Treatment Provider Perspective

NIH Scientific Management Review Board (SMRB)
Substance Use, Abuse, & Addiction Working Group (SUAA)

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Problems with Treatment System

- Treatment needs
  - 23.1 million Americans need specialized treatment for substance abuse problems but only 2.3 million (10%) get it (NSDUH, 2008)
- "All Treatment works" – but inadequate data on whether that's for 5% or 50% & whom these individuals are
- Many (most?) treatment programs inadequately staffed & with large turnover (McLellan, et al.)
- Polysubstance abuse, especially alcohol, is the norm but clinical treatment trials tend not to include individuals with major alcohol problems
  - Alcohol use disorders (lifetime) range from 60-90% in drug use disorders (lifetime)

Clinical Experience

- As a clinician who's been in the substance abuse field for over 40 years, I get numerous referrals for treatment
- Patients include individuals with alcohol, cocaine, marijuana, and opioid problems; many are poly drug abusers
- I'm always happiest when the patient is primarily opioid dependent because we have such good medications to treat it. The next preference would be for alcohol because of available medications, next marijuana, and last cocaine
- Medications by themselves are often not adequate & various behavioral interventions & referral to 12-Step groups are an important part of the treatment experience

Advantages of Combining the Institutes

- Alcohol & other abused drugs tend to work on same systems
- Commonality of brain circuitry
  - e.g., cannabinoids & alcohol activate similar reward pathways & CB-1 receptors may regulate reinforcing effects of alcohol and mediate alcohol relapse
- A commonality of psychological & behavioral interventions, e.g., CBT, contingency contracting, motivational enhancement therapy

Advantages of Combining the Institutes

(Continued)

- Both deal with legal & illegal aspects of substance abuse
  - Underage drinking; DWI for NIAAA
  - Prescription opioid abuse; underage cigarette smoking for NIDA
- A combined institute could increase knowledge & improve treatment in these over-lapping areas
- Both institutes are dealing with chronic relapsing disorders which the treatment systems & their funding are woefully unprepared to deal with. A merger could improve this aspect of treatment

Advantages of Combining the Institutes

(Continued)

- Both NIDA & NIAAA have developed sophisticated & successful medication development programs
- Some medications can benefit both disorders
  - e.g., naltrexone for opioids & alcohol; disulfiram for cocaine & alcohol
- However, there appears to be limited cooperation & coordination between the intramural arms of the two institutes. Each has their strengths & weaknesses

Advantages of Combining the Institutes

(Continued)

- NIDA's Clinical Trials Network (CTN) would benefit from more emphasis on alcohol while NIAAA's clinical trials would benefit by more inclusion of polydrug abusers
- Likewise, NIDA's Criminal Justice Drug Abuse Treatment Studies could expand their reach to these dual-dependent populations & improve care to this under-served group
- The role that alcohol & other substances play in relapse for each disorder has been inadequately studied & a combined institute could improve relapse prevention for both