



Phone: 512-454-0022

E-mail: [debbyrsa@sbcglobal.net](mailto:debbyrsa@sbcglobal.net)

Website: [www.RSoA.org](http://www.RSoA.org)

7801 N. Lamar Blvd., Suite D-89, Austin, Texas 78752-1038

RSA PRESIDENT:

Mark S. Goldman, Ph.D.

Department of Psychology, University of South Florida

4202 East Fowler Avenue - PCD4118G, Tampa, FL 33620-8200

Ph: (813) 974-6963 Fax: (813) 974-3409 Email: [goldman@cas.usf.edu](mailto:goldman@cas.usf.edu)

April 18, 2012

Dear Dr. Tabak,

We at the Research Society on Alcoholism (RSA) very much appreciate that you (and NIH) have called for input from experts in the field as planning goes forward for the new Institute on Substance Use and Addictive Disorders. We have encouraged RSA members to respond to the RFI to offer creative synergies and to ensure that all alcohol research areas will be integrated within the new institute. As you read their communications, we believe it will become evident that NIAAA has already achieved, in the alcohol field, the synergies that are the aspiration of the new institute. These synergies have come from the interplay NIAAA has encouraged between the multiple components of our field—neuroscience, behavioral and social science, epidemiology, prevention and treatment science, alcohol-related end-organ disease, and policy research. In fact, the existence of RSA, an organization that we believe is exceptional as to the range of scientific disciplines that come together to stimulate, encourage, and support each other's work, is itself an outgrowth of the synergies achieved, synergies that need to be preserved as plans for the new institute are developed. We cannot overstate how strongly we feel that the systematic encouragement of interaction among all these disciplines has been of scientific benefit to public health. So, when you ask how to achieve synergies, please keep this model in mind.

This response to the RFI is written by the RSA leadership in behalf of the alcohol field as a whole. It offers suggestions to maintain scientific momentum as alcohol research is placed within a new institute with a broader focus. We were greatly encouraged by your message on the NIH Webinar on April 2, 2012, that the configuration of the new institute would not be based solely on whatever current portfolio items are selected for inclusion, but would arise from a strategic plan to be formulated with input from the scientific community. We hope that this strategic plan can be coalesced into a statement of the mission and scope of the new institute, so that researchers and their associated public health communities can plan accordingly. We also hope that the information gathered from the Webinar and the RFI represents the *beginning* of the process of bringing the scientific community into the planning of the new institute. Face-to-face meetings among experts about the configuration of the new institute have yet to take place. Many difficult issues need to be addressed, issues best addressed before the naming of a new institute director. Specifically:

- 1) We greatly appreciate your assurance that the collective budget for the new institute will be “revenue-neutral” across NIH. Along with scientific planning, explicit budget planning should precede the standing-up of the new institute. Adjustments in priorities and allocations need to be made to better match the actual public health burden. Prevailing estimates of the public health burden indicate it to be about one-third alcohol-related, one-third tobacco related, and one-third related to illicit and misused prescription drugs (with an as yet unspecified portion to be allocated to other “to-be-determined” conditions--another area for discussion). Such adjustments are essential if research efforts are to come close to matching the public health burden, but will be politically difficult for a new institute administration whose fiscal base derives largely from current allocations as represented in the existing portfolio items.
- 2) Extensive experience in the alcohol field has shown that public health is best served by researching medical complications of alcohol use (FASD and Liver disease) in concert with the factors that contribute to excessive alcohol consumption. The increasing appreciation of the enormous impact of these downstream consequences by those studying consumption patterns, along with increasing support from NIAAA, led us to understand just how significant were the associated public health burdens. In particular, the systems biology approach encouraged by NIAAA has been extremely effective in addressing the impact of alcohol on organ systems. Splitting research on the cause of a disease from its consequences most likely will slow progress, as will trying to develop approaches to ameliorate these disorders without reference to the factors that contribute to the disease process. Furthermore, the cause of these diseases goes beyond mere alcohol exposure, and includes complex social and family dynamics; separation of these lines of research into different institutes would defeat the very purpose of a new, consolidated, institute. Prevention efforts hinge on public communications about these potential outcomes. These are the very synergies NIH seeks.
- 3) Co-morbidity among substances is a huge public health issue, particularly the co-morbidity between alcohol and tobacco use, and is one critical reason for the creation of the new institute. The SMRB recommended that ALL research pertaining to tobacco (prevention, pharmacology, and end-organ disease) be included in the new institute, and not be spread across multiple institutes, as it is presently. Total re-assignment encountered, however, serious resistance by several non-government organizations that support such research. Although we understand their reluctance to disrupt longstanding relationships with ICs that have funded this research for many years, we continue to believe the public health would be better served by adhering to the SMRB’s recommendations. Without question, prevention and treatment of nicotine addiction must be included in the portfolio of the new institute if hoped-for research synergies are to be achieved.
- 4) Behavioral, developmental, and social science research, along with epidemiology, prevention, treatment (medical and behavioral), and policy research, must be emphasized equally with bioscience in the new institute if public health advances are to be made; that is, the new institute should not be exclusively devoted to neuroscience. Other recent developments in science also support this broad approach. The scientific synergies achieved in emerging areas outside the traditional “silos” (e.g., social-developmental-neuroscience; sociobiology, evolutionary behavioral science), if championed by the new institute, can better define this field, and have the potential to greatly inform prevention and treatment efforts.

- 5) In a similar vein, the scientific directions for the new institute should not be based on the assumption of a common etiology/neuropathway for all the included disorders. Differences in drug action suggest many distinctive processes, along with multiple targets for effective treatments and medications.
- 6) NIDA has had a longstanding relationship with the Office of National Drug Control Policy because of their common interest in illicit drugs. In contrast, alcohol has been accepted as a legal beverage. We in the alcohol field are concerned that without careful planning, the distinct agenda associated with illicit drugs may distract from the larger public health burden associated with alcohol use.

Thank you again for this opportunity to contribute to efforts to make this new institute the best it can be. Hopefully, we can look forward to reading the other contributions made in response to the RFI, and to further opportunities to refine these ideas, including via face-to-face discussions. We also offer our assistance as the international search for a new director is undertaken.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark S. Goldman". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mark S. Goldman  
RSA President