Sub-Committee on Substance Abuse and Mental Health Services - SAMSHA

Reauthorization

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Witness: Hope Taft

First Lady of Ohio

Testimony:

Chairman DeWine, Ranking Member Kennedy, and other distinguished Committee Members, thank you for the opportunity to testify about the importance of substance abuse prevention in the context of SAMHSA reauthorization. Before I begin, I would like to take a moment to formally thank my good friend, Senator Mike DeWine, for his outstanding commitment, dedication and leadership in protecting and enhancing the federal role in alcohol and drug prevention and treatment.

While I fully understand and support the importance of substance abuse treatment services, I feel strongly that prevention has been under utilized, regarding both funding and emphasis, and thus not reached its potential, relative to its importance and effectiveness in reducing drug and alcohol use and their related human and societal costs. To that end, today I want to emphasize several points. The first being prevention is effective. It is worth the investment. The Center for Substance Abuse Prevention (CSAP) is vital to local efforts and it should stay separate from treatment, just as the alcohol and drug prevention and treatment field should stay separate from the mental health field. My second point is that Congress can help. It can help the nation by keeping CSAP a distinct entity. It can help the nation by keeping CSAP's funding stable and sustained. Congress can also help by encouraging movement to environmental community-based approaches and by encouraging CSAP's current direction of building capacity. effectiveness and accountability in the field. Finally, Congress can help by making sure that CSAP's success is measured based on what CSAP funds and can control. Since the mid 1980's, when I began my career as a certified prevention specialist working in Cincinnati, Ohio, I have experienced first hand, both the devastation substance abuse has on families and communities as well as the power of effective prevention strategies to reduce the use of alcohol and illegal drugs. I have also seen the substance abuse prevention field mature from the "treatment model" phase of it's infancy, to the data driven, strategic, multi-sector efforts, that are achieving outcomes in communities throughout Ohio and across the nation. For example, there are greater reductions in adolescent substance use in communities with comprehensive substance abuse prevention coalitions, than in communities where these coalitions do not exist. From 1993 to 2000, there was a 41% decrease in marijuana use among 7th to 12th graders, living in communities with coalitions associated with the Coalition for a Drug-Free Greater Cincinnati. In the same region, over the same time period, where a substance abuse prevention coalition did not exist, there was a 33% increase in marijuana

Every new cohort of youth must have the benefit of effective substance abuse prevention. As a nation, we must make a sustained and substantial investment in delaying the age that American youth start to use alcohol and illegal drugs. Research confirms that early alcohol and drug use can have long-lasting and expensive consequences. Research by the

National Institute on Alcohol Abuse and Alcoholism (NIAAA) has found that people who begin drinking before the age of 15 are four times more likely to develop alcohol dependence, than those who have their first drink at age 21 or older. According to findings from the National Household Survey, children who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs as adults, than those who first use marijuana at age 18.

In 1999, I came across some information that convinced me we need to focus even more of our efforts on prevention-- I read how the treatment of addictions is really a growth industry. By the year 2020, the need for alcohol and other drug treatment will increase by 57 percent.

I also read that one of the most important indicators for the number of people who will need treatment in 2020 is the age of first use of marijuana. Currently, the age of first use of marijuana is about 13. Studies show that if we can immediately reduce the number of initiates into drug use by 25 percent, we can reduce the number who need treatment by one million. There's a real need to think about how we can help our young people grow up in a healthy way.

Effective substance abuse prevention efforts can pay major economic dividends. A soon to be published study in the Journal of Primary Prevention on "Cost -Benefit Estimates in Prevention Research" by John D. Swisher, PhD. and his colleagues, finds that, and I quote "the savings per dollar spent on substance abuse prevention can be substantial and range from \$2.00 to \$19.64 depending on how costs were calculated, outcomes included and the differences in methodologies."

Although there is a widely held view that the use of alcohol and illegal drugs is normal adolescent behavior among American youth, and that not much can really be done to prevent it, the latest statistics from major surveys both in Ohio and nationally tell a different story. The latest PRIDE survey released in Ohio last year, found that the use of alcohol, tobacco and illegal drugs by youth has declined substantially over the past three years. For instance, illicit drug use among Ohio teens decreased 21 percent since 1999, with a 16 percent decrease across the U.S. Alcohol use was down 16 percent, compared to a 12 percent reduction in use nationwide. Ohio's student tobacco use decreased 38 percent compared to 14 percent across the nation.

Nationally, data from the most recent "Monitoring the Future" survey show a significant downturn in youth drug use, with students in all grades showing declines in prevalence. These findings show that drug prevention efforts are working. With drug use by our nation's youth dropping after almost a decade of increases, SAMHSA reauthorization offers an important opportunity to sustain and accelerate this downward trend. As a substance abuse prevention specialist II, a volunteer community leader, and as the First Lady of Ohio, CSAP has been an invaluable source for the materials, tools and resources I have needed. CSAP has the ability to do many things those of us at the local level cannot. It can bring together the best minds in the nation to develop programs and strategies based on the best research and provide technical assistance. It can do sophisticated evaluation studies of programs and approaches to prevention. It can develop materials and tools that are research based and tested for effectiveness. I firmly believe that CSAP must not only be maintained as a discrete entity within SAMHSA, but that its role needs to be strengthened and enhanced in SAMHSA reauthorization.

There are ways Congress can help keep the nation's prevention efforts strong and our children's future bright through the reauthorization of SAMHSA.

Maintain CSAP's funding streams including the 20% Prevention Set-Aside in the Block Grants, State Incentive Grants (SIG) and all other funding categories

The 20% set-aside in the Substance Abuse Prevention and Treatment Block Grant is the largest funding source dedicated exclusively to substance abuse prevention in states and communities throughout the nation. It is imperative that this set-aside be maintained in SAMHSA reauthorization. I would suggest, however, that states be encouraged to target more of these resources into building comprehensive, high quality and stable community-based infrastructures, based on the latest research. This will facilitate the consistent application of effective substance abuse prevention strategies, programs and activities in many more communities across the country.

The State Incentive Grants are another important source of funding, now in 41 states, with the goal of being in all 50 states. The programs funded by these grants serve over 5 million people and are aimed at filling the gaps in community prevention services, reducing the number of youth using drugs and implementing prevention approaches that are based on sound, scientific research findings.

If these funding sources become more stable and predictable, the field would be better able to build a coordinated approach of effective prevention strategies.

Emphasize Environmental Strategies

The most effective substance abuse prevention is comprehensive and community-wide and includes environmental strategies that are designed to change or strengthen norms regarding alcohol and drug use. Environmental strategies involve changes in legislation, policy and enforcement throughout an entire community, to directly address youth access to drugs and alcohol as well as the consequences for use. SAMHSA reauthorization needs to help refocus the emphasis of substance abuse prevention from mostly individual, behaviorally based programs to comprehensive community-wide strategies that more effectively address youth drug and alcohol use.

Emphasize Strategic Framework for Prevention

I want to thank Administrator Curie for his leadership in developing a strategic prevention framework within SAMHSA. This framework focuses on a science-to-strategy approach, which recognizes CSAP's unique role as the lead federal agency for substance abuse prevention. CSAP's expertise, materials, and services should be utilized by other Federal Agencies that deal with substance abuse prevention, such as the Department of Education's Safe and Drug Free Schools and Communities Program. This will avoid duplication of effort and maximize the utilization of federal funds in developing, delivering and evaluating effective substance abuse prevention at the state and local levels so effective substance abuse prevention is brought to every community. Emphasize Infrastructure and Capacity Development

CSAP's limited resources need to be focused on building and strengthening state and local infrastructure and capacity for implementing effective substance abuse prevention strategies, programs and activities.

Effective substance abuse prevention needs to be data driven, comprehensive, and sustained over time. CSAP should be encouraged to continue to take the lead in developing, funding and sustaining a bona fide substance abuse prevention system throughout the nation. This system should define and support the roles, responsibilities,

infrastructure and capacity needed at the federal, state and local levels to increase the number of youth who do not use and of those who do, increase the age of first experimentation.

CSAP's success should be measured on what it funds and can control Local prevention efforts receive funding from a variety of sources including Drug Free Community grants from the Office of National Drug Control Policy (ONDCP), Safe and Drug Free School Funding from the Department of Education and state and local financial support of which CSAP has no control. Some communities have a lot of financial resources while others have very few. Yet it seems like one funding source or another is blamed for the rise in alcohol or other drug use and is never given credit for reductions that happen in the global sense. It would be wonderful if Congress could encourage the hastening of the time when success was based on efforts over which a funding source had control.

This subcommittee's work is vital and will shape the direction of prevention and treatment efforts for many years to come. In fact your decisions will shape the future of this country. New research is showing that young people who abuse alcohol may remember 10% less than their peers who do not use. Children are the future and we must do everything we can to invest in keeping them the best and the brightest in the world so they can secure the United States' place as the leader in the global economy. Thank you for the opportunity to testify before your subcommittee. I would be happy to answer any questions you may have.