

**National Institute on Drug Abuse
Strategic Plan on Reducing Health Disparities**

NIH Health Disparities Strategic Plan, Fiscal Year 2004-2008

Revised July 2004

MISSION

The mission of the National Institute on Drug Abuse (NIDA) is to lead the nation in bringing the power of science to bear on drug abuse and addiction. This charge has two critical components: The first is the strategic support and conduct of research across a broad range of disciplines, and the second is to ensure the rapid and effective dissemination and use of the results of that research to significantly improve drug abuse and addiction prevention, treatment, and policy.

STRATEGY FOR ADDRESSING HEALTH DISPARITIES

Unlike other diseases, drug addiction poses many peculiar challenges to health researchers, providers, and public health officials in the search for effective prevention and treatment strategies and policies. These challenges emanate primarily from the fact that drug abuse and addiction are usually the result of illegal activity and drug users are often viewed as morally corrupt or weak-willed individuals who engage in not only voluntary self and socially destructive behavior but also criminal activity. In short, despite the fact that we know unequivocally that addiction is a disease like any other medical disease, it remains a stigmatized disease. And this stigma spills over to all aspects of drug abuse research, prevention and treatment (e.g., obtaining measures of use, safety and legal concerns, early intervention is compromised by efforts to hide the disease, and denial of dependency).

Racial/Ethnic minority populations are perhaps most adversely affected by this stigma and its effects leading to misperceptions about drug abuse and addiction in minority communities and the way in which prevention and treatment are delivered to them. For example, the common perception is that minority groups, particularly Blacks and Hispanics, use drugs more than whites even though epidemiologic data show little difference in overall use by race/ethnicity. In fact, in some instances minority groups are less likely to use licit or illicit drugs. There are, however, great differences in the consequences of drug use for racial/ethnic minorities creating a great need to better understand the unique prevention, treatment, and health services needs of these communities.

NIDA has made a concerted effort to better understand and address the drug abuse and addiction research needs of racial/ethnic populations focusing on research areas where there are significant gaps in knowledge and/or clear disparities in prevention and treatment. In 1993, NIDA established a Special Populations Office, which has two overall goals: (1) to encourage increased research on drug abuse in minority populations in NIDA divisions, and (2) to encourage and enable increased minority participation in drug abuse research. Moreover, NIDA formed an institute-wide work group, the Consortium on Minority Concerns, which meets monthly to

address research and research development issues of concern to minority populations. Each program division and office is represented on the Consortium.

Several institute-wide initiatives and policies were implemented which have led to progress in research that addresses health disparities and the under-representation of minority scholars in drug abuse research. Some of these initiatives include:

Historically Black Colleges and Universities (HBCU) Initiative. This was designed to encourage HBCUs to become involved in drug abuse research and to assist them in developing the capacity to conduct drug abuse research. Some selected outcomes of this initiative include: increased support of HBCUs through the NIH competitive process (which has led to research on under-researched areas such as developing prevention programs for rural African American youth, understanding risk for drug abuse in African American youth at developmental transition points), the establishment of a center on drug abuse research at Howard University (which has since received a substance abuse grant from the Robert Wood Johnson Foundation), and support of an established research scientist cooperative agreement program at three HBCUs in collaboration with the National Center on Minority Health and Health Disparities (NCMHD). North Carolina Central, Morgan State and Howard Universities have recruited distinguished NIDA scientists to develop drug abuse programs. These programs have been very productive. Each has secured other funding including NIH awards, established collaborations with other institutions and investigators, and instituted mentoring programs and activities for students and faculty.

Enhancement of the Underrepresented Minority Supplement Program. NIDA instituted a new policy for the receipt, review and funding of minority supplement applications. Since 1994, NIDA has more than doubled its support of Minority Supplements in amount of funds allocated yearly to the program and the number of new awards made. NIDA also established a policy to include Asians and Pacific Islanders in behavioral and clinical work because they are underrepresented in these areas of drug abuse research. Former recipients are applying for and receiving independent research awards, and these recipients sometimes focus on disparities research issues and/or intend to mentor other underrepresented students and scholars.

Summer Research with NIDA. To address concerns about the insufficient pipeline of minority researchers, NIDA established a summer program to place minority high school and undergraduate students with extramural scientists. Response has been very positive from students and investigators. Initially started with NCMHD funds, NIDA completely supports the program now. Funding for the program has dramatically increased. In the first 3 years of the program, approximately 25–35 students were placed. In 2003 and 2004, over 60 students were placed. Both investigators and students have expressed positive experiences with the program.

Minority Recruitment and Training Program. This is an intramural summer research program for students and faculty. It accepts minority high school, college, graduate and medical students, and faculty members. About 25 students are placed each summer. A

successful minority student development program at Temple University, the Physician Scientist Program which is now supported by an NIDDK award (NIDA cofunds), places some of their high school students with NIDA's intramural scientists.

Minority Work Groups. Work groups comprised of experts in substance abuse and addiction or health concerns of minority populations have been created. These Work Groups advise the NIDA Director on research and research development needs of the particular minority communities that will lead to effective prevention and treatment approaches for each group. Work groups exist for African American, Hispanic, Asian Pacific Islander, and Native American/Alaska Native communities. Some outcomes of the work of these groups include new PIs, identification of candidates for the supplement program, new opportunities for NIDA to interact with professional and community groups, new ideas for research, new study section members, and increased mentoring and collaboration among group members.

With NIDA support, the Hispanic work group has evolved into the National Hispanic Science Network. The Network is designed to enhance communication, increase the dissemination of research knowledge to practitioners, clinicians, and the public, and mentor Hispanic students and scientists interested in careers in drug abuse and addiction research. Activities include an annual conference and a summer research training institute for students and new investigators.

Development of PAs and RFAs. NIDA released a new program announcement, Minority Institution's Drug Abuse Research Program, to support minority institutions wishing to develop their capacity to conduct drug abuse research. Two programs funded under this PA focused on Hispanic issues in drug abuse. New MIDARP programs have been established at Universidad de le Caribe, Hampton University and Florida International University. A Health Disparities RFA was released in 2001 which resulted in 8 new awards and a Health Disparities Supplement Program was initiated in 2002 which resulted in 29 supplements (4 funded in 2003 by the NCMHD). NIDA also reissued its epidemiologic program announcement in FY 2004. It identified health disparities research as a cross-cutting issue and encouraged applicants to address health disparity issues in all submissions to every extent possible.

Research Development Technical Assistance Workshops. NIDA offers technical assistance to minority scholars on developing research studies in drug abuse and addiction. Participants are provided information on conceptual and methodological concerns in drug abuse and addiction research in addition to information on the NIH grants application and review processes. Participants in this program have become NIDA/NIH grantees, NIH peer reviewers, and grantees of other agencies and foundations.

As a result of these activities and individual division activities, NIDA experienced approximately a 97% growth in minority researchers since FY 1993. With this growth in minority researchers (although all are not involved in minority focused research) and an intense focus on drug use and

addiction in minority communities, we have observed an increase in interest in drug abuse disparities and needs in minority communities.

This proposed strategic plan reflects NIDA's insights and knowledge gained from our efforts to address health disparities among racial/ethnic groups. In addition, the plan incorporates the recommendations made by the expert work groups described above and an extensive review of NIDA's research programs and activities conducted by staff. Public comments received were also considered and incorporated into the plan.

In addition to its interest in minority health disparities, NIDA has a strong interest in pursuing health disparities in rural communities (among racial/ethnic and other populations). Research suggests that drug use and addiction and its related consequences may be a serious and growing problem in rural areas; however, our knowledge base on drug abuse and addiction is limited. Providing drug abuse prevention and treatment and conducting drug abuse research in rural areas are difficult due to issues such as confidentiality, access to services, and a limited cadre of researchers and health care providers in rural areas. NIDA's Division of Epidemiology, Services and Prevention Research is planning an initiative to address drug abuse needs in rural areas.

Over the next 5 years, NIDA will strive to: (1) improve our understanding of the incidence and causes of drug abuse and addiction in all racial/ethnic groups recognizing the diversity by gender, SES, and other factors within racial/ethnic populations, (2) strengthen and expand the community and research infrastructure for conducting research within racial/ethnic populations, (3) improve prevention and treatment for racial/ethnic groups at highest risk for addiction and medical consequences of drug use and addiction, and (4) widely disseminate information on drug use and the disease of addiction in racial/ethnic communities identifying best approaches to prevention and treatment. Moreover, NIDA will strive to better identify and understand the drug abuse needs of rural areas.

In 2000, NIDA established a Health Disparities Committee, comprised of staff from all of NIDA's programs including the budget office and intramural program, to develop its Strategic Plan to Address Health Disparities. This committee was made a continuing committee by the Director to oversee the implementation of the strategic plan. As part of its work, the committee establishes institute-wide priorities, stimulates interest, and develops support for the goals and activities of the plan. This committee is chaired by staff of the Special Populations Office and reports to the Director of the Institute.

Introduction to the 2004 Revised Plan

In 2000, NIDA developed its plan to reduce drug abuse and addiction in health disparity populations as a part of the overall NIH's Strategic Plan on Reducing Health Disparities. Although NIDA has a history of encouraging and supporting programs and activities to address drug abuse and addiction concerns in racial/ethnic minority populations, the requirement to develop a broader, long-term strategic plan with research, research capacity, and community outreach components provided an excellent opportunity for all program area staff to critically review drug abuse and research needs within health disparity populations and develop a comprehensive institute-wide plan.

A number of developments have occurred that necessitate our reviewing and revising our plan beyond the NIH requirement that each IC review and amend its plan, responding to public comments received, as appropriate. We have made progress in the implementation of our original plan and have learned some lessons that will help us to improve our efforts in addressing health disparities. Moreover, we wanted to review the current status of the drug abuse and addiction research needs of health disparity populations as evidenced by epidemiologic findings and expert opinion in order to reassess our health disparity priorities.

Progress in Health Disparities Research: Accomplishments and Lessons Learned

Significant Accomplishments:

We have made significant progress in addressing the drug abuse and addiction research needs of racial/ethnic minority and other underrepresented groups. Selected major accomplishments in research, research capacity development including NIDA infrastructure development, and community outreach and dissemination are summarized below.

Research. NIDA has stimulated research in health disparities and increased its support of health disparities specific research in the following ways:

- Released an RFA on Health Disparities in 2001 titled “Health Disparities: Drug Use and Its Adverse Behavioral, Social, Medical, and Mental Health Consequences.” Eight projects were supported. In addition, two additional RFAs were released with implications for health disparities.
- Developed a competitive Health Disparities Supplement program in 2002 that supported 28 projects. Research includes, for example: the use of the brief negotiated interview, using geo-coding to examine neighborhood context and drug treatment outcomes, factors that impact service delivery, and examining the risk of stigma and drug overdose in African American and Latino drug users.
- Ensured the inclusion of minority populations in the Clinical Trials Network (CTN) (established to assess the effectiveness of drug abuse treatments in community-based treatment settings). Protocols specific to minority populations include an ongoing study of motivational enhancement treatment to improve treatment engagement for Spanish-speaking individuals (provides materials in Spanish and has bilingual staff) and a planned study on Job Seekers Training for Patients with Drug Dependence with American Indians. A protocol that focuses on African Americans has been accepted for implementation.

Research Capacity Development. NIDA has supported the development of research capacity and infrastructure development through a variety of programs for students, faculty, and institutions, including the following:

- Supports both intramural (Minority Research Training Program) and extramural (Summer Research with NIDA) summer research programs for students, primarily high school and undergraduates (in Summer 2003, over 100 students participated).
- Supports capacity development at minority institutions through Historically Black Colleges and Universities (HBCU) Research Scientist Program (NC Central, Morgan, and Howard) and Minority Institution's Drug Abuse Research Program at six schools (e.g., Florida International, University of Central de Caribe, Hampton University).
- Co-funds with other ICs a number of research capacity programs such as the Physician Scientist Program (NIDDK), the Clinical Research Education and Career Development program (NCRR), and the Specialized Neuroscience Research Program (NINDS) as well as individual grants focused on minority issues.
- Established the National Hispanic Science Network which addresses addiction issues affecting Hispanic populations. Activities include training/mentoring for drug abuse research careers and scientific meetings; website available to all. A number of other ICs and other agencies have expressed interest in collaborating with the NHSN.

Outreach and Dissemination. NIDA has increased its efforts to include and inform minority and other populations about drug abuse and addiction, including the following:

- Supports and participates in numerous meetings/conferences sponsored by racial/ethnic minority organizations and organizations focused on health disparities issues (e.g., Lonnie Mitchell HBCU substance abuse conference, National Asian Pacific American Families Against Substance Abuse, Latino Behavioral Health, and the American Public Health Association.)
- Held a national minority health/health disparities conference in 2001; planning 2nd one for 2005.
- Makes information available to groups in appropriate language and context, e.g., has increased number of publications available in Spanish including information brochures for adolescents and parents, some research report series. Has developed calendars with information on drugs for Native Americans and Asian Pacific Islanders.
- Revised and released report (2003), "Drug Use Among Racial/Ethnic Minorities."
- Held two scientific meetings on health disparities. The proceedings of the first meeting, held in 2001, was published in a supplement to Public Health Reports, entitled "Drug Use, HIV/AIDS, and Health Outcomes Among Racial and Ethnic Populations." The second meeting, entitled "Advancing Research To Reduce Drug Abuse and HIV/AIDS Health Disparities: Methodological Considerations", was held in June 2004.

NIDA infrastructure. NIDA has encouraged internal processes and procedures to maintain focus on health disparities.

- Regularly convenes race/ethnic minority expert work groups to advise the Director on research needs.
- Has a cross-division Health Disparities Committee that plans NIDA-wide Health Disparities Initiative.
- The CTN has a Minority Interest Group as part of its oversight committee structure.
- Director has established an African American Initiative to address the disproportionate experience of HIV/AIDS and criminal justice involvement on African Americans.
- Staff held health disparities science meeting that resulted in special issue of Public Health Reports.

Lessons Learned

During the process of developing and implementing the Health Disparities Plan, a number of issues repeatedly arose among staff, grantees, other scholars and researchers, and the public. The first among these issues concerned the definition of health disparity, its intent and the groups captured by the term. Some suggested that a health disparity population could be any group in which differences in and/or limitations in our knowledge about the group's drug use and addiction appeared to exist. These groups could be defined, for example, by socio-economic status, race/ethnicity, and residence including rural/urban. But the inclusion boundaries seemed to be elastic and capable of capturing other groups in which differences were found or inadequate information was available (but problems were likely). They could be defined, for example, by gender; sexual orientation, preference, and behavior; or medical condition, e.g., HIV or HCV status.

The second concern involved determining the criteria by which research should be considered as health disparity research. Options included counting any research pertinent to the health disparity issue, research related to the health disparity issue that includes the health disparity population as participants, or research that focuses on the health disparity issue and population (e.g., research questions and hypotheses are specific to the health disparity issue, health disparity population is a majority of the participants). The third concern involved the process of implementing studies that would yield valid and useful information on health disparity concerns. The third concern proved to be the more difficult challenge. Numerous questions arose concerning design and methodological issues, such as, the necessity of using a comparison group from the majority population, the availability of appropriate measures, operationalizing culture/culturally appropriately, and obtaining adequate sample sizes (related to the NIH inclusion policies).

In 2003, the NIH addressed the first two concerns by further clarifying the Health Disparities definition and providing a method for determining research that is appropriate to the definition. The NIH definition is as follows:

Health Disparities Research (*HD*) includes basic, clinical¹ and social sciences studies that focus on identifying, understanding, preventing, diagnosing and treating health conditions such as diseases, disorders, and such other conditions that are unique to, more serious, or more prevalent in subpopulations in socioeconomically disadvantaged (i.e., low education level, live in poverty) and medically underserved² rural³ and urban communities.

Overall, health disparities research includes three components:

- Minority health research and related activities,
- Rural health research and related activities, and
- Research and other activities related to the socioeconomically disadvantaged in the urban setting.

Grappling with these issues has taught us that we have to provide stronger guidance and leadership in defining NIDA's health disparity priorities and preparing the field to conduct meaningful health disparity research that will advance the field. We also learned that we need more researchers with expertise, experience, resources, and interest in conducting health disparities research.

The Revised Plan

NIDA has reviewed its original health disparities plan and found that, overall, it still reflects the needs of the field and conforms with the intent of the national and NIH Health Disparities Initiatives. Moreover, based on the epidemiologic data, racial/ethnic minority populations are consistently and greatly overrepresented in the United States as (1) groups who suffer disproportionately from the consequences of drug use and addiction, or (2) groups for whom we have little good scientific data about their drug use but for whom there are disturbing prevention, therapeutic, and service concerns. For example, since the first plan was written, HIV and other medical consequences of drug use have been steadily increasing among African Americans. Today, African Americans comprise about 11-12% of the U.S. population but over half of the new HIV/AIDS cases. The rate for Hispanics is also disproportionately high. We have very limited epidemiologic data on Asian Americans, but some local data and the reports of clinicians and service providers working in those communities suggest that drug use and addiction is a hidden and growing problem. Moreover, the problem varies by ethnicity/country of origin within the broader racial/ethnic classification of Asian American/Pacific Islander.

NIDA, therefore, maintains racial/ethnic minority populations as its priority health disparity population in its Health Disparities Plan. This is consistent with the three major categories in the NIH Health Disparities definition. Following this priority, NIDA has great interest in rural populations followed by the other categories of health disparities as described in the NIH definition.

NIDA also maintains its priority rankings of endeavors to be pursued through the plan. Namely, research infrastructure is the first priority. This includes not only the development of scientists in the field but also the development of resources and NIDA's/NIH's infrastructure to provide guidance and support to the field. Research and public information and outreach are the next two major priority areas, respectively.

Overall, few substantive revisions were made to the plan. Clarifying language has been inserted where needed and dated information (e.g., reference to the next generation prevention program which is no longer open to new awards) has been deleted. Changes of note include the following:

- Explicit reference to rural health disparities have been added to the plan;
- Additional goals and action steps have been added to the Infrastructure section;
- An item to explore supporting Minority Supplements with CSAT has been deleted.

Response to Public Comments

We reviewed the public comments to determine how to improve our strategic plan and make it more responsive to the needs of our various constituent groups, e.g., academic institutions, professional associations. A number of concerns expressed in the comments had been addressed in our original plan, such as, the need to focus on diversity within racial/ethnic minority populations (e.g. by ethnic/regional subgroups within populations, gender), attend to language and cultural differences, provide research capacity development support to minority researchers and minority-serving institutions, and communicate with representatives from health disparity populations to ensure their perspectives are heard.

A number of comments referred to the need for NIH to provide more guidance in conducting valid and appropriate health disparity research (e.g., NIH must define standards for cultural competence, more must be done to adjust research methodologies to the needs of minority communities). In our revised plan, we state more strongly our need to provide this type of leadership in research capacity development.

1.0 AREAS OF EMPHASIS IN RESEARCH

1.1 Area of Emphasis 1. Epidemiology of Drug Abuse, Health Consequences, and Infectious Diseases among Minority Populations

Rationale and Priority

This is our first research priority.

Our understanding of drug use and addiction in racial/ethnic minority populations and the disparities resulting from drug abuse and addiction is limited. Over the next 5 years, we want to improve our understanding of the incidence and causes of drug abuse and addiction and its consequences in all racial/ethnic groups recognizing the diversity by gender, SES, and other factors within racial/ethnic populations. Aggressively pursuing research in this area will strengthen the discovery of better, more appropriate prevention and treatment strategies with racial/ethnic populations.

Having a good knowledge base on the incidence and patterns of drug use, abuse, and addiction is critical to assessing the need for and shaping the content of prevention and treatment programs. Current surveys such as the NIDA-supported Monitoring the Future study (a national survey of 8th, 10th, and 12th graders) and the SAMHSA-supported National Survey on Drug Use and Health (formerly the National Household Survey on Drug Abuse), a national survey of persons 12 and older residing in households, provide important information on drug use patterns and trends. However, they are limited in the extent to which they reveal in-depth information about racial/ethnic groups. For example, neither survey has adequate representation of Native Americans, Alaska Natives, Asians, or Pacific Islanders. African Americans and Hispanics are included, but their numbers are not sufficient to form reliable subgroups to investigate within group profiles, e.g., develop separate profiles for Mexicans and Puerto Ricans. Moreover, there are selection biases that disproportionately affect minorities that may suppress their numbers in these general surveys. For example, Hispanics have a higher school drop-out rate than other groups and therefore may be more likely to be excluded from the school surveys and may be difficult to reach in household surveys. Since dropout rates correlate with higher risk for deviant behavior, we may be missing information on a group with a high risk for drug abuse and addiction.

More work is needed to better understand the causes of drug use in minority communities. Promising studies are underway on risk and protective factors especially on the role of culture, religiosity, ethnic identity, family, peer, and environmental/community level factors in drug initiation. For example, minority youth tend to initiate drug use later than white youth. Yet, when African Americans start using, they seem to progress to addiction faster. Among Hispanic youth, drug use seems to increase with increased acculturation to U.S. norms and with years and generations in the U.S. We know little about predictors of use in Pacific Islander and Asian subpopulations.

Better measures and designs are needed to appropriately assess drug abuse and addiction and related behaviors in racial/ethnic populations.

Minority populations are disproportionately affected by HIV/AIDS and other infectious diseases that are a consequence of using drugs and engaging in other risky behaviors. African Americans and Hispanics, especially women, comprised 69% of the AIDS cases reported to CDC in 2001. This percentage is far greater than their representation in the general population. Other studies indicate a plethora of ways in which minorities may be adversely affected by drug abuse-related diseases: women, particularly African-American women, are at higher, unique risk for HIV/AIDS; injection drug users are at increased risk for mycobacterium tuberculosis infection and Hepatitis B and C infection; there is possibly an association between vascular injury of the neonatal central nervous system and the level of prenatal cocaine exposure; and Hispanic homeless are more likely to share needles. We know relatively little about the varying patterns of initiation of drug use and addiction among women of diverse racial and ethnic groups.

NIDA has continuously attempted to be responsive to the need to understand the patterns and causes of drug abuse in all populations through a number of activities such as releasing program announcements and requests for applications and convening conferences and meetings. For example, in 2004 NIDA reissued its "Epidemiologic Research on Drug Abuse" PA which encourages a number of epidemiologic strategies including monitoring of trends over time of drugs of use/abuse, identification and measurement of health problems associated with drug abuse, and international epidemiology of drug abuse. Applications submitted in response to this PA are expected to guide the development of interventions, define subpopulations, identify groups at risk for various health conditions such as HIV, TB, hepatitis, poor pregnancy outcomes, ADHD, mental disorder, and other conditions (predisposing and consequential to drug use/abuse), inform and influence local state and federal health agencies, and provide guidance for public policy and expand our knowledge about the consequences of drug use within and across different populations. Investigators have been strongly encouraged to conduct analyses by race/ethnicity.

NIDA staff have been working actively at numerous meetings to increase the number of grant applications in such areas as HIV in the African-American population, health care/primary care access and utilization among minority drug abusers with HIV infections, and epidemiology of HIV in the Caribbean.

1.1.1 Objective One: Improve the knowledge base on the patterns and origins of drug abuse and addiction in all racial/ethnic populations including producing estimates of racial disparities on the incidence and prevalence of drug use and addiction within those populations, examining both risk and protective factors.

1.1.1.1 Action Plan

- Assess, within and across racial/ethnic groups, the magnitude, incidence and prevalence of drug abuse analyzing by gender, socioeconomic status, and age.
- Identify and assess both individual and community/environmental vulnerability, risk and protective factors for drug use and abuse and related consequences in various racial/ethnic populations analyzing by gender, socioeconomic status, and age.

- Develop better sampling methods for hard-to-reach minority populations and more effective ways to reduce survey non-response and increase the validity of self-reported drug use and associated behaviors as these may differentially affect minority populations.
- Encourage and support the secondary analysis of data obtained under NIH-supported research pertinent to understanding the epidemiology and etiology of drug abuse and addiction in racial/ethnic populations including analyses by gender, socioeconomic status, and age.

1.1.1.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop research opportunities in this area through Program Announcements, Request for Applications, and/or Administrative Supplements.

Announcements by FY 2005

Increase number of studies supported.

Annual increases through FY 2005

Prepare the field for research in this area through technical assistance, resource materials, and meetings.

Annual activities

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified.

Annually

1.1.1.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Increased number of studies with specific aims focused on the investigation of drug use, abuse and addiction patterns, incidence and prevalence in racial/ethnic minority populations.

Annual increases through FY 2007

Increased number of articles in the scientific literature.

Annual increases through FY 2008

Increased number of scientific presentations.

Annual increases

Development of better, culturally appropriate measures and procedures.

Annual progress

Increased understanding of drug use within and across racial/ethnic minority populations (e.g., by gender, age, and urban/rural settings).

Annual progress

1.1.2 **Objective Two:** Identify and examine issues of health disparities in infectious diseases associated with drug abuse, particularly HIV/AIDS within racial/ethnic populations including analyses by gender.

1.1.2.1 Action Plan

- Increase scientific knowledge about the medical and health consequences of drug abuse among women and men in racial/ethnic minority groups including assessing the magnitude, incidence and prevalence of HIV/AIDS and other STDs, HBV, HCV, TB, and its impact on racial/minority populations, identifying the associated risk and protective factors for HIV/AIDS and other STDs, HBV, HCV, TB, mental disorders and socio-economic status (SES) among racial/minority populations, and identifying subgroups within racial/minority groups (e.g., homeless, homosexuals, prison inmates) at greatest risk.
- Develop and implement appropriate intervention strategies for reducing risk factors among women and men in these groups.
- Increase access to, utilization of, and adherence to antiviral therapies by HIV infected ethnic minority male and female drug users through identifying new, simplified, and innovative strategies/approaches and mechanisms to complement and improve traditional approaches for individuals in this population.
- Increase scientific knowledge on how gender and other factors such as community, culture, education, and SES affect HIV transmission within racial/ethnic populations.

1.1.2.2 Performance Measures

Major Performance Measures	Target/Timeline
Develop research opportunities in this area through Program Announcements, Request for Applications, and/or Administrative Supplements.	Announcements by FY 2005
Increase number of studies supported.	Annual increases through FY 2008
Prepare the field for research in this area through technical assistance, resource materials, and meetings.	Annual activities
Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified.	Annually
Coordinate with other I/Cs or agencies where appropriate and likely to advance the research.	On-going

1.1.2.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Increased number of studies that focus on the investigation of HIV/AIDS and other medical consequences of drug involvement for racial/ethnic minority populations.

Annual increases through FY 2008

Increased number of articles in the scientific literature.

Annual increases through FY 2008

Increased number of scientific presentations.

Annual increases

Development of accessible and culturally appropriate adherence approaches.

Annual progress

Increased understanding of the risk and protective factors associated with drug use and HIV among racial/ethnic minority drug user populations particularly as determined by gender, age, environment, and urban/rural setting.

Annual increase

1.1.3. Objective Three: Identify the short- and long-term effects of drug use, abuse, and addiction on the overall health (including physical, mental and emotional health) and related consequences (e.g., violence and crime) in racial/ethnic minority populations.

1.1.3.1 Action Plan

- To respond to the great and growing disproportionate incidence of HIV/AIDS and criminal justice involvement related to drug use in the African-American population, support research to better understand this phenomenon.
- Identify and assess issues of co-morbidity across the age span for all racial/ethnic groups and the relationship between drug abuse, co-morbid conditions and health disparities within and across those groups and by gender within these groups.
- Investigate health and developmental disparities across racial/ethnic groups for children and adolescents who have experienced prenatal drug exposure and/or early use of illicit drugs by gender within these groups.
- Identify and review the state of knowledge and availability of data on the coexistence of substance abuse and mental/emotional disorders and the presence of health disparities across and within racial/ethnic groups including analyses by gender.

- Identify the impact of the drug-using environment on racial/ethnic women and men living under those conditions. Assess proposed strategies for interventions to reduce drug abuse in these groups.
- Evaluate the role of stress (e.g., cultural adaptation) in initiating and escalating drug use/abuse and its impact on various male and female racial/ethnic populations. Sensitivity and responsiveness of the needs of the target audience must be considered in all instrument development, administration, analysis, and evaluation of the data.
- Explore the contextual relationships between drug use, violence, employability, school performance, family structure, and economic well being of the community.

1.1.3.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop research opportunities in this area through Program Announcements, Request for Applications, and/or Administrative Supplements.

Announcements by FY 2005

Increase number of studies supported.

Annual increases through FY 2008

Prepare the field for research in this area through technical assistance, resource materials, and meetings.

Annual activities

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified.

Annually

1.1.3.3 Outcome Measures

Major Outcome Measures

Target Date/Timeline

Increased number of studies on disparities related to co-morbidities, environment, stress, and other contextual variables.

Annual increases through FY 2008

Increased number of articles in the scientific Literature.

Annual increases

Increased number of scientific presentations.

Annual increases

Advances in research methods and assessment tools related to this line of research.

Annual Progress

Increased knowledge of consequences of drug use and addiction specific to racial/ethnic minority women and children.

Annual increases

1.2 Research Area of Emphasis Two: Prevention of Drug Abuse and Addiction

This is our second research priority.

NIDA has made great strides in the last few years in its prevention research program. NIDA has supported two long-term minority prevention research centers that focus on African Americans, Hispanics, and Native Americans as well as several other research projects that include ethnic minorities. Results from these and other research studies suggest that racial/ethnic populations may have special prevention needs and prevention strategies may have to be specific to their culture and circumstances to be successful. For example, research indicates that including culturally specific components in a generic prevention program enhances effectiveness with African Americans.

Epidemiologic data show that racial/ethnic groups differ in patterns of drug use, preferences, and accessibility and risks requiring prevention programs that attend to these needs. For example, Hispanic youth are more likely to be school dropouts making school-based prevention programs unlikely to reach Hispanic youth at greatest risk. African Americans have late onset of (or delayed onset) drug use suggesting that they may be particularly in need of prevention programs after high school, in their late adolescent/early adult years. Native Americans on reservations need prevention programs at an early age and such programs must be acceptable to tribal councils. Second generation immigrants may be at higher risk for drug use than first generation. Moreover, the heterogeneity or diversity within racial/ethnic groups must be acknowledged in prevention efforts, e.g., gender, SES, education, cultural styles, rural-urban, and the specific risk factors for these subgroups need to be better understood to inform prevention efforts.

More prevention programs are needed to reach minority populations in high-risk settings and neglected, hard-to-reach areas or communities. This includes, for example, persons in correctional facilities (more likely to be African Americans and Hispanics), persons in rural areas, migrant workers/seasonal farm workers (often Hispanic and Haitian), children in drug abusing families, and minority women addicts (who are at great risk for infectious diseases). More research is needed on prevention efforts with Asian/ Pacific Islanders and Native Americans/Alaska Natives and their subgroups.

1.2.1 Objective One: Support prevention research targeting racial/ethnic minorities.

1.2.1.1 Action Plan

- Determine the drug abuse and HIV/AIDS prevention needs of minority populations across the life span with specific attention to very early and late onset initiation of use

and diversity in vulnerability to use across the life cycle, e.g., immigrant groups adapting to new environment, transition points, stress.

- Develop culturally appropriate prevention interventions and guidance on how to adapt "generic" prevention models for specific minority populations.
- Examine the effectiveness of mass media prevention/education messages that target specific minority populations.
- Develop more prevention interventions that reach minority populations in contexts such as the family, church/faith community, and other community programs to ensure that prevention expertise becomes a permanent part of the community.
- Address the complexities and requirements of developing effective prevention programs for diverse groups within multiethnic, multicultural settings, e.g., schools with multiethnic student bodies, persons with multiple ethnic identification or affiliations.
- Explore how cultural norms and protective and risk factors affect gender differences in responsiveness to prevention strategies.

1.2.1.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop research opportunities in this area through Program Announcements, Request for Applications, and/or Administrative Supplements.

Announcements by FY 2006

Increase number of studies supported.

Annual increases through FY 2008

Prepare the field for research in this area through technical assistance, resource materials, and presentations at professional meetings.

Annual activities

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified.

Annually

1.2.1.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Increased number of studies focusing on specific prevention needs of each ethnic minority populations.

Annual increases through FY 2008

Increased number of articles in the scientific literature.

Annual increases

Increased number of scientific presentations. Annual increases

Increased number and/or refinement of prevention strategies/models. Annual progress

1.2.2 Objective 2: Ensure that the new directions for prevention research, such as research-to-practice initiatives and basic prevention research, include members of racial/ethnic minority, rural and other underserved communities. Further ensure that new directions in prevention are encouraged that involve the study of minority-specific concepts (such as reduction of acculturation-stress, prevention through naturally occurring protective factors, and the role of ethnic identity in the prevention of substance abuse) and factors specific to rural populations (such as access to programs).

1.2.2.1 Action Plan

NIDA staff will review plans for studies to make certain that concerns of racial/ethnic minorities and rural populations are adequately addressed.

1.2.2.2 Performance Measures

Major Performance Measures

Target/Timeline

Encourage research applications in this initiative. Continuing

Require the inclusion of ethnic minority issues and rural populations in research supported through this initiative. Continuing

Monitor inclusion of minority populations and rural populations in the studies. Continuing

1.2.2.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Adequate inclusion of ethnic minority and rural populations and issues in prevention effectiveness research trials. Continuing

Increased articles in the scientific literature on prevention effectiveness with ethnic minority and rural populations. Continuing

Increased number of scientific presentations. Continuing

Better understanding of process and factors necessary to develop effective prevention programs for racial/ethnic minority and rural populations. Continuing

1.2.3 Objective Three: Develop effective, culturally specific drug abuse prevention strategies for racial/ethnic minority populations who are at increased risk for drug abuse such as individuals in detention or juvenile correctional facilities, the homeless, and persons who have been abused or neglected and rural populations including persons on Indian reservations and migrants or seasonal farm workers.

1.2.3.1 Action Plan

Expand research opportunities in this area.

1.2.3.2 Performance Measures

Major Performance Measures

Target/Timeline

Encourage research applications in this area. Continuing

Require the inclusion of racial/ethnic minority issues and rural populations. Continuing

Monitor inclusion of racial/ethnic minority populations and rural populations in studies. Continuing

1.2.3.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Increased number of studies that focus on prevention with racial/ethnic minority and rural populations at higher risk for drug abuse and addiction and its consequences. Annual increases through FY 2008

Increased number of articles in the scientific literature. Annual increases

Increased number of scientific presentations. Annual increases

Development/Refinement of prevention strategies specifically for higher risk individuals. Annual progress

1.3 Research Area of Emphasis 3: Addressing Disparities in Treatment and Health Services Research

This is our third research priority.

NIDA currently supports several activities that focus on racial/ethnic groups and cultural factors in treatment for addiction. For example, the Behavioral Therapy Development Program supports several studies that are evaluating family-based treatment approaches for drug using minority youth (based on research findings suggesting that family variables are more influential in substance use in certain minority youth). Some of these studies suggest that treatment engagement procedures may be different for Mexican American and Cuban youth. Analyses will be conducted to ascertain whether outcome differences are due to cultural factors associated with Mexican-American and Cuban families or other factors. A study was funded that is evaluating the efficacy of adding a culturally-relevant, community-based community reinforcement enhancement to an existing residential treatment program for homeless, crack-using, African-American women with children. This study is using the Black church as a vehicle for implementing the intervention. To advance the current knowledge base about potential ethnic differences in nicotine dependence, NIDA is supporting a study that will design and test the efficacy of smoking cessation programs in treating Chinese American smokers.

NIDA's newly established National Drug Abuse Treatment Clinical Trials Network (CTN) will provide yet another vehicle for NIDA to ensure that minority populations are included in both NIDA's treatment research protocols and in actually conducting treatment research. The CTN will provide a much-needed national research and dissemination infrastructure to more rapidly and systematically bring new science-based addiction treatments into real-life treatment settings.

Considering the severe consequences of drug abuse and addiction on racial/ethnic populations, NIDA realizes that minority populations need to be more fully included in treatment research and clinical trials. Moreover, more attention needs to be directed at examining medical, social, and cultural factors that may influence adherence to treatment and treatment outcomes. For example, some minority populations are included in NIDA supported clinical trials of pharmacotherapies and behavioral therapies; however, data are not completely analyzed by race/ethnicity to better understand behavior in treatment or outcomes of treatment. In some clinical research studies, there have been difficulties in enrolling and retaining adequate numbers of minorities in order to conduct meaningful data analyses. Other research indicates that race/ethnicity may be important in physiological responsiveness to drugs. For example, pharmacokinetic studies indicate that there are differences in some ethnic populations in their ability to metabolize different drugs.

Racial/ethnic minorities may experience more difficulties in obtaining the most appropriate health care services. Research suggests that they may be more vulnerable to gaps and lack of coordination in systems of care and that they may encounter bias in treatment assignments. The need for services appears to differ by race/ethnicity, e.g., one study suggests that Latinos may require more intensive services.

Rural populations appear to have fewer drug abuse services available to them. Moreover, service provision may be further complicated by transportation problems and issues of anonymity and confidentiality (hard to attain in rural areas), significant issues for drug abuse services.

1.3.1 Objective One: Increase the number of treatment research studies that focus on racial/ethnic minority and rural populations and improve dissemination of the study results.

1.3.1.1 Action Plan

- Ensure that all racial/ethnic minority and rural populations are fully included in NIDA's newly established National Drug Abuse Treatment Clinical Trials Network (CTN) as clients, advisors, and research staff. Ensure that a sufficiently large sample is recruited in each study to allow for analyses by specific racial/ethnic groups.
- Develop a strategy to obtain more input from racial/ethnic minority and rural populations for the NIDA research agenda.
- Encourage research to develop and test behavioral treatments that are culturally- and gender sensitive and relevant for racial/ethnic minorities; and encourage studies of behavioral treatments, alone and in combination with pharmacological treatments, for racial and ethnic minority drug abusers, including adolescents, women, and those involved with the criminal justice system.
- Encourage research to develop validated, reliable clinical screening and assessment instruments in languages other than English for use in clinical research with non-English speaking subjects.
- Expand NIDA's intramural clinical research to address treatment issues by race/ethnicity, and further develop the program focusing on smoking cessation techniques with minority youth.

1.3.1.2 Performance Measures

Major Performance Measures

Target/Timeline

Institute procedures for the adequate inclusion of racial/ethnic minority and rural issues and populations in the CTN.

By FY 2006

Develop research opportunities through Program Announcements, Request for Applications, and/or Administrative Supplements.

By FY 2006

Implement strategies to solicit input from the field.

Ongoing

Implement procedures to improve assessment tools.

By FY 2005

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified.

Annually

1.3.1.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Increased number of studies that focus on effective clinical interventions with racial/ethnic minority individuals and rural populations.	Annual increases through FY 2006
Clinical tools available in languages other than English.	By FY 2004
Expanded research agenda that reflects needs of the field.	Ongoing
Increased number of scientific presentations.	Annual increases
Increased number of articles in the scientific literature.	Annual increases

1.3.2 Objective Two: Determine the factors that contribute to differences, if any, experienced by racial/ethnic minority and rural populations in access to services and outcomes of treatment in managed care and other service systems.

1.3.2.1 Action Plan

- Expand the treatment and prevention services research portfolio to better understand the organization, management, financing and delivery of services and to enhance the integration of treatment and prevention strategies and programs into existing community level service delivery systems.
- Assess the impact of program adaptation and cultural sensitivity on substance abuse services provided to ethnic minorities especially minority women.
- Develop research to understand the role and impact of the criminal justice system, including drug courts, on drug abuse treatment in racial/ethnic minority populations.

1.3.2.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop research opportunities in this area through Program Announcements, Request for Applications, and/or Administrative Supplements.	By FY 2006
Increase number of studies supported.	By FY 2006
Encourage and prepare the field for research in this area.	Ongoing

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities to be modified. Annually

Provide forum/opportunities for the field to build research Agenda. Ongoing

1.3.2.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Increased number of studies. Annual increases

Increased number of professional presentations. Annual increases

Expanded research agenda. Ongoing

Better understanding of factors that contribute to disparities in drug treatment and services for each racial/ethnic minority population. Annual progress

1.4 Research Area of Emphasis 4: Addressing Racial/Ethnic Disparities in Basic and Clinical Neurosciences

This is our fourth research priority area.

Research is needed to better understand racial/ethnic differences in genetic as well as environmental influences on vulnerability and/or resilience to drug initiation, drug abuse and addiction; neurotoxicity; and neurobiological and behavioral processes underlying tolerance, dependence, and relapse. Pharmacokinetic studies have revealed distinct differences in some ethnic populations in the ability to metabolize different drugs, indicating a clear biological basis in response to drugs. There may also be some specific biologically based differential response to particular drugs or classes of drugs across racial/ethnic groups that might, in turn, influence such aspects as drug liking/initiation, addiction vulnerability, and neurobiological/neurobehavioral toxicity. Studies focusing on the interaction between racial/ethnic differences and the effects of drugs on underlying neural and behavioral processes will provide the basis for more targeted treatment and prevention approaches in different populations.

1.4.1 Objective One: Increase the number of neuroscience, clinical neuroscience, and basic behavioral science studies that focus on racial/ethnic differences.

1.4.1.1 Action Plan

- Provide support to key investigators to over sample under-represented groups in their studies so that meaningful analyses and comparisons can be made across race and ethnicity.

- Encourage minority supplements and other training opportunities for minority populations in basic and clinical neuroscience.
- Provide avenues for publication of basic research findings comparing sub-groups, including NIDA-sponsored publications.
- Provide information on strategies for recruiting under-represented groups into basic human subject based research and clinical research.
- Expand research that directly targets minorities in the basic and clinical neurosciences and behavioral sciences, with the intent of addressing minority health disparities.

1.4.1.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop research opportunities in this area through Program Announcements, Request for Applications, and/or Administrative Supplements.

By FY 2006

Increase number of studies supported.

By FY 2006

Prepare the field for research in this area through technical assistance, resource materials, and meetings.

Ongoing

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified.

Annually

1.4.1.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Increased number of studies.

Annual starting in FY 2004

Better understanding of genetic and neurobiological factors associated with addiction.

Annual progress

Increased number of articles in the scientific literature.

Annual increases starting in FY 2004

Increased number of scientific presentations.

Annual increases starting in FY 2004

Better informed researchers and practitioners.

Annual progress

2.0 AREA OF EMPHASIS IN RESEARCH CAPACITY

Research capacity is our first overall priority.

NIDA recognizes that conducting scientifically valid health disparities research requires a research infrastructure that includes well-informed and trained scientists, knowledgeable and cooperative communities (e.g., community-based organizations, professional associations, faith community, tribal councils), and academic institutions with competency and interest in health disparities research. NIDA has made concerted efforts to build this critical infrastructure for health disparities research. We have worked to increase the number of underrepresented scholars involved in drug abuse research and to increase our support of useful and appropriate research on drug abuse in minority communities. A number of initiatives, programs and activities have been implemented to eliminate this underrepresentation, for example, the establishment of expert work groups on racial/ethnic populations, the strengthening of the Minority Supplement Program, the development of an HBCU Initiative, the provision of technical assistance in grants development, and the development of program announcements and RFAs to build the minority research infrastructure. NIDA plans to build upon these already successful programs and expand them to increase training and career development opportunities for underrepresented minorities. In addition, NIDA plans to increase the numbers of researchers and research studies that focus on abuse and addiction in minority communities and to, in general, stimulate interest and enhance competency in conducting research for eliminating disparities experienced by racial/ethnic populations related to drug abuse and addiction.

2.1.1 Objective One: Increase and improve drug abuse and addiction research development and training experiences for students especially racial/ethnic minority students as a means of attracting and preparing competent, future researchers in addiction research and health disparity populations.

2.1.1.1 Action Plan

- Continue to support the Minority Recruitment and Training program sponsored by the intramural program, the extramural Summer Research with NIDA program for minority high school and undergraduate students, and the Minority Supplement program.
- Explore the feasibility of establishing short-term training grants (e.g., T35) from drug abuse and addiction programs particularly those involved in the National Drug Abuse Clinical Trials Network (CTN) to offer summer research training experiences for promising undergraduate and graduate minority students.

2.1.1.2 Performance Measures

Major Performance Measures

Target/Timeline

Continued support of the Minority Supplement Program and summer programs.

Annual

Increase budget to support these initiatives. Annual increases

Discuss and decide feasibility of short-term training grants for this purpose. FY 2006

2.1.1.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Increased number of students pursuing careers in drug abuse research. Annual increases

Availability of new program to support ethnic minority students and faculty. FY 2006

2.1.2 Objective Two: Establish new and strengthen existing programs to provide research development and support opportunities for faculty and investigators especially racial/ethnic minority investigators interested in minority health and health disparities research related to drug use and addiction.

2.1.2.1 Action Plan

- Continue to support the Minority Supplement Program, the Research Development Technical Assistance program, and the on-line research grants development program.
- Develop a Visiting Scholar Program to recruit and train African American, Hispanic and other minority drug abuse researchers with a special outreach to scholars from minority programs and institutions such as HBCUs, HSIs and tribal colleges to spend time in selected research programs learning state-of-the-art methodology. The small grant mechanism (R03) could be used to support a period of training in laboratories using state-of-the-art technologies to examine a variety of aspects of drug abuse and addiction.
- Develop a Career Development Award (K01) for minority faculty interested in all areas of drug abuse and addiction research. This program would be aimed at faculty seeking a period of protected time to devote to developing drug abuse research projects at their institutions. Special efforts will be undertaken to increase the number of minority researchers in prevention and clinical research.
- Explore the feasibility of establishing a Minority Clinical Research Scholars Program in the NIDA Intramural Research Program.
- Establish a Minority Clinical Research Scholars Fellowship as part of NIDA's CTN program.

2.1.2.2 Performance Measures

Major Performance Measures	Target/Timeline
Develop research development opportunities through Program Announcements, Request for Applications, Minority Supplement Program, and/or Administrative Supplements.	FY 2006
Increase budget to support these initiatives.	Annual increases
Collaborate with other I/Cs and agencies on programs/activities of mutual interest.	Ongoing
Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified.	Annual

2.1.2.3 Outcome Measures

Major Outcome Measures	Target/Timeline
Increased number of minority investigators.	Annual increases
Increased number of investigators researching minority and health disparities issues in drug abuse and addiction.	Annual increases
Availability of new programs to support racial/ethnic minority students and faculty.	2006

2.1.3 Objective Three: Increase the capacity of academic institutions especially minority and minority-serving colleges and universities to conduct health disparity research in drug abuse and addiction.

2.1.3.1 Action Plan

- Continue to support the Minority Institutions Drug Abuse Research Program and the HBCU Initiative.
- Develop partnerships between institutions with well-established drug abuse research programs and minority institutions that are interested in developing capacity in this area.
- Establish an undergraduate research development program to encourage and engage promising minority undergraduate students in drug abuse and addiction research.

- Support or examine the possibility of establishing Training Centers (T32s) in the basic neurosciences and behavioral sciences, and clinical neurosciences at HBCUs and other minority education-oriented colleges and universities. Encourage the participation of minority students at already existing centers.

2.1.3.2 Performance Measures

Major Performance Measures	Target/Timeline
Develop research development opportunities through Program Announcements, Request for Applications, Minority Supplement Program, and/or Administrative Supplements.	Start by FY 2002
Collaborate with other ICs and agencies on programs/activities of mutual interest.	Ongoing
Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified.	Annual

2.1.3.3 Outcome Measures

Major Outcome Measures	Target/Timeline
Increased involvement of minority institutions in drug abuse research on minority populations and health disparities, e.g., more grants, collaboration with grantees.	Annual increases
Increased number of minority investigators.	Annual increases
Increased number of investigators researching racial/ethnic minority and health disparities issues in drug abuse and addiction.	Annual increases
Increased number of students pursuing careers in drug abuse research.	Annual increases
Availability of new programs to support racial/ethnic minority students and faculty.	

2.1.4 Objective Four: Involve the broader professional and lay community in addressing health disparities in racial/ethnic communities caused by drug abuse and addiction.

2.1.4.1 Action Plan

- Continue to support the various expert work groups on African American, Hispanic, Asian American and Pacific Islander, and Native American and Alaska Native communities.
- Encourage clinical minority professional organizations to create and administer clinical minority research development programs through the K12 mechanism. This can be modeled after the successful American Psychiatric Association and American Academy of Child and Adolescent Psychiatry programs to recruit and train minority clinicians interested in drug abuse and addiction research.
- Host a series of writing workshops to facilitate publications in peer reviewed journals by minority scholars.
- Develop opportunities (e.g., forums at professional meetings) to discuss drug abuse research needs, plans, and opportunities with key stakeholder groups to include practitioners and consumers.
- Support workshops or programs to train investigators on conducting responsible drug abuse research in racial/ethnic minority communities. Consider creating guidelines for ensuring that such research is appropriate and sensitive.

2.1.4.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop research development opportunities through Program Announcements, Request for Applications, Minority Supplement Program, and/or Administrative Supplements.

Annual

Collaborate with other I/Cs and agencies on programs/activities of mutual interest.

Ongoing

Prepare the field to pursue drug abuse research in racial/ethnic minority health and health disparities areas.

Ongoing

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified.

Annual

2.1.4.3 Outcome Measures

Major Outcome Measures Target/Timeline

Increased involvement of minority institutions in drug abuse research on minority populations and health disparities, e.g., more grants, collaboration with grantees.	Annual increases
Increased number of minority investigators.	Annual increases
Increased number of investigators researching racial/ethnic minority and health disparities issues in drug abuse and addiction.	
Increased number of students pursuing careers in drug abuse research.	Annual increases
Availability of new programs to support racial/ethnic minority students and faculty.	FY 2005
Increased participation in meetings and forums (to disseminate information on research development needs and opportunities).	Ongoing

3.0 AREAS OF EMPHASIS IN COMMUNITY OUTREACH, INFORMATION DISSEMINATION, AND PUBLIC HEALTH EDUCATION

This is our third overall priority.

There are special challenges and problems in creating culturally appropriate information for special populations. To meet these challenges NIDA has organized and convened ethnic advisory panels for Latinos, Asian Americans/Pacific Islanders (AAPIs), and African Americans to improve our outreach to these various ethnic and minority groups. Acting upon the advise of these experts, NIDA has:

- Developed Spanish translations of our two popular marijuana pamphlets, "Marijuana: Facts for Teens" and "Marijuana: Facts Parents Should Know";
- Created a radio Public Service Announcement campaign on marijuana abuse for African American males aged 13-25;
- Produced over 30 fact sheets about drug abuse and addiction in Spanish as part of our fax-back system, "INFOFAX";
- Marketed the "INFOFAX" series as well as the NIDA website via a Spanish art card distributed to appropriate outlets nationally;

- Given financial and editorial support to "Pro Salud," a national publication marketed to Hispanic communities; and
- Developed Spanish translations of the drug abuse Problem Oriented Screening and Assessment Instrument for adolescents.

In addition to these efforts, NIDA routinely distributes all of its press releases to media outlets designed to reach special populations.

3.1.1 Objective One: Educate racial/ethnic minority populations about drug abuse and addiction prevention and treatment. Also, identify and improve mechanisms for dissemination of research findings within and across minority groups. NIDA is focusing on four key cultural minorities at present, Asian Americans/Pacific Islanders, Hispanic, Native Americans, and African Americans. Based on discussions with members of our cultural minority advisory panels, we have also identified some subpopulations with special needs (e.g., Vietnamese, Cambodian, Filipino, other Pacific Islander).

3.1.1.1 Action Plan

- Develop a series of radio PSAs and educational videos targeting Hispanic women. Hispanic women have a strong influence in health and lifestyle decisions within the Hispanic community. In addition to PSAs, a Hispanic family-targeted brochure and video highlighting specific drugs of abuse known to be a problem in various Hispanic communities (as well as among mainstream youth) will be provided as collateral materials. A comprehensive marketing plan to get the PSAs aired and the brochure distributed includes forming partnerships with appropriate Hispanic organizations and persons of influence (journalists, entertainers, etc.). NIDA will work closely with the NIH Hispanic Initiative Coordinator during the preparation of all related materials.
- Create a year 2001 calendar for Native Americans that will be used to provide information about drug abuse. It will be marketed broadly in the fall 2000 via appropriate organizations, the media and other venues (e.g., Native American-owned businesses; Indian Health Service clinics).
- Create television drug abuse PSAs and videos in Spanish which will be distributed to appropriate Hispanic outlets. The PSAs and videos will follow the theme of NIDA's national campaign, "Addiction is a Brain Disease," in an effort to educate the Hispanic community about the disease of addiction.
- Translate and adapt other popular NIDA publications into Spanish including, "Principles of Drug Addiction Treatment". When completed, these materials will be packaged as a comprehensive set and broadly distributed to Hispanic-oriented schools, health organizations, and community groups. Provide targeted training to Hispanic substance abuse treatment providers on effective treatment methods.
- Enhance NIDA collaboration with minority professional organizations through the NIDA Constituent Conference, NIDA Town Meetings, etc.

3.1.1.2 Performance Measures

Major Performance Measures

Target/Timeline

Develop materials specific to the audience as indicated in the plan.

Ongoing

Consult with experts on communication and racial/ethnic ethnic minority populations.

Ongoing

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified.

Annual

3.1.1.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Materials available in Spanish.

Ongoing

Established ongoing relationships with various racial/ethnic minority constituent groups.

Ongoing

Dissemination plans for Hispanic and Native American populations available.

By FY 2005

3.1.2 Objective Two: Put research into practice in minority communities by providing science-based prevention and treatment information to service providers serving these populations.

3.1.2.1 Action Plan

- Translate "Preventing Drug Use Among Children and Adolescents: A Research-Based Guide" and "Principles of Drug Addiction Treatment: A Research-Based Guide" into Spanish and distribute them to care givers and service providers who work with Hispanic populations.
- Distribute to service providers working in minority communities the "NIDA Toolkit." The "NIDA Toolkit" is a national NIDA initiative to get the latest treatment information, including a set of NIDA Treatment Manuals to service providers across the Nation.
- Develop an outreach program to community leaders of specific special populations groups that will enable them to help families understand drug abuse problems within their communities and give those families the culturally appropriate tools for prevention and treatment in those communities.

- Translate the NIDA treatment manuals into Spanish and distribute them to treatment providers who work with minority populations.
- Develop a research-based prevention guide for persons working with racial/ethnic minority groups.

3.1.2.2 Performance Measures

Major Performance Measures	Target/Timeline
Develop the materials as outlined in the plan.	By FY 2004
Distribute the materials to service providers and community leaders working with racial/ethnic minority populations.	By FY 2005
Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified.	Annual

3.1.2.3 Outcome Measures

Major Outcome Measures	Target/Timeline
Availability of guides and manuals in other Languages.	By FY 2005
Culturally appropriate outreach program available.	By FY 2006

3.1.3 Objective Three: Educate the research and practice community about the state-of-the-art in drug abuse and addiction research with racial/ethnic minority populations.

3.1.3.1 Action Plan

- Sponsor a national conference on drug abuse and addiction research and racial/ethnic communities.
- Develop a guide and web site where information on research with racial/ethnic populations is available. Information such as current research, research findings, and valid measures would be available.
- Provide guidelines and training on how to conduct research with racial/ethnic groups including information on cultural styles and ethical issues.
- Identify and improve mechanisms for dissemination of research findings within and across minority groups.

3.1.3.2 Performance Measures

Major Performance Measures

Convene the national conference.

Target/Timeline

FY 2001 and 2005

Develop information sources as outlined.

Annual progress

Routinely monitor and discuss implementation progress, concerns and needs to determine if activities need to be modified.

Annual

3.1.3.3 Outcome Measures

Major Outcome Measures

Target/Timeline

Increase in persons informed about drug abuse research in racial/ethnic minority populations.

Ongoing

Availability of easily accessible information on drug abuse research in ethnic minority communities (web-based information).

Ongoing

Increased interaction of NIDA staff with students, researchers, and practitioners interested in drug abuse research.

Ongoing

Better trained/prepared researchers pursuing or conducting drug abuse research in racial/ethnic minority communities.

Ongoing

Increased use of NIDA as a resource.

Ongoing