

NIAAA NEWSLETTER

FEATURING INFORMATION FROM THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

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Surgeon General Invites Comments on Call to Action

Surgeon General Dr. Richard Carmona's office announced it will "provide individuals and organizations with the opportunity to identify issues and areas of need for consideration" in the development of a Call to Action on Preventing Underage Drinking.

Comments must be in writing, should not exceed 500 words, and must be submitted on or before *March 15, 2006*.

Comments may be mailed or hand-delivered to Ron Schoenfeld, Ph.D., Office of the Surgeon General, Dept. of Health and Human Services, 5600 Fishers Lane, Room 18-66, Rockville, MD 20852, or sent by e-mail to ctacomment@osophs.dhhs.gov.

The notice was published in the Federal Register on Feb. 22, 2006 (home page www.gpoaccess.gov/fr/index.html).

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NIAAA Director Discusses Research and the Future

In a recent interview with the Society for Neuroscience, NIAAA Director Ting-Kai Li, M.D., described future directions in alcohol research. Presented here are excerpts from that interview.

Q: What will be the major challenges for research in alcohol abuse and alcoholism over the next decade?

Dr. Li: A major challenge will be the development of new *Diagnostic and Statistical Manual of Mental Disorders V* (DSM-V) diagnostic criteria that incorporate dimensional measures of key elements of alcohol use disorder syndromes, as well as categorical criteria. Previous versions of the DSM have successfully defined "caseness" on the basis of categorical criteria alone. Without indicators of quantity, frequency, and variability of alcohol consumption, such diagnoses limit clinical and research utility.

A validated dimensional scale for characterizing severity of illness would also be extremely useful.

Creating aggregate diagnostic entities for the alcohol use disorders that incorporate dimensional and categorical features and that are valid, reliable, and serviceable in both research and clinical settings will be an enormous challenge over the next decade.

Biomarkers are biological characteristics that can be objectively measured and evaluated as indicators of normal biological processes, pathogenic processes, or pharmacologic responses to a therapeutic intervention. The field must develop better biomarkers of alcohol consumption, as well as highly specific biomarkers of injury to

(Interview, cont'd. on page 3)



Ting-Kai Li, M.D.

NIAAA Sponsors Research Track at APA

At the annual meeting of the American Psychiatric Association (APA) in Toronto, Canada, from May 20 to 25, 2006, NIAAA will be sponsoring a series of collaborative sessions on recent advances in understanding and treating alcohol use disorders (AUDs) and highlighting comorbidity, the simultaneous occurrence of AUDs with psychiatric or other disorders. The meeting schedule at www.psych.org specially notes each "Collaborative Session with the

National Institute on Alcohol Abuse and Alcoholism."

Nearly 50 lectures, workshops, and symposia are planned, many of them organized by NIAAA staff and grantees. NIAAA Director Dr. Ting-Kai Li will give a lecture titled "What Have We Learned About Alcoholism From Animal Models?"

Dr. Mark Willenbring, director of NIAAA's Division of Treatment and Recovery Research, will chair several sessions featuring practical

(APA, cont'd. on page 2)



Appointments

Peter Delany, Ph.D., has joined the Division of Treatment and Recovery Research as a new health scientist administrator responsible for the development and management of NIAAA's health services research program.

Katrina Foster, Ph.D., has joined the Extramural Project Review Branch in the Office of Extramural Activities, where she will serve as scientific review administrator in the planning and coordination of meetings and special panels for review of applications.

John Hough, Ph.D., has left NIAAA to join the National Center for Health Statistics at the Centers for Disease Control and Prevention.

Susan E. Maier, Ph.D., has joined the Office of Scientific Affairs, where she will participate in a variety of planning activities. Her research interests are largely in the area of the adverse effects of prenatal and neonatal alcohol exposure on brain development.

Matthew Packard was recently appointed Chief of the Contracts Management Branch. Currently he is on active duty with the Army National Guard, and **Patrick Sullivan** will provide support and leadership for the Branch in the interim.

Peter Silverman, Ph.D., has become Technology Development Coordinator in the Office of the Director. Previously he was a program officer in the Division of Neuroscience and Behavior.

Awards

Lorraine Gunzerath, Ph.D., and **Antonio Noronha, Ph.D.**, Director of the Division of Neuroscience and Behavior, received a 2005 NIH Director's Award for serving on the working group of the NIH Blueprint for Neuroscience Research. The Blueprint will enhance cooperative activities among Institutes that support research on the nervous system. NIH Director's Awards recognize superior performance or special efforts directly related to fulfilling the NIH mission.

NIAAA Director Dr. Ting-Kai Li received the Mark Brothers Lecture award, which is given in recognition of the achievements of a physician of Asian descent who is prominent in academic medicine. The award was presented on February 24, 2006, at the Indiana University School of Medicine, which also announced that it will establish an endowed chair in Dr. Li's name, in honor of his long and distinguished career and his dedication to research and leadership in the advancement of medicine.

Ellen Witt, Ph.D., received the Meritorious Research Service Commendation from the American Psychological Association on December 3, 2005. She was honored for fostering the development of a number of critical alcohol research areas and for her constant emphasis on the importance of both basic and applied research in psychological science at NIAAA.

(APA, cont'd. from page 1)

techniques and resources for clinicians, including *Helping Patients Who Drink Too Much: A Clinician's Guide*, an important NIAAA publication for mental health professionals.

NIAAA Associate Director Dr. Howard Moss will chair a symposium titled "Adolescent Alcohol Use Disorders and Psychiatric Comorbidity."

Dr. Bridget Grant, chief of NIAAA's Laboratory of Epidemiology and Biometry, will co-chair several sessions on the National Epidemiologic Survey on Alcohol and Related Conditions.

Dr. Ralph Hingson, director of NIAAA's Division of Epidemiology and Prevention Research, and Dr. Willenbring will chair a symposium titled "Taking Science to Policy: Efforts to Reduce Harms Related to Alcohol Misuse."

New Research Initiatives

Alcohol Metabolism and Epigenetic Effects on Tissue Injury (RFA AA-06-004 and -005) These two RFAs solicit new studies on the identification and characterization of epigenetic mechanisms influencing alcohol-induced diseases and tissue injury. Receipt date: March 28, 2006. Contact: Dr. José M. Velázquez, 301/443-8614, jvelazqu@mail.nih.gov.

Medications Development for the Treatment of Alcoholism (SBIR

[R43/R44] and STTR [R41/R42]) NIAAA intends to commit \$1 million for FY2006 to support two to four small business technology transfer awards and \$2 million to support three to six small business innovation research awards. Contact: Dr. Joanne Fertig, 301/443-0635, jfertig@mail.nih.gov.

For links to RFAs and PAs, visit the "Research Information" section at www.niaaa.nih.gov.

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Alcohol Research & Health

Alcohol and Development in Youth: A Multidisciplinary Overview (Vol. 28, No. 3). Alcohol is the drug of choice among youth. This special issue highlights recent findings on underage drinking, including the scope of the problem, the negative consequences of youthful drinking, contextual factors that influence drinking, and interventions that are proving successful in preventing and treating alcohol use disorders in this special population.

Focus on Young Adult Drinking (Vol. 28, No. 4).



Young people ages 18 through 29 have the highest rates of past-year alcohol abuse and dependence, which puts them at risk for a range of alcohol-related problems, such as drinking–driving crashes, violence in bars, and problems with family, work, and school. This issue explores the factors that influence drinking in young adults, the problems that result from drinking, and possible interventions and methods of curbing alcohol use in this high-risk age group.

Poster for Middle Schoolers

NIAAA recently updated its popular poster for middle-school drinking prevention programs. The poster features a vending machine filled with items representing common middle-school student interests—sports, music, art, and computers—with the

tag line: “With so many things to do, no wonder most kids choose not to drink.”

The poster also promotes NIAAA’s underage drinking prevention Web site, www.TheCoolSpot.gov.

To order:

For NIAAA publications and other resources, visit the NIAAA Web site (www.niaaa.nih.gov) or write to: NIAAA, Publications Distribution Center, P.O. Box 10686, Rockville, MD 20849–0686.



(Interview, cont'd. from page 1)

liver, pancreas, and brain, that are sensitive enough to detect and quantify a wide range of injury severity. Such biomarkers would have enormous clinical utility...[and would] enhance the precision of therapeutic and environmental intervention research, outcomes for medication trials, epidemiologic, and genetic investigations.

As great as any of these research challenges is the challenge to advance research findings into clinical practice, prevention, and public discourse. NIAAA has experienced some success in incorporating screening and brief intervention into trauma and other primary care settings and, with our recent research-to-practice initiative, into alcoholism treatment programs. Likewise, our college and underage drinking initiatives have influenced how policymakers, educators, college administrators, clinicians, parents, and the media view college and underage drinking. U.S. clinicians now have three medications approved for treatment of alcohol use disorders (disulfiram, naltrexone, and acamprosatate), yet few physicians are

knowledgeable about them or prescribe them for their patients. Much work remains to be done on the translation of alcohol research knowledge into the applications where it will have maximum effect.

Q: What are the most promising avenues of research over the next several years?

Dr. Li: In the near term, I look forward to knowledge to be gleaned from the second wave of the National Epidemiological Survey on Alcohol and Related Conditions (NESARC). Because NESARC surveyors will reinterview the same 43,093 persons who participated in 2001–2002 and because survey questions are tied closely to diagnostic criteria, we expect to derive the first-ever nationally representative data on the natural history of alcohol use disorders and recovery.

I also look forward to results from ongoing studies of the neurobiological mechanisms of adolescent alcohol abuse and our initiative to examine biological and environmental risk factors and test longitudinal community-

based prevention programs in youth in rural and small urban areas. In addition, we eagerly anticipate information from the Combining Medications and Behavioral Interventions (COMBINE) ancillary study by investigators in NIAAA’s Neurogenetics Laboratory of genetic factors in medication response in COMBINE patients.

From neuroscience, I look forward to a better understanding of alcohol neuroadaptation and the myriad circuits and networks—especially stress and reward—that affect the process. In particular, we are eager to understand the development, degeneration and repair, and plasticity of the nervous system in underage drinking and alcohol’s pharmacological effects in youth. We hope to exploit advances in neuroimaging technologies to achieve that goal.

Excerpted from the Fall 2005 issue of Neuroscience Quarterly with permission from the Society for Neuroscience. For the complete interview, visit <http://lapu.sfn.org/content/Publications/Neuroscience-Newsletter/2005fall/niaaadirector.htm>.

Calendar of Events

NIAAA will participate in or exhibit at meetings and conferences listed below. For additional information or updates on these events, consult the sponsoring organization.

MARCH

- **March 23–26**
National Hispanic Medical Association
Washington, DC
Contact: www.nhmamd.org

APRIL

April is Alcohol Awareness Month.

- **April 6–8**
American College of Physicians/American Society for Internal Medicine (ACP/ASIM) 87th Annual Session
Philadelphia, PA
Contact: www.acponline.org

- **April 12–15**
PRIDE World Drug Prevention Conference
Washington, DC
Contact: www.prideyouthprograms.org
800/668–9277

MAY

- **May 4–7**
American Society of Addiction Medicine (ASAM) 37th Annual Conference
San Diego, CA
Contact: www.asam.org
- **May 20–23**
National Association of Addiction Treatment Providers (NAATP) SECAD 2006
Palm Beach, FL
Contact: www.naatp.org/secad

- **May 20–25**
American Psychiatric Association (APA) 159th Annual Meeting
Toronto, Canada
Contact: www.psych.org

Check the annual meeting program for NIAAA-sponsored presentations marked as “Collaborative Session with the National Institute on Alcohol Abuse and Alcoholism.”
- **May 25–28**
American Psychological Society Annual Convention
New York, NY
Contact: www.psychologicalscience.org
- **May 30–June 3**
American College Health Association (ACHA)
New York, NY
Contact: www.acha.org

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