



National Association of State Alcohol and Drug Abuse Directors, Inc.

President
Flo Stein
North Carolina

**Testimony on FY 2010 Federal Funding for Addiction Treatment,
Prevention, Recovery Services and Research**

First Vice President
Joe M. Hill
Arkansas

**Submitted to the House Appropriations Subcommittee on Labor, Health and
Human Services (HHS), Education and Related Agencies**

*Vice President
for Internal Affairs*
J. Kent Hunt
Alabama

**The Hon. David Obey (WI), Chairman
The Hon. Todd Tiahrt (KS), Ranking Member**

*Vice President
for Treatment*
Emilio Vela, Jr.
Washington

**Submitted by Flo Stein, Chief of Community Policy Management,
North Carolina’s Division of Mental Health, Developmental disabilities, and
Substance Abuse Services**

*Vice President
for Prevention*
Debbie Synhorst
Iowa

**On behalf of the National Association of State
Alcohol and Drug Abuse Directors (NASADAD)**

*Immediate
Past President*
Barbara Cimaglio
Vermont

Wednesday, March 18, 2009, 2:00 p.m.

President NDIIC
Stephanie Colston
Florida

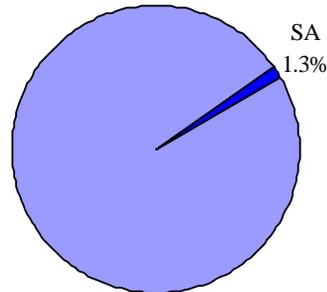
Regarding FY 2010 appropriations for:

Substance Abuse and Mental Health Services Administration (SAMHSA), with a focus on the Substance Abuse Prevention and Treatment Block Grant; Department of Education’s Safe and Drug Free Schools and Communities (SDFSC)—State grant program; National Institute on Drug Abuse (NIDA), and National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Secretary
Michael Botticelli
Massachusetts

Treasurer
Karen M. Carpenter-Palumbo
New York

**Substance Abuse Expenditures:
Represented 1% of All Health Spending in 2003**



**All Health = \$1,614 billion
Substance Abuse (SA) = \$21 billion**

SA = Substance Abuse Expenditures

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National Expenditures for Mental Health Services and Substance Abuse Treatment: 1993-2003, T. Mark, et al. Substance Abuse and Mental Health Services Administration (SAMHSA), 2007

Chairman Obey, Ranking Member Tiahrt, members of the Subcommittee, on behalf of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), and our component organizations, the National Prevention Network (NPN), and the National Treatment Network (NTN), thank you for your leadership on issues related to addiction. I am Flo Stein, NASADAD President and member from North Carolina. I am pleased to present testimony regarding FY 2010 funding priorities.

Scope of the Problem: According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH), approximately 23.2 million Americans aged 12 or older needed services for an alcohol or illicit drug problem in 2007. During the same year, approximately 2.4 million received treatment for such a problem at a specialty facility. As a result, approximately 20.8 million people needed but did not receive services in 2007 in a specialty facility.

Substance Abuse Spending Represents a Tiny Fraction of All Health Expenditures: Substance abuse expenditures represented 1.3 percent of all healthcare expenditures in 2003 (\$21 billion for substance abuse compared to \$1,614 billion for all health expenditures). Using inflation adjusted terms, the growth rate for all health spending from 1993 to 2003 was 4.6 percent, while the growth rate for substance abuse spending during this same time period was 1.4 percent.

Yet Addiction is Associated with Many Other Diseases: In a 2004 study appearing in the Journal of the American Medical Association (JAMA), researchers examined "actual causes of death" defined by the Centers for Disease Control and Prevention (CDC) as factors that contribute to leading killers such as heart disease, cancer and stroke. The study identified nine leading "actual causes of death." Tobacco, alcohol and illicit drugs – killing 530,000 Americans in 2000 – were three of the top nine. The others were diet/weight; microbial agents; toxic agents; motor vehicles; firearms and sexual behaviors.

Unaddressed Substance Abuse Problems are Costly: As noted in SAMHSA's *National Expenditures for Mental Health Services and Substance Abuse Treatment, 1993-2003* (2007), when substance abuse spending was \$15.5 billion in 1998, the total economic costs of alcohol abuse were approximately \$184.6 billion and the total economic costs for drug abuse were \$143.4 billion (Harwood, 2000). These costs were linked not only to medical consequences of alcohol/drug use, but also crime, lost earnings, motor vehicle crashes, and more.

Financial Investments in Addiction Services Save Taxpayer Dollars: The National Institute on Drug Abuse (NIDA) notes that for every dollar spent on addiction treatment programs, there is an estimated \$4 to \$7 reduction in the cost of drug related crimes. With some outpatient programs, total savings can exceed costs by a ratio of 12:1 (NIDA InfoFacts, 2006).

Maintain SAMHSA as Strong Agency: NASADAD supports action to ensure that SAMHSA remains a unique, strong and vibrant agency. SAMHSA has demonstrated excellent leadership and collaboration – promoting innovative strategies to improve our service delivery system. NASADAD thanks Dr. Eric Broderick, Acting Administrator of SAMHSA, for his work. SAMHSA is to be commended and should be considered a vital voice in discussions related to health reform.

Top Priority for FY 2010 – Increase Funding for Substance Abuse Prevention and Treatment (SAPT) Block Grant: NASADAD recommends \$1,928.6 million for the SAPT Block Grant in FY 2010 – an increase of \$150 million over FY 2009. Since 2007, as the economy and State budgets struggled, unemployment grew by 5.5 million. This is critical news for the SAPT Block Grant given that the NSDUH found unemployed persons need services at almost twice the rate as those with jobs.

An increase in SAPT Block Grant funds would help our public treatment system to better serve this increased need on the part of the low income and uninsured population.

Background: The SAPT Block Grant, a program distributed by formula to all States and territories, serves our nation's most vulnerable, low income populations: those with HIV/AIDS, pregnant and parenting women, youth, and others. This vital program helps States and communities address their own unique needs – whether the problem is alcohol, methamphetamine, and prescription drug abuse or persons using multiples substances. The SAPT Block Grant represents approximately 40 percent of treatment expenditures by State substance abuse agencies across the country.

SAPT Block Grant Funded Services Achieve Results: The SAPT Block Grant is an effective and efficient program that emphasizes accountability through the reporting of outcomes data. In particular, States have worked diligently with SAMHSA to implement the National Outcome Measures (NOMs) initiative. The SAMHSA/State partnership on NOMs promotes continuous quality improvement through a more systematic approach to data management and reporting. States now measure the impact of services on the use of alcohol and other drug use; employment; having stable housing; involvement with criminal activity; and efforts to live productively in the community. As noted by SAMHSA in 2008, SAPT Block Grant funded programs had positive results, where "...at discharge, clients have demonstrated high abstinence rates from both illegal drug (68.3 percent) and alcohol (73.7 percent) use."

In my own State of North Carolina, our Division of Mental Health, Developmental Disabilities and Substance Abuse Services reported 21,102 to treatment admissions in State Fiscal Year 2006/2007. In State Fiscal Year 2006/2007, North Carolina showed the following client outcomes at discharge: 82 percent were abstinent from alcohol use; 74 percent were abstinent from drug use; and 77 percent were involved in social support groups.

Important Prevention Funding within SAPT Block Grant: Twenty percent of the SAPT Block Grant is dedicated to funding much needed substance abuse prevention programming. In many States set-aside funding represents a large source of prevention funds for the agency. Overall, SAPT Block Grant funding represents 64 percent of State substance abuse agency prevention funding. In 21 States, the set-aside represents 75 percent or more of the agency's prevention budget.

The prevention set-aside has also helped produce demonstrable results. The Monitoring the Future (MTF) Survey found a 25 percent decline in any illicit drug use in the past month by 8th, 10th and 12th graders combined between 2001 and 2008. As a result, there were 840,000 fewer teens using drugs in 2008 compared to 2001. A strong commitment to the SAPT Block Grant will ensure a strong commitment to much needed prevention services for our youth.

Recent History of SAPT Block Grant Funding: NASADAD is thankful for the increase of \$19.9 million for the SAPT Block Grant in FY 2009. However, the program has suffered over the past few years: from FY 2004 to FY 2008, funding was cut by more than \$20 million. In fact, it is estimated that the 2010 SAPT Block Grant appropriation would have to be increased by \$403.7 million above the 2009 appropriation to maintain services at 2004 levels using the CPI-U as the proxy [Data courtesy of the New York State Office of Alcoholism and Substance Abuse Services (OASAS)]. As a result, NASADAD and others view an increase of \$150 million as a down payment to make up for lost ground.

Center for Substance Abuse Treatment (CSAT): NASADAD recommends \$489.3 million in FY 2010 – an increase of \$75million compared to FY 2009.

NASADAD is thankful for an increase of \$14.5 million for CSAT in FY 2009. This increase reversed the previous Administration's proposal to cut CSAT by \$63 million. The FY 2009 omnibus bill restored all or a portion of a number of NASADAD priority programs that were set to be eliminated, including:

Pregnant and Postpartum Women (\$11.8 million); Program Coordination and Evaluation, which includes Recovery Month (5.2 million); Strengthening Treatment Access & Retention (\$3.6 million); the Children and Families line – which includes the National Center on Substance Abuse and Child Welfare (NCSACW) and the State Adolescent Treatment Coordination Grant (SAC) (\$24.2 million). Other NASADAD programs that would have been significantly reduced under the previous Administration's proposed budget – yet were restored through the FY 2009 omnibus were:

Opioid Treatment Programs/Regulatory Activities (proposed cut of \$2.8 million); Targeted Capacity Expansion [TCE] (proposed cut of \$11.1 million); and the Addiction Technology Transfer Centers [ATTCs] (proposed cut of \$478,000).

NASADAD acknowledges Dr. H. Westley Clark, Director of CSAT, for his excellent leadership.

Center for Substance Abuse Prevention (CSAP): NASADAD recommends \$276.3 million – an increase of \$75 million compared to FY 2009.

NASADAD appreciates the \$6.8 million increase for CSAP in FY 2009. Approving the FY 2009 omnibus package restored funding for the following CSAP programs which were slated to be eliminated or reduced by the previous Administration:

Strategic Prevention Framework State Incentive Grant (a proposed cut of \$9.3 million); the Sober Truth on Prevention Underage Drinking [STOP Act] (proposed to be eliminated); Methamphetamine Prevention (proposed cut of \$2.4 million); and the Program Coordination/Data Coordination and Consolidation Center (proposed cut of \$5.2 million).

NASADAD applauds the work of Fran Harding, Director of CSAP, for her work and dedication.

Safe and Drug Free Schools and Communities – State Grants: NASADAD recommends \$346.5 million, representing a \$51.8 million increase over FY 2009.

The SDFSC State Grants program is an effective program that represents a core component of each State's prevention system. A number of Governors designate NASADAD members to manage these funds to ensure a more comprehensive, coordinated and effective approach to service delivery.

National Institute on Drug Abuse (NIDA): NASADAD is pleased with the \$25.5 million increase in FY 2009. NASADAD will support the percentage increase for NIH programs to be outlined soon by the Ad Hoc Coalition for Medical Research. NASADAD wishes to thank Dr. Nora Volkow, Director of NIDA, for her collaboration with State substance abuse agencies through its "Blending Initiative." This work improves the translation of research into everyday practice.

National Institute on Alcohol Abuse and Alcoholism (NIAAA): NASADAD applauds the \$14.7 million increase for NIAAA in FY 2009. NASADAD will support the percentage increase for NIH programs to be outlined soon by the Ad Hoc Coalition for Medical Research.

Outcomes from Substance Abuse Prevention and Treatment (SAPT) Block Grant for Selected States Represented on the House Appropriations Subcommittee on Labor, HHS, Education

Wisconsin's Division of Disability, Elder Services, Substance Abuse and Mental Health reported 33,314 admissions to treatment in State Fiscal Year 2007 and noted the following outcomes in 2007 for those clients completing treatment: 73 percent were abstinent at discharge; 58 percent were employed full time at discharge; 95 percent had no criminal justice activity at discharge. For prevention, the Division reported that fewer students experimented with alcohol before age 13 (37 percent in 2003 vs. 24 percent in 2005/2006) and past month marijuana use decreased (22 percent in 2003 vs. 16 percent in 2005).

Kansas Addiction and Prevention Services Division within the Department of Social & Rehabilitation Services reported 15,980 admissions in State Fiscal Year 2008 and noted the following outcomes comparing admission to discharge: a 64.4 percent increase in abstinence from alcohol use; a 64.2 percent increase in abstinence from drug use; a 16.5 percent increase in employment; and a 4 percent decrease in homelessness. The Division served 227,180 persons with prevention services and noted the following outcomes cited by the Kansas Communities that Care Survey: decrease in past 30 days use of alcohol (31.3% in 2006 vs. 27.2 in 2008); cigarettes (12.1 % vs. 10.4%) and marijuana (8.6% vs. 7.8%).

Oklahoma's Department of Mental Health and Substance Abuse Services reported 19,113 admissions to treatment and provided prevention services to 259,387 individuals in State Fiscal Year 2007. For SFY '07, the following client outcomes were reported at discharge for those completing long term residential treatment: 82 percent of clients were abstinent from alcohol; 61 percent of clients were abstinent from drugs; 36 percent of clients were employed/in school; 89 percent of clients gained or remained in stable living situations; and 91 percent of clients remained free of criminal justice involvement.

New York's Office of Alcoholism and Substance Abuse Services (OASAS) reports over 92,574 annual new admissions to the OASAS funded treatment system and, in the 2009 SAPT Block Grant application, included patient outcomes comparing admission to treatment to discharge: 53 percent increase in the number of patients abstinent from drug use; 28.6 percent increase in the number patients employed; 42.1 percent decrease in the number of patients who were homeless; and 51.4 percent decrease in the number of patients arrested in the past month.

California's Department of Alcohol and Drug Programs (ADP) reported 172,290 admissions during State Fiscal Year 2006/2007, noting the following outcomes comparing admission and discharge: 91.1 percent of clients were abstinent from alcohol use; 73.1 percent of clients were abstinent from drug use; 65 percent of clients were employed; 95.9 percent of clients reported no criminal justice involvement.

Rhode Island's Division of Behavioral Healthcare Services reported 8,170 admissions to treatment in 2006 and reported the following client outcomes: an 84.3 percent increase in the number of patients abstinent from alcohol; a 74.8 percent increase in the number of patients abstinent from other drugs; an 81.3 percent decrease in the number of patients arrested; and a 23 percent decrease in homelessness.

Virginia's Department of Mental Health, Mental Retardation and Substance Abuse Services reported 48,114 admissions to treatment and provided prevention services for 11,712 people in State Fiscal Year 2007. For State Fiscal Year 2006, the following client outcomes were reported: approximately 50 percent of clients reported abstinence from alcohol use; 70 percent of clients reported abstinence from drug use; and approximately 40 percent of clients were employed at discharge.