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Dear Dr. Augustine: November 6, 2009

As you deliberate on the subject of the potential merger between the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA), we are pleased to offer our opinion on the subject. The International Certification and Reciprocity Consortium (IC&RC) gives its full support to this potential merger.

IC&RC is a consortium of over 70 certification boards that in turn certify close to 40,000 substance abuse counselors. Our boards are present in 44 states, 4 branches of the armed forces, 3 tribal nations, and 13 foreign countries. In addition to certifying professionals in substance abuse treatment, we also offer credentials in prevention, as well as criminal justice, and clinical supervision. Our mission to establish and advance public protection through standards for the credentialing of professionals engaged in the prevention and treatment of substance use disorders and related problems can only be furthered by such a merger.

As representatives of the addiction treatment community, we have a great stake in the future of research. The quick, efficient dissemination of research to practice is of critical importance to our members and the populations they serve. The research of addiction, to any substance, is a critical piece of the puzzle that is our nation's collective health. A merger of these institutes will only increase the profile of the disease of addiction. Even today, after all of our advances and all of the stigma we have fought, our field continues to struggle for recognition as a deadly disease. By merging the NIAAA and the NIDA, we will have one institute dedicated to one disease, just as other diseases, such as cancer and diabetes, have theirs.

We support this potential merger with the full expectation that funding for addiction research will not suffer as a result, and nor will the integrity of the research. We hope that a merger will make this research more efficient, especially in the arena of dissemination and translation into practice. We also hope it will increase the portfolio of co-morbidity research and treatment, which remains a key cog in the treatment machine.

Our confidence is high that you and the SMRB will in the end do what you believe is best for the future of science and research. Whatever the result, we respect your endeavor and again thank you for the opportunity to comment.

Sincerely,

Rhonda Messamore, President

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