

NIAAA Update

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Research Society on Alcoholism

June 26, 2022



Overview

- I. Scope of Alcohol-related Problems: Update**
- II. Closing the Treatment Gap**
- III. Advancing Diversity, Equity, and Inclusion in the Alcohol Field**
- IV. NIAAA Budget and Announcements**

Scope of Alcohol-Related Problems: Update

Alcohol by the Numbers: Scope of the Problem

Alcohol	
Past-year use	179,144,000
% of population	65.1%
AUD	14,504,000
% of population	5.3%
ED visits	1,714,757 <i>Primary reason</i>
	4,936,690 <i>All alcohol-related</i>
Deaths	140,557 <i>Annual deaths</i>
	58,277 <i>Acute (e.g., injury)</i>
	82,279 <i>Chronic (e.g., liver disease)</i>

Deaths Involving Alcohol Are Increasing

Death certificates listing alcohol increased 25.5% from 2019 to 2020, the first year of the pandemic.

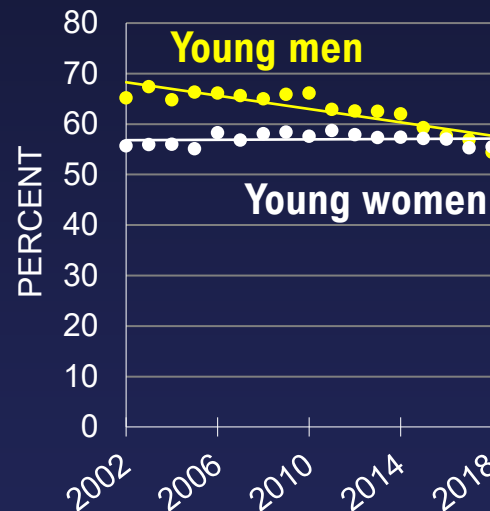
Alcohol was listed in 1 in 6 (16%) drug overdose deaths in 2019 and 2020.

Alcohol-related traffic fatalities increased by 14% to 11,654 in 2020 – highest since 2008

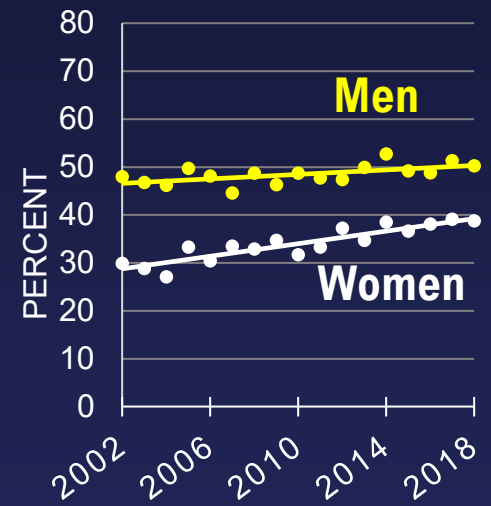
Male and Female Drinking Patterns Are Converging

- **Adolescents (12-17) and young adults (18-25)**
 - Alcohol use is decreasing but faster for males than females
- **Young adults (26-29)**
 - Alcohol use is increasing but faster for females than males
- **Middle adults (30-65)**
 - Alcohol use is increasing for females but not for males
- **Older adults (65+)**
 - Alcohol use increasing more in females than males

Past-month alcohol use among people aged 18-25



Past-month alcohol use among people aged 65+



Spotlight on Alcohol and Women's Health

Studies suggest that women are more likely than men to experience a variety of alcohol-related harms at comparable doses, including:

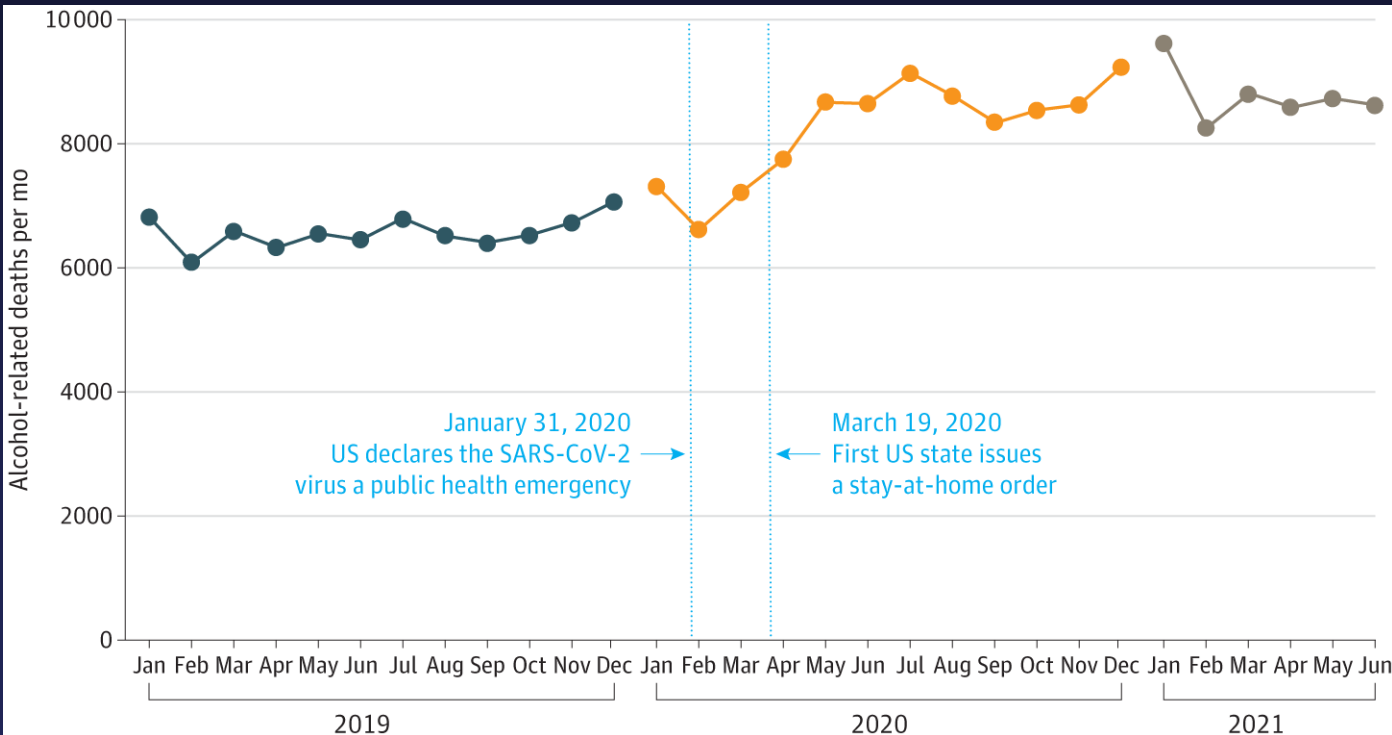
- Hangovers (Vatsalya et al. 2018)
- Blackouts (Hingson et al., 2016)
- Liver disease (Guy and Peters, 2013)
- Brain atrophy (Ceylan-Isik et al., 2010)
- Cognitive deficits (Flannery et al., 2007)
- Cardiomyopathy (Fernández-Solà and Nicolás-Arfelis, 2002)
- Faster progression of AUD (Diehl et al., 2007)
- Certain cancers (Liu et al, 2015)
- Larger increases in alcohol-related ED visits, hospitalizations and death for women than men over past 20 years (White et al. 2020)

- **Women are less likely than men to receive AUD treatment** (Gilbert et al., 2019)
- **Only 26% of 230 structural neuroimaging studies on substance use over 23 years evaluated sex differences** (Lind et al., 2017)
- **More research is needed to better understand sex differences in alcohol use and consequences**

Increase in Alcohol-Related Deaths During the Pandemic

Alcohol-related deaths increased in the spring of 2020 as the pandemic unfolded, and the number of deaths remained elevated in the first half of 2021

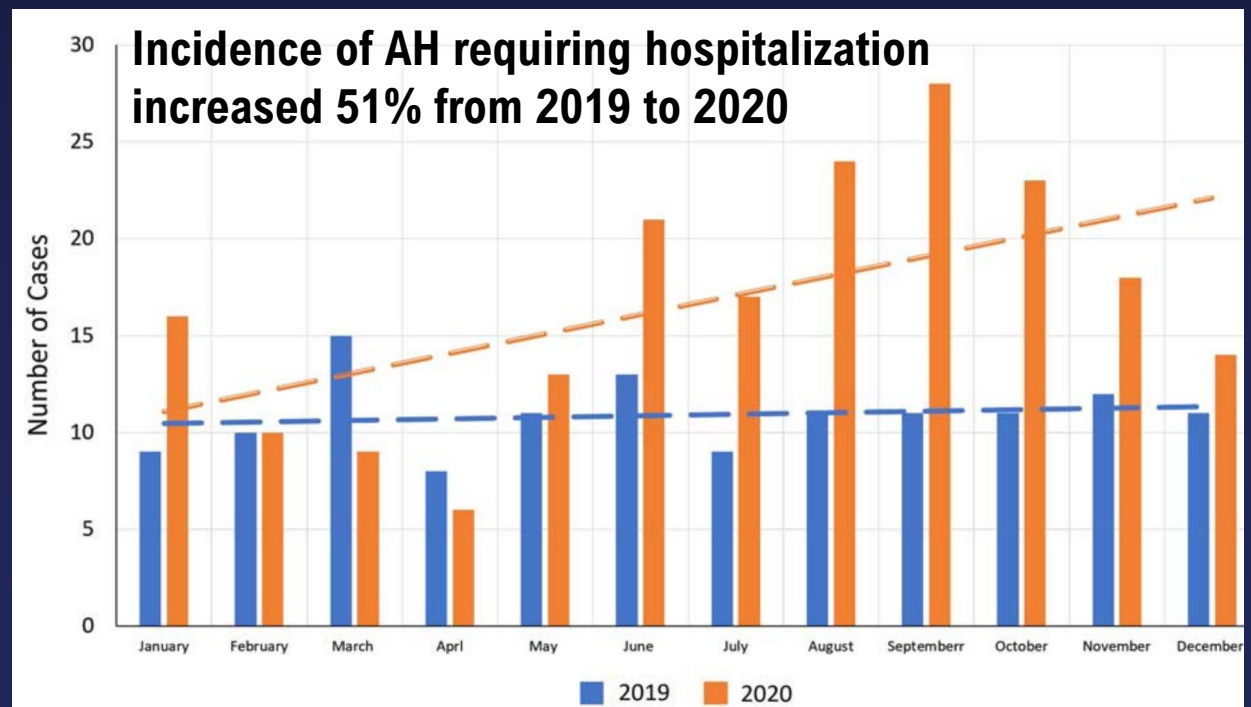
Monthly Alcohol-Related Deaths Among People 16 Years and Older



From 2019-2020, the number and rate of alcohol-related deaths increased about 25%. Rates increased for all age groups, with the largest increases for people aged 35-44 (39.7%) and 25-34 (37.0%)

Increase in a Variety of Alcohol-Related Harms

- Increase in the percentage of Emergency Department visits that involve acute excessive alcohol consumption ([Esser et al., 2022](#))
- Increase in the incidence of alcohol withdrawal in hospitalized patients ([Schimmel et al., 2021](#); [Sharma et al., 2021](#))
- Increase in deaths from alcohol-associated liver diseases that was bigger than increases in prior years ([Deutsch-Link et al., 2022](#))
- 14% increase in alcohol-impaired driving fatalities ([NHTSA, 2022](#))
- Increase in hospitalizations for alcohol-related hepatitis (AH) between 2019 and 2020 – particularly among women and people < age 40 ([Sohal et al., 2022](#))



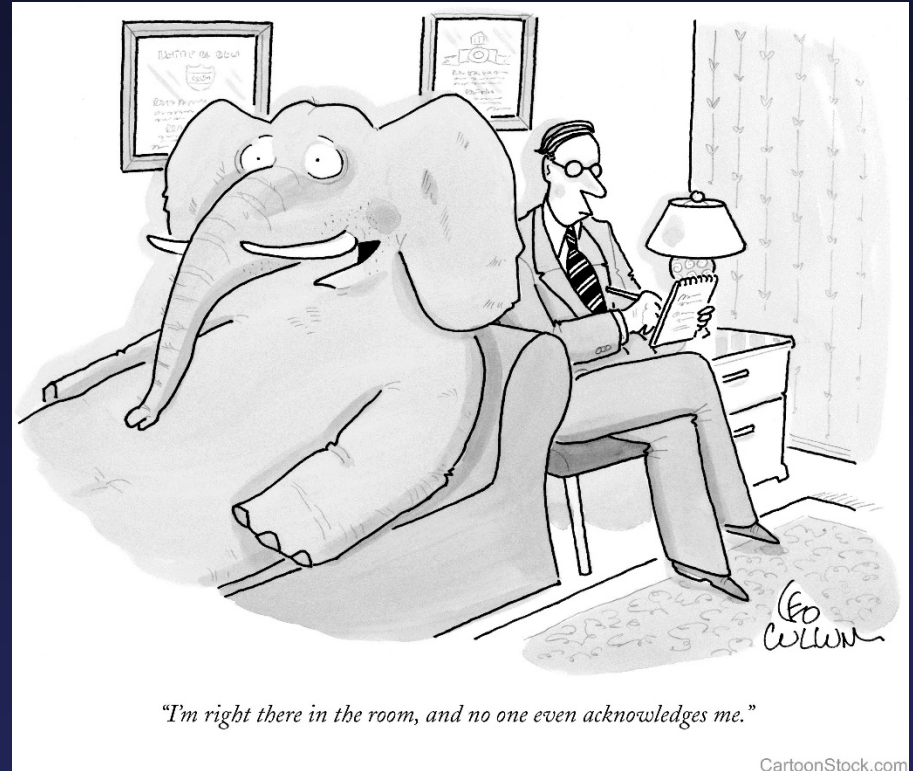
The COVID-19 Pandemic Contributed to a Global Decline in Mental Health

- **World Health Organization estimates the following global changes:**
 - 28% increase in cases of major depressive disorder (MDD)
 - 26% increase in cases of anxiety disorders (AD)
- **The pandemic also worsened already declining mental health in the US**
- **Given links between poor mental health and alcohol misuse, one might expect more drinking to cope during COVID**

Alcohol and Mental Health – The Elephant in the Room

Alcohol misuse correlates with poor mental health

- Often precedes diagnoses of mental health conditions
- Commonly used in an effort to cope with symptoms
- In the end it makes the prognoses worse
- Similarly, mental health conditions complicate treatment for AUD



“I’m right here in the room and no one even acknowledges me.”

Sources: Centanni SW, Bedse G, Patel S, and Winder DG. 2019. Driving the Downward Spiral: Alcohol-Induced Dysregulation of Extended Amygdala Circuits and Negative Affect. *Alcohol Clin Exp Res*; Mäkelä P, Raitasalo K, and Wahlbeck K. 2015. Mental health and alcohol use: a cross-sectional study of the Finnish general population. *European Journal of Public Health*, 25(2): 225–231; Markou A, Kosten TR, and Koob GF. 1998. Neurobiological Similarities in Depression and Drug Dependence: A Self-Medication Hypothesis. *Neuropsychopharmacology*, 18: 135–174.

Interaction of Alcohol and Social Determinants of Health

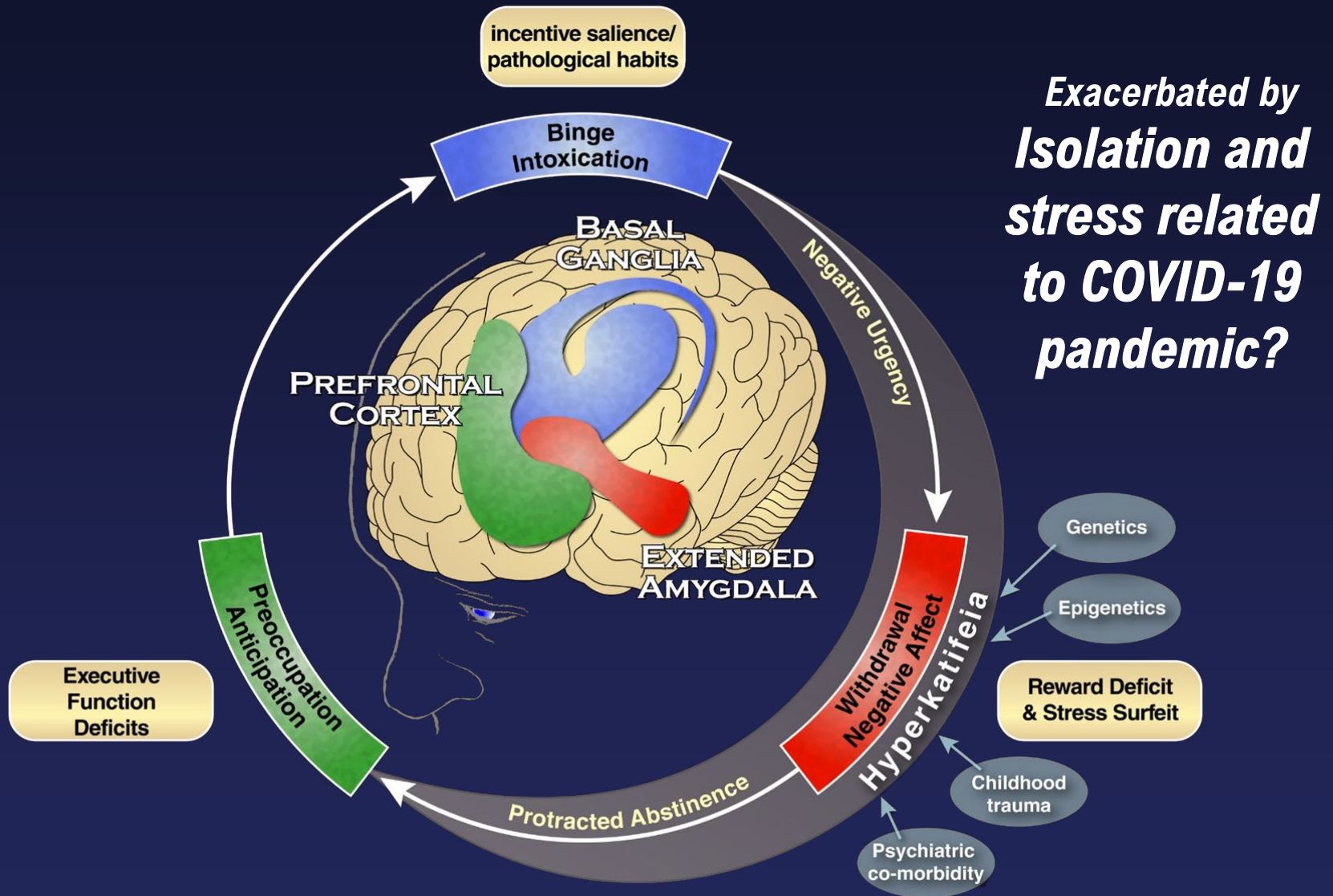
- The COVID-19 pandemic highlighted how certain **social determinants of health** influence alcohol misuse
- In general, a variety of **social determinants of health** can impact the likelihood of alcohol misuse and AUD, such as:
 - **Social environment** (e.g., discrimination, racism, social isolation, growing up in a home with parental AUD)
 - **Physical environment** (e.g., alcohol outlet density, exposure to violence)
 - **Health care services** (e.g., access to and quality of care)
 - **Economic stability** (e.g., job security, income)
 - **Education access and quality** (e.g., educational opportunities and support)
- Adverse **social determinants of health** serve as allostatic loads on the body's stress systems, increase vulnerability to mental and physical health conditions, and contribute to health disparities and inequities
- Such stressors can drive alcohol misuse to cope which, in turn, exacerbates the initial problems, further fueling alcohol misuse

Summary of Factors Associated with Increased Drinking During the Pandemic

A recent systematic review and meta-analysis examining changes in alcohol use during the pandemic found factors most consistently associated with increases in drinking included:

- **Income loss/financial stress**
- **Greater depression or anxiety**
- **Greater general psychological distress**
- **Greater drinking to cope with stress**
- **Demographic factors**
 - For several measures, women were generally more likely to increase drinking than males
 - Greater increases in quantity of alcohol consumption observed among Black and non-White participants, especially in the U.S.
- **Home and work factors**
 - Greater number of children in the household associated with increases in drinking
 - Working remotely associated with increased drinking
 - Essential workers more likely to increase drinking compared to others

Addiction as a Coping Response: Hyperkatifeia, Deaths of Despair, and COVID 19



Closing the Treatment Gap: Knowledge, SBIRT, Medications, Recovery Definition, Telehealth, FASD, Stigma, and Resources

The **treatment gap** refers to the difference between the number of people who need alcohol treatment and the number who receive it

From NIAAA

THE HEALTHCARE PROFESSIONAL'S
CORE RESOURCE ON ALCOHOL

Knowledge. Impacts. Strategies.

Launched May 10, 2022



What is the Healthcare Professional's Core Resource (HPCR) on Alcohol?

The HPCR consists of 14 interconnected articles covering the basics of what every healthcare professional needs to know about alcohol.

It was developed by NIAAA with guidance from practicing physicians and clinical psychologists with busy clinicians in mind.

The HPCR articles provide user-friendly, practical overviews of:

- **Foundational knowledge for understanding alcohol-related problems (4 articles)**
- **Clinical impacts of alcohol (4 articles)**
- **Strategies for prevention and treatment of alcohol problems (5 articles)**
- **How to “put it all together” to promote practice change (1 article)**

HPCR articles are living documents that will be updated regularly.

Who can receive continuing education credit?

Free continuing education credit — 0.75 to 1 credit hour for each of 14 articles (10.75 credit hours total) — Is offered for physicians, physician assistants, nurses, pharmacists, and clinical psychologists.

THE HEALTHCARE PROFESSIONAL'S CORE RESOURCE ON ALCOHOL

Knowledge. Impacts. Strategies.

Core Resource on Alcohol Home

Support Recovery: It's a Marathon, Not a Sprint

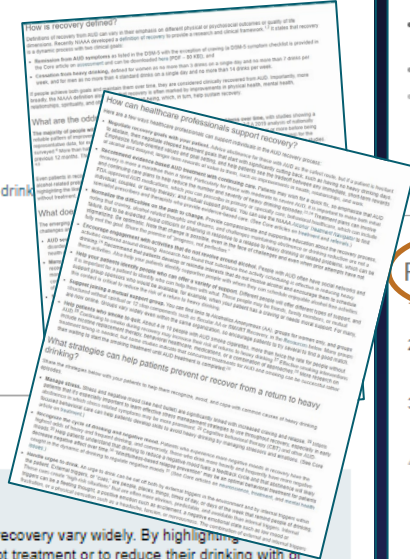
Step 1 - Read the Article

- How is recovery defined?
- What are the odds for recovery?
- What does the change process for AUD recovery look like?
- How can healthcare professionals support recovery?
- What strategies can help patients prevent or recover from a return to heavy drinking?
- Resources
- References

Step 2 - Complete the CME/CE Post-Test

- Earn CME/CE Credit

Last Revised 04/01/2022



Takeaways

- **Most people with AUD can and do recover, and their individual paths to recovery vary widely. By highlighting the likelihood of recovery, you may encourage more patients with AUD to accept treatment or to reduce their drinking with or without treatment.**
- **Recovery is a long-term change process that may be characterized by occasional returns to heavy drinking. Especially in the bumpy first year, patients will benefit from ongoing support to help maintain the changes they are making.**
- **Healthcare professionals can support recovery by offering AUD medications in primary care, referring to specialists as needed, encouraging engagement with supportive people and activities that do not involve alcohol, and offering ways to help prevent or recover from drinking episodes.**
- **It helps to apply compassion and awareness of the difficulty of behavior change when encouraging patients to get back on track after a drinking episode. Avoid criticizing the patient for the episode, which can stigmatize rather than normalize an expected part of the recovery process.**
- **Online resources from NIAAA can help you support your patients by providing modules on building drink refusal skills and handling urges to drink as well as a treatment navigator to help locate healthcare professionals who offer evidence-based care.**

For different patients, both alcohol use disorder (AUD) and its recovery will play out differently. Here, we provide tips to help you understand and support your patients with AUD as they forge their individual paths to recovery.

A note on a drinking level term used in this Core article: Heavy drinking has been defined for women as 4 or more drinks on any day or 8 or more per week, and for men as 5 or more drinks on any day or 15 or more per week.

Resources

Further Reading in the NIAAA Journal, *Alcohol Research Current Reviews*

- Topic Series: Recovery from Alcohol Use Disorder, NIAAA, 2021

Alcohol Use Disorder Medication Guides

- Medication for the Treatment of Alcohol Use Disorder: A Brief Guide- [PDF – 508 KB], NIAAA and the Substance Abuse and Mental Health Services Administration, 2015
- COMBINE Monograph Series Volume 2: Medication Management Treatment Manual, NIAAA, 2004
- Medications for Adults with Alcohol Use Disorder (Provider-facing* and Patient-facing*), Agency for Healthcare Research and Quality, 2016

Read More ↓

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4. Fan AZ, Chou SP, Zhang H, Jung J, Grant BF. Prevalence and Correlates of Past-Year Recovery From DSM-5 Alcohol Use Disorder: Results From National Epidemiologic Survey on Alcohol and Related Conditions-III. *Alcohol Clin Exp Res*. 2016;40(11):2405-2420. doi:10.1111/acer.12876

Read More ↓

Earn CME/CE Credit

We invite healthcare professionals including primary care physicians, physician assistants, nurses, pharmacists, and psychologists to complete a post-test after reviewing this article to earn FREE continuing education (CME/CE) credit. This CME/CE credit opportunity is jointly provided by the Postgraduate Institute for Medicine and NIAAA.

CME/CE Activity — Support Recovery: It's a Marathon, Not a Sprint

Released on 5/6/2022

Expires on 5/10/2023

\$ FREE

📖 This activity provides 0.75 CME/CE credits

Complete CME/CE Post-Test 📄

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From NIAAA

**THE HEALTHCARE PROFESSIONAL'S
CORE RESOURCE ON ALCOHOL**

Knowledge. Impacts. Strategies.

The NIAAA Core Resource on Alcohol was developed with the help of more than 70 contributors, including physicians, clinical psychologists, and basic and clinical alcohol researchers, who served as writers for full articles, content contributors to subsections, reviewers, and editorial staff. These contributors included both experts external to NIAAA as well as NIAAA staff.

Special thanks to

Maureen Gardner, Laura Kwako, and Raye Litten

Visit the Core at

niaaa.nih.gov/CoreResourceOnAlcohol

Send us comments at

NIAAACoreResource@nih.gov

Closing the Treatment Gap: The Importance of Screening, Brief Intervention and Referral to Treatment (SBIRT)

- Mintz et al (2021) used NSDUH data to examine very basic screening, advice and referral for people with AUD
 - 81.4% of people with AUD saw a clinician in the past year
 - 69.9% were asked at least one question about their alcohol consumption, most likely on an intake form (**screening**)
 - Among people who were screened, 11.6% were offered advice/information (**brief intervention**) but only 5.1% were advised about treatment options or other resources (**referral to treatment**)
 - People with severe AUD more likely to receive advice (23%) and/or referral (12.5%), but the numbers are still far too low
- Importantly, **screening for alcohol misuse can also help clinicians spot other health-related issues**
- Adults who binge drink are more likely than drinkers who do not binge to report past-year suicidal ideation (6.3% vs 3.8%), episodes of major depression (9.2% vs 6.5%) and prescription pain medication misuse (6.2% vs 2.7%)

Closing the Treatment Gap: Advancing Treatment for AUD

- There are effective evidence-based behavioral treatments such as:
 - Cognitive behavioral therapy (CBT)
 - Motivational interviewing
- Three FDA-approved medications for treatment of AUD:
 - Disulfiram (Antabuse)
 - Naltrexone (Vivitrol, ReVia)
 - Acamprosate (Campral)

...BUT fewer than 10% of people with AUD receive any treatment!

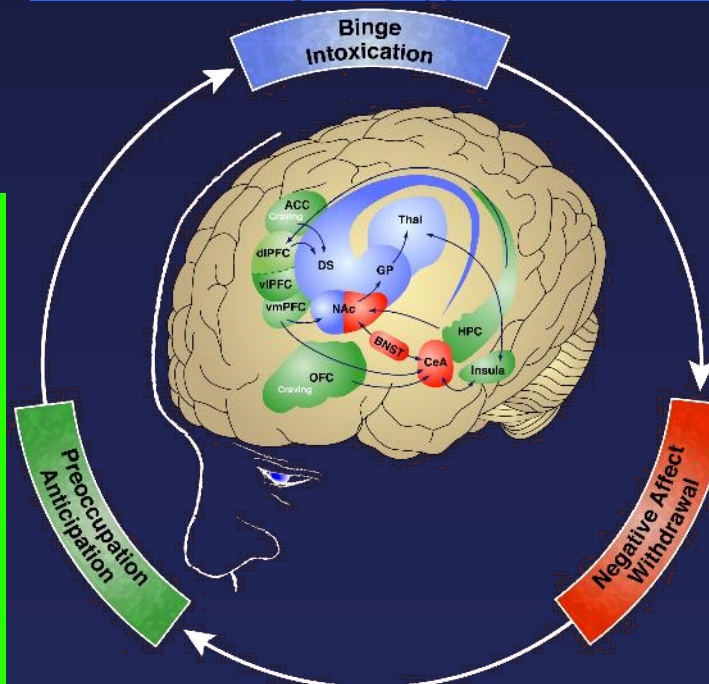
NIAAA Goals:

- Development and refinement of behavioral treatments
- Identify novel targets and support medications development
- Explore alternative clinical trial endpoints
- Support research to define recovery
- Health services: Integrate prevention, early detection, intervention, and treatment into routine health care
- Disseminate NIAAA's Health Professional Core Resource

Novel AUD Targets for Treatment by Stage of the Addiction Cycle

Dopamine receptors (DRD2)
GABA_A receptors (GABRA2)
Opioid receptors (OPMR1)
Acetylcholine receptors (CNRNA5)
Glycine receptors (GLRA1)
Serotonin receptors (HTR3A)
Serine/Threonine Kinases (MTOR)
Cannabinoid receptors (CNR1)
GIRK channels (KCNJ6)

Norepinephrine receptor (ADRB2)
Hypocretin (Orexin) receptor (HCRTR1)
Neuropeptide Y receptor (NPY1R)
CRF receptor (CRHR1)
Kappa opioid receptor (OPRK1)
Substance P receptor (TACR1)
Nociceptin receptor (OPRL1)
Oxytocin receptor (OXTR)
Vasopressin receptor (AVPR1B)
Glucocorticoid receptor (NR3C1)
Neuroimmune factors (NFKB1)



Phosphodiesterases (PDE10A)
Protein kinases (PRKCE)
Transcription factors (CREB1, FOSB)
NMDA & AMPA receptors (GRIN2B, GRIA1)
Metabotropic glutamate receptors (GRM8)
Actin cytoskeleton (ACTB)
Matrix Metalloproteinase (MMP9)

Closing the Treatment Gap: Development of an NIAAA Research Definition of Recovery

- Most people who need treatment receive no treatment of any kind, and little is known about what sustains longer-term recovery
- To enhance health, NIAAA is expanding focus on longer-term recovery.
- NIAAA has defined recovery from Alcohol Use Disorder (AUD) based on qualitative feedback from key recovery stakeholders (e.g., researchers, clinicians, and recovery specialists)
- Recovery is viewed as **both a process** of behavioral change **and an outcome** that incorporates time periods for two key components:
 - **Remission from DSM-5 AUD**
 - **Cessation from heavy drinking** (a non-abstinent recovery outcome)
- The NIAAA definition of recovery also emphasizes the importance of biopsychosocial functioning and quality of life in enhancing recovery outcomes

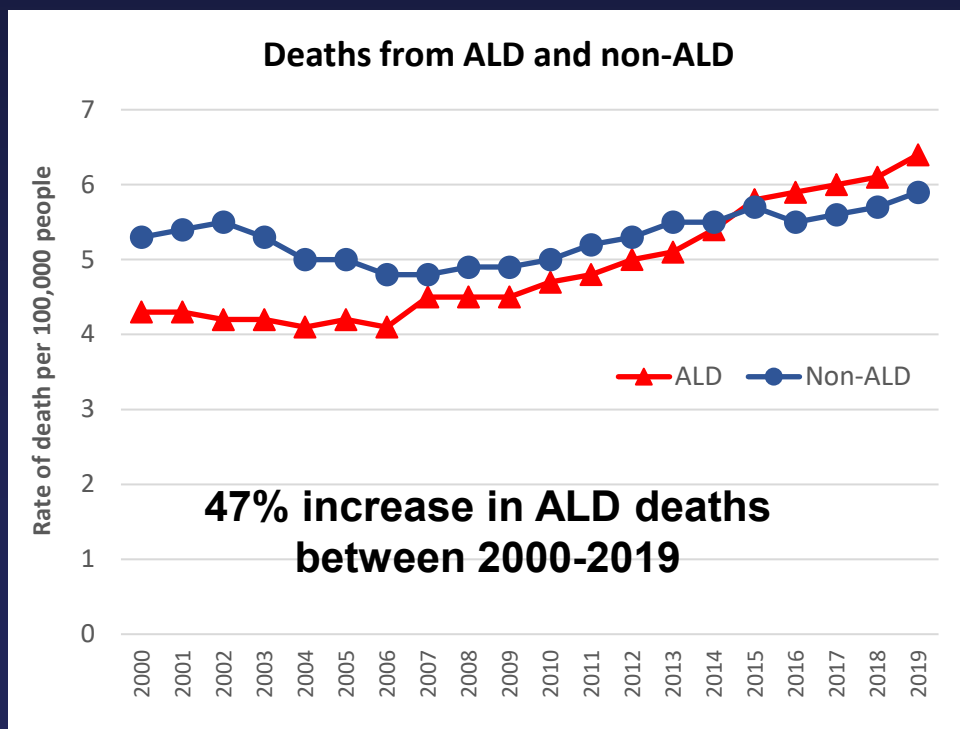
Closing the Treatment Gap: Role of Telehealth in AUD Treatment in the Post-Pandemic Era

- The COVID-19 pandemic caused a rapid expansion in the use of telehealth
- Evidence suggests telehealth can be effective for addressing alcohol misuse and can reach people who might not otherwise get support
(e.g., Kiluk et al., 2018; Oesterle et al., 2020)
- NIAAA supports a variety of telehealth projects (pre-pandemic and pandemic related):
 - SBIRT with clinicians by phone or video chat
 - CBT with a clinician or self-guided (CBT4CBT)
 - Telehealth to address PTSD and alcohol use following sexual assault
 - Video-conferencing based MI for alcohol misuse and medication adherence in patients living with HIV
- The NIAAA Treatment Navigator links to effective options
 - see <https://alcoholtreatment.niaaa.nih.gov/>
- We anticipate a larger role for telehealth for alcohol prevention, treatment, and recovery going forward



Closing the Treatment Gap: Integrating Treatment of Alcohol Use Disorder and Alcohol-Associated Liver Disease

- Alcohol misuse accounts for nearly half of liver disease deaths each year
- Alcohol associated liver disease (ALD) is the most common alcohol-related cause of death and the leading cause of liver transplantation
- ALD-related deaths increased 47% between 2000-2019 ([Chen and Yoon, 2022](#))
- **Rates increasing faster for women and among young adults ages 25-34** ([Tapper and Parikh, 2018](#); [Chen and Yoon, 2022](#))



Paradigm shift: Integrated treatment

- **Integrated treatment** of ALD and AUD can improve patient outcomes ([Leggio and Jung, 2022](#))
- Treating AUD with medications reduces the chances of ALD and the progression of existing ALD ([Vannier et al., 2022](#))
- Behavioral or pharmacotherapy for AUD after discharge from hospitalization for ALD reduces readmission and death ([Peeraphatdit et al., 2019](#); [Winters et al., 2021](#))

Closing the Treatment Gap: Ongoing Efforts to Improve Identification of Children Prenatally Exposed to Alcohol

Development of Screening Tools



Earlier identification may increase the effectiveness of interventions to improve child development

Physical

- improved FAS/FASD facial recognition of features not obvious to clinicians through 3-dimensional (3D) photography and computer analyses (Suttie et al., 2013; Suttie et al., 2018)

Behavioral

- electronic adaptation of neurobehavioral-based screening tools (eTree) for pediatricians and psychologists to better identify children with prenatal alcohol exposure (Mattson et al. 2013; Goh et al., 2016; Bernes et al., 2022)

Biological

- use of novel blood-based biomarkers (cytokines & miRNAs) to improve earlier identification of infants & predict outcomes (Bodnar et al., 2018, Bodnar et al., 2020; Sowell et al., 2018; Mahnke et al., 2021)



Continued FASD Research Challenges

- Develop and better implement **interventions** across the lifespan
- Reduce FASD-related **stigma** to improve prevention efforts
- Address barriers to improve awareness of FASD as a **developmental disorder**
- Reach consensus for a **single research classification system** for FASD
- Determine if prenatal alcohol exposure increases risk for chronic diseases later in life

Closing the Treatment Gap: Words Matter

NIAAA Terminology Recommendations

We can help alleviate the stigma associated with alcohol-related conditions by consistently using non-pejorative, non-stigmatizing language to describe these concerns and the people who are affected by them. Some words that are commonly used in society, such as “alcoholic” and “alcohol abuse,” are stigmatizing.

- Use **alcohol use disorder** instead of *alcohol abuse*, *alcohol dependence*, and *alcoholism*
- Use **alcohol misuse** instead of *alcohol abuse* when referring broadly to drinking in a manner that could cause harm
- Use **person-first language** to describe people with alcohol-related problems (e.g., **person with alcohol use disorder** instead of *alcoholic*, **person in recovery** instead of *recovering alcoholic*)
- Use **alcohol-associated liver disease** instead of *alcoholic liver disease*

Closing the Treatment Gap: Resources for the Public and Healthcare Professionals

Rethinking Drinking

A website and print publication for a general audience to help individuals assess their drinking habits and find ways to make a change



NIAAA Alcohol Treatment Navigator

An online resource to help people understand treatment options and locate nearby treatment, including **telehealth options**



Now includes a **portal for healthcare professionals** to build or expand their referral lists to include providers offering science-backed AUD treatments to meet the varied needs of their patients

Healthcare Professional's Core Resource on Alcohol

A new online resource to help healthcare professionals and practices improve care for people whose alcohol consumption may be impacting their health.



Advancing Diversity, Equity, and Inclusion in the Alcohol Field

How Can We More Effectively Address Diversity and Health Disparities in the Alcohol Field?

- NIAAA fully supports and is committed to the **NIH UNITE initiative**, a coordinated effort to address structural racism and promote racial equity and inclusion at NIH and within the larger biomedical research enterprise
 - see www.nih.gov/ending-structural-racism
- NIAAA is also focusing on 3 primary areas to advance diversity, equity, and inclusion: improving the NIAAA **workplace and culture**, increasing diversity and equity in the NIAAA scientific and administrative **workforce**, and enhancing the NIAAA scientific **research portfolio**



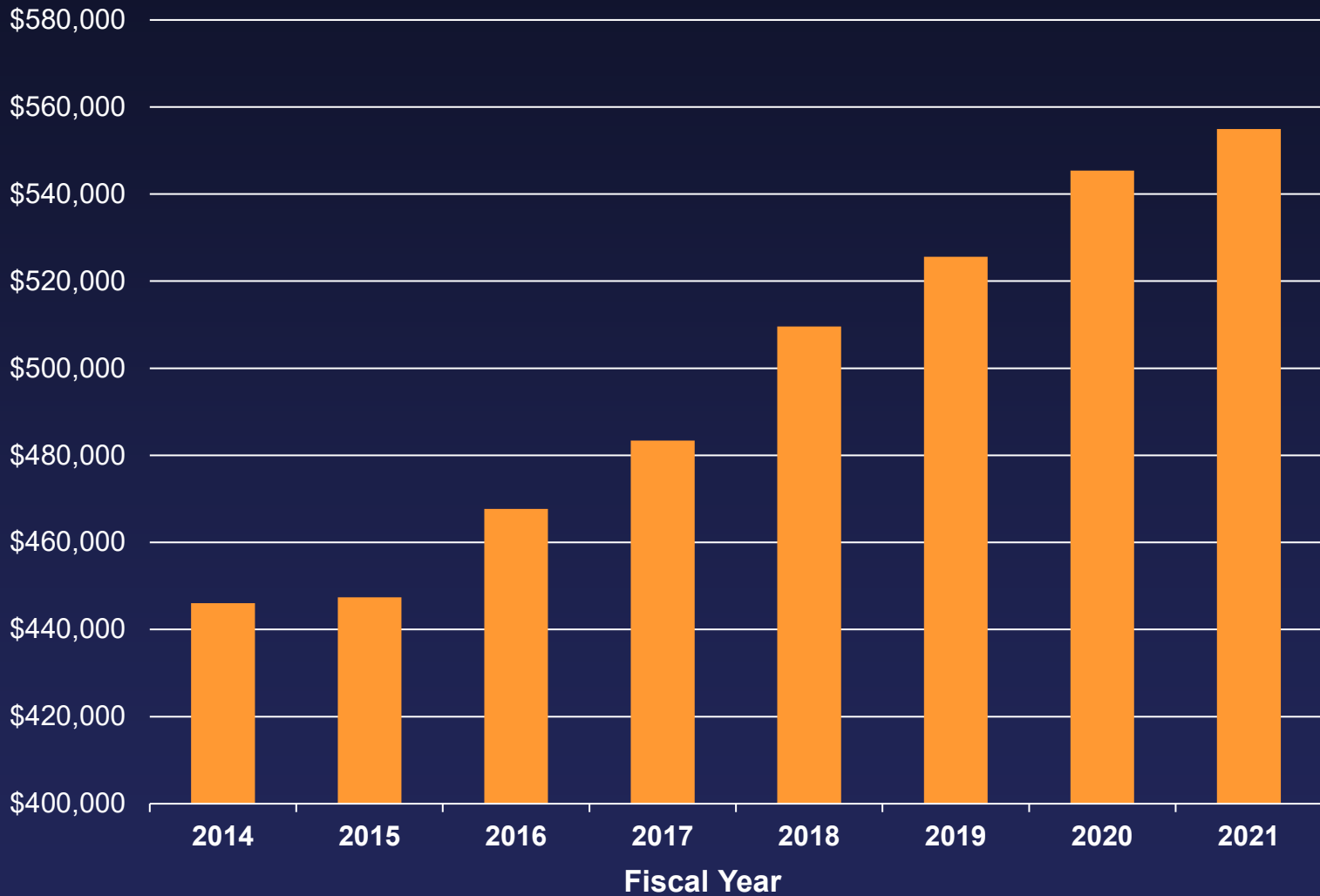
Advancing Diversity, Equity, and Inclusion in the Alcohol Field

- Recent NIAAA-supported funding opportunities and efforts to enhance diversity in the alcohol research enterprise:
 - The BRAIN Initiative Plan for Enhancing Diverse Perspectives (PEDP) NOT-MH-21-310
 - PEDP requirement now included in Requests for Applications for Specialized Alcohol Research Centers (P50) and Comprehensive Alcohol Research Centers (P60) (RFA-AA-22-001/002)
 - Collaborative Partnership between Research Centers in Minority Institutions (RCMI) and Alcohol Research Centers (U54, RFA-AA-21-015)
 - Collaboration with a Historically Black College/University in a joint research seminar series
 - Diversity supplements
 - Notice of Special Interest (NOSI): Administrative Supplements to Recognize Excellence in Diversity, Equity, Inclusion, and Accessibility (DEIA) Mentorship NOT-OD-22-057
 - Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC) Postdoctoral Career Transition Award to Promote Diversity (K99/R00 - PAR-21-272/273)

Join us in advancing diversity, equity, and inclusion in the alcohol research enterprise. NIAAA welcomes your input, help, and partnership in this important endeavor.

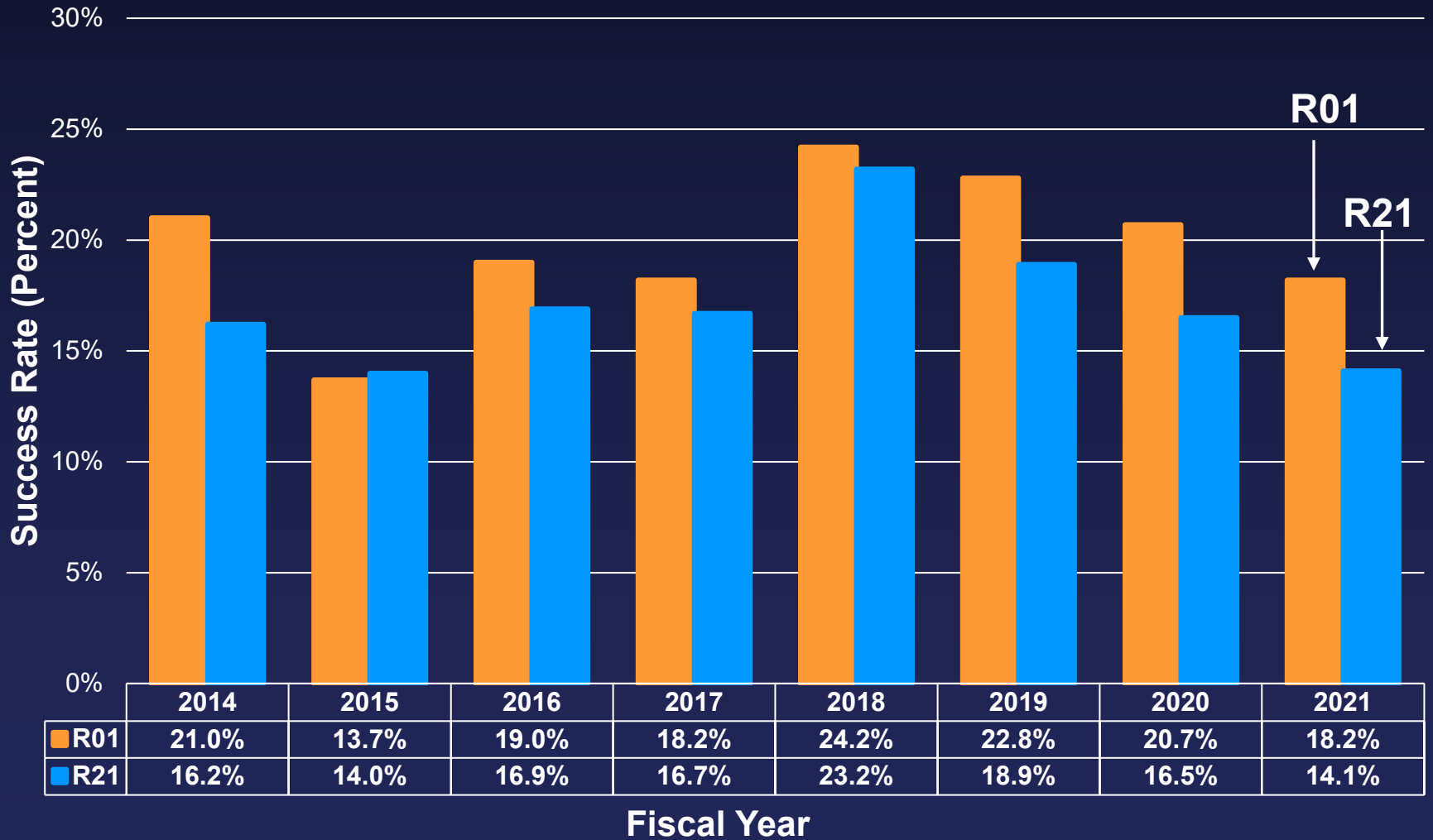
NIAAA Budget and Announcements

NIAAA Budget FY 2014 - FY 2021

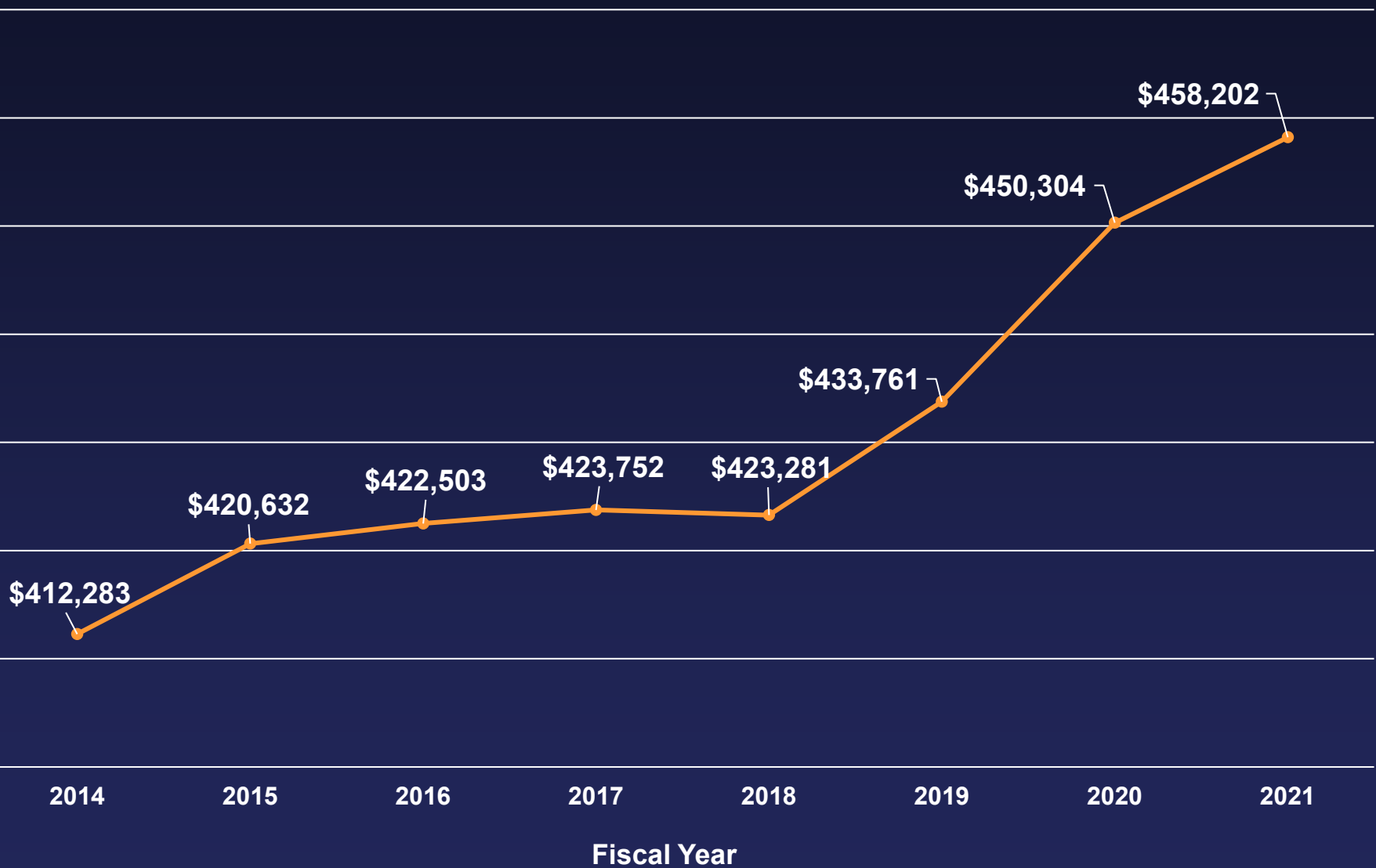


RPGs	(657)	(674)	(665)	(649)	(738)	(739)	(729)	(697)
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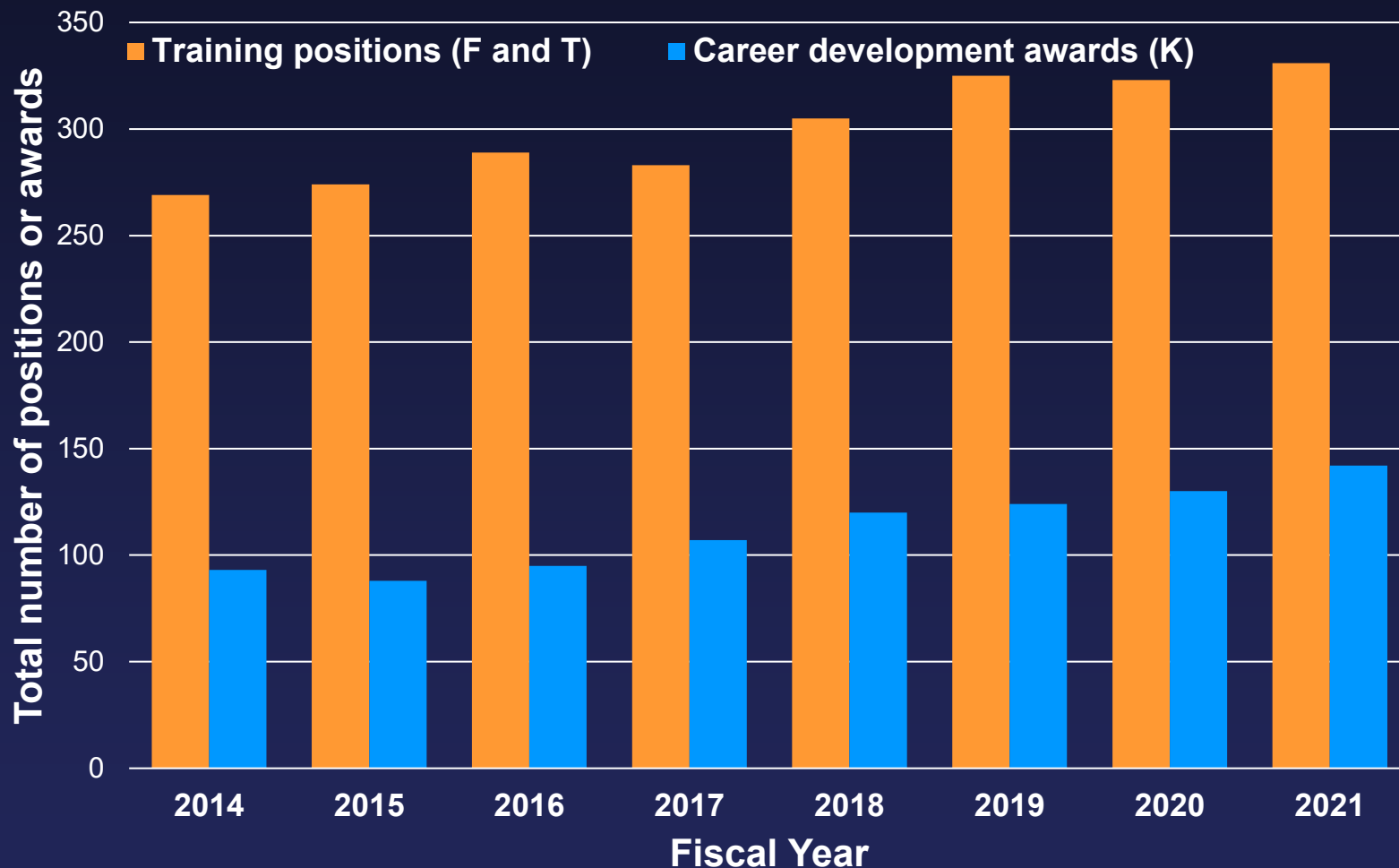
NIAAA Funding Success Rates, FY 2014-2021 (R01, R21)



Increasing Average Cost of R01 Grants



Supporting the Next Generation of Alcohol Researchers: Increases in NIAAA Training and Career Development Awards



**The joint NIAAA-NIDA T32 review committee has been dissolved and NIAAA-T32 applications are now being reviewed in the "NIAAA T32 Special Emphasis Panel Review Committee."*

NIAAA Recruitment: Scientific Director, Intramural Research Program

- **NIAAA seeks a Scientific Director with creative scientific vision, strong mentorship skills, and outstanding leadership skills to guide its intramural programs**
- **The Scientific Director will lead NIAAA's intramural programs in collaboration with the NIAAA Clinical Director and report to the NIAAA Director**
- **The application period began May 24, 2022 and applications will be reviewed beginning July 23, 2022. Applications will be accepted until the position is filled.**
- **For more information, visit the NIAAA website under About NIAAA – Career and Training Opportunities**

NIH BRAIN Initiative

Funding Opportunities & Resources for Alcohol Researchers

BRAIN Initiative Website

*Funding opportunities,
funded projects, resources,
program areas, etc.*

<https://braininitiative.nih.gov/>

BRAIN Initiative Collection of Plasmid, Viral Vectors, and Recombinant Antibodies



[https://www.addgene.org/collections/
brain-initiative/](https://www.addgene.org/collections/brain-initiative/)

BRAIN Initiative-Curated Resources & Tools

The BRAIN Initiative Alliance

<https://www.braininitiative.org/alliance>

Leverage the advanced tools
and technologies for alcohol
research

**Opportunities
&
Resources**

BRAIN Initiative Marmoset Resource

<https://mcc.ohsu.edu/>

BRAIN initiative has generated
valuable resources for research,

BRAIN Blog

<https://brainblog.nih.gov/>

New NIH Data Management and Sharing Policy

- Effective Jan 25, 2023, all applications that generate scientific data will require a Data Management and Sharing Plan (NOT-OD-21-013 and NOT-OD-21-014)
- The NIH Scientific Data Sharing website provides updates and resources (sharing.nih.gov)
- NIAAA-specific guidance and templates for data management and sharing are being developed
- NIAAA-supported studies for human subjects research will continue to use the NIAAA Data Archive as a repository
- Contact your Program Officer with questions

NIAAA's Open-Access Peer-Reviewed Journal

- Published online on a continuous, rolling basis
- Covers a wide variety of research topics and disciplines through invited reviews
- 2020 Impact Factor: 6.7
- Visit the journal's website or LinkedIn page for more information

<https://www.arcr.niaaa.nih.gov/>



THANK YOU!

NIAAA is your source for credible, evidence-based information and resources on alcohol's effects on health.

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Special thanks to:

Abe Bautista	Elizabeth Powell
Changhai Cui	Trish Powell
Bill Dunty	Pamela Wernett
Judit O'Connor	Aaron White
Bridget Williams-Simmons	

Advancing Diversity, Equity, and Inclusion in the Alcohol Field

- **Recent NIAAA-supported funding opportunities and efforts to expand health disparities research:**
 - Improving Health Disparities in Alcohol Health Services ([RFA-AA-21-001](#))
 - Alcohol Health Services Research ([PAR-22-156/157/158/159](#)), encourages research on reducing health disparities as one way to address the treatment gap)
 - Native Communities - Alcohol Intervention Review (NativeAIR), a resource under development by NIAAA to disseminate evidence-based information about prevention and treatment intervention for Native communities and promote research
 - Administrative Supplements to Support "All of US" and Health Disparities-Related Pilot Research Projects at NIMHD-Funded Research Centers in Minority Institutions (RCMI) [NOT-MD-22-015](#)
 - HEAL Initiative: Availability of Administrative Supplements to Support Strategies to Increase Participant Diversity, Inclusion and Engagement in Clinical Studies [NOT-NS-22-066](#)
 - Social, Behavioral, and Economic Impact of COVID-19 in Underserved and Vulnerable Populations [NOT-MH-21-330](#)

Join us in advancing diversity, equity, and inclusion in the alcohol research enterprise. NIAAA welcomes your input, help, and partnership in this important endeavor.