

NATIONAL INSTITUTE ON ALCOHOL EFFECTS AND ALCOHOL- ASSOCIATED DISORDERS

CONGRESSIONAL JUSTIFICATION

FY 2025

Department of Health and Human Services
National Institutes of Health



National Institute
on Alcohol Abuse
and Alcoholism

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA)¹

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General Notes

1. FY 2024 funding levels cited in this document are based on the Continuing Resolution in effect at the time of budget preparation (Public Law 118-35) and do not include HIV/AIDS transfers.
2. Detail in this document may not sum to the subtotals and totals due to rounding.

¹ To further reduce stigma and better reflect NIAAA’s work to improve public health and support people with alcohol use disorder, the FY 2025 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 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 alcohol a leading preventable cause of death. From the first year of the pandemic in 2019 through 2021, alcohol-related deaths increased approximately 38 percent,² far outpacing previous increases of around 2 percent per year. Alcohol-related traffic fatalities increased by 14 percent from 2020 to 2021, accounting for 31 percent of overall traffic fatalities in 2021³—their highest level since 2009.⁴ Alcohol misuse is linked to more than 200 disease and injury-related conditions, including 5 to 6 percent of cancer cases and 4 percent of cancer deaths, and contributes substantially to health care costs and lost productivity.⁵ The adverse effects of alcohol are extensive, and impact health in ways that many people may not realize. In addition, nearly 30 million people in the United States have alcohol use disorder (AUD).



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

The recent cultural shift in the United States around alcohol, demonstrated by the growing popularity of the Sober Curious Movement, dry bars, “mocktails,” etc., provides opportunities for individuals to re-evaluate their relationship with alcohol and how alcohol may be impacting their health and well-being. This cultural shift and the growing body of evidence about the health risks of alcohol at all levels provide opportunities for NIAAA to lead the changing conversation around alcohol and how alcohol-related problems are viewed and addressed in healthcare and in our society overall. Our efforts focus on raising awareness of alcohol’s many adverse effects and of the availability of evidence-based prevention and treatment options, translating scientific findings into resources for healthcare providers and the public, promoting earlier screening for alcohol misuse, improving prevention and treatment/recovery approaches, reducing stigma that prevents people from seeking help for alcohol-related problems, and promoting diversity, equity, inclusion and accessibility in the alcohol research ecosystem.

The principle of changing how alcohol-related problems are viewed and addressed is inherent in the NIAAA mission 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 alcohol misuse and AUD, across the lifespan. Central to this work are basic, translational, and clinical research efforts to improve health outcomes for individuals and their loved ones who are affected by alcohol-related problems.

In alignment with changing the conversation around alcohol, NIAAA is proposing that the Institute be renamed the “National Institute on Alcohol Effects and Alcohol Associated

² niaaa.nih.gov/news-events/research-update/alcohol-related-deaths-which-increased-during-first-year-covid-19-pandemic-continued-rise-2021

³ crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813435

⁴ crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/811402

⁵ cancercontrol.cancer.gov/brp/hbrb/alcohol-and-cancer

Disorders.” The new name does not signal a change in our organization or research priorities. Rather, it better reflects NIAAA’s broad research portfolio and aims to reduce the stigma against people with alcohol-related problems by removing the terms abuse and alcoholism, which can deter them from seeking treatment and impact the quality of care that they receive.

Raising awareness and translating research about the adverse effects of alcohol

Many people are unaware of the relationship between alcohol consumption and health conditions, including breast and other cancers, cardiovascular disease, mental health disorders, pain disorders, and many more. To raise awareness of the adverse health impacts of alcohol and to promote public health, NIAAA is engaged in intensive outreach activities for healthcare professionals and the general public.

Healthcare providers play a key role in helping their patients make decisions for improved health. NIAAA developed the Healthcare Professional’s Core Resource on Alcohol (HPCR)⁶ to empower healthcare providers with the knowledge and tools to prevent, identify, and address alcohol-related problems, including how alcohol may worsen existing health conditions. The HPCR provides strategies to counteract stigma about alcohol-related problems intended for both the patient and the healthcare provider. To help individuals find quality AUD treatment for themselves or a loved one, NIAAA developed the Alcohol Treatment Navigator, which can also be used by healthcare providers in making patient referrals to AUD treatment. Rethinking Drinking is another free, evidence-based resource that assists people in evaluating their relationship with alcohol, making a change, and seeking help. NIAAA also leverages different outreach strategies to disseminate evidence-based information to the public, such as developing free informational resources for a wide range of audiences, engaging with news and social media to reach a broad audience, and working with partners from advocacy, health, and research communities to get information into the hands of the people who need it.

Promoting alcohol screening and intervention in routine healthcare

The U.S. Preventive Services Task Force recommends alcohol screening and brief intervention in primary care settings for adults 18 and older. In addition to detecting alcohol misuse, alcohol screening can also help clinicians identify other physical and mental health-related issues. NIAAA continues to promote the use of alcohol screening, brief intervention, and referral to treatment (SBIRT) as part of routine healthcare. Previous research, however, has shown that few people who screen positive for alcohol misuse receive a brief intervention, and even fewer receive treatment. A recent NIAAA-funded study found that compared with men, women are less likely to receive a brief intervention for alcohol misuse across all age groups, though particularly during middle age.⁷ Black women and Latina women appear to be even less likely to receive an alcohol brief intervention. Numerous studies indicate that women are at a greater risk for alcohol-related harms. Collectively, these findings highlight the need for a greater focus on interventions for those who screen positive for alcohol misuse with particular attention to women, including those from underserved populations. NIAAA is supporting studies to better

⁶ niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/mental-health-issues-alcohol-use-disorder-and-common-co-occurring-conditions

⁷ pubmed.ncbi.nlm.nih.gov/36988614/

understand and address barriers to the delivery of alcohol SBIRT and AUD treatment in routine care as well as strategies to mitigate treatment disparities (see Program Portrait).

Improving treatment and recovery approaches through research

NIAAA is engaged in major efforts to close the gap between the number of people who could benefit from treatment and those who receive it. While nearly 30 million people in the United States aged 12 and older have AUD, fewer than 10 percent of them receive any treatment, a circumstance known as the alcohol treatment gap.⁸ Our efforts to increase awareness of evidence-based prevention, treatment, and recovery options and to alleviate alcohol-related stigma will contribute to an environment in which people are more likely to seek and receive effective, quality care for alcohol-related problems.

NIAAA is committed to advancing basic, translational, and clinical research to reduce alcohol-related problems for all people. There is a variety of effective treatment options available for treating AUD, including a range of behavioral therapies and three medications approved by the Food and Drug Administration (FDA). However, given the diverse biological processes that contribute to AUD, new medications are needed to provide a broader spectrum of treatment options. Research is underway to develop additional treatments based on a more comprehensive biological understanding of AUD. Progress in developing AUD medications is highlighted in a Program Portrait below.

Recovery from AUD follows different trajectories and is influenced by individual and environmental factors. NIAAA is supporting research to better understand the varied paths to recovery and factors that sustain longer-term recovery. For example, recent research indicates that assessing patients based on three domains of dysfunction in the addiction cycle can predict treatment and recovery outcomes.⁹ NIAAA has developed a new definition of recovery that recognizes it as a process through which an individual pursues both remission from AUD and cessation from heavy drinking (a non-abstinent or harm reduction outcome). It also emphasizes that improvements in physical and mental health, quality of life, and other dimensions of well-being are important recovery indicators. Use of this definition is providing consistency across recovery research studies, leading to a better understanding of the stages of recovery.

NIAAA continues to support research to develop treatments for alcohol-associated liver disease (ALD), the most common alcohol-related cause of death. There are currently no FDA-approved treatments for ALD; however, research indicates that integrating treatment for AUD and ALD has the potential to improve ALD health outcomes,¹⁰ promote recovery, and contribute to the long-term survival of patients. Larger scale studies are needed to determine how best to deliver integrated AUD and ALD care. For patients with severe ALD, a liver transplant may be their only option, but they may not survive the six-month alcohol abstinence period required by many hospitals. Preliminary data suggests this period is not essential for successful outcomes, opening the possibility of "early" liver transplantation. NIAAA is supporting studies on the factors that

⁸ SAMHSA, Center for Behavioral Health Statistics and Quality, 2021 National Survey on Drug Use and Health

⁹ pubmed.ncbi.nlm.nih.gov/35951419/

¹⁰ jamanetwork.com/journals/jamanetworkopen/fullarticle/2792503

influence the selection, management, and best outcomes for patients undergoing early liver transplantation for ALD.

NIAAA is investing in basic research to lay the foundation for improving prevention, diagnosis, and treatment of alcohol-related problems. Every organ system is impacted by alcohol use. Elucidating the biological mechanisms that underlie AUD and the myriad effects of alcohol on the body can yield novel targets for addressing alcohol-related conditions. For example, a growing body of evidence has linked the gut microbiome as well as intestinal/mucosal immunity with the harmful effects of alcohol. In an animal model of chronic alcohol consumption, a recent study showed that immune cells reactive to a specific type of intestinal pathogenic yeast migrate to the liver and contribute to the development of ALD, and that treatment with an antifungal agent decreased the severity of disease.¹¹

Strengthening diversity, equity, inclusion, and accessibility in alcohol research and addressing health disparities

NIAAA is committed to advancing and strengthening diversity, equity, inclusion, and accessibility (DEIA) in the NIAAA workplace, in the alcohol research workforce, and in the alcohol research that NIAAA supports. NIAAA participates in numerous NIH-wide activities to advance DEIA in the research workforce, such as the Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC) Postdoctoral Career Transition Award to Promote Diversity, a program that supports a cohort of early career, independent investigators from diverse backgrounds. In addition, NIAAA supports collaborative research and training partnerships involving our Intramural Research Program, NIAAA-funded Alcohol Research Centers, and research centers in minority serving institutions.

Mitigating health disparities is a major research priority, and NIAAA continues to enhance its research portfolio to improve the health of underserved populations. For example, NIAAA supports studies to develop culturally informed prevention and treatment interventions to address alcohol misuse among underserved groups, as well as a robust health services research program in which reducing disparities in the receipt and delivery of care are major components (see Program Portrait).¹² NIAAA is also pursuing a new research program called the Model Continuums of Care Initiative (MCCI) to Advance Health Equity and End Health Disparities Among Women and Girls in Racial/Ethnic Minority and Other Underserved Communities.¹³ The purpose of this initiative is to apply evidence-based practices to facilitate the delivery of integrative interventions for mental health disorders, substance use disorders, and other comorbidities among racial and ethnic minority and other underserved females, from adolescence to menopause. NIAAA also collaborates with other NIH Institutes, Centers, and Offices to reduce health disparities through activities such as the NIH Advancing Prevention Research for Health Equity (ADVANCE) program, which aims to address the leading risk factors for death and disability in populations that experience health disparities.

¹¹ [sciencedirect.com/science/article/pii/S1931312823000719?via%3Dihub](https://www.sciencedirect.com/science/article/pii/S1931312823000719?via%3Dihub)

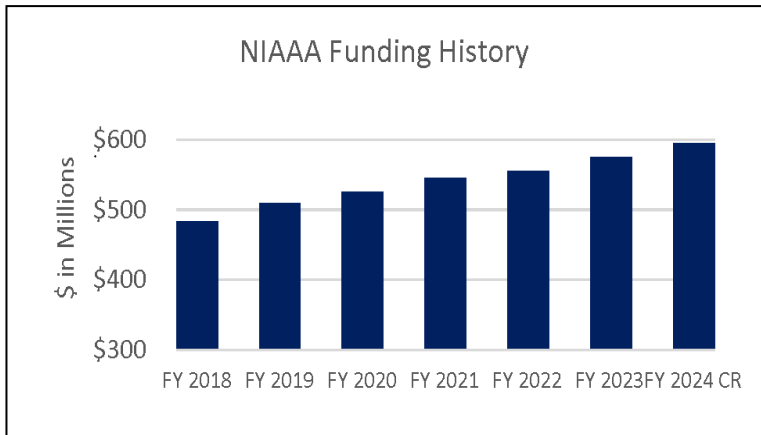
¹² grants.nih.gov/grants/guide/pa-files/PAR-22-156.html

¹³ niaaa.nih.gov/model-continuums-care-initiative-mcci-advance-health-equity-among-women-and-girls-raciaethnic

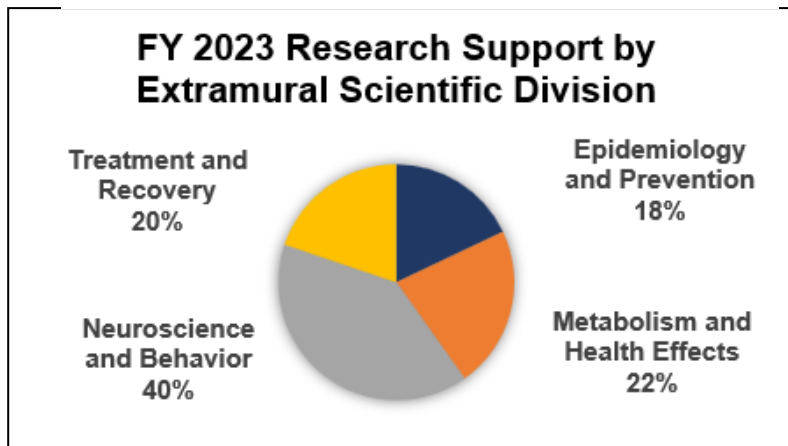


National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA)

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.



FY 2024 CR: \$595.3 million; FY 2025 PB: \$598.9 million.



IC Fact Sheet 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 2023

- 204 Full-Time Employees
- 726 Research Project Grants
- 23 Early-Stage Investigators funded
- 147 Career Development Awards
- 329 Training positions
- 17 Grant supplements to support diversity

Alcohol Misuse is Associated with 200+ Diseases and Health Conditions





Roadmap for the Future: Changing the Conversation Around Alcohol

With the growing movement to place more attention on the harms of alcohol consumption, NIAAA is taking action to help change the conversation around alcohol in the following ways:

- Raising awareness about the scope of the problem and disseminating resources
- Advancing alcohol screening, brief intervention, and referral to treatment as part of **routine** healthcare
- Integrating treatments for AUD and other co-occurring health conditions
- Enhancing recovery research
- Combating stigma
- Addressing alcohol-related health disparities

niaaa.nih.gov

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

As part of NIAAA's ongoing 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 DEIA in the NIAAA-supported scientific and administrative 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 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 alcohol screening and interventions.

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 to 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

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.

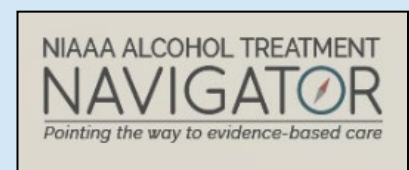
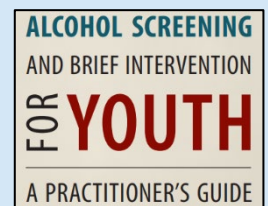
www.collegedrinkingprevention.gov/collegeaim/

Rethinking Drinking: NIAAA's most popular resource for the public 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/

NIAAA Alcohol Treatment Navigator®: A web-based resource that helps 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 healthcare providers in making referrals for their patients.

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 2025 President's Budget request for the National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA), which is \$2.3 million above the FY 2023 Final level, for a total of \$598.9 million.

Research Project Grants (-\$2.6 million; total \$359.8 million): NIAAA will support a total of 696 Research Project Grant (RPG) awards in FY 2025. Noncompeting RPGs will increase by 9 awards and competing awards will decrease by 60 awards and \$23.9 million from the FY 2023 final level.

Intramural Research and Research Management and Support (+\$4.6 million; total \$107.1 million): This increase of \$4.6 million above the FY 2023 Final 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 2023 Final		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	507	\$248,831	552	\$275,000	516	\$269,871	9	\$21,040
Administrative Supplements	<i>(51)</i>	<i>\$5,387</i>	<i>(41)</i>	<i>\$3,506</i>	<i>(41)</i>	<i>\$3,506</i>	<i>-(10)</i>	<i>-\$1,881</i>
Competing:								
Renewal	21	\$10,365	14	\$6,928	20	\$10,212	-1	-\$153
New	198	\$82,685	130	\$55,169	139	\$58,900	-59	-\$23,785
Supplements	0	\$0	0	\$0	0	\$0	0	\$0
Subtotal, Competing	219	\$93,050	144	\$62,097	159	\$69,112	-60	-\$23,938
Subtotal, RPGs	726	\$347,267	696	\$340,603	675	\$342,489	-51	-\$4,779
SBIR/STTR	21	\$15,072	21	\$17,350	21	\$17,299	0	\$2,228
Research Project Grants	747	\$362,339	717	\$357,953	696	\$359,788	-51	-\$2,551
Research Centers								
Specialized/Comprehensive	23	\$33,803	23	\$34,252	23	\$34,252	0	\$449
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	23	\$33,803	23	\$34,252	23	\$34,252	0	\$449
Other Research:								
Research Careers	147	\$25,791	147	\$25,791	147	\$25,791	0	\$0
Cancer Education	0	\$0	0	\$0	0	\$0	0	\$0
Cooperative Clinical Research	1	\$7,500	1	\$7,500	1	\$6,500	0	-\$1,000
Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Minority Biomedical Research Support	0	\$100	0	\$100	0	\$100	0	\$0
Other	33	\$11,654	33	\$11,674	33	\$11,674	0	\$20
Other Research	181	\$45,044	181	\$45,064	181	\$44,064	0	-\$980
Total Research Grants	951	\$441,186	921	\$437,269	900	\$438,104	-51	-\$3,082
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	125	\$5,814	125	\$5,896	125	\$5,978	0	\$164
Institutional Awards	204	\$11,446	204	\$11,606	204	\$11,769	0	\$323
Total Research Training	329	\$17,260	329	\$17,502	329	\$17,747	0	\$487
Research & Develop. Contracts	47	\$35,716	47	\$36,000	47	\$36,000	0	\$284
<i>SBIR/STTR (non-add)</i>	<i>(6)</i>	<i>(\$3,312)</i>	<i>(1)</i>	<i>(\$480)</i>	<i>(1)</i>	<i>(\$480)</i>	<i>-(5)</i>	<i>-(\$2,832)</i>
Intramural Research	79	\$62,095	94	\$63,151	94	\$64,414	15	\$2,319
Res. Management & Support	125	\$40,358	144	\$41,396	144	\$42,638	19	\$2,280
<i>SBIR Admin. (non-add)</i>		<i>(\$0)</i>		<i>(\$10)</i>		<i>(\$10)</i>		<i>(\$10)</i>
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
Total, NIAAA	204	\$596,616	238	\$595,318	238	\$598,903	34	\$2,287

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

APPROPRIATIONS LANGUAGE
NATIONAL INSTITUTES OF HEALTH
NATIONAL INSTITUTE ON ALCOHOL EFFECTS AND ALCOHOL-ASSOCIATED
DISORDERS

For carrying out section 301 and title IV of the PHS Act with respect to alcohol misuse, alcohol use disorder, and other alcohol-associated disorders, \$598,903,000.

SUMMARY OF CHANGES

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

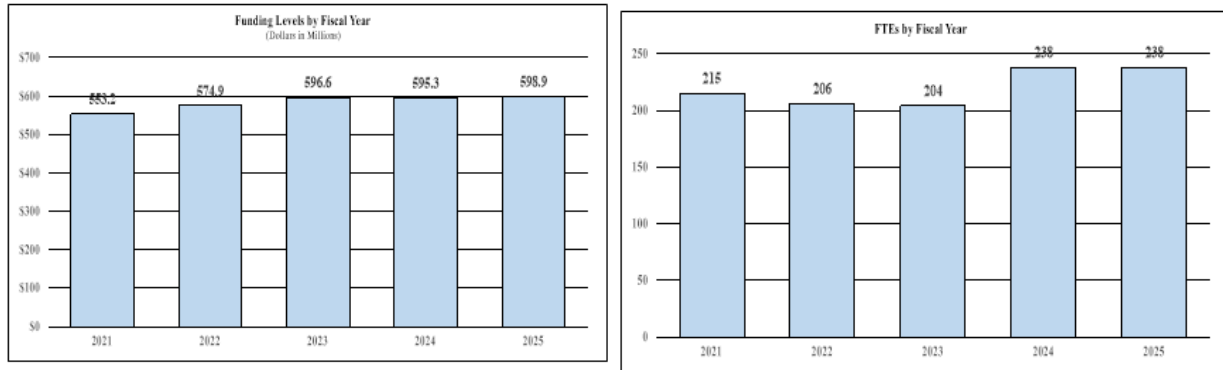
Summary of Changes

(Dollars in Thousands)

CHANGES	FY 2023 Final		FY 2025 President's Budget		Built-In Change from FY 2023 Final	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
1. Intramural Research:						
A. Built-in cost changes:						
a. FY 2024 effect of FY 2023 pay & benefits increase		\$19,922		\$25,358		\$235
b. FY 2024 effect of FY 2024 pay & benefits increase		\$19,922		\$25,358		\$775
c. FY 2024 paid days adjustment		\$19,922		\$25,358		\$77
d. Differences attributable to FY 2024 change in FTE		\$19,922		\$25,358		\$4,209
e. FY 2025 effect of FY 2024 pay & benefits increase		\$19,922		\$25,358		\$278
f. FY 2025 effect of FY 2025 pay & benefits increase		\$19,922		\$25,358		\$376
g. FY 2025 paid days adjustment		\$19,922		\$25,358		\$0
h. Differences attributable to FY 2025 change in FTE		\$19,922		\$25,358		\$0
i. Payment for centrally furnished services		\$9,500		\$10,187		\$686
j. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$32,673		\$28,869		\$2,373
Subtotal, IR built-in cost changes						\$9,008
2. Research Management and Support:						
A. Built-in cost changes:						
a. FY 2024 effect of FY 2023 pay & benefits increase		\$26,104		\$32,653		\$309
b. FY 2024 effect of FY 2024 pay & benefits increase		\$26,104		\$32,653		\$1,016
c. FY 2024 paid days adjustment		\$26,104		\$32,653		\$101
d. Differences attributable to FY 2024 change in FTE		\$26,104		\$32,653		\$3,968
e. FY 2025 effect of FY 2024 pay & benefits increase		\$26,104		\$32,653		\$357
f. FY 2025 effect of FY 2025 pay & benefits increase		\$26,104		\$32,653		\$486
g. FY 2025 paid days adjustment		\$26,104		\$32,653		\$0
h. Differences attributable to FY 2025 change in FTE		\$26,104		\$32,653		\$0
i. Payment for centrally furnished services		\$0		\$0		\$0
j. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$14,243		\$9,986		\$670
Subtotal, RMS built-in cost changes						\$6,906
CHANGES						
CHANGES	FY 2023 Final		FY 2025 President's Budget		Program Change from FY 2023 Final	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	507	\$254,217	516	\$273,377	9	\$19,159
b. Competing	219	\$93,050	159	\$69,112	-60	-\$23,938
c. SBIR/STTR	21	\$15,072	21	\$17,299	0	\$2,228
Subtotal, RPGs	747	\$362,339	696	\$359,788	-51	-\$2,551
2. Research Centers	23	\$33,803	23	\$34,252	0	\$449
3. Other Research	181	\$45,044	181	\$44,064	0	-\$980
4. Research Training	329	\$17,260	329	\$17,747	0	\$487
5. Research and development contracts	47	\$35,716	47	\$36,000	0	\$284
Subtotal, Extramural		\$494,163		\$491,851		-\$2,312
6. Intramural Research	79	\$62,095	94	\$64,414	15	-\$6,690
7. Research Management and Support	125	\$40,358	144	\$42,638	19	-\$4,626
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, program changes						-\$13,627
Total built-in and program changes	204	\$596,616	238	\$598,903	34	\$2,287

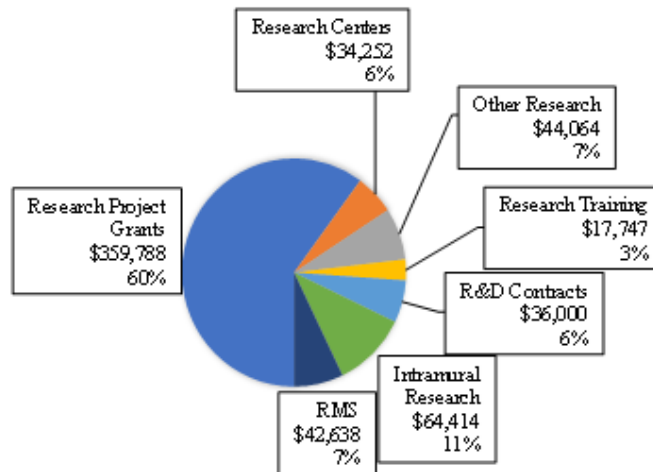
BUDGET GRAPHS

History of Budget Authority and FTEs:

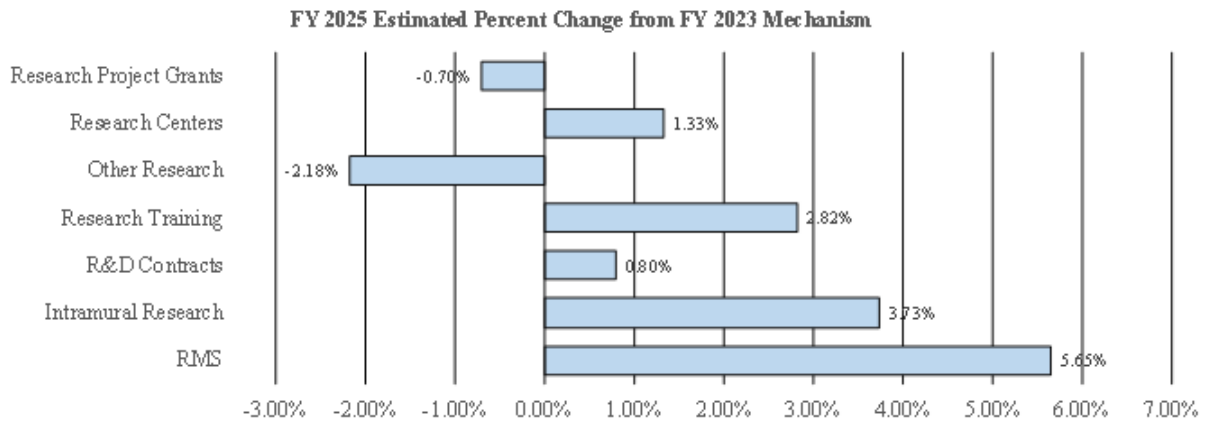


Distribution by Mechanism:

FY 2025 Budget Mechanisms
(Dollars in Thousands)



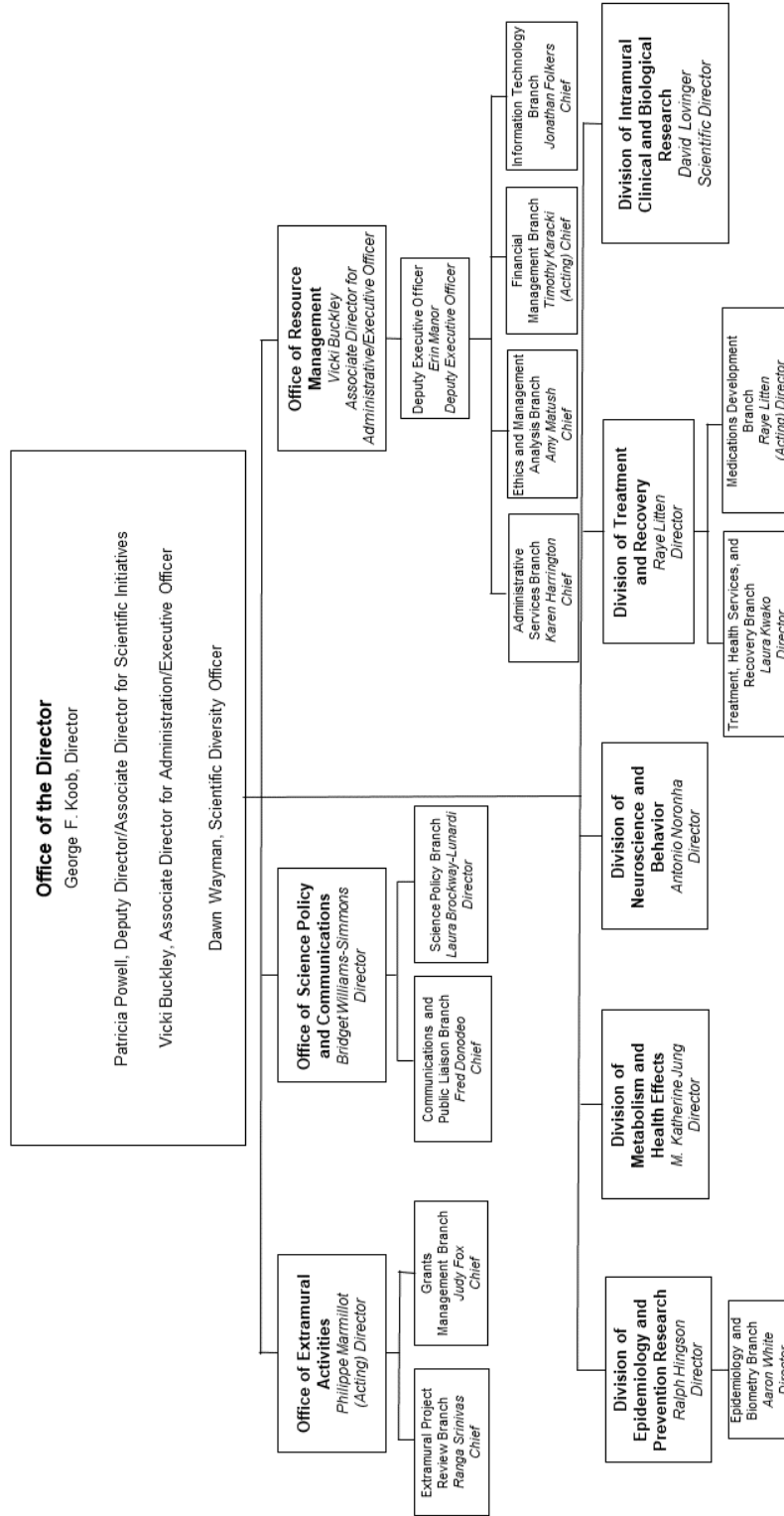
Change by Selected Mechanisms:



ORGANIZATION CHART

National Institute on Alcohol Effects and Alcohol-Associated Disorders

March 2024



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 2023 Final		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023 Final	
	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>
Extramural Research								
<u>Detail</u>								
Epidemiology and Prevention		\$88,779		\$88,170		\$88,364		-\$415
Metabolism and Health Effects		\$109,886		\$109,132		\$109,372		-\$514
Neuroscience and Behavior		\$197,536		\$196,180		\$196,612		-\$924
Treatment and Recovery		\$97,962		\$97,289		\$97,504		-\$458
Subtotal, Extramural		\$494,163		\$490,771		\$491,851		-\$2,312
Intramural Research	79	\$62,095	94	\$63,151	94	\$64,414	15	\$2,319
Research Management & Support	125	\$40,358	144	\$41,396	144	\$42,638	19	\$2,280
TOTAL	204	\$596,616	238	\$595,318	238	\$598,903	34	\$2,287

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

JUSTIFICATION OF BUDGET REQUEST

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):

	<u>FY 2023 Final</u>	<u>FY 2024 CR</u>	<u>FY 2025 President's Budget</u>	<u>FY 2025 +/- FY 2023</u>
BA	\$596,616,000	\$595,318,000	\$598,903,000	+\$2,287,000
FTE	204	238	238	34

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

Overall Budget Policy: The FY 2025 President's Budget request for the National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA) is \$598.9 million, an increase of \$2.3 million or 0.4% from the FY 2023 Final 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 alcohol use disorder (AUD).

Program Descriptions

NIAAA's extramural and intramural programs support a diverse portfolio of research on the biological, behavioral, and environmental factors that influence the emergence and progression of alcohol misuse and associated health consequences. Extramural divisions focus on specific areas of research while some areas, such as fetal alcohol spectrum disorders (FASD), HIV/AIDS, and health disparities, span multiple divisions. Improvements in the prevention, diagnosis, and treatment of alcohol-related problems are integral to fulfilling NIAAA's mission. Accordingly, basic, translational, and clinical research advances in these areas have been highlighted within each program description.

Epidemiology and Prevention

The Division of Epidemiology and Prevention Research (DEPR) supports research on the causes, scope, trends and prevention of alcohol misuse and related behaviors, AUD, alcohol-related mortality and morbidity, and other alcohol-related consequences across the lifespan. These research efforts provide the knowledge base for understanding the individual and environmental factors that increase the risk of alcohol-related problems or offer protection against alcohol-related problems, both of which, in turn, inform the development of effective preventive interventions.

Preventing and reducing underage drinking is a major area of focus for DEPR. Although epidemiological data indicate that adolescent alcohol use is decreasing, alcohol remains the most widely used substance among U.S. youth. Consumption of alcohol commonly begins during adolescence and the earlier a person starts to drink, the more likely they are to develop AUD and other alcohol-related consequences later in life. In a recent study, researchers found that students who begin high-intensity drinking, defined as 10 or more drinks on a single occasion, by grade 11 instead of later on are more likely to have a higher average weekly alcohol consumption, a higher frequency of high-intensity drinking, and an increased risk for AUD at age 20 years.¹⁴ These findings emphasize the importance of prevention strategies that specifically prevent or delay high-intensity drinking among young people.

Epidemiological data also indicate that alcohol use and misuse are increasing faster among women than among men. These data are concerning because women face higher risks of certain alcohol-related problems, such as alcohol-induced blackouts, alcohol-related emergency department visits, hospitalization, and deaths, compared to men. DEPR encourages new research focused on innovative approaches to implement alcohol screening and brief intervention to prevent and reduce alcohol misuse and associated health consequences among women and other populations.

DEPR also supports research that informs the development and implementation of alcohol policies and evaluates their effectiveness. A recent study of individuals arrested for alcohol-impaired driving found that participation in a 24/7 sobriety program that orders offenders to abstain from alcohol and provides frequent monitoring with swift, certain, and moderate penalties for violations, reduced the risk of mortality among program participants for several years after their arrest.¹⁵ DEPR encourages new research on the effects of public policies on health-related behaviors and outcomes associated with alcohol, cannabis, tobacco, prescription drugs, and other substances. DEPR also provides a public Alcohol Policy Information System (APIS),¹⁶ that provides detailed information on alcohol-related policies at the state and federal levels and policies on the recreational use of cannabis, to facilitate policy research.¹⁷

Budget Policy: The FY 2025 President’s Budget request for Epidemiology and Prevention is \$88.4 million, a decrease of \$0.4 million or -0.5 percent compared with the FY 2023 Final level. In FY 2025, causes, scope, trends and prevention of alcohol related problems will continue to be a focus for NIAAA.

Metabolism and Health Effects

The Division of Metabolism and Health Effects (DMHE) supports research on the health consequences associated with alcohol misuse. This research includes elucidating the biological mechanisms through which the body metabolizes alcohol, the mechanisms by which alcohol misuse damages the body’s organs and systems, and the mechanisms that lead to the

¹⁴ pubmed.ncbi.nlm.nih.gov/36716022/

¹⁵ jamanetwork.com/journals/jamapsychiatry/fullarticle/2801973

¹⁶ alcoholpolicy.niaaa.nih.gov/

¹⁷ alcoholpolicy.niaaa.nih.gov/

Addressing Health Disparities in Healthcare

Research indicates that disparities in healthcare can lead to disparities in health outcomes, particularly among racial and ethnic minorities and other health disparity populations. NIAAA is committed to supporting research to identify and address barriers to effective, evidence-based alcohol-related care, with the goal of achieving health equity in alcohol prevention, diagnosis, and treatment.

Tailoring interventions based on language and culture can increase their uptake and effectiveness in the population being served. For example, NIAAA-supported researchers developed an automated, bilingual computerized alcohol screening and brief intervention for use in emergency departments among Latino patients with alcohol misuse. Patients who received the bilingual digital screening intervention demonstrated a reduction in binge drinking episodes at both one month and one-year follow-ups, compared to patients who received standard emergency medical care. NIAAA is also funding research to develop a digital recovery support service intervention for Black men and women living in a major metropolitan area. The intervention will be based on AUD recovery pathways identified among this population as well as community indicators that may facilitate or interfere with AUD recovery. The research is being conducted in collaboration with a local community recovery organization and may serve as a model for future community-oriented studies of recovery.

NIAAA also supports research that focuses on sub-populations within underserved groups, as alcohol use within a population can vary based on lifestyle, physical health, and behavioral health factors. For example, NIAAA-supported researchers are developing a brief, computer-based personalized feedback intervention for Latino individuals with clinical anxiety and alcohol misuse to increase their awareness of the relationship between alcohol misuse and anxiety, such as drinking to cope, and to encourage them to reduce their alcohol misuse.

Other new NIAAA-funded research aimed at reducing health disparities includes investigating disparities in AUD treatment access, quality, and outcomes for people living with disabilities, how health services impact alcohol misuse among aging women, and clinical trials testing telehealth strategies to increase access to treatment. For example, a new study is evaluating a virtually delivered behavioral therapy intervention for the treatment of AUD that can be integrated into health systems to improve treatment access.

development of disease such as liver disease, pancreatitis, and cancer. DMHE also supports research to develop and test approaches to prevent and treat the pathological effects of alcohol on the body.

The liver is the primary site of alcohol metabolism in the body and is susceptible to alcohol-related injury. Currently, there are no treatments approved by the Food and Drug Administration (FDA) for alcohol-associated liver disease (ALD), making effective ALD treatment a major unmet need. DMHE supports multidisciplinary research projects on ALD treatment development such as the Alcohol-Associated Hepatitis Network (AlcHepNet). AlcHepNet is a coordinated network of projects within 12 institutions that are synergizing their efforts to better understand the biology and treatment of alcohol-associated hepatitis, a severe form of ALD with 20-40 percent mortality within 3 months after diagnosis.¹⁸ DMHE collaborates with the National Institute of Diabetes and Digestive and Kidney Diseases and the National Cancer Institute in supporting a Liver Cirrhosis Network to better understand and treat liver cirrhosis, another advanced form of liver disease that is commonly caused by alcohol misuse. DMHE also supports research on early liver transplantation for patients with severe ALD.

Basic and translational research supported by DMHE includes studies focused on the biological and molecular mechanisms through which alcohol consumption contributes to ALD and other chronic diseases, e.g., cancer, cardiovascular disease, and dysfunction of the lung, pancreas, gut, immune system, and skeletal muscle. For example, in a study analyzing blood samples from patients with alcohol-associated hepatitis, researchers found that the level of lipoprotein Z, an abnormal

¹⁸ niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/medical-complications-common-alcohol-related-concerns

cholesterol molecule found in patients with liver disease, could predict 90-day survival, and could play a role in disease prognosis for future patients.¹⁹ DMHE-supported basic research is also focused on how alcohol-induced imbalances in the gastrointestinal microbiome predispose and contribute to several comorbidities like diabetes, hypertension, and cardiovascular disease. Other supported studies are investigating the biological mechanisms by which alcohol consumption increases breast cancer risk and progression.

Another major research priority of DMHE is understanding the mechanisms through which prenatal alcohol exposure leads to fetal alcohol spectrum disorders (FASD), and developing evidence-based solutions to improve prevention, diagnosis, and treatment of FASD. For example, DMHE supports the Collaborative Initiative on Fetal Alcohol Spectrum Disorders (CIFASD), a global consortium that coordinates research efforts across basic, behavioral, and clinical investigators to inform the development of effective prevention and treatment interventions for FASD. Recent CIFASD research includes investigating cardiovascular disease across the life span in patients with FASD and how prenatal alcohol exposure impacts stem cell regeneration and the onset of aging-associated diseases. CIFASD also supports research to train providers to use a FASD diagnostic telemedicine resource with the goal of improving precision and increasing access to screening and diagnosis in remote and underserved areas.

Budget Policy: The FY 2025 President’s Budget request for Metabolism and Health Effects is \$109.4 million, a decrease of \$0.5 million or -0.5 percent compared with the FY 2023 Final level. In FY 2025, research on the

¹⁹ ncbi.nlm.nih.gov/pmc/articles/PMC9299888/

Understanding the Relationship Between Alcohol and Aging

Alcohol affects behavior and health differently as we age. For older adults, the consequences of alcohol tend to extend beyond acute effects like falls and injuries, to chronic effects such as higher risk of cancer and heart disease, and decreased mental acuity and sleep problems even at low levels of alcohol consumption. Older adults also take more medications that may interact negatively with alcohol, putting them at risk for unintentional overdoses and other harmful consequences. Research has also demonstrated that chronic alcohol misuse may worsen aging-related symptoms and contribute to a faster decline in health.

The percentage of people aged 65 years and older who consume alcohol, binge drink and have alcohol use disorder (AUD) is increasing. To address this growing problem, NIAAA supports research on the effects of alcohol on the “health span” of older adults as well as age-related diseases.

Previous research has demonstrated that alcohol misuse among older adults contributes to accelerated aging in certain regions of the brain. In a recent NIAAA-supported study, researchers measured the difference between computer-predicted brain age and chronological age among older adults who engaged in light (1-7 drinks per week), moderate (7-14 drinks per week), and heavy drinking (> 14 drinks per week). They found that older adults who engaged in heavy drinking showed an older brain-predicted age difference, which is associated with earlier mortality, higher chronic disease burden, and lower scores on cognitive and physical function tests. The results also demonstrated no protective benefit of light or moderate alcohol consumption when compared to older adults who did not drink.

Researchers are also working to understand how the body’s response to alcohol combined with other mental and physical challenges affect the aging process. For example, many people use alcohol to cope with stress, which has been associated with premature aging. A recent NIAAA-supported study demonstrated that stress and heavy alcohol use accelerated biological age at a cellular level by 4.5 years, raising the risk of patient morbidity and death.

NIAAA is also leveraging collaborations with the National Institute on Aging (NIA) to better understand the relationships between alcohol use and aspects of aging. Recently, NIAAA and NIA held a joint workshop showcasing both preclinical and clinical research on how chronic heavy alcohol use intersects and exacerbates the development of Alzheimer’s disease and related dementias. NIAAA and NIA jointly support research studies to help advance understanding of alcohol misuse and dementia.

health consequences associated with alcohol misuse will continue to be a focus for NIAAA.

Neuroscience and Behavior

The Division of Neuroscience and Behavior (DNB) promotes research on the mechanisms through which the brain and behavior interact with genetic, developmental, and environmental factors, leading to alcohol misuse and AUD. Research on how alcohol misuse influences the brain and behavior, and vice versa, informs the development and improvement of prevention, diagnosis, and treatment approaches.

Alcohol misuse often co-occurs with other mental health disorders. Research supported by DNB focuses on understanding the biological mechanisms that underlie AUD and commonly co-occurring conditions such as other substance use disorders, sleep disorders, pain disorders, and post-traumatic stress disorder. For example, AUD and stress-related disorders are thought to share overlapping brain mechanisms and potentiate each other. Excessive alcohol consumption in the context of misdirected attempts to cope with stress has evolved as a major driving force for alcohol misuse and AUD and was exacerbated during the COVID-19 pandemic. Using a novel animal model of stress-enhanced alcohol consumption, researchers recently found that the dynorphin and kappa opioid signaling system, located within the extended amygdala of the brain, significantly mediates this interaction. The amygdala and extended amygdala are responsible for emotional regulation and behavioral response to stimuli. This research provides further evidence that this system may be a potential treatment target for co-occurring stress-related disorders and AUD.²⁰ In addition, DNB supports the Integrative Neuroscience Initiative on Alcoholism, a translational, multidisciplinary, and collaborative research effort studying brain mechanisms that underlie alcohol misuse and their relationships with AUD, stress, and anxiety. The understanding of the brain neurocircuitry mediating excessive alcohol consumption at all levels of the addiction cycle (Binge, Withdrawal and Craving) has reinvigorated NIAAA's efforts to find novel and effective behavioral and pharmacological treatments for AUD.

The developing brain is particularly susceptible to the adverse effects of alcohol, and research is key to informing the development of innovative prevention and treatment strategies for underage drinking. 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 identify brain characteristics in humans that may predict alcohol misuse or occur as a result of adolescent alcohol exposure. NADIA is examining the mechanisms by which adolescent drinking leads to changes in brain structure and function that persist into adulthood by using animal models. NIAAA also collaborates with the National Institute on Drug Abuse (NIDA) in supporting the ABCD study—the largest long-term study of brain development and child health in the United States—as well as the HEALthy Brain and Child Development (HBCD) study which aims to better understand brain development during childhood. Both studies will provide evidence of how prenatal and very early childhood exposure to opioids, alcohol, and other substances influence brain development.

²⁰ pubmed.ncbi.nlm.nih.gov/35190188/

Budget Policy: The FY 2025 President’s Budget request for Neuroscience and Behavior is \$196.6 million, a decrease of \$0.9 million or -0.5 percent compared with the FY 2023 Final level. In FY 2025, research on the mechanisms through which the brain and behavior interact with genetic, developmental, and environmental factors, leading to alcohol misuse and AUD will continue to be a focus for NIAAA.

Researching Promising Medications for AUD

Several medications are approved by the Food and Drug Administration for treating alcohol use disorder (AUD), including naltrexone, acamprosate, and disulfiram. While these medications are safe and effective, individual differences in AUD as well as the diverse biological processes that contribute to AUD underscore the need for a broader range of medications to treat AUD. NIAAA-supported researchers are identifying and evaluating new potential medications that can be used for AUD treatment. NIAAA’s research portfolio also includes studies to repurpose medications for other conditions for the treatment of AUD. Discovering new uses for approved medications, which are already shown to be safe, speeds up the translation from bench to bedside.

For example, in one recent study, NIAAA intramural researchers found that the drug semaglutide, a medication typically prescribed for diabetes and obesity, may be useful for treating AUD. The study demonstrated that semaglutide reduced binge-like alcohol consumption in animal models and reduced overall alcohol intake in an animal model of AUD.

Another recent study conducted by NIAAA intramural researchers found that spironolactone, a medication used for high blood pressure and a variety of other medical conditions, reduced alcohol consumption in animals. Researchers also found that humans who took spironolactone for other health conditions drank less alcohol than those who did not take the medication, particularly for those who reported alcohol misuse.

NIAAA-supported scientists also found promising results for AUD treatment with apremilast, a medication used to treat psoriasis. The researchers tested apremilast in preclinical and clinical trials, and found it reduced excessive alcohol consumption among individuals with AUD.

These results are promising, and more research and clinical trials are needed to build on these advances. NIAAA continues to support AUD treatment research, from basic research to clinical trials, to further expand the treatment options available for patients.

Treatment and Recovery

The Division of Treatment and Recovery (DTR) focuses on developing treatments for AUD, increasing their use in real-world settings, and understanding the process of recovery as individuals make progress in overcoming AUD.

There are effective evidence-based behavioral treatments currently in use, such as cognitive behavioral therapy and motivational interviewing, and three FDA-approved medications. AUD medications are significantly under-utilized—less than two percent of people who need AUD treatment receive an FDA-approved medication. While these medications are effective for many, efforts continue to expand the range of effective medications and to determine which medications work best for whom (see Program Portrait). To more efficiently advance medications development for AUD, DTR established an Alcohol Pharmacotherapy Evaluation Program. This program integrates alcohol interaction studies to evaluate the safety of candidate compounds when alcohol is consumed (a phase I clinical trial requirement), a human laboratory program to screen potential medications prior to phase II clinical trials, and a phase II clinical trials network for testing the safety and effectiveness of promising compounds.

Health services research funded by DTR includes making evidence-based treatment more accessible and appealing to patients and improving dissemination and implementation

of treatments in healthcare settings. For example, NIAAA-funded research recently showed that

the transition to telehealth during the COVID-19 pandemic attracted subgroups of individuals who have historically underutilized care for alcohol misuse, particularly younger and healthier adults, without exacerbating pre-pandemic racial and ethnic disparities in treatment utilization.²¹

Most people with AUD can and do recover. However, little is known about what sustains longer-term recovery. NIAAA recently developed an operational 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 the elements of resilience that promote and sustain recovery. Current research studies supported by DTR focus on identifying factors associated with recovery, understanding how people change their behavior to promote recovery, assessing how different forms of recovery support impact long term outcomes, and identifying predictors of recovery and relapse. For instance, an NIAAA-supported study showed that the reasons why people misuse alcohol and the associated brain mechanisms (different domains of the addiction cycle) were associated with recovery outcomes three years post-treatment.²² The results support the utility of using the addiction cycle in predicting AUD treatment outcomes and recovery.

Budget Policy: The FY 2025 President’s Budget request for Treatment and Recovery is \$97.5 million, a decrease of \$0.5 million or -0.5 percent compared with the FY 2023 Final level. In FY 2025, developing treatments for AUD, increasing their use in real-world settings, and understanding the process of recovery as individuals make progress in overcoming AUD will continue to be a focus for NIAAA.

Intramural Research Program

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, and for cultivating the next generation of researchers through training. 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. They also collaborate with alcohol researchers across the nation and generate state-of-the-art advances for use by the alcohol research field more broadly.

One aspect of translational NIAAA IRP research involves understanding the effects of alcohol misuse on areas of the brain that control everyday functions and senses, which are important factors in determining quality of life. In one study, IRP researchers observed a significant loss of smell by individuals who drink heavily compared with non-drinkers, which was significantly associated with deterioration in their physical, psychological, and social quality of life.²³

²¹ pubmed.ncbi.nlm.nih.gov/36527427/

²² pubmed.ncbi.nlm.nih.gov/35951419/

²³ ncbi.nlm.nih.gov/pmc/articles/PMC9619625/pdf/agac047.pdf

NIAAA IRP researchers are also making key discoveries about the adverse effects of alcohol on health across the lifespan. For example, a recent study in animal models found that prenatal, late term alcohol exposure resulted in sex-specific anatomical and motor deficits in female offspring. The motor impairments could be partially reversed by the compound varenicline. These results open the door for new pharmacological interventions to treat symptoms of FASD.²⁴ IRP researchers are also studying the effects of alcohol on aging, and recently demonstrated that stress and heavy alcohol use together accelerated biological age at a cellular level by 4.5 years, likely increasing the risks of morbidity and mortality (see earlier Program Portrait).²⁵

The innovative basic, translational, and clinical research advances generated by NIAAA's IRP have led the alcohol field into new domains. These advances include developing an improved animal model of ALD that more closely reflects human ALD, and defining the relationships between alcohol, stress, and regions of the brain that control emotion, cognition, habit formation, and executive control. Additionally, through the ongoing study of the Addictions Neuroclinical Assessment, IRP researchers are translating the theoretical foundations of AUD into brain and behavioral measures that can be evaluated in clinical settings. The findings will help better define and understand the different subtypes of AUD, enhance AUD diagnosis, and inform precision medicine approaches for AUD prevention, treatment, and recovery. The NIAAA IRP is also leading the way in the integration of routine alcohol screening in non-alcohol clinical studies in the NIH Clinical Center, demonstrating the growing recognition of alcohol's association with health conditions beyond AUD and ALD.

Budget Policy: The FY 2025 President's Budget request for NIAAA Intramural Research is \$64.4 million, an increase of \$2.3 million or 3.7 percent compared with the FY 2023 Final 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 2025 President's Budget request for RMS at NIAAA is \$42.6 million, an increase of \$2.3 million or 5.6 percent compared with the FY 2023 Final level.

²⁴ [nature.com/articles/s41386-023-01594-4](https://www.nature.com/articles/s41386-023-01594-4)

²⁵ pubmed.ncbi.nlm.nih.gov/36182531/

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

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2016	\$459,833,000	\$456,012,000	\$469,355,000	\$467,700,000
Rescission				\$0
2017 ¹	\$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	\$595,318,000	\$595,318,000	\$595,318,000
Rescission				\$0
2025	\$598,903,000			

¹ Budget Estimate to Congress includes mandatory financing.

AUTHORIZING LEGISLATION

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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2024 Amount Authorized	FY 2024 CR	2025 Amount Authorized	FY 2025 President's Budget
Research and Investigation	Section 301	42§241	Indefinite	\$595,318,000	Indefinite	\$598,903,000
National Institute on Alcohol Effects and Alcohol- Associated Disorders	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$595,318,000		\$598,903,000

AMOUNTS AVAILABLE FOR OBLIGATION

NATIONAL INSTITUTES OF HEALTH

National Institute on Alcohol Effects and Alcohol-Associated Disorders

Amounts Available for Obligation ¹

(Dollars in Thousands)

Source of Funding	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Appropriation	\$595,318	\$595,318	\$598,903
Mandatory Appropriation: (non-add)			
<i>Type I Diabetes</i>	(\$0)	(\$0)	(\$0)
<i>Other Mandatory financing</i>	(\$0)	(\$0)	(\$0)
Subtotal, adjusted appropriation	\$595,318	\$595,318	\$598,903
OAR HIV/AIDS Transfers	\$1,298	\$0	\$0
Subtotal, adjusted budget authority	\$596,616	\$595,318	\$598,903
Unobligated balance, start of year	\$0	\$0	\$0
Unobligated balance, end of year (carryover)	\$0	\$0	\$0
Subtotal, adjusted budget authority	\$596,616	\$595,318	\$598,903
Unobligated balance lapsing	-\$11	\$0	\$0
Total obligations	\$596,605	\$595,318	\$598,903

¹ Excludes the following amounts (in thousands) for reimbursable activities carried out by this account: FY 2023 - \$4,302
FY 2024 - \$7,000 FY 2025 - \$7,000

BUDGET AUTHORITY BY OBJECT CLASS

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

Budget Authority by Object Class¹ (Dollars in Thousands)

	FY 2024 CR	FY 2025 President's Budget
Total compensable workyears:		
Full-time equivalent	238	238
Full-time equivalent of overtime and holiday hours	0	0
Average ES salary	\$223	\$228
Average GM/GS grade	12.8	12.8
Average GM/GS salary	\$150	\$153
Average salary, Commissioned Corps (42 U.S.C. 207)	\$152	\$159
Average salary of ungraded positions	\$141	\$144
OBJECT CLASSES	FY 2024 CR	FY 2025 President's Budget
Personnel Compensation		
11.1 Full-Time Permanent	\$23,001	\$26,338
11.3 Other Than Full-Time Permanent	\$9,545	\$11,078
11.5 Other Personnel Compensation	\$1,012	\$1,161
11.7 Military Personnel	\$202	\$235
11.8 Special Personnel Services Payments	\$4,422	\$4,664
11.9 Subtotal Personnel Compensation	\$38,182	\$43,476
12.1 Civilian Personnel Benefits	\$12,594	\$14,489
12.2 Military Personnel Benefits	\$40	\$47
13.0 Benefits to Former Personnel	\$0	\$0
Subtotal Pay Costs	\$50,816	\$58,011
21.0 Travel & Transportation of Persons	\$458	\$282
22.0 Transportation of Things	\$56	\$41
23.1 Rental Payments to GSA	\$7	\$3
23.2 Rental Payments to Others	\$2	\$1
23.3 Communications, Utilities & Misc. Charges	\$45	\$32
24.0 Printing & Reproduction	\$0	\$0
25.1 Consulting Services	\$12,671	\$12,824
25.2 Other Services	\$5,245	\$3,389
25.3 Purchase of Goods and Services from Government Accounts	\$47,715	\$48,559
25.4 Operation & Maintenance of Facilities	\$103	\$76
25.5 R&D Contracts	\$16,553	\$15,191
25.6 Medical Care	\$79	\$58
25.7 Operation & Maintenance of Equipment	\$1,107	\$695
25.8 Subsistence & Support of Persons	\$0	\$0
25.0 Subtotal Other Contractual Services	\$83,474	\$80,794
26.0 Supplies & Materials	\$3,661	\$2,684
31.0 Equipment	\$2,027	\$1,204
32.0 Land and Structures	\$0	\$0
33.0 Investments & Loans	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$454,771	\$455,851
42.0 Insurance Claims & Indemnities	\$0	\$0
43.0 Interest & Dividends	\$1	\$0
44.0 Refunds	\$0	\$0
Subtotal Non-Pay Costs	\$544,502	\$540,892
Total Budget Authority by Object Class	\$595,318	\$598,903

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

SALARIES AND EXPENSES

NATIONAL INSTITUTES OF HEALTH

National Institute on Alcohol Effects and Alcohol-Associated

Salaries and Expenses

(Dollars in Thousands)

Object Classes	FY 2024 CR	FY 2025 President's Budget
<u>Personnel Compensation</u>		
Full-Time Permanent (11.1)	\$23,001	\$26,338
Other Than Full-Time Permanent (11.3)	\$9,545	\$11,078
Other Personnel Compensation (11.5)	\$1,012	\$1,161
Military Personnel (11.7)	\$202	\$235
Special Personnel Services Payments (11.8)	\$4,422	\$4,664
Subtotal, Personnel Compensation (11.9)	\$38,182	\$43,476
Civilian Personnel Benefits (12.1)	\$12,594	\$14,489
Military Personnel Benefits (12.2)	\$40	\$47
Benefits to Former Personnel (13.0)	\$0	\$0
Subtotal Pay Costs	\$50,816	\$58,011
Travel & Transportation of Persons (21.0)	\$458	\$282
Transportation of Things (22.0)	\$56	\$41
Rental Payments to Others (23.2)	\$2	\$1
Communications, Utilities & Misc. Charges (23.3)	\$45	\$32
Printing & Reproduction (24.0)	\$0	\$0
<u>Other Contractual Services</u>		
Consultant Services (25.1)	\$12,671	\$12,824
Other Services (25.2)	\$5,245	\$3,389
Purchase of Goods and Services from Government Accounts (25.3)	\$24,729	\$25,466
Operation & Maintenance of Facilities (25.4)	\$103	\$76
Operation & Maintenance of Equipment (25.7)	\$1,107	\$695
Subsistence & Support of Persons (25.8)	\$0	\$0
Subtotal Other Contractual Services	\$43,856	\$42,451
Supplies & Materials (26.0)	\$3,661	\$2,684
Subtotal Non-Pay Costs	\$48,078	\$45,491
Total Administrative Costs	\$98,894	\$103,502

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 2023 Final			FY 2024 CR			FY 2025 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Office of the Director									
Direct:	7	-	7	10	-	10	10	-	10
Total:	7	-	7	10	-	10	10	-	10
Office of Extramural Activities									
Direct:	20	-	20	21	-	21	21	-	21
Total:	20	-	20	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:	35	-	35	40	-	40	40	-	40
Total:	35	-	35	40	-	40	40	-	40
Division of Epidemiology and Prevention Research									
Direct:	14	-	14	18	-	18	18	-	18
Total:	14	-	14	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:	70	1	71	85	1	86	85	1	86
Reimbursable:	8	-	8	8	-	8	8	-	8
Total:	78	1	79	93	1	94	93	1	94
Total	203	1	204	237	1	238	237	1	238
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
FISCAL YEAR	Average GS Grade								
2021	13.0								
2022	13.0								
2023	13.0								
2024	12.8								
2025	12.8								

DETAIL OF POSITIONS

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

Detail of Positions ¹

GRADE	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Total, ES Positions	1	1	1
Total, ES Salary	\$212,100	\$223,129	\$227,592
General Schedule			
GM/GS-15	30	33	33
GM/GS-14	43	48	48
GM/GS-13	40	47	47
GS-12	18	24	24
GS-11	8	14	14
GS-10	0	0	0
GS-9	5	11	11
GS-8	1	1	1
GS-7	6	7	7
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	151	185	185
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	1	1	1
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	1	1	1
Ungraded	72	72	72
Total permanent positions	0	0	0
Total positions, end of year	225	259	259
Total full-time equivalent (FTE) employment, end of year	204	238	238
Average ES salary	\$212,100	\$223,129	\$227,592
Average GM/GS grade	13.0	12.8	12.8
Average GM/GS salary	\$142,766	\$150,190	\$153,194

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