Trump’s Drug Strategy Aims To Bolster Addiction Services — Despite Gutting of Government Support

Medicaid changes could lead 156,000 people to lose access to addiction treatment and more than 1,000 additional fatal overdoses per year.

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The White House’s newly released strategy for tackling the nation’s drug and addiction crisis calls for a number of ambitious public health approaches that some experts say are laudable but will be hampered by the administration’s own actions.

The sweeping 195-page National Drug Control Strategy, published May 4, advocates for making access to treatment easier than getting drugs, preventing young people from developing addictions in the first place, increasing support for people in recovery, and reducing overdose deaths.

Those broad goals are widely supported by public health researchers, addiction treatment clinicians, and recovery advocates.

But accomplishing such goals will be difficult in the face of the administration’s mass layoffs of federal employees, cancellation of research and community grants, attacks on organizations and practices that serve people who use drugs, and cuts to Medicaid, the state-federal health insurance program for low-income people that is the largest payer for addiction and mental health care nationwide.

Many components of the National Drug Control Strategy are “things that we would agree with and that we fully support,” said Libby Jones, who leads overdose prevention efforts at the Global Health Advocacy Incubator, a public health advocacy group.

But there are “disconnects in what the strategy says is important and then what they’re actually going to fund,” she said of the Trump administration. “Those inconsistencies feel particularly loud in this strategy.”

The White House’s National Drug Control Strategy, released every two years, is a touchstone document meant to lay out the federal government’s coordinated approach to what in recent

decades has been one of the country's defining problems.

Since 2000, more than 1.1 million people have died of drug overdoses. Although deaths have decreased recently, the numbers remain elevated compared with earlier decades, and research suggests overdose death rates among Black Americans and Native Americans are disproportionately high.

The strategy document published this week is the first of President Donald Trump's current term. In keeping with the administration's approach to addiction issues, it places heavy emphasis on law enforcement efforts to reduce the supply of illicit drugs. The document repeatedly refers to the ongoing "war" against "foreign terrorist organizations" — the Trump administration's term for drug cartels — and touts increased enforcement at U.S. borders.

It also outlines plans to implement artificial intelligence technologies to screen for illicit drugs brought into the country and wastewater testing to detect illegal drug use nationwide.

The second half of the strategy focuses on reducing the demand for drugs through public health prevention efforts, addiction treatment, and support for people in recovery. It promotes the role of religion in recovery and calls for the widespread use of overdose reversal medications, such as naloxone.

In a news release, the White House's Office of National Drug Control Policy called the document a "roadmap" that will "continue dismantling the drug supply and defeating the scourge of illicit drugs in our country."

The Trump administration did not respond to requests for comment about how the strategy aligns with its other actions.

In December, Trump signed a reauthorization of the SUPPORT Act, which continues several grants related to treatment and recovery and the requirement for Medicaid to cover all FDA-approved medications for opioid use disorder. In January, he announced the Great American Recovery Initiative, including a $100 million investment to address homelessness, opioid addiction, and public safety.

However, few details have been provided about the initiative, and in January, about a month after the SUPPORT Act passed, billions of dollars in addiction-related grants were abruptly terminated and reinstated within a frantic 24-hour period.

That "whiplash" left "a sense of instability and uncertainty in the field," said Yngvild Olsen, a national adviser with the Manatt Health consultancy. She led substance use treatment policy at the Substance Abuse and Mental Health Services Administration, or SAMHSA, under the Biden administration and left about six months into Trump's second term.

That insecurity was exacerbated by the president's 2027 budget request, which proposes cuts to several addiction and mental health programs and the consolidation of key federal agencies

working on those matters. Jones' group and nearly 100 others in the field have signed a letter asking Congress to reject the proposals, as it did with similar requests last year.

The national drug strategy adds new, potentially contradictory information to this confusing landscape.

Increasing Access to Treatment

One of the most significant public health goals in the strategy, mentioned at least half a dozen times, is to make it easier to get treatment than it is to buy illegal drugs.

National data underscores the necessity: More than 80% of Americans who need substance use treatment don't receive it.

The administration's actions on health insurance may make it difficult to improve that statistic.

Medicaid is the main source of health care coverage for adults with opioid use disorder. When implemented, the Medicaid work requirements in Trump's One Big Beautiful Bill Act are projected to strip that coverage from about 1.6 million people with substance use disorders.

The last time Medicaid rolls were purged — after COVID-era protections expired — many people who had been receiving medication treatment for opioid addiction stopped it and fewer people started treatment, according to a study published last year.

Olsen, who is also an addiction medicine doctor, said she loves the strategy's emphasis on making treatment readily available to anyone who wants it. But she said that's "hard to really imagine when now people may have to pay for it themselves because they may be losing their Medicaid insurance coverage."

One analysis estimated the upcoming Medicaid changes could lead 156,000 people to lose access to medications for opioid use disorder and result in more than 1,000 additional fatal overdoses per year.

People with private insurance may be affected, too.

The Trump administration has refused to enforce Biden-era regulations aimed at bolstering mental health parity, the idea that insurers must cover mental illness and addiction treatment comparably to physical treatments. And recently, the administration said it would redo those regulations altogether, raising fears that addiction treatment could become increasingly unaffordable.

The administration did not respond to specific questions about how it reconciles its actions on Medicaid and parity with the goal of increasing treatment.

Prioritizing Prevention

The strategy highlights preventing addictions before they begin as one of the keys to reducing demand for drugs. It calls for "promoting a drug-free America as the social norm" and implementing school and community-based programs that are backed by science.

"Investing in primary prevention, before drug use starts, saves lives and resources," it says, citing several studies about the cost-effectiveness of such programs.

Yet, the president's budget proposes cuts to these types of programs, and federal layoffs have decimated the agencies that would implement such work.

The White House's most recent budget request proposes cutting roughly $220 million from SAMHSA's Center for Substance Abuse Prevention and nearly $40 million from the Drug-Free Communities program.

Since the new administration started, SAMHSA has lost about half of its staff, and the Centers for Disease Control and Prevention is down about a quarter.

"It's not clear to me that they're really going to be able to have the funds or the people to be able to carry that out," Olsen said of the strategy's prevention goals.

Another wrinkle appears in the strategy's discussion of marijuana. The document points to marijuana use as one of the drivers of increasing drug use disorders and reports that "convergent evidence from multiple sources" suggests cannabis use increases the risk of psychosis. It calls for developing new tools to treat marijuana withdrawal and addiction.

However, just two weeks ago, the White House moved to reclassify medical marijuana to a lower tier of scheduled substances and is moving to hold a hearing to do the same for marijuana broadly.

"The administration, on the one hand, is moving in a direction of liberalizing access to cannabis," Jones said, "but at the same time, in the strategy, it talks about the dangers of doing so."

"There's a disconnect there that just makes you question: Which one do you believe?" she added.

The administration did not respond to specific questions about its marijuana policies.

Stopping Overdose Deaths

One of the more surprising elements of the National Drug Control Strategy comes in the last paragraph of the final chapter. It focuses on public drug-checking programs, which often involve using test strips to help people who use drugs determine whether there are more-dangerous substances, such as fentanyl or xylazine, in the batch they bought. That helps them determine whether or how to safely use those drugs.

"Rapid test strips and similar technologies that detect fentanyl and other drugs are an important

tool that should be legal," the strategy document says.

However, SAMHSA announced in a recent letter that it would no longer pay for test strips, as part of the Trump administration's "clear shift away from harm reduction and practices that facilitate illicit drug use."

The administration has similarly attacked harm reduction programs in an executive order and its budget requests. It did not respond to specific questions about how this position interacts with the drug control strategy.

Regina LaBelle, a Georgetown University professor who served as acting director of the Office of National Drug Control Policy during the Biden administration, wrote about the contradiction in a blog post: "It is the height of rhetoric over reality to champion a tool while simultaneously cutting off the funding used to acquire it."

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