (19.52-45.78)	35.90 (20.84-50.95)

Participants were asked about use of nonprescription opioids within the past 12 months, with heroin and IMF given as examples and could respond in 1 of 3 ways: (1) yes, I intentionally used illicit opioids; (2) yes, I may have unintentionally used illicit opioids; or (3) no. Respondents choosing 1 or 2 were subsequently asked about IMF use within the past 12 months with the following 3 options: (1) yes, I intentionally used illicitly made fentanyl; (2) yes, I may have unintentionally used illicitly made fentanyl; or (3) no.

# Range of Rapid XR-Bupe Initiation papers

JAMA Network | **Open.**

Original Investigation | Substance Use and Addiction

## Rapid vs Standard Induction to Injectable Extended-Release Buprenorphine

### A Randomized Clinical Trial

Rajinder Shiwach, MD, MRCPsych<sup>1</sup>; Bernard Le Foll, MD, PhD, MCFP(AM)<sup>2</sup>; Hannu Alho, MD, PhD<sup>3</sup>; et al

Home | JAMA Network Open | Vol. 8, No. 8

Original Investigation | Substance Use and Addiction


## Injectable-Only Overlapping Buprenorphine Starting Protocol in a Low-Threshold Setting

Richard C. Waters, MD, MSc<sup>1,2</sup>; Jeremy Hoog, MA, RN, BSN<sup>1</sup>; Carson Bell, MPH<sup>1</sup>; et al

JAMA Network | **Open.**


### RCT: Rapid vs Standard Induction to Extended-Release Buprenorphine Injection

**POPULATION**  
406 Men, 323 Women



Adults with moderate or severe opioid use disorder who met criteria for high-risk opioid use  
**Mean (SD) age, 40.7 (10.4) y**

**INTERVENTION**  
729 Participants randomized and analyzed

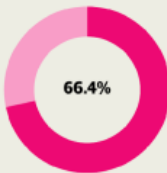


**474 Rapid induction**  
4-mg Buprenorphine-naloxone followed by 1st 300-mg buprenorphine extended-release injection 1 hr later; 2nd 1 wk later

**255 Standard induction**  
Minimum 7 d of buprenorphine-naloxone followed by 1st 300-mg buprenorphine extended-release injection; 2nd 1 wk later

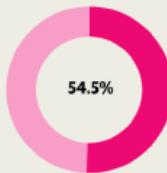
**FINDINGS**  
At injection 2, rapid induction retention was higher than standard induction retention

**Rapid induction arm**




**66.4%**

**Standard induction arm**



**54.5%**

**Retention rate difference:**  
11.8% (95% credible interval, 4.3%-19.0%)

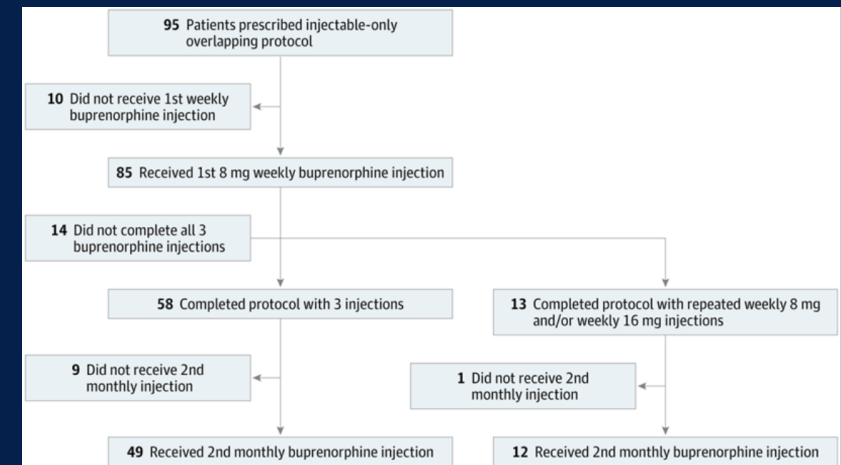
**SETTINGS / LOCATIONS**  
 **28 Treatment centers in US and Canada**

**PRIMARY OUTCOME**  
Treatment retention rate difference at second extended-release buprenorphine injection in evaluable participants

Shiwach R, Le Foll B, Alho H, et al. Rapid vs standard induction for injectable extended-release buprenorphine: a randomized clinical trial. *JAMA Netw Open.* 2025;8(10):e2537319. doi:10.1001/jamanetworkopen.2025.37319

**Table 1. Summary of the Injectable-Only Overlapping Buprenorphine Starting Protocol<sup>a</sup>**

Day	Long-acting injectable buprenorphine administered	Guidance for delayed buprenorphine injections <sup>b</sup>
1	Weekly 8-mg injection	NA
2	Weekly 16-mg injection	Offer the weekly 16-mg injection up to 2 d after the initial 8-mg injection before restarting.
3	Monthly 128-mg or 300-mg injection	Offer the monthly injection up to 3 d after the 16-mg injection before repeating a 16-mg injection. Consider restarting the full protocol if 7 d have passed since the 16-mg injection.



DATAWATCH

# Trends In The Availability Of Buprenorphine At US Retail Pharmacies, 2017-23



Exhibit 1 Trends in the availability of buprenorphine at retail pharmacies in the US, overall and by neighborhood type, 2017-23

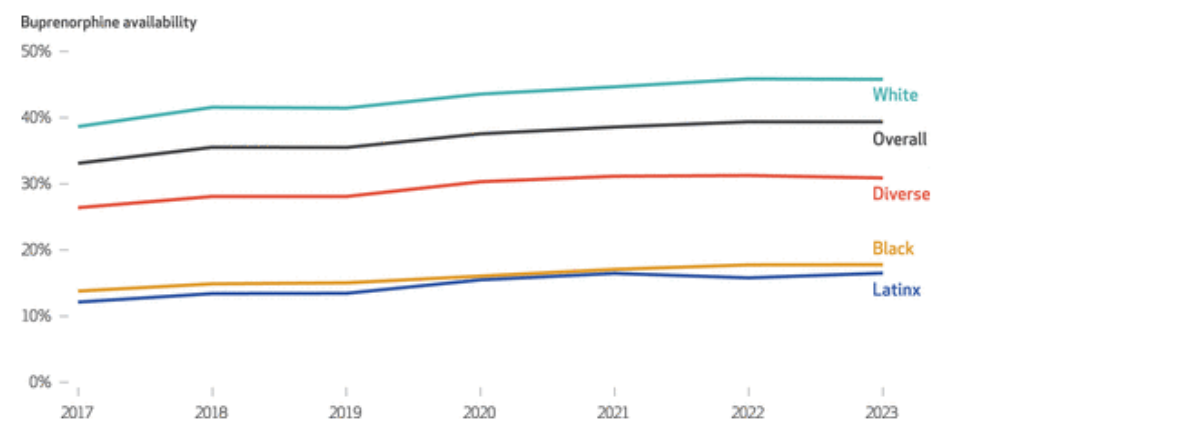
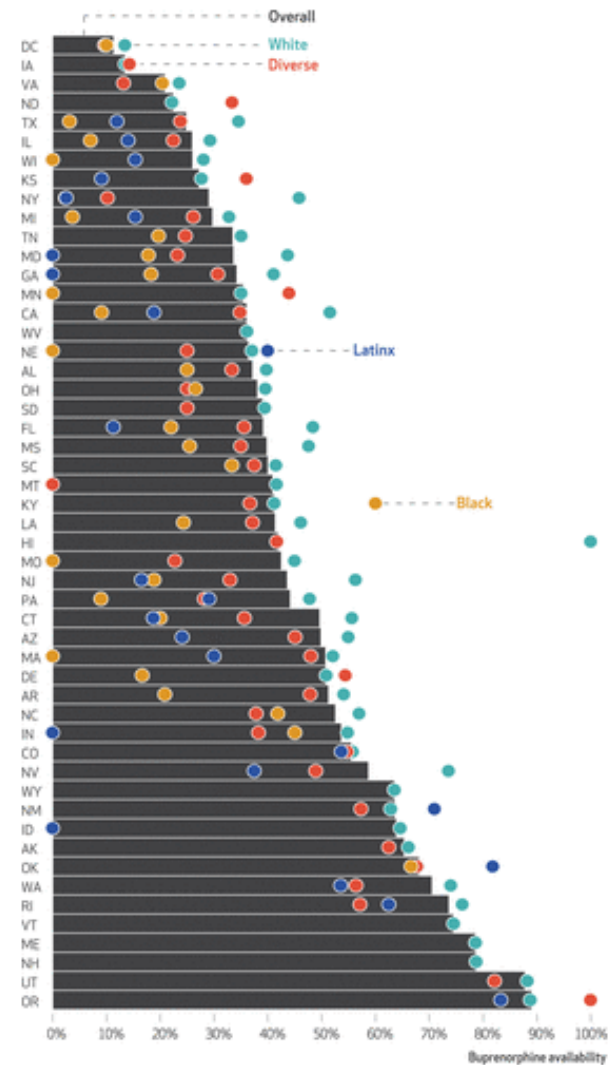




Exhibit 2 Availability of buprenorphine at retail pharmacies in the US, neighborhood type, 2023



- 1. OR
- 2. UT
- 3. NH
  
- 48. VA
- 49. IA
- 50. DC

- Buprenorphine avail 33.1% to 39.4% in retail pharmacies, 2017-2023
- Neighborhoods >50% Black or Latino less likely

# Medications for Opioid Use Disorder in County Jails — Outcomes after Release

**Authors:** Peter D. Friedmann, M.D., M.P.H. , Donna Wilson, M.S., Thomas J. Stopka, M.H.S., Ph.D., Dana Bernson, M.P.H., Ekaterina Pivovarova, Ph.D., Warren Ferguson, M.D., Randall A. Hoskinson, Jr., B.S., , for the MassJCOIN Research Hub\* [Author Info & Affiliations](#)

Published September 10, 2025 | N Engl J Med 2025;393:994-1003



The NEW ENGLAND  
JOURNAL of MEDICINE

Justice Community Overdose Innovation Network (JCOIN)

**Background:** In 2019, seven county correctional facilities (jails) in Massachusetts initiated pilot programs to provide all FDA-approved medications to treat opioid use disorder (MOUD).



National Institute  
on Drug Abuse

**Results:** The study cohort included 6400 persons with probable OUD: 2711 (42.4%) received MOUD in jail and 3689 (57.6%) did not. Among persons treated with MOUD in jail, 67.9% received buprenorphine, 25.7% received methadone, and 6.5% received naltrexone. Treated persons were more likely than those not treated to be White (75.4% vs. 58.1%), to be sentenced (31.6% vs. 13.2%), to be receiving MOUD at jail entry (73.7% vs. 17.1%), and to receive MOUD during the first 30 days after community release (60.2% vs. 17.6%; adjusted relative risk, 1.44; 95% confidence interval [CI], 1.38 to 1.50). Only 50.4% of MOUD recipients engaged in MOUD treatment for 75% of the first 90 days after release, and 57.5% were receiving MOUD at 180 days. Receipt of MOUD in jail, as compared with no such receipt, was associated with lower postrelease risks of fatal overdose (adjusted hazard ratio, 0.48; 95% CI, 0.36 to 0.64), nonfatal overdose (adjusted hazard ratio, 0.76; 95% CI, 0.68 to 0.85), death from any cause (adjusted hazard ratio, 0.44; 95% CI, 0.35 to 0.56), and reincarceration (adjusted hazard ratio, 0.88; 95% CI, 0.81 to 0.94). The incidence of hospitalizations did not differ substantially between the two groups.



**Conclusion:** Receipt of MOUD in jail was associated with an increased likelihood of postrelease MOUD initiation and decreased risks of overdose, death from any cause, and reincarceration. (Funded by the National Institutes of Health and others.)

**Table 3.**

Post-Release Outcomes among People Who Received and Did Not Receive Medications for Opioid Use Disorder (MOUD) While Incarcerated in Massachusetts' County Correctional Facilities, 2019–2021.

	MOUD N=2711	No MOUD N=3689	Unadjusted RR <sup>‡</sup> or HR <sup>§</sup> (95% CI) <sup>¶</sup>	Adjusted <sup>#</sup> RR <sup>‡</sup> or HR <sup>§</sup> (95% CI) <sup>¶</sup>
Days of follow-up, median [IQR]	620 [470, 710]	650 [500, 745]		
<b>Post-release MOUD Treatment</b>				
MOUD initiation, N (%) <sup>*</sup>	2243 (82.7)	1921 (52.1)	2.92 (2.75, 3.12) <sup>§</sup>	1.94 (1.82, 2.06) <sup>§##</sup>
MOUD initiation within 30 days, N (%)	1633 (60.2)	648 (17.6)	3.43 (3.18, 3.70) <sup>‡</sup>	1.44 (1.38, 1.50) <sup>‡##</sup>
MOUD engagement 75% of 90 days, N (%)	1365 (50.4)	454 (12.3)	4.09 (3.72, 4.49) <sup>‡</sup>	1.77 (1.64, 1.92) <sup>‡##</sup>
MOUD retention at 180 days, N (%)	1560 (57.5)	840 (22.8)	2.53 (2.36, 2.70) <sup>‡</sup>	1.40 (1.31, 1.49) <sup>‡##</sup>
<b>MOUD type post-release, N (%)</b>				
None	252 (9.3)	1684 (45.6)		
Buprenorphine	1656 (61.1)	1209 (32.8)		
Methadone	687 (25.3)	489 (13.3)		
Injectable extended-release naltrexone	116 (4.3)	307 (8.3)		
<b>Post-release Opioid Overdose</b>				
Opioid overdose post-release, N (%)	596 (22.0)	841 (22.8)	0.97 (0.87, 1.08) <sup>§</sup>	0.73 (0.66, 0.81) <sup>§##</sup>
Fatal opioid overdose, N (%)	71 (2.6)	130 (3.5)	0.76 (0.57, 1.02) <sup>§</sup>	0.48 (0.36, 0.64) <sup>§##</sup>
Non-fatal opioid overdose, N (%)	545 (20.1)	746 (20.2)	1.00 (0.89, 1.11) <sup>§</sup>	0.76 (0.68, 0.85) <sup>§##</sup>
<b>Opioid overdose in 30 days</b>				
Any	91 (3.4)	198 (5.4)	0.63 (0.49, 0.80) <sup>‡</sup>	0.55 (0.43, 0.70) <sup>§##</sup>
Fatal	... <sup>†</sup>	17 (0.5)	0.80 (0.37, 1.75) <sup>‡</sup>	1.10 (0.52, 2.32) <sup>§##</sup>
Non-fatal	... <sup>†</sup>	182 (4.9)	0.61 (0.47, 0.78) <sup>‡</sup>	0.50 (0.39, 0.65) <sup>§##</sup>
<b>Opioid overdose in 90 days</b>				
Any	191 (7.1)	336 (9.1)	0.77 (0.65, 0.92) <sup>‡</sup>	0.65 (0.53, 0.77) <sup>§##</sup>
Fatal	22 (0.8)	30 (0.8)	1.00 (0.58, 1.73) <sup>‡</sup>	1.03 (0.60, 1.75) <sup>§##</sup>
Non-fatal	171 (6.3)	309 (8.4)	0.75 (0.63, 0.90) <sup>‡</sup>	0.62 (0.52, 0.74) <sup>§##</sup>
<b>Opioid overdose in 180 days</b>				
Any	300 (11.1)	478 (13.0)	0.85 (0.75, 0.98) <sup>‡</sup>	0.69 (0.60, 0.79) <sup>§##</sup>
Fatal	33 (1.2)	51 (1.4)	0.88 (0.57, 1.36) <sup>‡</sup>	0.77 (0.50, 1.19) <sup>§##</sup>
Non-fatal	273 (10.1)	435 (11.8)	0.85 (0.74, 0.99) <sup>‡</sup>	0.68 (0.59, 0.79) <sup>§##</sup>
<b>Death from any cause</b>				
Deaths, all-cause, N (%)	99 (3.7)	198 (5.4)	0.70 (0.55, 0.89) <sup>§</sup>	0.44 (0.35, 0.56) <sup>§##</sup>
<b>Reincarceration</b>				
Reincarceration, N (%)	1203 (44.4)	1834 (49.7)	0.85 (0.79, 0.91) <sup>§</sup>	0.88 (0.81, 0.94) <sup>§##</sup>
Reincarceration within 90 days	377 (13.9)	718 (19.5)	0.71 (0.64, 0.80) <sup>‡</sup>	0.78 (0.70, 0.88) <sup>§##</sup>
Reincarceration within 180 days	646 (23.8)	1053 (28.5)	0.83 (0.77, 0.91) <sup>‡</sup>	0.89 (0.81, 0.96) <sup>§##</sup>

## MOUD cases, post-release:

- BUP (61.1%)
- Methadone (25.3%)

## If MOUD during incarceration:

- Fewer overdoses
- Lower mortality
- Less reincarceration

## MOUD cases more likely:

- On MOUD at arrest
- White
- Sentenced (vs. detained pre-trial)



# JAMA Internal Medicine

## RCT: Extended-Release vs Sublingual Buprenorphine in Pregnancy Through 12 Months Post Partum

### POPULATION

140 Women



Adults with opioid use disorder and a singleton pregnancy at 6-30 wk estimated gestational age

Mean age, 31 y

### SETTINGS / LOCATIONS



13 US sites

### INTERVENTION

140 Participants randomized



#### 69 Extended-release buprenorphine

Weekly injections (target dose, 24 mg); monthly injections offered post partum if not breastfeeding



#### 71 Sublingual buprenorphine

Buprenorphine tablets and/or buprenorphine/naloxone film (target dose, 16 mg/d)

### PRIMARY OUTCOME

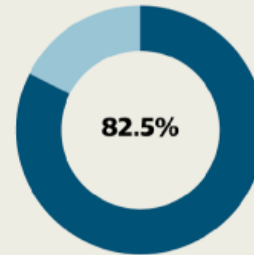
Illicit opioid abstinence during pregnancy, defined as the proportion of weekly urine drug screens negative for fentanyl, morphine, codeine, ethylmorphine, heroin, hydrocodone, hydromorphone, methadone, and oxycodone

### FINDINGS

Illicit opioid abstinence during pregnancy was significantly greater for the extended-release buprenorphine group compared with the sublingual buprenorphine group

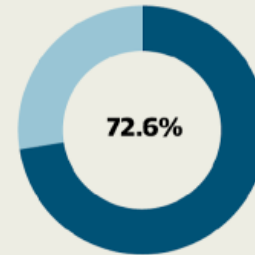
#### Percentage negative weekly urine drug tests

Extended-release buprenorphine



82.5%

Sublingual buprenorphine



72.6%

**Absolute risk difference**, 9.84 percentage points; 95% CI, 1.72-17.95 percentage points; *P* = .009

Actual dosing was 32mg > 24mg XRB, and 18+mg/day bup SL

Most XRB switched to monthly injections post-partum

XRB well tolerated with higher overall retention

# 2025: Important Themes:

Lower OD rates and OUD treatment innovations

Stimulant trends, nicotine, and vaping

GLP1s: AUD, Nicotine, OUD applications

Alcohol: Evolving understanding risks and harms

On-line gambling and sports betting: a growing concern

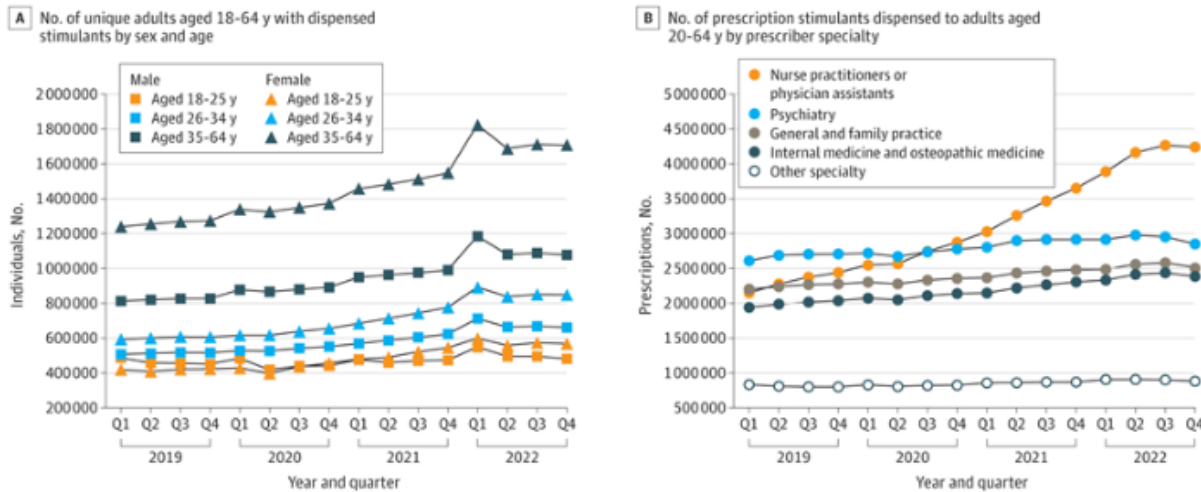


# Prescription Stimulant Use, Misuse, and Use Disorder Among US Adults Aged 18 to 64 Years

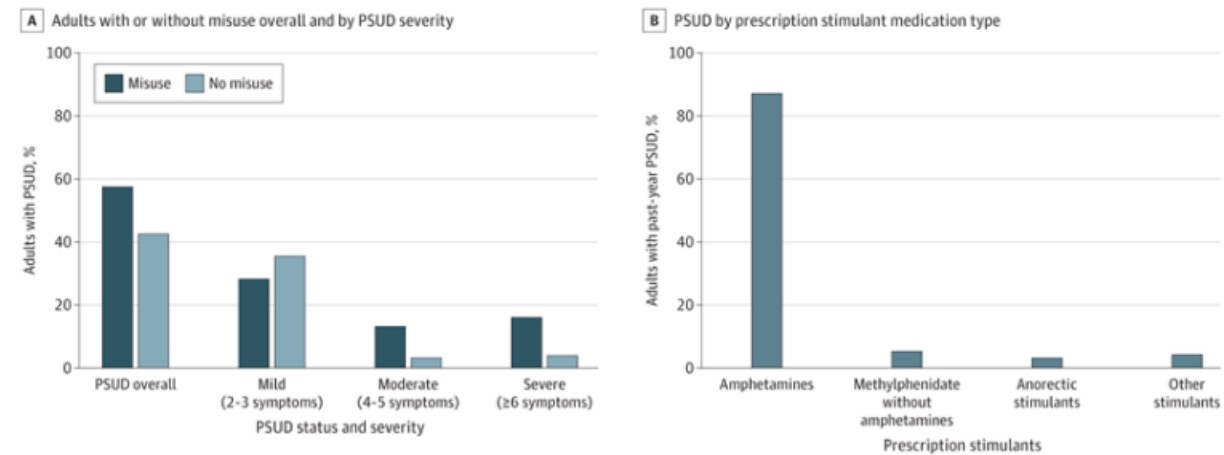
Beth Han, MD, PhD, MPH<sup>1</sup>; Christopher M. Jones, PharmD, DrPH, MPH<sup>2</sup>; Nora D. Volkow, MD<sup>1</sup>; *et al*

» Author Affiliations | Article Information

**Figure 1. Dispensed Prescription Stimulants Among US Adults Aged 64 Years and Younger**



**Figure 2. Prescription Stimulant Use Disorder (PSUD) Overall and by Amphetamines and Methylphenidate Among US Adults Aged 18 to 64 Years**



- Among adults using Rx stimulants, 25.3% reported misuse, and 9.0% had PSUD.
- Among those with PSUD, 72.9% solely used their own prescribed stimulants, 87.1% used amphetamines, 42.5% reported no misuse, and 63.6% had mild PSUD.
- The prevalence of misuse was 3.1 times higher and the prevalence of PSUD was 2.2 times higher among those using prescription amphetamines than among those using methylphenidate.



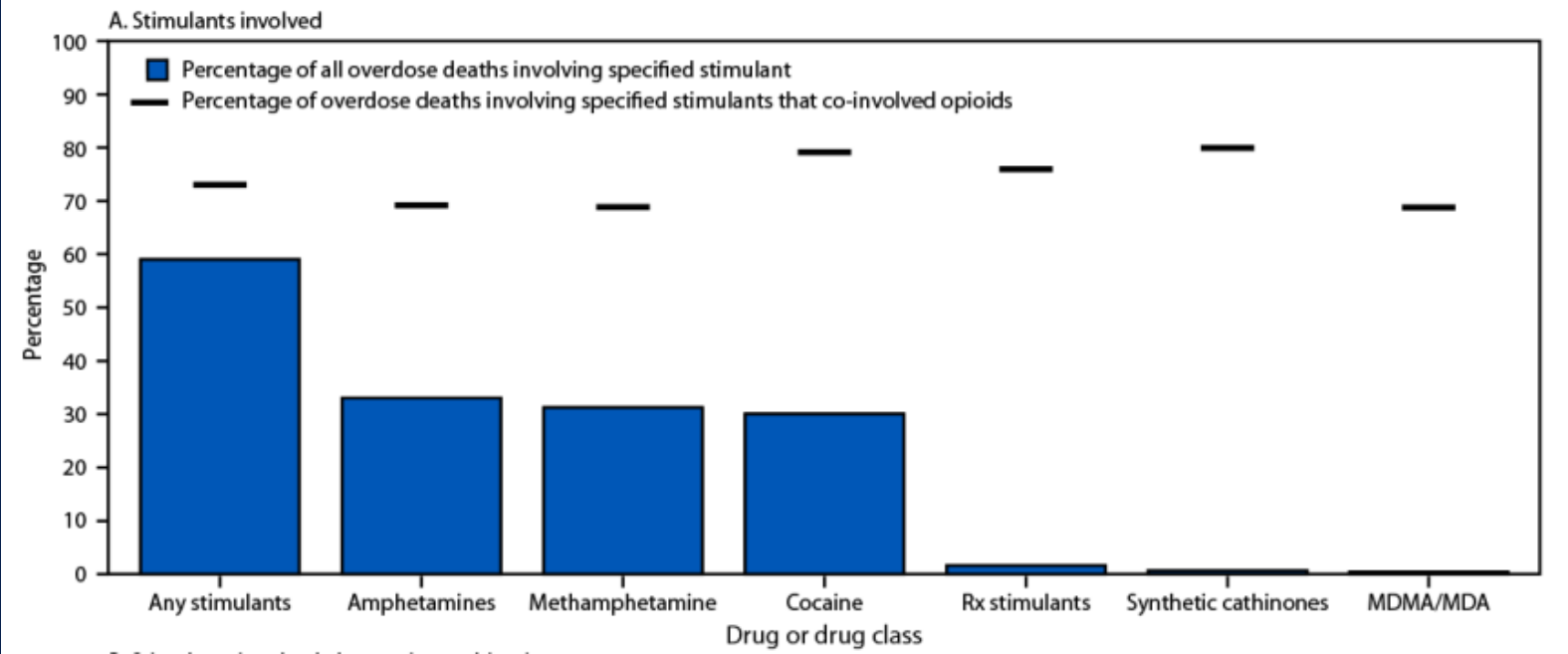
# Drug Overdose Deaths Involving Stimulants — United States, January 2018–June 2024

Weekly / August 28, 2025 / 74(32);491–499

[Print](#)

Lauren J. Tanz, ScD<sup>1</sup>; Kimberly D. Miller, MPH<sup>1</sup>; Amanda T. Dinwiddie, MPH<sup>1</sup>; R. Matt Gladden, PhD<sup>1</sup>; Alice Asher, PhD<sup>1</sup>; Grant Baldwin, PhD<sup>1</sup>; Brandon Nesbit, MPH<sup>1</sup>; Julie O'Donnell, PhD<sup>1</sup> ([VIEW AUTHOR AFFILIATIONS](#))

**FIGURE 1. Percentage of overdose deaths (N = 309,274), by type of stimulant\*†§¶\*\*†† involved<sup>§§</sup> (A) and by combinations of stimulants involved (B) — State Unintentional Drug Overdose Reporting System, United States, <sup>¶¶</sup> January 2021–June 2024**




- 59.0% of overdose deaths involved stimulants
- 43.1% co-involved stimulants and opioids
- 15.9% involved stimulants and no opioids.
- Stimulant alone OD deaths more common w/ older ppl & those w/ CV dz.
- Mortality increases largest among American Indian or Alaska Native and non-Hispanic Black or African American persons and driven by deaths co-involving stimulants and opioids.

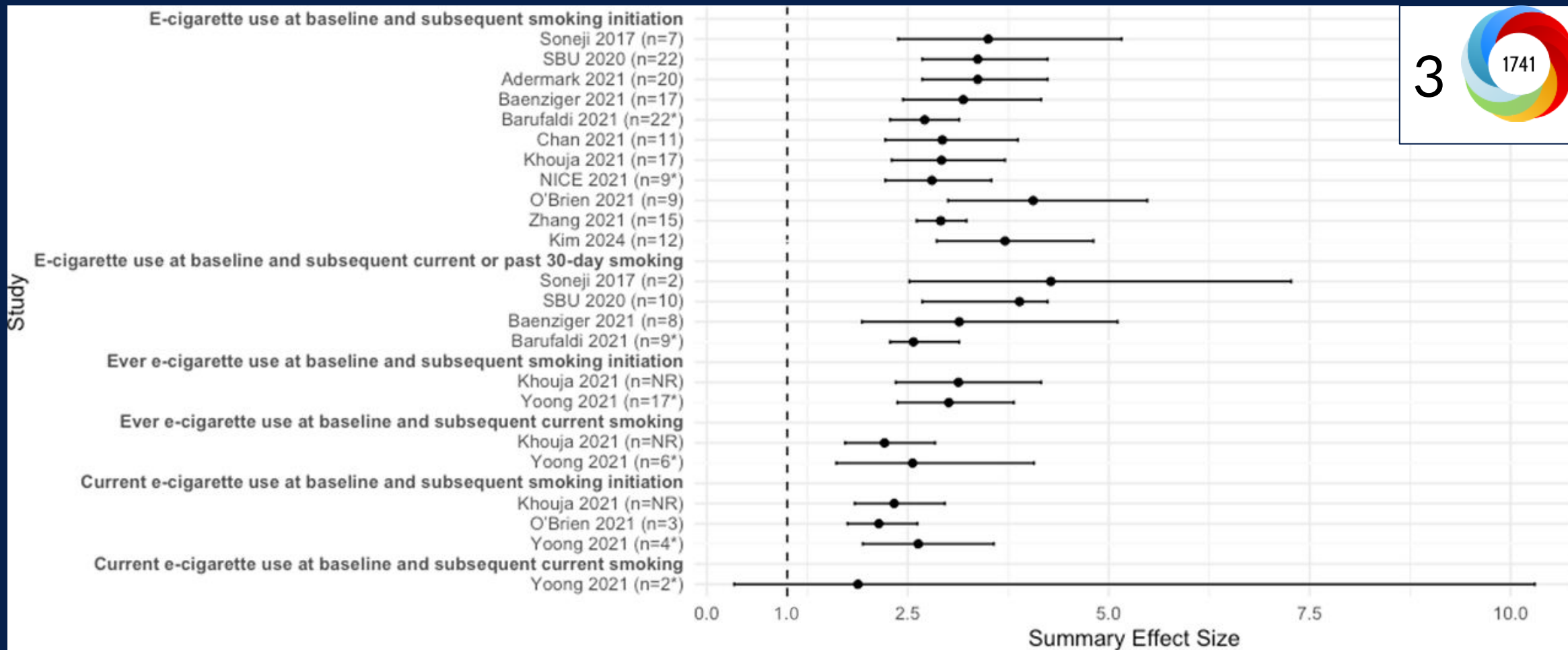
Systematic review

Tobacco Control

# Vaping and harm in young people: umbrella review

Su Golder<sup>1</sup>,  Greg Hartwell<sup>2</sup>, Lily M Barnett<sup>3</sup>, Sophie G Nash<sup>3</sup>, Mark Petticrew<sup>2</sup>,  Rebecca E Glover<sup>2</sup>

- ‘Umbrella review’ = systematic review of systematic reviews
- Vaping at baseline = higher odds of subsequent smoking



3 



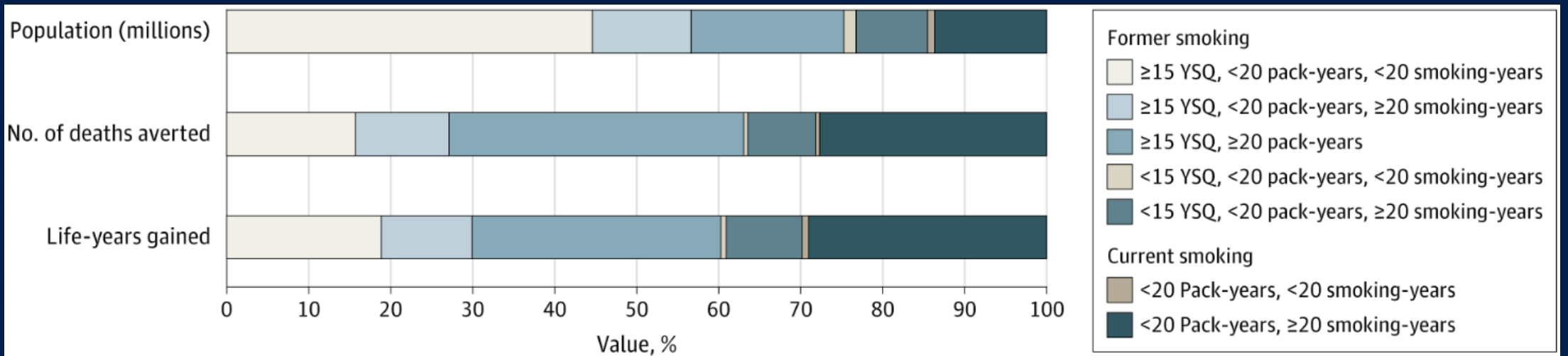
Research Letter

# Lung Cancer Deaths Prevented and Life-Years Gained From Lung Cancer Screening

Priti Bandi, PhD<sup>1</sup>; Rebecca Landy, PhD<sup>1</sup>; Jessica Star, MA, MPH<sup>1</sup>; et al

## America's Deadliest Cancer Has Abysmal Screening Rates

If everyone eligible had a lung cancer screening, 62,000 lives would be saved over five years, a new study shows.



Translation : order more LD CTs in smokers and former smokers

# 2025: Important Themes:

Lower OD rates and OUD treatment innovations

Stimulant trends

Nicotine and vaping

GLP1s: AUD, Nicotine, OUD applications

Alcohol: Evolving understanding risks and harms

On-line gambling and sports betting: a growing concern



# Once-Weekly Semaglutide in Adults With Alcohol Use Disorder A Randomized Clinical Trial

Christian S. Hendershot, PhD; Michael P. Bremmer, MA; Michael B. Paladino, BS; Georgios Kostantinis, BA;  
Thomas A. Gilmore, BA; Neil R. Sullivan, BA; Amanda C. Tow, MD, PhD; Sarah S. Dermody, PhD, CPsych;  
Mark A. Prince, PhD; Robyn Jordan, MD, PhD; Sherry A. McKee, PhD; Paul J. Fletcher, PhD;  
Eric D. Claus, PhD; Klara R. Klein, MD, PhD

## #1 Paper - 2025

- ◆ 9-week RTC weekly semaglutide vs. placebo in adults (N = 48)
- ◆ Significant reduction in laboratory alcohol consumption
- ◆ Fewer heavy drinking days, lower cravings, fewer drinks per drinking day
- ◆ People who smoke also reported reduced cigarette use

Figure 2. Laboratory Self-Administration

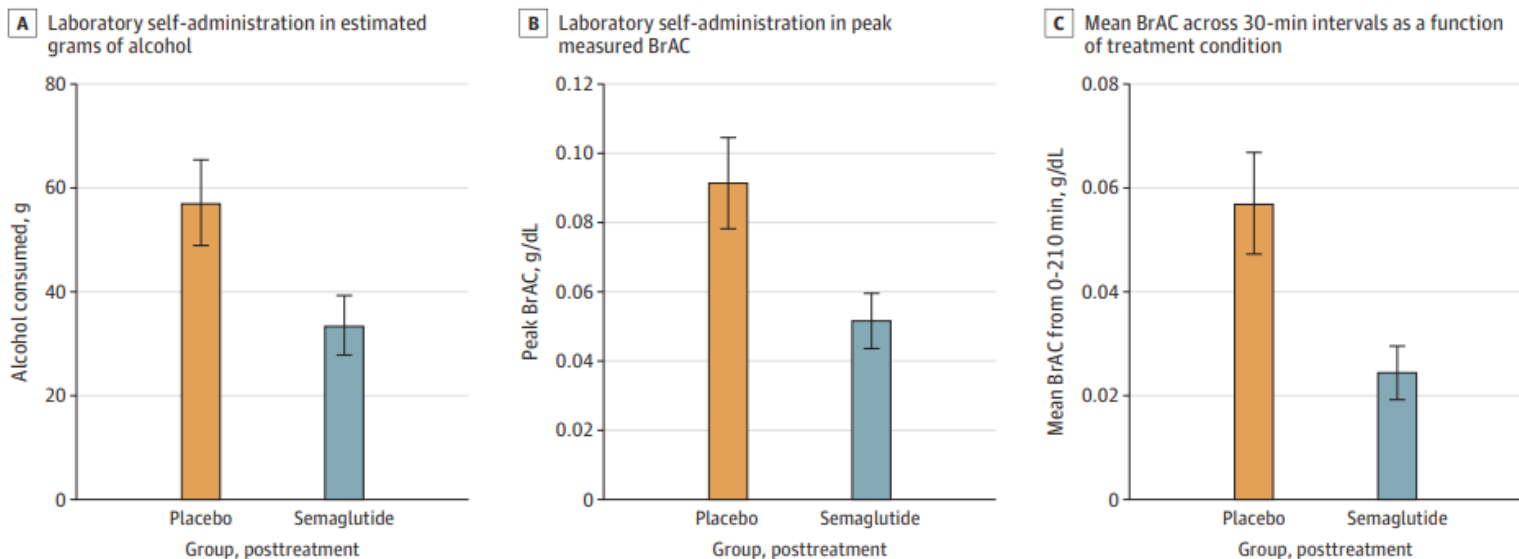
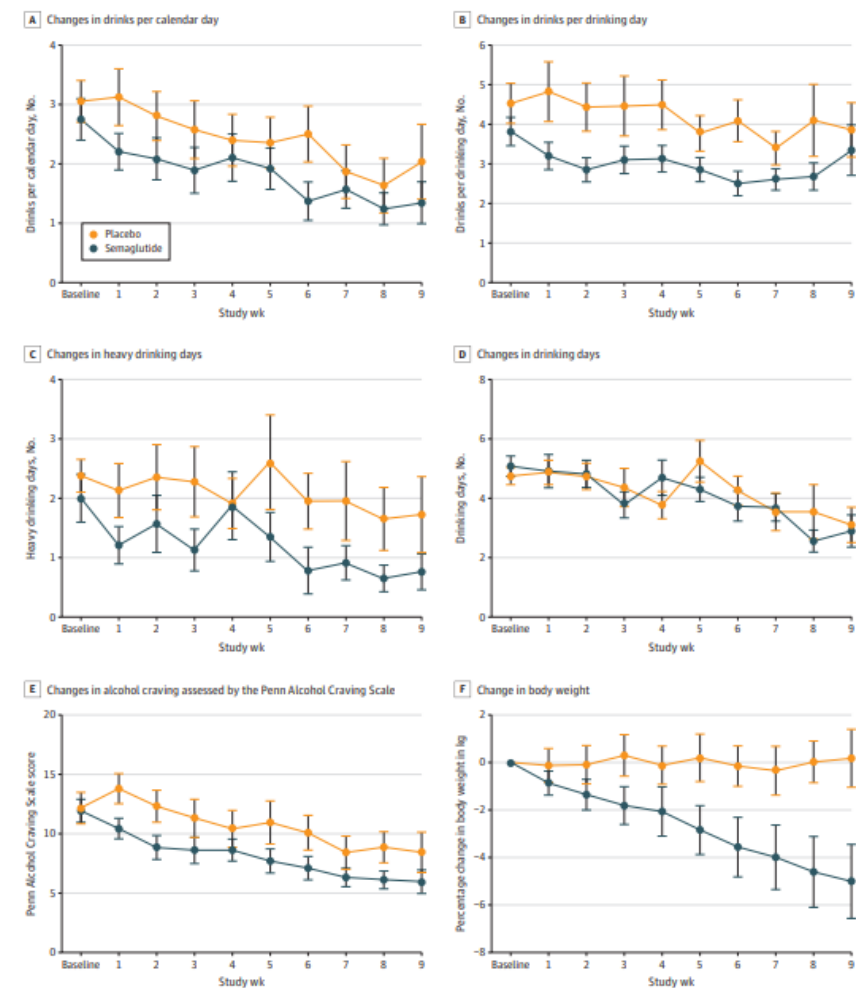


Figure 3. Prospective Changes in Weekly Alcohol Outcomes



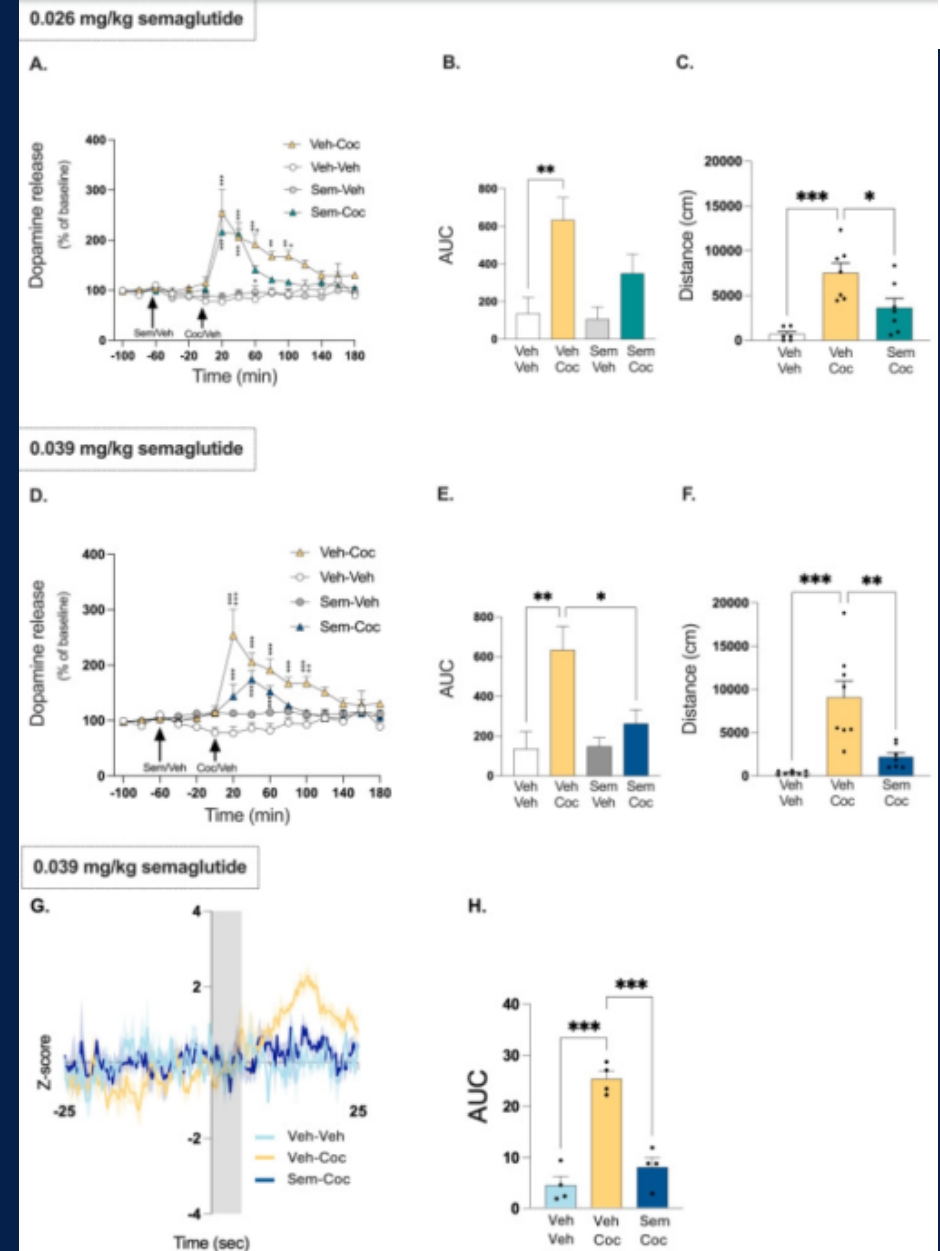
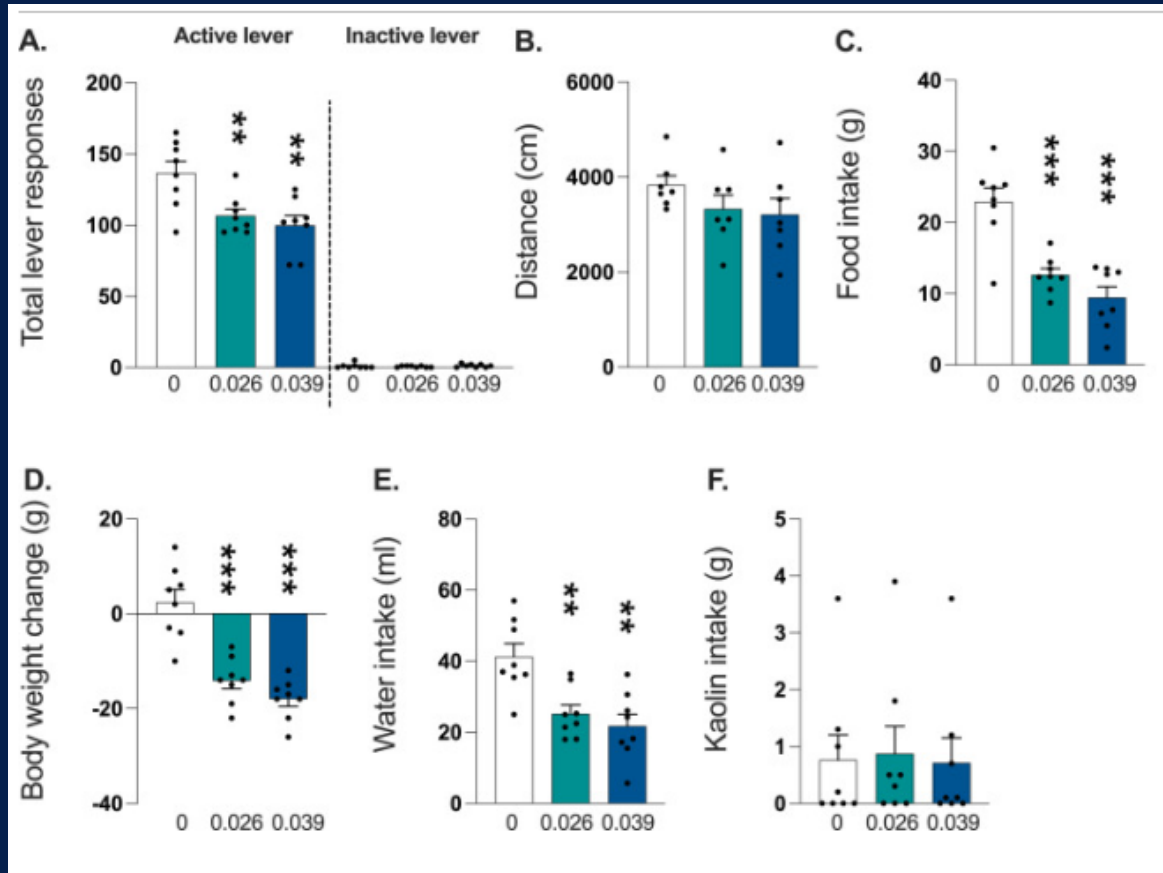


# Semaglutide suppresses cocaine taking, seeking, and cocaine-evoked dopamine levels in the nucleus accumbens

Cajsa Aranäs<sup>a</sup>, Antonia Caffrey<sup>b,c</sup>, Christian E. Edvardsson<sup>a</sup>, Heath D. Schmidt<sup>b,c,1</sup>, Elisabet Jerlhag<sup>a,1</sup>

In mice, semaglutide reduces cocaine self administration

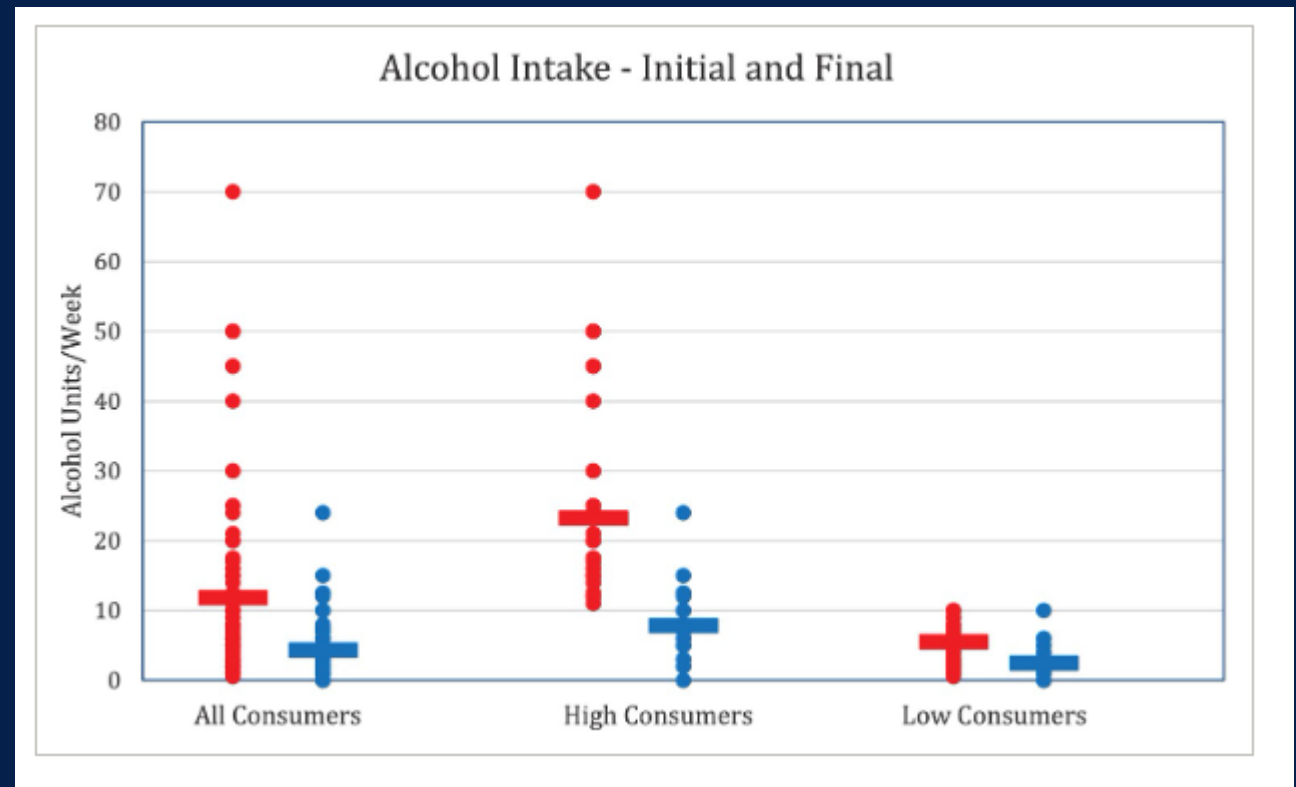
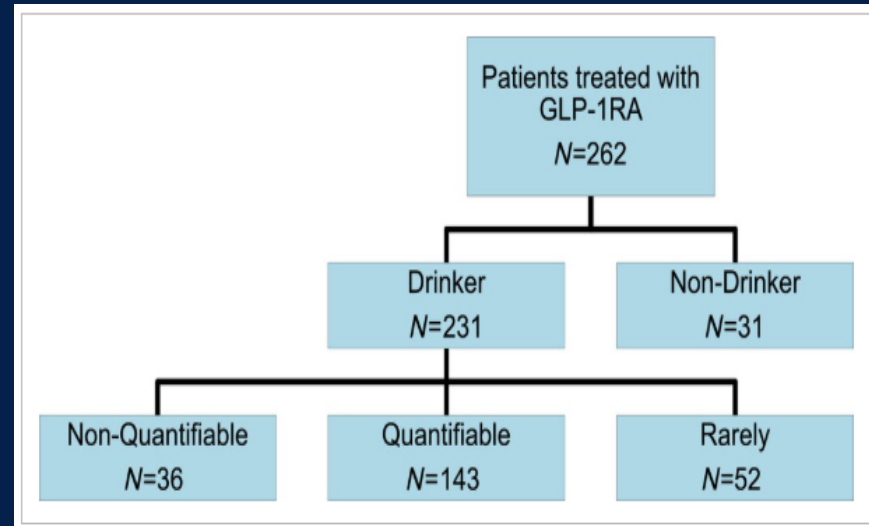
Semaglutide also attenuates the cocaine-induced locomotor stimulation and elevated dopamine levels evoked by cocaine in the nucleus accumbens (NAc)



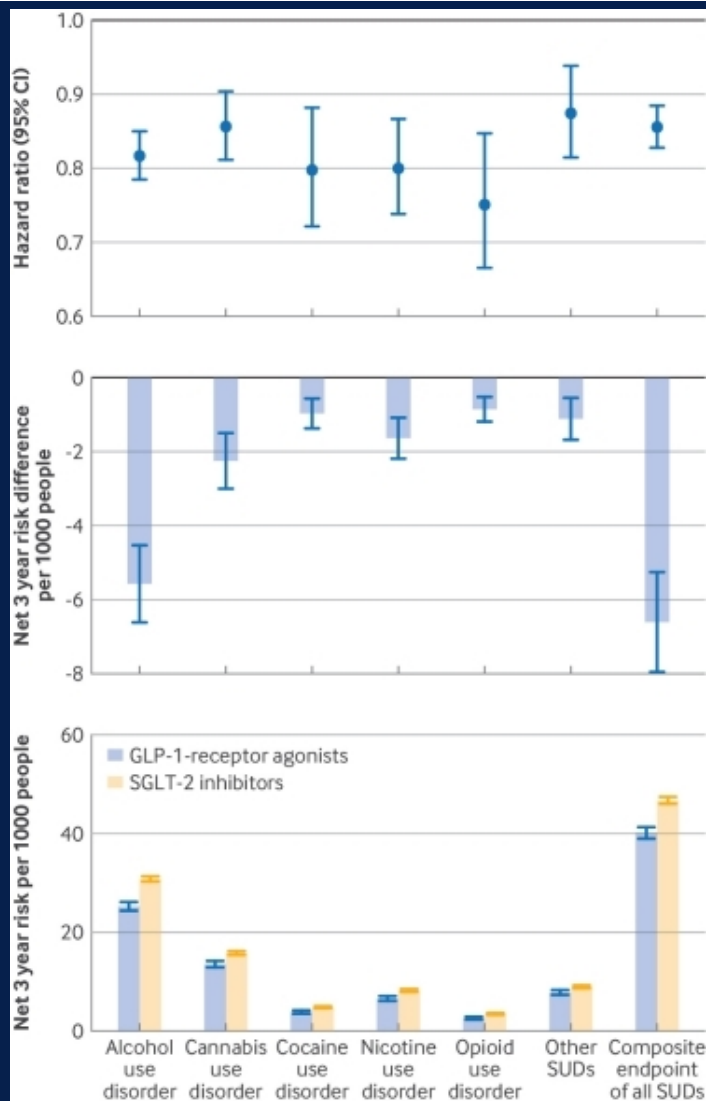
## Glucagon-like peptide-1 analogues reduce alcohol intake

Maurice O'Farrell MBBS Faisal I. Almohaileb MBBS, Carel W. le Roux MD

- 262 adult patients BMI  $\geq 27$  kg/m<sup>2</sup> who were initiated on liraglutide or semaglutide.
- Alcohol intake categorized into non-drinkers, rare drinkers, and regular drinkers.
- Alcohol intake reduced from a pre-intervention mean of  $11.8 \pm 1.0$  units/week to a post-intervention mean of  $4.3 \pm 0.5$  units/week
- For patients consuming  $\geq 11$  units/week (high consumers), intake decreased from  $23.2 \pm 1.8$  units/week to  $7.8 \pm 0.9$  units/week



**Research**  
**Glucagon-like peptide-1 receptor agonists and risk of substance use disorders among US veterans with type 2 diabetes: cohort study**  
 BMJ 2026 ; 392 doi: <https://doi.org/10.1136/bmj-2025-086886> (Published 04 March 2026)  
 Cite this as: BMJ 2026;392:e086886



**Summary**



GLP-1 receptor agonist use was consistently associated with reduced risks of developing various substance use disorders (SUDs) and fewer SUD related hospital admissions, overdoses, and deaths

**Study design**



Target trial emulation | Protocol 1: People without pre-existing SUD | Protocol 2: People with pre-existing SUD

**Population**



606 434 US veterans with type 2 diabetes | Mean age 65.3 years | Sex 90.3% male

**Comparison**

**Intervention**  
Initiation of a GLP-1 receptor agonist

**Comparator**  
Initiation of an SGLT-2\* inhibitor

**Outcomes**

	Intervention v comparator	NRD† per 1000 people	Hazard ratio (95% CI)‡			
			0.4	0.6	0.8	1
<b>Protocol 1</b>	Alcohol use disorder	-5.57				
	Cannabis use disorder	-2.25				
	Cocaine use disorder	-0.97				
	Nicotine use disorder	-1.64				
	Opioid use disorder	-0.86				
	Other SUDs	-1.12				
	<b>Composite endpoint of all SUDs</b>	<b>-6.61</b>				
<b>Protocol 2</b>	Emergency department visit for SUD	-8.92				
	Hospital admission for SUD	-6.23				
	SUD associated mortality	-1.52				
	<b>Composite of the above 3 outcomes</b>	<b>-11.79</b>				

\*Sodium-glucose cotransporter-2 †Net risk difference

< Favours intervention Favours comparator >

S

# 2025: Important Themes:

Lower OD rates and OUD treatment innovations

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GLP1s: AUD, Nicotine, OUD applications

**Alcohol: Evolving understanding risks and harms**

On-line gambling and sports betting: a growing concern

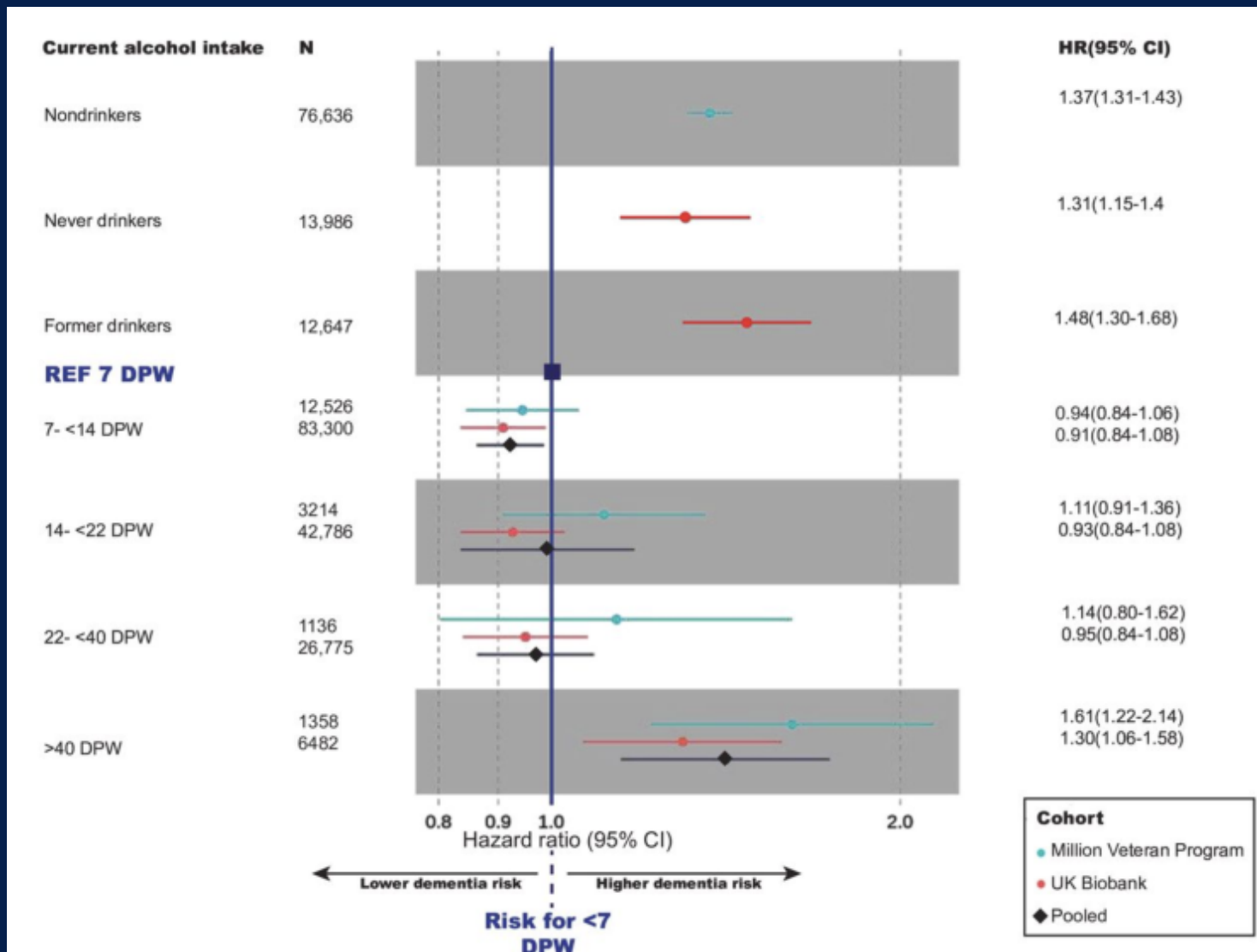
**Setting** Two large-scale population-based cohorts: the US Million Veteran Programme and the UK Biobank. Genetic analyses used summary statistics from genome-wide association studies (GWAS).

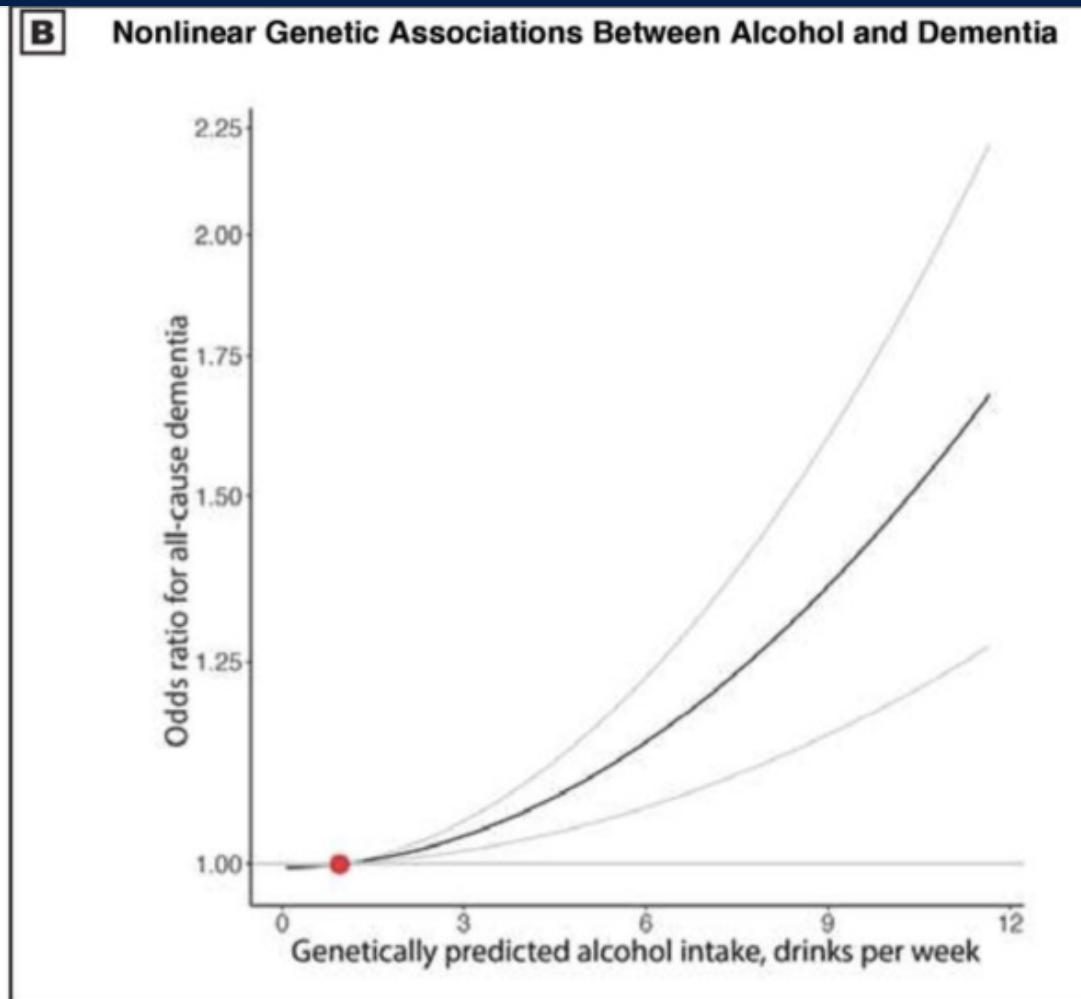
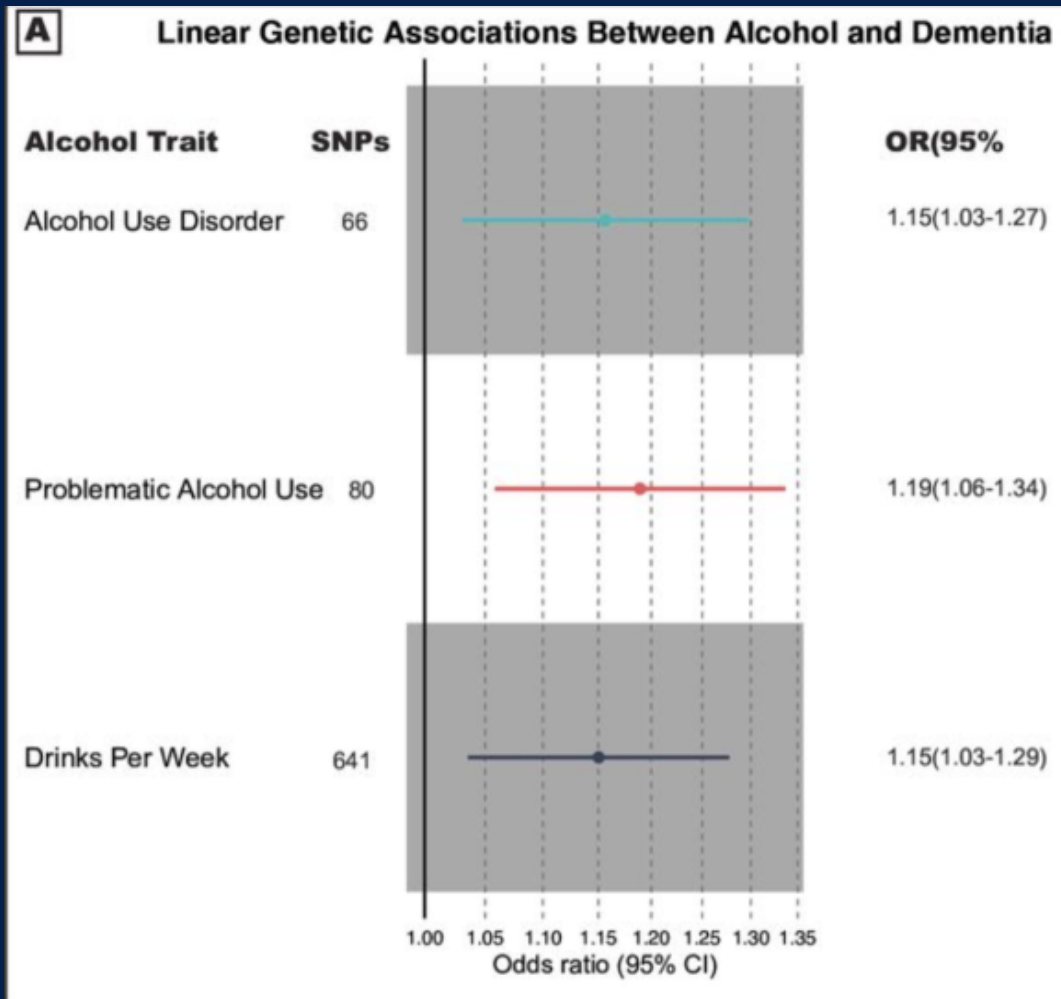
Original research

Alcohol use and risk of dementia in diverse populations: evidence from cohort, case-control and Mendelian randomisation approaches

Anya Topiwala<sup>1</sup>, Daniel F Levey<sup>2,3</sup>, Hang Zhou<sup>2,3</sup>, Joseph D Deak<sup>2,3</sup>, Keyrun Adhikari<sup>2,3</sup>, Klaus P Ebmeier<sup>4</sup>, Steven Bell<sup>5</sup>, Stephen Burgess<sup>6</sup>, Thomas E Nichols<sup>4,7</sup>, Michael Gaziano<sup>8,9</sup>, Murray Stein<sup>10</sup>, Joel Gelernter<sup>3,11</sup>

Plotting drinking levels and dementia risk yields a U-shaped curve: moderate drinking=less dementia





- U-shaped curve for alcohol intake and dementia outcome became linear when accounting for AUD genetic loading (random SNPs)
- More drinking = More dementia ; it's linear-exponential
- Minimizes bias : early dementia symptoms are associated with reduced drinking

# U.S. Drinking Rate at New Low as Alcohol Concerns Surge

GALLUP®

## Americans' Use of Alcoholic Beverages, 1939-2025

Do you have occasion to use alcoholic beverages such as liquor, wine or beer, or are you a total abstainer?

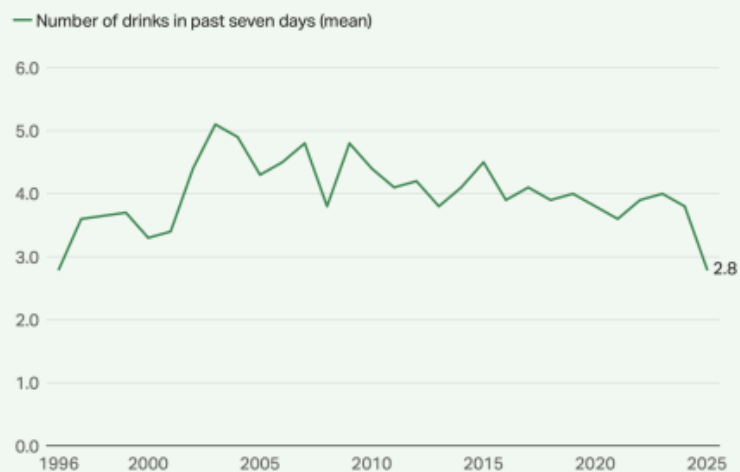


Get the data • Download image

GALLUP

## Number of Drinks Consumed in Past Week, 1996-2025

When did you last take a drink of any kind of alcoholic beverage? (If within past week): Approximately how many drinks of any kind of alcoholic beverages did you drink in the past seven days?



Based on U.S. adults who have occasion to drink alcohol

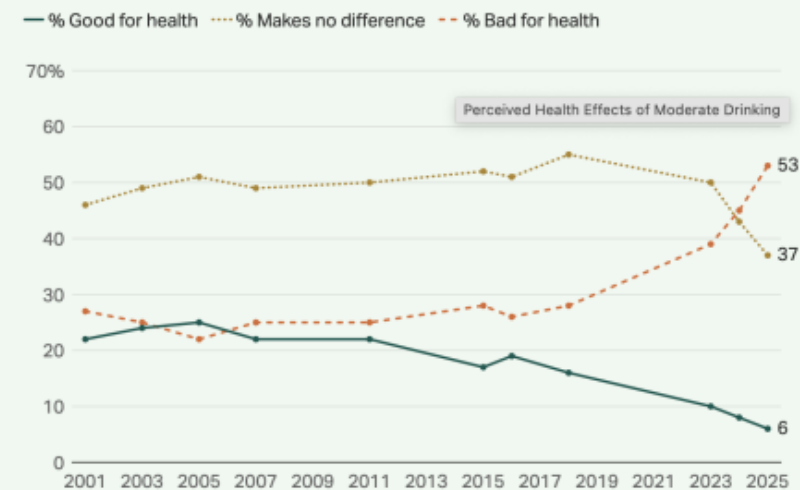
Results include zero drinks for drinkers who report not having had any alcohol in the past week.

Get the data • Download image

GALLUP

## Perceived Health Effects of Moderate Drinking

Do you, personally, think drinking in moderation — that is, one or two drinks a day — [ROTATED: is good for your health, makes no difference or is bad for your health]?



Those with no opinion are not shown.

Get the data • Download image

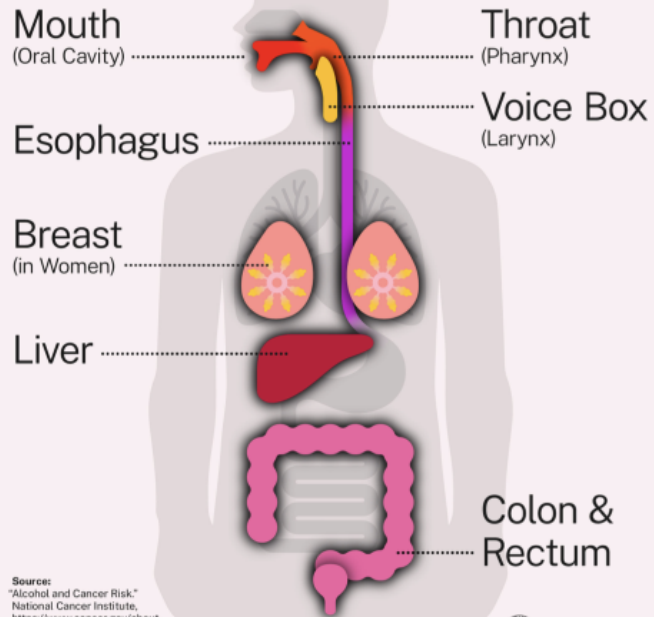
GALLUP



Summary

**This advisory highlights alcohol use as a leading preventable cause of cancer in the United States, contributing to nearly 100,000 cancer cases and about 20,000 cancer deaths each year.<sup>1,2</sup>**

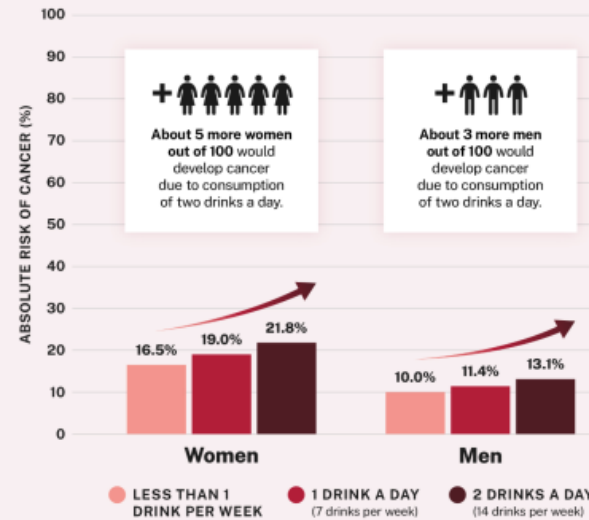
**Consuming alcohol increases the risk of developing at least 7 types of cancer**



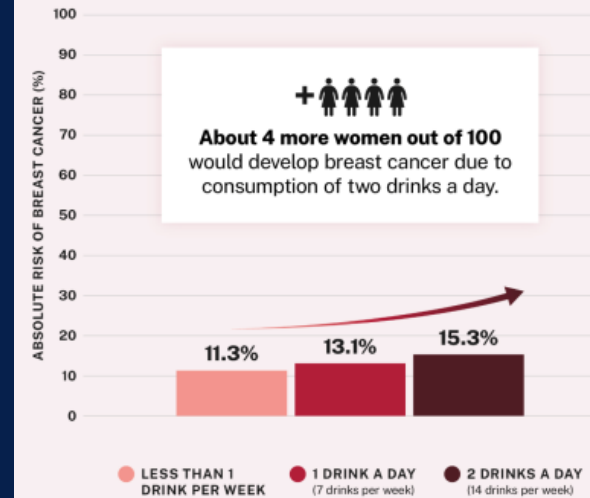
Source:  
"Alcohol and Cancer Risk,"  
National Cancer Institute,  
<https://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet>

Office of the  
U.S. Surgeon General

**Higher alcohol consumption increases alcohol-related cancer risk in women and men**



**Higher alcohol consumption increases breast cancer risk in women**



Vivek Murthy MD  
Jan 2025

## Alcohol Use and Cardiovascular Disease: A Scientific Statement From the American Heart Association

Mariann R. Piano, RN, PhD, FAHA, Chair, Gregory M. Marcus, MD, FAHA, Vice Chair, Dawn M. Aycock, PhD, RN, FAHA, Jennifer Buckman, PhD, C MPH, FAHA, and Michael Roerech  
[Cardiometabolic Health Council](#)  
[Council](#) | [AUTHOR INFO & AFFILIATIONS](#)

Circulation • Volume 152, Num

prone to bias and confounding. The available evidence suggests no risk to possible risk reduction when alcohol is consumed in low amounts (such as no more than 1 to 2 drinks a day) in regard to coronary artery disease, stroke, sudden death, and possibly heart failure. The risk associated with

### Alcohol Intake and Cardiovascular Disease

#### Blood pressure

RCT evidence:

1–2 drinks/d ----- No difference

≥3 drinks/d ----- ↑ Risk

Observational evidence:

≥1 drinks/d ----- ↑ Risk

#### Coronary disease

RCT evidence: NONE

Observational evidence:

1–2 drinks/d ----- ↓ Risk or no difference

>1–3 drinks/d ----- Mixed

Heavy or binge drinking ----- ↑ Risk

#### Stroke

RCT evidence: NONE

Observational evidence:

1–2 drinks/d ----- ↓ Risk

>2 drinks/d ----- ↑ Risk

#### Atrial fibrillation

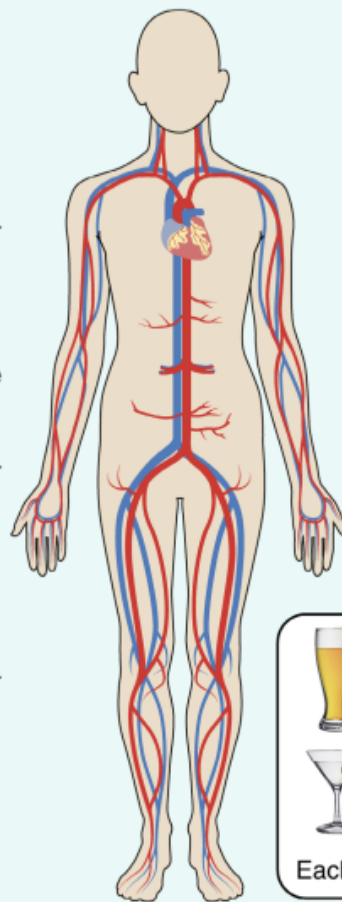
RCT evidence:

Heavy alcohol ----- ↑ Risk

Observational studies

1 drink/d ----- Mixed

>1 drink/d ----- ↑ Risk



#### Sudden death

RCT evidence: NONE

Observational evidence:

1 drink/d ----- ↓ Risk

Heavy consumption ----- ↑ Risk

#### Heart failure

RCT evidence: NONE

Observational evidence

1–2 drinks/d ----- ↓ Risk or no difference

>2 drinks/d ----- ↑ Risk



12 ounces of regular beer: ~5% ABV



5 ounces of wine: ~12% ABV



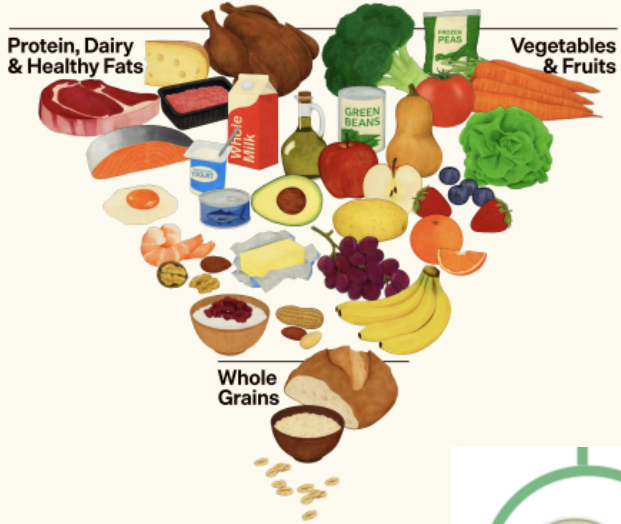
1.5 ounces of 80-proof liquor (vodka, rum, tequila): ~40% ABV



1 ounce of 100-proof liquor: ~50% ABV

Each beverage represents one U.S. Standard drink (14 gm)

# Dietary Guidelines For Americans



## 2026: US HHS Dietary and Alcohol Guidelines

- No mention of previous numerical limits (1 and 2 drinks per day) or gender differences
- Does not cite any updated sources
- HHS accused of 'burying' a Federal study critical of moderate drinking

**We are putting real food back at the center of the American diet. Real food that nourishes the body. Real food that restores health. Real food that fuels energy and encourages movement and exercise. Real food that builds strength.**

Under President Trump's leadership, we are restoring common sense, scientific integrity, and accountability to federal food and health policy—and we are reclaiming the food pyramid and returning it to its true purpose of educating and nourishing all Americans.



## Limit Alcoholic Beverages

- + Consume less alcohol for better overall health.
- + People who should completely avoid alcohol include pregnant women, people who are recovering from alcohol use disorder or are unable to control the

amount they drink, and people taking medications or with medical conditions that can interact with alcohol. For those with a family history of alcoholism, be mindful of alcohol consumption and associated addictive behaviors.

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Nicotine and vaping

GLP1s: AUD, Nicotine, OUD applications

Alcohol: Evolving understanding risks and harms

On-line gambling and sports betting: a growing concern



#5

**Design, Setting, and Participants** Cohort study analyzing data from baseline through year 4 follow-up in the Adolescent Brain Cognitive Development Study (2016-2022), with population-based samples from 21 US sites.

**Exposures** Addictive use of social media, mobile phones, and video games using validated child-reported measures from year 2, year 3, and year 4 follow-up surveys.

**Main Outcomes and Measures** Suicidal behaviors and ideation assessed using child- and parent-reported information via the Kiddie Schedule for Affective Disorders and Schizophrenia. Internalizing and externalizing symptoms were assessed using the parent-reported Child Behavior Checklist.

Original Investigation

FREE

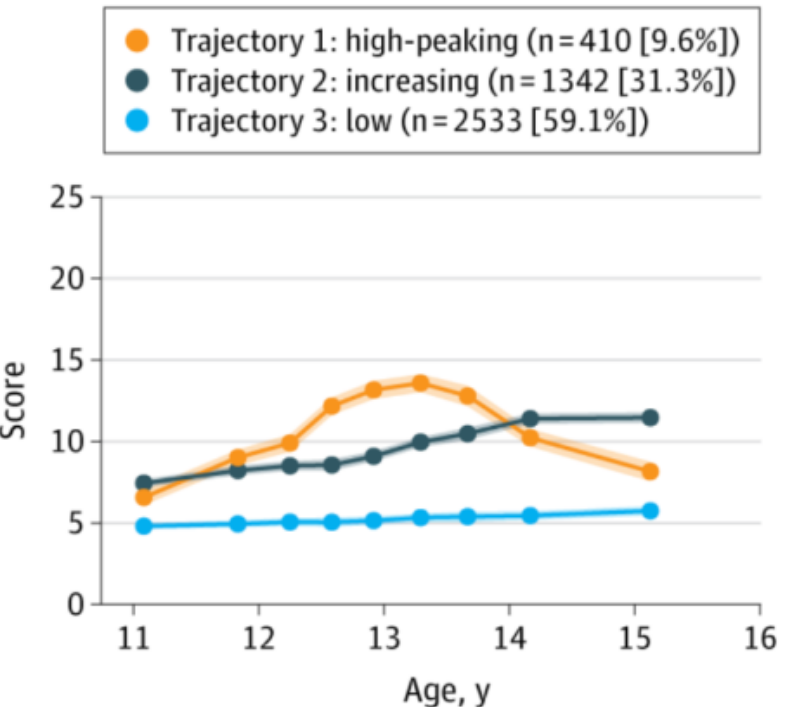
# Addictive Screen Use Trajectories and Suicidal Behaviors, Suicidal Ideation, and Mental Health in US Youths



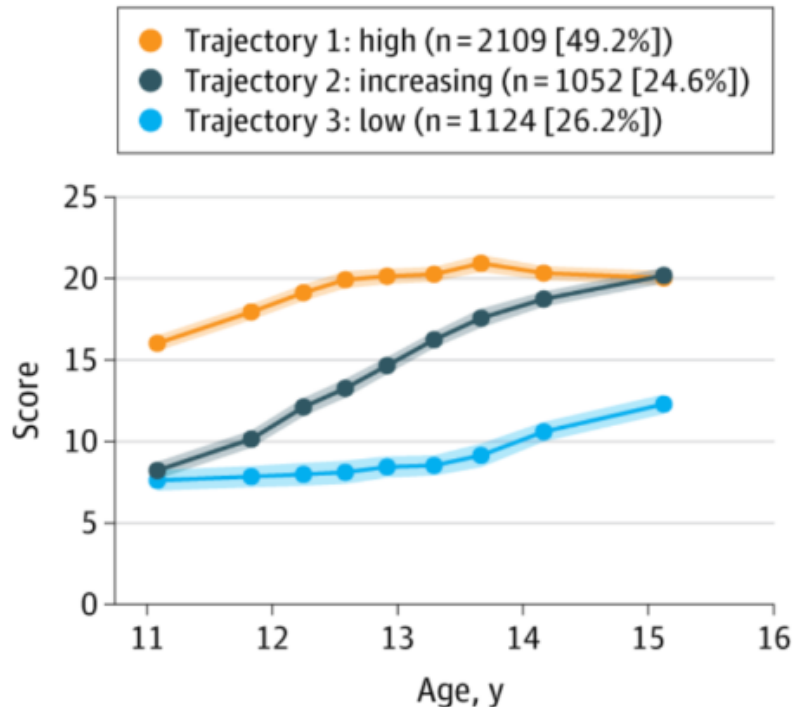
Yunyu Xiao, PhD<sup>1</sup>; Yuan Meng, PhD<sup>1</sup>; Timothy T. Brown, PhD<sup>2</sup>; et al

> [Author Affiliations](#) | [Article Information](#)

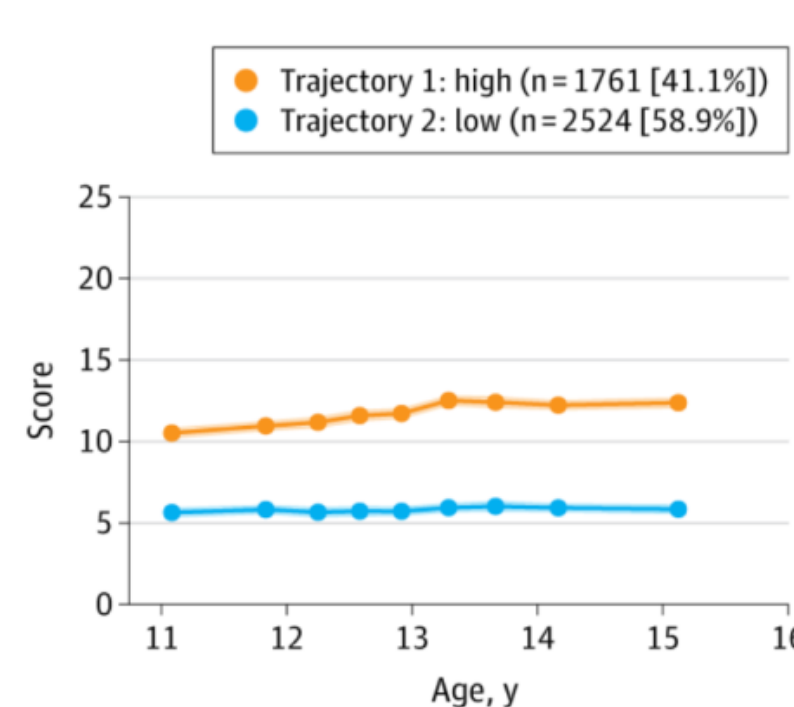
**A** Social media addictive use



**B** Mobile phone addictive use



**C** Video game addictive use

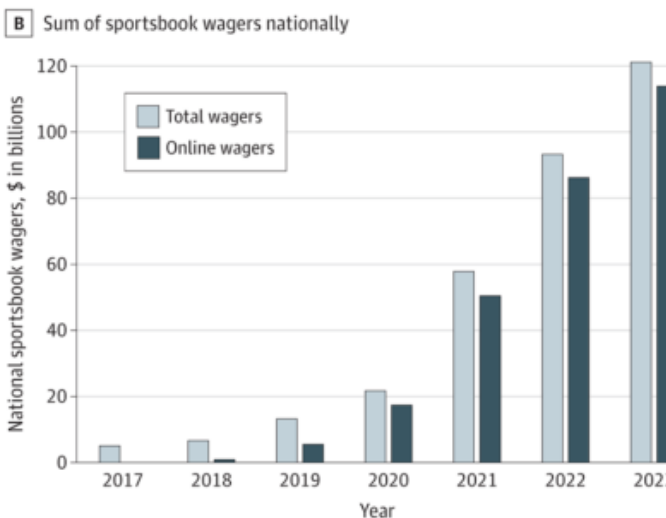
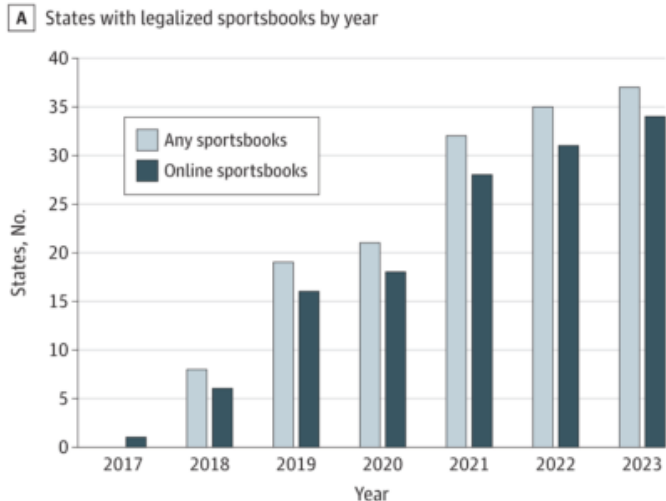


# Growing Health Concern Regarding Gambling Addiction in the Age of Sportsbooks

Atharva Yeola, BS<sup>1,2</sup>; Matthew R. Allen, BS<sup>3,4</sup>; Nimit Desai, BS<sup>3,4</sup>; et al

JAMA Intern Med  
 Published Online: February 17, 2025  
 2025;185;(4):382-389.  
 doi:10.1001/jamainternmed.2024.8193

Figure 1. Sportsbook Operators and Total Wagers in the US From 2017 to 2023



National Collegiate Athletic Association. Massachusetts (47%; 95% CI, 21%-79%), New Jersey (34%; 95% CI, 21%-45%), New York (37%; 95% CI, 26%-50%), and Pennsylvania (50%; 95% CI, 35%-66%) each had more searches than expected after the opening of any sportsbooks in their state. Additional analyses suggest the opening of online, vs retail, sportsbooks corresponded with a larger increase in searches.

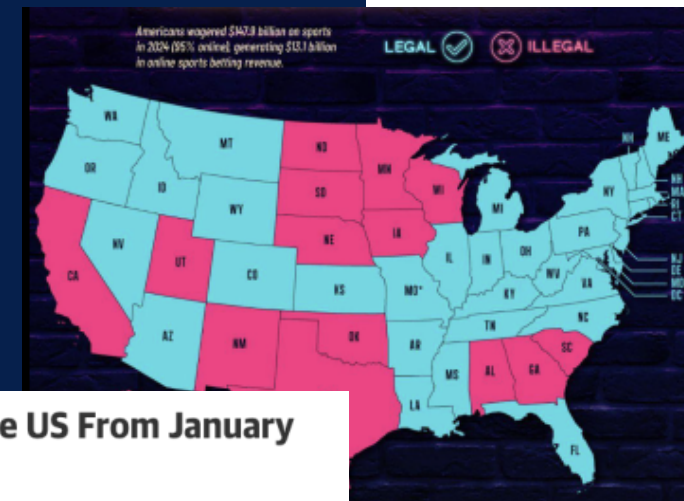
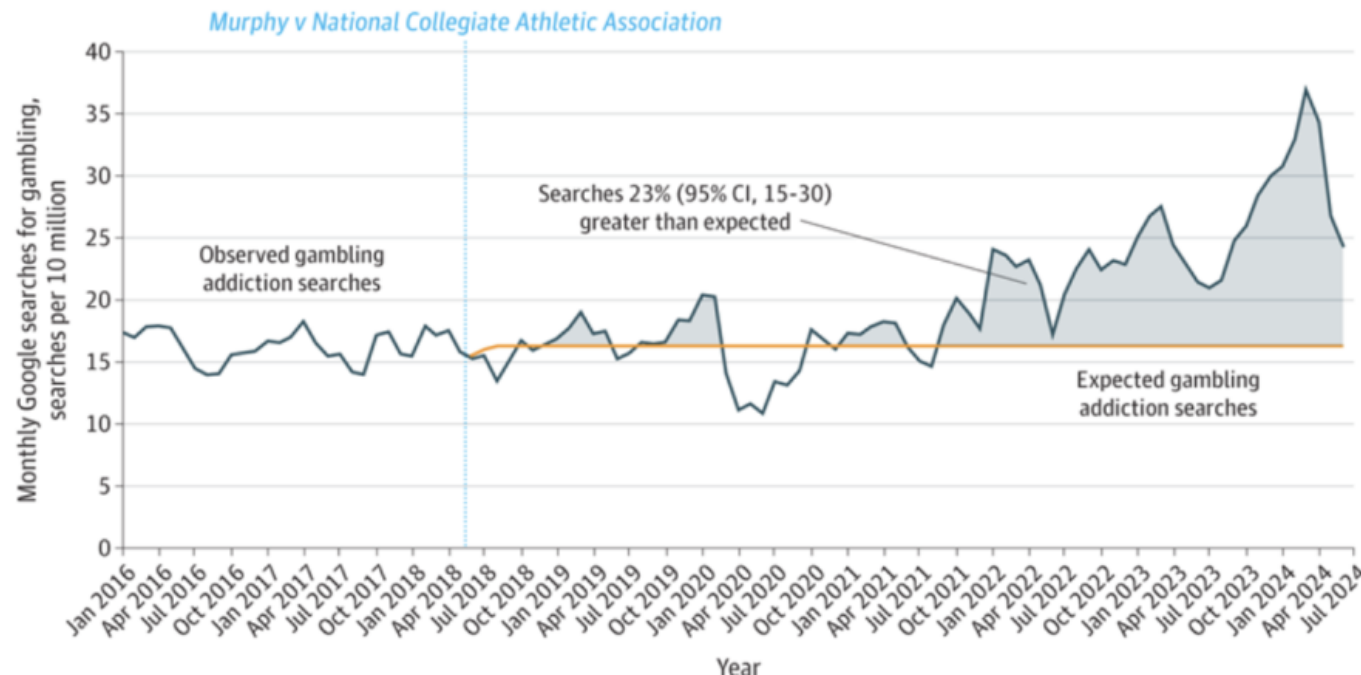


Figure 2. Monthly Internet Searches for Gambling Addiction in the US From January 2016 to June 2024



# Final Takeaways

- ◆ OD declines in part explained by declining fentanyl potency and supply constrictions & decreased population at risk
- ◆ Long-acting buprenorphine inductions work well, XRB in pregnancy also
- ◆ Youth vaping now likely key risk factor for adult smoking
- ◆ Low-dose CT lung CA screening is way underused
- ◆ GLP-1: growing early evidence of impact, AUD and other SUD
- ◆ Drinking: Moderate and higher risk drinking assoc. w/ worse health concerns, moderate drinking likely increases cancer and dementia risk
- ◆ Phones and sports betting : large and growing concern