

EXECUTIVE OFFICE OF THE PRESIDENT

OFFICE OF NATIONAL DRUG CONTROL POLICY Washington, D.C. 20503

February 23, 2010

Francis Collins, M.D., Ph.D. Director National Institutes of Health 1 Center Drive, Room 126 Bethesda, MD 20892

Dear Dr. Collins:

We appreciate your solicitation of ONDCP input into the potential merger of the National Institutes of Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse. We support this merger, for the following reasons.

First, the nature of American substance use patterns and treatment services suggest that there may be some public health gains from combining NIDA and NIAAA. If one accepts the premise that science on diseases should in some way parallel the way diseases are experienced in the population, it is logical to combine drug and alcohol research. The 2008 National Survey on Drug Use and Health found that two-thirds of heavy drinking teenagers also use illegal drugs. This was not the case when NIAAA was founded in 1970. Similarly, the 2007 Treatment Episode Data Set showed that only 22.7% of people who seek treatment in the public sector are "pure alcoholics"; combined abuse is now the norm and not the exception as it was in prior eras. Studying alcohol and drugs within the same institute would set up a scientific support structure that parallels how these problems are now experienced in American society.

Second, an important goal of the federal science effort is to develop knowledge that can be translated into improved health care services. It is therefore worth noting that the federal government successfully merged funding for alcohol and drug services within the Center for Substance Abuse Treatment (CSAT) over 15 years ago. Alcohol and drug treatment services were merged by most states twenty years ago. In attempting to improve services using science, CSAT and State-level administrators face the challenge of trying to improve an integrated care system based on scattered and sometimes redundant scientific literatures on alcohol versus drugs supported by two distinct NIH institutes. A merged NIDA-NIAAA institute would help resolve this knowledge translation problem.

Third, although alcohol is often perceived as different from other drugs because it can be legally consumed by adults, this is irrelevant from the point of view of the scientific quest to understand the process by which people become addicted to a substance. Given that the mechanisms underlying the reinforcing properties of alcohol are similar to those of illicit drugs (as well as to other widely abused legal drugs, such as prescription pain medication), there should be a significant scientific advantage to studying these two substances in one institute.

While supportive of this merger, we would note a few cautions to be considered if indeed this goes forward. If the institutes are merged and the combined institute is reconceptualized as dealing only with addictions, there are two risks. First, the public health and public safety impact of substance use among the non-addicted population may get short shrift in the research the combined institute supports. Second, the combined institute may suffer "mission creep" if it is pressed to cover research on all behaviors which are sometimes categorized as addictions, including overeating, gambling, excessive shopping, compulsive collecting and hording etc.. We believe that a merged institute should maintain a primary focus on addictive substances, including of course an ongoing program of research on alcohol proportional to its sizable public health impact. These two concerns do not lessen our support of this merger, but we hope they will be considered during and after any merger.

In closing, we would note that NIDA is currently included in the President's National Drug Control Budget. This implies that a merger of the institutes will require a review by your staff and ours of how to account for what activities of the new agency support the National Drug Control Strategy and therefore would be included in ONDCP's annual budget review process.

Thank you for allowing us to express our support for the proposed merger of NIAAA and NIDA. Please contact us if you would like to discuss this matter further.

Sincerely,

R. Gil Kerlikowske Director, ONDCP

A. Thomas McLellan, Ph.D. Deputy Director, ONDCP

cc:

Norman Augustine Chair, Scientific Management Review Board 6801 Rockledge Drive Bethesda, Maryland 20817

R. A. Kullwill

William Roper, M.D.
Chair of the Substance Use, Abuse, and Addiction Working Group of the SMRB
The University of North Carolina at Chapel Hill
4030 Bondurant Hall
Campus Box #7000
Chapel Hill, North Carolina 27599