



FY 2011 FEDERAL FUNDING ALERT

Please Contact Your U.S. Senators and Representatives Today and Ask Them to Oppose Cuts to SAMHSA's Drug and Alcohol Programming

Message:

Drug and alcohol prevention, treatment and recovery support services save lives and money. If SAMHSA is cut in FY 2011, Americans who need services to prevent and recover from alcohol and other drug problems won't get the help they need. With rates of substance use on the rise and state budget cuts enacted or pending, essential and effective drug and alcohol programming is needed more than ever before.

Urgent Action Needed:

Please contact your U.S. Senators and Representatives today and ask them to oppose cuts to SAMHSA in FY 2011. A sample model letter is copied below; please feel free to insert information specific to your area. Find your U.S. Senators at: www.senate.gov and your U.S. Representatives at: www.house.gov or by calling the U.S. Capitol Switchboard at (202) 224-3121.

Background:

- Congress is working to finish the FY 2011 funding process. Federal programs are currently operating on a continuing resolution (CR) that is continuing funding for these programs at FY 2010 levels and is set to expire on March 4th.
- This week, the U.S. House and Senate both approved a two-week CR that makes \$4 billion in funding cuts from FY 2010 spending levels. This CR, which funds the federal government through March 18th, includes \$15 million in cuts to SAMHSA earmarks.

- Approving the two-week CR gives the House and Senate additional time to negotiate a more long-term FY 2011 funding bill. A previous House-passed FY 2011 funding bill would have cut SAMHSA programming by over \$200 million. The leadership of the House continues to push for billions more in funding cuts to FY 2011.
- SAMHSA funding for FY 2011 and FY 2012 is at stake, since FY 2011 funding will set the stage for the next fiscal year. **To ensure that critically important drug and alcohol programming is preserved, your Members of Congress need to hear from you today about the importance of funding SAMHSA at the highest possible levels in FY 2011.**

If you have any questions, please feel free to contact Gabrielle de la Gueronniere (gdelagueronniere@lac-dc.org) or Dan Belnap (dbelnap@lac.org) at Legal Action Center, (202) 544-5478. Thanks for your help!

When addressing your Senators or Representative, use one of the formats indicated below:

The Honorable (Full Name)

The Honorable (Full Name)

The United States Senate
Representatives

The United States House of

Washington, D.C. 20510

Washington, D.C. 20515

Dear Senator _____:

Dear Representative _____:

We write to ask you to oppose funding cuts in FY 2011 to the Substance Abuse and Mental Health Services Administration (SAMHSA), the nation's leading agency for drug and alcohol prevention, treatment and recovery services and mental health programming. As passed by the House, H.R. 1 cuts SAMHSA's budget by over \$200 million, an unsustainable reduction that would seriously harm the ability of state substance abuse agencies and community-based organizations to meet the needs of the people they serve. Drug and alcohol prevention, treatment and recovery services are effective and save money. In these challenging times, strong SAMHSA funding is necessary to effectively prevent youth alcohol and drug use, treat addiction, and provide recovery supports to help people stay well over their lifetime.

Substance use rates have increased dramatically in the last year. According to SAMHSA's 2009 National Survey on Drug Use and Health (NSDUH), overall youth drug use for youth 12 years and older rose by nine percent in 2009. The latest Monitoring the Future (MTF) survey shows that, in a thirty-day period, 8th, 10th and 12th grade students are using illicit drugs more than smoking cigarettes. Data from the NSDUH and the MTF show that marijuana use, which had been rising among teens for the past two years, continued to rise in 2010 for 8th, 10th, and 12th graders.

Millions of Americans are in need of addiction treatment services but fail to receive them. There remains an unacceptably large drug and alcohol addiction treatment gap. The NSDUH found that in 2009, 23.5 million people age 12 or older needed treatment for an illicit drug or alcohol use problem. However, of these 23.5 million, just 2.6 million received treatment at a specialty facility last year. Therefore, 20.9 million persons or 89 percent of those needing treatment, failed to receive any form of specialty treatment in the past year.

The costs of untreated addiction to the healthcare system are immense and growing. The Office of National Drug Control Policy estimates that untreated alcohol and drug addiction costs society approximately \$366 billion per year. According to the Agency for Health Research Quality, 25 percent of the admissions to our nation's hospitals are directly related to mental illness and/or substance use disorders. Patients with alcohol problems spend an average of four times as many days in the hospital as non-drinkers, mostly because of drinking-related injuries. More than 1.7 million emergency department visits a year are associated with drug use.

While the costs of untreated addiction are enormous, adequately funding the full continuum of drug and alcohol services can save the healthcare and criminal justice systems huge amounts of money. Substance use disorders are preventable and treatable, just like hypertension, diabetes, and asthma. Research by the National Institute on Drug Abuse (NIDA) has shown that if use and abuse can be prevented before age 25, the prevalence of addiction is significantly reduced. A substantial body of evidence shows that adequate support for drug and alcohol prevention, treatment and recovery support services results in significant cost-savings. Studies have found that every dollar invested in research based substance use/abuse prevention programs, strategies and activities has the potential to save up to \$7 in areas such as addiction treatment and criminal justice system costs. According to NIDA, for every dollar spent on addiction treatment programs there is a \$4 to \$7 reduction in the cost of drug-related crime. In addition, a recent Washington State study of the impact of a 2005 investment in addiction treatment conservatively estimates that, for every dollar invested in treatment, the State saved at least two dollars in avoided medical and nursing facility costs. Ensuring that patients with substance use disorder-related medical conditions have both their primary and addiction care needs met results in decreases in hospitalization rates, fewer days of inpatient treatment, and fewer emergency room visits. Additionally, total medical costs per patient per month are more than halved, from \$431.12 to \$200.03.

Despite an increasing need for these cost-effective services, federal funding for drug and alcohol programming has experienced significant cuts in recent years and state budget cuts put these essential services at even greater risk. As drug use is on the rise, overall funding for the core set of federal bona fide substance abuse prevention programs has been cut by nearly 42 percent since 2005. Funding for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), the foundation of the country's publicly supported prevention and treatment system serving nearly 2 million people every year, has been largely stagnant over the past number of years. In addition, FY 2012 is shaping up to be states' most difficult budget year on record, with 44 states and the District of Columbia projecting budget shortfalls totaling \$125 billion. Many states are slashing vital funding, including funding for drug and alcohol services.

Strong federal investments in drug and alcohol prevention, treatment and recovery services are needed now more than ever. **Funding SAMHSA at the highest possible levels in FY 2011 will reap substantial cost savings while dramatically improving health, public safety, strengthening individuals, families, communities, and our nation as a whole.**

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