



UNIVERSITY OF KENTUCKY

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Scientific Management Review Board
National Institute of Health

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Dear Committee Members,

First - I would like to thank you for the opportunity to speak with you today and thank you for the time and effort that you have devoted to this issue. My name is Susan Barron - I am faculty in the Psychology Department at the University of Kentucky. I am on the Kentucky Task Force for Fetal Alcohol Spectrum Disorders, a former President of the Fetal Alcohol Syndrome Study Group and I currently serving on the Board of Directors for the Research Society on Alcoholism.

In my limited time today, I would like to make a couple of points regarding some of my concerns and why I strongly oppose the idea of a merger between NIAAA and NIDA.

First, I would like to speak to my area of research - studying the effects of prenatal alcohol exposure. Fetal Alcohol Spectrum Disorders represents the largest non-genetic cause of mental retardation (with an estimated incidence of 1 per 1000 birth for a full FAS and the number of children significantly affected by alcohol being closer to 1 in 100. The NIAAA supports a broad range of FASD research ranging from work in molecular biology through to psychological approaches; Included are such areas as genetics, neuroscience, epidemiology, nutrition, immunology, endocrinology, organ damage, prevention, behavioral interventions, and international collaborations to name a few.

This systems approach to the study of FASD by the NIAAA provides tremendous opportunities for enhanced communication and collaboration across many diverse research areas. This makes the NIAAA critical - not just for FASD research but for many of the questions that we examine in the alcohol field. What would happen if NIDA and NIAAA were merged into some form of addiction institute? Many issues related to FASD would not fit in this institute. Would these be scattered across other NIH institutes or perhaps vanish entirely? The NIAAA allows for this systems approach - and this has significant benefits, I believe, for the science and for helping individuals and families living with the effects of prenatal alcohol exposure.

2. Alcohol is the only legal, socially acceptable, recreational drug and so research on alcohol requires a different approach than research on other drugs of abuse.

Alcohol use disorders (AUDs) arise in the context of widespread, healthy, social drinking. More than 120 million Americans use alcohol recreationally yet never develop an alcohol use disorder.

Alcohol can have clear social and health benefits, including such things as a reduced risk for heart disease and stroke. In contrast, the recreational use of inhalants, nicotine, prescription drugs or illegal drugs is not socially acceptable or medically advisable.

One important goal of alcohol research is to inform public policy and education to help limit drinking to safe levels in healthy adults and to encourage abstinence during pregnancy and before the age of 21. Abstinence or prohibition, the fundamental model of prevention for most drugs of abuse, does not work with alcohol. The social use of alcohol is part of our society and culture. The existence of NIAAA is an acknowledgement that there are different public health issues for alcohol than for other drugs. The

merger of NIAAA and NIDA would make the public health message of each institute less clear and could result in confusion to the public.

3. Finally, I worry for the future. The existence of the NIAAA and its support of students and junior scientists has brought many extremely bright, innovative junior investigators into alcohol research. I became involved in alcohol work as a graduate student and the support that this institute provides in so many ways is a contributing factor for many of us that have had a career studying the effects of alcohol. I worry about the message sent to junior faculty and new graduate students if a merger was to occur. The potential cost due to the loss of our many future scientists in the field of alcohol research is not something that we can calculate easily yet we know that junior investigators, postdocs and graduate students are anxious about this.

So in conclusion, I want to make sure that my message to you is clear. I believe that what we stand to lose through the merger of NIAAA and NIDA is far more than what we stand to gain. There would be a significant period of disruption and confusion, we would lose the integrative nature that the NIAAA provides to address some of the complex issues surrounding alcohol and we could lose a future generation of scientists interested in this field. What we stand to gain through merger can be accomplished through alternative approaches, including enhanced collaboration between NIAAA and NIDA as well as with other related agencies.

Again, I would like to thank you for this opportunity.
Sincerely,



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