

Joint Statement Opposing SAMHSA Cuts and Any Harmful HHS Restructuring

April 15, 2025

Eighty leading stakeholder groups join together to oppose recent funding and staffing cuts to the U.S. Department of Health and Human Services (HHS)'s Substance Abuse and Mental Health Services Administration (SAMHSA) and any HHS restructuring that weakens the community infrastructure of substance use and mental health services and supports.

As organizations working to strengthen access to life-saving substance use and mental health services, medications, and supports, we oppose the recent program funding rescissions and staffing cuts at the U.S. Department of Health and Human Services (HHS)'s Substance Abuse and Mental Health Services Administration (SAMHSA), the only federal agency specifically charged with addressing the needs of the millions of people in this country with substance use and mental health conditions. We also oppose any restructuring of HHS that could lead to additional weakening of the infrastructure of critical substance use and mental health services, and/or that harms the broader community infrastructure of health services and supports for people with disabilities, older adults, and people living with HIV/AIDS and other chronic diseases. HHS's activities touch the lives of virtually all Americans, playing a critical role in helping people throughout the country access the care they need to get and stay well, and these deep cuts leave us deeply concerned about how this vital work can continue.

Recent action to rescind \$1 billion in appropriated SAMHSA funds slated for critical activities to stem the overdose crisis and the reported 50% reduction in the agency's workforce threatens the vital infrastructure that supports substance use prevention, treatment and recovery, overdose prevention and other harm reduction strategies, as well as mental health services and supports throughout the country. Also under threat is the agency's capacity to continue critical data collection and development of important resources that help individuals and their loved ones find and receive appropriate care, inform best practices for providers and communities, and facilitate much needed research. Reducing funding and staffing at the federal level will no doubt trickle down to states and localities, resulting in likely program closures, layoffs, and a weakened network of community-based services nationwide. In turn, access to essential care, medications, and supports that help millions of children, adults, and families could be severely restricted. They will likewise make it extraordinarily difficult to sustain recent, hard-earned reductions in the national overdose death rate and will place people whose rates of overdose continue to increase at even greater risk.

Furthermore, the proposed restructuring of HHS, including the elimination of critical offices and regional resources, threatens to dilute other essential programs and erode the Department's ability to respond effectively to substance use and mental health challenges. The loss of experienced federal employees and experts will diminish the quality of research, data collection, guidance, and support available to states and localities and will disrupt the synergy within HHS and its capacity to meet the needs of vulnerable communities. These cuts will disproportionately affect already underserved populations exacerbating existing health disparities. As the Administration considers all of these potential changes to statutorily authorized agencies, programs, and personnel, we instead encourage use of a thoughtful, deliberative process with Congress and stakeholders to first examine the potential impact.

The Public Health Emergency, originally declared during President Trump's first term and extended this past March, remains a crucial framework for addressing the overdose crisis. The recently released White House Office of National Drug Control Policy Statement of Drug Policy Principles states that, "we must acknowledge the complexity of substance use disorder and addiction" and that what our nation is experiencing requires "a comprehensive approach that emphasizes drug use prevention and increases access to recovery and overdose prevention and reversal services." We agree with this statement. Yet sweeping staffing reductions and funding rescissions will no doubt threaten access to lifesaving substance use disorder care.

As our nation grapples with the continuing opioid Public Health Emergency and rising mental health needs, the lives of millions of Americans continue to be at stake. We urge the Administration to reverse these funding, programmatic, and staffing cuts and ensure all Americans can access the care they need to live healthy, safe, fulfilling lives.

Organizational signatories

AATOD

Ad Hoc Committee to Protect Public Mental Health

Addiction Policy Forum

Addiction Professionals of North Carolina

AEM Associates (Minnesota)

The American Academy of Child and Adolescent Psychiatry

American Association for Community Psychiatry

American Association on Health and Disability

American Public Health Association

Bazelon Center for Mental Health Law

Bridges International

CADCA

California Association of Alcohol and Drug Program Executives (CAADPE)

California Consortium of Addiction Programs and Professionals

Campaign for Trauma Informed Policy and Practice

Climate Psychiatry Alliance

Coalition of Louisiana Addiction Service & Prevention Providers

The Collaborative for Effective Prescription Opioid Policies (CEPOP)

The College for Behavioral Health Leadership

College on Problems of Drug Dependence

Columbiana County Mental Health and Recovery Services Board (Ohio)

Community Catalyst

Drug & Alcohol Service Providers Organization of Pennsylvania

The Educational Alliance, Inc. (NY)

Entertainment Industries Council

Faces and Voices of Recovery

Foundation for Drug Policy Solutions

Friends of NIDA

Girls Inc. of Boston and Lynn

HIV Medicine Association

IC&RC

Impact MN

Imperial Beach Community Clinic (San Diego)

Institute for Behavior and Health, Inc.

International Society of Psychiatric Mental Health Nurses

Jamie Daniels Foundation

Lakeshore Foundation

League of United Latin American Citizens

Legal Action Center

Maryland Association for the Treatment of Opioid Dependence (MATOD)

Massachusetts Alcohol Policy Coalition

Medicare Rights Center

Mental Health America

NAADAC, the Association for Addiction Professionals

National Alliance on Mental Illness

National Asian American Pacific Islander Mental Health Association (NAAPIMHA)

National Association of Addiction Treatment Providers

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)

National Association for Rural Mental Health (NARMH)

National Behavioral Health Association of Providers

National Council for Mental Wellbeing

National Empowerment Center

National Health Law Program

National HIRE Network

NCADD Maryland

New Alternatives (NYC)

New Pride Agenda (New York)

The NYC Justice Peer Initiative

Ocean Pearl Healing, Inc.

Odyssey House Louisiana

Outreach Development Corporation (New York)

Overdose Prevention Initiative

PA Recovery Organizations Alliance

Partnership to End Addiction

People USA

Recover Alaska

SAFE Coalition, INC (Massachusetts)

Samaritan Daytop Village, Inc (New York)

The Sibling Leadership Network

Song for Charlie

Student Assistance Services Corporation (New York)

Tarzana Treatment Centers Inc

TASC, Inc. (Treatment Alternatives for Safe Communities)

Thrive Peer Recovery Services

Town of Needham - Public Health Division

Treatment Communities of America

Treatment Trends, Inc (Allentown, PA)

WestCare Foundation

Young People in Recovery

Zero Overdose

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