

# **CUTS TO HEALTH RESEARCH PUT LIVES AT RISK: PROTECT NIH FUNDING TO COMBAT THE OVERDOSE CRISIS**

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People from all walks of life are deeply concerned about addiction, overdose, and the impact of fentanyl—and want their loved ones to be safe. After years of devastating losses, drug overdose death rates have declined sharply since mid-2023, thanks to health interventions and overdose prevention services. However, this progress remains fragile. We still lose more than 70,000 people each year, and overdose rates in many communities of color remain high. Federally-funded research is integral to analyzing who we are losing to the overdose crisis,<sup>1</sup> measuring the impact of policy interventions, identifying where interventions are needed, and spearheading effective treatment options to save lives.

**Yet at the very moment that the federal government should be strengthening public health research, the Trump administration has cut or disrupted it, jeopardizing the insights and programs that prevent overdose and improve public health. The administration's proposed FY2027 budget includes funding cuts to the National Institutes of Health (NIH) that would severely weaken our public health infrastructure and put lives at risk.**

Cuts to NIH funding for overdose-related research are occurring alongside devastating reductions to agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC), which fund treatment, recovery, and prevention initiatives. Cutting both the research that identifies and evaluates solutions to the overdose crisis and the programs that fund and implement them severely weakens the nation's ability to respond to the overdose crisis.

## **KEY FACTS:**

- **The Trump administration is proposing \$5 billion in cuts to NIH for FY2027. These cuts would destroy public health systems that took decades to build and put our families and loved ones at risk.** The NIH funds 85% of drug-related research around the world and is the most powerful tool we have in finding effective addiction treatments and getting them into the hands of people who need them.<sup>2</sup> Proven overdose prevention interventions and critical innovations are on the line. This is especially concerning given the rapidly changing, increasingly potent drug supply. These cuts will hinder our ability to respond to changes in the drug supply—such as the emergence of xylazine, medetomidine, and nitazines—and reverse years of progress in combating addiction and overdose.

- **The Trump administration has terminated at least \$41 million in funding to NIH, gutting addiction and overdose prevention research and undermining our ability to respond to the overdose crisis.** These cuts will make it harder to measure the success of policy interventions, halt research that analyzes which communities are suffering the most from overdose and addiction, and derail public health interventions that save lives and stabilize communities.
- **The administration attempted to cancel hundreds of millions of dollars in addiction research grants, then reversed course. Even temporary NIH grant cuts have caused lasting damage.** In 2025, the administration attempted to cancel at least \$576 million in NIH funding for addiction and overdose prevention research. After widespread public backlash and Congressional pushback, at least 118 NIH grants were reinstated. However, these disruptions have derailed research, displaced scientists, and set back our country's progress in addressing the overdose crisis. The restoration of these grants also demonstrates that elected leaders and communities hold power and influence and can play a critical role in rejecting future cuts.
- **The administration's efforts to cancel those NIH grants and withhold already-appropriated funds to NIH are unlawful.** Blocking millions of dollars in NIH funding already approved by Congress violates federal law and disrupts essential services and programs. Sustained congressional oversight is essential to enforce the law, stop unlawful impoundment of funds, and safeguard the stability of our scientific and public health systems.
- **The administration's new NIH rules restrict demographic data collection, increasing the risk of overdose mortality among populations with the highest rates of overdose.** While many communities have seen significant reductions in overdose death rates since mid-2023, overdose rates for Native and Black populations, who already experience the highest rates of overdose, remain high or are increasing in many areas.

These restrictions limit the ability of researchers to identify trends and disparities across communities and compromise efforts to target interventions where they are most needed.<sup>3</sup>

- **Congress can act now to help reverse the overdose crisis.** Congress must ensure that appropriated funds are released in full, protect research independence, and block politically-motivated restrictions, so that efforts rooted in evidence and compassion to address addiction, mental health, and overdose can continue without interference.

## **FUNDING CUTS AND DISRUPTIONS AT THE NIH HAVE LONG-TERM CONSEQUENCES FOR THE OVERDOSE PREVENTION WORKFORCE, POLICY DEVELOPMENT, RESEARCH, AND INNOVATION. OVERDOSE PREVENTION WORK IS PARTICULARLY VULNERABLE TO THESE EFFECTS.**

- **Restructuring agencies would undermine lifesaving research, policy development, and overdose prevention work, yet the administration continues to push for it.** In President Trump's proposed FY2027 budget, the two NIH institutions that study addiction (the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism) would be combined into the National Institute of Substance Use and Addiction Research, and their funding would be reduced by \$165 million. Despite Congress previously rejecting NIH restructuring, the administration continues to push for it in their FY2027 proposed budget.

- **Pausing clinical trials and other studies means halting our progress in fighting addiction and the overdose crisis.** NIH-funded intervention studies depend on continuous funding cycles. When funds are frozen for substance use-related research, researchers must prematurely stop administering treatments, end trials early, or suspend data collection.<sup>4</sup> Interrupted treatment windows, broken comparison groups, and months-long gaps in data collection can nullify entire research findings. For clinical trials involving people with substance use disorders, these pauses carry severe consequences—people can be abruptly cut off from lifesaving interventions like HIV and addiction treatment. When these studies collapse, policymakers lose critical evidence needed to design effective overdose prevention strategies and public health guidelines.

- **The overdose and drug research workforce is shrinking at the moment it is needed most.** Approximately 1,200 NIH staff have been laid off since the Trump administration began, slowing grant review and disbursement.<sup>5</sup> With fewer staff to process funding, many projects have been delayed or canceled altogether, forcing laboratories to downsize or shut down. Across the country, academic institutions are also cutting their workforces: hiring freezes, rescinded job offers, and shrinking graduate cohorts are eroding the research capacity that took decades to build, and valuable researchers are pursuing research opportunities in other countries where their expertise is welcomed and supported. Additionally, instability in federal funding is driving early-career scholars out of the field.<sup>6</sup> If these funding cuts and disruptions continue, we risk losing a generation of researchers. The expertise we need to save lives and combat these critical issues depends upon the very health research workforce that is being harmed by interference in NIH.

## ATTACKS ON DEMOGRAPHIC DATA LEAD TO RESEARCH ROLLBACKS THAT ENDANGER LIVES.

- The Trump administration has combined funding cuts with directives that restrict research involving race, ethnicity, gender, sexuality, disability, and discrimination—undermining the collection of demographic data that is essential for identifying trends and understanding how overdoses affect different communities.
- When we weaken researchers' ability to accurately study and address overdoses and addiction, the consequences are severe. Executive directives have disrupted demographic data collection, undermining research integrity and obscuring trends and disparities across communities—including mortality data for Native and Black populations, who experience the highest rates of fatal overdoses.<sup>3</sup>

## THE ADMINISTRATION'S ASSAULT ON OVERDOSE-RELATED RESEARCH IS PART OF A WIDER EFFORT ATTACKING PUBLIC HEALTH PROGRAMS ESSENTIAL TO ADDRESSING OVERDOSE AND ADDICTION.

- **Right now, the Trump administration is continuing massive budget cuts and layoffs to a number of agencies that save lives and connect people to treatment and care,** including Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC). Attacks on these agencies will make it harder—if not impossible—for many people to get the help they need. This means longer treatment wait times, fewer services, and more lives lost. For families already struggling with addiction, it could mean showing up for help—only to find the door shut.

- **Cuts to SAMHSA will undermine treatment programs, access to medications for opioid use disorder, naloxone distribution, and connections to care—especially in rural and underserved communities.** Experts see the availability of these interventions as contributing to these recent decline in overdose deaths in the U.S.
- **Cuts to the Centers for Disease Control and Prevention (CDC) funding mean fewer overdose prevention services in your community.** The CDC supports health centers, overdose prevention, and public health surveillance across the country. It funds local health departments that provide frontline overdose prevention services that are a lifeline for seniors, veterans, and people with disabilities. It also collects and analyzes national overdose data.

## **THE NIH HAS LONG ENJOYED BIPARTISAN SUPPORT. MAINTAINING NIH FUNDING IS MORE CRITICAL THAN EVER AND CONGRESS MUST STAND FIRM TO DEFEND IT.**

Congress must act decisively to safeguard already-appropriated NIH funds, reject proposed and realized budget cuts, and prevent any further disruptions to critical research activities. The ongoing attempts by the administration to freeze, delay, and redirect congressionally mandated funding pose an immediate threat to lifesaving research, long-standing federal programs, and the scientific partners who rely on stable funding streams to carry out their work. These interruptions jeopardize progress on addiction, overdose, mental health, and public health preparedness. They also compromise the integrity of the federal budgeting process and undermine Congress's constitutional authority over appropriations.

## **ADVOCATES AND RESEARCHERS URGE CONGRESS TO TAKE ACTION AND ENSURE THAT:**

- Appropriated funds are released immediately and in full.
- Congress rejects U.S. Department of Health and Human Services (HHS) restructuring and fully funds all NIH institutions through the appropriations process.
- Its constitutional power of the purse is fully upheld, preventing the administration from unilaterally reinterpreting or blocking funding decisions made by Congress.
- Researchers, universities, and public health systems can plan ahead with predictable, lawful federal support, enabling them to track emerging drug trends, respond to evolving public health threats, and deliver interventions that prevent overdose and save lives.
- Punitive or ideologically motivated restrictions are blocked, so that researchers, institutions, and federal programs are not penalized for conducting evidence-based work.
- Bipartisan support for independent scientific research is clearly asserted, reaffirming that evidence-driven efforts to address addiction, overdose, mental health, and broader public health challenges remain insulated from political interference.

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