

**TESTIMONY FOR THE HOUSE APPROPRIATIONS SUBCOMMITTEE ON  
LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION:  
FY 2011 FUNDING FOR ALCOHOL AND DRUG PREVENTION, TREATMENT,  
RECOVERY AND RESEARCH PROGRAMS**

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State Associations of Addiction Services (SAAS) and the Legal Action Center (LAC) appreciate the opportunity to submit testimony on FY 2011 funding for substance use prevention and addiction treatment, recovery, and research programs. SAAS is a national organization representing state provider associations and community-based alcohol and drug abuse prevention and addiction treatment programs in 43 states. The mission of SAAS is to ensure the availability and accessibility of quality drug and alcohol treatment, prevention, education, and research programming. The Legal Action Center is a non-profit law and policy organization that works to expand services for people with alcohol and/or drug addictions, people living with HIV/AIDS, and people with criminal records.

**FIELD RECOMMENDATIONS FOR SUBSTANCE USE PREVENTION, AND ADDICTION TREATMENT,  
RECOVERY SUPPORTS AND RESEARCH FUNDING FOR FY 2011**

The unmet need for alcohol and drug treatment services in America is overwhelming, with only 10% of the more than 23 million Americans in need actually receiving care. Strategies and programs proven effective in preventing alcohol and drug problems reach far too few of our young people. We respectfully request that Congress increase funding for key alcohol and drug programs in order to meet this incredible need. In partnership with other prevention and treatment advocates, we urge Congress to adopt the following funding levels in FY 2011 for alcohol and drug prevention, treatment, and recovery and research programs in the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institutes of Health. These investments will provide desperately needed services in communities across the country:

- **\$2.0085 billion** for the Substance Abuse Prevention and Treatment Block Grant
- **\$529.6 million** for the Center for Substance Abuse Treatment (CSAT)
- **\$277.2 million** for the Center for Substance Abuse Prevention (CSAP)
- **\$522.4 million** for the National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- **\$1.1976 billion** for the National Institute on Drug Abuse (NIDA)

**ADDICTION IS AN ILLNESS THAT CAN BE PREVENTED AND TREATED WITH SERVICES THAT WORK  
AND SAVE MONEY**

Numerous studies have demonstrated the effectiveness of substance abuse prevention and addiction treatment services in reducing alcohol and drug addiction and use. Addiction treatment has been shown to cut drug use in half, reduce crime by 80 percent and reduce arrests up to 64 percent. Addiction treatment is also sustainable; treatment is significantly associated with a 67 percent reduction in weekly cocaine use, a 65 percent reduction in weekly heroin use, a 52 percent decrease in heavy alcohol use, a 61 percent reduction in illegal activity, and a 46 percent decrease in suicidal ideation one year post treatment. Moreover, these outcomes are generally stable for the same clients five years post treatment.

Prevention also has been shown to be effective in reducing alcohol and drug use and the risk of addiction, and in improving 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 numerous models of 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 addiction 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.

#### **CLOSING THE ADDICTION TREATMENT GAP**

Alcohol and drug addiction is a preventable and treatable disease – just like cancer, diabetes, and heart disease. People with addictions can and do recover and have a meaningful life in the community, if they get the help they need. However, while addiction afflicts almost one in ten Americans and affects one of every four children, only *9.9% of the 23.1 million* people who need treatment for alcohol and drug problems receive it.

According to SAMHSA, in 2008 23.1 million Americans, or 9.9 percent of the population aged 12 or older, needed treatment for an illicit drug or alcohol use problem. Of these, just 2.3 million individuals received treatment at a specialty facility, leaving 20.8 million persons in need of these life-saving services.

Passage of the Wellstone/Domenici Mental Health Parity and Addiction Equity Act and the Patient Protection and Affordable Care Act presents a tremendous opportunity to ensure that many more Americans receive the addiction treatment care they need to enter into recovery. However, as these laws are implemented over the next several years, it is extremely important that critical safety net programs such as the Substance Abuse Prevention and Treatment Block Grant continue to receive the strongest possible federal support to close the addiction treatment gap. Those resources will remain vitally important, as a bridge to when health reform takes effect, and beyond in order to provide services to those who remain uninsured as well to support prevention and recovery support and other services not covered by private and public insurance.

We are encouraged by the proposed initiatives aimed at improving collaboration between the addiction treatment and primary care systems to close the addiction treatment gap. Efforts to educate and train primary care professionals about addiction, treatment and recovery need to be strengthened. In crafting initiatives to better integrate addiction treatment into the primary care

system, such as the Federally Qualified Health Centers and Indian Health Service proposals in the FY 2011 budget, we urge the Committee to work to ensure that:

- Coordination among the federal agencies of jurisdiction, the single state authorities for substance abuse, and the community-based addiction treatment system is required.
- Community-based addiction service providers have a strong, clear role as these initiatives are developed.
- There is sufficient funding to support the additional individuals who are identified in the primary care system as needing addiction treatment and referred into the community-based addiction treatment system to receive care.

In addition, as providers of addiction treatment services work to strengthen existing or institute new health information technology systems, we urge the Committee to support the President's budget request for funding through the Office of the National Coordinator for Health Information Technology (ONC) for these purposes. This is particularly important since addiction service providers were not eligible for health information technology funds appropriated in the Recovery Act.

**ENSURING OUR NATION'S YOUTH RECEIVE THE PREVENTION STRATEGIES AND SERVICES THEY NEED**

It is also essential that we invest in our nation's youth by ensuring that they have access to quality substance abuse prevention and addiction treatment services. Currently millions of young people never benefit from proven substance abuse prevention strategies that are successful and cost-effective.

Alcohol remains the most heavily abused substance by America's youth. Although there has been a significant decline in tobacco and illicit drug use among teens, underage drinking has remained at consistently high levels. In addition, although rates for non-medical prescription drug use among adults are largely unchanged the past year, these rates have risen for young adults.

With the zeroing out of the Safe and Drug Free Schools and Communities (SDFSC) State Grants Program, the only federal money for drug and violence prevention that went to every school district in the country, the country's school-based prevention infrastructure is at risk for complete elimination. Without additional federal investment, millions of American children will be left without any drug prevention education and thousands of jobs around the country will also be eliminated.

We urge the Committee to ensure that any Department of Education school climate prevention programs that receive funding in the FY 2011 budget have an explicit, required focus on drug and alcohol use prevention. Without continued universal prevention, we will lose the gains that we have made in preventing tobacco and illicit drug use and will increase the risk for higher alcohol abuse.

**THE ENTIRE CONTINUUM OF PREVENTION, TREATMENT, AND RESEARCH PROGRAMMING MUST BE ADEQUATELY FUNDED**

We urge Congress to improve access to, and the effectiveness of, life-saving drug and alcohol services and research by increasing support for the following programs:

- **\$2.0085 billion for the Substance Abuse Prevention and Treatment Block Grant**

Funding for the Substance Abuse Prevention and Treatment (SAPT) Block Grant, the foundation of the publicly supported prevention and treatment system in this country, received level funding or cuts over the past several years. As the cornerstone of the nation's prevention and treatment system, the SAPT Block Grant must receive increased funding in order to meet current demand and increase access to services. SAMHSA's most recent data indicates that the SAPT Block Grant serves an average of 2 million people every year, providing a large part of all public funding for treatment services. 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, because of the required designation of 20 percent of the total funding for this purpose.

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, including recovery supports, 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.

- **\$529.6 million for the Center for Substance Abuse Treatment (CSAT)**

Although the FY 2011 administration budget proposes a \$32.4 million increase to CSAT, a more significant increase in funding for CSAT programming is essential to close the treatment gap. Funding for CSAT's Programs of Regional and National Significance supports States and communities to carry out an array of activities for service capacity expansion, service improvements and other priority needs. These programs are critical in order to ensure that what is learned about addiction through scientific research is effectively shared with the treatment provider community.

We also support the innovative approaches that SAMHSA has developed to expand the continuum of services offered and the range and capacity of providers. Peer recovery support services, provided through CSAT's Access to Recovery and Recovery Community Services Programs, are integral to recovery-oriented systems of care. We support building on these program's successes, including providing additional support for recovery support services critical to helping individuals stay healthy and drug-free.

In addition, funding for CSAT's portfolio that supports 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 funded services are critical and enable states and regions dealing with emerging needs, such as veterans returning home in need of essential addiction treatment services, to appropriately address them. We also urge support for CSAT's criminal justice programming and the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program.

- **\$277.2 million for the Center for Substance Abuse Prevention (CSAP)**

Addiction is a disease that begins in adolescence; young people who start drinking before the age of 15 are five times more likely to have alcohol problems later in life than those who begin drinking at age 21 or older. 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 is helping communities to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span and needs increased funding to continue and to expand its reach.

- **\$522.4 million for research at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and \$1.1976 billion at the National Institute on Drug Abuse (NIDA)**

Research into the causes, costs, treatment, and prevention of alcoholism and drug addiction plays an essential role in improving the quality of services. Increasing the support available for research on drug and alcohol addiction would allow future research to focus on additional effective prevention strategies, medications development, and treatment and service delivery throughout the criminal justice system.

NIAAA and NIDA are both 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 the new treatment technologies and medications. Additionally, NIDA's Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) research is designed to improve outcomes for people with substance use disorders by improving the integration of drug abuse treatment with other public health and public safety systems. 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 \$21 billion from all sources of funds, compared to social and economic costs estimated well in excess of \$350 billion. Public funding supports three-fourths of those expenditures, and funding appropriated by Congress is the critical foundation for prevention, treatment, recovery supports, 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.