ADDICTION SCIENCE UNDER SIEGE:

THE 2025 IMPACT OF FEDERAL ACTIONS ON RESEARCH, PREVENTION, TREATMENT, AND RECOVERY

A report from the ASDN Working Group 1

NATIONAL PREVENTION SCIENCE COALITION TO IMPROVE LIVES

ASDN ADDICTION SCIENCE DEFENSE NETWORK

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EXECUTIVE SUMMARY

1. Introduction

Addiction imposes enormous health and economic costs on individuals, families, and society.

Addiction science and practice are part of a larger global enterprise dedicated to understanding, treating, and preventing the health and social costs of alcohol, tobacco, and other psychoactive substances, as well as harmful addictive behaviors, such as gambling and digital gaming. These costs include disease, premature death, lost productivity, crime and violence, and the cost of law enforcement, prosecution, and incarceration. Public health initiatives guided by addiction science are crucial in addressing these issues and reducing the overall burden of addiction.

This report describes the impact of the dramatic changes in US federal support for addiction science that have occurred during the first year of the second Trump administration. The impact is evaluated in terms of: (a) the viability of the addiction science infrastructure to produce basic and practical knowledge about the causes of addiction and the mechanisms by which psychoactive substances affect health and well-being and (b) the personal, social, and economic costs associated with the administration's actions affecting treatment, prevention, and public health.

2. Methods

We used a variety of methods to collect quantitative and qualitative data relevant to the aims of this report. We began by reviewing Presidential executive orders and their implications for addiction research. Next, we documented the impacts of federal budget cuts and workforce reductions on addiction-related research at the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development (USAID). We also documented the effects on treatment and prevention services funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). Our analyses are based on grant termination data reported in medical journals and analyses of federal grant tracking databases; infrastructure tracking, including training programs; narrative reviews of scientific reports and peer-reviewed articles; narrative reviews of econometric studies and press reports on national and international funding support.

3. Executive Orders

During the first year of the second Trump administration, the federal infrastructure supporting addiction science, prevention and treatment services experienced an unprecedented level of disruption primarily through 225 executive orders (EOs), workforce reductions, rescissions of active grants, and deep structural changes to the United States Department of Health and Human Services (USDHHS). Because of these actions, the administration has reset national priorities in ways that have dramatically weakened the systems used to track, understand, and respond to endemic psychoactive substance use as well as emerging substance-related epidemics (e.g., HIV, hepatitis, opioid overdose deaths). Federal agencies supporting addiction research and service provision—most prominently the National Institutes of Health (NIH) and SAMHSA, but also the Food and Drug Administration (FDA) and the CDC—have undergone sweeping budget cuts, layoffs, and organizational restructuring.

4. Impacts

We evaluated the measurable and potential impacts in seven areas:

1. **Impacts on the addiction science infrastructure at NIH.**

NIH underwent extensive changes that affect almost all of its operations. The most notable of these were workforce reductions and direct effects on the addiction science infrastructure resulting from cuts to grant funding that support basic, epidemiological, treatment and preventive research.

a. **Workforce reductions.**

NIH lost more than 4,000 employees in 2025, or about 18 percent of its work force. The departing NIH staff scientists at NIDA and NIAAA took with them a wealth of expertise and knowledge about substance use and addiction, which will cause significant strain on these institutes as the remaining staff are absorbing excessive workloads.

b. **Direct effects on the addiction science infrastructure.**

Between February 28 and April 8, 2025, 34 (2.9%) of NIAAA's grants were terminated, leaving approximately $10 million in unexpended funds. At NIDA, 45 grants (3.0%) were terminated, leaving approximately $24 million unexpended. Many of these grants were identified by the Department of Government Efficiency (DOGE) as using terminology related to diversity, equity or inclusion (DEI). Our analyses show a very dramatic drop-off in the number of new (competing) grants awarded by NIDA and NIAAA in fiscal year 2025, and funding for new grants was at its lowest point since 2000. This sharp decline in new grant awards could limit scientific innovation, reduce research capacity, and restrict opportunities for early career investigators in the addiction science field. Other changes at the NIH have significantly affected the way grant-funded projects are managed and reviewed, including: grant terminations without appropriate scientific review; retroactive determination of "alignment" of active research grants with new NIH/DHHS priorities; and policing of language and goals of funded or to-be-funded projects, which has reduced the amount of new research on substance use and gender to its lowest level in 25 years; changes in advisory boards at NIDA and NIAAA likely resulting in the inability to approve new grants beginning in 2026; extensive use of multi-year funding, which could reduce the number of awards and affect the field's ability to sustain active research programs; and the requirement that all grant funding decisions be approved by political appointees . Collectively, these changes have weakened the balance between administrative oversight and scientific independence.

2. **Impacts on other federal agencies.**

SAMHSA's ability to provide state-level grants for prevention and treatment services has undergone dramatic downsizing: nearly two-thirds of the agency's staff have been terminated. The rescission of approximately $11.4 billion in COVID-era grants further disrupted ongoing addiction studies, community-based demonstration projects, and partnerships between researchers and state health departments. Despite a remarkable record of international collaboration in public health addiction research, the administration has withdrawn US membership in United Nations health agencies like the World Health Organization (WHO) and has made dramatic reductions in funding for programs that address issues related to substance use disorders, especially human immunodeficiency virus (HIV) infections by dismantling USAID.

3. **Weakening of public health surveillance and data infrastructure.**

Many of the datasets essential for epidemiological monitoring of substance use, addiction, mental health, and behavioral-health disparities were altered, removed, or frozen. Their degradation has weakened the nation's ability to track emerging trends in use patterns and risk factors for addiction-related diseases and disorders.

4. **Cuts to prevention, harm reduction, and treatment services.**

Cancellation of treatment and recovery grants has halted or curtailed drug courts, mental health diversion programs, jail-based treatment, and community reentry supports. Proposed cuts of nearly $1 trillion to Medicaid could further destabilize access to medications for opioid use disorder, outpatient counseling, and integrated behavioral health care. The impact of these cuts includes reduced availability of treatment programs, loss of overdose prevention infrastructure, and worsening service gaps for underserved populations disproportionately affected by the overdose crisis.

5. **Impact on education and training programs.**

The abrupt termination of scientific training programs and funding opportunities labeled as "DEI" undermines initial progress to increase involvement of under-represented individuals in addiction science, and it will impede our ability to adequately address disparities in access to evidence-based addiction services.

6. **Impact on scientific knowledge production.**

The number of scientific publications produced by grants funded by NIAAA and NIDA changed precipitously in 2025 compared to prior years, suggesting that the disruptive changes at the NIH may already be affecting critical knowledge outputs for addiction science.

7. **Costs to taxpayers and society.**

Based on economic models suggesting that every $1 of NIH research funding results in $2.56 in economic activity, we estimate that NIDA and NIAAA research grants terminated in early 2025 could have resulted in over $87 million of lost economic activity. Beyond the short-term effects on economic activity, the administration's actions will also likely inhibit future scientific innovation and discovery, negatively impacting the nation's economy long-term. Cuts to addiction science funding will likely have impacts on health care, crime, and other social costs. Not only does addiction science develop evidence-based interventions to reduce these costs, it also develops the next generation of interventions. Systematic reviews show consistent evidence that science-based prevention and treatment efforts save more money than they cost. This is why ongoing funding of addiction research is essential to the implementation of the most cost-effective services and policies.

5. Summary and Conclusion

Addiction science is more than a collection of individual scientists, research centers, funding bodies, scientific journals and training programs. It is a field of study that took over 50 years to build into a living, interacting network of dedicated scientists. The precipitous changes implemented by the Trump administration during the past year threaten the viability of a network that has proven to be a cost-effective response to one of the most serious public health problems facing American society.

The following measures are recommended to prevent further damage to the scientific infrastructure of addiction science and practice:

- Enforce Congressional control over approved federal funds so that they continue to be administered without sudden terminations or unexplained disruptions.
- Use Congressional investigative and oversight powers to ensure that decisions to modify or terminate scientific grants, contracts, and intramural research are legal and consistent with the intent of Congressional authorizations, and that their effects on patients, programs, and local communities are fully considered.
- Ensure that the review process for competitive grants and contracts at NIAAA, NIDA, CDC, SAMHSA and other agencies is based on scientific considerations, is free from "ideological review" and remains nonpartisan.

In conclusion, this report finds evidence that addiction science is under siege, with major consequences for research, treatment, prevention and policy. Without corrective action, continued erosion of the scientific, clinical, and data infrastructure will impair the nation's ability to respond effectively to the problems resulting from addictive substances and behaviors.