

House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies

Public Witness Hearing – March 25, 2014

Testimony of Robert I.L. Morrison, Executive Director,

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

*In millions of dollars*

<b>Program</b>	<b>FY 2014 Appropriation</b>	<b>President's Proposed FY 2015 Budget</b>	<b>FY 2015 NASADAD Recommendation</b>
SAMHSA Substance Abuse Prevention and Treatment (SAPT) Block Grant	\$1,819.8	\$1,819.8	\$1,879.8
SAMHSA Center for Substance Abuse Treatment (CSAT)	\$361.4	\$297.4	\$361.4
SAMHSA Center for Substance Abuse Prevention (CSAP)	\$175.5	\$185.5	\$190.5
NIH National Institute on Alcohol Abuse and Alcoholism (NIAAA)	\$445	\$446	\$476.2
NIH National Institute on Drug Abuse (NIDA)	\$1,015.8	\$1,023.3	\$1,086.9

Chairman Kingston, Ranking Member DeLauro, Members of the Subcommittee, I am Robert Morrison and I serve as Executive Director of the National Association of State Alcohol and Drug Abuse Directors or NASADAD.

The tragic deaths of famous entertainers have launched a national conversation about addiction, with a particular emphasis on prescription drugs and heroin. Pain killers were involved in 17,400 overdose deaths in 2010 (CDC); the number of persons with heroin dependence/abuse doubled from 2002 to 2013 (NSDUH); and nearly half of the young people who injected heroin surveyed in three recent studies abused prescription drugs before using heroin. Some noted that heroin was cheaper and easier to acquire (NIDA). In the end, over 23.1 million people aged 12 or older needed treatment for an illicit drug or alcohol problem in 2012. Unfortunately, only 2.5 million received treatment in a specialty facility. As a result, 20.6 million people needed but did not receive these lifesaving services. This complex problem requires a comprehensive approach – and this comprehensive approach must include a strong investment in substance abuse prevention, treatment and recovery.

As we consider action, it is important to examine how we allocate our health dollars. SAMHSA's *National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986-2009* (2013) found that substance abuse spending represented only 1.0 percent of total healthcare expenditures in 2009 (\$24 billion for substance abuse and \$2.3 trillion for all health).

We know this small investment cannot keep up with the large costs of not treating addiction or preventing the problem in the first place. Illegal drugs, alcohol and tobacco together costs society \$610 billion per year: \$193 billion for illegal drugs; \$224 billion for alcohol; and \$193 billion for tobacco (ONDCP 2011; Bouchery et al., 2011; CDC). These costs were linked not only to medical consequences of alcohol/drug use, but also crime, lost earnings, motor vehicle crashes, and more.

A 2004 study in the *Journal of the American Medical Association (JAMA)* concluded that illicit drugs, alcohol and tobacco were each among the top nine leading "actual causes of death" defined by the Centers for Disease Control and Prevention (CDC). Tobacco, alcohol and illicit drugs led to the deaths of 530,000 Americans in 2000.

The good news is that addiction services save lives and taxpayer dollars. NIDA estimates that for every dollar spent on addiction treatment programs, there is an estimated \$4 to \$7 reduction in the cost of drug related crimes. When savings related to health care are included, the total savings can exceed costs by a ratio of 12:1 (NIDA InfoFacts, 2007). A study for SAMHSA concluded that evidence-based school prevention savings exceeded costs by a ratio of approximately 18 to 1 (Miller and Hendrie, 2008).

State substance abuse agencies lead innovations to address the many emerging issues impacting citizens across the lifespan, including heroin and prescription drug abuse. Our members also note the benefit of a strong partnership with SAMHSA, and recommend actions by

Congress to ensure a strong and vibrant agency – which includes a strong Center for Substance Abuse Treatment (CSAT) and strong Center for Substance Abuse Prevention (CSAP).

**Top Funding Priority for FY 2015 –Substance Abuse Prevention and Treatment (SAPT) Block Grant:** NASADAD recommends \$1,880,000,000 for the SAPT Block Grant in FY 2015 – an increase of \$60 million over FY 2014. The SAPT Block Grant is an effective and efficient program distributed by formula to all States, District of Columbia and Territories. The SAPT Block Grant has been successful in expanding treatment capacity and supported over 2.5 million persons to get treatment and/or recovery services through State systems in FY 2011. Outcome data collected by State substance abuse agencies demonstrated positive results from SAPT Block Grant-funded programs: at discharge, 73.5 percent of people receiving treatment were abstinent from illegal drugs; 81.7 percent people were abstinent from alcohol use. States also reported an increase in clients with no criminal justice involvement.

The SAPT Block Grant represents a core component of each State’s substance abuse prevention system. By statute, at least twenty percent of the SAPT Block Grant must be spent on primary substance abuse prevention services. The SAPT Block Grant “prevention set-aside” represents, on average, approximately 65 percent of State substance abuse agencies’ budgets for substance abuse prevention services. In fact, the set-aside represents 100 percent of the agency’s prevention budget in 6 States and over 75 percent of the agency’s prevention budget in 16 States.

**Center for Substance Abuse Prevention (CSAP):** NASADAD recommends \$190.5 million in FY 2015 or an increase of \$15 million compared to the FY 2014. NASADAD strongly supports CSAP’s *Strategic Prevention Framework (SPF) Grants*. The SPF program uses a public health planning model that utilizes evidence-based services to address areas of greatest need. The *Partnerships for Success Program* builds on the achievements of the SPF.

States believe that their SPF initiatives, which primarily focused on underage drinking, played a key role in the more than 30 percent drop in underage binge drinking over the past ten years (NSDUH). Since FY 2012, these grants have focused on prescription drug abuse/misuse and underage drinking.

NASADAD strongly supports SAMHSA's new proposal titled Strategic Prevention Framework Prescription Drug Abuse and Overdose Prevention (SPF Rx). This \$10 million investment would allocate funds to States to bolster and complement current efforts through the use of evidence-based practices, use of data for prevention planning, and environmental strategies. SAMHSA proposes to support planning grants for up to 20 other States to build capacity to address prescription drug abuse and overdose prevention efforts.

The Association also supports much needed funding for the Sober Truth on Preventing Underage Drinking [STOP] Act. NASADAD recognizes the leadership of Congresswomen Roybal-Allard, a member of this Subcommittee, for her work on underage drinking.

**Center for Substance Abuse Treatment (CSAT):** NASADAD recommends \$361,460,000 in FY 2015 or restoring the Administration's proposed cut of \$64 million.

NASADAD supports SAMHSA's proposed \$20 million for a new initiative – the Primary Care and Addiction Services Integration (PCASI) Program. This program would establish projects to provide coordination and co-location of primary and specialty care services in community-based substance abuse treatment settings. The goal of the program would be to improve the health of those with substance use disorders and reduce costs. NASADAD urges action to ensure the initiative includes a direct role for State substance abuse agencies.

NASADAD applauds SAMHSA for elevating workforce issues as a top priority. We urge action to ensure that resources for workforce issues, including any proposed FY 20015 funding,

are allocated in an equitable manner among programs focused on mental health workforce initiatives and addiction workforce initiatives – including substance abuse prevention.

NASADAD recommends a new discretionary grant to State substance abuse agencies to better meet the treatment needs of people with opioid dependence, including dependence on prescription drugs or heroin. This grant would help State substance abuse agencies work with hospitals, emergency rooms, health clinics and others to develop innovative strategies to reduce the impact of opioid misuse and abuse in their State. This new discretionary grant should specifically reference the ability of States to use these funds for medication assisted treatment (MAT) and to develop the capacity to deliver MAT more broadly and effectively. NASADAD defines MAT as use of FDA-approved medications for the treatment of opioid and alcohol dependence and addictions.

NASADAD is concerned about the proposed \$64 million cut to CSAT. This reduction would eliminate the Access to Recovery (ATR) program, a grant to States that supports both clinical and recovery support services (a cut of \$50 million); cut the criminal justice portfolio by \$10.5 million (\$75 million to \$64.5 million); reduce the minority AIDS initiative by \$6.9 million (\$65.7 million to \$58.8 million) and cut the Addiction Technology Transfer Centers [ATTCs] by \$1 million (\$9 million to \$8 million). We seek full restoration of CSAT's budget.

**National Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA):** NASADAD supports \$1,086,900,000 for NIDA and \$476,200,000 for NIAAA. Both Institutes engage in critical research that ultimately impacts the people served by State substance abuse agencies.

Thank you for the opportunity to testify and thank you for your support of substance abuse prevention, treatment and recovery services.