

RESOURCE SUMMARY

**Drug Control Program
Department of Health and Human Services
National Institutes of Health (NIH)¹**

	Budget Authority (in millions)		
	FY 2025 Final	FY 2026 Enacted	FY 2027 Requested ²
Drug Resources by Function			
Research and Development: Prevention	\$636.112	\$636.112	\$562.208
Research and Development: Overdose Reduction	\$113.837	\$113.837	\$100.122
Research and Development: Treatment	\$948.395	\$948.395	\$834.518
Research and Development: Recovery	\$32.208	\$32.208	\$28.327
Total, Drug Resources by Function	\$1,730.551	\$1,730.551	\$1,525.175
Drug Resources by Decision Unit			
National Institute on Alcohol Abuse and Alcoholism (NIAAA)			
Research and Development: Prevention	\$58.854	\$58.854	--
Research and Development: Treatment	\$8.332	\$8.332	--
Total, National Institute on Alcohol Abuse and Alcoholism (NIAAA)	\$67.186	\$67.186	--
National Institute on Drug Abuse (NIDA)			
Research and Development: Prevention	\$577.258	\$577.258	--
Research and Development: Overdose Reduction	\$113.837	\$113.837	--
Research and Development: Treatment	\$940.063	\$940.063	--
Research and Development: Recovery	\$32.208	\$32.208	--
Total, National Institute on Drug Abuse (NIDA)	\$1,663.365	\$1,663.365	--
National Institute of Substance Use and Addiction Research (NISUAR)	--	--	\$1,525.175
Total, Drug Resources by Decision Unit	\$1,730.551	\$1,730.551	\$1,525.175
Drug Resources Personnel Summary			
Total FTEs (direct only)	434	316	*
Drug Resources as a Percent of Budget			
Total Agency Discretionary Budget (in Billions) ³	\$44.470	\$44.870	\$41.164
Drug Resources Percentage	3.89%	3.86%	3.71%

¹ Numbers may not total due to rounding.

² The FY 2027 drug control methodology is adjusted to align with the proposed reorganization of NIAAA and NIDA into NISUAR: the FY 2027 drug control budget excludes research management and support costs, including only direct research costs in NISUAR.

³ The FY 2027 Budget proposes to relocate NIEHS and NIEHS Superfund outside the NIH. The funding levels are displayed comparably and as a result exclude funding for NIEHS.

* Drug control FTEs for NISUAR are to be determined.

PROGRAM SUMMARY

MISSION

Within the National Institutes of Health (NIH), the National Institute of Substance Use and Addiction Research (NISUAR) will support research in pursuit of the objectives of the National Drug Control Strategy.

The FY 2027 President's Budget proposes NISUAR as a newly streamlined Institute consisting of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). The mission of these Institutes will be integrated into NISUAR. As relates to the National Drug Control Strategy, NISUAR's mission will be to generate and disseminate fundamental knowledge about the adverse effects of alcohol and other substances on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of substance use-related problems, across the lifespan. Through continued investments across a broad range of scientific approaches, goals, and objectives, NISUAR research will hold enormous promise to reduce the burden of addiction and mental illness and improve quality of life for all Americans.

Substance use disorders (SUDs) are a significant public health crisis. Over 48 million people in the United States had a SUD in 2024, and hundreds of thousands of people die each year from overdose and other drug- and alcohol-related causes. Until recently, drug overdose deaths in the United States had climbed for decades, driven in part by the rise of the potent synthetic opioid fentanyl and its analogues around 2013. In 2022, the crisis reached a peak with nearly 108,000 deaths, declining to about 79,000 in 2024.¹²⁷

To continue turning the tide of the opioid crisis, NIH will continue funding a balanced research portfolio focused on SUD treatment, prevention, recovery, and overdose reduction. Such research has led to medications for treating opioid use disorder (OUD), as well as naloxone and other effective medications to reverse opioid overdoses. NIH-funded research also has addressed access barriers to these medications by developing strategies to extend them beyond addiction treatment settings to primary care, community centers, prisons and jails, and places of worship. However, challenges remain. For example, potent synthetic opioids remain pervasive in the illicit drug supply, and new addictive substances continue to emerge. Combined use of opioids with stimulants and other drugs plays an increasing role in both SUD and overdose, and there are no effective medications to address this polysubstance use. Moreover, SUD and overdose treatments remain difficult to access for some demographic groups, such as rural Americans. Finally, it remains unclear why some people are more vulnerable to transitioning from drug use to addiction and heightened overdose risk.

¹²⁷ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2024 on CDC WONDER Online Database, released in 2026. Data are from the Multiple Cause of Death Files, 2018-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10-expanded.html> on Apr 7, 2026.

Although the rate of underage drinking in the United States has declined over the past several decades, alcohol remains the most widely used substance among youth.¹²⁸ A major priority within NISUAR’s mission will be research on the prevention and treatment of underage drinking and its harmful consequences. Binge drinking¹²⁹ and high intensity drinking¹³⁰ among young people remain significant concerns. These drinking patterns are particularly troubling as they increase risks for poor academic performance, alcohol-related blackouts, injuries, overdoses, sexual assault, unsafe sexual behavior, alcohol use disorder (AUD), and other detrimental consequences.

NISUAR will lead research advances to improve primary prevention of harmful substance use, extend the reach of evidence-based therapies for SUD, and develop new, more effective therapies. The Institute will also prioritize research in overdose prevention approaches such as community naloxone distribution and drug checking tools; and in recovery services such as residential and school-based programs.

METHODOLOGY

The FY 2027 drug control methodology is adjusted to align with the proposed reorganization of NIAAA and NIDA into NISUAR. The FY 2027 drug control budget excludes research management and support costs, including only direct research costs in NISUAR. All NISUAR research on drugs with addictive potential, other than alcohol, will be part of the National Drug Control Budget. Within alcohol research, the prevention and treatment components of NISUAR’s underage drinking research program will be classified as a part of the National Drug Control Budget. Underage drinking research is defined as research that focuses on alcohol use by youth (individuals under the legal drinking age of 21), as well as the negative consequences of underage alcohol use (e.g., alcohol-related injuries, impact on adolescent development including on the developing brain, and risk for AUD). The proposed NISUAR National Drug Control Budget will include basic biological and behavioral research, epidemiological research, screening studies, the development and testing of preventive and treatment interventions, and efforts to disseminate evidence-based information.

¹²⁸ [samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national/2024-nsduh-annual-national-html-071425-edited/2024-nsduh-annual-national.htm#taba.8b](https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national/2024-nsduh-annual-national-html-071425-edited/2024-nsduh-annual-national.htm#taba.8b)

¹²⁹ NIH defines binge drinking as a pattern of drinking that increases an individual’s blood alcohol concentration to 0.08 percent or higher. This typically occurs after 4 drinks for women and 5 drinks for men – in about 2 hours. Research suggests that fewer drinks in the same timeframe result in the same blood alcohol concentration in youth.

¹³⁰ NIH defines high intensity drinking as two or more times the gender-specific binge drinking thresholds.

BUDGET SUMMARY

The FY 2027 budget request for drug control-related activities at NIH is \$1,525.2 million.

As a component of the nation's drug control strategy, the proposed National Institute of Substance Use and Addiction Research (NISUAR) will continue to invest in substance use prevention, substance use disorder (SUD) treatment, overdose reduction, and recovery services related to substance use in alignment with the priorities of the Office of National Drug Control Policy (ONDCP).

Substance Use Prevention

NIH supports a broad portfolio of research to prevent substance use and addiction, including underage alcohol use. This includes epidemiologic research to understand patterns of drug and alcohol use, such as the Monitoring the Future (MTF) Survey and the Population Assessment of Tobacco and Health (PATH) Study. The MTF Survey collects data on substance use and related attitudes among U.S. 8th, 10th, and 12th graders each year. MTF data show that in 2024, overall substance use among adolescents hovered at record lows, with a record high proportion abstaining specifically from alcohol, tobacco, and other nicotine products.¹³¹ The PATH Study is a collaboration between the Food and Drug Administration (FDA) and NIH that focuses on tobacco use and health. The study recently found that people who quit smoking had 30-40 percent better odds of recovering from other SUDs, suggesting the need to integrate smoking cessation interventions into addiction care.¹³²

Adolescence is a period of heightened vulnerability to alcohol's effects and NIH supports several large multi-site interactive research collaborations that inform innovative prevention and treatment strategies for underage drinking. Established in 2012, the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA) is a multi-site longitudinal study to identify brain characteristics in humans that may predict alcohol misuse or occur because of adolescent alcohol exposure. NCANDA investigators are now following the initial adolescent cohort into young adulthood and examining the sex-specific relationships among brain maturation, alcohol misuse, mental health, and sleep. NCANDA recently reported altered connectivity among brain regions involved in executive function, which may help explain how early alcohol exposure disrupts decision making and increases risk-taking behavior.¹³³

Complementary to NCANDA's studies, the Neurobiology of Adolescent Drinking in Adulthood (NADIA) consortium uses animal models to uncover the mechanisms by which adolescent drinking leads to changes in brain structure and function that persist into adulthood. One example of complementary human and animal studies comes from NIH-supported researchers who are identifying neurobiological mechanisms linking sleep disruption to adolescent alcohol misuse, which demonstrate that alcohol-related alterations in brain-body systems regulating sleep may contribute to risk for and persistence of problematic drinking in youth. An independent ongoing study in mice is providing knowledge about the interactions between the circadian sleep

¹³¹ monitoringthefuture.org/data/bx-by/drug-prevalence

¹³² pubmed.ncbi.nlm.nih.gov/40802176

¹³³ pubmed.ncbi.nlm.nih.gov/38137124

system and the stress axis in adolescent alcohol abuse, the long-term effects of these interactions, and the potential for melatonin to both reduce alcohol intake in adolescents and to reduce the risk of developing alcohol use disorders later in adulthood.¹³⁴

Even with current advances, much remains to be learned about how a vast constellation of early-life experiences, combined with a person's genetic makeup, affects vulnerability to SUD and other psychiatric disorders. Building off NCANDA, the Adolescent Brain Cognitive Development (ABCD) Study is a large longitudinal study collecting brain imaging, environmental, and other data from more than 11,000 children aged 9-10 and following them through adulthood to help fill this knowledge gap. ABCD data have revealed specific brain connectivity patterns in early adolescence that predict substance use initiation and correlate with pollution exposure;¹³⁵ found that higher screen time is linked to poor sleep, obesity, hypertension, and increased mental health disorders;¹³⁶ and identified sociodemographic factors that influence adolescence diets.¹³⁷ More recently, with funding from other NIH Institutes and the NIH Helping to End Addiction Long-term (HEAL) Initiative®, the longitudinal HEALthy Brain and Child Development (HBCD) Study was launched to complement the ABCD study by following brain development in thousands of children from birth through their first decade of life.

NIH supports studies to understand and address the interactions between individuals and environments that contribute to drug use, addiction, and related health problems. NIH's portfolio in this area includes studies to develop, evaluate, and implement evidence-based prevention programs for youth. These programs include individual-, family-, school-, community-, and environmental-level interventions. For college settings, NIH provides the College Alcohol Intervention Matrix (CollegeAIM), an online resource that rates over 60 evidence-based alcohol interventions in terms of effectiveness, cost, and other factors, allowing school officials to select among the many potential interventions to address harmful and underage student drinking.

NIH also administers the HEAL Preventing Opioid Use Disorder (OUD) program,¹³⁸ which aims to identify risk factors for OUD among youth and test multi-level prevention interventions. Interventions under study include outreach and counseling for at-risk youth at community drop-in centers, school anti-drug programs that emphasize improving student engagement over disciplinary actions, and programs tailored to at-risk American Indian/Alaska Native (AI/AN) youth. One recent study found that AI/AN students who participated in a combined school and family drug use prevention program experienced large reductions in alcohol use, binge drinking, cannabis use, and prescription opioid misuse.¹³⁹ Despite the inherent strengths of Tribal communities and traditions, AI/AN communities face the highest overdose death rates. Launched in 2024, the Native Collective Research Effort to Enhance Wellness (N CREW) program supports Tribal community-led research on overdose, substance use, pain, and mental health.

¹³⁴ pubmed.ncbi.nlm.nih.gov/38137124

¹³⁵ pubmed.ncbi.nlm.nih.gov/39490580

¹³⁶ pubmed.ncbi.nlm.nih.gov/40172268

¹³⁷ pubmed.ncbi.nlm.nih.gov/39870773

¹³⁸ heal.nih.gov/research/new-strategies/preventing-opioid-use-disorder

¹³⁹ pubmed.ncbi.nlm.nih.gov/40768695

Increasing implementation of alcohol screening and brief intervention in primary care and developing evidence-based behavioral interventions to reduce underage drinking is another priority prevention area for NIH. For example, NIH’s Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide was developed to assist pediatric and adolescent health practitioners in identifying patients at risk for underage drinking and associated problems. This screening resource has been validated among youth in pediatric emergency room settings, school settings, and primary care settings, as well as among youth with chronic health conditions.

Treatment

In 2024, among people who needed substance use treatment, only about one in five received it.¹⁴⁰ Moreover, while medications are available for alcohol, tobacco, and opioid use disorders, there are no FDA-approved treatments for other SUDs. Thus, NIH supports research to expand the reach of existing treatments, and to develop and evaluate novel medications, behavioral interventions, and medical devices to prevent and treat SUD and overdose. Since 2018, such research has led to more than 80 Investigational New Drug and 4 Investigational Device Exemption applications submitted to the FDA. Other products have received FDA fast-track designation, including a methamphetamine “sequestrant” designed to trap the drug and prevent it from entering the brain.

One exciting research area focuses on GLP-1 receptor agonists. These medications suppress food cravings and are used to treat diabetes and excess weight, and there is emerging evidence that they might suppress drug cravings. In NIH-funded studies, people taking the GLP-1 medication semaglutide for diabetes had lower incidence and recurrence of alcohol and cannabis use disorders, and lower OUD-related overdose risk.¹⁴¹ Ongoing trials are testing whether GLP-1 medications can reduce drug and alcohol use among people struggling with SUD.

Another promising area focuses on non-invasive neuromodulation therapies for SUD. NIH-funded research helped inform a vagal nerve stimulation device that is used to treat opioid withdrawal during recovery from OUD. New research shows that among people receiving medications for OUD (MOUD), this device can adjust brain activity associated with impulsive behaviors, suggesting potential use as an adjunct treatment.¹⁴²

NIH supports research on behavioral interventions for SUD. An ongoing study is testing the efficacy of two intervention approaches for non-college emerging adults who report heavy drinking.¹⁴³ One approach is a combined multi-session brief alcohol intervention with a Substance Free Activity Session (SFAS). The SFAS attempts to increase engagement in goal-directed activities that might provide alternatives to alcohol use and provides tools to reduce stress and develop mood-enhancing behavioral substitutes to drinking (or substance use). The researchers are also testing a second intervention, Relaxation Training, in combination with

¹⁴⁰ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2024. www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2024

¹⁴¹ pubmed.ncbi.nlm.nih.gov/38486046/; pubmed.ncbi.nlm.nih.gov/39320894/

¹⁴² pubmed.ncbi.nlm.nih.gov/40548916/

¹⁴³ reporter.nih.gov/project-details/10157726

SFAS to determine if this intervention approach better addresses risk factors for alcohol misuse by enhancing wellness, managing stress, and increasing positive activities.

NIH also supports a Clinical Trials Network (CTN) that conducts research to evaluate new SUD treatments, as well as implementation studies to expand the reach of existing treatments, including MOUD. CTN-supported studies show that starting the MOUD buprenorphine (BUP) in emergency departments is safe and effective, even for patients using fentanyl. This work has established in-hospital emergency care as a critical touchpoint for OUD treatment. Other studies are evaluating BUP induction during prehospital emergency care, integration of pharmacists into BUP treatment plans, and the potential for physician’s offices to provide methadone treatment for OUD (currently available only through federally regulated clinics.)

CTN has also prioritized research to determine how to optimally integrate SUD care in primary care settings. One study found that an electronic health record-integrated clinical decision support system improved OUD diagnosis, naloxone orders, and treatment rates in primary care.¹⁴⁴ Another found that adding a nurse care manager to primary care increased medication treatment rates, with improvements continuing into the third year of follow-up.¹⁴⁵

HEAL-funded projects are working toward non-addictive treatments for chronic pain, including non-opioid medications and behavioral interventions. For example, a first-in-human study is examining the safety and pharmacology of Kindolor—a novel drug that may interrupt the nerve signals underlying pain.¹⁴⁶ The Integrative Management of chronic Pain and OUD for Whole Recovery (IMPOWR) program is testing interventions for patients with co-existing chronic pain and OUD, such as physical therapy, pain coping skills, and novel MOUD dosing regimens.

Recovery

Given that addiction is a chronic relapsing disorder, NIH is prioritizing research to identify best practices in recovery and relapse prevention. There are a variety of recovery service models—including peer-based mutual aid groups, recovery housing, and youth programs—but there is little evidence regarding which kinds of program work best for different people. Moreover, many such programs focus on short-term medical treatments and lack support for participants to receive long-term MOUD.¹⁴⁷ In 2020, NIH established the Recovery Research Networks program to develop tools, resources, and training to grow this area of research. With additional support from the HEAL Initiative[®], this program has expanded and is testing new and existing recovery models through clinical trials.

The Recovery Research Networks are working to better integrate MOUD treatment into recovery settings. In the United States, recovery support has traditionally been the domain of treatment providers and peer support groups, with the latter sometimes viewing MOUD as inconsistent with recovery. Recovery community centers (RCCs) are a newer recovery model, offering peer support and other services, such as basic needs assistance. A recent Networks survey found that

¹⁴⁴ pubmed.ncbi.nlm.nih.gov/40658392

¹⁴⁵ pubmed.ncbi.nlm.nih.gov/39576637

¹⁴⁶ pubmed.ncbi.nlm.nih.gov/33117893

¹⁴⁷ pubmed.ncbi.nlm.nih.gov/34700201

most RCCs also link their clients to MOUD providers, thus combining the benefits of peer support with improved access to MOUD treatment.¹⁴⁸ Another study examined recovery outcomes among 600 people who received MOUD combined with smartphone-based contingency management, an approach in which small tangible incentives are provided for achieving recovery goals. Use of the smartphone app—which provided digital vouchers that could be redeemed for groceries, clothes, and other items—was associated with better MOUD treatment retention and more opioid-free days at the end of treatment.¹⁴⁹

Sleep is also linked to drug use and to recovery, with research indicating that SUDs increase the risk of sleep disorders, which can in turn increase the risk of substance withdrawal, craving, and relapse. NIH-funded studies show that periods of withdrawal are associated with impaired sleep as well as increased levels of orexins, which are brain proteins that promote wakefulness.¹⁵⁰ Meanwhile, clinical trials are testing whether suvorexant, an orexin blocker used for insomnia, can improve sleep and withdrawal among people recovering from OUD.

Overdose Reduction

Amid the U.S. opioid overdose crisis, developing and implementing interventions to prevent drug overdose and other drug-related harms remains a national priority. With HEAL Initiative funding in FY 2022, NIH launched a research network that focuses on testing new overdose reduction strategies, evaluating new ways to deliver existing strategies, and reaching rural and underserved populations. Strategies under study include delivering these services via mobile vans and digital lock boxes, and use of digital health to provide overdose prevention resources.

Synthetic opioids and particularly illicitly manufactured fentanyl are the primary driver of overdose fatalities, making it critical to develop interventions to prevent and reverse opioid overdose. NIH is supporting research on several promising overdose reversal agents, including an anti-fentanyl antibody. In preclinical studies, the antibody reversed drug-induced respiratory depression within minutes and protected against later drug exposures over the next month.¹⁵¹ Researchers have completed a phase 1 clinical study on the compound and are analyzing the data.

NIH also supports research to develop more robust overdose prevention and treatment tools, such as testing strips and other drug checking tools that people can use to test drugs for adulterants before taking them. Through NIH's Small Business Innovation Research (SBIR) programs, researchers have developed FDA-cleared test strips that can detect fentanyl in amounts 100 times lower than the limit of previously available test strips.¹⁵² Researchers are also developing tests for more rapid, user-friendly, affordable deployment in emergency settings to help responders manage overdose more effectively.¹⁵³

¹⁴⁸ pubmed.ncbi.nlm.nih.gov/38426533

¹⁴⁹ pubmed.ncbi.nlm.nih.gov/39621343

¹⁵⁰ pubmed.ncbi.nlm.nih.gov/36328706

¹⁵¹ pubmed.ncbi.nlm.nih.gov/38052779

¹⁵² pubmed.ncbi.nlm.nih.gov/38757262; pubmed.ncbi.nlm.nih.gov/38238757

¹⁵³ pubmed.ncbi.nlm.nih.gov/38757262; pubmed.ncbi.nlm.nih.gov/38584344

NIH also supports research to improve nationwide monitoring of substance use trends. For example, the National Drug Early Warning System (NDEWS) explores methods to enhance real-time data on emerging drug threats, such as by monitoring drug mentions in 911 calls and social media. NDEWS and other programs have found that counterfeit pills containing fentanyl have spread throughout illicit drug markets¹⁵⁴ and that the potent veterinary sedatives xylazine and medetomidine continue to spread as adulterants in illicit fentanyl.¹⁵⁵ Both substances can produce extreme sedation, and xylazine injection can cause painful skin wounds.

Through NDEWS and other programs, NIH continues efforts to develop, scale up, and improve wastewater-based epidemiology (WBE) to monitor emerging drug threats. NIH has funded WBE research for nearly 20 years, helping to establish that WBE can yield actionable data on drug threats in near real-time, overcoming the significant lag of clinical and survey data. In 2020, NIH awarded SBIR funds to a startup company, Biobot Analytics, to develop increasingly rapid, sensitive, and adaptable WBE technology and analytic approaches. Based on this work, in 2026, ONDCP contracted with Biobot to launch a nationwide wastewater intelligence program that will track more than 20 chemical targets.

¹⁵⁴ pubmed.ncbi.nlm.nih.gov/38744553/; pubmed.ncbi.nlm.nih.gov/39079225/

¹⁵⁵ pubmed.ncbi.nlm.nih.gov/38180756/; pubmed.ncbi.nlm.nih.gov/39230918/