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Dear RSA members,

Since my last communication shortly after the RSA meeting in Atlanta, a number of items have occurred in connection with the NIH reorganization about which I would like to inform the membership. Toward the end of this letter, I will also touch on our efforts to deal with the very important budget discussions going on in Washington. Finally, I want to make note of a new tab on the RSA website that will contain supporting materials for all these issues (thanks to Debby, the RSA Executive Committee, and the GAAC leadership). Among other items, this website includes a letter (with talking points) from the GAAC to the RSA membership about contacting your Senators and Congress people about your objections to the reorganization. You should have by now received a copy of this letter in your email.

The RSA leadership and the GAAC have remained very attentive to developments in this area and are taking steps appropriate to our interests as the process moves forward. We continue to believe this reorganization is not in the best interest of the alcohol research community, and do not accept that it is a "done deal." A statement of mission or scope of the new institute has still not been offered by NIH. Careful consideration of budget ramifications of the reorganization still has not been carried out, other than a generalized statement of "budget neutrality." Plans for the new institute do not make clear how budget allocations to alcohol research will be protected. Furthermore, a consolidated institute representing all of the "addictions" and related problems should actually reallocate resources toward alcohol problems because alcohol excess represents at least a third of the disease burden in this domain, with tobacco representing another third, and all other drugs representing the remainder. If, as discussed in the SUAA report (the original committee that reviewed the substance use and alcoholism area for the SMRB), some topics connected with excessive eating and gambling are included, it remains totally unclear how budget allocations will be made. And, not only does it continue to be unclear if overeating and gambling are to be included, but the inclusion of nicotine and tobacco research remains uncertain. We are also extremely concerned that the possibility remains open that investigations of end-organ disease (liver, fetal alcohol effects) will not stay with the new institute; we need to continue strong advocacy for staying together.

We also believe that reorganization of any kind is not in the best interest of this entire research domain at this time of budget cutting given that authorization of a new institute requires approval by Congress. We have taken steps to mobilize the alcohol research community to approach their representatives in Congress to alert them to the potential for setting back efforts to reduce the burden of disease and

the associated economic costs of excessive alcohol consumption in the U.S. (very recently estimated at \$223.5 billion; Bouchery et al., 2011, American Journal of Preventive Medicine).

At the same time that we continue to raise alarms about the issues noted above, we are also quite aware that the reorganization is already in progress, although moving very slowly. As you have heard before, the process has been set back by one year, due, according to NIH, to the recognition that the issues involved are very “complex,” and further stakeholder input must be obtained. RSA will be very active in this process to ensure, as best we can, that a reorganized institute not only well represents the interests of the alcohol research community, but is structured so as to carry out its overall mission effectively. For example, as noted above, it remains unclear how much (if any) of the tobacco portfolio will be moved into this institute. Given that tobacco is highly addictive (characterized by many as the most addictive drug), and alcohol and tobacco use often co-exist, it remains unclear how an institute that covers addiction could be justified with a limited tobacco research portfolio.

Two events have recently taken place in connection with this reorganization:

On September 12, 2011, the advisory councils of both NIAAA and NIDA met together to be updated on the reorganization process. Dr. Lawrence Tabak, Principal Deputy Director of NIH, outlined the plan for standing up the new institute, and the progress that had been made. He stated that revisiting the plan for structural reorganization was not on the table; that decision had already been made. Because details of the actual proceedings can be found elsewhere, I will just offer some of my most salient perspectives from inside the room. First, I can report that Dr. Ken Warren did a great job of presenting the activities of NIAAA; truly impressive and compelling. Second, great benefit seemed to come from having members of the two advisory councils interact. For example, when informed that the end-organ disease portfolios might be removed from the new institute, some members of the NIDA advisory council expressed strong concern, and argued for their inclusion. Many attendees seemed to feel further meetings of this kind would be worthwhile. Third, although some members of the NIDA advisory council seemed enthusiastic about the opportunities presented by a new institute, it was my impression that a number were also concerned about budget implications of the consolidation process for all of the scientific fields that might be included, and that the overall tone in the room was subdued. One NIDA council member even said, based on his extensive experience with mergers while in state government, that one side often feels like they won and the other side feels like they lost, and that this arrangement never bodes well for the new organization. He suggested that the only way to create a new organization that functions well is to have a clear vision to which all groups can buy in; to quote, “one and one makes three.” At a number of points, Dr. Volkow said “if this occurs,” rather than “when this occurs.” Finally, members of the NIAAA advisory council were very active in behalf of the alcohol research community, asking pointed questions about the end-organ disease issue, and continuing to ask about a mission statement. Questions were also asked about including representation of tobacco researchers in future discussions; I did not hear a clear plan for how this might be accomplished. Admittedly, others might report different impressions, and I cannot offer any clear sense of what any of this discussion might mean as the process moves forward.

On October 26, 2011, a meeting of the NIH Scientific Management Review Board (SMRB) was convened to review a number of issues pertaining to NIH reorganization, of which the addictions piece was only a small part. Dr. Tabak offered a presentation similar to the one he presented to the joint council meeting, and said that the selection of the portfolio of the new institute was currently being carried out by NIH personnel, and that each institute was preparing to ask members of their extramural research community, perhaps organized in focus groups, to offer suggestions about new research opportunities afforded by the consolidated structure of the new institute. In five minute public comments,

Dr. Bankole Johnson and I both argued for a more open forum for input by the research communities from all the areas noted in the original recommendation: alcohol, tobacco, illicit drugs, aspects of obesity, and gambling. We both contended that in the absence of a broad and open discussion, and a subsequent clear statement of the mission, scope, and budgetary ramifications of reorganization, the new institutewill be burdened with many areas of uncertainty, and possible controversy.

Beyond the activities of RSA related to the NIH reorganization, we have also taken steps to reduce the impact of the congressional deficit reduction process. A letter from RSA, signed by me as President, has been hand delivered to Senator Patty Murray and Representative Jeb Hensarling, Co-Chairs of the Joint Select Committee on Deficit Reduction, along with ten other members of this committee. In this letter, we express our concern that reduction of the NIH budget, and in particular, the budget for alcohol research, will have very serious consequences for the well-being of the American Public.

Best to all,

Mark Goldman