

**TESTIMONY FOR THE HOUSE APPROPRIATIONS SUBCOMMITTEE ON  
LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION:  
FY 2007 FUNDING FOR ALCOHOL AND DRUG TREATMENT, PREVENTION,  
EDUCATION AND RESEARCH PROGRAMS**

Submitted by State Associations of Addiction Services and Legal Action Center  
236 Massachusetts Avenue, NE, Suite 505, Washington, DC 20002  
March 30, 2007

State Associations of Addiction Services (SAAS) and the Legal Action Center (LAC) appreciate the opportunity to submit testimony on FY 2008 funding for alcohol and drug addiction treatment, prevention, education, and research programs. SAAS is a national organization representing state provider associations and community-based alcohol and drug abuse prevention and addiction treatment programs. The mission of SAAS is to ensure the availability and accessibility of quality drug and alcohol treatment, prevention, education, and research. The Legal Action Center is a non-profit law and policy organization that works to expand treatment and prevention services for people with alcohol and/or drug addictions, people living with HIV/AIDS, and people with criminal records.

**NATIONAL TRENDS IN DRUG USE AND ADDICTION**

**The unmet need for alcohol and drug treatment services in America is overwhelming.**

According to SAMHSA, in 2005 22.2 million people, or 9.1 percent of the population, were classified with substance dependence or abuse in the past year. However, only 2.3 million people reported receiving treatment at a specialty facility. Therefore, according to the NSDUH, there were 20.9 million people who needed treatment for an illicit drug or alcohol use problem but did not receive treatment at a specialty facility in the past year. Over forty percent of those who tried to get help for their addiction were denied treatment because of cost or insurance barriers. For many people, federal- and State-funded programs are the only means available to obtain treatment and prevention services. In many States, public spending accounts for more than 60% of the annual support for treatment and prevention services. The shortage of addiction treatment services results in waiting lists in many places, sometimes as long as six months.

The NSDUH also indicates that while the overall rate of illicit drug use has remained stagnant over the last three years with 19.7 million Americans reported as current drug users, the illicit drug usage rate for people between the ages of 50 and 59 has significantly increased. The NSDUH found that the number of “baby-boomers” (persons aged 50-59) reporting current illicit drug use rose from 2.7 to 4.4 percent between 2002 and 2005. Although rates for non-medical prescription drug use among adults are largely unchanged the past year, these rates have risen for young adults. 6.4 million people reported using prescription drugs non-medically in the past month. Of these individuals, 4.7 million misused narcotic pain relievers, 1.8 million misused tranquilizers and 1.1 million used stimulants (including 512,000 methamphetamine users). The number of young adults using prescription drugs non-medically increased from 5.4 percent in 2002 to 6.3 percent in 2005.

Additionally, youth around the nation are widely exposed to drug and alcohol use and may not receive access to comprehensive prevention services. Although we are encouraged by findings in the National Institute on Drug Abuse’s 2006 Monitoring the Future Survey that youth drug use continues to decline for many drugs, there is concern with the indication of increased use of

sedatives, OxyContin and Vicodin. We must continue to invest in the best treatment and prevention options and provide services that are evidence-based. Adequate drug and alcohol prevention services, including those provided by the Safe and Drug Free Schools and Communities State Grants program, need to be available for all young people to reduce their risks of poor health, diminished academic performance, and involvement in the juvenile justice system. We must continue to invest in the best treatment and prevention options and provide services that are evidence-based, ensuring that our wealth of science becomes incorporated into everyday practice.

**CLOSING THE TREATMENT AND PREVENTION SERVICES GAP:**  
**FIELD RECOMMENDATIONS FOR SUBSTANCE ABUSE PREVENTION, TREATMENT, EDUCATION AND RESEARCH FUNDING FOR FY 2007**

In partnership with other prevention and treatment advocates, we urge Congress to adopt the following funding levels in FY 2008 for alcohol and drug treatment, prevention, education, and research programs in the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Education, and the National Institutes of Health. These investments will provide desperately needed services in communities across the country:

- **\$1.8586 billion** for the Substance Abuse Prevention and Treatment Block Grant, the foundation of the publicly supported prevention and treatment system in this country.
- **\$410 million** for the Center for Substance Abuse Treatment (CSAT)
- **\$210 million** for the Center for Substance Abuse Prevention (CSAP)
- **\$355 million** for the Safe and Drug Free Schools and Communities State Grants program
- **\$465 million** for research at the National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- **\$1.0664 billion** for research at the National Institute on Drug Abuse (NIDA)

**ADDICTION IS A CHRONIC ILLNESS THAT CAN BE PREVENTED AND TREATED WITH EFFICIENT AND COST-EFFECTIVE SERVICES**

**Addiction is a chronic illness with lower relapse rates than those for hypertension and asthma and higher rates of patient compliance with treatment.** Relapse from addictions treatment for opioids and cocaine is less than 50 percent, meaning that most of the persons who receive treatment for these addictions recover.<sup>1</sup> Research indicates that drug and alcohol treatment and prevention services save lives and money. Numerous studies have demonstrated the effectiveness of treatment and prevention in reducing alcohol and drug addiction and use. Addictions treatment has been shown to cut drug use in half, reduce crime by 80 percent and reduce arrests up to 64 percent.<sup>2</sup> Addiction treatment is also sustainable; addictions treatment is significantly associated with a 67% reduction in weekly cocaine use, a 65% reduction in weekly heroin use, a 52% decrease in heavy alcohol use, a 61% reduction in illegal activity, and a 46%

---

<sup>1</sup> O'Brien CP, McLellan AT. Myths about the Treatment of Addiction (1996). The Lancet. Volume 347 (1996), 237-240.

<sup>2</sup> The National Treatment Improvement Evaluation Study (NTIES), Substance Abuse and Mental Health Services Administration (1997).

decrease in suicidal ideation one year post treatment. Moreover, these outcomes are generally stable for the same clients five years post treatment.<sup>3</sup>

**Prevention also has been shown to be effective in reducing alcohol and drug use and the risk of addiction, and in effecting academic achievement.** A recent University of Washington study found that the level of peer substance use in schools has a substantial impact on academic performance; students whose peers avoided substance use had test scores that were on average 18 points higher for reading, and 45 points higher for math. The Center for Substance Abuse Prevention (CSAP) has identified dozens of model prevention programs backed by research findings of effectiveness that empower communities to meet their unique needs.

**In addition to reducing drug use, treatment and prevention are cost-effective.** According to SAMHSA, for every dollar the United States Government spends on addictions treatment it saves \$7 to \$25 in other costs. A number of state studies have also demonstrated the cost-effectiveness of treatment and prevention. One study found that in Ohio, every \$1 spent on addiction treatment saved \$11 in other health care costs. A Washington state study showed a 50 percent decrease in all other medical expenses for those receiving treatment. In Minnesota, a recent study showed that one year after alcohol and drug treatment, 67 percent of investment from reductions in all other health care costs was recovered. In addition, a Washington state study of school-based prevention programs found that a number of these programs resulted in a \$70.34 benefit for each dollar of programming spent for each participating young person. These savings resulted from increased productivity and reduced health care, criminal justice, and social services costs.

### **FEDERAL FUNDING IS ESSENTIAL TO PREVENT SUBSTANCE ABUSE AND TREAT ADDICTION**

**Programs that serve people with alcohol and drug addiction depend nearly exclusively on public funds.** According to SAMHSA's recent National Expenditure Report, public funding provides the vast majority of substance abuse expenditures, increasing from 62 percent in 1991 to 76 percent in 2001. Private insurance represented only 13 percent of addiction treatment expenditures in 2001, while it covered 36 percent of all health care expenditures. Without a strong federal commitment to closing the treatment gap, educating young people about the importance of refraining from using illicit drugs and alcohol, and making further advances on the science of addiction, substance use and addiction will continue to be one of the nation's top health problems, causing more deaths, illnesses, and disabilities than most other preventable health conditions.

**Although the alcohol and drug addiction treatment system relies heavily on public funds, an extremely small percentage of health care spending is used for treatment.** In 2001, of the \$1.4 trillion spent on health care, an estimated \$18 billion was devoted to treatment of alcohol and drug addiction. This amount constituted just 1.3 percent of all health care spending and a fraction of the economic and social costs of substance use and addiction: in 1998, the total economic costs of alcohol abuse were estimated to be \$185 billion and the total economic costs of drug abuse were \$143 billion, a total of \$328 billion. These costs include medical consequences, lost earnings linked to premature death, lost productivity, motor vehicle crashes,

---

<sup>3</sup> Hubbard, R.L. (1997). Overview of 1-year Follow-up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors*, 11, 261-278. (2003) Overview of 5-year Follow-up Outcomes in the Drug Abuse Treatment Outcomes Studies (DATOS). 263-70.

crime, and other social consequences. Funding for addiction treatment is not even keeping pace with inflation. Expenditures on drug and alcohol treatment grew 1.7 percentage points less than the growth rate of all health care.

**Funding for the Substance Abuse Prevention and Treatment (SAPT) Block Grant, the foundation of the publicly supported prevention and treatment system in this country, has been cut by over \$20 million over the past two years.** SAMHSA's Centers for Substance Abuse Treatment and Prevention have also sustained significant funding cuts, respectively losing over \$23 million and nearly \$9 million over the past few funding cycles.

### **IMPORTANCE OF FUNDING THE CONTINUUM OF PREVENTION, TREATMENT, AND RESEARCH**

State Associations of Addiction Services and the Legal Action Center urge Congress to help improve access to, and the effectiveness of, services by increasing support for the following programs:

- **\$1,808,600,000 for Substance Abuse Prevention and Treatment Block Grant**  
The Substance Abuse Prevention and Treatment (SAPT) Block Grant is the cornerstone of the nation's prevention and treatment system, providing roughly half of all public funding for treatment services. According to SAMHSA's most recent data, the SAPT Block Grant serves nearly 2 million people every year; over 10,500 community-based organizations receive Block Grant funding from the states. The Block Grant also provides crucial support for the states' prevention programs, designating 20 percent of the total funding for this purpose. To help meet the pressing need for treatment and prevention services and to provide resources to improve their effectiveness, we urge Congress to fund the SAPT Block Grant at \$1.8086 billion, a \$50 million increase.

In many local jurisdictions, individuals can wait long periods before they are able to access appropriate drug and alcohol treatment. This access problem is caused in part by the fact that private and public insurance frequently do not cover the cost of treatment and states face unprecedented financial pressures, making treatment funding even more scarce and increasing the importance of the Block Grant. Funding the full continuum of services is extremely difficult for many jurisdictions given the limited amounts of funds that are available, the pressures facing other funding streams, such as Medicaid, and the restricted coverage provided by private insurance. Additional Block Grant funding would help alleviate the pressure on services and provide greater access to high-quality drug and alcohol prevention and treatment services.

- **\$422 million for the Center for Substance Abuse Treatment (CSAT)**  
Sustaining and increasing funding for CSAT programming is essential to close the treatment gap. Funding for the Best Practices portfolio within CSAT, which supports effective treatment through the adoption of evidence-based practice, is critical in order to ensure that what is learned about addiction through scientific research is effectively shared with the treatment provider community. CSAT supports this technology transfer through its Addiction Technology Transfer Centers (ATTCs), which are located regionally throughout the nation and provide training and technical assistance to providers. In addition, funding for CSAT's Targeted Capacity Expansion programs that support services that are tailored to address specific and emerging drug epidemics and/or underserved populations, such as youth, pregnant and parenting women, and communities of color must be strengthened. These CSAT funds enable states and regions dealing with

emerging needs, such as veterans returning home in need of essential addiction treatment services, to appropriately address them. Ensuring that these programs continue to receive support is critical, since many of these programs locally do not receive traditional Block Grant funding. Another key program we urge support for within CSAT is the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program which helps to link primary care and emergency services providers with treatment programs in order to target individuals, particularly youth, whose abuse of alcohol and drugs is incipient.

We support the innovative approaches that SAMHSA has developed to expand the continuum of services offered and the range and capacity of providers. As we continue to learn from the Access to Recovery program, we support building on the program's successes, including providing additional support for recovery support services critical to helping individuals stay healthy and drug-free. We also support the Administration's proposed methamphetamine treatment grants; recent SAMHSA data has shown the need for additional funding, as methamphetamine admissions increased nationally between 1993 and 2003 from 13 to 56 admissions per 100,000 people ages 12 and older. However, while we applaud the Administration's recognition of the need to treat the increasing numbers of individuals who are addicted to methamphetamine, often in combination with other drugs, including alcohol, as States purchase services differently, we ask that there not be a required funding mechanism for this grant program.

- **\$205 million for the Center for Substance Abuse Prevention (CSAP)**

Addiction is a disease that begins in adolescence; research by the National Institute on Drug Abuse (NIDA) has shown that if we can stop use and abuse before age 25, we will significantly reduce the prevalence of addiction. Prevention efforts are effective in deterring young people from using illicit drugs and alcohol. We strongly support CSAP's Strategic Prevention Framework to promote the use of performance measurement by providers, expand collaboration across community agencies, and support implementation of effective prevention programs at the State and community levels. CSAP's Strategic Prevention Framework will help communities to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span.

- **\$400 million for the Safe and Drug Free Schools and Communities State Grants program**

The federal Safe and Drug Free Schools and Communities Act Program is the backbone of school-based prevention efforts in the United States, and it is having a significant impact in many states. In Ohio, the percentage of youth in grades six through eight who reported using illegal drugs at least once during the past year declined at a rate of 21 percent, from 14.9 percent in the 1998-1999 school year to 11.7 percent in 2002. We strongly urge the Subcommittee to support this program and to protect its funding. According to recent data, upwards of 37 million youth are served annually by programs funded through SDFSC. Cutting the SDFSC program will leave millions of American children without any drug education.

- **\$457.6 million for research at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and \$1.0497 billion at the National Institute on Drug Abuse (NIDA)**

Research into the causes, costs, treatment, and prevention of alcoholism and drug addiction plays an important role in improving the quality of services. Both agencies are taking steps to promote the transfer of new research to practice, including collaboration with SAMHSA, state agencies

and providers. Over the past several years, NIDA has made extraordinary scientific advances in understanding the nature of addiction, such as those made through the use of imaging technologies like positron emission tomography (PET scans), and through the development of new treatment technologies and medications, such as buprenorphine used to treat opiate addiction. Research on addiction as a disease has been useful in the development and testing of new science-based therapies. NIAAA also has conducted breakthrough research that has improved clinical practice, with much of this research focusing on the genetics, neurobiology, and environmental factors that underlie alcohol addiction. NIAAA also has sought to use new information about alcohol use to promote education and an effective public health response to this problem.

#### **CONCLUSION**

Our nation is spending only a fraction of what is necessary to prevent alcohol and drug abuse and treat addiction – a total of \$18 billion from all sources of funds, compared to social and economic costs estimated well in excess of \$300 billion. Public funding supports three-fourths of those expenditures, and funding appropriated by Congress is the critical foundation for prevention, treatment, education, and research. State Associations of Addiction Services and the Legal Action Center urge the Committee to approve the funding levels that we and other organizations in the field have recommended.

Thank you for your consideration.