

# **NIDA Takes on The 'Great Disconnect'**

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An enormous gap exists between the public's perceptions of drug abuse and addiction and the scientific facts. Reversing this lack of public understanding has become a shared goal for an array of science, practice, and advocacy groups that are the "constituents" of the National Institute on Drug Abuse (NIDA).

Leaders of more than 40 organizations, including APS, met recently to talk about "the Great Disconnect," as it has been labeled by NIDA's director, psychologist Alan I. Leshner. APS was represented by President Richard F. Thompson, Joseph Steinmetz, chair of the APS Convention Program Committee, and APS Executive Director Alan Kraut.

## **Unused Science**

There are a number of "disconnects" in how drug abuse and addiction are handled in this country. Drug use is up, yet treatment is losing support. Managed care systems don't offer adequate services, and public funding for prevention and treatment is declining. In this same vein, "we have a phenomenal scientific base," Leshner told the gathering, but it is not being fully used to address the large and complex drug problems facing the nation.

This is particularly frustrating for NIDA, which is the main producer of scientific knowledge on drug abuse and addiction in this nation and in the world. According to Leshner, NIDA provides 85 percent of the world's support for research on drug abuse and addiction. Yet NIDA's budget is only \$458 million, a paltry sum when compared to the billions of dollars in this country's economic and social costs of drug abuse and addiction, including health care, treatment, law enforcement, welfare, lost productivity, and the pain and suffering of people with drug problems and their families.

## **It's the Stigma**

The meeting was a giant step forward in reducing the disconnect between science and public views of drug disorders. It brought together disparate groups that have a stake in the drug addiction research enterprise-groups that had little interaction with one another until NIDA convened them in a single spot.

At the meeting, there was unanimous agreement about the Great Disconnect- that it exists and that there are a number of causes, most of which stem from a widespread stigma against people suffering from drug-related problems.

The stigma, said Leshner, also extends to people who work with addicts and it exists "not only in the general public. It occurs among health care professionals and policymakers" as well. The end result is that primary care or emergency physicians do not recognize symptoms of drug abuse and may only treat the acute episode and not refer people appropriately. And, legislators respond to public pressure to fund

new jails rather than fund new research or treatment. Further, insurance companies often do not provide coverage for substance abuse treatment.

“One take-home message from this conference,” said Timothy P. Condon, deputy director of NIDA’s science policy office, “is that it’s critical for policymakers and the public to understand that funds spent on research represent an investment, not a consumption.”

Participants also agreed that science is the key to ending the Great Disconnect and that NIDA’s constituent organizations should take the lead in getting the word out to the public and to policy makers about what has been learned about drug abuse and addiction. Many groups pledged to make drug research a priority on their public policy agenda.

This unanimity was especially significant given the diversity of the organizations around the table. In addition to psychology researchers, there were physicians, nurses, social workers, AIDS advocates, anthropologists, health care executives, representatives from the entertainment industry, state and community officials, women and minorities, advocates for anti-drug coalitions, and representatives of patient groups.

But not everyone will be saying the same thing. “What I found most striking were the differences in emphasis between those involved in treatment delivery and those involved in research,” said Steinmetz. “Although they have the same goals- reducing drug abuse—these two groups are often at odds with one another in vying for shrinking amounts of dollars.”

Steinmetz, himself a behavioral neuroscientist whose research on learning has included animal studies of alcohol preference and basic pharmacological mechanisms, favors making a strong case for increasing behavioral research on drug abuse. “APS, as a scientific psychological organization, should be promoting the application of the science of psychology in solving this problem,” he said, adding that the Society’s annual convention and publications should include programs and articles that target policymakers and the public.

Participants spent a considerable amount of time during their day and a half together identifying possible ways to increase public understanding of the nature of drug abuse and addiction. The consensus was that educational efforts should attack the stigma problem directly by debunking some widely held myths about drug addiction, so that people understand that drug addiction is not a character flaw and is not limited to certain segments of society.

### **That Mantra of Mine**

Ideally, people should understand that addiction is a health problem, a “chronic, relapsing, and treatable illness,” said Leshner. That’s where the science comes in. But, as Steinmetz observed, different groups have different orientations toward problems of drug abuse, and they favor different approaches for “making the public, including policymakers, more sympathetic toward the plight of the drug abuser.”

For example, those who see drug abuse as caused more by social or environmental factors focus on improving the environment or social atmosphere, said Steinmetz. While others think drug abuse should be regarded as a disease like Parkinson’s, Alzheimer’s, or schizophrenia. But what the data tell us,

according to Leshner, is that it's all these and more. "Drug addiction is a brain disease manifested in behavioral ways and in a social context," he intoned at the meeting, using a sentence that has become a mantra for NIDA officials.

## **Psychology's Role**

Thompson, who is a professor of psychology and biological sciences at the University of Southern California and director of a neuroscience research program, elaborated on this point: "In order for the public to support research and effective treatments, it is first necessary to make clear that drug abuse is a brain disease. Specifically, repeated use of addictive substances leads to significant and often long lasting changes in brain tissue, that is, in neurotransmitter release, in up- or down-regulation of transmitter receptors, in alterations in gene expression, etc."

However, Thompson adds, "it is important to stress the other side of the coin, namely that, as of now, virtually the only treatments available are behavioral.

"We face a national crisis in drug abuse and at present, the only discipline that can provide effective treatment is psychology, broadly construed," said Thompson. "We have an enormous opportunity and an enormous challenge to develop better and more effective behavioral treatments for drug abuse."

Some internal changes at NIDA indicate that a new, multifaceted approach is being taken to drug abuse and addiction research. In the past, the Institute was seen primarily as the domain of pharmacology. That's no longer the case.

Under Leshner's leadership, NIDA is bringing a broader range of scientific perspectives to bear on the problems within its jurisdiction, including a substantial expansion of its basic and applied behavioral and social science activities. A new behavioral science branch was created last year, and the Institute is in the process of establishing a new training program for young behavioral science researchers (see page I and the "Presidential Column" on page 2 for more details).

In confronting the disparity between public perceptions and scientific fact about drug abuse, NIDA is taking on a problem that exists for many behavior-based conditions, noted Kraut. "Their approach should serve as a model for other institutes" in addressing problems that involve behavior, he added, noting that this includes heart disease, cancer, mental health and AIDS as well as violence, teen pregnancy, and other problems with behavioral and social components.