

relating to scope and duration of loan insurance program, which are classified to sections 292 and 292a, respectively, of this title. For provisions relating to definitions, see sections 292o and 295p of this title.

#### CODIFICATION

Section was formerly classified to section 290bb-1 of this title prior to renumbering by Pub. L. 102-321.

Section was formerly classified to section 4587 of this title prior to renumbering by Pub. L. 98-24.

Section was formerly classified to section 4588 of this title prior to renumbering by Pub. L. 97-35.

#### AMENDMENTS

1992—Subsec. (b). Pub. L. 102-352 substituted “292a(1)” for “292a(2)”.

Pub. L. 102-321, §122(d)(2), struck “or rental” before “of any land”.

1986—Subsec. (b). Pub. L. 99-570, §4008(1), which directed that subsec. (b) be amended by striking out “or rental” before “any land”, could not be executed because “or rental” appeared before “of any land”.

Pub. L. 99-570, §4008(2), struck out “rental,” before “purchase”.

1983—Subsec. (a). Pub. L. 98-24, §2(b)(9)(B)(i), struck out direction that, insofar as practicable, the Secretary approve applications under this subsection in a manner resulting in an equitable geographic distribution of Centers.

Subsec. (b). Pub. L. 98-24, §2(b)(9)(B)(ii), (iii), struck out provision that no annual grant to any Center might exceed \$1,500,000, and made a technical amendment to reference to section 292a of this title to reflect the transfer of this section to the Public Health Service Act.

Subsec. (c). Pub. L. 98-24, §2(b)(9)(B)(iv), struck out subsec. (c) which authorized \$6,000,000 for each of fiscal years ending Sept. 30, 1977, 1978, and 1979, \$8,000,000 for fiscal year ending Sept. 30, 1980, and \$9,000,000 for fiscal year ending Sept. 30, 1981.

1981—Subsec. (b). Pub. L. 97-35, §965(b), inserted provisions relating to grants made for fiscal years beginning after Sept. 30, 1981.

1980—Subsec. (a). Pub. L. 96-180, §16(a), substituted: in first sentence “biomedical, behavioral, and social issues related to alcoholism and alcohol abuse” for “alcohol problems”; in par. (1)(B) “facilities (including laboratory, reference, and data analysis facilities) to carry out the research plan contained in the application” for “laboratory facilities and reference services (including reference services that will afford access to scientific alcohol literature)”; and in par. (1)(E) “medical and osteopathic, nursing, social work, and other specialized graduate students; and” for “medical and osteopathic students and physicians;”, and added par. (1)(F).

Subsec. (b). Pub. L. 96-180, §16(b), increased annual grant limitation to \$1,500,000 from \$1,000,000.

Subsec. (c). Pub. L. 96-180, §16(c), authorized appropriation of \$8,000,000 and \$9,000,000 for fiscal years ending Sept. 30, 1980, and 1981.

1978—Subsec. (a). Pub. L. 95-622 inserted provision following par. (2) relating to approval of applications under this subsection by the Secretary in a manner which results in equitable geographic distribution of Centers.

#### Statutory Notes and Related Subsidiaries

##### EFFECTIVE DATE OF 1992 AMENDMENTS

Amendment by Pub. L. 102-352 effective immediately upon effectuation of amendment made by Pub. L. 102-321, see section 3(1) of Pub. L. 102-352, set out as a note under section 285n of this title.

Amendment by Pub. L. 102-321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102-321, set out as a note under section 236 of this title.

#### SUBPART 15—NATIONAL INSTITUTE ON DRUG ABUSE

#### § 285o. Purpose of Institute

##### (a) In general

The general purpose of the National Institute on Drug Abuse (hereafter in this subpart referred to as the “Institute”) is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the prevention of drug abuse and the treatment of drug abusers.

##### (b) Research program

The research program established under this subpart shall encompass the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of drug abuse. In carrying out the program, the Director of the Institute shall give special consideration to projects relating to drug abuse among women (particularly with respect to pregnant women).

##### (c) Collaboration

The Director of the Institute shall collaborate with the Substance Abuse and Mental Health Services Administration in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

(July 1, 1944, ch. 373, title IV, §464L, as added Pub. L. 102-321, title I, §123(a), July 10, 1992, 106 Stat. 360; amended Pub. L. 102-352, §2(a)(3), Aug. 26, 1992, 106 Stat. 938; Pub. L. 109-482, title I, §103(b)(33), Jan. 15, 2007, 120 Stat. 3688.)

#### Editorial Notes

##### AMENDMENTS

2007—Subsec. (d). Pub. L. 109-482 struck out subsec. (d) which related to authorization of appropriations and allocation for health services research.

1992—Subsec. (d)(1). Pub. L. 102-352 inserted “other than section 285o-4 of this title,” after “this subpart,”.

#### Statutory Notes and Related Subsidiaries

##### EFFECTIVE DATE OF 2007 AMENDMENT

Amendment by Pub. L. 109-482 applicable only with respect to amounts appropriated for fiscal year 2007 or subsequent fiscal years, see section 109 of Pub. L. 109-482, set out as a note under section 281 of this title.

##### EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102-352 effective immediately upon effectuation of amendment made by Pub. L. 102-321, see section 3(1) of Pub. L. 102-352, set out as a note under section 285n of this title.

##### EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102-321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

#### § 285o-1. Associate Director for Prevention

##### (a) In general

There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the