

## Reducing Drug Abuse and Addiction

The second pillar of the *National Drug Control Strategy*, Reducing Drug Abuse and Addiction, is guided by two principles: 1) addiction is a disease, and 2) addiction is treatable. Improving access to treatment and ensuring the quality of treatment services are important steps in helping Americans obtain the care they need to achieve and maintain recovery from substance abuse. ONDCP will continue to coordinate with drug control agencies to increase the availability of effective and comprehensive early intervention, treatment, and aftercare services throughout the Nation.

### Expanding Treatment Capacity

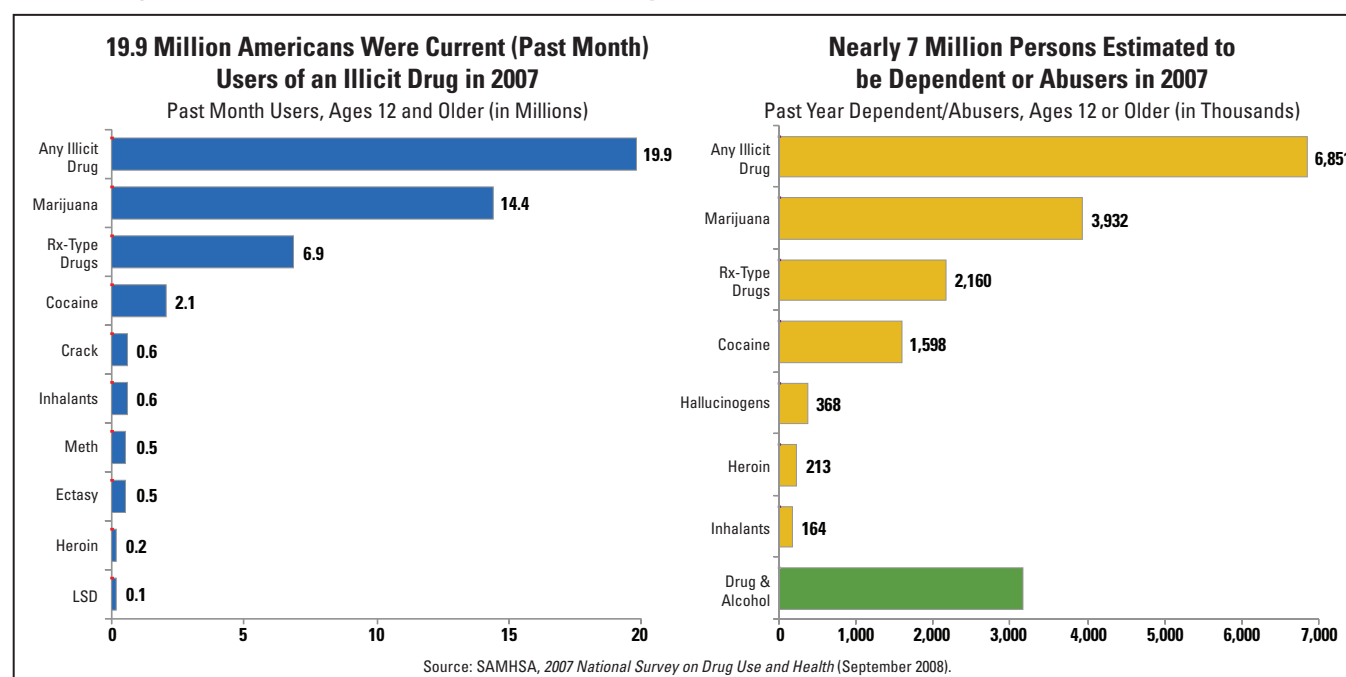
According to the NSDUH, 3.9 million people aged 12 or older received treatment for alcohol or illicit drug use in 2007. These individuals recognized the need for change and took important steps to start their recovery. Several Federal programs are designed to support their efforts and to

increase treatment capacity for the millions that struggle with substance use disorders.

### Supporting Delivery of Substance Abuse Services

SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block Grant provides significant resources to States to support prevention and treatment programs. The Block Grant is an important tool in expanding treatment coverage across the country. In order to encourage the most effective use of these Federal funds, SAMHSA has developed a series of standard outcome measures for treatment and prevention programs. Measures include abstinence from drug and alcohol use, return to employment or education, and increased stability in living situations. SAMHSA will continue to evaluate State-level performance on these national outcome measures (NOMs), with an agreement from the States that a national perspective on substance abuse and mental health services is needed. Further expansion of these NOMs will ensure that States are using Block Grant funds to provide the best treatment and recovery services to those that need them.

Figure 7.  
Current Drug Users Number 20 Million and There Are Nearly 7 Million Problem Users

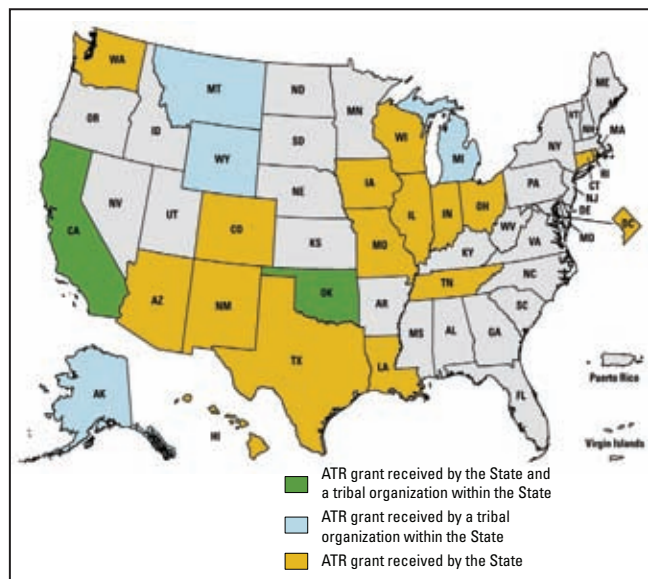


## Access to Recovery

In addition to support for drug treatment services provided through State Block Grants, the Access to Recovery (ATR) grant program, launched in 2003, provides assistance to those with the greatest need for treatment and recovery support. The goal of ATR is to expand the number of treatment providers, better match treatment need with the type of treatment offered, and to ensure that a full range of treatment providers, including faith-based programs, is accessible at the local level. Through ATR, clients can also receive recovery support services, such as transportation and job training, which can be critical for successful treatment.

According to SAMHSA, as of September 2008, ATR has recruited a wide range of service providers that have delivered treatment or recovery support services to more than 260,000 people in need. To date, ATR funds are supporting expanded treatment services in 22 States, the District of Columbia, and 5 Native American tribal organizations.

Figure 8.  
States with Access to Recovery Grants (SAMHSA)



FY 2007 funding for ATR totaled \$98.7 million, of which \$25 million was targeted for methamphetamine treatment. The new three-year target for clients served through ATR is 160,000. The Administration has requested \$98.0 million in FY 2009 in continued support of FY 2007 grantees and \$1.7 million in Public Health Service evaluation funds. ATR grantees will continue to transform and expand the treatment system, including through innovative approaches such as drug courts with an ATR component, helping Americans struggling with addiction rebuild their lives.

Evaluations of the program highlight the impact and successes of the ATR model. The Tennessee Access to Recovery (TN-ATR) program has provided recovery support services to over 12,700 people since 2004. Clients of the program report considerable declines in both alcohol consumption and in illegal drug use, as well as lower rates of homelessness. Prior to TN-ATR, there were no State-funded recovery support services, which resulted in a major service gap for residents who needed these important tools for their recovery. By decreasing the barriers to recovery, TN-ATR enables citizens to focus more fully on continued sobriety.

In Idaho, Access to Recovery has proven to be such a remarkable success that State leaders have chosen to maintain and expand the program with State funds. In mid-2008, with the end of the Federal ATR grant, Idaho's leaders recognized the important role ATR played in healing the State's substance using population and acknowledged the need for its long-term sustainability. Access to Recovery Idaho (ATR-I) now uses State funds to provide treatment and recovery support to nearly 3,000 clients every month and epitomizes the spirit and intent of ATR. ONDCP will continue to support other States seeking to sustain and extend ATR to their own citizens.

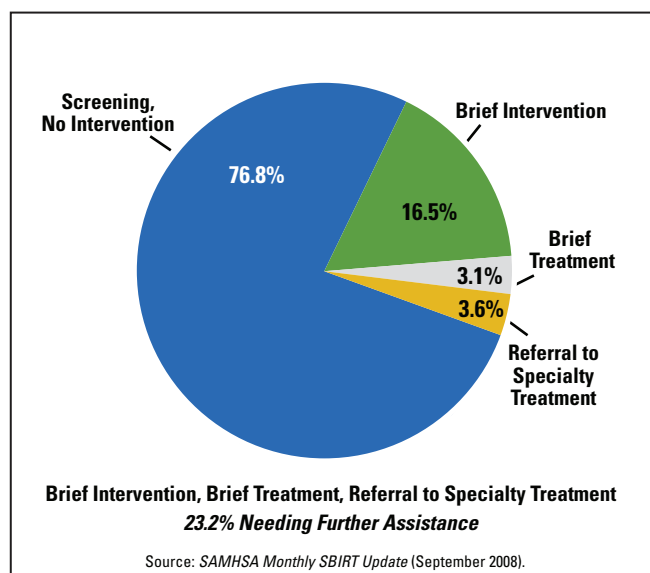
Access to Recovery grantee sites have also received training in screening and brief intervention, and have been asked to explore linking these screening services and the treatment support offered by Access to Recovery. In collaboration with SAMHSA, ONDCP will continue to increase connectivity between these two important programs, linking those screened as candidates for treatment to the vital support services available to them through ATR.

## Screening and Brief Intervention

According to NSDUH, in 2007 there were 23.2 million Americans in need of treatment for illicit drug or alcohol use. Despite this need, the vast majority, nearly 20.8 million, did not receive treatment at a specialty facility. Of these individuals, 93.6 percent did not feel they needed treatment and 4.6 percent felt they needed treatment but did not make an effort to get it. The fact that most Americans who require treatment do not seek it poses a significant public health challenge. Screening, Brief Intervention, and Referral to Treatment (SBIRT) helps Americans by providing services for the full spectrum of use and addiction. Screening, followed by an appropriate intervention in a medical setting, is among the most promising ways to alleviate the public health burden associated with substance use.

In 2003, the Federal Government began funding screening and brief intervention programs in States and tribal communities through SBIRT cooperative agreements administered by SAMHSA. As of September 2008, more than 727,000 clients had been screened as part of the SBIRT program. Approximately 23 percent of these screenings triggered further assistance, specifically a brief intervention, brief treatment, or referral to specialty care.

Figure 9.  
Distribution of SBIRT Services

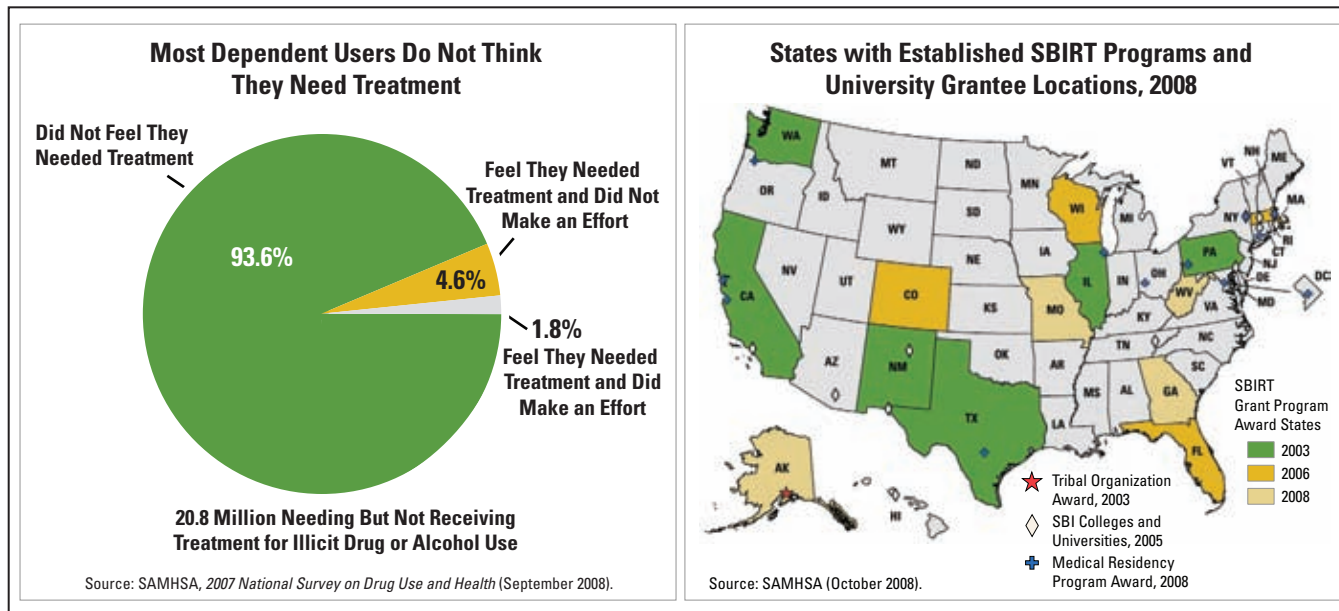


Evaluations of this Federal program show very promising results. Outcomes reveal that screening and brief intervention helps reduce substance use and related consequences, including emergency room and trauma center visits and deaths. In addition to increasing the percentage of people who enter specialized treatment, screening and brief intervention also positively affects an individual's overall well-being. Those receiving SBIRT demonstrate improvements in physical and mental health, increased employment and housing, reduced arrest rates, and lower propensities for further drug use. Moreover, evaluations indicate that many of these improvements continue even six months after a brief intervention, and cost-benefit analyses have demonstrated significant healthcare cost savings for hospitals and clinics administering SBIRT to their patients.

Based on the results from the Federal program evaluation, as well as considerable research highlighting the effectiveness of SBIRT, ONDCP and SAMHSA have worked with the Accreditation Council for Continuing Medical Education (ACCME) to promote SBIRT as effective medicine. To this end, SBIRT is highlighted as a professional practice gap for physicians that could be incorporated into effective CME courses that would meet the ACCME's accreditation requirements. These courses provide physicians with specific training and skills to conduct SBIRT in primary care settings.

In FY 2008, SAMHSA awarded 11 grants totaling \$3.9 million to develop and implement SBIRT training programs for medical residents. These grants enable medical educators to integrate SBIRT training into medical education curricula, ensuring SBIRT becomes standard practice for future doctors and health professionals. These grantees will also serve as starting points for SBIRT services within their States and local communities, providing practicing physicians with information and assistance in screening for risky drug use behavior.

Figure 10.  
**Progress in Mainstreaming Screening and Briefing Intervention**



To encourage SBIRT implementation in more primary care settings, the Federal Government has worked to make physician reimbursement available through private insurers, Medicaid, and Medicare. New American Medical Association (AMA) Current Procedural Terminology Codes (CPT) for screening and brief intervention as a preventive medicine service for patients were adopted in January 2008. In 2007, the Centers for Medicare and Medicaid Services (CMS) adopted new codes for alcohol and substance abuse assessment and intervention services in the Healthcare Common Procedural Coding System (HCPCS). In January 2008, new Medicare “G” codes became available that parallel the CPT codes.

Reimbursement for screening and brief intervention services under Medicaid plans is not automatic. States must first elect to adopt the new codes. ONDCP encourages States to adopt the new CPT and HCPCS codes for SBIRT, thereby expanding opportunities for healthcare providers to identify and treat substance abuse. Meanwhile, the medical

community is urged to do all it can to increase awareness of abuse, including developing new course offerings in medical schools and continuing education classes.

This prevention and early intervention model is also being used to reach young Americans at risk. Federal funds provided by SAMHSA have helped colleges and universities identify young adults at risk for substance use and mental health disorders. From 2005 to 2008, grants for screening and brief intervention were awarded to 12 colleges and universities. ONDCP hopes to expand these services to other colleges and universities by promoting these original grantees as leaders in student health and safety.

Screening and brief intervention is an effective procedure for preventive medicine. Broad application of this approach can have a tremendous positive impact on the millions of Americans struggling to overcome substance use problems.

## Targeting Treatment Needs

### Treatment for Co-occurring Disorders

The health, social, and economic costs of co-occurring and mental health disorders takes a significant toll on individuals, their families, schools, workplaces, and communities. Although studies have demonstrated that integrated treatment is successful in retaining individuals with co-occurring disorders, reducing substance use, and minimizing the symptoms of mental health disorders, these individuals often have difficulty seeking and receiving appropriate diagnostic and treatment services. To help States, tribal governments, and communities expand access to and enhance delivery of treatment services for co-occurring disorders, SAMHSA has undertaken a number of initiatives such as Policy Academies on Co-Occurring Substance Use and Mental Disorders and the Co-Occurring Center for Excellence. SAMHSA will continue to promote the effective coordination of service delivery to help these particularly vulnerable individuals.

### Healing America's Veterans

The Department of Veterans Affairs (VA) is stressing the importance of incorporating substance use treatment services into health settings where veterans with substance use disorders are likely to be seen. As one example, post-traumatic stress disorder treatment teams are being augmented with substance use disorder specialists. In addition, all VA residential rehabilitation programs serving at least 40 veterans will have a substance use disorder treatment specialist on staff.

The VA is in the process of establishing 28 additional substance use intensive outpatient treatment programs. These programs will assist veterans with substance use disorders that are of a more severe nature than might be optimally managed under ambulatory visit arrangements. ONDCP supports the VA's commitment and sustained efforts to treat veterans with substance use problems.

## Treatment for Prescription Drug Abuse

The growth in abuse of prescription medications demands a coordinated response. In 2007 alone, approximately 6.9 million persons 12 and older were current users of psychotherapeutic drugs for non-medical purposes.

In response to the mounting evidence of increased abuse of prescribed medications, Federally funded researchers from NIDA have focused on developing effective methods of treating prescription drug addiction. For example, the Drug Abuse Treatment Clinical Trials Network, a NIDA-funded network of cutting edge research centers working in concert with community treatment programs, is conducting a study of patients addicted to pain medications. This study will recruit more than 600 participants to evaluate the efficacy of combining behavioral treatment with the medication buprenorphine/naloxone. This and other studies should yield important breakthroughs that will help combat abuse and addiction to prescription drugs.

SAMHSA has also taken significant steps to address the continuing problem of the abuse of prescription drugs and other medications such as over-the-counter medications. For example, in conjunction with the National Office of Addiction Technology Transfer Centers, SAMHSA is currently examining ways to link State prescription monitoring programs to addiction treatment resources.

## Treatment to Increase Public Health and Safety

For over a decade, offender rehabilitation has played an important role in the Nation's strategy to heal drug users. The Federal government supports many programs that connect criminal offenders with substance use treatment through drug treatment courts, during incarceration, or after release back into the community. Treatment initiatives in the criminal justice system are designed to help drug addicted criminal offenders avoid future harm to themselves, their families, and society.

### Drug Courts

State and local drug courts occupy a primary role in this framework. For non-violent drug offenders whose underlying problem is substance use, these drug courts combine the power of the justice system with effective treatment services and close supervision to break the cycle of criminal behavior and substance abuse. Clients receive the important treatment and recovery services they need to stay drug-free and lead productive lives, but they are also held accountable to a judge for meeting their own obligations to society, themselves, and their families. By ensuring clients are accountable for their recovery, the courts effectively protect the safety of the community and help drug offenders break free from the grip of addiction.

Over a decade of drug court research shows that these courts work better than jail or prison, better than probation, and better than treatment alone. A recent study found that parents enrolled in family treatment drug courts were more likely than parents in traditional child welfare case processing both to complete treatment and to be reunited with their children. Comprehensive research has also proven the cost effectiveness of drug courts.

In 2008, the President's Office of Management and Budget (OMB) conducted a review of SAMHSA's Adult and Juvenile Treatment Drug Court grant program. OMB's rating showed the program is effective in enhancing treatment services to break the cycle of criminal behavior related to alcohol or other drug use. This evaluation of drug courts, along with numerous other reviews, has contributed to the government's ongoing support for the drug court model

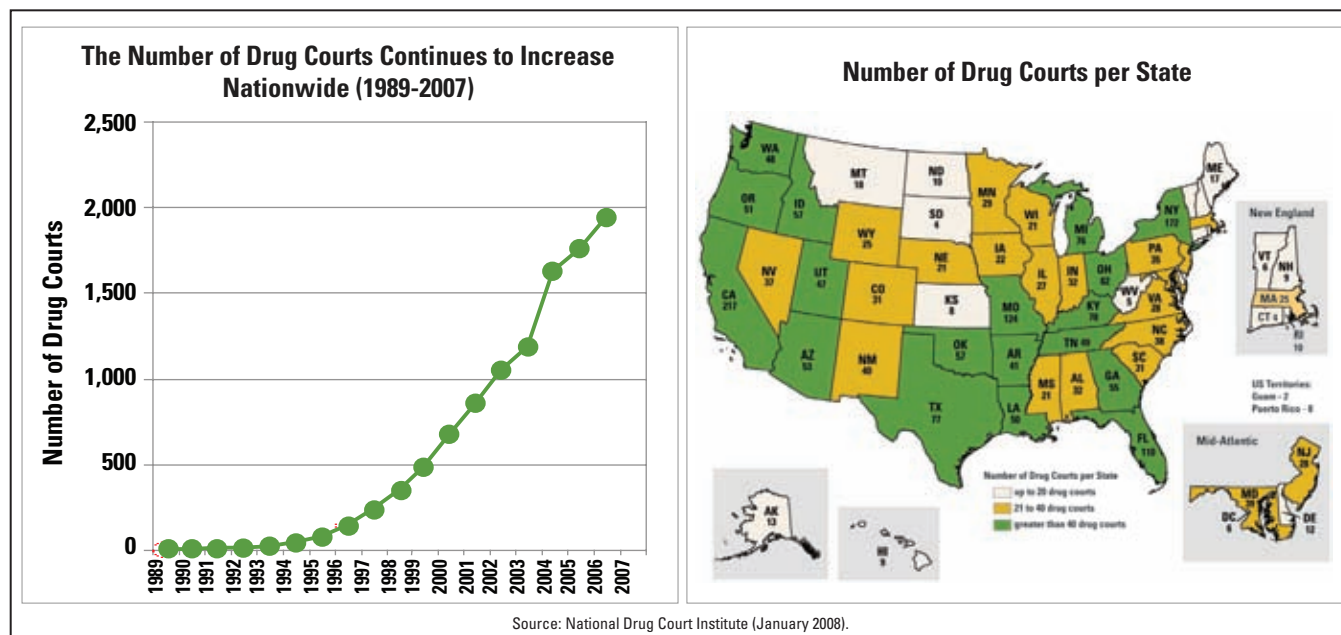
in State and local jurisdictions. Since 2002, SAMHSA has provided over \$78 million in grant funding for treatment drug court awards. In October 2008, SAMHSA announced 20 new awards effective October 1, 2008 for \$17.4 million over 3 years for adult drug courts. Since 1995, DOJ has also awarded grants to fund the planning, implementation, and enhancement of juvenile, adult, family, and tribal drug treatment courts across the country.

Based on the success of their adult counterparts, juvenile drug courts are increasing nationally as an effective means of helping young people overcome their problems with illicit drug use. In a recent study of the 660,000 youth under correctional control, it is estimated that nearly 40 percent need treatment for substance abuse. ONDCP will continue to support further expansion of juvenile drug courts as effective pathways for at-risk youth to improve their health and return to their homes and families.

The widespread achievements of State and local drug courts have led to significant growth across the country. There are now nearly 2,200 adult and juvenile drug courts operating nationwide, and many more in development. In addition, new generations of drug courts are beginning to confront emerging issues for our nation. For example, Veterans Treatment Courts are adapting to the needs of our heroes from the armed services. Many of these veterans have difficulty adjusting to civilian life or coping with combat-related stress, and may become involved with the justice system. Veterans Treatment Courts provide the important treatment and structure they need to resume productive lives. Reentry Drug Courts are assisting individuals leaving our Nation's jails and prisons to succeed on parole and avoid a recurrence of crime and drug abuse.

Recognizing the success of the drug court to address the acute, chronic, and long-term effects of drug abuse, the FY 2009 Budget includes an additional \$27.9 million over the FY 2008 level for this program. Total requested funds, in the amount of \$40 million within SAMHSA, would fully support continuation grants in addition to approximately 87 new grants. These figures include \$2.2 million available from the Mental Health Programs of Regional and National Significance initiative for approximately 5 grant awards for the purpose of addressing co-occurring issues of mental health and addiction.

Figure 11.  
Expansion of Drug Courts



## Support for Offenders

Rates of substance use or dependence among individuals involved in the criminal justice system are more than four times that of the general population. In 2007, there were an estimated 1.6 million adults aged 18 or older on parole or other supervised release from prison during the past year. Almost one-quarter of these (24.1 percent) were current illicit drug users. Among the 5.1 million adults on probation at some time in the past year, 28.4 percent reported current illicit drug use in 2007. These numbers underscore the impact effective treatment and recovery can have in reducing both drug demand and crime.

Beyond the courtroom, the Second Chance Act, signed into law by the President in April 2008, reauthorizes and expands an existing reentry program within DOJ. The Act also authorizes money to States for reentry initiatives, creates a Federal interagency task force to study and coordinate

policy, supports research into successful reentry methods, and authorizes grants from DOJ directly to nonprofit organizations to provide mentoring and transitional services to adult and juvenile offenders.

ONDCP will continue to focus on prisoner reentry for criminal and juvenile justice populations. Working with SAMHSA and other Federal partners, ONDCP is seeking partnerships with public and private organizations, including faith-based organization, that can help with reentry issues for this critical population. Additionally, ONDCP and HHS will continue to provide funding for the expansion and enhancement of substance use treatment services for those individuals with substance use disorders who are involved in the criminal justice system.

## Research for Recovery

NIDA continues to support research on addiction treatment, relapse prevention, and long-term recovery.

Considerable progress has been made in understanding how drugs of abuse affect the brain and behavior, including the roles played by genetics, environment, age, gender, and other factors. This knowledge is being used to develop and improve critical treatments for drug addiction. In support of NIDA research efforts, the Administration has requested nearly \$7 billion from Congress since FY 2003.

Research shows that medications can be an important component of treatment and recovery, especially when combined with behavioral therapies. In an ongoing research effort, the NIDA Medications Development Program has evaluated over 200 compounds as potential drug addiction treatments. NIDA also plays an important role in supporting clinical studies through grants and contracts and is currently conducting clinical evaluations of 40 potential pharmacotherapies for cocaine addiction and 19 for methamphetamine addiction. NIDA researchers are also testing several potential pharmacotherapies for the treatment of marijuana, opiate, and nicotine dependence. Researchers

are examining promising new medications, medications already marketed for indications other than drug addiction treatment, as well as completely new approaches. For example, NIDA has invested in the development of vaccines for the treatment of nicotine, cocaine, and methamphetamine addiction, which would prevent the drug from entering the brain, and effectively help prevent relapse in drug use.

Drugs of abuse exert powerful influences over human behavior through their effects on the brain. NIDA also seeks to address these complex problems with medications that may reduce or eliminate cognitive impairments. NIDA-supported research continues to make key discoveries about the safety and efficacy of medications such as buprenorphine in a variety of patient populations, including adolescents and pregnant women, to improve the treatment of opiate addiction. This research has already helped thousands of heroin users reduce their urge to use opiates, and has helped to dramatically reduce HIV transmission related to intravenous drug abuse. NIDA's support of this and other research is part of an ongoing commitment to encourage solutions that can reduce drug use and improve the Nation's health.