

The Future of Substance Use, Abuse, and Addiction-Related Research at the NIH

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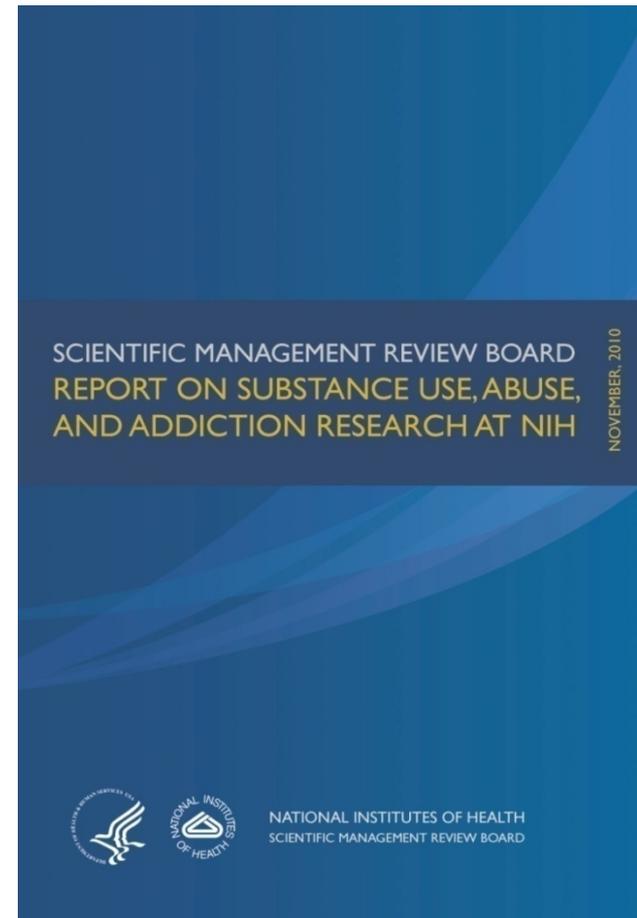


Brief History of Substance Use, Abuse, and Addiction Research at NIH

- Early 1970s: The National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) were established as entities within the National Institute of Mental Health (NIMH)
- 1973: Secretary of Health, Education, and Welfare removed NIMH, NIAAA, and NIDA from NIH and established them as entities within the new Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)
- 1987: The Senate requested a position statement from HHS regarding the organization of basic research and health services programs
- 1992: ADAMHA was dissolved
 - NIMH, NIDA, and NIAAA transferred back to NIH as independent institutes
 - Service components of ADAMHA became SAMHSA
- 2003: in response to congressional request, the National Academies recommended NIH undertake a study on whether NIAAA and NIDA should be merged

Scientific Management Review Board (SMRB)

- April 2009 – SMRB formed the SUAA Working Group
- Charge – Recommend to the SMRB whether organizational change within NIH could further optimize research into substance use, abuse, and addiction and maximize human health and/or patient well-being.
- Extensive stakeholder interactions including
 - Two Working Group public forums (9/2009 and 5/2010)
 - NIDA and NIAAA Councils (2/2010)
 - SMRB public deliberations (11/2009, 3/2010, and 5/2010)



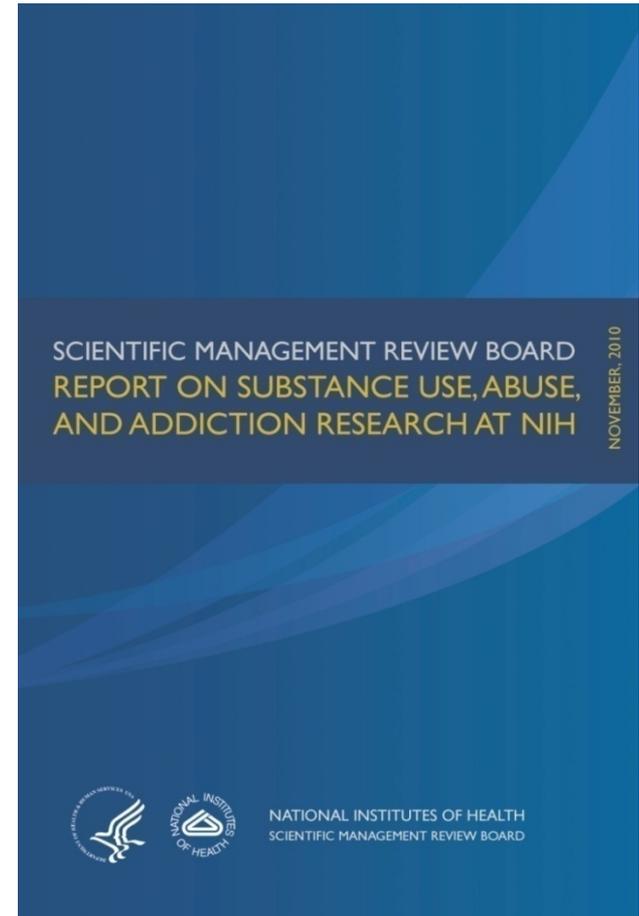
SMRB Working Group Options

1. Form a Trans-NIH Initiative on Addiction

- All existing ICs would remain intact, but relevant addiction-related research portfolios from ICs would be integrated into a new program

2. Create a New Addiction Institute

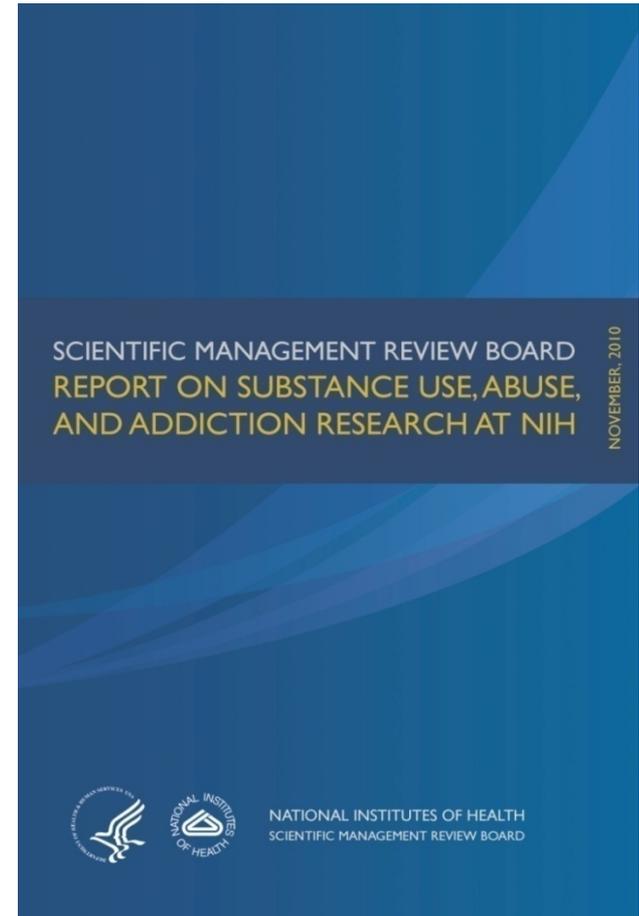
- Create a new Institute focusing on addiction research and related public health initiatives;
- Integrate the relevant research portfolios from NIDA, NIAAA, and other ICs;
- Dissolve NIDA and NIAAA and move those portions of the portfolio not related to substance use, abuse, and addiction research to other, relevant ICs



- The Working Group presented both options to the SMRB

SMRB Recommendations

- The SMRB concurred that the current organization of substance use, abuse, and addiction-related research is not optimal
- All members agreed that some form of reorganization was needed
- The SMRB endorsed the conclusion that a reorganization should encompass all addiction-related research at the NIH
- The SMRB's final recommendation, by a vote of 12-3-1, that the "NIH director...move to implement...the establishment of a new institute focusing on addiction-related research and public health initiatives."



NIH Consideration of SMRB Recommendations

- NIH agreement with SMRB findings:
 - The current organization of substance use, abuse, and addiction-related research does not optimally capitalize on existing and potential synergies
 - The optimal organization must encompass all substance use, abuse, and addiction-related research at the NIH
 - The optimal organization would:
 - Better enable recognition and development of scientific opportunities in substance use, abuse, and addiction research
 - Assist in meeting public health needs
 - Improve training opportunities for the next generation of investigators

Substance Use, Abuse, and Addiction Task Force

- Dec. 2010: Substance Use, Abuse, and Addiction Task Force established
 - Charge: Analyze the current substance use, abuse, and addiction portfolio across NIH and recommend the optimal organization to enhance this area of research
 - Science is the primary driving factor
 - Winter 2010 to Fall 2012
 - Gather input from potentially affected IC scientific staff on IC programs and scientific rationale for inclusion in the optimal organization
 - Extensive analysis of the NIH portfolio for identification of substance use, abuse, and addiction-related research that should be included in the optimal organization

Substance Use, Abuse, and Addiction Task Force

- These activities facilitated increased joint efforts among NIAAA and NIDA staff, for example:
 - Single Clinical Director for NIAAA and NIDA intramural programs
 - Agreement to collaborate on the FOA: *Prevention and Health Promotion Interventions to Prevent Drug Abuse and Associated Physical and Mental Health Problems in U.S. Military Personnel, Veterans and their Families*
 - NIAAA joined with NIDA on the Seek, Test, Treat, Retain (STTR) initiative targeted to drug abusers
 - NIDA support for the NIAAA Longitudinal Adolescent Initiative, and continuing discussions to broaden the study
 - NIDA funding support of the NIAAA epidemiologic survey on alcohol, drug, and mental health co-morbidity

Substance Use, Abuse, and Addiction Scientific Strategic Plan

- July 2011: Scientific Strategic Planning Committee established
 - Charge: Develop a draft Scientific Strategic Plan to identify new opportunities and synergies for substance use, abuse, and addiction research, in addition to the existing substance use, abuse, and addiction priorities
 - Summer 2011-Fall 2012: Gather input from NIH scientific staff, federal partners, and external stakeholders including researchers, patient advocacy organizations, and the general public
 - Request for Information (Spring 2012, ~500 responses)
 - Public web meeting and targeted stakeholder meetings

Scientific Opportunities

- Substance Use, Abuse, and Addiction Scientific Strategic Plan
 - Provide additional scientific opportunities beyond ICs current strategic plans
 - Based on feedback from internal and external experts and stakeholders
 - Draft plan includes 40 recommendations in four areas: basic sciences, prevention sciences, treatment sciences, and medical consequences
- Examples of potential opportunities:
 - Poly-substance use and abuse
 - Comorbidities of addiction and other diseases
 - Design of clinical trials to represent the populations we treat

Plan located at: http://feedback.nih.gov/index.php/suaa/nih_suaa_integration

Trans-NIH Substance Use, Abuse, and Addiction Functional Integration

- Based on the activities of the past two years, including the significant strides by NIDA and NIAAA to coordinate substance use, abuse, and addiction research, NIH decided that functional integration is the best option to pursue to support this important area of research
- We believe that we can meet the goals of the SMRB recommendations – to change the status quo – through functional integration
 - The NIH Neuroscience Blueprint is an example of successful functional integration <http://neuroscience.nih.gov/>
- Also, given the unique budgetary challenges we face in the coming months, NIH needs to focus its energies on the entire biomedical research enterprise

Trans-NIH Substance Use, Abuse, and Addiction Functional Integration

- Membership from across the NIH
- Steering Committee of NCI, NIAAA, and NIDA Directors to lead the Functional Integration
- NCI, NIAAA, and NIDA Council participation
- Designated staff from NCI, NIAAA, and NIDA (along with other ICs) to support the Functional Integration
- Clear metrics that assist ongoing evaluation to ensure meeting the mission
 - Monitor respective investments in the Functional Integration Resource Pool
 - Strategic Plan will serve as a Blueprint for Functional Integration Steering Committee; additional program-specific metrics to be developed once specific goals are identified

Next Steps

- Joint NCI, NIAAA, and NIDA Council Meeting on Thursday, December 13, 11:30am – 1:00pm EST
- Stay tuned for additional information as the Functional Integration plan develops

Questions?