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CPDD President's Column

RICHARD DE LA GARZA, PHD

PRESIDENT

Let me begin by saying what an extraordinary honor it is for me to have been elected as President of CPDD. I have been an active member of several committees over the past 15 years, and was elected to the Board of Directors (BOD) in 2008, but I always tempered further ambitions knowing full well that I was surrounded by highly competent scientists who were equally capable of leading our beloved College. I appreciate your vote of confidence and sincerely hope to make a meaningful difference during my short tenure.

Taking the reins of an organization as large and diverse as ours may sound like a daunting task, but it has been somewhat straightforward (*so far*) given the established record of leadership provided by several past presidents, and especially Executive Officer Marty Adler and Director of the Executive Office Ellen Geller. I want to thank them for keeping CPDD on a successful trajectory for so many years. I also want to thank past-President Scott Lukas. In my orientation (and hazing), I had the privilege of watching him lead CPDD and learned much from him during the process. Scott was an especially capable leader and we should all be thankful for his many years of generous service to the College.

The First 100 Days in Office. My first order of business was to solicit volunteers to fill vacancies on our various standing committees. As always, the response was impressive and I want to thank everyone who continues to serve the College year after year. I am happy to report that all committee rosters have been updated, some new Chairs have been appointed, and each Committee is hard at work fulfilling their mission as it pertains to CPDDs overall success.

Shortly after assuming the office of President, I inquired about and received the green light (from Chuck Gorodetzky-Chair of the Rules Committee) for the Executive Committee and BOD to hold electronic votes when deemed appropriate. The first motion I proposed was the formation of an *ad hoc* committee on Tobacco Control, which is being co-chaired by Dorothy Hatsukami and Jack Henningfield. The mission of the Tobacco Control committee includes several key goals, including: 1) To educate the CPDD BOD, its members and relevant stakeholders about the current issues related to tobacco control and 2) To provide expertise on the assessment of abuse liability of tobacco products to relevant federal and international agencies. More information about this committee can be found on our web site. The next electronic vote I requested was for the formation of a second *ad hoc* committee, which leads to my next topic.

Getting Excited About 2013. One particular reason to get excited about

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2012 Nobel Awards Acknowledge Contributions of Animal Research

By Americans for Medical Progress

The continuing value of animal-based research to medical progress was acknowledged with the awarding of two Nobel Prizes. John B. Gurdon of the Gurdon Institute in Cambridge and Shinya Yamanaka of Kyoto University and the Gladstone Institute were awarded the 2012 Nobel Prize for Physiology or Medicine for their work on reprogramming mature cells into stem cells, based on research with frogs and mice. The Nobel committee said their achievement has revolutionized our understanding of how cells and organisms develop and created new tools for scientists focused on treatments for diseases such as diabetes and Parkinson's.

The 2012 Nobel Prize for Chemistry was awarded to Robert J. Lefkowitz of the Howard Hughes Medical Institute and Duke University Medical Center and Brian K. Kobilka of the Stanford University School of Medicine for the mapping the inner workings of a family of receptors called G-protein-coupled receptors, which are responsible for producing the 'fight-or-flight' response, and major contributors to drug effects. Better understanding of how they function will lead to the development of better medicines with fewer side effects.

Over the last 40 years, every Nobel Prize in Physiology or Medicine save one (1983 - Barbara McClintock for her plant genetics research) has depended on data from animal studies.

Meeting Highlights

By Ellen Geller

The 74th Annual Scientific Meeting of the College on Problems of Drug Dependence was held in a new venue this year, the beautiful La Quinta Resort near Palm Springs, CA. Over 1200 people attended, with representatives from nearly 50 countries. The meeting followed several days of satellites including Biomarker Development for Substance Abuse, International Women & Children's and Gender Group, NIDA International Forum, ISGIDAR, and CSAT.

The scientific program opened with the Plenary Session and included a welcome by President Scott Lukas; followed by addresses from Dr. Nora Volkow, Director of the National Institute on Drug Abuse; and Gil Kerlowske, Director of the White House Office of National Drug Control Policy.

Sixteen symposia were presented, on such diverse topics as Bath Salts, Chronic Pain and Opioid Use, Exercise as a Treatment for Drug Dependence, Recent Advances in Medications Development for the Treatment of Substance Use Disorders and Sleep Disturbance in Abstinence. The President's Symposium addressed the challenges of tobacco and alcohol use. Four poster sessions were held, and an evening NIDA International Meeting poster session was well attended. Twelve evening workshops were held and included an array of topics such as Epidemiology and Public Health Research Methods, Technology-Based Interventions for the Prevention and Treatment of Substance Use Disorders, Non-medical Prescription Drug Use among ED and Trauma Patients, Trauma-Informed Care for Adolescents, and Mobile Health Treatment Interventions.

An Industry Relations Town Hall Meeting included an open discussion of issues concerning academia, industry, and government relations, and was followed by the Media Training Forum

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CPDD membership includes a subscription to Drug and Alcohol Dependence, *ranked among the most cited substance abuse research journals.*

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2013 is that we will be celebrating our 75th annual meeting (though the founding of our scientific organization was in 1929). To assure that we commemorate the event appropriately, I recommended, and the BOD unanimously approved, the formation of an *ad hoc* committee, chaired by Marty Adler, to make plans to celebrate this momentous occasion in our history. The charge of the committee is to decide on the most appropriate way to accomplish this goal, to contact potential speakers, and to work with the Program Committee to integrate it into the overall agenda for the 2013 meeting in San Diego.

Another reason to be excited about our annual meeting in 2013 is that it will be the year that we welcome the delegation of Australian drug addiction researchers. Sandy Comer is the Chair of the Program Committee, and she is working with them to integrate specific talks and symposia by their members into the CPDD main program. For the past several years, our Australian friends have represented the largest group outside of the USA to attend CPDD, so it is a pleasure to have them share the stage with us this upcoming year.

As always, we expect a wonderful scientific program and given the spectacular venue (the Bayfront Hilton) and city (San Diego), I suspect we will have a great meeting. I want to encourage all of you to make plans to attend, and to reach out and encourage colleagues who may have not attended recently to join us for CPDD 2013. Please keep in mind that abstracts are due December 3, 2012.

Challenges We Face. Many of us are concerned about changes on the horizon that will likely affect drug addiction researchers. These include the possibility of reduced budgets for the NIH because of some members of Congress who have proposed "sequestration of funds to balance the federal deficit", and the formation of the new addictions Institute. With regard to the former, the first line of attack is continued representation "on the Hill" by Friends of NIDA (FON) and our lobbying group, Van Scoyoc and Associates. Each keeps the Executive Committee up-to-date on votes that are occurring, bills that are being introduced, and general chatter ongoing in the hallways that may eventually impact our ability to conduct science. FON continues to encourage us to contact local members of Congress to emphasize how important our research is not only to the vitality of the nation, but also for creating and sustaining jobs. As always, if you are in the DC area, FON would be more than delighted to set up appointments for you to meet representatives and senators from your home state. I cannot emphasize enough how important this is now and will continue to be for the foreseeable future. Of interest, please read the recent congressional testimony by NIH Director Frances Collins on the need for continued funding of the largest and most prestigious biomedical research enterprise in the world (*link to* → Collins Testimony). Of similar importance is the recent opinion piece by Jim Cooper and Alan Leshner (*link to* →Support Science), which extols the efforts of basic scientists and the ultimate value of this research. Again, the burden falls on our shoulders to ensure that the public understands the value of research that occurs at every level of science.

The second area of concern for some has been the formation of the new addictions Institute, which was first brought to our attention in the September 2009 newsletter

2013 Abstract Entry Begins November 1, 2012 and Ends December 3, 2012

Visit the CPDD website for more meeting information

http://www.cpdd.org

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by President Linda Porrino. Current planning suggests that the new Institute may be formed as early as June 2013! As many of you know, under the leadership provided by Scott Lukas last year, we put together a position paper on behalf of CPDD to make our voice heard on what we thought the new Institute should focus upon in terms of research. The letter is on our web site (*link to* →CPDD NISUAD). It is not clear if the June 2013 date is going to be feasible, who the Director will be, or what their research priorities will be. We have offered, as a scientific society, to help the new Director and Institute as much as needed. In the meantime, we can only do what we know how to do best: continue thinking about the best possible research projects, continue writing new grants and manuscripts, continue forging new collaborations. In short, as the British said in preparation for the inevitable, "Keep Calm and Carry On" (*link to* →Keep Calm).

Moving Forward. There are several things we can do while waiting for things to play out on the Hill and at NIH. The most obvious is to continue to engage in "trans-disciplinary interactions, cross-fertilization of ideas, and synergism among scientists" – a direct quote from the September 2008 newsletter by President Sharon Walsh. In fact, we have been doing just that – examples include: (1) inviting our Australian colleagues to give symposia at our 2013 meeting, (2) the successful President's Lecture this year spearheaded by Scott Lukas which brought together the Research Society on Alcoholism and CPDD scientists, and (3) the 2011 annual meeting during which our scientific program overlapped with the International Narcotics Research Conference. The high likelihood of a new Institute for all addictive diseases emphasizes the importance of these efforts and we will continue to look for ways to interact with these and other drug addiction societies in the future.

In closing, I want to congratulate everyone on a very successful meeting in Palm Springs. The science was top notch and by all accounts much fun was had by everyone. A wonderful brochure with highlights and several photos is located on our web site (*link to* →CPDD 2012). I look forward to serving CPDD as President this year and hope that you will contact me directly if you have any comments or questions (richard.delagarza@bcm.edu).

*Note: Web address link names have been modified to save space, but each works perfectly well when clicked on with your internet browser open. For anyone who prints out and reads this column, the full web address for each link can be

The annual scientific meeting serves as a forum for scholarly exchange among preclinical and clinical investigators from academia, government, the pharmaceutical industry, and colleagues in government regulatory and policy-making positions.

Meeting Highlights *continued from page 2*

on Science, the Press, and an Informed Public. The Public Policy Forum, co-chaired by Bill Dewey and Martin Iguchi, included a report from Ed Long and Bill Dewey on the budget and other issues on Capitol Hill. Retired General Barry McCaffrey spoke on decreasing addiction in the military, veterans, and their families.

Film Night was held, at which *28 Days* was screened, complete with popcorn & lemonade. At the business meeting, Ted Cicero gave the Treasurer's report, stating the sound fiscal standing of the College. Several agenda items were discussed, and plaques were presented *(in absentia)* to retiring Board members David Fiellin, Geoffrey Mumford, Linda Porrino, and Eric Strain. President-Elect Richard De La Garza presented a plaque and a gift to Scott Lukas for his service as President. Elections for representatives to the Nominating Committee were then held. Sid Schnoll and Ted Cicero were chosen from the Fellows; Gantt Galloway and Beatriz Rocha from the Regular Members. Following the business meeting, meeting attendees feasted and danced the night away to the sounds of *Shaken Not Stirred*.

On the agenda for final day was the Brunch with Champions, at which students and junior investigators have a chance to chew the fat, carbs, and protein with more seasoned scientists. Following the last of the oral sessions, we held the annual CPDD Sweepstakes drawing for a number of fun & exciting, not to mention, useful, prizes. Congrats to all our lucky winners and especially to Grace Kong, who won meeting registration for 2013, Hannah Knudsen, who won 2 nights at the Bayfront Hilton in San Diego for next year's meeting, Sucharita Somkuwar, who won student membership dues for 2013, and to Colleen Hanlon who doesn't have to pay her dues in 2013!

We hope to see you at the 75th Annual Scientific Meeting of CPDD in June 2013 in San Diego!

IMPORTANT DEADLINES

Primm-Singleton Travel Award:
November 1, 2012

Abstract Submission:
December 3, 2012

CPDD Travel Awards for Early Career Investigators:
December 10, 2012

Awards for Excellence Nominations:
February 1, 2013

Late Breaking Research Submissions:
April 15, 2013

Obituaries

Avram Goldstein

Dr. Avram Goldstein, 92, a Stanford pharmacology professor, one of the discoverers of endorphins, and a former member of the CPDD board of directors, died June 1, 2012. The son of a prominent rabbi and Zionist, Goldstein became an atheist in childhood and dedicated his life to science. As a 35-year-old assistant professor at Harvard in 1955, Goldstein accepted an offer to chair Stanford's pharmacology department and hire new faculty for a research-oriented medical school that Stanford planned to build on its sprawling California campus. While department chair (1955-70), Goldstein studied the effects of caffeine in human subjects, founded the journal Molecular Pharmacology (1965), wrote Biostatistics (1967) and coauthored the textbook Principles of Drug Action (1968). In 1969, wanting to do socially meaningful work, he turned to opiates such as morphine and heroin at a time when these drugs were ravaging American cities but nobody understood their effects in the brain. Goldstein announced to his lab staff one day, "We're going to switch all the research we're doing, quit the microbial stuff, and apply for new grants to work on opiates." He went on to develop the methodology for studying how molecules bind to opiate receptors in the brain, a key step in the search for the endorphins. In the 1970s Goldstein worked doggedly to isolate and identify the chemical structure of an endorphin receptor and then the endorphin itself. He named the molecule he eventually discovered dynorphin because of its high potency. Simultaneously with his lab research, Goldstein worked directly with heroin addicts in San Jose, where he organized California's first major methadone clinic in the early 1970s. He wanted to learn about the realities of heroin addiction and to measure scientifically the effectiveness of methadone treatment. Over the years, Goldstein advised policy makers on drug policies, generally advocating a public-health, harm-reduction approach. He helped develop urine tests that identified returning Vietnam veterans addicted to heroin so they could receive treatment before being discharged. Goldstein's book Addiction (1994; 2001) explained drug addiction, from biology to government policy, for a broad audience. He also did consulting in the biotech industry in Silicon Valley, serving as scientific adviser to several

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NIDA Director's Report to CPDD

Progress, Priorities, and Opportunities at NIDA

Nora D. Volkow, M.D., Director, NIDA

Nora Volkow delivers the NIDA Director's Report

CPDD has been in existence since 1929 and is the longest standing group in the United States concerned with research on problems of drug dependence

Developing the Scientific Strategy for the National Institute on Substance Use and Addiction Disorders (NISUAD)*

Input from NIH scientific staff, along with external stakeholders (researchers and professional and lay advocates) and the public will identify scientific and public health needs not currently being addressed by NIH. This assessment will result in the identification of new scientific opportunities and public health needs related to the missions of NIDA, NIAAA, NCI and other institutes, which will be integrated with existing research priorities. NIH expects to release a draft of the Scientific Strategic Plan and have a public comment period in the fall of 2012, this will be your final opportunity to have your voice heard regarding the development of this new institute. NIDA will be sending emails when the strategic plan is released for public view. Final recommendations to the NIH Director are projected to occur by the end of the year. Once the strategic plan has been approved by the NIH Director, it will be submitted to Congress so that a budget can be developed. Portions of the plan that are not contingent on reorganization will begin to be implemented in early 2013 and we expect NISUAD* to be formed and operational in October 2013 (Fiscal Year 2014).

NIDA Portfolio FY 2011 and Current Priority Areas

The majority of the FY 2011 NIDA budget (45%) was devoted to basic and clinical neuroscience and behavioral research. This percentage was followed by epidemiology, services and prevention research (23%) and pharmacotherapies and medical consequences research (12%). The remaining budget (19%) was split amongst the clinical trials network, intramural research and administration.

Our current priority areas include prevention research, treatment interventions, and medical consequences of drug abuse. Within the area of prevention, we are especially focused on children and adolescents, the role of genetics/epigenetics, brain development, and the social environment, along with comorbidity with mental illness. With sequencing costs dropping dramatically, very large data sets are becoming more common, which presents new challenges for the analysis of BIG DATA sets and the infrastructure required to maintain, curate, and make them accessible to investigators. BIG DATA sets have the potential to add significant contributions in the fields of genetics, epigenetics, proteomics, brain imaging, clinical data and systems biology. Large sample sizes increase statistical power and thus enhance the potential for new findings. The Data Informatics Working Group, an advisory committee to the NIH director, investigated how NIH can take advantage of large data sets and identified five major areas of emphasis including molecular profiling, phenotyping, imaging, grant administration and information technology management. We should be promoting data sharing across scientific disciplines, training the workforce to deal with the data sets, supporting the development of scientific tools to analyze large data sets (e.g., computer software), developing an integrated plan across institutes to provide resources while minimizing unnecessary redundancy, and providing the resources to support efforts to deal with BIG DATA sets.

The identification of new target areas and strategies for treatment continues to be a priority for NIDA. For example, PET scans have revealed that the dopamine D3 receptor, unlike the D2 receptor, may be upregulated in brains of polydrug users (Boileau et al. 2012) as has been revealed in preclinical models of chronic drug

*working title

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NIDA Director's Report *continued from page 6*

administration. Thus results indicate that normalization of D3 receptor function may ultimately reduce vulnerability to relapse in stimulant abusers. Recent work by J. Bergman and colleagues found that buspirone, a D3 and D4 receptor antagonist and D2 and 5-HT1A receptor partial agonist, effectively decreased cocaine self-administration at doses that did not alter food intake in rhesus monkeys. These results suggest that buspirone may be an effective treatment for cocaine addiction.

Vaccines also continue to be promising areas for treatment and prevention strategies. Indeed, a review of results from human studies on the first cocaine vaccine and three nicotine vaccines reported promising results, along with progress on the preclinical development of efficacious methamphetamine and opiate vaccines (Shen et al. 2012). Another promising strategy is the administration of the enzyme that metabolizes cocaine (cocaine hydrolase). In rats the delivery of cocaine hydrolase through a viral vector produced significant sustained cocaine hydrolase activity in plasma that corresponded with diminished cocaine-induced reinstatement responding for up to 6 months (Anker et al. 2011). These findings indicate that viral transfer of cocaine hydrolase may be useful in reducing relapse to cocaine addiction over long periods of time.

Finally, of particular interest for NIDA are the medical consequences of drug abuse, including HIV/AIDS, HCV, and the teratogenic effects of drug abuse. Towards this goal, the NIDA Avant-Garde Award Program for HIV/AIDS Research has been funding research since 2008. This award program has been used to support individual scientists of exceptional creativity who conduct high-impact research, particularly research that opens new areas of HIV/AIDS research and/or leads to new avenues for prevention and treatment of HIV/AIDS among drug abusers. Dr. Julio Montaner and his colleagues have shown that treatment with highly active antiretroviral therapy (HAART) is correlated with not only decreased viral load, but decreased number of new HIV diagnoses per year. Their results indicate that when HAART is prescribed within the existing medical guidelines actually reduces HIV transmission. Unfortunately, IV drug users are much less likely to receive antiretroviral therapy, even in the setting of advanced immunologic suppression (Westergaard et al. 2012). We know that in order to decrease the incidence of HIV, we must treat substance use disorders and Dr. Montaner and his colleagues have provided scientific evidence that early treatment with HAART will not only result in better outcomes for patients but will also lower the incidence of HIV transmission.

Health Care Reform: Opportunities and Challenges

While 22.1 million Americans 12 or older were dependent on illicit drugs or alcohol in 2010, only 4.1 million (19%) received some kind of treatment in the past year and of those, few were involved in the health care system (NSDUH 2010). More than half of those who received some kind of treatment (2.3%) did so in self-help groups. One likely reason many people didn't receive treatment was a lack of health insurance. With the implementation of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, however, we are likely to see a significant increase in the number of individuals seeking treatment for substance abuse disorders. Health care reform has provided an opportunity to integrate drug abuse and addiction screening, prevention, and treatment into the health care system. However, a challenge to accomplish this is the integration of the substance abuse treatment field with the healthcare system. Research on how to optimally implement and sustain this integration will help maximize the promises of the Patient Protection and Affordable Care Act to the prevention and treatment of substance use disorders.

Congratulations 2012 CPDD Award Winners

Nathan B. Eddy Award
Edward Sellers

Marian W. Fischman Award
Marilyn Carroll

Mentorship Award
Kathryn Cunningham

Joseph Cochin Young Investigator Award
Josh Lile

Media Award
Dirk Hanson

Martin and Toby Adler Distinguished Service Award
Barry McCaffrey

Edward Sellers delivers the Nathan B. Eddy Award Lecture: The Dance of Science

Obituaries *continued from page 5*

companies. In 1974 he established the Addiction Research Foundation next-door to Stanford, housing lab research, human-subjects research, and treatment of heroin addicts. Among the major awards in pharmacology Goldstein won was the Benjamin Franklin Medal in Life Science (1980). He was elected to the National Academy of Sciences and its Institute of Medicine and published more than 360 research articles. The Avram Goldstein Professorship in the School of Medicine at Stanford is named for him. Goldstein embraced the California lifestyle, driving a convertible and holding lab meetings at home by his swimming pool. He was passionate about piloting small airplanes and wrote several books about flying. He loved opera, and was fascinated by southwest American Indian cultures. He was politically active in various causes, with liberal views on human rights, feminism and peace, but conservative views of university governance and curriculum. In a wheelchair for his last decade, he relied on his caregiver, Mara Passi. He is survived by his children, Margaret Wallace of Longmont, CO, Daniel Goldstein of Port Townsend, WA, Joshua Goldstein of Amherst, MA, and Michael Goldstein of San Francisco, and five grandchildren.

Pascal Courty

Pascal Courty, 51 years old of Clermont-Ferrand, France, passed away in Limoges France. Dr. Courty was a psychiatrist, certificated in Child and Adolescent Psychiatry, who specialized in drug addictions and treatments of substitution. He was a member of the staff of the Société d'Addictologie Francophone, served on the editorial board of Courrier des Addictions, and was a regular member of the College on Problems of Drug Dependence (CPDD), and the European opiate addiction treatment association (EUROPAD). Dr. Courty had been honored with the EUROPAD CHIMERA AWARD during the last meeting of EUROPAD in Barcelona, acknowledging his work helping drug addicts. Pascal was more than a colleague, he was a hearty and trusty friend, and a top-level professional always forging ahead in spite of many difficulties he faced.

Toni S. Shippenberg

Dr. Shippenberg passed away June 25, 2012, in Baltimore, MD, at the age of 55. At the time of her death, Toni was the Chief of the Integrated Neuroscience Branch in the Intramural Program of the National Institute on Drug Abuse (NIDA) in Baltimore, MD. She also headed an outstanding Behavioral Neuroscience Laboratory. Toni earned her B.S. in Neuroscience from Colgate University in 1979 and her Ph.D. in Pharmacology in 1985. Her research at NIDA culminated in many seminal contributions to our understanding of neuroadaptations underlying the dysregulated behaviors that characterize drug addiction. In particular, her work focused on the neurochemical and cellular mechanisms by which opioid peptides and their effector systems regulate neurotransmission within the limbic cortical-striatalpallidal loop. She pioneered investigations of the ability of opioids to regulate monoaminergic transporter proteins. Toni suffered a cervical (C-2) fracture during her time in Europe. This life-changing event was described in her 2003-2008 Review for NIDA in which she stated that, "I recently experienced the debilitating effects of chronic pain on daily function and the inability of currently available analgesics to relieve muscle- and nerve injury-evoked pain." Her experience with chronic pain served as an impetus for Toni to refocus her research on identifying novel targets for its treatment. During the next few years, Toni published several reports on the potential of receptor targets for pain therapeutics, including ionotropic glutamatergic receptors, and opioid and non-opioid receptor-mediated actions of prodynorphin-derived peptides.

In spite of the fact that Toni suffered from chronic pain, she rarely spoke of her own situation, being more interested in others. She was especially motivated to contribute to the research value and career advancement of her colleagues. Determined to help direct the publication of high quality neuroscience, Toni accepted the post of Reviewing Editor for the Journal of Neuroscience in 2002. She also served on the editorial boards of several important journals in the field of neuropharmacology, including Neuropsychopharmacology, and Molecular and Cellular Pharmacology. Toni was well-suited for these roles, for she did not shy away from controversy, readily expressing her knowledgeable opinions on a wide diversity of topics. Her editorial leadership as well as her bold, pioneering approach to neuroscience will be sorely missed. Toni is survived by her daughter Alexandra (Allie) Stein, her parents Trudi and Stanley Shippenberg, and friends from around the globe. We all are so fortunate to have shared Toni's intellect, humor and caring.

Authored by: Celeste Napier, Kathryn Cunningham and Yasmin Hurd.

National Drug Control Policy: Emerging opportunities for policy and biomedical research

Gil Kerlowske, Director of the White House Office of National Drug Control Policy

Note to Readers: *The article below summarizes a speech given by Office of National Drug Control Policy (ONDCP) Director, Gil Kerlikowske, during the Sunday Plenary at the 2012 CPDD Annual Meeting. ONDCP, a component of the Executive Office of the President, was created by the Anti-Drug Abuse Act of 1988 and advises the President on drug-control issues, coordinates drug-control activities and related funding across the Federal government, and produces the annual National Drug Control Strategy, which outlines Administration efforts to reduce illicit drug use, manufacturing and trafficking, drug-related crime and violence, and drug-related health consequences.*

Even though we don't always speak the same language, law enforcement officials, clinicians, and addiction researchers all see the same people revolving through our systems and witness the same tragic consequences. We are all searching for solutions to end the devastating effect that substance misuse and addiction has on its victims, their family members, and the community members whose safety is jeopardized and whose productivity is eroded by addiction and substance abuse. Over the past few years, the public debate on drug policy has lurched between two extreme views. On one side, we have those who insist that drug legalization is a "silver bullet" for addressing our Nation's drug problem. On the other side of the debate are those who insist that a law enforcement-based "War on Drugs" approach is the way to create a drug-free society.

The Obama Administration strongly believes that we cannot arrest our way out of the drug problem. The CDC's epidemiologists have shown that drug-induced deaths are the leading cause of injury death, more than gun-shot wounds or traffic crashes. In addition to overdoses, drugged driving is a growing concern and opioid-exposed infants are filling the neonatal intensive care units at unprecedented rates, largely because of the abuse of prescription, **not** illegal drugs. Clearly, legalization is not the answer. We believe neither of these approaches is humane, compassionate, realistic, or most importantly, grounded in science. The two old approaches fail to acknowledge the complexity of our Nation's drug problem or reflect what science has shown us.

I would like to direct your attention to our website *National Drug Control Strategy*. The *Strategy* is a comprehensive document released in 2010 and updated in 2011 and 2012 and addresses the entirety of the drug policy issue, with a specific emphasis on prevention, prescription drug abuse, and drugged driving. Additional plans specifically address Northern and Southwestern Border and prescription drug abuse. We believe the new 21st Century approach to drug policy is progressive, innovative, and represents, what we believe, is the way ahead for drug policy. If you would like to be added to our mailing list to contribute to future Strategies please visit our website. A few key issues the *Strategy* targets are:

- Comparative Effectiveness of Treatments
- If treatment fails, what next?
- How to care for people in recovery across a lifetime
- Addressing provider shortages via innovation
- Comparisons of existing behavioral and non-addictive pain treatment safety vs. opioids
- Development of safer, less divertible pain medications
- Longer tests of Chronic Pain Treatment safety & effectiveness
- Prescription Drug Monitoring Program (PDMP) integration and interpretation
- Easy to administer naloxone formulation development & testing
- Testing co-prescription of naloxone to high-risk patients
- Tests of models of bystander training/administration of naloxone
- Evaluations of utilization of gold-standard treatments vs. marijuana
- Comparisons of non-addictive treatments vs. marijuana for pain and mental health conditions including functional status, safety and risk of misuse/diversion/substance use disorder

Let's start with demand reduction, specifically Treatment and Recovery. The Affordable Care Act, signed into law by the President in March 2010, contains many provisions that will be helpful to treatment and recovery. For example, the Center for Medicare and Medicaid Services is now involved with defining the essential benefit for substance use disorder treatment. ONDCP, NIDA, SAMHSA are being asked, "What treatments should be part of the essential benefit package?"

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National Drug Control Policy *continued from page 9*

Although there have been many clinical trials and some comparative and cost-effectiveness studies on addiction treatments, knowledge gaps remain. We need more information about who needs and benefits from specific treatments, how much treatment is required, and the costs for treatment. In the absence of clinical trials data, certain relatively expensive but possibly necessary treatments may not be covered. For example, we have heard over and over from providers and female patients with small children that family-based treatment (residential treatment for mothers and their young children) is invaluable. SAMHSA has done demonstration projects on these treatments but peer-reviewed randomized clinical trial studies are not available.

Screening, brief intervention, and referral to treatment (SBIRT) is included in the *Strategy*, even though clinical trials on this therapy for drug abuse are not yet complete. There are several benefits to SBIRT. Screening lets doctors know what substances patients are taking so they can avoid prescribing medicines that might have fatal interactions with alcohol, illegal drugs, or prescription drugs from other sources. We believe that getting physicians involved in the care of patients with addiction is a crucial first step in modernizing addiction treatment. It is incumbent on the research community to offer guidance on what to do for patients in primary care settings who do not respond to brief treatments like SBIRT.

Most health care providers receive little training in addiction or pain in professional schools. Workforce shortages, particularly the short supply of physicians who are qualified to offer office-based buprenorphine and who accept Medicaid, make available healthcare insufficient to meet the needs of this patient population. I encourage you to think creatively about how to ensure that the provider workforce is trained to offer evidence-based approaches and motivated to work with our patients. This may involve the use of incentives, efforts to educate medical boards and incorporate questions concerning addiction and safe prescribing into licensing exams, and development of innovative training curricula and other creative approaches.

Another group we're concerned with is youth. The National Survey on Drug Use and Health shows us that about 65 percent of youth who are recent non-medical users of pain relievers are getting them from friends and family for free, buying them, or taking them without asking. In the majority of cases, they report their family and friends have obtained these medicines from one doctor. Additional research can further help to reduce the prescription drug problem in youth and medication development efforts are needed to address pain in adolescents, so youth are not exposed to potentially addictive medicines by their own doctors while their brains are still maturing.

One of the four pillars of the Prescription Drug Plan is prescription drug monitoring programs, or PDMPs. These programs have been available in some states for over 50 years. Until recently, they have largely been tools of law enforcement and prescribers are not always authorized to use them. PDMPs are beginning to prove their worth as surveillance tools. Epidemiologists have been using them to monitor the prescription drug epidemic in states (e.g., Kentucky and West Virginia). Research is needed immediately on optimizing PDMPs, especially on how they can best reduce doctor and pharmacy shopping and alert providers to signs of emerging prescription drug addiction.

Another area of prescription drug abuse that could benefit from research is the use of naloxone. Recently, the FDA held a meeting and outlined a research agenda for getting a new intranasal naloxone formulation approved, as well as providing guidance on how current formulations might be made more widely available for administration by bystanders. We hope that the research community will rise to the challenge of testing these approaches.

Finally, laws effectively decriminalizing marijuana for medical purposes have been adopted in 17 states and the District of Columbia. Two governors recently petitioned the DEA to consider rescheduling marijuana. Although some chemical compounds in cannabis have promising medicinal properties, currently no company has an interest in producing marijuana that would meet the FDA's quality assurance standards for botanical drug products. We are now in the unfortunate situation where physicians must act as gatekeepers to marijuana without having the benefit of knowing the dose, source, or supplier, or even an adverse events monitoring program, let alone having sufficient clinical trial outcome data on the burgeoning numbers of diseases and symptoms marijuana is purported to treat. ONDCP and the Department of Health and Human Services permits and supports research on marijuana. A prime concern with permissibility of marijuana for medical purposes is the effect greater marijuana availability has on vulnerable populations.

Let me close by saying, there's real reason to be optimistic the reforms introduced by our strategies will reduce both drug use and its consequences on society. Recent data show progress can be achieved. We are on the right track to reduce the consequences of drug use and drug trafficking, and with ongoing assistance from the research community; I am encouraged that we can help ensure a brighter future for youth, people with pain, addiction patients, and people in recovery.

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Notable Committee News

International

International researchers made up more than 20% of attendees at the 2012 meeting, with Australia getting the gold medal at 31 representatives. The Australian Professional Society on Alcohol and Drugs is holding a satellite symposium at the 2013 CPDD meeting and we are hoping to have CPDD representation at non-US meetings, as has been done in the past, into the future.

Membership

The CPDD Facebook page has over 300 members. With the rise in interest in social networking sites, expanding the use of Facebook is an opportunity to advertise the benefits of CPDD membership as well as facilitate communication between members and others interested in our field. The number of current members of CPDD increased from 941 with 3 corporate members (total 944) in 2011 to 957 with 5 corporate members (total 962) in 2012.

Publications

Michael Gatch stepped down as Editor of Newline and Amy Goodwin was elected by the committee to the position.

Tobacco Control ad hoc Committee

This is a newly formed ad hoc committee co-chaired by Dorothy Hatsukami and Jack Henningfield. Its mission is to educate CPDD BOD, its members and relevant stakeholders about the current issues related to tobacco control; provide expertise on the assessment of abuse liability of tobacco products to relevant federal and international agencies; revise the position paper on Tobacco Addiction that was developed in 1994; and keep CPDD informed as to issues of importance to tobacco-related research, regulation and policy that should be considered as CPDD provides advice to NIH on the proposed merging of NIDA and NIAAA.

Travel Awards

Twenty CPDD travel awards for Early Career Investigators were given for the 2012 meeting.

Underrepresented Populations

The committee continues to support the Primm-Singleton Award, which had nine awardees for the 2012 CPDD meeting. The committee has also been building stronger ties with the Clinical Trials Network (CTN) Minority Special Interest Group. The URPOP Committee and CTN Minority Special Interest Group share common goals: 1) to increase the number of racial/ethnic minority scholars engaged in drug abuse and addictions research; 2) to create opportunities for networking among researchers interested in topics relevant to racial/ethnic minority populations in the drug abuse and addictions field; 3) to identify opportunities to disseminate research findings focusing on racial/ethnic minority populations; and 4) to increase participation and membership of racial/ethnic minority scholars at the College.

Industry/Government/Academia Relations

At its meeting in June 2012, the CPDD Board elevated the Industry Relations Committee to a Standing Committee of the College, changing its name to the Industry/ Government/Academia Relations Committee. The mission now is "to seek ways to improve communications and exchange ideas among major institutions involved in research, treatment and prevention of substance abuse". A Town Hall Meeting program has been held at the last two annual scientific meetings of the College. The program seeks to explore issues of broad interest to academia, government and industry in an open format purposely organized to encourage wide audience participation.