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June 13, 2017

Governor Chris Christie, Chairman
President's Commission on Combating Drug Addiction
and the Opioid Crisis
c/o 750 17th Street, NW
Washington, D.C. 20006
commission@ondcp.eop.gov

Dear Governor Christie:

On behalf of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), I am writing you today in your capacity as Chairman of the President's Commission on Combating Drug Addiction and the Opioid Crisis. Thank you for your efforts to address the opioid crisis.

Mission of the Commission: As you know, the mission of the Commission shall be to "...study the scope and effectiveness of the Federal response to drug addiction and the opioid crisis...and to make recommendations to the President for improving that response." The Commission, among other activities, shall examine existing programming designed to address substance use disorders; assess the treatment gap; identify best practices for prevention; review successful educational messaging and more. We know the Commission intends to issue an interim report with initial recommendations by the end of this month and a final report by October 1, 2017.

NASADAD stands ready to assist: We appreciate federal efforts to work with States to improve alcohol and other drug prevention, treatment and recovery programs, policies and services. We also support a unique focus on the myriad of challenges associated with substance use disorders. As the Committee deliberations move forward, NASADAD stands ready to assist.

Important role of State alcohol and drug agency directors: State alcohol and drug agency directors manage the publicly funded substance use disorder prevention, treatment and recovery system in every State in the country. NASADAD members work with State-level stakeholders to craft and implement annual plans for effective and efficient State-wide services. State directors employ an array of tools



to achieve these goals such as outcome data collection and management, corrective action planning, on-site reviews and technical assistance. Further, State alcohol and drug agency directors promote cross-agency collaboration given the impact alcohol and other drug use has on other sectors. For example, State directors engage with agencies overseeing health or health care, housing, criminal justice, child welfare, transportation and others.

Scope of the problem: We support increased and sustained federal attention on the problem of substance use disorders. Overall, we know that that 21.7 million aged 12 or older needed substance use disorder treatment in 2015 – yet only 2.3 million Americans received treatment at a specialty facility. As we all know, the nation is in the midst of an opioid crisis. In 2015, 33,091 people living in the United States died from opioid pain reliever or heroin overdoses. That same year, the National Survey on Drug Use and Health (NSDUH) estimated that over 12 million people in the United States used prescription opioids for nonmedical use.

This finding is especially concerning because people who misuse prescription opioid painkillers are 40 times more likely to become addicted to heroin than those who do not misuse prescription opioids, and 80 percent of new heroin users report previously misusing prescription opioids. From 2004 to 2014, admissions to treatment for opioid pain relievers increased by 113 percent. However, despite an increase in treatment admissions for opioids, only about 10 percent of those in need of treatment receive the care they need at a specialty facility.

Financial burden of substance use disorders: The National Institute on Drug Abuse (NIDA) estimates that illegal drugs, alcohol and tobacco cost society roughly \$700 billion every year or \$193 billion for illegal drugs, \$224 billion for alcohol and \$295 billion for tobacco. According to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) 2016 report, *National Expenditures for Mental Health services and Substance Abuse Treatment, 1984-2014*, spending on substance use disorders decreased as a share of all health spending from 2.0 percent in 1986 to 1.1 percent in 2002, and has remained relatively stable ever since. Expenditures for substance use disorders represented only 1.2 percent of all health expenditures in 2014.

Importance of maintaining strong commitment to the Substance Abuse Prevention and Treatment (SAPT) Block Grant: We recommend policies that include strong support for the SAPT Block Grant, an effective and efficient program that supports prevention, treatment and recovery services. At discharge from SAPT Block Grant funded services in 2015, 81.5 percent of clients were abstinent from alcohol and 72.1 percent of clients were abstinent from illegal drugs.

By statute, States must dedicate at least 20 percent of SAPT Block Grant funding for primary prevention. This “prevention set-aside” is by far the largest source of funding for each State alcohol and drug agency’s prevention budget, representing, on average, 70 percent of the primary prevention funding that States, U.S. Territories, and the District of Columbia coordinate. In 33 States, the prevention set-aside represents 50 to 99 percent of the agency’s total prevention budget.



It is important to note that investments in prevention yield results. For example, according to the Monitoring the Future (MTF) study funded by the National Institute on Drug Abuse (NIDA), from 2000 to 2014, past year alcohol use among high school seniors in America has declined by 18 percent; past year use of cocaine has declined by 48 percent; and since its peak in 2014, the country has seen a 36 percent decline in past year use of prescription opioids.

Appreciation for action to address substance use disorders and the opioid crisis: We wish to recognize the Administration for identifying the opioid issue as a top priority. This work includes a commitment to dedicate significant funding to the topic, the establishment of the Presidential Commission, visits to States by Secretary Price and more. NASADAD also wishes to recognize the bipartisan work performed last year that led to passage of important legislation to address the opioid crisis.

21st Century Cures Act: The 21st Century Cures Act included several important provisions impacting the NASADAD membership.

The legislation authorized the creation of a \$1 billion fund for FY 2017 and FY 2018 to help States enhance treatment, prevention and recovery services. Applications for these funds, now known as the *State Targeted Response to the Opioid Crisis (STR) Grants*, required State alcohol and drug agencies to submit a two-year plan detailing proposed activities to address the opioid crisis. The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the dollars to States in April.

States certainly appreciate these resources. Further, States have been utilizing a number of mechanisms to ensure that the dollars are managed in an effective and efficient manner. This includes stakeholder meetings, interagency planning and much more. This work is important to ensure transparency and accountability.

Moving forward, it is our sincere hope that the second installment of the STR Grants are appropriated at the level authorized by Congress. In addition, we hope these important resources are allocated to States in a predictable manner and timeframe to ensure increases in critical prevention, treatment and recovery services continue without interruption. We also recommend a continued dialogue with State alcohol and drug agencies as implementation moves forward.

The 21st Century Cures Act reauthorized key programs within SAMHSA – including the Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT). We believe in a strong SAMHSA. We also believe in a strong role for the CSAP and CSAT. We appreciate the work of Kana Enomoto, Acting Assistant Secretary for Mental Health and Substance Use; Fran Harding, Director of CSAP; and Kim Johnson, Director of CSAT. We recommend the Commission promote policies that recognize and reinforce SAMHSA as the lead federal agency on substance use disorders.

The 21st Century Cures Act also included several provisions related to the Mental Health Parity Addiction Equity Act (MHPAEA). These provisions include enhanced enforcement of the Act; the



development of a report to Congress that would detail the results of all closed Federal investigations on parity within the past year and findings of any serious violation of parity compliance; and the development of a report to Congress by the Comptroller General regarding the compliance of health insurance companies to parity regulations. These provisions are important and should be monitored by the Commission.

Comprehensive Addiction and Recovery Act (CARA): Congress also passed the Comprehensive Addiction and Recovery Act (CARA) which contained vital provisions that we hope will be funded and fully implemented. We highlight some priorities within CARA that are particularly important to NASADAD members: Community-based Coalition Enhancement Grants (Section 103); National All Schedules Prescription Electronic Report Act Reauthorization (Section 109); Comprehensive Opioid Abuse Grant Program (Section 201); Evidence-Based Opioid and Heroin Treatment and Interventions Demonstration (Section 301); Building Communities of Recovery (Section 302); Improving Treatment for Pregnant and Postpartum Women (Section 501); and Infant Plan of Safe Care (Section 503).

These provisions and others within CARA work together to promote a comprehensive approach to addressing the opioid problem. Further, these provisions ensure initiatives are coordinated with State alcohol and drug agency directors. This coordination helps promote a Statewide system of care that is effective and efficient.

Emphasis on addressing the impact of substance use disorders in the child welfare system:

According to the latest data from Department of Health and Human Services' (HHS) Adoption and Foster Care Analysis and Reporting System (AFCARS), there are now 427,9210 children in foster care. This total reflects an increase of 8 percent from 2012 to 2015 (2016 data is not yet available). Further, it is important to note that a number of these children and families are involved in the system because of a problem with alcohol or other drugs. In certain parts of the country, States report that the current opioid crisis is having a significant impact on child welfare caseloads. As a result, we recommend additional focus on addressing substance use disorders in the child welfare system.

We draw attention to important provisions contained in the Family First Prevention Services Act related to substance use disorders that ultimately were dropped from the Cures package and did not become law.

- **Regional Partnership Grant (RPG) Change:** The RPG is an initiative managed by the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS). The program was originally created in the mid-2000's to improve the well-being, permanency and outcomes of children who are in out-of-home placement as a result of a parent's or caregiver's methamphetamine or other substance use disorder, or are at risk of such placement. The Family First Prevention Services Act recognized the impact of the current drug epidemic by adding heroin and opioids to the current statute's references to methamphetamine and other drugs of abuse.



In addition, the legislation promoted increased State-level interagency collaboration to improve the effectiveness and efficiency of the RPG program. Specifically, the bill included language that would ensure that both State alcohol and drug agencies and child welfare agencies are joint applicants of the RPG program. We support this approach and recognize the benefits of improved coordination between the two agencies at the State level.

- **Title IV-E Funding Change:** The Families First Act also included a provision that would allow Title IV-E funding—funds that support foster care activities managed by ACF – to pay for services for children with a parent who is in a licensed residential substance use disorder treatment facility. The treatment facility would have to be able to provide parenting skills training, parent education, and individual and family counseling using a trauma informed approach.

We appreciate the promotion of family-centered services, which allows parents to receive the services they need without sacrificing their role as a caregiver, and gives families the skills they need to thrive after discharge.

Maintain a strong and vibrant Office of National Drug Control Policy (ONDCP): As you know, ONDCP plays a critical role in coordinating drug policy across all agencies at the federal level. In particular, ONDCP is responsible for developing the annual National Drug Control Strategy. The development of the Strategy includes work with key stakeholders to ensure ideas and recommendations from those on the front lines are considered. We believe this dialogue with outside stakeholders is critical to ensure federal policy is based on the realities of State and local circumstances.

State alcohol and drug agency directors collaborate with ONDCP in several ways. First, ONDCP's Drug Free Communities Program supplements the work of the SAPT Block Grant prevention set-aside by supporting community anti-drug coalitions in their localized efforts to prevent our nation's youth from engaging in alcohol and drug use. Further, State alcohol and drug agency directors believe the Office of Intergovernmental and External Affairs has provided an important forum for dialogue with NASADAD on important issues impacting States across the country. Finally, the membership believes it is important to have an active and visible agency voice in the Executive Office of the President to ensure drug policy issues are prioritized.

Strong support for research – including investments in activities that help blend research to practice: We strongly support robust investments in the National Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA). We applaud the work of Dr. Nora Volkow, Director of NIDA and Dr. George Koob, Director of NIAAA.

We strongly encourage increased resources to help translate the knowledge gained through NIDA-NIAAA supported research into practice. In particular, State alcohol and drug agency directors



recommend a portfolio that specifically focuses on the publicly funded State substance abuse prevention, treatment and recovery systems. We are concerned that this portfolio has been dwindling in both dollars and visibility. This work should include a regular dialogue that includes both NASADAD and State substance alcohol and drug agency directors that allows State directors to learn directly from NIH-supported researchers on cutting edge findings. The initiative also should allow State alcohol and drug agency directors to share their observations on research gaps and needed tools based on their own experiences in the States.

Many issues to consider: We understand there are many issues requiring our collective attention. Our members, for example, have also expressed concerns about the Institution for Mental Disease (IMD) Exclusion, challenges regarding the workforce, and more. The matters referenced above represent some key priorities among the many of NASADAD members.

Thank you for your consideration. We look forward to working with the Commission on these and other issues.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert Morrison". The signature is fluid and cursive, with a large initial 'R' and 'M'.

Robert Morrison, Executive Director
National Association of State Alcohol and
Drug Abuse Directors (NASADAD)