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Raynard S. Kington M.D. Acting Director, National Institutes of Health.

RE: NIH Scientific Management Review Board meeting.

Dear Dr. Kington,

I am writing in regard to the proposed merger of NIAAA and NIDA, and hope that the board would consider the following, when making its recommendation. In the sprit of full disclosure, I am the PI on two grants from NIAAA (AA17320 and AA14211) and co PI on a grant from NIDA (DA16427).

Alcohol has been a part of the social, political and economic fabric of America since colonial days, and Americans have a nuanced, if not ambivalent, relationship to alcohol. From the Whiskey Rebellion of 1794, to nineteenth century temperance movement, to the 18th and 21st amendments to the constitution, to the California wine industry, alcohol use and abuse are embedded in the culture.

Alcohol is imbued with positive attributes in religious ceremonies, social gatherings and even political events with toasts to foreign dignitaries. Conversely, its excessive use is eschewed with contempt for public drunkenness. Alcohol use in moderation has health benefits and use in excess can be ultimately lethal, and alcohol abuse (without necessary dependence) is a contributing factor to many diseases including hypertension, stroke, cancer and heart disease. In addition to the personal deleterious health effects of alcohol abuse, too often we read of, or are directly effected by, the tragic death of the innocent by-stander who was not drinking but was killed by an intoxicated driver. Much of the public health concern about alcohol abuse does not involve addiction, but rather the untoward and often tragic consequences of its acute misuse with automobile accidents, boating accidents, drowning and acute alcohol poisoning.

The very existence of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) recognizes the prominent and special, social and cultural role of alcohol in America. The merging of NIAAA with another institute could send a message to the public that concerns about the problems of alcohol abuse are of lesser importance, and it runs the risk of diminishing the amount of research dedicated to understanding both the beneficial and the

deleterious effects of alcohol and diluting the public health mission of alcohol abuse detection, prevention and treatment.

I would respectfully suggest, that maintaining NIAAA as a separate institute is in the best interests of the NIH and the public health of the United States.

Yours sincerely,

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Ian M. Colrain Ph.D.