NATIONAL INSTITUTE ON DRUG ABUSE

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Mission:
The National Institute on Drug Abuse (NIDA) supports over 85 percent of the world's research on all drugs of abuse, both legal and illegal, with the exception of a primary focus on alcohol. NIDA's mission of bringing the power of science to bear on drug abuse and addiction is accomplished through a dedicated cadre of scientists who are working to understand and find solutions to the Nation's drug abuse problem. NIDA's scientific research program addresses the most fundamental and essential questions about drug abuse, ranging from its causes and consequences to its prevention, treatment, and translation, and application to real-life settings.

NIDA continues to build upon the biomedical and behavioral foundations of scientific knowledge that it has accumulated over the past several decades. NIDA recognizes that the scientific knowledge generated through NIDA research is a critical element to improving the overall health of the Nation. Our goal is to ensure that science, not ideology or anecdote, forms the foundation for all of our Nation's drug abuse reduction efforts.

Selected Achievements and Initiatives:
Adolescent Brain Development: How Understanding the Brain Can Improve our Prevention Efforts: Understanding how the human brain works and develops, particularly the brain of adolescents is critical to our prevention efforts. We now know that the brain continues to develop structurally until about the age of 25. Tools like magnetic resonance imaging are showing us the changes occurring in the adolescent brain. We will support more research on this important topic so we can better understand how these structural changes affect function, such as thinking, decision-making, sensation and perception, and are better poised to develop more targeted prevention strategies.

The National Drug Abuse Treatment Clinical Trials Network — Expanding Its Role to Help Meet Emerging Public Health Needs: NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN), which was established in 1999, has grown to include over 17 research centers or nodes spread across the country. The CTN provides the Nation with the infrastructure to test the effectiveness of new and improved interventions in real-life community settings with diverse populations, allowing the expansion of treatment options for providers and patients. To optimize the utilization of this Network, NIDA will begin to expand the mission of the CTN to serve as a platform to help NIDA respond to emerging public health needs, including prescription drug abuse, and the effective treatment of patients with concurrent Attention Deficit Hyperactivity Disorder and substance abuse disorders.

Developing Effective Pharmacological and Behavioral Treatments: NIDA will continue to fulfill one of its primary goals of developing and bringing effective and innovative treatment approaches (both pharmacological and behavioral) to the national forefront and into practice.

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- Medications Development: Developing medications for marijuana abuse and addiction is a top priority for NIDA. NIDA will use powerful new computerized drug development techniques to develop new treatments to counter the effects of stimulants such as methamphetamine and cocaine. NIDA will also work to bring more treatment options for drugs such as heroin and nicotine, which continue to be used at unacceptable levels. NIDA also will work on developing new treatments for prescription drug abuse.
- Behavioral Treatments: A wide variety of behavioral treatments are being tested in a variety of settings as stand-alone treatment therapies and as adjuncts to medications. Science-based behavioral treatments are also being modified to be used more easily in community settings.

Reducing Nicotine Addiction: NIDA will continue to support a comprehensive research portfolio that focuses on nicotine, including the areas of basic, prevention, and treatment research as well as developing effective science-based educational outreach activities. NIDA will continue to work with other NIH Institutes and others to develop new medications for nicotine dependence.

Eliminating Health Disparities: Minority populations are disproportionately affected by the consequences of drug abuse. For example, African Americans comprise about 12% of the US population, but account for a disproportionate amount of health consequences resulting from drug abuse, including HIV/AIDS. NIDA is working to strategically reduce the disproportionate burden of HIV/AIDS among the African American population. Researchers are being encouraged to conduct more studies in this population and to target their studies in geographic areas where HIV/AIDS is high and or growing among African Americans.

Increasing our Knowledge About the Medical Consequences of Drug Abuse: NIDA will continue to expand research on the full spectrum of health issues associated with drug abuse including the strong connection between drug use and other diseases, including HIV/AIDS, hepatitis B and C, tuberculosis, sexually transmitted diseases, and co-occurring illnesses such as depression, schizophrenia, and other disease manifestations.

Determining the Factors That Make Individuals Vulnerable to Addiction: Not everyone who takes drugs becomes addicted. NIDA plans to use the power of science to better understand why some individuals become addicted and others do not. Understanding the genetic and environmental factors that contribute to addiction vulnerability will accelerate the improvement of diagnosis, treatment, and prevention. NIDA will take advantage of new tools to better understand how genes function.

Appropriations History
($ in thousands)

FY 2001	$780,833 (+13.9%)
FY 2002	$886,718 (+13.6%)
FY 2003	$961,721 (+8.5%)
FY 2004	$990,953 (+3.0%)
FY 2005	$1,006,419 (+1.6%)

Extramural Research Project Grants
(Includes SBIR/STTRs)

FY 2001	1,386
FY 2002	1,445
FY 2003	1,513
FY 2004	1,518
FY 2005	1,479

Success Rate — Research Project Grants

FY 2001	36%
FY 2002	31%
FY 2003	35%
FY 2004	27%
FY 2005	22%

Research Training Positions Supported

FY 2001	502
FY 2002	512
FY 2003	535
FY 2004	531
FY 2005	544

Research Centers

FY 2001	33
FY 2002	35
FY 2003	38
FY 2004	39
FY 2005	42