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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None of the following authors have conflicts to declare **(TB, JW, VN, AP, SV).**
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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.

1. INTRODUCTION

Substance and behavioral addictions impose enormous health and economic costs on individuals and society. Alcohol and other substance use drain over $740 billion a year from the US economy. These costs include chronic disease, premature death, lost productivity, theft, and violence, as well as 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 alcohol, tobacco, and other substance use.

Beginning in the late 19th century, a variety of programs and policies were developed to help individuals and families suffering from addiction.

But it was not until the latter part of the 20th century that the US federal government began to support scientific research on the medical and social problems associated with the abuse of alcohol, tobacco, and other substances (Edwards & Babor, 2012), as well as gambling and other behavioral addictions. With increasing support from the US federal government, by the first quarter of the 21st century the infrastructure of addiction science had grown to include numerous research funding sources, more than 100 specialized scholarly journals, scores of professional societies, over 200 research centers, a growing number of specialty training programs, and thousands of scientists (Babor et al., 2017).

This infrastructure has ensured that treatment, prevention, and harm reduction policies are informed by scientific evidence and result in demonstrable improvements in public health. Accomplishments in this field include treatments to break the cycle of addiction for millions of cigarette smokers (USPHS Office of the Surgeon General, 2020), strategies for communities to support families with substance-related problems (Sanders, 2000), prevention programs that divert youth away from substance use (Tremblay et al., 2020), medications that help people reduce their substance use and increase the probability they achieve long-term recovery, and public health policies that reduce crime, suicide, overdose, alcohol-impaired driving, and substance-related diseases. These accomplishments, significantly derived from federally funded research, have produced a considerable return on investment in personal and economic terms (Fairley et al., 2021; Fardone et al. 2023.)

This report describes the impact of the dramatic changes in US federal support for addiction science and practice (i.e., prevention, treatment and recovery services) that have occurred during the first year of the second Trump administration. The impact is evaluated in terms of: (a) the ability 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. The first perspective speaks to the mission of science to produce fundamental and practical knowledge. The second is a public health mission that provides ample justification for societal investments in basic research as well as social, economic, psychological studies that have led to the development of more effective prevention and treatment programs.

LaBelle (2025) estimated the initial impact of the administration's actions on addiction science during the first 100 days of the second Trump administration. They concluded that the impact on clinical care for patients would be contingent upon whether the proposed reductions to Medicaid are adopted in the FY25/26 federal budget. This report expands on the methods used by LaBelle in several ways. First, it provides more documentation of the initial changes during the first 3 months by extending the evaluation to the time when the FY25/26 federal budget was adopted in late January 2026. Second, it includes the impact of a set of intervening variables that represent the major components of the addiction science infrastructure, including research grants, federally funded training programs, and scientific publications. Additionally, this report describes the social and economic costs of the dramatic changes being made to addiction science and practice, including treatment and prevention services.

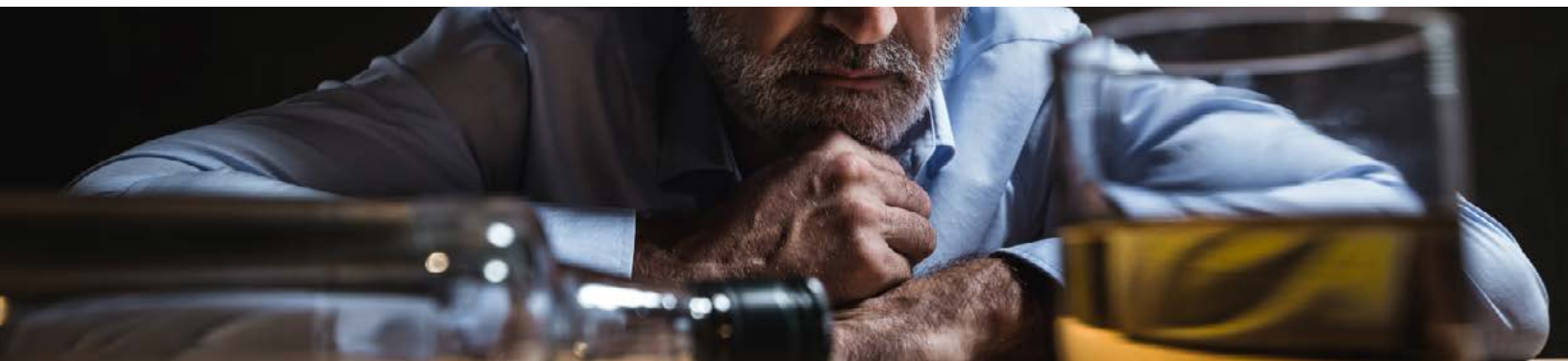
Where possible, we cover the impact on research, practice, and policy related to all psychoactive substances (whether legal or illicit) and addictive behaviors.

Throughout this document, the words addiction and alcohol/substance use disorders (SUDs) are used interchangeably. We note that the term "addiction research," includes studies of substance use in the absence of addiction because many of the health and social consequences, such as traffic accidents and harm to others, are attributable to acute intoxication in the absence of a dependence syndrome. The term practice is used to encompass prevention, treatment, harm reduction and other services that improve health outcomes for individuals at risk or using substances (e.g., alcohol, marijuana, illicit substances, and non-prescription use of licit substances).

1.1 What is Addiction Science and Why is it Important?

Like other interdisciplinary areas of biomedical and behavioral research, addiction science requires expertise and collaborations across disciplinary boundaries, involving scientists trained in the biological, social, behavioral, and population sciences. It also relies on integration of nonacademic partnerships with policymakers, service providers, public interest groups, and persons with lived/living experience of SUD(s) and recovery. The current underlying framework, or infrastructure, of addiction science and practice is comprised of university and medical research centers, scholarly journals, professional societies, training programs, specialized services, and funding agencies.

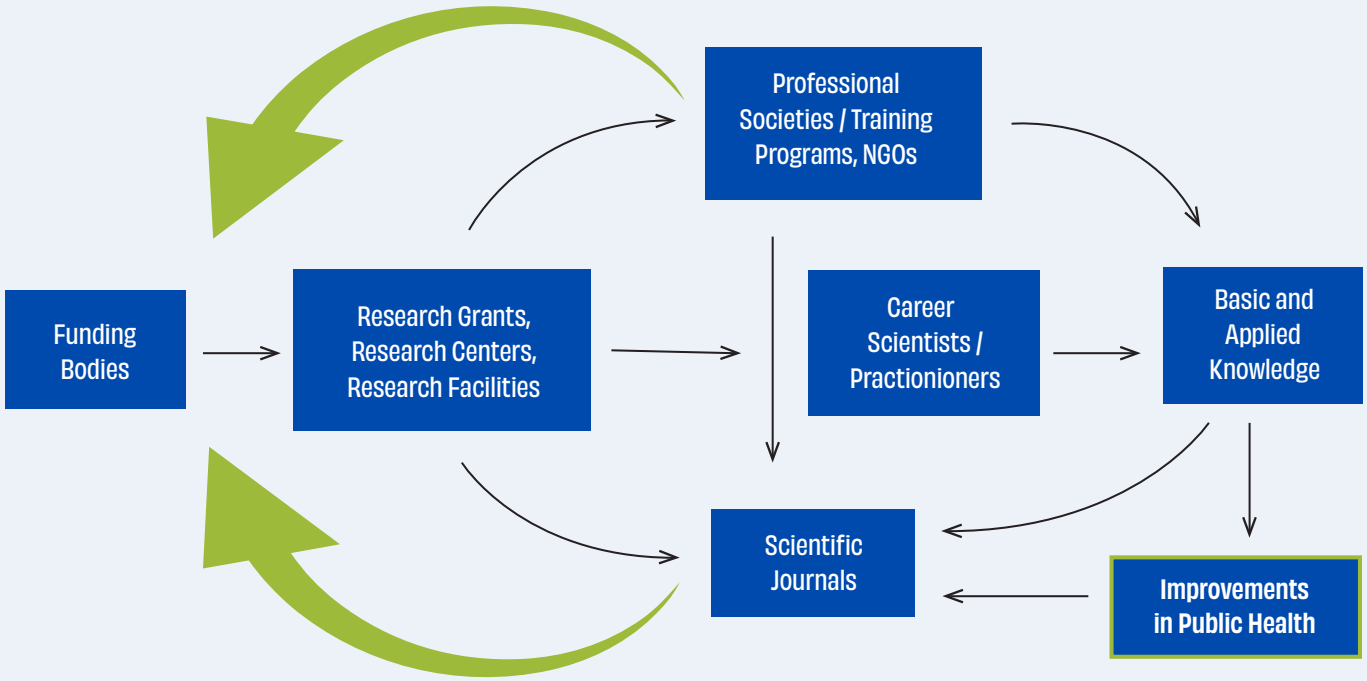
The emergence of addiction science was driven primarily by societal concerns in the late 19th century about the problems of alcohol and, later, about cocaine and opiates (Babor, et al., 2017). Just as addiction science was gaining momentum, it was nearly extinguished when a decline in alcohol use occurred during Prohibition, the Depression and the Second World War. As part of the emerging biomedical establishment in the postwar period, addiction science experienced phenomenal growth, which can be characterized by at least four megatrends (Babor, 1993; Babor et al., 2017): (a) the funding of addiction research and related organizational structures, (b) international collaboration in research, (c) significant scientific breakthroughs in addiction science and treatment, and (d) the rapid expansion of scientific publishing of addiction research. These megatrends have been made possible by investments in public interest science by national governments, private foundations and, to a lesser extent, the pharmaceutical industry.



As depicted in Figure I, funding bodies support the four fundamental parts of an infrastructure responsible for the generation of basic and applied knowledge leading to improvements in public health. Feedback loops indicate the influence of professional societies, training programs and non-governmental organizations, supported by the addiction specialty journals, to provide direction to funding bodies.

This infrastructure has resulted in a better understanding of the genetic, neurobiological, and environmental risk factors that lead to the development of SUDs as well as more effective treatment, prevention and policy interventions designed to reduce the economic costs of addiction and improve health outcomes (SAMHSA, 2016).

Figure 1: Conceptual model of the impact of funding bodies on addiction science and public health.



Adapted from Babor, et al. (2017).

From a societal perspective, the tangible products of the addiction research field can be measured in terms of scientific knowledge produced, evidence-based services implemented for prevention, treatment, and recovery, and policy interventions known to be effective to address the consequences of substance use. Ultimately, the cumulative and collective impact of these efforts should be the reduction of addiction- and substance-related harm, suffering, mortality and disability. Beyond the impact on individual and public health, addiction science and practice have social and economic benefits that far outweigh the costs of maintaining this infrastructure.

2. METHODS

We start by enumerating the executive orders issued in the first year of the second Trump administration. Next, we quantify the numbers of grants affected at NIH and specifically in NIAAA and NIDA. We also describe the reductions in the staffing of NIDA, NIAAA, CDC, and USAID, including their grants administration capabilities and their Intramural Research Programs. As many other agencies fund addiction-related studies (e.g., the Veterans Administration and the National Science Foundation), our analysis will underestimate the true number of cuts to addiction science funding.

A variety of research methods and informational sources were used to compile this information, as well as the short-term and long-term impacts of these actions.

Specific methods are described in more detail in the sections below, including:

- Review of Presidential executive orders (EOs) and their implications for addiction research.
- Review of news reports, often prepared by medical journalists, of administrative actions and their potential impacts.
- Summaries of grant termination data reported in medical journals (e.g., cancellation of DEI-related grants and those focused on vulnerable populations). Quantitative analyses of data gathered from publicly available online databases: the NIH Research Portfolio Online Reporting Tools Expenditures and Results (RePORTER) module, the NIH Guide for Grants and Contracts, and Grants.gov.
- Interviews with present and former federal employees.
- Infrastructure tracking, including training programs (e.g., postdoctoral trainees, predoctoral trainees, clinicians), treatment services, research applications and awards.
- Narrative reviews of scientific reports and peer-reviewed articles on economic impacts of research funding.
- 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 experienced an unprecedented level of disruption. Through EOs, workforce reductions, rescissions of active grants, and deep structural changes to USDHHS, 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 epidemics. Federal agencies supporting addiction research and service provision—most prominently NIH,SAMHSA, CDC and the FDA—have undergone sweeping budget cuts, personnel layoffs, organizational restructuring and ongoing uncertainty.

An EO is a directive by the President of the United States used to set priorities and manage operations of the federal government.

EOs are only binding on the federal government's Executive Branch. They are subject to judicial review and may be overturned if the orders lack support by statute or the Constitution. But when they are issued in rapid succession and implemented without advance planning, they can create chaotic disruptions throughout the government even if Congressional review and judicial litigation, which proceed at a much slower pace, eventually reverse inappropriate or unconstitutional actions derived from them.

At the time of writing, the administration has recorded 225 EOs issued since the start of President Trump's second term. Table I (see pages 45–50) describes the nature, status, and potential impact of 26 of those orders, selected for their potential effects on addiction science and practice. These EOs were directed at diversity and health equity programs, funding of and membership in international organizations, use of terminology to define social categories (e.g., gender and sex), organizations involved in the drug trade, foreign public health and education development assistance, tariffs on goods and services (including alcohol), and staffing and organization at federal agencies charged with addiction research and services.

4. IMPACTS

Given the wide variety and rapid implementation of the administration's science and practice initiatives, **we evaluated the measurable and potential impacts in seven areas:**

1. the addiction science infrastructure at NIH;
2. impacts on other federal agencies affecting evidence-based practice;
3. weakening of public health surveillance and data infrastructure;
4. cuts to prevention, harm reduction, and treatment services;
5. impact on education and training programs;
6. impact on scientific knowledge production;
7. costs to taxpayers and society.

4.1 Impacts on the Addiction Science Infrastructure at NIH

The largest single source of funding for addiction science in the world is NIH.

The NIH budget is congressionally allocated and thus, legally, the Trump administration cannot cut the NIH budget without congressional action. But the administration nevertheless terminated thousands of NIH grants and refused to award others, leaving congressionally allocated funding unspent. This action was carried out through the executive authority of the Office of Management and Budget (OMB) and the tactics employed by the Department of Government Efficiency (DOGE). An analysis conducted by Liu and colleagues (2025) of NIH grant terminations occurring between February 28, 2025, and April 8, 2025 showed that 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 DOGE as using terminology related to DEI, or keywords mistakenly flagged as related to DEI (e.g., "transgenic" mice, "inclusion" criteria for research participants). Because these grants were terminated precipitously, without any provisions for a gradual phase out, the initial investment in collecting and analyzing the data and reporting the findings, such as in the case of clinical trials or longitudinal studies, is likely wasted (Patel et al., 2026). This does not include the disruption resulting from newly funded grants that were "paused" or delayed for unexplained administrative reasons. Although lawsuits reinstated some of these terminated grants, determining the costs of these disruptions is not presently possible due to the lack of transparency in reporting.

At NIH more broadly, at least $588 million in research grants was canceled early in 2025, and approximately 1,200 scientific and technical staff were terminated (Stein et al., 2025; Waldman, et al., 2025). The administration's FY 2026 budget proposed reductions to NIH's total funding by roughly 40 percent (USDHHS, 2025). Under this proposal, NIDA, NIAAA, and the National Institute of Mental Health (NIMH) would have been merged into a single center, with their combined budgets cut by $1.86 billion from 2024 levels. The proposal also sought to reduce the indirect cost rate to 15% and it dramatically expanded a "multi-year funding" model so a proportion of grants would be awarded upfront for multiple years. Multiyear funding did occur in FY2025, in part due to the push to expend institute funds prior to the end of the fiscal year. It is anticipated that this will continue in FY2027. A 40 percent cut in the NIH budget would have devastated the scope of federal addiction science, constraining the nation's ability to develop and evaluate prevention and treatment approaches, evaluate emerging substance use trends, and support early-career researchers in a field already under-resourced relative to the scale of addiction-related harms in society.

Congress rejected the most extreme elements of the administration's budget proposal in the most recent bill signed into law on February 3, 2026. The Fiscal Year 2026 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill is part of a larger omnibus package that included funding for NIH and other agencies. While the FY2026 budget retains NIH funding at current levels and maintains the current organizational structure of NIDA and NIAAA, the FY2027 will be released this spring and it is anticipated that it will revisit cuts in the NIH budget and the proposed organizational restructuring.

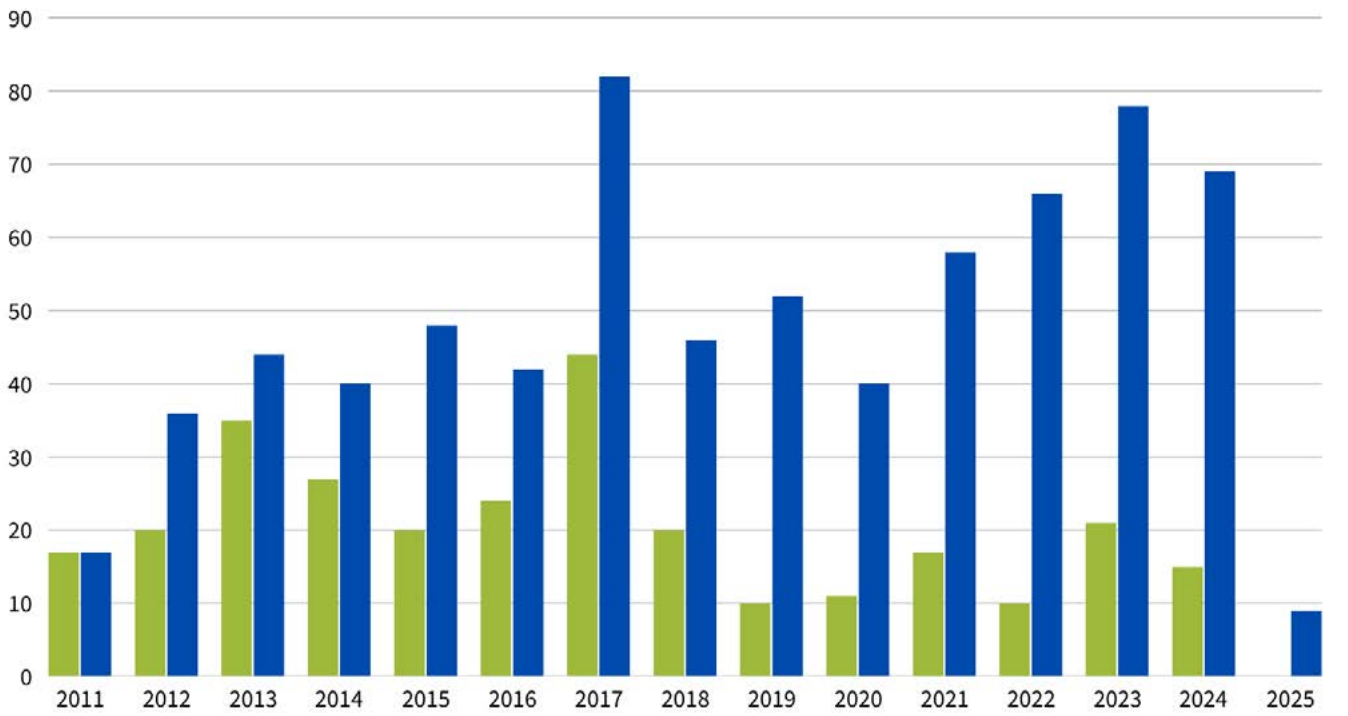
Overall, this bill stipulates NIH will receive a small, 0.9 percent increase in FY 2026; however, the budget allocations specifically for NIDA ($1,662,695,000) and NIAAA ($595,318,000) remained unchanged from the FY 2025 levels. Flat budgets for addiction science, which fail to increase funding in line with inflation, will result in a reduction of real purchasing power. While Congress also declined to give OMB authority to apply multi-year funding to all NIH grants, the bill does allow the same level of multi-year funding as implemented in 2025, which resulted in approximately 2,000 fewer awards compared to 2024. This change has abruptly shrunk the number of investigators receiving funding in FY 2025 (Bhatia, et al., 2025), reducing the field's ability to sustain active research programs, with a disproportionate impact on early career researchers (Oza and Wosen, 2025). Because of these actions, the number of funded investigator teams is likely to shrink further in 2026. Many strong proposals will go unfunded, not because the science is weaker, but because fewer awards are available (more details are available here.) For researchers, this means heightened competition and longer odds for a funded proposal. For NIH staff, it means even harder decisions about which grants to fund from an already competitive pool of approved grants.

Moreover, the NIH budget does not address the dramatic loss of staff at the agency. NIH lost 4,049 employees in 2025, or about 18 percent of its work force (Fiore & Booth, 2026). These departures included staff removed through formal reductions in force, probationary terminations, and approximately 2,000 people who left through early retirement, buyouts, or separation offers. NIH lost communications staff, program officers, grants management specialists, support staff, and 16 institute and center directorships. More than 10,000 STEM PhDs were fired, retired, or quit across 14 U.S. government agencies in 2025 (Hersher & Mervis, 2026). These agencies lost far more STEM PhDs in 2025 compared to 2024, before Trump took office. The NIH was at the top of that list with more than 1100 PhD departures, compared with 421 in 2024. These departing NIH staff scientists took with them a wealth of subject matter expertise and knowledge about how the agency operates. Although the official numbers of departures were not broken down across each NIH institute and center, we know from interviews with former staff that a great many of the departing staff members were employed at NIDA and NIAAA. This will cause significant strain on these institutes as the remaining staff are absorbing excessive workloads.

4.1.1 Reductions in Funding Opportunities

Our analyses of publicly available data in the NIH Guide for Grants and Contracts shows a very dramatic drop-off in the number of funding announcements by NIDA and NIAAA in 2025, with NIAAA having no new funding announcements in 2025 (see Figure 2). This new strategy of publishing fewer funding announcements was developed by the Trump appointed NIH Director, Dr. Jay Bhattatcharya. The stated goal was to cut the overall number of published NIH funding announcements by at least 50% moving forward. This policy also includes early terminations of new funding announcements, which creates confusion among potential applicants.

Figure 2: Number of Funding Opportunities Published in the NIH Guide



As of April 2025, the NIH instituted a new "HHS Forecast Requirement for all NIH Notices of Funding Opportunities (NOFOs)." This is an entirely new process for the NIH that could lead to a longer approval period for all newly proposed funding announcements. NIH (2025a) further announced in August 2025 that the agency would no longer publish funding opportunities in the NIH Guide. Instead, they will only be published on grants.gov. Our search for NIDA and NIAAA funding opportunities in March, 2026, issued in fiscal year 2025 in the Grants.gov system rather than in the NIH Guide, identified 12 forecasted opportunities for NIDA and 8 forecasted opportunities for NIAAA. However, nearly all of these opportunities were still listed as "forecasts" rather than as open solicitations in the Grants.gov system. We estimate that there may be at least an additional six-month lag from forecast to publication of a final funding announcement. This is indicative of the extended clearance and political approvals now in place for all new NIH funding opportunities. These procedural changes at NIH will likely slow the release of new funding opportunities, reduce transparency, and make it more difficult for researchers to plan and secure support for addiction science.

4.1.2 Reductions in Grants Awarded

Perhaps due to the new multi-year funding policy instituted by the NIH, there were also significant drops in the number of new (competing) grants awarded by NIDA and NIAAA in fiscal year 2025 compared to previous years (Kaiser, 2025).

Figures 3, 4 and 5 show these trends, as compiled from publicly available data from the NIH RePORTER for NIDA and NIAAA.

Although noncompeting (already funded multiyear grants) remain stable, the number of competing awards in 2025 is the lowest since 2019, and funding for new grants was at its lowest point since 2000 (Figure 5). This sharp decline in new grant awards could limit scientific innovation, reduce research capacity, and restrict opportunities for emerging investigators in the addiction science field.

Figure 3: Number of Competing and Non-Competing Awards for NIDA by Fiscal Year

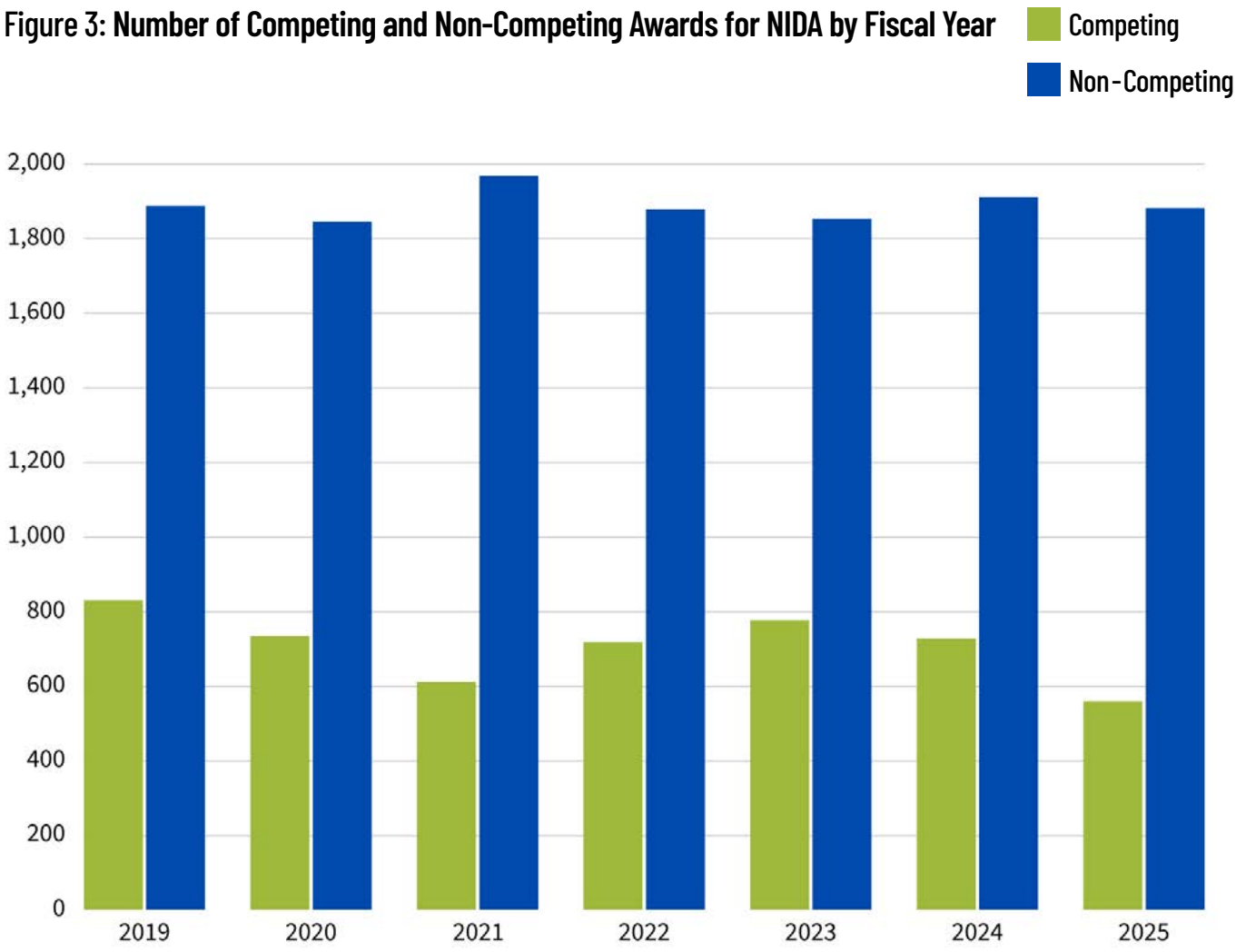


Figure 4: Number of Competing and Non-Competing Awards for NIAAA by Fiscal Year

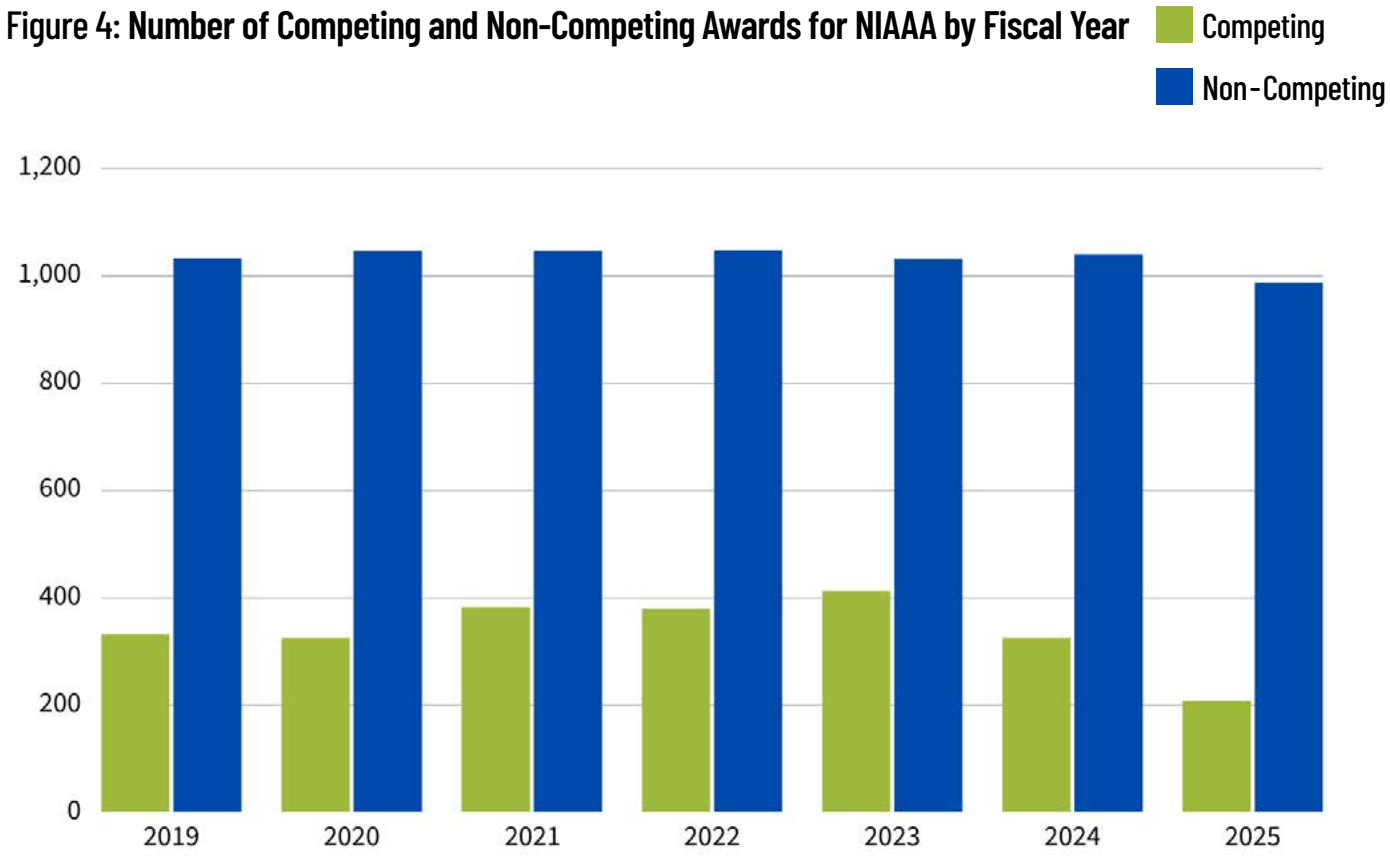
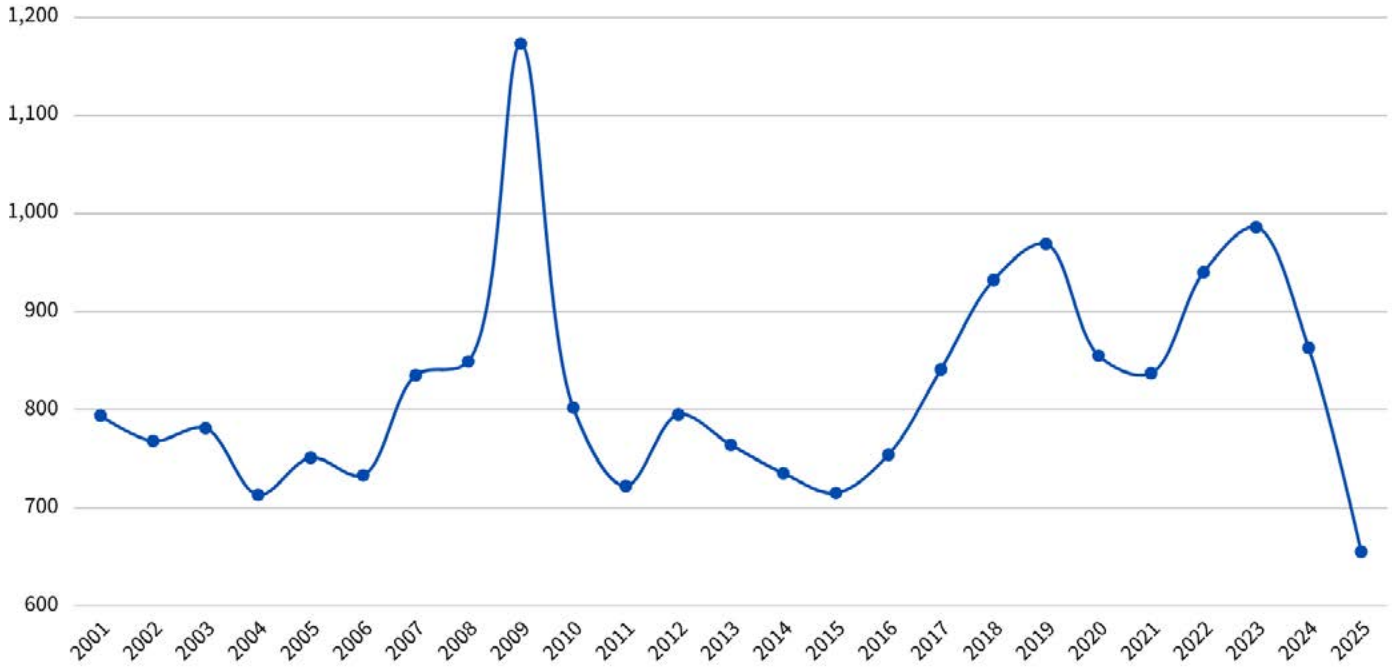


Figure 5: New NIAAA and NIDA-Funded Grants, 2001-2025 *(source: NIH RePORTER)*



4.1.3 Other Impacts at NIH

Other changes at the NIH have significantly affected the way grant-funded projects are managed and reviewed, with far-ranging consequences:

Grant terminations without appropriate scientific review:

Before 2025, grant terminations were rare, and this action was only used for egregious misuse of funds or other serious offenses, such as scientific misconduct. The new administration has terminated grants abruptly (Kozlov & Mallapaty, 2025), typically without thorough review or scientific input from relevant NIH program officers, and only by providing vague rationales. This shift lacks transparency and it could introduce political considerations where scientific merit was previously the main criterion.

Retroactive determination of "alignment" with NIH/USDHHS priorities:

Active grants are now being assessed both at the application stage and retroactively for alignment with the evolving priorities at NIH and HHS (Kozlov, 2025). This means that previously approved projects may be reevaluated and potentially defunded at any time if deemed misaligned with the current strategic priorities, which were not clearly stated either for the extramural community or NIH program staff tasked with guiding scientific investigators through the process until well after the terminations began (Kaiser, 2025). Grants that fell well within the stated priorities (e.g., "solutions-oriented approaches in health disparities research") were still required to change wording, remove aims, or change the population under study to receive or continue to receive funding. Because priorities could change (and in many cases, are not clearly stated), funded research may be terminated or rescoped at any time: NIH recently issued a notice stating that awards will be terminated "if the agency determines that the award no longer effectuates the program goals or agency priorities." (NIH, 2025b). These new practices have reduced scientists' confidence in the stability of NIH funding, with repercussions for grant-related hiring and scientific innovation and training.

Policing of language and goals of projects funded:

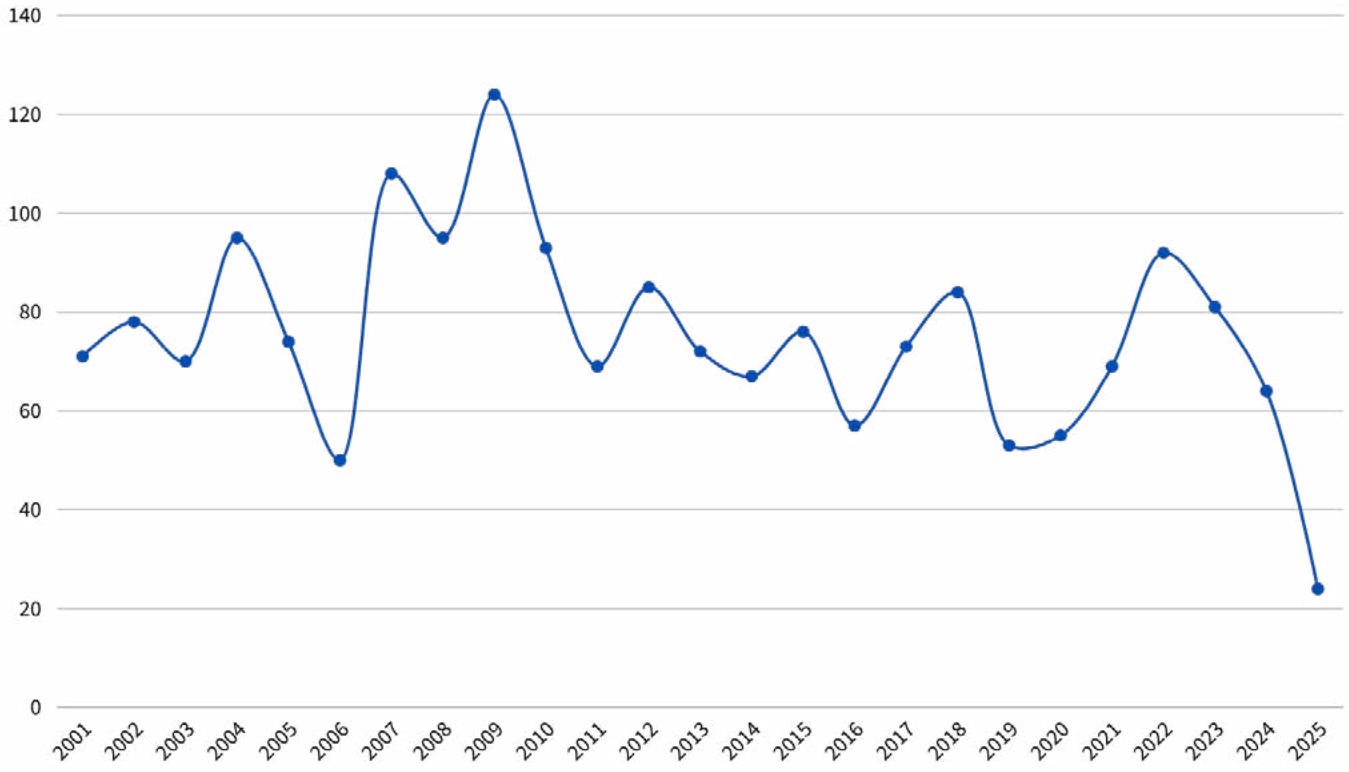
The administration has required changes to the language and stated goals of new and previously funded projects (Oza, 2025). Many investigators had DEI-related grants made available through specific funding mechanisms aiming to reduce health disparities —terminating these grants mid-stream is a waste of taxpayer dollars and shifts funding from prioritizing gaps in science to alignment with political ideology.

Censoring grant language in this way restricts free exchange of ideas and will have lasting consequences for scientific innovation and real-world impact, hurting communities that are already vulnerable. While it is too early to determine the full impact on applications submitted after the new "alignment" practices commenced in summer 2025, it is likely that health disparities will continue to increase. As shown in Figure 6, the amount of new research on substance use and gender is at its lowest level in 25 years, suggesting that the EOs censoring language are already having an impact. Also, black and brown people have higher rates of overdose deaths and less access to treatment; thus, these practices reinforce historical practices in research that have disproportionately impacted black and brown people negatively.

Changes in advisory boards and peer review:

There have been notable changes in the composition and operation of advisory boards – e.g., Board of Scientific Counselors (BSC) (Moteni & Mast, 2025), and advisory councils (Kozlov, 2025b)– with women and people from minoritized groups removed at much higher rates (Johnson, 2025). Many advisory councils are operating with far fewer members than is typical or required by policy. Considering these members had already undergone extensive vetting, this change could reduce the independence and effectiveness of the advisory boards going forward. By law, NIH institute advisory councils must be in place to approve new funding. Yet, since President Trump took office in January 2025, only one new member has been added to the NIH advisory councils (Molteni, 2026). These are the key panels that make final recommendations on what research to fund at universities and medical centers. There have been reports of failure to replace advisory council members at NIAAA and NIDA (Kozlov, 2026), which could result in the inability to approve any new grants beginning in 2027.

Figure 6: New NIAAA and NIDA-funded grants including the word "gender," 2001-2025 *(source: NIH RePORTER)*



Shift away from scientific merit:

Decision-making regarding funding priorities now downplays recommendations from peer review, with NIH/USDHHS leadership setting narrow strategic directions (NIH, 2025c) and weighing in on individual grants (Allen, 2025). For example, the Deputy Director of NIH, Matthew Memoli, received a budget of $500 million to develop an influenza vaccine using older technology, an unprecedented amount for a single study, without a strong rationale or a thorough scientific review process (Cohen, 2025). Across all recent changes and initiatives, minimal input has been sought from NIH staff with scientific and programmatic expertise. All grant funding decisions must be approved by a political appointee (currently Dr. Bhattacharya, NIH Director), rather than an objective content-matter expert. The EO stating this policy (see Table I in Appendix on p. 49) includes explicit language that the political appointee can take peer review into account but should not "routinely defer" to anyone else in many decisions. This approach elevates political above scientific considerations, reduces the diversity of ideas, and undermines scientific review which prioritizes novelty and scientific rigor.

Collectively, these changes have weakened the balance between administrative oversight and scientific independence, with potential repercussions for innovation and impact in public health research, ultimately exacerbating health inequities and undermining the ability of science to improve health for all Americans, but especially those communities that are already vulnerable and disproportionately impacted by mental health and substance use problems as a result of social, environmental, and structural factors.

4.2 Impacts on Other Federal Agencies Affecting Evidence-based Practice

In addition to the support for research provided by NIH, many other agencies that contribute to the addiction science and practice infrastructure have been impacted by the actions of the Trump administration.

4.2.1 SAMHSA

SAMHSA provides funding for addiction prevention and treatment services and supports evaluations of the implementation of evidence-based prevention and treatment programs. SAMHSA has long been the hub of federal behavioral health prevention and treatment expertise and has undergone even more dramatic downsizing compared to NIH. Since January 2025, nearly two-thirds of the agency's staff have been terminated, including personnel in all ten regional offices and the Office of Treatment Services. Many of the agency's internal research, evaluation, and evidence-based practice programs were either eliminated or absorbed into the proposed "Administration for a Healthy America" (AHA), a smaller organizational structure with more limited statutory authority (Broderick & Facher, 2025). 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 (Mann, 2025). On January 13, 2026, more than 2,000 addiction and mental health programs received notice from SAMHSA that their funding was being terminated immediately, reflecting nearly $2 billion in cuts. Within 48 hours the grants were reinstated. The reasons for the sudden termination and reinstatement remain unknown, while SAMHSA-funded programs continue to move forward with uncertainty.

Cumulative and Combined Impacts

Addiction research centers constitute a microcosm of the addiction science infrastructure. As described in Appendix I, ASDN conducted a qualitative study of recent federal actions on seven addiction research centers funded by NIDA and NIAAA. The directors expressed a high level of concern about funding cuts to research and training, as well as restrictions on DEI programs. The overall impact on the work of their centers was considered significant. Although the sample is small, the findings are consistent with a recent survey of a national sample of 989 NIH grantees, including grant recipients from NIDA (9%) and NIAAA (4%), conducted by MassINC Polling Group (2026) for STAT News.

4.2.2 Health Resources and Services Administration and the Department of Justice

Other research-supporting agencies were similarly affected. The administration proposed cutting $11.5 billion from the Health Resources and Services Administration (HRSA), threatening the continuation of the Rural Communities Opioid Response Program, a critical source of funding for addiction initiatives in rural health systems (Tribble & Larweh, 2025). The Department of Justice (DOJ) canceled $820 million in grants, including funding streams used to evaluate and support substance use treatment and diversion programs within the criminal justice system (Amaning & Preston, 2025). Collectively, these cuts undermine current progress in reducing overdose deaths across the country and leave communities ill-prepared to face emerging drug threats (e.g., nitazenes, medetomidine, tianeptine or "gas station heroin").

4.2.3 International Agencies

Beyond the effects on US institutions that support addiction research and practice, the Trump administration has taken actions that weaken addiction science internationally. American addiction science contributes to and benefits from international collaboration in research and public health initiatives related to epidemiology, statistical reporting of mortality and morbidity, treatment interventions, and international policies affecting alcohol, cannabis, and other substances, including tobacco products. From the development of the AUDIT (Babor and Grant, 1989; Saunders, et al., 1993) and ASSIST (WHO ASSIST Working Group, 2002) screening tests to the sponsorship of research on diagnostic criteria for SUDs in the International Classification of Diseases, American participation in the work of WHO has enhanced the ability of US addiction scientists to improve treatment services and national policies both in the US and abroad. Despite a remarkable record of international collaboration in public health addiction research, the Trump administration has withdrawn US membership in WHO and has made dramatic reductions in funding for programs that address issues related to SUDs. In one of the first acts of the new administration, the budget for the USAID HIV/AIDS programs was cut by 69% (Walker, et al., 2026), including HIV testing for orphans in South Africa and the HIV/AIDS prevention program known as PEPFAR created by former President George W. Bush (KFF, 2025) which has been credited with saving more than 25 million lives since its inception (Bush Center, 2025). And just a week before scientists in South Africa were to begin clinical trials of an HIV vaccine, US funding was terminated without explanation (Magome, 2025)—this in a country with the highest rate of HIV infection in intravenous (IV) substance users in the world.

4.3 Weakening of Public Health Surveillance and Data Infrastructure

One of the most consequential developments in 2025 has been the rapid degradation of federal public-health data systems. Many of the datasets essential for monitoring substance use, addiction, mental health, and behavioral-health disparities were altered, removed, or frozen — and the workforce reductions and program terminations at the CDC and SAMHSA further compromised data quality and continuity.

Between January and September 2025, the second Trump administration implemented workforce reductions, rescinded grants, and executed data-removal directives that disrupted several core federal surveillance systems used to monitor substance use, addiction, and behavioral health trends. These systems serve as the backbone of U.S. epidemiologic monitoring, and their degradation has weakened the nation's ability to track emerging overdose trends and behavioral risk factors.

At SAMHSA, the team responsible for the National Survey on Drug Use and Health (NSDUH)—the country's most important annual survey of substance use trends for over 50 years—was initially laid off entirely. The 2024 NSDUH report was published without racial and ethnic breakdowns for key indicators, reversing years of progress toward tracking health disparities in substance use, addiction, and treatment access (Chatterjee, 2025). The loss of racial and ethnic disparity data in the NSDUH undermines the ability to identify, monitor, and address inequities in substance use and treatment access among vulnerable populations. Furthermore, the SAMSHA Drug Abuse Warning Network (DAWN), which collects data on emerging substance use trends in emergency rooms across the country, was eliminated without announcement or any justification (Dayak & Kramer, 2026).

At the CDC, several surveillance programs were cut or proposed for elimination including the alcohol-related harms program, and opioid/overdose prevention funding was frozen at FY 2020 levels (Cueto, 2025).

On January 31, 2025, a large number of federal datasets went offline. Some were restored, but many without full documentation (codebooks, questionnaires) or with modifications. The Behavioral Risk Factor Surveillance System (BRFSS), one of the most widely used national health surveys that has been ongoing for ~40 years with state-level data across nearly all U.S. jurisdictions, had its data files temporarily taken offline. While the data files were later reposted, the documentation was missing; the survey had included modules on sexual orientation and gender identity, putting that additional capability at risk (Cox, et al., 2025). The Youth Risk Behavior Surveillance System (YRBSS) experienced offline removal of its landing pages and materials. This survey, which tracks substance use and related risk behaviors among teens, was impacted by the purge of datasets flagged for using "gender" rather than "sex" (Cox, et al., 2025). A detailed investigation found at least 146 datasets were removed from the CDC's public platform in early 2025, many due to terminology changes (e.g., replacing "gender" with "sex") or use of variables on gender identity, sexual orientation, or other equity-related fields (e.g., "vulnerable" or "underserved" populations, "race/ethnicity") (Parker, 2025). Other major indices and dashboards removed or altered include the Social Vulnerability Index and other census-tract level indices that have been critical for identifying communities at heightened risk of SUD, overdose and treatment gaps (Cox et al., 2025).

At the NIH, data on gender identity was omitted from the NIDA-led Adolescent Brain Cognitive Development (ABCD) Study 2025 data release (McMurray, 2025), citing alignment with agency priorities. With over 11,000 participants, ABCD is the largest long-term study of brain development and child health in the U.S. and included developmentally sensitive measures related to gender identity (Potter et al., 2022).

The Gender Identity and Sexual Health (GISH) workgroup has been sunset, suggesting these data will no longer be collected in future waves of the study.

Other foundational datasets were also affected. In October 2025, staff overseeing the National Health and Nutrition Examination Survey (NHANES) were laid off, jeopardizing one of the country's most comprehensive, long-running population health surveys. The initial layoffs affected the entire planning team, raising serious concerns about the future of the survey. However, reports from late October 2025 indicated that USDHHS appears to have reversed the terminations for the specific staff involved in the NHANES survey. There was some confusion among affected employees, as not all of the approximately 1,300 initial layoff notices were rescinded, and those not reinstated had their work email access cut off (Cooney, 2025). The NHANES program itself has been conducted continuously since 1999, with data typically released in two-year cycles, and it has not been officially discontinued. The CDC's NHANES page provides information for the current survey cycle and proposals for future cycles.

Additionally, the Social Vulnerability Index, a key tool used during the COVID-19 pandemic to identify communities at heightened risk due to poverty, pollution, and other structural inequities, was removed from public access. Several CDC datasets were briefly taken down and republished only after variables such as "gender" were replaced with "sex," eliminating measures needed to study gender identity, transgender health, racial differences, and related disparities (Cox et al., 2025).

International health data were not spared: the entire USAID website was taken offline, cutting off public access to the Demographic and Health Surveys (DHS), a gold-standard dataset used worldwide for monitoring infectious diseases, maternal health, nutrition, and health systems performance (Cox et al., 2025).

The removal, suspension, and/or alteration of these datasets means fewer reliable, state-level indicators for health risk behaviors (including substance use) and for social drivers of health that correlate with and often predict addiction. Without full questionnaires or codebooks, longitudinal comparability is jeopardized, making it harder to identify emerging trends in opioid, stimulant, or polysubstance use. The weakening of the BRFSS and YRBSS data undermines the ability of states and researchers to monitor behavioral risk factors (smoking, drinking, other substance use, exercise) and to target prevention and treatment resources accordingly.

The removal of data on gender identity, sexual orientation and race/ethnicity further limits the ability to identify disparities (for example in LGBTQ+ or justice-involved populations) and complicates efforts to deliver tailored interventions.

Although courts in some states have temporarily ordered the restoration of certain datasets, the cumulative effect is a fractured, less transparent national surveillance system, one that leaves policymakers with fewer tools to detect emerging threats, target interventions for high-risk populations, or understand the consequences of policy actions at a time when the overdose crisis remains a major public-health emergency.

4.4 Cuts to Prevention, Harm Reduction, and Treatment Services

The same pattern of disinvestment is evident in frontline addiction services. State, community, and school-based programs that rely on federal funding have experienced abrupt cuts, widespread uncertainty, and in many cases termination.

The administration terminated $1.7 billion in SAMHSA block grants sent to states to fund addiction and mental health services—the backbone of the nation's treatment and prevention infrastructure (Broderick & Facher, 2025). An additional $350 million in overdose prevention funds, including grants supporting naloxone distribution, was cut or frozen (Drug Policy Alliance, 2025). Programs serving pregnant and postpartum women, youth, families in recovery, and other vulnerable groups were eliminated or dramatically scaled back.

In the criminal justice system, DOJ's cancellation of treatment and reentry grants has halted or curtailed drug courts, mental health diversion programs, jail-based treatment, and community reentry supports (CorrectionsI, 2025). HRSA freezes have limited efforts to expand treatment services and telehealth in rural communities already facing severe workforce shortages (Tribble & Larweh, 2025).

Proposed cuts of nearly $1 trillion to Medicaid, the nation's single largest payer of addiction treatment, could further destabilize access to medications for opioid use disorder treatment, outpatient counseling, and integrated behavioral health care (Oster, 2025; Murphy, 2025; McGinty & Cerdá, 2025). Such cuts also threaten to limit the ability of schools and communities to provide programs known to prevent substance use initiation and escalation in youth (Healthy Schools Campaign, 2025). And actions already taken to slash grant funding and lay off staff at NIH could slow progress on developing more effective preventive interventions and treatments.

At the same time, EO 14321 (see Table 1 in Appendix on p. 49) and budget proposals signaled a shift away from federal support for harm reduction initiatives, including syringe services, supervised consumption sites, fentanyl test strips, housing first/supportive housing programs, and community naloxone programs (Raman & Hellmann, 2025; Rising, n.d.). The administration has emphasized abstinence-based approaches and punitive responses to addiction found to be ineffective (Volkow, 2021), marking a withdrawal of support for evidence-based harm reduction strategies shown to save lives, prevent disease, and expand treatment engagement.

The cumulative impact of these shifts is already evident: reduced availability of treatment and youth prevention programs, loss of overdose prevention infrastructure, and worsening service gaps for populations disproportionately affected by the overdose crisis—including tribal communities, rural regions, LGBTQ+ individuals, justice-involved populations, communities of color, and homeless and unstably housed people. These shifts further threaten the health and wellbeing of people with HIV, who often rely on robust prevention and treatment services to address both substance use and HIV-related care, thereby increasing their risk of adverse outcomes as service gaps widen.

These impacts stand in sharp contrast with EO 14379 (see Table 1 in Appendix on p. 50) that promised to coordinate among numerous federal agencies to implement the "Great American Recovery Initiative." Without providing any supporting evidence, the executive order claims that "Over the past year, we have made incredible progress in stopping the inflow of illegal drugs that threaten American communities." Although the EO mentions that "My administrationwill drive a new national response to the disease of addiction…," the focus on "recovery" leaves out complementary approaches typically applied in a national response to addiction, such as supply control measures, harm reduction, and primary prevention. Nor does the order mention the role of research in developing better services or science-based implementation strategies to improve cross-system collaboration.

Following the issuing of EO 14379 (see Table 1 in Appendix on p. 50), $100m in new grants was announced for a SAMHSA-managed pilot program aimed at addressing homelessness and substance use recovery in eight communities. The announcement stated the Trump administration would make faith-based recovery organizations eligible for addiction-related grants. Little research has been conducted on the services associated with these programs, nor is there evidence that the "community connectedness" rationale underlying this program actually facilitates recovery. For these reasons their impact on the broader spectrum of SUDs is likely to be suboptimal at a time when programs of known effectiveness are being cut.

4.5 Impact on Education and Training Programs in Addiction Research

NIAAA and NIDA have specific pre- and post-doctoral training programs (e.g., T32, F32, K series) that support the training of addiction scientists and help them develop independent careers. These institutionally based programs provide rigorous training in scientific methods, opportunities for trainees to gain expertise in a focused area of research and protected time to focus on addiction science. They are highly competitive. SAMHSA has several funding mechanisms to support training of professionals, for example, in the delivery of new and innovative treatment interventions.

In a poll conducted in April 2025 by the journal Nature, 75% of scientists who responded indicated that they were considering leaving the US, including 79% of the early-career scientists (Witze, 2025). While it is unknown how many of the scientists who responded to the Nature poll worked in the field of addiction, it does suggest early career scientists are seriously concerned about the future of scientific funding in the US. Trainees and early career scientists have significant reasons for concern given 1) grant terminations, pauses, or delays in funding decisions that have disrupted or halted their training; 2) a recent decline in new grants being awarded to early career scientists (Oza & Parker, 2025); and 3) the declining number of doctoral training slots available at US universities (Witze, 2025).

The Addiction Technology Transfer Center (ATTC) network has been consistently funded by SAMHSA for more than 20 years. The ATTCs work with states to provide technical assistance and training in areas identified by the local community. In January 2026, more than $2 billion dollars in SAMHSA funding was immediately terminated and this included funding for ATTCs. While this decision was reversed within 24 hours, it created a significant amount of confusion as individuals supported by these grants were laid off and it added to the stress experienced by the addiction health care workforce (Winstanley, 2020).

Consistent support for training is critical for the recruitment and replacement of addiction scientists in a field that has been stigmatized because of the nature of this disorder. It also ensures that aspiring scientists are trained in novel and state-of-the-art methods. Building a strong training pipeline requires inclusion of individuals from diverse backgrounds that reflect the communities most impacted by SUDs and promotes high-quality innovative research (Campbell et al., 2013; NIH, 2024). To address significant racial disparities in scientific funding (Taffe & Gilpin, 2021; Nguyen et al., 2023), NIDA along with other NIH institutes developed strategies to improve the diversity of the scientific workforce (NIH, 2019). Maximizing Opportunities for Scientific Academic Independent Careers (MOSAIC) was one such program, with preliminary data suggesting it was successful; however, this program along with others supporting under-represented scientists were terminated (Oza & Parker, 2025). The termination of these DEI training programs and funding opportunities undermines initial progress to include under-represented individuals in addiction science. It closes pathways to scientific careers for individuals with limited financial resources, and it will impede our ability to adequately address disparities and to conduct research in vulnerable and under-resourced communities that are often hesitant to engage in clinical trials due to mistrust.

The optimal size of the addiction science workforce in the US will depend on the extent of addiction-related problems, the funding provided by governments for training, the availability of training sites, and the promise of long-term career opportunities. Globally, there is now a network of perhaps 10,000 people worldwide who identify addiction science as part of their career identity (Babor, 2012). Membership in the 10 professional societies described in Babor, et al. (2017), which includes both basic and clinical scientists, is comparable to this number. Without more systematic attention to workforce monitoring, it is impossible to say whether the current number of addiction scientists is or will be sufficient to meet current and future needs and the demands for scientific information about addiction.

4.6 Impact on Scientific Knowledge Production

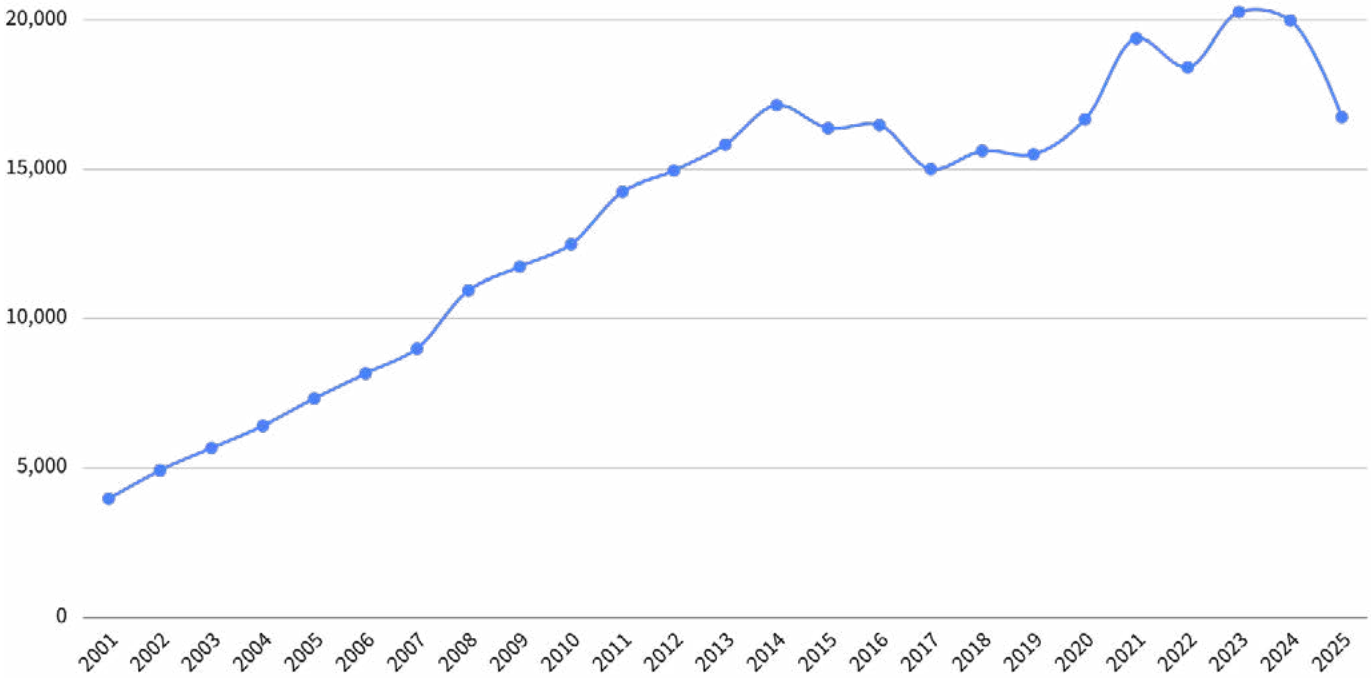
The production of scientific knowledge is a complex, multi-dimensional phenomenon. The number of papers published per year can be used as a proxy for the growth and productivity of a research topic over time (Bornmann and Mutz, 2015). To estimate the short-term impact of the administration's policies on output of scientific publications, we used bibliometric procedures to count journal publications from 2001 through 2025 that dealt with addiction research (e.g., "alcohol use disorder," "tobacco use disorder"). We also obtained information about addiction-related publications linked directly to the grants funded by NIDA and NIAAA through NIH RePORTER.

Figure 7 shows the number of publications produced by these grants from 2001 to 2025.

The linear growth trend in publications changed precipitously during the first Trump administration, and again in 2025, a clear indication that knowledge output may be affected by changes at NIH. Our bibliometric analyses found an extremely high correlation (r= .87) between annual funding for NIAAA and NIDA and the number of scientific publications resulting from that funding.

To the extent that federal funding acts as a stimulus to scientific communication about addiction, we may assume that the reductions in funding implemented in 2025 and in subsequent years will reduce the amount of knowledge produced, especially in the areas that were targeted by the administration's executive orders.

Figure 7: Number of publications produced by NIAAA and NIDA-funded grants, 2001-2025 *(source: NIH RePORTER)*



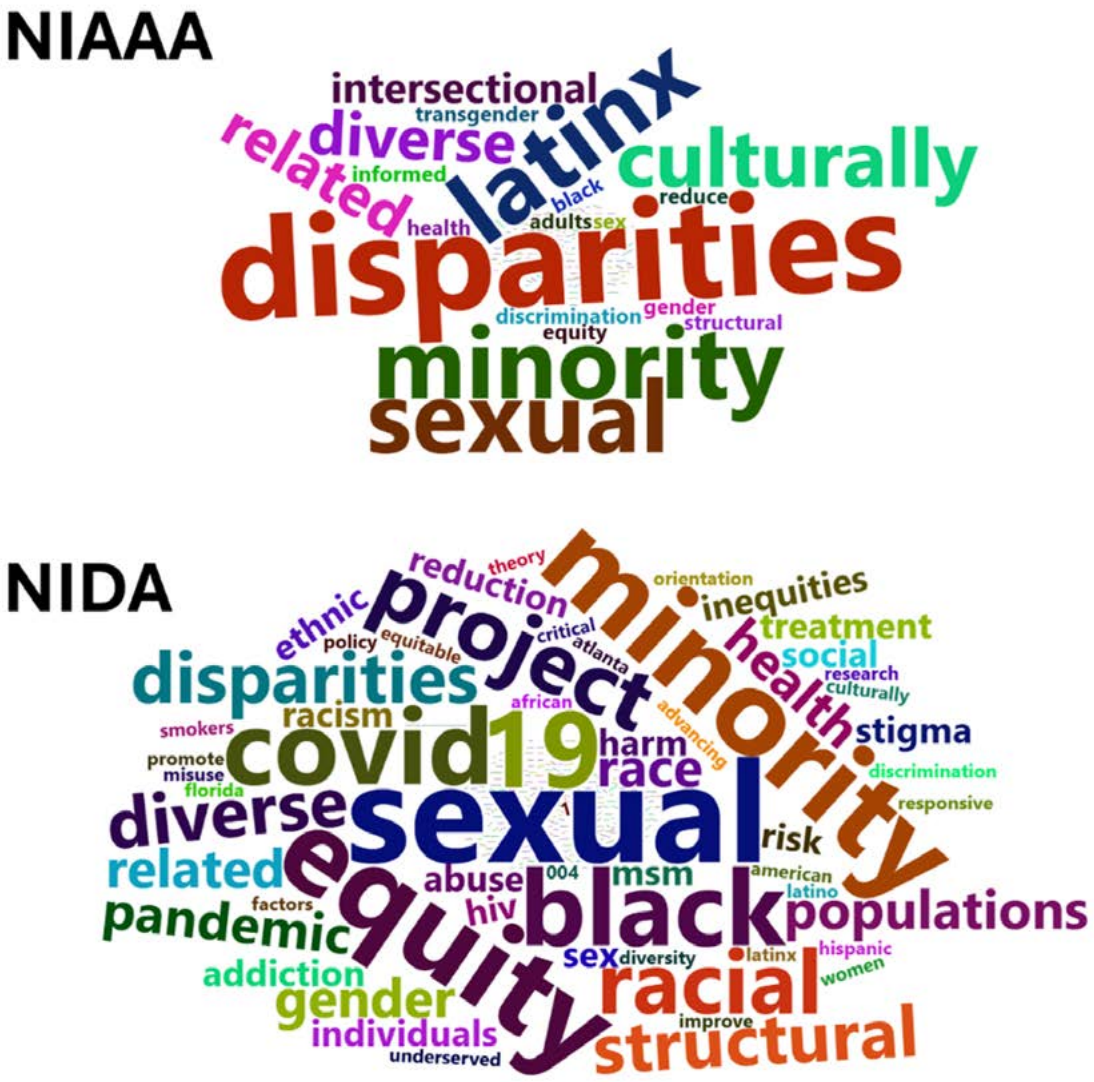
Terminology is an important part of scientific communication.

In the addiction field, terminology is constantly changing in response to emerging trends, new discoveries, diagnostic nosology and methodological needs. Attempts by the Trump administration to impose controls on the use of language to communicate among scientists could have a detrimental effect on the independence and creativity of addiction science (see Table I in Appendix on p. 45)

Figure 8 (following page) illustrates the terms that were removed from project titles in 2025 for previously funded grants at NIAAA and NIDA. The word clouds illustrate these terms, with each word's size reflecting the relative frequency of removal. Word frequency distributions were visualized using the wordcloud2 package in R. A circular layout was utilized, with a global scaling constant of 1 to ensure all high-frequency terms remained within the plotting area. At the time of this analysis, the datasets evidenced changes to 38 grants (out of 942 funded grants) at NIAAA and 104 (out of 2119) at NIDA.

Figure 8: Illustration of terms removed from grants changed by NIAAA *(top)* and NIDA *(bottom)*

*The font size of each word represents its *relative* frequency within the dataset.



Among the most contentious terms targeted by the Trump administration was the word "gender." One of the administration's first executive orders (EO 14168 in Table I in Appendix on p. 45), was framed as an effort to defend women from "gender ideology extremism." It defines sex as binary and attempts to erase gender as a scientific topic of inquiry. In contrast to the White House's contention that sex is strictly binary, there is considerable evidence (Pediatric Endocrine Society, 2025) that human gonadal development is more complicated and multifaceted.

Gender orientation shapes exposure to risks, access to care, interactions with health workers, and decisions about resource allocation and service availability within health systems, ultimately shaping health outcomes. The denial of gender as a scientific concept undermines decades of work towards evidence-based standards such as the Sex and Gender Equity in Research (SAGER) guidelines (Heidari, et al., 2016; Heidari and Babor, in press), which aim to strengthen scientific rigor by systematically integrating sex and gender analysis.

More importantly, such regressive measures are detrimental to the health of all populations, as neglecting sex and gender dynamics compromises evidence, skews public health responses, and deepens inequities (Haupt, et al., 2024). Figures 9 and 10 show 25-year trends in publications that acknowledge funding from NIAAA and NIDA grants that include the words sex and gender. The changes in research production focusing on these topics in 2025 suggest that the administration's executive orders and related funding priorities at NIAAA and NIDA may have resulted in a decline in new knowledge on these topics.

Figure 9: Number of Publications Produced by NIAAA and NIDA-Funded Grants that Include the Word "Sex", 2001-2025 *(source: NIH RePORTER)*

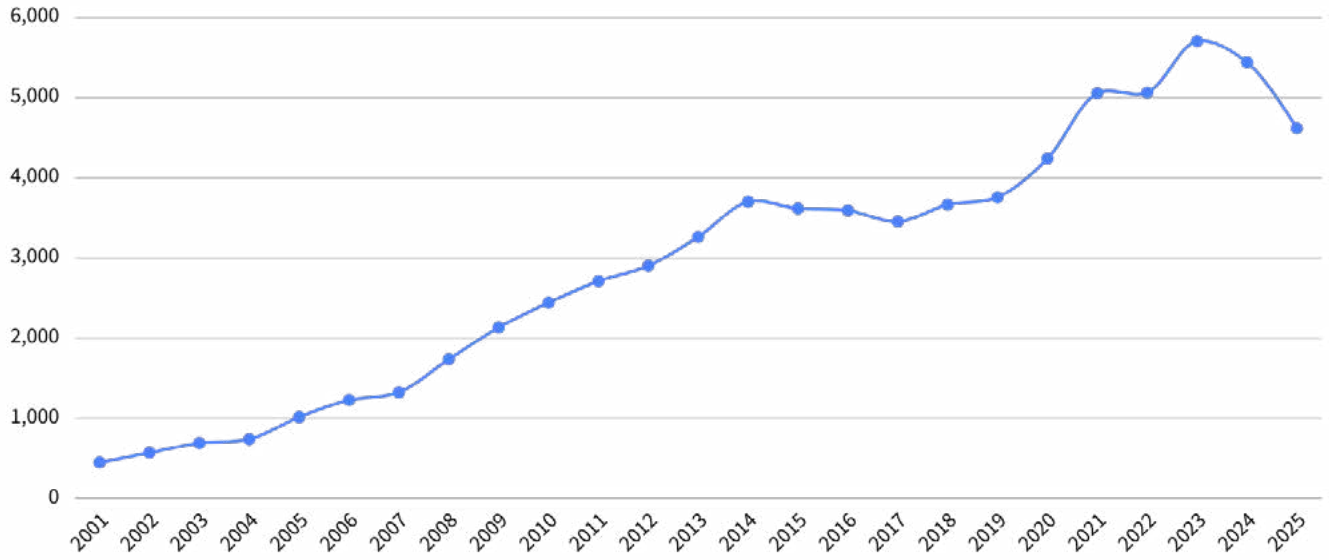
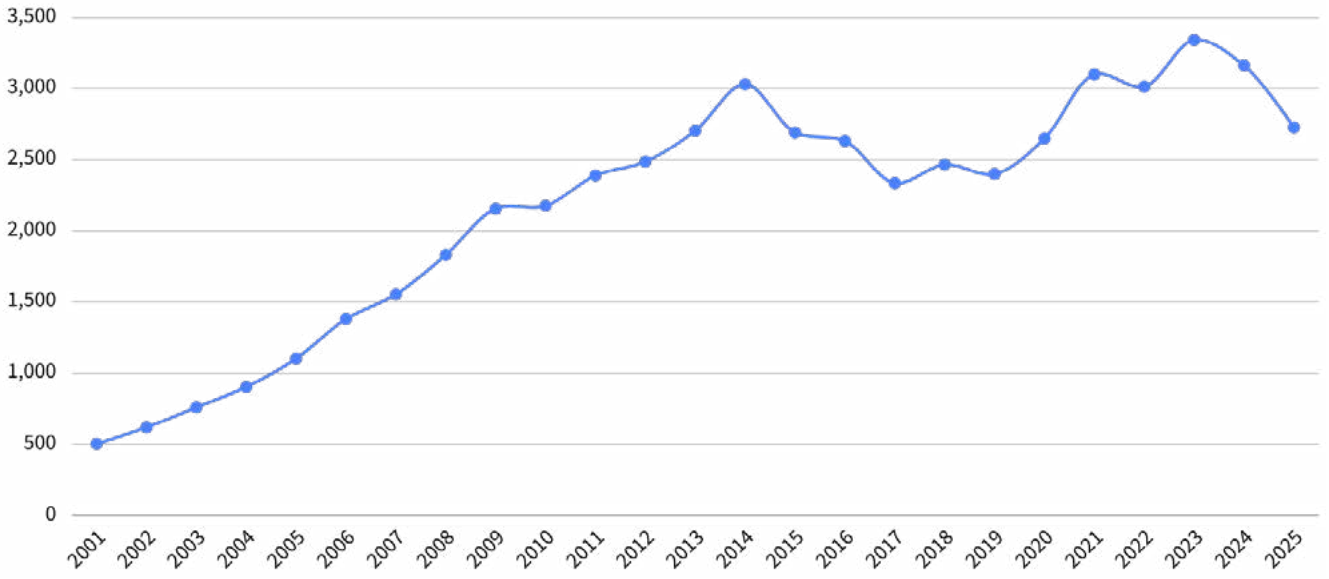


Figure 10: Number of Publications Produced by NIAAA and NIDA-Funded Grants that Include the Word "Gender", 2001-2025 *(source: NIH RePORTER)*

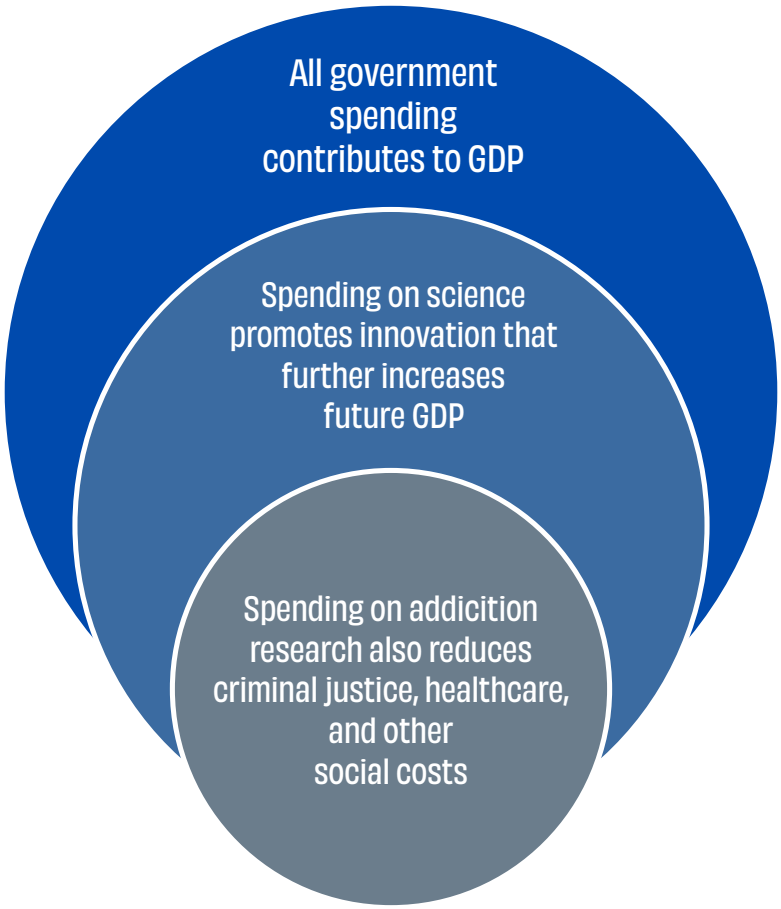


4.7 Costs to taxpayers and Society

The changes to addiction science discussed thus far have broad implications for taxpayers and society well beyond their immediate impacts on the addiction science field.

As illustrated in Figure II, government funding of addiction science yields economic benefits to the taxpayer in at least three ways. First, any government spending is a part of the larger economy and so major cuts such as those proposed and implemented by the Trump administration will have negative impacts on employment and economic growth. Second, publicly funded scientific research is a major driver of innovation and future economic growth, so cuts to science funding likely have broader downstream economic implications than do cuts to other forms of government spending. Third, the possibility of negative social costs incurred due to substance use and addiction (e.g., crime, homelessness, mental health, criminal justice, loss of work productivity) have long been a motivator for public funding of addiction treatment and science, so it is likely that funding cuts to the addiction science infrastructure will result in increases in these social costs. To explore these impacts, we used findings from previous studies on the societal impacts of science. Although clearly not definitive, these studies suggest that the Trump administration's actions will have negative repercussions for the following societal areas: economic activity and employment; scientific innovation and discovery; and spillovers to criminal justice and healthcare spending.

Figure 11: How Addiction Research Funding Helps the American Taxpayer



4.7.1 Impact on Economic Activity and Employment

The Trump administration's large and precipitous budget cuts and withholding of already awarded funds will likely have negative effects on the economic activity of the nation. Economists have long understood that government spending is a part of the larger economy and can have effects on gross domestic product (GDP) that exceed the amount of direct spending.

An additional economic impact occurs because spending in one sector of the economy has a multiplier effect on other sectors of the economy. An input-output (I-O) model is a common methodological approach for estimating the multiplier effect of economic activity in one sector of the economy on other sectors. I-O models are often used to estimate the local economic impact of new industries, major sporting events and concerts, or any other economic investment. I-O models can also be used on a national level to assess the full economic impact of national initiatives, including major federal government programs.

Since 2012, United for Medical Research (UMR) has published an annual report on the economic impact of NIH research funding. The 2025 report (UMR, 2025) uses parameters from the Regional Input-Output Modeling System (RIMS II), an I-O model developed and maintained by the Bureau of Economic Analysis (BEA) to estimate the impact of NIH research funding on economic activity in the US. The report also estimates the number of jobs supported, either directly or indirectly, by NIH research funding. UMR estimates that in FY 24, the NIH awarded $36.94 billion in research grants that supported over 400,000 jobs and resulted in $94.58 billion in total economic activity. In other words, every $1 of NIH research funding results in $2.56 in economic activity. Liu et al. (2025) estimate that NIDA and NIAAA had nearly $34m of unexpended grant funds terminated by the Trump administration in early 2025.

Based on the UMR report, we estimate that NIDA and NIAAA grants terminated in early 2025 could cost the US economy over $87 million in lost economic activity. For comparison, the 2024 GDP of Rhode Island was just over $82 million (BEA, 2025). Some of these awards have been reinstated, but the chaos created and the expense associated with stopping and restarting these grants are a waste of federal resources that reduces the economic benefits the funds could have achieved.

In addition to terminating awarded grants, the Trump administration proposed to limit indirect costs on NIH grants to 15%. Indirect costs, also known as overhead or facilities and administrative (F&A) costs, are the costs borne by a research institution that are not commonly billed as direct budget items. They include a variety of cross-grant supports, including the salaries of administrative and support staff necessary to ensure timely and accurate compliance with federal reporting requirements, pay custodial staff, and provide facility and utility maintenance. In a 2025 blog post, staff at IMPLAN (2025), a software platform that uses I-O models to conduct economic impact analyses, estimated the loss in economic activity that would result from the Trump administration's proposed cap on indirect costs would result in a loss of $6.1 billion in GDP and negatively impact 46,000 jobs nationwide. NIDA and NIAAA account for approximately 4.6% of the NIH budget. Assuming IMPLAN's estimates are proportionate to funding levels, the proposed indirect cost limits on grants from NIDA and NIAAA could cost the US economy more than $280 million in GDP and result in a loss of more than 2,100 jobs. And as we describe in the next section, cuts to addiction science funding are likely to result in economic harms not considered by traditional I-O models.

4.7.2 Impacts on Scientific Innovation and Discovery

Beyond the short-term effects on economic activity captured by I-O models, the administration's actions will also likely inhibit future scientific innovation and discovery, further impacting the nation's economy long-term. Innovation is key driver of future economic growth, and economists have therefore long sought to understand why some firms are more innovative than others (Lentz & Mortensen, 2008, 2016). A key and consistent finding is that public investments in research and development (R&D) are a key factor in stimulating innovation and the economic growth that it creates (Akcigit & Serrano-Velarde, 2021). As a result, the Trump administration's cuts to scientific funding will likely have a greater impact on economic output than I-O models suggest.

In a macro-economic analysis of the possible impacts of cutting federal R&D funding, González Garcia and colleagues (2025) found that cuts to agencies like NIH and NSF could have large negative impacts on GDP, investment, and government revenue. Specifically, they find that a 25% cut to public, nondefense R&D funding would reduce long-run GDP by 3.8%, an effect roughly equivalent to that of the Great Recession. This would result in a decrease in federal government revenue of approximately 4.3% annually. González Garcia and colleagues (2025) also examine the effect of a 50% cut to the R&D budgets of specific agencies, including NIH. They find that cutting NIH R&D funding by 50% would reduce GDP by 3.65% and federal revenues by 4.15%; recall that the Trump administration's proposed FY 2026 budget would have cut NIH funding by 40% had it passed (USDHHS, 2025). For perspective, the current NIH budget is about $48 billion per year (NIH, n.d.), so a permanent 50% cut to the NIH budget is about $24 billion per year. The U.S. GDP in fiscal year 2025 was about $30.36 trillion (IMF, n.d.), so a 3.65% reduction is about $1.16 trillion per year. Federal revenues were about $5.2 trillion in fiscal year 2025 (US Treasury, n.d.), so a 4.15% reduction is about $216 billion.

In a recent modeling study, Jalali and Hasgul (2025) explored the impacts of NIH budget cuts in more detail. They showed that the NIH budget reductions may have far-reaching implications for scientific progress, the biomedical innovation environment, and healthcare costs. Although the study was not specific to addiction science, it is relevant to the extent that the field is multidisciplinary and it covers a wide variety of health conditions, ranging from chronic diseases to behavioral disorders. Four issues were found to amplify the effects of NIH budget cuts and potentially offset the intended fiscal savings. First, a reduction in basic research could slow future innovations. Second, fewer NIH-funded training opportunities may shrink the future biomedical workforce. Third, healthcare expenditures could rise as private-sector research increases the costs of medical innovations. And fourth, decreased investment in public health and translational research will likely reduce disease prevention, further increasing healthcare expenditures, while decreasing the quality and quantity of life expectancy.

4.7.3 Spillovers to Criminal Justice and Healthcare Spending

Although many economic impacts discussed thus far are not specific to addiction science funding, they highlight the special role that public funding of research, including addiction science, has in promoting economic growth. Beyond the impacts on employment, economic growth, and federal revenues, however, cuts to addiction science funding will likely have impacts on health care, crime, and other social costs because of the enormous social burden caused by addictive substances and comorbid conditions, such as depression and anxiety. In 2017, substance use cost the US an estimated $740 billion, driven by alcohol, illicit substances, and tobacco (Lines, 2024). And some estimates suggest that opioid use disorder (OUD) and fatal overdoses alone cost the US over $1.5 trillion in 2020 (Lines, 2024). Reducing these enormous social costs have long been a motivator for public funding of addiction prevention, treatment, and research. Estimates of the return on investment from addiction prevention and treatment programs suggest this money was well spent.

For example, in an analysis of treatment programs in California, Ettner et al. (2006) estimated that SUD treatment had a benefit-to-cost ratio of more than 7:1. In an analysis conducted for SAMHSA, Miller and Hendire (2008) estimated that every $1 spent per pupil on school-based prevention programs would save $18 in societal costs. In a systematic review of the economic benefits of SUD treatment, Fardone et al. (2023) identified 729 studies that conducted economic evaluations of SUD treatment. Ten of 12 studies selected for detailed analysis found positive economic benefits from SUD treatment. The economic savings resulting from treatment were spread across a variety of domains, such as healthcare utilization and social service use, but the largest source of economic benefit was from reduced criminal justice costs. These included the costs to the criminal justice system and to the victims of crimes. Indeed, the greatest benefits accrued to individuals who avoided being victims of crime.

Related to the economic burden on the criminal justice system is the growing literature on harm to others (e.g., Weitzman & Chen, 2005; Giesbrecht et al., 2010). This includes the effects of substance use on families, the children of parents with SUDs, employers, and communities, and includes cost domains such as incarceration and criminal justice direct costs, vandalism, and substance-related traffic accidents that are commonly included in economic evaluations, but also other harms that are difficult to monetize. Caregiver burden among families of individuals with SUD comprises direct expenditures to support the individual as well as the emotional and physical health impacts experienced by the caregiver(s). A related caregiver burden is the human and economic consequences for children who are more likely to experience severe adversity due to caregiver SUD, leading to intergenerational impacts on mental, behavioral, and physical health problems, and greater systems involvement (e.g., child welfare, health care, juvenile/criminal justice) that portend poor lifelong outcomes. These costs are typically not measured so very little data exist to quantify caregiver burden. Not only does addiction science develop evidence-based interventions to reduce these costs, it also helps identify and measure them so that a next generation of interventions can explicitly address them.

Although systematic reviews show consistent and compelling evidence that prevention and treatment efforts save more money than they cost, not all ROI estimates are positive, which highlights the need for additional research on the cost-benefit of prevention and treatment programs. In their 2023 review, Fardone and colleagues (2023) identified 2 studies, representing 4 programs, that had negative net economic benefits, i.e., they cost more than they saved. Importantly, the associated effectiveness studies found those four programs were either ineffective or had minimal effects on substance use outcomes. Thus, ongoing funding of addiction research is essential to ensuring that the prevention and treatment programs that are ultimately implemented will yield the greatest cost savings possible.

5. SUMMARY AND CONCLUSION

Addiction, broadly defined, is a multifaceted public health issue that imposes enormous health and economic costs on individuals and society. As described in this report, addiction includes dependence on and misuse of alcohol, tobacco, and other substances, but also includes behavioral addictions to gambling, gaming, and other behaviors. Since the mid twentieth century and with strong support from the federal government, a robust community of addiction scientists has emerged that has resulted in effective, evidence-based approaches to prevent and treat addiction, as well as to combat the harms caused by addiction. An effective system of health and social services has also evolved staffed by thousands of treatment professionals and persons in recovery.

5.1 Implications

This report documented the measurable impacts of the second Trump administration in seven areas related to addiction science and practice.

At the NIH, we found a disorderly federal funding environment in which major changes to the application procedures, scientific review, grant approval process, and financial support are impacting both current and future funding. This situation creates uncertainty among scientists, wastes past investments in addiction science and lessens the return on future investments. As we established in section 4.7 of this report, NIH grants to addiction scientists are not just federal spending, they are investments that generate real economic returns to the government and society though improved treatment and increased economic activity. By canceling already funded research, the administration has abandoned those prior investments. Even for those grants later reinstated, often through judicial action, the costs of stopping, adjudicating and restarting clinical trials wastes resources, thereby reducing society's return on those investments.

Beyond the NIH, the rapid and chaotic changes to the funding of treatment programs within a state-specific block grant structure, plus the dismantling of the current epidemiological surveillance activities, reduces the ability of our health systems to implement scientific advances and it leaves the US vulnerable to epidemics of substance-related health problems. Funding and staffing cuts at SAMHSA, CDC, HRSA, and other federal agencies impede the translation of scientific knowledge into practice. Changes in NIH-approved terminology make it more difficult to conduct and report research on key population subgroups, including women, sexual minorities and people of color. Unannounced and poorly documented changes to existing surveillance data, and the discontinuation of data collection efforts, impede our ability to identify emerging epidemics of addiction. Decreased investment in public health and translational research may also impede disease prevention, increase healthcare expenditures and negatively affect life expectancy.

The reductions in funding threaten to exacerbate the already massive social and economic burden of substance use. According to best estimates at the time of this writing, NIDA and NIAAA grants terminated in early 2025 may have cost the US over $87 million in lost economic activity, and future economic growth may be reduced far in excess of current budget savings.

The politicalization of addiction science will worsen in light of recent action wherein the Trump administration has advanced the "Improving Performance, Accountability, and Responsiveness in Civil Service" (Personnel Management Office, 2026) rule that bars federal employees in policymaking roles from relying on scientific evidence when making decisions.

This unprecedented restriction severs policy from the best available research on what protects health, prevents disease, and saves lives. Although evidence shows that public investment in prevention and treatment yields substantial economic savings, not all addiction programs demonstrate positive returns, which underscores the need for ongoing research to identify the most cost-effective interventions. By sidelining science, the rule invites ideologically driven decisions that undermine evidence-based public health practice, weaken preparedness, reduce the economic return to investments in addiction science, and ultimately puts communities—especially children and other vulnerable populations—at greater risk.

5.2 Limitations

One significant limitation in compiling this report is the difficulty in accessing original source information, as many key reports have been taken offline due to actions by the current administration.

As a result, verifying and substantiating particular assertions has become challenging, thereby diminishing the thoroughness and credibility of the supporting evidence. A related limitation is that our analysis, like all analyses, had to define the scope of the evidence base we would explore. Addiction touches almost all sectors of our society, so the number of federal agencies affected is far beyond the few we have explored here. The FDA, VA, all branches of the armed forces, the criminal justice system, and numerous state agencies, just to name a few, all contribute to or benefit from addiction science funding. To the extent that we have used outdated information, missed data sources, or failed to incorporate relevant information, we have understated the impacts of the Trump administration on addiction science.

The fast pace of policy changes, coupled with ongoing legal challenges in the courts, has further complicated efforts to provide a comprehensive account of all relevant actions. Some measures may be reversed or altered, making it difficult to track the long-term trajectory and impact of these policies with certainty. We also note that changes documented in 2025 in publications and terminology could be attributed to other factors such as random variation or regression to the mean. That speaks to the need for continued monitoring by ASDN and other independent organizations.

Predicting the global effects of U.S. disinvestment in addiction science presents another challenge. While the reduction in U.S. support for WHO and USAID may harm knowledge production and international collaboration, some of this damage could potentially be offset by increased investment in addiction research from other regions, such as China, Brazil, and the European Union. However, the extent to which these countries can compensate for the loss remains uncertain and difficult to forecast.

5.3 Recommendations

Despite the threats to addiction science and public health identified here, there may still be opportunities to rebuild the addiction science infrastructure. By identifying and preserving effective components of the current system, and by exploring alternative mechanisms (Bray and Babor, 2018) to fund research and practice—such as shifting costs to the commercial determinants of addiction—the field could recover and adapt to future challenges.

This approach would require at a minimum the following measures to prevent further damage to the scientific infrastructure:

- Enforce Congressional control over approved federal funds so that they continue to be administered without unexplained, random and unnecessary disruptions.

- Use Congressional investigative and oversight powers to identify the rationale for decisions to target scientific grants, contracts and intramural research, and their effects on patients, programs and scientific productivity.

- Protect the peer review process for competitive grants at NIAAA, NIDA, CDC, NSF, NIMH and the VA that is free from "ideological review," and reinstate canceled funding streams and grant programs before further damage is done to public health.

- Allow government scientists and administrators at the NIH, CDC, the VA and other agencies to do their important work, including speaking with and educating the public, attending relevant scientific conferences, collaborating with international colleagues, and advising policymakers.

See Appendix 2 for more recommendations for various stakeholder groups.

5.4 Conclusion

Addiction science is more than a collection of individual scientists, research centers, funding bodies, scientific journals, and training programs. It is a transdisciplinary field of study that took 50 years of consistent support to build into a living, interacting scientific network.

As documented in this report, the precipitous changes implemented by the Trump administration during the past year threaten the viability of this network and, consequently, the nation's ability to combat the harms caused by addiction. Despite a few small investments by the current administration in targeted research and recovery programs, the network is now under such pressure that its ability to fulfill its mission has already been seriously compromised. In conclusion, this report finds evidence that addiction science is under siege, with major consequences for evidence-based practices and policies to prevent and treat addiction.

REFERENCES

- Akcigit, U., Hanley, D., & Serrano-Velarde, N. (2021). Back to basics: Basic research spillovers, innovation policy, and growth. The Review of Economic Studies, 88(1), 1–43.
- Allen, A. (2025, September 9). At NIH, political appointees get more say in grant decisions. Undark. https://undark.org/2025/09/09/nih-grant-decisions/
- Amaning, A., & Preston, A. (2025, May 5). The Trump Administration's unprecedented cuts to DOJ grants undermine public safety. Center for American Progress. https://www.americanprogress.org/article/the-trump-administrations-unprecedented-cuts-to-doj-grants-undermine-public-safety/
- Babor, T. F., & Grant, M. (1989). From clinical research to secondary prevention: International collaboration in the development of the Alcohol Use Disorders Identification Test (AUDIT). Alcohol Health and Research World, 13(4), 371–374.
- Babor, T. F., Morisano, D., Noel, J., Robaina, K., Ward, J. H., & Mitchell, A. L. (2017). Infrastructure and career opportunities in addiction science: The emergence of an interdisciplinary field. In T. F. Babor, K. Stenius, R. Pates, M. Miovský, J. O'Reilly, & P. Candon (Eds.), Publishing addiction science: A guide for the perplexed (3rd ed., pp. 9–34). Ubiquity Press.
- Bhatia, A., Fan, A., Smith, J., & Hwang, I. (2025, December 2). The U.S. is funding fewer grants in every area of science and medicine. The New York Times. https://www.nytimes.com/interactive/2025/12/02/upshot/trump-science-funding-cuts.html
- Bornmann, L., & Mutz, R. (2015). Growth rates of modern science: A bibliometric analysis based on the number of publications and cited references. J Assn Inf Sci Tec, 66(11), 2215–2222. https://doi.org/10.1002/asi.23329.
- Bray J. & Babor TF (2018). An Alcohol Policy Trifecta: Reduce Alcohol Problems, Save on Health Care, Generate Public Revenues. J Stud Alcohol Drugs 79(1), 5–6. https://doi.org/10.15288/jsad.2018.79.5
- Broderick, O. R., & Facher, L. (2025, October 30). Trump cuts have decimated the federal addiction and mental health agency. STAT News. https://www.statnews.com/2025/10/30/samhsa-grant-cuts-staff-reductions-impact-analyzed/
- Bush Center. (2025, May 27). Celebrating 22 years of the President's Emergency Plan for AIDS Relief. https://www.bushcenter.org/publications/celebrating-22-years-of-the-presidents-emergency-plan-for-aids-relief.
- Campbell, L. G., Mehtani, S., Dozier, M. E., & Rinehart, J. (2013). Gender-heterogeneous working groups produce higher quality science. PLoS ONE, 8(10), e79147. https://doi.org/10.1371/journal.pone.0079147
- Chatterjee, R. (2025, May 29). They've tracked Americans' drug use for decades. Trump and RFK Jr. fired them. KUOW. https://m.kuow.org/stories/they-ve-tracked-americans-drug-use-for-decades-trump-and-rfk-jr-fired-them
- Cohen, J. (2025, May 9). Gold standard or appalling? HHS's $500 million vaccine bet on inactivated viruses puzzles field. Science. https://www.science.org/content/article/gold-standard-or-appalling-hhs-s-500-million-vaccine-bet-inactivated-viruses-puzzles
- Cooney, E. (2025, October 17). Some of CDC's health statistics employees are still in the dark. STAT News. https://www.statnews.com/2025/10/17/cdc-national-center-health-statistics-rif-layoff-impact/
- CorrectionsI. (2025, August 18). DOJ cancels $500M in public safety grants, cuts reentry and crime prevention programs. https://www.correctionsI.com/corrections-grant-center/doj-cancels-500m-in-public-safety-grants-cuts-reentry-and-crime-prevention-programs
- Cox, C., Rae, M., Kates, J., Wager, E., Ortaliza, J., & Dawson, L. (2025, February 2). A look at federal health data taken offline. KFF. https://www.kff.org/hiv-aids/a-look-at-federal-health-data-taken-offline/

- Cueto, I. (2025, April 10). Government shuts CDC office focused on alcohol-related harms and prevention. STAT News. https://www.statnews.com/2025/04/10/trump-cuts-cdc-program-alchohol-related-harm-6-million-budget-cut-felt-in-11-states/
- Dayak, S., & Kramer, A. (2026, February 2). Federal data is disappearing. NOTUS. https://www.notus.org/trump-white-house/federal-data-is-disappearing
- Drug Policy Alliance. (2025, September 2). Tracker: Federal cuts to overdose prevention & addiction treatment. https://drugpolicy.org/resource/federal-cuts-threaten-overdose-prevention/
- Ettner, S. L., Huang, D., Evans, E., Ash, D. R., Hardy, M., Jourabchi, M., & Hser, Y. I. (2006). Benefit-cost in the California Treatment Outcome Project: Does substance abuse treatment "pay for itself"? Health Services Research, 41(1), 192–213. https://doi.org/10.1111/j.1475-6773.2005.00466.x
- Fairley, M., Humphreys, K., Joyce, V. R., Bounthavong, M., Trafton, J., Combs, A., ... & Owens, D. K. (2021). Cost-effectiveness of treatments for opioid use disorder. JAMA Psychiatry, 78(7), 767–777. https://doi.org/10.1001/jamapsychiatry.2021.0247
- Fardone, E., Montoya, I. D., Schackman, B. R., & McCollister, K. E. (2023). Economic benefits of substance use disorder treatment: A systematic literature review of economic evaluation studies from 2003 to 2021. Journal of Substance Use and Addiction Treatment, 152, 209084. https://doi.org/10.1016/j.josat.2023.209084
- Fiore, K., & Booth, G. (2026, February 10). Here's how many jobs HHS has lost since RFK Jr. took over. MedPage Today. https://www.medpagetoday.com/washington-watch/washington-watch/119822
- Giesbrecht, N., Cukier, S., & Steeves, D. A. (2010). Collateral damage from alcohol: Implications of 'second-hand effects of drinking' for populations and health priorities. Addiction, 105(8), 1323–1325. https://doi.org/10.1111/j.1360-0443.2010.03053.x
- González Garcia, I., Montecino, J., & Ramaswamy, V. (2025). Preliminary estimates of the macroeconomic costs of cutting federal funding for scientific research (Version 1). Institute for Macroeconomic and Policy Analysis. https://doi.org/10.57912/28746446
- Haupt, S., Carcel, C., & Norton, R. (2024). Neglecting sex and gender in research is a public-health risk. Nature, 629(8012), 527–530. https://doi.org/10.1038/d41586-024-01372-2
- Healthy Schools. (2025). How Medicaid Cuts Will Impact Student Access to Substance Use Prevention & Early Intervention Services in Schools. https://healthyschoolscampaign.org/dev/wp-content/uploads/2025/10/How-Medicaid-Cuts-Will-Impact-Student-Access-to-Substance-Use-Prevention-Early-Intervention-Services-in-Schools.pdf.
- Heidari, S., Babor, T. F., De Castro, P., Tort, S., & Curno, M. (2016). Sex and gender equity in research: Rationale for the SAGER guidelines and recommended use. Research Integrity and Peer Review, 1(2). https://doi.org/10.1186/s41073-016-0007-6
- Heidari, S. and Babor, T.F. (in press) Defending gender equity and scientific integrity in the face of White House Executive Order 14168:
- Why the SAGER guidelines matter. American Journal of Public Health.
- Hersher, M., & Mervis, J. (2026, January 26). U.S. government has lost more than 10,000 STEM Ph.D.s since Trump took office. Science. https://www.science.org/content/article/u-s-government-has-lost-more-10-000-stem-ph-d-s-trump-took-office
- IMPLAN. (2025, February 25). Understanding the economic implications of NIH's indirect costs cap: A closer look at the 2025 proposal. https://blog.implan.com/funding-cuts-2025
- International Monetary Fund. (n.d.). Real GDP growth: United States. https://www.imf.org/external/datamapper/profile/USA. Accessed January 22, 2026.
- Jalali, M. S., & Hasgul, Z. (2025, July). Potential trade-offs of proposed cuts to the US National Institutes of Health. JAMA Health Forum, 6(7), e252228. https://doi.org/10.1001/jamahealthforum.2025.2228
- Johnson, C. Y. (2025, April 16). Women, minorities fired in purge of NIH science review boards. The Washington Post. https://www.washingtonpost.com/science/2025/04/16/women-and-minorities-fired-nih-board-science/

- Kaiser, J. (2025a). Odds of winning NIH grants plummet as new funding policy and spending delays bite. Science.
- Kaiser, J. (2025b, August 29). Legal adviser warns NIH not to kill 900 grants a second time. Science. https://www.science.org/content/article/despite-supreme-court-win-nih-may-not-quickly-kill-again-some-900-grants-sensitive
- KFF. (2025, October 16). The Trump Administration's foreign aid review: Status of PEPFAR. https://www.kff.org/global-health-policy/the-trump-administrations-foreign-aid-review-status-of-pepfar/
- Kozlov, M. (2025a). NIH to cut grants for COVID research, documents reveal. Nature, 640, 17–18. https://doi.org/10.1038/d41586-025-00954-y
- Kozlov, M. (2025b, July 2). Exclusive: NIH to dismiss dozens of grant reviewers to align with Trump priorities. Nature. https://www.nature.com/articles/d41586-025-02221-6
- Kozlov, M. (2026, January 22). Exclusive: Key NIH review panels due to lose all members by the end of 2026. Nature. https://doi.org/10.1038/d41586-026-00183-x
- Kozlov, M., & Mallapaty, S. (2025). Exclusive: NIH to terminate hundreds of active research grants. Nature, 639(8054), 281–282. https://doi.org/10.1038/d41586-025-00843-4
- LaBelle, R. M. (2025). The first 100 days: The Trump Administration and changes to addiction policy. Journal of Addiction Medicine. Advance online publication. https://doi.org/10.1097/ADM.0000000000001515
- Lentz, R., & Mortensen, D. T. (2008). An empirical model of growth through product innovation. Econometrica, 76(6), 1317–1373.
- Lentz, R., & Mortensen, D. T. (2016). Optimal growth through product innovation. Review of Economic Dynamics, 19, 4–19.
- Lines, L. (2024). Economic impact of addiction. EBSCO Research Starters. https://www.ebsco.com/research-starters/economics/economic-impact-addiction
- Liu M, Kadakia KT, Patel VR, Krumholz HM. Characterization of Research Grant Terminations at the National Institutes of Health. JAMA. 2025 Aug 12;334(6):534-536. doi: 10.1001/jama.2025.7707. PMID: 40338733; PMCID: PMC12062975.
- Magome, M. (2025, July 14). US aid cuts halt HIV vaccine research in South Africa, with global impact. AP News. https://apnews.com/article/south-africa-hiv-research-aid-cuts-trump-893f66dbceb7cfd6d99a8bddaa73823f
- Mann, B. (2025, March 27). Trump team revokes $11 billion in funding for addiction, mental health care. NPR. https://www.npr.org/2025/03/27/nx-s1-5342368/addiction-trump-mental-health-funding
- MassINC Polling Group (2026). NIH Grantee Survey of 989 NIHGrantees, STAT News.
- McGinty, B., & Cerdá, M. (2025, August 19). Medicaid cuts will heighten the US mental health and substance use crisis. Milbank Quarterly Opinion. https://doi.org/10.1599/mqop.2025.0819
- McMurray, C. (2025, July 11). ABCD Study omits gender-identity data from latest release. The Transmitter. https://doi.org/10.53053/MHIW4325
- Mesa, N. (2025, September 29). NIH awarded 37 percent fewer neuroscience-related grants in 2025 than in past years. The Transmitter. https://www.thetransmitter.org/funding/nih-awarded-37-percent-fewer-neuroscience-related-grants-in-2025-than-in-past-years/
- Molteni, M. (2026, January 22). Unfilled vacancies have depleted NIH advisory councils, key players in grant approvals. STAT News. https://www.statnews.com/2026/01/22/nih-advisory-council-vacancies-raise-questions-funding-politicization/
- Molteni, M., & Mast, J. (2025, March 24). NIH is removing some outside scientific advisers who evaluate agency research. STAT News. https://www.statnews.com/2025/03/24/nih-outside-scientific-advisers-being-removed/
- Murphy, N. (2025, June 18). How the Big, 'Beautiful' Bill would undermine access to life-saving substance-use disorder treatment. Center for American Progress. https://www.americanprogress.org/article/how-the-big-beautiful-bill-would-undermine-access-to-life-saving-substance-use-disorder-treatment/
- National Institutes of Health. (n.d.). Budget. https://www.nih.gov/about-nih/organization/budget

- National Institutes of Health. (2019, October 9). Research topic contributes to persistent gap in NIH research grants to Black scientists. https://www.nih.gov/news-events/news-releases/research-topic-contributes-persistent-gap-nih-research-grants-black-scientists
- National Institutes of Health. (2024). How does diversity impact innovation in team science?
- National Institutes of Health. (2025a, August 14). NIH will stop posting notices of funding opportunities in the NIH Guide for Grants and Contracts in FY2026 (NOT-OD-25-143). https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-143.html
- National Institutes of Health. (2025b, November 18). Updated terms and conditions of award – Termination and compliance with court orders (NOT-OD-26-009). https://grants.nih.gov/grants/guide/notice-files/NOT-OD-26-009.html
- National Institutes of Health. (2025c, August 15). Advancing NIH's mission through a unified strategy. https://www.nih.gov/about-nih/nih-director/statements/advancing-nihs-mission-through-unified-strategy
- Nguyen, M., Chaudhry, S. I., Desai, M. M., Dzirasa, K., Cavazos, J. E., & Boatright, D. (2023). Gender, racial, and ethnic inequities in receipt of multiple National Institutes of Health research project grants. JAMA Network Open, 6(2), e230855. https://doi.org/10.1001/jamanetworkopen.2023.0855
- Oster, R. (2025, July). Medicaid cuts may double overdoses among those losing MOUD access. Partnership to End Addiction. https://drugfree.org/drug-and-alcohol-news/medicaid-cuts-may-double-overdoses-among-those-losing-moud-access/
- Oza, A. (2025, October 29). Scientists had to change more than 700 grant titles to receive NIH funding. Health disparities researchers fear what's next. STAT News.
- Oza, A., & Parker, J. E. (2025, December 8). NIH shut out hundreds of young scientists from funding to start their own labs. STAT News. https://www.statnews.com/2025/12/08/trump-nih-cuts-impacts-next-gen-researchers-american-science-shattered-series/
- Oza, A., & Wosen, J. (2025, December 18). NIH funding rates for early-career researchers plunged in 2025, new data show. STAT News. https://www.statnews.com/2025/12/18/nih-early-career-researchers-grant-success-rate-falls/
- Parker, J. E. (2025, September 15). STAT is backing up and monitoring CDC data in real time: See what's changing. STAT News. https://www.statnews.com/2025/02/14/tracking-cdc-data-changes-trump-executive-order-targets-gender/
- Patel, V. R., Liu, M., & Jena, A. B. (2026). Clinical trials affected by research grant terminations at the National Institutes of Health. JAMA Internal Medicine, 186(1), 126–128. https://doi.org/10.1001/jamainternmed.2025.7530
- Pediatric Endocrine Society. (2025, February 11). The biological reality of sex and intersex: A response to the executive order. https://pedsendo.org/public-policy/the-biological-reality-of-sex-and-intersex-a-response-to-the-executive-order-defending-women-from-gender-ideology-extremism-and-restoring-biological-truth-to-the-federal-government/
- Personnel Management Office. (2026, February 6). Improving Performance, Accountability and Responsiveness in the Civil Service. 91 Fed. Reg. 5580.
- Potter, A. S., Dube, S. L., Barrios, L. C., Bookheimer, S., Espinoza, A., Ewing, S. W. F., … & Johns, M. M. (2022). Measurement of gender and sexuality in the Adolescent Brain Cognitive Development (ABCD) study. Developmental Cognitive Neuroscience, 53, 101057. https://doi.org/10.1016/j.dcn.2021.101057
- Raman, S., & Hellmann, J. (2025, August 5). Harm reduction techniques being phased out under Trump. Roll Call. https://rollcall.com/2025/08/05/harm-reduction-techniques-being-phased-out-under-trump/
- Rising, J. (n.d.). Proposed federal cuts threaten state and local substance use programs. Johns Hopkins Bloomberg School of Public Health. https://opioidprinciples.jhsph.edu/proposed-federal-cuts-threaten-state-and-local-substance-use-programs/. Accessed September 9, 2025.
- Sanders, M. R. (2000). Community-based parenting and family support interventions and the prevention of drug abuse. Addictive Behaviors, 25(6), 929–942. https://doi.org/10.1016/s0306-4603(00)00128-3

- Sharareh, N., Sabounchi, S. S., McFarland, M., & Hess, R. (2019). Evidence of modeling impact in development of policies for controlling the opioid epidemic and improving public health: A scoping review. Substance Abuse: Research and Treatment, 13. https://doi.org/10.1177/1178221819866211
- Sharma, M., & Kanekar, A. (2008). Diffusion of innovations theory for alcohol, tobacco, and drugs. Journal of Alcohol and Drug Education, 52(1), 3–7.
- Stein, R., Noguchi, Y., Lupkin, S., Eisner, C., Simmons-Duffin, S., & Wroth, C. (2025, April 5). 'Your RIF notice is not cancelled.' Inside a chaotic week of massive layoffs at HHS. NPR. https://www.npr.org/sections/shots-health-news/2025/04/05/g-s1-58312/hhs-layoffs-rif-cdc-fda-nih
- Substance Abuse and Mental Health Services Administration. (2016, November). Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health (Chapter 7). U.S. Department of Health and Human Services. https://www.ncbi.nlm.nih.gov/books/NBK424861/
- Taffe, M. A., & Gilpin, N. W. (2021). Racial inequity in grant funding from the US National Institutes of Health. eLife, 10, e65697. https://doi.org/10.7554/eLife.65697
- Tran, B. X., Moir, M., Latkin, C. A., Hall, B. J., Nguyen, C. T., Ha, G. H., Nguyen, N. B., Ho, C. S. H., & Ho, R. C. M. (2019). Global research mapping of substance use disorder and treatment 1971–2017: Implications for priority setting. Substance Abuse Treatment, Prevention, and Policy, 14(1), 21. https://doi.org/10.1186/s13011-019-0204-7
- Tremblay, M., Baydala, L., Khan, M., Currie, C., Morley, K., Burkholder, C., Davidson, R., & Stillar, A. (2020). Primary substance use prevention programs for children and youth: A systematic review. Pediatrics, 146(3), e20192747. https://doi.org/10.1542/peds.2019-2747
- Tribble, S. J., & Larweh, H. (2025, August 1). Deep staff cuts at a little-known federal agency pose trouble for droves of local health programs. KFF Health News. https://kffhealthnews.org/news/article/hrsa-federal-staff-cuts-affect-health-programs-grants/
- U.S. Department of Health and Human Services. (2025). Fiscal year 2026 budget in brief. https://www.hhs.gov/sites/default/files/fy-2026-budget-in-brief.pdf
- U.S. Public Health Service Office of the Surgeon General. (2020). Smoking cessation: A report of the Surgeon General. U.S. Department of Health and Human Services. https://www.ncbi.nlm.nih.gov/books/NBK555596/
- U.S. Treasury. (n.d.). How much revenue has the U.S. government collected this year? https://fiscaldata.treasury.gov/americas-finance-guide/government-revenue/. Accessed January 7, 2026.
- United for Medical Research. (2025). NIH's role in sustaining the U.S. economy. https://www.unitedformedicalresearch.org/wp-content/uploads/2025/03/UMR_NIH-Role-in-Sustaining-US-Economy-FY2024-2025-Update.pdf
- Volkow, N. D. (2021). Addiction should be treated, not penalized. Neuropsychopharmacology, 46, 2048–2050. https://doi.org/10.1038/s41386-021-01087-2
- Waldman, A., Fields, A., & Clark, A. (2025, June 12). Science shattered. ProPublica. https://projects.propublica.org/nih-cuts-research-lost-trump/
- Walker, A. S., Khurana, M., & Zhang, C. (2025, June 22). What remains of U.S.A.I.D. after DOGE's budget cuts? The New York Times. https://www.nytimes.com/interactive/2025/06/22/us/politics/usaid-foreign-aid-trump.html
- Weitzman, E. R., & Chen, Y. Y. (2005). Risk modifying effect of social capital on measures of heavy alcohol consumption, alcohol abuse, harms, and secondhand effects: National survey findings. Journal of Epidemiology & Community Health, 59(4), 303–309. https://doi.org/10.1136/jech.2004.021147
- WHO ASSIST Working Group. (2002). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Development, reliability and feasibility. Addiction, 97(9), 1183–1194. https://doi.org/10.1046/j.1360-0443.2002.00185.x
- Winstanley, E. L. (2020). The bell tolls for thee & thine: Compassion fatigue & the overdose epidemic. International Journal of Drug Policy, 85, 102796. https://doi.org/10.1016/j.drugpo.2020.102796
- Witze, A. (2025). 75% of US scientists who answered Nature poll consider leaving. Nature, 640(8058), 298–299. https://doi.org/10.1038/d41586-025-01002-3

TABLE 1: **EXECUTIVE ORDERS IMPACTING ADDICTION SCIENCE**

EXECUTIVE ORDER	DATE	IMPACT	CURRENT STATUS
EO 14151 Ending Radical and Wasteful Government DEI Programs and Preferencing	Jan 20, 2025	Terminates federal diversity, equity, and inclusion (DEI) programs – could exacerbate existing health inequities in addiction-related outcomes by directing spending away from such topics and services	Blocked in court
EO 14155 Withdrawing the United States from the World Health Organization	Jan 20, 2025	Impacts access to global data on substance use and funding that involves international collaboration	Partnership terminated on Jan 22, 2026
EO 14157 Designating Cartels and Other Organizations as Foreign Terrorist Organizations and Specially Designated Global Terrorists	Jan 20, 2025	Could redirect funding to border security efforts instead of prevention and treatment	Is being used to justify military attacks on shipping and foreign governments.
EO 14168 Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government	Jan 20, 2025	Impacts use of terminology in grant applications, scientific articles and services for gender diverse populations	Partially blocked in court but continues to influence use of terminology in scientific communications
EO 14169 Reevaluating and Realigning United States Foreign Aid	Jan 20, 2025	90-day pause in US foreign development assistance – including addiction-related foreign aid programs for PEPFAR which deals with HIV prevention and treatment	Partially blocked by Supreme Court

TABLE 1: **EXECUTIVE ORDERS IMPACTING ADDICTION SCIENCE *(CONT.)***

EXECUTIVE ORDER	DATE	IMPACT	CURRENT STATUS
EO 14193 Imposing Duties to Address the Flow of Illicit Drugs Across Our Northern Border	Feb 1, 2025	Declares a national emergency to address illicit opioids entering through US-Canada border and adds tariffs – could result in redirection of efforts and funding towards border security and law enforcement rather than treatment	Blocked in court; amendments include EO14226, EO14231, EO14325
EO 14195 Imposing Duties To Address the Synthetic Opioid Supply Chain in the People's Republic of China	Feb 1, 2025	Imposes tariffs on China due to failure to address synthetic opioids entering the country	Has been amended several times and blocked in court; amendments include EO14200, EO14228, EO14256
EO 14194 Imposing Duties To Address the Situation at Our Southern Border	Feb 1, 2025	Imposes tariffs on Mexico due to failure to address drug trafficking	Blocked in court; amendments include EO14227, EO14232
EO 14197 Progress on the Situation at Our Northern Border	Feb 3, 2025	Pause on implementation of tariffs related to EO 14193	Blocked in court
EO 14198 Progress on the Situation at Our Southern Border	Feb 3, 2025	Pause on implementation of tariffs related to EO 14194	Blocked in court

TABLE 1: **EXECUTIVE ORDERS IMPACTING ADDICTION SCIENCE *(CONT.)***

EXECUTIVE ORDER	DATE	IMPACT	CURRENT STATUS
EO 14199 Withdrawing the United States from and Ending Funding to Certain United Nations Organizations and Reviewing United States Support to All International Organizations	Feb 4, 2025	Withdraws US from UNHRC and reviews membership in UNESCO; terminates funding to UNRWA – potential impact on global research partnerships focused on addiction	On Jan 7, 2026, US State Dept announced withdrawal from 66 organizations
EO 14210 Implementing the President's "Department of Government Efficiency" Workforce Optimization Initiative	Feb 11, 2025	Impacts on staffing and organization at federal agencies including DHHS (NIH, CDC, FDA, SAMSHSA, etc.) reducing workforce capacity and slowing federal funding for addiction research and services	Court granted restraining order
EO 14215 Ensuring Accountability for All Agencies	Feb 18, 2025	Independent regulatory agencies must submit regulations to WH for review – could impact addiction-related regulatory agencies and policy	Remains in full effect
EO 14219 Ensuring Lawful Governance and Implementing the President's "Department of Government Efficiency" Regulatory Initiative	Feb 19, 2025	Directs federal agency heads together with DOGE Team Lead to review all regulations – aimed at deregulation	Remains in full effect

TABLE 1: **EXECUTIVE ORDERS IMPACTING ADDICTION SCIENCE *(CONT.)***

EXECUTIVE ORDER	DATE	IMPACT	CURRENT STATUS
EO 14222 Implementing the President's "Department of Government Efficiency" Cost Efficiency Initiative	Feb 26, 2025	Agency heads, together with DOGE Team Lead, to review covered contracts and grants and modify them to promote "government efficiency"; non-essential travel justification for conferences; 30-day gov't purchase card freeze	Remains in full effect
EO 14235 Restoring Public Service Loan Forgiveness	Mar 7, 2025	Revised definition of "qualifying employer" for Public Service Loan Forgiveness (PSLF) – excludes employers that are "engaging in a pattern of aiding and abetting illegal discrimination" – could impact eligibility for PSLF for certain people in addiction science	Will take effect July 1, 2026
EO 14238 Continuing the Reduction of the Federal Bureaucracy	Mar 14, 2025	Guts the US Interagency Council on Homelessness – may have some overlap with SAMHSA to address housing problems and substance use	Partly blocked by court
EO 14242 Improving Education Outcomes by Empowering Parents, States, and Communities	Mar 20, 2025	Orders closure of Department of Education; no DEI activities for programs receiving funding from Department of Education – potential impact on addiction science related training programs	Blocked in court

TABLE 1: **EXECUTIVE ORDERS IMPACTING ADDICTION SCIENCE *(CONT.)***

EXECUTIVE ORDER	DATE	IMPACT	CURRENT STATUS
EO 14243 Stopping Waste, Fraud, and Abuse by Eliminating Information Silos	Mar 20, 2025	Agency heads must make sure federal officials have "full and prompt access" to all unclassified agency records and data	Active and undergoing legislative efforts to be codified into law
EO 14251 Exclusions from Federal Labor-Management Relations Programs	Mar 27, 2025	Removes collective bargaining rights for employees at Veteran Affairs, FDA	Legal challenges temporarily paused on an injunction that allows it to be implemented in several agencies
EO 14303 Restoring Gold Standard Science	May 23, 2025	Defines "gold standard science" and directs agencies to align with these principles	In the implementation and mandatory reporting phase
EO 14321 Ending Crime and Disorder on America's Streets	July 24, 2025	Withholds federal funding from jurisdictions that do not aggressively police homelessness and public drug use; advocates for civil commitment and against harm reduction and housing first.	HUD has been working to enforce its provisions
EO 14332 Improving Oversight of Federal Grantmaking	Aug 7, 2025	Designates senior appointee to oversee FOAs; allows grants to be terminated for not meeting agency priorities impacting addiction-related research and services	In the implementation process

TABLE 1: **EXECUTIVE ORDERS IMPACTING ADDICTION SCIENCE *(CONT.)***

EXECUTIVE ORDER	DATE	IMPACT	CURRENT STATUS
EO 14367 Designating Fentanyl as a Weapon of Mass Destruction	Dec 15, 2025	Fentanyl would be difficult to use as a weapon of mass destruction. There have been no cases reported in the U.S.	This EO has been used as a rationale for military action
EO 14370 Increasing Medical Marijuana and Cannabidiol Research	Dec 18, 2025	Reclassifies marijuana from a Schedule I to a Schedule III substance.	unclear impact given existing federal policies and procedures to reschedule drugs
EO 14379 Addressing Addiction Through the Great American Recovery Initiative	Jan. 29, 2026	Align federal agencies in treating addiction not as a moral failure but as a medical and spiritual disease.	Agencies already aligned by ONDCP; does not mention use of research to improve recovery.

APPENDIX 1

FINDINGS FROM ASDN SURVEY OF NIDA/NIAAA CENTER DIRECTORS

Addiction research centers play a central role in the national response to the problems of addiction. The present article describes the results of a qualitative study of the impact of recent federal actions on addiction research centers. A questionnaire survey consisting of seven rating scale items with space provided for written comments was sent to 54 Principal Investigators (PIs) of P50 and P60 research programs funded by NIDA and NIAAA. Of the 54 surveys mailed, responses were received from 7 respondents (13%), who were affiliated with 5 NIDA centers and 2 NIAAA centers.

The average number of years funded for their centers was 17.1 years. Respondents' quantitative ratings and qualitative comments indicated high levels of concern about how their centers were being affected by funding cuts and restrictions on diversity, equity and inclusion programs. The overall impact on the work of their centers was considered significant. Respondents were also extremely concerned about the future of the center grant program at NIDA and NIAAA. Although it is not possible to estimate the representativeness of the responses due to the small number of respondents, the findings are consistent with recent survey of a national sample of 989 NIH grantees, including grant recipients from NIDA (9%) and NIAAA (4%), conducted for STAT News.

INTRODUCTION

Since the late 1970's there has been a steady growth of specialized centers whose primary purpose is to support alcohol, tobacco, and other drug research. Centers provide dedicated facilities to scientists and support staff so that long-term programmatic research can be conducted. Centers constitute an optimal environment for researchers—one that is relatively free of administrative, clinical, and teaching responsibilities. Not only are the positions dedicated exclusively to research, centers provide an environment to train junior investigators willing to dedicate their careers to the study of addiction. As the number of centers has grown, they have become more capable of leveraging non-governmental resources, conducting multi-site projects, training doctoral and postdoctoral investigators, writing scientific publications, providing policy consultations, and increasing media coverage of addiction science findings.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) support research centers and research networks through several funding mechanisms.

BNIAAA supports 21 research centers through its National Alcohol Research Centers Program and also funds large-scale cooperative agreements among researchers collaborating on high-priority projects, such as the Collaborative Study on Genetics of Alcoholism (COGA) (Agrawal & Bierut, 2012). The National Institute on Drug Abuse (NIDA) funds 33 P50 and P60 center grants, in addition to a Clinical Trials Network devoted to treatment research. These kinds of large-scale, cross-site collaborations facilitate rapid, standardized data-collection projects that would not be possible at a single small site, and they permit more generalizable conclusions and data applications.

The federal investment in addiction research centers has contributed substantially to the dramatic growth of addiction research described in bibliometric and historical research (Babor et al., 2017; Tran, et al., 2017).

Given the central role of the addiction research center in the national response to the problems of addiction, the Addiction Science Defense Network (ASDN) surveyed all the NIDA and NIAAA center grant programs in an effort to estimate the impact of the Trump Administration's executive orders, funding interruptions and other actions on scientific productivity in the addiction field. This effort was designed to identify threats to addiction science that could affect individual and population health. To that end and on a larger, more in depth scale, ASDN recently completed a report entitled "Addiction Science Under Siege: The 2025 Impact of Federal Actions on Research, Prevention, Treatment, and Recovery." The present article describes the results of a qualitative study of the impact of recent federal actions on addiction research centers.

METHODS

In September of 2025, nine months after the beginning of the second Trump Administration, a questionnaire survey was sent to 54 Principal Investigators (PIs) of P50 and P60 research programs funded by NIDA (N=33) and NIAAA (N=21). The cover letter explained that the Addiction Science Defense Network was "...attempting to estimate the impact of the Trump Administration's executive orders, funding interruptions and other actions" and that "Your answers will be considered confidential and anonymous." The survey consisted of seven rating scale questions with space provided for written comments. The questions asked about the impact of the proposed 15% cap on indirect cost rates then under consideration by the NIH before it was blocked by a court order; how their training programs were affected by funding cuts and restrictions on diversity, equity and inclusion (DEI) programs; the severity of the threats to the Centers programs at NIDA and NIAAA; the overall impact on the work of their centers; and how concerned they were about program's future. Each question was rated on a 5-point scale with 1 representing the lower end and 5 the higher end.

Of the 54 surveys mailed, responses were received from 7 center PIs (13%), even after one reminder was sent. These respondents were affiliated with 5 NIDA centers and 2 NIAAA centers. The average number of years funded for their P50 or P60 grants was 17.14 years.

The low response rate could be due to several factors: fear of intimidation and retribution; concern that negative responses would invite cancellation or de-funding of the center grant programs at NIDA and NIAAA; lack of time to respond to a 5 minute a survey; and unfamiliarity with the role of ASDN.

Although it is not possible to estimate the representativeness of the sample, we provide here a summary of the findings from the 7 respondents and interpret them in the context of a more representative survey conducted several months later by STAT News (https://www.statnews.com/2026/03/19/nih-funding-national-researcher-survey-finds-cutbacks-disruptions/).

RESULTS

Table A provides a summary of the ratings provided by the seven respondents.

TABLE A: **SUMMARY OF NIDA/NIAAA CENTER DIRECTORS SURVEY RESPONSES**

QUESTION	SCALE	RANGE	AVERAGE
1. Impact of 15% IDC caps	1 = Not Affected 5 = Significantly Affected	3 - 5	4.71
2. Training affected by funding cuts, DEI issues?	1 = Not Affected 5 = Significantly Affected	1 - 5	3.80
3. Threats: How serious to Centers program?	1 = Not at all Serious 5 = Extremely Serious	4 - 5	4.43
4. Effect on DEI programs	1 = Not Affected 5 = Significantly Affected	3 - 5	4.00
5. Impact on work of center	1 = No Impact 5 = Devastating Impact	3 - 4	3.86
6. How concerned about program's future?	1 = Not Concerned 5 = Extremely Concerned	4 - 5	4.86

1a. How many years of funding has your center had from the NIAAA or NIDA P50 or P60 centers programs?

1b. How would your center's ability to conduct research be impacted by 15% caps to F&A costs?

2. If your center has a pre-doctoral or post-doctoral training program (T32), have trainee research projects or career opportunities been affected by recent funding cuts, DEI issues, and other administrative actions?

3. From your perspective, how serious are the financial, educational and scientific threats to the NIDA and NIAAA Research Centers program during the coming year, including research, training, policy, and infrastructure?

4. Have diversity, equity and inclusion programs been affected at your center and at its institutional base?

5. What has been the impact of any delays, funding cuts, DEI mandates, publication constraints, institutional responses, etc. on the work of your center since January 25, 2025?

6. How concerned are you about the future of the NIDA/NIAAA Research Centers program?

QUESTION 1:

Respondents were nearly unanimous in their belief that the proposed 15% cap on ICDs would affect their programs "significantly."

The following comments explain why four of the respondents assigned the highest rating to this question:

"The 15% cap will significantly limit our ability to pay for costs such as office space, computers, and administrative staff and related functions

"Due to static limits on center budgets over decades, our institution cost-shares faculty salaries, which are paid for by indirect cost returns. A cap of 15% would force us to stop this practice and severely curtail our proposed research, as we would need to include faculty salary in the direct costs."

"The proposed change to the F&A cap would likely affect our institution's ability to provide high quality, timely support services including human subjects review, ITS services, and data infrastructure/support services."

"We use the indirect costs to pay for a lot of the administrative infrastructure and other functions of the center including advisory board meetings, educational opportunities for trainees, etc. as 10% comes back to us as "hard funds" to use for these types of things. The remaining 90% that goes to the university is also crucial for providing lab space, office space and large equipment such as fMRI machines."

QUESTION 2:

The second question asked respondents to rate and comment on whether their training programs were affected by funding cuts and DEI issues. Of the five centers that had training programs for pre- and postdoctoral fellows, the average rating was 3.80 on the five-point scale ranging from 1 (Not affected) to 5 (Significantly affected).

The following comment describes how one respondent assigned the highest score:

"Because of uncertainty about whether we will receive the next year funding, our T32 postdocs are leaving, seeking more secure positions."

QUESTION 3:

The third question asked: "From your perspective, how serious are the financial, educational and scientific threats to the NIDA and NIAAA Research Centers program during the coming year, including research, training, policy, and infrastructure?" The average response across the seven respondents was 4.43 on the five-point scale ranging from 1(Not at all serious) to 5 (Extremely serious).

The following comments suggest why the threats were considered very serious:

"Our NIAAA P60 Center Grant represents a significant source of research funding for our organization and research staff, and it provides opportunities for training early career investigators."

"As with all NIH funding, uncertainty regarding the availability of future grant funds is a serious threat to our ability to fulfill our objectives."

QUESTION 4:

Because DEI programs have been a priority at the NIH research centers for many years, the fourth question asked: "Have diversity, equity and inclusion programs been affected at your center and at its institutional base?" On a scale ranging from I (Not affected) to 5 (Significantly affected), the average rating was 4.00.

The following comments suggest why the impact was considered significant.

Note that some comments have been edited with asterisks (***) to preserve the confidentiality of the respondents and their centers.

"Loss of diversity supplements, FIRST program and diversity focused research are a loss of less than 5% of total budget to *** but they are underfunded projects that are critical to addressing long standing problems with the scientific work force. Their loss is very significant."

"Funding for several studies that focus on addressing alcohol-related health disparities in populations such as sexual gender minority youth and American Indians has been cancelled or delayed. "

QUESTION 5:

The fifth question asked about the overall impact of these policies: "What has been the impact of any delays, funding cuts, DEI mandates, publication constraints, institutional responses, etc. on the work of your center since January 25, 2025?" With an average rating of 3.86 (I= No impact, 5=Devastating impact), respondents considered the impact to be moderate to high but not yet "devastating."

TThe following comments suggest that the impact has mainly been due to delays in Notice of Awards (NOAs), travel reductions, and staff layoffs:

"Our May I anniversary date for Year 5 has still not been issued a NOA (3 months). So far the School of Medicine has allowed us to function with a deficit but this cannot go on forever."

"The delays and uncertainty around funding since January 25, 2025 have had significant impacts on our center. Our team has been forced to prepare for contingencies including re-assigning staff and furloughs. We have experienced delays in non-competing and competing renewal requests. And we have had to cancel conference travel, including presentations, as our institution had a travel restriction in place at the time."

"Delayed NOAs are the #I problem right now. *** does not have the funds to allow for advance spending on late NOAs, so labs are having to do temporary layoffs as soon as NOAs become late. This is extremely disruptive."

QUESTION 6:

The final question asked: "How concerned are you about the future of the NIDA/NIAAA Research Centers program?" With an average score of 4.86, the ratings indicate that the respondents are "Extremely concerned" about the future of the program.

The following comments explain the reasons for this high level of concern:

"Centers really provide a unique opportunity for translational research which you can't accomplish with other mechanisms."

"The current administration has made no secret of their desire to destroy all federally funded research. I have been a PI for *** years and have never seen anything like this."

"The NIH funding cuts and re-organization will likely result in a significant loss of talented researchers and scientific advancements that can improve the health and well-being of millions of Americans, and help to reduce health care costs."

DISCUSSION

Support for research centers at NIAAA and NIDA has been a key part of the federal initiative to build a national capability in addiction science. To provide a broader context to this small sample of respondents affiliated with NIDA and NIDA research centers, we provide a brief summary of a recent survey of 989 NIH grantees, including grant recipients from NIDA (9%) and NIAAA (4%), conducted by the MassINC Polling Group (2026) for STAT News between January 28 and February 18, 2026. Although the sample included a variety of investigator-initiated grants in addition to center grants and the totals were not specific to addiction research, the respondents were similar to those working within center grants and the questions they answered covered related topics.

More than a quarter of the PIs had laid off research staff, and more than 40% canceled planned research. Two-thirds said they counseled students to consider careers outside the ivory tower; just 35% of NIH grantees surveyed whose grants were cut or delayed said their government funding had been fully restored by the end of 2025; 47% paused ongoing experiments or studies. When asked in an open-ended question to describe "any ways in which reduced federal funding has affected your lab," 34% mentioned "terminated, delayed or decreased funding, and 23% mentioned reduced staffing/layoffs/hiring. When asked in an open-ended question how changes in NIH funding will affect the future of health-related scientific research, the following effects were mentioned: loss of talent/broken pipeline (34%), reduced US leadership (22%), research reduced or delayed, (13%) and worse health outcomes/fewer medicines and treatments (11%).

The impacts described by this national sample across all NIH institutes and grant mechanisms provide a troubling picture of the problems experienced in scientific research during the first year of the second Trump administration and are consistent with the problems reported by the center directors.

Although there were no surveys taken before the onset of the new administration in 2025, the problems mentioned in both surveys (e.g., grant funding reductions, delays in funding, cancellation of training grants, DEI grants eliminated) provide evidence of a chaotic environment that did not exist in prior years.

The problems reported seem to be systemic in nature and are not only linked to funding reductions but also to a general failure by the NIH leadership to appreciate the consequences of the policy changes they have implemented arbitrarily, precipitously and with minimal explanation. Funding reductions could have had even more harmful impacts had not court challenges and congressional budget allocations prevented further damage to the addiction science infrastructure. Nevertheless, the long-term consequences from the insertion of political operatives into the review process and continued attempts to eliminate DEI research and training programs could be a catalyst for the continued decline of a field that until recently was dynamic, growing, and impactful.

REFERENCES

- Babor, T. F., Morisano, D., Noel, J., Robaina, K., Ward, J. H., & Mitchell, A. L. (2017). Infrastructure and career opportunities in addiction science: The emergence of an interdisciplinary field. In T. F. Babor, K. Stenius, R. Pates, M. Miovský, J. O'Reilly, & P. Candon (Eds.), Publishing addiction science: A guide for the perplexed (3rd ed., pp. 9–34). Ubiquity Press.
- MassINC Polling Group, NIH Grantee Survey of 989 NIH Grantees, STAT News, 2026
- Tran, B. X., Moir, M., Latkin, C. A., Hall, B. J., Nguyen, C. T., Ha, G. H., Nguyen, N. B., Ho, C. S. H., & Ho, R. C. M. (2019). Global research mapping of substance use disorder and treatment 1971–2017: Implications for priority setting. Substance Abuse Treatment, Prevention, and Policy, 14(1), 21. https://doi.org/10.1186/s13011-019-0204-7

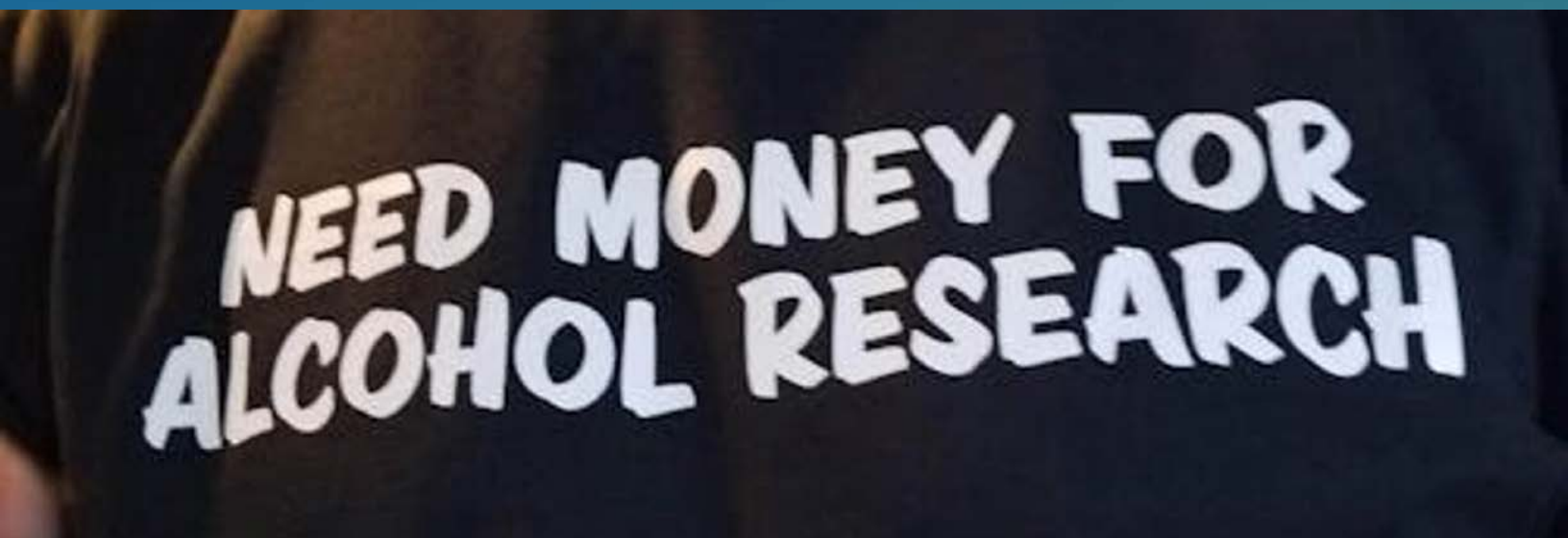
APPENDIX 2

RECOMMENDATIONS AND KEY TAKEAWAYS FOR VARIOUS STAKEHOLDERS

The rapid dismantling of federal addiction science and public health systems threatens lives, increases long-term costs, widens inequities, and leaves the nation unprepared for current and future substance-use crises.

Stakeholders can take unique steps to ensure the future of addiction science and public health systems.

Recommendations for various stakeholders are included below.



NATIONAL PREVENTION SCIENCE COALITION TO IMPROVE LIVES

ASDN ADDICTION SCIENCE DEFENSE NETWORK

RECOMMENDATIONS FOR POLICYMAKERS

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Unfortunately, this past year of the Trump Administration was characterized by rapid and severe funding disruptions to this research infrastructure, as well as for community-based substance use prevention, treatment, and health services. Federal agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC), and NIH, among others – experienced substantial budget cuts, layoffs, and restructuring, interfering with our nation's ability to prevent and mitigate drug-related harms.

Our attached Impact Report highlights some of the following issues:

- Since January 2025, nearly two-thirds of SAMHSA's staff have been terminated
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- The number of publications produced by grants funded by NIAAA and NIDA changed precipitously in 2025 compared to prior years, a clear indication that the disruptive changes at NIH may already be affecting critical knowledge outputs for addiction science.
- The US may have already experienced over $87 million in lost economic activity, and future economic growth may be reduced far in excess of current budget savings

We recommend that policymakers do the following:

1. **Enforce Congressional control** over approved federal funds to prevent recission, delay, or termination of addiction-related research and service grants without statutory justification. Ensure the appropriated funds for NIH are released immediately and in full.
2. **Use investigative and oversight powers** to demand a rationale for decisions to target scientific grants, contracts and intramural research, and evaluate their effects on patients, programs and scientific productivity.
3. **Protect the peer review process** for competitive grants at NIAAA, NIDA, National Science Foundation (NSF), National Institute of Mental Health (NIMH), and the Department of Veterans Affairs (VA) by prohibiting ideological screening of grants, requiring oversight and investigative powers to ensure transparency, and restoring independent advisory committees at NIH Institutes.
4. **Reinstate canceled funding streams** and grant programs so that researchers, institutions, and federal programs are not penalized for conducting research previously approved through the rigorous peer review system.
5. **Assert bipartisan support** for independent scientific research to protect addiction science from political interference.
6. **Find alternative ways to fund research, treatment and prevention programs,** for example, by increasing excise taxes on alcohol, cannabis, tobacco, gambling and other commercial determinants of disease.
7. **Advocate for restoration and/or safeguarding of vital health data** sets and surveys (e.g., CDC's overdose dashboard, the National Survey on Drug Use and Health [NSDUH], and Monitoring the Future).
8. **Protect and build up** state-and local-level data sources.
9. **Safeguard Medicaid** from cuts that would jeopardize addiction care and overdose prevention services for millions of people, threatening to increase overdose deaths and other harms.
10. **Safeguard and expand support for SAMHSA and the CDC** which have been instrumental in driving down overdose deaths and steering the work in prevention, treatment, recovery, and overdose response.

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NATIONAL PREVENTION SCIENCE COALITION TO IMPROVE LIVES

ASDN ADDICTION SCIENCE DEFENSE NETWORK

RECOMMENDATIONS FOR RESEARCHERS AND ACADEMIC INSTITUTIONS

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We recommend that researchers and academic institutions do the following:

1. **Push research societies and professional associations** to facilitate member petitions, position statements, and editorials in their affiliated journals. They must stand up to publicly defend peer review, scientific independence, and evidence-based policies and practices.

2. **Take action!** Join groups, such as Addiction Science Defense Network and Stand Up for Science, in protesting federal funding cuts and policies. Sign and circulate petitions demanding policymakers block further cuts and safeguard funding and data sources.

3. **Partner with people with lived** to develop community-driven research and alternative data sources. Shift towards community-driven research, where research is co-led with impacted people through every phase of the research process.

4. **Plan ahead** with predictable, lawful federal support to track emerging drug trends, respond to evolving public health threats, and deliver interventions that prevent overdose and save lives.

5. **Document terminated or disrupted grants,** trials, and training programs, including scientific, financial, and human costs.

6. **Preserve datasets, biological samples, and research infrastructure** at risk of loss due to funding instability

7. **Become public-facing subject matter experts** by forming relationships with media and elected officials. Communicate impacts clearly to policymakers and the public, using concrete examples of impact.

8. **Schedule meetings with key legislative staff** to deepen relationships with representatives in addition to contacting Congresspeople directly.

9. **Engage legally and ethically in whistleblower and oversight processes** when scientific integrity or public health is compromised.

10. **Think beyond peer review** to continue amplifying addiction science research. Academics can be a trustworthy resource for advocacy and community-based groups who publish grey literature such as one pagers, reports, and graphics.

11. **Strengthen international and cross-institutional collaborations** to maintain research continuity where possible

12. **Offer credible rebuttals to sensational media** and submit letters, editorials, and commentaries to news outlets and post on social media in response to misinformation about drugs, addiction, and crime.

13. **Use your academic credentials and expertise** to contribute to scientific journals with editorials, commentaries and letters to the editor.

14. **Uphold the evidence-building principles** established by the Foundations for Evidence-Based Policymaking Act.

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We recommend that journalists and media do the following:

1. **Highlight the breadth of disruptions** caused by both temporary and permanent funding cuts. The rapid secession of announcements and executive orders creates a chaotic environment where people can struggle to keep track of all the changes. Many may even underestimate the far-reaching impacts of these cuts.

2. **Connect the dots** on how broader cuts to public benefits compromise the progress that's been made to curb the overdose crisis. Proposed cuts of nearly $1 trillion to Medicaid, the nation's single largest payer of addiction treatment, undermines access to medications for opioid use disorder, outpatient counseling, and integrated behavioral health care.

3. **Expose the disproportionate impact** funding cuts will have on marginalized communities and populations most impacted by the overdose crisis. As the Trump administration seeks to remove specific descriptors and identities from research priorities, members of the media are well positioned to ensure these communities are not erased.

4. **Raise the standard of addiction media coverage** by engaging in best practices developed by experts on the ground. Use resources developed by experts to take a health-centered and evidence-backed approach to covering addiction – avoiding sensational headlines, resisting binaries of deserving vs. undeserving, and shifting away from a "War on Drugs" framework.

5. **Contact a diverse range of stakeholders** for stories on these budget cuts, including researchers, people with lived and living experience of substance use, service providers in the fields of prevention, harm reduction, and treatment, and family members. Put a face to the funding cuts and uplift stories of those most impacted.

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ASDN ADDICTION SCIENCE DEFENSE NETWORK

RECOMMENDATIONS FOR ADVOCATES AND ADVOCACY ORGANIZATIONS

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We recommend that advocates and advocacy organizations do the following:

1. **Document and raise awareness** about the real-world impacts of funding cuts on treatment access, overdose prevention, and community services, especially for vulnerable populations.
2. **Mobilize affected communities and providers** to submit testimony, public comments, op-eds, and legal declarations about research and service disruptions.
3. **Pressure policymakers to restore funding,** including naloxone distribution, syringe services, and housing-first programs.
4. **Track and challenge the erasure of marginalized populations** from research and policy due to restricted terminology or canceled DEI-labeled programs.
5. **Build cross-sector alliances** (e.g., public health, criminal justice, housing, HIV/AIDS, recovery communities) to highlight system-wide consequences of dismantling federal addiction science and public health systems.
6. **Support litigation and oversight efforts** aimed at restoring datasets, grants, and public health transparency.
7. **Engage elected officials and ensure their awareness** of federally funded grants that support services and research in the local community that are pivotal to improving health outcomes for individuals that use drugs and have substance use disorders (SUDs).
8. **Build relationships with local, state, and national media** to educate them about the scale and impact of funding cuts, but also to offer analysis to inform coverage about the issue. Become a resource by offering data, personal stories, and illustrative examples to enrich coverage about the broad effects of these cuts to lifesaving programs.

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NATIONAL PREVENTION SCIENCE COALITION TO IMPROVE LIVES

ASDN ADDICTION SCIENCE DEFENSE NETWORK

RECOMMENDATIONS FOR PEOPLE WITH LIVED AND LIVING EXPERIENCE

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We recommend that people with lived and living experience do the following:

1. **Sound the alarm** on the devastating impact federal funding cuts have for people who use drugs and those in recovery. Attend town halls and community forums. Offer public testimony and weigh in on public comments for relevant policies. Lived experience is expertise in its own right and should be elevated in public settings.

2. **Form relationships with local media and sympathetic journalists.** Participate in interviews to detail the importance of specific programs and policies that are now under threat. Submit op-eds and letters to the editor to publications. Consider podcasts and radio as other forums with mass audiences.

3. **Become public-facing subject matter experts by forming relationships with media and elected officials.** Communicate impacts clearly to policymakers and the public, using concrete examples of impact.

4. **Mobilize and organize others with lived experience.** People who use drugs, those in treatment, and people in recovery will be first to experience the consequences of budget cuts. People will need safe spaces where they can share what they're seeing on the ground, how cuts are affecting their day-to-day lives, and exchange tips and resources for keeping each other safe in increasingly hostile terrain.

5. **Engage in advocacy, community-based research, and other collective efforts.** Join organizational campaigns to pressure local government officials. As researchers turn to other sources of information gathering, people with lived experience can inform the research process from formulation of research questions and methods, to conducting research, and to analysis and dissemination.

6. **Take action!** Join groups, such as Addiction Science Defense Network and Stand Up for Science, in protesting federal funding cuts and policies. Protests take the form of marches, rallies, and community events. Sign and circulate petitions demanding policymakers block further cuts and safeguard lifesaving funding and data sources. Disseminate fliers to inform local communities about policy changes and ways to voice dissent.

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RECOMMENDATIONS FOR ADDICTION JOURNAL EDITORS, PUBLISHERS, AND RESEARCH SOCIETIES

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We recommend that addiction journal editors, publishers, and research societies do the following:

1. **Notify the acting directors of the NIH and CDC** that sound journal policies andscientific writing in our field dictate that terminology relating to sex, gender and sexual minority issues are consistent, interpretable and scientifically appropriate.

2. **Resist unjustified and unscientific efforts to interfere with addiction journals** because accurate and legitimate descriptions of study samples' sex and gendercharacteristics are a basic requirement in all human research

3. **Insist on adherence to authorship policies** that disallow the arbitrary removal of federally funded authors from manuscripts with "forbidden" terminology.

4. **Facilitate member petitions, position statements, and editorials** in their affiliated journals, re-affirming support for well-substantiated scientific terminology, diversity policies and funding for addiction research and research training.

5. **Mobilize and organize members** at annual meetings of research societies and professional associations to set programing agendas considering current threats to addiction research and treatment.

6. **Inform the U.S. Congressional leadership** about the practical implications of the illegal, unethical and unscientific actions described in this report. They should also reaffirm their support for NIAAA, NIDA, CDC and other federal agencies that fund addiction research and training both nationally and internationally.

7. **Communicate broadly the societal benefits of addiction science**, which include basic research on the nature of addiction, clinical studies of the most effective treatments and research on cost-effective policy options; insist on the continued application of the peer review system for grant funding and research publications that are independent of political interference.

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RECOMMENDATIONS FOR HEALTH, TREATMENT, AND PREVENTION PROVIDERS

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We recommend that health, treatment and prevention providers do the following:

1. **Be clear on what is federally mandated and what's not** in order to uphold the integrity of addiction treatment and prevention. Patient care should not be subject to the whims of shifting political priorities. Providers should remain committed to quality care that is evidence-based while navigating federal compliance.

2. **Uplift the broad array of treatment, prevention, and recovery options** available to patients. As harm reduction and non-abstinence based treatment come under attack, providers can be credible sources of information about alternative pathways to recovery — informing people about medication for opioid use disorder (MOUD), overdose prevention centers (OPCs), syringe service programs (SSPs), and the like.

3. **Build relationships with decision makers and elected officials.** Providers are uniquely positioned to be subject matter experts to their local representatives, educating them on health, treatment, and prevention and how federal funding cuts are impacting patient care. Scheduling a meeting with an elected official or their staff can be an effective way to get concerns in front of them.

4. **Convene and reach out to other providers** about navigating the current climate. The impacts of funding cuts and censorship are affecting providers nationwide. Colleagues and peers can share recommendations and lessons learned with one another to create shared understanding and build collective responses.

5. **Put substance use on local government agendas** by joining commissions, task forces, and other influential policy groups. Connect with convenors or chairs of groups to ensure stances, policies, and directives are grounded in evidence.

6. **Ensure patient care is anchored by the latest research** and best practices by inviting experts and researchers to train providers and other staff. With proper guidance, providers can create an environment that promotes inclusion and patient-centered care, even in the midst of uncertainty and funding cuts.

7. **Join the Addiction Science Defense Network –** a coalition of addiction scientists and service providers as individuals or organizations to share information and advocate for an independent, evidence-based effort to promote research, improve services and prevent harm.

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- During 2025, there was a dramatic drop-off in new (competing) grants awarded by the National Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA) and funding for new grants was at its lowest point since 2000.
- The number of publications produced by grants funded by NIAAA and NIDA changed precipitously in 2025 compared to prior years, a clear indication that the disruptive changes at NIH may already be affecting critical knowledge outputs for addiction science.
- The US may have already experienced over $87 million in lost economic activity, and future economic growth may be reduced far in excess of current budget savings

We recommend that families and parents of people with lived and living experience must:

1. **Call and write to Congress and local representatives.** It is often advantageous for representatives to have constituents to call on when hearings or special legislative sessions occur. Meeting with elected officials or their staff directly is an effective way to ensure concerns are on their radar and open a consistent line of communication.

2. **Speak to and respond to the media.** Parents are viewed as trustworthy and compelling sources on addiction, treatment, and prevention. Writing op-eds and letters to the editor can inform people of the real life impacts federal funding cuts have on families and communities at large. Live interviews can be used to humanize policies that otherwise feel abstract to the public.

3. **Connect with advocacy groups and local organizations** fighting for drug policy reform, prevention, treatment, and harm reduction. Join organizations running campaigns to pressure local government officials. Circulate petitions and sign-on letters to community members. Deepen community connection by convening spaces where people with lived experience and their loved ones can exchange tactics and ideas on how to navigate the political climate.

4. **Share your story!** Parents and families hold unique perspectives of the far-reaching impacts of addiction and substance use. These perspectives break through stigma and bias in ways more effective than other messengers carrying the same message. Through offering public comments and delivering testimony, parents cultivate sympathetic audiences in government, while town halls and community forums can educate local communities on the impact of federal funding cuts on families.

Addiction science provides thousands of jobs, reduces healthcare expenditures, and spearheads innovation that are necessary for economic growth while offsetting social costs, such as crime and violence. The aforementioned funding cuts and divestments not only increase costs and stunt economic growth but put millions of lives at risk.

Despite these threats to addiction science, there are still opportunities to rebuild and recover from the damage already done.

A broad coalition of policymakers, researchers, providers, journalists, and communities with lived experience can reverse course. With each sector using its positionality to advocate for addiction science, we can save lives and promote healthier, safer communities.

NATIONAL PREVENTION SCIENCE COALITION TO IMPROVE LIVES

ASDN ADDICTION SCIENCE DEFENSE NETWORK

RECOMMENDATIONS FOR TAXPAYERS AND THE GENERAL PUBLIC

Over $740 billion is drained from the US economy due to substance use related issues every year. Substance use, addiction, and overdose have claimed millions of lives, and caused preventable health problems and other harms nationwide.

The National Institutes of Health (NIH) has been the argest single source of funding for addiction science in the world, and this federal investment in research has led to lifesaving breakthroughs in substance use prevention, treatment, and health services. For instance, we developed treatments to cut rates of cigarette smoking, programs to prevent youth substance use, and evidence-based public health policies to reduce crime, suicide, overdose, alcohol impaired driving, and infectious diseases.

Over the past 50 years, this consistent funding has also established thousands of career scientists, numerous research centers, scholarly journals, professional societies, training programs, and a nationwide system of treatment, health, and prevention services.

Unfortunately, this past year of the Trump Administration was characterized by rapid and severe funding disruptions to this research infrastructure, as well as for community-based substance use prevention, treatment, and health services. Federal agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC), and NIH, among others – experienced substantial budget cuts, layoffs, and restructuring, interfering with our nation's ability to prevent and mitigate drug-related harms.

Our attached Impact Report highlights some of the following issues:

- Since January 2025, nearly two-thirds of SAMHSA's staff have been terminated
- Over $588 million in addiction-related research grants were canceled at NIH early in 2025, and nearly 1,200 staff were terminated
- At least 146 datasets were removed from the CDC public platform in early 2025 – many due to terminology usage like "gender" or "sex"
- During 2025, there was a dramatic drop-off in new (competing) grants awarded by the National Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA) and funding for new grants was at its lowest point since 2000.
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- The US may have already experienced over $87 million in lost economic activity, and future economic growth may be reduced far in excess of current budget savings

We recommend that taxpayers and the general public do the following:

1. **Contact state and federal representatives** to demand protection of addiction treatment, Medicaid coverage, and overdose prevention programs that save lives and reduce long-term costs.
2. **Support community organizations** providing prevention, harm reduction, and recovery services, through volunteering, donations, or public advocacy.
3. **Vote and organize** around evidence-based public health, prioritizing candidates and policies that treat addiction as a public health challenge rather than a moral failure.
4. **Urge transparency and accountability** by asking how taxpayer dollars are being used when grants are canceled, and services are disrupted.
5. **Share personal stories and local examples** with media outlets, town halls, and advocacy groups to show how federal decisions affect real people and families

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