National Association of State Alcohol and Drug Abuse Directors

The Opioid Crisis Response Act

Testimony to:

The Senate Health, Education,
Labor and Pensions (HELP) Committee

The Honorable Lamar Alexander, Chairman
The Honorable Patty Murray, Ranking Member

Submitted By:

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Chairman Alexander, Ranking Member Murray, and members of the Committee, my name is Rob Morrison and I serve as Executive Director of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Thank you for the opportunity to testify before the Committee today to discuss The Opioid Crisis Response Act.

About NASADAD: NASADAD is a private, not-for-profit educational, scientific and informational organization originally incorporated in 1971 and located in Washington, D.C. NASADAD's mission is to promote effective and efficient State substance use disorder prevention, treatment and recovery systems. NASADAD seeks to:

- Serve as the national voice of State alcohol and drug agencies,
- Foster partnerships among States, Federal agencies and other key national organizations,
- Develop and disseminate knowledge of innovative substance use disorder programs policies and practices,
- Promote key competencies of effective State alcohol and drug agencies, and
- Promote increased public understanding of substance use disorder prevention, treatment and recovery processes and services.

In the process, NASADAD works closely with the National Governors Association (NGA). Governors across the country have been providing critical leadership regarding the opioid crisis. We appreciate NGA's recommendations related to the opioid issue that was released in January 2018 (https://www.nga.org/files/live/sites/NGA/files/pdf/2018/OGR/NGA%20Recommendations%20for%20Federal%20Action%202018.pdf).

Further, we are pleased to coordinate with other State-based groups, such as the Association of State and Territorial Health Officials (ASTHO), the National Alliance for State and Territorial AIDS Directors (NASTAD), the Safe States Alliance, the National Association of State Mental Health Program Directors (NASMHPD) and many others.

Critical role of the State alcohol and drug agency: Each State's alcohol and drug agency plays a critical role in overseeing and implementing the publicly funded prevention, treatment and recovery service system.

Planning, oversight and accountability: To begin, all State alcohol and drug agency directors work to craft and implement annual plans for Statewide program and service delivery. In the process, our members capture data and information describing top challenges, populations served and the types of services provided. State alcohol and drug agencies use such tools as performance management and reporting, contract monitoring, corrective action planning, on-site technical reviews and technical assistance.

Promoting quality: State agencies work to ensure quality services through State established standards of care. NASADAD members are dedicated to continuous quality improvement and participate in initiatives to promote innovative practices and programs. For example, State Directors use data described above to help advance these practices and drive management decisions.

Management of the Substance Abuse Prevention and Treatment (SAPT) Block Grant: An important role played by NASADAD members is the management and oversight of the SAPT Block Grant – a $1.8 billion federal formula grant that is allotted to NASADAD members. By statute, twenty percent of the SAPT Block Grant must be dedicated to critical primary substance abuse prevention programming. We have attached a two-page issue brief for the Committee's convenience that provides additional details regarding the SAPT Block Grant.

Promoting coordination across State government: NASADAD members promote cross-agency collaboration given the impact of alcohol and other drug use has on other sectors. For example, State directors engage with criminal justice entities on issues like offender reentry, drug court programs and diversion initiatives. State alcohol and drug agencies also coordinate with sectors related to child welfare, transportation, employment, education and others.

Unique relationship with the provider community: State alcohol and drug agencies have a very unique and important relationship with the provider community. State agencies observe this connection is critical given the increased pressures on those delivering prevention, treatment and recovery services. NASADAD members assist providers by offering training, continuing education, oversight and other support.

Reporting data: The management of the SAPT Block Grant requires States to collect and report data describing the services and programs funded by this important funding stream. This data includes information on the number of people served by the SAPT Block Grant. In addition, States collect and report data to help demonstrate the positive impact services have on: reducing the use of alcohol and other drugs; the impact of services on employment status; the impact of services on criminal justice involvement and more.

States appreciate action taken by Congress to address the opioid crisis: NASADAD is appreciative of this Committee, along with Congress and the Administration in general, for work to address the opioid crisis.

We applaud passage of the 21st Century Cures Act which included the creation of a $1 billion fund for FY 2017 and FY 2018 to help State alcohol and drug agencies enhance treatment, prevention and recovery services. This funding, known as the State Targeted Response to the Opioid Crisis (STR) Grants, is supporting innovative and lifesaving programs across the country. We are also thankful for the additional resources provided to the Substance Abuse and Mental Health Services Administration (SAMHSA) in the FY 2018 omnibus package that included an additional $1 billion to further enhance prevention, treatment and recovery efforts.

STR dollars at work: We include below of some specific State examples of STR grant dollars at work:

Tennessee: The funds prioritize addressing neonatal abstinence syndrome (NAS) given a ten-fold increase in NAS in Tennessee over the past 10 years. STR funds will help expand access to services for pregnant women. The State is also moving forward to expand access to services through outpatient tele-health initiatives – an important initiative given the difficulties in reaching rural parts of the State. The funding is allowing the State to conduct Train-the-Trainer events on the Stanford Chronic Pain Self-Management Program (CPSMP) – an evidence-based approach to managing chronic health conditions that helps avoid readmissions. STR funds are also supporting a Statewide media campaign and allowing the State to share resources and information to educate the public about the opioid crisis. The funds are supporting opioid overdose trainings and helping purchase and distribute overdose safety kits and naloxone to selected areas of the State.

Washington State: In Washington State, STR funds are expanding Statewide access to Medication Assisted Treatment (MAT) and reducing unmet need by developing and implementing 6 Hub and Spoke model initiatives. Hubs are regional centers serving a defined geographical area. Spokes (there are five per hub) are facilities providing opioid use disorder treatment, primary health care, and wrap around services. STR grant funds are also supporting a collaboration with the Washington State Department of Corrections (DOC) to develop and operate programs. For example, one program is identifying incarcerated individuals with opioid use disorders, expected to be released, and connecting these individuals with MAT services in the county of their release and expedite their enrollment in an Medicaid health plan. STR grant funding is allowing the State to develop community prevention initiatives in 5 high need communities to support local strategic planning and decision-making to focus on addressing local needs by implementing evidence-based strategies and programs. STR is supporting the State to design, test and disseminate various public education messages that promote public education with tribes to meet their community needs.

Alaska: In Alaska, the STR grant has been distributed to launch office-based opioid treatment (OBOT) services to expand treatment to persons with an opioid use disorder, including those recently incarcerated, veterans, and young adults. For example, the Cook Inlet Council on Alcohol and Drug Abuse (CICADA) in Kenai received STR grant dollars to help provide comprehensive substance use disorder services, including Medication Assisted Treatment (MAT) for those struggling with an opioid use disorder. The Council partners with the Peninsula Community Health Services, a local Federally Qualified Health Center (FQHC), to provide access to MAT and, in collaboration with community organizations, provide access to an array of comprehensive services. The STR grant provides technical assistance for physicians and care managers to address questions and concerns related to OBOT services. The STR grant has also facilitated reducing the amount of unused prescription opioids in Alaskan communities through the ongoing Statewide distribution of medication deactivation disposal bags in communities. To date, 28,000 of these bags have been distributed, successfully allowing Alaskans to destroy over 1 million opioid tablets.

Connecticut: In Connecticut, STR grant funds allowed the State to expand the number of hospitals, from 4 to 8, with on-call recovery coaches in their Emergency Departments. Through STR funding, the State alcohol and drug agency worked with the Department of Corrections (DOC) to implement MAT induction at the Osborne DOC pre-release center and to expand DOC's "Living Free" re-entry initiative that involves extensive in-reach, pre-release, followed by treatment during post-release. The STR funds are helping to expand the number of outpatient clinics that have MAT available with a subset of these clinics receiving support to provide employment services, peer coaching and case

management. STR grant funds support important prevention efforts by providing 75 mini-grants to community coalitions with preference given to local prevention councils. STR also supports a peer prevention program in which youth facilitators coach their peers on skills to make healthy choices.

Georgia: STR funds in Georgia are supporting increased prevention, treatment and recovery services across the State's 5 Service Regions. The STR grant is supporting a school transition pilot program for opioid/prescription drug misuse and abuse prevention. STR funds will help implement recovery specialist programs in 2 hospital Emergency Departments. In addition, the State is directing STR funding to ensure fidelity to the Georgia Association of Recovery Residences recovery housing standards. Further, the funds are enabling a pilot program by the Department of Community Supervision to use vivitrol before release. The State is also utilizing STR dollars to support naloxone education for first responders, law enforcement and public safety.

Louisiana: The STR grant is Louisiana helped the State alcohol and drug agency enhance collaboration with providers across the State regarding opioid use disorders. For example, STR grant is supporting the existing Strategic Prevention Framework (SPF) infrastructure as a basis to prevention prescription drug misuse and abuse through Statewide awareness and education campaign with special activities planned within the State's ten Local Governing Entities (LGE) and coordination with the State's 10 opioid treatment programs (OTPs). The STR grant supported collaboration between the State alcohol and drug agency and the State Department of Corrections (DOC) to allow treatment services for opioid use disorders for offenders participating in reentry programs at 2 designated facilities. The STR grant is also helping build capacity for the 10 LGE regions to increase access to recovery support specialists.

Missouri: STR funds in Missouri have been used to train 4,000 students on prescription opioid misuse prevention. These funds have helped over 1,600 uninsured individuals with opioid use disorders to receive evidence-based treatment services. Over 3,600 naloxone kits have been distributed to individuals at risk of experiencing or witnessing an overdose. Additionally, STR funds have afforded 8,000 providers and community members the opportunity to receive training on effective opioid use disorder prevention, treatment, and recovery strategies.

New Hampshire: In New Hampshire, STR grant funding is supporting the expansion of MAT in integrated care settings (substance use services, obstetrics, pediatric, and primary care) for pregnant and postpartum women. This includes parenting education and supports to hospitals dealing with neonatal abstinence syndrome (NAS), including funding for childcare to enable women to be able to participate in the programming. Additionally, STR funds support peer recovery support services for pregnant and parenting women. Grant funds are also being used for Regional Access Points across the State, which are in-person and telephone links to rapid evaluations and referrals to services, case management, continuous recovery monitoring.

North Carolina: The State has placed an emphasis on increasing the number of individuals gaining access to MAT and supportive services for opioid use disorders. The STR grant allocations are made largely to the Local Management Entities/Managed Care Organizations (LMEs/MCOs) and contracts then move forward to accomplish programmatic goals. The STR grant in North Carolina is helping purchase 6,600 naloxone kits statewide. The State is investing STR funds in recovery support services that include culturally and linguistically appropriate services that assist individuals and families

working toward recovery. The State is including such services as peer coaching and mentoring, services to aid in accessing sober housing, life coaching, and more as identified through individual comprehensive clinical assessments and person-centered treatment and recovery plans. In addition, North Carolina is investing STR funds to expand effective prevention strategies for non-medical use of prescription drugs in high need counties. This includes support for local community coalitions to address prescription drug misuse.

South Carolina: The STR grant in South Carolina is supporting the expansion of peer support specialists to facilitate the transition from prisons and jails back to the community in Anderson and Spartanburg counties. In addition, peer support specialists shall work with hospital Emergency Departments to help connect overdose survivors to services post release. STR funds are supporting the development of community recovery centers in York County and Horry County. The grant is also supporting the Statewide multi-media campaign that will include Public Service Announcements (PSAs) in Columbia, Charleston, Myrtle Beach/Florence and Greenville. South Carolina is also directing STR funds to help expand clinically appropriate, evidence-based practices for adolescents with opioid use disorders by supporting the Adolescent Community Reinforcement Approach/Assertive Continuing Care model in Horry and Pickens Counties.

Virginia: In Virginia, STR grant funding is supporting 25 community-based treatment providers to help serve individuals with MAT and other clinical supports to address their opioid use disorder. The grant supported the purchase of 3,664 units of Narcan (1,600 for local departments of health to distribute and 2.064 for State Police to carry). These funds supported the development of a video-training curriculum about opioid use disorders for child protective service workers and early intervention home visitors. STR has supported a Recovery Warm Line in each of Virginia's five health planning regions. In addition, STR grant funds help support community coalition building in at least 25 communities.

More on the importance of Cures and CARA: The 21st Century Cures Act also included key provisions reauthorizing SAMHSA. This included the reauthorization of programs within SAMHSA's Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), Center for Behavioral Health Statistics and Quality (CBHSQ), and the creation of the National Mental Health and Substance Use Policy Laboratory. NASADAD supports actions to ensure a strong SAMHSA and appreciates the leadership of Dr. Elinore McCance-Katz, who serves as Assistant Secretary for Mental Health and Substance Use – a position created by the 21st Century Cures Act. NASADAD is grateful for the Committee's work to pass the Comprehensive Addiction and Recovery Act (CARA), which authorized programs seeking to promote a coordinated and multi-sector approach to address the opioid crisis. CARA created several important initiatives, including:

Improving Treatment for Pregnant and Postpartum Women (Section 501): Reauthorized the Residential Treatment for Pregnant and Postpartum Women program to help support family-centered treatment services – where women and their children can receive the help they need together in a residential setting. CARA also created a pilot program to afford State alcohol and drug agencies flexibility in providing new and innovative family-centered substance use disorder services in non-residential settings. Earlier this year, Virginia, Massachusetts and New York were the first three States to receive resources for this pilot.

State Demonstration Grants for a Comprehensive Opioid Response Grant (Section 601): This initiative is designed to help promote coordinated planning on issues related to substance use disorders for those involved with the criminal justice system. For State applications for this grant, there is an emphasis on coordination between an applicant's State alcohol and drug agency and its corresponding State administering authority for criminal justice.

Community Coalition Enhancement Grants (Section 103): This section authorizes the Office of National Drug Control Policy (ONDCP), in coordination with SAMHSA, to make grants to community anti-drug coalitions to implement community-wide strategies to address their local opioid and methamphetamine problem.

Building Communities of Recovery (Section 302): Authorizes SAMHSA to award grants to recovery community organizations (RCOs) to develop, expand and enhance recovery services, RCO's across the country are doing an excellent job of helping individuals with the assistance they need to once again contribute to their families, employers and communities.

States are now working diligently to implement these and many other important provisions authorized in CARA and Cures.

NASADAD's overarching recommendations:

- *Ensure provisions work through State alcohol and drug agencies to promote coordination and avoid creating parallel, duplicative, or bifurcated systems of care*: As noted earlier, State alcohol and drug agencies play a critical role in overseeing and implementing a coordinated prevention, treatment and recovery service system. These agencies develop annual Statewide plans to ensure an efficient and comprehensive system. Further, State alcohol and drug agencies promote effective systems through oversight and accountability.

  A core recommendation for the Committee's consideration is to ensure federal programs and policies designed to address substance use prevention, treatment and recovery flow through the State alcohol and drug agency. This approach allows federal initiatives to enhance and improve State systems and promotes an effective and efficient approach to service delivery. Federal policies and programs that do no link with the State agency run the risk of creating parallel or even duplicative publicly funded systems and approaches.

- *Ensure consistent, predictable and sustained resources to avoid a financial cliff:* As indicated earlier, NASADAD appreciates the resources provided by Congress to support prevention, treatment and recovery services. State alcohol and drug agencies appreciate the $1 billion in STR grants initially authorized in the 21st Century Cures Act. NASADAD applauds Congress for its work in raising the caps and passing the Bipartisan Budget Act of 2018 which paved the way to clear a final FY 2018 omnibus appropriations bill. This bill included the second installment of STR grants and added $1 billion for States to continue this critical work.

  This predictable and sustained provision of resources is key to allow States and providers to plan and rely on future year commitments. It can be difficult if not impossible to successfully plan and operate programs if providers are not confident resources will be available beyond a

one-year commitment. NASADAD strongly supports NGA's call to extend the duration of federal grants beyond the typical one- or two-year funding cycle.

Further, the financial burden associated with substance use disorders is staggering. 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 SAMHSA's 2016 report, *National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986-2014*, expenditures for substance use disorder services represented only 1.2% of all health expenditures in 2014.

As we look at the SAPT Block Grant, this critical program has not kept up with health care inflation. In particular, over the past 10 years, the SAPT Block Grant has experienced a 29 percent decrease in the real value of funding. In order to restore the SAPT Block Grant to the purchasing power the program had in 2006, Congress would need to allocate an additional $542 million to the SAPT Block Grant in FY 2019.

Yet the National Institute on Drug Abuse (NIDA) notes that for every dollar spent on substance use disorder treatment programs, there is an estimated $4 to $7 reduction in the cost of drug related crimes. With outpatient programs, total savings can exceed costs by 12 to 1. Substance abuse prevention is also a cost-effective way to reduce the financial burden of substance abuse and substance use disorders. 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.

- *Continue to work to address the opioid crisis but also elevate efforts to address all substance use disorders, including those linked to alcohol and other substance*s: The opioid crisis is one of the worst public health tragedies in our nation's history. The sheer volume of death linked to this epidemic is difficult to grasp. We also know this country faces distinct challenges related to all substances – whether it's prescription drug misuse, heroin, alcohol, marijuana, methamphetamine, cocaine or others. According to SAMHSA's National Survey on Drug Use and Health (NSDUH), alcohol remains the number one problem in the country with 15 million Americans battling an alcohol use disorder. As we look at those receiving treatment, 36 percent of all admissions to treatment had a primary alcohol use disorder; 30 percent had a primary heroin or other opiate problem; 15 percent had primary marijuana use disorder. State directors in certain States are also observing increases in problems related to methamphetamine and cocaine. As a result, NASADAD promotes policies that can be flexible yet also address the specific needs associated with the current opioid crisis. The flexibility included in the SAPT Block Grant also affords States the opportunity to target resources to address all substances.

- *Maintain a strong SAMHSA:* We support maintaining investments in SAMHSA as the lead agency within HHS focused on substance use disorders in general, and opioid use disorders in particular. The nation benefits from a strong SAMHSA given the agency's longstanding leadership in the field and the stewardship of Assistant Secretary McCance-Katz. NASADAD

appreciates the role Assistant Secretary McCance-Katz plays in coordinating work across HHS to promote a coordinate federal response to the opioid crisis.

NASADAD also appreciates SAMHSA's focus on a healthy State-federal partnership as the cornerstone of sound public policy. This theme is demonstrated through several important State-based programs support by SAMHSA in addition to the SAPT Block Grant. One example is the Strategic Prevention Framework (SPF) Partnerships for Success (PFS) Grants. These five-year grants, administered by SAMHSA/CSAP, help States strengthen prevention capacity and infrastructure at the State level while addressing the State's top prevention priorities. The grants use a five-step model (assessment, capacity, planning, implementation, evaluation); promote the principles of cultural competency and sustainability; and enhance the link between State alcohol and drug agencies and community anti-drug coalitions to promote local solutions.

NASADAD's observations on selected provisions: NASADAD offers the following observations on the Committee's discussion draft based in part on those principles described above.

- *Reauthorization and Improvement of State Targeted Response Grants (Section 101).* NASADAD applauds the Committee for recognizing the need for predictable and sustained funding to address the opioid crisis by considering the reauthorization and improvement of the STR grants. As discussions on the provision move forward, we hope these resources would continue to align with the plan and work of State alcohol and drug agencies to continue the momentum gained to date from the STR grants. Further, NASADAD would be eager to engage in discussions regarding ways to utilize the SAPT Block Grant as an effective and efficient way to funnel resources through its well-established system.

- *Comprehensive Opioid Recovery Centers (Section 401)*: NASADAD members certainly support the goal of enhancing access to holistic care and the array of services that help people enter recovery. This includes our strong support for access to Medication Assisted Treatment (MAT). NASADAD will continue to review the details of this proposal and work with the Committee. As noted above, consistent with the Association's principles, we would recommend federal proposals flow through the State alcohol and drug agency to ensure coordination and maximize effectiveness and efficiency.

- *National Recovery Housing Best Practices (Section 403)*: NASADAD applauds the provision that would require the Secretary of Health and Human Services (HHS) to identify or facilitate the development of best practices for operating recovery housing. We would hope that State alcohol and drug agencies would be specifically referenced as a stakeholder to help with the development of these models. NASADAD has been engaging in a dialogue about this important issue with our members and other important groups such as the National Association of Recovery Residences (NARR). NARR's mission is to support persons in recovery from substance use disorders by improving their access to quality recovery residences. In 2011, NARR released a national standard for recovery residences. This standard defines the spectrum of recovery oriented housing and services and distinguishes four different types,

which are known as levels or levels of support. This work was then updated in 2015. We hope the Committee considers NARR as a valuable partner in this effort.

- *Addressing Economic and Workforce Impacts of the Opioid Crisis (Section 404)*: NASADAD is still reviewing the details and assessing the implications associated with this section. There is certainly no doubt that substance use disorders impact job performance or cause people to be underemployed or unemployed. We are also aware of jobs that remain unfilled because certain skilled workers are unable to pass a drug test. As the Association dialogues with the members and others about this provision, NASADAD will continue to support the creation of federal programs that flow through or collaborate with the State alcohol and drug agency. This ensures the enhancement of the State system as opposed to the creation of a duplicative or parallel set of services.

- *Plans of Safe Care (Section 406)*: We support the provision that proposes to amend the Child Abuse Prevention and Treatment Act (CAPTA). Specifically, this provision would authorize grants to help State child welfare agencies, State alcohol and drug agencies and others facilitate collaboration in developing, updating and implementing plans of safe care. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) Research Brief, *The Relationship between Substance Use Indicators and Child Welfare Caseloads*, found that nationally "…rates of drug overdose deaths and drug-related hospitalizations have a positive relationship with child welfare caseload rates. After accounting to county socioeconomic and demographic characteristics, counties with higher overdose death and drug hospitalization rates have higher caseload rates." As a result, we look forward to working with you on this important issue.

- *Loan Repayment for Substance Use Disorder Treatment Providers (Section 410)*: We applaud the discussion draft's inclusion of a provision to help with our nation's substance use disorder workforce. Specifically, we support the provision that would authorize funding for a loan repayment program for substance use disorder treatment providers. There is no doubt that more must be done to bolster our nation's substance use disorder workforce. This is particularly true in our rural and frontier States. As the Committee deliberates on the discussion draft, we would like to offer our assistance in promoting support for our substance abuse prevention workforce as well. State alcohol and drug agencies see the value in utilizing Certified Prevention Specialists (CPS). These certified professionals are trained in industry standards and evidence-based practices and represent an important component of the field.

- *Surveillance and Education Regarding Infections Associated with Injection Drug Use and Other Risk Factors (Section 510)*: We support the provision seeking to improve data and therefore our knowledge about infections associated with injection drug use and other risk factors. According to the Centers for Disease Control and Prevention (CDC), 30 States are experiencing, or at risk for, significant increases in viral hepatitis or an HIV outbreak due to injection drug use. In addition, between 2004 and 2014, the CDC found that admissions to substance use treatment programs for those who inject opioids increased by 93 percent while acute hepatitis rose in parallel by 133 percent. As mentioned earlier, we appreciate our

partnership with NASTAD at the national level and engage in work to promote similar collaboration between our members at the State level.

NASADAD's considerations for additional provisions: NASADAD appreciates the tremendous amount of work that went into developing the discussion draft. We also appreciate the Committee's request for additional ideas to help strengthen the draft. We offer the following recommendations for consideration:

- *Enhancing School-based Substance Abuse Prevention Through Coordination Between State Alcohol and Drug Agencies and State Educational Agencies*: Substance abuse prevention programs and activities are critical given the benefits of delaying the use of alcohol and other drugs during adolescence. For example, compared to youth who wait until their 20's to initiate alcohol use, adolescents who initiate by 15 years of age are five times more likely to abuse alcohol or become dependent (Grant & Dawson, 1997). State alcohol and drug agencies recognize the fact that the education system represents an important partner given the importance of school-based prevention activities. As a result, NASADAD recommends the authorization of a grant program within SAMHSA/CSAP to enhance collaboration between State alcohol and drug agencies and State educational agencies to enhance their capacity to support the implementation of effective, school-based substance abuse prevention activities. This would also help support a comprehensive planning process in addition to the implementation of evidence-based programs.
- *Recovery coaching in the emergency department*: On November 30, 2017, NASADAD Board Member Rebecca "Becky" Boss, State Director in Rhode Island, presented testimony during a hearing before this very Committee. Director Boss discussed the 2014 launch of a pilot program developed in Rhode Island using recovery coaches to respond to overdose survivors while they were receiving treatment in hospital Emergency Departments. She noted that on-call coaches respond to overdose survivors and offer support, referrals, resources, family support and training on naloxone. Becky noted that the coaches helped engage clients with an 85 percent follow-up rate with treatment and/or recovery support services. We understand there are proposals in the House and Senate to enhance the use of this model. We support these initiatives and recommend that any final version (1) specifically references coordination with and connection to State alcohol and drug agencies and (2) ensures the program is placed within SAMHSA.

Thank you: Thank you very much for inviting NASADAD to testify. We look forward to working with the Committee as the process moves forward.

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Substance Abuse Prevention and Treatment (SAPT) Block Grant

SAPT Block Grant Funding

- 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
- FY 2010: $1.799 billion
- FY 2009: $1.779 billion

Overview

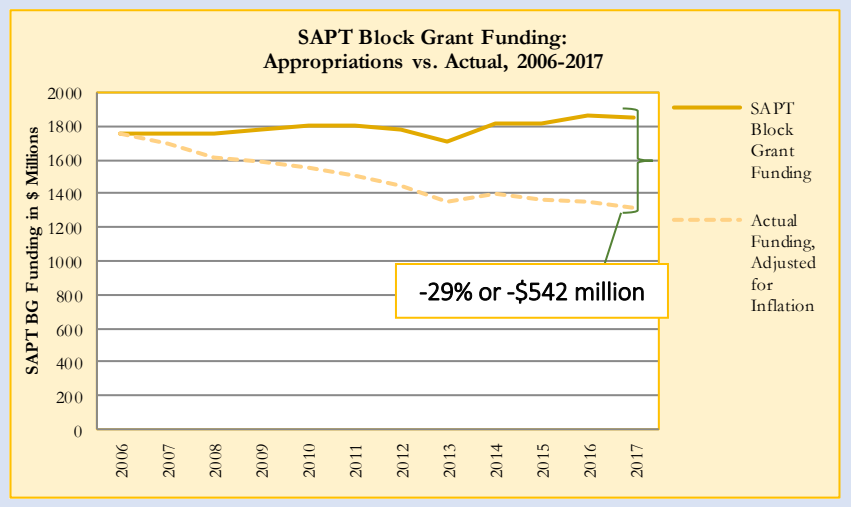
The Substance Abuse Prevention and Treatment (SAPT) Block Grant is distributed by formula to all States and Territories. **It is the cornerstone of States' substance abuse prevention, treatment, and recovery systems**. The SAPT Block Grant is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services (HHS).

SAPT Block Grant Outcomes

According to SAMHSA's Substance Abuse Prevention and Treatment Block Grant Program Profile, **SAPT Block Grant funds annually provide treatment services for 1.5 million Americans**. At discharge from block grant-funded programs, 70% of clients demonstrate abstinence from illegal drug use and 83% are abstinent from alcohol use. Additionally, of clients discharged from treatment, 89% have stable housing, and 93% have had no arrests.

Funding Decreasing over Time

The SAPT Block Grant is a critical safety net program. **Over the last 10 years, SAPT Block Grant funding has not kept up with health care inflation, resulting in a staggering 29% decrease in the real value of funding by FY 2017 (to $1.312 million)**. As inflation increases, the actual purchasing power of the same funding decreases. In order to restore the SAPT Block Grant's 2006 purchasing power, Congress would need to allocate an additional $542 million for FY 2018. As States work to maintain their systems with fewer resources, the demand for services continues to rise. According to the National Survey on Drug Use and Health (NSDUH), past month use of illicit drugs has been on the rise over the past decade, increasing from 8.3% of individuals aged 12 or older in 2006 to 10.1% in 2015.



Financial Burden of Substance Use Disorders

According to NSDUH, 21.7 million people aged 12 or older needed treatment for an alcohol or illicit drug use problem in 2015 (met criteria for abuse or dependence). During the same year, only 3 million received treatment for such a problem. As a result, over 18 million Americans needed but did not receive services for a substance use problem in 2015. The economic impact of substance use disorders is staggering. 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.

Substance Use Disorders Represent Tiny Fraction of Overall Health Expenditures

According to SAMHSA's 2016 report, *National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986-2014*, 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 remained stable ever since. **Expenditures for substance use disorder services represented only 1.2% of all health expenditures** in 2014. That translates to approximately $34 billion for substance use disorders vs. $3.2 trillion for all health expenditures.

Investments in Substance Abuse Saves Money

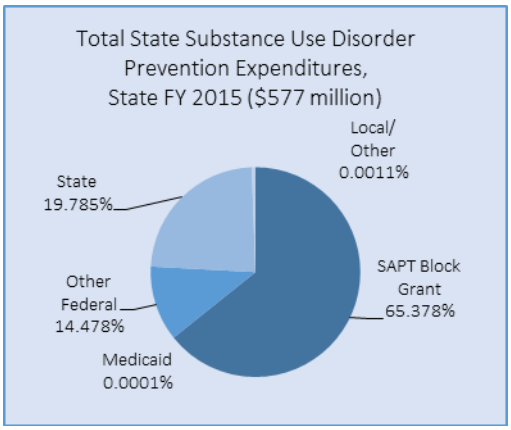
In 2006, the National Institute on Drug Abuse (NIDA) noted that for every dollar spent on substance use disorder treatment programs, there is an estimated $4 to $7 reduction in the cost of drug related crimes. With outpatient programs, total savings can exceed costs by 12 to 1. Substance abuse prevention is also a cost-effective way to reduce the financial burden of substance abuse and substance use disorders. 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 abuse. 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 65% of primary prevention funding in States and Territories**. In 18 States, the prevention set-aside represents 75% or more of the State agency's substance abuse prevention budget. In 4 of those States, the prevention set-aside represents 100% of the State's primary prevention funding.

SAPT Block Grant and Vulnerable Populations

States using SAPT Block Grant funds must provide additional protections and/or funding for certain vulnerable populations that are identified in statute. Priority populations include: pregnant and parenting women, injection drug users, individuals with HIV/AIDS, and individuals with tuberculosis (TB).

Pregnant and Parenting Women

Pregnant women must be given priority in treatment admissions, and those that are referred to the State for treatment must be placed within a program or have interim arrangements made within 48 hours. Further, States are required to allocate a dedicated amount of SAPT Block Grant funds to support pregnant and parenting women.

Persons Who Inject Drugs

SAPT Block Grant funded treatment programs that serve persons who inject drugs must keep the State informed about their admissions capacity. This allows the State to monitor whether individuals are placed into treatment in a timely manner or provided with interim services if an opening is temporarily unavailable.

Individuals with HIV/AIDS

For States with HIV infection rates of 10 or more per 100,000, early HIV intervention services must be provided to individuals undergoing substance use disorder treatment. These services are to be available in the areas of the State with the highest disease burden. Early intervention services include pre-testing counseling, testing, post-testing counseling, and appropriate treatment.

Individuals with Tuberculosis (TB)

SAPT Block Grant funded treatment programs must directly (or through arrangements) make tuberculosis services available to everyone who receives treatment. TB services include counseling, testing, and clinically appropriate treatment.

SAPT Block Grant Funds Treatment Services: Prescription Drug and Heroin Use on the Rise (TEDS, 2014)

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 2014, admissions for heroin addiction exceeded admissions for alcohol alone as primary substance of use. According to NASADAD data, in 2015, 39 States reported an increase in treatment admissions for heroin. In addition to the troubling increase in treatment admissions, opioid overdose deaths have also been on the rise—in 2015, over 33,000 Americans lost their lives to a prescription opioid or heroin overdose.

Primary Substance	% (estimate)
Heroin	22.1% (357,293)
Alcohol only	20.3% (327,694)
Marijuana	15.3% (247,461)
Other Opiates	8.2% (132,387)
Amphetamines	8.9% (144,427)
Cocaine (smoked)	3.6% (57,493)
Cocaine (other route)	1.9% (30,017)
PCP	0.3% (4,910)
Hallucinogens	0.1% (1,864)
Inhalants	<.05% (791)

Age at Admission	% (estimate)
12-17	4.8% (77,812)
18-24	16.6% (268,319)
25-29	17.2% (276,860)
30-34	15.1% (242,742)
35-39	10.9% (175,051)
40-44	9.4% (151,336)
45-49	9.5% (153,383)
50-54	8.5% (137,574)
55-59	4.9% (79,559)
60 and older	3.0% (48,211)

Race/Ethnicity	% (estimate)
White	62.3% (981,107)
Black/Afr American	17.9% (281,403)
Am Ind/AK Native	2.5% (38,959)
Asian/Pac Islander	1.0% (16,529)
Hispanic	13.0% (205,564)
Other	3.3% (51,648)

Gender	% (estimate)
Male	66.4% (1,068,950)
Female	33.6% (541,502)

Role of State Substance Abuse Agencies

NASADAD represents State substance use disorder agency directors from the fifty States, the District of Columbia, and the five U.S. 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 substance abuse agencies work with providers to use evidence-based prevention practices.

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