



Scripps

## Straight talk with... George Koob

That the US National Institute on Alcohol Abuse and Alcoholism (NIAAA) would continue to exist—let alone have a new director—was not always a sure thing. In 2010, the Scientific Management Review Board at the US National Institutes of Health (NIH) recommended that NIAAA and the agency's National Institute on Drug Abuse (NIDA) should merge to form a kind of 'superinstitute' on addiction. At the time, NIH director Francis Collins said the proposal made "scientific sense" given the shared biological links and common treatment strategies. But after a tumultuous two-year consultation process with the research community, Collins ultimately nixed that proposal, saying the NIH would work instead on coordinating addiction efforts within and across the existing agency structures.

There is finally someone to implement that plan at NIAAA. On 27 January, the \$458 million institute (which had been functioning under an acting director for more than five years) will welcome George Koob as its new permanent head. A neurobiologist at the Scripps Research Institute in La Jolla, California, for the past 30 years, Koob, 66, made his name both in the study of alcoholism and in addiction to other substances. His work has long been funded by both NIAAA and NIDA. **Elie Dolgin** spoke with Koob about what he thinks sets alcohol research apart.

### **Are you nervous about taking the helm of an institute that has not had a permanent director since 2008 and that many would rather not see survive as a standalone entity?**

From that perspective, no. Am I nervous about directing a budget of \$460 million? You bet. But as far as the goals of NIAAA and the need for NIAAA to have a unique place in the NIH family, I'm not worried about that.

### **Why not? Why do you think that alcohol abuse and addiction is distinct enough a topic that it deserves its own NIH institute?**

Alcohol is a legal drug. It provides a great deal of pleasure to many

individuals when used responsibly. We have bars; we have legal places to ingest alcohol; we have places to buy it; we have concoctions of alcohol that many find very tasty. All that makes alcohol very unique among the psychotropic drugs that we partake in. As a result, I think it deserves its own institute.

### **Francis Collins has called for "functional integration" between NIAAA and NIDA. How do you plan to achieve that?**

I haven't started yet, so I can't really give you all the things we're planning on doing. But one concrete one that's already just begun is that training grants [from both NIAAA and NIDA] will train trainees in both alcohol research and drug abuse research. This is a great example [of functional integration], and, in truth, this is something we've done at Scripps for many, many years. I've been told that a week after I start we will have a joint NIAAA and NIDA council meeting, which means that the advisors from each institute will be meeting together for at least part of the time—again, another place where facilitation and new ideas can be generated. Those are just some examples. Nora [Volkow, director of NIDA] and I see many areas where we can cooperate, collaborate, integrate and really help facilitate the movement of both fields.

### **You have a history of conducting research at Scripps that cuts across the addiction spectrum. Tell me about the Committee on the Neurobiology of Addictive Disorders, which you chair.**

It was about eight years ago that the [then] president of Scripps, Richard Lerner, and I had a discussion about how we could best do a functional merge of disciplines. And what we wanted to do was have a team of people directed to a specific pathology—addiction—but at all levels of analysis. [Lerner] allowed me to assemble a team of people, ranging from those who do clinical research to molecular biologists to neuropharmacologists, and I think we've been very productive and successful.

### **Looking outside the realm of drug addiction, alcohol use is often a risk factor for many diseases. Do you plan to also reach out to the directors of other NIH institutes beyond NIDA?**

Yeah, absolutely. I met many of them during the interview process this past year and that's one of the things that really piques my interest. From neurological diseases to mental health to even immune function, there are areas that the alcohol field impacts on, and they impact on the alcohol field. The comorbidities, for example, with post-traumatic stress disorder, anxiety disorders and depressive disorders are huge. I've already planned a meeting with [National Institute of Mental Health director] Tom Insel to initially begin some of our discussions on this.

### **How else do you plan to shift the focus of NIAAA's purview?**

There's going to be a change in emphasis in many things I feel very strongly about. One is medication and behavioral treatment development; that's going to be a high priority. While I don't expect there will ever be a pill that will cure all alcoholism, I do expect that there will be medications that help people along the way—much like we see in other major psychiatric disorders. So, for one thing, I am going to be reaching out to the pharmaceutical companies to help us with medications development at NIAAA.

### **What compelled you to make the career jump from academia?**

It's the right time for me to do something like this. There comes a time when you'd like to see that the work you've done in basic research is translated to helping people, and truthfully I've reached that stage. I really am persuaded, as I get older, that alcoholism is a major problem. It just seems to me that we could be avoiding a whole bunch of suffering and even money on health care if we address this vital problem.