

NIDA must remain a standalone NIH institute

To protect progress and continue advancing real solutions, NIDA must remain independent

NIDA's Proven Public Health Impact

NIDA-supported research has led to the development and approval of lifesaving medications for opioid use disorder (MOUD), overdose, and withdrawal, including:

- **Buprenorphine and buprenorphine/naloxone** (relapse prevention; MOUD)
- **NARCAN® and Nalmefene** (opioid overdose reversal)
- **Lofexidine** (opioid withdrawal)

With support from HEAL, NIDA dramatically increased its medications development portfolio. It is currently supporting the development of **nearly 100 compounds for treating opioid and stimulant use disorders and overdose**, and NIDA-supported scientists have **filed over 45 Investigational New Drug Applications with the FDA**.

NIDA investments have helped reduce the supply of fentanyl in illicit drug markets, expand access to Naloxone and MOUD, and contributed to a 27 percent decline in overdose deaths in 2024.

NIDA's Adolescent Brain and Cognitive Development (ABCD), launched in 2015, is the **largest adolescent brain development study in the world**. It is following ~10,000 adolescents 9-10 years of age over 10 years to understand brain and cognitive development and the factors that contribute to drug use and other child health outcomes. The *HEALTHy Brain and Child Development (HBCD) Study* will provide similar data on ~7000 children from the prenatal period to adolescence.

From 14 to nearly 100 medications in development Before vs After HEAL

Economic Cost of SUDs in the United States



Over \$700 billion a year in increased health care costs, crime, and lost productivity

Source: NIDA. 2021, August 3. Introduction. Retrieved from <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/introduction> on 2023, February 15

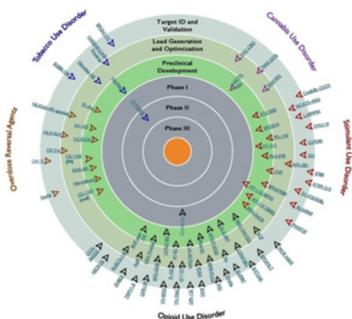
NIDA Must Remain a Standalone NIH Institute

Drug use and addiction are among the most urgent public health challenges in the United States. **Tens of thousands die each year** – placing massive burdens on families, communities, healthcare systems, and the economy.

Addiction is distinct from other mental and behavioral health disorders

- **Addiction arises from the interaction of specific brain, behavioral, and environmental factors**
- **Brain systems involved in reward, motivation, learning, and self-regulation are uniquely affected**
- **These complexities cannot be addressed by psychiatric or behavioral health models alone**

Medication Development



A multidisciplinary approach that brings together neuroscience, pharmacology, genetics, behavioral science, and public health is essential to understanding addiction and developing effective solutions. **NIDA is uniquely structured to support such integrated research and translate the resulting scientific discoveries into real-world impact.**

NIDA's Dedicated Leadership and Structure Are Irreplaceable

When NIDA was established in 1974, it was separated from the National Institute of Mental Health for a good reason: Addiction required **dedicated leadership, distinct funding priorities, and a mission focused entirely on drug use and its consequences.** This remains true today.

While addiction and mental illness often co-occur, the causes, mechanisms, interventions, and research priorities are different. A standalone institute is the only way to ensure that addiction science receives the sustained attention and strategic coordination it demands.

No other NIH institute is equipped to lead this work. Dispersing addiction research across institutes would fragment efforts, slow progress, and undermine decades of investment and public health gains.

The Crisis Remains Urgent and Is Evolving

Recorded overdose deaths

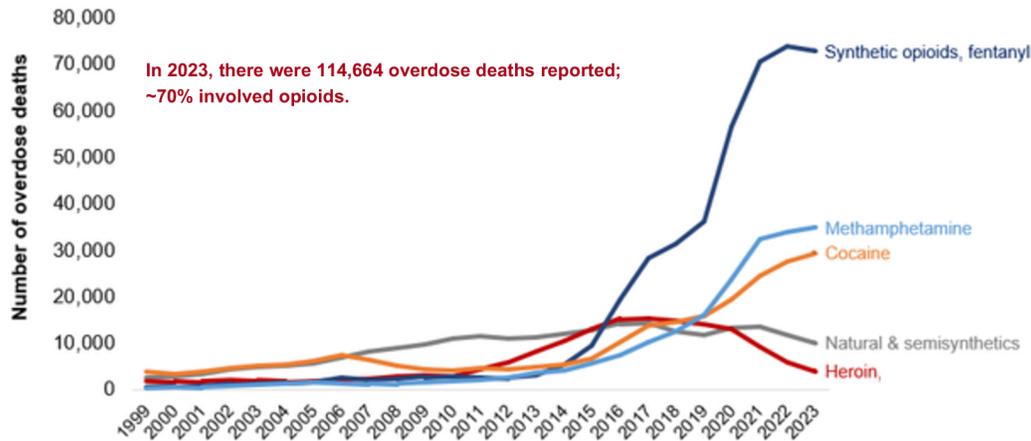
12mo ending 1/25
82,138

2023 peak = 114,664

82,138 overdose deaths were recorded, slightly up from the year before.

Stimulants (methamphetamine, cocaine) lead to over 34,000 deaths annually, yet there are no FDA-approved treatments for stimulant use disorders. ***This requires continued, focused research.***

Drug Overdose Deaths, All Ages



Source: The Multiple Cause of Death data are produced by the Division of Vital Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services (US DHHS)



The College on Problems
of Drug Dependence

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NIDA Case Study: ROI for Buprenorphine

Return on Investment

~69,500%
Market ROI

~1,548,000%
Public Health ROI

Lives Saved

- Buprenorphine reduces risk of death by 50% and reduces mortality rate from 2-3% to 1%
- Buprenorphine conservatively prevents 90,000 - 180,000 premature deaths
- The "Value Statistical Life" multiplier of \$10 million applied to assess regulatory and healthcare impacts

**\$900 billion
to \$1.8 trillion**

**Economic value
of lives saved
by buprenorphine**

NIDA invested an estimated \$62 million in the development of buprenorphine, a ground-breaking medication for opioid use disorder (MOUD)

Reach and Impact

12-14 million unique patients are estimated to have been treated with buprenorphine since 2002, representing >15 million annual prescriptions

Public Health Return

The estimated savings to society in healthcare, productivity, and criminal justice costs are \$960 billion

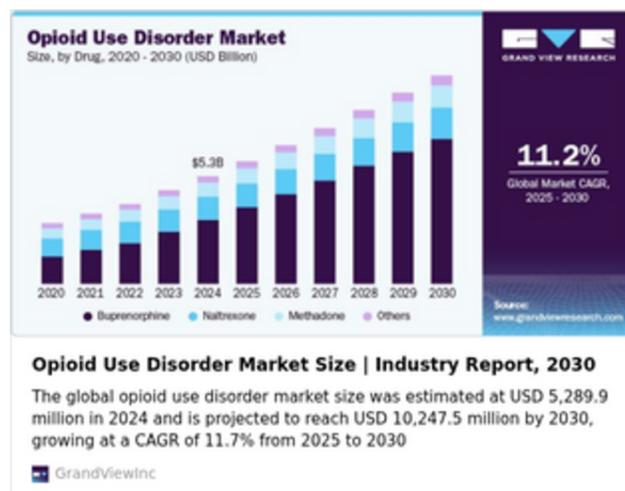
Market Return

Average cost of treatment per patient is \$3600
(\$400 per treatment x 9 months)

This produces a cumulative market value = \$43.2 billion

Market Innovation

- Buprenorphine created a new pharmaceutical market and catalyzed industry innovation
- Buprenorphine represents the largest share of MOUDs on the market and fostered market competition
 - Suboxone Film Strip (2009) - sublingual film strip
 - Zubsolv (2013) - sublingual tablet
 - Probuphine (2016) - implantable buprenorphine
 - Sublocade (2017) - long-acting depot injectable
 - Brixadi (2023) - long-acting depot injectable



NIDA Case Study: ROI for Naloxone/Narcan®

Federal investment in Naloxone R&D has yielded one of the most cost-effective and impactful public health tools in modern history



Federal Investment: ~\$54 million annually to distribute Naloxone/Narcan®, totaling ~\$380 million since 2017 following the federal declaration of the opioid epidemic



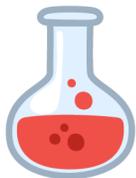
Lives Saved: ~100,000 lives saved since 2017; 27,000 lives saved in 2024 alone

- 1 life saved per 14 doses distributed
- \$1 trillion in economic value since 2017 (*\$10M statistical value of a life, VSL*)



Public Health Savings: >\$100 billion annually since 2017 from decreased:

- EMS calls, hospitalizations, and ICU stays
- Productivity loss
- Incarceration and court costs



Market Value of Naloxone/Narcan®: \$7–9 billion in sales (2017-2024)

Development of new interventions:

- Nalmefene/Opvee® - long-acting antagonist for opioid overdose (FDA approved in 2023)
- Zimhi® - high-dose naloxone injection for EMS/community response

Bottom-Line

Naloxone/Narcan® Works:

**Public Investment Delivers Over \$1.4 Billion Annually in Value
ROI Estimate of ~5,000%**