

## NIH Scientific Management Review Board

### Needs in Public Health: Preventing Risky Use and Treating Addiction Panel Presentation I

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Please let me begin by expressing my appreciation to appear before you today. By way of background, I am a public finance economist who has been involved in formulating federal national drug control policy and its supporting budget since 1986. Many of those years were spent at the level of Executive Office of the President—working at the Office of Management and Budget and at the White House Office of Drug Control Policy (the ONDCP) from 1989 to 2000.

Last September, I spoke before the Substance Use, Abuse, and Addiction Working Group (I will refer to it today as the Working Group) and asked them to perceive my role as representing one of those “inside the beltway” bureaucrat or Hill staff types that any proposed reorganization would eventually encounter. I would like to continue to remain in this role for purposes of today’s discussion.

With regard to the issue before us today, let’s start with what we know:

- The Working Group is charged with recommending to the full SMRB whether an organizational change could further optimize research into substance abuse, use, and addiction. This essentially boils down to the question of whether science could benefit from some type of merger of two institutes—NIDA and NIAAA.
- I understand that the Working Group does agree that maintaining the status quo is not desirable for optimizing NIH’s mission into this area, but it has yet to reach agreement as to the best reorganizational option.
- I further understand that Working Group is now considering three types of reorganizations:
  1. Functional reorganization of all research programs with a relevant scientific focus (including, but not limited to, NIAAA and NIDA) or
  2. Structural reorganization—that is, a merger of NIDA and NIAAA into a single institute focused on alcohol and drug abuse and addiction, or

3. Hybrid reorganization—that is, a combination of a functional and a structural reorganization.

Indeed, one diagram presented in Dr. Roper’s March 10 power point summary identifies eight different options within the full spectrum of the structural and functional reorganizations. Five represent functional reorganizational options; one is about maintaining the status quo, and two others are really one and the same in my mind: creating a single entity by merging NIAAA and NIAAA (which to me is the equivalent of creating a new institute.) I view this list as being much too long and complicated and could serve to prevent seeing the forest for the trees (especially when we overlay the hybrid reorganization option).

From my perspective as an economist, myriad reorganizational options, for example, between a functional versus a structural reorganization, are dubious. All mergers are functional from some perspective. I don’t really know what it means to merge organizations on some non-functional basis – even if the basis is merely to exercise common control. Structure emerges to support function. If structure doesn’t support function, then it’s just an artifact.

With this perspective in mind, there is actually only one “structural” selection to be made: Retain the status quo (keep NIDA and NIAAA separate), or merge them while maintaining a strict alcohol and drug focus, or, combine them into one Institute with some broader, yet to-be-determined “scientific” focus.

As an aside, I have another concern about the concept of a “functional” merger. Regardless of how it is eventually defined, a functional merger will in my opinion serve to confuse the appropriations process. For example, appropriating funds for research according to a “relevant scientific purpose” or a “linkage with a cross-cutting blueprint” will confuse (rather than clarify) funding options. Moreover, the notion of management by a “Single Council” or according to “Clustered Functions” adds to the confusion.

Is it possible that so many reorganization options are being considered because many individuals quietly favor the status quo and are intent on defeating the idea of a merger by confiscation rather than clarity? I can only speak from my own perspective, but I find these various reorganization concepts to be subjective, variable, politically sensitive, and not specific enough to assist appropriators in either understanding, much less prioritizing how best to spend the taxpayers’ money. Perhaps the most valuable guidance I can offer is this: The tougher the fiscal environment, the more appropriators want, and need, clear boundaries.

Now, to get back to the fundamental issue on the table, I favor creating a new Institute that combines or merges NIAAA and NIDA, but on the condition that the new Institute’s mission be clearly defined and maintained. Such a merger, in other words, must not deteriorate into what is commonly referred to as “mission creep.” An example of “mission creep” would be as follows: *Since NIDA and NIAAA are combined, why not target all behaviors related to the function of brain reward? Let’s solve the addictions puzzle once and for all. Why stop at alcohol, tobacco, and illicit drugs, when gambling, sex, exercise, shopping, and food addiction also share the same biology? With an expansion of research priorities to explore, we would expect an expansion of resources or else face a reduction in the new Institute’s core mission.*

My experience tells me that this kind of gradual “mission creep” could easily dilute the chances for securing funding for what is clearly an urgent and singular priority: drug and alcohol research. In the long-run, it could even place the alcohol and drug research priority squarely on the budget chopping block.

My concerns are based on first-hand experience with monitoring the Federal budget for the Safe and Drug Free Schools Program. When the program was first authorized in the 1980s, it was known as “The Drug Free Schools” Program and one hundred percent of its resources targeted drug prevention. Then, because of isolated yet serious, incidents of school violence, the program was reauthorized to include the word “safe” in its mission. What was once a highly functional drug prevention program now had a much larger and more generalized mission; appropriators were *required* to satisfy the additional interests of those concerned with the far broader nexus of drugs *and* violence. The appropriators’ obligation--a nearly impossible challenge--was to slice a much larger and more “generally targeted” piece of the budget pie to address not only school drug use, but also school violence, and eventually, all youth violence in general.

As it turned out, the identity of the program became diluted and vague and funding levels could never quite keep up with the scope of the expanded “safe *and* drug-free” mission. Last year, the Safe and Drug Schools Program was deemed ineffective and terminated. I do not want this story to be told someday about the merger of NIDA and NIAAA.

This now brings me to the thorny issue of naming the merged or combined organization. The proposed “Institute on Addictions” invites too much “mission creep.” What makes good practical sense, from both an appropriations and research perspective, is to retain as the “crown jewel” of the new Institute, a drug and alcohol focused mission. Perhaps something more simple and straight-forward like: The National Institute on Drugs and Alcohol Abuse. (Parenthetically, I bet this is a very sensitive bureaucratic issue behind closed doors.)

I do have a few other policy and program concerns:

- One concern is workforce related: Those of us at the national drug policy level have worked very hard since the late eighties to expand the pool of researchers, particularly in the area of illicit drug abuse, to help inform our national drug policies. A decade ago, I would have opposed the merger simply because those of us in policy/budget formulation fought hard to expand this area of research and wanted to protect our turf. Today, after seeing the extraordinary advances in the science of drug addiction, I now believe that continuing to silo drugs and alcohol research within NIH may reduce career opportunities for researchers.
- Another concern is behavioral-health related: I am concerned that the merger could push drug and alcohol research more toward the neurobiological side of science and less toward furthering our understanding of the behavioral health aspects of abuse and addiction. Our nation’s public policy requires more understanding of behavioral health issues so that the so-called science-to-service effort can be strengthened.

- A final concern is funding: A merged Institute will presumably offer some savings in Administrative costs. I suspect that such savings will be meager, but even meager savings could look like raw meat to those at the Office of Management and Budget and in Congress. I would hope that arguments are being considered now about how best to use any new funds raised by the merger to help with the integration of alcohol and drug research.

This concludes my comments. I again wish to thank the Scientific Management Review Board for allowing me to participate in this discussion.