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American Society of Addiction Medicine

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May 3, 2012

Francis S. Collins, M.D., Ph.D Director National Institutes of Health 9000 Rockville Pike Bethesda, MD 20892

Dear Dr. Collins,

The American Society of Addiction Medicine (ASAM) is pleased to have the opportunity to offer input into the Scientific Strategic Plan for the proposed National Institute of Substance Use and Addiction Disorders (NISUAD); in particular, we hope our comments support the maintenance of research regarding the medical complications of addiction.

ASAM represents nearly 3000 physicians who specialize in the treatment of addiction; many of whom work in research or academic settings that rely on the addiction research outcomes and/or funding provided by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcoholism and Alcohol Abuse (NIAAA). In fact, ASAM members in research and clinical practice alike have benefited from and implemented the advancements in addiction treatment-related science provided by NIDA and NIAAA. Furthermore, ASAM is grateful for the ongoing collaborations between these Institutes and ASAM to advance the science and practice of addiction medicine. We hope the following comments are useful to you as you consider this merger and the realignment of their respective portfolios.

It is our understanding that while the Scientific Strategic Plan will integrate various elements of NIDA's and NIAAA's research portfolios; other elements of these portfolios may be moved to other centers within the National Institutes of Health and/or eliminated altogether. ASAM is particularly concerned that the research and science regarding the medical complications of addiction like liver disease, fetal alcohol syndrome, and hepatitis, may be redistributed to the National Institute of Diabetes and Digestive and Kidney Diseases, the National Institute of Child Health and Human Development, or the National Institute of Allergy and Infectious Diseases, respectively, and lose the priority status they held within the addiction institutes. Moreover, these broader disease institutes may not be as sensitive to the co-morbid relationship of these disease states and

addiction as are NIDA and NIAAA. Should this element of addiction research and associated funding fade within a reorganized NIH, addiction treatment providers, their patients and the public will suffer.

The members of the American Society of Addiction Medicine have been both beneficiaries and supporters of the life-changing research put forward by NIDA and NIAAA. We look forward to future collaborations with a new National Institute of Substance Use and Addiction Disorders that advances the current research portfolios of the NIDA and NIAAA and, consequently, the implementation of the NISUAD's contributions in addiction treatment settings and training programs nationwide.

Sincerely,

Stuart Gitlow, MD, MBA, MPH, FAPA

Acting President, American Society of Addiction Medicine