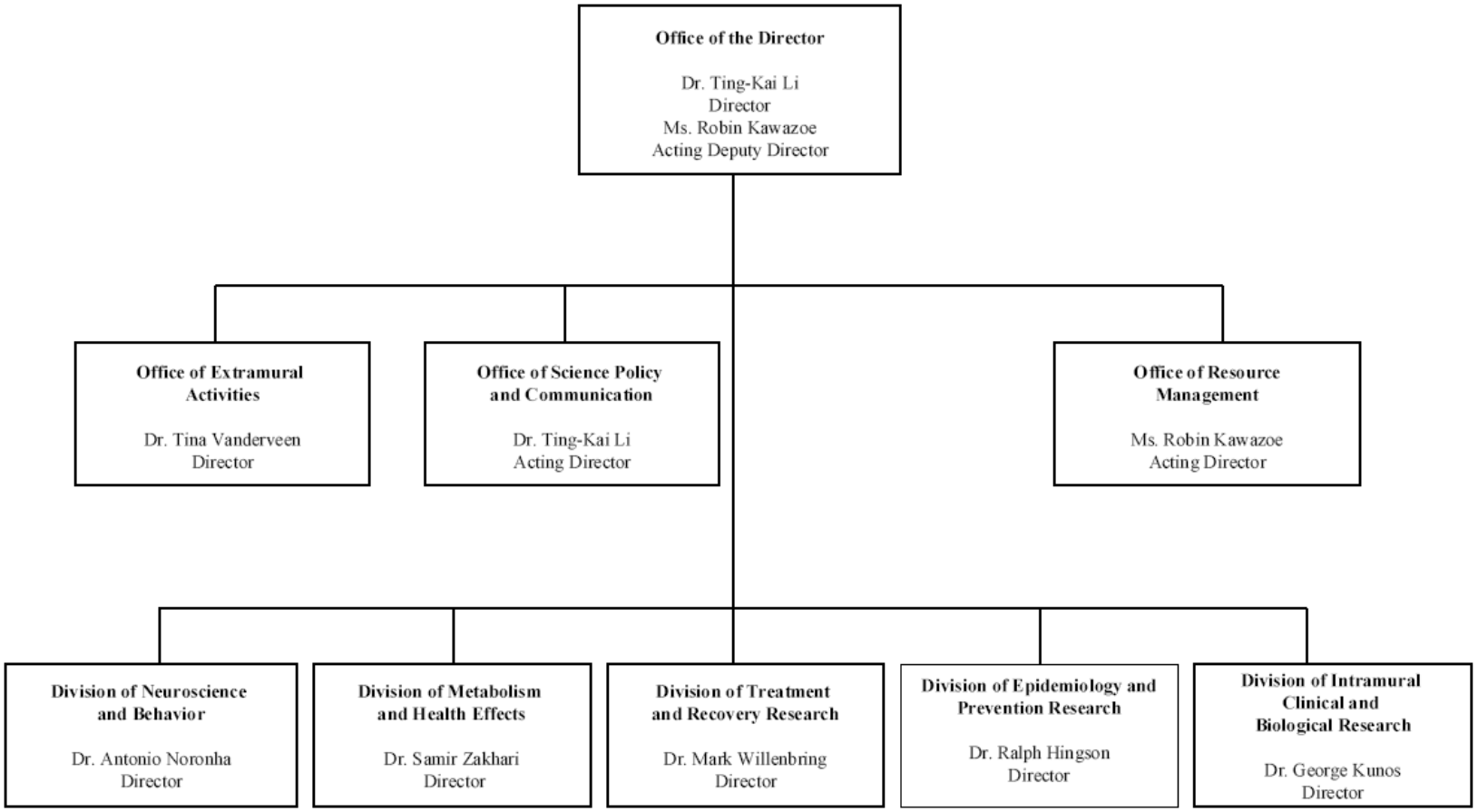
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Alcohol Abuse and Alcoholism

NATIONAL INSTITUTES OF HEALTH

National Institute on Alcohol Abuse and Alcoholism



FY 2008 Proposed Appropriation Language

NATIONAL INSTITUTES OF HEALTH

National Institute on Alcohol Abuse and Alcoholism

For carrying out section 301 and title IV of the Public Health Services Act with respect to alcohol abuse and alcoholism, $436,505,000.

Supplementary Exhibit

Comparison of Proposed FY 2008 Appropriation Language to Most Recently Enacted Full-Year Appropriation

NATIONAL INSTITUTES OF HEALTH

National Institute on Alcohol Abuse and Alcoholism

For carrying out section 301 and title IV of the Public Health Services Act with respect to alcohol abuse and alcoholism, [~~$435,728,000~~], **$436,505,000** (Department of Health and Human Services Appropriation Act, 2006)

National Institutes of Health
National Institute on Alcohol Abuse and Alcoholism

Amounts Available for Obligation 1/

Source of Funding	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Appropriation	$440,333,000	$435,930,000	$436,505,000
Enacted Rescissions	-4,403,000	0	0
Subtotal, Adjusted Appropriation	435,930,000	435,930,000	436,505,000
Real Transfer under Roadmap Authority	-3,896,000		
Real Transfer under Secretary's One-percent transfer authority	-300,000		
Comparative transfer from OD for NIH Roadmap	3,896,000		
Comparative Transfer to NIBIB	-21,000	-22,000	
Comparative transfer to OD	-9,000	-10,000	
Comparative Transfer to NCRR	-120,000	-169,000	
Comparative Transfers to the Office of the Assistant Secretary for Admin. And Mgmt. and to the Office of the Assistant Secretary for Public Affairs	-1,000	-1,000	
Comparative Transfer to the Office of Public Health Emergency Preparedness	0	0	
Comparative Transfer from the PHSSEF	0	0	
Comparative Transfer to DHHS for PHS Historian	0	0	
Subtotal, adjusted budget authority	435,479,000	435,728,000	436,505,000
Unobligated Balance, start of year	0	0	0
Revenue from Breast Cancer Stamp 2/	0		
Unobligated Balance, end of year	0	0	0
Subtotal, adjusted budget authority	435,479,000	435,728,000	436,505,000
Unobligated balance lapsing	-8,000	0	0
Total obligations	435,471,000	435,728,000	436,505,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2006 - $2,259,000 FY 2007 - $2,259,000 FY 2008 - $2,259,000
Excludes $2,755 in FY 2007 and $1,437 in FY 2008 for royalties.

NATIONAL INSTITUTES OF HEALTH

National Institute on Alcohol Abuse and Alcoholism

(Dollars in Thousands)

Budget Mechanism - Total

MECHANISM	FY 2006 Actual		FY 2007 Continuing Resolution		FY 2008 Estimate		Change	
Research Grants:	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Projects:								
Noncompeting	543	$190,442	536	$189,300	540	$186,693	4	-$2,607
Administrative supplements	(33)	3,186	(26)	1,500	(26)	1,500	(0)	0
Competing:								
Renewal	51	19,439	55	21,054	58	22,207	3	1,153
New	135	37,125	146	40,209	152	41,876	6	1,667
Supplements	1	217	1	235	1	235	0	0
Subtotal, competing	187	56,781	202	61,498	211	64,318	9	2,820
Subtotal, RPGs	730	250,409	738	252,298	751	252,511	13	213
SBIR/STTR	30	8,625	22	8,269	21	8,119	-1	-150
Subtotal, RPGs	760	259,034	760	260,567	772	260,630	12	63
Research Centers:								
Specialized/comprehensive	18	29,687	18	27,276	18	27,276	0	0
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0
Comparative medicine	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Subtotal, Centers	18	29,687	18	27,276	18	27,276	0	0
Other Research:								
Research careers	83	11,441	90	11,781	93	12,051	3	270
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	2	8,899	2	8,690	2	8,690	0	0
Biomedical research support	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0
Other	35	7,941	29	7,144	29	7,144	0	0
Subtotal, Other Research	120	28,281	121	27,615	124	27,885	3	270
Total Research Grants	898	317,002	899	315,458	914	315,791	15	333
Research Training:	FTTPs		FTTPs		FTTPs			
Individual awards	80	2,927	80	2,927	80	2,927	0	0
Institutional awards	197	7,962	200	8,357	200	8,357	0	0
Total, Training	277	10,889	280	11,284	280	11,284	0	
Research & development contracts	25	33,788	25	33,714	25	33,714	0	0
(SBIR/STTR)	(7)	(1,455)	(4)	(1,550)	(4)	(1,550)	(0)	(0)
	FTEs		FTEs		FTEs		FTEs	
Intramural research	117	45,574	118	45,348	118	45,031	0	-317
Research management and support	108	24,330	109	24,693	112	24,940	3	247
Cancer prevention & control	0	0	0	0	0	0	0	0
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
NIH Roadmap for Medical Research	0	3,896	0	5,231	0	5,745		514
Total, NIAAA	225	435,479	227	435,728	230	436,505	3	777

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

NATIONAL INSTITUTES OF HEALTH

National Institute on Alcohol Abuse and Alcoholism

Budget Authority by Program

(Dollars in thousands)

Extramural Research	**FY 2004 Actual** FTEs	Amount	**FY 2005 Actual** FTEs	Amount	**FY 2006 Actual** FTEs	Amount	**FY 2006 Comparable** FTEs	Amount	**FY 2007 Continuing Resolution** FTEs	Amount	**FY 2008 Estimate** FTEs	Amount	**Change** FTEs	Amount
Detail:														
Embryo and Fetus		$20,532		$20,773		$20,511		$20,511		$20,442		$20,461		$19
Youth/Adolescence		54,680		55,322		54,625		54,625		54,440		54,490		50
Young Adult		152,206		153,992		152,051		151,961		151,447		151,587		140
Mid-Life/Senior Adult		134,749		136,330		134,612		134,582		134,127		134,251		124
Subtotal, Extramural		362,167		366,417		361,799		361,679		360,456		360,789		333
Intramural research	119	42,471	117	45,346	117	45,574	117	45,574	118	45,348	118	45,031	0	-317
Res. management & support	133	22,376	116	23,743	108	24,361	108	24,330	109	24,693	112	24,940	3	247
Research		1,411		2,771		3,896		3,896		5,231		5,745	0	514
TOTAL	252	428,425	233	438,277	225	435,630	225	435,479	227	435,728	230	436,505	3	777

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

Major Changes in the Fiscal Year 2008 Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2008 budget request for NIAAA, which is $0.777 million more than the FY 2007 Continuing Resolution, for a total of $436.505 million.

Research Project Grants (+$0.2 million, total $251.0 million). NIAAA will support a total of 211 Research Project Grant (RPG) awards in FY 2008. Noncompeting RPGs will increase by 4 awards and decrease by $2.6 million. Competing RPGs will increase by 9 awards and $2.8 million.

Research Careers (+$0.3 million; total $12.051 million): NIAAA will support the Pathway to Independence program, by funding an additional 3 awards in FY 2008. Total support for the Pathway program in FY 2008 is 6 awards and $1.6 million.

NIH Roadmap for Biomedical Research (+$0.5 million; total $5.745 million): NIAAA will continue its support of the NIH Roadmap, an incubator for new ideas and initiatives that will accelerate the pace of discovery, in FY 2008.

Neuroscience Blueprint (+0.2 million; total $1.0 million): NIAAA will continue to expand its support for the NIH Neuroscience blueprint which was inspired by recognition that unifying themes in neuroscience research are fundamental to understanding the normal and disordered nervous system and to developing better prevention and treatment therapies.

Intramural Research (-$0.3 million; total $45.0 million): NIAAA will work to identify areas of potential savings within the Intramural Research Program which will allow us to achieve our program goals and accomplishments as outlined in the Justification Narrative for the Intramural Research Program area as described below.

NATIONAL INSTITUTES OF HEALTH
National Institute on Alcohol Abuse and Alcoholism
Summary of Changes

FY 2007 Continuing Resolution				$435,728,000
FY 2008 Estimated Budget Authority				436,505,000
Net change				777,000
	FY 2007 Continuing Resolution		Change from Base	
CHANGES	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural research:				
a. Annualization of January 2007 pay increase		$17,294,000		$361,000
b. January 2008 pay increase		17,294,000		389,000
c. Two extra days of pay		17,294,000		133,000
d. Payment for centrally furnished services		7,432,000		74,000
e. Increased cost of laboratory supplies, materials, and other expenses		20,622,000		469,000
Subtotal				1,426,000
2. Research Management and Support:				
a. Annualization of January 2007 pay increase		$14,565,000		$352,000
b. January 2008 pay increase		14,565,000		328,000
c. Two extra days of pay		14,565,000		112,000
d. Payment for centrally furnished services		3,243,000		32,000
e. Increased cost of laboratory supplies, materials, and other expenses		6,885,000		139,000
Subtotal				963,000
Subtotal, Built-in				2,389,000

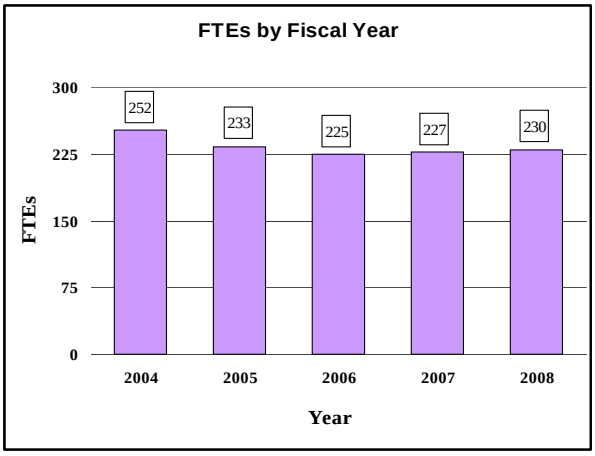
NATIONAL INSTITUTES OF HEALTH
National Institute on Alcohol Abuse and Alcoholism

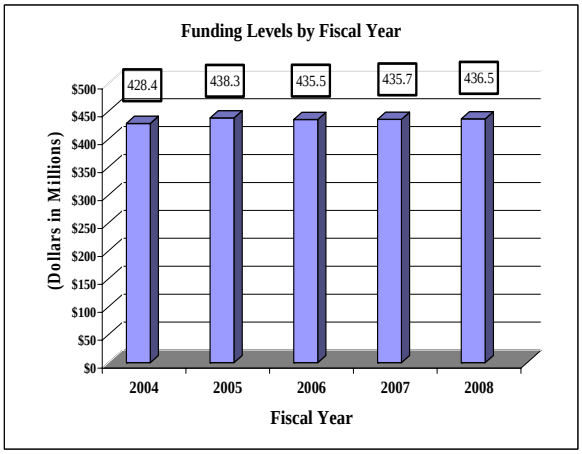
Summary of Changes--continued

CHANGES	FY 2007 Continuing Resolution		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	536	$190,800,000	4	-$2,607,000
b. Competing	202	61,498,000	9	2,820,000
c. SBIR/STTR	22	8,269,000	-1	-150,000
Total	760	260,567,000	12	63,000
2. Research centers	18	27,276,000	0	0
3. Other research	121	27,615,000	3	270,000
4. Research training	280	11,284,000	0	0
5. Research and development contracts	25	33,714,000	0	0
Subtotal, extramural				333,000
	FTEs		FTEs	
6. Intramural research	118	45,348,000	0	-1,743,000
7. Research management and support	109	24,693,000	3	-716,000
8. Cancer control and prevention	0	0	0	0
9. Construction		0		0
10. Buildings and Facilities		0		0
11. NIH Roadmap for Medical Research	0	5,231,000	0	514,000
Subtotal, program		435,728,000		-1,612,000
Total changes	227		3	777,000

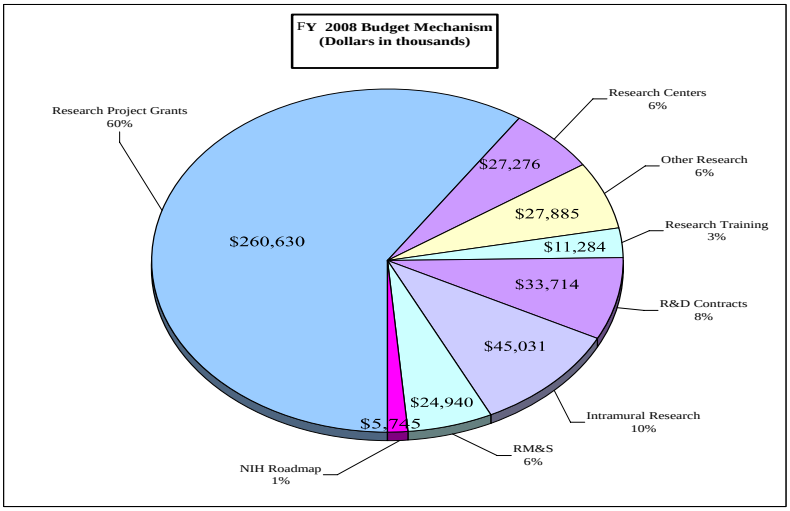
Fiscal Year 2008 Budget Graphs

History of Budget Authorities and FTEs:

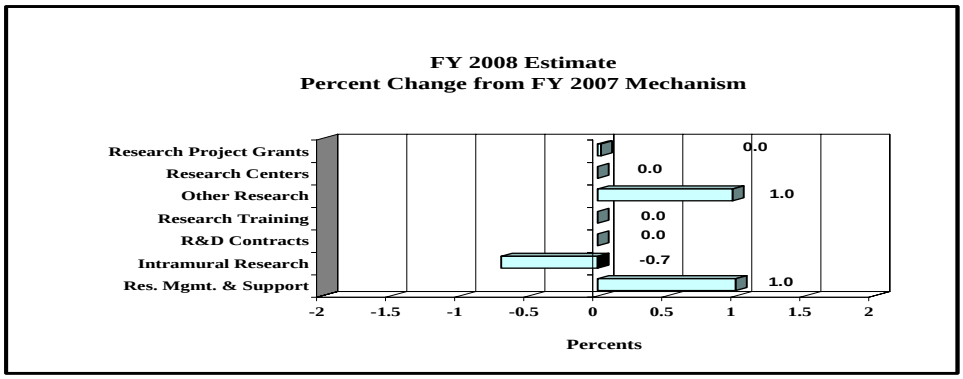




Distribution by Mechanism:



Change by Selected Mechanisms:



Justification

National Institute on Alcohol Abuse and Alcoholism

Authorizing Legislation: Section 301 and title IV of the Public Health Service Act, as amended

Budget Authority:

FY 2006 Actual		FY 2007 Continuing Resolution		FY 2008 Estimate		Increase or Decrease	
FTEs	BA	FTEs	BA	FTEs	BA	FTEs	BA
225	$435,479,000	227	$435,728,000	230	$436,505,000	3	$777,000

This document provides justification for the Fiscal Year 2008 activities of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), including HIV/AIDS activities. Details of the FY 2008 HIV/AIDS activities are in the Office of AIDS Research (OAR) section of the Overview, Volume One. Details on the Roadmap/Common Fund are located in the Overview, Volume One.

Director's Overview

Alcohol is the third leading cause of preventable death in the U.S.[1] Drinking too much, too fast, too often can lead to acute and chronic consequences for the drinker as well as consequences that extend beyond the individual, affecting the health and well-being of others and society-at-large. Excessive alcohol use also comes with a price, costing the U.S. an estimated $185 billion annually.[2]

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is the lead agency for U.S. research on alcohol abuse, alcoholism, and other health effects of alcohol. The Institute's mission is to provide leadership in the national effort to reduce alcohol related problems. NIAAA's goal is to support and promote the best science on alcohol and health for the benefit of all by: increasing the understanding of normal and abnormal biological functions and behavior relating to alcohol use; improving the diagnosis, prevention, and treatment of alcohol use disorders; reducing alcohol-related health disparities; and enhancing access to quality health care.

New scientific knowledge has advanced our fundamental understanding of alcohol use and its impact on health in two key areas. First, it has reframed our understanding of the problems from alcohol use through the recognition that the nature of the problems significantly changes over the course of the lifespan. By adopting a lifespan perspective we are increasing our knowledge of

[1] Mokdad AH, Marks JS, Stroup DF, Gerberding JL. JAMA. 2004. 29: 1238-45.
[2] Harwood, H. Updating Estimates of the Economic Costs of Alcohol Abuse in the United States: Estimates, Update Methods and Data (2000). http://pubs.niaaa.nih.gov/publications/economic-2000/

how the emergence and progression of problem drinking are influenced by changes in biology, psychology, and exposure to social and environmental inputs over a person's lifetime, and, conversely, how drinking behavior affects biology, psychology, and the choice of environments. By focusing on key issues in a lifespan perspective we will facilitate the discovery of life stage-appropriate strategies for identifying, treating, and preventing alcohol use disorders.

Second, new scientific knowledge is informing NIAAA's efforts to understand the fundamental nature of Alcohol Use Disorders (AUDs). Research results from NIAAA's National Epidemiologic Survey on Alcohol-Related Conditions (NESARC) indicate that Alcohol Abuse and Alcoholism (more accurately, Alcohol Dependence) are part of a continuum of severity of alcohol use problems rather than independent disorders. Further, such analyses are already showing how new criteria based on the quantity and frequency of alcohol use can improve diagnosis when used in combination with existing diagnostic criteria. The development of these quantitative criteria will lead to better assessment of the stage of the disease for any given individual, and inform development of improved treatment approaches for the differing severity levels of alcohol dependence. Information on how quantity and frequency can be used in diagnosis and follow-up care is an integral part of NIAAA's *Clinician's Guide.* Recognizing that adolescents may experience different effects of alcohol, have different patterns of drinking, and experience different consequences as compared with adults, NIAAA is also evaluating how the criteria used for adults might be modified to allow for differences in the biology and behaviors characteristic of adolescents.

In response to NIAAA findings of the high prevalence of alcohol dependence in young adults, the extensive binge drinking among adolescents, and the serious consequences that result, the Surgeon General issued a *Call to Action To Prevent and Reduce Underage Drinking.* This concise report offers a comprehensive view of underage drinking and its consequences within a developmental framework. NIAAA provided the scientific foundation for the *Call to Action* based on the work of its Underage Drinking Steering Committee and collaborated with the Office of the Surgeon General and the Substance Abuse and Mental Health Services Administration to produce it.

Given the high rates of drinking (especially binge drinking) among adolescents, coupled with the knowledge that adolescence is a time of significant brain maturation and refinement, it is critical to better understand the short- and long-term effects of drinking on brain development. NIAAA is investing in studies to determine how alcohol exposure affects the programmed growth and refinement that occur in the brain during adolescence and into early adulthood, recognizing that even transient disruptions of these developmental processes have the potential to change lifetime academic, vocational, social, and emotional trajectories. Such studies may help explain the correlation between early alcohol use and future alcohol dependence.

In every age group there is a large variation in the way individuals respond to alcohol. The nature of their response may affect their decision to drink as well as put them at risk for, or protect them from, developing alcohol dependence. To fully understand which effects contribute to drinking behavior and their mechanisms, NIAAA seeks to define the full range of effects of alcohol on central nervous system function and the variability associated with unique genetic and gene-environment profiles.

In addition to understanding what factors contribute to the initiation and escalation of drinking, it is equally important to understand how individuals change harmful drinking patterns with or without treatment. For example, a large number of individuals who meet diagnostic criteria for alcohol dependence are able to change their drinking behavior in the absence of treatment. In addition, individuals with legal mandates to enter treatment are more likely to engage in treatment, remain longer in treatment, and have better outcomes than those who do not. NIAAA is focusing considerable attention on determining what factors contribute to behavior change in individuals in various life stages and circumstances.

For individuals who continue to drink heavily, damage to tissues and organs may manifest later in life. For example, over time, the cumulative effect of alcohol exposure may cause damage to a number of cells and tissues including those of the liver. The relationship of tissue damage to life stage, drinking behavior, and genetic makeup is of central interest. Evidence suggests that the mitochondrion, the so-called powerhouse organelle contained in cells of all types, may be particularly susceptible to alcohol-induced damage. The goal of a new NIAAA research initiative is to better define factors that contribute to alcohol's damaging effects on a variety of cell types in a variety of tissues and organs.

Medications development continues to be a strong focus of the Institute. The Institute's approach is multi-faceted: continue basic research to develop candidates for medications; develop the infrastructure to test multiple compounds, enabling faster determination of which of them merit advancement to large, multi-site studies; and work with the pharmaceutical industry to ensure their interest in taking promising compounds through the final phase clinical trials.

FY 2008 Justification by Activity Detail:

Overall Budget Policy: Investigator-initiated research projects and new investigator research and career development are the Institute's highest priorities. The NIAAA carefully evaluates investigator-initiated requests to all its programs, conducts scientific review, and presents results to the NIAAA Advisory Council to determine the level of recommended support. The level of support provided for Institute-initiated projects (e.g., RFAs) is also evaluated. The Institute maintains a balance between solicitations issued to the extramural community in areas that need stimulation and funding made available to support investigator-initiated projects. NIAAA's Program Funding Table comprises the primary building blocks used to manage NIAAA's portfolio and parallels closely the objectives identified in NIAAA's Strategic Plan. This Plan was developed with input from advisory boards and scientific, medical, and advocacy groups. The Plan identifies opportunities in broad research areas and recommends optimal use of existing and new knowledge to identify, treat, and prevent alcohol use disorders.

The following narrative includes representative NIAAA activities that highlight program plans and expected accomplishments.

Embryo and Fetus

In recognition that the nature of problems resulting from alcohol exposure significantly change over the course of the lifespan, NIAAA has organized its research portfolio corresponding to life

stage. The earliest stage of life, encompassing the developing embryo and fetus, is a period of great vulnerability to the adverse effects of alcohol. Alcohol-induced birth defects are known as fetal alcohol spectrum disorders (FASD). The most serious adverse consequence of prenatal alcohol exposure is fetal alcohol syndrome (FAS), a devastating developmental disorder characterized by craniofacial abnormalities, growth retardation, and nervous system impairments that may include mental retardation. Alcohol may also damage neurological and behavioral development even in the absence of obvious physical birth defects. The severity of defects depends on the dose, pattern, and timing of *in utero* exposure to alcohol. Further work is needed to identify critical periods of risk to alcohol exposure and how these relate to levels of alcohol exposure and consequences. Research studies indicate that alcohol's causative role in FASD can also be influenced by maternal hormones, nutrition, age, parity, maternal blood alcohol level, years of drinking, and genetic factors, suggesting possible targets for intervention. Researchers are pursuing two paths for preventing FASD. The most desirable route for prevention involves eliminating or significantly reducing alcohol consumption by women during pregnancy. Ongoing studies with high risk mothers as well as general outreach efforts are showing some success, but as long as children are being born with FASD, a completely preventable disorder, we need to explore additional ways to prevent these debilitating disorders. Also of interest are interventions to minimize the damage caused by prenatal alcohol exposure. Pharmacological intervention may have applicability when there is early alcohol exposure, or failure to stop drinking during pregnancy. Development of interventions will depend on additional research that further elucidates the mechanisms by which alcohol causes damage as well as identifies the factors that ameliorate or exacerbate these effects.

Budget Policy: The FY 2008 budget estimate for the Embryo and Fetus Program is $20.5 million, unchanged from the FY 2007 Continuing Resolution. The Program plans for 2008, along with expected accomplishments are as follows. NIAAA will continue to support research to prevent and intervene with FASD. Also, NIAAA will be funding a new initiative ($2 million in FY 2008) to study alcohol sensitivity and tolerance across individuals and the lifespan. Research studies under this program will contribute important insight into individual and population variation in responses to alcohol exposure, including why some mothers appear to be more susceptible than others to giving birth to children with FASD.

Youth/Adolescence

The studies in NIAAA's portfolio comprising research on Childhood, Youth, and Adolescence is a critical component for understanding the emergence and progression of drinking behavior. During childhood, expectations about drinking are established, while adolescence is the period of life during which most youth initiate and accelerate alcohol consumption. By the time they are seniors in high school, 75% have begun drinking and 28% report binge drinking in the past two weeks, i.e., drinking five or more drinks on one occasion.[3] One million high school students drink five or more drinks on at least six occasions per month[4]. Drinking five or more drinks in a

[3] Johnston, LD, O'Malley, PM, Bachman, JG, & Schulenberg, JE (2006). Monitoring the Future national survey results on drug use, 1975-2005. Volume I: Secondary school students (NIH Publication No. 06-5883). Bethesda, MD: National Institute on Drug Abuse, 684.

[4] Grunbaum, JA, Kann, L, Kinchen, SA, Williams, B, Ross JG, Lowry, R and Kolbe, L (2002). Youth Risk Behavior Surveillance: United State, 2001, MMWR Surveill. Summ 51: (4) 1-62.

two hour period is enough to make most legally intoxicated and elevates the risk for unintentional and intentional injuries, the leading cause of death among young people in the U.S[5]. Despite the widespread use of alcohol by adolescents, the short- and long-term effects of drinking on brain development are not yet well characterized although studies indicate that adolescent drinking, and especially heavy drinking, can affect brain structure and function. Additional studies in this area are critical, because the brain is still undergoing programmed growth and refinement through adolescence and into early adulthood. Consequently, even transient disruptions of these developmental processes have the potential to change lifetime academic, vocational, social, and emotional trajectories (see portrait). Given that youth/adolescence is a key period of the lifespan for the initiation and escalation of alcohol use, and recognizing that these behaviors can affect future health and well-being through multiple mechanisms, NIAAA has focused considerable effort on the prevention of early alcohol use. As noted earlier, NIAAA provided the scientific foundation for the Surgeon General's *Call to Action To Prevent and Reduce Underage Drinking* based on the work of NIAAA's Underage Steering Committee in collaboration with the Office of the Surgeon General and the Substance Abuse and Mental Health Services Administration. This document, which offers a comprehensive view of underage drinking and its consequences within a developmental framework, is anticipated to reach audiences ranging from parents to health care professionals, and from school and college administrators to policy makers. In an effort to increase the involvement of health care providers in combating underage drinking, NIAAA awarded 4 grants in response to the RFA *Underage Drinking: Building Healthcare System Responses*, two of which focus on minority populations and are co-funded by the National Center on Minority Health and Health Disparities. The RFA solicited applications to enable rural and small urban health care systems to become platforms for research programs on underage drinking. Recognizing that adolescents may experience different pharmacological effects of alcohol, have different patterns of drinking and experience different consequences compared to adults, NIAAA is also evaluating screening and diagnosis of adolescents to determine how the criteria used for adults might be modified to allow for differences in the biology and behaviors characteristic of adolescents. In FY 2006, NIAAA convened a workshop of experts titled "AUD Diagnosis in Youth – What are the Issues?" to be followed in FY 2007 by a companion workshop on screening for AUD in Youth.

Budget Policy: The FY 2008 budget estimate for the Youth/Adolescence detail is $54.5 million, unchanged from the FY 2007 Continuing Resolution. The Program plans for FY 2008, along with expected accomplishments are as follows. NIAAA has committed $1.5 million for FY 2007 and $1.5 million for FY 2008 to support pilot studies to establish the optimal research design to determine the short- and long-term effects of drinking on brain development given that studies indicate that adolescent drinking, and especially heavy drinking, can affect brain structure and function. In addition, NIAAA has committed $1.5 million for FY 2007 and $1.5 million for FY 2008 for companion studies that will focus on the role of hormones and sex differences in drinking behavior and its consequences.

[5] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. WISQARS Leading Causes of Death Reports 199-2003.

Portrait of a Program: Alcohol and the Developing Brain

FY 2007 Level:	$3 million
FY 2008 Level:	$6 million
Change	$3 million

The brain continues to develop throughout adolescence (and into a person's twenties) coincident with dramatic hormonal, physiological, and behavioral changes. Adolescence is also the period of life during which many youth initiate and escalate alcohol use. Alcohol is the number one drug of choice among children and adolescents.

Research has shown that binge drinking during adolescence is associated with significant changes in brain structure and neuropsychological deficits, with implications for learning and other cognitive abilities into adulthood. Due to the potential for childhood and adolescent drinking to adversely affect brain structure and function, it is imperative to understand the effects of alcohol on the developing brain.

To address this issue, NIAAA has launched an initiative to investigate the short- and long- term effects of alcohol use on brain structure and function. One part of this initiative involves longitudinal studies to follow adolescents as they initiate and escalate their drinking. These studies will explore the effects of timing, dose, and duration of alcohol exposure to understand the extent of alcohol's effects on the developing brain and to investigate if any deleterious effects persist or resolve. A second part of this initiative focuses on the effects of sex hormones on the developing brain and how those actions interact with alcohol's effects. The impetus for this part of NIAAA's initiative are studies that show that sex differences in drinking patterns become apparent during puberty and that early drinking may create risks for alcohol problems that are sex dependent, as well as, imaging studies in both animals and humans showing sex differences in brain development during adolescence. For this part of the initiative, NIAAA will support animal studies to explore the mechanisms through which sex hormones may interact with alcohol to affect brain development, and help explain these observed differences.

Young Adult

Compared to all other age groups, the prevalence of episodic heavy or high-risk drinking is greatest among young adults aged 18 to 24, including college, non-college, military, and civilian young adult populations. Alcohol use disorders including alcohol dependence (alcoholism), also peak during this period. While most young adults transition out of harmful drinking behaviors, a minority will continue to drink heavily into the later stages of adulthood. Of the various sub-populations of young adults, college students have received perhaps the greatest research scrutiny regarding alcohol consumption in recent years, including NIAAA's seminal report on college drinking that will be updated in FY 2007. During the first few years following high school, the heavy drinking rates of college students surpass those of their non-college peers. Research on the college-attending population has shown that some 1,700 college students between the ages of 18 and 24 die every year as a result of hazardous drinking. In addition, nearly 600,000 college students suffer unintentional injuries under the influence of alcohol, and another 700,000 are assaulted by fellow drinking students. Alcohol-related assaults include nearly 100,000 sexual assaults or date rapes.[6] NIAAA will continue to support research on interventions that prevent or reduce alcohol-related problems among college students.

[6] Hingson R, Heeren T, Winter M, Wechsler H. Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18-24: changes from 1998 to 2001. Annual Rev Public Health. 2005;26:259-79.

Researchers have noted that young adults rarely identify themselves as problem drinkers. Therefore NIAAA is supporting studies on screening and brief interventions to identify and intervene with problem drinkers in young adult populations. Several studies indicate that the non-student population of young adults is also an important target for preventive interventions, especially because these individuals may be less likely to mature out of heavy drinking patterns established during adolescence. These phenomena raise important research questions. For example, what factors allow many young adults to discontinue harmful drinking patterns, most often in the absence of formal alcoholism treatment? Why do others experience protracted alcohol problems well into their adulthood? To address these issues NIAAA has launched a new research initiative to determine the mechanisms by which individuals change their drinking behavior (see portrait). This initiative is also described in more detail in the budget policy section.

Budget Policy: The FY 2008 budget estimate for the Young Adult detail is $149.8 million, an increase of $0.1 million or unchanged in percentage from the FY 2007 Continuing Resolution. The Program plans for FY 2008, along with expected accomplishments are as follows. NIAAA is investing $3 million in FY 2007 and $5 million in FY 2008 for an initiative to determine the mechanisms of behavioral change in young adults, many of whom change their harmful drinking behavior without treatment. This investment also includes research on adults in midlife who are more likely to seek treatment for alcohol use disorders (see portrait). NIAAA will also invest $2 million in FY 2008 to determine the mechanisms that drive the transition from controlled, voluntary alcohol use to compulsive, involuntary use (i.e., addiction). The goal of this initiative is to understand whether the specialized systems within the brain that are used in learning, memory, motivation, attention and choice can be co-opted to support addiction to alcohol and to identify the mechanisms by which alcohol acts on these systems. These two initiatives are the result of deliberations of NIAAA's Extramural Advisory Board, NIAAA's Teams and Divisions, with concurrence from NIAAA's National Advisory Council and were informed by NIAAA's Strategic Plan.

Portrait of a Program: Mechanisms of Behavior Change

FY 2007 Level: $3 million
FY 2008 Level: $5 million
Change $2 million

Data from NIAAA's NESARC study have revealed the prevalence of alcohol dependence is lower for adults during midlife than for young adults; however, midlife is the stage of the lifespan when individuals are most likely to seek treatment. Data from clinical trials comparing treatments show that the most dramatic rate of improvement occurs within the first few weeks of treatment. These results raise the question of whether treatment itself is responsible for the improvement in drinking behavior or is it the positive motivation to seek treatment that underlies a substantial part of the treatment success. Further, a substantial amount of evidence has shown that a wide array of available therapeutic approaches yields strikingly similar results, suggesting that it is not the particular technique that is responsible for change but other unspecified factors.

As a result, NIAAA treatment research is putting more emphasis on addressing the common mechanisms of change across all behavioral treatments. In FY 2007, based on the recommendations of NIAAA's Extramural Advisory Board and the National Advisory Council, the Institute supported projects in response to a RFA to investigate the underlying mechanisms that drive behavior change within the context of behavioral treatments for alcohol dependence. In FY 2008 funds will be committed to support a transdisciplinary approach that integrates neuroscientific, computational, and behavioral-social sciences in the analysis of existing data sets or studies. Future plans will emphasize the development of innovative and exploratory research.

Findings from this research will improve clinical practice both by identifying key aspects of therapy that must be present for maximum effect and by facilitating the delivery of more finely tuned individualized treatment. This research will also lay the groundwork for studies on the larger question of how health-related behavioral change is affected by social and other factors external to treatment.

Midlife/Senior Adult

While the underage and young adult life stages may be viewed by some as the most problematic periods for alcohol abuse and dependence, a much more complete spectrum of alcohol-related problems and issues becomes manifested during the midlife period and beyond. At midlife, many of the pathological consequences of heavy alcohol use become most evident, and individuals with alcohol dependence are most likely to seek treatment of their alcoholism at this time. In senior adults drinking can aggravate a variety of pathological conditions including stroke, hypertension, neurodegeneration, memory loss, mood disorders, and cognitive or emotional dysfunction. Of particular importance in the senior population is the interaction of alcohol with medications. NIAAA will continue to invest in research to understand alcohol-related health problems during the midlife and senior stages. NIAAA will focus attention on mechanisms of behavioral change that includes research to identify biological factors and contextual social factors that contribute to the decisional process to change drinking behavior leading to recovery, and the factors underlying sustained recovery among those individuals who succeed in both the presence and absence of professional treatment. This initiative was also included in the section on Young Adult (for greater detail see portrait). For individuals who continue to drink heavily, damage to other tissues and organs often manifest during midlife. Evidence suggests that the mitochondrion, the so-called powerhouse organelle contained in cells of all types, may be particularly susceptible to alcohol induced damage. NIAAA will support research related to molecular targets of alcohol-related pathologies, in particular those that result from alcohol's effect on mitochondrial function. Animal models will also be used to examine

the specific contributions of alcohol to organ pathology. NIAAA is especially interested in alcohol-induced epigenetic modifications, metabolic and environmentally-induced changes in gene expression that occur in the absence of alterations in basic gene sequence, that may cause detrimental effects throughout the lifespan and contribute to tissue damage during midlife. Identification of epigenetic changes may provide targets for medications development that will complement targets derived from ongoing research to identify genes involved in alcohol dependence. Medications development continues to be a strong focus of the institute. In particular, NIAAA continues to develop the infrastructure for early Phase II human trials of multiple compounds, enabling faster determination of those that merit advancement to large, multi-site studies. In FY 2006, $1.1 million was spent to set up early Phase 2 trials followed in FY 2007 with $2.2 million for conducting the trial. To date, trials have focused on medications designed to help individuals reduce their alcohol consumption; however, medications that reduce the potential for drug interactions in senior adults may also emerge. We anticipate that therapeutic targets will emerge from studies on tissue damage as well. Reducing the public health burden from heavy and harmful alcohol use and improving the quality of life of individuals who suffer the consequences of heavy alcohol use is also an area of significant concern.

Budget Policy: The FY 2008 budget estimate for the Mid Life/ Senior Adult detail is $132.7 million, an increase of $0.1 million or unchanged in percentage from the FY 2007 Continuing Resolution. The Program plans for FY 2008 along with expected accomplishments are as follows. NIAAA has allocated $3 million in FY 2007 and $5 million in FY 2008 for research on mechanisms of behavioral change that includes research to identify biological factors and contextual social factors that contribute to the decisional process to change drinking behavior leading to recovery, and the factors underlying sustained recovery among those individuals who succeed in both the presence and absence of professional treatment. This activity has also been described previously Young Adult section and related portrait. NIAAA has committed $2 million for FY 2008 for research related to molecular targets of alcohol-related pathologies, in particular those that result from alcohol's effect on mitochondrial function. NIAAA is especially interested in alcohol-induced epigenetic modifications, metabolic and environmentally-induced changes in gene expression that occur in the absence of alterations in basic gene sequence, that may cause detrimental effects throughout the lifespan and contribute to tissue damage during midlife. NIAAA has committed $3 million to launch a new initiative, *Health Services Research to Inform a Public Health Approach to Heavy Drinking,* in FY 2008 to support research to examine organizational, managerial, and financial strategies designed to increase the effectiveness of alcohol treatment in health care settings. This initiative will also focus on access to appropriate services and coordinated care across primary care, general mental health, and specialty treatment settings throughout various stages of recovery. The innovative use of technology to improve the effectiveness of treatment will also be encouraged. The expected outcomes of this initiative are improved treatment strategies that reduce individual and public health burden from heavy alcohol use.

Portrait of a Program: Medications Development

Funding levels:

FY 2007 Level:	$26.0 million
FY 2008 Level:	$28.5 million
Change	$2.5 million

While for many years, alcoholism treatment approaches relied almost exclusively on behavioral therapies, complementary efforts to develop medications for alcohol use disorders have expanded rapidly in recent years. Although several agents have been approved for use in the U.S. and other countries, these medications are highly effective with some patients but less effective with others. The results of several clinical trials indicate these drugs are primarily effective in distinct subsets of individuals. This is not surprising since alcoholism is a complex, heterogeneous disease caused by many genetic and environmental factors that differ from one drinker to another. Therefore, a diverse repertoire of medications is needed to provide effective therapy to a broader spectrum of alcohol-dependent individuals.

To identify the next generation of medications, NIAAA is testing agents that target different neurobiological substrates of alcohol dependence. These efforts will expand, and ultimately personalize, treatment options. This is encouraging news for the nearly 18 million American adults who, in any year, struggle with alcohol dependence and abuse[7]. Studies in animal models have produced additional targets for human studies that are now underway or planned for the near term. Agents in this category include cannabinoid CB_1 receptor blockers and metabotropic glutamate receptor agonists, as well as agents that target drinking mediated by stress and anxiety systems through their action on corticotropin-releasing factor, neuropeptide Y, and nociceptin receptors. To foster more efficient, predictable drug development, NIAAA will validate preclinical models to screen novel compounds and establish a network of sites to conduct early human trials. NIAAA will continue to encourage the pharmaceutical industry to screen proprietary compounds in the preclinical models and, when results are positive, test them in the early human trials network. These efforts in medications development represent an integration of endeavors among NIAAA's intramural and extramural programs and the pharmaceutical industry in treating the complex nature of alcohol dependence and in overcoming the challenges of medications development, as well as set the course for individualized treatment.

NIAAA Intramural Research Program

The NIAAA intramural research program is organizationally located in the Division of Intramural Clinical and Biological Research (DICBR). The mission of the DICBR is to: 1) plan, develop, and conduct basic and applied research into the causes and consequences of alcohol abuse and alcoholism; (2) operate a clinical facility in which to conduct research on alcohol-related disease and methods of improving treatment for these conditions; (3) provide training in biological, epidemiological, and clinical research on alcohol health effects at multiple levels of inquiry; and (4) collaborate with academic and other outside researchers in the study of alcohol and health. The scope of research in the DICBR is broad, ranging from neuroimaging to large-scale surveys, and from studies on individual molecules within cells to clinical trials. For example, to provide a better understanding of the scope and nature of alcohol dependence in the U.S. population and its relationship to other psychiatric disorders, the Laboratory of Epidemiology and Biometry conducts comprehensive national surveys on the prevalence, family history, and lifetime development of alcohol use disorders and comorbid diseases (National Epidemiologic Survey on Alcohol-Related Conditions, NESARC). Its findings, available in a

[7] Grant BF, Dawson DA, Stinson FS, Chou SP, Dufour MC, and Pickering RP. Drug and Alcohol Dependence 2004. 74: 223-234.

public database, are a major resource for research studies nationwide and led, in part, to NIAAA's adoption of a lifespan approach for studying alcohol dependence. A central set of questions that DICBR's research seeks to answer is how the interplay between genetic and environmental factors makes an individual more or less vulnerable to alcohol's effects, including the risk for alcohol dependence and tissue and organ damage, and, what opportunities exist for intervention. This line of questioning has led to investigation in a number of research domains. For example, research in the Laboratory of Neurogenetics relates individuals' genetic composition to complex behaviors, to determine what genes play a role in the development of alcohol dependence. Identification of these genes will lead to better understanding of mechanisms of vulnerability and gene-environment interactions, new molecular diagnostic markers to individualize treatment, and new molecular targets for intervention. Understanding alcohol addiction in all its complexity also requires a better understanding of behaviors linked to dependence, including acute alcohol intoxication, alcohol seeking, reward, and compulsive drinking. Research groups within DICBR are using a variety of approaches to uncover the mechanisms, molecules, and processes that underlie these behaviors. For example, the Section on Neuroendocrinology is focusing on endocannabinoids, the naturally occurring substances in the brain that act on the same receptors as the active ingredients of marijuana, having previously discovered that they play a role in regulating appetite for alcohol. Understanding the reinforcing effects of drugs of abuse, including alcohol is a central focus of the Laboratory of Neuroimaging which uses brain imaging to characterize the molecular changes underlying addiction and their relationship to brain function, treatment, and vulnerability. The goal is an understanding of the neural basis of addiction-related brain functions such as decision-making, goal-directed behavior, habit formation, and habitual behavior. DICBR laboratories also study how alcohol leads to cell and tissue damage both in the brain and in other organs. The Section on Liver Biology is investigating what factors contribute to liver injury and repair and what factors are protective in some individuals in the presence of agents, such as alcohol or hepatitis viral proteins, that cause liver disease in others. To ensure that DICBR's research moves to practice, the Laboratory of Clinical and Translational Studies uses animal models of alcoholism to identify and validate novel molecular targets, which it then tests in clinical trials using medications that act on such targets.

Budget Policy: The 2008 budget estimate for the Intramural Research Program is $45.0 million, a decrease of $0.3 million or 0.7 percent from the 2007 Continuing Resolution. The Program plans for 2008, along with expected accomplishments, are as follows: NIAAA will continue support for the ten Laboratories within DICBR, as well as the Office of Laboratory Animal Science and the Office of Research and Information Technology.

Research Management and Support

NIAAA RMS activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards and research and development contracts. RMS functions also encompass strategic planning, coordination, and evaluation of the Institute's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. The Institute currently oversees nearly 900 research grants and centers, as well as 25 research and support contracts. More than 550 NIAAA research projects involve human subjects, including 121 clinical trials.

Budget Policy: The 2008 budget estimate for the Research Management and Support detail is $24.9 million, an increase of $0.2 million or 1 percent from the 2007 Continuing Resolution. The Program plans for 2008, along with expected accomplishments are as follows: to satisfactorily administer the review, processing, award, and scientific performance appraisal of approximately 900 research grants, 115 training awards, and 25 contracts in alcohol abuse and alcoholism program areas.

NATIONAL INSTITUTES OF HEALTH
National Institute on Alcohol Abuse and Alcoholism

Budget Authority by Object

		FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Total compensable workyears:				
	Full-time employment	227	230	3
	Full-time equivalent of overtime & holiday hours	1	1	0
	Average ES salary	$166,290	$169,615	$3,325
	Average GM/GS grade	12.4	12.5	0.1
	Average GM/GS salary	$91,306	$93,132	$1,826
	Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	$87,266	$89,011	$1,745
	Average salary of ungraded positions	94,319	96,205	1,886
	OBJECT CLASSES	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
	Personnel Compensation:			
11.1	Full-Time Permanent	$15,098,000	$16,007,000	$909,000
11.3	Other than Full-Time Permanent	6,624,000	6,936,000	312,000
11.5	Other Personnel Compensation	400,000	423,000	23,000
11.7	Military Personnel	676,000	709,000	33,000
11.8	Special Personnel Services Payments	2,767,000	2,883,000	116,000
	Total, Personnel Compensation	25,565,000	26,958,000	1,393,000
12.0	Personnel Benefits	5,797,000	6,115,000	318,000
12.2	Military Personnel Benefits	497,000	521,000	24,000
13.0	Benefits for Former Personnel	0	0	0
	Subtotal, Pay Costs	**31,859,000**	**33,594,000**	**1,735,000**
21.0	Travel & Transportation of Persons	787,000	743,000	-44,000
22.0	Transportation of Things	82,000	77,000	-5,000
23.1	Rental Payments to GSA	1,000	1,000	0
23.2	Rental Payments to Others	23,000	22,000	-1,000
23.3	Communications, Utilities & Miscellaneous Charges	1,215,000	1,161,000	-54,000
24.0	Printing & Reproduction	169,000	156,000	-13,000
25.1	Consulting Services	492,000	461,000	-31,000
25.2	Other Services	2,797,000	2,651,000	-146,000
25.3	Purchase of Goods & Services from Government Accounts	47,225,000	46,406,000	-819,000
25.4	Operation & Maintenance of Facilities	1,485,000	1,419,000	-66,000
25.5	Research & Development Contracts	12,135,000	11,774,000	-361,000
25.6	Medical Care	438,000	420,000	-18,000
25.7	Operation & Maintenance of Equipment	1,068,000	1,010,000	-58,000
25.8	Subsistence & Support of Persons	0	0	0
25.0	**Subtotal, Other Contractual Services**	**65,640,000**	**64,141,000**	**-1,499,000**
26.0	Supplies & Materials	2,520,000	2,411,000	-109,000
31.0	Equipment	1,459,000	1,379,000	-80,000
32.0	Land and Structures	0	0	0
33.0	Investments & Loans	0	0	0
41.0	Grants, Subsidies & Contributions	326,742,000	327,075,000	333,000
42.0	Insurance Claims & Indemnities	0	0	0
43.0	Interest & Dividends	0	0	0
44.0	Refunds	0	0	0
	Subtotal, Non-Pay Costs	**398,638,000**	**397,166,000**	-1,472,000
	NIH Roadmap for Medical Research	**5,231,000**	**5,745,000**	514,000
	Total Budget Authority by Object	**435,728,000**	**436,505,000**	777,000

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

NATIONAL INSTITUTES OF HEALTH
National Institute on Alcohol Abuse and Alcoholism

Salaries and Expenses

OBJECT CLASSES	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Personnel Compensation:			
Full-Time Permanent (11.1)	$15,098,000	$16,007,000	$909,000
Other Than Full-Time Permanent (11.3)	6,624,000	6,936,000	312,000
Other Personnel Compensation (11.5)	400,000	423,000	23,000
Military Personnel (11.7)	676,000	709,000	33,000
Special Personnel Services Payments (11.8)	2,767,000	2,883,000	116,000
Total Personnel Compensation (11.9)	**25,565,000**	**26,958,000**	**1,393,000**
Civilian Personnel Benefits (12.1)	5,797,000	6,115,000	318,000
Military Personnel Benefits (12.2)	497,000	521,000	24,000
Benefits to Former Personnel (13.0)	0	0	0
Subtotal, Pay Costs	**31,859,000**	**33,594,000**	**1,735,000**
Travel (21.0)	787,000	743,000	-44,000
Transportation of Things (22.0)	82,000	77,000	-5,000
Rental Payments to Others (23.2)	23,000	22,000	-1,000
Communications, Utilities and Miscellaneous Charges (23.3)	1,215,000	1,161,000	-54,000
Printing and Reproduction (24.0)	169,000	156,000	-13,000
Other Contractual Services:			
Advisory and Assistance Services (25.1)	492,000	461,000	-31,000
Other Services (25.2)	2,797,000	2,651,000	-146,000
Purchases from Govt. Accounts (25.3)	19,820,000	18,575,000	-1,245,000
Operation & Maintenance of Facilities (25.4)	1,485,000	1,419,000	-66,000
Operation & Maintenance of Equipment (25.7)	1,068,000	1,010,000	-58,000
Subsistence & Support of Persons (25.8)	0	0	0
Subtotal Other Contractual Services	**25,662,000**	**24,116,000**	**-1,546,000**
Supplies and Materials (26.0)	2,517,000	2,408,000	-109,000
Subtotal, Non-Pay Costs	30,455,000	28,683,000	-1,772,000
Total, Administrative Costs	**62,314,000**	**62,277,000**	**-37,000**

NATIONAL INSTITUTES OF HEALTH
National Institute on Alcohol Abuse and Alcoholism

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2007 Amount Authorized	FY 2007 Continuing Resolution	2008 Amount Authorized	FY 2008 Budget Estimate
Research and Investigation	Section 301	P.L. 109-482	Indefinite	$435,728,000	Indefinite	$436,505,000
National Institute on Alcohol Abuse and Alcoholism	Section 402(a)	P.L. 109-482	Indefinite		Indefinite	
Total, Budget Authority				435,728,000		436,505,000

NATIONAL INSTITUTES OF HEALTH
National Institute on Alcohol Abuse and Alcoholism

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation 1/
1999	229,551,000 2/ 3/	248,778,000	259,747,000	259,747,000
Rescission				-172,000
2000	248,916,000 2/	265,497,000	265,497,000	29,393,500
Rescission				-1,566,000
2001	308,661,000 2/	349,216,000	336,848,000	340,678,000
Rescission				-154,000
2002	381,966,000	379,026,000	390,761,000	384,238,000
Rescission				-623,000
2003	416,773,000	401,933,000	418,773,000	418,773,000
Rescission				-2,722,000
2004	430,121,000	430,121,000	431,521,000	431,471,000
Rescission				-2,802,000
2005	441,911,000	441,911,000	444,900,000	441,911,000
Rescission				-3,634,000
2006	440,333,000	440,333,000	452,271,000	440,333,000
Rescission				-4,403,000
2007	433,318,000	433,318,000	433,318,000	435,930,000
2008	436,505,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.
2/ Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research
3/ Reflects a decrease of $692,000 for the budget amendment for Bioterrorism

NATIONAL INSTITUTES OF HEALTH
National Institute on Alcohol Abuse and Alcoholism

Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Office of the Director	12	14	14
Office of Extramural Activities	13	13	13
Office of Science Policy and Communications	20	14	14
Office of Resource Management	26	28	28
Division of Epidemiology and Prevention Research	10	11	11
Division of Metabolism and Health Effects	9	9	10
Division of Neuroscience and Behavior	9	10	11
Division of Treatment and Recovery Research	9	10	11
Division of Intramural Clinical and Biological Research	117	118	118
Total	225	227	230
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative	(0)	(0)	(0)

FISCAL YEAR	Average GM/GS Grade
2004	11.7
2005	12.1
2006	12.1
2007	12.4
2008	12.5

NATIONAL INSTITUTES OF HEALTH
National Institute on Alcohol Abuse and Alcoholism

Detail of Positions

GRADE	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Total, ES Positions	2	2	2
Total, ES Salary	$ 326,057	$ 332,578	$ 339,230
GM/GS-15	19	19	20
GM/GS-14	36	37	38
GM/GS-13	37	38	39
GS-12	29	30	30
GS-11	7	7	7
GS-10	2	2	2
GS-9	9	9	9
GS-8	6	6	6
GS-7	3	3	3
GS-6	0	0	0
GS-5	2	2	2
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	150	153	156
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	3	3	3
Senior Grade	3	3	3
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	6	6	6
Ungraded	73	73	73
Total permanent positions	160	163	166
Total positions, end of year	231	233	236
Total full-time equivalent (FTE) employment, end of year	225	227	230
Average ES salary	$163,029	$166,290	$169,615
Average GM/GS grade	12.4	12.4	12.5
Average GM/GS salary	$89,516	$91,306	$93,132

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research.

NATIONAL INSTITUTES OF HEALTH
National Institute on Alcohol Abuse and Alcoholism

New Positions Requested

	FY 2008		
	Grade	Number	Annual Salary
Health Scientist Administrator (HSA	GS-13	3	$80,000
Total Requested		3	