

Substance Abuse Prevention and Treatment (SAPT) Block Grant: *Prevention Set-Aside*

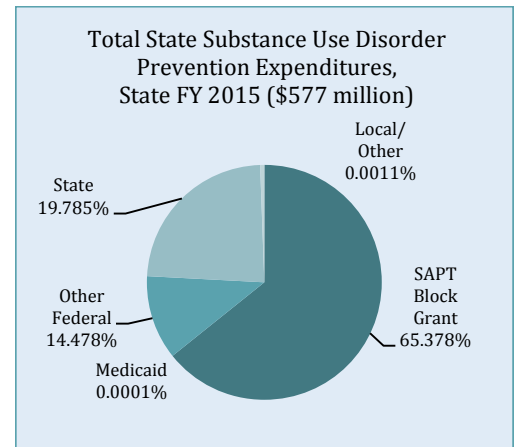
Overview

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is the largest federal formula grant to State alcohol and drug authorities, supporting substance use disorder prevention, treatment, and recovery, amounting to \$1.858 billion in FY 2016.

Federal statute requires States to direct at least 20 percent of the SAPT Block Grant toward primary prevention services, amounting to \$371 million in FY 2017.¹

The prevention set-aside represents the single largest source of funding in each State's prevention system, making up 65 percent of the primary substance abuse prevention funding States, U.S. territories, and Washington, D.C. have.² In terms of overall substance use disorder prevention funding managed by State alcohol and drug authorities, in:

- 4 States, the set-aside makes up 100 percent;
- 14 States, the set-aside makes up 75-99 percent;
- 19 States, the set-aside makes up 50-74 percent;
- 11 States, the set-aside makes up 25-49 percent; and
- 3 States, the set-aside makes up 24 percent or less.



Other resources, including State funding (19.8%) and other federal funding including discretionary grants (14.5%), play an important role in providing State substance use disorder prevention services, but the SAPT Block Grant prevention set-aside is the primary source of funding.²

Scope of the Problem

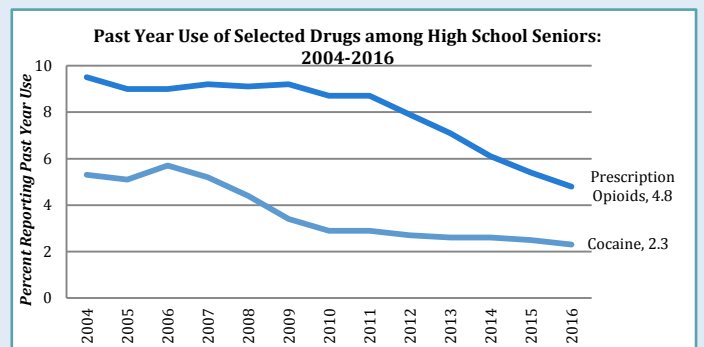
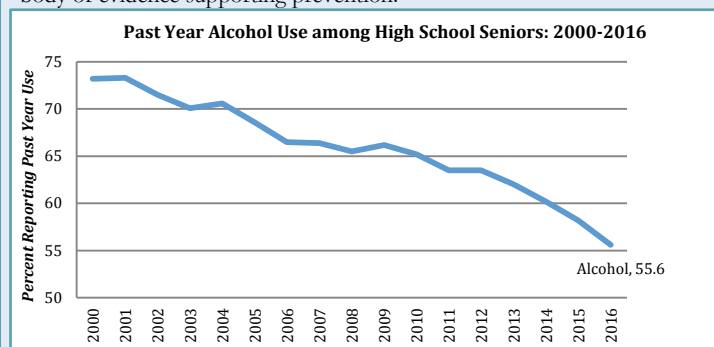
Substance use disorders continue to be a major problem in the United States. The 2015 National Survey on Drug Use and Health (NSDUH) provides the following estimates about drug use in the United States³:

- 27.1 million (12 and older) used illicit drugs in the past month.
- 22.2 million (12 and older) used marijuana (1.8 million adolescents age 12-17).
- 17.3 million (12 and older) reported heavy alcohol use in the past month.
- 3.8 million (12 and older) misused prescription pain relievers.
- 2.2 million adolescents (12-17) used illicit drugs in the past month.
- 1.9 million (12 and older) used cocaine.
- 21.7 million (12 and older) required treatment for a substance use problem.
- 3.0 million (14.2%) of adults who needed treatment received it. In 2010 only 9.7 percent received treatment.

NSDUH data show that the overall rate of current (past month) illicit drug use rose from 8.7 percent of individuals 12 and older in 2011 to 10.1 percent in 2015.³ Alcohol abuse is the fourth leading cause of preventable death according to the Centers for Disease Control and Prevention (CDC).⁴ There were 55,403 lethal drug overdoses in 2015, and more than half (59.7%) were related to opioids.⁵ In 2015, prescription and illicit opioids killed 33,091 people in the U.S., an increase of nearly 5,000 deaths from 2014.⁵

Prevention Success Stories

The Monitoring the Future study has tracked drug use trends among high school students for the past 42 years.⁶ The data provide a window into high school seniors' substance use, and offer insights into successful prevention efforts. Past year alcohol use among high school seniors has been trending downward in recent years, and is currently at the lowest rate since the year 2000. Additionally, in 2016 the rate of teens reporting they have "been drunk" in the past year (37.3%) was the lowest in the survey's history. Looking at the last decade, use of prescription opioid pain relievers and cocaine has also decreased among 12th graders. Although non-medical use of prescription opioids remains a serious issue in the adult population, teen use of prescription opioid pain relievers is trending downwards among 12th graders, with a 45% drop in past year use compared to five years ago. While work remains, especially with regard to marijuana use prevention, it is important to recognize the success of prevention efforts and build upon the body of evidence supporting prevention.



How SAPT Block Grant Set-Aside Funds Are Used

By statute, the SAPT Block Grant prevention set-aside must be spent on primary prevention services or services for individuals who have not been identified as needing treatment. States have the flexibility to use data to decide how to spend funds based on their local needs. The average expenditure percentages below reflect the numbers reported by States in 2015. Categories include:

- **Information Dissemination:** increase knowledge and awareness of the dangers associated with drug use and abuse (14.8%).
- **Education:** build skills to prevent illicit drug use, including decision making, peer resistance, stress management, and interpersonal communication (25.7%).
- **Alternatives:** organize healthy activities that exclude alcohol and illicit drugs (8.6%).
- **Problem Identification:** identify individuals abusing alcohol and illicit drugs and assess whether they can be helped by educational services (6.9%).
- **Community-Based Process:** provide networking activities and technical assistance to community groups and agencies (26.3%).
- **Environmental:** establish strategies for changing community standards, codes, and attitudes towards alcohol and illicit drug use (10.1%).^{1,2}

Targeted Prevention Efforts

In addition to general primary prevention efforts, States can use SAPT Block Grant prevention set-aside funds to target specific populations that may be at increased risk for developing a substance use disorder. In 2015, the following populations were targeted: Rural communities (60.0% of States); College Students (58.3%); Underserved Racial and Ethnic Minorities (50.0%); Military Families (41.7%); African American (40.0%); Hispanic (38.3%); LGBTQ (35.0%); American Indian/Alaska Native (33.3%); Asian (30.0%); Native Hawaiian/Other Pacific Islanders (26.7%); and Homeless (18.3%).²

Role of State Alcohol and Drug Authorities and Prevention

NASADAD represents State alcohol and drug authority directors from the fifty States, the District of Columbia, and the five U.S. Territories. The National Prevention Network (NPN) is a component organization of NASADAD. The NPN consists of State prevention coordinators who work with State alcohol and drug authority directors to provide high quality alcohol, tobacco, and illicit drug use prevention services. States work with local communities to ensure that public dollars are dedicated to effective programs using tools such as: providing data for data-driven decision making; workforce development through training and credentialing; performance data management and reporting; and technical assistance to community coalitions. Use of evidence-based prevention practices is encouraged among State alcohol and drug authorities.

Reduced Substance Abuse Prevention Resources

The SAPT Block Grant remains the largest source of funding for prevention programs managed by State alcohol and drug authorities. In recent history, both State and federal funding for substance use disorder prevention and treatment have remained stagnant. Despite staggering increases in opioid overdose deaths, total primary prevention expenditures managed by State alcohol and drug authorities dropped from \$583 million in 2008 to \$577 million in 2015.² However, in 2016 Congress worked with the Administration to reverse this trend by allocating \$1 billion to States for opioid-related services in the 21st Century Cures Act, and by approving and funding programs in the Comprehensive Addiction and Recovery Act, among other efforts. States need this type of continued funding for prevention—as well as treatment and recovery—to aid individuals suffering from or at risk for substance use disorders.

Evidence-based substance abuse prevention is effective in reducing the costly individual, societal, and health consequences associated with the disease of addiction. Fully-funded prevention activities reduce access to alcohol, tobacco, and drugs; change social attitudes; raise awareness about the consequences of substance use disorders; and build communities' capacities to effectively deal with addiction.

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Evidence-Based Practices:

According to 2014 State reports on the SAPT Block Grant, approximately 71% of SAPT Block Grant prevention set-aside funds were spent on evidence-based practices.

Cost Savings:

Evidence-based prevention strategies have returns on investment of up to \$18:1 (that is, saving \$18 for every \$1 invested in prevention). Cost savings come from reduced medical costs, increased productivity in work and school, reduced crime, and generally better quality of life.^{7,8}

Positive Outcomes:

According to the National Survey on Drug Use and Health, from 2010-2015, past month use rates for adolescents aged 12-17 declined for alcohol (29% decline), cigarettes (50% decline), and pain relievers (56% decline). More work remains to reduce youth marijuana use which has remained at approximately 7% in recent years.

Trends in Past Month Use:

Substance	2010 (%)	2015 (%)	Change (%)
Alcohol	13.6	9.6	-29.4
Cigarettes	8.4	4.2	-50.0
Pain Relievers	2.5	1.1	-56.0
Marijuana	7.4	7.0	-5.4

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