

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

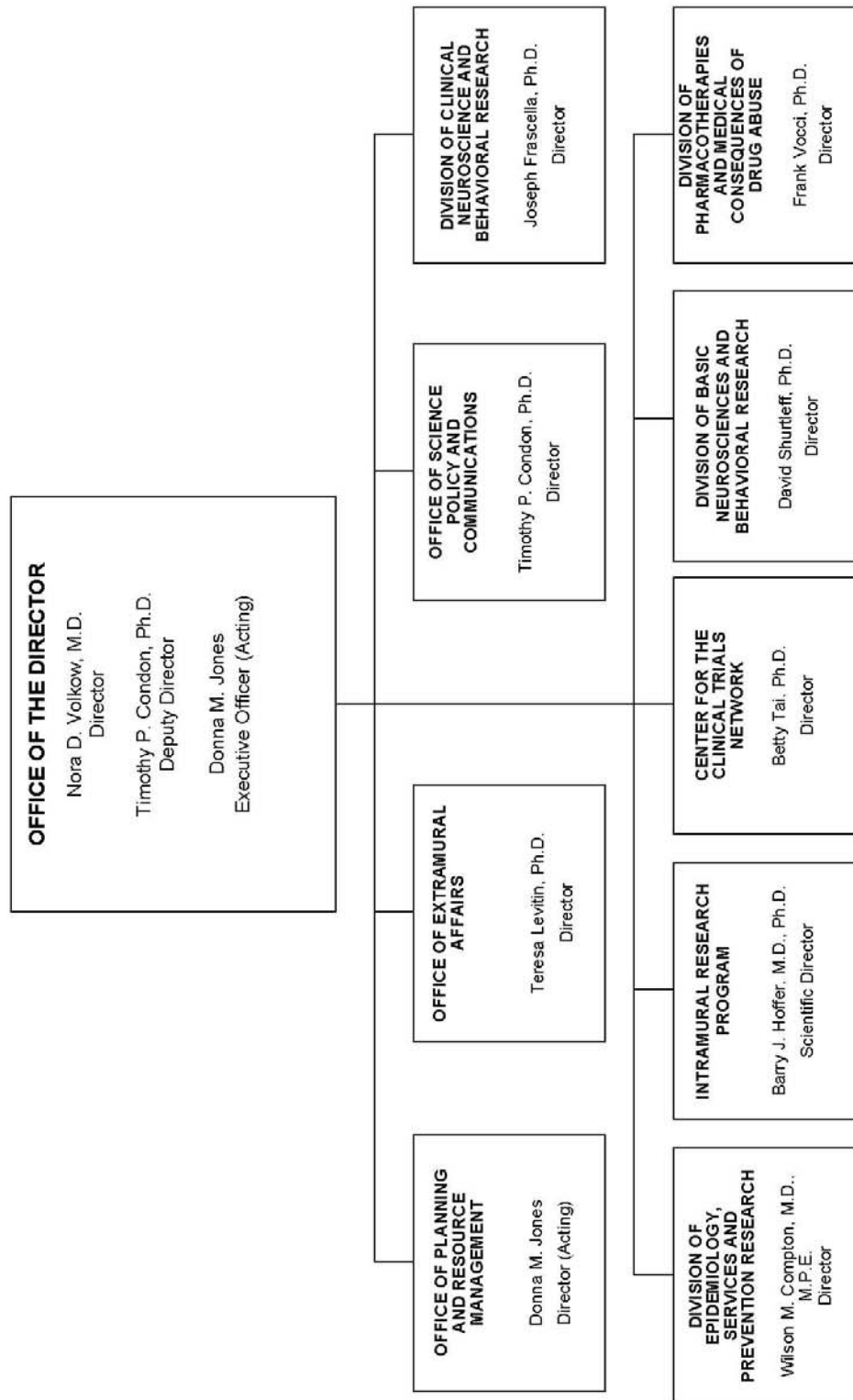
National Institute on Drug Abuse

<u>FY 2008 Budget</u>	<u>Page No.</u>
Organization chart.....	2
Appropriation language.....	3
Amounts available for obligation	4
Budget mechanism table.....	5
Budget authority by Program.....	6
Major Changes in Budget Request.....	7
Summary of changes.....	8
Budget Graphs	10
Justification narrative.....	11
Budget authority by object.....	18
Salaries and expenses.....	19
Authorizing legislation.....	20
Appropriations history.....	21
Detail of full-time equivalent employment (FTE).....	22
Detail of positions.....	23
New positions requested.....	24

National Institutes of Health

National Institute on Drug Abuse

Organizational Structure



FY 2008 Proposed Appropriation Language

NATIONAL INSTITUTES OF HEALTH

National Institute on Drug Abuse

For carrying out section 301 and title IV of the Public Health Services Act with respect to drug abuse \$1,000,365,000

Supplementary Exhibit

**Comparison of Proposed FY 2008 Appropriation Language to
Most Recently Enacted Full-Year Appropriations**

NATIONAL INSTITUTES OF HEALTH

National Institute on Drug Abuse

For carrying out section 301 and title IV of the Public Health Services Act with respect to drug abuse [~~\$994,829,000~~]**\$1,000,365,000** (Department of Health and Human Services Appropriation Act, 2006)

**National Institutes of Health
National Institute on Drug Abuse**

Amounts Available for Obligation 1/

Source of Funding	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Appropriation	\$1,010,130,000	\$1,000,029,000	\$1,000,365,000
Enacted Rescissions	-10,101,000	0	0
Subtotal, Adjusted Appropriation	1,000,029,000	1,000,029,000	1,000,365,000
Real Transfer under Roadmap Authority	-8,937,000		
Real Transfer under Secretary's One-percent transfer authority	-687,000		
Comparative transfer from OD for NIH Roadmap	8,937,000		
Comparative Transfer to NIBIB	-51,000	-52,000	
Comparative transfer to OD	-23,000	-24,000	
Comparative Transfer to NCRR	-408,000	-529,000	
Comparative Transfers to the Office of the Assistant Secretary for Admin. And Mgmt. and to the Office of the Assistant Secretary for Public Affairs	-2,000	-2,000	
Subtotal, adjusted budget authority	998,858,000	999,422,000	1,000,365,000
Unobligated Balance, start of year	0	0	0
Unobligated Balance, end of year	0	0	0
Subtotal, adjusted budget authority	998,858,000	999,422,000	1,000,365,000
Unobligated balance lapsing	0	0	0
Total obligations	998,858,000	999,422,000	1,000,365,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:

FY 2006 - \$4,700,000 FY 2007 - \$4,790,000 FY 2008 - \$4,842,000

Excludes \$164,000 in FY 2007 and \$164,000 in FY 2008 for royalties.

NATIONAL INSTITUTES OF HEALTH

National Institute on Drug Abuse

(Dollars in Thousands)

Budget Mechanism - Total

MECHANISM	FY 2006 Actual		FY 2007 Continuing Resolution		FY 2008 Estimate		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:								
Research Projects:								
Noncompeting	1,060	\$438,163	1,064	\$422,210	997	\$403,325	-67	-\$18,885
Administrative supplements	(110)	5,818	(110)	5,818	(175)	9,818	65	4,000
Competing:								
Renewal	72	31,098	79	34,245	79	34,329	0	84
New	295	90,026	271	99,138	353	108,949	82	9,811
Supplements	0	0	0	0	0	0	0	0
Subtotal, competing	367	121,124	350	133,383	432	143,278	82	9,895
Subtotal, RPGs	1,427	565,105	1,414	561,411	1,429	556,421	15	-4,990
SBIR/STTR	55	17,108	53	16,620	53	16,620	0	0
Subtotal, RPGs	1,482	582,213	1,467	578,031	1,482	573,041	15	-4,990
Research Centers:								
Specialized/comprehensive	45	69,025	45	69,469	45	69,469	0	0
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0
Comparative medicine	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Subtotal, Centers	45	69,025	45	69,469	45	69,469	0	0
Other Research:								
Research careers	244	35,389	248	35,808	246	36,348	-2	540
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	14	37,766	14	37,443	14	37,443	0	0
Biomedical research support	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0
Other	52	12,825	52	12,450	52	12,450	0	0
Subtotal, Other Research	310	85,980	314	85,701	312	86,241	-2	540
Total Research Grants	1,837	737,218	1,826	733,201	1,839	728,751	13	-4,450
Research Training:	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>			
Individual awards	173	6,389	175	6,463	178	6,574	3	111
Institutional awards	359	16,479	364	16,669	369	16,957	5	288
Total, Training	532	22,868	539	23,132	547	23,531	8	399
Research & development contracts (SBIR/STTR)	435 (19)	93,812 (6,776)	427 (19)	93,402 (6,776)	445 (19)	97,249 (6,776)	18 0	3,847 0
	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Intramural research	120	80,970	120	81,800	120	81,227	0	-573
Research management and support	241	55,053	246	55,878	251	56,437	5	559
Cancer prevention & control	0	0	0	0	0	0	0	0
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
NIH Roadmap for Medical Research	0	8,937	0	12,009	0	13,170		1,161
Total, NIDA	361	998,858	366	999,422	371	1,000,365	5	943

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse
Budget Authority by Program
(Dollars in thousands)

Extramural Research	FY 2004	FY 2005	FY 2006	FY 2006	FY 2006	FY 2007	FY 2008	Change
<u>Detail:</u>	<u>FTEs</u>	<u>Amount</u>	<u>FTEs</u>	<u>Amount</u>	<u>FTEs</u>	<u>Amount</u>	<u>FTEs</u>	<u>Amount</u>
Basic and Clinical Neuroscience and Behavioral Research		\$432,274	\$439,015	\$431,409	\$431,203	\$429,101	\$429,101	0
Epidemiology, Services and Prevention Research		278,824	249,015	250,976	250,856	249,633	249,429	-204
Pharmacotherapies and Medical Consequences		109,649	124,784	117,217	117,161	116,590	116,590	0
Clinical Trials Network		44,180	53,933	54,704	54,678	54,411	54,411	0
Subtotal, Extramural		864,927	866,747	854,306	853,898	849,735	849,531	-204
Intramural research	113	77,230	116	79,450	120	80,970	120	81,800
Res. management & support	229	52,448	220	53,859	241	55,129	251	55,878
NIH Roadmap for Medical Research			6,363	8937				12,009
TOTAL	342	994,605	336	1,006,419	361	999,342	371	1,000,365
								5
								943

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

Major Changes in the Fiscal Year 2008 Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2008 budget request for NIDA, which is \$.943 million more than the FY 2007 Estimate, for a total of \$1.0 billion.

Research Project Grants (-\$4.990 million; total \$573.04 million): NIDA will support a total of 1,429 Research Project Grant (RPG) awards in FY 2008. Non competing RPGs will decrease by 67 awards and decrease by \$18.9 million. Competing RPGs will increase by 82 awards and increase by \$9.9 million. NIDA will decrease its continuations resulting from the cost-containment measures implemented at NIH for non-competing RPG awards. These measures will allow NIDA to achieve the project goals and expected accomplishments as outlined in the Justification Narrative.

Research Careers (+\$.54 million; total \$36.348 million): NIDA will support the Pathway to Independence program by funding an additional 4 awards in FY 2008. Total support for the Pathway program in FY 2008 is 8 awards for \$1.08 million.

NIH Roadmap for Biomedical Research (+\$1.161 million; total \$13.17 million): NIDA will continue its support of the NIH Roadmap, an incubator for new ideas and initiatives that will accelerate the pace of discovery, in FY 2008.

Neuroscience Blueprint (+\$0.4 million; total \$4.9 million): NIDA will continue to expand its support for the NIH Neuroscience blueprint which was inspired by recognition that unifying themes in neuroscience research are fundamental to understanding the normal and disordered nervous system and to developing better prevention and treatment therapies.

Intramural Research (-\$0.6 million; total \$81.8 million) NIDA will work to identify areas of potential savings within the Intramural Research Program which will allow us to achieve our program goals and accomplishments as outlined in the Justification Narrative for the Intramural Research Program area as described below.

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse
Summary of Changes

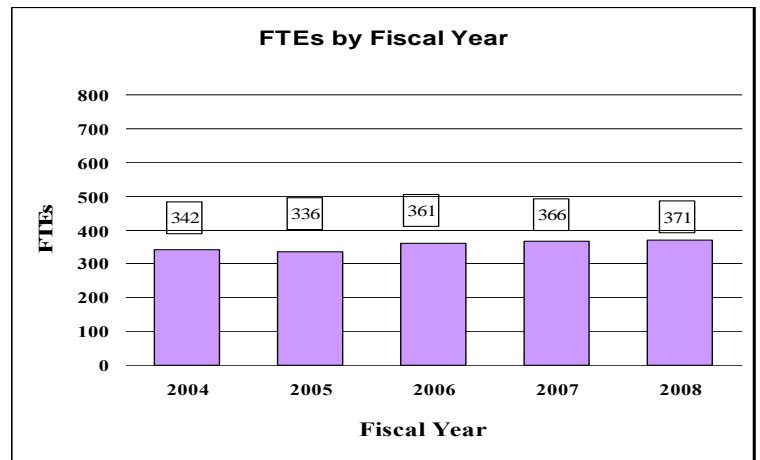
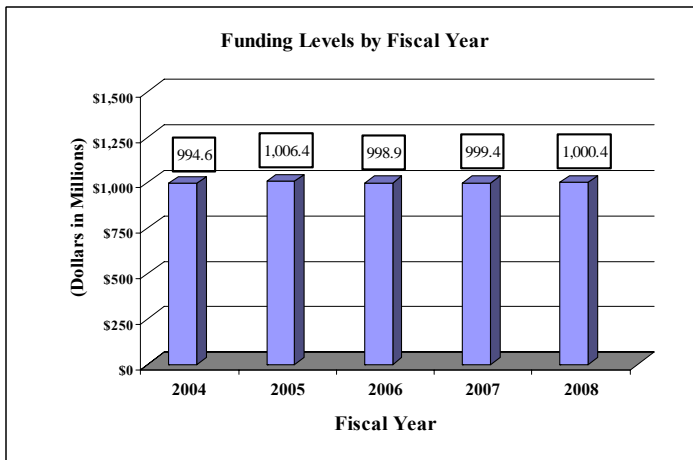
FY 2007 Continuing Resolution			\$999,422,000	
FY 2008 Estimated Budget Authority			1,000,365,000	
Net change			943,000	
CHANGES	FY 2007			
	Continuing Resolution		Change from Base	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural research:				
a. Annualization of January 2007 pay increase		\$18,432,000		\$181,000
b. January 2008 pay increase		18,432,000		632,000
c. Two extra days of pay		18,432,000		106,000
d. Payment for centrally furnished services		8,609,000		86,000
e. Increased cost of laboratory supplies, materials, and other expenses		54,759,000		1,332,000
Subtotal		81,800,000		2,337,000
2. Research Management and Support:				
a. Annualization of January 2007 pay increase		29,138,000		307,000
b. January 2008 pay increase		29,138,000		1,068,000
c. Two extra days of pay		29,138,000		208,000
d. Payment for centrally furnished services		5,768,000		58,000
e. Increased cost of laboratory supplies, materials, and other expenses		20,972,000		519,000
Subtotal		55,878,000		2,160,000
Subtotal, Built-in				4,497,000

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse
Summary of Changes--continued

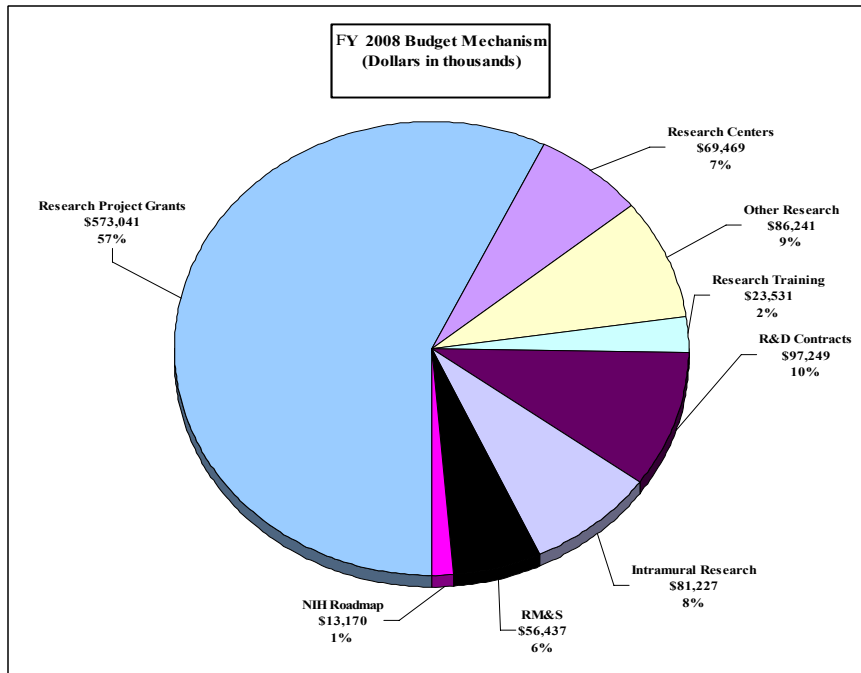
CHANGES	FY 2007			
	Continuing Resolution		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	1,064	\$428,028,000	-67	-\$14,885,000
b. Competing	350	133,383,000	82	9,895,000
c. SBIR/STTR	53	16,620,000	0	0
Total	1,467	578,031,000	15	-4,990,000
2. Research centers	45	69,469,000	0	0
3. Other research	314	85,701,000	-2	540,000
4. Research training	539	23,132,000	8	399,000
5. Research and development contracts	427	93,402,000	18	3,847,000
Subtotal, extramural				-204,000
	<u>FTEs</u>		<u>FTEs</u>	
6. Intramural research	120	81,800,000	0	-2,910,000
7. Research management and support	246	55,878,000	5	-1,601,000
8. Cancer control and prevention	0	0	0	0
9. Construction		0		0
10. Buildings and Facilities		0		0
11. NIH Roadmap for Medical Research	0	12,009,000	0	1,161,000
Subtotal, program		999,422,000		-3,554,000
Total changes	366		5	943,000

FISCAL YEAR 2008 BUDGET GRAPHS

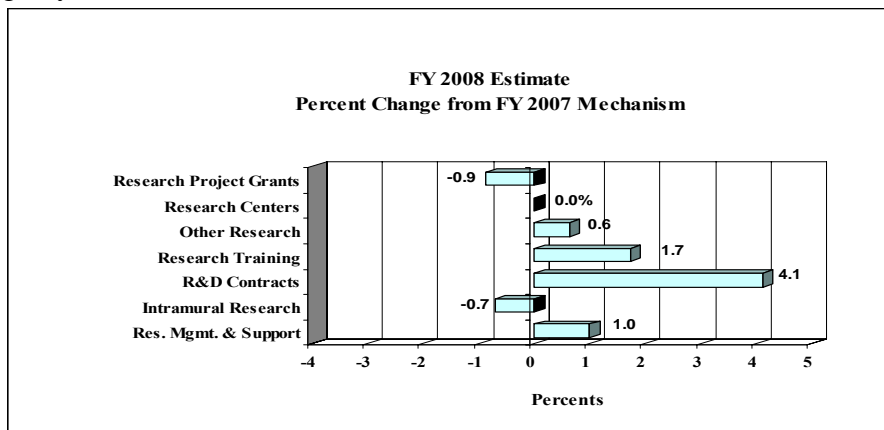
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



Justification of Budget Request

Authorizing Legislation: Section 301 and title IV of the Public Health Service Act, as amended.

Budget Authority:

FY 2006 Actual		FY 2007 Continuing Resolution		FY 2008 Estimate		Increase or Decrease	
<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
361	998,858,000	366	999,422,000	371	1,000,365,000	5	943,000

This document provides justification for the Fiscal Year (FY) 2008 activities of the National Institute on Drug Abuse (NIDA), including NIH/AIDS activities. Details of the FY 2008 HIV/AIDS activities are in the “Office of AIDS Research (OAR)” Section of the Overview. Details on the Roadmap/Common Fund are located in the Overview, Volume One.

DIRECTOR’S OVERVIEW

Research on drug abuse over the past thirty years has brought us a deeper understanding of the disease of addiction, allowing us to develop more targeted strategies for its prevention and treatment. This is NIDA’s continuing priority, along with combating the spread of HIV/AIDS, linked to drug abuse and the risky behaviors it elicits. Therefore, NIDA’s goals are both short- and long-term: to address the needs of people already suffering from drug abuse and addiction while at the same time developing the knowledge that will lead to more effective prevention and treatment of drug abuse and addiction in the future. NIDA-supported research also promotes investigation of strategies to ensure the “translation” of prevention or therapeutic interventions for the communities that can benefit from them.

While multiple challenges remain to fulfill this mission, many new opportunities have dawned to help overcome them. The challenges are familiar ones: high rates of drug abuse and low rates of treatment; lack of physician participation in identifying and treating substance abuse; lack of treatment integration with health care programs and major medical insurers; lack of pharmaceutical industry involvement in developing anti-addiction medications; etc. The opportunities, on the other hand, promise proactive approaches that can help overcome these obstacles through the application of revolutionary genetics and molecular biology tools, modern brain imaging technology, ground-breaking knowledge on brain development, and promising preclinical and clinical trials of anti-addiction medications and novel behavioral treatments.

Current Drug Abuse Prevalence

Knowledge from scientific research on drug abuse and addiction has prompted notable shifts in attitudes and behaviors toward drugs. Today approximately 840,000 fewer young people are using illicit drugs than in 2001—an impressive 23 percent reduction.¹ Use of nicotine is now lower than at any time since the Monitoring the Future Survey (MTF) of students began in 1975. Nevertheless, in 2005, an estimated 19.7 million Americans aged 12 and older were

¹ Johnston, LD et al. Monitoring the Future Study (NIDA-funded grant). University of Michigan’s Institute for Social Research, Ann Arbor, MI, December 2006.

current (noted as “past month” in the survey) illicit drug users.² And, according to MTF, nearly 50 percent of 12th graders will have tried an illicit drug by the time they graduate from high school. These are unacceptably high numbers rendered even more problematic in that drugs of abuse may be especially deleterious to adolescent brains.

Addressing the Latest Trends

Prescription drugs. Drug abuse can apply to more than abuse of illicit substances. In fact, the MTF reports in 2006 that roughly one in ten 12th graders used the prescription pain reliever Vicodin nonmedically during the past year—abuse second only to marijuana. In general, prescription drug abuse is an emergent problem that appears to be increasing in certain populations, and therefore is the subject of several NIDA initiatives.

Physician Outreach. NIDA is undertaking a Physician’s Outreach Initiative to engage the medical community in identifying substance abuse problems, including prescription drug abuse, in their patients and to raise awareness of substance abuse and addiction as a primary care health issue. NIDA will (1) work with the Office of National Drug Control Policy (ONDCP) to increase drug abuse training for physicians; (2) partner with the American Medical Association to improve physician-patient communication about substance abuse; and (3) sponsor four National Centers of Excellence in Physician Information to conduct research and develop messages and dissemination avenues for medical students, primary care, and family practice residents to raise awareness of substance abuse issues and of NIDA as a resource.

Methamphetamine. Methamphetamine continues to blight communities across the country, evincing marked increases in abuse consequences (e.g., treatment admissions rising from 28,000 to about 150,000 a year from 1993–2004)³. NIDA is pursuing several different therapeutic approaches, including both medications and behavioral therapies aimed at abstinence, relapse prevention, and cognitive dysfunction caused by long-term abuse.

Drug abuse and HIV/AIDS. HIV/AIDS, in which drug abuse is a major factor, continues to disproportionately affect African Americans and other minority populations. To overcome identified obstacles for differentially affected populations, NIDA released two program announcements in 2006 calling for drug abuse and mental health research on HIV/AIDS among African Americans, along with research on criminal-justice-related health disparities in this population.

New Directions in Drug Abuse Research

New knowledge is leading us to new solutions that address the multiple factors contributing to addiction. For example, an exciting new initiative being undertaken with the National Cancer Institute (NCI) will examine the interplay of gene-environment-development (GED) interactions and promises to aid in mitigating developmental risk. Fascinating results are already emerging from both basic and clinical social neuroscience studies, where non-invasive brain imaging techniques are providing information on the brain circuits involved in social behaviors and how these are affected by drug abuse.

² SAMHSA, Office of Applied Studies, 2005 National Survey on Drug Use and Health.

³ SAMHSA, Office of Applied Studies. Treatment Episode Data Set (TEDS): 1994–2004, National Admissions to Substance Abuse Treatment Services, DASIS Series: S-33, DHHS Pub No. (SMA) 06-4180, Rockville, MD, 2006.

Advances in neuroscience research, which yield a more accurate understanding of addiction as a chronic disease of the brain, have also inspired new approaches to treatment. Whereas formerly, medications development efforts zeroed in on the chemical dopamine and the brain reward system, therapeutic approaches are now also focusing on other brain circuits (memory, executive control, motivation), other neurotransmitter systems (cannabinoids, GABA, glutamate), and other strategies (vaccines, slow-release delivery systems).

For behavioral approaches, NIDA is encouraging investigators to evaluate the use of functional imaging technologies to optimize cognitive behavioral interventions (i.e., to develop messages that activate brain regions promoting greater acceptance) and to use neurofeedback to strengthen targeted brain circuits. The latter approach was shown to be useful in teaching subjects to decrease their emotional reaction to pain by activating brain areas that control emotions.

FY 2008 Justification by Activity Detail

Overall Budget Policy: Investigator-initiated research projects, new investigator research and career development are NIDA's highest priorities. In the field of drug abuse, NIDA has identified several important research training areas for enhancement, including clinician researchers, inter- and trans-disciplinary researchers, underrepresented populations, and chemists. NIDA is addressing these gaps through multiple career development mechanisms and interdisciplinary research training grants, which include plans for recruiting underrepresented minority trainees. NIDA has identified several other areas important for the nation's research competitiveness and directs resources accordingly. Investigator-initiated grant applications are carefully evaluated for all major research programs. This process includes a scientific panel review, which helps determine the level of recommended support, if any. Results are presented to the NIDA Advisory Council for concurrence. The level of support provided for NIDA-solicited projects, stemming from Requests for Applications (RFAs) for example, are also evaluated. NIDA balances solicitations issued to the extramural community (in areas it wants to stimulate) with funding made available to support investigator-initiated projects.

Clinical and Basic Neuroscience: Clinical and basic neuroscience represent two programs in NIDA that work together to enlarge the understanding of neurobiological, genetic, and behavioral factors that underlie drug abuse and addiction. Specifically, they examine the factors affecting increased risk and/or resilience to drug abuse, addiction, and drug-related disorders; the mechanisms of addiction; and the effects of drugs on the brain and behavior. Together, they provide the fundamental information to develop and inform prevention and treatment interventions for drug abuse and addiction.

Budget Policy: The 2008 estimate for this program area is \$429.1 million, the same level as the FY 2007 estimate. The program plans for 2008 include several targeted initiatives to stimulate research in emerging scientific areas or those under-represented in the current research portfolio. NIDA will expand its portfolio to investigate the social brain, to include studies on genetics, molecular biology, behavioral pharmacology, and brain imaging. Plus, NIDA will advance a Genes, Environment, and Development Initiative (GEDI) to solicit research investigating the interplay among these variables in the etiology of substance abuse in humans. NIDA will also encourage and support the development of next generation technologies to identify and catalogue the myriad functional changes to the DNA (i.e., epigenetic

modifications) that can result from exposure to a wide range of environmental variables, such as quality of parenting. Additionally, in FY 2007, NIDA will call for studies of medications and genetic interventions to facilitate the “unlearning” or extinction of conditioned drug responses—often the promoters of relapse to drug abuse. Resulting research will be used to guide and implement combined behavioral and pharmacological interventions to enhance drug abuse treatment and reduce relapse. Finally, NIDA promotes research to foster the development of more effective HIV prevention interventions, targeting the role of drug abuse on HIV transmission and acquisition.

Epidemiology, Services and Prevention Research: This program area is also a major one within NIDA. It seeks to promote integrated approaches to understand and address the interactions between individuals and environments that contribute to the continuum of problems related to drug abuse. The vision is to support research to prevent drug abuse and optimize service delivery in real-world settings.

Budget Policy: The 2008 estimate for this program area is \$249.4 million, a decrease of \$204 thousand below the FY 2007 estimate. Highlights of program plans for 2008 follow. Given the close relationship between drug abuse and crime, NIDA will continue to support targeted research on how drug abuse treatment and criminal justice systems interact through the Criminal Justice Drug Abuse Treatment Research Studies (CJ-DATS). To further this research, centers within CJ-DATS will be re-competed in FY 2008. Another major area is prescription drug abuse. NIDA will address it through a multi-pronged strategy that includes epidemiological studies and basic, preclinical, and clinical research, including: (1) a collaboration with the National Institute on Aging and the National Institute of Dental and Craniofacial Research on a major solicitation (estimated at \$3 million for FY 2008) for cross-disciplinary studies to investigate the use of opioids for pain treatment and to better understand the nexus of abuse and addiction to them; and (2) research on the development of therapeutic agents with reduced abuse liability. Examining factors that predispose or protect against opioid abuse and addiction will help develop screening and diagnostic tools for primary care physicians to assess the potential for prescription drug abuse in their patients. Other tools being developed include those designed to assess the impact of social environmental variables on decision-making and drug abuse risk by looking at social setting, parenting, education, neighborhood, and public policies. NIDA is encouraging research on the use of the Internet and other web-based communication strategies to acquire information that can be integrated into prevention efforts.

Portrait of a Program: Criminal Justice Drug Abuse Treatment Research Studies — Integrating Drug Abuse Treatment in Public Health and Safety Settings

FY 2007 Level:	\$35.1 million
FY 2008 Level:	<u>\$35.1 million</u>
Change	\$ 0.0 million

Research findings from basic and clinical neuroscience have shown addiction to be a complex disease of the brain and behavior from which people can recover with treatment, as is the case with most medical diseases. The concept of drug addiction as a complex disease needs to be understood if society is to effectively address the burgeoning problem of drug-related crime and addicted offenders in this country, who, if not effectively treated, will return to communities and to the vicious cycle of drug abuse, crime, and incarceration. But because addiction is still frequently seen as a moral failing, or a “personal” problem, the needed public health response has been overshadowed by the public safety concern. Combining the two—public health and public safety—NIDA launched CJ-DATS in 2002, which aligns with its multi-pronged approach to more rapidly move promising science-based drug addiction treatments into community settings. It is a 5-year research program that ends in September 2007, but NIDA intends a competitive review. Starting in 2008, CJ-DATS will focus on implementing research-based drug abuse treatment interventions in criminal justice settings. It seeks to bring new treatment models into the criminal justice system and thereby improve outcomes for offenders with substance use disorders. It represents a collaboration of NIDA with the Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, Department of Justice agencies, and a host of drug treatment, criminal justice, and health and social service professionals. Given recent studies showing the effectiveness of drug abuse treatment in reducing drug use and re-incarceration, NIDA will continue to invest in CJ-DATS to test additional treatment models. Other institutes, namely NIMH and NIAAA, will serve as key partners for the renewal.

To disseminate research findings and effect system-wide change, in July 2006 NIDA released a landmark publication entitled *Principles of Drug Abuse Treatment for Criminal Justice Populations*, designed to advance the concept of addiction as a brain disease and the importance of treating it. The principles emphasize the need for customized strategies that can include behavioral therapies, medication, and consideration of other mental and physical illnesses. The key message is that drug abuse treatment *works*, especially with community involvement and support, and brings about reduced drug abuse, criminal recidivism, and relapse to addiction. To reinforce these messages, NIDA will continue to reach out to judges and others in the criminal justice system to educate them about the behavioral and biological aspects of addiction through intensive training workshops.

Pharmacotherapies and Medical Consequences: This program area at NIDA is responsible for medications development aimed at helping people recover from drug abuse and addiction and sustain abstinence. Capitalizing on research showing the involvement of many different brain systems, beyond the dopamine system, in drug abuse and addiction, NIDA’s medications development approach is pursuing newly defined targets and approaches to treatment. This program area also seeks solutions for the medical consequences of drug abuse and addiction, including infectious diseases such as HIV.

Budget Policy: The 2008 estimate for this program area is \$116.6 million, the same level as the FY 2007 estimate. Program plans for 2008 follow, along with expected accomplishments. Highest priority will go to testing promising and novel therapies for different drugs of abuse, particularly stimulants and cannabis. To allow NIDA to be more nimble in its approach to developing medications, the program plans to test more compounds originating in the lab than in the marketplace. In a similar vein, NIDA has a FY 2007 RFA to stimulate research for the design, synthesis, and pharmacological evaluation of new classes of compounds as potential treatment agents for cocaine, methamphetamine, or cannabinoid addiction—a major push of NIDA’s medications development program (see portrait).

Portrait of a Program: Development of Addiction Medications

FY 2007 Level:	\$88.9 million
FY 2008 Level:	<u>\$88.9 million</u>
Change	\$0.0 million

Breakthrough discoveries in the last decade have led to a profound transformation in the understanding of the mechanisms and consequences of drug abuse and addiction. The current picture offers unprecedented detail and a unique opportunity to translate the products of NIDA's combined research into new, effective pharmacotherapies that could, either by themselves or combined with validated behavioral therapies, help alleviate the personal and social impact of this complex disease. NIDA's Medications Development Program is ideally positioned to harness the potential of this vastly improved understanding through a nimble and multi-pronged approach. For example, whereas NIDA's focus in the past rested on the reward system, it is now known that other parts of the brain are equally implicated in drug abuse and addiction processes, calling for new paradigms in addiction treatment. Several innovative treatment approaches have proven feasible and are now progressing to more advanced stages of research and development. Projects in this context include work on medications designed to diminish conditioned responses, promote new learning, and inhibit stress-induced relapse. Next-generation pharmaceuticals will also take advantage of knowledge gleaned from human genome studies to elucidate how a person's genetic makeup affects his or her response to a therapeutic medication. This will help us to better tailor treatments according to a person's genes.

Another alternative strategy for treating drug addiction, in which NIDA is currently investing, is immunotherapy, including support for development of a methamphetamine vaccine. Unlike conventional small molecule therapy, which targets the neural pathways/receptors involved in drug addiction, immunotherapy targets the drug itself. Addiction immunotherapies would cause the body to generate antibodies that bind specific drugs while they're still in the bloodstream, blocking their entry into the brain. The resulting reduction of reinforcing effects is expected to prevent relapse. NIDA has released a FY 2007 RFA to support activities aimed at generating the data needed to submit an Investigational New Drug (IND) application to the Food and Drug Administration for Phase I clinical trials of candidate vaccines for methamphetamine addiction.

Clinical Trials Network: NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN), which now comprises 17 research nodes and more than 240 individual community treatment programs, serves 34 States plus the District of Columbia and Puerto Rico. Plus, it tests the effectiveness of new and improved interventions in real-life community settings with diverse populations. The CTN also serves as a platform to help NIDA respond to emerging public health areas. The CTN serves as an effective research platform for 31 additional research grants and a training platform for 60+ research fellows and junior faculty.

Budget Policy: The 2008 estimate for this program area is \$54.4 million, the same level as the FY 2007 estimate. The program plans for 2008, along with expected accomplishments, are to re-compete some of the CTN nodes, or centers and to continue support of CTN trials evaluating promising medications and other treatment approaches in diverse patient populations. For example, CTN studies focusing on comorbid conditions include: (1) testing a slow-release form of methylphenidate (i.e., Ritalin) to help drug-abusing adolescents and adult smokers with attention deficit hyperactivity disorder achieve abstinence and (2) assessing interventions to reduce HIV risk behaviors and other sexually transmitted infection among at-risk populations in community drug treatment settings. NIDA is also eager to advance new HIV rapid-screen technologies and counseling in CTN-affiliated community treatment programs and is also testing HIV screening practices in the criminal justice system through CJ-DATS. Another treatment protocol to be tested in NIDA's CTN in FY 2008 will evaluate the effectiveness of a 12-step facilitation intervention to foster the initiation of and lasting involvement with the traditional fellowship activities of such groups as Alcoholics or Cocaine Anonymous and thus achieve prolonged abstinence.

Intramural Research Program: NIDA's Intramural Research Program (NIDA-IRP) performs cutting edge research within a coordinated multidisciplinary framework. NIDA-IRP attempts to elucidate the nature of the addictive process; to determine the potential use of new therapies for substance abuse, both pharmacological and psychosocial; and to decipher the long-term consequences of drugs of abuse on brain development, maturation, function, and structure, and on other organ systems.

Budget Policy: The 2008 estimate for this program area is \$81.2 million, a decrease of \$573 thousand, or 0.7 percent below the FY 2007 estimate. NIDA plans to identify areas of potential savings within this program to achieve our goals and accomplishments. The program plans for 2008, along with expected accomplishments, are derived from support of ongoing programs covering a wide variety of drug abuse and addiction issues. It covers basic research on the actions and consequences of abuse of marijuana, opioids, cocaine, methamphetamine, and ecstasy; the development/improvement of drug detection devices; the relationship between drug abuse and obesity; comorbid drug abuse and mental illness; and the development of medications and other treatments for drug abuse and addiction. A study exemplary of research conducted at the IRP has uncovered the ability of different brain receptor types to combine and thereby generate a broader range of neuronal responses once specific molecules bind to them—presenting exciting possibilities for dramatically expanding the range of medication options. NIDA-IRP is instrumental in understanding the mechanisms of methamphetamine-induced neuronal apoptosis (a type of cell death), including which genes are up-regulated or down-regulated in response to the drug. Understanding these mechanisms will help identify potential target molecules that can be either blocked or enhanced to prevent, treat, or mitigate the damage caused by methamphetamine.

Research Management and Support (RMS): NIDA RMS activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. RMS functions also encompass strategic planning, coordination, and evaluation of NIDA's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. NIDA currently oversees more than 1826 research grants, as well as more than 427 research and support contracts.

Budget Policy: The 2008 estimate for this program area is \$56.4 million, an increase of \$559 thousand, or 1.0 percent above the FY 2007 estimate. The program plans for 2008, along with expected accomplishments, are as follows. NIDA will continue to develop informational products, such as research reports and public service announcements, on various drugs of abuse. These materials are aimed at diverse audiences, including the general public, HIV high-risk populations, and educators. Outreach activities to physicians and to NIDA's constituency groups help raise awareness of substance abuse issues and get the word out with regard to promising prevention and treatment strategies.

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse

Budget Authority by Object

	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Total compensable workyears:			
Full-time employment	366	371	5
Full-time equivalent of overtime & holiday hours	0	0	0
Average ES salary	\$160,963	\$165,792	\$4,829
Average GM/GS grade	12.5	12.5	0.0
Average GM/GS salary	\$119,662	\$123,251	\$3,589
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$95,085	\$97,938	\$2,853
Average salary of ungraded positions	109,526	112,812	3,286
OBJECT CLASSES	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Personnel Compensation:			
11.1 Full-Time Permanent	\$24,090,000	\$25,062,000	\$972,000
11.3 Other than Full-Time Permanent	7,700,000	7,946,000	246,000
11.5 Other Personnel Compensation	1,099,000	1,137,000	38,000
11.7 Military Personnel	1,671,000	1,712,000	41,000
11.8 Special Personnel Services Payments	3,115,000	3,209,000	94,000
Total, Personnel Compensation	37,675,000	39,066,000	1,391,000
12.0 Personnel Benefits	9,057,000	9,269,000	212,000
12.2 Military Personnel Benefits	836,000	853,000	17,000
13.0 Benefits for Former Personnel	0	0	0
Subtotal, Pay Costs	47,568,000	49,188,000	1,620,000
21.0 Travel & Transportation of Persons	1,347,000	1,356,000	9,000
22.0 Transportation of Things	83,000	84,000	1,000
23.1 Rental Payments to GSA	0	0	0
23.2 Rental Payments to Others	44,000	44,000	0
23.3 Communications, Utilities & Miscellaneous Charges	745,000	751,000	6,000
24.0 Printing & Reproduction	1,036,000	1,042,000	6,000
25.1 Consulting Services	3,186,000	3,210,000	24,000
25.2 Other Services	3,585,000	3,575,000	-10,000
25.3 Purchase of Goods & Services from Government Accounts	118,240,000	117,196,000	-1,044,000
25.4 Operation & Maintenance of Facilities	3,588,000	3,624,000	36,000
25.5 Research & Development Contracts	52,670,000	55,576,000	2,906,000
25.6 Medical Care	268,000	271,000	3,000
25.7 Operation & Maintenance of Equipment	1,347,000	1,360,000	13,000
25.8 Subsistence & Support of Persons	0	0	0
Subtotal, Other Contractual Services	182,884,000	184,812,000	1,928,000
26.0 Supplies & Materials	5,093,000	4,953,000	-140,000
31.0 Equipment	2,845,000	2,822,000	-23,000
32.0 Land and Structures	0	0	0
33.0 Investments & Loans	0	0	0
41.0 Grants, Subsidies & Contributions	745,763,000	742,138,000	-3,625,000
42.0 Insurance Claims & Indemnities	0	0	0
43.0 Interest & Dividends	5,000	5,000	0
44.0 Refunds	0	0	0
Subtotal, Non-Pay Costs	939,845,000	938,007,000	-1,838,000
NIH Roadmap for Medical Research	12,009,000	13,170,000	1,161,000
Total Budget Authority by Object	999,422,000	1,000,365,000	943,000

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse

Salaries and Expenses

OBJECT CLASSES	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Personnel Compensation:			
Full-Time Permanent (11.1)	\$24,090,000	\$25,062,000	\$972,000
Other Than Full-Time Permanent (11.3)	7,700,000	7,946,000	246,000
Other Personnel Compensation (11.5)	1,099,000	1,137,000	38,000
Military Personnel (11.7)	1,671,000	1,712,000	41,000
Special Personnel Services Payments (11.8)	3,115,000	3,209,000	94,000
Total Personnel Compensation (11.9)	37,675,000	39,066,000	1,391,000
Civilian Personnel Benefits (12.1)	9,057,000	9,269,000	212,000
Military Personnel Benefits (12.2)	836,000	853,000	17,000
Benefits to Former Personnel (13.0)	0	0	0
Subtotal, Pay Costs	47,568,000	49,188,000	1,620,000
Travel (21.0)	1,347,000	1,356,000	9,000
Transportation of Things (22.0)	83,000	84,000	1,000
Rental Payments to Others (23.2)	44,000	44,000	0
Communications, Utilities and Miscellaneous Charges (23.3)	745,000	751,000	6,000
Printing and Reproduction (24.0)	1,036,000	1,042,000	6,000
Other Contractual Services:			
Advisory and Assistance Services (25.1)	1,590,000	1,598,000	8,000
Other Services (25.2)	3,585,000	3,575,000	-10,000
Purchases from Govt. Accounts (25.3)	66,401,000	64,838,000	-1,563,000
Operation & Maintenance of Facilities (25.4)	3,588,000	3,624,000	36,000
Operation & Maintenance of Equipment (25.7)	1,347,000	1,360,000	13,000
Subsistence & Support of Persons (25.8)	0	0	0
Subtotal Other Contractual Services	76,511,000	74,995,000	-1,516,000
Supplies and Materials (26.0)	3,991,000	3,884,000	-107,000
Subtotal, Non-Pay Costs	83,757,000	82,156,000	-1,601,000
Total, Administrative Costs	131,325,000	131,344,000	19,000

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2007 Amount Authorized	FY 2007 Continuing Resolution	2008 Amount Authorized	FY 2008 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite		Indefinite	
National Institute on Drug Abuse	Section 402(a)	P.L. - 109-482	Indefinite	\$999,422,000	Indefinite	\$1,000,365,000
Total, Budget Authority				999,422,000		1,000,365,000

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation <u>1/</u>
1999	393,934,000 <u>2/ 3/</u>	527,426,000	603,274,000	603,274,000
Rescission	0	0	0	-400,000
2000	429,246,000 <u>2/</u>	656,551,000	682,536,000	689,448,000
Rescission				-3,667,000
2001	496,294,000 <u>2/</u>	788,201,000	789,038,000	781,327,000
Rescission				-331,000
2002	907,369,000	900,389,000	902,000,000	888,105,000
Rescission				-372,000
2003	960,582,000	968,013,000	968,013,000	968,013,000
Rescission				-6,292,000
2004	995,614,000	995,614,000	997,614,000	997,414,000
Rescission				-6,461,000
2005	1,019,060,000	1,019,060,000	1,026,200,000	1,014,760,000
Rescission				-8,341,000
2006	1,010,130,000	1,010,130,000	1,035,167,000	1,010,130,000
Rescission				-10,101,000
2007	994,829,000	994,829,000	1,000,342,000	999,422,000.00 <u>4/</u>
2008	1,000,365,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

2/ Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research

3/ Reflects a decrease of \$1,195,000 for the budget amendment for Bioterrorism

4/ Annualized Current Rate

NATIONAL INSTITUTES OF HEALTH

National Institute on Drug Abuse

Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Office of the Director	23	23	23
Office of Extramural Affairs	16	16	16
Office of Planning and Resource Management	55	55	56
Office of Science Policy and Communications	29	29	30
Division of Epidemiology, Services & Prevention Research	28	29	29
Division of Basic Neurosciences & Behavioral Research	30	31	31
Division of Pharmacotherapies & Medical Consequences of Drug Abuse	35	37	37
Center for the Clinical Trials Network	12	12	13
Division of Clinical Neurosci and Behavioral Research	13	13	15
Intramural Research Program	120	121	121
Total	361	366	371
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative Research and Development Agreements	(0)	(0)	(0)
FISCAL YEAR	Average GM/GS Grade		
2004	11.9		
2005	12.7		
2006	12.5		
2007	12.5		
2008	12.5		

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse

Detail of Positions

GRADE	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Total, ES Positions	3	3	3
Total, ES Salary	\$470,470	\$482,890	\$497,377
GM/GS-15	60	60	60
GM/GS-14	83	83	83
GM/GS-13	46	46	46
GS-12	46	46	46
GS-11	13	13	13
GS-10	1	1	1
GS-9	9	9	9
GS-8	13	13	13
GS-7	10	10	10
GS-6	1	1	1
GS-5	6	6	6
GS-4	2	2	2
GS-3	1	1	1
GS-2	2	2	2
GS-1	0	0	0
Subtotal	293	293	293
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	13	13	13
Director Grade	2	2	2
Senior Grade	1	1	1
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	16	16	16
Ungraded	19	19	19
Total permanent positions	310	310	310
Total positions, end of year	379	366	371
Total full-time equivalent (FTE) employment, end of year	361	366	371
Average ES salary	156,823	160,963	165,792
Average GM/GS grade	13	13	13
Average GM/GS salary	94,533	119,662	123,251

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research.

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse

New Positions Requested

	FY 2008		
	Grade	Number	Annual Salary
Health Science Administrator	13/14	5	\$79,689
Total Requested		5	