

April 6, 2026

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,

1. Addiction Policy Forum
2. A Friend's House Recovery Residence
3. Achieve Greatness Inc.
4. Addiction Recovery Coalition of New Hampshire
5. Addiction Science Defense Network
6. Alcohol, Drug Addiction, and Mental Health Services Board of Tuscarawas/Carroll Counties
7. Alliance for Addiction & Mental Health Services, Maine
8. American Academy of Addiction Psychiatry
9. American Osteopathic Academy of Addiction Medicine
10. American Society of Addiction Medicine
11. Anam Cara Counseling
12. Applied Pharmacodynamics Inc
13. Armstrong-Indiana-Clarion Drug and Alcohol Commission, Inc.
14. Association of State and Territorial Health Officials (ASTHO)
15. Avisa Group
16. Bakersfield Memorial
17. Behavioral Health Foundation
18. Behavioral Health Innovators, Inc.
19. Believe Center Inc.
20. Bring Light Save Life
21. CADCA
22. Camelot of Staten Island
23. Carlsbad Community Anti-Drug/Gang Coalition, Inc.
24. Caz Recovery
25. Center for Adolescent Behavioral Health Research, Boston Children's Hospital
26. Center for Public Partnerships and Research
27. Center for Youths Mental Health and Drug Abuse Prevention
28. Central Kansas Foundation
29. CKF Addiction Treatment
30. Cleft/GoodLife
31. CODA, Inc
32. Command Destinations 2
33. Community Prevention Coalition of Teton County
34. Crosswinds Recovery
35. Custer County Public Health Agency
36. Cuyahoga County ADAMHS Board
37. DBSA/St. Louis Empowerment Center
38. Delaware County Community Partnership
39. Devin J Norring Foundation

40. Doable Recovery Institute
41. ECORN-MO
42. Eluna
43. Erie County Probation Department
44. Faith, Mercy & Truth Ministry International
45. Falcon Recovery
46. Families of Addicts (FOA)
47. Father of Loss
48. FOCUS: Recovery & Wellness Community
49. Foundation for Drug Policy Solutions
50. Friends of Recovery- New York
51. George IV Recovery Foundation
52. Hamilton County Quick Response Team
53. Hand2HeartDC
54. Harm Reduction Research Lab, University of Arizona
55. Health Resources in Action
56. Heartland Family Service
57. HFM Prevention Council
58. Houses of Hope Outpatient Behavioral Health Services
59. Hurley House Recovery, LLC
60. iHOPE INC
61. Illinois Harm Reduction and Recovery Coalition
62. International Coalition for Addiction Studies Education
63. Iowa Behavioral Health Association
64. Jamie Daniels Foundation
65. Jones Rehab Inc
66. Kelly S. Ramsey Consulting, LLC
67. Kenosha County Division of Behavioral Health Services
68. Kohnlinq, Inc.
69. Lead America Inc
70. Learn to Cope
71. Maddie Wright Foundation
72. Madison County Recovery Allies
73. Matt Talbot Institute for Addiction Studies
74. Midlands Harm Reduction Collective
75. Mighty Crow
76. Ministry of Health
77. Missouri Works Initiative
78. Montgomery County Federation of Families for Children's Mental Health, Inc.
79. NAADAC, the Association for Addiction Professionals
80. National Alliance on Mental Illness (NAMI)
81. National Association of Addiction Treatment Providers
82. National Council for Mental Wellbeing
83. National Council of Dentist Health Programs

84. National District Attorneys Association
85. National League of Cities
86. National Safety Council
87. NeighborHealth
88. New Jersey Association of Mental Health and Addiction Agencies, Inc.
89. New York State Council for Community Behavioral Healthcare
90. No More ODs, Inc
91. OCBH
92. Ohio Association for the Treatment of Opioid Dependence (OATAD)
93. Ohio Citizen Advocates for Addiction Recovery
94. Ohio Justice Alliance for Community Corrections
95. Ohio Society of Addiction Medicine
96. Oregon Council for Behavioral Health
97. Overdose Prevention Initiative at the Global Health Advocacy Incubator
98. Palacio Consulting LLC.
99. Partnership for Community Wellness
100. Perinatal Partners
101. Positive Recovery
102. Power Forward, Inc.
103. Prevention Action Alliance
104. Prevention Coalition of Monmouth County
105. Prevention Means Progress
106. Prevention Partnership Coalition
107. Prevention Rocks
108. RAS
109. RAWKstars
110. Recovery Friendly Montana
111. Safe Streets Wichita, Inc
112. Save Our Families
113. Sea Change Recovery Community Organization
114. SEIU Local 500
115. Serenity Sistas Inc
116. Shatterproof
117. SHILO NJ
118. Smart Approaches to Marijuana
119. South Texas Substance Abuse Recovery Services
120. Southern Highlands
121. St James Eatontown Medical Equipment Ministry
122. Stark Regional Community Correction Center
123. Stop Stigma Now
124. Suncoast Institute on Chemical Dependency
125. Talbert House
126. The Courage Center
127. The HealthCare Connection

128. The Police, Treatment, and Community Collaborative
129. THE RESt Organization
130. The Right Path for Washington County
131. The ROC in Council
132. The Sun Will Rise Foundation
133. Today I Matter, Inc.
134. Treatment Communities of America
135. True Nature Recovery Counseling
136. Tyler's Redemption Place
137. Utah Support Advocates for Recovery Awareness
138. Virginia Department of Health/Crater Health District
139. Wake Up Nevada
140. Washington Association of Drug Courts
141. WeKonnnect, LLC.
142. Westmoreland County DHS/DCRP
143. Where There's A Will Fund
144. Wisconsin Academy of Family Physicians
145. 3rd Judicial District Court, Louisiana
146. 80th District 55th Circuit Clare - Gladwin Recovery and Veterans' Treatment Court