National Institute of Substance Use and Addiction Research

CONGRESSIONAL JUSTIFICATION
FY 2027

Department of Health and Human Services
National Institutes of Health

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Substance Use and Addiction Research (NISUAR)

FY 2027 Budget Table of Contents

General Notes

1. The proposed National Institute of Substance Use and Addiction Research (NISUAR) will consolidate the research activities of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). Figures for FY 2025 and FY 2026 in this document aggregate NIAAA and NIDA to provide for comparability to the FY 2027 estimates for NISUAR.
2. FY 2026 Enacted levels cited in this document include the effects of the FY 2026 HIV/AIDS transfer.
3. Estimates assume reauthorization of the SBIR/STTR program in FY 2026 and FY 2027.
4. Detail in this document may not sum to the subtotals and totals due to rounding.

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National Institute of Substance Use and Addiction Research Overview

The newly re-imagined National Institute of Substance Use and Addiction Research (NISUAR) consolidates two NIH institutes, the National Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA). The mission of these institutes will constitute the new NISUAR portfolio.

NIDA supports research to help prevent and treat drug use and addiction and to promote recovery from substance use disorders (SUD) while advancing interventions to reduce the risk of overdose and other adverse effect of drug use. The mission of NIAAA is to generate and disseminate fundamental knowledge about the adverse effects of alcohol on health and well-being, and to apply that knowledge to improve the diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan.

Substance misuse exacts an immense toll on individuals, families, and communities. Drug overdose deaths in the U.S. climbed for over 4 decades, peaking in 2022 with nearly 108,000 deaths, driven by the rise of the highly potent synthetic opioids fentanyl and its analogues.[1] Alcohol misuse is associated with more than 200 diseases and injury-related conditions.[2] Each year in the United States, more than 178,000 people die from alcohol-related problems, making alcohol a leading preventable cause of death.[3]

Prevention and treatment efforts supported in part by NIDA and NIAAA have contributed to progress. Starting in 2022, overdose deaths started to drop, declining 27 percent between 2023 and 2024.[4] Researchers are developing new potential treatments and improving the implementation of existing treatments. Such research has led to medications for treating opioid use disorder, as well as naloxone and other effective medications to reverse opioid overdoses.

However, challenges remain, including polysubstance use. For example, use of opioids with stimulants and other drug combinations plays an increasing role in both SUD and overdoses, and there are no effective medications to address this polysubstance use. Substance misuse also often co-occurs with other mental health conditions that also need to be addressed. Currently only a small percentage of people with an SUD receive any treatment, and treatments remain difficult to access for some groups, such as rural Americans. Meanwhile, it is still unclear why some people are more vulnerable to transitioning from drug and alcohol use to misuse and addiction. Understanding substance misuse within the broader context of whole-person health, which enables integrated approaches to commonly co-occurring mental and physical conditions and informs novel prevention and treatment strategies, will enable greater progress.

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[1] wonder.cdc.gov/mcd-icd10-provisional.html
[2] who.int/news-room/fact-sheets/detail/alcohol
[3] nccd.cdc.gov/DPH_ARDI/Default/Report.aspx?T=AAM&P=F1F85724-AEC5-4421-BC88-3E8899866842&R=EACE3036-77C9-4893-9F93-17A5E1FEBE01&M=7F40785C-D481-440A-970F-50EFBD21B35B&F=&D=
[4] wonder.cdc.gov/mcd-icd10-provisional.html

NIAAA and NIDA have made significant investments to address unmet treatment needs, expanding the pipeline of promising therapeutics and prioritizing implementation science to ensure effective interventions reach those who need them. This research includes identifying strategies to make prevention, treatment, and recovery services available wherever people seek healthcare – including hospitals, doctors' offices, and pharmacies – as well as in non-healthcare settings in communities.

Major Changes in the Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity details and these highlights will not sum to the total change for the FY 2027 President's Budget request for the National Institute of Substance Use and Addiction Research (NISUAR). The FY 2027 President's Budget request is $2,097.2 million, a decrease of $165.0 million compared to the FY 2026 Enacted level. The FY 2027 President's Budget reflects the policy to limit indirect costs for all research grants to a maximum of 15 percent of the modified total direct cost.

Research Project Grants (-$121.0 million; total $1,311.2 million):
NISUAR expects to award 1,669 Research Project Grants (RPGs) in FY 2027. Funding is reduced by $121.0 million from the FY 2026 Enacted level, due in part to a lower number of awards and to a policy to cap indirect costs for grant awards. Noncompeting awards are reduced by 264 awards and $140.0 million. Competing RPGs are expected to increase by $32.0 million for a reduction of 190 awards compared to the FY 2026 Enacted level. The FY 2027 request will implement the NIH policy to fully fund all outyear commitments as part of the initial grant award for competing RPGs. The RPG reductions are distributed across all programmatic areas and basic, epidemiology, translational, or clinical research.

Research Centers (-$9.0 million; total $87.2 million):
NISUAR expects to support 89 awards, a reduction of 3 awards compared to the FY 2026 Enacted level. Costs to fund Research Center awards are reduced in FY 2027 due to implementation of the 15 percent limit on indirect costs and fewer awards.

Other Research (-$16.2 million; total $219.2 million):
NISUAR expects to support 619 Other Research awards, a reduction of 49 awards and $16.2 million compared to the FY 2026 Enacted level. Research Careers decrease by 26 awards and $4.3 million. Cooperative Clinical Research remains level in number of awards but decreases by $5.9 million. Other activity decreases by 23 awards and $6.0 million. Overall, costs to fund Other Research awards are reduced in FY 2027 due to implementation of the 15 percent limit on indirect costs and fewer awards.

Ruth L. Kirschstein Training Awards (-$2.6 million; total $49.8 million):
NISUAR expects to fund 762 full-time training positions (FTTPs), a reduction of 60 FTTPs relative to the FY 2026 Enacted level, including funding fewer new and competing awards. Individual awards decrease by 13 awards and $0.6 million, and Institutional awards decrease by 47 awards and $2.0 million. The decrease is due to the proposed overall NISUAR decrease.

Research & Development (R&D) Contracts (-$3.7 million; total $132.2 million):
NISUAR will decrease funding for this activity by $3.7 million under the FY 2027 request, for a reduction of 2 contracts compared to the FY 2026 Enacted level. The decrease is due to the proposed overall NISUAR decrease. The reduction of one of the contracts in FY 2027 is because the contract is in its final year in FY 2026.

Intramural Research Program (-$4.9 million; total $179.3 million):
NISUAR expects to decrease the intramural research budget by $4.9 million under the FY 2027 request, including a reduction of 2 FTE, while continuing to fund innovative research studies conducted by the Institute's intramural scientists. The decrease is due to the proposed overall NISUAR decrease. This budget request aligns with the budget proposal to cap Title 42 salaries.

Research Management and Support (-$7.7 million; total $118.4 million):
NISUAR will reduce this activity by $7.7 million under the FY 2027 request, including a reduction of 9 FTE, and will continue to support oversight and management of scientific programs critical to fulfilling the Institute's mission. The decrease is due to the proposed overall NISUAR decrease. This budget request aligns with the budget proposal to cap Title 42 salaries and supports the management of NIH and NISUAR infrastructure.

NATIONAL INSTITUTES OF HEALTH
National Institute of Substance Use and Addiction Research

Budget Mechanism *
(Dollars in Thousands)

Mechanism	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	1,764	1,038,040	1,627	1,033,058	1,363	893,078	-264	-139,980
Administrative Supplements	*-94*	14,021	*-93*	13,902	*-61*	4,112	*-32*	-9,790
Competing:								
Renewal	21	26,486	35	60,378	17	49,936	-18	-10,442
New	367	280,940	369	258,124	197	300,557	-172	42,432
Supplements	0	0	0	0	0	0	0	0
Subtotal, Competing	**388**	**307,426**	**404**	**318,503**	**214**	**350,493**	**-190**	**31,990**
Subtotal, RPGs	2,152	1,359,487	2,031	1,365,462	1,577	1,247,682	-454	-117,780
SBIR/STTR	99	69,213	95	66,691	92	63,472	-3	-3,219
Research Project Grants	2,251	1,428,700	2,126	1,432,153	1,669	1,311,154	-457	-120,999
Research Centers								
Specialized/Comprehensive	90	93,533	92	96,137	89	87,183	-3	-8,953
Clinical Research	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0
Comparative Medicine	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Research Centers	**90**	**93,533**	**92**	**96,137**	**89**	**87,183**	**-3**	**-8,953**
Other Research:								
Research Careers	418	75,517	423	76,402	397	72,141	-26	-4,261
Cancer Education	0	0	0	0	0	0	0	0
Cooperative Clinical Research	61	73,609	61	73,323	61	67,381	0	-5,942
Biomedical Research Support	0	0	0	0	0	0	0	0
Other Biomedical Research Support	5	1,371	0	0	0	0	0	0
Other	184	87,788	184	85,668	161	79,672	-23	-5,997
Other Research	**668**	**238,285**	**668**	**235,394**	**619**	**219,194**	**-49**	**-16,200**
Total Research Grants	3,009	1,760,518	2,886	1,763,683	2,377	1,617,532	-509	-146,152
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	243	11,954	245	12,169	232	11,549	-13	-620
Institutional Awards	572	39,603	577	40,251	530	38,250	-47	-2,001
Total Research Training	**815**	**51,557**	**822**	**52,420**	**762**	**49,799**	**-60**	**-2,621**
Research & Develop. Contracts	117	127,332	120	135,863	118	132,203	-2	-3,660
SBIR/STTR (non-add)	*-3*	*-3,201*	*-3*	*-3,307*	*-2*	*-1,337*	*-1*	*-1,970*
Intramural Research	222	190,262	212	184,141	210	179,269	-2	-4,872
Res. Management & Support	407	130,812	295	126,160	286	118,435	-9	-7,724
SBIR Admin. (non-add)	*0*	*-454*	*0*	*-455*	*0*	*-458*	*0*	*-3*
Construction	0	0	0	0	0	0	0	0
Buildings and Facilities	0	0	0	0	0	0	0	0
Total, NISUAR	**629**	**2,260,481**	**507**	**2,262,267**	**496**	**2,097,238**	**-11**	**-165,029**

* All items in italics and brackets are non-add entries.

NATIONAL INSTITUTES OF HEALTH
National Institute of Substance Use and Addiction Research

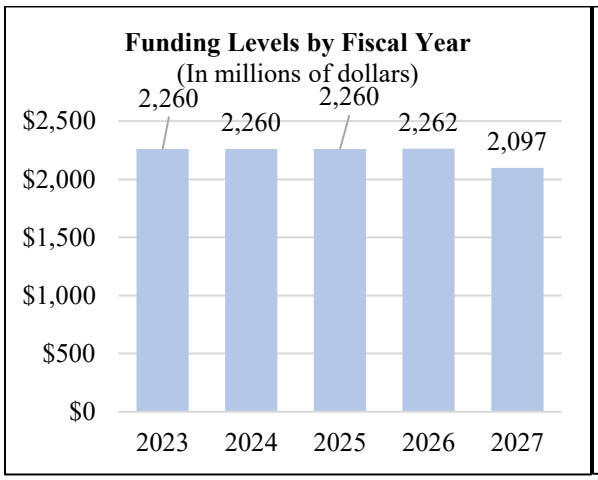
Summary of Changes
(Dollars in Thousands)

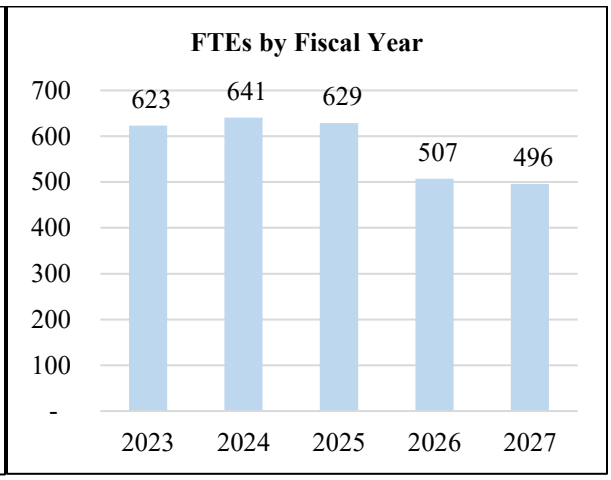
FY 2026 Enacted	$2,262,267
FY 2027 President's Budget	$2,097,238
Net change	-$165,029

CHANGES	FY 2026 Enacted FTEs	FY 2026 Enacted Budget Authority	FY 2027 President's Budget FTEs	FY 2027 President's Budget Budget Authority	Built-In Change from FY 2026 Enacted FTEs	Built-In Change from FY 2026 Enacted Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2026 pay and benefits increase		$58,098		$57,658		$213
b. FY 2027 pay and benefits increase		$58,098		$57,658		$1
c. Paid days adjustment		$58,098		$57,658		$0
d. Differences attributable to change in FTE		$58,098		$57,658		-$582
e. Payment for centrally furnished services		$25,304		$24,095		-$1,210
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$100,739		$97,517		$250
Subtotal						-$1,328
2. Research Management and Support:						
a. Annualization of FY 2026 pay and benefits increase		$78,470		$74,797		$287
b. FY 2027 pay and benefits increase		$78,470		$74,797		$9
c. Paid days adjustment		$78,470		$74,797		$0
d. Differences attributable to change in FTE		$78,470		$74,797		-$1,069
e. Payment for centrally furnished services		$6,035		$5,432		-$604
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$41,654		$38,207		$88
Subtotal						-$1,289
Subtotal, Built-in						-$2,617

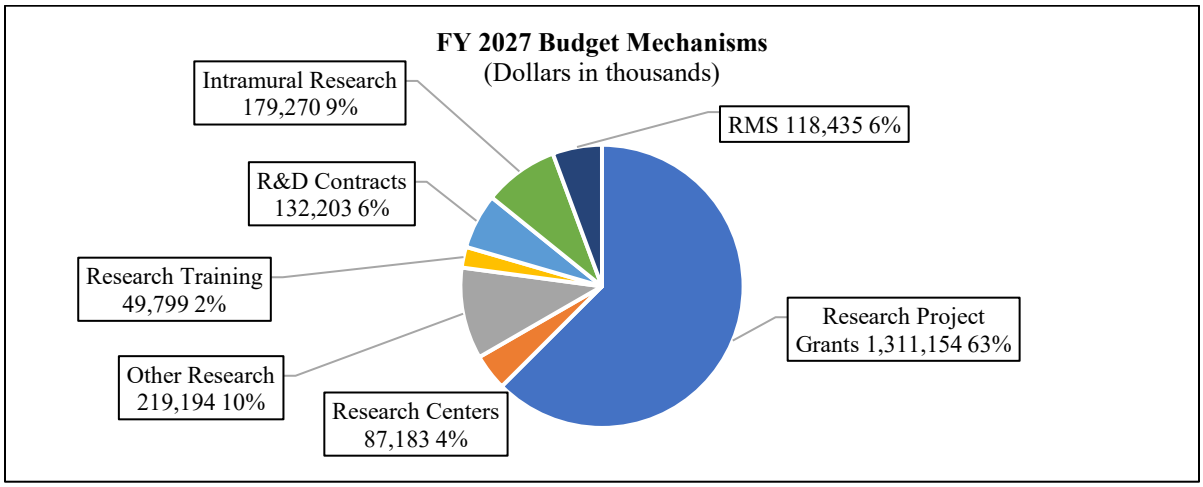
CHANGES	FY 2026 Enacted No.	FY 2026 Enacted Amount	FY 2027 President's Budget No.	FY 2027 President's Budget Amount	Program Change from FY 2026 Enacted No.	Program Change from FY 2026 Enacted Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	1,627	$1,046,960	1,363	$897,189	-264	-$149,770
b. Competing	404	$318,503	214	$350,493	-190	$31,990
c. SBIR/STTR	95	$66,691	92	$63,472	-3	-$3,219
Subtotal, RPGs	2,126	$1,432,153	1,669	$1,311,154	-457	-$120,999
2. Research Centers	92	$96,137	89	$87,183	-3	-$8,953
3. Other Research	668	$235,394	619	$219,194	-49	-$16,200
4. Research Training	822	$52,420	762	$49,799	-60	-$2,621
5. Research and development contracts	120	$135,863	118	$132,203	-2	-$3,660
Subtotal, Extramural		$1,951,967		$1,799,533		-$152,433
6. Intramural Research	212	$184,141	210	$179,269	-2	-$3,543
7. Research Management and Support	295	$126,160	286	$118,435	-9	-$6,435
8. Construction		$0		$0		$0
9. Buildings and Facilities		$0		$0		$0
Subtotal, program changes						-$162,412
Total built-in and program changes	507	$2,262,267	496	$2,097,238	-11	-$165,029

History of Budget Authority and FTEs:

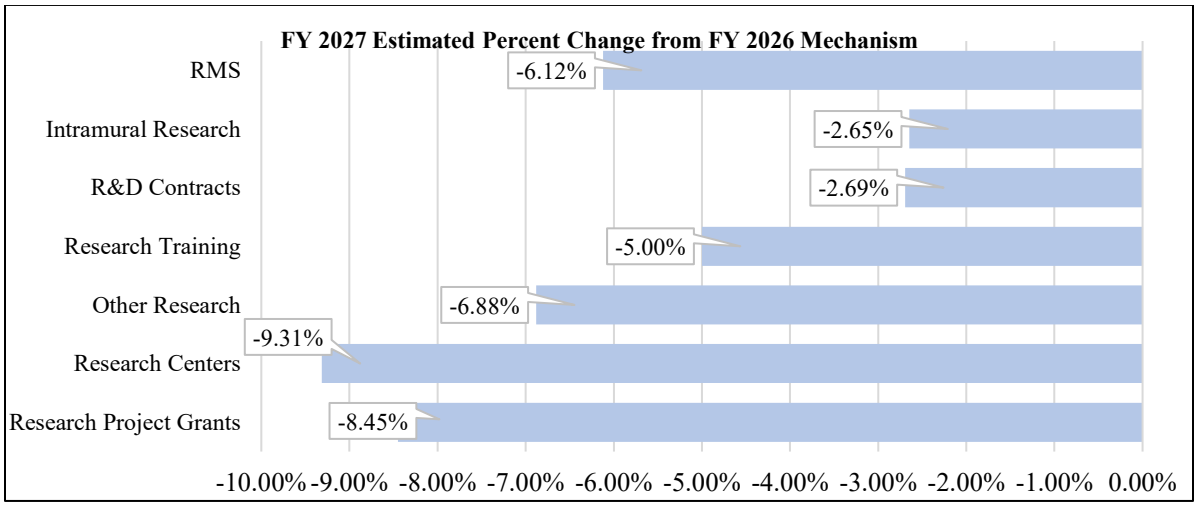




Distribution by Mechanism:



Change by Selected Mechanisms:



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National Institute of Substance Use and Addiction Research

Budget Authority (BA):

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	$2,260,481,000	$2,262,267,000	$2,097,238,000	-$165,029,000
FTE	629	507	496	-11

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Overall Budget Policy: The FY 2027 President's Budget request for the National Institute of Substance Use and Addiction Research (NISUAR) is $2,097.2 million, a decrease of $165.0 million or 7.3 percent compared to the FY 2026 Enacted level. NISUAR will be 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.

Program Descriptions and Accomplishments

Neuroscience and Behavior

NISUAR supports research on the biological mechanisms of drug and alcohol use and addiction and how these substances affect brain structure and function. Studies of genetic, developmental, and environmental risk factors can help identify factors associated with the emergence, persistence, and recovery from substance use disorders (SUD). Along with other NIH Institutes, Centers, and Offices, NISUAR leads two longitudinal studies that are collectively following more than 13,000 children and adolescents from birth to early adulthood, combining state-of-the-art brain imaging with comprehensive health and behavioral data to explore how early-life factors influence addiction and mental health. Research highlights include:

Characterizing early brain development: The HEALthy Brain and Child Development (HBCD) Study, launched in 2023, is following thousands of new mothers and their infants, from the prenatal period to age 10, to examine how prenatal substance exposures, genetics, nutrition, parent-child relationships, and other environmental factors shape brain development trajectories and risk for mental health conditions and SUD. The study released its first datasets in 2025, including an open-source atlas of MRI brain images from over 50 infants that provides a benchmark for evaluating developmental changes across HBCD and similar studies.[5]

[5] pubmed.ncbi.nlm.nih.gov/40813378/

Revealing the effects of substance use during adolescence: Adolescence is a period of heightened vulnerability to the effects of substance use. To understand how early-life factors shape health trajectories, the NIH-funded Adolescent Brain Cognitive Development (ABCD)℠ Study has tracked brain development and health outcomes in more than 11,000 young people starting at ages 9-10 since 2016. Recent analyses show that brain connectivity patterns in early adolescence predict substance use initiation and correlate with pollution exposure,[6] and that higher screen time is linked to poor sleep, obesity, hypertension, and mental health disorders.[7] Such findings point to modifiable factors that could be targeted for intervention. The National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA) recently reported altered connectivity among brain regions involved in executive function in adolescents and young adults aged 12-20 who engaged in heavy drinking. These data may help explain how early alcohol exposure disrupts decision making and increases risk-taking behavior.[8]

Understanding the relationship between substance use and stress: Research has identified decision-making circuits that become disrupted by chronic stress – a major risk factor for addiction – and promote impulsive and habitual behaviors characteristic of addiction.[9] A recent human brain imaging study found increased availability of an enzyme involved in regulating the stress hormone cortisol in regions known to be altered in alcohol use disorder (AUD).[10] These findings, which build on extensive preclinical work linking stress-response dysfunction to compulsive-like alcohol intake, suggest that heightened brain cortisol signaling may contribute to the development and persistence of AUD.

Health Effects

NIH supports research that examines how alcohol and other substance misuse contributes to a broad range of health consequences. This research also includes how alcohol and other substance misuse affects the progression and pathology of co-occurring health conditions. Research highlights include:

Understanding alcohol-associated liver disease (ALD): ALD is one of the most severe health consequences of chronic alcohol misuse and a condition with no FDA-approved treatments. Though corticosteroids are often used as the standard of care, many people do not respond to them, making effective ALD treatment a major unmet need. NISUAR-supported research findings helped refine treatment protocols for prednisone (the current standard of care), which may improve short-term survival rates and reduce complications such as acute kidney injury.[11] Research is also uncovering new mechanisms that drive alcohol-related liver injury. A recent study identified a gut–liver immune pathway that contributes to the progression of ALD and discovered a molecule that restored healthier liver function in experimental models.[12]

Addressing alcohol's effects throughout the body: NISUAR also supports research on how alcohol misuse contributes to diseases beyond the liver, including cardiovascular disease, cancer,

[6] pubmed.ncbi.nlm.nih.gov/39490580/
[7] pubmed.ncbi.nlm.nih.gov/40172268/
[8] pubmed.ncbi.nlm.nih.gov/38137124/
[9] pubmed.ncbi.nlm.nih.gov/39972126/
[10] pubmed.ncbi.nlm.nih.gov/38304303/
[11] pubmed.ncbi.nlm.nih.gov/38342441/
[12] pubmed.ncbi.nlm.nih.gov/40836099/

and dysfunction of the lung, pancreas, gut, immune system, and skeletal muscle. Using health records from more than 400,000 adults, researchers found that drinking above weekly heavy-drinking limits was associated with increased risk of coronary heart disease, underscoring alcohol's role as a modifiable cardiovascular risk factor.[13] Studies also help identify potential biomarkers and early indicators of alcohol-related disease and point to new targets for prevention and treatment across multiple organ systems.

Developing new devices to reduce adverse effects of drug use, including overdose: One device was designed to detect overdose and alert responders based on a person's breathing and oxygen levels. Another device provides mechanical stimulation to treat low back pain and has shown promise as an alternative to prescription opioids in initial low back pain management.[14] Finally, researchers developed a disposable device to make gold standard drug testing faster, more affordable, and more user-friendly, which could allow emergency departments to screen patients for emerging new drugs.[15]

Epidemiology and Prevention

NISUAR supports research on individual and environmental factors that confer risk or resilience for drug and alcohol use and related health problems, epidemiologic studies that monitor substance use patterns and trends, and research to inform the development and implementation of evidence-based interventions. Highlights of research in this area include:

Monitoring drug and alcohol use trends: The Population Assessment of Tobacco and Health (PATH) Study focuses on tobacco and health. PATH researchers found that quitting smoking improved odds of recovering from other SUDs by 30-40 percent, suggesting the need to integrate smoking cessation interventions into addiction care.[16] A study of more than 2 million Veterans revealed that approximately 15 percent of all Veterans, and 20 percent of younger Veterans (ages 18–39), reported alcohol misuse following the COVID-19 pandemic, with women showing higher levels of misuse than men.[17] Together, these findings underscore the importance of tailored prevention approaches and routine screening in both community and healthcare settings.

Leveraging emerging opportunities for prevention in youth and young adults: NISUAR-funded research is developing and testing prevention interventions to facilitate their implementation in real-world settings. A study in rural Tribal communities found that a school and family drug use prevention program significantly reduced alcohol use, binge drinking, cannabis use, and prescription opioid misuse among students.[18] A recent study of young adults, a population with higher-risk drinking behavior but lower rates of treatment engagement, found that participation in "Sober Curious" alcohol abstinence challenges (such as Dry January) reduced alcohol intake for half of participants and led to sustained abstinence for 15 percent after the challenge.[19]

[13] pubmed.ncbi.nlm.nih.gov/40027094/
[14] pubmed.ncbi.nlm.nih.gov/40709052/
[15] pubmed.ncbi.nlm.nih.gov/38584344/
[16] pubmed.ncbi.nlm.nih.gov/40802176/
[17] pubmed.ncbi.nlm.nih.gov/38052382/
[18] pubmed.ncbi.nlm.nih.gov/40768695/
[19] pubmed.ncbi.nlm.nih.gov/37917023/

Treatment and Recovery

NISUAR supports research to develop and evaluate medications, behavioral interventions, and medical devices to prevent and treat SUD and overdose. Research is also focused on improving the implementation of proven, effective interventions into clinical practice. In addition, NISUAR funds research to better understand and support long-term recovery, including the factors that influence sustained behavior change and the interventions that enhance recovery outcomes. Research highlights include:

Exploring the potential of diabetes medications for treating SUD: NISUAR is leading innovative research on GLP-1 receptor agonists, like semaglutide, which are FDA-approved for diabetes and weight loss and reduce food cravings, as well as showing promise in reducing craving for opioids, stimulants, tobacco, and alcohol. In a randomized controlled trial, once-weekly semaglutide significantly reduced alcohol craving and consumption among adults with AUD.[20] These findings provide strong rationale for larger clinical trials evaluating GLP-1-based treatments for treating AUD and other SUDs.

Developing new treatments for SUD: The institute prioritizes development of treatments to address drivers of the opioid crisis, including stimulant use, for which there are no FDA-approved treatments. Strategies include long-acting drug formulations, neuromodulation, immunotherapies like vaccines and monoclonal antibodies, and sequestrants designed to clear drugs from the body. The sequestrant CS-1103 received FDA fast-track designation for methamphetamine intoxication in 2025. Researchers also identified a promising combination therapy, bupropion and naltrexone, that reduced methamphetamine use and cigarette smoking in adults, with an ongoing trial examining extended treatment duration.

Improving alcohol and other substance use screening and referral to treatment: Although screening is common in primary care, many patients who screen positive for SUD do not receive appropriate follow-up care. One study showed that combining alcohol screening, brief intervention, and referral to treatment (SBIRT) with ongoing recovery-management check-ins increased follow-through with treatment for alcohol and other substance use disorders and reduced return to heavy drinking, highlighting the value of periodic follow-up in supporting sustained behavior change.[21] Another study developed an AI-enhanced screening tool that can support identification of hospital patients at risk for opioid use disorder (OUD) and automate opioid withdrawal treatment for those in need, which could help reduce hospital readmissions and associated costs.[22]

Improving access to, and outcomes of, OUD treatment: NIH-supported studies have shown that initiating people with OUD on buprenorphine (BUP) in emergency departments (EDs) is safe and effective, even for patients using fentanyl. This work has established the ED as a critical access point for OUD care. Other studies are evaluating BUP induction by emergency medical services, integrating pharmacists into the management of BUP treatment, and testing provision of

[20] pubmed.ncbi.nlm.nih.gov/39937469/
[21] pubmed.ncbi.nlm.nih.gov/37864532/
[22] pubmed.ncbi.nlm.nih.gov/40181180/

methadone (currently only accessible for OUD through federally regulated clinics) vs. BUP through physician's offices.

Helping to End Addiction Long-term (HEAL) Initiative

The NIH Helping to End Addiction Long-term (HEAL) Initiative, co-led by NISUAR and the National Institute of Neurological Disorders and Stroke (NINDS), accelerates scientific solutions to the opioid crisis. With support from HEAL, NISUAR-funded investigators have submitted over 50 Investigational New Drug (IND) and Investigational Device Exemption (IDE) applications to the FDA since 2018. HEAL also funds research on the intersection of OUD and chronic pain and implementation of proven interventions.

Despite the inherent strengths of Tribal communities and traditions, American Indian/Alaska Native 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, including adapting interventions to incorporate traditional healing practices.

The Recovery Research Networks are working to better integrate MOUD with other treatment and recovery approaches. A study of 600 people in MOUD treatment found that those using a smartphone app that awarded digital vouchers for achieving daily recovery goals stayed in treatment longer and had more opioid-free days.[23]

Budget Policy: The FY 2027 President's Budget request for NISUAR HEAL is $324.0 million. This includes $3.0 million for Intramural Research and $7.3 million for Research Management and Support within the NISUAR HEAL program.

Intramural Research

The NISUAR Intramural Research Program (IRP) provides a unique environment for stimulating cutting-edge basic, translation, and clinical research on SUD and related health consequences, and for training the next generation of researchers. IRP scientists conduct research to elucidate SUD mechanisms, evaluate potential new therapies, and investigate how substances affect the brain and body. Research highlights include:

Pioneering new approaches for SUD treatment: IRP investigators are pursuing genetic approaches to addiction treatment. For example, they engineered a cocaine receptor that shuts off the drug's rewarding effects. In a preclinical model, this reduced cocaine seeking without affecting natural rewards like food,[24] potentially paving the way for gene-based SUD therapies. In parallel, IRP investigators have demonstrated an innovative approach to AUD medication development by using genetic proxies to predict potential therapeutic effects of GLP-1 and GIP-receptor agonists, offering a precision medicine strategy that may help guide and refine future clinical trials.[25]

[23] pubmed.ncbi.nlm.nih.gov/39621343/
[24] pubmed.ncbi.nlm.nih.gov/40866713/
[25] pubmed.ncbi.nlm.nih.gov/40931165/

Understanding alcohol's adverse effects on the heart: IRP investigators also demonstrated that long-term alcohol exposure accelerates cardiovascular aging by impairing mitochondrial function and increasing inflammation and oxidative stress in the heart and blood vessels.[26] These findings underscore alcohol's role as a modifiable risk factor for age-related cardiovascular decline.

Budget Policy: The FY 2027 President's Budget request for Intramural Research is $179.3 million, a decrease of $4.9 million or 2.6 percent compared with the FY 2026 Enacted level.

Research Management and Support (RMS)

Research Management and Support (RMS) activities provide administrative, budgetary, and scientific support for research grants, training awards, and contracts. RMS staff coordinate training programs to sustain a talented addiction science workforce and manage strategic planning, dissemination of research results and funding opportunities, program evaluation, regulatory compliance, outreach, and liaison with Federal agencies and the public.

Budget Policy: The FY 2027 President's Budget request for Research Management and Support is $118.4 million, a decrease of $7.7 million or 6.1 percent compared with the FY 2026 Enacted level.

[26] pubmed.ncbi.nlm.nih.gov/40111699/

NATIONAL INSTITUTES OF HEALTH
National Institute of Substance Use and Addiction Research

Appropriations History

Fiscal Year	Budget Estimate to Congress [1]	House Allowance [2]	Senate Allowance	Appropriation
2018	$1,226,354,000	$1,598,293,000	$1,613,933,000	$1,893,176,000
Rescission				$0
2019	$1,606,512,000	$1,915,784,000	$1,946,458,000	$1,945,435,000
Rescission				$0
2020	$1,748,798,000	$2,040,515,000	$2,046,508,000	$2,007,389,000
Rescission				$0
2021	$1,929,116,000	$2,026,653,000	$2,069,690,000	$2,034,583,000
Rescission				$0
2022	$2,422,668,000	$2,442,751,000	$2,402,539,000	$2,169,125,000
Rescission				$0
2023	$2,410,051,000	$2,304,589,000	$2,275,664,000	$2,258,013,000
Rescission				$0
2024	$2,259,981,000	$2,258,013,000	$2,268,013,000	$2,258,013,000
Rescission				$0
2025	$2,267,246,000		$2,263,013,000	$2,258,013,000
Rescission				$0
2026		$2,258,013,000	$2,258,013,000	$2,258,013,000
Rescission				$0
2027	$2,097,238,000			

[1] The FY 2026 President's Budget proposed consolidating the 27 NIH Institutes and Centers into an 8-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

[2] The FY 2025 House bill proposed consolidating the 27 NIH Institutes and Centers into a 12-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

NATIONAL INSTITUTES OF HEALTH
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Budget Authority by Object Class [1]
(Dollars in Thousands)

		FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Total compensable workyears:				
	Full-time equivalent	507	496	-11
	Full-time equivalent of overtime and holiday hours	0	0	0
	Average ES salary	$216	$217	$1
	Average GM/GS grade	13.2	13.2	0
	Average GM/GS salary	$156	$157	$1
	Average salary, Commissioned Corps (42 U.S.C. 207)	$140	$143	$3
	Average salary of ungraded positions	$177	$161	-$16
	OBJECT CLASSES	**FY 2026 Enacted**	**FY 2027 President's Budget**	**FY 2027 +/- FY 2026**
	Personnel Compensation			
11.1	Full-Time Permanent	$61,042	$60,219	-$823
11.3	Other Than Full-Time Permanent	$26,885	$25,190	-$1,694
11.5	Other Personnel Compensation	$3,184	$2,893	-$291
11.7	Military Personnel	$846	$749	-$97
11.8	Special Personnel Services Payments	$10,897	$10,923	$27
11.9	**Subtotal Personnel Compensation**	**$102,853**	**$99,976**	**-$2,877**
12.1	Civilian Personnel Benefits	$32,316	$32,408	$92
12.2	Military Personnel Benefits	$76	$71	-$5
13.0	Benefits to Former Personnel	$1,323	$0	-$1,323
	Subtotal Pay Costs	**$136,568**	**$132,454**	**-$4,114**
21.0	Travel & Transportation of Persons	$1,538	$1,360	-$177
22.0	Transportation of Things	$200	$205	$4
23.1	Rental Payments to GSA	$43	$44	$1
23.2	Rental Payments to Others	$0	$0	$0
23.3	Communications, Utilities & Misc. Charges	$91	$93	$2
24.0	Printing & Reproduction	$1	$1	$0
25.1	Consulting Services	$80,653	$79,218	-$1,435
25.2	Other Services	$25,656	$21,996	-$3,660
25.3	Purchase of Goods and Services from Government Accounts	$167,112	$160,233	-$6,879
25.4	Operation & Maintenance of Facilities	$184	$188	$4
25.5	R&D Contracts	$17,531	$14,577	-$2,954
25.6	Medical Care	$475	$443	-$32
25.7	Operation & Maintenance of Equipment	$8,072	$7,689	-$383
25.8	Subsistence & Support of Persons	$0	$0	$0
25.0	**Subtotal Other Contractual Services**	**$300,846**	**$285,322**	**-$15,524**
26.0	Supplies & Materials	$9,142	$8,608	-$534
31.0	Equipment	$4,676	$4,038	-$638
32.0	Land and Structures	$48	$49	$1
33.0	Investments & Loans	$0	$0	$0
41.0	Grants, Subsidies & Contributions	$1,810,265	$1,666,029	-$144,236
42.0	Insurance Claims & Indemnities	$0	$0	$0
43.0	Interest & Dividends	$13	$13	$0
44.0	Refunds	$0	$0	$0
94.0	Financial Transfers	$0	$0	$0
	Subtotal Non-Pay Costs	**$2,125,699**	**$1,964,784**	**-$160,915**
	Total Budget Authority by Object Class	**$2,262,267**	**$2,097,238**	**-$165,029**

[1] Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

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Detail of Positions [1]

GRADE	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Total, ES Positions	2	2	2
Total, ES Salary	$424,330	$432,589	$434,889
General Schedule			
GM/GS-15	83	65	64
GM/GS-14	129	113	110
GM/GS-13	110	94	93
GS-12	47	44	44
GS-11	17	15	15
GS-10	0	0	0
GS-9	9	9	9
GS-8	2	1	1
GS-7	5	4	4
GS-6	1	1	1
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	403	346	341
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	4	4	4
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	4	4	4
Ungraded	137	155	149
Total permanent positions	535	487	438
Total positions, end of year	629	507	496
Total full-time equivalent (FTE) employment, end of year	629	507	496
Average ES salary	$212,165	$216,295	$217,445
Average GM/GS grade	13.0	13.2	13.2
Average GM/GS salary	$154,810	$155,585	$156,633

[1] Includes FTEs whose payroll obligations are supported by the NIH Common Fund.