



Coalition to Protect Research

November 16, 2009

Ms. Melody Barnes, Esq.
Director, Domestic Policy Council
1600 Pennsylvania Avenue, N.W.
2nd Floor, West Wing
Washington, DC 20500

Dear Ms. Barnes:

The undersigned organizations write to express our appreciation to the Obama Administration for the \$10.4 billion provided to the National Institutes of Health (NIH) via the American Recovery and Reinvestment Act (ARRA/Recovery Act). This unprecedented increase in the NIH's budget has generated tremendous excitement within the scientific community about the scientific possibilities as a result of ARRA. As organizations committed to promoting public health through research, we represent hundreds of thousands of scientists, physicians, health care providers, and patients who support federal investments in basic and applied biomedical and behavioral research.

We also write to underscore our organizations' support for the NIH's peer-review system and the meritorious grants awarded by the agency to fulfill its mission. As noted by NIH director Francis Collins, this research supports "science in pursuit of fundamental knowledge about the nature and behavior of living systems...and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability." It is the NIH's mission to cultivate new knowledge that will lead to better health for everyone.

Unfortunately, a number of the ARRA-funded grants that address substance use, as well as abuse of, and addiction to, alcohol and illegal drugs, along with breast and prostate cancer research, gender roles and HIV risk, HIV and alcohol risk reduction, and alcohol and firearms have come under scrutiny. The majority of the grants cited were funded by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Accordingly, our organizations strongly oppose ill-informed attempts by critics of ARRA to ridicule individual research projects based on cursory reviews of project titles or based on decidedly non-scientific criteria, whether personal opinion or the belief that some populations or diseases are not worthy of examination. Such emotionally or ideologically based criticism threatens the dispassionate interest of science in protecting the public's health.

Substance abuse and addiction take a tremendous toll on American society and their consequences are pervasive and interconnected throughout the world. Drug use is a major factor in crime and delinquency, and in some communities, drug use is the major vector for the spread of HIV/AIDS, tuberculosis, and hepatitis. Beyond the unacceptably high rates of morbidity and mortality wrought by substance use and abuse, drugs and alcohol are frequently implicated in eroding key social foundations of American society, causing family disintegration, loss of employment, failure in school, domestic violence, and child abuse. Moreover, it is estimated that smoking, as well as alcohol and illegal drug use, exact an exorbitant economic toll on our nation, estimated at over \$600 billion annually.¹

¹ Office of National Drug Control Policy (2004). *The Economic Costs of Drug Abuse in the United States, 1992-2002*. Washington, DC: Executive Office of the President (Publication No. 207303).

Rehm J, Mathers C, Popova S, Thavorncharoensap M, Teerawattananon Y, Patra J. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *Lancet*. 2009 Jun 27;373(9682):2223-33. [Table 4]

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Over the past three decades, NIDA-supported research has revolutionized our understanding of addiction as a chronic, relapsing brain disease — knowledge that is helping to correctly identify and establish addiction as a serious public health issue that demands strategic solutions. By supporting research that reveals how drugs affect the brain and behavior and how multiple factors influence drug abuse and its physical and social consequences, NIDA is advancing effective strategies to prevent people from ever using drugs and to treat them when they cannot stop.

Just in the past five years, NIAAA-supported research has reframed our understanding of alcohol dependence. As a result of this research, it is now recognized that: alcohol use and abuse is a developmental disorder that often has its roots in childhood and adolescence; the highest prevalence of alcohol dependence in the U.S. general population occurs in 18-24 year olds; and a large percentage of individuals with alcohol dependence are functional (and some are even leaders in society) and therefore go largely unnoticed by the healthcare system. These findings underscore NIAAA's opportunity to fund research that will facilitate better prediction of individuals at risk for future dependence by understanding the complex interplay between genetic, environmental, and developmental factors.

The recent increase in funding from the Recovery Act will speed the pace of research, and provide stimulating jobs designed to advance the science needed to address these devastating conditions and diseases. NIH has the statutory obligation to rely on the merit-based peer review process to support the highest-quality research across thousands of disorders, including substance use, substance abuse, and alcoholism. Our organizations believe that it is incumbent on the NIH to continue to support all phases of research, from basic molecular biology, genetics and behavior, to community-based and culturally appropriate prevention and intervention strategies. Investment in this research, including that supported by ARRA, will help move us toward a future when substance abuse is viewed and treated in a manner similar to other medical conditions, easing the tremendous suffering that addiction brings to individuals, communities, and our society as a whole.

Again, the undersigned organizations thank the Obama Administration for the unprecedented resources and promising opportunities the Recovery Act provided the NIH. These resources have expanded NIH's capacity to fund highly meritorious, peer-reviewed research across the scientific/public health spectrum which will lead to better health for everyone.

Sincerely,

A Brave New Day
ACOG
AIDS Action Baltimore
AIDS Project Los Angeles
American Academy of Pediatrics
American Association of Anatomists
American Association of Colleges of Nursing
American Association of Colleges of Pharmacy (AAP)
American Brain Coalition
American Psychiatric Association
American Psychological Association
amfAR, The Foundation for AIDS Research
American Physiological Society
American Psychiatric Association
American Psychosomatic Society

American Social Health Association
American Sociological Association
American Society of Human Genetics
American Society for Pharmacology & Experimental Therapeutics
American Society for Reproductive Medicine
Americans for Medical Progress
Association for Psychological Science
Association of American Medical Colleges
Association of Independent Research Institutes (AIRI)
Association of Population Centers
Association of University Centers on Disabilities (AUCD)
AVAC: Global Advocacy for HIV Prevention
Betty Ford Center
BIENESTAR, Southern California
Bradford Health
California Association of Alcohol and Drug Abuse Counselors (CAADAC)
California Foundation for the Advancement of Addiction Professionals
Cascade AIDS Project
Center for Health and Behavior, Syracuse University
Coalition for the Advancement of Health Through Behavioral and Social Sciences Research
Coalition to Protect Research
Community HIV/AIDS Mobilization Project (CHAMP)
Community Anti-Drug Coalitions of America
Consortium of Social Science Associations
Council on Social Work Education (CSWE)
Faces & Voices of Recovery
Federation of Associations in Behavioral & Brain Sciences
Federation of American Societies for Experimental Biology
FRAXA Research Foundation
Friends of SAMHSA
Genetic Alliance
Genetics Society of America
Global Justice Ministry of Metropolitan Community Churches
Hepatitis Foundation International
HIV Medicine Association
HIVictorious, Inc.
International Certification and Reciprocity Consortium (IC & RC)
Legal Action Center
National Alliance on Mental Illness
National Association for Children of Alcoholics
National Association of Drug Court Professionals

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National Association of Medical Minority Educators, Inc. (NAMME)
National Association of Nurse Practitioners in Women's Health (NPWH)
National Association of Pediatric Nurse Practitioners (NAPNAP)
National Coalition for Cancer Research (NCCR)
National Families in Action
National Health Council
National Minority AIDS Council
National Primate Research Centers (NPRCs)
Operation PAR, Inc.
Population Association of America
PXE International
San Francisco AIDS Foundation
Society for Applied Anthropology
Society for Developmental Biology
Society for Neuroscience
Society for Research in Child Development
Society for Women's Health Research
State Associations of Addiction Services
The AIDS Institute
The AIDS Policy Project, Philadelphia, PA
The Endocrine Society
The National Association of People with AIDS (NAPWA)
The Organization for the Study of Sex Differences
Therapeutic Communities of America
The Society for Social Work and Research
The Society for Prevention Research
The University of North Carolina at Chapel Hill
Treatment Action Group
Vaccine & Gene Therapy Institute, Oregon Health & Sciences University
Vanderbilt University
VGTI Florida Inc.



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November 16, 2009

The Honorable Kathleen Sebelius
Secretary, U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 615F
Washington, DC 20201

Dear Madam Secretary:

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