

Government shuts CDC office focused on alcohol-related harms and prevention

Written by Isabella Cueto

A small office that produced data on alcohol-related deaths and harms, and worked on policies to reduce them, has been shuttered by the Trump administration. Those involved with the work say it was the only group in the federal government focused on preventing excessive drinking and the many problems associated with it, including chronic diseases.

At least 11 states directly relied on the Alcohol Program in the Centers for Disease Control and Prevention for funding, data assistance and other guidance. The three-person, 24-year-old program was cut by the large reduction-in-force that began April 1 at Health and Human Services.

Most recently, the alcohol program was allocated \$6 million for its work. Much of that went out the door, in grants to nearly a dozen state health departments so they could hire alcohol epidemiologists, conduct studies on excessive alcohol use, and try to reduce associated harms. Now, without the staff to tend to those five-year agreements, states are not sure if they will receive their final round of funding come fall.

In Idaho, where researchers use the money to run public dashboards and a website about alcohol-related harms, losing the grant would mean shutting down their program. In North Carolina, where alcohol contributed to 6,000 deaths and 66,000 emergency department visits in 2023, the CDC has helped pay for a dedicated alcohol epidemiologist and research at the Injury Prevention Research Center of the University of North Carolina.

The alcohol program was part of the CDC's Division of Population Health, which government officials gutted last week. Unlike its counterparts in the division, like the Office on Smoking & Health, which had over 100 employees, the alcohol program was a barebones operation from the start, former staff say. Nonetheless, it was the main tool created by Congress to combat a major driver of illness and death.

And unlike scientific studies funded by the National Institutes of Health, which mostly live in the lab, and work on substance use, the bulk of the CDC team's work was on prevention — getting ahead of the harm at the population level.

"You need a broad-based public health approach that prevents people from drinking excessively to begin with," said Timothy Naimi, an alcohol epidemiologist who co-founded the CDC alcohol program. "If you're waiting to identify people who already have an established alcohol use disorder, you're a day late and a dollar short."

Recent estimates suggest excessive alcohol use causes 178,000 deaths each year, or nearly 500 deaths per day, in the U.S. Myriad chronic diseases and at least half a dozen cancers have also been linked to alcohol use. As of 2010, excessive drinking cost the U.S. \$249 billion. These very statistics are products of the CDC alcohol team.

The team's work ranged from documenting Americans' patterns of drinking over time and by group, to understanding what health problems resulted, and studying and implementing prevention strategies. "We're going to pay for this for years," said David Jernigan, a professor of health law, policy and management at the Boston University School of Public Health. Jernigan helped secure the initial funding to create the CDC's alcohol program.

At the state level, CDC resources allowed health departments to take on alcohol, studying local impacts and methods of curbing high-risk drinking. Many grants run along the fiscal year, so money would run out sometime in late summer or early fall, at which point CDC workers in other departments could renew grant agreements or let them lapse. Several states receiving CDC alcohol funding told STAT they don't know what will happen.

Without those grants, health departments often lack the bandwidth and specialized knowledge to address what is often a key driver of ill health.

"We're not talking of a trivial issue here," said Bob Brewer, who co-founded the program and ran it for 18 years. "We have an administration now that has said that they're very committed to reducing chronic diseases ... I don't see any way that you're gonna do that without making some dent in excessive drinking."

Mike Dolan Fliss, a core faculty member at the Injury Prevention Center in North Carolina, has worked closely with the CDC alcohol team to create a national toolkit for measuring how many alcohol-selling stores there are in an area. Alcohol outlet density, as researchers call it, helps local and state officials understand problem areas where people may be likely to drink heavily and experience more alcohol-related harms.

But it's a challenging calculation for a public health worker to take on alone. CDC "coordinated my time to work with many other states, including N.C., to not just help them calculate that for themselves, but to draw common lessons across states and put together this toolkit," Fliss said.

In Nebraska, public health advocates rely on the CDC for research on the harms associated with alcohol, and evidence-based tactics that can be used locally, said Chris Wagner, executive director of the nonprofit Project Extra Mile. "It's probably the most uncertainty we've ever faced as an organization working to improve public health and safety over our 30-year history," said Wagner, who has been pushing for alcohol control measures across Nebraska. (Project Extra Mile does not receive CDC grant funding.)

Other states, such as New Mexico — which has a CDC-funded epidemiologist working on alcohol — are trying to reverse serious and long-standing problems, including alcohol-attributable death rates far above the national average.

The cuts come at a time when public health advocates are still struggling to pass state laws increasing the price of alcohol, or limiting hours of sale or alcohol outlet density — policies that data suggest can blunt alcohol-related problems. State alcohol epidemiologists and researchers can help support the passage of such laws, and assess how well different approaches are working in their communities.

Alcohol, despite its great toll, has continued to be a politically unpopular issue with strong lobbying from industry groups. That tension is playing out at the federal level, too, with dueling reports on the health effects of drinking that are supposed to inform the next iteration of dietary guidelines.

"Alcohol historically gets lost, constantly gets lost. And here it is getting lost again," Jernigan said.