



National Institute on Alcohol
Abuse and Alcoholism

NIAAA DIRECTOR’S REPORT ON INSTITUTE ACTIVITIES TO THE 164TH MEETING OF THE NATIONAL ADVISORY COUNCIL ON ALCOHOL ABUSE AND ALCOHOLISM

Thursday September 7, 2023

Hybrid Meeting

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IN MEMORIAM



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The NIAAA community mourns the passing of **Ann P. Streissguth, Ph.D.**, who died on August 1, 2023. An internationally renowned expert on fetal alcohol spectrum disorders (FASD), Dr. Streissguth and colleagues published the first study identifying “fetal alcohol syndrome” in the United States and its link to maternal alcohol consumption during pregnancy. Trained in clinical psychology, Dr. Streissguth was a professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine. She became the founding director of the school’s Fetal Alcohol and Drug Unit in 1974. That year, Dr. Streissguth also began serving as the principal investigator of a new NIAAA-funded longitudinal study, “Alcohol Intake during Pregnancy: Offspring Development,” which she led for more than 30 years. This landmark program followed study participants from childhood, through adolescence, and into their adult years, to better understand the long-term neurodevelopmental consequences of FASD. Throughout her distinguished career, Dr. Streissguth served as a key advisor to federal, state, and local organizations, including the NIAAA Ad Hoc Extramural Science Advisory Board on Alcohol and Pregnancy, Research Society on Alcohol, American Psychological Association, and the Society for Birth Defects Research and Prevention. In addition to her numerous scientific publications, she also wrote popular books that helped to educate audiences about FASD. She was the recipient of an NIH Merit Award, and her work garnered many prestigious honors from professional societies, academic institutions, and nonprofit groups such as FASD United. The NIAAA community honors the rich scientific legacy left by Dr. Streissguth and wishes to convey condolences to her family and colleagues.

NIAAA BUDGET

Fiscal Year 2023

On December 29, 2022, the President signed H.R. 2617 - Consolidated Appropriations Act, 2023. NIH received a total of \$47.7 billion, \$2.5 billion or a 5.5% increase above the fiscal year (FY) 2022 enacted level.

The FY 2023 appropriation for NIAAA provides \$595.3 million. NIAAA also received a \$1.3 million HIV/AIDS transfer from the NIH Office of AIDS Research. This represents a \$22.9 million or a 3.8% increase over the FY 2022 budget level.

FY 2024

The FY 2024 appropriation for NIH and NIAAA has not yet been finalized at this time.

HONORS AND AWARDS

Gregory Bloss, Division of Epidemiology and Prevention Research, was recognized with the NIH Division of Program Coordination, Planning, and Strategic Initiatives Director’s Award for Excellence as part of an NIH-wide working group developing an innovative funding opportunity to support time-sensitive research.

Dr. Bipul Ray, Postdoctoral Fellow in the Section on Molecular Pharmacology and Toxicology, Division of Intramural Clinical and Biological Research (DIBCR), received a Research Society on Alcohol (RSA) Junior Investigator Award.

Rani Richardson, Laboratory on Clinical Psychoneuroendocrinology and Neuropsychopharmacology, DIBCR, received the Enoch Gordis Research Recognition Award (Student Category) at the 2023 RSA meeting and the 2023 RSA Nadia Chaudhri Rising Scholar Award.

Dr. Wiramon Rungratanawanich, Postdoctoral Fellow in the Section on Molecular Pharmacology and Toxicology, DIBCR, received the following awards: NIAAA Daniel W. Hommer Outstanding Fellow Award, Midwest Clinical and Translational Society Outstanding Young Investigator Award and Best Poster Abstract Award, and an RSA Junior Investigator Award.

LaToya Sewell, Office of the Clinical Director, DIBCR, was promoted to Captain in the U.S. Public Health Service due to her outstanding performance. Captain Sewell and other recently promoted Officers were recognized by Rear Admiral Denise Hinton, Deputy Surgeon General, during their promotion ceremony.

The Following Postdoctoral Fellows in DIBCR received a 2023 NIH Fellows Award for Research Excellence:

- **Dr. Abhishek Basu**, Section on Fibrotic Disorders
- **Dr. Yaojie Fu**, Laboratory of Liver Diseases
- **Dr. Rachel Keith**, Section on Neural Circuits
- **Dr. Baskar Mohana Krishnan**, Section on Neural Circuits
- **Dr. Bipul Ray**, Section on Molecular Pharmacology and Toxicology
- **Dr. Wiramon Rungratanawanich**, Section on Molecular Pharmacology and Toxicology
- **Dr. Yiming Shen**, Section on Neural Circuits

STAFF TRANSITIONS

Senior Staff Appointments



Dr. David Lovinger has been selected as the Scientific Director for the Division of Intramural Clinical and Biological Research. In this position, Dr. Lovinger will provide scientific, program, and administrative leadership that includes establishing priorities, analyzing and evaluating research programs, recruiting top talent, and promoting an inclusive environment. He was previously the Acting Scientific Director of NIAAA. In addition to his new role, Dr. Lovinger will continue to direct the Laboratory for Integrative Neuroscience, which examines the role of particular molecules in control of acute alcohol intoxication, alcohol-seeking behavior, alcohol use disorder, and habitual behavior.



Dawn Wayman joined the NIAAA Office of the Director as the Institute’s Scientific Diversity Officer. Dawn has worked at NIH for 14 years, most recently as Chief of the Strategic Diversity and Inclusion Branch for the NIH Office of Equity, Diversity, and Inclusion. She was a research coordinator at the National Human Genome Research Institute and was an NIH Management Intern. Dawn holds a B.S. in Biology from Morgan State University, a Master of Health Science in Infectious Disease Epidemiology from the Johns Hopkins University Bloomberg School of Public Health, and a Master of Divinity from Wesley Theological Seminary.

New Staff



Kevin Crist joined the Grants Management Branch, Office of Resource Management. Kevin has extensive experience in grants management in his previous positions at the National Institute on Aging, National Institute of Dental and Craniofacial Research, and the Department of Energy. He has served as an active member and chair of several NIH-wide grants management committees and working groups.



Dr. John Ostuni joined the Clinical NeuroImaging Research Core, Division of Intramural Clinical and Biological Research, to develop mixed reality applications for alcohol related health research and to provide computing support to clinical researchers. Dr. Ostuni received his Ph.D. in biomedical engineering from Rutgers University. He joined the NIH as a Postdoctoral Fellow and became a staff scientist. He has remained at the NIH for more than 25 years at numerous NIH institutes, developing software for imaging and data-processing projects.



Nick Petrilli joined the Office of Resource Management Financial Management Branch as a Budget Analyst. Nick holds a B.A. degree in English and a B.S. degree in Accounting from the University of Buffalo. Prior to joining NIAAA, he worked in the Texas Comptroller’s office and in the Texas Health and Human Services and was a member of the U.S. Air Force.



Dr. Lee Peyton is a Postdoctoral Intramural Research Training Award in the Laboratory for Integrative Neuroscience, Division of Intramural Clinical and Biological Research. Dr. Peyton will be examining effects of alcohol exposure on the physiology of the substantia nigra pars reticulata, the main output nucleus of the basal ganglia, with the goal of identifying neural mechanisms that contribute to alcohol use and alcohol use disorder.



Dr. Devin Plote joined the Science Policy Branch, Office of Science Policy and Communications, as a Health Science Policy Analyst. Dr. Plote leads legislative and congressional activities and contributes to a wide range of science policy and communications projects. She joined NIAAA from the private sector, where she focused on legislative and regulatory health care policy and advocacy and public health issues. She received her Ph.D. in cancer immunology from MD Anderson Cancer Center and was a University of Texas Graduate Archer Fellow.



Andrew (Andy) Rodewald joined the Medications Development Branch in the Division of Treatment and Recovery as a Health Science Policy Analyst. Andy received his master's degree in general psychology from the University of North Carolina Wilmington and completed advanced graduate coursework in experimental and applied psychological science at the Utah State University. He comes to NIAAA from the Johns Hopkins University School of Medicine Department of Psychiatry and Behavioral Sciences, where he managed a laboratory focused on medication adherence and establishing and maintaining

abstinence for individuals with alcohol use disorder. Andy will oversee NIAAA clinical trials operations and technology innovations.

Transitions

Regina Carter joined the Ethics and Management Analysis Branch, Office of Resource Management. Regina's most recent position was as an Administrative Specialist in NIAAA's Office of Laboratory Animal Science. Regina will be handling all aspects of NIAAA's records management program and will assist with mandatory training and risk management activities.

Dr. Laura Manella has expanded her role in the Office of Science Policy and Communications to include activities in the Science Policy Branch in addition to her work within the Communications and Public Liaison Branch. Her science policy responsibilities include communicating about NIAAA's research to policymakers, strategic planning, contributing to leadership presentations, and serving as an Associate Editor for NIAAA's journal, *Alcohol Research: Current Reviews*.

Departures

Dr. Sharmistha Banejee, Postdoctoral Visiting Fellow, Laboratory of Molecular Signaling, departed for a Postdoctoral Associate position at the University of Connecticut.

Dr. Sebastiano Bariselli, Postdoctoral Visiting Fellow in the Laboratory for Integrative Neuroscience is now Research Assistant Professor in the Neuroscience Program at the Humanitas University in Milan, Italy.

Dr. Janos Paloczi departed the Laboratory of Cardiovascular Physiology and Tissue Injury as a Research Fellow to join the Department of Physiology at Louisiana State University as an Assistant Professor.

Irene Zeledon, Grants Management Specialist, departed NIAAA for a position with the Food and Drug Administration.

New Post-Baccalaureate Intramural Research Training Awards (IRTA) Fellows:

Amira Ahamed – Clinical Neuroimaging Research Core
Hrishikesh Bhagwat – Laboratory of Behavioral and Genomics Neuroscience
Nathaniel Burkard – Laboratory of Neuroimaging
Olivia Carpenter – Laboratory of Behavioral and Genomics Neuroscience
John Crow – Laboratory of Behavioral and Genomics Neuroscience
Caleb Darden – Unit on Motivation and Arousal
Natalie Ellis – Section on Clinical Genomics and Experimental Therapeutics
Jeffrey Goff – Laboratory of Behavioral and Genomics Neuroscience
Samantha Hoey – Laboratory of Neurogenetics
Theodore Koide – Laboratory of Human Psychopharmacology
Esther Lin – Laboratory of Neuroimaging
Megan Marks – Unit on Motivation and Arousal
Heidi Meyer – Office of Clinical Director
Tyler Perlstein – Section on Clinical Genomics and Experimental Therapeutics
Jessica Sloane – Laboratory of Human Psychopharmacology
Samuel Vucic – Laboratory of Neuroimaging
Melissa Wilson – Laboratory of Behavioral and Genomics Neuroscience
Aaron Wozniak -Laboratory of Neuroimaging

Departing Postbaccalaureate IRTAs:

Madeline Behee – Laboratory of Physiologic Studies
Andrew Bell – Laboratory of Physiologic Studies
Emma Buckler – Clinical Neuroimaging Research Core
Amari Carter – Officer of the Clinical Director
Alexa Herrerias – Laboratory of Physiologic Studies
Zev Jarrett – Laboratory for Integrative Neuroscience
Karli Lefort – Section of Molecular Pharmacology and Toxicology
Taylor Lehner – Laboratory of Liver Diseases
Noa Leiter – Laboratory of Human Psychopharmacology
Hongkun Lu – Laboratory of Liver Diseases
Zahra Mansur – Laboratory of Neurogenetics
Lucas Mavromatis – Section on Clinical Genomics and Experimental Therapeutics
Emma McCabe – Laboratory of Human Psychopharmacology
Jacqueline Mehr – Laboratory on the Neurobiology of Compulsive Behaviors
Jordan Meza – Section on Neural Circuits
Anna Oliverio – Laboratory of Physiologic Studies
Torben Pearson – Laboratory of Neuroimaging
Stephanie Ramos-Maciel – Unit on Motivation and Arousal
Jinpyo Seo – Laboratory of Neuroimaging
Evan Swanson – Laboratory on the Neurobiology of Compulsive Behaviors
Elise Van Leer – Laboratory of Behavioral and Genomics Neuroscience
Nina Westcott – Unit on Motivation and Arousal
Maya Xia – Laboratory of Behavioral and Genomics Neuroscience
Sydney Zimmerman – Laboratory of Behavioral and Genomics Neuroscience

RECENTLY ISSUED FUNDING OPPORTUNITIES

Notices of Funding Opportunity (NOFOs) Issued by NIAAA

Specialized Alcohol Research Centers: The overall purpose of the NIAAA Alcohol Research Center program is to provide leadership in conducting and fostering interdisciplinary, collaborative research on a wide variety of topics relevant to the NIAAA mission. Topics include, but are not limited to, the nature, etiology, genetics, diagnosis, treatment, and prevention of AUD, alcohol-related end organ diseases, and their biomedical, psychosocial, and economic consequences, across the lifespan and across racial/ethnic groups and other health disparity populations. Centers are also major contributors to the development of research methods, technologies, and approaches that sustain innovative goal-directed research. (P50 Clinical Trial Optional) [RFA-AA-23-001](#) (Contacts: Greg Bloss, Dr. Ivana Grakalic, Dr. Kathy Jung, Dr. Antonio Noronha, and Dr. Mariela Shirley).

Comprehensive Alcohol Research Centers: These Centers must include a dissemination core to initiate and expand community education related to the activities of the Center. The overall purpose of the NIAAA Alcohol Research Center program is to provide leadership in conducting and fostering interdisciplinary, collaborative research on a wide variety of topics relevant to the NIAAA mission. These topics include, but are not limited to, the nature, etiology, genetics, epigenetics, diagnosis, epidemiology, treatment, and prevention of alcohol misuse, AUD, and alcohol-related end organ diseases, and their biomedical, neurochemical, behavioral, psychosocial, and economic consequences, across the lifespan and across racial/ethnic groups and other health disparity populations. Centers also are regional or national resources that contribute to the development of new research methods, technologies and approaches that sustain innovative goal-directed research. (P60 Clinical Trial Optional) [RFA-AA-23-002](#) (Contacts: Greg Bloss, Dr. Ivana Grakalic, Dr. Kathy Jung, Dr. Antonio Noronha, and Dr. Mariela Shirley).

Alcohol Treatment, Pharmacotherapy, and Recovery Research: This NOFO focuses broadly on topics relevant for treatment of and recovery from AUD, including medications development, precision medicine, behavioral therapies and mechanisms of behavioral change, recovery, translational research, and innovative methods and technologies. (R01 Clinical Trial Required) [PAR-23-250](#); (R34 Clinical Trial Required). [PAR-23-249](#) (Contacts: Dr. Dan Falk and Dr. Brett T. Hagman).

Alcohol Health Services Research: This NOFO focuses on closing the treatment gap for individuals with AUD. Topics include but are not limited to: (1) increasing access to treatment for AUD, (2) making treatment for AUD more appealing, (3) examining cost structures and insurance systems, (4) conducting studies on dissemination and implementation of existing evidence-based approaches for treating AUD, and (5) reducing health disparities. (R01 Clinical Trial Optional) [PAR-23-251](#); (R34 Clinical Trial Optional) [PAR-23-252](#) (Contact: Dr. Laura Kwako).

Alcohol and Other Substance Use Research Education Programs for Health Professionals: This NOFO supports research education activities that foster a better understanding of biomedical, behavioral, and clinical research and its implications. NIAAA will support applications for projects designed to engage practicing health care professionals in education and research on AUD and other substance use disorders. Outreach activities should include strategies appropriate for engaging practicing health professionals in meaningful, actionable education on research and state-of-the-art methods for detection, prevention, and treatment. Applications that address health disparities, underrepresented populations, or underserved and disadvantaged populations are encouraged. (R25 Clinical Trial Not Allowed) [PAR-23-240](#) (Contact: Dr. Laura Kwako).

HIV Prevention and Alcohol: This NOFO seeks to expand the HIV/AIDS prevention toolkit among alcohol impacted populations with a range of patterns of episodic and long-term alcohol use and associated behavioral and biological risks for HIV acquisition. This includes integration of effective prevention and treatment interventions with an understanding of the overarching framework for reducing the incidence of new infections by facilitating cross-cutting informative research. This research activity includes the development and testing of new interventions and expansion of existing effective interventions as well as the implementation of these integrative preventive activities in diverse settings and populations. Six areas of research are of primary interest related to alcohol use and related mental health and substance use comorbidities. These include but are not limited to 1) Pre-Exposure Prophylaxis (PrEP) Utilization, 2) Treatment as Prevention (TasP), 3) Integration of Preventive Intervention Strategies, 4) Prevention-related Cross-cutting Research, 5) Syndemic Approaches and, 6) Implementation and Operations Research. (R01 Clinical Trials Optional) [PAS-23-173](#); (R34 Clinical Trials Optional) [PAS-23-172](#) (Contact: Dr. Kendall Bryant).

Notices of Special Interest (NOSIs) Issued by NIAAA

Secondary Analyses of Existing Alcohol Research Data: NIAAA solicits applications to support the secondary analyses of existing data sets with the goal of enhancing our understanding of the following: 1) the patterns and trajectories of alcohol consumption, 2) the epidemiology and etiology, including genetics, of alcohol-related problems and disorders, and 3) alcohol-related health services and health systems, including access, quality, and efficiency. This Notice encourages applications proposing innovative analyses of existing alcohol research data, answering novel research hypotheses and questions, and developing and testing advanced analytical methodologies applicable to alcohol related epidemiological, behavioral and genetics research. [NOT-AA-23-011](#) (Contact: Dr. Laura Kwako, Dr. Abbas Parsian, Dr. Wenxing Zha).

BRAIN Initiative: Mentored Clinician Scientist Research Career Development program to Develop Expertise in Intracranial Human Neuroscience Research: The purpose of this Notice is to promote the availability of Mentored Clinician Scientist Research Career Development Awards (K08) applications in research areas covered by the NIH BRAIN Initiative®. This program will provide support and protected time (3-5 years) for clinicians to develop new and/or expand their expertise in intracranial human neuroscience research. The goal of the program is to build an interdisciplinary and diverse research workforce dedicated to capitalizing on intracranial neural recording and/or stimulating technologies to answer high-impact questions in human neuroscience. [NOT-AA-23-015](#) (Contact: Dr. Ivana Grakalic).

Notices Issued by NIAAA

Request for Information on Religion, Spirituality, and Alcohol Research Aims: NIAAA is requesting information from the broad community of alcohol researchers, clinicians, community leaders (including faith leaders), and advocates to help identify the most important research questions surrounding the influence of religion and spirituality on the prevention and treatment of and recovery from AUD and other co-morbidities. [NOT-AA-23-008](#) (Contact: Joan Romaine).

Notice of Request for Letters of Interest: NIAAA Alcohol Pharmacotherapy Evaluation Program (APEP): NIAAA is seeking letters of interest (LOIs) for promising medications (both novel compounds and repurposed medications) to evaluate their efficacy and safety in Phase 1 and 2 clinical trials for the treatment of AUD. Clinical trials will be supported by a NIAAA contract and conducted by APEP. [NOT-AA-23-016](#) (Contact: Dr. Dan Falk).

NIH-Wide NOSIs, NOFOs and Notices with NIAAA Participation:

Notice of Special Interest (NOSI): Administrative Supplement Program to Help Develop Alzheimer's-Focused NIH Grants, [NOT-AG-23-032](#)

Notice of Special Interest (NOSI): Alzheimer's-Focused Administrative Supplements for NIH Grants that are Not Focused on Alzheimer's Disease, [NOT-AG-23-015](#)

ADVANCE Predoctoral T32 Training Program to Promote Diversity in Health Disparities Research, Preventive Interventions, and Methodology (T32, Clinical Trial Not Allowed), [RFA-OD-23-018](#)

BRAIN Initiative Advanced Postdoctoral Career Transition Award to Promote Diversity (K99/R00 Independent Clinical Trial Not Allowed), [RFA-MH-23-331](#); (K99/R00 Independent Clinical Trial Required), [RFA-MH-23-330](#)

BRAIN Initiative: Exploratory Team-Research BRAIN Circuit Programs - eTeamBCP (U01 Clinical Trials Optional), [RFA-NS-23-025](#)

BRAIN Initiative: Development and Validation of Novel Tools to Probe Cell-Specific and Circuit-Specific Processes in the Brain (R01 Clinical Trial Not Allowed), [RFA-MH-24-280](#)

BRAIN Initiative: Development of Novel Tools to Probe Cell-Specific and Circuit-Specific Processes in Human and Non-Human Primate Brain (UG3/UH3 Clinical Trial Optional), [RFA-MH-23-295](#)

BRAIN Initiative: Targeted BRAIN Circuits (R34 Clinical Trials Not Allowed), [RFA-NS-23-023](#); (R01 Clinical Trial Not Allowed), [RFA-NS-23-024](#)

BRAIN Initiative: Research Resource Grants for Technology Integration and Dissemination (U24 Clinical Trial Not Allowed), [RFA-NS-23-026](#)

BRAIN Initiative: Integration and Analysis of BRAIN Initiative Data (R01 Clinical Trial Not Allowed), [RFA-MH-23-270](#)

HEAL Initiative Partnerships to Advance INterdisciplinary (PAIN) Training in Clinical Pain Research: The HEAL PAIN Cohort Program (T90/R90 Independent Clinical Trial Not Allowed), [RFA-NS-24-015](#)

HEAL Initiative: Interdisciplinary Team Science to Uncover the Mechanisms of Pain Relief by Medical Devices (RM1 Clinical Trial Optional), [RFA-NS-23-028](#)

HIV-associated Non-Communicable Diseases Research at Low- and Middle-Income Country Institutions (R21 Clinical Trial Optional), [NOT-AA-23-013](#) (Contact: Dr. Kendall Bryant), [PAR-23-191](#)

Limited Competition: NIH-DoD-VA Pain Management Collaboratory - Coordinating Center (U24 Clinical Trial Not Allowed), [RFA-AT-24-002](#)

Native American Research Centers for Health (NARCH) (S06 Clinical Trial Optional), [PAR-23-166](#)

NIH Blueprint and BRAIN Initiative Program for Enhancing Neuroscience Diversity through Undergraduate Research Education Experiences (BP BRAIN-ENDURE) (R25 Clinical Trial Not Allowed), [RFA-NS-24-014](#)

NIH Blueprint for Neuroscience Research: Tools and Technologies to Explore Nervous System Biomolecular Condensates (R21 Clinical Trial Not Allowed), [RFA-DA-24-039](#)

NIH Neuroscience Development for Advancing the Careers of a Diverse Research Workforce (R25 Clinical Trial Not Allowed), [PAR-23-178](#)

PHS 2023-2 Omnibus Solicitation of the NIH and CDC for Small Business Innovation Research Grant Applications (Parent SBIR [R43/R44] Clinical Trial Required), [PA-23-231](#)

PHS 2023-2 Omnibus Solicitation of the NIH, CDC and FDA for Small Business Innovation Research Grant Applications (Parent SBIR [R43/R44] Clinical Trial Not Allowed), [PA-23-230](#)

PHS 2023-2 Omnibus Solicitation of the NIH for Small Business Technology Transfer Grant Applications (Parent STTR [R41/R42] Clinical Trial Not Allowed), [PA-23-232](#); (Parent STTR [R41/R42] Clinical Trial Required), [PA-23-233](#)

Research Supplements to Promote Diversity in Health-Related Research (Admin Supp Clinical Trial Not Allowed), [PA-23-189](#)

STrengthening Research Opportunities for NIH Grants (STRONG): Structured Institutional Needs Assessment and Action Plan Development for Resource Limited Institutions (RLIs) (UC2 - Clinical Trial Not Allowed), [NOT-AA-23-012](#) (Contact: Dr. Elizabeth Powell), [PAR-23-144](#)

NIAAA DIRECTOR'S ACTIVITIES

NIAAA Director **George F. Koob, Ph.D.**, gave the following presentations between April and July 2023:

- “Relationship Between Alcohol, Pain, and Opioids,” part of a symposium at the 12th Annual Rx and Illicit Drug Summit in Atlanta, Georgia, on April 11, 2023
- “Comments from NIAAA Director” at the National Consortium on Alcohol and Neurodevelopment in Adolescence meeting (virtual) on April 20, 2023
- “Alcohol Use Disorder and Allostasis: The Gain in the Brain is in the Emotional Pain” plenary talk at the 5th International Congress on Alcoholism and Stress in Volterra, Italy, on May 16, 2023
- “Alcohol Use Disorder as the ‘Elephant in the Room’: The Changing Conversation Around Alcohol in the United States” plenary talk at the American Psychiatric Association Annual Conference in San Francisco, California, on May 22, 2023
- “The Neurobiology of Alcohol Use Disorder and Closing the Treatment Gap” at the American Psychiatric Association Annual Conference part of a symposium in San Francisco, California, on May 23, 2023
- “Hyperkatifeia and Negative Reinforcement as a Driving Force in Addiction-like Overeating,” part of a symposium in San Francisco, California, on May 23, 2023
- “Changing the Conversation Around Alcohol: NIAAA Update,” part of a symposium at the American Society of Clinical Psychopharmacology meeting (pre-recording) on June 1, 2023
- “Congratulations! Class of 2023 American College of Academic Addiction Medicine” at the 4th Annual Addiction Medicine Fellow Graduation (virtual) on June 8, 2023
- “NIAAA update: Changing the Conversation around Alcohol in the United States” plenary talk at the 85th Annual College on Problems of Drug Dependence (CPDD) Scientific Meeting in Denver, Colorado, on June 18, 2023

- “Pre-Addiction: A Starting Point for a Strategic Shift Toward Earlier Intervention in Substance Use Disorders” at CPDD in Denver, Colorado, on June 19, 2023
- “NIAAA Update: Changing the Conversation Around Alcohol” plenary talk at the Research Society on Alcohol (RSA) 46th Annual Scientific Meeting, Bellevue, Washington, on June 25, 2023
- “Everything does NOT get better with age: The effect of alcohol in the aged population” panel discussant at the RSA Annual Scientific Meeting in Bellevue, Washington, on June 26, 2023
- “Alcohol and Aging: NIAAA Challenges” introductory remarks for workshop Role of Alcohol Misuse in the Onset and Progression of Alzheimer’s Disease and Its Related Dementias (AD/ADRD), virtual, on July 26, 2023

NOTABLE NIAAA STAFF ACTIVITIES

The 2023 Annual Public Meeting of the Interagency Coordinating Committee on Fetal Alcohol Spectrum Disorders (ICCFASD) was held on April 17, 2023. The meeting was organized and led by **Dr. Trish Powell**, Chair, and **Dr. Tatiana Balachova**, ICCFASD Scientific Coordinator and Executive Secretary.

Dr. Robert Freeman presented “NIAAA HIV/AIDS Research Priorities” at the NIH Office of AIDS Research Workshop for Early Career Investigators in HIV on April 24, 2023.

Dr. Robert Freeman planned two federal agency information sessions for the Society for Prevention Research Annual Meeting on June 1, 2023.

Dr. Mark Egli served as moderator for the session *Novel Treatment Approaches for Pain* at the 18th Annual NIH Pain Consortium Symposium held June 6 and 7, 2023.

Gregory Bloss gave a presentation on “Tips for Strong Grant Applications” as part of the session *Introduction to Federal Research Grants for Health Economists* at the American Society of Health Economists 12th Annual Conference on June 13, 2023.

Dr. Deidra Roach moderated the NIAAA Interagency Work Group on Drinking and Drug Use in Women and Girls sponsored webinar “Achieving Equity in Women’s Addiction Prevention and Treatment: Accent on Promising Programs” on June 16, 2023.

Joan Romain co-chaired a listening session titled “SBIRT for Maternal Health and Harmful Substance Use in the Antepartum” to share experiences with successful strategies and programs to enhance screening for mental health symptoms and harmful substance use in the antepartum. The session was sponsored by the NIAAA Interagency Work Group on Drinking and Drug Use in Women and Girls on July 14, 2023.

Dr. Ralph Hingson gave a presentation titled “Trends in and Prevention of Underage and College Age Alcohol Misuse and Consequences” at the Community Anti-Drug Coalitions of America 22nd Mid-Year Training Institute on July 18, 2023.

Gregory Bloss gave a presentation on “Alcohol Policy Research at NIAAA” as part of a webinar sponsored by the National Cancer Institute (NCI) on Policy Approaches to Alcohol and Cancer Prevention: Resources, Results and Gaps on July 18, 2023.

Dr. Changhai Cui co-organized, presented, and chaired two sessions at the joint National Institute on Aging/NIAAA workshop on the Role of Alcohol Misuse in the Onset and Progression of Alzheimer's Disease and Its Related Dementias on July 26 and 27, 2023. **Dr. Zhigang Gao** hosted the session, *Central and Peripheral Interactions in Alzheimer's Disease and Alcohol*.

NIAAA Staff Activities at the Research Society on Alcohol (RSA) Annual Meeting, June 24–28, 2023:

Dr. Tatiana Balachova and **Dr. Bill Dunty** gave presentations at the FASD Study Group Meeting.

Dr. Robert Freeman led the Satellite Meeting: *4th Occasional Meeting of the NIAAA Working Group on Intervention Development for Alcohol-Related Sexual and Intimate Partner Violence*.

Dr. Brett Hagman presented “Moving the translation of alcohol behavioral treatments forward” at the Satellite Meeting on *Translational Mechanisms of Behavior Change: Translating Innovation to Practitioners and Programs*.

Gregory Bloss provided commentary in the sessions *Harnessing Technology to Prevent and Treat Alcohol-Related Harm in Diverse Settings with Diverse Populations* and *New Advances in Computer Modeling*.

Dr. Bill Dunty was a discussant in the symposium *New Advances in Nutrient-Alcohol Interactions in FASD: From Preclinical Models to Clinical Translation*.

Dr. Zhigang Gao was a discussant in the symposium *Alcohol Exposome*.

Dr. Changhai Cui introduced the symposium *The Role of Alcohol Use in the Pathology of Alzheimer's Disease* and served as a discussant for *Broadening the Spectrum of AUD Medications to Include Drugs that Target Key Neuroimmune Pathways*.

Dr. Abbas Parsian organized the symposium *Leveraging Genetics of Alcohol Use and Alcohol Use Disorder to Investigate Genetic Liabilities to Alcohol-related Outcomes in Diverse Populations*.

Dr. Brett Hagman presented “Recovery from DSM-5 Alcohol Use Disorder: NIAAA Portfolio Guidance.”

Dr. Mariela Shirley co-chaired the symposium *Brief Alcohol Interventions at Crossroads: Where Do We Go from Here?*

Dr. Changhai Cui, **Dr. Zhigang Gao**, and **Dr. Abbas Parsian** participated in the *Grants Skill Workshop*.

Dr. Bridget Williams-Simmons presented “Translating and disseminating research findings for the public” as part of a workshop titled *Community Engagement in Alcohol-related Research: Insights on Funding, Implementation, and Translation*.

NIAAA Staff Activities at the American Psychiatric Association Annual Meeting, May 20-24, 2023:

Dr. Laura Kwako, **Megan Ryan**, **Deidra Roach**, and **Brett Hagman** organized the NIAAA program *Call to Action: Improving Care at the Intersection of Psychiatry and Alcohol Use*, which hosted seven panel sessions and three plenary sessions with NIAAA grantees and staff serving as speakers.

Dr. Brett Hagman organized and chaired the session *Recovery, Remission, Cessation: New Operational Definitions to Assist in the Evaluation of Treatments and Outcomes*.

Dr. Laura Kwako organized and chaired the sessions *Closing the Treatment Gap: How Can Psychiatry Help?* and *Double Trouble: Management of AUD and Co-Occurring Disorders*. Dr. Kwako also presented, “Getting to the Core: The NIAAA Healthcare Professional’s Core Resource on Alcohol and Other Alcohol Education Resources for Healthcare Providers.”

Dr. Deidra Roach organized and chaired the sessions *Overcoming Disparities in Alcohol Treatment Among BIPOC Women* and *Harmful Alcohol Use in Women: New Horizons in Assessment and Treatment*.

NIAAA SCIENTIFIC MEETINGS AND RESOURCES

On June 16, 2023, the Interagency Work Group on Drinking and Drug Use in Women and Girls held a webinar titled **Achieving Equity in Women’s Addiction Prevention and Treatment: Accent on Promising Programs**. The webinar highlighted work from Dr. Chyrell Bellamy, Yale University, and Rev. Robyn Anderson for the Imani Breakthrough Program, a faith-based opioid recovery program that uses a community-based participatory research approach to develop culturally relevant, faith-based opioid recovery intervention for Black and Latino communities.

On July 18, 2023, NIAAA and NCI cohosted the webinar [Policy Approaches to Alcohol and Cancer Prevention: Resources, Results, and Gaps](#) as part of the Alcohol and Cancer Webinar Series. The webinar highlighted NIAAA’s Alcohol Policy Information System (APIS) and included three speakers: NIAAA’s Gregory Bloss, Alcohol Policy Information System project director Dr. Alicia Sparks, and Dr. Timothy Naimi from the University Victoria in Canada.

On July 26 and 27, 2023, NIAAA and the National Institute on Aging held the workshop [Role of Alcohol Misuse in the Onset and Progression of Alzheimer’s Disease and Its Related Dementias \(AD/ADRD\)](#). The workshop included presentations focused on preclinical and clinical evidence of how chronic heavy alcohol exposure may intersect with pathways of developing AD/ADRD and exacerbate dementias across the lifespan of prenatal, adolescent, and late-life alcohol exposure.

WHAT’S AHEAD? (UPCOMING EVENTS)

American College of Obstetricians & Gynecologists FASD Expert Work Group Annual Meeting will be held on Friday, September 22, 2023, in Washington, DC.

The [National Institute on Drug Abuse-NIAAA Frontiers in Addiction Research Mini-Convention](#) will be held virtually on November 7 and 8, 2023 as a satellite event prior to the Society for Neuroscience annual meeting.

NIAAA RESEARCH HIGHLIGHTS

A WEB-BASED SEXUAL VIOLENCE, ALCOHOL MISUSE, AND BYSTANDER INTERVENTION PROGRAM FOR COLLEGE WOMEN (REALCONSENT): RANDOMIZED CONTROLLED TRIAL

Significance: Sexual violence (SV) toward college women is a major public health concern, and alcohol is a key contributor to SV. Effective prevention strategies that are low resource and technology driven are greatly needed. This study aimed to determine the efficacy of an internet-based prevention intervention, called RealConsent, delivered to first-year college women and designed to reduce risk for exposure to SV. Participants in the RealConsent group experienced less exposure to SV than the placebo group. Furthermore, participants in the RealConsent group engaged in more alcohol-protective behaviors, were less likely to binge drink and were more likely to engage in bystander behavior than the placebo group. Because of its web-based and mobile technologies, RealConsent can be easily disseminated and holds potential for reducing campus SV.

Abstract:

Background: Sexual violence (SV) incidence among college women has been invariant for the past 20 years. Innovative prevention strategies that are low resource and technology driven but demonstrate efficacy are greatly needed. **Objective:** The aim of this study was to determine the efficacy of a novel theoretically driven internet-based intervention for first-year college students who identify as women (RealConsent) in reducing their risk of exposure to SV and alcohol misuse as well as increasing alcohol protective and bystander behaviors. **Methods:** This randomized controlled trial involved first-year college students who identified as women (n=881) attending 1 of 3 universities in the southeastern United States. Participants aged 18 to 20 years were randomized to RealConsent (444/881, 50.4%) or to an attention-matched placebo control (437/881, 49.6%). RealConsent is fully automated and consists of four 45-minute modules that incorporate entertainment-education media and proven behavior change techniques. The primary outcome was exposure to SV; the secondary outcomes were alcohol protective behaviors, dating risk behaviors, alcohol misuse, and bystander behavior. Study outcomes were assessed at baseline and 6-month follow-up. **Results:** Among participants with some exposure to SV, those in the RealConsent group experienced less exposure to SV than the placebo group (adjusted incidence rate ratio 0.48, 95% CI 0.33-0.69; P=.002). Furthermore, participants in the RealConsent group engaged in more alcohol protective behaviors (adjusted odds ratio 1.17, 95% CI 0.12-2.22; P=.03) and were less likely to binge drink (adjusted incidence rate ratio 0.81, 95% CI 0.67-0.97; P=.003). Finally, participants in the RealConsent group who had 100% dosage were more likely to engage in bystander behavior than those with <100% dosage plus placebo group (adjusted odds ratio 1.72, 95% CI 1.17-2.55; P=.006). **Conclusions:** A comprehensive exposure to SV, alcohol use, and bystander educational program was successful in decreasing the occurrence of exposure to SV among those most at risk and in increasing alcohol protective behaviors. Because of its web-based and mobile technologies, RealConsent can be easily disseminated and holds potential for reducing campus SV.

Salazar LF, Schipani-McLaughlin AM, Sebeh Y, Nizam Z, Hayat M. A Web-Based Sexual Violence, Alcohol Misuse, and Bystander Intervention Program for College Women (RealConsent): Randomized Controlled Trial. *J Med Internet Res*. 2023 Jun 21;25:e43740. doi: 10.2196/43740. PMID: 37342080.

ASSOCIATION OF AN ALCOHOL ABSTINENCE PROGRAM WITH MORTALITY IN INDIVIDUALS ARRESTED FOR DRIVING WHILE ALCOHOL IMPAIRED

Significance: Alcohol-impaired driving fatalities are increasing. To help address this problem, the 24/7 Sobriety program, adopted in South Dakota and several other jurisdictions, orders driving under the influence (DUI) offenders to abstain from alcohol and provides frequent alcohol use monitoring (e.g., twice daily) with swift, certain, and moderate penalties (e.g., 1-2 nights in jail) for violations. This study of almost 12,000 program participants and 49,000 non-participants examined time-to-mortality outcomes with at least 5 years of follow-up following arrest for DUI. The researchers found significant reductions in risk of mortality among 24/7 program participants relative to DUI offenders who did not participate. These results demonstrate that 24/7 sobriety programs may improve health outcomes in addition to improving public safety.

Abstract:

Alcohol is the third-leading cause of preventable death in the US, with alcohol-impaired driving alone claiming 11 654 lives in 2020—a 14% increase over the previous year. To address this problem, some jurisdictions are using 24/7 sobriety programs, which combine alcohol abstinence orders with frequent alcohol testing (eg, twice-daily breathalyzers, monitoring bracelets) and swift, certain, and moderate sanctions for noncompliance (typically 1 to 2 nights in jail) to reduce alcohol consumption among those arrested or convicted for alcohol-involved offenses. Individual-level analyses of South Dakota's 24/7 sobriety program demonstrate lower risk of rearrest among participants relative to nonparticipants. While county-level analyses also document a negative association with mortality, this study, with instrumental variables analysis, was conducted to assess the association between 24/7 sobriety and time-to-mortality using individual-level data.

Nicosia N, Kilmer B, Midgette G, Suttrop Booth M. Association of an Alcohol Abstinence Program With Mortality in Individuals Arrested for Driving While Alcohol Impaired. *JAMA Psychiatry*. 2023;80(5):520–522. doi:10.1001/jamapsychiatry.2023.0026.

FRONTAL TDCS REDUCES ALCOHOL RELAPSE RATES BY INCREASING CONNECTIONS FROM LEFT DORSOLATERAL PREFRONTAL CORTEX TO ADDICTION NETWORKS

Significance: Variations in functional connectivity between certain brain networks has been associated with risk of relapse to alcohol misuse. This study investigated the effects of transcranial direct current stimulation (tDCS), a brain-based non-invasive treatment, on relapse rates in individuals with alcohol use disorder (AUD) during early abstinence. tDCS treatment for five days, compared to the sham condition, strengthened the connectivity from the left dorsolateral prefrontal cortex (LDLPFC) to the addiction networks supporting incentive salience (IS) and negative emotionality. The increase in LDLPFC-IS connectivity increased the odds of remaining abstinent for up to four months. These results support the potential utility of harnessing the brain's functional connectivity to support behavior change.

Abstract:

Background: Brain-based interventions are needed to address persistent relapse in alcohol use disorder (AUD). Neuroimaging evidence suggests higher frontal connectivity as well as higher within-network connectivity of theoretically defined addiction networks are associated with reduced relapse rates and extended abstinence during follow-up periods. **Objective:** A longitudinal randomized double-blind sham-controlled clinical trial investigated whether a non-invasive neuromodulation intervention delivered during early abstinence can (i) modulate connectivity of addiction networks supporting abstinence and (ii)

improve relapse rates. **Hypotheses:** Active transcranial direct current stimulation (tDCS) will (i) increase connectivity of addiction networks known to support abstinence and (ii) reduce relapse rates. **Methods:** Short-term abstinent AUD participants (n = 60) were assigned to 5 days of either active tDCS or sham during cognitive training. Causal discovery analysis (CDA) examined the directional influence from left dorsolateral prefrontal cortex (LDLPFC, stimulation site) to addiction networks that support abstinence. **Results:** Active tDCS had an effect on the average strength of CDA-determined connectivity from LDLPFC to the incentive salience and negative emotionality addiction networks - increasing in the active tDCS group only. Active tDCS had an effect on relapse rates following the intervention, with lower probability of relapse in the active tDCS vs. sham. Active tDCS showed an unexpected sex-dependent effect on relapse rates. **Conclusion:** Our results suggest that LDLPFC stimulation delivered during early abstinence has an effect on addiction networks supporting abstinence and on relapse rates. The unexpected sex-dependent neuromodulation effects need to be further examined in larger clinical trials.

Camchong J, Roediger D, Fiecas M, Gilmore CS, Kushner M, Kummerfeld E, Mueller BA, Lim KO. Frontal tDCS reduces alcohol relapse rates by increasing connections from left dorsolateral prefrontal cortex to addiction networks. *Brain Stimul.* 2023 Jun 20;16(4):1032-1040. doi: 10.1016/j.brs.2023.06.011. Epub ahead of print. PMID: 37348702.

THE BENEFICIAL EFFECTS OF LACTOBACILLUS GG THERAPY ON LIVER AND DRINKING ASSESSMENTS IN PATIENTS WITH MODERATE ALCOHOL-ASSOCIATED HEPATITIS

Significance: Alcohol consumption leads to changes in the gut microbiota's composition and growth, a phenomenon known as dysbiosis. Previous research has found that a transplant of fecal microbiota from healthy donors could have a therapeutic effect on reducing drinking in patients with cirrhosis. This pilot study examined the effects of the probiotic *Lactobacillus rhamnosus* GG (LGG) in patients with heavy drinking and moderate alcohol-associated hepatitis. The researchers reported that the probiotic was associated with reduced liver injury at one month and significantly reduced heavy drinking levels at six months. This study is still ongoing and recruiting patients.

Abstract:

Introduction: We investigated the effect of daily oral *Lactobacillus rhamnosus* GG (LGG) in reducing liver injury/severity and drinking in patients with alcohol use disorder and moderately severe alcohol-associated hepatitis. **Methods:** Forty-six male and female individuals with alcohol use disorder and moderate alcohol-associated hepatitis (12 ≤ model for end-stage liver disease score < 20, aged 21-67 years) received either LGG (n = 24) or placebo (n = 22). Data were collected/assessed at baseline and at 1, 3, and 6 months. **Results:** LGG treatment was associated with a significant reduction in liver injury after 1 month. Six months of LGG treatment reduced heavy drinking levels to social or abstinence levels. **Discussion:** LGG treatment was associated with an improvement in both liver injury and drinking. **Trial registration:** ClinicalTrials.gov [NCT01922895](https://clinicaltrials.gov/ct2/show/study/NCT01922895).

Vatsalya V, Feng W, Kong M, Hu H, Szabo G, McCullough A, Dasarathy S, Nagy LE, Radaeva S, Barton B, Mitchell M, McClain CJ. The Beneficial Effects of *Lactobacillus* GG Therapy on Liver and Drinking Assessments in Patients with Moderate Alcohol-Associated Hepatitis. *Am J Gastroenterol.* 2023 Aug 1;118(8):1457-1460. doi: 10.14309/ajg.0000000000002283. Epub 2023 Apr 11. PMID: 37040544.

OVERALL AND TELEHEALTH ADDICTION TREATMENT UTILIZATION BY AGE, RACE, ETHNICITY, AND SOCIOECONOMIC STATUS IN CALIFORNIA AFTER COVID-19 POLICY CHANGES

Significance: The rapid transition of addiction treatment to telehealth during the COVID-19 pandemic raised concerns about increasing disparities in treatment utilization. This study investigated the impact of the COVID-19 telehealth policy changes on addiction treatment utilization and potential disparities in utilization. Investigators analyzed electronic health records and claims data from adults with substance misuse in the Kaiser Permanente Northern California healthcare system. The researchers showed that telehealth addiction treatment increased during the early phase of the pandemic for all subgroups without variation by race, ethnicity, or socioeconomic status, and younger adults may have particularly benefited from the transition to telehealth. These findings are congruent with the findings from prior studies on telehealth usage by patients with alcohol use problems.

Abstract:

Importance: Addiction treatment rapidly transitioned to a primarily telehealth modality (telephone and video) during the COVID-19 pandemic, raising concerns about disparities in utilization. **Objective:** To examine whether there were differences in overall and telehealth addiction treatment utilization after telehealth policy changes during the COVID-19 pandemic by age, race, ethnicity, and socioeconomic status. **Design, Setting, and Participants:** This cohort study examined electronic health record and claims data from Kaiser Permanente Northern California for adults (age ≥ 18 years) with drug use problems before the COVID-19 pandemic (from March 1, 2019, to December 31, 2019) and during the early phase of the COVID-19 pandemic (March 1, 2020, to December 31, 2020; hereafter referred to as COVID-19 onset). Analyses were conducted between March 2021 and March 2023. **Exposure:** The expansion of telehealth services during COVID-19 onset. **Main Outcomes and Measures:** Generalized estimating equation models were fit to compare addiction treatment utilization during COVID-19 onset with that before the COVID-19 pandemic. Utilization measures included the Healthcare Effectiveness Data and Information Set of treatment initiation and engagement (including inpatient, outpatient, and telehealth encounters or receipt of medication for opioid use disorder [OUD]), 12-week retention (days in treatment), and OUD pharmacotherapy retention. Telehealth treatment initiation and engagement were also examined. Differences in changes in utilization by age group, race, ethnicity, and socioeconomic status (SES) were examined. **Results:** Among the 19 648 participants in the pre-COVID-19 cohort (58.5% male; mean [SD] age, 41.0 [17.5] years), 1.6% were American Indian or Alaska Native; 7.5%, Asian or Pacific Islander; 14.3%, Black; 20.8%, Latino or Hispanic; 53.4%, White; and 2.5%, unknown race. Among the 16 959 participants in the COVID-19 onset cohort (56.5% male; mean [SD] age, 38.9 [16.3] years), 1.6% were American Indian or Alaska Native; 7.4%, Asian or Pacific Islander; 14.6%, Black; 22.2%, Latino or Hispanic; 51.0%, White; and 3.2%, unknown race. Odds of overall treatment initiation increased from before the COVID-19 pandemic to COVID-19 onset for all age, race, ethnicity, and SES subgroups except for patients aged 50 years or older; patients aged 18 to 34 years had the greatest increases (adjusted odds ratio [aOR], 1.31; 95% CI, 1.22-1.40). Odds of telehealth treatment initiation increased for all patient subgroups without variation by race, ethnicity, or SES, although increases were greater for patients aged 18 to 34 years (aOR, 7.17; 95% CI, 6.24-8.24). Odds of overall treatment engagement increased (aOR, 1.13; 95% CI, 1.03-1.24) without variation by patient subgroups. Retention increased by 1.4 days (95% CI, 0.6-2.2 days), and OUD pharmacotherapy retention did not change (adjusted mean difference, -5.2 days; 95% CI, -12.7 to 2.4 days). **Conclusions:** In this cohort study of insured adults with drug use problems, there were increases in overall and telehealth addiction treatment utilization after telehealth policies

changed during the COVID-19 pandemic. There was no evidence that disparities were exacerbated, and younger adults may have particularly benefited from the transition to telehealth.

Palzes VA, Chi FW, Metz VE, Sterling S, Asyyed A, Ridout KK, Campbell CI. Overall and Telehealth Addiction Treatment Utilization by Age, Race, Ethnicity, and Socioeconomic Status in California After COVID-19 Policy Changes. *JAMA Health Forum*. 2023 May 5;4(5):e231018. doi: 10.1001/jamahealthforum.2023.1018. PMID: 37204804.

NIAAA COMMUNICATIONS AND PUBLIC LIAISON ACTIVITIES

News Media

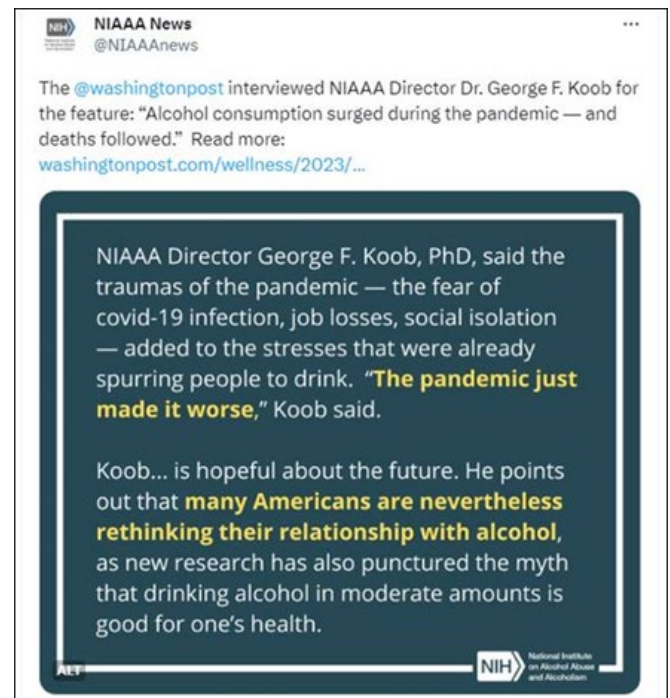
Dr. George Koob, Dr. Aaron White, Dr. Nancy Diazgranados, Dr. Lorenzo Leggio (joint NIDA/NIAAA appointment), and other NIAAA scientists completed 35 media interviews from May through July 2023. Noteworthy stories include those from [The New York Times](#), [The Washington Post](#), [USA Today](#), [Scientific American](#), and [Voice of America TV / Spanish division](#).

Highlights

- New York Times, [Alcohol-Related Deaths Are Rising Among Women](#) – Dr. Koob commented on [new research evidence](#) that, from 2018 to 2020, the increase in rates of alcohol-related deaths was greater among women than among men. He also highlighted NIAAA’s [Rethinking Drinking](#).
- Scientific American, [Could New Weight-Loss Drugs like Ozempic Treat Addiction?](#) – Dr. Lorenzo Leggio discussed the growing preclinical evidence, plus initial human evidence suggesting a role of the GLP-1 hormone in addictions, including alcohol use disorder.
- National Public Radio podcast, [“What’s Health Got to Do With It?” – The health care of addiction](#) – A conversation with Dr. Nancy Diazgranados, NIAAA Deputy Clinical Director.
- USA Today, [Drinking outside this summer? Here’s how much alcohol is too much, plus more safety tips.](#) – Dr. Koob discussed ways to curb unhealthy drinking in the summer, highlighting NIAAA’s [Alcohol and Summer Safety](#) fact sheet.
- PR Newswire – NIAAA distributed information on NIAAA fact sheets to the news media: [High School Graduation](#) and [Alcohol and Summer Safety](#)

News stories and NIAAA Director’s blogs

- May 2023 – Director’s Blog: [Understanding How Alcohol Policies Impact Public Health](#)



Major Activities, Events, and Products

- ***New Alcohol and Your Brain Virtual Reality (VR) Experience:*** The activity takes teens on a virtual rollercoaster ride through the human brain to learn about alcohol's effects on specific brain areas. It is available in VR through the Oculus [App Lab](#) or on video [through YouTube](#). The NIH Digital Accessibility Program Manager recognized NIAAA for creating a “perfectly executed” [video version that provides audio descriptions for users with low or no vision and captions for viewers who are deaf or hard of hearing](#).



NIH will use the video in Section 508 accessibility trainings. It also received very positive reviews from teens and parents at recent health fairs.

- ***New NIAAA College Working Group:*** NIAAA held the kick-off meeting for this group of researchers and college-based practitioners, who will provide NIAAA with informed opinions about current issues and recommendations for potential outreach and research activities.
- ***Students Against Destructive Decisions (SADD)/NIAAA Video Challenge:*** Students were challenged to create short videos focused on underage drinking and raising awareness of NIAAA digital resources for young people.

NIAAA Educational Resources

Top NIAAA resources

- Publications viewed online: [Alcohol Overdose](#), [Alcohol Flush Reaction](#), [Alcohol Use Disorder](#)
- Publications ordered/printed: [Rethinking Drinking](#), [Harmful Interactions](#), [Getting Help](#)
- Webpages: [Drinking Levels Defined](#), [NIAAA Main Homepage](#)

Expansion of translations

[Alcohol Facts and Statistics](#) and [NIAAA Spectrum](#) are now also available in Spanish. NIAAA shares resources for posting on the [NIH Spanish Portal](#).

Social Media Highlights

NIAAA's X account (formerly known as Twitter; [@NIAAAnews](#)) currently has almost 30,000 followers (a 0.3% increase since May 1), NIAAA's Instagram account ([@NIAAAnews](#)) has about 3,700 followers (a 15% increase), and NIAAA's Facebook ([@NIAAAgov](#)) has more than 3,000 followers (a 59% increase). Recently, NIAAA worked with the NIH Office of the Director to establish a new dedicated [video channel for NIAAA content on YouTube](#).

Highlights from social media:

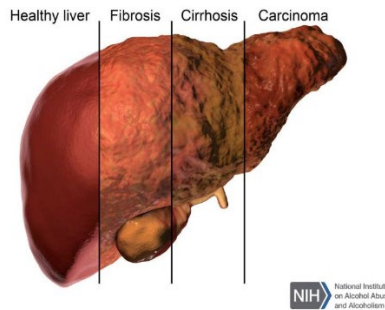
- The [NIAAA Coping With Holiday Stress social media video](#) was awarded a 2023 Silver Telly Award in the category of Use of Comedy—Social Video.

- NIAAA is working with five parenting/family health influencers on Facebook and Instagram to share messages about having conversations with their kids as they go back to college.

Facebook @NIAAAgov

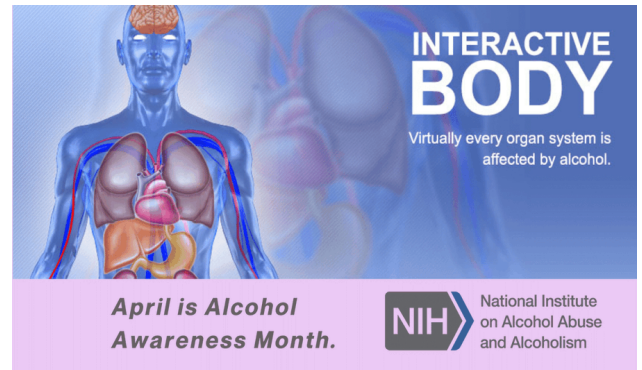
Liver damage from alcohol misuse happens in stages. Some relatively mild damage may happen after a single binge drinking episode but reverses itself if the heavy alcohol use stops. If heavy drinking continues, liver damage can progress to several more advanced stages that could even require a liver transplant. ...

Stages of liver damage from alcohol misuse



Twitter @NIAAAnews

It's [#AlcoholAwarenessMonth](#). [#DYK](#) nearly every organ system of the body is affected by [#alcohol](#) misuse? Learn more -- see our special feature, "Alcohol and You: An Interactive Body"...



Instagram @NIAAAnews

Alcohol use disorder can be mild, moderate, or severe. Alcohol addiction refers to the moderate to severe end of the AUD spectrum, and can be framed as a repeating cycle. ...



Notable Pickup of NIAAA Content

- HHS/NIH
 - NIDA highlighted the new VR experience in an online newsletter.
 - NIH MedlinePlus Magazine featured Dr. Koob in their "[Meet the Director Series](#)" and reported on NIAAA resources in the article about [alcohol's health effects](#).

- The May NIH Newsletter linked to [Rethinking Drinking](#).
- NIH COVID-19 resources featured NIAAA in the articles [Tracking Alcohol Use During the COVID-19 Pandemic](#), and [Risky Alcohol Use: An Epidemic Inside the COVID-19 Pandemic](#).
- NIH homepage rotator featured NIAAA messages on Alcohol Awareness Month, high school graduation, summer safety around drinking, and college drinking.
- [CADCA Coalitions Online](#) featured NIAAA's fact sheets, VR experience, and COVID-19 updates.
- [Psychiatric News, an APA publication](#), interviewed Dr. Koob on the growing awareness of alcohol-related harms, which was [amplified by APA president Petros Levounis on X](#).
- [The AAAP Spring newsletter](#) covered NIAAA research on predicting treatment outcomes.