

Substance Abuse Prevention and Treatment (SAPT) Block Grant

SAPT Block Grant Funding

- FY 2021: \$1.858 billion + \$1.65 billion supplemental COVID-19 relief funding
- FY 2020: \$1.858 billion
- FY 2019: \$1.858 billion
- FY 2018: \$1.858 billion
- FY 2017: \$1.858 billion
- FY 2016: \$1.858 billion
- FY 2015: \$1.820 billion
- FY 2014: \$1.820 billion
- FY 2013: \$1.710 billion (after 5% sequestration cut)
- FY 2012: \$1.779 billion (Congress appropriated \$1.8 billion, but HHS redirected \$21.5 million to other programs)
- FY 2011: \$1.783 billion

Overview

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is distributed by formula to all States, Territories, Jurisdictions, and the Red Lake Band of Chippewa Indians (referred to as "States"). **It is the cornerstone of States' substance use disorder prevention, treatment, and recovery systems.** The SAPT Block Grant is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services (HHS). State alcohol and drug agencies manage the SAPT Block Grant, ensuring the effective and efficient use of funds across the continuum of care.

SAPT Block Grant Outcomes

The **SAPT Block Grant funds annually provide treatment services for 2 million Americans** (SAMHSA FY 2021 Justification). At discharge from Block Grant-funded programs in FY 2019, 77% of clients demonstrated abstinence from alcohol use, and 56% were abstinent from illicit drug use. Additionally, of clients discharged from treatment, 88% had stable housing, and 93% had had no arrests.

Impact of COVID-19 Pandemic on Substance Use Disorders

The coronavirus pandemic has had a marked impact on State substance use disorder delivery systems. Overdoses increased up to 42% per month during the pandemic as compared to the same months in 2019 (Overdose Detection Mapping Allocation Program,

2020). Fentanyl use has increased 32%, methamphetamine use increased by 20%, heroin use increased by 13% and cocaine use increased by 10% (Millennium Health Signals Report, 2020). In April 2020, alcohol sales in retail stores increased by 21% while online purchases of alcohol increased by 234% when compared to the same period in 2019. (Nielson, 2020).

Congress Takes Action

In December 2020, the final FY 2021 omnibus appropriations package included \$1.65 billion in supplemental funding for the SAPT Block Grant. The bill also afforded SAMHSA the ability to offer States flexibility in certain allowable use of funds, timelines and reporting requirements. Prior to this significant investment, the SAPT Block Grant remained essentially level-funded for years. From 2011 to 2021, the SAPT Block Grant did not keep up with health care inflation, resulting in a 24% decrease in purchasing power.

Moving Forward: Benefits of Multi-Year Investments in the SAPT Block Grant

As Congress considers another COVID-19 package and FY 2022 appropriations, States note the benefit of longer-term, multi-year increased investments in the SAPT Block Grant. Federal resources that are sustainable and predictable would help in some of the following ways:

- **Assist States with planning:** The role of State alcohol and drug agencies includes working to ensure an effective, efficient, and coordinated system of care across substance use disorder prevention, treatment, and recovery. One-time funding, while helpful, can create a fiscal cliff and generate uncertainty regarding future budgets. A multi-year investment helps States plan with consistency.
- **Promote reliable support for providers:** State alcohol and drug agencies are supporting providers of prevention, treatment, and recovery programs and services. It is critical that providers remain assured that resources will be provided beyond a one-time allotment to allow them to hire staff or expand programs with confidence that resources will be maintained.
- **Maximize efficiency by leveraging the current infrastructure:** The SAPT Block Grant represents an effective and efficient portal through which to direct resources for substance use disorder programs and services. States and providers are already well familiar with the protocols connected to this funding mechanism. This includes the application, data reporting requirements, and more.
- **Afford States flexibility to address local needs:** The SAPT Block Grant allows State alcohol and drug agencies to address their own unique needs related to prevention, treatment, and recovery. This flexibility is important given that each State faces different challenges.

Financial Burden of Substance Use Disorders

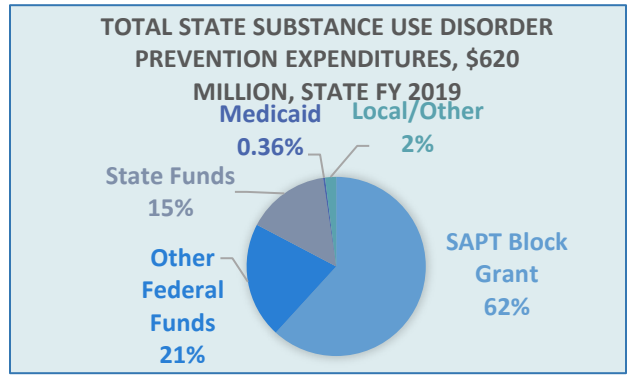
According to NSDUH, in 2019, approximately 20.4 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year. During the same year, only 4.2 million people received treatment for such a problem. As a result, over 16 million Americans needed but did not receive services for a substance use problem in 2019. The economic impact of SUDs is staggering. The National Institute on Drug Abuse (NIDA) estimates that **illicit drugs, alcohol and tobacco cost society roughly \$740 billion every year:** \$193 billion for illegal drugs, \$249 billion for alcohol, and \$300 billion for tobacco. Additionally, prescription opioid misuse and addiction costs us \$78.5 billion per year.

Substance Use Disorders Represent Tiny Fraction of Overall Health Expenditures

According to SAMHSA's 2019 report, *Behavioral Health Spending & Use Accounts, 2006-2015*, while spending on SUDs increased as a share of all healthcare spending from 2006 to 2015, **expenditures for substance use disorder services represented only 1.8% of all healthcare expenditures in 2015**. That translates to approximately \$56 billion for SUDs vs. \$3.1 trillion for all health expenditures.

Investments in Services for Substance Use Disorders Saves Money

In 2016, NIDA noted that for every dollar spent on substance use disorder treatment programs, there is an estimated \$4 to \$7 reduction in costs associated with drug related crimes. When healthcare costs are included, total savings can exceed costs by 12 to 1. Substance use disorder prevention is also a cost-effective way to reduce the financial burden of substance misuse and SUDs. According to the Surgeon General's 2016 *Report on Alcohol, Drugs, and Health*, every \$1 spent on effective, school-based prevention programs can save an estimated \$18 in costs related to problems later in life.



SAPT Block Grant Produces Results

An independent study of the SAPT Block Grant, released in June 2009, found that the program was effective in:

- 1) Producing positive outcomes as measured by increased abstinence from alcohol and other drugs, increased employment, decreased criminal justice involvement, and other indicators;
- 2) Improving States' infrastructure and capacity;
- 3) Fostering the development and maintenance of State agency collaboration; and
- 4) Promoting effective planning, monitoring, and oversight.

Prevention Matters: SAPT Block Grant Prevention Set-Aside

Federal statute requires States to direct at least 20% of SAPT Block Grant funds toward primary prevention of substance use. This "prevention set-aside" is managed by the Center for Substance Abuse Prevention (CSAP) within SAMHSA, and is a core component of each State's prevention system. On average, **SAPT Block Grant funds make up 62% of primary prevention funding in States** (SAPT Block Grant State Agency Reported Expenditures by Target Activity within Source of Funds, 2019). In 9 States, the prevention set-aside represents 75% or more of the State agency's substance use disorder prevention budget. In 6 of those States, the prevention set-aside represents 100% of the State's primary prevention funding.

SAPT Block Grant and Recovery Support Services

The SAPT Block Grant is a critical funding stream for recovery support services, including peer support services, recovery community organizations (RCOs), recovery housing, and recovery workforce development. Recovery support services are a vital component in the continuum of care and State Directors ensure that evidence-based and innovative practices are supported with resources from the SAPT Block Grant.

SAPT Block Grant Funds Treatment Services: Prescription Drug and Heroin Use on the Rise (TEDS, 2017)

As noted below, over one-third (34%) of individuals admitted to treatment in the publicly-funded system cited heroin or prescription opioids as their primary substance of use in 2017. That year, admissions for heroin addiction exceeded admissions for alcohol alone as primary substance of use. In addition, opioids were involved with 46,802 overdose deaths in 2018 (69.5% of the 67,367 drug overdose deaths). Further, 67% of these opioid involved overdose deaths involved synthetic opioids (NCHS, 2020).

Primary Substance	% (estimate)	Age at Admission	% (estimate)	Race/Ethnicity	% (estimate)
Heroin	26.6% (533,394)	12-17	3.8% (75,950)	White	60.7% (1,194,597)
Alcohol only	16.6% (333,732)	18-24	12.8% (257,025)	Black/Afr American	17.5% (343,517)
Marijuana	12.5% (250,786)	25-29	18.0% (361,500)	Am Ind/AK Native	2.1% (41,752)
Amphetamines	12.0% (239,852)	30-34	16.6% (331,947)	Asian/Pac Islander	1.0% (20,311)
Other Opiates	7.4% (148,680)	35-39	13.2% (265,247)	Hispanic	14.1% (278,040)
Cocaine (smoked)	3.0% (61,113)	40-44	8.8% (177,235)	Other	4.6% (89,536)
Cocaine (other route)	2.1% (41,369)	45-49	8.8% (176,796)		
Benzodiazepines	1.0% (19,683)	50-54	8.2% (163,509)	Gender	% (estimate)
PCP	0.3% (5,341)	55-59	5.8% (116,325)	Male	64.5% (1,290,162)
Hallucinogens	0.1% (2,225)	60 and older	3.9% (77,313)	Female	35.5% (711,619)

Role of State Alcohol and Drug Agencies

NASADAD represents State alcohol and drug agency directors from the fifty States, the District of Columbia, and Territories. States work with counties and local communities to ensure that public dollars are dedicated to effective programs using tools such as: performance data management and reporting, contract monitoring, corrective action planning, onsite reviews, and technical assistance to community coalitions. State alcohol and drug agencies work with providers to use evidence-based prevention practices.