

Thoughts on a Potential Merger of National Institute on Drug Abuse (NIDA) and National Institute on Alcoholism and Alcohol Abuse (NIAAA)

Alan I. Leshner, Ph.D.
Chief Executive Officer
American Association for the Advancement of Science (AAAS)¹
Former Director, NIDA

The possibility of merging NIDA and NIAAA has been discussed for at least a decade. In fact, the two Institutes originally were both included within the National Institute of Mental Health, and thus, functionally were a single entity. The current discussion has been ongoing for at least a decade; it has been discussed more publicly since the 2003 National Research Council/Institute of Medicine report on the organization of the National Institutes of Health (NIH) which included the potential merger in one of its recommendations. I have been an active proponent of merging the two Institutes since I left NIH, although I have been discussing it more informally for many years.

The fundamental justification for merging the Institutes is scientific. Although it is true that every drug of abuse has its own idiosyncratic characteristics, including some mechanisms of action and behavioral manifestations, they also all share many neurobiological and behavioral traits and mechanisms of action. Their behavioral manifestations are quite similar, and many scientists believe there is some common neurobiological “essence” of addiction. Moreover, many of the most effective treatment approaches work equally well with all chemical addictions. Therefore, it is straightforward to argue that all substances of abuse should be overseen by a single NIH Institute, or at least that some other mechanism will be forthcoming to ensure that the research is much better integrated across them. In the same way that NIDA has broad responsibility for many drugs of abuse – and in the same way that inclusiveness has benefited studying commonalities among them – merging research oversight of alcohol with other drugs of abuse would benefit that kind of integration of understanding.

Merging the two Institutes would also solve what on the surface is an odd but nevertheless important problem. There is way too much separation between the drug abuse and alcohol abuse research communities. They have separate scientific societies that even met for many years in different places but at the same time. True or false, many alcohol researchers believe they should not be applying for grants from NIDA and many drug abuse researchers believe that if they have NIDA grants they cannot get NIAAA grants. This is, of course, silly at best.

What of the arguments that are raised against such a merger? The most common arguments focus on the differences among drugs of abuse. However, as mentioned above, there are as many commonalities as idiosyncrasies, and it is understanding and potentially treating those commonalities that suffer from the separation because the substances and end up being studied way too separately.

A second argument is that the Institutes support different groups of researchers. But that is precisely the problem; there needs to be much more overlap and integration in researchers and research focus.

A third argument reflects concern about potential loss of research funding if the two Institutes were merged. I do believe there would be some savings from administrative economies

¹ Views expressed are those of the author and not necessarily those of the American Association for the Advancement of Science or its members. Affiliation shown for identification purposes only.

of scale, but they would not be as simple as folding one group of administrators into another without taking into account the larger workload or need for extra expertise. There are, after all, specialists in any Institutes; NIDA has cocaine or nicotine experts, so a merged Institute would require an array of experts as well. Moreover, the research budgets should not be reduced since there will be need for more, rather than fewer projects now that work will be done on the commonalities as well as idiosyncratic traits of these substances.

Some individuals have argued that there needs to be a separate alcohol institute since alcohol is a legal substance whereas the substances that NIDA studies are illegal. But NIDA has responsibility for nicotine, which is legal. There also is a related argument that the alcohol beverage industry would oppose a merger because being included with illegal substances would somehow “taint” their products. This does not seem relevant for a public health organization like NIH.

The most coherent question or concern I have heard raised is whether the amount of research devoted to alcohol would, over time, be reduced if that substance became now just one amongst many. The answer is impossible to predict, of course, but the decision to merge should be accompanied by clear instructions to the leadership of the new Institute to guard against such an outcome.

Finally, one could ask whether the current situation is sufficiently “broken” to risk the downsides for the sake of the potential scientific and public health gains that would accompany merger. My response is that acting as if alcohol is somehow unique and that it is not another “drug of abuse” not only delays or diminishes scientific progress but public health progress as well. Every drug has both unique characteristics and traits in common with other abusable substances. It is the commonalities that pose the greatest public health threats and therefore merit much more focused attention.