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The Honorable Shelley Moore Capito  
Chair  
Subcommittee on Department of Labor,  
Health and Human Services, Education  
and Related Agencies  
170 Russell Senate Office Building  
Washington, DC 20510

The Honorable Robert Aderholt  
Chair  
Subcommittee on Department of Labor,  
Health and Human Services, Education  
and Related Agencies  
272 Cannon House Office Building  
Washington, DC 20515

The Honorable Tammy Baldwin  
Ranking Member  
Subcommittee on Department of Labor,  
Health and Human Services, Education  
and Related Agencies  
703 Hart Senate Office Building  
Washington, DC 20510

The Honorable Rosa DeLauro  
Ranking Member  
Subcommittee on Department of Labor,  
Health and Human Services, Education  
and Related Agencies  
2413 Rayburn House Office Building  
Washington, DC 20515

Dear Chair Capito and Aderholt, Ranking Member Baldwin and DeLauro,

As the undersigned organizations, we write to thank you for your steadfast support for federal programs that provide critical prevention, treatment, and recovery services for individuals with substance use disorders (SUD). Thank you for your leadership on funding SUD programs in the fiscal year (FY) 2026 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, and your commitment to the implementation of these critical programs even during uncertain times. According to a recent report from the Substance Abuse and Mental Health Services Administration (SAMHSA), almost 49 million Americans aged 12 and older had a substance use disorder in 2024, which is equivalent to 1 in 6 people.<sup>1</sup> While overdose deaths remain high, your commitment to protecting addiction services and evidence-based SUD programs has contributed to a decline in fatalities.

We write to convey our network's strong support for the following critical programs in the FY27 appropriations cycle:

As the primary federal agency for conducting and supporting medical research, the **National Institutes of Health (NIH)** leads world-class efforts to combat the addiction crisis. Research from the **National Institute on Drug Abuse (NIDA)** has been instrumental in advancing and disseminating the latest findings on addiction, driving the adoption and broader implementation of life-saving, evidence-based treatments for substance use disorders (SUDs). Similarly, the **National Institute on Alcohol Abuse and Alcoholism (NIAAA)** plays a vital role in addressing alcohol misuse—an urgent public health issue given alcohol's substantial contribution to morbidity and mortality in the United States. In addition, work from the National Institute of Mental Health helps illuminate the underlying factors that contribute to the

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2025). *Release of the 2024 National Survey on Drug Use and Health: Leveraging the latest substance use and mental health data to make America healthy again.* <https://www.samhsa.gov/blog/release-2024-nsduh-leveraging-latest-substance-use-mental-health-data-make-america-healthy-again>

development of addiction. Together, these institutes generate the scientific evidence needed to ensure that treatments, services, and resources effectively prevent and treat SUDs.

As you know, the **Substance Abuse and Mental Health Services Administration (SAMHSA)** leads national public health and service delivery efforts that treat behavioral health disorders- particularly serious mental health disorders, and prevent SUDs, and provide the treatments and supports necessary to foster recovery while improving access and outcomes for all. SAMHSA’s suicide prevention services, SUD prevention, treatment, and recovery programs, and criminal justice programs deliver targeted, comprehensive support to state and local governments, first responders, community-based organizations, and medical providers—equipping them with the resources needed to address addiction, save lives, and build healthier communities.

Substance use prevention remains a cornerstone of these efforts, helping reduce the likelihood that individuals develop SUDs and contributing to sustained declines in overdose deaths. SAMHSA’s **Center for Substance Abuse Prevention (CSAP)** coordinates substance use prevention efforts across the United States, focusing on preventing initiation of substance use, preventing progression of substance use, and preventing consequences associated with substance use. Likewise, prevention programs targeting youth are an important investment because research demonstrates that the delayed onset of consuming a substance can help prevent a person from developing a SUD.<sup>2</sup> Funding for the **Sober Truth on Preventing Under Drinking Act program (STOP)** focuses primarily on strengthening collaboration among community entities to prevent and reduce alcohol use among youth aged 12-20.

SAMHSA’s **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** exemplifies SAMHSA’s approach to preventing an individual from forming an SUD after substance use has begun by implementing an evidence-based public health model across primary care, community health settings, and schools, serving children, adolescents, and adults. SBIRT is an early intervention program that emphasizes early identification of risk through screening—particularly for underage drinking, opioid use, and other substance use—followed by timely intervention and referral to treatment when appropriate. To date, the program has reached approximately 450,000 individuals. Notably, the proportion of participants reporting no alcohol or illicit drug use in the past 30 days increased by 128.8% from initial screening to the six-month follow-up, underscoring its effectiveness in reducing substance use and improving health outcomes.<sup>3</sup>

SAMHSA’s addiction programs have played a vital role in establishing and expanding the nation’s frontline infrastructure for prevention, treatment, and recovery services by equipping medical providers and first responders with essential resources. **Opioid Treatment Programs (OTPs)**-certified facilities that provide comprehensive care for opioid use disorder (OUD), offer FDA-approved medications, such as methadone and buprenorphine, alongside counseling, behavioral therapies, and medical services. A

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<sup>2</sup> Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and adolescent psychiatric clinics of North America*, 19(3), 505–526.  
<https://doi.org/10.1016/j.chc.2010.03.005>

<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2024). *Screening, brief intervention, and referral to treatment (SBIRT)*. <https://www.samhsa.gov/sbirt>

robust body of research shows that medications for opioid use disorder (MOUD) reduce substance use, lower overdose deaths, and improve treatment retention.

In addition, the **Comprehensive Addiction and Recovery Act (CARA) First Responder Training (Overdose Reversal Program)** and the **CARA Improving Access to Overdose Treatment program** expand training on and access to naloxone for first responders and prescribers at the community level to enable the increased use of naloxone in the emergency treatment of known or suspected opioid overdose. Studies show that when used, Naloxone reverses 93 percent of overdoses.<sup>4</sup>

SAMHSA's programs provide states and territories with comprehensive resources to prevent and treat SUD. The **State Opioid Response (SOR)** grants support efforts to combat addiction by funding prevention initiatives, opioid overdose reversal medications, treatment services, and recovery supports. Since the program's inception in 2018, more than 1.3 million individuals have received treatment services, including over 650,000 who have received medications for opioid use disorder (MOUD), and nearly 1.5 million people have accessed recovery support services.<sup>5</sup> Additionally, the **Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)** program assists states in planning, implementing, and evaluating activities that prevent and treat substance use. SUBG funding supports services for pregnant women and women with dependent children, individuals who use injection drugs, tuberculosis-related services, and people living with HIV/AIDS. Similarly, the **Community Mental Health Services Block Grant** provides states with funding to implement and expand comprehensive, community-based mental health services. This program offers states the flexibility to design and deliver evidence-based services that address the unique and complex needs of their communities. Together, these grant programs deliver critical SUD and mental health services while fostering innovative, cost-effective, and community-driven systems of care.

A disproportionate number of people in the criminal justice system struggle with substance use disorders, many of whom also have co-occurring mental health disorders. **SAMHSA's Criminal Justice Activities** programs, including **Drug Courts**, enhance public safety and improve behavioral health outcomes by providing services that address substance use and mental health disorders. These programs reduce recidivism and promote rehabilitation, offering a more effective alternative to approaches that rely solely on punitive measures.

SAMHSA funding also plays a critical role in supporting individuals experiencing mental health disorders. The **988 Suicide and Crisis Lifeline** connects individuals in crisis to life-saving, trained mental health professionals who provide immediate, life-saving support. From its launch in July 2022 through July 2025, the Lifeline received 16.5 million contacts, including 11.1 million calls, 2.9 million texts, and 2.4 million chats.<sup>6</sup>

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<sup>4</sup> Washington State Department of Health. (2024, May). *Science communication social media campaign*. [https://doh.wa.gov/sites/default/files/2024-05/KimS\\_ScienceCommunication\\_SocialMediaCampaign.pdf](https://doh.wa.gov/sites/default/files/2024-05/KimS_ScienceCommunication_SocialMediaCampaign.pdf)

<sup>5</sup> U.S. Department of Health and Human Services. (2025, September 22). *HHS provides more than \$1.5 billion in State and Tribal Opioid Response grants*.

<https://www.hhs.gov/press-room/hhs-state-tribal-opioid-response-grants-2025.html>

<sup>6</sup> KFF. (2025, July 14). *Demand for 988 continues to grow at third anniversary*.

<https://www.kff.org/mental-health/demand-for-988-continues-to-grow-at-third-anniversary/>

Thank you for your continued leadership and commitment, and we respectfully urge your ongoing support for programs that strengthen our nation's response to addiction and save lives.

Sincerely,