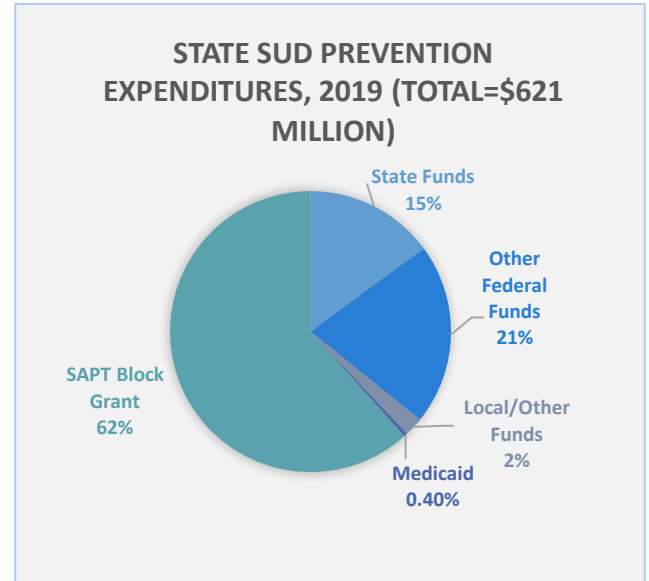


# Substance Abuse Prevention and Treatment (SAPT) Block Grant: Prevention Set-Aside

## 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 2021, along with a supplement of \$1.65 as part of COVID-19 relief efforts. **Federal statute requires States to direct at least 20 percent of the SAPT Block Grant toward primary prevention services**, amounting to over \$408 million in FY 2020.<sup>1</sup> The prevention set-aside represents the single largest source of funding in each State alcohol and drug agency's prevention budget, comprising, on average, 62 percent of their primary substance use prevention funding.<sup>2</sup> In terms of overall substance use disorder prevention funding managed by State alcohol and drug authorities, in:

- 6 States, the set-aside makes up 100 percent;
- 8 States, the set-aside makes up 75-99 percent;
- 17 States, the set-aside makes up 50-74 percent;
- 13 States, the set-aside makes up 25-49 percent; and
- 6 States, the set-aside makes up 24 percent or less.



The SAPT Block Grant prevention set-aside is the primary funding source for prevention in the U.S.<sup>2</sup> Other federal resources—especially other discretionary grants, such as the Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grant program within the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) and the Drug-Free Communities (DFC) program within the Office of National Drug Control Policy (ONDCP)—also play an important role in providing State substance use disorder prevention services.

## Scope of the Problem

Substance use disorders continue to be a major problem in the United States. The 2019 National Survey on Drug Use and Health (NSDUH) provides the following estimates about drug use<sup>3</sup>:

- 35.8 million (12 and older) used illicit drugs in the past month.
- 31.6 million (12 and older) used marijuana (1.8 million adolescents age 12-17).
- 16 million (12 and older) reported heavy alcohol use in the past month.
- 2.8 million (12 and older) misused prescription pain relievers.
- 2.1 million adolescents (12-17) used illicit drugs in the past month.
- 1.9 million (12 and older) used cocaine.
- 21.6 million (12 and older) required treatment for a substance use disorder.
- 4.2 million adults who needed treatment received it.

NSDUH data show that the overall rates of current (past month) illicit drug use rose from 10.1 percent of individuals 12 and older in 2015 to 13 percent in 2019.<sup>3</sup> Alcohol misuse is the third leading cause of preventable death, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA).<sup>4</sup> With the emergence of the COVID-19 pandemic, substance use and overdose deaths increased substantially. There were 93,331 lethal drug overdoses in 2020, the highest number of overdose deaths ever recorded, and a 30% increase compared to 2019. Overdose deaths due to opioids increased from 50,963 in 2019 to 69,710 in 2020 and overdoses from

synthetic opioids, psychostimulants such as methamphetamine, cocaine, and prescription opioids also increased in 2020.<sup>13</sup> Fentanyl use increased by 32%, methamphetamine use by 20%, heroin use by 13%, and cocaine use by 10%.<sup>11</sup> In addition, overdose deaths increased substantially during the 12-month period leading up to May 2020 in comparison to the previous 12-month period. Overdose rates increased by 38.4% for fentanyl, 26.5% for cocaine, and 34.8% for methamphetamines.

### Value of Prevention Efforts

Research shows that individuals who start drinking before the age of 15 are at a higher risk for developing alcohol use disorder (AUD) later in life. For example, adults ages 26 and older who began drinking before the age of 15 are 5.6 times more likely to report having an AUD in the past year as those who waited until age 21 or later to begin drinking.<sup>14</sup> Prevention efforts work to promote health and wellbeing while preventing problems from “boiling over” and resulting in more significant negative impacts for individuals, families, and communities. Substance use disorder (SUD) primary prevention strategies prevent youth from starting to use substances, delay the onset of use, and reduce the number of individuals that are using substances experimentally or have early excessive drinking patterns. Prevention practitioners use a long-established research framework and evidence-based strategies and programs to effectively minimize the overall societal impact of SUD for individuals and the population.

### 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 unique needs. The average expenditure percentages below reflect the numbers reported by States in 2020. Categories include:

- **Information Dissemination:** increase knowledge and awareness of the dangers associated with drug use (e.g. public education campaigns through radio, print, and TV; 17.4%).
- **Education:** build skills to prevent illicit drug use, including decision-making, peer resistance, stress management, and interpersonal communication (e.g. classroom-based curriculum, mentoring, parenting classes; 22.4%).
- **Alternatives:** organize healthy activities that exclude alcohol and illicit drugs (e.g. sports, community drop-in centers, community service activities; 7.0%).
- **Problem Identification:** identify individuals misusing alcohol and illicit drugs and assess whether they can be helped by educational services (e.g. student assistance programs, screening and referral services; 5.7%).
- **Community-Based Process:** efforts to bolster community mobilization and coalition development, including the implementation of evidence-based practices, strategies, and programs in schools, law enforcement, youth, community groups, and agencies (e.g. needs assessments, community trainings, developing/revising strategic prevention plan; 25.3%).
- **Environmental:** establish strategies for changing community standards, codes, and attitudes towards alcohol and illicit drug use (e.g. compliance checks, DUI checkpoints, advertising restrictions; 11.8%).<sup>1,2</sup>

#### Evidence-Based Practices:

According to 2020 State reports on the SAPT Block Grant, approximately 73% 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.<sup>8,9</sup>

#### Positive Outcomes:

According to the National Survey on Drug Use and Health, from 2017-2019, past month use rates for adolescents aged 12-17 declined for cigarettes (28% decline), pain relievers (22% decline), and alcohol (5% decline), and increased for marijuana use (14% increase).

#### Trends in Past Month Use:

Substance	2017 (%)	2019 (%)	Change (%)
Alcohol	9.9	9.4	-5.1%
Cigarettes	3.2	2.3	-28.1
Pain Relievers	0.9	0.7	-22.2
Marijuana	6.5	7.4	+13.8

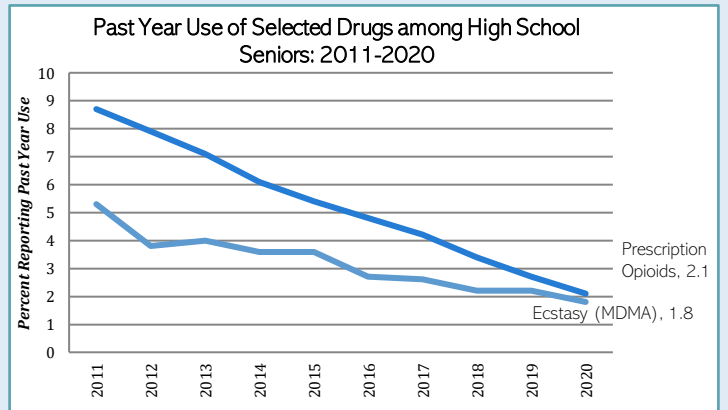
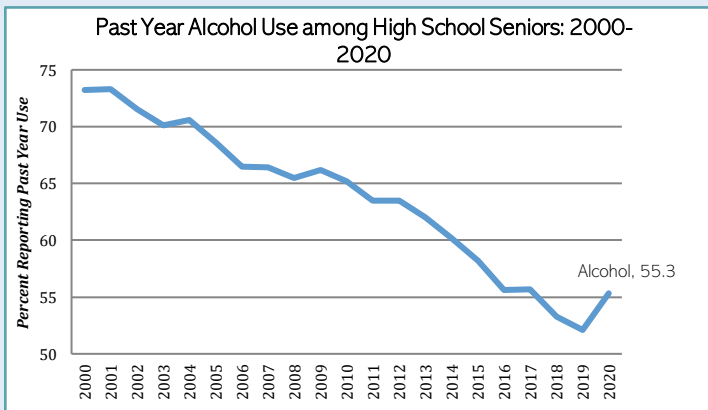
### Targeted Prevention Efforts

As part of these general primary prevention efforts, States 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 2020, the following were populations of focus:

- Rural Communities (76.7% of States),
- College Students (73.3%),
- Underserved Racial and Ethnic Minorities (71.7%),
- Military Families (48.3%),
- African American (58.3%),
- Hispanic (58.3%),
- LGBTQ (56.7%),
- American Indian/Alaska Native (50.0%),
- Asian (40.0%),
- Native Hawaiian/Other Pacific Islanders (41.7%), and
- Homeless (33.3%).<sup>2</sup>

### Prevention Success Stories

The Monitoring the Future (MTF) study has tracked drug use trends among high school students for the past 45 years.<sup>7</sup> 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 one of the lowest rates since the year 2000. Additionally, in 2019 the rate of teens reporting extreme binge drinking, described as having 15 or more drinks in a row in the past two weeks, declined to 3.2% among 12<sup>th</sup> graders representing a relative decline of 44% since 2005. Looking at the last decade, use of prescription opioid pain relievers and ecstasy (MDMA) has also decreased among 12<sup>th</sup> 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 12<sup>th</sup> graders. 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.



### Supplemental funding for SAPT Block Grants represents an investment in primary prevention

States need funding dedicated not only to treatment and recovery services but also for primary prevention in order to stop substance use before it starts. For many years, both State and federal funding specifically for substance use disorder prevention remained stagnant. However, there have been three recent investments in the SAPT Block Grant in response to the COVID-19 pandemic. In December 2020, the Consolidated Appropriations Act of 2021 (P.L. 116-260) included \$1.858 billion through the annual or “regular” fiscal year (FY) 2021 appropriations process and \$1.65 billion in supplemental funding provided as part of the law’s section dedicated to COVID-19 relief. In March 2021, the American Rescue Plan Act of 2021 (P.L. 117-2) included an additional \$1.5 billion in longer term supplemental funding for the SAPT Block Grant.<sup>10</sup> These supplemental funds amount to at least \$630 million in funds that are being used to address primary prevention through the prevention set-aside. This is in addition to the \$371.6 million in primary prevention set-aside dollars from the FY 2021 regular appropriation. The State alcohol and drug agencies are grateful for these supplemental COVID-19 relief funds

Evidence-based substance use prevention is effective in reducing the costly individual, societal, and health consequences associated with the disease of addiction.<sup>15</sup> 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.

### 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 a top priority among State alcohol and drug authorities.

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