AMERICAN PSYCHOLOGICAL ASSOCIATION

August 25, 2009

Mr. Norman R. Augustine, Chair
Scientific Management Review Board
Office of the Director
National Institutes of Health

Dear Chairman Augustine,

The Scientific Management Review Board (SMRB) has an extraordinary opportunity to take a fresh look at the organization and allocation of resources at the National Institutes of Health (NIH). We gratefully acknowledge the deliberative approach the SMRB is taking with regard to its charge and we very much appreciate the opportunity to comment on the activities of the SMRB. Although the charters for the SMRB Working Groups have not yet been published, we are writing to the Board to request that the Substance Use, Abuse and Addiction Working Group consider a number of issues that we believe must be addressed in determining whether organizational changes within NIH could further optimize research into substance use, abuse and addiction.

Tobacco

From a scientific perspective, if the rationale to study a proposed merger of NIAAA and NIDA relies on the shared mission and foci of those institutes, then a reasonable extension of that argument is to consider consolidating all research related to tobacco use at NIH. Although NIDA supports the lion's share of that research, NCI funds a substantial tobacco research portfolio too. NCI-funded tobacco research may be weighted toward the medical consequences of tobacco rather than to prevention, etiology of tobacco dependence, or cessation of tobacco use. However, both NIDA and NIAAA have robust programs of research on the medical consequences of drug and alcohol use, respectively, and it would be difficult to argue that the overriding interest in tobacco research at NIH is anything other than its chronic habitual use as a result of nicotine addiction. How would NCI's long-standing tobacco research programs, and those of other Institutes and Centers, be integrated in a proposed reorganization?

Comorbidity

A proposed reorganization must address the high level of comorbidity between substance use and other mental health disorders. As many as 6 in 10 substance users also have at least one co-occurring mental disorder. Research increasingly supports the benefit of studying and treating co-occurring disorders together, with both medication and behavioral therapies. In general, however, the reasons why substance use and other mental disorders coincide so frequently are not fully understood. Epidemiological research suggests that each can contribute to the development of the other. Effective, research-based interventions are being made available for patients with substance use, depression, and certain other co-occurring disorders.

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Studies on the root causes of these disorders, common risk factors, and potential interventions will enable us to better serve the large population for whom substance use is only part of the problem. How will the SUAA address a potential merger of NIDA and NIAAA, either structurally or functionally, without also addressing comorbidity and the relationship between the NIDA/NIAAA portfolios and that of NIMH? How would NIMH's programmatic long-standing interests in comorbidity and those of other Institutes and Centers, be integrated in a proposed reorganization?

Other compulsive/habitual behaviors

Recent studies illustrate the similarity of addiction to some disorders that are not associated with pharmacologic substances. For example, compulsive behavior and poor choices are hallmarks of obsessive-compulsive disorder and pathological gambling. These disorders, too, are characterized by disruption of the frontal lobe's capacity for reason and control. The emerging picture of addiction as a disease of compulsion and disrupted control and not merely pursuit of pleasure suggests new possibilities for treatment and may suggest targets for pharmacological or behavioral therapies to modulate signaling that results in compulsive behavior or destructive choice. Where are the lines drawn between substance use, abuse and addiction and other compulsive/habitual behaviors (e.g., gambling, sex, eating, gaming, social networking)? Where does that portfolio reside now? Would a reorganization embrace all research related to compulsive/habitual behavior? If not, what is the scientific rationale for excluding that research from a proposed reorganization of substance use, abuse and addiction research?

In closing, optimizing the organization and management of substance use, abuse and addiction research at the NIH is a goal that the APA wholeheartedly supports on behalf of psychologists who conduct the science as well as those who will ultimately use the science to improve the health of their patients. We commend the Board for its willingness to assume the challenging task ahead and appreciate its consideration of the complex inter-relationships a thorough review of that research portfolio will reveal. Please feel free to contact me or Dr. Geoff Mumford (gmumford@apa.org), Associate Executive Director for Government Relations, if we can be of further assistance as you continue your deliberations.

Sincerely,

Steven J. Breckler, Ph.D.
Executive Director for Science