

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.

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

Medication Development



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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**

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

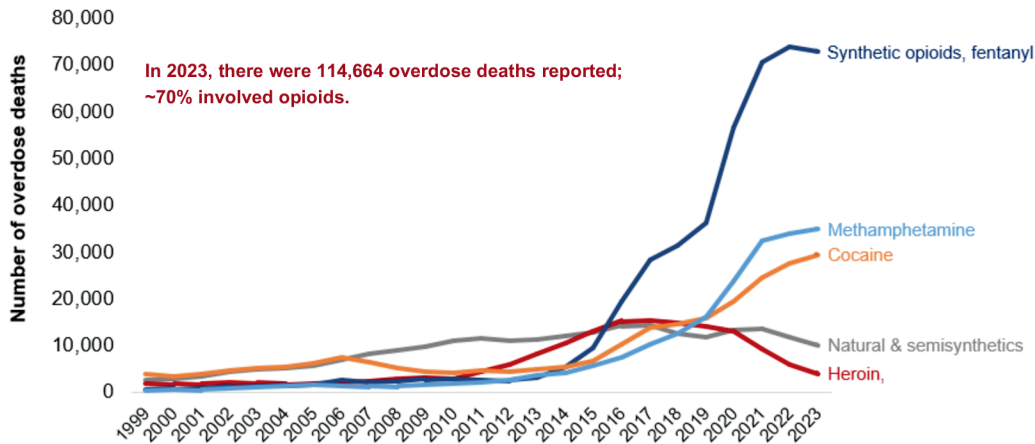
12mo ending 1/25
82,138

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
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