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DRUG AND ALCOHOL ABUSE

Billions Spent Annually for Treatment and Prevention Activities





United States
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Washington, D.C. 20548

**Health, Education, and
Human Services Division**

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The Honorable Bob Livingston
Chairman, Committee on Appropriations
House of Representatives

The Honorable John Edward Porter
Chairman, Subcommittee on Labor, Health and
Human Services, Education and Related Agencies
Committee on Appropriations
House of Representatives

Drug and alcohol abuse are major problems confronting America.¹ In 1994, more than 25 million people were estimated to have used an illicit drug in the past year; 3.9 million used cocaine, and about 350,000 used heroin. A large proportion of illicit drug users are marijuana users. Additionally, about 140 million people aged 12 and older were estimated to have used alcohol in the past year, and about 73 percent of high school seniors surveyed had consumed alcohol in the past year. To help combat substance abuse, federal, state, and local governments and the private sector fund treatment and prevention activities. As the Congress makes decisions about appropriating funds for such activities, information about the relative contributions of the various government and private funding sources for these treatment and prevention activities is not routinely available to it.

This report responds to your request for information that provides a broader picture of the financial support provided for substance abuse treatment and prevention activities. Specifically, you asked us to use available data sources to determine the total funding reported to be provided by federal, state, and local governments and the private sector. You also asked that we include descriptions of substance abuse programs and activities that are federally funded and the populations they serve.

To provide funding information on substance abuse treatment and prevention activities, we obtained information on (1) federal budget authority² for fiscal years 1990 through 1994 from the Office of National Drug Control Policy (ONDCP); (2) expenditure data for state, county, and local governments for fiscal years 1990 through 1994 from the National

¹Throughout this report, "drug and alcohol abuse" is referred to as "substance abuse."

²Budget authority is the authority provided by law to enter into financial obligations that will result in immediate or future outlays involving federal government funds.

Association of State Alcohol and Drug Abuse Directors (NASADAD); and (3) 1993 private funding for treatment services from the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as information on the top foundation contributors for 1993 and 1994 from the Foundation Center. To obtain descriptions of federal programs and target populations, we used ONDCP's budget summaries as our primary source of information. These data were the latest available from the sources mentioned above. Even though federal and state fiscal periods often differ, to be as consistent as possible, we analyzed funding data reported for fiscal years 1990 through 1994.

Although the data contained in this report were the latest and most comprehensive that were readily available, they do not reflect the total contributions of public and private sources that fund substance abuse treatment and prevention activities.³ For example, federal data do not include alcohol-only programs; state and county expenditure data represent only those programs that receive funds from state alcohol and drug abuse agencies; and private sector funding is for treatment services only. (See app. I for a detailed description of our scope and methodology.)

Results in Brief

Federal, state, county, and local governments and the private sector together reported contributing several billion dollars annually to substance abuse treatment and prevention programs, with a large portion going to treatment services. However, this estimate probably understates the total amounts because these entities do not report their total contributions to treatment and prevention activities. From fiscal year 1990 through 1994, federal funding jumped from \$2.8 billion to \$4.4 billion, with the Departments of Health and Human Services (HHS), Veterans Affairs (VA), and Education accounting for about 83 percent of this amount. Combined state, county, and local expenditures increased from about \$1.3 billion to about \$1.6 billion.⁴ Although data on private sector funding for substance abuse treatment are very limited, available sources indicate funding of more than \$1 billion in 1993.

Numerous programs in 16 federal agencies cover a broad range of treatment and prevention services and often target specific populations,

³Our three primary data sources (ONDCP, NASADAD, and SAMHSA) use different methods of collecting and reporting data, and they do not include all possible sources of funding for substance abuse prevention and treatment activities.

⁴Because fiscal year periods can differ among federal, state, county, and local governments, this dollar range is as precise as possible.

such as youths, women, and veterans. Generally, treatment services include diagnostic assessment, detoxification, and counseling. Prevention activities usually include providing information and education about alternatives to and consequences of alcohol abuse and illicit drug use. Examples of federal programs that provide treatment, prevention, or both services include the Pregnant and Postpartum Women and Infants program and the Safe and Drug-Free Schools and Communities program.

Background

The Anti-Drug Abuse Act of 1988 (P.L. 100-690) requires ONDCP to develop a national drug control strategy, in consultation with agency and department heads and others involved in drug control matters. With the President's approval, this strategy is submitted annually to the Congress. In addition to long- and short-term objectives, it contains information on past and estimated future federal funding in support of efforts to reduce drug supply and demand.

Each year since 1983, state alcohol and drug agencies have voluntarily submitted data detailing the fiscal, client, and other aspects of their substance abuse programs to NASADAD. The state, county, and local governments' expenditure data, including federal support, are analyzed and published by NASADAD under a contract with SAMHSA of HHS. Also, SAMHSA collects data on private funding for substance abuse treatment services through its survey of drug and alcohol treatment units.

The primary source of our information on contributions from private and community foundations has been the Foundation Center. The Foundation Center, established in 1956, is an independent, nonprofit service organization. Its mission is to foster public understanding of institutional philanthropy by collecting, organizing, analyzing, and disseminating information on foundations, corporate giving, and other topics.

The Federal Government Funds a Major Portion of Substance Abuse Treatment and Prevention Activities

The federal government provides a large portion of the financial support for substance abuse treatment and prevention activities. For fiscal year 1994, federal budget authority for treatment and prevention activities was \$4.4 billion—a 59-percent increase over the 1990 amount.^{5,6} When adjusted for inflation, this equates to a 41.3-percent increase from 1990 through 1994. Three departments—HHS, VA, and Education—accounted for the vast majority of the 1994 budget authority. The substance abuse programs that federal agencies fund provide a variety of services; however, treatment programs received a much larger proportion of funding than prevention programs in 1994. It should be noted that the data we obtained may not accurately represent total federal support for treatment and prevention because some programs may have been omitted and much of the data has not been independently validated.

Federal Funding for Treatment and Prevention Has Increased Since Fiscal Year 1990

Federal funding for substance abuse treatment and prevention activities increased by \$1.6 billion from fiscal year 1990 through 1994. During this time period, the number of federal agencies that reported funding for treatment and prevention programs rose from 12 to 16. Federal budget authority for fiscal year 1990 was \$2.8 billion, but by fiscal year 1994 the funding amount had reached \$4.4 billion. (See app. II for federal funding by agency for fiscal years 1990 through 1994.) The most recent data released by ONDCP show that fiscal year 1995 budget authority for treatment and prevention activities increased about \$250 million over the 1994 amount.⁷ (See app. III.)

Comparing the funding in fiscal years 1990 and 1994, changes in the budget authority for substance abuse treatment and prevention activities varied widely among federal agencies. The largest dollar increase occurred in HHS' budget, where budget authority increased by about \$800 million, from \$1.4 billion to \$2.2 billion. This change accounted for about one-half of the

⁵The total federal government funding for efforts to reduce drug and alcohol use in fiscal year 1994 was about \$12.2 billion. Activities other than treatment and prevention include, for example, law enforcement and international activities.

⁶In this report, we use a fiscal year's actual budget authority as reported in the following year's national drug control strategy budget summary. For example, fiscal year 1990's actual budget authority was taken from the 1991 National Drug Control Strategy's budget summary. According to ONDCP officials, these amounts do not reflect adjustments made in subsequent years due to congressional action and program changes. Prior years' actual budget authority will continue to be subjected to adjustments that reflect these types of changes. Each year, ONDCP updates prior year actual budget authority figures in the historical tables included in the strategy's appendix.

⁷ONDCP's 1996 National Drug Control Strategy contains fiscal year 1995 actual federal budget authority, the 1996 estimate, and the President's 1997 request for substance abuse treatment and prevention activities. Although ONDCP released its 1996 strategy before we issued this report, its data are not included in our analysis of federal funding.

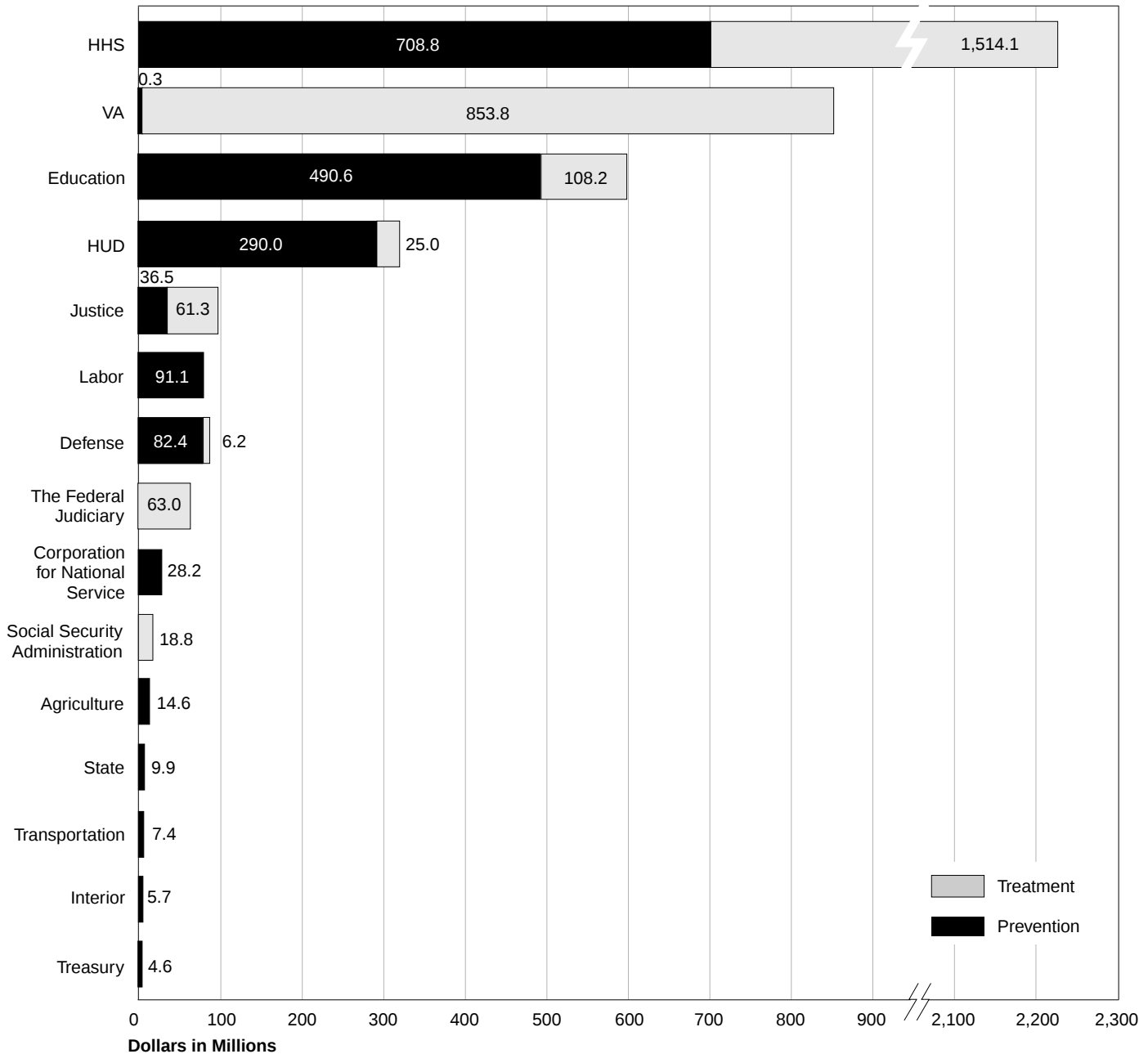
total increase in federal funding over the 5-year period. Some of the growth can be attributed to the creation of substance abuse block grants and increased reimbursement for treatment services through Medicare and Medicaid.

The changes in funding for substance abuse treatment and prevention services among all 16 agencies ranged from a 196-percent increase to about a 27-percent decrease.⁸ The Department of Housing and Urban Development (HUD) had the highest percentage increase in funding. Its budget authority went from \$106.5 million to \$315 million—the bulk of which appeared to be for increases in drug elimination grants that fund drug prevention and control at public and Native American housing developments. The Department of Justice had the highest percentage decrease. Its budget authority declined from \$133 million to about \$98 million. Although some offices within Justice experienced increases in their budget authority, the Office of Justice Programs' \$50 million decrease resulted in Justice's overall decline in funding for substance abuse treatment and prevention activities.

Three Departments Accounted for Most Funding in Fiscal Year 1994

Of the 16 agencies, 3 departments accounted for most of the federal funds that were available for substance abuse treatment and prevention activities in fiscal year 1994. The combined budget authority of HHS, Education, and VA was about \$3.68 billion, or 83 percent of the total federal funding for substance abuse treatment and prevention activities for that year. HHS alone, which has the largest number of agencies with substance abuse treatment and prevention programs, accounted for about half of the fiscal year 1994 budget authority. SAMHSA, within HHS, provided more federal funding for substance abuse treatment and prevention activities than any other agency. SAMHSA's fiscal year 1994 budget authority was about \$1.4 billion. The National Institutes of Health (NIH), also within HHS, provided the next highest level of funding. Its fiscal year 1994 budget authority was \$425.2 million. Figure 1 shows fiscal year 1994 budget authority for substance abuse treatment and prevention activities by agency.

⁸When adjusted for inflation, the percentages range from a 162-percent increase to a 35-percent decrease.

Figure 1: Treatment and Prevention Funding by Federal Agency, Fiscal Year 1994**Federal Agencies**

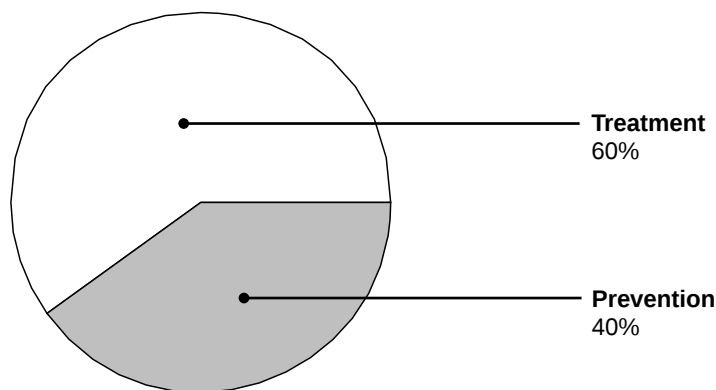
(Figure notes on next page)

Note: In addition, the Small Business Administration devoted \$200,000 to prevention activities.

Source: ONDCP, 1995 National Drug Control Strategy Budget Summary (Washington, D.C.: ONDCP, 1995).

Substance abuse treatment services received a larger proportion of federal budget authority than prevention services in fiscal year 1994. Treatment services accounted for \$2.6 billion, or about 60 percent of the total federal funding available. (See fig. 2.)

Figure 2: Proportion of Total Federal Funding for Treatment Versus Prevention, Fiscal Year 1994



Source: ONDCP, 1995 National Drug Control Strategy Budget Summary (Washington, D.C.: ONDCP, 1995).

Federal Programs Provide a Mixed Menu of Services for Targeted Populations

Federal agencies' programs provide an array of substance abuse treatment services and prevention activities to a variety of targeted population groups. Treatment comprises an assortment of formal organized services for people who have abused alcohol, other drugs, or both. Treatment services can include diagnostic assessment; detoxification; and medical, psychiatric, and psychological counseling. Prevention activities focus on individuals who may be at risk for alcohol or other drug problems. These activities include providing information and education that increase knowledge of drug abuse and alternative drug-free life styles, encouraging communities to implement responses to drug use, and drug testing. One federal program that provides both treatment and prevention services is Head Start, which offers prevention activities for young children and supporting community-based activities for parents and other family

members. Another example is the Pregnant and Postpartum Women and Infants program. In part, it funds demonstration programs that coordinate and link health promotion and treatment services for substance-using pregnant women and their young children. The program also supports treatment services in residential settings that permit infants and children to live with their substance-using mothers. Other programs also provide services for specific populations, such as high-risk youth; elementary, secondary, and postsecondary students; and veterans.

Some agencies fund programs whose primary objective is to provide substance abuse treatment and prevention activities. Other agencies' programs include these activities as one component of a nonsubstance abuse program. For example, the main objective of the Department of Agriculture's Special Supplemental Program for Women, Infants, and Children (WIC) program is to provide nutritious food and nutrition education to women and children who are considered to be at nutritional risk. As part of nutrition education, WIC counsels participants about the dangers of substance abuse. Program participants are also referred to substance abuse counseling, when appropriate. Appendix IV contains federal agencies' funding levels for substance abuse treatment and prevention and brief descriptions of the federal programs that provided support for these services for fiscal year 1994.

Federal Data Limitations Affect Their Usefulness

ONDCP was the most comprehensive single source for information on federal substance abuse treatment and prevention funding and programs. However, ONDCP's budget summary data are limited in their coverage of substance abuse programs and are not routinely subjected to large-scale verification. We observed that ONDCP does not always include alcohol treatment and prevention programs in its budget summaries. For example, no information on NIH's National Institute on Alcohol Abuse and Alcoholism is included in NIH's budget authority. Moreover, when we compared ONDCP's data with federal agencies' justifications of budget estimates prepared for congressional appropriations committees, the combined funding for three agencies differed by about \$655 million in fiscal year 1994.⁹ According to ONDCP officials, the differences are due to the inclusion of alcohol-only programs in the agencies' justification of estimates. ONDCP does not include alcohol-only programs in its budget summary because these programs are not "scored"—that is, categorized—as drug programs. Additionally, VA's 1996 congressional

⁹Only SAMHSA, VA, and the Indian Health Service's justifications of estimates for fiscal year 1996 included detailed substance abuse treatment and prevention funding data that allowed for comparisons with ONDCP's budget summaries.

budget justification did not include VA's full complement of treatment programs. Data limitations also stem from the use of different methods of estimating the amount of program funding specifically used for substance abuse treatment and prevention and from different determinations of what constitutes a prevention or treatment program.

State, County, and Local Governments Spend More Than a Billion Dollars Annually

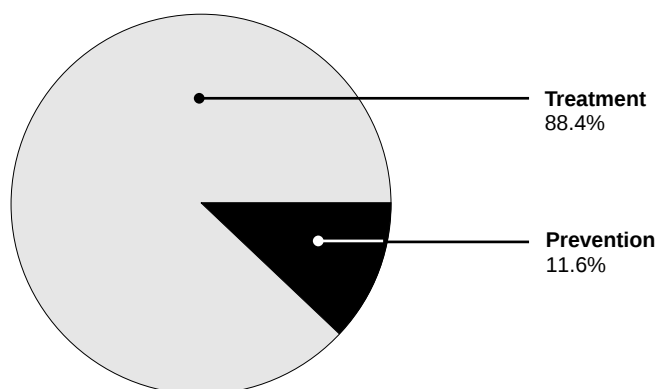
The combined contributions of state, county, and local governments constitute a sizable portion of the financial support for substance abuse treatment and prevention activities. In fiscal year 1994, these entities spent about \$1.6 billion—most of which was used for treatment services.¹⁰ This fiscal year 1994 spending exceeded fiscal year 1990 expenditures by about 22 percent (about 8 percent when adjusted for inflation). Users of these data should note that total spending by state and local governments probably exceeds these reported expenditures.

State, County, and Local Government Spending Has Increased Since Fiscal Year 1990

In fiscal years 1990 through 1994, state, county, and local governments' total expenditures increased overall for substance abuse treatment and prevention activities. Combined expenditures rose from \$1.3 billion to about \$1.6 billion—about a \$300 million increase. (App. V shows state, county, and local governments' annual expenditures and the percentage change from fiscal year 1990 through 1994.) On a percentage basis, there was more fluctuation in local governments' spending than in state spending over the 5-year period. Also during this period, combined spending for substance abuse treatment consistently exceeded that for prevention. Although total treatment and prevention expenditures increased over the 5 years, spending for prevention actually decreased by about 1 percent while spending for treatment increased by 26 percent (these percentages equate to 12 and 11 percent, respectively, when adjusted for inflation) (see apps. VI and VII). In fiscal year 1994, treatment services accounted for more than 88 percent of total spending by the entities combined (see fig. 3).

¹⁰Throughout the discussion of state, county, and local governments' expenditures, the District of Columbia and U.S. territories are counted as states unless otherwise noted.

Figure 3: Percentage of State, County, and Local Substance Abuse Expenditures for Treatment and Prevention Activities, Fiscal Year 1994



State, County, and Local Governments' Data Limitations Affect Their Usefulness

The expenditure data voluntarily submitted to NASADAD by state and local governments have a number of inherent limitations. One major limitation is that NASADAD asked states to submit expenditure data only for service providers that received at least some portion of their funding from the state alcohol and drug agency during the state's fiscal year. The data therefore do not include information on providers that did not receive any funding from the state alcohol and drug agency, such as private for-profit agencies. As a result, the overall expenditure data submitted to NASADAD are conservative and probably underestimate total funding expenditures by state governments. Furthermore, state-reported expenditures are not verified by NASADAD; instead, NASADAD asks that states confirm that their data are correct.

For some states, complete information is not available on all sources of funding, even for service providers supported by state alcohol and drug agencies. In most of these instances, the amount of unavailable information is probably small. In addition, there are concerns about how consistently providers of treatment and prevention activities classify those activities given the varying interpretations of what constitutes "treatment" and "prevention." The data are also limited by the variations in state fiscal years, raising questions about the appropriateness of comparing expenditures across states.

Data on Private Funding of Substance Abuse Treatment and Prevention Are Scarce

Comprehensive data on private funding of substance abuse treatment and prevention activities over time are sparse. The National Drug and Alcoholism Treatment Unit Survey (NDATUS), which compiled private contributions from various sources, focused on treatment only.¹¹ NDATUS data show that private funding for substance abuse treatment services amounted to a little over \$1 billion in 1993 (the latest year for which data were available). The largest source of private funding was third-party payments by health insurers and health maintenance organizations (about 55 percent of total private funding). Private donations, which included contributions from foundations, accounted for about 7 percent. (See table 1.)

Table 1: Private Funding Sources for Substance Abuse Treatment Services, 1993

Private funding source	Total funding (dollars in thousands)	Number of treatment units reporting
Private third-party payments ^a	\$581,536	3,111
Client fees ^b	400,736	5,164
Private donations ^c	73,198	1,775
Total	\$1,055,470	7,178^d

^aThird-party payments include funds paid by insurers and health maintenance organizations.

^bClient fees include direct payments made by clients to treatment providers for client services.

^cPrivate donations include contributions from foundations.

^dOf the 11,496 treatment providers surveyed, 7,178 reported funding from at least one of the three private sources; some providers received funding from more than one private source.

Source: Office of Applied Studies, NDATUS (Washington, D.C.: HHS, Public Health Service, SAMHSA, 1993).

Data on private donations from foundations show that the top 25 contributors awarded \$39.4 million in grants for substance abuse treatment and prevention programs during 1993 and 1994 (the latest years for which grant data were available).¹² The grant amounts ranged from \$306,342 to about \$18.5 million (see app. VIII). These grants were provided to nonprofit organizations in the United States and abroad to cover substance abuse treatment and prevention programs, including counseling, education, residential care facilities, halfway houses, support

¹¹Sponsored by SAMHSA's Office of Applied Studies, NDATUS is a census of substance abuse treatment units in the United States and U.S. territories. Funding data are reported for a 12-month period.

¹²The Foundation Center, Grants for Alcohol and Drug Abuse (New York: The Foundation Center, 1995-96).

groups, family services, community programs, and services for children of drug-dependent parents. Grants were also awarded for medical research on substance abuse and media projects on substance abuse prevention. Population groups receiving the largest grant amounts were alcohol or drug abusers, children and youths, women and girls, economically disadvantaged individuals, offenders or ex-offenders, and minorities.

Private Data Have Major Limitations That Affect Their Usefulness

The private funding data we used had two significant limitations. First, the latest available NDATUS data on private funding sources were for substance abuse treatment only, and these data were for only 1 year—1993. Second, the response rates of treatment providers to the NDATUS survey were low. The response rates were 21.1 percent for third-party payments, 44.9 percent for client fees, and 15.4 percent for private donations.

Conclusions

Federal, state, county, and local governments and the private sector all provide funding for substance abuse treatment and prevention activities. The latest and best data available show that (1) the federal government has been a major contributor of funds, providing more than \$4 billion in fiscal year 1994; (2) state and local governments spent a little more than \$1.5 billion in their 1994 fiscal years; and (3) private funding exceeded \$1 billion in 1993. According to the data we collected, the federal government increased its support for treatment and prevention activities from fiscal year 1990 through the end of fiscal year 1994 by about 60 percent. Over the same 5-year period, state, county, and local governments' combined funding for treatment and prevention activities increased by about 22 percent.

Agency Comments

In commenting on a draft of this report, ONDCP concurred with our findings (see app. IX). NASADAD also commented on a draft of this report and agreed with the manner in which we dealt with data it provided on state, county, and local government expenditures. However, NASADAD commented that the changes in state expenditure levels we reported for the 1990 through 1994 time frame were influenced by the time period we chose to review. NASADAD noted that the fiscal year period 1985 through 1989 showed much higher increases in state expenditures. (See app. X.)

We are sending copies of this report to the Secretary of Health and Human Services; the Director of the Office of National Drug Control Policy; the

Director of the Office of Management and Budget; the Executive Director of the National Association of State Alcohol and Drug Abuse Directors, Inc.; appropriate congressional committees; and other interested parties. We will also make copies available to others on request.

If you or your staff have any questions about this report, please call me at (202) 512-7119. Other major contributors to this report include James O. McClyde, Assistant Director; Jared Hermalin; Roy Hogberg; and Brenda James Towe.

A handwritten signature in black ink that reads "Sarah F. Jaggar". The signature is written in a cursive style with a large, looping "S" and "J".

Sarah F. Jaggar
Director, Health Services Quality and
Public Health Issues

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Abbreviations

AIDS	acquired immunodeficiency syndrome
CARE	Ryan White Comprehensive AIDS Resources Emergency Act
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
FAA	Federal Aviation Administration
FACES	Family and Community Endeavor Schools
HHS	Department of Health and Human Services
HIV	human immunodeficiency virus
HUD	Department of Housing and Urban Development
IDU	injecting drug users
JTPA	Job Training Partnership Act
LEA	local education agency
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NDATUS	National Drug and Alcoholism Treatment Unit Survey
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
ONDCP	Office of National Drug Control Policy
SAMHSA	Substance Abuse and Mental Health Services Administration
VA	Department of Veterans Affairs
WIC	Department of Agriculture's Special Supplemental Program for Women, Infants, and Children

Scope and Methodology

To determine the level of federal funding and what federal programs exist for substance abuse treatment and prevention activities, we used three data sources: (1) the Office of National Drug Control Policy's (ONDCP) budget summaries from its National Drug Control Strategies, (2) federal agencies' justifications of estimates for appropriations committees, and (3) the 1995 Catalog of Federal Domestic Assistance. We also interviewed ONDCP officials. Using the ONDCP budget summaries as our primary data source, we identified federal agencies that fund substance abuse treatment and prevention services and obtained funding data and program descriptions starting in fiscal year 1990. The latest ONDCP budget summary available at the time of our analysis contained actual budget authority for fiscal year 1994, budget estimates for fiscal year 1995, and budget requests for fiscal year 1996.¹³ We obtained additional funding data from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) because information on its programs was either not included or not specifically identified in ONDCP's budget summaries. The agencies' justifications of estimates were of minimal use because, in most cases, they did not identify substance abuse treatment and prevention funding or provide a description of the programs. Where possible, we compared the justifications with ONDCP's budget summaries. We reviewed the 1995 Catalog of Federal Domestic Assistance but made only minimal use of its data to fill gaps in program descriptions.

Information on state, county, and local governments' spending specifically for substance abuse treatment and prevention activities was generated by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) from its computerized database. These data covered state fiscal years from 1990 through 1994 and are based on state-reported expenditures that are not verified by NASADAD. Instead, NASADAD requests that states confirm that their annually reported data are correct. We interviewed NASADAD officials and obtained their views on the state-reported data.

To obtain information on private sector funding, we contacted the Department of Health and Human Service's (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) and numerous other organizations. These groups included the National Association of Addiction Treatment Providers, the Health Insurance Association of America, the American Hospital Association, the National Association of Public Hospitals, and the Center for Addiction and Substance Abuse at

¹³ONDCP did not produce a budget summary for fiscal year 1993 that would have contained actual fiscal year 1992 budget authority.

Columbia University. However, only SAMHSA provided private funding data for multiple sources. These data were collected in the National Drug and Alcoholism Treatment Unit Survey (NDATUS) of treatment providers and covered funding for treatment services in 1993—the latest year for which data were available. Published data on the private foundations that provided the most funding in grants to nonprofit organizations during 1993 and 1994 were obtained from the Foundation Center. We did not identify any data sources with comprehensive information on private funding of substance abuse prevention activities.

We did not verify the federal, state, and private data. The funding data we provide in this report have generally not been adjusted for inflation. In some instances, we did adjust for inflation when presenting changes in funding over time. We conducted our work from February through August 1996 in accordance with generally accepted government auditing standards.

Federal Budget Authority for Substance Abuse Treatment and Prevention Activities, Fiscal Years 1990-94

Millions of dollars					
Agency	FY 1990 actual	FY 1991 actual	FY 1993 actual	FY 1994 actual	Percentage change FY 1990-94 ^a
HHS	\$1,437.9	\$1,918.4	\$2,121.0	\$2,222.9	54.6
Administration for Children and Families	0	106.3	88.9	89.8	b,c
Centers for Disease Control and Prevention	25.2	29.3	31.2	36.6	b
Health Care Financing Administration	170.0	190.5	231.9	231.8	b
Health Resources and Services Administration	0	0	20.9	33.4	b,c
Indian Health Service	32.8	35.3	44.9	43.3	b
National Institutes of Health ^d	0	0	404.2	425.2	b,c
SAMHSA	0	0	1,299.0	1,362.8	b,c
Alcohol, Drug Abuse, and Mental Health Administration	1,168.4 ^e	1,557.0 ^f	0	0	b,c
Human Development Services	39.5	0	0	0	b,c
Family Support Administration	2.0	0	0	0	b,c
Veterans Affairs	305.6	473.1	905.1	854.1	179.5
Education	602.8	683.1	700.9^g	598.8^h	-0.7
Housing and Urban Development	106.5	150.0	175.0	315.0	195.8
Justice	133.3	117.6	118.8	97.8	-26.6
Bureau of Prisons	8.0	10.7	21.1	21.6	b
Drug Enforcement Administration	2.2	2.2	1.9	2.9	b
Office of Justice Programs	123.1	104.7	95.8	73.3	b
Labor	46.0	67.6	65.1	91.1	98.0
Defense	83.4	86.5	100.1	88.8	6.5
The Federal Judiciary	0	34.6	40.7	63.0	c
Corporation for National Service	0	0	9.7	28.2	c

(continued)

Appendix II
Federal Budget Authority for Substance
Abuse Treatment and Prevention Activities,
Fiscal Years 1990-94

Millions of dollars

Agency	FY 1990 actual	FY 1991 actual	FY 1993 actual	FY 1994 actual	Percentage change FY 1990-94 ^a
Social Security Administration	0	0	0	18.8	c
Agriculture	0	0	12.9	14.6	c
Special Supplemental Program for Women, Infants, and Children (WIC)	0	0	12.9	14.6	b,c
U.S. Forest Service	0	0	0	0	b,c
State	5.4	7.1	5.0	9.9	83.3
Agency for International Development	5.4	7.1	0	0	b,c
Bureau of International Narcotics and Law Enforcement	0	0	5.0	9.9	b,c
Transportation	9.1	7.3	30.8	7.4	-18.7
Federal Aviation Administration	9.1	7.3	7.8	7.4	b
National Highway Traffic Safety Administration	0	0	23.0	0	b,c
Interior	3.0	4.2	5.0	5.7	90.0
Bureau of Indian Affairs	2.2	3.1	3.6	4.1	b
Bureau of Land Management	0.3	0.3	0.4	0.4	b
National Park Service	0.4	0.4	0.4	0.4	b
Office of Territorial and International Affairs	0.1	0.4	0.6	0.8	b
Treasury	0	0	0	4.6	c
U.S. Secret Service	0	0	0	4.6	b,c
Small Business Administration	0	0.1	0.2	0.2	c
ACTION	10.5	12.5	0	0	c
U.S. Courts	31.9	0	0	0	c
Total	\$2,775.4	\$3,562.1	\$4,290.3	\$4,420.9	59.3
Total in 1994 dollars	\$3,127.9	\$3,847.1	\$3,975.5	\$4,420.9	41.3

(Table notes on next page)

Appendix II
Federal Budget Authority for Substance
Abuse Treatment and Prevention Activities,
Fiscal Years 1990-94

Note: ONDCP did not produce a budget summary for 1993 that would have contained fiscal year 1992 actual budget authority.

^aPercentage changes are not adjusted for inflation.

^bPercentage changes are not presented for agencies' subunits.

^cNot applicable because there was no funding in 1 or more years.

^dAll funding was used to sponsor treatment and prevention research.

^eIncludes \$285.8 million for treatment and prevention research.

^fIncludes \$336.3 million for treatment and prevention research.

^gIncludes \$1.5 million for treatment research.

^hIncludes \$1.5 million for treatment research.

Source: ONDCP, National Drug Control Strategy Budget Summaries (Washington, D.C.: ONDCP, 1991, 1992, 1994, and 1995).

Federal Budget Authority for Substance Abuse Treatment and Prevention Activities, Fiscal Years 1995-97

Millions of dollars			
Agency	FY 95 actual	FY 96 estimate	FY 97 request
HHS	\$2,276.4	\$2,019.2	\$2,300.7
Administration for Children and Families	91.3	44.9	82.6
Centers for Disease Control and Prevention	44.5	44.1	61.1
Health Care Financing Administration	252.2	290.0	320.0
Health Resources and Services Administration	36.4	41.5	43.3
Indian Health Service	42.8	42.8	42.8
National Institutes of Health ^a	436.9	458.4	466.3
SAMHSA	1,372.3	1,097.5	1,284.6
Veterans Affairs	966.5	1,009.1	1,056.0
Education	584.0^b	618.1^b	658.8^c
Housing and Urban Development	300.8	290.0	290.0
Justice	121.4	150.0	160.0
Bureau of Prisons	22.2	23.9	25.2
Drug Enforcement Administration	3.1	2.7	3.4
Office of Justice Programs	96.1	123.4	131.4
Labor	60.0	60.9	60.9
Defense	89.2	85.2	83.2
The Federal Judiciary	67.8	72.3	80.7
Corporation for National Service	25.6	32.9	38.5
Social Security Administration	148.9	196.4	202.8
Agriculture	14.0	15.1	15.4
Special Supplemental Program for Women, Infants, and Children (WIC)	13.9	15.0	15.3
U.S. Forest Service	0.1	0.1	0.1
Transportation	8.6	9.1	9.5
Federal Aviation Administration	8.6	9.1	9.5
Interior	4.7	4.0	4.1
Bureau of Indian Affairs	3.2	3.2	3.2
Bureau of Land Management	0.4	0.4	0.4
National Park Service	0.3	0.3	0.4
Office of Insular Affairs	0.8	0.1	0.1

(continued)

Appendix III
Federal Budget Authority for Substance
Abuse Treatment and Prevention Activities,
Fiscal Years 1995-97

Millions of dollars

Agency	FY 95 actual	FY 96 estimate	FY 97 request
Treasury	4.7	5.4	5.2
U.S. Secret Service	4.7	5.4	5.2
Small Business Administration	0.1	0.1	0.1
Total	\$4,672.7	\$4,567.8	\$4,965.9

Note: Although this appendix presents data from ONDCP's 1996 budget summary, we did not use these data elsewhere in our report because the budget summary was published after the data collection and analysis phases of our work were completed.

^aAll funding was used to sponsor treatment and prevention research.

^bIncludes \$1.9 million for treatment research.

^cIncludes \$800,000 for treatment research.

Source: ONDCP, National Drug Control Strategy, 1996: Program, Resources, and Evaluation (Washington, D.C.: ONDCP, 1996).

Federal Substance Abuse Treatment and Prevention Program Funding and Descriptions

This appendix provides information on the substance abuse treatment and prevention activities of various federal agencies. Included are funding information and program and activity descriptions. Not included are funding and program descriptions for agencies that devoted less than \$1 million to treatment and prevention activities in fiscal year 1994. These agencies accounted for \$1.8 million or 0.04 percent of total federal budget authority for that year. In some cases table totals do not add because of rounding.

HHS

Administration for Children and Families

Table IV.1: Administration for Children and Families Budget Authority

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$57.5	\$62.4	\$72.7
Treatment	32.2	32.2	32.3
Total	\$89.8	\$94.5	\$104.8

Table IV.2: Administration for Children and Families Budget Authority by Program or Activity

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Consolidated Runaway and Homeless Youth	\$14.6	\$14.5	\$14.5
Youth Gang/Youth Initiative	10.6	10.5	10.5
Abandoned Infants Assistance	14.5	14.4	14.4
Emergency Protection/Community-Based Resource Centers	19.0	19.0	19.0
Head Start	25.0	25.0	26.0
Temporary Child Care/Crisis Nurseries	6.0	5.9	5.9
Crime Control Act: Community Schools Youth Services and Supervision Grant Program (Title III)	^a	5.2	14.5

^aProgram not in existence or program restructured into another program.

**Appendix IV
Federal Substance Abuse Treatment and
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Consolidated Runaway and Homeless Youth	The program's goal is to establish and operate local centers to address the immediate needs of runaway and homeless youth and their families, including temporary shelter, food, clothing, and counseling. (Note: Program description is based on the <u>1995 Catalog of Federal Domestic Assistance</u> .)
Youth Gang/Youth Initiative	This program aims to (1) prevent and reduce the participation of youth in gangs that engage in illicit drug-related activities and to prevent youth abuse of drugs; (2) help coordinate activities of local police departments, education, employment, and social service agencies; (3) provide information on the treatment and rehabilitation options available to youth; (4) coordinate support between schools and state and federal governments; and (5) provide technical assistance to organizations. (Note: Program description is based on the <u>1995 Catalog of Federal Domestic Assistance</u> .)
Abandoned Infants Assistance	The program's goal is to prevent the abandonment of infants and young children and to identify and address their needs. Of special concern are those infants and young children who have been infected with the human immunodeficiency virus (HIV) or who have been prenatally exposed to the virus or a dangerous drug. (Note: Program description is based on the <u>1995 Catalog of Federal Domestic Assistance</u> .)
Emergency Protection/Community-Based Resource Centers	The Emergency Protection program was consolidated with the Community-Based Resource Centers program in fiscal year 1995. Together, they offer a range of child abuse and neglect prevention activities, including services for children of substance-abusing families.
Head Start	Substance abuse, along with illiteracy and unemployment, is a major barrier to the self-sufficiency of Head Start families. Head Start funds are used to provide substance abuse prevention and other community-based services to parents and other family members of children enrolled in Head Start as well as literacy and unemployment services.
Temporary Child Care/Crisis Nurseries	The program's goals are to support, develop, and expand respite care for infants and children, including those who are drug-exposed and those who have acquired immunodeficiency syndrome (AIDS) or AIDS-related conditions, and to support crisis nurseries for abused and neglected children, including those from substance-abusing families.

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**Crime Control Act: Community
Schools Youth Services and
Supervision Grant Program
(Title III)**

The program supports school-based, after-school programs in areas of significant poverty and juvenile delinquency. Activities include supervised sports; extracurricular and academic programs; and access to health care services, including substance abuse prevention and treatment.

**Centers for Disease
Control and Prevention**

**Table IV.3: Centers for Disease Control
and Prevention Budget Authority**

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$36.6	\$44.5	\$50.0
Treatment	0	0	0
Total	\$36.6	\$44.5	\$50.0

**Table IV.4: Centers for Disease Control
and Prevention Budget Authority by
Program or Activity**

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
AIDS Drug Counseling	\$36.6	\$44.5	\$50.0

Funds provide services for injecting drug users (IDU), including HIV counseling, testing, referral, and partner notification services for IDUs in drug treatment centers and other facilities, and health education and risk reduction efforts directed at IDUs not in treatment.

**Health Care Financing
Administration**

**Table IV.5: Health Care Financing
Administration Budget Authority**

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	0	0	0
Treatment	\$231.8	\$252.2	\$290.0
Total	\$231.8	\$252.2	\$290.0

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Federal Substance Abuse Treatment and
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**Table IV.6: Health Care Financing
Administration Budget Authority by
Program or Activity**

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Medicaid	\$181.8	\$202.2	\$230.0
Medicare	50.0	50.0	60.0

Medicaid

The funds are used to provide drug abuse treatment for Medicaid-eligible individuals. Medicaid drug treatment expenditures are primarily for care received in hospitals and in specialized drug treatment facilities.

Medicare

Medicare funding pays for inpatient hospital treatment of episodes of alcohol or drug abuse as well as some medical services in outpatient settings for Medicare-eligible individuals.

Health Resources and Services Administration

**Table IV.7: Health Resources and
Services Administration Budget
Authority**

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	0	0	0
Treatment	\$33.4	\$36.4	\$41.5
Total	\$33.4	\$36.4	\$41.5

**Table IV.8: Health Resources and
Services Administration Budget
Authority by Program or Activity**

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Ryan White CARE Act (Drug Component)	\$33.4	\$36.4	\$41.5

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act supports the provision of health care services (treatment and counseling) for drug-addicted people with AIDS in substance abuse treatment settings. Funds support state- and locally administered programs that provide a network of health care and support services for people living with HIV infection and AIDS, especially the uninsured.

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Indian Health Service

**Table IV.9: Indian Health Service
Budget Authority**

Millions of dollars

Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$4.3	\$3.5	\$3.7
Treatment	39.0	39.3	41.3
Total	\$43.3	\$42.8	\$45.0

Note: Totals in the agency's justification of estimates, which vary from those provided by ONDCP, are as follows: fiscal year 1994, \$87.6 million; fiscal year 1995, \$91.4 million; and fiscal year 1996, \$96.0 million.

**Table IV.10: Indian Health Service
Budget Authority by Program or
Activity**

Millions of dollars

Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Alcohol and Substance Abuse Program	\$43.3	\$42.8	\$45.0

The program funds such activities as adolescent regional treatment centers, community rehabilitation and aftercare, training and community education, health promotion and disease prevention, the Navajo rehabilitation program, urban programs, contract health services, and the construction of regional treatment centers.

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**National Institutes of
Health (NIH)**

Table IV.11: NIH Budget Authority

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention Research	\$174.8	\$179.0	\$185.5
Treatment Research	250.4	258.7	266.8
Total	\$425.2	\$437.7	\$452.3

**Table IV.12: NIH Budget Authority by
Program or Activity**

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Basic Biomedical	\$78.5	\$83.9	\$86.8
Neuro-Behavioral	63.6	69.8	73.0
Prevention-Specific	60.0	61.4	63.6
Treatment-Specific	128.1	133.2	137.4
Epidemiology	32.9	34.1	34.8
Training	7.9	0	0
Intramural	24.0	24.7	25.5
Resource Management and Support	30.1	30.6	31.3

Basic Biomedical Research

Biomedical research is used to better understand the addiction process, specifically the mechanisms by which cellular structure affects the function of neurotransmitter receptors and other proteins. Studies can now focus on the precise means by which specific drug receptors are regulated, with implications for discerning possible genetic predispositions to addiction and individual differences in response to treatment.

Neuro-Behavioral Research

Brain imaging studies make it possible to assess cognitive functioning, feelings of euphoria/dysphoria, and levels of drug craving. Expanding these efforts will aid the development of effective drug abuse medications as well as prophylactic measures for combating and preventing drug abuse. Imaging techniques are promising as diagnostic tools for identifying individuals at high risk for drug abuse and for targeting specific treatment strategies.

Prevention-Specific Research	The National Institute on Drug Abuse's (NIDA) prevention initiatives focus on at-risk youth groups, such as runaways, school dropouts, adolescents showing psychiatric disturbance, unmarried pregnant women, parenting youth, juvenile delinquents, and individuals in the sex trade. Research will continue on the biological and developmental vulnerability to drug addiction, including such studies as the role of genetic factors, the impact of the environment on drug abuse vulnerability, and the impact of behavioral and psychological factors that increase or decrease the likelihood of addiction. Drug treatment is an important avenue for preventing the spread of HIV/AIDS. Outreach activities that bring addicts into treatment and encourage HIV/AIDS risk reduction behavior among those who do not enter treatment will continue.
Treatment-Specific Research	NIDA is continuing to expand its program of controlled testing of promising psychobehavioral therapies. Therapies shown to be most efficacious under ideal conditions will then be tested in community settings. Research will also focus on how best to target services to the needs of special populations, including those in underserved geographic areas. Support will continue for studies of special clinical problems presented by drug abusers with infectious diseases. In addition to synthesizing and testing novel medications for treating cocaine dependence, the medications development program will support a basic research effort to improve understanding of the molecular features of other drug receptors.
Epidemiology	NIDA is continuing to support research on the incidence, prevalence, and adverse consequences of illicit drug use. Community-based epidemiologic and ethnographic research is intended to reach youth and other high-risk groups for whom prevention can yield the greatest benefits.
Training, Intramural, and Resource Management and Support	No information was provided in the ONDCP 1995 budget summary.
Specific Information on National Institute on Alcohol Abuse and Alcoholism and National Institute on Drug Abuse	ONDCP budget summaries do not include funds for alcohol-only programs. Therefore, the alcohol-only programs of NIAAA are not captured in table IV.11. NIDA and NIAAA provided the specific information in table IV.13.

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**Table IV.13: NIDA and NIAAA Budget
Authority Specifics**

Millions of dollars			
Function	FY 1994 actual	FY 1995 actual	FY 1996 request
National Institute on Drug Abuse			
Prevention Research	^a	\$91.2	\$96.5
Treatment Research	^a	198.4	208.6
National Institute on Alcohol Abuse and Alcoholism			
Prevention Research	\$35.0	36.4	37.8
Treatment Research	33.0	28.5	30.1

^aData were not readily available given the short time frame.

**Substance Abuse and
Mental Health Services
Administration (SAMHSA)**

Table IV.14: SAMHSA Budget Authority

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$435.6	\$430.5	\$415.7
Treatment	927.2	942.3	990.0
Total	\$1,362.8	\$1,372.8	\$1,405.7

Note: Totals in the agency's justification of estimates, which vary from those provided by ONDCP, are as follows: fiscal year 1994 actual, \$1,670.8 million; fiscal year 1995 estimate, \$1,695.1 million; and fiscal year 1996 request, \$1,746.8 million. The differences could be attributed, at least in part, to ONDCP's decision not to account for alcohol-only programs.

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**Table IV.15: SAMHSA Budget Authority
by Program or Activity**

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request ^a
Center for Substance Abuse Prevention			
High Risk Youth	\$63.3	\$66.8	^a
Pregnant and Postpartum Women and Infants	43.4	20.9	^a
Community Prevention (Partnership)	114.7	114.7	^a
Public Education and Dissemination	10.8	13.5	^a
Training	14.5	16.0	^a
Other Demonstrations	6.6	6.6	^a
CSAP total	\$253.5	\$238.6	^a
Center for Substance Abuse Treatment			
Crisis Areas/Target Cities	\$34.8	\$35.5	^a
Treatment Improvement			
Pregnant/Postpartum Women	54.2	64.2	^a
Critical Populations	43.7	23.6	^a
Criminal Justice	34.0	37.5	^a
Treatment Campus	4.1	^b	^a
Comprehensive Community Treatment Program	27.5	31.3	^a
Training	5.4	5.6	^a
AIDS Demonstrations, Training, and Outreach	21.2	18.0	^a
Substance Abuse Block Grant	834.3	877.1	^a
Treatment Capacity Expansion Program	15.3	6.7	^a
CSAT total	\$1,074.6	\$1,099.5	^a
Program Management	\$34.7	\$34.7	\$33.2

^aIn fiscal year 1996, SAMHSA's current prevention and treatment demonstrations were to have been combined to form the SAMHSA Consolidated Substance Abuse Demonstration and Training Cluster.

^bProgram not in existence or program restructured into another program.

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**Table IV.16: SAMHSA Consolidated
Substance Abuse Demonstration and
Training Cluster Budget Authority**

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Substance Abuse Performance Partnership	a	a	\$919.8
Substance Abuse Training and Demonstration	a	a	452.8

^aProgram not in existence.

**Center for Substance Abuse
Prevention (CSAP)**

High Risk Youth: The program provides funding to public and nonprofit private entities to demonstrate and evaluate comprehensive strategies to prevent and reduce the use of alcohol, tobacco, and other drugs among youth at high risk for such behavior. Components of the High Risk Youth program include the projects that demonstrate and evaluate comprehensive strategies to prevent substance abuse-related violence among or affecting youth aged 6 through 14 and specifically tailored to the prevention needs of adolescent females.

Pregnant and Postpartum Women and Infants: This demonstration program targets the substance abuse problems of pregnant and postpartum women and infants. It is intended to develop innovative, community-based models for the coordination of service systems that link health promotion and treatment services for substance-using pregnant women and their young children.

Community Prevention (Partnership): These demonstrations are designed to assist communities in developing comprehensive, coordinated prevention initiatives, including the formation of public and private sector partnerships that are responsive to local, state, and multistate needs. The demonstrations support communitywide, locally identified programs and empower communities to solve their alcohol and other drug problems. Community Partnership grants are awarded to communities for establishing coalitions of organizations (parents, schools, academia, business, industry, government, and professionals) to plan and implement comprehensive prevention efforts.

Public Education and Dissemination: The program provides alcohol and other drug information and training to providers and individuals in schools, workplaces, and communities. Public education initiatives serve a special need both by involving the public and by building and maintaining

support for prevention. The National Clearinghouse for Alcohol and Drug Information is CSAP's primary dissemination channel.

Training: Community prevention training programs provide specialized skills and strategies to Partnership grantees, other prevention coalitions and communities, and state and territorial and Native American tribal agencies working to reduce alcohol and other drug problems. Community resource building, violence prevention, and cultural diversity serve as the primary focus for these training programs. Medical education grants provide appropriate clinical prevention training for health professionals in advanced degree training programs.

Other Demonstrations: These demonstration programs were not clearly defined in the source documents.

Center for Substance Abuse
Treatment (CSAT)

Crisis Areas/Target Cities: A series of intergovernmental cooperative agreements has been designed to improve treatment systems in metropolitan areas. The agreements also link and integrate alcohol and other drug services with disease prevention, primary health, mental health, labor, education, and the justice systems. Through the establishment of central intake, assessment, and referral systems, this initiative facilitates better matching of patients to treatment and more rapid referral to treatment services.

Treatment Improvement:

Pregnant/Postpartum Women: Comprehensive treatment services in residential settings permit infants and children to live with their substance-using mothers. Components of these programs include assessment, crisis stabilization, substance abuse treatment, treatment for children perinatally exposed to alcohol and other drugs, primary health care, prenatal and postnatal health care, and education and counseling related to AIDS and other sexually transmitted diseases. These programs also address domestic violence; sexual abuse; psychological, legal, and employment issues; and parenting skills.

Critical Populations: These treatment initiatives target outpatient treatment services for a variety of populations, including women and children in or at risk of being in the child welfare system, adolescents, racial and ethnic minorities, and people in rural areas. These initiatives improve physical, emotional, and social functioning; increase educational levels and vocational development; and reduce relapse rates.

Criminal Justice: The program supports and evaluates demonstration projects that offer a wide range of diversion-to-treatment concepts and treatment for high-risk probation and parole clients. Innovative projects involve intensive day treatment centers and case management/supervision models. Under these models, links are developed to family and critical community resources, including education and job placement, mental health services, and housing and related social services.

Treatment Campus: Two campus projects, one in Secaucus, New Jersey, and the other in Houston, Texas, provide a range of state-of-the-art treatment methods and associated social services in settings where several treatment providers share central intake, recreational, and commissary facilities. This demonstration model allows for the comparison and evaluation of alternative approaches to treatment.

Comprehensive Community Treatment Program: The program supports a wide array of substance abuse treatment initiatives designed to improve the effectiveness and comprehensiveness of treatment services. The Rural, Remote, and Culturally Distinct Populations initiative supports substance abuse and/or dependence intervention, treatment, and recovery services for individuals with culturally distinct characteristics. Other initiatives support collaborations with agencies to deliver health care and substance abuse treatment services in rural areas; support substance abuse treatment at four Job Corps Centers across the country; fund projects to develop a manual on a specific clinical intervention for treating homeless individuals with co-occurring mental health and substance abuse disorders; and fund the Models of Managed Care for Supplemental Security Income Beneficiaries program.

Training: The program provides funds for Addiction Training Centers to develop and maintain a network responsible for cultivating and training a cadre of health and allied health practitioners devoted to addiction treatment and recovery. It allows coordination among universities, state and local government programs, and the nonprofit addiction treatment field.

AIDS Demonstrations, Training, and Outreach: The AIDS Health Care Worker Training initiative focuses on the relationships among substance abuse, HIV/AIDS, tuberculosis, and sexually transmitted diseases in an effort to develop knowledge about and competency-based training in the provision of treatment services. Collaborations with the Health Resources and Services Administration support an AIDS Linkage demonstration designed

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to strengthen the links among and integration of the primary health care, alcohol, substance abuse, HIV/AIDS, and mental health treatment systems. This initiative supports activities to create comprehensive, community-based model programs to better serve the needs of distinct populations (injecting drug users; other high-risk substance abusers; their sexual partners; and, particularly, substance abusers who are members of critical populations). AIDS Outreach Demonstrations support outreach and appropriate service links for the target populations.

Substance Abuse Block Grant: The President's proposed fiscal year 1996 budget restructures the Substance Abuse Prevention and Treatment Block Grant into the Substance Abuse Performance Partnership. The proposed legislation assumes maintenance of key requirements, earmarks, and set-asides from the old law.

Treatment Capacity Expansion Program: Before this program expired in fiscal year 1995, its function, in part, was to expand the capacity of treatment programs.

Department of Veterans Affairs (VA)

Table IV.17: VA Budget Authority

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$0.3	\$0.8	\$0.8
Treatment	853.8	886.6	928.6
Total	\$854.1	\$887.4	\$929.4

Note: VA's justification of estimates identified obligations for fiscal year 1994 as \$551.4 million, for fiscal year 1995 as \$563.3 million, and for fiscal year 1996 as \$586.5 million. The budget justification did not identify these amounts as actual or estimated.

**Table IV.18: VA Budget Authority by
Program or Activity**

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Substance Abuse Treatment Program	\$854.1	\$887.4	\$929.5

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Through the Veterans Health Administration, VA operates a network of substance abuse treatment programs in its medical centers, domiciliaries, and outpatient clinics.

Department of
Education

Table IV.19: Department of Education
Budget Authority

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$490.6	\$487.8	\$510.0
Treatment	108.2	117.4	117.7
Total	\$598.8	\$605.2	\$627.7

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Table IV.20: Department of Education
Budget Authority by Program or
Activity

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Office of Elementary and Secondary Education			
Drug-Free Schools and Communities Act			
State Grants	\$369.5	a	a
School Personnel Training Grants	13.6	a	a
National Programs (including regional centers)	59.5	a	a
Emergency Grants	24.6	a	a
Safe and Drug-Free Schools and Communities Act			
State Grants	a	457.0	465.0
National Programs	a	25.0	35.0
Safe Schools Act	20.0	0	b
Crime Control Act			
Family and Community Endeavor Schools (FACES)	b	2.2	6.2
Office of Special Education and Rehabilitative Services, Rehabilitative Services Administration			
Vocational Rehabilitation State Grants	79.0	82.2	84.8
Special Demonstrations	1.3	1.3	0
Office of Special Education Programs			
Grants for Infants and Families	25.3	31.6	31.6
Special Education Special Purpose Funds	2.1	1.8	1.2
National Institute on Disability and Rehabilitation Research			
Rehabilitation Research Training Centers and other programs	0.4	0.4	0.4
Program Administration			
Administration	3.6	3.8	4.0

^aThe Drug-Free School and Communities Act expired at the end of fiscal year 1994; its authorization was extended under the Safe and Drug-Free Schools and Communities Act.

^bProgram not in existence or program restructured into another program.

Office of Elementary and
Secondary Education

Drug-Free Schools and
Communities Act/Safe and
Drug-Free Schools and
Communities Act

The Safe and Drug-Free Schools and Communities Act extends the authorization for the Drug-Free Schools and Communities Act (which expired on Sept. 30, 1994) and broadens it to include activities to prevent violence as well as drug and alcohol use by youth. In 1994, the funds were used exclusively for alcohol, tobacco, and other drug-related prevention activities.

Safe Schools Act

In 1994, 90 percent of these funds were used to support grants to local educational agencies (LEA) with serious school crime, violence, and discipline problems. The projects are designed to combat those problems and thereby enhance school safety and promote better access to learning. The remaining funds were divided equally between national leadership activities and support for a national model city program in the District of Columbia, as authorized by the legislation. (Funding for this program is included in the national drug control budget because activities supported with these funds will have an impact on drug prevention as well as on violence prevention.)

Crime Control Act

Family and Community Endeavor Schools (FACES), a subset of the Crime Control Act, supports grants to LEAs and community-based organizations in high-poverty and high-crime areas for programs of integrated services to improve the academic and social development of at-risk students. (Funding for this program is included in the national drug control budget because activities supported with these funds will have an impact on drug prevention as well as on violence prevention.)

Office of Special Education
and Rehabilitative
Services, Rehabilitative
Services Administration

Vocational Rehabilitation State
Grants

This state grant program supports a wide range of services for individuals with disabilities, including those whose disabling condition is due to drug abuse, to prepare for and engage in gainful employment. Funds are allocated to states and territories on the basis of their population and per capita income. People with disabilities that result in a substantial impediment are eligible for assistance. Funds also support special

demonstration programs that develop innovative methods and comprehensive service programs to help people with disabilities achieve satisfactory vocational outcomes.

Special Demonstrations

Special demonstration programs develop innovative methods and comprehensive service programs to help people with disabilities achieve satisfactory vocational outcomes. The program awards discretionary grants to states, agencies, and organizations to pay all or part of the costs of demonstrations, direct services, and related activities.

**Office of Special Education
Programs**

Grants for Infants and Families

This state grant program supports development and implementation of statewide systems of early intervention for children up to 2 years old with disabilities. No specific information related to drug abuse intervention was provided in the ONDCP 1995 budget summary.

**Special Education Special
Purpose Funds**

These funds support grants, contracts, and cooperative agreements with public agencies; private nonprofit organizations; and, in some cases, for-profit organizations. Activities include research, demonstrations, outreach, training, and technical assistance. No specific information related to drug abuse intervention was provided in the ONDCP 1995 budget summary.

**National Institute on
Disability and
Rehabilitation Research**

**Rehabilitative Research
Training Centers and Other
Programs**

Through various discretionary programs, the Institute supports research, demonstrations, and dissemination activities on issues relating to people of all ages with disabilities. No specific information related to drug abuse was provided in the ONDCP 1995 budget summary.

Program Administration

Program administration maintains Department of Education staff to administer programs with substance abuse treatment and prevention components.

Department of Housing and Urban Development (HUD)

Table IV.21: HUD Budget Authority

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$290.0	\$295.4	\$290.3
Treatment	25.0	5.4	^a
Total	\$315.0	\$300.8	\$290.3

^aProgram not in existence or program restructured into another program.

Table IV.22: HUD Budget Authority by
Program or Activity

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Drug Elimination Grants/Community Partnership Against Crime	\$265.0	\$290.0	\$290.0
Empowerment Zones and Enterprise Communities	50.0	10.8	^a
Crime Control Act (Local Partnership Act)	^a	^a	0.3

^aProgram not in existence or program restructured into another program.

Drug Elimination Grants/Community Partnership Against Crime

Through this program, HUD provides grants to public housing authorities and Indian housing agencies to fight drug problems in their communities. Drug problems are addressed through a comprehensive approach involving enforcement, prevention, and treatment. The grants focus on many areas, including community policing, youth training, recreation, career planning, employment, substance abuse education and prevention; resident services, such as drug treatment or other appropriate social services that address the contributing factors of crime; and clearinghouse services, assessment and evaluation, and technical assistance and training.

Empowerment Zones and Enterprise Communities

Funds support programs to empower people and communities to work together to create jobs and opportunity. HUD applies four principles in making the Empowerment Zone and Enterprise Community designations:

(1) economic opportunity, (2) sustainable community development,
(3) community-based partnerships, and (4) strategic vision for change.

Crime Control Act (Local
Partnership Act)

No details were provided for this program in the ONDCP 1995 budget
summary.

Department of Justice

Bureau of Prisons

Table IV.23: Bureau of Prisons Budget
Authority

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	0	0	0
Treatment	\$21.6	\$22.2	\$23.9
Total	\$21.6	\$22.2	\$23.9

Table IV.24: Bureau of Prisons Budget
Authority by Program or Activity

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Drug abuse treatment	\$21.6	\$22.2	\$23.9

The Bureau has a comprehensive drug abuse treatment strategy with four components: drug abuse education, nonresidential drug abuse counseling services, residential drug abuse program, and community-transitional services programming. An estimated 30.5 percent of the sentenced inmate population is drug dependent and requires some type of drug abuse treatment program.

Drug Enforcement Administration

Table IV.25: Drug Enforcement
Administration Budget Authority

Millions of dollars

Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$2.9	\$3.2	\$3.1
Treatment	0	0	0
Total	\$2.9	\$3.2	\$3.1

Neither the ONDCP budget summary nor the agency's justification of estimates identified the prevention components.

Office of Justice Programs

Table IV.26: Office of Justice Programs
Budget Authority

Millions of dollars

Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$33.6	\$81.9	\$48.4
Treatment	39.7	78.8	70.6
Total	\$73.3	\$160.7	\$119.0

Table IV.27: Office of Justice Programs
Budget Authority by Program or
Activity

Millions of dollars

Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Bureau of Justice Assistance, Bureau of Justice Statistics, National Institute of Justice, and Office of Juvenile Justice and Delinquency Prevention	\$73.3	\$160.7	\$119.0

Bureau of Justice Assistance

Through formula grant funds, the Bureau provides financial and technical assistance to state and local governments to control drug abuse and violent crime and improve the criminal justice system. States are required to prepare statewide antidrug and violent crime strategies. The Bureau also supports national and multistate programs such as the National Crime Prevention Campaign (McGruff the Crime Dog).

**Appendix IV
Federal Substance Abuse Treatment and
Prevention Program Funding and
Descriptions**

Bureau of Justice Statistics	The Bureau produces and disseminates drug-related data, including data on drug-use history of criminal offenders; offenders under the influence of alcohol or drugs; drug prosecution and sentencing of drug law violators; case processing of drug offenses; drug availability, prevention, and education classes in schools; drug and alcohol rehabilitation programs in the correctional community; and the relationship of drugs and crime. The Bureau also supports the Drugs and Crime Data Center and Clearinghouse, which provides a centralized source of information on drugs and crime.
National Institute of Justice	The Institute is the primary federal sponsor of research on crime and its control and is a central resource for information on innovative approaches in criminal justice. As mandated by the Anti-Drug Abuse Act of 1988, the Institute sponsors and conducts research, evaluates policies and practices, demonstrates promising new approaches, provides training and technical assistance, assesses new technology for criminal justice, and disseminates its findings to state and local practitioners and policymakers.
Office of Juvenile Justice and Delinquency Prevention	This agency has primary responsibility for addressing the needs of the juvenile justice system. Its goal is to aid in the prevention, reduction, and treatment of juvenile crime and delinquency and to improve the administration of juvenile justice by providing financial and technical support to state and local governments, public and private agencies, organizations, and institutions.

Community Policing

**Table IV.28: Community Policing
Budget Authority**

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	^a	\$182.0	\$314.0
Treatment	0	0	0
Total	0	\$182.0	\$314.0

^aProgram not in existence or program restructured into another program.

**Appendix IV
Federal Substance Abuse Treatment and
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Descriptions**

**Table IV.29: Community Policing
Budget Authority by Program or
Activity**

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Community Policing	a	\$182.0	\$314.0

^aProgram not in existence or program restructured into another program.

The program serves as a vehicle for the administration's strategy to fight violent crime by increasing the number of state and local police officers; promoting the use of community policing techniques; and implementing police hiring, education, and training programs. The program primarily awards grants to state and local law enforcement agencies, state and local governments, and community groups to achieve its goals.

Department of Labor

**Table IV.30: Department of Labor
Budget Authority**

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$91.1	\$93.5	\$80.4
Treatment	0	0	0
Total	\$91.1	\$93.5	\$80.4

**Table IV.31: Department of Labor
Budget Authority by Program or
Activity**

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Employment and Training Administration (Job Training Program)	\$88.9	\$91.4	\$78.3
Departmental management	2.1	2.1	2.1

Employment and Training Administration

The Department of Labor's Employment and Training Administration administers job training programs, not substance abuse programs. The Administration believes that the positive results of its programs, in terms of enabling participants to acquire new skills and enhance employment ability, contribute to reducing the risk factors associated with substance abuse.

The Job Training Partnership Act (JTPA), 29 U.S.C. §1501 et seq., requires individual assessments for each program participant; specifically encourages outreach activities for individuals who face severe barriers to employment, such as drug and alcohol abuse; and sets as program goals coordination of JTPA programs with other community service organizations, such as drug and alcohol abuse prevention and treatment programs. JTPA also authorizes the Job Corps Alcohol and Other Drug Abuse component to screen trainees for drug and alcohol problems and provide prevention and intervention services.

Departmental Management

This program provides information on workplace substance abuse through continued development and operation of the Substance Abuse Information Database; data collection on the impact of substance abuse on productivity, safety, and health; support for the Substance Abuse Institute at the George Meany Center for Labor Studies; funding of the workplace model in the fiscal year 1996 Household Survey; and continued work with employer and employee groups to raise awareness of the problems of workplace substance abuse and what can be done to most effectively address those problems.

Department of Defense

Table IV.32: Department of Defense
Budget Authority

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$82.4	\$88.4	\$90.4
Treatment	6.2	6.7	6.8
Total	\$88.6	\$95.1	\$97.2

Table IV.33: Department of Defense
Budget Authority by Program or
Activity

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Demand reduction	\$88.8	\$96.0	\$97.8

The Department of Defense's counterdrug strategy has among its objectives to reduce the demand for illegal drugs within the Department

and its surrounding communities. The demand reduction program supports a counterdrug strategy of early drug abuse identification through testing and treatment of drug abusers and outreach programs for at-risk youth through the military departments and the National Guard Bureau. For community outreach pilot programs, congressional authorization is required to permit counterdrug funds to be spent on programs targeting youth outside the traditional Department community boundaries.

The Federal Judiciary

Table IV.34: The Federal Judiciary
Budget Authority

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	0	0	0
Treatment	\$63.0	\$70.4	\$82.8
Total	\$63.0	\$70.4	\$82.8

Table IV.35: The Federal Judiciary
Budget Authority by Program or
Activity

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Drug treatment under U.S. court supervision	\$63.0	\$70.4	\$82.8

The U.S. Courts operate the Substance Abuse Treatment Program. Offenders in this program are referred by the Judiciary and the Bureau of Prisons. The basic goal of the program is to identify and treat substance abusers who are under the supervision of the U.S. Probation Office. The program tries to protect the community by helping these offenders stop their substance abuse.

Corporation for National Service

**Table IV.36: Corporation for National
Service Budget Authority**

Millions of dollars

Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$28.2	\$39.4	\$53.9
Treatment	0	0	0
Total	\$28.2	\$39.4	\$53.9

**Table IV.37: Corporation for National
Service Budget Authority by Program
or Activity**

Millions of dollars

Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Domestic Volunteer Service Act activities	\$9.9	\$10.7	\$13.0
National and Community Service Act activities	18.3	28.8	40.9

The Corporation for National Service administers programs that address the nation's education, human service, public safety, and environmental needs through the activities of volunteers and that expand the involvement of volunteers in responding to a wide range of community needs, including drug abuse prevention, by reaching high-risk youth and the communities in which they live.

Social Security Administration

**Table IV.38: Social Security
Administration Budget Authority**

Millions of dollars

Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	0	0	0
Treatment	\$18.8	\$157.9	\$202.4
Total	\$18.8	\$157.9	\$202.4

**Appendix IV
Federal Substance Abuse Treatment and
Prevention Program Funding and
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**Table IV.39: Social Security
Administration Budget Authority by
Program or Activity**

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Referral and monitoring (Title XVI)	\$18.8	\$109.0	\$148.0
Demonstration projects (Title XVI)	^a	10.0	^a
Disability Insurance Trust Fund (Title II)	^a	38.9	54.4

^aProgram not in existence or program restructured into another program.

The Social Security Administration has placed restrictions on Disability Insurance and Supplemental Security Income benefits payments to individuals disabled by drug addiction or alcoholism and has established barriers to prevent a beneficiary from using benefits to support an addiction. In some cases, the Administration imposes treatment requirements on Disability Insurance beneficiaries and establishes referral and monitoring agreements in all states.

Department of Agriculture

Food and Consumer Services

**Table IV.40: Food and Consumer
Services Budget Authority**

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$14.6	\$13.9	\$15.4
Treatment	0	0	0
Total	\$14.6	\$13.9	\$15.4

**Table IV.41: Food and Consumer
Services Budget Authority by Program
or Activity**

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Special Supplemental Program for Women, Infants, and Children (WIC)	\$14.6	\$13.9	\$15.4

WIC provides nutritious supplemental foods to low-income pregnant, postpartum, and breastfeeding women and to infants and children younger than age 5 who are determined by professionals such as physicians, nurses, and nutritionists to be at nutritional risk. Funds flow through participating state agencies to local agencies, which provide supplemental foods to WIC participants along with nutrition education, breastfeeding promotion, and health care referrals. As part of nutrition education, WIC counsels participants about the dangers of substance abuse, including smoking during pregnancy. When appropriate, participants are referred to drug abuse counseling.

Department of State

Bureau of International Narcotics and Law Enforcement Affairs

Table IV.42: Bureau of International
Narcotics and Law Enforcement
Affairs Budget Authority

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$9.9	0	0
Treatment	0	0	0
Total	\$9.9	0	0

The ONDCP budget summary and the budget justification do not identify specific prevention program or activity dollars.

The Bureau develops, implements, and monitors U.S. international counternarcotics strategies and programs. The Bureau's functions also include foreign policy formation and coordination, program management, and diplomatic initiatives.

Department of Transportation

Federal Aviation Administration

**Table IV.43: Federal Aviation
Administration Budget Authority**

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$7.4	\$8.9	\$9.2
Treatment	0	0	0
Total	\$7.4	\$8.9	\$9.2

Neither ONDCP nor the agency's justification of estimates identifies specific prevention components by budget expenditure. However, prevention descriptions are identified within the following FAA program listings.

Operations

The Federal Aviation Administration (FAA) provides regulatory oversight of the drug and alcohol misuse prevention programs administered by approximately 5,000 aviation industry entities and individual commercial operators. FAA also conducts random drug testing of employees who are designated to be in critical safety positions; reregisters aircraft and conducts periodic renewal of pilot certificates; provides investigative support to all federal, state, and local law enforcement agencies involved in drug enforcement actions; and develops and correlates flight plans and transponder codes to enhance communications between air route traffic control centers and U.S. Customs/Coast Guard facilities. This process assists in identifying airborne drug smugglers by using radar, posting aircraft lookouts, and tracking the movement of suspect aircraft.

Research, Engineering, and Development

This funding category supports the postmortem analysis of tissues and fluids from people involved in transportation accidents and incidents and assesses the effects of drugs on the performance of pilot and controller tasks.

Department of the Interior

Bureau of Indian Affairs

**Table IV.44: Bureau of Indian Affairs
Budget Authority**

Millions of dollars

Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$4.1	\$3.2	\$3.2
Treatment	0	0	0
Total	\$4.1	\$3.2	\$3.2

The ONDCP budget summary and the budget justification do not identify specific prevention program or activity dollars. However, prevention activities are identified within the following Bureau programs:

Office of Alcohol and Substance Abuse Prevention

The office coordinates substance abuse services among rehabilitation centers, emergency shelters, juvenile detention facilities, and community-based prevention and intervention programs.

Education

Each Bureau school has a substance abuse prevention program. The schools are allowed flexibility to design the most effective curriculum and counseling services to meet the needs of students.

Department of the Treasury

U.S. Secret Service

**Table IV.45: U.S. Secret Service
Budget Authority**

Millions of dollars			
Function	FY 1994 actual	FY 1995 estimate	FY 1996 request
Prevention	\$4.6	\$4.7	\$6.6
Treatment	0	0	0
Total	\$4.6	\$4.7	\$6.6

**Table IV.46: U.S. Secret Service
Budget Authority Program or Activity**

Millions of dollars			
Program or activity	FY 1994 actual	FY 1995 estimate	FY 1996 request
Administration	\$4.6	\$4.7	\$6.6

The U.S. Secret Service considers a portion of its costs for full-time-equivalent employees' pay, benefits, and support to be attributable to drug enforcement activities. These activities include criminal investigations, task force involvement, employee and applicant drug testing, and protection involved in other drug-related activities.

Change in State, County, and Local Substance Abuse Treatment and Prevention Expenditures by State, Fiscal Years 1990-94

State	FY 1990	FY 1991	FY 1992	FY 1993	FY 1994	Percentage change FY 1990-94 ^a
Alabama	\$6,015,962	\$3,198,355	\$3,692,995	\$3,663,113	\$4,063,707	-32
Alaska	16,570,035	16,164,265	23,752,975	20,580,391	20,406,824	23
Arizona	12,507,395	13,079,377	14,728,976	15,598,434	14,413,557	15
Arkansas	2,597,138	3,339,927	3,395,226	3,292,059	4,807,185	85
California	94,873,676	85,757,118	95,009,024	102,137,050	113,051,430	19
Colorado	16,989,173	17,758,971	17,194,534	16,677,795	13,955,399	-18
Connecticut	38,673,686	39,277,060	38,836,198	39,934,097	41,540,112	7
Delaware	4,010,051	3,249,548	3,532,478	3,553,440	3,716,925	-7
District of Columbia	29,989,600	26,538,000	23,740,200	24,064,000	25,112,569	-16
Florida	78,901,232	80,653,965	86,911,469	85,876,085	115,360,465	46
Georgia	28,057,655	28,780,471	26,546,906	32,132,524	32,806,673	17
Guam	170,100	317,127	349,336	607,800	^b	^c
Hawaii	4,635,160	5,849,122	7,207,642	7,550,115	7,627,032	65
Idaho	1,479,600	2,119,100	2,402,000	2,448,500	2,448,500	65
Illinois	71,987,404	72,972,278	67,291,600	83,321,336	90,866,796	26
Indiana	16,332,566	17,763,487	19,805,472	16,604,150	16,720,910	2
Iowa	10,863,566	12,262,950	12,937,779	14,300,639	15,546,719	43
Kansas	27,840,402	11,132,884	6,453,255	6,464,438	6,290,761	-77
Kentucky	6,688,470	8,330,562	10,869,754	9,170,705	8,332,986	25
Louisiana	2,896,952	3,859,623	9,972,390	11,583,250	11,081,311	283
Maine	6,704,603	6,475,747	4,637,679	5,179,742	6,998,350	4
Maryland	47,261,282	50,736,466	43,463,724	33,832,201	31,350,611	-34
Massachusetts	46,709,828	48,494,200	60,987,141	35,330,659	36,706,826	-21
Michigan	30,244,907	27,003,799	36,064,568	41,427,498	39,389,686	30
Minnesota	43,775,000	43,445,230	35,664,691	45,405,778	46,871,064	7
Mississippi	2,466,339	2,631,504	2,717,493	3,125,000	3,453,142	40
Missouri	10,590,205	10,760,813	15,549,647	20,284,662	27,143,146	156
Montana	3,387,093	3,368,329	2,680,000	3,133,829	3,650,582	8
Nebraska	5,664,786	5,834,670	5,813,233	5,924,952	5,849,430	3
Nevada	1,871,255	1,825,158	2,661,131	2,473,700	2,339,809	25
New Hampshire	1,904,722	2,226,854	2,302,036	2,120,338	2,983,378	57
New Jersey	32,051,000	32,381,000	32,731,000	33,096,000	36,312,641	13
New Mexico	10,187,543	10,184,437	11,468,412	7,636,631	6,983,874	-31
New York	269,154,952	275,916,505	251,956,233	324,435,303	335,573,353	25
North Carolina	30,513,724	22,982,262	17,978,348	23,415,200	26,882,080	-12
North Dakota	2,880,891	807,702	1,674,544	1,942,000	1,900,000	-34

(continued)

Appendix V
Change in State, County, and Local
Substance Abuse Treatment and Prevention
Expenditures by State, Fiscal Years 1990-94

State	FY 1990	FY 1991	FY 1992	FY 1993	FY 1994	Percentage change FY 1990-94^a
Ohio	18,764,851	30,189,093	38,541,617	40,768,553	41,225,306	120
Oklahoma	11,438,220	11,011,003	11,591,171	11,647,103	11,283,276	-1
Oregon	^b	21,971,352	^b	32,874,732	35,494,554	^c
Palau	^b	^b	^b	^b	70,800	^c
Pennsylvania	49,362,416	55,845,777	52,853,571	49,356,790	67,824,525	37
Puerto Rico	15,126,234	14,144,476	16,904,671	19,319,195	14,285,245	-6
Rhode Island	13,532,404	13,877,293	14,124,000	15,846,309	14,406,000	6
South Carolina	23,694,744	23,655,350	22,320,887	26,185,613	27,941,502	18
South Dakota	1,369,602	1,527,744	1,978,484	2,656,966	3,667,372	168
Tennessee	14,238,516	7,612,300	7,301,707	7,633,305	^b	^c
Texas	12,552,222	14,369,946	20,193,320	31,660,636	53,339,240	325
Utah	8,287,824	8,395,316	9,776,204	10,395,890	10,639,584	28
Vermont	16,175,473	3,278,922	3,358,697	2,875,175	2,857,367	-82
Virginia	24,369,394	40,089,545	40,405,772	43,715,044	44,748,436	84
Washington	32,298,476	37,348,640	31,700,221	32,633,197	33,018,119	2
West Virginia	11,097,043	5,579,479	6,692,356	7,125,634	6,850,107	-38
Wisconsin	32,806,528	66,113,500	57,087,056	62,702,100	61,270,000	87
Wyoming	^b	^b	^b	^b	^b	^c
Total	\$1,302,561,900	\$1,352,488,602	\$1,337,809,823	\$1,485,719,656	\$1,591,459,266	22
Total in 1994 dollars	\$1,475,155,040	\$1,466,907,377	\$1,405,262,419	\$1,520,695,656	\$1,591,459,266	8

^aIndividual state percentage changes are not adjusted for inflation.

^bData were not available.

^cPercentage change could not be computed because data were not available.

Source: NASADAD.

State, County, and Local Substance Abuse Prevention Expenditures by State, Fiscal Years 1990-94

State	FY 1990	FY 1991	FY 1992	FY 1993	FY 1994	Percentage Change FY 1990-94 ^a
Alabama	\$960,000	b	b	0	0	c
Alaska	3,341,193	1,460,733	5,639,713	3,313,208	3,257,502	-3
Arizona	68,794	97,804	156,746	156,746	103,227	50
Arkansas	b	b	b	20,000	b	c
California	19,914,021	15,264,388	11,366,836	14,032,165	16,106,249	-19
Colorado	3,370,653	3,745,631	3,809,573	3,837,412	354,325	-89
Connecticut	1,273,218	1,997,668	1,242,236	3,185,833	2,418,097	90
Delaware	118,749	51,195	99,862	126,418	274,834	131
District of Columbia	2,525,440	870,000	1,582,680	1,200,000	969,262	-62
Florida	2,526,725	3,275,975	3,215,991	4,045,044	3,381,367	34
Georgia	b	b	b	b	63,660	c
Guam	130,100	0	110,838	258,350	b	c
Hawaii	1,107,284	839,446	3,200	10,511	35,619	-97
Idaho	b	b	b	b	b	c
Illinois	6,291,219	6,305,523	5,779,800	4,052,420	4,163,165	-34
Indiana	95,083	248,963	816,200	478,101	679,927	615
Iowa	1,898,738	2,124,903	2,170,903	2,623,046	3,426,825	80
Kansas	5,569,668	1,247,517	751,538	368,142	338,850	-94
Kentucky	190,938	388,451	592,764	1,140,518	463,241	143
Louisiana	b	222,461	427,883	428,662	110,000	c
Maine	777,149	595,680	98,200	41,606	673,686	-13
Maryland	3,550,000	3,580,000	3,400,000	3,599,492	725,463	-80
Massachusetts	3,657,261	353,700	495,587	498,650	1,236,019	-66
Michigan	6,136,843	6,637,017	8,998,678	9,045,775	8,359,190	36
Minnesota	1,232,000	1,307,000	2,072,112	1,297,572	3,629,305	195
Mississippi	b	b	b	b	b	c
Missouri	30,000	30,000	30,000	30,000	435,367	1351
Montana	96,440	90,000	72,216	62,500	60,000	-38
Nebraska	457,021	382,831	389,060	497,663	502,908	10
Nevada	207,728	123,013	100,898	103,269	42,000	-80
New Hampshire	295,850	542,240	527,062	682,722	552,947	87
New Jersey	4,678,000	4,107,000	4,335,000	2,210,000	2,154,034	-54
New Mexico	695,435	383,954	833,829	b	b	c
New York	71,235,233	67,979,621	65,671,500	65,560,636	68,052,768	-4
North Carolina	b	b	3,595,670	4,683,040	b	c
North Dakota	b	b	b	7,000	15,000	c

(continued)

Appendix VI
State, County, and Local Substance Abuse
Prevention Expenditures by State, Fiscal
Years 1990-94

State	FY 1990	FY 1991	FY 1992	FY 1993	FY 1994	Percentage Change FY 1990-94^a
Ohio	3,075,409	7,214,858	8,622,848	9,234,174	7,050,687	129
Oklahoma	b	b	b	149,340	93,478	c
Oregon	b	12,526,400	b	13,285,456	14,028,852	c
Palau	b	b	b	b	b	c
Pennsylvania	8,563,192	10,840,486	9,034,254	7,801,403	7,922,798	-7
Puerto Rico	2,002,370	2,221,975	2,016,100	1,896,710	1,260,746	-37
Rhode Island	3,042,892	3,116,451	4,228,000	4,326,425	3,388,000	11
South Carolina	9,093,954	9,608,744	8,126,297	10,589,208	6,580,117	-28
South Dakota	154,228	420,095	b	b	288,691	87
Tennessee	3,082,074	1,484,300	711,174	1,969,334	b	c
Texas	4,434,827	6,007,753	6,414,086	3,316,236	5,013,080	13
Utah	2,595,440	2,091,593	2,196,996	1,905,567	2,309,706	-11
Vermont	856,956	514,654	1,098,726	651,582	498,256	-42
Virginia	2,546,279	6,152,242	3,410,604	3,401,746	4,028,958	58
Washington	91,000	57,128	55,909	55,910	21,342	-77
West Virginia	216,682	232,309	167,039	b	b	c
Wisconsin	3,515,764	12,840,300	9,693,798	9,945,800	9,487,251	170
Wyoming	b	b	b	b	b	c
Total	\$185,701,850	\$199,582,002	\$184,162,406	\$196,125,392	\$184,556,799	-1
Total in 1994 dollars	\$210,307,871	\$216,466,380	\$193,447,905	\$200,742,469	\$184,556,799	-12

^aIndividual state percentage changes are not adjusted for inflation.

^bData were not available.

^cPercentage change could not be computed because data were not available.

Source: NASADAD.

State, County, and Local Substance Abuse Treatment Expenditures by State, Fiscal Years 1990-94

State	FY 1990	FY 1991	FY 1992	FY 1993	FY 1994	Percentage change FY 1990-94 ^a
Alabama	\$5,055,962	\$3,198,355	\$3,692,995	\$3,663,113	\$4,063,707	-20
Alaska	13,228,842	14,703,532	18,113,262	17,267,183	17,149,322	30
Arizona	12,438,601	12,981,573	14,572,230	15,441,688	14,310,330	15
Arkansas	2,597,138	3,339,927	3,395,226	3,272,059	4,807,185	85
California	74,959,655	70,492,730	83,642,188	88,104,885	96,945,181	29
Colorado	13,618,520	14,013,340	13,384,961	12,840,383	13,601,074	0
Connecticut	37,400,468	37,279,392	37,593,962	36,748,264	39,122,015	5
Delaware	3,891,302	3,198,353	3,432,616	3,427,022	3,442,091	-12
District of Columbia	27,464,160	25,668,000	22,157,520	22,864,000	24,143,307	-12
Florida	76,374,507	77,377,990	83,695,478	81,831,041	111,979,098	47
Georgia	28,057,655	28,780,471	26,546,906	32,132,524	32,743,013	17
Guam	40,000	317,127	238,498	349,450	^b	^c
Hawaii	3,527,876	5,009,676	7,204,442	7,539,604	7,591,413	115
Idaho	1,479,600	2,119,100	2,402,000	2,448,500	2,448,500	65
Illinois	65,696,185	66,666,755	61,511,800	79,268,916	86,703,631	32
Indiana	16,237,483	17,514,524	18,989,272	16,126,049	16,040,983	-1
Iowa	8,964,828	10,138,047	10,766,876	11,677,593	12,119,894	35
Kansas	22,270,734	9,885,367	5,701,717	6,096,296	5,951,911	-73
Kentucky	6,497,532	7,942,111	10,276,990	8,030,187	7,869,745	21
Louisiana	2,896,952	3,637,162	9,544,507	11,154,588	10,971,311	279
Maine	5,927,454	5,880,067	4,539,479	5,138,136	6,324,664	7
Maryland	43,711,282	47,156,466	40,063,724	30,232,709	30,625,148	-30
Massachusetts	43,052,567	48,140,500	60,491,554	34,832,009	35,470,807	-18
Michigan	24,108,064	20,366,782	27,065,890	32,381,723	31,030,496	29
Minnesota	42,543,000	42,138,230	33,592,579	44,108,206	43,241,759	2
Mississippi	2,466,339	2,631,504	2,717,493	3,125,000	3,453,142	40
Missouri	10,560,205	10,730,813	15,519,647	20,254,662	26,707,779	153
Montana	3,290,653	3,278,329	2,607,784	3,071,329	3,590,582	9
Nebraska	5,207,765	5,451,839	5,424,173	5,427,289	5,346,522	3
Nevada	1,663,527	1,702,145	2,560,233	2,370,431	2,297,809	38
New Hampshire	1,608,872	1,684,614	1,774,974	1,437,616	2,430,431	51
New Jersey	27,373,000	28,274,000	28,396,000	30,886,000	34,158,607	25
New Mexico	9,492,108	9,800,483	10,634,583	7,636,631	6,983,874	-26
New York	197,919,719	207,936,884	186,284,733	258,874,667	267,520,585	35
North Carolina	30,513,724	22,982,262	14,382,678	18,732,160	26,882,080	-12
North Dakota	2,880,891	807,702	1,674,544	1,935,000	1,885,000	-35

(continued)

Appendix VII
State, County, and Local Substance Abuse
Treatment Expenditures by State, Fiscal
Years 1990-94

State	FY 1990	FY 1991	FY 1992	FY 1993	FY 1994	Percentage change FY 1990-94^a
Ohio	15,689,442	22,974,235	29,918,769	31,534,379	34,174,619	118
Oklahoma	11,438,220	11,011,003	11,591,171	11,497,763	11,189,798	-2
Oregon	^b	9,444,952	^b	19,589,276	21,465,702	^c
Palau	^b	^b	^b	^b	70,800	^c
Pennsylvania	40,799,224	45,005,291	43,819,317	41,555,387	59,901,727	47
Puerto Rico	13,123,864	11,922,501	14,888,571	17,422,485	13,024,499	-1
Rhode Island	10,489,512	10,760,842	9,896,000	11,519,884	11,018,000	5
South Carolina	14,600,790	14,046,606	14,194,590	15,596,405	21,361,385	46
South Dakota	1,215,374	1,107,649	1,978,484	2,656,966	3,378,681	178
Tennessee	11,156,442	6,128,000	6,590,533	5,663,971	^b	^c
Texas	8,117,395	8,362,193	13,779,234	28,344,400	48,326,160	495
Utah	5,692,384	6,303,723	7,579,208	8,490,323	8,329,878	46
Vermont	1,768,727	2,764,268	2,259,971	2,223,593	2,359,111	33
Virginia	35,372,905	33,937,303	36,995,168	40,313,298	40,719,478	15
Washington	32,053,000	37,291,512	31,644,312	32,577,287	32,996,777	3
West Virginia	3,856,887	5,347,170	6,525,317	7,125,634	6,850,107	78
Wisconsin	36,468,714	53,273,200	47,393,258	52,756,300	51,782,749	42
Wyoming	^b	^b	^b	^b	^b	^c
Total	\$1,116,860,050	\$1,152,906,600	\$1,153,647,417	\$1,289,594,264	\$1,406,902,467	26
Total in 1994 dollars	\$1,264,847,169	\$1,250,440,997	\$1,211,814,514	\$1,319,953,187	\$1,406,902,467	11

^aIndividual state percentage changes are not adjusted for inflation.

^bData were not available.

^cPercentage change could not be computed because data were not available.

Source: NASADAD.

Top 25 Foundations Contributing Grants to Substance Abuse Treatment and Prevention Programs, 1993-94

Foundation	State	Amount
The Robert Wood Johnson Foundation	NJ	\$18,495,740
Conrad N. Hilton Foundation	NV	2,740,000
The Ford Foundation	NY	1,863,000
Richard King Mellon Foundation	PA	1,335,000
Meadows Foundation, Inc.	TX	1,257,000
The Pew Charitable Trusts	PA	1,243,500
Carnegie Corporation of New York	NY	1,150,000
The Aaron Diamond Foundation, Inc.	NY	1,066,609
Open Society Institute	NY	1,053,000
The Kresge Foundation	MI	1,000,000
Scaife Family Foundation	PA	980,600
The California Wellness Foundation	CA	730,000
Hartford Foundation for Public Giving	CT	707,554
The Annie E. Casey Foundation	MD	625,000
Joseph B. Whitehead Foundation	GA	625,000
Lettie Pate Evans Foundation, Inc.	GA	600,000
Marin Community Foundation	CA	573,250
The McKnight Foundation	MN	535,000
The Commonwealth Fund	NY	513,000
Charles Hayden Foundation	NY	510,000
W.K. Kellogg Foundation	MI	494,100
John S. and James L. Knight Foundation	FL	342,966
The F.J. O'Neill Charitable Corporation	OH	325,000
Hall Family Foundation	MO	312,841
R.J. Maclellan Charitable Trust	TN	306,342
Total		\$39,384,502

Source: The Foundation Center, Grants for Alcohol and Drug Abuse (New York: The Foundation Center, 1995-96).

Comments From the Office of National Drug Control Policy



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

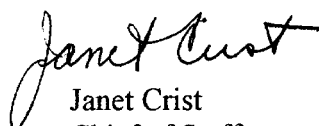
September 6, 1996

Dear Ms. Jaggar:

Thank you for the opportunity to review the "Drug and Alcohol Abuse: Billions Spent Annually for Treatment and Prevention Activities."

Am pleased to report that ONDCP concurs with the findings of the report.

Respectfully,


Janet Crist
Chief of Staff

Ms. Sarah F. Jaggar
Director, Health Services, Quality and Public Health
U.S. General Accounting Office
Health, Education, and Human Services Division
Washington, D.C. 20548

Comments From the National Association of State Alcohol and Drug Abuse Directors



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

September 6, 1996

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Ms. Sarah F. Jaggard
Director, Health Financing and
Public Health Issues
U.S. General Accounting Office
Health, Education and Human Services
Division
NGB/Suite 500 441 G Street, N.W.
Washington, D.C. 20548

Dear Ms. Jaggard,

NASADAD is appreciative of the opportunity provided by you and Mr. McClyde to review the draft GAO Report on financial support to alcohol and drug abuse treatment and prevention activities. Overall, NASADAD does not take issue with the manner in which the Report deals with data we provided. We would, however, urge you to include a comment to the effect that the time period used, 1990-1994, might not be representative of the funding increases provided from State sources. For example, SADAP indicates that, from FY 1985-FY 1989 expenditures of State dollars controlled by the State AOD Agencies increased from \$654,430,812 to \$996,659,230, a positive change of 52.3%. During that same period, alcohol and drug expenditures by other State agencies increased from \$58,916,203 to \$128,606,299 or a positive change of 118.3%. These earlier percentage increase figures for State dollar participation stand in rather stark contrast to the 22% increase cited in your report for the 1990-1994 period. Additionally, the earlier increases in State support established a substantial base amount against which percentages of increase are computed. Thus the very significant absolute dollar increases by the State during 1990-1994 appear as somewhat diminished percentage increases.

It might also be worthwhile to note that while prevention funding at the State level, during the 1990-1994 period, did not receive percentage increases of the same magnitude experienced by treatment that finding too was influenced by the time period selected. From FY 1985 - FY 1989, the States reported that their expenditures for prevention increased from \$154,254,660 to \$350,149,690; an increase of 127%. Over the same period, treatment expenditures increased by only 81.0% (from \$1,017,605,931 to \$1,841,798,803).

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Appendix X
Comments From the National Association of
State Alcohol and Drug Abuse Directors

Letter to Ms. Sarah F. Jaggat
Page 2
September 6, 1996

Once again, thank you for the opportunity to review and provide comment. Please feel free to call upon me at any time that NASADAD or I might be of assistance.

Sincerely,


John S. Gustafson
Executive Director

Appendix X
Comments From the National Association of
State Alcohol and Drug Abuse Directors

Related GAO Products

At-Risk and Delinquent Youth: Multiple Federal Programs Raise Efficiency Questions (GAO/HEHS-96-34, Mar. 6, 1996).

Drug Courts: Information on a New Approach to Address Drug-Related Crime (GAO/GGD-95-159BR, May 22, 1995).

Social Security: Disability Benefits for Drug Addicts and Alcoholics Are Out of Control (GAO/T-HEHS-94-101, Feb. 10, 1994).

Drug Use Among Youth: No Simple Answers to Guide Prevention (GAO/HRD-94-24, Dec. 29, 1993).

Indian Health Service: Basic Services Mostly Available; Substance Abuse Problems Need Attention (GAO/HRD-93-48, Apr. 9, 1993).

Community Based Drug Prevention: Comprehensive Evaluations of Efforts Are Needed (GAO/GGD-93-75, Mar. 24, 1993).

Adolescent Drug Use Prevention: Common Features of Promising Community Programs (GAO/PEMD-92-2, Jan. 16, 1992).

ADMS Block Grant: Drug Treatment Services Could Be Improved by New Accountability Program (GAO/HRD-92-27, Oct. 17, 1991).

Drug Treatment: State Prisons Face Challenges in Providing Services (GAO/HRD-91-128, Sept. 20, 1991).

Drug Treatment: Despite New Strategy, Few Federal Inmates Receive Treatment (GAO/HRD-91-116, Sept. 16, 1991).

Substance Abuse Treatment: Medicaid Allows Some Services but Generally Limits Coverage (GAO/HRD-91-92, June 13, 1991).

ADMS Block Grant: Women's Set-Aside Does Not Assure Drug Treatment for Pregnant Women (GAO/HRD-91-80, May 6, 1991).

Drug Abuse: The Crack Cocaine Epidemic—Health Consequences and Treatment (GAO/HRD-91-55FS, Jan. 30, 1991).

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