RSA e-News

UP TO THE MINUTE NEWS
FROM
THE RESEARCH SOCIETY ON ALCOHOLISM

BRIEF SYNOPSIS OF THE SCIENTIFIC MANAGEMENT REVIEW BOARD MEETING REPORT ON SUAA DRAFT RECOMMENDATIONS CONCERNING POSSIBLE MERGER OF NIAAA AND NIDA

May 19, 2010

On May 18, 2010, the NIH Scientific Management Review Board (SMRB) met on the NIH campus to hear various presentations concerning potential organizational changes at NIH including a possible merger of NIAAA and NIDA. Of particular note was a report from the Substance Use, Abuse, and Addiction Working Group (SUAA) on its proposed recommendations for improving substance use, abuse, and addiction research at NIAAA and NIDA. As it has been for all prior meetings of the SMRB and the SUAA Working Group, RSA was present at the meeting.

This RSA e-News is intended as a brief summary of the SMRB meeting. A more detailed report will be provided in the near future.

The SMRB was authorized by the NIH Reform Act of 2006 to advise the Department of Health and Human Services and the National Institutes of Health on the organization and structure of NIH institutes and centers. In April 2009, pursuant to that statutory authority, the Board decided to consider whether a merger of NIAAA and NIDA should be undertaken. At the May 18-19th meeting, the SMRB heard the following reports:

- **Update From the Substance Use, Abuse, and Addiction Working Group**, presented by William L. Roper, MD, MPH, Chairman of the Substance Use, Abuse, and Addiction Working Group
- **Update From the Deliberating Organizational change and Effectiveness Working Group** presented by William R. Brody, MD, PhD, Chairman of the Deliberating Organizational change and Effectiveness Working Group
- **Update From the NIH Clinical Center—Intramural Research Program Working Group**, presented by Arthur H. Rubenstein, MBBCh, Chairman of the NIH Intramural Research Program Working Group

Dr. William Roper, Chairman of the Substance Use, Abuse, and Addiction Working Group explained the deliberative process SUAA executed in recent weeks in order to arrive at the group's draft recommendations. The SUAA recommended a spectrum of potential options including but not limited to the three alternatives – structural, functional, and a hybrid structural-functional change – that will be expounded on by the working group during the next few weeks in advance of a

stakeholder comment period. There were five members of the SUAA (Dr. William Roper, Dr. Richard Hodes, Dr. Eugene Washington, Dr. Griffin Rodgers, and Dr. Lawrence Tabak) that supported a functional model with two separate institutes with clustered functions combined with a cross-cutting blueprint. Dr. Deborah Powell, Dr. Josephine Briggs, and Dr. Huda Zoghbi supported a structural reorganization of NIDA and NIAAA into a single institute focused on alcohol and drug abuse and addiction with some cross-cutting attributes.

The SUAA had a general discussion regarding the various opinions for their recommendations. Chairman Roper explained that a hybrid may be the least favorite of the outcomes because it would have so many moving parts. Dr. Hodes stated that it all came down to how the NIH Director could best manage the research. Dr. Rodgers was concerned about the areas of disjunction between the institutes, and what would become of areas where there was no overlap. Dr. Tabak stated that the functional option had advantages of enveloping dimensions of addiction research while keeping intact non-addiction research within two IC's. Dr. Zoghbi stated that the merger decision should be made in the interest of the public's health, and that a single institute with a single budget was needed. Dr. Powell noted that a single institute would be a challenge, but there needed to be a bold solution.

There were two panels composed of the NIAAA and NIH Directors, experts, patient advocates, clinical researchers, as well as early-stage and established investigators that discussed at length with members of the SMRB the ramifications of their decision.

Members of Community

Peter Monti, Ph.D., Donald G. Millar Distinguished Professor of Alcohol and Addiction Studies, and Director, Center for Alcohol and Addiction Studies, Brown University and Past-President of RSA stated that post-doctoral candidates and faculty had great concern whether there would be a home for them and their research under a merged institute, and that they were following the deliberations carefully. Dr. Monti explained that merging the institutes would limit the focus and options for early-stage researchers. He emphasized that NIH needed to build maximum flexibility, and that there needed to be an institute focused on the enormous multifaceted role of alcohol and its effects on public health.

John Carnevale, Ph.D., President, Carnevale Associates, LLC noted that the numerous different options in the full spectrum was too long and complicated, and that a functional merger would confuse the congressional appropriations process as well as long-term funding decisions. Dr. Carneval favored a merger of the two institutes into one IC with a broad focus and a clearly defined mission.

Robert Carothers, Ph.D., J.D., Past President, University of Rhode Island stated that functional change would take at least a decade to take effect and structural change would cause researchers to worry about their job security.

Mimi Fleury, Chair, Substance Abuse Manual Committee; and President and Co-Founder, Community of Concern, Inc. emphasized that alcohol was different than illicit drugs in many instances and that a structural change would ignore important distinctions and increase parents' ambivalence to alcohol.

Nancy Freudenthal, First Lady of Wyoming believed that functional change was the best way to proceed that maintained the benefits of retaining visibility, focus, and research on alcohol use.

Flo Hilliard, M.S.H., Faculty Associate, Division of Continuing Studies, Professional Development and Applied Studies, University of Wisconsin-Madison stated that alcohol was not unique in the way that it affected the brain when abused. She suggested that a structural merger would finally help the public to understand that alcohol was a drug that affected the brain, and was not unique to the way it worked in neuroscience.

Sue Rusche, Co-Founder, President, and CEO, National Families in Action; and Chief Architect, Parent Corps, Specialists on Behavior, Treatment, and Prevention stated that the marketing for alcohol and tobacco was the problem, and that merging NIAAA and NIDA was absolutely crucial.

Richard Catalano, Ph.D., Director, Social Development Research Group, School of Social Work, and Adjunct Professor of Education and Sociology, University of Washington noted that the two institutes needed to enlist NCI, NICHD, SAMSHA, FDA, and other fed agencies to really understand the nature and extent of problems; he had no recommendations for the Board.

Anita Smith Everett, M.D., Section Director and Assistant Professor, Community and General Psychiatry, Johns Hopkins Bayview Medical Center emphasized that the benefits of a merger far outweighed the potential bureaucratic fallout and for this reason supported a merger. She conceded that she was involved with the NIDA Council's resolution endorsing the merger approach.

Marc A. Schuckit, M.D., Distinguished Professor of Psychiatry, University of California, San Diego; and former Director, Alcohol Research Center and the Alcohol & Drug Treatment Program, Veterans Affairs San Diego Healthcare System was concerned about the impact on public health; and advocated that a functional change would increase collaboration, improve multisource funding, give perspective on common problems, and would avoid reorganization costs and downtime. Dr. Schuckit stressed stability and that he saw structural change as a loss of his own home.

Early Stage Investigators

Laura M. Bohn, Ph.D., Associate Professor, Departments of Molecular Therapeutics and Neuroscience, The Scripps Research Institute stated she was an NIDA funded researcher, and that a structural merger made sense because all of the science was based on addiction. She was worried that a functional merger would relegate researchers to earmark funds in order to carve out niches for their own research and require them to be savvy for internal political reasons.

Adam C. Brooks, Ph.D., Research Scientist, Treatment Research Institute advocated for results that would work in the treatment community; and was bewildered by the differences and the split in IC's. He supported a strong functional option such as a hybrid and noted that parts of NIAAA's portfolio needed to be protected.

Sherry McKee, Ph.D., Director, Yale Behavioral Pharmacology Laboratory, Associate Professor of Psychiatry, Yale University noted she was funded by both IC's and that she supported a functional collaboration rather than a merger between NIAAA and NIDA. She has been involved in two large interdisciplinary research efforts involving collaboration between NIAAA and NIDA and was unsure how a structural merger would advance science beyond what could be accomplished with functional collaboration between the IC's.

Kimberly Nixon, Ph.D., Assistant Professor, Department of Pharmaceutical Sciences, University of Kentucky, NIH Grant Holders mentioned that her research focused on organ system

research and alcohol abuse, and not addiction. She noted that there were currently no FDA approved treatments that addressed alcoholic brain damage. Dr. Nixon stated that there would be a major gap that would not be helped by a merger; and she was fearful that her home for research would be lost.

NIH Grant Holders

K. Michael Cummings, Ph.D., M.P.H., Chair, Department of Health Behavior, Roswell Park Cancer Institute, and Professor, Department of Social and Preventive Medicine, School of Public Health and Health Professions, University at Buffalo, The State University of New York advocated for a functional change that followed the model put forth by the Transdisciplinary Tobacco Use Research Center (TTURC). He warned that integrating resources was code for reducing resources, and that there were not enough resources as it was already.

Bankole Johnson, D.Sc., M.D., Ph.D., M.Phil., F.R.C.Psych., Chair of Psychiatric Medicine, Department of Psychiatry and Neurobehavioral Sciences, University of Virginia noted there were rich opportunities in science for young researchers to see their work through to fruition. He noted that there was nothing to compare or judge the recent proposal to merge the IC's because it had not occurred before and therefore no success rate to compare. Dr. Johnson stated that research at NIAAA has translated into success in getting general practitioners on the front line to administer early screening, and that a merged institute may lose that focus. He stated that if there were concrete options for a merger that there should be a package with a cost-benefit analysis including financial reports, feasibility studies, organizational charts of personnel, and not just hypotheticals. Dr. Johnson mentioned that the creative way to proceed was to take functional steps first – organize a task force with joint projects, a budget, and a timeframe in order to set a pathway to clear results.

Peter W. Kalivas, Ph.D., Professor and Co-Chair, Department of Neurosciences, Medical University of South Carolina noted he was funded largely by NIDA and somewhat by NIAAA. He stated that change needed to be made because the IC's were not interacting as efficiently as possible. Dr. Kalivas recommended that a hybrid blueprint communication among IC's was a goal that could be achieved through a metered process with an advisory committee to spend the funds.

Charles P. O'Brien, M.D., Ph.D., Kenneth Appel Professor, Department of Psychiatry, School of Medicine, The Mahoney Institute of Neurological Sciences, University of Pennsylvania noted that alcoholism and opiate addiction were similar; and supported a merger of the institutes. He stated that the functional option was a halfway solution that would not succeed.

Marc N. Potenza, M.D., Ph.D., Director, Problem Gambling Clinic; Director, Women and Addictive Disorders Core, Women's Health Research; and Associate Professor of Psychiatry and Child Study, Division of Substance Abuse, Yale University stated that functional change could be implemented and could aide pathological gambling research. He was unsure that structural change would have a home for pathological gambling addiction.

Adolf Pfefferbaum, M.D., Professor Emeritus, Department of Psychiatry and Behavioral Sciences, Stanford University; Senior Administrative Psychiatrist, California Division of Juvenile Justice; and Director, Neuroscience Program, SRI International stated that important public perceptions concerning alcohol were in danger if alcohol was lumped in with other illicit substances; and noted that brain damage pathologies were not the same for alcohol and other substances. He advocated the Blueprint for Neuroscience and The Human Connectome Project as models; and further study the evidence to see if a single institute was warranted.

Cary R. Savage, Ph.D., Director, Functional MRI, Hoglund Brain Imaging Center, and Professor, Department of Psychiatry and Behavioral Sciences, University of Kansas Medical Center mentioned that he leaned towards supporting functional change which would allow flexibility across IC's.

Reflections of Current Directors

Nora D. Volkow, M.D., Director, National Institute on Drug Abuse stated that there may be lost opportunities because there were gaps between the two institutes. She maintained that no matter what the substance, they were damaging via their addictive characteristics and genetic predeterminations. She stated she was limited in her capacity as Director of NIDA because the institute's infrastructure was not complete.

Kenneth R. Warren, Ph.D., Acting Director, National Institute on Alcohol Abuse and Alcoholism stated that NIAAA collaborated on addiction with NIDA; mental health comorbidities with NIMH; fetal alcohol syndrome disorder with NICHD; and non-alcoholic hepatitis with NIDDK. He noted that the best way forward was the creation of an infrastructure that facilitated and formalized increased collaboration across all IC's and enhanced research on a number of fronts. Dr. Warren highlighted that he did not see gains in a structural merger that could not be achieved through enhanced institutionalized collaboration across NIH. He also noted that young researchers needed two separate leaderships for their respected disciplines.

At the end of the first day, members of the SMRB found the panelists' discussions and ideas striking, thought-provoking, and compelling. SMRB Chairman Norman Augustine stated that a functional option would need to have "teeth" and solicited details. Chairman Augustine proposed that SUAA Chairman Roper put "flesh on the bone" of the working group's recommendations; and suggested that Chairman Roper have three items completed before the stakeholder comment period including: minimum steps to take in case the SMRB headed for a deadlock vote; an organizational structure for a structural change to the two institutes; and granular detail on how functional change would be implemented.

On May 19, the SMRB voted unanimously by voice vote to adopt the Deliberating Organizational Change and Effectiveness (DOCE) Working Group's living document that served as a basis and template for the parameters for organizational change. The document will be posted online for public comment at http://smrb.od.nih.gov/working_groups/.

Next Steps

At this point in time, the full SMRB is waiting to receive the final recommendations of the SUAA during a public teleconference call. SUAA Chairman Roper stated that during May and June the SUAA would integrate the feed back from the stakeholder meeting and present the working groups' recommendations to the full Board for a teleconference vote in June. RSA will continue to take every opportunity to make the case against a merger of NIAAA and NIDA. A webcast of the Board's recent deliberations can be viewed by visiting http://smrb.od.nih.gov or http://videocast.nih.gov/.