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 2020, 78% of clients demonstrated abstinence from alcohol use, and 54% 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 30% in 2020, the largest increase since 1999 (Centers for Disease Control and Prevention, 2021). During the pandemic, fentanyl use 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, alcoholic 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).

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. Additionally, prescription opioid misuse and addiction costs us $78.5 billion per year.

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 30% in 2020, the largest increase since 1999 (Centers for Disease Control and Prevention, 2021). During the pandemic, fentanyl use 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, alcoholic 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).

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 30% in 2020, the largest increase since 1999 (Centers for Disease Control and Prevention, 2021). During the pandemic, fentanyl use 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, alcoholic 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).

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 30% in 2020, the largest increase since 1999 (Centers for Disease Control and Prevention, 2021). During the pandemic, fentanyl use 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, alcoholic 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).

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 30% in 2020, the largest increase since 1999 (Centers for Disease Control and Prevention, 2021). During the pandemic, fentanyl use 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, alcoholic 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).

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 30% in 2020, the largest increase since 1999 (Centers for Disease Control and Prevention, 2021). During the pandemic, fentanyl use 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, alcoholic 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).
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, 2019)

As noted below, almost one-third (30.3%) of individuals admitted to treatment in the publicly-funded system cited heroin or prescription opioids as their primary substance of use in 2019. That year, admissions for heroin addiction exceeded admissions for alcohol alone as primary substance of use. In addition, opioids were involved with 70% of overdose deaths in 2019 (70.6% of the 70,630 drug overdose deaths). Further, 73% of these opioid involved overdose deaths involved synthetic opioids (CDC, 2020).

<table>
<thead>
<tr>
<th>Primary Substance</th>
<th>% (estimate)</th>
<th>Age at Admission</th>
<th>% (estimate)</th>
<th>Race/Ethnicity</th>
<th>% (estimate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>23.5%</td>
<td>12-17</td>
<td>3.1%</td>
<td>White</td>
<td>66.4%</td>
</tr>
<tr>
<td>Alcohol only</td>
<td>17.3%</td>
<td>18-24</td>
<td>10.4%</td>
<td>Black/Afr American</td>
<td>20.1%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>11.2%</td>
<td>25-29</td>
<td>16.4%</td>
<td>Am Ind/AK Native</td>
<td>2.9%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>11.9%</td>
<td>30-34</td>
<td>17.2%</td>
<td>Asian/Pac Islander</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other Opiates</td>
<td>6.8%</td>
<td>35-39</td>
<td>14.4%</td>
<td>Hispanic</td>
<td>14.3%</td>
</tr>
<tr>
<td>Cocaine (smoked)</td>
<td>3.4%</td>
<td>40-44</td>
<td>10.1%</td>
<td>Other</td>
<td>9.6%</td>
</tr>
<tr>
<td>Cocaine (other route)</td>
<td>2.3%</td>
<td>45-49</td>
<td>8.6%</td>
<td></td>
<td>6.0%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>0.9%</td>
<td>50-54</td>
<td>8.3%</td>
<td>Male</td>
<td>64.7%</td>
</tr>
<tr>
<td>PCP</td>
<td>0.3%</td>
<td>55-59</td>
<td>6.7%</td>
<td>Female</td>
<td>29.8%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>0.1%</td>
<td>60 and older</td>
<td>4.9%</td>
<td></td>
<td>6.0%</td>
</tr>
</tbody>
</table>

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.

December 2020 COVID-19 Relief Package

In December 2020, the final FY 2021 omnibus appropriations package (P.L. 116-260) 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 uses 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.

This December 2020 supplemental funding maintains core set-asides of the SAPT Block Grant, per statute, such as the primary prevention set-aside. In March 2021, SAMHSA sent a letter to State alcohol and drug agencies with some suggested considerations for these supplemental SAPT Block Grant funds. States have until March 2023 to spend these funds.

March 2021 American Rescue Plan

In March 2021, the American Rescue Plan (P.L. 117-2) included $1.5 billion in supplemental funding for the SAPT Block Grant, giving States until September 30, 2025 to spend that allotment of funding. This package maintains all requirements under existing statute and does not afford States any additional flexibility in the allowable uses of funds. This longer-term investment is especially beneficial to State alcohol and drug agencies for several reasons, including:

- **Assisting 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.

- **Promoting 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.

- **Maximizing 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.

- **Affording 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.

Questions? Contact: Robert Morrison (morrison@nasadad.org) or Emily Diehl (ediehl@nasadad.org).

Special thanks to Rick Harwood for his important contributions to this fact sheet.