

April 2026

The Clinical Trials Network (CTN) Community Representative Council (CIRCL) is a collaborative that comes together bi-monthly to courageously share what's happening in their communities. This brief is an overview of topics discussed at this meeting and is not an exhaustive review. The thoughts and experiences herein are those of CIRCL members and do not represent the National Institute on Drug Abuse or the Clinical Trials Network. The voices empowered by CIRCL are intended to drive research and clinical efforts in the CTN and across the US.

The following themes and discussions were highlighted during this meeting:

## Trends in substance use

- Unadulterated heroin found during drug checking (GSCA, GNY)
- Increase in methamphetamine (GSCA, A, OV)
- Some seeing synthetic benzos (NEC) and counterfeit pills (SC)
- Medetomidine and xylazine still in the supply across the US
- More smoking in some parts (NEC, NE), but still 50/50 smoking vs IV use in others (GSCA)

## Kratom presents new concerns

- Widespread use of kratom reported
- Kratom used both to self-treat opioid withdrawal and without prior opioid use
- States proposing legislation to limit kratom access
- Testing for kratom is not routine
  - Some pregnant patients report using kratom because CPS doesn't test for it (GIN)
- Kratom addiction is difficult to treat; providers don't have guidance or best practice and often ignore it

## Engaging Law Enforcement

- Law Enforcement Assisted Diversion (LEAD) programs increasing (PNW, NEC)
- After citation, if a person works with a peer recovery support specialist, they can have some citations removed (WS)

## Treatment Needs

- More SUD-related deaths in Native American communities; significant decrease in lifespan (average lifespan = 52 years in one community)
  - New Medicare waivers to cover traditional healing methods (yay!)
- Hypoxia from repeated ODs complicates treatment
- Food insecurity supersedes MOUD for many

- Hep C increasing (GIN, GSCA)
- Work requirements reducing access, increasing OD risk (HS)
- Increase in gambling, behavioral addictions (HS)

## Spotlight on Peers

- Peers are invaluable, but do not get paid comparably
- Funding cuts impacted peers most (PNW)
- Few career ladders/opportunities for advancement, causing peers to leave the field
- Certification process is stigmatizing – their colleagues don't need it
- Need more research on how to best supervise peers

## Taking 'Meet Them Where They're At' Literally

- SBIRT models are best practice in healthcare settings, but they can also be used in other settings
  - Doing SBIRT on a construction site with workers who refuse to see a doctor
- Programs bringing long-acting medications to unhoused populations (NS)
- Programs partnering with the carceral system to expand treatment (OV, NS)
- Street medicine programs catching on after a few months of initial hesitation from clients (NE)

## Research opportunities

- Using AI to predict relapse (or the flip: retention)
- Implementing EBP in nontraditional research settings (e.g., construction sites)
- Best models for supporting and sustaining peers
- Treating OUD using safe supply of opioid agonists (versus current MOUD options)
- Exploring how hypoxia post-OD impacts cognitive function and impact on care
- Include CIRCL representation in research concept proposal development