



National Institute on Alcohol
Abuse and Alcoholism

**NIAAA DIRECTOR'S REPORT
ON INSTITUTE ACTIVITIES TO THE 170TH MEETING
OF THE NATIONAL ADVISORY COUNCIL ON
ALCOHOL ABUSE AND ALCOHOLISM**

Thursday, September 4th, 2025

Hybrid Meeting

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NIAAA BUDGET

Fiscal Year (FY) 2025

Under the Continuing Resolution (Public Law 119-4), NIAAA was appropriated \$595.3 million for FY 2025, the same as FY 2024 enacted levels with no reductions. This funding will ensure government operations through September 30, 2025.

FY 2026

The FY 2026 appropriation for NIH and NIAAA has not yet been finalized.

HONORS AND AWARDS

Dr. Paule Joseph was named a 2025 Fellow in the Medicine & Health category by the Guggenheim Foundation. Dr. Joseph is the first Nurse Scientist selected for this award, and the first person from NIAAA to receive this fellowship.

STAFF TRANSITIONS

New Staff



Dr. Vidhu Agarwal joined the Section on Clinical Genomics and Experimental Therapeutics (CGET) in the Division of Intramural Clinical and Biological Research as a Post-Doctoral Visiting Fellow. Dr. Agarwal will conduct multi-omic analyses of alcohol use disorder and related phenotypes using large scale genomic data sets and integrating findings with molecular analyses tools.



Dr. Arwa Aldakheel joined the Section on Neural Circuits (SNC) in the Division of Intramural Clinical and Biological Research as a Post-Doctoral Visiting Fellow. Dr. Aldakheel will be investigating the mechanisms underlying the alleviation of disease symptoms in neurodevelopmental disorders such as autism and epilepsy.



Dr. Michael Bremmer joined the Laboratory of Humana Psychopharmacology (LHP) in the Division of Intramural Clinical and Biological Research as a Post-Doctoral Visiting Fellow. Dr. Bremmer will be conducting clinical research examining the acute and chronic effects of alcohol across the spectrum of alcohol use and misuse, and studying the pharmacodynamics of alcohol seeking and consumption in individuals at high-risk for developing alcohol use disorder.



Dr. Leyla Brucar joined the Laboratory of Neuroimaging (LIN) in the Division of Intramural Clinical and Biological Research as a Post-Doctoral Visiting Fellow. Dr. Brucar will help develop and administer neuropsychological tests and subject screening and analyze multimodal imaging data to interpret scientific and clinical data.

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

- **Isabella Andaluz** – Section on Fibrotic Disorders (SFD)
- **Angel Asamoah** – Clinical Neuroimaging Research Core (CNIRC)
- **Jared Balsz** – Section on Medicinal Chemistry (SMC)
- **Caleb Darden** – Laboratory for Integrative Neuroscience (LIN)
- **Niall Dermady** – Laboratory of Behavioral and Genomic Neuroscience (LBGN)
- **Karolina Gal** – Laboratory of Neurogenetics (LNG)
- **Caroline Hiers** - Laboratory of Behavioral and Genomic Neuroscience (LBGN)
- **Emily Hui** – Section on Clinical Genomics and Experimental Therapeutics (CGET)
- **Makenna Luba** - Laboratory of Humana Psychopharmacology (LHP)
- **Chloe Merino** - Section on Neural Circuits (SNC)
- **Ciara Post** – Office of the Clinical Director (OCD)
- **Sierra Putney** – Section of Sensory Science and Metabolism (SSSM)
- **Natasha Ray** - Laboratory of Behavioral and Genomic Neuroscience (LBGN)
- **Allison Sereno** – Laboratory for Integrative Neuroscience (LIN)
- **Muhammad Shah** - Laboratory for Integrative Neuroscience (LIN)
- **Shriya Varada** - Laboratory of Behavioral and Genomic Neuroscience (LBGN)
- **Carolina Vela** - Section on Clinical Genomics and Experimental Therapeutics (CGET)

New Pre-Doctoral Fellows:

- **Gabrielle Boaventura Tavares** – Laboratory for Integrative Neuroscience (LIN)
- **Lihong Fu** – Laboratory of Cardiovascular Physiology and Tissue Injury (LCPTI)
- **Lucero Alondra Jimenez Martinez** – Laboratory of Liver Diseases (LDD)

Departures

Early Retirements and Departures Related to NIH's Reduction in Force

Kimberly Benton, an Ethics Program Specialist in the Ethics and Management Branch, retired early from federal service after working at NIAAA for 3 years.

John Bowersox, Lead Technical Writer-Editor in the Communications and Public Liaison Branch of the Office of Science Policy and Communications, retired early after almost 30 years of federal service.

Cara Anjos Breeden, a Technical Writer Editor in the Communications and Public Liaison Branch was affected by the reduction in force.

Regina Carter, a Management Analyst in the Ethics and Management Analysis Branch, was affected by the reduction in force.

Deborah Langer, a Technical Writer Editor in the Communications and Public Liaison Branch, was affected by the reduction in force.

Kimberly Martin, a Technical Writer in the Communications and Public Liaison Branch, deferred retirement after 17 years of federal service.

Katherine Masterton, a Public Affairs Specialist in the Communications and Public Liaison Branch, was affected by the reduction in force.

Amy Matush, the Branch Chief for the Ethics and Management Analysis Branch, retired early after 25 years of federal service.

Joanna Mayo, Secretary in the Office of Science Policy and Communications, retired early after 35 years of federal service.

Colleen McDonough, a Program Specialist in the Administrative Services Branch, was affected by the reduction in force.

Teresa Ramirez, a Health Specialist in the Division of Metabolism and Health Effects, was affected by the reduction in force.

Natalia Revzina, a Health Program Specialist in the Office of the Director, was affected by the reduction in force.

Daniel Smyth, a Management Analyst in the Ethics and Management Analysis Branch, was affected by the reduction in force.

Yesika Valdes Villalpando, a Program Specialist in the Division of Epidemiology and Prevention Research, was affected by the reduction in force.

Dr. Bridget Williams-Simmons, Associate Director for Basic Research and Director of the Office of Science Policy and Communications Branch, retired early after 20 years of Federal

Service. Bridget provided leadership in strategic planning for NIAAA, advised the NIAAA Director on basic research and other areas, provided oversight for NIAAA's legislative, science policy, information sharing, resource development, and outreach programs, and helped partner NIAAA with the scientific and alcohol stakeholder communities to enhance NIAAA's visibility.

Additional Retirements and Departures

Fred Donodeo, Chief of the Communications and Public Liaison Branch, retired after 27 years of federal service. He led the branch's efforts in news media relations, multimedia educational content development, website management, social media, and community outreach. During his time, he forged key partnerships with external organizations and also worked on trans-NIH strategic communications efforts.

Dr. Tommy Gunawan, a Visiting Fellow in the Laboratory of Human Psychopharmacology has accepted a position as a Scientist at Uniformed Services University.

Dr. Andrew Kesner, Chief of the Unit of Motivation and Arousal (UMA) in the Laboratory for Integrative Neuroscience (LIN) has taken a position at Indiana University Indianapolis as a tenure-track Assistant Professor in the Department of Psychology.

Dr. John Matochik, a Health Scientist Administrator in the Division of Neuroscience and Behavior (DNB) retired after 18 years of federal service. Dr. Matochik managed a grant portfolio that included research on neurobiological and cognitive/behavioral mechanisms associated with alcohol use disorder. He was the co-chair of the NIDA-NIAAA Neuroscience Working Group.

Heather Olusoga, a Grants Management Specialist in the Grants Management Branch, retired after 21 years of federal service

Dr. Lenny Pommerolle, a Post-Doctoral Visiting Fellow in the Section on Fibrotic Disorders, concluded his employment to care for his family.

Dr. Deidra Roach, a Medical Officer in the Treatment, Health Services and Recovery Branch retired after 25 years of federal service. Dr. Roach oversaw grant portfolios in women's health, co-occurring mental health/AUD, and HIV/AIDS. She co-chaired the Interagency Work Group on Drinking and Drug Use in Women and Girls and served on the Interagency Coordinating Committee on Fetal Alcohol Spectrum Disorders.

Reassignments Related to NIH's Restructuring

Aamna Bhatti is transitioning from Program Analyst within the Science Policy Branch to the NIH Office of Science Policy.

Dr. Laura Brockway-Lunardi transitioned from Branch Chief within the Science Policy Branch to the NIH Office of Legislation and Policy Analysis.

Dr. Beata Buzas transitioned from Scientific Review Administrator within the NIAAA Extramural Project Review Branch to NIH Center for Scientific Review.

Dr. Mamatha Garige transitioned from Scientific Review Administrator within the NIAAA Extramural Project Review Branch to NIH Center for Scientific Review.

Dr. Anna Ghambaryan transitioned from Scientific Review Administrator within the NIAAA Extramural Project Review Branch to NIH Center for Scientific Review.

Dr. Laura Manella is transitioning from Health Science Policy Analyst within the Science Policy Branch to the NIH Office of Communication and Public Liaison.

Dr. Devin Plote is transitioning from Health Science Policy Analyst within the Science Policy Branch to the NIH Office of Legislation and Policy Analysis.

Dr. Pamela Wernett is transitioning from Senior Health Science Policy Analyst within the Science Policy Branch to the NIH Office of Legislation and Policy Analysis.

Departing Postbaccalaureate IRTAs:

- **Amira Ahamed** - Clinical Neuroimaging Research Core (CNIRC)
- **Avery Arsenault** - Office of the Clinical Director (OCD)
- **Hrishikesh Bhagwat** - Laboratory of Behavioral and Genomic Neuroscience (LBGN)
- **Olivia Carpenter** - Laboratory of Behavioral and Genomic Neuroscience (LBGN)
- **John Crow** - Laboratory of Behavioral and Genomic Neuroscience (LBGN)
- **Morgan Ford** - Clinical Neuroimaging Research Core (CNIRC)
- **Samantha Hoey** - Laboratory of Neurogenetics (LNG)
- **Megan Marzouk** - Unit on Motivation and Arousal (UMA)
- **Marinza Marzouk** - Section of Sensory Science and Metabolism
- **Meagan Marks** – Laboratory for Integrative Neuroscience (LIN)
- **Aurora Sheridan** - Laboratory for Integrative Neuroscience (LIN)
- **Jessica Sloane** - Laboratory of Human Psychopharmacology (LHP)
- **Nicholas Weaver** - Laboratory of Human Psychopharmacology (LHP)
- **Aaron Wozniak** - Laboratory of Neuroimaging (LNI)
- **Joshua Zhao** - Laboratory of Neuroimaging (LNI)

RECENTLY ISSUED FUNDING OPPORTUNITIES

Notices of Funding Opportunity (NOFOs) Issued by NIAAA

Prevention and Intervention Approaches for Fetal Alcohol Spectrum Disorders (R61/R33, R34): The purpose of these two companion NOFOs is to encourage the submission of grant applications that focus on prevention and intervention strategies for fetal alcohol spectrum disorders (FASD) throughout the lifespan. The intent is to support research that advances (1) prevention approaches to reduce prenatal alcohol exposure and the incidence of FASD and (2)

interventions for FASD. These objectives will be accomplished with the Exploratory/ Developmental Phased Award (R61/R33) mechanism. The R61 phase will support pilot studies or secondary data analysis for hypothesis development and feasibility, and research testing the hypotheses can be expanded in the R33 phase. (R61/R33 Clinical Trial Optional). Also, studies that are a pre-requisite for preparing and submitting subsequent applications for larger scale FASD prevention or intervention studies can be submitted through the Planning Grant Award (R34) mechanism. [PAR-25-158](#), (R34 Clinical Trial Optional) [PAR-25-159](#) *Contacts: Dr. Tatiana Balachova, William Dunty, Elizabeth Powell, Miya Whitaker*

HIV Prevention and Alcohol (R01, R34): The purpose of these two companion NOFOs is to encourage the submission of grant applications that seek to expand the HIV/AIDS prevention toolkit among alcohol impacted populations with a range of patterns of episodic and long-term use and associated behavioral and biological risks for HIV acquisition. This includes integration of effective prevention and treatment interventions with an understanding of the overarching framework for reducing the incidence of new infections by facilitating cross-cutting informative research. Six areas of research are of primary interest related to alcohol use and related mental health and substance use comorbidities. These include but are not limited to 1) PrEP Utilization, 2) Treatment as Prevention (TasP), 3) Integration of Preventive Intervention Strategies, 4) Prevention-related Cross-cutting Research, 5) Syndemic Approaches and, 6) Implementation and Operations Research. Companion Planning Grant (R34) Award NOFO will support studies that are both necessary and sufficient to inform the planning of a clinical trial within the scope of companion Research Grant (R01) Award. (R34 Clinical Trials Optional), [PAS-25-161](#) ; (R01 Clinical Trials Optional); [PAS-25-208](#). *Contact: Dr. Kendall Bryant*

Alcohol Health Services Research (R01, R34): The purpose of these two companion NOFOs is to encourage the submission of grant applications that will broadly focus on closing the treatment gap for individuals with alcohol use disorder (AUD); within this focus, there are five major areas of emphasis: (1) increasing access to treatment for AUD, (2) making treatment for AUD more appealing, (3) examining cost structures and insurance systems, (4) conducting studies on dissemination and implementation of existing evidence-based approaches to treating AUD, and (5) reducing health disparities as a means of addressing the treatment gap in AUD for health disparity populations. (R34 Clinical Trial Optional), [PAR-25-192](#); (R01 Clinical Trial Optional), [PA-25-245](#) *Contact: Dr. Laura Kwako*

Alcohol Treatment, Pharmacotherapy, and Recovery Research (R01, R34): The purpose of these two companion NOFOs is to encourage the submission of grant applications that will focus on alcohol treatment and recovery research. Topics relevant for treatment of and recovery from alcohol use disorder (AUD) include medications development, precision medicine, behavioral therapies and mechanisms of behavioral change (MOBC), recovery, translational research, and innovative methods and technologies for AUD treatment and recovery. (R01 Clinical Trial Required), [PA-25-163](#); (R34 Clinical Trial required), [PAR-25-193](#). *Contacts: Drs. Dan Falk, Brett Hagman*

Notices Issued by NIAAA

Notice of Participation of the NIAAA in NOSI: Analysis of Existing Linked Datasets to Understand the Relationship between Housing Program Participation and Risk for Chronic Diseases and Other Conditions (R01-Clinical Trial Not Allowed); [NOT-AA-24-009](#)

Notice of NIAAA Participation in PA-25-080 "NIH Support for Conferences and Scientific Meetings (Parent R13 Clinical Trial Not Allowed)"; [NOT-AA-24-016](#)

Forecast Notices Issued by NIAAA (on <https://www.grants.gov/search-grants>)

Forecast to Publish a Funding Opportunity Announcement for Consortium on the Neurobiology of Adolescent Drinking in Adulthood (NADIA) NOT-AA-25-007 (Research Resource - Collaborative U24 - Clinical Trial Not Allowed); NOT-AA-25-006 (Administrative Resource - Collaborative U24 - Clinical Trial Not Allowed)

Forecast to Publish a Funding Opportunity Announcement for Integrative Neuroscience Initiative on Alcoholism (INIA) Consortia [NOT-AA-25-011](#) (Projects - U01 Clinical Trial Optional); [NOT-AA-25-010](#) (Research Resource - U24 Clinical Trial Optional); [NOT-AA-25-009](#) (Administrative Resource Core U24 Clinical Trial Optional)

Forecast to Publish a Funding Opportunity for Limited Competition for the Continuation of the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA) [NOT-AA-25-012](#) (Research Project Sites - U01 Clinical Trials Optional); [NOT-AA-25-013](#); (Administrative Resource - U24 Clinical Trials Optional); [NOT-AA-25-014](#); (Data Analysis Resource - U24 Clinical Trials Optional)

NIH-Wide NOFOs, NOSIs and Notices with NIAAA Participation

NOFOs

Academic Research Enhancement Award (AREA) for Undergraduate-Focused Institutions (R15 Clinical Trial Not Allowed), [PAR-25-134](#), (R15 Clinical Trial Required), [PAR-25-148](#).

Biomedical Research Environment and Sponsored Programs Administration Development (BRE-SPAD) Program (UC2- Clinical Trial Not Allowed), [PAR-24-268](#).

Blueprint Neurotherapeutics Network (BPN): Biologic-based Drug Discovery and Development for Disorders of the Nervous System (U44 Clinical Trial Optional), [PAR-24-294](#), (UG3/UH3 Clinical Trial Optional), [PAR-24-293](#).

Blueprint Neurotherapeutics Network (BPN): Small Molecule Drug Discovery and Development of Disorders of the Nervous System (UG3/UH3 Clinical Trial Optional), [PAR-25-051](#).

Dissemination and Implementation Research in Health (R01 Clinical Trial Optional), [PAR-25-144](#), (R03 Clinical Trial Not Allowed), [PAR-25-233](#), (R21 Clinical Trial Optional), [PAR-25-143](#).

Engineering Next-Generation Human Nervous System Microphysiological Systems (R01 Clinical Trials Not Allowed), [PAR-25-198](#); (R21 Clinical Trials Not Allowed), [PAR-25-199](#).

Interventions to Address Disparities in Liver Diseases and Liver Cancer (R01 - Clinical Trials Optional), [PAR-25-299](#).

Interventions to Reduce Sleep Health Disparities (R01 - Clinical Trials Optional), [PAR-24-330](#).

Population Approaches to Reducing Alcohol-related Cancer Risk (R01 Clinical Trial Optional), [PAR-25-221](#).

Research Enhancement Award Program (REAP) for Health Professional Schools and Graduate Schools (R15 Clinical Trial Not Allowed), [PAR-25-298](#).

Risk and Protective Factors of Family Health and Family Level Interventions (R01 Clinical Trial Optional), [PAR-25-317](#).

Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Research Training Grant (Parent T32), [PA-25-168](#).

Screening, Brief Intervention and Referral to Treatment or Prevention (SBIRT/P) for alcohol, tobacco, and other drugs (ATOD) use and misuse in adult populations that experience health disparities (R01, Clinical Trial Required), [PAR-26-001](#).

BRAIN Initiative NOFOs:

- BRAIN Initiative: Next-Generation Devices for Recording and Modulation in the Human Central Nervous System (UG3/UH3 Clinical Trial Optional), [RFA-NS-25-021](#).
- BRAIN Initiative: Brain Behavior Quantification and Synchronization- Next Generation Sensor Technology Development (U01 Clinical Trial Optional), [RFA-MH-26-140](#).
- BRAIN Initiative: Clinical Studies to Advance Next-Generation Devices for Recording and Modulation in the Human Central Nervous System (UH3 Clinical Trial Optional), [RFA-NS-25-022](#).
- BRAIN Initiative: Development and Validation of Novel Tools to Probe Cell-Specific and Circuit-Specific Processes in the Brain (R01 Clinical Trial Not Allowed), [RFA-MH-26-170](#).
- BRAIN Initiative: New Concepts and Early-Stage Research for Recording and Modulation in the Nervous System (R21) (Clinical Trial Not Allowed), [RFA-EY-25-001](#).
- BRAIN Initiative: New Technologies and Novel Approaches for Recording and Modulation in the Nervous System (R01 Clinical Trial Not Allowed), [RFA-NS-25-018](#).
- BRAIN Initiative: Optimization of Instrumentation and Device Technologies for Recording and Modulation in the Nervous System (U01 Clinical Trials Not Allowed), [RFA-NS-25-017](#).
- BRAIN Initiative: Promoting Equity Through BRAIN Technology Partnerships (R34 - Clinical Trials Not Allowed), [RFA-NS-25-016](#).
- BRAIN Initiative: Reagent Resources for Brain Cell Type-Specific Access to Broaden Distribution of Enabling Technologies for Neuroscience (U24 Clinical Trial Not Allowed), [RFA-MH-26-120](#).

HEAL Initiative NOFOs:

- HEAL Initiative: Studies to Enable Analgesic Discovery (R61/R33 - Clinical Trial Not Allowed), [RFA-NS-25-023](#).
- HEAL Initiative-Early-Stage Discovery of New Pain Targets Within the Understudied Druggable Proteome (R03 Clinical Trial Not Allowed), [PAR-25-154](#).

Parent NOFOs

- NIH Research Project Grant (Parent R01 Basic Experimental Studies with Humans Required), [PA-25-303](#). (Parent R01 Clinical Trial Not Allowed), [PA-25-301](#). (Parent R01 Clinical Trial Required), [PA-25-305](#).
- NIH Small Research Grant Program (Parent R03 Clinical Trial Not Allowed), [PA-25-302](#).
- NIH Exploratory/Developmental Research Project Grant (Parent R21 Basic Experimental Studies with Humans Required), [PA-25-307](#). (Parent R21 Clinical Trial Not Allowed), [PA-25-304](#). (Parent R21 Clinical Trial Required), [PA-25-306](#).
- NIH Support for Conferences and Scientific Meetings (Parent R13 Clinical Trial Not Allowed), [PA-25-080](#).

Notices of Special Interest (NOSIs)

Notice of Special Interest (NOSI): Analysis of Existing Linked Datasets to Understand the Relationship between Housing Program Participation and Risk for Chronic Diseases and Other Conditions (R01-Clinical Trial Not Allowed) [NOT-DK-24-029](#).

Notice of Special Interest (NOSI): Availability of Administrative Supplements for Childcare Costs for Ruth L. Kirschstein National Research Service Award (NRSA) Individual Fellows [NOT-OD-25-009](#).

Notice of Special Interest (NOSI): Research on the Health of Women of Underrepresented, Underserved, and Underreported (U3) Populations (Admin Supp Clinical Trial Optional) [NOT-OD-24-179](#).

Notices

Notice of Intent to Publish a Funding Opportunity Announcement for BRAIN Initiative: Brain Behavior Quantification and Synchronization- Next Generation Sensor Technology Development (U01 Clinical Trial Optional) [NOT-MH-24-365](#).

NIAAA DIRECTOR'S ACTIVITIES

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

- "Alcohol and stress from adolescence to adulthood" at the Iowa's Annual Governor's Conference on Substance Use (virtual) on April 24, 2025.
- "Hyperkatifeia and the Kalivas Tripartite Synapse in Alcohol Addiction. Is There a Connection?" at the Medical University of South Carolina's Neuroscience Silver Jubilee Symposium: Celebrating the Career of Dr. Peter Kalivas in Charleston, SC on April 30, 2025.
- "Clinical Approaches to Brain Circuits of Addiction" Panel at the 4th Annual Southern California Substance Addiction Research Training Retreat (virtual) on May 9, 2025.

- “NIAAA Update” at the American Psychiatric Association (APA) Leadership Meeting at the APA Annual Meeting in Los Angeles, CA, on May 17, 2025.
- “NIAAA Update” presented at the Council on Addiction Psychiatry Meeting during the APA Annual Meeting in Los Angeles, CA on May 19, 2025.
- “Opening Remarks” introduction for the NIAAA Trainee Research Symposium in Bethesda, MD on June 5, 2025.
- “NIAAA Update: Alcohol as a Vital Sign: From Evidence to Implementation” for the College of Problems of Drug Dependence (CPDD) (pre-recorded) on June 15, 2025.
- “NIAAA Update: Alcohol as a Vital Sign: From Evidence to Implementation” at the Research Society on Alcohol (RSA) in New Orleans, LA on June 22, 2025.
- “How Can the Brain Initiative Help You?” at the Research Society on Alcohol (RSA) in New Orleans, LA on June 22, 2025.
- “NIAAA Opening Remarks” at the ABCD: Continuing the Arc of Development Meeting in Bethesda, MD on July 21, 2025.
- “Alcohol Misuse as a Chronic Neurobiological Disorder: NIAAA Priorities” at the Cold Spring Harbor Course (virtual) on July 30, 2025.

NOTABLE NIAAA STAFF ACTIVITIES

Activities between April 1, 2025 – July 31, 2025:

Dr. Daniel Falk presented “NIAAA update: Medications development program to treat alcohol use disorder” at the American Society of Clinical Psychopharmacology Conference, Scottsdale, AZ, May 28, 2025, and at the 2025 CPDD/RSA Joint Program Conference, New Orleans, LA, June 30, 2025.

The 48th Annual Research Society on Alcohol Scientific Meeting was held on June 21-25, 2025 in New Orleans, Louisiana. During this meeting:

- **Dr. Tatiana Balachova** presented the ICCFASD 2025 Update at the Fetal Alcohol Spectrum Disorder (FASD) Study Group Annual Meeting at the Research Society on Alcohol (RSA) on June 21, 2025.
- **Dr. Bill Dunty** presented the “NIAAA Update” presentation at the Fetal Alcohol Spectrum Disorder (FASD) Study Group Annual Meeting on June 21, 2025.
- **Dr. Gary Murray** delivered a lecture entitled “Finding the Right Balance: Oversimplification May Undermine Science. Make Everything as Simple as Possible, but Not Simpler” at the 2nd ISBRA Charles Lieber Memorial Symposium on June 21, 2025.
- **Dr. Chamindi Seneviratne** served as a discussant in the “Novel Predictors of Alcohol Use Disorder Course and Treatment Response” session on June 22, 2025.
- **Dr. Changhai Cui** organized and co-chaired the round table session on “How Can the BRAIN Initiative Help You?” on June 22, 2025. **Drs. George Koob, David Lovinger, Elizabeth Powell,** and **Ivana Grakalic** also presented. The session aimed to help the alcohol research community leverage BRAIN resources to accelerate alcohol research.
- **Dr. Shailesh Kumar** served as a discussant for the session “Alcohol-Induced Sleep Disruptions: Animal Models and Neural Mechanisms” on June 23, 2025.

- **Drs. Tatiana Balachova, Shailesh Kumar, and Gary Murray** participated in the “NIAAA-Supported Research: A Grants Skills Workshop” on June 24, 2025.
- **Dr. Kendall Bryant** organized and chaired several satellite meetings on “Research on Alcohol and HIV” on June 24-25, 2025. The NIH Strategic Plan for HIV Research for 2026-2030 was also discussed along with mentoring activities for new investigators.

WHAT’S AHEAD?

International Fetal Alcohol Spectrum Disorders (FASD) Awareness Day, on September 9, is part of [FASD Awareness Month](#). These events, which will be promoted on NIH channels, raise awareness about the lifelong effects of FASD, and as a reminder that there is no known safe amount of alcohol consumption during pregnancy.

September also marks [National Recovery Month](#), which promotes and supports new evidence-based treatment and recovery practices, the nation’s strong and proud recovery community, and the dedication of service providers and communities who make recovery possible.

[NIDA-NIAAA Frontiers in Addiction Research Mini-Convention](#) will be held in person on November 14, 2025 in San Diego, CA in conjunction with the Society for Neuroscience annual meeting, [Neuroscience 2025](#). The agenda for the Mini-Convention includes scientific sessions on Cutting-edge Multiomic Approaches for Enhanced Drug Repurposing Strategies in Substance Use Disorders, Interrogation of Large Single-Cell Data Sets to Identify New Addiction Targets, and Human iPSC-Derived Organoids and Assembloids for Brain Development, Disorders, and Diseases.

NIAAA RESEARCH HIGHLIGHTS

[Ethanol induction of FGF21 in the liver is dependent on histone acetylation and ligand activation of ChREBP by glycerol-3-phosphate](#)

Significance: Alcohol intake triggers the liver’s production of the hormone FGF21 (fibroblast growth factor 21), which in turn helps counteract the negative impact of alcohol through downstream effects in the brain such as stimulating alertness, increasing water consumption, and suppressing further alcohol intake. This study shows that two byproducts of alcohol metabolism, glycerol-3-phosphate (G3P) and acetyl-CoA, work together to stimulate transcription of the Fgf21 gene in mice. G3P binds directly to the transcription factor ChREBP to activate it, and acetyl-CoA modifies histones at the Fgf21 gene promoter, increasing its accessibility to ChREBP. This dual mechanism strongly induces the transcription of Fgf21. Understanding the mechanisms of Fgf21 may provide targets to treat alcohol use disorder (AUD) and reduce the negative health impact of hazardous alcohol use.

Abstract: Ethanol rapidly stimulates the liver to synthesize the hormone fibroblast growth factor 21 (FGF21), which then acts on the brain to elicit a multifaceted protective response. We show

that in mice, this induction of FGF21 occurs at the level of gene transcription and is regulated by two byproducts of ethanol metabolism, glycerol-3-phosphate (G3P) and acetyl-CoA. Using cell-based reporter and thermal shift binding assays, we show that G3P binds to a conserved domain and activates the transcription factor carbohydrate-responsive element-binding protein (ChREBP), which regulates the Fgf21 gene promoter. The stimulation of Fgf21 gene transcription by ethanol also requires its metabolism to acetyl-CoA and correlates with histone acetylation. Accordingly, a p300/CBP histone acetyltransferase inhibitor blocks histone acetylation, ChREBP recruitment, and transcriptional activation at the Fgf21 promoter. Together, these findings reveal a dual regulatory mechanism driven by both G3P and acetyl-CoA that explains ethanol's robust stimulatory effect on Fgf21 and possibly other ChREBP target genes in the liver.

Cheong MC, Mackowiak B, Kim HB, Hernandez G, Nandu T, Vale K, Zhang Y, Zacharias LG, Mathews TP, Gao B, Kraus WL, Klier SA, Mangelsdorf DJ. Ethanol induction of FGF21 in the liver is dependent on histone acetylation and ligand activation of ChREBP by glycerol-3-phosphate. *Proc Natl Acad Sci U S A*. 2025 Jun 3;122(22):e2505263122. doi: 10.1073/pnas.2505263122. Epub 2025 May 29. PMID: [40440069](https://pubmed.ncbi.nlm.nih.gov/40440069/).

[Suppression of binge alcohol drinking by an inhibitory neuronal ensemble in the mouse medial orbitofrontal cortex](#)

Significance: The investigators identified a predominantly GABAergic neuronal ensemble in the mouse medial orbitofrontal cortex (mOFC) that was stably activated during binge alcohol exposure, but not to exposure of water or saccharine solution. Activation of the ensemble suppressed alcohol consumption, and disrupting the ensemble increased binge drinking. This paper sheds light on the mechanism behind previous work showing a connection between binge drinking and mOFC activity. The findings support the plausibility of a neuronal “switch” underlying the overconsumption of alcohol. If a similar mechanism is shown to operate in humans with AUD, this neural ensemble may be a promising treatment target.

Abstract: Alcohol consumption remains a significant global health challenge, directly and indirectly causing millions of deaths annually. Alcohol abuse causes dysregulated activity of the prefrontal cortex, yet effects on specific prefrontal circuits remain to be elucidated. Here, we identify a discrete GABAergic neuronal ensemble in the mouse medial orbitofrontal cortex (mOFC) that is selectively recruited in response to binge alcohol drinking and limits further drinking behavior. Optogenetic silencing of this population, or its ablation, results in uncontrolled binge alcohol consumption. This neuronal ensemble is specific to alcohol and is not recruited by other rewarding substances. Neurons in this ensemble project widely throughout the brain, but projections specifically to the mediodorsal thalamus regulate binge alcohol drinking. Together, these results identify a brain circuit in the mOFC that serves to protect against binge drinking by reducing alcohol intake, which may offer avenues for the development of mOFC neuronal ensemble-targeted interventions.

Gimenez-Gomez P, Le T, Zinter M, M'Angale P, Duran-Laforet V, Freels TG, Pavchinskiy R, Molas S, Schafer DP, Tapper AR, Thomson T, Martin GE. Suppression of binge alcohol drinking by an inhibitory neuronal ensemble in the mouse medial orbitofrontal cortex. *Nat Neurosci*. 2025 Aug;28(8):1741-1752. doi: 10.1038/s41593-025-01970-x. Epub 2025 Jun 10. PMID: 40495064.

Influence of real-world cue exposure and mood states on drinking: testing neurobiological models of alcohol use disorder

Significance: The findings from this study support for the role of negative emotionality (i.e., allostatic model) and exposure to alcohol cues (i.e., incentive-sensitization model) as determinants of craving and alcohol use in individuals with AUD. Exploratory analyses using real-world daily reporting found evidence of synergy between the two models, in which mood states moderated the relationship between cue exposure and same-day drinking. Furthermore, this pattern of results was strongest among individuals reporting using alcohol to alleviate negative affect/withdrawal-related dysphoria.

Abstract: Rationale: Two prominent neurobiological models of addiction, the allostatic and incentive-sensitization models, have guided clinical research on alcohol use disorder (AUD). While these models are often viewed in isolation, it is plausible these theories are complimentary. **Objectives:** Use naturalistic, daily diary reports to determine whether positive and negative mood states influence alcohol cue sensitivity in a clinical sample with AUD. **Methods:** This is an exploratory analysis of daily diary data collected from a non-treatment seeking sample with current AUD over two weeks. Eligible adult participants (N = 50) were enrolled in a medication trial for AUD. Each morning, participants retrospectively reported on pre-drinking mood states, alcohol cue exposure, and craving levels, and subsequent alcohol intake occurring the previous day. Multilevel models tested the singular and interactive relationships between cue exposure and mood states with craving and drinking. Within-person and between-person outcomes were assessed. Exploratory analyses examined whether individuals with withdrawal-related dysphoria were more vulnerable to mood states and cue-reactivity. **Results:** Greater cue exposure was associated with higher daily drinking levels ($p = .001$), but not daily alcohol craving. Higher negative mood ($p < .0001$) and lower positive mood ($p = .012$) were associated with higher daily alcohol craving, but not same-day drinking. As negative mood levels increased ($p < .01$) and positive mood levels decreased ($p = .010$), the relationship between cue exposure and same-day drinking became stronger. These findings were most pronounced among those with withdrawal-related dysphoria. **Conclusions:** Findings provided concomitant support for the allostatic model and incentive-sensitization model as determinants of alcohol craving and drinking among individuals with AUD.

Meredith LR, Baskerville WA, Lee C, Grodin EN, Wassum KM, Ray LA. Influence of real-world cue exposure and mood states on drinking: testing neurobiological models of alcohol use disorder. *Psychopharmacology (Berl)*. 2025 Aug;242(8):1727-1739. doi: 10.1007/s00213-025-06752-8. Epub 2025 Feb 10. Erratum in: *Psychopharmacology (Berl)*. 2025 Aug;242(8):1741. doi: 10.1007/s00213-025-06769-z. PMID: 39924613.

Examining the longer-term efficacy of brief, alcohol-focused personalized feedback interventions for individuals with internalizing distress: Secondary analysis of a randomized controlled trial

Significance: This study found that personalized feedback interventions for alcohol misuse were beneficial in young adults regardless of their levels of internalizing distress. Findings also suggested greater efficacy for single component PFIs versus multi-component PFIs in individuals with higher internalizing distress; therefore, using a brief assessment of internalizing distress may help to select more efficacious PFIs for those with higher internalizing distress.

Abstract: Background: Efficacy of brief alcohol interventions for young adults with internalizing distress (i.e. symptoms of depression, anxiety and stress) is unclear. We tested the moderating effect of internalizing distress on the efficacy of alcohol single- and multicomponent personalized feedback interventions (PFIs). **Design:** Secondary data were analyzed from a randomized controlled trial (RCT) testing the efficacy of single and multicomponent PFIs, compared with an attention-only control condition. Participants (n = 1137) were college students (63% female; Mage = 20.1 years; 62.6% non-Hispanic white) who reported on internalizing distress at baseline. Some individuals reported clinically significant symptoms (depression: mild/moderate = 24.0%, severe/extremely severe = 10.5%; anxiety: mild/moderate = 19.6%, severe/extremely severe = 11.4%; and stress: mild/moderate = 37.5%, severe/extremely severe = 6.0%). There were four different alcohol single-component PFIs administered and an attention-only PFI control. Alcohol PFIs varied in their complexity and single-component PFIs (i.e. personalized normative feedback) were compared with multicomponent PFI (i.e. containing additional alcohol-focused psychoeducation). Baseline levels of internalizing distress were measured using the summed total of the Depression, Anxiety and Stress Scales (DASS). Drinking outcomes (alcohol consumption, peak eBAC, alcohol-related consequences) were measured at baseline, 3, 6 and 12 months post-intervention. **Findings:** Alcohol PFI (compared with attention-only control) reduced alcohol consumption and related consequences at 6-month [rate ratio (RR)Consumption = 0.85, P = 0.004] or 12-month follow-ups (RRConsumption = 0.76, P < 0.001; RRConsequences = 0.85, P = 0.020), regardless of baseline DASS score. Participants with higher DASS scores (compared with those with lower DASS scores) reported lower 6-month alcohol consumption after receiving a single-component intervention (RR = 0.80, P < 0.001). However, individuals with higher DASS scores (compared to those with lower DASS scores) reported more 6-month alcohol-related consequences after receiving a multicomponent intervention (RR = 0.78, P = 0.004). **Conclusions:** Personalized feedback interventions may demonstrate efficacy towards reducing drinking in young adults and appear similarly beneficial across levels of internalizing distress, although lower-complexity interventions may be more efficacious.

Piccirillo ML, Graupensperger S, Walukevich-Dienst K, Lehinger E, Smith-LeCavalier KN, Foster KT, Larimer ME. Examining the longer-term efficacy of brief, alcohol-focused personalized feedback interventions for individuals with internalizing distress: Secondary analysis of a randomized controlled trial. *Addiction*. 2025 Aug;120(8):1666-1678. doi: 10.1111/add.70044. Epub 2025 Apr 9. PMID: 40202024.

COMMUNICATIONS PRODUCTS AND ACTIVITIES

The NIH Office of Communications and Public Liaison (OCPL) is in the process of centralizing all communications activities. NIAAA is participating in this process and continues to update and maintain existing web resources while OCPL develops a plan to reorganize NIH websites.

News Media

NIAAA experts in the news media:

- New York Times: [How the Risks of Drinking Increase in Older Age](#), *Dr. Aaron White*
- Bloomberg: [We may have already hit peak booze: A habit as old as civilization is fading from our society](#), *Dr. George F. Koob*
- Public News Service, [Evidence shows alcohol affects women more gravely than it does men](#), *Dr. George F. Koob*
- Live Science: [Ozempic and Wegovy users report a desire to drink less. Could these weight loss drugs help treat alcohol use disorder?](#), *Dr. Lorenzo Leggio*

Updated Resources

- [Alcohol Facts and Statistics](#): Updated with 2024 statistics from the National Survey on Drug Use and Health
- [Alcohol's Effects on the Body](#)
- [Alcohol Induced Blackouts](#)
- [Alcohol Metabolism](#)
- [Risky Drinking Can Put a Chill on Your Summer Fun](#)
- [Grants & Funding](#)
- [Small Business Research Funding \(SBIR/STTR\)](#)



Heat + Alcohol Can Equal Trouble

Combined with sweating in the heat and frequent urination, drinking can lead to dehydration or heat stroke.

Notable Pickup of NIAAA Content

NIH highlights NIAAA resources on their homepage, websites, and social media throughout the year.

Recent highlights include homepage features on alcohol awareness, celebrating graduation without alcohol, and alcohol and summer safety.

