

NIAAA Director's Report on Institute Activities to the 171st Meeting of the National Advisory Council on Alcohol Abuse and Alcoholism

**February 5, 2026
VIRTUAL MEETING**

**George F. Koob, Ph.D.
Director**

**National Institute on Alcohol Abuse and Alcoholism
National Institutes of Health**

<https://www.niaaa.nih.gov/about-niaaa/advisory-council>



National Institute
on Alcohol Abuse
and Alcoholism



In Memoriam: Aaron M. White, Ph.D.

Dr. White was an invaluable member of senior leadership at NIAAA. 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.

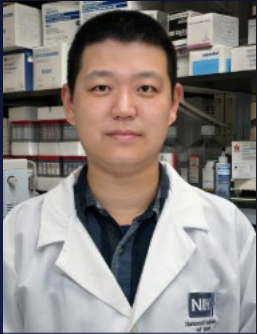


Dr. White was intellectually curious and his ability to synthesize information and disseminate it to a broad range of audiences – from scientists to middle-school students – was unparalleled. His curiosity spawned data analyses and publications that revealed opportunities to improve public health and 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.

Staff Transitions

NEW STAFF



Dr. Guangyu Liu has joined the NIAAA Laboratory of Cardiovascular Physiology & Tissue Injury (LCPTI), Division of Intramural Clinical and Biological Research (DICBR) as a Visiting Fellow. Dr. Liu 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.



Dr. Leyla Brucar has joined the NIAAA Laboratory of Neuroimaging (LNI), Division of Intramural Clinical and Biological Research (DICBR) as a Post-Doctoral Visiting Fellow. Dr. 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.

Staff Transitions

DEPARTURES

Hee Young Kim, Ph.D., former Chief of the Laboratory of Molecular Signaling, Division of Intramural Clinical and Biological Research (DICBR), retired 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. 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 (NCATS).

Abdolreza Momenan, Ph.D., 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.

Staff Transitions

DEPARTURES

Wenjun Ruan, Survey Statistician with the Epidemiology and Biometry Branch (EBB), retired after 22.5 years of federal service.

Ranga Srinivas, Ph.D., 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, 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.

Staff Transitions

DEPARTURES

Cheng Chen, Ph.D., Post-Doctoral Visiting Fellow in the Laboratory of Liver Diseases (LLD), Division of Intramural Clinical and Biological Research (DICBR), NIAAA, departed 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., joined SMC-NIAAA as an African Postdoctoral Trainee Initiative (APTI) fellow in 2023. She has transitioned from a 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.

NIH and Institute Updates

Leveraging Funding Policies (Director's Statement)

Vision: Consistent and unified NIH-wide approach for funding the most meritorious science, addressing health priorities, and supporting a robust biomedical workforce.

Core Tenets of Institutes, Centers and Offices (ICOs) Funding Policies:

- Align with NIH's and ICO's stated mission and strategic priorities.
- Prioritize scientific merit, program relevance and program balance.
- Incorporate the breadth of the ICO's research portfolio and approaches.
- Consider investigator career stage and sustainability of the biomedical research workforce.
- Consider the total amount of NIH funding available to the investigator to promote distribution of funding.
- Align with the availability of funds from the ICO.

Implementing the Unified NIH Funding Strategy to Guide Consistent and Clearer Award Decisions (continued)

Goals:

- **Help guide clearer and consistent funding decisions across all Institutes, Centers and Offices (ICOs)**
- **Strengthen accountability for research NIH supports**
- **Weigh the actual need, opportunity costs, and good stewardship of taxpayer investments**
- **Make NIH's research portfolio more robust**

Effective January 2026 Council round

Nexus Article for Additional Information: <https://grants.nih.gov/news-events/nih-extramural-nexus-news/2025/11/implementing-a-unified-nih-funding-strategy-to-guide-consistent-and-clearer-award-decisions>

Peer Review Remains Important (part of NIH's Unified Funding Strategy)

- **Consider scores and reviewer comments in context of their and NIH's priorities, strategic plans, and budgets**
- **Do not rely on funding paylines in developing pay plans**
- **ICO Directors will continue to have the delegated authority to decide what is funded by their ICOs**

Emergency Modifications to NIH Peer Review

NIH plans to review all applications submitted for the January 2026 Councils and maintain the quality of review.

Effects of Lapse in Appropriations (October/November 2025)

- Over 370 meetings were cancelled
- More than 11,000 reviewers
- More than 24,000 applications

Nexus Article for Additional Information: <https://grants.nih.gov/news-events/nih-extramural-nexus-news/2025/11/emergency-modifications-to-nih-peer-review>

Emergency Modifications to NIH Peer Review

Rationale for rescheduling study sections

- Committed to accomplishing three full rounds of peer review in FY 2026
- Canceling a round of review would be harmful to applicants and the research enterprise
- Maintain high-quality peer review

Nexus Article for Additional Information: <https://grants.nih.gov/news-events/nih-extramural-nexus-news/2025/11/emergency-modifications-to-nih-peer-review>

Emergency Modifications to NIH Peer Review

Emergency Modifications

- Reduce the percentage of applications discussed in most meetings.

Middle third will not be discussed but will still be considered for funding (referred to as “competitive but not discussed”)
- Simplify summary statements
- Release summary statements later in the Council round, and continuing to release scores within three business days of the review meeting

Nexus Article for Additional Information: <https://grants.nih.gov/news-events/nih-extramural-nexus-news/2025/11/emergency-modifications-to-nih-peer-review>

Foreign Subawards/Subproject Structure

New Application and Award Structure for International Collaborations

- Competing applications must be in response to a funding opportunity using a new grant type when requesting NIH funding for one or more foreign components. The NIH Collaborative International Research Project (Parent PF5 Clinical Trial Optional) supports international research collaborations. This opportunity specifically implements an award structure of prime domestic awards with independent foreign awards that are linked to the prime.
- NIH remains committed to supporting international scientific collaboration when it is in the U.S. interest.
- Conducted in a secure, justifiable, and responsible way.

NOT-OD-25-104 (Nexus article for public)

- Continue to fund foreign components, structured as independent subprojects (no subawards)
- This new structure is being implemented to provide accountability to the American public while continuing to enable important foreign collaborations to accelerate scientific discovery and improve the lives of all Americans.
- Aligns with NIH Director's fundamental principles: Maximizing and Safeguarding NIH's Investment in Foreign Collaborations | National Institutes of Health (NIH)

Burden Reduction as a Core Strategy

Core priority in 2025 and moving forward

Modernizing and simplifying policies, balancing innovation, and avoiding added complexity for investigators

NIH's wider strategy to simplify and streamline the application and funding processes

Examples:

- Highlighted Topics help NIH inform the community of priority scientific areas without the need for issuing complex, new funding opportunities (see more here).
- Discontinuing requests for letters of intent prior to submitting grant applications
- Ending requirement for letters requesting permission to apply for budgets $\geq$ \$500,000 in direct costs
- Simplifying how the research community learns about NIH grants and funding processes
- Future Directions: simplifying Data Management and Sharing (DMS) plans and Basic Experimental Studies Involving Humans (BESH)

SBIR and STTR Lapse in Legislative Authority

- **Legislative authority for the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs expired on Oct. 1, 2025.**
- **NIH released NOT-OD-26-006 to provide guidance to the community.**
- **During a lapse in SBIR STTR authorization:**
 - **No active SBIR and STTR Notices of Funding Opportunity (NOFOs), not accepting applications or proposals.**
 - **No new SBIR or STTR awards (grants or contracts).**
 - **No noncompeting continuation awards.**
 - **Active SBIR and STTR grants and contracts can continue.**

Other Notable Changes to NIH Grants Policies

- Authority to terminate award if no longer effectuates program goals or agency priorities
- Implementing Common Forms for Biographical Sketch and Other Support for Due Dates on or after January 25, 2026
- Compliance Requirements for Renegotiated Aims, Objectives, Titles, and Abstracts
- Prior approval requests must be submitted in eRA for all grants/cooperative agreements

Learn more on NIH Grants and Funding Notices of NIH Policy Changes

New Resource: Highlighted Topics

<https://grants.nih.gov/funding/find-a-fit-for-your-research/highlighted-topics>

Highlighted Topics Resource

- Informs the research community about NIH areas of scientific interest.
- Encourages investigator-initiated applications in those topic areas.
- May include new or emerging areas.
- Will expire after 1 year. NIH may extend.
- Help reduce NIH's use of funding opportunities by highlighting a topic instead (as appropriate).

Benefits for Research Community

- Reduce the effort to search and apply for funding opportunities.
- Apply through one of the [NIH Parent Announcements](#) or other broad NIH opportunities at Grants.gov.
- Search topics by keyword and filter by participating NIH Institutes, Centers, or Offices.
- Weekly subscription emails of new topics released
- Check back often for new topics and webpage features.

Learn more in the [August 2025 NIH Extramural Nexus article](#).

NIH-wide Highlighted Topics (HTs) with NIAAA Participation

NIH Highlighted Topics are a curated, centralized resource from the National Institutes of Health (NIH) designed to spotlight specific, high-priority scientific research areas that align with the agency's mission. They act as a guide for researchers to identify, via the NIH website, active areas of interest for potential, investigator-initiated applications.

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.

Prioritizing Human-Based Research

(NIH Extramural Nexus article)

NIH announced it will no longer develop new funding opportunities focused exclusively on animal models of human disease.

New funding opportunities involving animal models will be designed more broadly with language that also encourages consideration of various approaches.

Researchers may propose any model they deem appropriate – including a combination of approaches – to answer a research question.

Goal: accelerate progress, encourage innovation, and ultimately improve the quality and validation of new approach methodologies.

Prioritizing human-based technologies and models, where scientifically valid and justified.

NIH will continue to support grants that use laboratory animal models if scientifically appropriate, justifiable, and with appropriate animal welfare oversight.

Supporting Fairness and Originality in NIH Research Applications (NOT-OD-25-132)

NIH will not consider applications that are either substantially developed by AI, or contain sections substantially developed by AI. Applications should reflect original ideas of applicants.

NIH will only accept six new, renewal, resubmission, or revision applications from an individual PI or MPI for all Council rounds in a calendar year.

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.

FY 2027

The preparation of the FY 2027 President's Budget is underway as of January 2026.

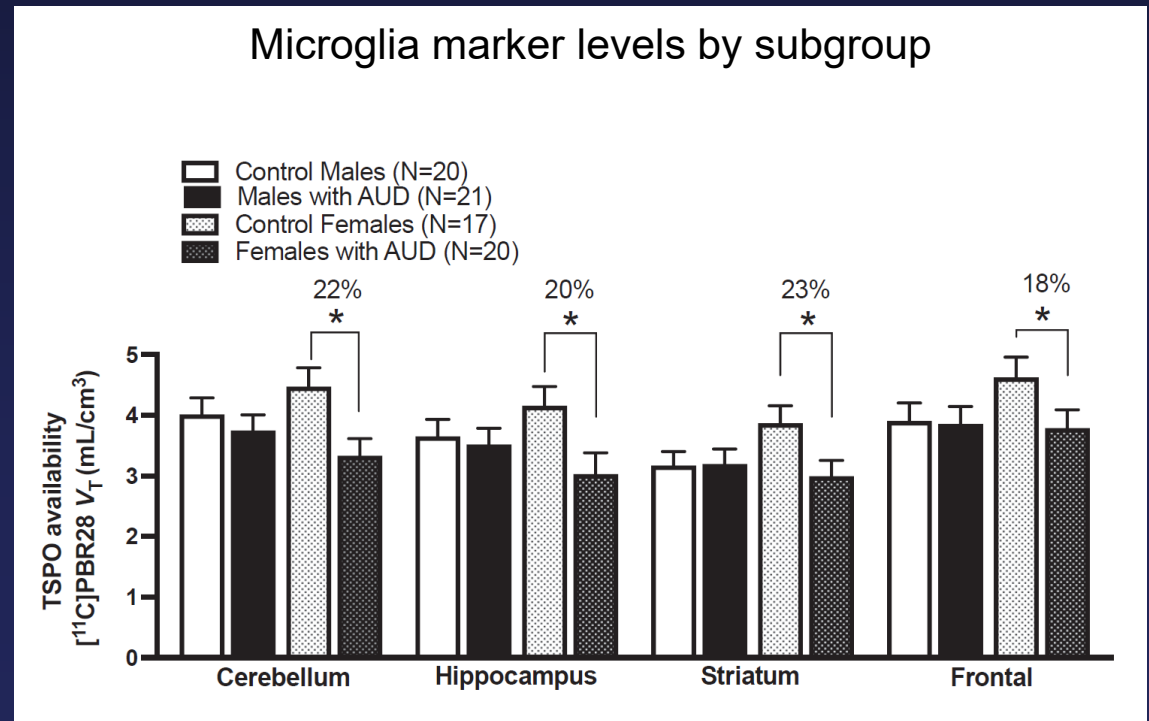
Research Highlights

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

This study provides systematic, sex-stratified positron emission tomography (PET) evidence that people with mild-to-moderate alcohol use disorder (AUD) have lower brain mitochondrial 18 Da Translocator Protein (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.

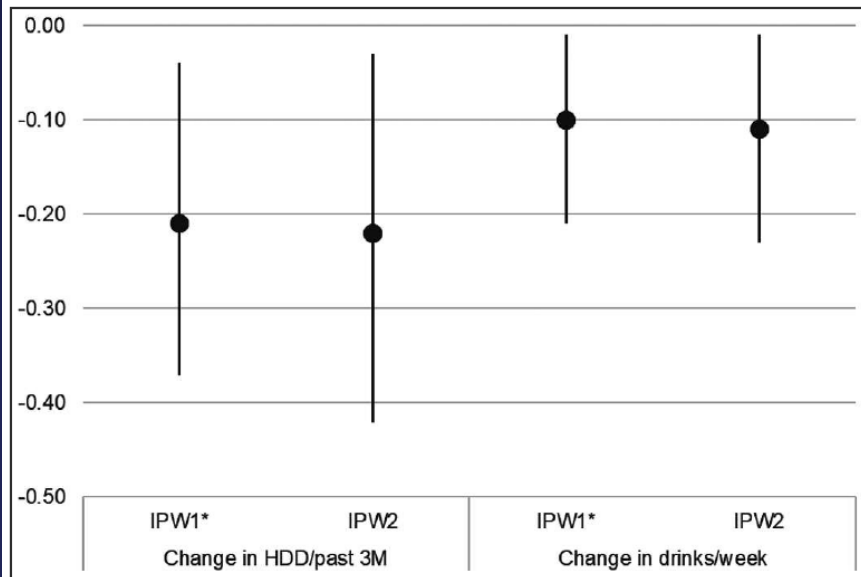
Peripheral cytokine levels were also generally lower in AUD, suggesting a broader neuroimmune suppression rather than simple hyperinflammation. These findings identify sex-specific neuroimmune vulnerability in AUD and highlight microglia and related pathways as promising, underexplored treatment targets, particularly for women.



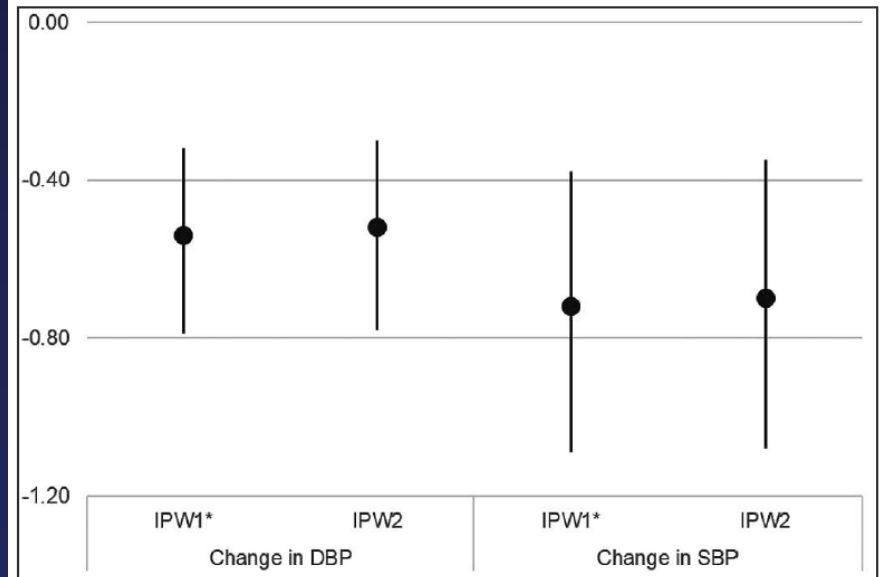
Population-Level Evidence That Alcohol Brief Interventions Improve Drinking and Blood Pressure Outcomes in Patients With Hypertension and Unhealthy Alcohol Use

Using electronic health records, researchers evaluated 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, 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. The modest changes in drinking and BP found contribute to the emerging evidence that brief intervention may benefit broader health outcomes at the population level.

Mean differences in change in heavy drinking days/past 3 months and change in drinks/week at 2-year follow-up, intervention vs comparison group

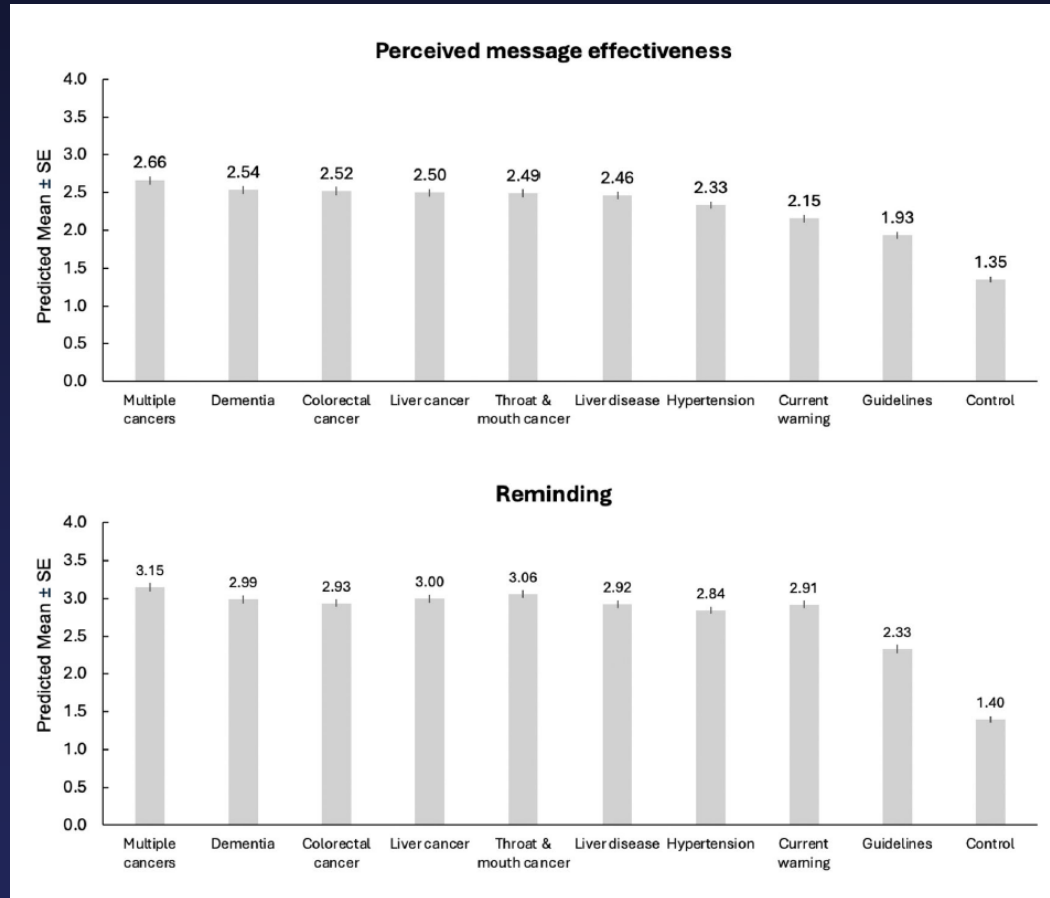


Mean differences in change in diastolic blood pressure (DBP) and systolic blood pressure (SBP) at 2-year follow-up



New alcohol warnings outperform the current U.S. warning in a national survey experiment

Researchers conducted a survey of U.S. adults to identify which topics for alcohol warnings most motivate people to reduce their drinking and best inform them of alcohol's harms.



Among new warning topics, cancer, dementia, liver disease, and hypertension showed the most promise. Participants rated 10 messages [U.S. current warning plus new warning topics (e.g., multiple cancers, dementia, colorectal cancer, liver cancer, throat and mouth cancer, liver disease, hypertension, guidelines), as well as a control message (recycling guidelines)]. All new warning topics except for drinking guidelines were perceived as more effective than the current U.S. warning.

The findings suggest that 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.

GOVERNMENT WARNING: (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.

Reminder of NIAAA Resources

Tools and Resources to Help Researchers, the Public, and Healthcare Professionals

Rethinking Drinking

A resource to help individuals assess their drinking habits and find ways to make a change.



CollegeAIM

A resource on prevention approaches effective in college environments.



Alcohol Treatment Navigator

A resource that helps individuals understand and search for treatment options.



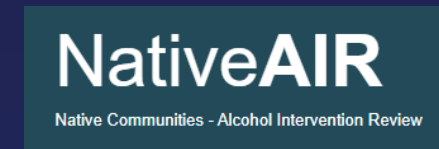
Healthcare Professional's Core Resource

An educational resource that covers the basics of what every healthcare professional needs to know about alcohol.



Native Communities—Alcohol Intervention Review (NativeAIR)

A resource to assist Native leaders, educators, and health professionals identify effective, scientifically evaluated alcohol interventions for their communities.



niaaa.nih.gov

THANK YOU!

NIAAA is your source for credible, evidence-based information about alcohol and health.

Alcohol's Effects on Health

Research-based information on drinking and its impact.

**RETHINKING
DRINKINGSM**
Alcohol & your health

NIAAA ALCOHOL TREATMENT
NAVIGATOR
Pointing the way to evidence-based care

Visit our website
www.niaaa.nih.gov

Special thanks to:

**Erin Bryant
Patricia Powell**

From NIAAA

**THE HEALTHCARE PROFESSIONAL'S
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Native Communities - Alcohol Intervention Review

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