

**To: NASADAD / NPN / NTN Members**  
**From: Robert Morrison, Director of Public Policy**  
**Cc: Dave Wanser, Ph.D., President**  
**Lewis E. Gallant, Ph.D., Executive Director**  
**Date: Tuesday, October 3, 2006**  
**RE: D.C. Update: NASADAD Sends Comments on 2007 Drug Strategy**

### **NASADAD Sends Comments on 2007 Drug Strategy**

On Thursday, September 28, Lewis E. Gallant, Ph.D., Executive Director of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), provided input to Mr. John Walters, Director of the Office of National Drug Control Strategy (ONDCP), as the 2007 National Drug Control Strategy is developed. We have attached a copy of the letter for your convenience. Special thanks to Dave Wanser (TX), President; Flo Stein (N.C.), Chair of NASADAD's Public Policy Committee; Don Maestas (NM), NPN President; Marty Gaudiose (OH), NTN President; and Debbie Synhorst (IA), First Vice President, NPN; and Kathy Jett (CA), Public Policy Committee member, for shaping the letter.

### **Comments Guided by Association's Top Five Policy Priorities**

The comments were guided by NASADAD's top policy priorities, which include

- Strengthen State substance abuse systems and the office of the Single State Authority (SSA) for Substance Abuse,
- Expand access to prevention and treatment services,
- Implement an outcome and performance measurement data system,
- Ensure clinically appropriate care, and
- Promote effective policies related to co-occurring populations.

### **Comments Continue to Recommend Strong Investment in SAPT Block Grant, other Programs**

The letter noted that "NASADAD recommends a strong investment in the SAPT Block Grant – NASADAD's number one priority and the foundation of our publicly funded addiction treatment, prevention and recovery program." Dr. Gallant also highlighted other programs that add tremendous value to State systems – and support for a new proposed program for pregnant and parenting women offenders within the Department of Justice (DOJ):

- SAMHSA's Strategic Prevention Framework State Incentive Grant (SPF-SIG)
- Department of Education's Safe and Drug Free Schools and Communities (SDFSC) State Grants Program
- SAMHSA's Addiction Technology Transfer Centers (ATTCs) and Centers for the Application of Prevention Technology (CAPTs)
- DOJ's Byrne/Justice Assistance Grants (JAG)
- DOJ's Residential Substance Abuse Treatment (RSAT)
- DOJ's Drug Courts
- DOJ's Enforcing Underage Drinking Laws (EUDL)
- DOJ's Mentally Ill Offender Act Program

- Support for a proposal for DOJ to fund a newly authorized grant program that was included as part of the Combat Meth Act within the USA Patriot Act. Section 756 of this legislation calls for grants to address methamphetamine abuse among pregnant and parenting women. In particular, the grants would encourage coordination between the State substance abuse, child welfare and criminal justice agencies to provide methamphetamine treatment and related services for women and their children together.

### **Other Recommendations for 2007 National Drug Control Strategy Development**

*A strong alcohol component – including underage and childhood drinking:* The letter expressed appreciation for the Surgeon General’s “Call to Action” and the work of the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). Dr. Gallant also lauded the National Meeting of the States on Underage Drinking held in 2005 where State Teams were brought to Washington, D.C. to consider, develop and improve underage drinking strategies.

*Implement an outcome and performance measurement data system:* Dr. Gallant wrote, “NASADAD supports the development and implementation of the National Outcome Measures (NOMs) initiative to improve service efficiency and effectiveness through the use of indicators of accountability and performance.” The letter recommended (1) close collaboration with NASADAD and the Association’s Performance Data Work Group and (2) increased flexibility in the management of the SAPT Block Grant in exchange for the increased data reporting and accountability, (3) continued support for the State Epidemiological Outcomes Workgroup (SEOW) – assisting States in their development of a State profile that helps identify service strengths and challenges.

*Develop a workforce strategy to meet our immediate and future needs:* NASADAD recommended a strong investment in the ATTC and CAPT programs to help address our workforce challenges. In addition, Dr. Gallant wrote that work should be done to continue the momentum generated by SAMHSA’s Workforce Summit held this past July. NASADAD also thanked the Center for Substance Abuse Prevention (CSAP) for the prevention fellows program – and initiative designed to attract talented graduate students into the addictions field.

*Continue to promote SAMHSA/NIH “Science-to-Services” agenda – including work with Single State Authorities for Substance Abuse:* NASADAD lauded a Science to Service initiative of the Center for Substance Abuse Treatment (CSAT), National Institute on Drug Abuse (NIDA) and NASADAD – including the development of a series of meetings with NASADAD members to discuss State interaction with NIDA’s Clinical Trial Network (CTN), collaboration with the ATTCs and CAPTs, along with ways to enhance NIH’s portfolio on State systems research.

*Effective policies for co-occurring populations:* NASADAD expressed appreciation for SAMHSA’s work on issues pertaining to co-occurring populations – which included State policy academies, the “Co-SIG” grants, and more. NASADAD also highlighted a new initiative to establish a meeting between NASADAD, NASMHPD and the Association of State and Territorial Health Officers (ASTHO) to discuss ways to increase collaboration between substance abuse, mental health and public health agencies in order to improve services delivery.

*Child Welfare and Substance Abuse:* Dr. Gallant recommended work within ONDCP to address the impact substance use disorders have on families and those in our child welfare system. In particular, NASADAD noted that Congress passed S. 3525, the Child and Family Services Improvement Act of 2006, that reserves funding for addiction treatment and related services for parents and their children in or at-risk of entering into the child welfare system. Dr. Gallant expressed interest in working with ONDCP and others as the grant application for this new initiative is considered and developed.

*Should you have any questions, or require additional information, please do not hesitate to contact Robert Morrison, Director of Public Policy, at (202) 293-0090 x106 or email [rmorrison@nasadad.org](mailto:rmorrison@nasadad.org), Anne Luecke, Senior Policy Analyst, at (202) 293-0090 x111 or email [aluecke@nasadad.org](mailto:aluecke@nasadad.org) or Barbara Durkin, Public Policy Intern, at (202) 293-0090 x102 or [bdurkin@nasadad.org](mailto:bdurkin@nasadad.org).*



**National Association of State Alcohol and Drug Abuse Directors, Inc.**

*President*  
Dave Wanser, Ph.D.  
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September 28, 2006

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Mr. John Walters, Director  
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Dear Mr. Walters:

*Vice President  
for Prevention*  
Don Maestas  
New Mexico

On behalf of the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD), and our subsidiary organizations the National Prevention Network (NPN) and National Treatment Network (NTN), thank you for your work to support addiction treatment, prevention and recovery. We sincerely appreciate your leadership and greatly value our partnership.

*Past President*  
Michael Couty  
Missouri

We are writing to provide recommendations on the Office of National Drug Control Policy's (ONDCP) 2007 National Drug Control Strategy. Thank you very much for seeking NASADAD's input. We offer these comments using the Association's top five priorities as our guide, which include:

*Secretary*  
Jack Kemp  
Delaware

- Strengthen State substance abuse systems and the office of the Single State Authority (SSA) for Substance Abuse,
- Expand access to prevention and treatment services,
- Implement an outcome and performance measurement data system,
- Ensure clinically appropriate care, and
- Promote effective policies related to co-occurring populations.

*Treasurer*  
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Barbara Cimaglio  
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Janet Zwick  
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**Strengthen State substance abuse systems and the office of the Single State Authority (SSA) for Substance Abuse**

We would like to work with Governors and ONDCP to inform stakeholders on the benefits of maintaining a strong Single State Authority (SSA) for Substance Abuse. As you know, substance use disorders are linked to many of our more pressing problems. With a rich history of creating and maintaining system linkages to improve client services and outcomes, State Substance Abuse Directors offer a unique perspective. SSAs have developed a vast network of formal and informal service agreements and arrangements to promote services coordination with a number of entities. Examples include work with faith-based institutions, agencies serving trauma/violence victims, child welfare programs, prisons and other places of detention, educational institutions (from K-12 to universities), physical health care providers, disaster services, labor entities, traffic safety administrators, community coalitions, consumer organizations, mental health service providers – among others. Without a strong and visible role, SSAs are unable to take advantage of these relationships to coordinate an effective State-wide system of care.

*Executive Director*  
Lewis E. Gallant, Ph.D.

## **Expand access to prevention and treatment services**

We are all acutely aware of the shortage of resources available to help pay for services. A study released by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2005 showed that substance abuse spending over a recent ten year period increased in inflation adjusted terms by 2.7 percent while spending for all health care in inflation adjusted terms grew by approximately 4.4 percent. The same study found that approximately 76 percent of funding for substance abuse treatment was supported by public resources. Over the same recent ten year period, substance abuse private insurance payments fell by 1.1 percent annually as compared with an all health growth rate of 6.9 percent. As efforts are made to strengthen our investment in resources for addiction treatment, prevention and recovery programming, the Association would like to offer a few specific programs for consideration:

*SAMHSA's Substance Abuse Prevention and Treatment Block Grant:* NASADAD recommends a strong investment in the Substance Abuse Prevention and Treatment (SAPT) Block Grant – NASADAD's number one priority and the foundation of our nation's publicly funded addiction treatment, prevention and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction – whether the primary problem is alcohol, methamphetamine, prescription drug abuse or persons using a number of substances. The data demonstrate that the SAPT Block Grant produces results by helping people remain abstinent from alcohol and other drug use; find employment; find stable housing; stay away from criminal activity; and live productive lives in recovery. The SAPT Block also includes vital prevention resources and has contributed to demonstrable results. As you know, there were 600,000 fewer teens using drugs in 2004 compared to 2001. A strong commitment to the SAPT Block Grant will ensure a strong commitment to much needed prevention services for our youth.

*SAMHSA's Strategic Prevention Framework State Incentive Grant (SPF-SIG):* NASADAD strongly supports the Strategic Prevention Framework State Incentive Grants (SPF-SIGs). As you know, the strategic prevention framework is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State and community levels. In particular, the program assists States to assess their prevention needs based on data, build prevention capacity, plan and implement effective prevention programs and evaluate their efforts for outcomes. We were extremely concerned with the FY 2007 proposal by the Administration to cut the SPF-SIG program by \$11 million. NASADAD recommends future budget proposals that would enable each and every State and territory to have a SPF SIG as originally envisioned.

*Department of Education's Safe and Drug Free Schools and Communities (SDFSC) State Grants Program:* NASADAD is extremely concerned with the Administration's proposal to completely eliminate the SDFSC State Grants program – representing a cut of \$441 million. NASADAD recommends a complete restoration of these funds so that the program may continue to reach an estimated 37 million youth annually. In addition, NASADAD recommends an increased and sustained investment in years to come. Governors receive 20 percent of the SDFSC State Grants allocation – assigning a designee to administer these funds. In certain States, SSAs serve as the lead for the Governor's share of SDFSC funding and help ensure the program funds are administered effectively and efficiently.

*SAMHSA's Addiction Technology Transfer Centers (ATTCs) and Centers for the Application of Prevention Technology (CAPTs):* NASADAD wishes to laud the work of the Addiction Technology Transfer Centers (ATTCs) and the Centers for the Application of Prevention Technology (CAPTs) programs. The ATTCs and CAPTs are designed to unify science, education and services to effectively assist those in need of prevention and treatment services. These networks truly represent the "Science to Service" framework promulgated by SAMHSA and the National Institutes of Health (NIH). Our members appreciate the role each ATTC and CAPT plays in offering tailored, State-

specific assistance to address State-specific circumstances. NASADAD encourages a strong investment in the ATTCs and CAPTs to ensure that these successful programs continue to evolve and address the ever changing needs of the addiction field.

*Byrne/Justice Assistance Grants (JAG):* As you know, the JAG program assists State and local governments with funding for a broad range of law enforcement related activities including education, prevention and treatment for substance use. Many States have used JAG funds to set up multi-jurisdictional and State-wide drug taskforces, key to fighting the flow of drugs such as methamphetamine. In addition, JAG offers flexibility to States and localities to target areas of most concern and collaborate with the appropriate partners when doing so. We encourage continued investment in the program to help continue the success of State and local law enforcement in preventing substance use and helping those in need receive proper treatment.

*Residential Substance Abuse Treatment (RSAT):* NASADAD strongly supports the Residential Substance Abuse Treatment (RSAT) program. RSAT is another example of a program that benefits all 50 States by awarding grants for the establishment of drug treatment programs within State and local correctional facilities. These grants call for collaboration between the criminal justice administrators and SSAs to help ensure that evidence-based practices and qualified personnel are available to assist offenders overcome their substance abuse problems. With an estimated 80 percent of all offenders in the criminal justice system having some level of substance abuse problem, programs like RSAT that offer treatment during incarceration, matched with aftercare services, are vital to any successful reentry strategy.

*Drug Courts:* NASADAD applauds the Administration's support of the Drug Court program. DOJ's Bureau of Justice Assistance (BJA) reports that all 50 States and the District of Columbia, several Native American Tribal Courts, 2 Territories and 2 US Federal Courts operate Drug Courts. Like RSAT, Drug Courts work to address the high level of drug use and abuse found within the non-violent offender population by linking them to substance abuse treatment programs. Reports have shown Drug Courts to improve retention rates - a significant factor in recovery - and reduce recidivism.

*Enforcing Underage Drinking Laws (EUDL):* As noted earlier, we have seen a steady decline in drug use among youth between the ages of 12 and 17. Despite this positive news, the National Survey on Drug Use and Health (NSDUH) showed that underage drinking continues to be a problem: in 2005, about 10.8 million persons aged 12 to 20 (28.2 percent of this age group) reported drinking in the last month. EUDL encourages collaboration between State agencies when establishing a comprehensive strategy to address this issue. EUDL represents an important tool to help mitigate the negative consequences of underage drinking that include violence, impaired driving, and sexual assault. It is vital that law enforcement and the prevention and treatment field work together to reduce the negative effects of underage drinking. NASADAD would encourage the Administration to include proposed funding for this program in the FY 2008 budget.

*Mentally Ill Offender Act Program:* NASADAD was pleased to see Congress appropriate \$5 million for the Mentally Ill Offender Act Program in FY 2006. The Mentally Ill Offender Treatment and Crime Reduction Act is a recently authorized program aimed at preventing the mentally ill and those with co-occurring mental health and substance use disorders from revolving in and out of the criminal justice system without appropriate treatment. The legislation, which specifically authorizes the participation of State substance abuse agencies, is another important tool as we seek to better serve offenders with substance abuse and mental health needs. As a result, while \$5 million is a good start, we recommend a much larger investment in this program in future budgets.

*Methamphetamine Treatment for Pregnant and Parenting Women:* We ask for your support of a newly authorized grant program that was included as part of the Combat Meth Act within the USA Patriot Act. Section 756 of this legislation calls for grants to address methamphetamine abuse among

pregnant and parenting women. In particular, the grants would encourage coordination between the State substance abuse, child welfare and criminal justice agencies to provide methamphetamine treatment and related services. As you well know, methamphetamine has become a huge problem for law enforcement and treatment providers alike.

**Importance of addressing alcohol use, abuse and addiction – including underage and childhood drinking:** We believe strongly that any National Drug Control Strategy aimed at reducing the impact of drug abuse in our Nation should include components addressing alcohol prevention and treatment services. Statistics tell us that a majority of persons with substance abuse problems struggle with both drugs and alcohol. In addition, statistics also show us that most crimes, especially crimes of violence, are associated with alcohol abuse. NIH supported research demonstrates that if an adolescent can delay the onset of alcohol consumption, chances are much greater that he or she will not develop an addiction disorder in adulthood. Moreover, research has demonstrated that alcohol consumption by youth can have negative effects on brain development. We would also like to note that our State systems are delivering care in a way that addresses both alcohol and other drug problems.

We appreciate the Administration's work to make childhood/underage drinking a national priority. The Surgeon General's "Call to Action" was a welcome announcement. NASADAD also supports the establishment and work of the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). The ICCPUD's outreach to stakeholders, including NASADAD, the Leadership to Keep Children Alcohol Free (a coalition of Governors' spouses, federal agencies and public and private organizations) and others is vital. NASADAD appreciated the National Meeting of the States on Underage Drinking held in 2005 where State Teams were brought to Washington, D.C. to consider, develop and improve underage drinking strategies. Since then, States have engaged in numerous related activities – including Town Hall Meetings across the country – in an effort to reinvigorate a national conversation on the problem. Please know that we stand ready to continue the momentum generated by these recent initiatives to ensure continued progress.

#### **Implement an outcome and performance measurement data system**

NASADAD supports the use of performance measurement and other data to help improve our system and the lives of the people we serve. As a result, NASADAD supports the development and implementation of the National Outcome Measures (NOMs) initiative to improve service efficiency and effectiveness through the use of indicators of accountability and performance. We agree that Continuous Quality Improvement (CQI) should be the driving force underlying NOMs in order to better serve people in need of services. As NOMs moves forward, we recommend close collaboration with NASADAD and the Association's Performance Data Work Group to offer a consistent forum for dialogue on complex State-specific considerations and recommended action. We also encourage increased flexibility in the management of the SAPT Block Grant in exchange for the increased data reporting and accountability. Such flexibility allows States to better tailor resources in ways that meet their own unique and distinct needs.

NASADAD strongly supports funding for the State Epidemiological Outcomes Workgroup (SEOW) initiative that has proven extremely valuable to States – assisting them in their development of a State profile that helps identify service strengths and challenges. This initiative is also a valuable tool to help States implement and report NOMs.

As SAMHSA and ONDCP continue to develop their larger data strategy, we recommend action that will help the federal government and States better assess the need for prevention and treatment needs at the local level. While the NSDUH may provide a useful overview of national trends and synthetic State estimates, we would like to work with ONDCP and SAMHSA to identify a mutually acceptable system of measurement that would capture relevant data at the sub-State level. Detailed sub-State and

localized data is key to assist Single State Authorities for Substance Abuse plan, coordinate and assess appropriate services tailored to meet each area's unique needs.

A number of State Directors have taken steps on their own to address data technology issues through the creation of the National Data Infrastructure Improvement Consortium (NDIIC). The Consortium will focus on all facets of web-based data infrastructure and development of electronic health records, and by extension, enhanced reporting capabilities. We believe the Consortium represents an excellent opportunity to further the dialogue regarding NOMs and other complex data technology solutions and we look forward to sharing our current work to date.

### **Ensure clinically appropriate care**

*Develop a workforce strategy to meet our immediate and future needs:* According to the Bureau of Labor Statistics Occupational Projections, a total of 61,000 individuals were employed as substance abuse and other counselors in 2000. By 2010, there will be a need for an additional 21,000, an increase in demand by 35 percent. There is an identical level of anticipated increase in demand for licensed professionals who have received graduate-level educations. We also know that we have a severe shortage of prevention professionals in the field. A number of States have taken steps to cope with this particular problem. For example, States have counselor-credentialing processes in place and most feature an entry-level credential for individuals interested in entering the field of addiction treatment. But it is evident that more needs to be accomplished.

As noted above, we recommend a strong investment in the ATTC and CAPT programs to help address our workforce challenges. In addition, we recommend continuing the momentum generated by SAMHSA's Workforce Summit held this past July. NASADAD supports continued support for the Center for Substance Abuse Prevention's (CSAP) prevention fellows program, an initiative designed to attract talented graduate students into the addictions field. As we move forward, the Association recommends a specific dialogue with NASADAD and SSA's to ensure that the States partner and collaborate with the federal government in ways that address each State's unique system, challenges and current initiatives.

*Continue to promote SAMHSA/NIH "Science-to-Services" agenda – including work with Single State Authorities for Substance Abuse:* Congress has made unprecedented investments in research – and with good reason. Excellent work moves forward at the National Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA). One challenge, however, has been translating this cutting edge research into every day practice. Years may pass before a discovery becomes common practice in the field.

The Center for Substance Abuse Treatment (CSAT), NIDA and NASADAD have partnered to launch a "Science-to-Service" initiative to address translating research to practice issues. One specific byproduct of this initiative has been the development of a program to focus on the role of State Substance Abuse Directors as research is blended into practice. We applaud the efforts of Dr. Nora Volkow, Director of NIDA and Dr. Westley Clark, Director of CSAT, for their partnership. NIDA, CSAT and NASADAD have sponsored a series of meetings with NASADAD members to discuss State interaction with NIDA's Clinical Trial Network (CTN), collaboration with the ATTCs and CAPTs, along with ways to enhance NIH's portfolio on State systems research. We laud the work of the CAPTs to launch Service to Science Academies in a number of States to help promote the implementation of evidence based practices.

NASADAD also supports the development of a grant released from NIDA, with support from SAMHSA, titled, "Enhancing State Capacity to Foster Adoption of Science-Based Practices." The grant is designed "...to conduct preliminary or pilot research that helps to create, implement, expand, and/or sustain a process of continuous science-based practice improvement in publicly supported drug

abuse prevention and treatment programs.” This grant represents an excellent opportunity to connect researchers and those who manage our public substance abuse system.

### **Promote effective policies for co-occurring populations**

We appreciate SAMHSA’s work on issues pertaining to co-occurring populations. Initiatives have included State policy academies, the “Co-SIG” grants, and more. We also appreciate the Administration’s continued support of a series of meetings between NASADAD and the National Association of State Mental Health Program Directors (NASMHPD) that has been advancing the dialogue on this critical issue – including work to identify best practices in States. We also appreciate a new initiative made possible through the support of the Health Resources and Services Administration (HRSA) and SAMHSA to sponsor a meeting between NASADAD, NASMHPD and the Association of State and Territorial Health Officers (ASTHO) to discuss ways to increase collaboration between substance abuse, mental health and public health agencies in order to improve services delivery – including services to co-occurring populations.

In examining populations with multiple needs, we recommend partnering with you to address the impact substance use disorders abuse has on families and those in our child welfare system. As you may know, it is estimated nationally that substance abuse is a factor in 40 to 80 percent of child welfare caseloads, with approximately two-thirds of parents or primary care givers involved in the child welfare system requiring substance abuse treatment. Despite the need for services, existing treatment capacity can only meet less than one-third of the demand.

NASADAD is pleased that Congress passed S. 3525, the Child and Family Services Improvement Act of 2006. The bill reserves funding for addiction treatment and related services for parents and their children in or at-risk of entering into the child welfare system. We would like to work with you, SAMHSA and others as the grant application for this new initiative is considered and developed.

### **Conclusion**

Thank you for seeking input as you prepare the 2007 National Drug Control Strategy. NASADAD looks forward to a continued partnership with ONDCP and others within the Administration as we seek to improve our addiction treatment, prevention and recovery service delivery system. Should you have any questions, please do not hesitate to contact me or have your staff contact Robert Morrison, NASADAD Director of Public Policy, at (202) 293-0090 x 106.

Sincerely,



Cc: Ms. Mary Ann Solberg, Deputy Director, ONDCP  
Dr. Bertha Madras, Deputy Director for Demand Reduction