Director’s Report to the National Advisory Council on Drug Abuse

Nora D. Volkow, M.D.
Director
National Institute on Drug Abuse
February 6, 2024
NIH Welcomes A New Director!

• Nominated by President Joe Biden on May 15, 2023, confirmed by the Senate on Nov. 7, 2023, took office on Nov. 9, 2023.

• First surgeon and second woman to hold the position.

• Leader in clinical oncology

• Her research has focused on genetic drivers of gastrointestinal cancer development and the role of inflammation on cancer growth.

• Led translational science initiatives in the NCI-funded Cooperative Groups Program (NCI’s National Clinical Trials Network) from 1994-2011.

• Group chair of the Alliance for Clinical Trials in Oncology, a National Clinical Trials Network member organization from 2011–2022.

• Chief of the division of Surgical Oncology for Dana-Farber Brigham Cancer Center from 2007-2018.
Guiding Principles Articulated by the NIH Director

• Our work is not finished when we deliver scientific discoveries, our work is finished when all people are living long and healthy lives.

• NIH research encompasses the laboratory, the clinic, and the community.

• Patients are partners in discovery.
  • NIH aims to bring more members of the public into the research enterprise as partners in discovery.
  • Income, age, race, ethnicity, geographic location, and disability status should not be barriers to participating in research or benefitting from research advances.

• Progress is accelerated when advanced scientific methods are applied to data that includes everyone, and when new discoveries are rapidly and equitably adopted in clinical care.

• NIH is committed to harnessing the power of AI/ML to advance research across diverse fields, diseases, and scientific communities.
NIH Fellows United

• On December 7, 2023, a majority of the voting NIH Fellows United voted to be represented by the International Union of United Automobile, Aerospace and Agricultural Implement Workers of America (UAW).

• The Federal Labor Relations Authority (FLRA) certified the bargaining unit on December 15, 2023. The UAW unit covers approximately 5,000 NIH fellows.

• NIH will partner with the UAW to negotiate a collective bargaining agreement for the parties. Collective bargaining will be ongoing throughout 2024.
Budget

- We remain hopeful that NIH will not be subject to drastic cuts.
- However, even a “flat budget” will have a significant impact:
  - Potential for new discoveries will be slowed down.
  - Concern that we may lose a generation of early career investigators.
  - The Intramural Research Program (IRP) is particularly sensitive to budget cuts as most of the expense is fixed personnel costs and has restricted ability to seek additional funding to compensate.
- Partnership with all stakeholders is crucial.
BRAIN INITIATIVE

BICCN: The first complete cell census and atlas of a mammalian brain

Generating a complete multimodal cell census and atlas of the mouse brain through collaborative data collection, tool development and analysis.

Brain Initiative Cell Census Network
10th Annual BRAIN Initiative Conference

Register Soon!

**June 16, 2024:** Early career researcher evening networking event

**June 17 – June 18, 2024:** Plenary talks, posters, symposia sessions, and more

A forum for:
- sharing exciting scientific developments
- discussing potential new directions
- identifying areas for collaboration & research coordination
<table>
<thead>
<tr>
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<th>FY 2022 Final</th>
<th>FY 2023 Enacted</th>
<th>FY 2024 President’s Budget</th>
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<td><strong>Total</strong></td>
<td>$1,596,123</td>
<td>$1,663,365</td>
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*NIDA’s FY 23 budget includes a 3.8% general increase as well as a $10m increase for the HEAL program and a $10m increase for research on pain and pain management.
## 2023 Monitoring the Future Study

### Key Findings - Prevalence (2022 to 2023)

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<td>Cocaine/crack</td>
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<td>Vaping</td>
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<tr>
<td>Any</td>
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### Note:
- Green indicates prevalence.
- Red indicates a significant increase.
- Grey indicates no data available.
### 2023 Monitoring the Future Study

*Prevalence of Past Year Drug Use Among 12th graders*

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<tr>
<td>Alcohol</td>
<td>45.7</td>
<td>Hookah</td>
<td>2.7</td>
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<tr>
<td>Vaping, Any</td>
<td>28.8</td>
<td>Cough Medicine*</td>
<td>2.4</td>
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<tr>
<td>Marijuana/Hashish</td>
<td>29.0</td>
<td>Amphetamines*</td>
<td>2.1</td>
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<tr>
<td>Vaping Nicotine</td>
<td>23.2</td>
<td>Inhalants</td>
<td>2.0</td>
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<tr>
<td>Vaping MJ</td>
<td>19.6</td>
<td>Sedative/Tranquilizers*</td>
<td>1.9</td>
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<tr>
<td>Alcohol w/ Caffeine</td>
<td>11.6</td>
<td>Snus</td>
<td>1.8</td>
</tr>
<tr>
<td>Delta-8</td>
<td>11.4</td>
<td>Adderall*</td>
<td>1.7</td>
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<tr>
<td>Small Cigars</td>
<td>4.4</td>
<td>LSD</td>
<td>1.2</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>4.3</td>
<td>Narcotics o/t Heroin*</td>
<td>1.0</td>
</tr>
<tr>
<td>Hall other than LSD</td>
<td>4.0</td>
<td>Ketamine</td>
<td>1.0</td>
</tr>
<tr>
<td>Nicotine pouches</td>
<td>2.9</td>
<td>MDMA (Ecstasy)</td>
<td>0.7</td>
</tr>
</tbody>
</table>

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**Percent of Students Reporting Any Illicit Drug Use in Past Year, by Grade**

- 8th Grade
- 10th Grade
- 12th Grade

**Percent of Students Reporting Daily Use of Marijuana, by Grade**

- 8th Grade
- 10th Grade
- 12th Grade
Past Month Substance Use: People Aged 12 or Older; 2022

- Alcohol: 137.4M
- Tobacco Products: 50.9M
- Nicotine Vaping: 23.5M
- Marijuana: 42.3M
- Rx Pain Reliever Misuse: 2.4M
- Hallucinogens: 2.3M
- Cocaine: 2.0M
- Methamphetamine: 1.7M
- Rx Tranquilizer or Sedative Misuse: 1.5M
- Rx Stimulant Misuse: 1.3M
- Inhalants: 842,000
- Heroin: 709,000

Past Year Initiates of Substances: People Aged 12 or Older; 2022

- Nicotine Vaping: 6.0M *
- Alcohol: 4.2M
- Cigars: 1.6M
- Cigarettes: 1.4M
- Marijuana: 3.7M
- Hallucinogens: 1.4M *
- Rx Pain Reliever Misuse: 1.3M
- Rx Stimulant Misuse: 800,000
- Rx Tranquilizer Misuse: 747,000
- Inhalants: 577,000
- Cocaine: 509,000
- Methamphetamine: 176,000
- Rx Sedative Misuse: 144,000
- Heroin: 73,000

Rx = prescription.
Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.
Adolescent Brain Cognitive Development Study

96.3 Percent Retained

Publications

ABCD 5.1 Data Released through the NIMH Data Archive

- New Data Dictionary Explorer (https://data-dict.abcdstudy.org/?)

As of January 23, 2024
HEALTHy Brain and Child Development Study

Enrollment Across 27 Sites (N=844)

- Data Release Timeline
  - Summer 2024 – Freeze data
  - Fall 2024 – Beta Release
  - End of 2024 – Full Release

Polysubstance Use (286/844 = 34%)

HBCD Study Updates

- 78.2% of Enrollment Goal (7,500 participants/3yrs)
- 34% Prenatal Substance Use (Goal of 25%)
- Piloting Visit 4 (9-15 months) – Visit 6 (15-48 months)
## 2022-2023: Provisional* Drug Overdose Deaths 12-months ending in select months

<table>
<thead>
<tr>
<th></th>
<th>ALL DRUGS</th>
<th>HEROIN</th>
<th>NAT &amp; SEMI SYNTHETIC</th>
<th>METHADONE</th>
<th>SYNTHETIC OPIOIDS (mainly illicit fentanyl)</th>
<th>COCAINE</th>
<th>OTHER PSYCHO-STIMULANTS (mainly meth)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2022*</td>
<td>109,416</td>
<td>7,190</td>
<td>12,707</td>
<td>3,443</td>
<td>74,048</td>
<td>26,989</td>
<td>34,724</td>
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<tr>
<td>1/2023*</td>
<td>110,784</td>
<td>5,753</td>
<td>11,917</td>
<td>3,362</td>
<td>76,438</td>
<td>28,607</td>
<td>35,766</td>
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<tr>
<td>7/2023*</td>
<td>111,964</td>
<td>4,768</td>
<td>11,076</td>
<td>3,405</td>
<td>78,287</td>
<td>30,290</td>
<td>36,937</td>
</tr>
<tr>
<td>Percent Change 7/22-7/23</td>
<td>2.3%</td>
<td>-33.7%</td>
<td>-12.8%</td>
<td>-1.1%</td>
<td>5.7%</td>
<td>12.2%</td>
<td>6.4%</td>
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</table>

*NCHS Provisional drug-involved overdose death counts are PREDICTED VALUES, 12 months ending in select months. The numbers for 2022 differ from final data in slide 1 because provisional data includes all deaths that occurred in the US including foreign residents. Final data through 2021 on slide 1 is limited to deaths in US residents. [https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm](https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm)
Medications for the Treatment of Opioid Use Disorder: Final Rule

- Eliminates 1-year opioid addiction history requirement and promotes priority treatment for pregnant individuals.
- Incorporates harm reduction principles into treatment.
- Removes requirement for two documented instances of unsuccessful treatment for people under age 18.
- Medication access no longer contingent on counseling.
- Screening can be performed by practitioners outside OTP.
- COVID-19 take-home flexibilities made permanent, including from first week of treatment under certain conditions.
- Allows screening for bup. initiation via audio-only or audio-visual telehealth and for methadone initiation via audio-visual telehealth under certain conditions.
- Interim treatment allowed at any qualifying OTP; time frame expanded from 120 to 180 days.
- Allows NPs and PAs to order MOUD for OTP dispensing.
HHS Overdose Prevention Strategy

Syringe Exchanges and Syringe Services Programs (SSPs)

Naloxone

Overdose Prevention Centers

Drug Testing

Fentanyl and Xylazine Test Strips

Others?????
# Harm Reduction Research Network

**Purpose:** Increase our understanding of effectiveness, implementation, and impact of existing and new harm reduction strategies

<table>
<thead>
<tr>
<th>Novel harm reduction approaches</th>
<th>Novel settings for and modes of service delivery</th>
<th>Understanding and addressing barriers</th>
<th>Reaching understudied populations</th>
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</thead>
<tbody>
<tr>
<td>Community drug checking</td>
<td>Emergency department</td>
<td>Limited access</td>
<td>Racial/ethnic minority groups</td>
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<tr>
<td>Overdose prevention centers</td>
<td>Mobile apps</td>
<td>Not using naloxone when it is available</td>
<td>Women</td>
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<tr>
<td>Meth sobering center</td>
<td>Hotline</td>
<td>Burnout &amp; trauma from responding to overdose</td>
<td>Rural communities</td>
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<tr>
<td>Contingency management</td>
<td>Text messages</td>
<td>State-level policy barriers</td>
<td>People who use stimulants</td>
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<td>Secondary distribution</td>
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<td>Remote lockboxes</td>
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**Coordination Center – 4 cores**

- Communication and Coordination
- Data Harmonization and Methodology
- Community and Stakeholder Engagement
- Dissemination and Translation

(10 R01s, 1 R24)
UNINTENTIONAL FENTANYL-CATEGORY-INVOLVED OVERDOSE DEATH RATES AMONG US YOUTH AGED 15-19 REMAIN ELEVATED


*: Joinpoints identified indicate significant changes in nonlinear trends using Bayesian Information Criterion. AQPC=average quarter percentage change during 2015 Q1-2022 Q3 (overall), 2015 Q2-2022 Q3 (boys), and 2016 Q2-2022 Q3 (girls). ICD-10 cause of death code: synthetic opioids other than methadone (T40.4, primarily fentanyl and analogs).
NASEM ad hoc committee to develop a blueprint for building and sustaining an infrastructure for delivering prevention interventions for behavioral health disorders.

- **Best practices** to create and sustain behavioral health prevention infrastructure
- **Funding needs and strategies**
- **Research gaps**
- **Actionable recommendations** on policies
Very Few Adolescents with Substance Use Disorders Receive Treatment

8.7% (2.2 million) adolescents aged 12 to 17 had a SUD in the past year, USA 2022.
  0.5% (n=8,000) sought treatment
  2.0% (n=34,000) did not seek treatment but thought they should get it
  97.5% (1.7 million) did not seek treatment or think they should get it.

Limited Treatments for Adolescents with SUD

Psychosocial treatments: motivational, cognitive-behavioral, family-oriented therapies and contingency management (CM) are efficacious, but effect sizes are small to modest.

Medications: Few clinical trials have evaluated FDA approved medications for SUD
  For OUD, buprenorphine was approved by FDA for 16 years of age or older and has evidence of benefit in adolescents with more severe SUD. Naltrexone (oral or XR) merits further investigation.
Population Assessment of Tobacco and Health (PATH) Study Continuation

- Nationally representative longitudinal cohort study of tobacco use, its determinants, and impact, U.S. population ages 12+.
- Collecting data since 2013 for 7 completed full waves and 3 special data collections (45,000+ baseline). 800+ publications. Data available to researchers through: https://doi.org/10.3886/Series606
- PATH Study has been supported through 2 contracts (5 and 8 years) and on **February 1, 2024 contract awarded to Westat to support 4 additional waves of data collection over 8 years (2024-2032).**
- Administered by NIDA, renewal primarily funded by the FDA Center for Tobacco Products (CTP), with additional funds from NIDA, NCI, NHLBI, NIMHD, NIAAA, NIDDK, OBSSR, NIEHS, ODP, NLM.
Lead ICO Sponsors of NIH Challenges: FY11-23

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THANK YOU!

NIDA
Advancing Addiction Science for 50 years