Transcriptional alterations in opioid use disorder reveal an interplay between neuroinflammation and synaptic remodeling

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Abstract

Prevalence rates of opioid use disorder (OUD) have increased dramatically, accompanied by a surge of overdose deaths. While opioid dependence has been extensively studied in preclinical models, we still have a very limited understanding of the biological changes that occur in the brains of people who chronically use opioids and who are diagnosed with OUD. To address this, we conducted the largest transcriptomics study to date using postmortem brains from subjects with OUD. We focused on the dorsolateral prefrontal cortex (DLPFC) and nucleus accumbens (NAc), two regions heavily implicated in OUD. We discovered a high degree of overlap in transcripts between DLPFC and NAc in OUD, primarily associated with neuroinflammation. Moreover, additional transcripts were enriched for factors that control pro-inflammatory cytokine-mediated signaling and remodeling of the extracellular matrix (ECM). Our results also implicate a role for microglia as a critical driver for opioid-induced neuroplasticity. Overall, our findings reveal new connections between the brain's immune system and opioid dependence in the human brain.

Introduction

Prevalence of opioid use disorder (OUD) and deaths from opioid overdose have soared in the United States, mainly fueled by the availability of highly potent synthetic opioids(*1*). The enormity of the public health impact, along with high relapse rates(*2*), has been the impetus for wide ranging efforts to develop new treatments for OUD. Progress towards more effective therapeutics requires better understanding of the alterations that occur in the brain of those who develop dependence.

Impulsivity and deficits in cognition are hallmarks of OUD(*3*). These impairments have been attributed to functional alterations in corticostriatal circuits involving the dorsolateral prefrontal cortex (DLPFC) and nucleus accumbens (NAc)(*4*). DLPFC—NAc circuitry regulates cognitive and emotional states that guide reward-seeking(*3*). Moreover, a history of substance use is associated with corticostriatal circuit dysfunction that leads to cognitive impairment and further promotes risky behavior(*5*). The circuitry of opioid dependence has been extensively studied in preclinical models. Yet, we still have a limited understanding of the cellular and molecular changes that occur in these circuits as a consequence of chronic opioid use and OUD in human brain.

Although few studies have investigated postmortem brains in OUD, this approach has the potential to uncover clinically relevant pathways in opioid dependence. For example, previous work showed changes in opioid receptor expression in the DLPFC related to addiction severity in heroin users(*6-8*). Moreover, recent findings showed heroin users have altered expression of the presynaptic machinery regulating glutamate release in the NAc(*9,10*). Nevertheless, deeper knowledge into the molecular alterations to opioids in the DLPFC and NAc is extremely limited.

73  We aimed to establish a more comprehensive understanding of the genetic,

74 molecular, and cellular adaptations across DLPFC and NAc in the brains of human

75 subjects who were chronic opioid users and also had an established diagnosis of OUD at

76 time of death. To accomplish this, we used multiple levels of analysis by integrating

77 transcriptomics across brain regions with behaviors related to OUD vulnerability by

78 GWAS. Between the DLPFC and NAc, we found remarkable overlap in both upregulated

79 and downregulated transcripts. Further investigation into these overlapping transcripts

80 revealed pathways enriched for factors that control the formation and degradation of the

81 extracellular matrix (ECM) and pro-inflammatory cytokine-mediated signaling. These

82 pathways implicate neuroinflammation as a driver of ECM remodeling and synaptic

83 reorganization, processes which are critical for opioid-induced neuroplasticity(*11*).

84 Consistent with this, our analyses showed that microglia were central to these OUD

85 effects in both the DLPFC and NAc. Different elements of these respective pathways are

86 selectively enriched in DLPFC (*e.g.,* TNFα and NFκB signaling) and others in the NAc.

87 Finally, we found direct links between neuroinflammation, risky behavior, and OUD using

88 GWAS findings, which suggests novel genetic and molecular changes that may ultimately

89 drive drug-seeking in OUD.

91 **Results**

92 *Enrichment of differentially expressed transcripts involved in neuroinflammation and ECM*

93 *remodeling in DLPFC and NAc in OUD*

94  To our knowledge, we have assembled the largest sample size of subjects with

95 OUD and matched controls (n=20 per group; Table 1 and table S1) across DLPFC and

NAc, both collected from the same subject. We examined whether there were

transcriptional differences by brain region in OUD. Our RNA-seq analyses in control

subjects showed that different brain regions had unique transcriptional profiles (Figure

S1). Many of the transcripts enriched in DLPFC were significantly related to synaptic

vesicle transport (*e.g., KIF5C*(*12,13*)*, STXBP5L*(*14*)), exocytosis (*e.g., STX1A*(*15*)), and

neurotransmitter release (*e.g,. CADPS2(16), RIMS3*(*17*)) (Data file S1). By comparison,

in the NAc, transcripts associated with cytoskeletal remodeling and chemotaxis regulation

were enriched (*e.g, ROBO1(18), MTUS1(19)*) (Data file S1)*.*

We next investigated the potential impact of region-specific transcriptional

differences in OUD by comparing subjects with OUD to matched controls. We discovered

high numbers differentially expressed (DE) transcripts in both brain regions (567 in

DLPFC (Data file S2); 1306 in NAc (Data file S3); Table 2). Our results showed that opioid

dependence had a profound effect on gene expression in both DLPFC and NAc. The

volcano plot of DE results for the DLPFC revealed a relatively even spread between

transcripts that were downregulated (339 transcripts) or upregulated (228 transcripts) in

OUD subjects (Table 2, figure 1a, and data file S2). Control subjects were differentiated

from OUD subjects by unsupervised clustering based on the expression of the top 250

DE transcripts in DLPFC with the most robust $\log_2$FC (Figure 1b). The volcano plot of DE

results for the NAc revealed that a majority of the DE transcripts were downregulated

(1085 transcripts compared to 221 upregulated transcripts) in OUD subjects (Figure 1c

and data file S3). Unsupervised clustering of subjects based on the top 250 DE transcripts

in the NAc identified subgroups in both the control and OUD cohorts (Figure 1d).

To determine the identity of the genes encoded by these transcripts, we focused

on protein-coding and long noncoding RNAs (lncRNAs) because they were prominent in

both brain regions in OUD subjects. In DLPFC, 73.4% of DE transcripts were protein-

coding and 19.5% were lncRNAs (Figure 2a). We examined the functions of these DE

transcripts via pathway analysis. The top pathways represented by DE transcripts in the

DLPFC were tumor necrosis factor (TNFα) signaling via nuclear factor kappa B (NFκB),

as well as adipocytokine and interferon gamma signaling, clearly implicating an

inflammatory response in DLPFC in OUD (Figure 2b and figure S2). We also found

pathways related to vasculature and blood vessel development (Figure 2b and figure S2).

We then explored whether there was overlap of the top pathways identified above.

Indeed, our analyses indicated significant overlap between immune-related and vascular

pathways (Figure 2c). Using Ingenuity Pathway Analysis (IPA), we determined the top

upstream regulators predicted to be activated or inhibited based on their respective z-

scores. Consistent with enrichment of pro-inflammatory pathways, the top activated

upstream regulators in DLPFC were TNF, IL1B, and NFκB complex (Figure 2d).

Surprisingly, we discovered that all of the predicted upstream regulators that were

inhibited have key roles in the regulation of the vasculature, including KLF2(20),

NRAS(21), and PTEN(22) (Figure 2d). These findings suggest that vascular integrity may

be compromised in DLPFC of OUD subjects, in line with growing evidence that the blood

brain barrier (BBB) is eroded as consequence of repeated opioid use(23,24).

As a complementary approach to IPA, we used Hypergeometric Optimization of

Motif Enrichment (HOMER)(25) to predict transcription factors that may cause the

differential expression of transcripts in OUD. In DLPFC, the top transcription factors were

SRF, MEF2A, PKNOX1, PBX3, and SOX21 (Figure 2d). Each of these have roles in

neuronal survival(*26-34*), neuronal activation(*35,36*), synaptic plasticity(*27,28*), as well as

in inflammation(*37-39*).

Similar to DLPFC, the majority of DE transcripts in NAc were protein-coding

(89.5%), followed by lncRNAs (7.4%; Figure 2e). We found the top enriched pathways

were related to ECM, including those associated with chondroitin/dermatan sulfate

metabolism (Figure 2f). Intriguingly, our data suggests links between ECM remodeling,

microglial cell migration, and synaptic plasticity, in line with recent work(*40*). Specifically,

we discovered enrichment of pathways in synapse organization (Figure 2f, Figure S3).

We also found enrichment of ameboidal-type cell migration pathways (Figure 2f),

commonly used by activated microglia in response to neuroinflammation(*41*). Whereas

there was convergence of cooperative clusters of transcripts into a few, select final

common pathways in the DLPFC (Figure 2c), pathways in the NAc were largely discrete

(Figure 2g). Using IPA, we predicted the top upstream regulators either activated or

inhibited in NAc. The top activated upstream regulators were IL1B (activation of microglia

inflammatory response(*42*)), BRD7 (synaptic plasticity(*43*)), CREBBP (activity-dependent

synaptic remodeling and plasticity(*44*)), and OSM (cell-type dependent regulation of

myelination and inflammation(*45*)) (Figure 2h). While IKZF1 was predicted to be activated

in NAc, this regulator was predicted to be inhibited in DLPFC of OUD subjects, suggesting

opioids differentially impact IKZF1 activity and target transcripts in a region-specific

manner. Interestingly, IKZF1 is a master regulator of immune cell activation(*46-48*). The

top inhibited upstream regulators were UHRF2 (modulator of DNA methylation(*49*)), IgG

(Complex) (immunomodulation(*50*)), PTEN (vasculature integrity(*22,51*)), ZBTB16

(chromatin remodeling via histone deacetylation(*52,53*) including in response to drugs of

abuse(*54*)), and RB1 (cell survival and migration(*55*)).

As in DLPFC, we identified the top transcription factors using HOMER analysis in

NAc in OUD. We found several POU family transcription factors(*56*) (POU2F3, POU2F2,

and BRN1), which have critical roles in inflammation(*57-59*) and neurodevelopment(*60-*

62). Moreover, we identified the nuclear orphan receptor, RORα, which is also important

in neuroinflammation(*63-65*) (Figure 2h). While the DLPFC and NAc vary in how each

coordinate their respective signaling pathways, nevertheless, our data demonstrate that

both regions share common neuroinflammation and ECM pathways, suggesting the

importance of both in alterations related to chronic opioids.

High transcriptional coherence between DLPFC and NAc converges on

neuroinflammatory and ECM pathways in OUD

Because of the many shared pathways across brain regions in OUD, we

comprehensively mapped the extent of transcriptional overlap between the DLPFC and

NAc. Such analyses may provide critical insight into the functional alterations across

DLPFC—NAc circuits(*3,11,66-69*). To investigate overlap of alterations between regions,

we used Rank-Rank Hypergeometric Overlap (RRHO) analysis(*70,71*). Our threshold-

free approach ordered transcripts in each brain region by both the direction of their effect

size and p-value. RRHO revealed substantial transcriptional overlap in both upregulated

and downregulated transcripts between DLPFC and NAc (Figure 3a and Figure S4).

Given this transcriptional coherence, we examined the pathways enriched from DE

transcripts shared between regions. Indeed, there was a high level of overlapping DE

transcripts between brain regions, even using strict significance cutoffs (Figure 3b-c;

Fisher's exact test, $p<10^{-6}$). Across DLPFC and NAc, the top shared pathways included

those related to ECM (*e.g.,* biosynthesis of glycosaminoglycans and chondroitin sulfate)

and neuroinflammation (*e.g.,* cytokine-mediated immune signaling via TNFα and NFκB)

(Figure 3d). Other enriched pathways were associated with cellular stress responses

(*e.g.,* DNA damage repair), as well as protein and histone modifications (*e.g.,*

ubiquitination and acetylation) that govern epigenetic regulation (Figure 3d and figure S5).

Our findings implicate epigenetic changes as a potential driver of transcriptional

alterations in OUD. Using genome-wide maps of epigenetic modifications derived from

human brain(72), we investigated the enrichment of chromatin state by comparing the

transcription start sites from DE transcripts in OUD to states previously defined in control

subjects(72). In DLPFC, we discovered that transcription start sites of DE transcripts were

enriched for genomic regions marked by weak polycomb repression at baseline (Figure

S6a, $p < 10^{-5}$). Weak polycomb repression diminishes histone marks (*e.g.,* H3K27me3),

which would otherwise inhibit transcription at the start site(72). Relative to baseline, the

enrichment of upregulated DE transcripts in DLPFC from OUD subjects suggests that

opioids induce the activation of otherwise repressed areas of the genome to promote

transcription (Figure S6). In NAc, we discovered DE transcripts were enriched for

genomic regions marked for a quiescent state at baseline ($p < 10^{-6}$; Figure S6a).

Quiescent states are characterized by the complete absence of histone marks linked to

transcriptional inactivity(72). Similar to DLPFC, such findings suggest opioids activate

otherwise inactive genomic regions, resulting in transcriptional upregulation in NAc

(Figure S6b). Overall, these findings reflect a fundamental disturbance of chromatin

states and transcriptional regulation by opioids relative to baseline epigenetic states.

Upregulation of microglia markers in OUD

Since we discovered high transcriptional coherence between DLPFC and NAc

(Figure 3a,b), we identified the cell types that specific DE transcripts were largely

expressed in from both brain regions via deconvolution analyses(*73*). We clustered

transcripts in major cell types in the brain including astrocytes, endothelial cells, microglia,

neurons, as well as oligodendrocytes and oligodendrocyte precursor cells. Relative to

control subjects, we found significant enrichment of microglial markers (*e.g.*, *ZNF812*) in

OUD (p=0.03; Figure 4a). This supports our evidence for neuroinflammatory processes

in DLPFC and NAc in OUD.

We next conducted cell type-specific DE analysis in DLPFC and NAc. We tested

each cell type from above to identify DE transcripts that significantly co-vary with the cell

type-specific markers. Using brain region as a covariate, we detected a single DE

transcript associated with microglia markers, *HSD17B14* (Table S2). Previous work

showed that reduced expression of *HSD17B14* in microglia resulted in exaggerated pro-

inflammatory glial activation(*74*).

Focusing on transcripts that correlated with changes in neuronal markers, we

identified 25 DE transcripts that were significantly enriched for pathways related to

neuroimmune signaling between neurons and local inflammatory cells (*e.g.,* microglia)

(Figure 4b and table S2). We found a number of upregulated genes that are controlled by

a single microRNA (miR), miR223 (Figure 4b). Importantly, miR223 is a crucial modulator

of macrophage activation(*39*), further implicating a role for microglia in the regulation of

neuroimmune responses in OUD. A broader view of these pathways indicated that

immune-related pathways were largely distinct between microglia and other immune cell

types including CD4$^+$ and CD8$^+$ T-cells (Figure 4c). This highlights the possibility of

interactions between neurons and multiple immune cell types in the brains of OUD

subjects. Lastly, we found strong enrichment of DE transcripts with synapse-related

pathways (Figure S7).

Increased connectivity of neuroinflammatory and ECM signaling gene modules in OUD

We used weighted gene co-expression network analysis (WGCNA) to investigate

correlational patterns among transcripts, and thus identify transcript modules involved in

OUD. WGCNA generated transcript co-expression networks in DLPFC and NAc from

both control and OUD subjects, identifying 17 co-expression modules in DLPFC and 15

modules in NAc (Figure 5a). To determine whether modules were specific to OUD, we

used module differential connectivity (MDC) analysis to directly compare the correlational

patterns (*i.e.*, connectivity) among transcripts of each module between OUD and control

subjects. More coordinated expression of transcripts in controls relative to OUD indicates

a 'gain' of connectivity in control subjects. Conversely, a module that loses connectivity

in controls is more coordinated in OUD than in controls. In DLPFC, 15 of 17 modules lost

connectivity and two remained unchanged in control subjects (Figure 5b). In NAc, 13 of

15 modules lost connectivity, while one module gained connectivity, and another

remained unchanged in controls (Figure 5b). These findings indicate that overall module

structures were largely distinct between OUD and control subjects.

To further investigate the biological significance of modules in OUD, we examined

the enrichment of DE transcripts within each module focused on mRNA and lncRNA

transcripts that were highly represented in DLPFC (Figure 2a) and NAc (Figure 2e). We

specifically concentrated on the DLPFC blue module and the NAc forestgreen module

because: 1) these modules had increased connectivity in OUD subjects compared to the

other modules, and 2) these modules were highly enriched for both DE mRNA and

lncRNA transcripts in OUD (DLPFC blue full DE list $q<10^{-26}$, mRNA $q<10^{-23}$, lncRNA

p=0.002; NAc forestgreen full DE list $q<10^{-23}$, mRNA $q<10^{-22}$, lncRNA p=0.004). The

topography of DLPFC blue and NAc forestgreen networks were markedly different in OUD

relative to control subjects (Figure 5e,f). In OUD, these networks were more correlated,

consistent with strengthening of module connectivity.

Given our previous findings of overlap in DE transcripts and pathways across

DLPFC and NAc, we next tested the degree of overlap in transcript co-expression

networks between DLPFC blue and NAc forestgreen modules. Indeed, there was

substantial overlap in transcripts between these modules (Fisher's exact test, $p<10^{-16}$).

We further examined the functions of the pathways shared between these modules. Our

analyses revealed pathways related to neuroinflammation and ECM remodeling,

consistent with our earlier findings (Figure 5d). The top shared pathways include TNFα

signaling via NFκB, interferon-γ response, and acute inflammatory response via IL-6(75)

and IL-2(76) signaling (Figure 5d and figure S8). We specifically identified upstream

regulators of these pathways. Significantly, all of the top shared regulators are modulators

of inflammatory response: PPARγ(*77*), NFKB1(*78*), RELA(*78*), STAT1(*79*), and SP1(*80*)

(Figure 5d). Notably, we also uncovered strong signal corresponding to pathways related

to ECM regulation and organization (Figure 5d). These data build upon our above

analyses highlighting critical roles for neuroinflammation and ECM in OUD.

To identify key drivers of transcriptional co-expression networks described above,

we used hub gene network analysis. Hubs are highly connected genes within a module

predicted to control expression of other module genes. Therefore, identifying OUD-

specific hubs offers putative mechanisms for how these transcriptional networks are

regulated in brains from subjects with OUD. A number of hub genes were distinct to OUD

in DLPFC and NAc. Several of these hub genes in DLPFC are involved in inflammatory

signaling, including *JAK3(81), SERPINB1(82),* and *RELL1* (*83*)(Figure 5f)*.* In NAc, we

similarly found numerous hub genes involved in inflammation such as *TLR2(84),*

TNFRSF10B(85), and *NFIL3(86)* (Figure 5f).

We investigated whether additional classes of transcriptional regulators were also

highly connected within our co-expression networks including lncRNAs and genes

encoding RNA-binding proteins. Indeed, several lncRNAs were highly connected in co-

expression networks specific to OUD in DLPFC and NAc (*e.g.,* DLPFC: *AC0101086.3*

and NAc: *BAALC.AS1*) (Figure 5f and table S3). *AC0101086.3* is located proximal to

CLEC2D in the genome*,* another OUD-specific hub gene. Notably, *CLEC2D* encodes

ELT1, an activator of innate immune responses(*87,88*). *BAALC.AS1* is highly expressed

in brain and regulates astrocyte proliferation and differentiation(*89*). In the NAc

forestgreen module, we also identified a transcript encoding the RNA-binding protein,

YBX3. YBX3 regulates the expression of the large neutral amino acid transporter 1

(LAT1)(*90*), which is necessary for the uptake of catecholamine precursor, L-DOPA in

dopaminergic cells(*91*). Interestingly, changes in the expression of *YBX3* in human

midbrain has previously been implicated in opioid dependence(*92*). Together, our data

provides further evidence that there are direct associations between neuroinflammation

and OUD.

Associations between transcriptional alterations in the NAc and increased genetic liability

for substance use-related traits in OUD

Opioid dependence is strongly linked to impulsive, risky behaviors. Given our

results highlighting inflammatory pathways in OUD, we sought to determine whether

these pathways were linked to traits related to opioid dependence. To test this, we

employed a GWAS-based approach that integrated risk loci associated with opioid

dependence and risky behavior(*93-95*) with transcriptional profiles in DLPFC and NAc

from OUD subjects. Loci identified by GWAS are known to overlap with intronic and distal

intergenic noncoding regions within *cis*-acting regulators of gene expression(*72*). Using

this information, we examined whether noncoding regions proximal to our DE transcripts

were enriched for genetic risk variants of both opioid dependence and risky behavior. We

found significant enrichment of downregulated DE transcripts in NAc of OUD subjects for

risky behavior GWAS (FDR<0.05; Figure S9a). Many of these transcripts were associated

with neuroimmune signaling, along with the machinery involved in synaptic

neurotransmission (Figures 2 and 5). There was no enrichment of DE transcripts in

chronic pain, opioid dependence, or unrelated GWAS traits (*i.e.,* bone mineral density,

coronary artery disease, and lean body mass) (Figure S9b,c). Our results therefore bridge

substance use related genetic risk factors to our gene expression findings in OUD.

Discussion

Our work demonstrates that inflammation is the most salient biological process

identified across our analyses in brains of subjects with OUD. This is consistent with

accumulating evidence from both human and animal studies that suggests inflammatory

processes are critical modulators of opioid reward and dependence. Clinical findings that

directly link inflammation to OUD come primarily from studies reporting elevated levels of

pro-inflammatory cytokines in the periphery of opioid dependent individuals(*96*).

Activation of pro-inflammatory cytokines in periphery and brain may have functional

consequences that contribute to OUD. In line with this, pharmacological inhibition of

activated microglia(*97*) mitigates subjective withdrawal(*98*) and reduces motivation to

consume opioids in dependent individuals(*99*). Similarly, glial inhibition attenuates opioid

conditioned reward and seeking behaviors in rodents(*100-103*). Furthermore, altered

dopaminergic and glutamatergic neurotransmission is implicated in both inflammation

and opioids(*96,104*), suggesting interactions between these pathways(*100,101,105-107*).

However, the unanswered question is whether these findings are clinically relevant for

OUD. To address this, we focused exclusively on the DLPFC and NAc, key regions

involved in OUD(*3*).

Across multiple levels of analysis, our results reveal several key inflammatory

pathways altered in OUD in both brain regions. One of the top shared pathways between

DLPFC and NAc is TNFα signaling via NFκB. Receptors known to activate NFκB, TNF

and TLR4(*108,109*), are among the top predicted upstream regulators of DE transcripts.

Upon activation, NFκB dimers translocate to the nucleus to drive transcription of immune-

related factors, including cytokines, chemokines, and interleukins(*108,109*), forming a

positive feedback loop that drives inflammation. In addition to its classical role in innate

immunity, opioids can activate NFκB signaling via opioid receptors(*110-114*). Activation

of NFκB signaling can, in turn, promote transcription of opioid receptors and

peptides(*115-120*), which may be involved in opioid reward and

dependence(*115,121,122*). Thus, while opioids can influence immune function via NFκB,

opioids may also activate NFκB, with downstream effects on addiction-related behaviors,

independent of immune function.

We also discovered inflammatory pathways altered by OUD that were distinct to

DLPFC. In DLPFC of OUD subjects, interferon-γ response was among the top enriched

pathways. In brain, interferon-γ is secreted by T helper cells, cytotoxic T lymphocytes,

and natural killer cells, that activate local microglia to initiate an inflammatory

response(*123,124*). Such activation has been implicated in modulating the activity of

cortical networks(*125*). Studies suggest that opioid dependence induces shifts in the

states of network connectivity in cortical and striatal circuits(*126*). Importantly, we

speculate interferon-γ signaling alters circuit activity, providing a mechanism for the

disturbances in circuit connectivity produced by opioids. Though still controversial, there

is growing evidence that opioids can also induce a neuroinflammatory response via direct

activation of TLR4 (toll-like receptor 4), a transmembrane receptor which activates NFκB

signaling and inflammatory cascades(*127*). Alternatively, independent of opioid action,

TLR4 may elicit an inflammatory response during opioid withdrawal(*128*). On the basis of

this evidence, we propose that disrupted network connectivity in the DLPFC as a

consequence of opioid-induced inflammatory responses drives changes in behaviors

associated with dependence, including craving and impaired decision making.

An effective neuroinflammatory response involves the interplay between immune

cell activation and local ECM remodeling. The ECM is an assembly of adhesion

molecules, proteins, polysaccharides, and proteoglycans, critical for BBB integrity(*129*),

along with cell proliferation, differentiation, and migration(*130*). Increasingly, ECM

remodeling is also implicated in synaptic plasticity(*131*). Importantly, the cytokines we

identified in DLPFC and NAc of OUD subjects, such as interferons and TNFs, modulate

ECM remodeling(*132,133*), and therefore, directly link neuroinflammation, ECM, and

opioids.

Both the formation and degradation of ECM in the brain depend on the aggregation

of a specific family of proteoglycans, chondroitin sulfate glycoaminoglycans (CS-

GAGs)(*134*). Significantly, CS-GAGs constitute the top shared pathway enriched

between DLPFC and NAc in OUD subjects. CS-GAGs aggregate in the perisynaptic

space in response to inflammation. This aggregation of CS-GAGs alters ECM structure

in the brain(*135*). These ECM structural changes consequently impact neurite outgrowth,

dendritic spine formation and morphology(*134,136*), and myelination(*137,138*). Indeed,

reduced myelination has been found in clinical neuroimaging and postmortem brain

studies of chronic opioid users(*139-143*), as well as in rodent models of chronic opioid

exposure(*144,145*). We therefore posit that opioid-induced changes in CS-GAG signaling

driven by neuroinflammation disrupt ECM structure and have profound consequences on

dendritic and synaptic plasticity. Consistent with this, preclinical opioid studies implicate

structural changes to the ECM with accompanying changes to dendritic and synaptic

plasticity(*135,146*). For example, ECM reorganization in the NAc via matrix

metalloproteinases (MMPs), which facilitate matrix degradation and reassembly, is

associated with increases in glutamatergic synaptic potentiation(*147*) and opioid relapse

behaviors(*135*). Importantly, our analyses identified a critical new hub linking ECM

remodeling via MMPs, neuroinflammation, and OUD. We found *TIMP1* as an OUD-

specific hub gene in the NAc, which is activated by pro-inflammatory cytokines that inhibit

MMPs[135]. Similarly, we discovered an additional OUD-specific hub gene, *TLR2*, which

also acts on MMPs to functionally reorganize excitatory synapses(*147*). We therefore

speculate: 1) opioid use elicits release of pro-inflammatory cytokines in the brain that

activate TIMP1 and TLR2, protein modulators of ECM organization(*148*); 2) these

activated modulators modify MMP activity to alter ECM organization; and 3) these

disturbances to ECM remodeling alter synaptic plasticity[136] and result in the behavioral

changes related to OUD. Future experiments will directly test these possibilities.

The primary resident immune cells in the brain are microglia. In response to

inflammation, microglia are locally recruited and activated, causing these cells to release

cytokines. Under normal physiological circumstances, microglia serve a neuroprotective

role. However, in response to prolonged activation, microglia transition to a reactive state,

which results in the uncontrolled release of pro-inflammatory cytokines. This ultimately

leads to neurotoxicity and further potentiates local damage.

Multiple lines of evidence point to the centrality of microglia in the pathways we

have identified in OUD. First, microglial markers were significantly enriched across

DLPFC and NAc in subjects with OUD. Moreover, our cell-type marker-based approach

revealed that the top differentially expressed transcript, *HSD17B14*, was highly correlated

with microglial markers. This gene encodes an enzyme that responds to both pro- and

anti-inflammatory cytokines to maintain microglial homeostasis during acute

inflammation(*74*). Second, our cell-type marker analysis revealed pathways involved in

microglial activation as well as the activation of additional immune cell types, including

CD4$^+$ and CD8$^+$ T-cells. Earlier work showed an interplay between microglia and CD4$^+$ T-

cells that was critical for neurodegeneration(*149*). This supports the possibility of

synergistic relationships between microglia and T-cells in potentiating neuroinflammation

in OUD. Third, the cytokines we have discussed above, including IL-1β, IL-6, IL-2, and

TNFα, are all secreted by activated microglia(*150*). These microglial associated cytokines

have been strongly implicated as modulators of opioid dependence-related

behaviors(*105,151,152*). Fourth, pathways identified in both DLPFC and NAc in OUD

map onto downstream signaling pathways associated with transcriptional regulation in

microglia in response to cytokine activation during inflammation. Specifically, our

transcriptional network analyses predicted the following top upstream regulators as

PPARγ, NFκB1, RELA, STAT1, and SP1. While microglia rely on multiple families of

transcription factors(*153*), our findings in OUD largely identify signal dependent

transcription factors that are important for guiding microglial response to inflammatory

signals. For example, PPARγ is a nuclear transcription factor preferentially expressed in

human microglia. PPARγ is activated in response to neuroinflammation and leads to anti-

inflammatory responses that are neuroprotective(*153*). Additionally, NFκB1 and RELA

form a complex in response to inflammatory stimuli, initiating a cascade of signaling well-

established in mediating cellular responses to injury and inflammation(*108,109*). Aberrant

activation of STAT1 in microglia leads to the transcription of several pro-inflammatory

cytokines. Intriguingly, STAT1-dependent signaling regulates the expression of the

human μ-opioid receptor via IL-6, another pro-inflammatory cytokine that we identified in

our analyses(*154*). Finally, we identified two pathways that are intimately linked to

microglial responses to inflammation: ameboidal migration and integrin signaling.

Integrins tether microglia to neurons by linking these cell types to the ECM scaffold(*155*).

Microglia rely on the ECM for ameboidal migration, further linking microglia, ECM, and

neuroinflammation in OUD.

In addition to changes in protein-coding transcripts, we discovered that subjects

with OUD also exhibited marked changes in lncRNAs compared to controls. LncRNAs

are key regulators of gene and protein expression via transcriptional, post-transcriptional,

translational and post-translational regulation(*156*). Several of the lncRNAs we identified

in OUD subjects, *AC0101086.3, BAALC.AS1,* and *AL136366.1*, are implicated in both

neurotransmission and neuroinflammation. In DLPFC, we found *AC0101086.3* to be an

OUD-specific hub lncRNA. This lncRNA is located proximally to *CLEC2D*, which encodes

ELT1, the functional ligand for the natural-killer cell receptor NKR-P1A. NKR-P1A controls

immunosurveillance via natural-killer, dendritic, and B-cells(*87,88*). In NAc, we found

BAALC.AS1 and *AL136366.1* as OUD-specific hub lncRNAs. *BAALC* is involved in lipid

raft formation and membrane plasticity in neurons. This lncRNA has also been associated

with intellectual ability(*157*) and late-onset Alzheimer's Disease(*158*). *AL136366.1*

interacts with the transcription factor NFIB, involved in brain development(*159,160*),

intellectual disability(*161*), and astrocyte proliferation(*162,163*).

Functional alterations at the circuit-level occur across multiple brain regions in

opioid dependence(*3*) and during treatment response(*164*). One such change occurs at

the transcriptional level, where different brain regions can increasingly synchronize their

patterns of transcription. There is evidence that increases in transcriptional synchrony

across brain regions occur in response to insults including stress and drugs of

abuse(*165,166*). Consistent with this, we found significant transcriptional synchrony

between DLPFC and NAc in OUD subjects. To date, the precise relevance of such

profound synchrony remains unclear. We speculate that, because the ranking, effect size,

and direction of change in numerous transcripts is highly similar between brain regions,

such synchrony may represent a common pathophysiological response to

neuroinflammation in OUD. Clearly, further work is required to explore this possibility.

Integrating large-scale gene expression profiles with relevant GWAS findings

reveals novel gene-trait associations in OUD. We demonstrated that downregulated

genes in the NAc of OUD subjects were significantly enriched for GWAS of risky

behavior(*93*). Risky behavior forms a functional triad with mood and impulsivity(*167*),

where impulsivity is a risk factor for substance dependence including OUD(*168-170*). Our

findings therefore support relationships between genetic risk, brain region-specific

transcriptional changes, and vulnerability to OUD.

Overall, our data reveal new connections between the brain's immune system and

opioid dependence in the human brain. These results provide a novel putative mechanism

across transcriptional networks, biological pathways, and specific cell types for the

detrimental neuroadaptations across corticostriatal circuitry that result from chronic

opioids and OUD. The insights provided by our work offer the opportunity for new

therapeutic targets with improved efficacy to treat OUD.

Materials and Methods

Human Subjects

Brain specimens (n=40) were obtained during routine autopsies conducted at the

Office of the Allegheny County of the Medical Examiner (Pittsburgh, PA) after consent

was obtained from the next-of-kin. An independent committee of clinicians made

consensus, lifetime DSM-IV diagnoses for each subject using the results of a

psychological autopsy, including structured interviews with family members and review of

medical records, as well as toxicological and neuropathological reports(*171*). The same

approach was used to confirm the absence of lifetime psychiatric and neurologic clinical

disorders in the unaffected comparison subjects (controls). All procedures were approved

by the University of Pittsburgh Committee for Oversight of Research and Clinical Training

Involving Decedents and Institutional Review Board for Biomedical Research.

In order to control for experimental variance and to reduce biological variance

between diagnostic groups, each subject meeting diagnostic criteria for opioid

dependence at time of death (n=20) was matched with one control subject (n=20)

perfectly for sex and as closely as possible for age (Table 1). Subject groups did not differ

in mean age, postmortem interval (PMI), RNA integrity number (RIN), or tissue storage

time at -80°C (all t_{38}<1.18, all p>0.25). Brain pH significantly differed between diagnostic

groups (t_{38}=2.54, p=0.015); however, the mean difference was 0.2 pH units and of

uncertain biological significance. Subject groups significantly differed in racial

composition (χ^2=5.63, p=0.018). Demographic details on individual subjects are

presented in Table S1.

RNA Sequencing

The DLPFC (area 9) and NAc were identified from fresh-frozen right hemisphere

coronal tissue blocks using anatomical landmarks(*172*), and ~50mg of tissue was

collected via cryostat for each subject in a manner that minimizes contamination from

white matter and other striatal subregions and ensures excellent RNA

preservation(*173,174*). Tissue was homogenized in TRIzol (Invitrogen, Carlsbad, CA)

and RNA extracted using the RNeasy Lipid Tissue Mini Kit (Qiagen). RNA integrity was

assessed using a Bioanalyzer (Agilent) and concentration was determined using a Qubit

fluorometer (Invitrogen). Libraries were constructed using TruSeq Total RNA sample kit

and sequenced by Illumina NextSeq 500. All samples were sequenced across all lanes

to avoid lane bias by a technician blind to treatment groups (paired-end 75 cycles).

Average sample coverage was 29 million reads before alignment. FastQC was used to

assess the quality of the data. Per base sequence quality was high (mean Phred>30),

indicating good quality of the experimental data. HISAT2 was used to align the read to

the Ensembl human reference genome (GRCh38.p13) reference(*175*). The resulting bam

files after alignment were converted to expression count data using HTSeq(*176*). The

RNAseq count data were transformed to log*2* count data using voom function of the

Bioconductor limma package(*177,178*). A total of 80 samples (20 control DLPFC, 20

control NAc, 20 OUD DLPFC, 20 OUD NAc) with 60,676 genes preprocessed together.

Low expression genes were filtered out and 15,042 genes remained (retained genes with

$\log_2$ transformed counts per million greater than 1 in 50% or more subjects).

Differential expression

Differential expression was assessed using limma with covariate selection, as

previously(*179*). Briefly, for each gene, we first adjusted the difference of expression

($\log_2$FC) with covariates (sex, age, race, PMI, pH, RIN) by including each covariate in the

regression model. Next, at most 2 covariates were selected to be included in the full model

using Bayesian information criterion (BIC) for each gene individually(*180*). We report

corrected p-values and Benjamini-Hochberg q-values (*181*). Genes with corrected p<0.01

and $\log_2$FC>0.26 were considered differentially expressed(*166,182,183*). For each brain

region, the top 250 DE genes were ordered by $\log_2$FC and used for unsupervised

clustering of subjects. Biotypes of detected genes were determined using metaseqR

(v3.11)(*184*). Overrepresentation of pathway and gene ontology (GO) categories was

assessed using Metascape (http://www.metascape.org), with expressed genes as

background. We assessed enrichment using GO, KEGG, Hallmark, Canonical Pathways,

Reactome, BioCarta, and CORUM. Pathway enrichment was performed for each brain

region separately and for the list of DE genes that were shared across brain regions.

Determination of differential expression upstream regulators

INGENUITY® Pathway Analysis (Qiagen) was used to determine predicted

upstream regulators of DE genes with expressed genes as background considering direct

and indirect relationships. As a complementary approach, we used HOMER (v4.11) to

predict upstream factors that might drive differential expression patterns(*25*). HOMER

determines if binding motifs within a gene set are enriched compared to what is expected

in the background gene list; all promoters (except those chosen for analysis) were used

as background.

Chromatin states of differentially expressed genes

Chromatin states from the 15-state model trained on histone modifications were

obtained from the Roadmap Epigenomics Project(*72*). Genome state annotations were

converted to hg38 from hg19(*185*). ENSEMBL genes (v79) were matched to chromatin

states based on the annotated transcription start site(*186*). Gene expression differences

measured in the DLPFC in OUD subjects compared to control subjects were compared

to PFC chromatin states. No chromatin states were available for the NAc, so chromatin

states for the anterior caudate were used as a substitute, as both regions are dominated

by medium spiny neurons. The hypergeometric test was used to calculate the enrichment

of observed overlaps in the OUD-higher and OUD-lower gene sets of both brain regions

to each chromatin state in corresponding brain region.

Identification of OUD-specific co-expression networks

In each brain region separately, we used weighted gene co-expression network

analysis (WGCNA) to identify gene modules with similar expression patterns across

samples(*187,188*). WGCNA was performed using the 5000 most variable genes across

samples. Modules were built using OUD samples and module preservation analysis was

performed to determine robustness of modules(*189*). Module differential connectivity

(MDC) was used to quantify differences in co-expression between OUD and control

samples; MDC is the ratio of the connectivity of all gene pairs in a module from OUD

subjects to that of the same gene pairs from control subjects(*190*). MDC >1 indicates gain

of connectivity, while MDC <1 indicates loss of connectivity. To statistically test the

significance of MDC, we estimated the p-value based on two types of shuffling schemes:

1) shuffled samples – adjacent matrix with non-random nodes but random connections;

2) shuffled genes – adjacent matrix with random nodes but non-random connections.

Data were permuted 1000 times. P-values were converted to q-values following

Benjamini Hochberg procedure, and MDC q<0.05 was considered significant.

Module enrichment

We used Fisher's exact test to determine whether DE genes were enriched within

WGCNA modules. Overrepresentation of pathway and gene ontology (GO) categories for

each module was assessed using Metascape (http://www.metascape.org), with the 5000

WGNCA-analyzed genes as background. We assessed enrichment using GO, KEGG,

Hallmark, Canonical Pathways, Reactome, BioCarta, and CORUM. To examine overlap

of pathways, pathways are hierarchically clustered into a tree based on Kappa-statistical

similarities among gene memberships (0.3 Kappa score used as threshold to cast tree

into term clusters and thickness of edge represents similarity score). A subset of

representative terms from this cluster were selected for network layout, where each term

is represented by a circle node (size proportional to number of input genes within term

and color intensity reflects p-value). The network is visualized with Cytoscape using

Community cluster with categorical labels representing multiple clusters.

Identification of module network structure

ARACNe was used to identify hub and OUD-specific hub genes for network

analysis([191]). A gene is considered a hub if the N-hob neighborhood nodes (NHNN) is

significantly higher than the average NHNN. A hub gene is considered an OUD-specific

hub if it attains hub status in OUD, but not control subjects. Cytoscape 3.8.0 was used to

generate networks of hub genes; only correlations >0.98 are included in the networks.

Overlap of pathways within brain region was assessed using Metascape and Cytoscape

(Community Cluster, GLay).

Determination of overlapping patterns between DLPFC and NAc

We first determined overlap between DE patterns between the DLPFC and NAc

using strict cutoffs, in which genes needed to have $p<0.01$ across both brain regions. We

also used rank rank hypergeometric overlap (RRHO) as a threshold-free method to

evaluate the overlap of differential expression patterns between the DLPFC and

NAc([192,193]). RRHO identifies overlap between two ranked lists of differential gene

expression. For each of the two datasets, RRHO ranks the entire gene list by DE p-value

and effect size direction; one dataset is represented on the X-axis and one on the Y-axis.

Cell-type-specific differential expression analysis

We estimated cell-type fractions from bulk RNA-seq data using Digital Sorting

Algorithm (DSA)(*194*), a marker-guided deconvolution method. The bulk data are

deconvolved in BRETIGEA into six cell types: astrocytes, endothelial cells, microglia,

neurons, oligodendrocytes, and OPC(*195*). OUD and control subjects are compared for

enrichment of each cell type using hypergeometric t-tests adjusting for brain region. We

then conducted cell-type-specific (CTS) differential expression analysis with CellDMC for

each brain region(*73*). CellDMC is designed for detecting CTS differentially methylated

sites but is also applicable to gene expression data. Significant genes are defined as a

false discovery rate (FDR)<0.05.

Relationship of identified DE lists to GWAS

We separated DLPFC and NAc up and down regulated genes in OUD by the sign

of their log_2FC values. Region-specific differentially up- and down-regulated genes with a

corrected p<0.01 was used to construct the foregrounds for GWAS enrichment. We

selected intronic and intergenic regions of a marker gene from the GENCODE human

hg38 comprehensive gene annotation release 33. For each set of gene markers, we took

the region spanning the gene body and subtracted exons to define introns. Then, we took

the 20kb regions flanking the gene body as the proximal intergenic regions. To avoid

collision with nearby genes in dense, gene-rich loci, we removed flanking sequences that

overlap exons. We then merged intronic and intergenic regions for each brain region and

log_2FC gene set foreground. We found in our hands that the LD score (LDSC) GWAS

enrichment analysis is sensitive to selected background set of matched regions for proper

enrichment above the foreground set. We combined intronic and flanking intergenic

regions as above for all hg38 genes from the GENCODE annotation to create the

background for LDSC GWAS enrichment analysis.

We computed the partitioned heritability (GWAS enrichment) of brain region-

specific noncoding regions containing and surrounding up and down regulated OUD gene

marker sets (corrected p<0.01) for addiction-related variants using the LD score

regression pipeline for cell type-specific enrichment as outlined in

https://github.com/bulik/ldsc/wiki(*196,197*). The traits of brain-related GWAS include

multisite chronic pain(*198*), tendency to engage in risky behavior(*93*), schizophrenia

risk(*199*), opioid dependence(*200*), cannabis use(*201*), diagnosis of obsessive-

compulsive disorder (*202*), age of smoking initiation(*94*), heaviness of smoking(*94*),

alcoholic drinks per week(*94*), having ever regularly smoked(*94*), current versus former

smokers(*94*), highest level of educational attainment(*157*), sleep duration(*203*). The traits

of the non-brain related traits include lean body mass(*204*), bone mineral density(*205*),

and coronary artery disease(*206*). The pipeline produced LD score regression coefficient,

coefficient error, and coefficient p-value estimates. The p-values of the LD score

regression coefficients were adjusted for false discovery rate (α=0.1) on GWAS

enrichments performed on all GWAS for foregrounds at one p-value cutoff since genes

are shared in foregrounds of less stringent cutoffs. A significant p-value indicates

enrichment of the foreground genomic regions for GWAS SNPs relative to the

background.

  Figure Legends

Fig. 1. Transcriptomic changes in DLPFC and NAc from OUD subjects. (a) Log₂FC

plotted relative to -log₁₀p-value by volcano plot for DE genes in DLFPC. Horizontal dashed

lines represent p-value significance cutoff of corrected p<0.01, while vertical dashed lines

represent log₂FC cutoffs of ≤-0.26 or ≥0.26 (FC≥1.2). Red circles represent DE genes

that reach significance, $\log_2FC$, and FDR<0.05 cutoffs. **(b)** Heatmap of the top 250 DE

genes (corrected p<0.01 and $\log_2FC$ of ≤-0.26 or ≥0.26) clustered by gene and subject.

Each column represents a subject (controls, purple; OUD, blue). Subjects within groups

cluster together. **(c)** Volcano plot for DE genes in NAc. Note the large numbers of genes

that are significantly reduced in expression compared to genes that are increased. **(d)**

Heatmap of the top 250 DE genes clustered by gene and subject. Overall, subjects within

groups cluster together with several groups of subjects forming separate clusters.

Fig. 2. **Differential enrichment of transcriptional pathways between DLPFC and NAc**

in OUD subjects. (a) Biotypes of DE genes (corrected p<0.01 and log$_2$FC of ≤-0.26 or

≥0.26) in DLPFC. Protein coding genes represent the majority of DE genes (blue; 73.4%)

followed by lncRNAs (orange; 19.5%). **(b)** Pathways enriched from DE genes in DLPFC

mainly include pathways related to inflammation and immune function. **(c)** Significantly

enriched terms based on pathways included in multiple annotated sets (*e.g.,* GO, KEGG,

hallmark, etc.) using hypergeometric p-values and enrichment factors. Note inflammatory

response and immune function represent majority of pathways, along with several non-

overlapping pathways involved in blood vessel development and vascular processes. **(d)**

IPA predicted upstream regulators known to be involved in immune function. Analysis

focused on regulators predicted to be significantly activated or inhibited (z-scores, yellow

to blue gradient represents activated or inhibited, respectively). Top predicted

transcription factors and promotor binding sequences by HOMER from DE genes in

DLPFC. Several of these transcription factors interact with TNF-dependent signaling,

including SRF, MEF2A, and PBX3. **(e)** Biotypes of DE genes in NAc. Protein coding

genes represent the majority of DE genes (blue; 89.5%) followed by lncRNAs (orange;

7.43%). **(f)** Pathways enriched in DE genes in NAc mainly include pathways related to

chondroitin and dermatan sulfate metabolism and synapse organization. **(g)** In the NAc,

pathways were distinct, with few overlapping nodes and biological categories. **(h)** IPA

predicted upstream regulators known to be involved in immune function (activated: IL1B,

OSM; inhibited: IgG complex), synaptic plasticity and myelination (inhibited: PTEN),

autophagy (inhibited: ZBTB16), and epigenetic regulation of transcription, including

 chromatin remodeling (activated: BRD7, IKZF1, CREBBP; inhibited: RB1) and DNA

 methylation (inhibited: UHRF2).

Fig. 3. High transcriptional concordance reveals commonly altered molecular pathways between brain regions associated with opioid dependence. (a) RRHO plot indicating high degree of overlap, or transcriptional concordance, between DLPFC and

NAc in OUD subjects. **(b)** Venn diagram of DE genes between DLPFC and NAc. **(c)** DE

genes (purple lines) and their ontology (light blue lines) highly overlapped (orange)

between DLPFC and NAc. **(d)** Top 20 pathways of DE genes shared between DLPFC

and NAc. Many of these pathways are related to ECM and neuroinflammatory signaling.

Fig. 4. Predicted microglial cell-type enrichment in both DLPFC and NAc. (a)

Deconvolution analyses indicates modest enrichment of microglia gene markers in

DLPFC and NAc of OUD subjects ($p < 0.03$; hypergeometric t-test controlling for brain

region), consistent with enrichment of pathways in DE genes related to immune function.

(b) Pathway enrichment analysis on the significantly altered DE genes in neurons

identified pathways related to inflammation**. (c)** Significantly enriched terms based on

pathways included in multiple annotated sets (*e.g.,* GO, KEGG, hallmark, etc.) using

hypergeometric p-values and enrichment factors. The network is visualized with

Cytoscape using Community cluster with categorical labels representing multiple clusters.

Individual nodes are also labeled. Note nodes are related to presynaptic structure and

function and miR233-dependent regulation of macrophage and T-cell activation.

Fig. 5. OUD associated gene networks in DLPFC and NAc. (a) Weighted gene co-expression network analysis (WGCNA) was used to generate co-expression modules, with the network structure generated on each brain region separately. The identified modules that survived module preservation analysis were arbitrarily assigned colors and the dendrogram shows average linkage hierarchical clustering of genes. **(b)** Pie charts summarize results from the module differential connectivity (MDC) analysis compared OUD to control subjects. The majority of modules were lost in control subjects, revealing OUD-specific modules in both DLPFC and NAc. **(c)** Circos plot identified by module names and colors. Enrichment for full list of differentially expressed (DE) genes, protein-coding (mRNA), and long non-coding RNAs (lncRNA), are indicated by semi-circle colors within each module, with increasing warm colors indicating increasing -$\log_{10}$ p-value. LncRNA enrichment was examined based on the high prevalence of these transcripts in the Biotype analysis (see Figure 2a,e). MDC analysis indicated a loss of connectivity in the DLPFC blue module and NAc forestgreen module. These modules were also enriched for DE mRNA and lncRNAs. **(d)** Pathway enrichment analysis compared gene networks within the DLPFC blue module and NAc forestgreen module. Warmer colors indicate increasing -$\log_{10}$ p-value and highly shared pathways between the modules. Hub gene co-expression networks of the DLPFC blue module **(e)** control subjects and **(f)** OUD subjects, and networks of the forestgreen module in NAc **(e)** control subjects and **(f)** OUD subjects. Node size indicates the degree of connectivity for that gene. Turquoise nodes indicate OUD-specific hub genes, purple nodes indicate LncRNA gene, gray nodes indicate hub genes, and red halos indicate DE genes. Edges indicate significant co-expression between two particular genes.

740 **Tables**

741 **Table 1.** Subject summary demographic and tissue characteristics

Characteristic	Controls (n=20)	Opioid dependent (n=20)
Age	47.3 ± 9.5	46.9 ± 7.3
Sex	10M 10F	10M 10F
Race	13W 7B	19W 1B
PMI (hours)	15.7 ± 6.1	16.0 ± 5.3
Brain pH	6.6 ± 0.3	6.4 ± 0.2
RIN	8.0 ± 0.7	7.8 ± 0.7
Tissue Storage Time (months)	100.3 ± 86.1	103.0 ± 59.7

Values are mean ± SD. M, male; F, female; B, black; W, white

Table 2. Table reporting number of DE genes between OUD and control subjects for

DLPFC and NAc at various significance cutoffs. A permutation test was used to return

corrected p-values and Benjamini-Hochberg q-value are reported. Note the large

numbers of genes that are significantly changed in the NAc relative to the DLPFC from

OUD subjects.

	q < 0.01	q < 0.05	q < 0.1	Corrected p < 0.01	Corrected p < 0.05
DLPFC[1]	1 (1/0)	271 (108/163)	500 (203/297)	567 (228/339)	977 (413/564)
NAc[1]	53 (2/51)	1037 (150/887)	1572 (285/1287)	1305 (221/1084)	2095 (419/1676)

749 [1]Using cutoff of log2FC ≤ -0.26 and ≥ 0.26; (upregulated / downregulated)

Supplementary Materials

Supplementary Materials and Methods

Relationship of identified DE lists to GWAS

The summary statistics of GWAS SNPs used in these analyses were downloaded and processed using the LDSC munge_sumstats function to filter rare or poorly imputed SNPs. The HapMap SNPs excluding the MHC regions used to filter SNPs were downloaded from http://ldsc.broadinstitute.org/static/media/w_hm3.noMHC.snplist.zip. Column headings of each GWAS file were inspected to ensure the effect allele, non-effect allele, sample size, p-value, and signed summary statistic for each SNP in each GWAS were included and appropriate for the LDSC pipeline.

The LD scores were estimated for each foreground set and corresponding background set with the LD score regression pipeline make_annot and ldsc functions using hg38 1000 Genomes European Phase 3 (1000G EUR) cohort plink files downloaded from https://data.broadinstitute.org/alkesgroup/LDSCORE/GRCh38/. The baseline v1.2 files for cell type-specific enrichment in hg38 coordinates were downloaded from the same link above and the corresponding weights `weights.hm3_noMHC' file excluding the MHC region from https://data.broadinstitute.org/alkesgroup/LDSCORE/. We find that HapMap SNPs and corresponding weights file used in the LDSC analyses only referred to rsIDs, rather than genomic coordinates, so only the baseline and LD statistics used to annotate the foreground and background files have to be in hg38 coordinates. An `enrichment.ldcts' file listing the annotated foreground/background pair was created for each foreground. The partitioned heritability was estimated using the ldsc function, which integrates the foreground and background LD score estimates, munged

776   GWAS SNP data, baseline variant data, and variants weights. The final function call to

777   GWAS enrichment is as follows:

778   ```
        python ldsc.py --h2-cts $Munged_GWAS \
        ```

779            ```
            --ref-ld-chr baseline_v1.2/baseline. \
            ```

780   ```
            --w-ld-chr weights.hm3_noMHC. \
            ```

781            ```
            --ref-ld-chr-cts enrichment.ldcts \
            ```

782   ```
            --out $Output_Label
            ```

| | q < 0.01 | q < 0.05 | q < 0.1 | Corrected p < 0.01 | Corrected p < 0.05 |
|---|---|---|---|---|---|
| **DE[1]** | 0 (0/0) | 0 (0/0) | 0 (0/0) | 97 (41/56) | 509 (173/336) |

[1]Using cutoff of $\log_2$FC ≤ -0.26 and ≥ 0.26; (higher DLPFC / higher NAc)

**Figure S1. Differentially expressed transcripts between DLPFC and NAc in control subjects. (a)** Table reporting number of DE genes between the DLPFC and NAc of control subjects at various significance cutoffs. A permutation test was used to return corrected p-values and Benjamini-Hochberg q-value are reported**. (b)** $\log_2$FC plotted

788 relative to -log$_{10}$p-value by volcano plot for DE genes in DLFPC compared to NAc.

789 Horizontal dashed lines represent p-value significance cutoff of corrected p<0.01, while

790 vertical dashed lines represent log$_2$FC cutoffs of ≤-0.26 or ≥0.26 (FC≥1.2). Red circles

791 represent DE genes that reach significance, log$_2$FC, and FDR<0.05 cutoffs. **(c)** Heatmap

792 of the top 250 DE genes (corrected p<0.01 and log$_2$FC of ≤-0.26 or ≥0.26) clustered by

793 gene. Each column represents a subject (controls, purple; OUD, blue).

795 **Figure S2**. **Top pathways enriched from differentially expressed transcripts in the**

796 **DLPFC of OUD subjects.** All pathways significantly enriched in the DLPFC ranked by -

797 log₁₀ p-value.

799 **Fig. S3. Top pathways enriched from differentially expressed genes in the NAc of**

800 **OUD subjects.** All pathways significantly enriched in the NAc ranked by -log₁₀ p-value.

**RRHO Concordant Gene Expression Patterns**

**Fig. S4. Overlapping genes between DLPFC and NAc from rank-rank hypergeometric ordering analysis. (a)** High overlap between DLPFC and NAc among downregulated and upregulated genes. **(b)** Low overlap between DLPFC and NAc among

805    genes with opposing patterns of expression (*i.e.,* downregulated in the DLPFC and

806    upregulated in the NAc, and upregulated in the DLPFC and downregulated in the NAc).

808    **Fig. S5. Top pathways enriched from differentially expressed genes in the DLPFC**

809    **and NAc of OUD subjects.** All pathways significantly enriched in both the DLPFC and

810    NAc ranked by -$\log_{10}$ p-value.

812 **Fig. S6. Enrichment of chromatin states in differentially expressed genes in the**

813 **DLPFC and NAc of OUD subjects. (a)** Heatmap of chromatin states at transcription start

814 sites based on annotations for corresponding brain regions and enrichment of

815 upregulated and downregulated differentially expressed (DE) genes. Hypergeometric t-

816 tests were used to calculate the observed overlaps based on observed and expected

817 values. *p<0.01; **p<0.001; and ***p<0.0001. Transcription start site active (TssA);

818 Transcription start site flanking active (TssAFlnk); Transcription at gene 5' and 3' (TxFlnk);

819 Strong transcription (Tx); Weak transcription (TxWk); Genic enhancers (EnhG);

820 Enhancers (Enh); Zinc finger genes and repeats (ZNF/Rpts); Heterochromatin (Het);

821 Bivalent/poised transcription start site (TssBiv); Flanking bivalent transcription start site

822 or enhancer (EnhBiv); Repressed polycomb (ReprPC); Weak repressed polycomb

823 (ReprPCWk); Quiescent/low (Quies). **(b)** Weak polycomb repression diminishes histone

824 marks (*e.g.,* H3K27me3), which would otherwise inhibit transcription at the start site(72).

825 Relative to baseline, the enrichment of upregulated DE transcripts in DLPFC from OUD

826 subjects suggests that opioid induce the activation of otherwise repressed areas of the

827 genome to promote transcription. In NAc, we discovered DE transcripts were enriched for

828 genomic regions marked for a quiescent state at baseline. Quiescent states are

829 characterized by the complete absence of histone marks linked to transcriptional

830 inactivity(72). Similar to DLPFC, such findings suggest opioids activate otherwise inactive

831 genomic regions, resulting in transcriptional upregulation in NAc.

**Fig S7. Enrichment of synapse-related pathways in differentially expressed transcripts significantly associated with cell-type specific markers in neurons.**

-log$_{10}$(p-value)

M5890: HALLMARK TNFA SIGNALING VIA NFKB
M5913: HALLMARK INTERFERON GAMMA RESPONSE
GO:0002526: acute inflammatory response
M3468: NABA ECM REGULATORS
GO:0030856: regulation of epithelial cell differentiation
R-HSA-6783783: Interleukin-10 signaling
GO:0030198: extracellular matrix organization
GO:0046688: response to copper ion
M5902: HALLMARK APOPTOSIS
GO:0071214: cellular response to abiotic stimulus
GO:0060325: face morphogenesis
GO:0019955: cytokine binding
M5897: HALLMARK IL6 JAK STAT3 SIGNALING
M5932: HALLMARK INFLAMMATORY RESPONSE
M5947: HALLMARK IL2 STAT5 SIGNALING
M5891: HALLMARK HYPOXIA
GO:0007568: aging
GO:0046425: regulation of JAK-STAT cascade
GO:0070482: response to oxygen levels
GO:0043123: positive regulation of I-kappaB kinase/NF-kappaB signaling
GO:0052548: regulation of endopeptidase activity
GO:1901342: regulation of vasculature development
GO:0008625: extrinsic apoptotic signaling pathway via death domain receptors
GO:0002274: myeloid leukocyte activation
M167: PID AP1 PATHWAY
GO:0050821: protein stabilization
GO:0050707: regulation of cytokine secretion
GO:0060537: muscle tissue development
M255: PID HIF1 TFPATHWAY
GO:0007229: integrin-mediated signaling pathway
M5937: HALLMARK GLYCOLYSIS
R-HSA-983231: Factors in megakaryocyte development and platelet production
hsa05133: Pertussis
M195: PID CMYB PATHWAY
GO:0045600: positive regulation of fat cell differentiation
GO:0050731: positive regulation of peptidyl-tyrosine phosphorylation
M5950: HALLMARK ALLOGRAFT REJECTION
GO:0042088: T-helper 1 type immune response
GO:0006953: acute-phase response
M5921: HALLMARK COMPLEMENT
GO:0038066: p38MAPK cascade
GO:0035456: response to interferon-beta
GO:0009617: response to bacterium
GO:0010717: regulation of epithelial to mesenchymal transition

DLPFC_Blue

NAc_Forestgreen

836     **Fig. S8. Top pathways enriched from genes comprising OUD-specific blue module**

837     **in the DLPFC and forestgreen module in the NAc.** All pathways significantly enriched

838     in the NAc ranked by -$\log_{10}$ p-value. Warmer colors indicate higher enrichment. Gray

839     indicates the absence of enrichment for that particular pathway in the blue or forestgreen

840     modules.

[1]Differentially expressed genes at cutoff of p<0.01 and FDR<0.1

842    **Fig. S9. Differentially expressed genes in the DLPFC and NAc enrich for genetic**

843    **liability of risky behavior.** Several well-powered genome-wide associated studies

844    (GWAS) have identified risk loci associated with substance use-related traits, including

845    smoking and risky behavior. Significant risk loci overlap with intronic and distal intergenic

846    noncoding regions, presumably within cis-acting regulatory elements of gene expression.

847    **(a)** Proximal noncoding regions of differentially expressed (DE) genes in DLPFC and NAc

848    from OUD subjects were investigated for enrichment of genetic risk variants of substance

849    use-related traits using partitioned heritability linkage-disequilibrium score regression

850    analysis. Linkage disequilibrium score correlation (LDSC) coefficients for risky behavior

851    by upregulated and downregulated DE genes within the DLPFC and NAc of OUD

852    subjects. Positive LDSC coefficients which are highlighted indicate significant enrichment

853    of downregulated DE genes in NAc. **(b)** No enrichment was found for chronic pain or

854    opioid dependence GWAS. **(c)** No enrichment was found for unrelated GWAS traits,

855    including bone mineral density (BMD), coronary artery disease (CAD), and lean body

856    mass (LBM).

858    **Table S1. Subject information.**

860    **Table S2. Differentially expressed genes by specific cell-type.** Significant

861    differentially expressed genes were only for neurons and microglia. FDR<0.05.

863 **Table S3. Long noncoding RNAs in DLPFC blue module and NAc forestgreen**

864 **module for control and OUD subjects.**

866 **Data file S1. Differentially expressed genes between DLPFC and NAc in control**

867 **subjects.**

869 **Data file S2. Differentially expressed genes in DLPFC.**

871 **Data file S3. Differentially expressed genes in NAc.**

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