

Discretionary Grant Programs Supporting Primary Substance Misuse Prevention

Overview

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes prevention as a “focus on helping people develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors.” Primary prevention for substance use disorders aims to stop substance use before it starts. States and community coalitions use a variety of methods to prevent substance use, primarily funded by federal discretionary grant programs, such as the Substance Abuse Prevention and Treatment (SAPT) Block Grant, the Strategic Prevention Framework-Partnerships for Success (SPF-PFS) program, and the Drug-Free Communities (DFC) program.

Substance Abuse Prevention and Treatment (SAPT) Block Grant

The [Substance Abuse Prevention and Treatment \(SAPT\) Block Grant](#), administered by SAMHSA, is the largest federal formula grant to State alcohol and drug authorities, amounting to \$1.858 billion in FY 2019. The SAPT Block Grant supports substance use disorder prevention, treatment, and recovery services within the States. Federal statute requires States to direct at least 20 percent of the SAPT Block Grant toward primary prevention services, which was about \$371 million in FY 2019. The [prevention set-aside](#) represents the single largest source of funding managed by State alcohol and drug agencies, comprising 68 percent of the primary substance use prevention funding in States, U.S. territories, and Washington, D.C.

Other Discretionary Grants

While the SAPT Block Grant serves as the cornerstone of the publicly-funded system, other federal discretionary grants also play a critical role in supporting prevention services. In particular, the Strategic Prevention Framework-Partnerships for Success (SPF-PFS) and the Drug-Free Communities (DFC) grant programs complement the SAPT Block Grant’s prevention set-aside. Other federal funds, such as SPF-PFS and DFC account for 13% of State alcohol and drug agencies’ funding for primary prevention, and in some States, these other federal funding sources comprise up to 69% of their total primary prevention dollars.

Overview of the Partnerships for Success (PFS) Program

The SPF-PFS grant program is administered by the Center for Substance Abuse Prevention (CSAP) within SAMHSA. The Strategic Prevention Framework (SPF) is a comprehensive planning process that considers community needs and involves communities in the planning and implementation process. The [SPF-PFS grant](#) is intended to prevent the onset and reduce the progression of substance misuse and its related problems while strengthening prevention capacity and infrastructure at the State, tribal, and community levels.

In recent years, the primary purpose of the grant program has been to address underage drinking among youth between the ages of 12 and 20, and prescription drug misuse among individuals between the ages of 12 and 25. In 2019, the program is intended to address underage drinking among 9 to 20 year-old youth, and at their discretion, recipients may also use grant funds to target up to two additional, data-driven substance use prevention priorities, such as the use of marijuana, cocaine, opioids, or methamphetamine, etc. by individuals ages 9 and above.

PFS is based on the premise that changes at the community level will lead to measurable changes at the State level. Through collaboration, States/tribes and their PFS-funded communities of high need can overcome challenges associated with substance misuse. PFS programs also aim to bring SAMHSA’s Strategic Prevention Framework (SPF) to a national scale, giving grant recipients the chance to acquire more resources to implement the SPF.

The SPF-PFS program is funded at \$119 million in FY 2019.

Overview of the Drug-Free Communities (DFC) Program

The Office of National Drug Control Policy (ONDCP) and SAMHSA's Center for Substance Abuse Prevention (CSAP) administer the [DFC grants](#). By statute, the DFC program has two goals:

- 1) Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, State, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance misuse among youth up to the age of 18.
- 2) Reduce substance use among youth and, over time, reduce substance use among adults by addressing the factors in a community that increase the risk of substance misuse and promoting the factors that minimize the risk of substance use.

Grantees are expected to implement strategies that will lead to community level change. Such strategies seek to: (1) limit access to substances; (2) change the culture and context within which decisions about substance use are made; and/or (3) shift the consequences associated with youth substance use. Evidence exists that well-conceived and implemented policies at the local, State, and national levels can reduce community level alcohol, tobacco, and other drug problems.

The DFC program is funded at \$100 million in FY 2019.

Role of State Alcohol and Drug Agencies and State Prevention Coordinators

NASADAD represents [State alcohol and drug agency directors](#) from the 50 States, the District of Columbia, and 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 agency 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; program evaluation for continuous quality improvement; workforce development through training and credentialing; performance data management and reporting; and technical assistance to community coalitions. Use of evidence-based prevention practices is a top priority among State alcohol and drug agencies. When federal grant programs and policies promote working through the State substance use agencies, they ensure that initiatives are coordinated, accountable, effective, and efficient.

Need for Continued Investment in Discretionary Grants for Primary Prevention

According to the Surgeon General's 2016 Report on Alcohol, Drugs, and Health, every dollar spent on effective, school-based prevention programs can save an estimated \$18 in costs related to problems later in life. Despite this, investments in primary prevention funding have remained stagnant in recent years.

Over the past decade, SAPT Block Grant funding has not kept pace with health care inflation, resulting in a 24% decrease in the real value of funding by FY 2019 (to \$1.414 billion). As inflation increases, the actual purchasing power of the same funding decreases. In order to restore the SAPT Block Grant's 2009 purchasing power, Congress would need to allocate an additional \$444 million for FY 2020.

Similarly, the SPF-PFS and DFC programs have not received substantial increases in recent years, with the programs funded at \$119 million and \$100 million, respectively, in FY 2019.