

# **National Institute on Alcohol Effects and Alcohol- Associated Disorders**

CONGRESSIONAL JUSTIFICATION  
FY 2024

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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 on Alcohol Effects and Alcohol-Associated Disorders (NIAAA)<sup>1</sup>

FY 2024 Budget Table of Contents

Director’s Overview.....	3
IC Fact Sheet.....	7
Major Changes in the Budget Request.....	9
Budget Mechanism Table .....	10
Appropriations Language.....	11
Summary of Changes .....	12
Budget Graphs .....	13
Organization Chart.....	14
Budget Authority by Activity Table .....	15
Justification of Budget Request .....	16
Appropriations History .....	24
Authorizing Legislation .....	25
Amounts Available for Obligation.....	26
Budget Authority by Object Class .....	27
Salaries and Expenses .....	28
Detail of Full-Time Equivalent Employment (FTE) .....	29
Detail of Positions.....	30

**General Notes**

1. FY 2023 Enacted levels cited in this document include the effects of the FY 2023 HIV/AIDS transfer, as shown in the Amounts Available for Obligation table.
2. Detail in this document may not sum to the subtotals and totals due to rounding.

<sup>1</sup> To further reduce stigma and better reflect NIAAA’s work to improve public health and support people with alcohol use disorder, the FY 2024 Budget proposes that the Institute be renamed the “National Institute on Alcohol Effects and Alcohol-Associated Disorders.”

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## Director's Overview

Alcohol-related problems continue to exact an immense toll on individuals, families, and communities. In the United States, more than 140,000 people per year die from alcohol misuse, making it one of the leading causes of preventable deaths. During the first year of the COVID-19 pandemic alone, alcohol-related deaths increased approximately 25 percent, far outpacing previous increases of around two percent per year. Alcohol-related traffic fatalities increased by 14 percent in 2020—their highest level since 2008. Alcohol misuse is linked to more than 200 disease and injury-related conditions, meaning alcohol misuse contributes substantially to health care costs and lost productivity and affects people's health in ways that they may not realize. Alcohol misuse can also have painful emotional impacts on individuals and their loved ones.



*NIAAA Director  
George F. Koob, Ph.D.*

The scope of alcohol-related problems stems, in part, from the *treatment gap*—the large difference between the number of people who need help for alcohol misuse and the number who receive it. Approximately 15 million people in the United States aged 12 and older have alcohol use disorder (AUD), but fewer than 10 percent of individuals with AUD receive any treatment. Closing the treatment gap is a major priority for our Institute.

NIAAA's mission is to generate and disseminate fundamental knowledge about the adverse effects of alcohol on health and well-being, and apply that knowledge to improve the diagnosis, prevention, and treatment of alcohol-related problems, including AUD, across the lifespan. NIAAA is committed to advancing basic, translational, and clinical research to close the alcohol treatment gap and reduce alcohol-related problems for all people. Central to this work are efforts to eliminate stigma as a barrier that prevents people from seeking help for AUD and other alcohol-related problems.

Alcohol-related problems historically have been viewed, and continue to be viewed, as a moral failing or character flaw, even though advances in neuroscience have revolutionized our understanding of AUD as a chronic medical condition. This perspective has shaped how alcohol misuse is perceived and promoted efforts to talk about alcohol-related problems in less judgmental ways. To help further reduce stigma and better reflect our work to improve public health and support people with AUD, the FY 2024 Budget proposes that the Institute be renamed the "National Institute on Alcohol Effects and Alcohol-Associated Disorders." The acronym for the Institute would remain as NIAAA.

### **Closing the treatment gap**

Despite a variety of effective treatment options, including three medications approved by the Food and Drug Administration (FDA), most people with AUD do not receive any treatment. Closing the alcohol treatment gap requires a multi-pronged strategy. This includes increasing health care provider and patient education about alcohol misuse and AUD treatments, expanding

the range of evidence-based treatments for alcohol-associated disorders, and de-stigmatizing alcohol-related conditions. NIAAA is making progress in each of these areas.

In 2022, NIAAA launched the Health Care Professional’s Core Resource on Alcohol (HPCR).<sup>2</sup> The HPCR covers the basics of what every health care professional needs to know about alcohol, including the many ways that alcohol can impact a patient’s health, evidence-based interventions for prevention and treatment, and strategies to reduce alcohol-related stigma in patient care. The development of resources such as the HPCR and the NIAAA Alcohol Treatment Navigator,<sup>3</sup> and their underlying evidence base, was made possible by federal investments in research and represent NIAAA’s commitment to integrating alcohol prevention and treatment into routine health care.

These efforts underscore the fact that AUD is a treatable brain disorder from which people can and do recover. There are many pathways to recovery, but more research is needed to understand what factors help to sustain longer term recovery. With input from stakeholders, NIAAA recently facilitated the development of a new operational research definition of recovery from AUD to promote consistency across research studies and stimulate additional research (see Program Portrait).

NIAAA continues to support research to develop a larger number of treatment options for both AUD and alcohol-associated organ damage. There are currently no FDA-approved treatments for alcohol-associated liver disease (ALD), the most common alcohol-related cause of death, and more research is needed to improve outcomes for patients. For some patients with ALD, a liver transplant could mean the difference between continued recovery and death. NIAAA-supported research suggests that adherence to six months of abstinence from alcohol before transplantation, which is often required in clinical practice, was not associated with better patient survival. An emerging body of evidence indicates that integrating treatment for AUD and ALD has the potential to improve health outcomes, promote recovery, and contribute to the long-term survival of patients with ALD. Currently, most patients with ALD do not receive any form of AUD therapy. NIAAA is supporting research to better integrate the treatment of AUD and ALD (see Program Portrait).

### **Advancing diversity, equity, inclusion, and accessibility**

Advancing diversity, equity, inclusion, and accessibility (DEIA) in the alcohol biomedical research enterprise is also important to closing the treatment gap. NIAAA leadership fully supports the NIH UNITE initiative to address structural racism in the biomedical research enterprise. In addition, NIAAA is focusing on three primary areas: 1) improving the NIAAA *workplace and culture*, 2) advancing diversity and equity in the NIAAA-funded and internal *workforce*, and 3) enhancing the NIAAA scientific *research portfolio*.

NIAAA is leveraging the National Alcohol Research Centers Program as one way to advance DEIA in the alcohol biomedical research enterprise. Alcohol Research Centers are research programs at institutes across the nation that serve as incubators for interdisciplinary,

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<sup>2</sup> [www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol](https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol)

<sup>3</sup> <https://alcoholtreatment.niaaa.nih.gov/>

collaborative research and training on a wide range of topics important to the NIAAA mission. NIAAA now requires a Plan for Enhancing Diverse Perspectives (PEDP) for Specialized Alcohol Research Centers and Comprehensive Alcohol Research Centers. PEDPs formalize a strategy to advance the scientific and technical merit of proposed projects through expanded inclusivity. A well-defined DEIA plan for projects ensures that NIAAA-supported research programs can benefit from individuals' unique perspectives based on their diverse backgrounds and perspectives. NIAAA also seeks to strengthen its program to support collaborative research partnerships between Research Centers in Minority Institutions and Alcohol Research Centers.

Within the NIAAA research portfolio, there are ongoing efforts to expand research on health disparities and social determinants of health. For example, NIAAA's alcohol health services research program encourages research on reducing disparities in the receipt and delivery of care. Additionally, NIAAA participates in the Helping to End Addiction Long-term (HEAL) Initiative, which provides supplemental support to improve recruitment, retention, and inclusion of participants from U.S. racial and ethnic minority populations into clinical trials. NIAAA also supports utilization of the *All of Us* study cohort for research in the DEIA domain and supports health disparities-related research projects at National Institute of Minority Health and Health Disparities-funded research centers and minority institutions. Other NIAAA initiatives are focused on advancing health equity among women and girls in racial and ethnic minority populations and other marginalized communities and developing culturally based interventions for underserved youth (see Program Portrait).

Bolstered during the COVID-19 pandemic, research on telemedicine and digital health technologies has revealed important avenues to close the treatment gap for at-risk and underserved populations. For example, an NIAAA-supported pilot trial found that a novel smartphone-based intervention helped decrease alcohol misuse for adults experiencing homelessness, a population that has an eight-fold higher rate of AUD.

### **Tackling the undiscovered**

In both its extramural and intramural programs, NIAAA is investing in basic research to close the treatment gap, advance health equity, and lay the foundation for improving prevention, diagnosis, and treatment. Every organ system is impacted by alcohol use. Alcohol misuse frequently co-occurs with chronic pain, sleep dysregulation, and other conditions. NIAAA has made a major investment in research to elucidate the mechanisms that underlie the broad range of alcohol's effects on the brain and body, including AUD.

NIAAA-funded research is identifying potential biological targets for AUD medications. For example, previous research has shown that mineralocorticoid receptors located in the brain and other organs might play a role in alcohol use and craving. NIAAA-supported researchers found that a medication for heart problems, called spironolactone, holds promise for treating AUD by blocking these receptors. The researchers found that animals consumed less alcohol with increasing doses of the drug, and that people who took spironolactone for other medical conditions drank less alcohol than those who did not take it. These encouraging findings are paving the way for additional studies of spironolactone for the treatment of AUD.

NIAAA supports research to better understand the long-term impacts of drinking during adolescence on the developing brain. Previously, using an animal model of adolescent alcohol exposure, NIAAA-supported researchers demonstrated that binge drinking creates epigenetic changes in the brain that can lead to increased anxiety and alcohol consumption in adulthood. In a new study, the researchers used CRISPR/dCas9 DNA editing techniques to reverse some of the binge drinking consequences in the brain, which mitigated adult anxiety and excessive alcohol drinking in an animal model. Although much work remains before any potential application in humans, the new findings underscore the long-lasting effects that early binge drinking can have on the brain and adds to the growing body of evidence demonstrating the potential utility of gene editing in addressing health and disease.

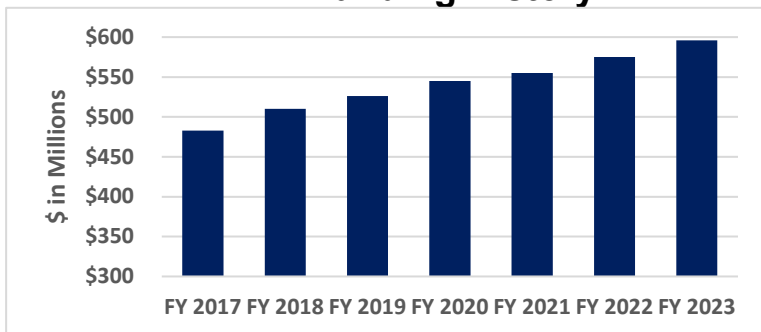




## National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA)

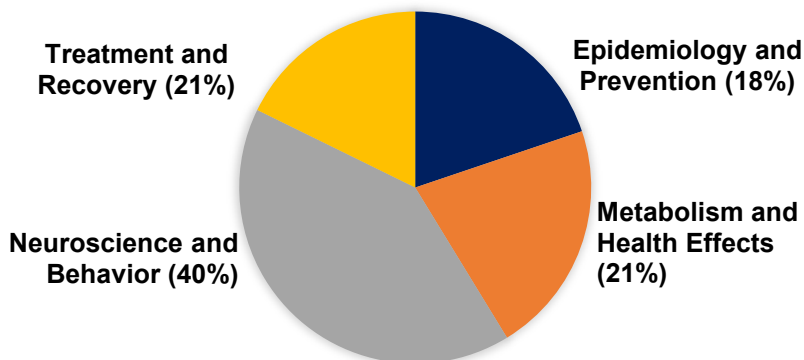
For more than 50 years, NIAAA has served as the primary U.S. agency for conducting and supporting research on the causes, consequences, diagnosis, prevention, and treatment of alcohol-related problems across the lifespan. NIAAA also translates and disseminates evidence-based research findings for health care professionals, researchers, policymakers, and the public. NIAAA's efforts have contributed to two decades of steady declines in underage drinking, the development of effective treatments for alcohol use disorder (AUD), and the recognition of AUD as a medical disorder.

### NIAAA Funding History



FY 2023 Enacted: \$596.6 million; FY 2024 PB: \$596.6 million.

### FY 2022 Research Support by Extramural Scientific Division



[niaaa.nih.gov](http://niaaa.nih.gov)

### NIAAA Director

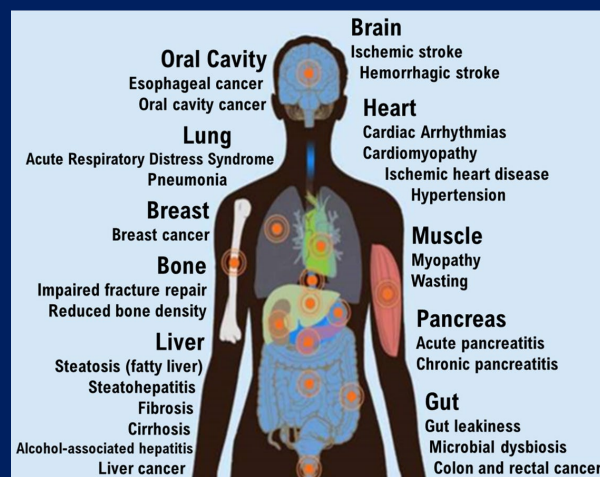


George F. Koob, Ph.D., is an internationally recognized expert on alcohol and stress, and the neurobiology of alcohol and drug addiction.

### NIAAA Facts and Figures – FY 2022

- 238 Full-Time Employees
- 712 Research Project Grants
- 16 Early-Stage Investigators funded
- 153 Career Development Awards
- 326 Training positions
- 11 Grant supplements to support diversity

### Alcohol Misuse is Associated with 200+ Diseases and Health Conditions



#### Alcohol-Related Deaths in the United States

More than **140,000** people died from alcohol-related causes annually from 2015 to 2019.

#### Alcohol Use Disorder (AUD) in the United States

**14.5 million** people ages 12 and older had AUD in 2019.



Source: 2019 NSDUH

#### Less than

**10% of people**

with past-year alcohol use disorder receive any treatment.



Source: 2019 NSDUH

#### U.S. Children Living With Parent / Caregiver With Alcohol Use Disorder (AUD)

More than 10 percent of U.S. children ages 17 and younger live with a parent with AUD.



Source: SAMHSA

## Roadmap for the Future: Closing the Treatment Gap

Despite the existence of effective treatment approaches for AUD, **fewer than 10 percent of people with AUD receive any treatment**. A major priority for NIAAA is to close this treatment gap by funding and disseminating evidence-based interventions. Focus areas for closing the treatment gap include:

- Studying ways to expand alcohol screening, intervention, and referral to treatment
- Developing new AUD treatments and better implementing existing treatments into routine health care
- Addressing gaps in the prevention, screening, and treatment of fetal alcohol spectrum disorders
- Integrating treatment of AUD and alcohol-associated liver disease to improve patient outcomes
- Promoting research on recovery from AUD, including improving the understanding of factors that sustain longer term recovery
- Addressing health disparities and promoting health equity to close the treatment gap in underserved populations

[niaaa.nih.gov](http://niaaa.nih.gov)

## Diversity, Equity, Inclusion, and Accessibility (DEIA) in Alcohol Research

As part of NIAAA's commitment to promoting DEIA and ensuring that advances in alcohol research benefit all people, the Institute is focused on making progress in three main areas:

- Improving the NIAAA intramural and extramural workplace and culture
- Increasing diversity and equity in the NIAAA-funded and internal workforce
- Enhancing the NIAAA intramural and extramural scientific research portfolio

### Translating research findings into evidence-based resources

**Healthcare Professional's Core Resource on Alcohol:** NIAAA's newest online resource, it covers the basics of what every health care professional needs to know about alcohol, including the many ways that alcohol can impact a patient's health, and assists with screening and interventions.

[www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol](http://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol)

### **Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide:**

Helps health care professionals identify youth who are at risk for alcohol use, are using alcohol, or have AUD, and to intervene as appropriate.

[www.niaaa.nih.gov/sites/default/files/publications/YouthGuide.pdf](http://www.niaaa.nih.gov/sites/default/files/publications/YouthGuide.pdf)

**College Alcohol Intervention Matrix (CollegeAIM):** Assists colleges and universities in choosing from more than 60 evidence-based college drinking interventions based on cost, effectiveness, and barriers to implementation.

[www.collegedrinkingprevention.gov/collegeaim/](http://www.collegedrinkingprevention.gov/collegeaim/)

**Rethinking Drinking:** NIAAA's most popular resource for the public and consists of an interactive website and accompanying booklet that offer research-based information to help individuals evaluate their relationship with alcohol and find ways to make a change.

[www.rethinkingdrinking.niaaa.nih.gov/](http://www.rethinkingdrinking.niaaa.nih.gov/)

**NIAAA Alcohol Treatment Navigator®:** A web-based resource designed to help individuals and their loved ones understand AUD treatment options and search for nearby treatment that is professionally led and evidence-based. The Navigator includes information about telehealth services and a portal to assist health care providers in making referrals for their patients.

[alcoholtreatment.niaaa.nih.gov/](http://alcoholtreatment.niaaa.nih.gov/)



## 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 detail and these highlights will not sum to the total change for the FY 2024 President's Budget request for NIAAA, unchanged from the FY 2023 Enacted level, for a total of \$596.6 million.

Research Project Grants (-\$2.8 million; total \$355.0 million): NIAAA will support a total of 734 Research Project Grant (RPG) awards in FY 2024. Noncompeting RPGs will increase by 46 awards and competing awards will decrease by 48 awards and \$20.9 million.

Intramural Research and Research Management and Support (+\$2.6 million; total \$105.0 million): This funding level will support NIAAA laboratories within the Division of Intramural Clinical and Biological Research as well as the Intramural Office of Laboratory Animal Science.

**BUDGET MECHANISM TABLE**

**NATIONAL INSTITUTES OF HEALTH  
National Institute on Alcohol Effects and Alcohol-Associated Disorders**

**Budget Mechanism \***  
(Dollars in Thousands)

Mechanism	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget		FY 2024 +/- FY 2023	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
<b>Research Projects:</b>								
Noncompeting	508	\$236,513	510	\$250,000	556	\$268,200	46	\$18,200
Administrative Supplements	(41)	\$3,506	(41)	\$3,506	(41)	\$3,506	(0)	\$0
<b>Competing:</b>								
Renewal	37	\$17,826	35	\$17,027	34	\$16,571	-1	-\$456
New	167	\$70,756	171	\$72,459	124	\$52,015	-47	-\$20,445
Supplements	0	\$0	0	\$0	0	\$0	0	\$0
<b>Subtotal, Competing</b>	<b>204</b>	<b>\$88,581</b>	<b>206</b>	<b>\$89,486</b>	<b>158</b>	<b>\$68,586</b>	<b>-48</b>	<b>-\$20,901</b>
Subtotal, RPGs	712	\$328,600	716	\$342,992	714	\$340,292	-2	-\$2,701
SBIR/STTR	20	\$14,396	21	\$14,849	20	\$14,744	-1	-\$105
Research Project Grants	732	\$342,996	737	\$357,842	734	\$355,036	-3	-\$2,806
<b>Research Centers</b>								
Specialized/Comprehensive	23	\$33,773	23	\$33,773	23	\$33,773	0	\$0
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
<b>Research Centers</b>	<b>23</b>	<b>\$33,773</b>	<b>23</b>	<b>\$33,773</b>	<b>23</b>	<b>\$33,773</b>	<b>0</b>	<b>\$0</b>
<b>Other Research:</b>								
Research Careers	153	\$26,249	156	\$27,249	156	\$27,249	0	\$0
Cancer Education	0	\$0	0	\$0	0	\$0	0	\$0
Cooperative Clinical Research	1	\$7,500	1	\$7,500	1	\$7,500	0	\$0
Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Minority Biomedical Research Support	0	\$100	0	\$100	0	\$100	0	\$0
Other	36	\$14,632	36	\$14,632	36	\$14,632	0	\$0
<b>Other Research</b>	<b>190</b>	<b>\$48,480</b>	<b>193</b>	<b>\$49,480</b>	<b>193</b>	<b>\$49,480</b>	<b>0</b>	<b>\$0</b>
Total Research Grants	945	\$425,249	953	\$441,095	950	\$438,289	-3	-\$2,806
<b>Ruth L Kirschstein Training Awards:</b>								
Individual Awards	132	\$6,140	134	\$6,374	134	\$6,463	0	\$89
Institutional Awards	194	\$10,703	197	\$11,110	197	\$11,266	0	\$156
<b>Total Research Training</b>	<b>326</b>	<b>\$16,842</b>	<b>331</b>	<b>\$17,484</b>	<b>331</b>	<b>\$17,729</b>	<b>0</b>	<b>\$245</b>
Research & Develop. Contracts	47	\$34,387	47	\$35,600	47	\$35,600	0	\$0
SBIR/STTR (non-add)	(6)	(\$3,029)	(6)	(\$3,027)	(6)	(\$3,027)	(0)	(\$0)
Intramural Research	81	\$59,442	94	\$62,084	94	\$63,636	0	\$1,552
Res. Management & Support	125	\$38,989	144	\$40,354	144	\$41,362	0	\$1,009
SBIR Admin. (non-add)		(\$0)		(\$0)		(\$0)		(\$0)
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
<b>Total, NIAAA</b>	<b>206</b>	<b>\$574,910</b>	<b>238</b>	<b>\$596,616</b>	<b>238</b>	<b>\$596,616</b>	<b>0</b>	<b>\$0</b>

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

**NATIONAL INSTITUTES OF HEALTH**

**NATIONAL INSTITUTE ON ALCOHOL [ABUSE AND ALCOHOLISM] *EFFECTS***

***AND ALCOHOL-ASSOCIATED DISORDERS***

For carrying out section 301 and title IV of the PHS Act with respect to alcohol [abuse and alcoholism, \$595,318,000] *misuse, alcohol use disorder, and other alcohol-associated disorders, \$596,616,000.*

SUMMARY OF CHANGES

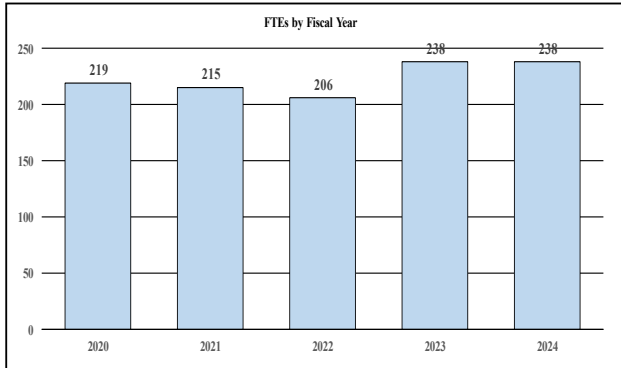
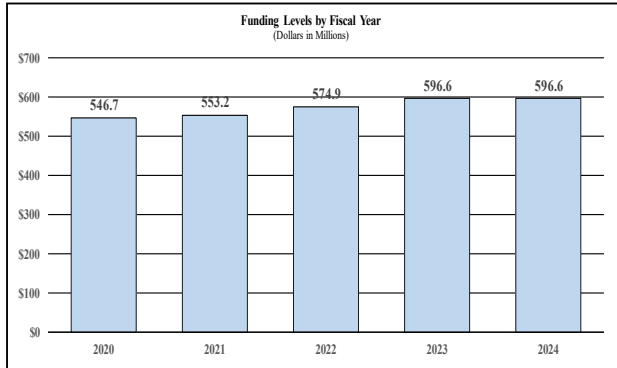
NATIONAL INSTITUTES OF HEALTH  
National Institute on Alcohol Effects and Alcohol-Associated Disorders

Summary of Changes  
(Dollars in Thousands)

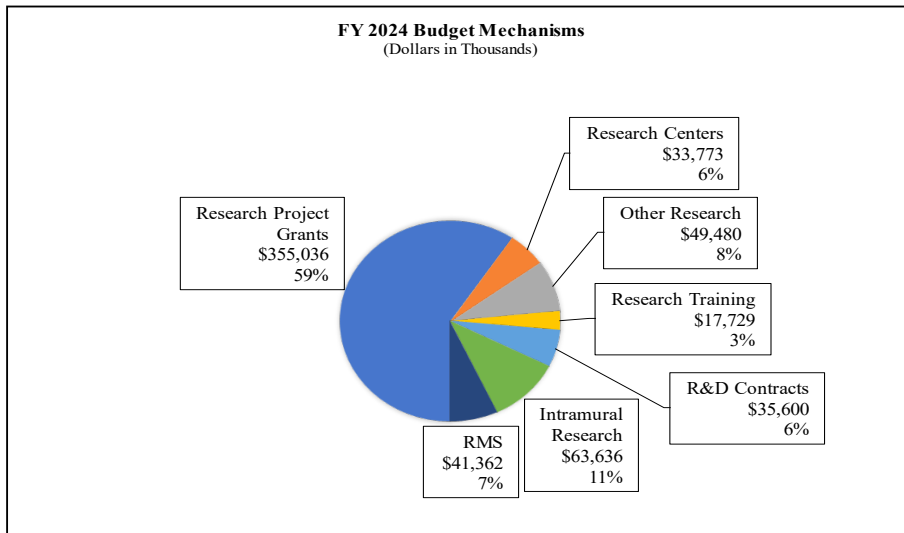
<b>FY 2023 Enacted</b>	\$596,616
<b>FY 2024 President's Budget</b>	\$596,616
<b>Net change</b>	<b>\$0</b>

CHANGES	FY 2023 Enacted		FY 2024 President's Budget		Built-In Change from FY 2023 Enacted	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
<b>A. Built-in:</b>						
<b>1. Intramural Research:</b>						
a. Annualization of FY 2023 pay and benefits increase		\$20,145		\$21,223		\$224
b. FY 2024 pay and benefits increase		\$20,145		\$21,223		\$773
c. Paid days adjustment		\$20,145		\$21,223		\$78
d. Differences attributable to change in FTE		\$20,145		\$21,223		\$0
e. Payment for centrally furnished services		\$9,619		\$9,773		\$154
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$32,320		\$32,640		\$593
Subtotal						\$1,821
<b>2. Research Management and Support:</b>						
a. Annualization of FY 2023 pay and benefits increase		\$26,734		\$28,161		\$296
b. FY 2024 pay and benefits increase		\$26,734		\$28,161		\$1,023
c. Paid days adjustment		\$26,734		\$28,161		\$103
d. Differences attributable to change in FTE		\$26,734		\$28,161		\$0
e. Payment for centrally furnished services		\$11		\$11		\$0
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$13,609		\$13,191		\$255
Subtotal						\$1,677
Subtotal, Built-in						\$3,498
CHANGES	FY 2023 Enacted		FY 2024 President's Budget		Program Change from FY 2023 Enacted	
	No.	Amount	No.	Amount	No.	Amount
<b>B. Program:</b>						
<b>1. Research Project Grants:</b>						
a. Noncompeting	510	\$253,506	556	\$271,706	46	\$18,200
b. Competing	206	\$89,486	158	\$68,586	-48	-\$20,901
c. SBIR/STTR	21	\$14,849	20	\$14,744	-1	-\$105
Subtotal, RPGs	737	\$357,842	734	\$355,036	-3	-\$2,806
2. Research Centers	23	\$33,773	23	\$33,773	0	\$0
3. Other Research	193	\$49,480	193	\$49,480	0	\$0
4. Research Training	331	\$17,484	331	\$17,729	0	\$245
5. Research and development contracts	47	\$35,600	47	\$35,600	0	\$0
Subtotal, Extramural		\$494,179		\$491,618		-\$2,561
6. Intramural Research	94	\$62,084	94	\$63,636	0	-\$269
7. Research Management and Support	144	\$40,354	144	\$41,362	0	-\$668
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, Program	238	\$596,616	238	\$596,616	0	-\$3,498
Total built-in and program changes						\$0

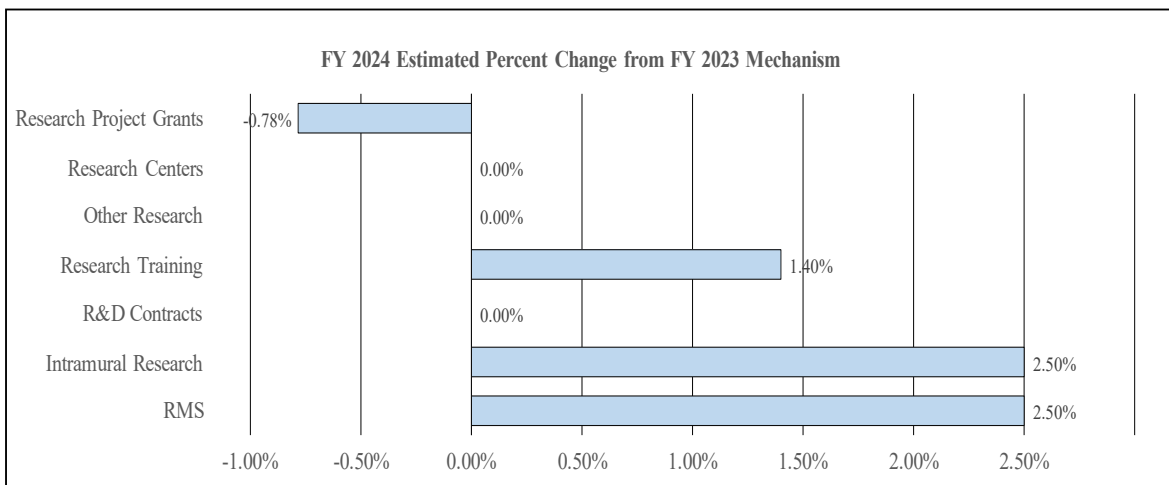
History of Budget Authority and FTEs:



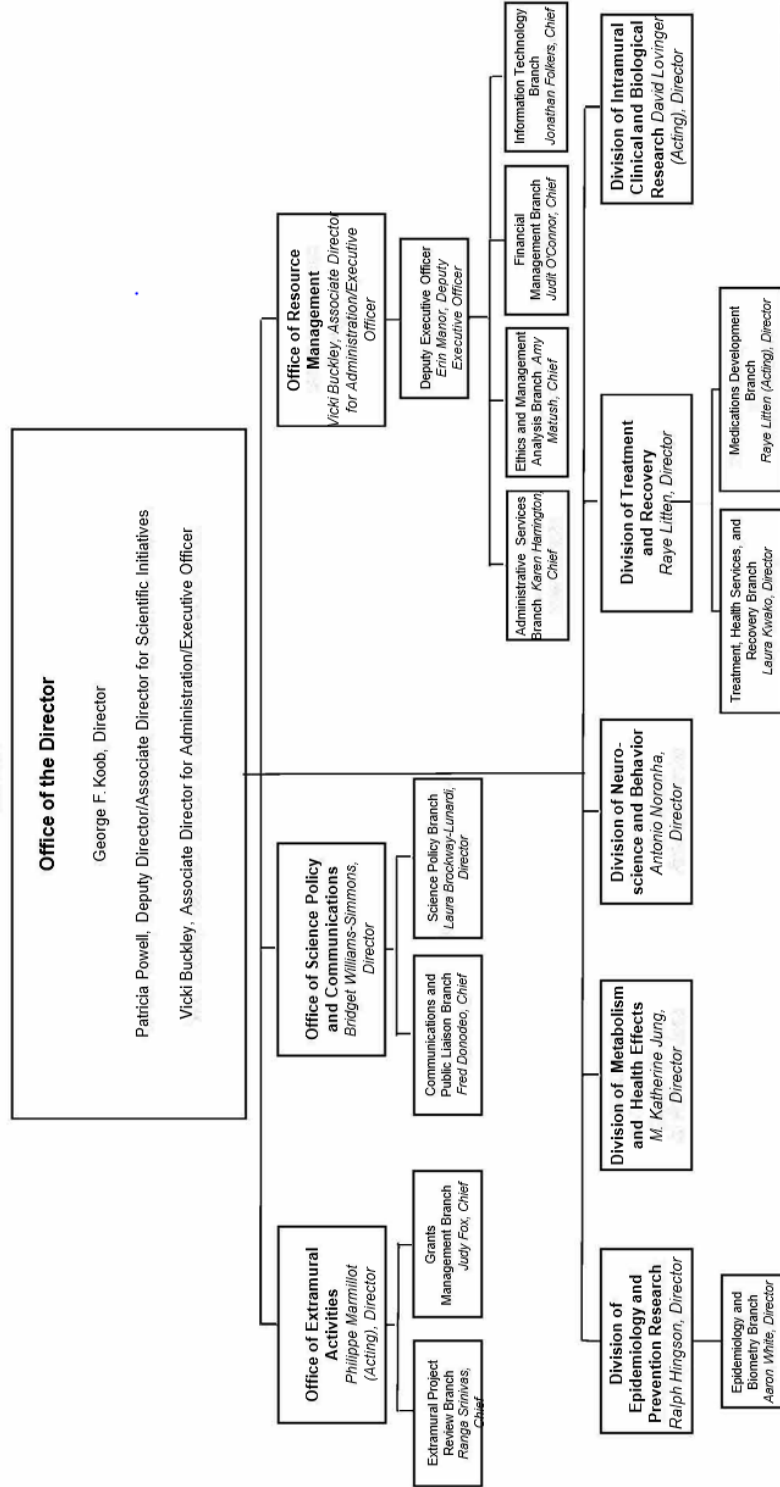
Distribution by Mechanism:



Change by Selected Mechanisms:



# National Institute on Alcohol Effects and Alcohol-Associated Disorders



## ORGANIZATION CHART



**BUDGET AUTHORITY BY ACTIVITY TABLE**

**NATIONAL INSTITUTES OF HEALTH  
National Institute on Alcohol Effects and Alcohol-Associated Disorders**

**Budget Authority by Activity \***  
(Dollars in Thousands)

	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget		FY 2024 +/- FY 2023 Enacted	
	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>
<b><u>Extramural Research</u></b>								
<u>Detail</u>								
Embryo and Fetus		\$14,294		\$14,825		\$14,749		-\$77
Youth/Adolescence		\$52,413		\$54,360		\$54,078		-\$282
Young Adult		\$209,651		\$217,439		\$216,312		-\$1,127
Mid-Life		\$142,944		\$148,254		\$147,485		-\$768
Senior Adult		\$57,177		\$59,301		\$58,994		-\$307
<b>Subtotal, Extramural</b>		<b>\$476,479</b>		<b>\$494,179</b>		<b>\$491,618</b>		<b>-\$2,561</b>
<b>Intramural Research</b>	<b>81</b>	<b>\$59,442</b>	<b>94</b>	<b>\$62,084</b>	<b>94</b>	<b>\$63,636</b>	<b>0</b>	<b>\$1,552</b>
<b>Research Management &amp; Support</b>	<b>125</b>	<b>\$38,989</b>	<b>144</b>	<b>\$40,354</b>	<b>144</b>	<b>\$41,362</b>	<b>0</b>	<b>\$1,009</b>
<b>TOTAL</b>	<b>206</b>	<b>\$574,910</b>	<b>238</b>	<b>\$596,616</b>	<b>238</b>	<b>\$596,616</b>	<b>0</b>	<b>\$0</b>

\* Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

**National Institute on Alcohol Effects and Alcohol-Associated Disorders**

Authorizing Legislation: Section 301 and Title IV of the Public Health Service Act, as amended.

Budget Authority (BA):

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
BA	\$574,910,000	\$596,616,000	\$596,616,000	\$0
FTE	206	238	238	0

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

Overall Budget Policy: The FY 2024 President’s Budget request for NIAAA is \$596.6 million, unchanged from the FY 2023 Enacted level. NIAAA will continue to focus on generating and disseminating knowledge about the effects of alcohol misuse and improving the diagnosis, prevention, and treatment of alcohol-related problems, including AUD.

**Program Descriptions**

NIAAA’s extramural programs are organized by stage of life to highlight the changes in biology, behavior, and environmental inputs over time that influence the emergence and progression of alcohol misuse and associated health consequences. Improvements in the diagnosis, prevention, and treatment of alcohol-related problems across the lifespan are integral to fulfilling NIAAA’s mission. Accordingly, key basic, translational, and clinical research advances in these areas have been highlighted within each program description.

**Embryo and Fetus**

Prenatal alcohol exposure increases the risk for adverse birth outcomes, such as miscarriage, stillbirth, premature birth, and sudden infant death syndrome. Prenatal alcohol exposure can also result in fetal alcohol spectrum disorders (FASD). FASD is an umbrella term for the broad array of lifelong physical, developmental, cognitive, and behavioral challenges resulting from prenatal alcohol exposure. Research indicates that FASD are often undiagnosed or are misdiagnosed due to challenges in verifying prenatal alcohol exposure. Early identification of individuals with FASD may increase the effectiveness of interventions to improve developmental, behavioral, and other outcomes.

NIAAA supports a broad portfolio of research project grants, cooperative agreements, center grants, and training awards that collectively address FASD. This basic, translational, and clinical

research provides valuable insight into improving strategies to prevent prenatal alcohol exposure and facilitate earlier diagnosis and more effective treatment of FASD. Recently, NIAAA-supported researchers developed and validated a postnatal risk score, based on behavioral and physical exam data, to identify children with prenatal alcohol exposure. This approach holds promise as an initial screening tool for FASD in clinical settings. Another NIAAA-supported study found that giving the essential nutrient choline in early age mitigates some of the long-term effects of prenatal alcohol exposure on immune system function in animal models. This line of research complements an ongoing clinical study that is examining whether choline supplementation during early childhood may mitigate the effects of prenatal alcohol exposure on brain development.

NIAAA also collaborates with other NIH Institutes, Centers, and Offices to advance research on prenatal and child development through initiatives such as the NIH Pediatric Research Consortium and HEALthy Brain and Child Development Study. A coordinated federal approach to addressing FASD is important, and NIAAA continues to sponsor and chair the Interagency Coordinating Committee on FASD to foster improved communication, cooperation, and collaboration among federal agencies that address issues related to prenatal alcohol exposure.

**Budget Policy:** The FY 2024 President’s Budget request for Embryo and Fetus is \$14.7 million, a decrease of \$0.1 million or 0.5 percent compared with the FY 2023 Enacted level. In FY 2024, FASD will continue to be a focus for NIAAA.

### **Youth and Adolescence**

Alcohol use is commonly initiated during adolescence, making adolescence a critical developmental period for alcohol prevention. Although epidemiological data indicate that adolescent alcohol use is decreasing, alcohol remains the most widely used substance among U.S. youth. A recent NIAAA-supported study suggests that about 25 percent of adolescents are consuming alcohol alone, and this behavior is associated with an increased risk for developing alcohol-related problems. Adverse experiences, such as childhood trauma and living in a household with a parent or caregiver with alcohol use disorder, also increase risk for these problems. Given the association of adolescent alcohol use with increased risk for future AUD, driving under the influence, altered brain development, and many other short- and long-term consequences, the development and implementation of effective evidence-based interventions to prevent and reduce alcohol-related problems among youth remain a priority.

Within its portfolio on adolescent brain research, NIAAA supports three key initiatives: 1) the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA), 2) the Adolescent Brain Cognitive Development (ABCD) study, and 3) the Neurobiology of Adolescent Drinking in Adulthood (NADIA) consortium. NCANDA is a multisite longitudinal study to elucidate the effects of alcohol exposure on the developing adolescent brain and to identify brain characteristics that may predict AUD and related problems. Data from NCANDA, for example, has demonstrated that adolescent binge drinking is associated with accelerated decline of gray matter volume, with the most significant effects observed in the frontal regions of the brain. Gray matter, which consists primarily of neuron cell bodies, is important in normal, daily functioning, including controlling movement, seeing and hearing, forming memories, and

### **Developing Culturally Relevant Interventions**

Underserved populations bear a greater burden of alcohol misuse and its adverse effects. Supporting research to better understand and address alcohol-related health disparities and improve the health of underserved populations is one of the highest priorities of the Institute.

In a decades-long project supported by NIAAA, a research collaboration with the Yup'ik Alaskan Native community is examining how tapping into a community's culture can provide a cornerstone for efforts to prevent suicide and substance use among youth. Researchers developed the Qungasvik (Tools for Life) "Toolbox" intervention that uses community, cultural, and historical connectedness to build protective factors against suicide and alcohol misuse at individual, family, and community levels. Research findings have shown that Qungasvik is effective in reducing co-occurring youth alcohol misuse and suicide risk, and ultimately, AUD and death by suicide.

Other NIAAA-supported researchers partnered with the Cherokee Nation to implement and test the effectiveness of Communities Mobilizing for Change on Alcohol, a community-organizing intervention designed to reduce youth alcohol access. The community-level intervention was implemented and evaluated alongside the CONNECT program, a school-based alcohol screening and brief intervention. The researchers found that the prevention strategies either alone or in combination were effective in reducing alcohol use among American Indian and other youth living in rural communities.

In another study, NIAAA-funded researchers evaluated a combined community- and individual-level intervention on underage drinking among American Indian youth living on rural California reservations. Youth who were exposed to the multilevel interventions reduced their frequency of drinking and heavy drinking more so than comparison groups, suggesting that multilevel interventions can effectively reduce alcohol misuse in this population.

These studies demonstrate that community-based interventions, alone or in combination with individual-level interventions, can play an important role in preventing underage drinking among American Indian and Alaska Native youth. These principles could be extended to interventions for youth in other underserved populations.

regulating emotions . Frontal regions are important for executive functioning, such as performing complex tasks and decision-making.

ABCD, jointly conceived by National Institute on Drug Abuse (NIDA) and NIAAA, is following a large cohort of youth from 9-10 years old through adolescence and adulthood with both extensive measures of behavioral changes and brain development. NADIA uses animal models to examine the mechanisms by which adolescent drinking leads to changes in brain structure and function that persist into adulthood.

Additional priorities are the development and implementation of evidence-based prevention, screening, and interventions for youth that are developmentally and culturally appropriate. For example, NIAAA supports research on the implementation of alcohol screening and brief intervention among youth, including those disproportionately affected by alcohol misuse, in primary care and other settings. NIAAA also supports research on the use of evidence-based behavioral treatments that target underage alcohol misuse. Examples of NIAAA-supported culturally tailored interventions for youth are highlighted in the Program Portrait.

**Budget Policy:** The FY 2024 President's Budget request for Youth and Adolescence is \$54.1 million, a decrease of \$0.3 million or 0.5 percent compared with the FY 2023 Enacted level. In FY 2024, researching effects of adolescent drinking, as well as prevention and reduction of adolescent drinking will continue to be a focus for NIAAA.

### **Young Adulthood**

During the transition from late adolescence to young adulthood, multiple risk factors for alcohol misuse increase as alcohol becomes legally available at a time of transition away from parental

oversight. Research indicates that while alcohol use is decreasing for young adults who are 18 to 25 years of age, alcohol use continues to increase for young adults in the 26 to 29 age group. Gender differences in alcohol use by young adults are converging, with the prevalence of alcohol use among women rapidly approaching the higher prevalence among men. Research also indicates steadily increasing emergency department visits and alcohol-related deaths among young adult populations. One study found an unprecedented rise in hospitalizations for alcohol-associated hepatitis during the COVID-19 pandemic—particularly among people under the age of 40 and women. The AlcHepNet project, a coordinated network of several NIAAA-funded associations, is working to synergize efforts to better understand the biology and treatment of alcohol-associated hepatitis.

Although drinking among college-age individuals has gradually declined over the past two decades, around a quarter of this population reports recent binge drinking. NIAAA continues to support the College Alcohol Intervention Matrix (CollegeAIM) to assist colleges and universities in choosing from more than 60 college drinking interventions based on ratings of effectiveness, anticipated costs, and barriers to implementation.

Funding increases enabled NIAAA to bolster research efforts that include increased attention on populations beyond college students. NIAAA seeks additional research on the epidemiology and prevention of alcohol misuse in understudied young adult populations, including those in the military, workforce, and community college. For example, a recent NIAAA-supported study found that sleep problems predict increased risk for alcohol and drug use among reserve and national guard soldiers. NIAAA has partnered with the U.S. Army Medical Research and

### **Integrating Care for Alcohol-associated Liver Disease and Alcohol Use Disorder**

Nearly half of deaths from liver disease each year are associated with alcohol misuse. Alcohol misuse can lead to a spectrum of liver diseases, such as alcohol-associated hepatitis and cirrhosis, which are collectively known as alcohol-associated liver disease (ALD). ALD is the most common alcohol-related cause of death and the leading cause of liver transplantation. From 2000 to 2019, ALD related deaths increased 47 percent, and rates are increasing faster for women and young adults aged 25-34.

Currently, there are no treatments approved by the Food and Drug Administration (FDA) for ALD. Evidence-based treatments are available for AUD that could, in turn, prevent the development or recurrence of ALD or improve ALD-related outcomes. However, AUD treatments continue to be under-utilized.

An emerging body of evidence indicates that integrating treatment for AUD and ALD has the potential to improve health outcomes, promote recovery, and contribute to the long-term survival of patients. A recent NIAAA-study found that behavioral or medication-based treatment for AUD immediately following hospitalization for alcohol-associated hepatitis reduced hospital readmission, alcohol relapse, and death in this patient population that typically has high rates of morbidity and mortality.

A significant barrier to integrated treatment for AUD and ALD is the lack of supporting data from clinical trials. To advance research in this area, NIAAA is partnering with liver doctors, addiction medicine specialists, clinical trial design specialists, statisticians, the FDA, and the private sector to lay the groundwork for optimizing trials to test integrated care.

Ongoing NIAAA-supported ALD initiatives are poised to help advance a paradigm shift to integrated care. NIAAA's Alcohol-associated Hepatitis Network conducts translational and clinical research to develop potential therapies and identify risk factors for severe alcohol-associated hepatitis.

### **Advancing Recovery Research**

The concept of recovery from alcohol use disorder (AUD) has long been discussed in our society and celebrated for individuals who do recover. Yet, recovery's complex nature has led to ambiguity about its meaning. This lack of agreement about the kinds of outcomes that define recovery has complicated efforts to compare findings across recovery research studies. Finding agreement about what recovery means—to scientists, health care providers, and affected individuals alike—is vital to advancing this area of alcohol research.

To bring clarity to this important topic and improve consistency across research, NIAAA developed a consensus operational definition of recovery from AUD. The new definition addresses limitations associated with prior definitions of recovery and lays the groundwork for future research. It incorporates remission from AUD, cessation from heavy drinking (rather than abstinence only), and improvements in social, psychological, and physiological well-being.

NIAAA-funded neurobiological studies underscore the individualized nature of recovery. For example, researchers recently discovered that a specific type of brain activity observed during early abstinence from alcohol was significantly lower in those who experienced relapse to drinking versus those who maintained abstinence. The brain activity even predicted time to relapse.

Other studies are examining the impact of AUD treatments on increased self-efficacy—a predictor of sustained AUD recovery. Self-efficacy is defined as a person's belief in their ability to achieve a desired outcome. NIAAA-supported researchers recently found that ongoing AUD treatment, such as cognitive-behavioral treatment, medication management, and telephone continuing care, among others, were associated with increased and sustained self-efficacy in patients.

To build on these advances, NIAAA continues to support research that explores the risk and resiliency factors related to recovery and relapse to drinking, including the factors that allow some people to recover without receiving formal treatment.

Development Command, Military Operational Medicine Research Program to expand research on alcohol misuse use in active-duty military.

**Budget Policy:** The FY 2024 President's Budget request for Young Adulthood is \$216.3 million, a decrease of \$1.1 million or 0.5 percent compared with the FY 2023 Enacted level. In FY 2024, research aimed at preventing, reducing, and treating alcohol misuse and its consequences, in addition to assisting colleges and universities, will continue to be a focus for NIAAA.

### **Mid-life**

People with AUD are most likely to seek treatment during midlife, offering a critical treatment window for this age group. There are effective evidence-based behavioral treatments, such as cognitive behavioral therapy and motivational interviewing, and three medications approved by FDA for the treatment of AUD.<sup>4</sup> However, fewer than 10 percent of people with AUD receive any treatment, and there are no FDA-approved therapies for alcohol-associated organ damage. Therefore, research on the development and implementation of effective therapies to prevent and treat alcohol-associated conditions is a major priority for NIAAA.

AUD medications are significantly underutilized—less than 2 percent of people who need AUD treatment receive an FDA-approved medication—and although these medications are effective, individuals need a wide range of treatments to address individual differences in the causes and maintenance of AUD.

Additional research is needed to expand the menu of effective medications and to determine which medications work best for

<sup>4</sup> <https://alcoholtreatment.niaaa.nih.gov/what-to-know/types-of-alcohol-treatment>

each person. The Institute supports robust intramural and extramural medications development programs that include the NIAAA Clinical Investigations Group, a network of clinical sites that conducts proof-of-concept Phase II clinical trials of promising medications. To overcome the challenging transition from preclinical to human testing (known as the “valley of death”), NIAAA supports a human laboratory program to efficiently screen compounds for safety and effectiveness prior to clinical trial testing.

ALD is the most common alcohol-related cause of death and the leading cause of liver transplantation. NIAAA is funding collaborative, multidisciplinary research projects on early liver transplantation (liver transplantation that occurs prior to a required period of abstinence from alcohol) for patients with ALD. The Institute encourages observational clinical studies to examine factors that influence the criteria for patient selection for early liver transplantation and post-transplantation outcomes.

Most people with AUD can and do recover; however, little is known about what sustains longer-term recovery. NIAAA recently developed a research definition of recovery from AUD to improve consistency in the assessment of AUD recovery across research studies and settings. Development of this definition is stimulating new research on recovery and the elements of resilience that promote and sustain recovery. This work is highlighted in the Program Portrait.

**Budget Policy:** The FY 2024 President’s Budget request for Mid-Life is \$147.5 million, a decrease of \$0.8 million or 0.5 percent compared with the FY 2023 Enacted level. In FY 2024, research aimed at preventing, reducing, and treating alcohol misuse and its consequences will continue to be a focus for NIAAA.

### **Senior Adulthood**

The older adult population in the United States is increasing rapidly. Alcohol use among older adults is also increasing, particularly among older women. Older adults can experience a variety of problems from drinking alcohol, especially those who drink heavily, take many medications that could interact with alcohol, or have health problems more common in older adults such as pain, sleep problems, cognitive decline, diabetes, heart disease, and increased risks of infection and cancer. Older adults are also entering a period in which alcohol misuse earlier in life can show its effects through brain or other organ damage and other life-threatening conditions.

NIAAA is expanding research on the effects of alcohol on the health of older adults and improving alcohol prevention, screening, and treatment for this population. For example, NIAAA has formed a partnership with the National Institute on Aging to fund research to understand the impact of alcohol misuse on the onset and progression of Alzheimer’s Disease and related dementias. NIAAA-funded research is also identifying how older adults may be more vulnerable to the negative health effects of alcohol. For example, researchers recently showed that moderate alcohol consumption caused impaired intestinal function and inflammation in the liver in aged mice compared to younger mice. Elucidating the biological pathways that underlie such effects could provide targets for better diagnosis, prevention, and treatment of alcohol-associated conditions among older adults. NIAAA’s interest in supporting research on

the relationships between alcohol and cancer includes understanding how alcohol consumption may interfere with diagnosis and treatment of cancer in senior adults.

**Budget Policy:** The FY 2024 President’s Budget request for Senior Adulthood is \$59.0 million, a decrease of \$0.3 million or 0.5 percent compared with the FY 2023 Enacted level. In FY 2024, research aimed at preventing, reducing, and treating alcohol misuse and its consequences will continue to be a focus for NIAAA.

### **Intramural Research Program (IRP)**

The NIAAA Intramural Research Program (IRP) provides a unique environment for stimulating cutting-edge basic, translational, and clinical research on AUD and other alcohol-related problems. This includes a clinical research facility on the NIH main campus that hosts an outpatient clinic and an inpatient unit for treatment and research. Through the intramural program, researchers investigate the biological and behavioral bases of AUD, the impact of alcohol on brain structure and function, the processes underlying the effects of alcohol on the brain and body, and treatments for AUD and related organ damage, such as ALD. The NIAAA IRP also has a robust training program that provides opportunities for trainees to collaborate on studies addressing a broad range of alcohol-related topics across NIH.

One focus of IRP research involves understanding the gut-brain axis and its role in AUD treatment—contributions that highlight the innovative nature of IRP preclinical work. A study recently examined the relationship between the gut microbiome and long-term, excessive alcohol use using an animal model. The IRP researchers found that this pattern of alcohol consumption resulted in decreased beneficial bacteria and increased harmful bacteria in the digestive system. IRP researchers are also making key discoveries about the role of endocannabinoids in the gut-brain axis in regulating compulsive-like drinking, pointing to potential targets for therapeutic intervention.

Basic research on ALD conducted in the IRP has provided significant insights into the mechanisms underlying alcohol-related liver damage. To address the pressing need for more progress in ALD, IRP researchers continue to break ground with novel animal models of ALD to identify new targets for drug development and moving basic research findings into translational and clinical studies. In a recent translational study, IRP investigators found that more than one immune-based process drives liver injury in patients with severe alcohol-associated hepatitis, a form of ALD with a high rate of mortality. This finding has implications for precision medicine and targeted treatments based on the underlying mechanism driving liver injury in the patient.

Another ongoing clinical study in the IRP is evaluating the safety and efficacy of the cholesterol lowering medication alirocumab on liver enzymes and liver damage in heavy drinkers. This study is based on a recent IRP finding that alirocumab can reduce the amount of liver damage in an animal model of chronic alcohol exposure. Given the lack of FDA-approved medications for ALD, this trial marks an important step in addressing a critical, unmet clinical need.



The NIAAA IRP's ability to generate state-of-the-art advances for use by the alcohol research field more broadly is a particular strength of the program. These advances include innovative technologies for brain imaging and the identification of microcircuits in the brain that contribute to AUD. Through the ongoing Addictions Neuroclinical Assessment study, IRP researchers are building on the theoretical foundations of AUD by studying how people's brain function relates to drinking. A goal of this research is to identify different subtypes of AUD, which would enable more tailored treatments based on these subtypes.

**Budget Policy:** The FY 2024 President's Budget request for NIAAA Intramural Research is \$63.6 million, an increase of \$1.6 million or 2.5 percent compared with the FY 2023 Enacted level.

### **Research Management and Support**

Research Management and Support (RMS) provides for administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of grants, training awards, and contracts; strategic planning, coordination, and evaluation of the NIAAA's programs; regulatory compliance; and liaison with other Federal agencies, Congress, and the public.

**Budget Policy:** The FY 2024 President's Budget request for RMS at NIAAA is \$41.4 million, an increase of \$1.0 million or 2.5 percent compared with the FY 2023 Enacted level.

**NATIONAL INSTITUTES OF HEALTH**  
**National Institute on Alcohol Effects and Alcohol-Associated Disorders**

**Appropriations History**

<b>Fiscal Year</b>	<b>Budget Estimate to Congress</b>	<b>House Allowance</b>	<b>Senate Allowance</b>	<b>Appropriation</b>
2015	\$446,017,000			\$447,408,000
Rescission				\$0
2016	\$459,833,000	\$456,012,000	\$469,355,000	\$467,700,000
Rescission				\$0
2017 <sup>1</sup>	\$467,445,000	\$480,330,000	\$488,782,000	\$483,363,000
Rescission				\$0
2018	\$361,356,000	\$490,796,000	\$500,491,000	\$509,573,000
Rescission				\$0
2019	\$469,109,000	\$515,658,000	\$525,867,000	\$525,591,000
Rescission				\$0
2020	\$452,419,000	\$551,278,000	\$556,010,000	\$545,373,000
Rescission				\$0
2021	\$497,346,000	\$550,063,000	\$564,498,000	\$554,923,000
Rescission				\$0
2022	\$570,165,000	\$582,422,000	\$569,633,000	\$573,651,000
Rescission				\$0
2023	\$566,725,000	\$591,757,000	\$591,434,000	\$595,318,000
Rescission				\$0
2024	\$596,616,000			

<sup>1</sup> Budget Estimate to Congress includes mandatory financing

**NATIONAL INSTITUTES OF HEALTH  
National Institute on Alcohol Effects and Alcohol-Associated Disorders**

**Authorizing Legislation**

	<b>PHS Act/ Other Citation</b>	<b>U.S. Code Citation</b>	<b>2023 Amount Authorized</b>	<b>FY 2023 Enacted</b>	<b>2024 Amount Authorized</b>	<b>FY 2024 President's Budget</b>
Research and Investigation	Section 301	42§241	Indefinite	\$596,616,000	Indefinite	\$596,616,000
National Institute on Alcohol Effects and Alcohol- Associated Disorders	Section 401(a)	42§281	Indefinite		Indefinite	
<b>Total, Budget Authority</b>						<b>\$596,616,000</b>

**AUTHORIZING LEGISLATION**

**NATIONAL INSTITUTES OF HEALTH**

**National Institute on Alcohol Effects and Alcohol-Associated Disorders**

**Amounts Available for Obligation <sup>1</sup>**

(Dollars in Thousands)

<b>Source of Funding</b>	<b>FY 2022 Final</b>	<b>FY 2023 Enacted</b>	<b>FY 2024 President's Budget</b>
Appropriation	\$573,651	\$595,318	\$596,616
OAR HIV/AIDS Transfers	\$1,259	\$1,298	\$0
Subtotal, adjusted budget authority	\$574,910	\$596,616	\$596,616
Unobligated balance, start of year	\$0	\$0	\$0
Unobligated balance, end of year (carryover)	\$0	\$0	\$0
<b>Subtotal, adjusted budget authority</b>	<b>\$574,910</b>	<b>\$596,616</b>	<b>\$596,616</b>
Unobligated balance lapsing	-\$33	\$0	\$0
Total obligations	\$574,877	\$596,616	\$596,616

<sup>1</sup> Excludes the following amounts (in thousands) for reimbursable activities carried out by this account:  
 FY 2022 - \$5,311    FY 2023 - \$7,000    FY 2024 - \$7,000

**BUDGET AUTHORITY BY OBJECT CLASS**

**NATIONAL INSTITUTES OF HEALTH  
National Institute on Alcohol Effects and Alcohol-Associated Disorders**

**Budget Authority by Object Class<sup>1</sup>**

(Dollars in Thousands)

	<b>FY 2023 Enacted</b>	<b>FY 2024 President's Budget</b>	<b>FY 2024 +/- FY 2023</b>
<b>Total compensable workyears:</b>			
Full-time equivalent	238	238	0
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$213	\$224	\$11
Average GM/GS grade	12.8	12.8	0.0
Average GM/GS salary	\$142	\$150	\$7
Average salary, Commissioned Corps (42 U.S.C. 207)	\$123	\$130	\$6
Average salary of ungraded positions	\$131	\$138	\$7
<b>OBJECT CLASSES</b>	<b>FY 2023 Enacted</b>	<b>FY 2024 President's Budget</b>	<b>FY 2024 +/- FY 2023</b>
Personnel Compensation			
11.1 Full-Time Permanent	\$21,707	\$22,865	\$1,158
11.3 Other Than Full-Time Permanent	\$8,822	\$9,292	\$470
11.5 Other Personnel Compensation	\$917	\$966	\$49
11.7 Military Personnel	\$180	\$190	\$10
11.8 Special Personnel Services Payments	\$3,579	\$3,774	\$195
<b>11.9 Subtotal Personnel Compensation</b>	<b>\$35,205</b>	<b>\$37,087</b>	<b>\$1,882</b>
12.1 Civilian Personnel Benefits	\$11,636	\$12,257	\$621
12.2 Military Personnel Benefits	\$38	\$40	\$2
13.0 Benefits to Former Personnel	\$0	\$0	\$0
<b>Subtotal Pay Costs</b>	<b>\$46,879</b>	<b>\$49,384</b>	<b>\$2,505</b>
21.0 Travel & Transportation of Persons	\$278	\$271	-\$7
22.0 Transportation of Things	\$88	\$88	\$0
23.1 Rental Payments to GSA	\$0	\$0	\$0
23.2 Rental Payments to Others	\$0	\$0	\$0
23.3 Communications, Utilities & Misc. Charges	\$55	\$55	\$0
24.0 Printing & Reproduction	\$0	\$0	\$0
25.1 Consulting Services	\$11,985	\$12,150	\$165
25.2 Other Services	\$7,968	\$7,737	-\$231
25.3 Purchase of Goods and Services from Government Accounts	\$44,980	\$45,404	\$425
25.4 Operation & Maintenance of Facilities	\$314	\$315	\$1
25.5 R&D Contracts	\$16,457	\$16,160	-\$297
25.6 Medical Care	\$198	\$199	\$1
25.7 Operation & Maintenance of Equipment	\$1,166	\$1,144	-\$22
25.8 Subsistence & Support of Persons	\$0	\$0	\$0
<b>25.0 Subtotal Other Contractual Services</b>	<b>\$83,067</b>	<b>\$83,110</b>	<b>\$42</b>
26.0 Supplies & Materials	\$5,004	\$5,028	\$24
31.0 Equipment	\$2,658	\$2,655	-\$3
32.0 Land and Structures	\$0	\$0	\$0
33.0 Investments & Loans	\$0	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$458,579	\$456,018	-\$2,561
42.0 Insurance Claims & Indemnities	\$0	\$0	\$0
43.0 Interest & Dividends	\$0	\$0	\$0
44.0 Refunds	\$0	\$0	\$0
<b>Subtotal Non-Pay Costs</b>	<b>\$549,737</b>	<b>\$547,232</b>	<b>-\$2,505</b>
<b>Total Budget Authority by Object Class</b>	<b>\$596,616</b>	<b>\$596,616</b>	<b>\$0</b>

<sup>1</sup> Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

**NATIONAL INSTITUTES OF HEALTH**  
**National Institute on Alcohol Effects and Alcohol-Associated Disorders**  
**Salaries and Expenses**  
(Dollars in Thousands)

Object Classes	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
<u>Personnel Compensation</u>			
Full-Time Permanent (11.1)	\$21,707	\$22,865	\$1,158
Other Than Full-Time Permanent (11.3)	\$8,822	\$9,292	\$470
Other Personnel Compensation (11.5)	\$917	\$966	\$49
Military Personnel (11.7)	\$180	\$190	\$10
Special Personnel Services Payments (11.8)	\$3,579	\$3,774	\$195
<b>Subtotal, Personnel Compensation (11.9)</b>	<b>\$35,205</b>	<b>\$37,087</b>	<b>\$1,882</b>
Civilian Personnel Benefits (12.1)	\$11,636	\$12,257	\$621
Military Personnel Benefits (12.2)	\$38	\$40	\$2
Benefits to Former Personnel (13.0)	\$0	\$0	\$0
<b>Subtotal Pay Costs</b>	<b>\$46,879</b>	<b>\$49,384</b>	<b>\$2,505</b>
Travel & Transportation of Persons (21.0)	\$278	\$271	-\$7
Transportation of Things (22.0)	\$88	\$88	\$0
Rental Payments to Others (23.2)	\$0	\$0	\$0
Communications, Utilities & Misc. Charges (23.3)	\$55	\$55	\$0
Printing & Reproduction (24.0)	\$0	\$0	\$0
<u>Other Contractual Services</u>			
Consultant Services (25.1)	\$11,985	\$12,150	\$165
Other Services (25.2)	\$7,968	\$7,737	-\$231
Purchase of Goods and Services from Government Accounts (25.3)	\$23,287	\$23,659	\$373
Operation & Maintenance of Facilities (25.4)	\$314	\$315	\$1
Operation & Maintenance of Equipment (25.7)	\$1,166	\$1,144	-\$22
Subsistence & Support of Persons (25.8)	\$0	\$0	\$0
<b>Subtotal Other Contractual Services</b>	<b>\$44,720</b>	<b>\$45,006</b>	<b>\$286</b>
Supplies & Materials (26.0)	\$5,011	\$5,035	\$24
<b>Subtotal Non-Pay Costs</b>	<b>\$50,152</b>	<b>\$50,455</b>	<b>\$303</b>
<b>Total Administrative Costs</b>	<b>\$97,031</b>	<b>\$99,839</b>	<b>\$2,808</b>

**DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)**

**NATIONAL INSTITUTES OF HEALTH  
National Institute on Alcohol Effects and Alcohol-Associated Disorders**

**Detail of Full-Time Equivalent Employment (FTE)**

Office	FY 2022 Final			FY 2023 Enacted			FY 2024 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Office of the Director									
Direct:	6	-	6	10	-	10	10	-	10
Total:	6	-	6	10	-	10	10	-	10
Office of Extramural Activities									
Direct:	21	-	21	21	-	21	21	-	21
Total:	21	-	21	21	-	21	21	-	21
Office of Science Policy and Communications									
Direct:	15	-	15	18	-	18	18	-	18
Total:	15	-	15	18	-	18	18	-	18
Office of Resource Management									
Direct:	34	-	34	40	-	40	40	-	40
Total:	34	-	34	40	-	40	40	-	40
Division of Epidemiology and Prevention Research									
Direct:	15	-	15	18	-	18	18	-	18
Total:	15	-	15	18	-	18	18	-	18
Division of Metabolism and Health Effects									
Direct:	8	-	8	9	-	9	9	-	9
Total:	8	-	8	9	-	9	9	-	9
Division of Neuroscience and Behavior									
Direct:	15	-	15	16	-	16	16	-	16
Total:	15	-	15	16	-	16	16	-	16
Division of Treatment and Recovery									
Direct:	11	-	11	12	-	12	12	-	12
Total:	11	-	11	12	-	12	12	-	12
Division of Intramural Research Program									
Direct:	72	1	73	85	1	86	85	1	86
Reimbursable:	8	-	8	8	-	8	8	-	8
Total:	80	1	81	93	1	94	93	1	94
<b>Total</b>	<b>205</b>	<b>1</b>	<b>206</b>	<b>237</b>	<b>1</b>	<b>238</b>	<b>237</b>	<b>1</b>	<b>238</b>
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0
<b>FISCAL YEAR</b>	<b>Average GS Grade</b>								
2020	13.0								
2021	13.0								
2022	13.0								
2023	12.8								
2024	12.8								

**NATIONAL INSTITUTES OF HEALTH  
National Institute on Alcohol Effects and Alcohol-Associated Disorders**

**Detail of Positions<sup>1</sup>**

<b>GRADE</b>	<b>FY 2022 Final</b>	<b>FY 2023 Enacted</b>	<b>FY 2024 President's Budget</b>
Total, ES Positions	1	1	1
Total, ES Salary	\$203,700	\$213,070	\$224,150
General Schedule			
GM/GS-15	27	29	29
GM/GS-14	45	50	50
GM/GS-13	38	44	44
GS-12	19	25	25
GS-11	8	14	14
GS-10	0	0	0
GS-9	6	12	12
GS-8	2	2	2
GS-7	5	6	6
GS-6	0	0	0
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	150	182	182
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	0	0	0
Senior Grade	1	1	1
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	1	1	1
Ungraded	74	74	74
Total permanent positions	154	186	186
Total positions, end of year	226	258	258
Total full-time equivalent (FTE) employment, end of year	206	238	238
Average ES salary	\$203,700	\$213,070	\$224,150
Average GM/GS grade	13.0	12.8	12.8
Average GM/GS salary	\$136,010	\$142,266	\$149,664

<sup>1</sup> Includes FTEs whose payroll obligations are supported by the NIH Common Fund.