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

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National Institute on Drug Abuse

MIDAnews



NIDA BUDGET

(Thousands)

	FY 2015	FY 2016	FY 2017
	Actuals	Operating Plan	PB
NonAIDS	\$716,833	\$756,306	\$756,306
AIDS	\$298,862	\$294.244	\$294.244
TOTAL	\$1,015,695	\$1,050,550	\$1,050,550

National Institute on Drug Abuse Portfolio FY 2015 Actual





Therapeutics and Medical Consequences Research -- 20%



Neuroscience and Behavioral Research – 39%



Epidemiology, Services and Prevention Research – 36%



Clinical Trials Network – 5%



Intramural Research – 9%



RM&S -- 6%

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Budget Update

• What's New @ HHS/NIH?

 Recent NIDA Activities & Events

The BRAIN Initiative®

NIH Investment from various Institutes, Centers, and Offices:

Fiscal Year	Actual Budget	ACD WG Professional Judgment Budget
FY14	\$46.1M	
FY15	\$85M	\$100M
FY16	\$150M* (est.)	\$190M
FY17		\$300M [churn year]
FY18		\$400M
FY19		\$500M

*\$85M FY16 Appropriations increase



- Blueprint
- NCCIH
- NEI
- NIA
- NIAAA
- NIBIB
- NICHD
- NIDA
- NIDCD
- NIMH
- NINDS
- OBSSR
- OD
- ORWH

BRAIN Projects: 58 in FY2014 & 67 in FY2015



Short Courses: 3 awards (MH-15-215)

Cell-Type Classification: 10 awards (MH-14-215)

Novel Tools – Cells and Circuits: 25 awards (MH-14-216; MH-15-225)

Next Generation Human Imaging: 14 awards (MH-14-217; MH-15-200)

Next Generation Human Invasive Devices (2 RFAs): 3 awards (NS-15-006/008)

Large-scale Recording & Modulation (5 RFAs): 53 awards (NS-14-007/008; NS-15-003/004; EY-15-001)

Integrating Approaches to Understand Circuit Function: 17 awards (NS-14-009; NS-15-005)

BRAIN Funding in FY2016: Opportunities



- For 2016, the President proposed that \$215 million to the PMI \$130 million will be used to start building the PMI research cohort.
- A PMI Working Group of the Advisory Committee to the NIH Director (ACD), was established to plan the creation and management of the PMI research cohort.
 Recommendations delivered to ACD in Sept 2015.



- PMI Cohort Program Coordinating Center (U2C) (RFA-PM-16-001)_Issued: Nov16, 2015
- PMI Cohort Program Healthcare Provider Organization Enrollment Centers (UG3/UH3) (RFA-PM-16-002) Issued: Nov 16, 2015
- PMI Cohort Program Participant Technologies Center (U24) (RFA-PM-16-003) Issued Nov 16, 2015
- PMI Cohort Program Biobank (U24) (RFA-PM-16-004) Issued Nov 16, 2015

Recruitment for NIMH Director

ANNOUNCEMENT DEC 7, 2015

NIH-Wide Strategic Plan

Fiscal Years 2016-2020

RELEASED: December 16, 2015



Turning Discovery Into Health





OBJECTIVES:

- 1. *advance opportunities* in biomedical research in fundamental science, treatment and cures, and health promotion and disease prevention;
- 2. *foster innovation* by setting NIH priorities to enhance nimbleness, consider burden of disease and value of permanently eradicating a disease, and advance research opportunities presented by rare diseases;
- 3. *enhance scientific stewardship* by recruiting and retaining an outstanding biomedical research workforce, enhancing workforce diversity and impact through partnerships, ensuring rigor and reproducibility, optimizing approaches to inform funding decisions, encouraging innovation, and engaging in proactive risk management practices; and
- 4. *excel as a federal science agency* by managing for results by developing the "science of science," balancing outputs with outcomes, conducting workforce analyses, continually reviewing peer review, evaluating steps to enhance rigor and reproducibility, reducing administrative burden, and tracking effectiveness of risk management in decision making.



Released December 2015!

GOAL 1	GOAL 2	GOAL 3	GOAL 4				
BASIC SCIENCE	PREVENTION	TREATMENT	PUBLIC HEALTH				
Priority Focus Areas							
Cross-Cutti	ng Themes	Trans-NIH Initiatives					

Goals

- 1. Basic Science: Identify the biological, environmental, behavioral, and social causes and consequences of drug use and addiction across the lifespan
- 2. Prevention: Develop new and improved strategies to prevent drug use and its consequences
- 3. Treatment: Develop new and improved treatments to help people with substance use disorders achieve and maintain a meaningful and sustained recovery
- 4. Public Health: Increase the public health impact of NIDA research and programs



Priority Areas

- 1. Understanding the complex interactions of factors influencing drug use trajectories
- 2. Accelerating development of treatments
- 3. Addressing real-world complexities
- 4. Advancing bidirectional translation

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Priority Areas

Prevention Research

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



2015 Monitoring the Future Study

Prevalence of Past Year Drug Use Among 12th graders

Drug	Prev.	Drug	Prev.
Alcohol	58.2	Vicodin*	4.4
Marijuana/Hashish	34.9	Hallucinogens	4.2
Hookah	19.8	OxyContin*	3.7
Small cigars	15.9	Sedatives*	3.6
Amphetamines*	7.7	MDMA (Ecstasy)	3.6
Adderall*	7.5	LSD	2.9
Snus	5.8	Hall other than LSD	2.9
Narcotics o/t Heroin*	5.4	Cocaine (any form)	2.5
Synthetic Cannabinoids	5.2	Ritalin*	2.0
Tranquilizers*	4.7	Inhalants	1.9
Cough Medicine*	4.6	Salvia	1.9

* Nonmedical use

Categories not mutually exclusive

% Students Reporting Use of Synthetic Cannabinoids in Past Year

% Students Reporting Use of Heroin in Past Year



SOURCE: University of Michigan, 2015 Monitoring the Future Study

% Students Reporting Smoking Cigarettes in Lifetime, by Grade

%Students Reporting Daily Cigarette Use



SOURCE: University of Michigan, 2015 Monitoring the Future Study`

% Students Reporting Use of Alcohol Past Year

% Students Reporting 5+ Drinks in a Row in Last Two Weeks



SOURCE: University of Michigan, 2015 Monitoring the Future Study

% Students Reporting Use of Marijuana in Past Year

% Students Reporting Daily Use of Marijuana



SOURCE: University of Michigan, 2015 Monitoring the Future Study

Source of Marijuana* among 12th Graders in 2012-2015, by State Policy



*Categories not mutually exclusive ** Statistically significant difference

SOURCE: University of Michigan, 2015 Monitoring the Future Study

Adolescent Brain Cognitive Development (ABCD)

An NIH Collaboration: NIDA, NIAAA, NCI, NIMH NIMHD NICHD NINDS OBSSR



Adolescent Brain Cognitive Development

Teen Brains. Today's Science. Brighter Future.

Priority Areas

Prevention Research

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

Treatment Interventions

(New Targets & New Strategies)





Opioid Analgesic Overdose Deaths in the USA

Heroin Overdose Deaths in the USA



Centers for Disease Control and Prevention. Wide-ranging Online Data for Epidemiologic Research (WONDER), Multiple-Cause-of-Death file, 2000–2014. 2015 (http://www.cdc.gov/nchs/data/health_policy/AADR_drug_poisoning_involving_OA_Heroin_US_2000-2014.pdf)



- Providing training and educational resources, including updated prescriber guidelines, to assist health professionals in making informed prescribing decisions
- Increasing use of naloxone

• Expanding the use of Medication-Assisted Treatment (MAT)

Opioid Prescribing After a Nonfatal OD: Association With Repeated Overdose (n=2900)





Despite the fact that opioid discontinuation after overdose is associated with lower risk for repeated overdose almost all patients continue to receive prescription opioids after an overdose.

Larochelle, et al, Ann Intern Med. 2016;164(1):1-9.

NIH Pain Consortium Centers of Excellence in Pain Education



Coordinated by NIDA as part of NIH's Pain Consortium, the Centers of Excellence in Pain Education (CoEPEs) act as hubs for the development, evaluation, and distribution of pain management curriculum resources for medical, dental, nursing, and pharmacy schools.

Centers must *develop materials to create one case-based education module per year* as the main deliverable. The CoEPEs must also *test the efficacy and impact of these modules and disseminate their findings.*

11 CoEPEs funded in September 2015:

University of Alabama at Birmingham University of California, San Francisco University of Connecticut Harvard University University of Iowa Johns Hopkins University University of Pennsylvania University of Pittsburgh University of Rochester Southern Illinois University Edwardsville University of Washington.

Opioid OD Death were Reduced In Communities that Implemented Nasal Naloxone Distribution Program

Intranasal Naloxone Administration By Police First Responders In Ohio





Intranasal naloxone administration by police first responders is associated with decreased OD deaths

Rando et al., Am J Emerg Medicine 2015.

Easier To Administer Naloxone

• Naloxone Nasal Spray Development Needle-free, unit-dose, ready-to-use opioid overdose antidote.



Adapt Pharma NARCAN nasal spray APPROVED BY FDA, November 18, 2015.



• \$37.50 per 4mg NARCAN Nasal Spray device.

Image courtesy of ADAPT Pharma, Inc.

NEW THERAPEUTICS for Opioid Use Disorder

Extended release medications (improve compliance)

IMPLANTABLE Buprenorphine Probuphine[™] (6 months)



26 mm long, 2.5mm diameter

FDA's Final Decision Expected February 27, 2016

IMPLEMENTATION SCIENCE Expanding MAT

ED-initiated Buprenorphine Increased Engagement In Addiction Treatment, Reduced Self-reported Illicit Opioid Use, & Decreased Use Of Inpatient Addiction Treatment Services



Methadone Continuation Versus Forced Withdrawal On Incarceration In A Combined US Prison and Jail: A Randomized, Open-label Trial



Continuation of methadone maintenance during incarceration as compared to forced withdrawal increased the likelihood of re-engaging in methadone treatment

Rich et al., The Lancet Published online May 29, 2015.

Priority Areas

Prevention Research

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

Treatment Interventions

(New Targets & New Strategies)

HIV and Drugs

Prevention Treatment





NIH Overarching AIDS Research Priorities (August 12, 2015)

Critical to ensure that NIH AIDS funds are supporting the highest priorities for next 3-5 years:

- 1. Reduced incidence, including vaccines
- 2. Next generation of HIV therapies with better safety and ease of use
- 3. Research toward a cure

NIH

4. HIV-associated comorbidities and co-infections

Cross cutting areas: Basic research, health disparities, and training

NIDA Council HIV Workgroup

Eric Verdin, M.D. Gladstone Institutes **Davey Smith, M.D.** UCSD

Julio Montaner, M.D. UBC

Steffanie Strathdee, Ph.D.Nichole Klatt, Ph.D.Anto Bonci, M.D.UCSDU of WashingtonNIDA IRP

Judy Auerbach, Ph.D. UCSF Carlos del Rio, M.D.Justin McArthur, Ph.D.Emory UnivJohns Hopkins

James Hildreth, MD, Ph.D.Lisa Metsch, Ph.D.Meharry Medical CollegeColumbia

First meeting September 22, 2015



Charged with providing advice and making recommendations on future directions for NIDA's HIV/AIDS research priorities. Suggestions contributed to NIDA's issuing 5 RFAs in FY16 & 5 RFAs for FY17. *Next meeting late spring to work on new areas for FY18*

New NIDA FOA

HIV/AIDS High Priority Drug Abuse Research (R01) (PAS-16-018)

Issued: October 30, 2015.

To stimulate high priority research relevant to drug abuse and HIV/AIDS including:

- Studies on optimization of seek, test, treat, & retain (STTR) : Reduced incidence
- Implementation research on integration of drug abuse treatment and HIV care to optimize HIV outcomes: **HIV-associated comorbidities**
- Implementation of STTR in prison & jail settings (where minorities are disproportionately represented) and upon release: **HIV-associated comorbidities**
- Studies on drug-drug interactions between current or potential new HIV/AIDS antiretrovirals & drugs of abuse, medications to treat addiction, & hepatitis C (HCV) medications: HIV-associated comorbidities
- Studies to determine how exposure to drugs & cycles of abuse & withdrawal affect latency & reservoir size and persistence: **HIV-associated comorbidities**

Fiscal Year 16 FOAs

- RFA: Effects of drugs of abuse on latent HIV reservoirs in CNS
 - **RFA: Exploring Epigenomic and Non-Coding RNA Regulation in HIV/AIDS and Substance Abuse**
 - **RFA: Systems Biology Approaches in HIV/AIDS and Substance Use**
 - **RFA: Integration of Infectious Diseases and Substance Abuse Intervention Services for individuals Living with HIV**
 - **RFA:** Seek, Test, Treat, and Retain for youth and Young Adults living with or at High Risk for Acquiring HIV

Fiscal Year 17 FOAs

- RFA: Mechanisms of Immune Activation and Inflammation in Drug-Abusing HIV-Infected Patients on ART
- RFA: Mobilizing Seek, Test, Treat and Retain Approaches in Rural Injection Drug Use Epidemics
- RFA: Seek, Test, Treat, Retain: Optimizing the HIV Care Continuum for Substance Abusing Populations Living with HIV
- Implication of Nicotinic receptors' Regulation of Immune Functions in HIV Infectivity and Pathogenesis
 - Coordination Center for HIV/AIDS & Substance Use Cohorts

NIH

National Drug & January Alcohol Facts Week

We are happy that NIAAA joined us an expanded National Drug Facts W Alcohol Facts Week

We broke all records and stimulated ^{January 25–31, 2016} country and in 14 other countries -- some of the international events were stimulated by our Humphrey Fellows

We created toolkits if event holders wanted to focus on specific drugs, like tobacco, alcohol or synthetics



- January 26, 2016
- Held remotely because of the storm
- NIAAA, NIMH and FDA CTP also participated
- Over 7,000 questions were submitted -- nearly 1,500 were answered

TTER THE MYTHS

• The transcript can soon be found on the "NIDA for Teens" Website

Save the Date!

Registration Opens January 2016



National Institutes of Health

MARIJUANA AND CANNABINOIDS: A NEUROSCIENCE RESEARCH SUMMIT

March 22-23, 2016

Natcher Conference Center, Building 45 NIH Campus, Bethesda, MD

National Institute on Drug Abuse National Institute on Alcohol Abuse and Alcoholism National Center for Complementary and Integrative Health National Institute of Mental Health National Institute of Neurological Disorders and Stroke



Principles of Substance Abuse Prevention for Early Childhood

- Fourth in a series of evidence-based principles produced by NIDA:
 - Principles of Drug Addiction Treatment
 - Principles of Adolescent Substance Use Disorder Treatment
 - Principles of Drug Abuse Treatment for Criminal Justice Populations
- Supplemental sections for researchers, policymakers and practitioners.
- <u>Web-based</u> with easy-to-navigate, print-friendly chapters viewable on desktop, phone or tablet.
- <u>Selected resources</u> with information on research-based early childhood drug prevention programs.

$\frac{\mathsf{Principles of Substance Abuse Prevention for}{\mathsf{Early Childhood}}$

A Research-Based Guide



Modafinil for the Treatment of Cocaine Dependence



Kampman KM et al., Drug and Alcohol Dependence Volume 155, 1 October 2015, Pages 105–110.