DATE: April 27, 2009

TO: Lyric Jorgenson, Ph.D., NIH-AAAS Science & Technology Policy Fellow
Office of Science Policy
Office of the Director, NIH
National Institutes of Health
Building 1 Room 218 MCS 0166
900 Rockville Pike, Bethesda, MD 20892
smrb@mail.nih.gov or jorgensonLA@od.nih.gov
Phone: (301) 496.6837 Fax: (301) 402-0280

CC: Mr. Norman R. Augustine, Chair, Scientific Management Review Board

RE: Scientific Management Review Board meeting April 27-28
Please continue NIAAA and NIDA as independent, unique NIH institutes

Dear Dr. Jorgenson,

As directed in the March 25, 2009 Federal Register, I am sending this letter to you as the contact for comments regarding agenda items for the Scientific Management Review Board (SMRB) meeting April 27-28, 2009. I understand the agenda proposes that SMRB examine issues related to establishing or abolishing national research institutes; reorganizing the offices within the Office of the Director, NIH, including adding, removing, or transferring the functions of such offices or establishing or terminating such offices; and reorganizing divisions, centers, or other administrative units within an NIH national research institute or national center including adding, removing, or transferring the functions of such units, or establishing or terminating such units. *I am specifically concerned about consideration being given to merging the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and National Institute on Drug Abuse (NIDA).* My comment requests that NIAAA and NIDA remain as independent, unique NIH institutes.

After 25+ years in the field and as a researcher and clinician, I am concerned about this potential merger and the threat it poses to current and future science, policy, and practice research initiatives related to the mission of NIAAA. From both a research and clinical standpoint, I remain impressed with the unique and broad impact of alcohol on public health arena, much more so than any other drug. Alcohol has many facets which, when combined, make it distinct. It is a legal drug and one of the two most expensive drugs to public health (nicotine being the other). It is also the most widely used legal drug subject to consideration for substance-related disorders, after caffeine, and represents a common drug across co-occurring disorders to a greater degree than all other drugs subject to consideration for substance-related disorders. I also think that it raises more interesting questions because so many people use it, volume per dose, *without problems.* Also, beyond prescription drugs, it is one of the few drugs recommended by the government for health purposes to *normal healthy asymptomatic persons* despite its association to dependence and abuse. Historically it also has helped keep a variety of problem

definitions, theories regarding etiology, treatment goal definitions, and treatments on the table for consideration for other substances and behaviors with addictive features.

Unfortunately, the unique perspectives alcohol studies have cultivated are likely to wither if there were to be one super agency oriented toward a unitary concept of addiction that minimizes normal use. And from a public health perspective, this is not a good idea. We cannot leave use in the dust; it is just as important as physiological dependence – and most importantly may be a lot less unitary in nature, as well as more prevalent as a public health concern. Looking for common models across substance is but one perspective in science; recognizing uniqueness also is important - and alcohol is the standout in that regard when it comes to substances. Having one agency stirs fear we will forget the unique aspects of alcohol, especially socio-cultural, and get further inculcated into a biomedical model, which may in fact take us further away from the broader public health issues related to substance use in our culture and perhaps worldwide.

While I understand that fiscal concerns may be operating to drive consideration of a merger at this time, I am also concerned that the timing of this could not be poorer due to a lack in permanent leadership for negotiating issues related to this proposed change. There currently is not a permanent director for NIAAA. This creates a power imbalance between the two agencies being merged that does not favor the mission of NIAAA being preserved or advanced as strongly as it might otherwise be with a permanent director. NIH also not having a permanent director makes this seem even more precarious.

In sum, I urge you to forgo study of a merger between the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. Doing so would preserve the unique perspective offered by alcohol studies to public health. If continued study on this matter is required however, I urge you to wait until more permanent leadership is available for both NIAAA and NIH so as to facilitate a fairer examination of the potential risks and benefits of a merger.

Thank you for your consideration of these comments. Please note: comments made here are mine and not intended to represent any of the institutions or organizations with which I am affiliated. The affiliations are provided only because they were specifically requested to accompany any comments submitted.

Most sincerely,

Nancy A. Piotrowski, Ph.D.

Core Faculty, Harold Abel School of Psychology, Capella University
Teacher, University of California, Berkeley, Alcohol and Drug Certificate Program
Past President, Division 50 (Addictions), American Psychological Association
Board Member, San Francisco Psychological Association

3450 Geary Boulevard, Suite #107
San Francisco, CA 94118