



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

March 12, 2013

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The Honorable Barbara Mikulski  
Chairwoman  
Senate Appropriations Committee  
United States Senate  
503 Hart Senate Office Building  
Washington, DC 20510

The Honorable Richard Shelby  
Ranking Member  
Senate Appropriations Committee  
United States Senate  
304 Russell Senate Office Building  
Washington, DC 20510

Dear Chairwoman Mikulski and Ranking Member Shelby:

On behalf of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), thank you for your leadership on the Substance Abuse Prevention and Treatment (SAPT) Block Grant. In the FY 2013 Senate Appropriations Bill, Congress increased the SAPT Block Grant by \$20 million. We appreciate the increase as it would restore a reduction to the SAPT Block Grant in FY 2012 as a result of a decision by the Department of Health and Human Services (HHS) to “tap” or redistribute approximately \$20 million, or 1.25 percent of the FY 2012 appropriated amount for the program. We understand the challenges you face in reducing the budget deficit and addressing the issues with sequestration. As you consider funding legislation, we urge you to consider the impact of further reductions on the SAPT Block Grant and other key programs administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), particularly given the concerns raised nationwide about the need to improve our mental health and substance abuse systems following the tragedy in Newtown, CT.

The SAPT Block Grant accounts for, on average, 42 percent of funds spent by State substance abuse agencies, but in some States it is as high as 84 percent. The program supports services such as outpatient, intensive outpatient, detoxification, and residential, as well as recovery supports, and community and school-based prevention efforts. By law, 20 percent of the SAPT Block Grant is dedicated to fund much needed substance abuse prevention services. On average, the SAPT Block Grant set-aside represents the single largest source of prevention funding – 64 percent – for State substance abuse agencies across the country. In 21 States, the set-aside represents 75 percent or more of the agency’s prevention budget, and in at least 5 States it is 100 percent of an agency’s substance abuse prevention expenditures. The SAPT Block Grant is critical for individuals who do not have health insurance or for services that are not reimbursable by Medicaid such as residential care, prevention and recovery-support services. A reduction to the SAPT Block Grant may result in:

- A reduction in capacity at all levels of services: outpatient care, detoxification, crisis stabilization, prevention, early intervention activities, and services to women, children, and veterans
- Fewer people may be able to access services for prescription drug abuse; a reduction could result in an increase in drug-related deaths
- Underage drinking is at a *historic low* according to National Institute on Drug Abuse’s (NIDA) Monitoring the Future survey. Reduced spending would likely contribute to reversing these gains by reducing or eliminating critical youth programs and community coalitions. It would also make it difficult for States to address prescription drug abuse/misuse and an increase in marijuana use among youth
- Important data collection and evaluation components would be eliminated making it more difficult to track drug trends, formulate strategies and evaluate programs

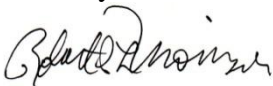
These funds are especially important given the current treatment gap. According to the latest National Survey on Drug Use and Health (NSDUH) in 2011, 21.6 million persons aged 12 or older needed treatment for a drug or alcohol use problem. During the same year, only 2.3 million people received treatment in a specialty facility. Among those individuals who made an effort to receive treatment, two of the most often cited barriers were lack of health insurance and not being able to afford the cost of services. However, even with the treatment gap, SUD spending is just a fraction of all health spending. In 2003, substance abuse expenditures represented 1.3 percent of all healthcare expenditures in 2003 (\$21 billion for substance abuse vs. \$1.6 trillion for all health expenditures). A 2000 study in the *American Journal of Public Health* found that 25 percent of all U.S. children are exposed to alcohol or other drug dependence within their families. Another study found that problematic use of alcohol or other drugs in the home is linked with poorer school performance, increased risk of delinquency, child neglect, divorce and violence. The 2010 U.S. Drug Control Strategy cites that untreated addiction costs society over \$400 billion annually with \$120 billion of that in wasted or inappropriate health care procedures.

Again, we appreciate the Committee's work to invest in substance abuse prevention, treatment and recovery services. For every dollar spent on addiction treatment programs there is a \$4 to \$7 reduction in the cost of drug-related crime. Treating addiction has been shown to reduce medical bills per person by half. We have worked to ensure accountability for the SAPT Block Grant. An independent and comprehensive evaluation of the program released in June 2009 (see <http://www.tie.samhsa.gov>) found that the SAPT Block Grant ensures accountability through enhanced State-federal communication, program monitoring, and data reporting. In 2011, according to SAMHSA, individuals receiving services from SAPT Block Grant funded programs demonstrated high abstinence rates at discharge from both illegal drug (74 percent) and alcohol (78 percent) use and 92 percent reported no involvement in the criminal justice system. State-level data also shows outcomes, for example:

- **North Carolina:** In 2012 of 17,519 adult consumers involved in substance abuse treatment, 82.1% reported no alcohol usage during their first three months of treatment.
- **Alabama:** Drug related juvenile arrests have nearly been cut in half, from 1,167 in 2006 to 643 in 2012.
- **Arizona:** 30-day use of alcohol among youth dropped from 34.4% in 2006 to 28.1% in 2012. Binge drinking among youth dropped from 19.9% to 15.7% during this same time period.

Thank you again for your leadership regarding SAMHSA and the SAPT Block Grant. We urge you to restore reductions made to SAMHSA and work to strengthen our mental health and substance abuse systems.

Sincerely,



Robert Morrison  
Executive Director

Cc: The Honorable Tom Harkin, Chairman  
The Honorable Jerry Moran, Ranking Member