



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

December 8, 2010

Dr. Francis Collins, Director
National Institutes of Health
Building 1, Room 126
1 Center Drive
Bethesda, MD 20892-0418

Dear Dr. Collins,

We understand that you are considering a formal recommendation from the Scientific Management Review Board (SMRB) to create a new NIH Institute focusing on substance use, abuse, and addiction research and related public health initiatives. This proposed reorganization may have far-reaching consequences for the allocation of resources at the NIH. We gratefully acknowledge the deliberative approach the Substance Use Abuse and Addiction Working Group and SMRB have taken in assessing various options for such a reorganization. We also appreciate your stated intent to consult with relevant stakeholders and would like to offer ourselves and our respective organizations as resources to you and the task force that Drs. Lawrence Tabak and Stephen Katz are assembling. In addition, we would like to offer the following suggestions to you at the outset of this review process:

First, there is considerable evidence that substance use, abuse and addiction research is significantly under-funded when weighed against the public health and public safety impact associated with alcohol, tobacco, and illicit substance use. According to a 2004 JAMA article, 22.3% of deaths were caused by tobacco, alcohol and illicit drug use between 1990-2000. Although some administrative efficiencies may be achieved in a reorganization, we believe that using the existing overall funding level for substance use research as a minimum baseline will help prevent a reduction in the NIH efforts to produce science that will adequately address this public health need. Additionally, while we acknowledge that funding allocations are largely under the purview of Congress, we would also strongly urge you to consider using your discretionary authority to correct any budgetary shortfalls associated with a reorganization.

Second, as part of that equation, we urge that whatever reorganization option emerges, critical research domains in medical consequences, policy, and public health that are integrally associated with substance use portfolios of existing NIH Institutes (e.g., the carcinogenicity and public health policy research associated with the tobacco portfolio

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at NCI, the HIV/AIDS and criminal justice research portfolios associated with NIDA, and the fetal alcohol syndrome and hepatotoxicity research portfolios associated with NIAAA) not be orphaned or redistributed to institutes without a historic understanding of the medical consequences, public health/public safety and other public policy issues associated with substance use.

Third, we believe that the Office of Behavioral and Social Science Research (OBSSR) must play a central role in any reorganization. NIDA and NIAAA have demonstrated a long commitment to behavioral and social science research, and these two institutes stand out at NIH in that regard. In some recent years, NIDA has funded more behavioral and social sciences research than any other NIH institute; and while smaller, NIAAA spends nearly half of its budget on behavioral and social science research. Tobacco use and cessation research likewise depends to a large extent on understanding human behavior so a reorganization that also includes the integration of tobacco use research with the portfolios of NIDA and NIAAA is a challenging opportunity for which the OBSSR is uniquely suited.

Fourth, it will also be critical that any new Institute be staffed by programmatic content experts who are intimately knowledgeable about the scientific portfolio under their charge. It cannot simply represent a redistribution of available personnel. Unless staff are carefully and strategically aligned during the early stages of implementation, the necessary and desired functional integration within or across institutes may not be realized.

Fifth, a reorganization that includes tobacco, alcohol, and illicit substance use, must evidence the promise of studying common etiologies and treatment modalities across these behavioral domains but not diminish the existing resources allocated to the component portfolios. For example, a reorganization that integrates alcohol and tobacco research should recognize that robust programs of policy, public health, and regulatory research exist for each and that they are unique in their approach and foci.

Finally, while we are confident that under your leadership any reorganization will include a comprehensive, detailed portfolio analysis, we are concerned that a protracted reorganization could result in missed scientific opportunities in alcohol, tobacco, and illicit substance use research that ultimately compromise public health and safety. Any reorganization should be designed and constructed to minimize disruption to the remarkable progress of on-going research in substance use at NIH.

In closing, optimizing the organization and management of substance use, abuse, and addiction research at the NIH is a goal that our organizations wholeheartedly support on behalf of our constituents as well as those who will ultimately use the science to improve public health and safety. We commend you for your willingness to assume the challenging task ahead and appreciate your consideration of the complex inter-relationships a thorough review of that research portfolio will reveal.

Sincerely,

A handwritten signature in black ink, appearing to read 'NBA', with a long, sweeping horizontal line extending to the right.

Norman B. Anderson, Ph.D.
Chief Executive Officer

cc: Dr. Lawrence A. Tabak, Co-Chair SUAA Task Force
Dr. Stephen I. Katz, Co-Chair SUAA Task Force

The following organizations have endorsed this letter:

American Academy of Addiction Psychiatry (AAAP)
American Academy of Child and Adolescent Psychiatry
American Board of Addiction Medicine Foundation
American Osteopathic Academy of Addiction Medicine
American Psychiatric Association
American Psychiatric Nurses Association
American Psychological Association
American Society for Pharmacology & Experimental Therapeutics
American Society of Addiction Medicine
American Sociological Association
Association for the Advancement of Psychology
California Association of Alcohol and Drug Abuse Counselors (CAADAC)
California Foundation for the Advancement of Addiction Professionals
(CFAAP)
Center for Integrated Behavioral Health Policy
Center for Neurobiology and Behavior at the University of Pennsylvania
School of Medicine
Center for Science in the Public Interest
Community Anti-Drug Coalitions of America (CADCA)
Connecticut Certification Board
Consortium of Social Science Associations
David Ostrow & Associates
Entertainment Industries Council, Inc. (EIC)
Faces & Voices of Recovery
Federation of Associations in Behavioral & Brain Sciences
Friends Research Institute
International Certification and Reciprocity Consortium (IC&RC)
International Nurses Society on Addictions
Legal Action Center

Mental Health America
National Association for Children of Alcoholics (NACoA)
National Association of Drug Court Professionals
National Association of State Alcohol and Drug Abuse Directors
(NASADAD)
National Council for Community Behavioral Healthcare
National Families in Action
National Medical Association
National Organization on Fetal Alcohol Syndrome
Society for Behavioral Medicine
Society for Prevention Research
Society for Research on Nicotine and Tobacco
Society for Women's Health Research
State Associations of Addiction Services
The American Board of Addiction Medicine Foundation
The Association for Addiction Professionals (NAADAC)
The College on Problems of Drug Dependence
The Illinois Certification Board
The National Center on Addiction and Substance Abuse at Columbia
University
The Partnership at Drugfree.org
Therapeutic Communities of America

