Alcoholism & Drug Abuse Weekly

News for policy and program decision-makers

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Our lead stories this week look at plans by the Trump administration to kill the SAMHSA program delivering services to pregnant and postpartum women, and how federal cuts will adversely affect recovery services, only recently funded.
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SUD services for pregnant and postpartum women: SAMHSA program to be cut

Under the leaked passback document outlining federal budget priorities for fiscal year 2026 (see *ADAW* https://onlinelibrary.wiley.com/doi/10.1002/adaw.34493), a key Substance Abuse and Mental Health Services Administration (SAMHSA) program serving pregnant and postpartum women (PPW) would be eliminated. The skinny budget, released earlier this month, clearly indicates that any SAMHSA programs outside of the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) block grant, the CMHS block grant, and the SOR grant are at risk.

Last week, the National Association of State Alcohol and Drug Agency Directors (NASADAD) released a footnoted report detailing what SAMHSA's PPW program does, and an overview of recent Congressional actions and legislative proposals.

Bottom Line...
A longstanding program serving pregnant and postparum women is slated to be cut completely starting in October.

Background

Based on 2023 data from the National Survey on Drug Use and Health, among pregnant women aged 15-44 in the United States:

- 9.4% (179,000) used tobacco products or vaped nicotine in the past month

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Recovery-focused groups feeling especially exposed to cost-cutting

Mass uncertainty about the extent of threatened government cuts to human-services programs has placed organizations that are at the forefront of the recovery movement in what one national advocate calls a "freeze." Feeling unable to count on the sustainability of their main funding sources at the federal or state level, many recovery support organizations are already pulling back programs and dismissing staff even before budget decisions have been finalized, though many have not yet gone public with their actions.

"There is a sense of a reduction in the focus on recovery," Bill Stauffer, a nationally prominent recovery advocate and executive director of the Pennsylvania Recovery Organization Alliance (PRO-A), told *ADAW*. "It's been challenging to the morale of the people I've spoken with."

Minnesota-based recovery and justice system reform advocate Randy Anderson is directly feeling the effects of this in his own consulting work as

Bottom Line...
Many recovery community organizations are experiencing a state of inertia, hesitant to continue spending funds that they fear could be pulled out from under them at any moment.

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- 8.4% (161,000) used alcohol in the past month
- 4.9% (93,000) used illicit drugs in the past month
- 4.4% (85,000) used marijuana in the past month o 0.2% (4,000) used opioids in the past month
- 0.2% (4,000) used cocaine in the past month

From 2010 to 2017, the most recent available estimate, the number of women with opioid-related diagnoses at delivery increased by 131%.

Fetal alcohol spectrum disorders (FASDs) can occur in an individual whose mother drank alcohol during pregnancy, resulting in physical, behavioral, and/or learning difficulties, according to the federal Centers for Disease Control and Prevention (CDC). The most recent CDC study of children with FAS has identified FAS in 0.3 out of 1,000 children from 7 to 9 years of age in the United States.

Adverse childhood experiences (ACEs) also lead to significant long-term effects. Parental substance use is a strong predictor of a child developing a future SUD.

For this reason, treating the entire family helps not only the woman with a SUD, but her children as well.

History

SAMHSA created the PPW in 1993, awarding 5-year demonstration grants for programs which offered residential family-centered treatment.

The purpose of the PPW program is to provide pregnant and postpartum women treatment for SUD using a family-based approach.

Below are the investments SAMHSA has made in the PPW program:

- FY 2025: $38.9 million
- FY 2024: $38.9 million
- FY 2023: $38.9 million
- FY 2022: $34.9 million
- FY 2021: $32.9 million
- FY 2020: $31.9 million
- FY 2019: $29.9 million
- FY 2018: $29.9 million
- FY 2017: $19.9 million
- FY 2016: $15.9 million

State pilot grant program

In 2015, NASADAD met with state alcohol and drug agency directors and women's services coordinators to learn about their experience with supporting PPW programs. State alcohol and drug agencies recognized the many positive impacts from the PPW Residential Services Grant program and indicated a need for additional family-centered, comprehensive, gender-specific services for families who required a broader range of services in addition to residential care.

In 2016, the Comprehensive Addiction and Recovery Act (CARA; P.L. 114-198) re-authorized the PPW Residential Services Grant program through FY 2021, in addition to authorizing a new pilot program for state alcohol and drug agencies to treat pregnant and postpartum women within SAMHSA's Center for Substance Abuse Treatment (CSAT) – the State Pilot Grant Program for Treatment for Pregnant and Postpartum Women – through FY 2021. In the House, the provision was championed by then-Representative Luhan (D-NM), Representative Tonko (D- NY), Representative Clark (D-NY), and Representative Matsui (D-CA). In the Senate, the provision was championed by then-Senator Ayotte (R-NH), Senator Klobuchar (D-MN), Senator Capito (R-WV), and Senator Whitehouse (D-RI)

Specifically, the State Pilot Grant Program for Treatment for Pregnant and Postpartum Women aims to enhance flexibility in the use of funds designed to:

- support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders;
- help state alcohol and drug agencies address the continuum of care, including services provided to pregnant and postpartum women in nonresidential-based settings; and
- promote a coordinated, effective and efficient state system managed by state alcohol and

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drug agencies by encouraging new approaches and models of service delivery.

Legislation

The SUPPORT for Patients and Communities Act (P.L. 115-271) was signed into law in October 2018. The measure included a provision that reauthorized both the PPW Residential program and the State Pilot program from FY 2019 to FY 2023 at $29.9 million.

The Consolidated Appropriations Act of 2023 (P.L. 117-328), signed into law in December 2022, included a provision that adjusted the due date of a report evaluating the results of the PPW State Pilot program to September 30, 2026. The Omnibus also included language encouraging SAMHSA to fund an additional cohort of States under the pilot program.

The PPW Residential and State Pilot program was not reauthorized during the 118th Congress. However, Congress has taken steps to reauthorize the program during the 119th Congress.

On March 12, 2025, Senators Ben Ray Lujan (D-New Mexico), Tim Scott (R-South Carolina), Amy Klobuchar (D-Minnesota), Shelley Moore Capito (R-West Virginia), and Thom Tillis (R-North Carolina) introduced the Pregnant and Postpartum Women Treatment Reauthorization Act (S.1004). The bill has been referred to the Senate Health, Education, Labor and Pensions (HELP) Committee for consideration.

On April 29, 2025, the House Energy and Commerce Committee approved the SUPPORT for Patients and Communities Reauthorization Act of 2025 (H.R.2483), which included the provision to reauthorize both the PPW Residential program and the State Pilot program at $38.9 million for FY 2026 through 2030.

Role of state alcohol and drug agencies

NASADAD represents State alcohol and drug agency directors from the

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Required Activities in the PPW Pilot Program:

- Facilitate the availability of family-based treatment and recovery support services. This includes the provision of services for pregnant and postpartum women, their minor children, age 17 and under, and other family members of the women and children. Services may be directly provided by the recipient, purchased through grants/contract(s) with other providers, or made available through memoranda of understanding/ agreement with other providers. To support a family-centered treatment approach for this population, the following core services must be provided:
  - o Outreach,engagement,screening,andassessment;
  - o "Wrap-around"/recovery support services (e.g., child care, vocational, educational, and transportation services) designed to improve access and retention in services.
  - o Services that provide a continuum of care including outpatient levels of care and access to residential care as indicated for the needs of the woman and her family if needed. The focus of this award will be on the development of an outpatient menu of services focused on the needs of pregnant women with substance use issues and her family needs;
  - o Family-focused programs to support family strengthening and reunification, including parenting education and evidence-based interventions and social and recreational activities; o Clinically appropriate evidence-based practices for treatment of persons with a primary diagnosis of SUDs, including opioid use disorders; and o Case management services.
- Promote effective and efficient coordination and delivery of services across multiple systems and providers (e.g., behavioral health, primary care, housing, child and family services);
- Provide HIV and Hepatitis testing and appropriate care or linkages to care as a result of such testing; and
- Implement tobacco/nicotine cessation program and ensure clients have appropriate education on the risks of nicotine/tobacco use during pregnancy.

The PPW Pilot program also entails State infrastructure development, requiring State alcohol and drug agencies to:

- Develop a needs assessment using statewide epidemiological data. The needs assessment should A identify gaps in services furnished to pregnant and postpartum women along the continuum of care with a primary diagnosis of a substance use disorder, including opioid use disorders.
- Develop and implement a State strategic plan or enhance an existing plan to ensure sustained partnerships across public health and other systems that will result in short- and long-term strategies to support family-based treatment services along the continuum of care for pregnant and postpartum women.

Source: NASADAD

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fifty States, the District of Columbia, and territories. States work with local communities to ensure that public dollars are dedicated to effective programs using tools, such as providing data for data-driven decision making, workforce development through training and credentialing, performance data management and reporting, and technical assistance to providers. Use of evidence-based practices is a top priority among State alcohol and drug agencies. The SUPTRS block grant requires states to prioritize service delivery to pregnant and postpartum women. NASADAD houses a component group dedicated to women's services issues known as the Women's Services Network (WSN). The WSN consists of State women's services coordinators who work with State alcohol and drug agency directors to provide high quality substance use treatment and recovery services to women, including pregnant and parenting women.

If the PPW program is eliminated, women, children, and families throughout the states and the country will lose out. To be lost: $38.9 million a year, of which 25% goes to the State Pilot Program, and the rest directly to providers. •

NIDA calls for funding for youth prevention intervention services

Nora D. Volkow, M.D., director of the National Institute on Drug Abuse (NIDA), for years has decried the continuing overdose death rate. In the May issue of JAMA Pediatrics, Volkow, along with Carlos Blanco, M.D., Ph.D., head of NIDA's Division of Epidemiology, Services and Prevention Research, wrote about the need to improve delivery of prevention services.

In "Opportunities and Needs to Advance Prevention of Substance Use Disorders," Blanco and Volkow note that what is needed is dedicated funding for preventive intervention programs.

Evidence-based preventive intervention [EBPI]) is seldom actually implemented, even though research shows it is cost effective, according to NIDA. The United States "lacks a stable, consistently funded prevention infrastructure, including a well-trained workforce, to deliver EBPIs," they write.

Almost two years ago the National Institutes of Health (NIH), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control and Prevention commissioned a consensus study from the National Academies of Sciences, Engineering, and Medicine to identify best practices for creating a sustainable prevention infrastructure and research gaps germane to the widespread adoption of EBPIs. The study publication is expected this spring.

In addition, according to NIDA, new interventions are needed. "Most preventive interventions target children and young adolescents because of their greater vulnerability and the ability to reach them in school," the authors write. "Yet many individuals start using psychoactive substances or develop substance use disorders (SUDs) in late adolescence or young adulthood."

Little is known about the efficacy of SUD preventive interventions for older adolescents or young adults, according to NIDA. Wireless devices and apps, digital interventions, and more can be useful, but "developers will need to take into account where, how, and by whom these interventions will be delivered and how to finance them in a sustainable way," the authors write.

USPSTF

The Affordable Care Act requires that interventions granted a grade A or B by the US Preventive Services Task Force (USPSTF) must be covered by insurance plans at no cost to the insured, NIDA noted. USPSTF reports identify areas that need fur- ther evidence, but, until recently, the reports were silent on which areas must be addressed for an A or B grade (vs which were nones- sential). In 2023, the USPSTF provided more targeted guidance for changing the grading for dental health screening.6 Similar guidance for screening for harmful substance use or SUDs would facili- tate translating prevention research into practice. Continued dia- logue between the USPSTF and private and public research funders may help further standardize guidance for grading and prioritize re- search efforts by funders and investigators.

The USPSTF focuses on interventions delivered in primary care or for which primary care providers can offer their patients referrals, but is silent on other areas of prevention, suggesting the need to find ways to identify and procure EBPIs in other settings. But the USPSTF has no enforcement authority.

"Several registries, such as the California Evidence-Based Clearinghouse for Child Welfare, have sought to systematically identify interventions in areas beyond primary care, including for SUDs that meet the criteria for EBPIs," the authors write. "Unfortunately, lack of uniformity in the criteria used to assess whether interventions qualify as EBPIs limits the credibility and influence of these registries. Partly as a result, most states do not allocate their prevention funds in accordance with the registries' recommendations. In the absence of federal legislation, collaboration between researchers and public health officials may offer the best path toward consensus on criteria that are acceptable to a broad range of jurisdictions and constitute the basis of policymakers' decisions. Yet this is an area of utmost potential,

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FROM THE FIELD

We Need Health Warning Labels on Marijuana and THC Drug Products

By Kevin Sabet, Ph.D. and Robert S. Weiner

More young people are experimenting with marijuana and THC drugs, like cigarettes at a time not so long ago. It is true that youth were using marijuana way back when too, but today's marijuana isn't your grandpa's 1-3% THC Woodstock Weed. It boasts on average 18-23% THC in flower and can be 99% THC potent in concentrates, dabs, and vapes. The famous Acapulco Gold in the 80's peaked at 23% THC content, one of that era's strongest strains.

Like avid cigarette smokers back in the day, today's marijuana users are regularly fed blatant lies about the drug's innocuous nature, even that it can be medicine. In reality, there are a number of negative health effects from marijuana use and, for what it's worth, its status as an all-purpose medicine is not reinforced by science and is being actively called into question.

But teens and young people don't check misinformation about marijuana with SAMHSA or Mayo Clinic before they light up. Instead, they marvel at the packaging and colorful shapes and take their cues from pop culture and celebrity endorsements. The visuals were a great complement to what they heard from marijuana from their friends: it wasn't bad for you and could even help. All in all, to smoke was a no-brainer—cigarettes back then, marijuana now.

What made cigarettes "back then," however, was that the facts on the harms of smoking were overlaid upon the over-the-top packaging. Health warning labels, a global success story, were the kryptonite of the tobacco industry. Big Tobacco shelled out hundreds of millions to fight the intrusion of truth onto their products.

Big Tobacco has lost this fight, it's apparent to anyone who goes into a gas station that sells cigarettes or walks past a duty-free shop in an airport. The Surgeon General's warning is no longer fine print on the back of the carton, it's front and center. It's working, as research shows that tobacco warning labels can help people quit.

Tobacco companies have invested heavily in marijuana, so it's no surprise their marketing tactics are identical: ignore the risks, promote the allure. Both the tobacco and marijuana industry have an "addiction-for-profit" business model. Once a customer is hooked, that's all there is to it; the biology of addiction will do the work from there.

This is why health warning labels are so important in reigning these industries in: they offer the prospective or casual user the opportunity to think twice while they can.

Health warning labels should be placed on marijuana products too because they were so successful with tobacco products. Everyone deserves to know what they're getting into. According to Stanford and Harvard studies, drug treatment and hospital emergency room cases have increased by 30% or more in states that have legalized decriminalized either recreational or medical marijuana.

Marijuana and THC drug products need hard-hitting labels to prevent people, especially impressionable youth, from falling into the drug's hold.

Every marijuana-derived or THC-containing product label should have two components. The potency of Delta-9 THC—the cannabinoid in marijuana that produces a high, and then a primer on the negative impacts of marijuana: psychosis, impaired driving, addiction, suicidality, uncontrollable vomiting (cannabis hyperemesis syndrome). Warning labels should also alert potential harm to fetuses/not to be used by pregnant women, should explicitly say this is not to be used by breastfeeding women, can be harmful to pets, and include a disclaimer that marijuana is not approved by the FDA to treat or cure any disease or condition.

The higher the THC potency, the greater the risk of negative health impacts and addiction, especially for young people. More frequent use compounds these consequences. Any product that contains more than 10% THC should be labeled as "High Potency" and warrants its own disclosures about the risks of using high-potency THC. It is imperative the customer makes the connection.

Finally, all marijuana outlets—medical or retail—should be required to display posters visible to all patrons with these health warnings.

Warning labels have proven to be effective for tobacco and these principles should be applied to marijuana. If Big Marijuana is going to recycle the playbook of Big Tobacco, then we must treat them like Big Tobacco.

Tobacco companies don't voluntarily disclose the risks of cigarette use. The US government has compelled them to do so. We must take a similar, but more proactive approach with marijuana and THC drug companies, for the good of our families and communities. •

Dr. Kevin Sabet was a White House drug policy advisor to Presidents Obama, Bush and Clinton. Robert S. Weiner was the Director of Public Affairs for the Office of National Drug Control Policy under President Clinton and earlier was Communications Director of the U.S. House Select Committee on Narcotics Abuse.

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as increasing access to larger datasets is necessary for future artificial intelligence research to help model and inform prevention interventions for optimal outcomes. For example, taking advantage of data from the Adolescent Brain Cognitive Development (ABCD) study, researchers were able to show that the negative effects in psychopathology and brain development for children from low- income families living in states with a high cost of living compared with those living in states with a low cost of living were attenuated by antipoverty policies that offered cash support to economically disadvantaged families. Although the study did not rely on artificial intelligence, one can foresee how its use in the future will help integrate additional variables that influence an individual's unique responses (eg, genetics, culture, religion, family support)."

ABCD study

It's also important to understand the many mechanisms of action of interventions, the authors wrote. This includes biological, psychological, and social mechanisms, to help refine current interventions and develop new ones.

Promoting its own program, the ABCD study, NIDA said that this research already lays the groundwork. The ABCD study is a 10 year longitudinal study of almost 12,000 children. The study collects information on brain imaging, genetics, and clinical and environmental variables. It has already deepened our understanding of brain and psychological development and how various risk factors, including social determinants of health, contribute to the development of SUDs.

The Healthy Brain and Child Development study recently started collecting similar data on children from birth to ages 9 to 10 years.

"Increasing the role of prevention is critical in addressing the overdose epidemic and other health, personal, and societal consequences associated with drugs and SUDs," the authors concluded. "Creating a sustainable prevention infrastructure; developing new preventive interventions; establishing a systematic approach to assess their safety, efficacy, and sustainability; and understanding the mechanisms that underlie their efficacy could transform our approaches for SUD prevention and help improve health and well-being overall among individuals and populations." •

NY passes peer corrections law

Last month the York State Senate passed the Peer Reentry and Recovery Act. This bill, by removing blanket restrictions on certified peers providing recovery and support services inside correctional facilities, will help address workforce shortages and enhance treatment.

"When we talk about recovery and second chances, we are talking about hope — and hope needs a voice inside our jails and prisons," said New York State Senator Nathalia Fernandez. "The Peer Reentry and Recovery Act tears down old barriers and lifts up those who know the road from incarceration to reintegration because they've walked it themselves. This bill says we believe in redemption, we believe in recovery, and we believe in building a stronger, more compassionate community for all."

"For decades, blanket exclusions have kept people with prior justice involvement from providing support services to people in our state correctional facilities as well as local jails," said Megan French-Marcelin, Senior Director of NYS Policy at the Legal Action Center. "These policies, based only on stigma and wrongheaded assumptions, have stymied jails and prisons from developing programs to effectively help incarcerated people struggling with mental illness and/or substance disorder, and those preparing to return to community. Evidence clearly shows that peers help promote long-term adherence to treatment and recovery by building bonds of trust with incarcerated individuals and providing examples of success. Passage of the Peer Reentry and Recovery Act signals a small but significant shift in our collective thinking by acknowledging that to decarcerate and keep people from going back into correctional custody, we must engage in proven, sustainable solutions, including involving certified peer advocates with lived experience."

"The Peer Reentry and Recovery bill is the first step to removing barriers to life-saving peer services to people in correctional facilities," said Ben Deeb, Center Staff Supervisor at Healing Springs Recovery and Community Outreach Center. "Individuals who have lived experience with the carceral setting understand what would have been helpful to them for successful integration. We can cultivate hope for people who are still incarcerated with examples of how we were able to overcome all the barriers encountered and how, even with those barriers, we have maintained recovery."

"The Peer Reentry and Recovery Act allows certified peer recovery advocates—all of whom have lived experience with incarceration and substance use—to assist individuals in jails and prisons as they prepare to reintegrate into their communities," said Chris Assini, Director of Policy at Friends of Recovery-New York. "These advocates are essential in building trust, supporting recovery, and guiding individuals through one of the most challenging transitions of their lives. Studies have unambiguously demonstrated the effectiveness of peer services, showing that individuals who engage with peer support consistently

experience better outcomes, fostered by real-world examples of success. By eliminating outdated, punitive policies that prevent those with lived experience from performing this crucial work in correctional settings, the Peer Reentry and Recovery Act advances an evidence-based, person-centered approach to rehabilitation and long-term reentry success. We look forward to the Governor's signature on this transformative legislation."

"Peer support is at the heart of our work. From the moment someone enters the court system, we connect them with peer staff—people with similar backgrounds and experiences who can offer real understanding and support," said Nadia Chait, Senior Director of Policy & Advocacy at CASES. "Across all of our programs, certified peers and credible messengers help participants meet court requirements, access mental health care, and move forward with their lives. People who are incarcerated deserve the same access to peer support. The passage of the Peer Reentry and Recovery Act will help make that a reality."

The bill awaits Governor Hochul's signature. •

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principal of Bold North Recovery. "By this time last year, I had four contracts with organizations to do peer specialist training. Today I have none," Anderson told *ADAW*. "People are too scared to spend the money."

Anderson considers himself highly engaged in the political process, but admits that the dizzying pace of official and rumored developments in the federal budget process is making it difficult for him to know what's really happening. So one can imagine what organizations on the front lines of offering housing and job assistance and other recovery supports to the most vulnerable populations must be experiencing.

One of the more tangible developments amid the chaos nationally involves the announced dismantling of the Substance Abuse and Mental Health Services Administration (SAMHSA), a move seen as potentially crippling to recovery support organizations (see https://doi.org/10.1002/adaw.34474).

"SAMHSA has been a huge ally for recovery communities and peer support, such as by issuing guidelines for what peer services are," Anderson said. With peer support services being a newer reimbursable service in many communities, there remains significant fear that momentum will be lost.

Concern brewing for some time

What makes the current environment all the more challenging is the fact that concerns about losing ground were affecting the recovery community well before the arrival of the second Trump administration, Stauffer said. He said the anxiety traces back to governments' earliest responses to the opioid overdose crisis.

"With the opioid epidemic came a lot of money. With the money came a lot of people who were interested in money," Stauffer said. As a result, he said, the interests of organizations offering the services that help individuals regain their connection to the community often gave way to organizations that could impress funders with flashy marketing campaigns.

"Their proposals looked good, but didn't necessarily build our infrastructure," Stauffer said. "Our infrastructure was not in great shape, and we didn't invest in efforts supporting treatment and long-term recovery."

"There is a lot of anxiety around personal job security and relatedly being able to achieve the larger mission to help the millions of individuals and their families who depend on this addiction-specific public health infrastructure."

John F. Kelly, Ph.D.

'Scrambling for dollars'

Now, with recovery community organizations seeing a major restructuring of the federal agency that has served as their main source of support, "They are scrambling for dollars, in limited spaces," Stauffer said.

There remains a sense that in austere times, recovery-focused initiatives will bear a disproportionate share of the hurt vis-a-vis primary treatment, criminal justice and other priorities.

"It is possible that recovery support services may be more dependent on government funding with less safety net than the formal treatment system, which may have other potential ways of pivoting and adapting in the face of cuts, but it's hard to know how things will come down," John F. Kelly, Ph.D., the Elizabeth R. Spallin Professor of Psychiatry at Harvard Medical School and director of the Recovery Research Institute at Massachusetts General Hospital, told *ADAW*.

In both the treatment and recovery support communities, Kelly said, "There is a lot of anxiety around personal job security and relatedly being able to achieve the larger mission to help the millions of individuals and their families who depend on this addiction-specific public health infrastructure."

States might not pick up slack

In many cases, it likely won't be possible for recovery support organizations to look to their state

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governments to offset any damage caused by federal funding cuts. Anderson's home state of Minnesota offers a stark example.

He explained that back in 2023, state legislators could boast of having a state budget surplus exceeding $17 billion (yes, billion with a b). There'd be no way to allocate that kind of money very quickly and turn that surplus into a deficit, right? Wrong.

Anderson said the state is now eyeing the possibility of a $6 billion deficit for the biennium that will start in 2028. "They've got to start planning for that now," he said.

This already has added uncertainty to several current initiatives, including state legislation now under consideration to increase provider reimbursement rates affecting both treatment and recovery support services. Moreover, "If Medicaid gets cut, this is pointless," Anderson said of the proposed rate increases.

He said several colleagues in recovery support organizations in Minnesota are hesitant to move forward with initiatives. "What if they release the money and have it taken back?" he said. Some of the organizations work either in rural communiyies where they are the sole provider of recovery support services or in inner-city environments serving individuals in areas with the highest overdose rates, he said.

Holding on to hope

Stauffer wants to remind colleagues that the history of the movement is not linear and that recovery advocates have experienced and overcome downturns in the past.

In a Recovery Review posted last month, Stauffer referenced the life work of field historian William White and wrote, "As retrograde is nearly inevitable, so in turn is the rebirth of community-driven, ground-up processes that restore a focus on recovery transmission which shall rise again."

The antithesis of that is what appears to be a re-emergence of paternalistic, pathology-oriented approaches at present, recovery advocates warn (the "retrograde" that Stauffer references). Anderson suggests this is becoming apparent in some of the voices that appear to have the Trump administration's ear, such as those calling for the broadest approach to enforcing drug-induced homicide laws.

Anderson fears that the direction of drug policy could be moving back toward the kind of Draconian drug laws that dominated the War on Drugs era.

While acknowledging that some recovery support initiatives might not survive in the current environment and it is too soon to know how many could be affected, Stauffer also wants colleagues to know that the recovery movement survived similar circumstances in other difficult periods, such as in the early 1990s.

"These are not hopeful times, but we do not want people to lose hope," Stauffer said. •

Coming up...

The **National Association of Addiction Treatment Providers** (NAATP) National Conference will be held **May 18-20, 2025** in Seattle, Washington. For more information, go to **https://www.naatp.org/events/national-addiction-leadership-conference/naatp-national-2025**

The annual meeting of the **American Psychiatric Association** will be held **May 17-21 2025** in Los Angeles. For more information, go to **https://www.psychiatry.org/psychiatrists/meetings/annual-meeting**

The **CPDD annual meeting** will be held **June 14-18** in New Orleans. For more information, go to **https://cpdd.org/meetings/current-meeting/**

A joint **RSA/CPDD program** on polysubstance use will be held **June 19-20** in New Orleans. For more information, go to **https://smr.plnk.co/?page_id=1419**

The **RSA annual meeting** will be held **June 21-25** in New Orleans. For more information, go to **https://researchsocietyonalcohol.org/2025-meeting/**

In case you haven't heard...

The federal government released its "skinny budget" on May 2. Here's what it says about the Substance Abuse and Mental Health Services Administration (SAMHSA), which is cut by more than $1 billion from the FY 2025 budget. "This Administration is committed to combatting the scourge of deadly drugs that have ravaged American communities. Unfortunately, under the previous administration, SAMHSA grants were used to fund dangerous activities billed as "harm reduction," which included funding "safe smoking kits and supplies" and "syringes" for drug users. The Budget proposes to refocus activities that were formerly part of SAMHSA and reduces waste by eliminating inefficient funding for the Mental Health Programs of Regional and National Significance, Substance Use Prevention Programs of Regional and National Significance, and the Substance Use Treatment Programs of Regional and National Significance. These programs either duplicate other Federal spending or are too small to have a national impact. These eliminations also promote federalism as these services are also supported by mental health and substance use disorder block grant funding. The Budget maintains $5.7 billion for activities that were formerly part of SAMHSA." The SAMHSA budget was $8.1 billion for FY 2025. •