



National Institute on Alcohol
Abuse and Alcoholism

**NIAAA DIRECTOR'S REPORT
ON INSTITUTE ACTIVITIES TO THE 171ST MEETING
OF THE NATIONAL ADVISORY COUNCIL ON
ALCOHOL ABUSE AND ALCOHOLISM**

Thursday, February 5th, 2026

Virtual Meeting

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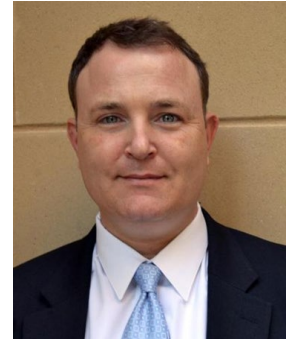
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IN MEMORIAM

Aaron M. White, Ph.D., was an invaluable member of senior leadership at NIAAA. He passed away on November 18, 2025. As the Senior Advisor to the NIAAA Director and Acting Director of the Epidemiology and Biometry Branch, Dr. White contributed substantially to NIAAA and to the field of alcohol research. In these roles, he helped translate emerging research into accessible, evidence-based guidance for clinicians, educators, policymakers, and the public. He joined NIAAA as a program officer in the Division of Epidemiology and Prevention Research in 2008 before transitioning to the NIAAA Office of the Director in 2015.



Dr. White was intellectually curious and his ability to synthesize information and disseminate it to a broad range of audiences – from scientists to middle-school students - was unparalleled. His curiosity spawned data analyses and publications that revealed opportunities to improve public health and helped define NIAAA's research priorities. He also authored books on the developing teen brain and how that influences behavior as well as a book on the human immune system.

Dr. White's humor, integrity, and joy of science was contagious, and his generosity of spirit, intellect, and friendship were felt across NIAAA and beyond. We will miss him not just as a talented colleague, but as a friend as well.

NIAAA BUDGET

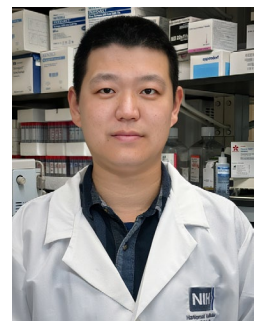
Fiscal Year (FY) 2026

Congress approved the FY 2026 Labor, HHS, Education Appropriations Bill on February 3, 2026. The FY 2026 level for NIAAA is \$595.3 million. This represents a flat budget compared to the FY 2025 budget level.

STAFF TRANSITIONS

New Staff

Guangyu Liu, Ph.D. - Visiting Fellow Laboratory of Cardiovascular Physiology & Tissue Injury (LCPTI), Division of Intramural Clinical and Biological Research (DICBR), National Institute on Alcohol Abuse and Alcoholism (NIAAA) will be studying the effects of alcohol consumption on bone physiology. He will be learning various biochemistry, molecular biology, histopathology, and imaging methods. This research will continue to focus on understanding the mechanisms of tissue injury in different organs and exploring aspects of alcohol metabolism.



Leyla Brucar, Ph.D. – Post-Doctoral Visiting Fellow in the Laboratory of Neuroimaging (LNI), Division of Intramural Clinical and Biological Research (DICBR), National Institute on Alcohol Abuse and Alcoholism (NIAAA). Dr. Leyla Brucar will help develop and administer neuropsychological tests with the LNI lab chief; ensure subjects screening and psychological test records are formatted consistent with the protocols; maintain awareness of the state of relevant scientific disciplines through review of the literature, attend scientific meetings, and discussions with other scientists; analyze, evaluate multimodal imaging data and interpret scientific and clinical data; i.e. EEG, psychological tests; and publish research results.



New Post-Baccalaureate Intramural Research Training Award (IRTA) Fellows:

Roxy Alam - Laboratory of Human Psychopharmacology (LHP)

Isabella Andaluz – Section on Fibrotic Disorders (SFD)

Jared Balsz – Section on Medicinal Chemistry (SMC)

Niall Dermady – Laboratory of Behavioral and Genomic Neuroscience (LBGN)

Se Rin Lee – Office of the Clinical Director (OCD)

Makenna Luba – Laboratory of Human Psychopharmacology (LHP)

Joshua Pham - Sections of Sensory Science and Metabolism (SSM)

Sierra Putney – Sections of Sensory Science and Metabolism (SSM)

Muhammad Shah – Section on Synaptic Pharmacology (SMP)

Departures

Retirements:

Hee Young Kim, Ph.D. – Dr. Hee-Yong Kim, former Chief of the Laboratory of Molecular Signaling, Division of Intramural Clinical and Biological Research (DICBR), retired on January 10, 2026 after more than 38 years at NIAAA. Dr. Kim was a tenured investigator who served as Chief of the Section of Mass Spectrometry from 1992-2006 before her appointment as Laboratory Chief. Dr. Kim received her undergraduate education at the prestigious Seoul National University in the Republic of Korea and earned a Ph.D. in Chemistry from the University of Houston. She initially specialized in measurement of biomolecules using Mass Spectrometry and became a world-leading expert in lipid and fatty acid measurement using this technique. Dr. Kim developed techniques for measuring omega-3-fatty acids that were instrumental in determining the role of these lipid derivatives in brain development, and the neural effects of aging and alcohol. Over the last 14 years of her career, Dr. Kim discovered and researched synaptamide, an omega-3 fatty acid that stimulates receptor-mediated neurotrophic effects. Compounds targeting the synaptamide receptor are currently in development for clinical use in collaboration with the National Center for Advancing Translational Sciences.

Abdolreza Momenan, Ph.D. – Dr. Reza Momenan led NIAAA's intramural neuroimaging/neuropsychology core within the Office of the Clinical Director for some fifteen years. In that capacity Reza was key to multiple human research protocols, the success of NIAAA Principal Investigators and the training of NIAAA Fellows in neuroimaging. His own research shed light on the effects of Alcohol Use Disorder to cause partly reversible losses of brain volume and changes in functional connectivity.

Denise Gates Nee – Computer Scientist in the Information Technology Branch (ITB) retired after 33 years of Federal Service. Denise designed and maintained data systems for scientific and clinical research for multiple NIAAA laboratories.

Wenjun Ruan – A Survey Statistician with the Epidemiology and Biometry Branch (EBB) retired after 22.5 years of Federal Service.

Ranga Srinivas, Ph.D. – Dr. RV Srinivas retired from his position as the Chief of NIAAA's Extramural Projects Review Branch after 26 years of Federal Service with the last 16 years spent at NIAAA. He came to NIAAA from the Center for Scientific Review (CSR) where he served nearly for ten years as the Chief of AIDS and Related Research IRG. RV has been responsible for the oversight and conduct of extramural grant and contract reviews and the management of chartered initial review groups and special emphasis panels. He also served as the Acting Executive Secretary of NIAAA's Advisory Council for FY 2024 after the retirement of Dr. Abe Bautista until the appointment of Dr. Philippe Marmillot as the OEA Director.

Keming Xiong – A Biologist in the Laboratory of Physiologic Studies (LPS), Division of Intramural Clinical and Biological Research (DICBR), National Institute on Alcohol Abuse and Alcoholism (NIAAA) retired after 25 years of Federal Service.

Departing Postdoctoral Fellows:

Cheng Chen, Ph.D. – Post-Doctoral Visiting Fellow in the Laboratory of Liver Diseases (LLD), Division of Intramural Clinical and Biological Research (DICBR), National Institute on Alcohol Abuse and Alcoholism (NIAAA) departed the after three years in LLD. Moving forward, Dr. Chen would like to continue to study the molecular mechanisms underlying alcohol induced liver damage and drug induced liver damage.

Maloba Mabanyi Mesembe Lobe, Ph.D. – Dr. Maloba M. M Lobe joined SMC-NIAAA as an African Postdoctoral Trainee Initiative (APTI) fellow in 2023. She has transitioned from her postdoctoral visiting Fellow position at NIAAA in Nov 2025 to head her independent Chemical Synthesis Lab at University of Buea Center for Drug Discovery in Cameroon. She will be funded by the African Academy of Sciences and the Gates Foundation.

Departing Postbaccalaureate IRTAs:

Jocelyn Allen – Section on Medicinal Chemistry (SMC)

Osman Belal – Laboratory for Neuroimaging (LNI)

Jessica Goldschlager – Section on Sensory Science and Metabolism (SSM)

Chloe Merino – Section on Neural Circuits (SNC)

Heidi Meyer – Office of the Clinical Director (OCD)

Sophie Mosley – Laboratory of Behavioral and Genomic Neuroscience (LBGN)

Shanze Sadiq - Laboratory of Behavioral and Genomic Neuroscience (LBGN)

Melissa Wilson - Laboratory of Behavioral and Genomic Neuroscience (LBGN)

RECENTLY ISSUED FUNDING OPPORTUNITIES

NOTE: Notices of Funding Opportunity (NOFO) Highlighted Topics (HTs) with NIAAA participation (from August 23rd, 2025 to December 31st, 2025).

NIH-WIDE NOFOS WITH NIAAA PARTICIPATION

Stephen I. Katz Early-Stage Investigator Research Project Grant (R01 Clinical Trial Not Allowed), [PAR-25-322](#).

Opportunities for Collaborative Research at the NIH Clinical Center (U01 Clinical Trial Optional), [PAR-26-116](#).

NIH-WIDE HTs WITH NIAAA PARTICIPATION

Research on the Transition from Pediatric to Adult Health Care

Lead ICO: NICHD

This topic encourages applications aimed at linking HCT practices to improved health and well-being outcomes for CYSHCN. Priority areas for this topic are guided by the 2020 NIH workshop: "Navigating Pediatric to Adult Health Care: Lost in Transition."

Sleep, Circadian Rhythms, and Substance Use Disorders

Lead ICO: NIDA

The purpose of this topic is to delineate the biological mechanisms that underlie the relationship between sleep/circadian rhythms and substance use disorders (SUDs).

BRAIN Initiative: Data Knowledgebase Ecosystem and NeuroAI Integration

Lead ICO: NINDS

The Initiative seeks applications for an interconnected set of Knowledgebase projects including a data commons that will federate currently established BRAIN data repositories into a unified framework.

Implementation Science to Optimize HIV Prevention and Treatment

Lead ICO: OAR

This topic encourages implementation research to advance innovative strategies to deliver biomedical prevention and treatment options toward ending the HIV epidemic.

NIAAA DIRECTOR'S ACTIVITIES

NIAAA Director **George F. Koob, Ph.D.**, gave the following presentations between August 1 - December 31, 2025:

- “Neurobiology of Negative Reinforcement as a Driving Force in Alcohol Addiction” at the European Society for Biomedical Research on Alcoholism (ESBRA) Conference in Brussels, Belgium on September 6, 2025.
- “Opening Remarks” introduction for the ABCD Insights & Innovations Meeting (AIIM) in Bethesda, MD on September 22, 2025.
- “NIDA, NIAAA, NCI Directors Address” introduction for the Adolescent Brain Cognitive Development (ABCD) Study 2025 Annual Meeting in San Diego, CA, on December 2, 2025.

NOTABLE NIAAA STAFF ACTIVITIES

- **Dr. David Lovinger** presented “Alcohol Effects on the Body and Brain and Relationship to Alcohol Use Disorder” at the 2025 Cold Spring Harbor Laboratory course on addiction on August 3, 2025.
- DMHE Program Staff (**Drs. Peter Gao, Kathy Jung, and Joe Wang**) attended the annual in-person Steering Committee meeting of the Alcohol-Associated Hepatitis Network (AlcHepNet), in Indianapolis, IN, on September 29-30, 2025. **Dr. Liz Perruccio** attended virtually. AlcHepNet is currently funded by NIAAA to conduct the “Integrated Therapies for Alcohol Use in Alcohol-associated Liver Disease Trial (ITAALD)”.

NIAAA RESEARCH HIGHLIGHTS

Greater Neuroimmune System Deficit in Women Than Men With Alcohol Use Disorder

Significance: This study provides systematic, sex-stratified PET evidence that people with mild-to-moderate alcohol use disorder (AUD) have lower brain TSPO levels, a marker of microglia, compared with controls, with a substantially greater deficit in women than in men. Women with AUD showed about 21% lower TSPO availability across cerebellum, hippocampus, striatum, and frontal cortex, and they also exhibited worse executive function, with lower hippocampal and cerebellar TSPO levels trending toward association with more cognitive errors. Peripheral cytokine levels were also generally lower in AUD, suggesting a broader neuroimmune suppression rather than simple hyperinflammation. These findings identify sex-specific neuroimmune vulnerability in AUD and highlight microglia and related pathways as promising, underexplored treatment targets, particularly for women.

Abstract: Women who drink are more vulnerable than men to many of the consequences of alcohol use, including alcohol-related cancers, cardiovascular disease, liver cirrhosis, and

immune system dysfunction. Acute alcohol triggers neuroimmune cells including microglia-the brain's resident immune cells. Excessive activation can contribute to neuronal dysfunction and alcohol-induced neurodegeneration. Women have a greater vulnerability to alcohol-induced neurodegeneration; thus, there is a critical need to examine sex differences in neuroimmune mechanisms that underlie alcohol use disorder (AUD) to inform novel treatment strategies for women. A total of 41 individuals with mild-to-moderate AUD (20 women) and 37 sex-matched control individuals completed a positron emission tomography brain imaging scan with the radiotracer [11C]PBR28, which binds to the 18-kDa TSPO, a microglial marker. Volume of distribution was estimated regionally in the cerebellum, hippocampus, striatum, and frontal cortex as a measure of TSPO availability. Neurocognitive function was also assessed.

Results: People with versus without AUD had significantly lower TSPO availability in all brain regions. Women (but not men) with AUD had significantly lower TSPO availability (average of 21%) in all 4 regions ($p = .022$) compared with sex-matched control participants. Women with versus without AUD performed worse on executive function ($p = .020$). Lower hippocampal ($p = .059$) and cerebellar ($p = .097$) TSPO availability were trendingly related to more errors on the executive function task in women with AUD. This study showed lower TSPO levels in people with mild-to-moderate AUD versus control participants and demonstrated that the deficit was significantly greater in women than men with AUD. This suggests that women with AUD may particularly benefit from novel neuroimmune-modulating treatments for AUD.

Zakariaeiz Y, Hillmer AT, Shi H, Pittman B, Nabulsi N, Huang Y, Bonomi R, Matuskey D, Angarita GA, McKee SA, Cosgrove KP. Greater Neuroimmune System Deficit in Women Than Men With Alcohol Use Disorder. *Biol Psychiatry*. 2026 Jan 1;99(1):49-56. doi: 10.1016/j.biopsych.2025.05.012. Epub 2025 May 22. PMID: 40412787

Population-Level Evidence That Alcohol Brief Interventions Improve Drinking and Blood Pressure Outcomes in Patients With Hypertension and Unhealthy Alcohol Use

Significance: Researchers emulated a pragmatic clinical trial to evaluate the effects of receiving alcohol screening and brief intervention (ASBI) on drinking and blood pressure (BP) outcomes among primary care patients with hypertension and unhealthy alcohol use. At 2 years, they found reductions in drinks/week and heavy drinking days (HDDs). At 5 years, they found continued reductions, albeit smaller ones, in HDDs. These findings provide further evidence of the beneficial effects of ASBI, a low-cost, high-impact intervention.

Abstract: Hypertension is highly prevalent in primary care. Unhealthy alcohol use can impact its management and associated cardiovascular disease risks. Alcohol screening and brief intervention (ASBI) in primary care is effective for early intervention for unhealthy use, yet its effectiveness in heterogeneous populations in real-world settings remains unclear. Using electronic health records, we emulated a pragmatic clinical trial to evaluate the effects of receiving ASBI on drinking and blood pressure (BP) outcomes among primary care patients with hypertension and unhealthy alcohol use. This observational study identified 72,979 patients with hypertension who screened positive for unhealthy drinking between January 1, 2014, and December 31, 2017. We used a target trial framework to compare the effects of receiving ASBI (intervention) to not receiving brief intervention (comparison) on drinking (change in heavy drinking days and drinks/week) and BP outcomes (changes in diastolic and systolic BP) from baseline to 2- and 5-year follow-ups. Treatment effect estimates were obtained using inverse probability-weighted models. At 2 years, the intervention condition had about 0.2 fewer heavy drinking days and about 0.1 fewer drinks/week than the comparison condition. The intervention condition had an additional 0.5 mmHg and 0.7 mmHg decline in diastolic and systolic BP, and

8% and 6% higher odds of having a ≥ 3 mmHg reduction in diastolic and systolic BP, respectively, than the comparison condition. Between-group differences in both outcomes diminished at 5 years. The modest changes in drinking and BP we found contribute to the emerging evidence that brief intervention may benefit broader health outcomes at the population level.

Sterling SA, Palzes VA, Lu Y, Kline-Simon AH, Ross TB, Weisner CM, Elson J, Satre DD, Awsare S, Asyyed A, Rana J, Campbell CI, Metz VE, Chi FW. Population-Level Evidence That Alcohol Brief Interventions Improve Drinking and Blood Pressure Outcomes in Patients With Hypertension and Unhealthy Alcohol Use. *J Stud Alcohol Drugs*. 2026 Jan;87(1):64-74. PMID: [40391462](#)

[New alcohol warnings outperform the current U.S. warning in a national survey experiment](#)

Significance: The study suggests that new warning labels on alcohol—specifically those highlighting cancer, dementia, liver disease, and hypertension—may be more effective at encouraging adults who drink to consume less alcohol and remind them of the harms of alcohol consumption than the current federal warning labels.

Abstract: To identify which topics for alcohol warnings most motivate people to reduce their drinking and best inform them of alcohol's harms. A nationally representative sample US adults ($n=1,036$) aged ≥ 21 years who drink alcohol completed an online survey in September-October 2024. Participants viewed 10 messages (one control message and nine warning messages) in random order. The nine warning messages were the current US warning plus eight new warning topics (e.g., colorectal cancer, dementia). Participants rated each message on the extent to which it encouraged them to drink less alcohol (perceived message effectiveness, 1-5 scale, primary outcome), the extent to which it reminded them of the harms of alcohol consumption (1-5 scale), and whether they learned something new. Compared to control, all nine warning topics were perceived as more effective (range of predicted means: 1.93-2.66 for warnings vs. 1.35 for control, $ps<.001$), better reminded participants of alcohol's harms (range of predicted means: 2.33-3.15 for warnings vs. 1.40 for control, $ps<.001$), and were more likely to help participants learn something new (range of predicted probabilities: 18%-54% for warnings vs. 14% for control, $ps<.05$). All new warning topics except for drinking guidelines were perceived as more effective than the current US warning ($ps<.001$). Among new warning topics, cancer, dementia, liver disease, and hypertension showed the most promise. New alcohol warnings are a promising strategy for informing people and encouraging them to drink less, especially warnings focused on cancer, dementia, liver disease, or hypertension.

Grummon AH, Lee CJY, Campos AD, Lazard AJ, Brewer NT, Whitesell C, Ruggles PR, Greenfield TK, Hall MG. New alcohol warnings outperform the current U.S. warning in a national survey experiment. *J Stud Alcohol Drugs*. 2025 Sep 22;10.15288/jsad.25-00226. doi: 10.15288/jsad.25-00226. Epub ahead of print. PMID: [40981644](#)