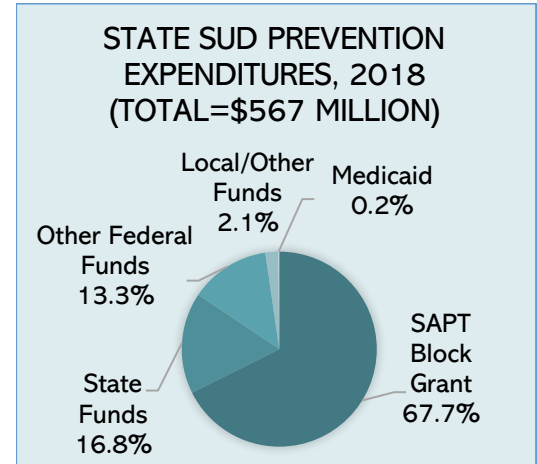


Substance Abuse Prevention and Treatment (SAPT) Block Grant: *Prevention Set-Aside*

Overview

The Substance Abuse Prevention and Treatment (SAPT) Block Grant, administered by the Substance Abuse and Mental Health Services Administration (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**, amounting to \$371 million in FY 2019.¹ The prevention set-aside represents the single largest source of funding in each State's prevention system, comprising 68 percent of the primary substance use prevention funding in States, U.S. territories, and Washington, D.C..² 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;
- 14 States, the set-aside makes up 75-99 percent;
- 15 States, the set-aside makes up 50-74 percent;
- 14 States, the set-aside makes up 25-49 percent; and
- 2 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.² Other federal resources—especially other discretionary grants—also play an important role in providing State substance use disorder prevention services. These discretionary programs include the Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grant program, administered by SAMHSA, and the Drug-Free Communities (DFC) program within the Office of National Drug Control Policy (ONDCP).

Scope of the Problem

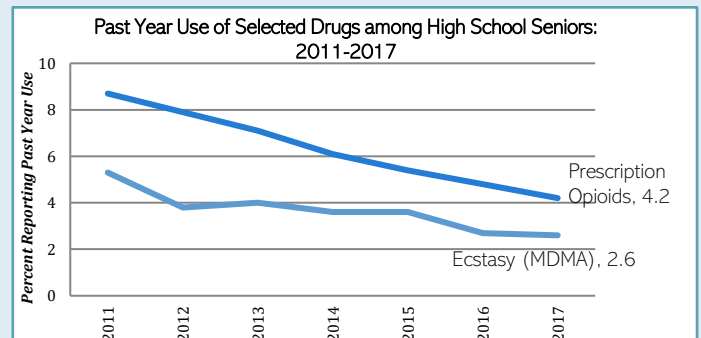
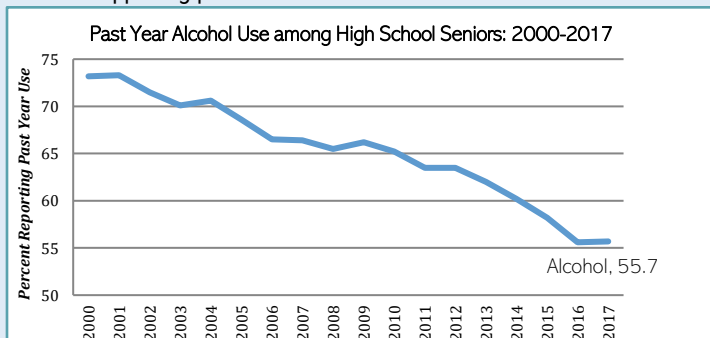
Substance use disorders continue to be a major problem in the United States. The 2017 National Survey on Drug Use and Health (NSDUH) estimates that:³

- 30.5 million (12 and older) used illicit drugs in the past month.
- 26 million (12 and older) used marijuana (1.6 million adolescents age 12-17).
- 16.7 million (12 and older) reported heavy alcohol use in the past month.
- 3.2 million (12 and older) misused prescription pain relievers.
- 2 million adolescents (12-17) used illicit drugs in the past month.
- 2.2 million (12 and older) used cocaine.
- 21.7 million (12 and older) required treatment for a substance use disorder (TEDS, 2015).
- 3.0 million (14.2%) adults who needed treatment received it (TEDS, 2015).

NSDUH data show that the overall rate of current (past month) illicit drug use rose from 10.1 percent of individuals 12 and older in 2015 to 11.2 percent in 2017.³ Alcohol misuse is the fourth leading cause of preventable death, according to the Centers for Disease Control and Prevention (CDC).⁴ There were 70,237 lethal drug overdoses in 2017, and more than half (68%) were related to opioids.⁵ In 2017, prescription and illicit opioids killed 49,068 people in the U.S., an increase of nearly 7,000 deaths from 2016.⁶

Prevention Success Stories

The Monitoring the Future study has tracked drug use trends among high school students for the past 43 years.⁷ 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 2017 the rate of teens reporting they have "been drunk" in the past year (35.6%) was the lowest in the survey's history. Looking at the last decade, use of prescription opioid pain relievers and ecstasy (MDMA) 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 47% 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 unique needs. The average expenditure percentages indicated below reflect the numbers reported by States in 2018. 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; 17.0%).
- **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; 23.3%).
- **Alternatives:** organize healthy activities that exclude alcohol and illicit drugs (e.g. sports, community drop-in centers, community service activities; 7.2%).
- **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; 6.5%).
- **Community-Based Process:** provide networking activities and technical assistance to implement 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; 26.3%).
- **Environmental:** establish strategies for changing community standards, codes, and attitudes towards alcohol and illicit drug use (e.g. compliance checks, DUI checkpoints, advertising restrictions; 10.8%).^{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 2018, the following populations were targeted: Rural Communities (81.7% of States), College Students (83.3%), Underserved Racial and Ethnic Minorities (63.3%), Military Families (53.3%), African American (50.0%), Hispanic (55.0%), LGBTQ (55.0%), American Indian/Alaska Native (45.0%), Asian (40.0%), Native Hawaiian/Other Pacific Islanders (33.3%), and Homeless (28.3%).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 a top priority among State alcohol and drug authorities.

Stagnant Substance Use Prevention Resources

In recent history, both State and federal funding specifically for substance use disorder prevention have remained stagnant. Despite staggering increases in opioid overdose deaths, total primary prevention expenditures managed by State alcohol and drug authorities have not changed significantly in recent years, at \$564 million in 2015 and \$567 million in 2018.² 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.

Evidence-based substance use 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 2018 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.^{8,9}

Positive Outcomes:

According to the National Survey on Drug Use and Health, from 2015-2017, past month use rates for adolescents aged 12-17 declined for cigarettes (24% decline), pain relievers (18% decline), and marijuana (7% decline), and stayed about the same for youth alcohol use which has remained at approximately 10% in recent years.

Trends in Past Month Use:

Substance	2015 (%)	2017 (%)	Change (%)
Alcohol	9.6	9.9	+3.0
Cigarettes	4.2	3.2	-23.8
Pain Relievers	1.1	0.9	-18.2
Marijuana	7.0	6.5	-7.1