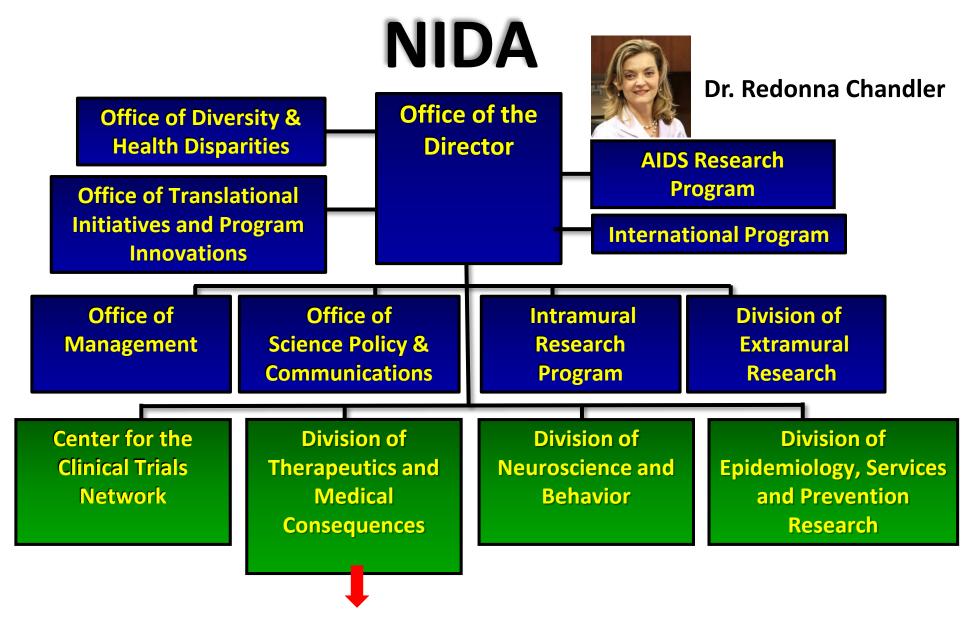
Director's Report to the National Advisory Council on Drug Abuse

February 6, 2018

Nora D. Volkow, M.D., Director NIH National Institute on Drug Abuse

MIDAnews



Search for DTMC Director

Director's Report to the National Advisory Council on Drug Abuse

Budget Update

• What's New @ HHS/NIH?

Recent NIDA Activities & Events

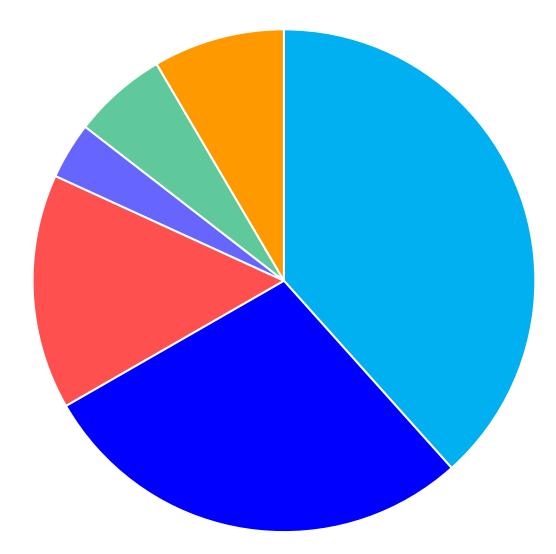
NIDA BUDGET

(Thousands)

	FY 2016 Actuals	FY 2017 Actuals	FY 2018 PB
NonAIDS	\$754,727	\$794,102	\$647,674
AIDS	\$294,244	\$276,711	\$217,324
TOTAL	\$1,048,971	\$1,070,813	\$854,998

National Institute on Drug Abuse Portfolio

FY 2017 Actual



- Division of Neuroscience & Behavior -- 38%
- Division of Epidemiology, Services
 & Prevention Research -- 28%
- Division of Therapeutics and Medical Consequences -- 15%
- Center for the Clinical Trials Network -- 4%
- RMS -- 6%

Intramural Research -- 8%

Director's Report to the National Advisory Council on Drug Abuse

Budget Update

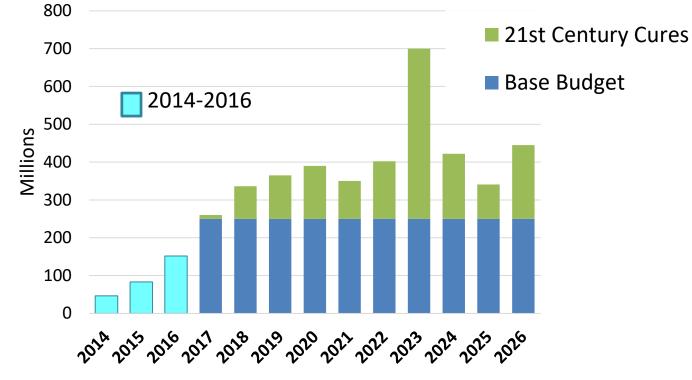
What's New @ HHS/NIH?

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THE BRAIN INITIATIVE® BRAIN is Just Getting Started



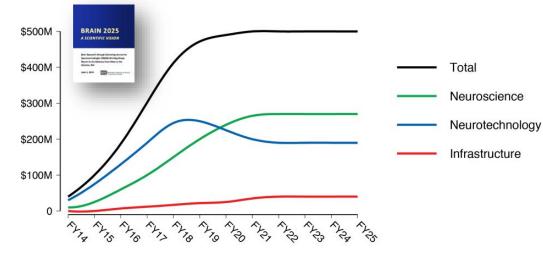
\$4.2B: Projected total for lifetime of BRAIN \$550M: BRAIN Funding through 2017 ~12% of the total





THE BRAIN INITIATIVE®

Revisiting BRAIN in 2020 and Beyond



BRAIN 2025 Report: First years [should] emphasize technology development and validation, with a growing emphasis on problem-driven neuroscience after FY2020

- NIH will formally revisit BRAIN 2025's priorities to provide an updated scientific vision to guide the second half of the Initiative
- Focus on specific topics/questions that can now be interrogated given the emerging set of tools and technologies



THE BRAIN INITIATIVE®

BRAIN Initiative: Notice of Support for Research on the Fundamental Neurobiology of Pain Processing

- NIH welcomes BRAIN Initiative applications targeting central nervous system nociceptive and pain circuits, as appropriate to the goals and requirements of specific BRAIN Initiative FOAs.
- It is expected that the unique opportunities of the BRAIN Initiative will enable production of detailed maps of pain circuits, and the adoption of powerful new tools for monitoring and modulating pain circuit activity, leading to significant advances in the understanding of pain and nociception.

https://grants.nih.gov/grants/guide/notice-files/NOT-NS-18-008.html





DIRECTOR: BRAIN INITIATIVE

National Institute of Neurological Disorders and Stroke (NINDS)

APPLICATIONS WILL BE REVIEWED STARTING March 5, 2018 (Applications accepted until position is filled.)

DIRECTOR: NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

APPLICATION BY March 1, 2018 at 11:59 p.m., ET

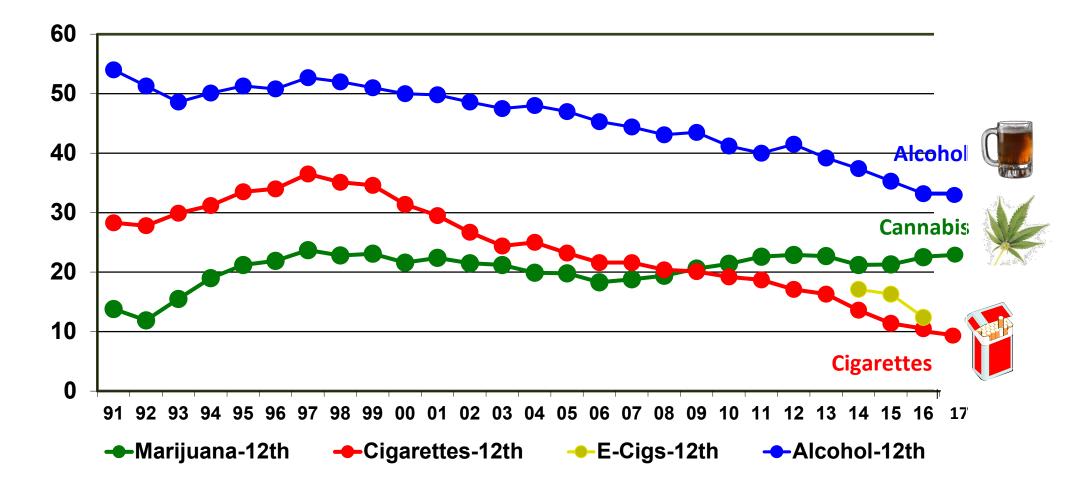
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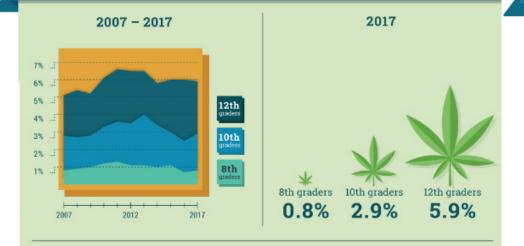
Past Month *Marijuana Use Remains Steady* while Alcohol and Cigarette Use Declining among High School Seniors



SOURCE: University of Michigan, 2017 Monitoring the Future Study

DAILY MARIJUANA USE MOSTLY STEADY

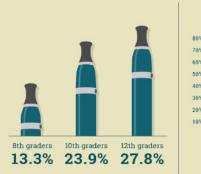
TEENS MORE LIKELY TO USE MARIJUANA THAN CIGARETTES

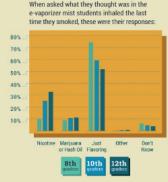


71.0% OF HIGH SCHOOL SENIORS DO NOT VIEW REGULAR MARIJUANA SMOKING AS BEING VERY HARMFUL, BUT 64.7% SAY THEY DISAPPROVE OF REGULAR MARIJUANA SMOKING.



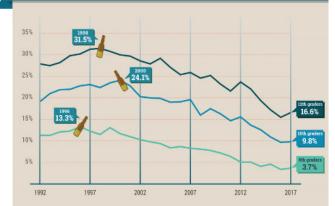
PAST-YEAR E-VAPORIZER USE AND WHAT TEENS ARE INHALING





NEARLY 1 IN 3 STUDENTS IN 12TH GRADE REPORT PAST-YEAR USE OF E-VAPORIZERS, RAISING CONCERNS ABOUT THE IMPACT ON THEIR LONG-TERM HEALTH.

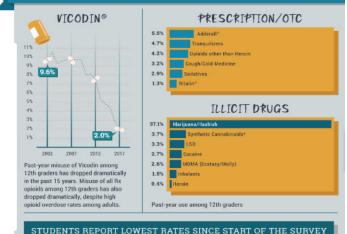
BINGE DRINKING RATES STEADY AFTER DECADES OF DECLINE



*Binge drinking is defined as having 5 or more drinks in a row in the last 2 weeks.

BINGE DRINKING APPEARS TO HAVE LEVELED OFF THIS YEAR, BUT IS SIGNIFICANTLY LOWER THAN PEAK YEARS.



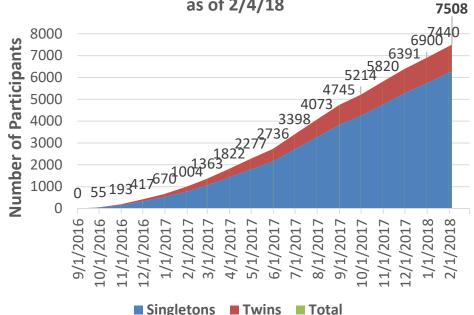


Across all grades, past-year use of heroin, methamphetamine, cigarettes, and synthetic cannabinoids^{*} are at their lowest by many measures.

*Called "synthetic marijuana" in survey

ABCD Update

ABCD Enrollment as of 2/4/18



ABCD Study Fast Track Data

https://data-archive.nimh.nih.gov/abcd

The ABCD Study is releasing fast-track neuroimaging data from ABCD Study participants on an ongoing basis - DICOM images from ~4,000 participants currently available.

Annual Curated Data Release

Interim data on the first 4,500 participants will be released in early 2018, including:

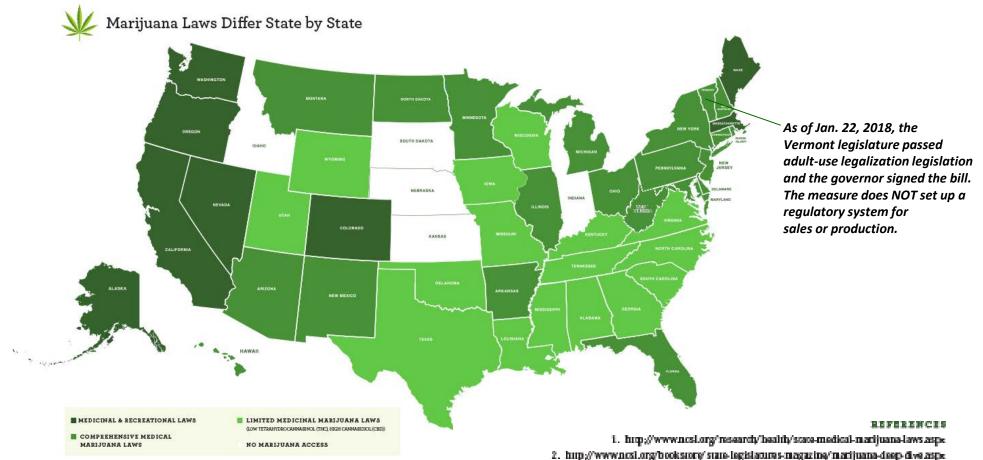
- Basic demographics,
- Assessments of:
 - Physical and mental health,
 - Substance use,
 - Culture and environment, and
 - Neurocognition,
- Tabulated structural and functional neuroimaging data,
- Minimally processed brain images, and
- Biological data (e.g., pubertal hormone analyses).

Adolescent Brain Cognitive Development



Teen Brains. Today's Science. Brighter Future.

CANNABIS LAWS IN THE U.S.



29 states have legalized medical marijuana along with D.C., Guam and Puerto Rico

States with MML vary on:

- Allowable conditions and routes of administration.
- Dispensaries/home growth and registries.
- Testing, regulatory requirements.

LOCAL GOVERNMENT WEBSITES HAVE ADDITIONAL INFORMATION ON THE LAWS SGARDING MEDICINAL AND RECREATIONAL MARIJUANA ON A STATE-BY-STATE BASIS.

LAWS STATUS CHOSENT AS OF DR

States with Recreational Laws vary on:

- Marketing, product labeling, distribution (home growth).
- Taxation.

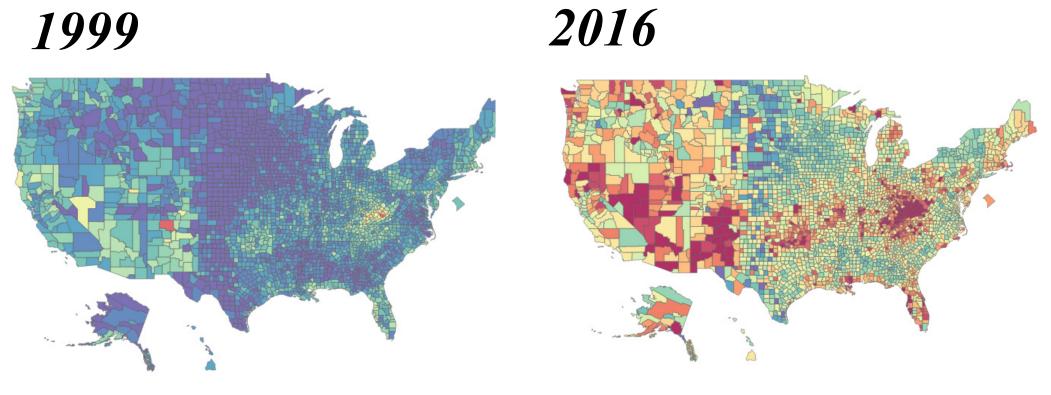
John Carnevale, Workgroup Chair, will be presenting a summary of the report findings this afternoon...

RECOMMENDATIONS FOR THE NIDA'S CANNABIS POLICY RESEARCH AGENDA

NATIONAL ADVISORY COUNCIL ON DRUG ABUSE CANNABIS POLICY WORKGROUP

FEBRUARY 6, 2018

Overdose Death Rates

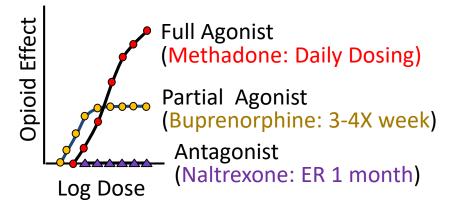


Source: https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality/index.htm

Legend for estimated age-adjusted death rate (per 100,000 population)

2	8-9.9	16-17.9	24-25.9
2-3.9	10-11.9	18-19.9	26-27.9
4-5.9	12-13.9	20-21.9	28-29.9
6-7.9	14-15.9	22-23.9	30+

Medication Assisted Treatment (MAT)



DECREASES:

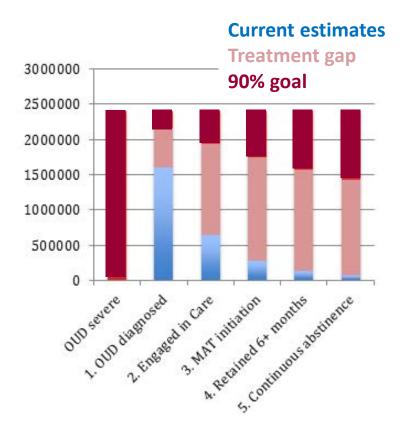
- Opioid use
- Opioid-related overdose deaths
- Criminal activity
- Infectious disease transmission

INCREASES

- Social functioning
- Retention in treatment

But MAT is highly underutilized! Relapse rates are very high!

OUD Cascade of Care in USA



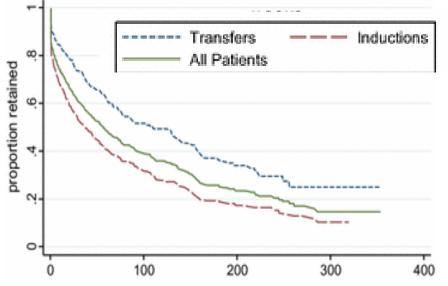
Williams AR, Nunes E, Olfson M. Health Affairs Blog, 2017

Expand access to MAT Healthcare system Criminal Justice system

Improve Compliance and Retention Extended release formulations Drug combinations Additional interventions

Public Sector Low Threshold Office-Based Buprenorphine Treatment in Primary Care

Unobserved induction, At most weekly visits, No psychosocial treatment.

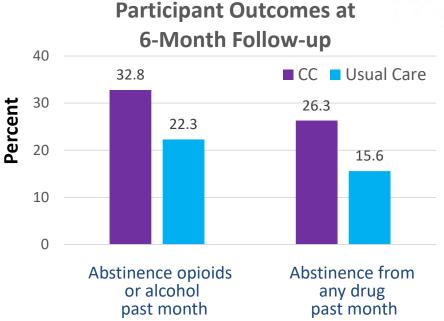


- Treatment retention of 38 weeks is equivalent to that of office-based opioid treatment.
- Low threshold treatment protocols, as compared to national guidelines, may expand access to buprenorphine

Bhatraju EP et al., Addict Sci Clin Pract. 2017 Feb 28;12(1):7.

Collaborative Care for Opioid and Alcohol Use Disorders in Primary Care (FQHC)





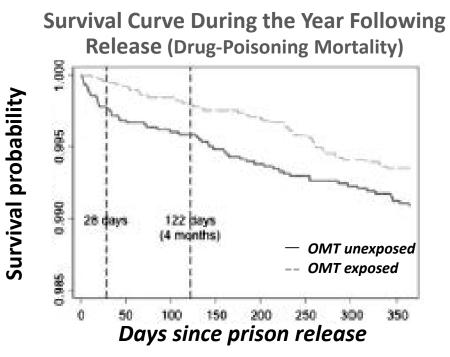
- In primary care, collaborative care intervention increased *abstinence from alcohol and drugs* compared to usual care.
- Treatment for OAUDs can be integrated into primary care settings.

Watkins KE et al., JAMA Intern Med. 2017;177(10):1480-1488.



Opioid Medication Therapy (OMT) In Prison

Mortality Post Release

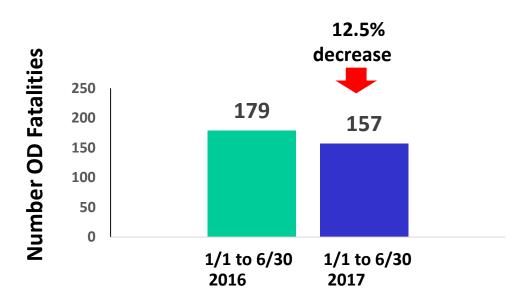


OMT resulted in a 75% reduction in mortality (85% reduction in overdoses) in the first month post release

Marsden J et al., Addiction 2017; 112:1408-1418.

Postincarceration Overdose Deaths After Implementing OMT in a Statewide Correctional System (Rhode Island)

Statewide Overdose Deaths



OD fatalities in those who had been incarcerated in 2017 decreased by 60% compared to 2016 (5.7% vs 14.5%)

Green TC and Clarke J. JAMA Psychiatry 2018;75(4).



Using Science to Inform Practice and Policy: A Coordinated Approach to Research Priority Setting

Sponsored by the National Institute on Drug Abuse in Partnership with ECRI Institute









Priorities for Future Research

- Strengthen connection between research and practice
 - Learning health care system to translate evidence-based practices
 - Large-scale implementation pilot
- Explore, maximize, and expedite available data sources and study designs
 - Observational and secondary data sources in addition to clinical trials
 - Consider barriers to using the data, including confidentiality issues
- Engage citizen scientists to help develop outcome and quality measures
 - Need standardized metrics that patients and families can use to report on patient experience and treatment outcomes
- Determine criteria to indicate inpatient vs outpatient treatment
 - Collect longer-term outcomes data to understand the utility of different treatments settings and modalities
- Treatment interventions for mild OUD or subclinical opioid misuse
- Research to address cost and sustainability

Expand access to MAT Healthcare system Criminal Justice system

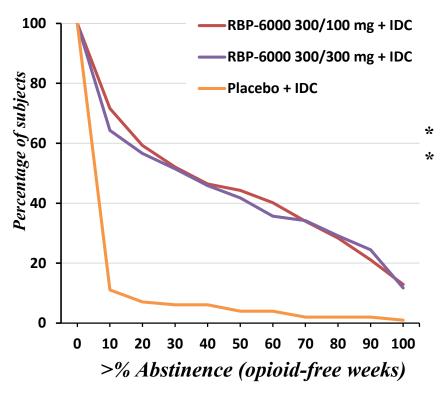
Improve Compliance and Retention Extended release formulations Drug combinations Additional interventions

SUBLOCADE[™] (Buprenorphine ER), **Once-Month Injectable**



FDA Approval 11.30.2017

% urine samples negative for opioids (Weeks 5 to 24)

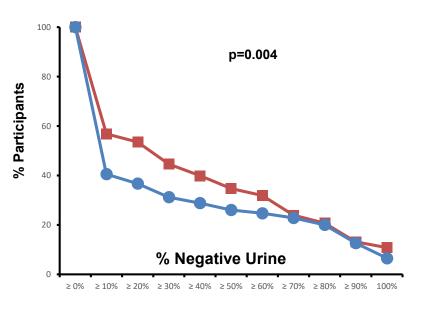


CAM2038: Subcutaneous ER **Buprenorphine**



Weekly or monthly injection

Comparison CAM2038 versus Daily SL BPN



braeburn

Heidbreder et al., CPDD 2017



NIH Public Private Partnership To Address the Opioid Crisis

Focus Area A: Enhance medications for OUD and to prevent/reverse overdoses

- Develop new formulations and combinations of medications to treat OUD and to prevent overdoses
- Develop *more potent* or *longer lasting opioid antagonists* to reverse overdoses from fentanyl or its derivatives.
- Develop and validate alternative endpoint other than abstinence that are acceptable to FDA for approval of OUD medications

Focus Area B: Pain

- Establish data sharing collaborative between industry groups NIH to serve as a neutral broker
- Determine objective measures to understand, predict responses to pain Biomarkers for pain – and a "Pain-ometer"
- Clinical trial network to accelerate trials on common and rare pain syndromes and to evaluate biomarkers

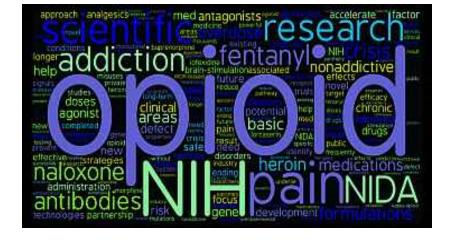
Establishment of the NIDA Advisory Council Workgroup on Opioids

Mission: To provide guidance on the development and implementation of NIDA's public-private response to help end the opioid crisis.

Chair: Edward V. Nunes, M.D.

Next Steps:

- -- Appoint members February
- -- Convene workgroup March
- **--** Conduct assessment March May



- -- Complete and issue final report June July
- -- Update Council On going

Development of Medications to Prevent and Treat Opioid Use Disorders and Overdose (UG3/UH3) (Clinical Trial Optional) RFA-DA-19-002 Issued: December 14, 2017; Open Date: January 25, 2018

- Support discovery and development of medications to prevent and treat opioid use disorders (OUD) and overdose.
- The UG3/UH3 Phase Innovation Awards Cooperative Agreement involves 2 phases:

UG3: will support a project with specific milestones to be accomplished by the end of the 2-year period.

- **UH3**: will provide funding for 3 years to a project successfully completed in UG3.
- Investigators responding to this FOA must address both UG3 and UH3 phases.

FDA Patient-Focused Drug Development (PFDD) Initiative

In 2012, patient voices joined the science

• 5 patient-centered, community-led Guidances for Industry written:

Artificial Pancreas Device Systems (2012); Chronic Fatigue Syndrome, Myalgic Encephalomyelitis (March 2014); Duchenne Muscular Dystrophy (June 2015); Amyotrophic Lateral Sclerosis, ALS (Draft, 2016), Amyloidosis (Draft, December 2016).

- On November 30, 2017, NIDA and Addiction Policy Forum (NGO) submitted LOI to FDA indicating the intent to lead a PFDD meeting for OUD.
- On December 22, 2017, FDA determined that "gathering patient perspectives on OUD will be of great value ..". FDA accepted NIDA/APF LOI and proposed the transition of the meeting from externally-led into FDA-led. FDA will host the meeting and lead planning, working closely with APF and NIDA.



Priority Areas

Prevention Research

(Children & Adolescents) genetics/epigenetics development environment co-morbidity

Treatment Interventions

(New Targets & New Strategies)

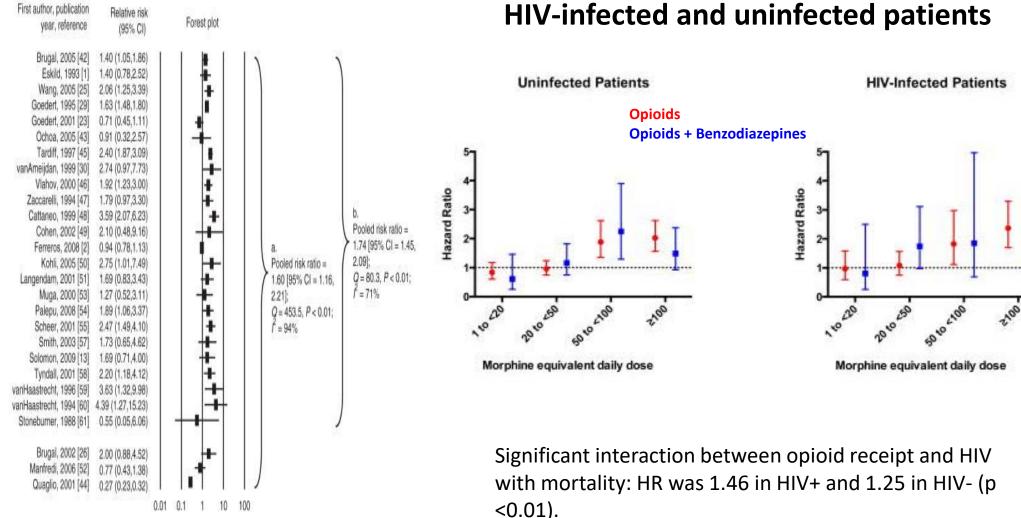
HIV and Drugs

Prevention Treatment





HIV infection and risk of overdose: meta-analysis



HIV+ associated with increased risk of overdose mortality (risk ratio 1.74)

Green et al., AIDS. 2012 26(4): 403-417.

Long-term prescription opioids and/or benzodiazepines and mortality among HIV-infected and uninfected patients

Mortality risk was increased for patients receiving both

Weisberg et I., J Acquir Immune Defic Syndr. 2015 Jun 1; 69(2): 223–233.

opioids and benzodiazepines

New NIDA FOAs

NIDA Avant-Garde Award Program for HIV/AIDS and Drug Use Research (DP1, Clinical Trial Optional) (RFA-DA-18-019)

Issued: December 6, 2017; Application Receipt/Submission Date(s): April 17, 2018.



March 29, 2017 Presidential Executive Order Establishing the President's Commission on Combating Drug Addiction and the Opioid Crisis



THE PRESIDENT'S COMMISSION ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS

Roster of Commissioners

Governor Chris Christie, Chairman Governor Charlie Baker Governor Roy Cooper Congressman Patrick J. Kennedy Professor Bertha Madras, Ph.D. Florida Attorney General Pam Bondi



November 1, 2017 56 Recommendations on:

- Federal Funding and Programs
- Opioid Addiction Prevention
 - Prescribing Guidelines, Regulations, Education
 - PDMP Enhancements
 - Supply Reduction and Enforcement Strategies
- Opioid Addiction Treatment, Overdose Reversal, and Recovery
- **Research and Development**



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2320 events Including 180 events in **16 countries outside the U.S.**, including Pakistan, Afghanistan, Myanmar, Mexico, Northern Marinara Islands, South Africa, the UK, Ireland, Zimbabwe, Ghana, Nigeria, Micronesia, the Ukraine and Zambia.