

Testimony on behalf of the

**FRIENDS OF NIDA COALITION**

Regarding the Fiscal Year 2006 Appropriation for the

**National Institute on Drug Abuse**

before the

United States Senate  
Committee on Appropriations

Subcommittee on Labor, Health and Human Services and Education

The Honorable Arlen Specter, Chair

April 1, 2005

**C/O William L. Dewey, Chair  
Friends of NIDA  
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# *FRIENDS OF NIDA*

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Mr. Chairman and Members of the Subcommittee:

The Friends of the National Institute on Drug Abuse (FoN), a burgeoning coalition of over 50 organizations, is pleased to provide testimony to support the extraordinary work of the NIDA. Although a new coalition, it is comprised of organizations representing scientists, health professionals, and advocates for preventing and treating substance use disorders as well as understanding the causes and public health consequences of addiction. Pursuant to clause 2(g)4 of House Rule XI, the Coalition does not receive any federal funds.

Drug abuse and addiction represent a major health crisis in America, and create an economic burden of over \$484 billion per year. One way we can and should continue to address this problem is through scientific research. Because of the critical importance of drug abuse research for the health and economy of our nation, we write to you today to request your support for a 6 percent increase for NIDA in the Fiscal 2006 Labor, Health and Human Services, Education and Related Agencies Appropriations bill. That would bring total funding for NIDA in Fiscal 2006 to \$1,067,040,300. Recognizing that so many health research issues are inter-related, we also support a 6 percent increase for the National Institutes of Health overall, which would bring its total to \$30 billion for Fiscal 2006.

NIDA is the world's largest supporter of research on the health aspects of drug abuse and addiction. The Institute supports a comprehensive research portfolio that has led to our current understanding of addiction as a preventable developmental disorder and a chronic relapsing disease associated with long-lasting changes in the brain and the body that can affect all aspects of a person's life. NIDA's research portfolio is broad and deep, and spans the continuum of basic neuroscience, behavior and genetics research through applied health services research and epidemiology. This work deserves continuing, strong support from the Congress. Some examples include:

New research supported by NIDA and others reveals that drug addiction is a "developmental disease." That is, it often starts during the early developmental stages in adolescence and sometimes as early as childhood. This is a time when the brain undergoes major changes in both structure and function. We now know that the brain continues to develop throughout childhood and into early adulthood. Exposure to drugs of abuse at an early age may increase a child's vulnerability to the effects of drugs and may impact brain development. As a result, NIDA has increased its emphasis on adolescent brain development to better understand how developmental processes and outcomes are affected by drug exposure, the environment and genetics. Recent advances in genetic research have enabled researchers to start to investigate which genes make a person more vulnerable, which genes protect a person against addiction, and how genes and environment interact. As part of the prevention portfolio NIDA is also involving pediatricians and other primary care providers to develop tools, skills and knowledge to be able to screen and treat patients as early as possible, including patients with

mental disorders who may be at a high risk to develop addiction. We know that if we do not intervene early, drug problems can last a lifetime, making prevention a high research priority.

Treatment research is another priority area for NIDA. Significant effort is underway to develop, test, and ensure the delivery of evidence-based interventions to all practitioners and patients across the country. Building on advances from the Institute's basic neuroscience and behavioral research program NIDA has introduced a number of effective medications and behavioral treatments. The Institute also continues to look for more innovative, efficacious, and cost-effective ways to treat patients for a variety of addictions, including addiction to nicotine. NIDA is also using the National Drug Abuse Treatment Clinical Trials Network (CTN) to help respond to emerging public health needs like prescription drug abuse and the increases in patients who are seeking treatment for both substance abuse and mental disorders.

Another priority area for NIDA is curtailing the spread of HIV/AIDS. Because illicit drug use can impact decision-making and increase the likelihood that an individual will engage in risk-taking behaviors, treatment for drug abuse is, itself, HIV prevention. Drug abuse treatment can reduce activities related to drug use that increase the risk of getting or transmitting HIV. NIDA is especially interested in reducing HIV/AIDS rates in racial and ethnic minority populations, which are disproportionately affected by this disease.

Recognizing substance abuse as a disorder that can affect the course of other diseases, including HIV/AIDS, mental illness, trauma, cancer, cardiovascular disease and even obesity is critical to improving the health of our citizens. NIDA has launched several efforts to reach out to numerous professions within the healthcare community to address these issues.

#### Additional Success Stories, Challenges and Opportunities

##### ***Adolescent Brain Development -- How Understanding the Brain Can Impact Prevention Efforts.***

NIDA maintains a vigorous developmental research portfolio focused on adolescent populations. NIDA working collaboratively with other NIH Institutes has shown that the human brain does not fully develop until about age 25. This adds to the rationale for referring to addiction as a “developmental disease;” it often starts during the early developmental stages in adolescence and sometimes as early as childhood, a time when we know the brain is still developing. Having insight into how the human brain works, and understanding the biological underpinnings of risk taking among young people will help in developing more effective prevention programs. FoN believes NIDA should continue its emphasis on studying adolescent brain development to better understand how developmental processes and outcomes are affected by drug exposure, the environment and genetics.

***Medications Development.*** NIDA has demonstrated leadership in the field of medications development by partnering with private industry to develop anti-addiction medications resulting in a new medication, buprenorphine, for opiate addiction. FoN recommends that NIDA continue its work with the private sector to develop much needed anti-addiction medications, for cocaine, methamphetamine, and marijuana dependence.

***Co-Occurring Disorders.*** NIDA recognizes substance abuse rarely occurs in isolation. And to adequately address co-occurring substance abuse and mental health problems, NIDA has developed robust collaborations with other agencies (such as NIAAA, NIMH and SAMHSA) to stimulate new research to develop effective strategies and to ensure the timely adoption and implementation of evidence-based practices for the prevention and treatment of co-occurring disorders. Through these initiatives, NIDA is supporting research to determine the most effective models of clinically appropriate treatment and how to bring them to communities with limited resources. FoN recognizes the imperative for continued funding of essential research into the nature of and improved treatment for these complex disorders and endorses these efforts.

***Drug Abuse and HIV/AIDS.*** One of the most significant causes of HIV virus acquisition and transmission involves drug taking practices and related risk factors in different populations (e.g. criminal justice, pregnant

women, minorities, and youth). Drug abuse prevention and treatment interventions have been shown to be effective in reducing HIV risk. Therefore, FoN trusts that NIDA will continue its support of research that is focused on the development and testing of drug-abuse related interventions designed to reduce the spread of HIV/AIDS in these populations.

**Emerging Drug Problems.** NIDA recognizes that drug use patterns are constantly changing and expends considerable effort to monitor drug use trends and to rapidly inform the public of emerging drug problems. FoN believes NIDA should continue supporting research that provides reliable data on emerging drug trends, particularly among youth and in major cities across the country and will continue its leadership role in alerting communities to new trends and creating awareness about these drugs.

**Reducing Prescription Drug Abuse.** NIDA research has documented recent increases in the numbers of adults and young people who are using prescription drugs for non-medical purposes. Reducing prescription drug abuse, particularly among our Nation's youth will continue to be a priority for NIDA. FoN endorses NIDA's programmatic research designed to further the development of medications that are less likely to have abuse/addiction liability, and to develop prevention and treatment interventions for adolescents and adults who are abusing prescription drugs.

**Reducing Methamphetamine Abuse.** NIDA continues to recognize the epidemic abuse of methamphetamine across the United States. Methamphetamine abuse not only affects the users, but also the communities in which they live, especially due to the dangers associated with its production. FoN believes NIDA should continue to support research to address the medical consequences of methamphetamine abuse. Topics of particular concern include: understanding the effects of prenatal exposure to methamphetamine and developing pharmacotherapies and behavioral therapies to treat methamphetamine addiction.

**Reducing Inhalant Abuse.** For the second year in a row, NIDA's Monitoring the Future Survey (MTF) has shown an increase in the use of inhalants by 8<sup>th</sup> graders. Inhalants pose a particularly significant problem since they are readily accessible, legal, and inexpensive. They also tend to be abused by younger teens and can be highly toxic and even lethal. FoN applauds NIDA's inhalant research portfolio and believes NIDA should continue its support of research on prevention and treatment of inhalant abuse, and to enhance public awareness on this issue as it did recently with the release of a Community Drug Alert Bulletin: Inhalants, as well as its new dedicated web site, [www.inhalants.drugabuse.gov](http://www.inhalants.drugabuse.gov).

**General Medical Consequences of Drug Abuse.** NIDA recognizes that addiction is a disorder that affects the course of other diseases such as cancer, cardiovascular and infectious diseases. Therefore, FoN believes that NIDA should continue to support research on the medical consequences associated with drug abuse and addiction.

**Long-Term Consequences of Marijuana Use.** NIDA research shows that marijuana can be detrimental to educational attainment, work performance, and cognitive function. However, more information is needed in order to assess the full impact of long-term marijuana use. Therefore, FoN recommends that NIDA continue to support efforts to assess the long-term consequences of marijuana use on cognitive abilities, achievement, and mental and physical health, as well as work with the private sector to develop medications focusing on marijuana addiction.

**Translating Research Into Practice.** NIDA has been a leader working with State substance abuse authorities to reduce the current 15- to 20-year lag between the discovery of an effective treatment intervention and its availability at the community level. In particular, NIDA worked with SAMHSA on a recent RFA designed to strengthen State agencies' capacity to support and engage in research that will foster statewide adoption of meritorious science-based policies and practices. FoN believes that NIDA should continue collaborative work with States to ensure that research findings are relevant and adaptable by State Substance Abuse systems. NIDA is also to be congratulated for its broad and varied information dissemination programs as part of an effort to ensure drug abuse research is used in everyday practice. The Institute is focused on stimulating and supporting innovative research to determine the components

necessary for adopting, adapting, delivering, and maintaining effective research-supported policies, programs, and practices. As evidence-based strategies are developed, FoN urges NIDA to support research to determine how these practices can be best implemented at the community level.

**Primary Care Settings and Youth.** NIDA recognizes that primary care settings, such as offices of pediatricians and general practitioners, are potential key points of access to prevent and treat problem drug use among young people; yet primary care and drug abuse services are commonly delivered through separate systems. FoN encourages NIDA to continue to support health services research on effective ways to educate primary care providers about drug abuse; develop brief behavioral interventions for preventing and treating drug use and related health problems, particularly among adolescents; and develop methods to integrate drug abuse screening, assessment, prevention and treatment into primary health care settings.

**Utilizing Knowledge of Genetics and New Technological Advances to Curtail Addiction.** NIDA recognizes that not everyone who takes drugs becomes addicted and that this is an important phenomenon worthy of further exploration. Research has shown that genetics plays a critical role in addiction, and that the interplay between genetics and environment is crucial. The science of genetics is at a crucial phase -- technological advances are providing the tools to make significant breakthroughs in disease research. For example, FoN believes NIDA should take advantage of new high-resolution genetic technologies which may help to develop new tailored treatments for smoking.

**Combating Nicotine Addiction.** NIDA understands that the use of tobacco products remains one of the Nation's deadliest addictions and FoN supports NIDA's continuing efforts to address this major public health problem through its comprehensive research portfolio.

**Reducing Health Disparities.** NIDA research demonstrates that the consequences of drug abuse disproportionately impacts minorities, especially African American populations. FoN was pleased to learn that NIDA formed a Subgroup of its Advisory Council to address this important topic and applauds NIDA for working to strategically reduce the disproportionate burden of HIV/AIDS among the African American population. FoN believes that researchers should be encouraged to conduct more studies in this population and to target their studies in geographic areas where HIV/AIDS is high and or growing among African Americans, including in criminal justice settings.

**The Clinical Trials Network—Using Infrastructure to Improve Health.** NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN), which was established in 1999 and has grown to include over 17 research centers or nodes spread across the country. The CTN provides an infrastructure to test the effectiveness of new and improved interventions in real-life community settings with diverse populations, enabling an expansion of treatment options for providers and patients. FoN suggests NIDA continue to develop ways to use the CTN as a vehicle to address emerging public health needs.

**Neuroscience Blueprint and Training.** NIDA is one of the 15 Institutes and Centers involved in the NIH Blueprint activities and FoN recommends that NIDA continue to demonstrate leadership to foster additional training in cross-cutting scientific issues.

**Neuroimaging and the Developing Brain.** NIDA has also demonstrated leadership in the development and application of neuroimaging technologies to gain a greater understanding of the circuitry of the human brain underlying drug addiction. FoN encourages NIDA to utilize neuroimaging technology to improve its understanding of how the brain of children and adolescents develop.

**Behavioral Science.** NIDA has long demonstrated a strong commitment to supporting behavioral science research. FoN encourages NIDA to continue to determine the interplay of behavioral, biological, and social factors that affect development and the onset of diseases like drug addiction to understand common pathways that may underlie other compulsive behaviors such as gambling and eating disorders.

**Drug Treatment in Criminal Justice Settings.** NIDA is very concerned about the well-known connections between drug use and crime. Research continues to demonstrate that providing treatment to individuals

involved in the criminal justice system decreases future drug use and criminal behavior, while improving social functioning. Blending the functions of criminal justice supervision and drug abuse treatment and support services create an opportunity to have an optimal impact on behavior by addressing public health concerns while maintaining public safety. FoN strongly supports NIDA's efforts in this area, particularly the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS), a multi-site set of research studies designed to improve outcomes for offenders with substance use disorders by improving the integration of drug abuse treatment with other public health and public safety systems.

### Conclusion

It is true that many challenges remain. However, only the resources available for carrying out its vital mission limit the potential contributions of NIDA- funded research to the lives of countless individuals. This is why the Friends of NIDA ask you to provide an appropriation of \$1,067,040,300 to the Institute so that our nation and the world will continue to benefit from NIDA's commitment to improving health and scientific advancement.

We understand that the FY 2006 budget cycle will involve setting priorities and accepting compromise. However, in the current climate, we believe a focus on substance abuse and addiction, which according to the World Health Organization account for nearly 20 percent of disabilities among 15-44 year olds, deserve to be prioritized accordingly. We look forward to working with you to make this a reality.

Thank you, Mr. Chairman, and the Subcommittee, for your support for the National Institute on Drug Abuse.