

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTE ON DRUG ABUSE**

I. RESOURCE SUMMARY

	Budget Authority (in Millions)		
	2005	2006	2007
	Final	Enacted	Request
Drug Resources by Function			
Prevention	\$411.054	\$409.012	\$406.884
Treatment	595.365	591.017	587.945
Total Drug Resources by Function	\$1,006.419	\$1,000.029	\$994.829
Drug Resources by Decision Unit			
National Institute on Drug Abuse	\$1,006.419	\$1,000.029	\$994.829
Total Drug Resources by Decision Unit	\$1,006.419	\$1,000.029	\$994.829

Drug Resources Personnel Summary			
Total FTEs (direct only)	336	362	364
Drug Resources as a Percent of Budget			
Total Agency Budget	\$1,006.419	\$1,000.029	\$994.829
Drug Resources Percentage	100.00%	100.00%	100.00%

II. PROGRAM SUMMARY

- Drug abuse and addiction have a devastating impact on individual lives, families, and communities. Substance abuse, including smoking, illegal drugs, and alcohol costs the nation more than half a trillion dollars per year. Illicit drug use alone accounts for about \$180.8 billion. Drug abuse is inextricably linked with the spread of infectious diseases such as HIV/AIDS, STDs, tuberculosis, and hepatitis C, and it is also associated with family disintegration, loss of employment or income, school failure, domestic violence, child abuse, and other criminal activities.
- The National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health (NIH), supports a broad research portfolio, with the overarching goal of providing knowledge that can be used to reduce the burden of substance abuse and addiction in the nation. NIDA will continue to support the full spectrum of basic, clinical, and translational research to provide practitioners and communities with science-based approaches to prevention and treatment.

- The nation’s combined investments in drug abuse research, prevention, and drug control strategies are paying off. NIDA’s Monitoring the Future Survey (MTF) continues to show an overall decline in illicit drug use among 8th, 10th, and 12th graders combined. Nevertheless, there are important areas that need increased attention. Although inhalant use declined in 2005 among 8th graders it is still of concern and the abuse of prescription painkillers continues at alarming levels among 12th graders. Also while the use of anabolic steroids to improve athletic performance or physical appearance declined, it remains of great concern.
- **Stopping Drug Use Before It Starts - Prevention is a major priority at NIDA:** Addiction often begins in adolescence or even childhood; times when the brain is undergoing dramatic structural and functional reconfiguration. Thus, NIDA funds research to better understand how normal brain development proceeds, how it can be influenced by drugs, and how drug use may harm the growing brain. NIDA has increased its emphasis on adolescent brain development to better understand how developmental processes and outcomes are affected by drug exposure, the environment and genetics.
- **Healing America’s Drug Users:** More than thirty years of research has led to the current understanding of addiction as a chronic relapsing disease that involves the brain, behavior, the environment in which an individual is raised, along with genetic factors. This knowledge is critical since it frames how addiction is treated. Scientific advances have demonstrated that drug addiction is a treatable disease. NIDA continues to pursue strategies to enhance behavioral and pharmacological treatment approaches, and ensure that new research findings are useful and used by those who need them.
 - NIDA continues to support the research and infrastructure required to conduct clinical research in real-world settings. The National Drug Abuse Treatment Clinical Trials Network (CTN) comprises 17 research nodes and more than 120 community treatment settings, serving 27 states plus the District of Columbia and Puerto Rico. NIDA initiated a collaboration with other research, community, and federal agencies (NIAAA, SAMHSA, CDC, and several agencies within the Department of Justice) to establish the Criminal Justice Drug Abuse Treatment Research Studies (CJ-DATS). This initiative is designed to improve outcomes for the 6.6 million adults on probation, in jail or prison, or on parole with substance abuse and addiction problems.
 - NIDA continues to work with other NIH Institutes and Centers as well as other federal agencies to strategically and optimally utilize resources, and to ensure that research findings are incorporated into community practice. The latter is accomplished, in part, through a landmark “Blending Initiative” begun in 2001 by NIDA and the Substance Abuse and Mental Health Services Administration (SAMHSA) to streamline the incorporation of research-based treatment findings into community settings. Blending teams comprising NIDA researchers, community treatment providers, and members of the Center for Substance Abuse Treatment’s (CSAT) Addiction Technology Transfer Centers (ATTC) work together to develop research dissemination products and implementation strategies for community practitioners based on NIDA research findings and results from the CTN. This is only one example of the varied and productive

partnerships and collaborations NIDA has established with other Drug Control Agencies, including ONDCP, to ensure effective dissemination and diffusion of research findings.

III. BUDGET SUMMARY

2006 Program

- The total drug control budget for FY 2006 is \$1 billion, a decrease of \$6.4 million below the FY 2005 level. NIDA will continue to support ongoing research on drugs of abuse, as well as crosscutting areas relevant to the prevention and treatment of drug abuse. NIDA will also continue its support for NIH Roadmap activities for \$8.9 million in FY 2006. Some of the priority areas to be funded by NIDA include:
 - **Developing Treatments for Marijuana Abuse and Addiction.** Last year, NIDA initiated a number of activities to encourage researchers to more rapidly bring new pharmacological treatments for cannabis-related disorders to fruition. Basic research will help to develop promising compounds. One such promising candidate for treating marijuana addiction is the medication Rimonabant. Basic research has shown that Rimonabant blocks the function of a specific group of proteins in the brain known as cannabinoid receptors that regulate pain, appetite, motor function, and memory functions. Rimonabant is currently being developed by the pharmaceutical industry as a medication to help people lose weight and stop smoking, and through NIDA's efforts is showing promise for treating marijuana addiction as well as preventing relapse to other drugs.
 - **Reducing Prescription Drug Abuse.** There has been a dramatic increase in the number of people who are taking prescription medications for non-medical purposes, particularly adolescents. Understanding the potential dangers and health consequences associated with this type of drug abuse and developing effective prevention strategies and treatments to curtail it is critical to the nation's efforts. NIDA is encouraging researchers to develop prevention and treatment interventions. The CTN is playing a key role in addressing this emerging public health problem by studying if patients addicted primarily to prescription opioids can be stabilized and treated using behavioral counseling and medications, such as buprenorphine and methadone.
 - **Methamphetamine.** NIDA continues to support a comprehensive research portfolio on methamphetamine's mechanism of action, physical and behavioral effects, risk and protective factors, prevention and treatment interventions. NIDA has also recently launched the first large-scale study of the developmental consequences of prenatal methamphetamine exposure, which includes seven hospitals in states where methamphetamine use is prevalent. NIDA's efforts over the years to understand the basic science underlying Methamphetamines actions are now paying off in the development of treatments for methamphetamine addiction as well.

NIDA's Methamphetamine Clinical Trials Group is conducting several clinical trials of medications for methamphetamine addiction in geographic areas in which its abuse is particularly high. In addition to pharmacological treatments, NIDA is invested in the

development and testing of behavioral treatments. Studies have now shown that a treatment program known as the Matrix Model can be used successfully for methamphetamine addiction. NIDA also has been involved in an interagency effort to address the National Synthetic Drugs Action Plan released by ONDCP and the Department of Justice in October 2004. Specifically, in addition to NIDA's ongoing efforts to combat addiction to methamphetamine and other synthetic drugs, NIDA has been involved in developing an early warning and response mechanism to detect the emergence of new drugs and trends and enhancing public outreach efforts focusing on synthetic drugs.

- **The National Drug Abuse Treatment Clinical Trials Network:** The CTN provides the infrastructure to test the effectiveness of new and improved interventions in real-life community settings with diverse populations. The CTN also serves as a platform to help NIDA respond to emerging public health needs. Several areas of national importance have been identified, including treatments for adolescent substance abuse, the rising use of prescription drugs for non-medical purposes and the need for effective treatments for patients with concurrent Attention Deficit Hyperactivity Disorder (ADHD) and substance abuse disorders.
- **Adolescent Brain Development: How Understanding the Brain Can Improve Prevention:** A better understanding of adolescent decision-making will ultimately lead to even more effective prevention efforts. For example, recent advances have provided NIDA with more insight into why teens engage in risk-taking and thrill-seeking behaviors. These behaviors are likely due to the fact that the part of the brain responsible for judgment, decision-making, and control of emotional responses, is the last area of the brain to mature.

Basic research on brain development is giving powerful new insights how physical transformations in the adolescent brain influence behaviors associated with drug use. NIDA has also joined with a number of NIH Institutes to participate in the NIH Magnetic Resonance Imaging Study of Normal Brain Development, the goal of which is to determine the path of normal brain development and its relationship to cognitive and behavioral maturation. To develop more effective prevention messages, NIDA needs to understand both the cognitive and emotional processes that adolescents at various stages of maturity use to decide whether or not to smoke their first cigarette or use marijuana or other substances.

- **Developing Effective Strategies to Address Co-Occurring Diseases:** Co-morbid mental disorders are major risk factors for drug abuse and addiction. Epidemiological studies show that drug use can increase the risk or accelerate the onset of mental disorders. Research can inform strategies that will facilitate earlier recognition and more effective prevention and treatment of mental illness and substance abuse. NIDA's CTN is testing treatments for disorders that co-occur with substance abuse such as ADHD and Post-Traumatic Stress Disorder (PTSD). NIDA also continues to work with the National Institute of Mental Health (NIMH), SAMHSA, and others to develop effective treatment

strategies for co morbid drug abuse and mental health disorders and ensure the timely adoption and implementation of evidence-based practices.

- **Reaching out to Primary Care Physicians:** Substance abuse in youth and adults is a serious public health problem, with significant morbidity and mortality. The primary care physician can make major inroads into effective prevention and treatment by recognizing and addressing these issues in the outpatient office setting. NIDA researchers will continue to develop brief interventions for both adolescents and adults that are practical for use in busy office settings where patients receive their routine healthcare. In FY 2006, the Institute will continue to test some of these new interventions in primary care settings.
- **Blending Research and Practice to Enhance Prevention and Treatment Efforts:** An overriding problem is that despite the availability of proven effective behavioral and pharmacological treatments for addiction, most people who need treatment do not receive it. In addition to testing and providing research-based treatments, NIDA researchers are beginning to infuse evidence-based practices into the diverse culture of community treatment. Through the “Blending Initiative” NIDA is working with SAMHSA’s ATTCs to develop research dissemination products that treatment providers and managers can use to improve the quality of treatment in their communities.

2007 Request

- The FY 2007 Request is \$994.8 million, a decrease of \$5.2 million from FY 2006. Given the important role that research plays in bringing the nation effective prevention and treatment approaches, NIDA will continue to support the same areas of research as described for FY 2006. NIDA also will continue to maintain its infrastructure including the NIH Magnetic Resonance Imaging Study of Normal Brain Development, the medications development networks, the CTN, and the CJ-DATS. NIDA will also continue to support the NIH Roadmap activities for \$12.0 million in FY 2007.
- **NIDA--Data Initiative:** NIDA is working with ONDCP and other government agencies on the Data Initiative to better plan and coordinate drug-related data collection, analysis, and dissemination to support drug control policies at the National level. Relevant, accurate, and timely data serve as a foundation for sound policy decisions and informing research priorities. Policy officials have a critical need for key data on the scope of drug use and its consequences in determining the federal response to the problem.

As scientifically appropriate NIDA supports preserving the consistency and trendability of its key data systems. The short-term objectives include ensuring that critical data sets remain viable, developing a list of priority policy questions, aligning available data with questions, and conducting a data gap analysis. The long-term objective is to plan for improvements to data systems that require long-term budgeting. Key data activities supported by NIDA include:

- **The Monitoring the Future (MTF) Study:** MTF is one of the key legacy data sets that help inform both policy and research. It is a continuing series of surveys, supported by a NIDA grant, which assesses the changing lifestyles, values, and preferences of American youth with respect to drug use. Data from 8th, 10th, and 12th graders in the coterminous United States are collected annually. The school sample is designed to allow for the generation of estimates at the national and regional levels.
- **The Community Epidemiology Work Group (CEWG):** The CEWG provides a valuable service in identifying emerging threats, use patterns, and vulnerable populations. The group monitors drug abuse trends and associated consequences by tracking multiple sources of existing data within and across multiple metropolitan and non-metropolitan areas. CEWG area representatives access, analyze and interpret existing data from Federally-supported and local sources.

IV. PERFORMANCE

- This section on program performance is drawn from the NIH FY 2007 Budget Request and Performance Plan, and the FY 2005 Performance Report. The NIH AIDS Extramural, and Intramural programs, which include NIDA programs, have recently undergone PART review. The AIDS portfolio was found to be Moderately Effective, and the Extramural and Intramural programs were found to be Effective.
- NIDA is a contributor to the NIH Annual Performance Plan and Report, a requirement of the Government Performance and Results Act (GPRA). To ensure adequate representation of NIH's commitment to the best possible research and coordination of research efforts across NIH, the goals articulated in the Annual Performance Plan and Report are representative of NIH's broad and balanced portfolio of research. GPRA goals, therefore, are not Institute-specific; rather they are trans-NIH comprising lead Institutes and contributors. NIDA and other Institutes contribute to the NIH GPRA monitoring process by identifying annual targets and measures, which are included in the NIH Budget and Performance Plan.
- In addition to participating in a number of trans-NIH scientific research outcome (SRO) goals that are reported through the NIH GPRA process, NIDA is the lead Institute on two drug abuse specific goals. The first (SRO 5.5), "By 2008, develop and test two new evidence-based treatment approaches for drug abuse in community settings," will bring more drug addiction treatments from "bench to bedside." The second goal (SRO 5.6), "By 2009, identify 1 or 2 new medication candidates to further test and develop for the treatment of tobacco addiction" will help to address the enormous costs and consequences of tobacco addiction to our society and the inadequacy of current treatment strategies.

National Institute on Drug Abuse		
PART Review		
Last Year Reviewed	Included in NIH AIDS, Extramural and Intramural PART Review	
Selected Measures of Performance		
Selected Outcome-Oriented Measures	FY 2005 Target	FY 2005 Achieved
<ul style="list-style-type: none"> ■ SRO-5.5, FY05 Annual Target: Build capacity for targeted treatments by training 90 treatment providers to: (a) participate in clinical trials to promote treatment fidelity; and (b) deliver evidenced-based behavioral treatment to target populations in community settings 	90	184
<ul style="list-style-type: none"> ■ SRO-5.6, FY05 Annual Target: Identify 1-2 promising compounds as candidate medications for tobacco addiction. 	2	4

Discussion

- NIDA is a lead contributor toward NIH's scientific research goal of developing and testing evidence-based treatment approaches for specialized populations in community treatment settings. Using the National Drug Abuse Treatment Clinical Trials Network that NIDA established in 1999, NIDA exceeded the FY 2005 target by training a total of 184 treatment providers, 94 more than the projected target of 90 treatment providers, in three treatment approaches adapted for community-based settings. By training treatment providers in research protocols, NIH is helping to build a more effective infrastructure for treatment delivery in community settings.
- NIDA is a lead contributor toward NIH's scientific research goal of identifying new medication candidates for the treatment of tobacco addiction. In FY 2005, NIDA exceeded its target by identifying four, instead of two, candidate medications for tobacco addiction: selegiline, nicotine vaccine, and two compounds, tiagabine and CGP44532, which decrease neuronal activity in reward centers of the brain. Pre-clinical trials have demonstrated the efficacy of each of these medications in animal models, and research is progressing in clinical trials.
- NIDA's extensive research portfolio seeks to understand how drugs of abuse can impact the brain in order to develop new medications and research tools. NIDA is working with other Institutes to identify 20 small molecules that are active in models of nervous system function or disease and show promise as drugs, diagnostic agents, or research tools. NIDA identified eight novel small molecules for development as neuro-imaging probes.
- To ensure that NIDA supports the most promising drug abuse research, all new and competing grant applications undergo three levels of review. The first is the NIH peer review system, which assesses the scientific and technical merit of all grant applications. The NIH has over 11,000 external experts participating in peer review panels, each nationally recognized for his or her area of expertise. The second is the National Advisory Council on Drug Abuse, comprised of eminent scientists as well as public members from the community. The Council serves as a useful barometer and resource to keep NIDA abreast of emerging research needs and opportunities - they advise NIDA on the overall merit and

priority of grant applications in advancing the NIDA research agenda. All members of Council are appointed by the HHS Secretary. The third level of review is by the Director of NIDA who makes the final decision on the merit of an application for funding.

- After an award is made, NIDA program staff review the progress of each grant annually before the next year's funding is granted. Criteria for issuing subsequent year awards include evaluating scientific progress toward the specified goals of the grant application as well as the number and quality of peer-reviewed publications and presentations to scientific and other audiences.
- To evaluate the performance of NIDA as a whole, the NIDA Director has asked the National Advisory Council on Drug Abuse to form working groups to evaluate each of NIDA's scientific programs (e.g. medications development, HIV/AIDS, basic research, etc.). Specifically, these working groups have been charged with reviewing each research portfolio and advising on the best strategies to (1) fortify current research activities, (2) address emerging research needs and priorities, (3) enhance collaborations, and (4) optimize the organization and management of the programs. As a result of these reviews to date, the NIDA Director has created an Office of AIDS Research in the Office of the Director and a Scientific Advisory Board for ongoing oversight of the medications development program.
- NIDA also participates in NIH GPRA goals in the areas of pediatrics (i.e., understanding normal human brain development), genetics (identifying genes which increase susceptibility for drug abuse), and AIDS (developing vaccines/treatments for HIV)—areas directly relevant to drug abuse research.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION**

I. RESOURCE SUMMARY

	Budget Authority (in Millions)		
	2005	2006	2007
	Final	Enacted	Request
Drug Resources by Function			
Prevention	\$572.597	\$563.029	\$551.620
Treatment	1,917.854	1,879.461	1,859.469
Total Drug Resources by Function	\$2,490.451	\$2,442.490	\$2,411.089
Drug Resources by Decision Unit ¹			
Programs of Regional & National Significance - Prevention	\$198.725	\$192.901	\$180.598
Programs of Regional & National Significance - Treatment	422.365	398.949	375.379
<i>Access To Recovery</i>	[99.200]	[98.208]	[98.208]
Substance Abuse Prevention and Treatment Block Grant ²	1,775.555	1,758.591	1,758.591
Program Management ³	93.806	92.049	96.521
Total Drug Resources by Decision Unit	\$2,490.451	\$2,442.490	\$2,411.089

Drug Resources Personnel Summary			
Total FTEs (direct only)	486	486	486
Drug Resources as a Percent of Budget			
Total Agency Budget	\$3,391.768	\$3,326.738	\$3,260.001
Drug Resources Percentage	73.43%	73.42%	73.96%

¹ Includes both Budget Authority and PHS Evaluation funds. PHS Evaluation Fund levels are as follows: \$123.3 million in FY 2005, \$121.3 million in FY 2006, and \$126.1 million in FY 2007.

² Consistent with ONDCP guidance, the entire Substance Abuse Block Grant, including funds expended for activities related to alcohol is included in the Drug Budget. The Block Grant is distributed 20 percent to prevention and 80 percent to treatment.

³ Consistent with ONDCP guidance, all SAMHSA Program Management funding is included. Program Management is distributed 20 percent to prevention and 80 percent to treatment.

II. PROGRAM SUMMARY

- The Substance Abuse and Mental Health Services Administration (SAMHSA) supports the *Strategy* through a broad range of programs focusing on prevention and treatment of the

abuse of illicit drugs. These programs, which include Substance Abuse Prevention and Treatment (SAPT) Block Grant funding as well as funding from the competitive Programs of Regional and National Significance (PRNS), are administered through the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT).

- **Center for Substance Abuse Prevention:** CSAP's mission is to build resiliency and facilitate recovery in states and communities in order to reduce substance abuse. That mission will be accomplished through the Strategic Prevention Framework, which incorporates SAMHSA's strategic goals of Accountability, Capacity, and Effectiveness. The Strategic Prevention Framework incorporates a five step model: 1) organize the community to profile needs, including community readiness; 2) mobilize the community and build the capacity to address needs and plan for sustainability; 3) develop the prevention action (evidence-based activities, programs, strategies, and policies); 4) implement the prevention plan; and 5) conduct ongoing evaluation for quality improvement and outcomes. CSAP is in the process of realigning its programs to support the Strategic Prevention Framework.
 - **Capacity:** In addition to funds provided from the 20 percent Block Grant set-aside, CSAP has implemented several program efforts targeted to increasing the capacity of states and communities to provide effective substance abuse prevention services. The Strategic Prevention Framework State Incentive Grants address the specific and immediate prevention service capacity needs within states and communities identified by reviewing state and community data. State Incentive Grants represent a comprehensive effort to improve the quality and availability of effective evidence-based prevention services and to assist states and communities to address and close gaps in prevention services.
 - **Effectiveness:** CSAP prevention activities support the identification and promotion of model and promising prevention programs, primarily through the National Registry of Evidence-based Programs and Practices. CSAP's objective is to significantly increase the number of identified model programs and the number of communities implementing evidence-based prevention programs. Many of the programs identified as models have been adapted to meet the specific needs of diverse target populations.
 - **Accountability:** CSAP promotes accountability throughout all of its activities by requiring the ongoing monitoring and evaluation of prevention programs. The SAPT Block Grant set-aside supports direct technical assistance to the states to implement their Block Grant funds, the development of state data infrastructures and oversight of Synar Amendment implementation. In FY 2005, SAMHSA initiated the State Outcomes Measurement and Management System (SOMMS) which supports expansion of current state data collection efforts to meet the requirements of the agreed-upon National Outcome Measures (NOMs).
- **Center for Substance Abuse Treatment:** In partnership with other federal agencies, national organizations, state and local governments, and faith-based and community-based providers, CSAT's goals are to: 1) increase the availability of clinical treatment and recovery

support services; 2) improve and strengthen substance abuse clinical treatment and recovery support organizations and systems; 3) promote and sustain evidence-based practices, and; 4) provide regulatory monitoring and oversight of SAMHSA-certified Opioid Treatment Programs and physician training on the use of pharmacologic therapies.

- **Capacity:** The SAPT Block Grant is CSAT's primary program to support state alcohol and drug abuse treatment activities. Funding is allocated by formula to the states with 80 percent being allocated in support of treatment services. CSAT also provides additional discretionary funding through Programs of Regional and National Significance (PRNS), including Science to Service programs that assist the field to increase effectiveness, and Capacity programs that focus on reducing substance abuse treatment need by supporting strategic responses to demands for substance abuse treatment services. Response to treatment capacity problems may include communities with serious, emerging drug problems or communities struggling with an unmet need.
- **Effectiveness:** CSAT promotes effectiveness through evidence-based practice type programs, which help communities and providers to identify, adapt, implement, and evaluate evidence-based practices. Programs include activities to bridge the gap between knowledge and practice by promoting the adoption of evidence-based practices, and by ensuring that services availability meets targeted needs. These programs also are used to disseminate information about systems and practices shown to be most effective.
- **Accountability:** CSAT continues to align outcome measurement in treatment programs across the NOMs. The goal is to enhance SAMHSA's accountability while simultaneously reducing reporting requirements for states and community-based organizations. The established domains of the NOMs for both prevention and treatment programs are: Drug/Alcohol Use, Employment/Education, Crime and Criminal Justice, Family and Living Conditions, Social Connectedness, Access/Capacity, Retention in Treatment, Cost Effectiveness, Use of Evidence-Based Practices, and Client Perception of Care. The final three domains were added as a result of the 2003 OMB PART review of SAMHSA's block grants. During FY 2004, collection of data for these domains was initiated within CSAT's *Access to Recovery* program and CSAP's *Strategic Prevention Framework State Incentive Grant* program.

States and territories will remain partners and will serve as focal points for both data compilation from direct service providers and as the source of administrative data sets. As state data capabilities improve, the corresponding federal data reporting programs will adjust to the common measures, improved reporting timelines, streamlining reporting requirements, and enhancing data infrastructure capabilities. In FY 2005, SAMHSA initiated the SOMS which supports expansion of current state data collection efforts to meet the requirements of the agreed-upon national outcomes measures.

III. BUDGET SUMMARY

2006 Program

- The total drug control budget supported by the FY 2006 enacted level is \$2.4 billion.
- **Prevention:** The FY 2006 budget for Prevention PRNS is \$192.9 million, reflecting a program reduction of \$5.8 million compared to FY 2005. At this level, SAMHSA proposes to:
 - Expand the *Strategic Prevention Framework State Incentive Grant* program, with the proposed award of approximately fourteen new grants (\$30.0 million). The funds will be used to implement the five-step process known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors that are built on a community-based risk and protective factors approach to prevention.
 - SAPT Block Grant: A total of \$1,758.6 million is available for the SAPT Block Grant, of which 20 percent will support primary prevention activities.
- **Treatment:** A total of \$398.9 million is available for treatment PRNS activities, a reduction of \$23.4 million compared to FY 2005. The SAPT Block Grant in FY 2006 is \$1,758.6 million, a reduction of approximately \$17.0 million below the FY 2005 level.
 - Within the PRNS total, *Screening, Brief Intervention, Referral, and Treatment (SBIRT)* will receive a \$4.6 million increase over the FY 2005 enacted level for a total of \$30.5 million. This increase will support two additional grants in FY 2006 for a total of nine program grantees.
 - SAPT Block Grant: A total of \$1,758.6 million is available for the SAPT Block Grant, of which 80 percent will support treatment activities, including up to 5 percent for state administration.
- **Program Management:** The FY 2006 enacted budget provides a total of \$92.0 million for program management activities, a reduction of \$1.8 million compared to FY 2005. This decrease will be in the area of non-substance abuse data collection.

2007 Request

- A total of \$2.4 billion is requested for the drug control budget in FY 2007, including approximately \$556.0 million for Prevention and Treatment PRNS funding, \$1,758.6 million for the SAPT Block Grant, and \$96.5 million for Program Management. The request reflects a net decrease of \$31.4 million compared to FY 2006.
- **Prevention:** The FY 2007 Request for Prevention PRNS is \$180.6 million, reflecting a program decrease of \$12.3 million compared to the FY 2006 enacted amount. At this level, SAMHSA will:

- Continue implementation of the *Strategic Prevention Framework State Incentive Grant* program.
- Maintain the *Fetal Alcohol Spectrum Disorder Center for Excellence* program at the FY 2006 funding level.
- **Treatment:** The FY 2007 Request for Treatment PRNS funds of \$375.4 million reflects a decrease of \$23.6 million compared to the FY 2006 enacted level.
 - Within the total for PRNS, \$98.2 million is for the *Access to Recovery (ATR)* program including \$24.8 million for an ATR-Methamphetamine initiative, and funding for an ATR Evaluation.
 - Also within the total for PRNS, the Screening, Brief Intervention, and Referral to Treatment program is to receive approximately \$31.2 million.
 - The SAPT Block Grant request in FY 2007 is \$1,758.6 million, the same as the FY 2006 enacted level. It will continue to fund substance abuse prevention activities and treatment services through direct allocations to states, territories, the District of Columbia, and one tribal organization.
 - As part of the President's efforts to expand choice and individual empowerment in federal assistance programs, the Administration will offer incentives to encourage states to provide a wider array of innovative treatment options to those in need of recovery by voluntarily using their Substance Abuse Block Grant funds for drug treatment vouchers. Building on the successful model of the Access to Recovery program, distribution of block grant funds through a voucher system will promote innovative drug and alcohol treatment and recovery programs, provide a wider array of treatment provider options, and introduce into the system greater accountability and flexibility. The Administration will also look for new opportunities to expand choice in other drug treatment activities.
- **Program Management:** A Program Management funding level of \$96.5 million is requested for FY 2007. This includes an increase of \$5.0 million from the PHS Evaluation Fund to supplement funding for the Drug Abuse Warning Network (DAWN), a public health surveillance system that monitors drug-related hospital emergency department (ED) visits and drug-related deaths to track the impact of drug use, misuse, and abuse in the U.S.
- **Data Initiative:** Relevant, accurate, and timely data serve as a foundation for sound policy decisions and informing research priorities. Policy officials have a critical need for key data on the scope of drug use and its consequences in determining the federal response to the problem. SAMHSA will continue to support the consistency and comparability for key data systems that support the Nation's policy and research interests consistent with the funding levels requested in the FY 2007 President's Budget.

Valid and reliable data are central to assessing the impact of drug control programs. The 2007 Budget strengthens data collection efforts critical to support drug policy and further reduce drug use. SAMHSA will continue to work with the HHS Data Council, DPC, OMB, ONDCP and other government agencies on the Drug Data Initiative on drug-related data collection, analysis, and dissemination to support drug control policies at the National level consistent with the funding levels requested in the FY 2007 President's Budget. This includes support for legacy data sets such as the National Survey on Drug Use and Health and the Drug Abuse Warning Network.

IV. PERFORMANCE

Summary

- This section is drawn from the FY 2007 Justification of Estimates for Appropriations Committees, the FY 2005 Performance and Accountability Report, and PART reviews conducted during 2002, 2003, and 2004. The charts below includes conclusions from the PART assessment: scores on program purpose, strategic planning, management, and results achieved are synthesized into an overall rating of the program's effectiveness. Also included is a comparison of targets and achievements from the GPRA documents listed above, for the latest year for which data are available. The outcome-oriented measures and selected output measures presented indicate how program performance is being monitored.
- The PART reviews noted the key contributions of SAMHSA's substance abuse programs in supporting prevention and treatment services in states, territories, and communities. The primary criticism from the reviews was the lack of outcome measures, targets, and/or data, without which programs could not demonstrate effectiveness. SAMHSA has made progress in working with the states to identify a set of NOMs that will be monitored across all SAMHSA programs. The NOMs have been identified for both treatment and prevention programs as well as common methodologies for data collection and analysis.
- SAMHSA continues to assist states in developing their data infrastructures. SAMHSA is also working with the states to improve state accountability for the SAPT Block Grant program by monitoring the NOMs through the block grant application.
- SAMHSA has made progress in improving data collection and reporting for prevention and treatment programs. Cost bands have been established for treatment programs and for discretionary prevention programs. CSAT's web-based performance measurement system for its discretionary programs enables them to demonstrate considerable success in achieving desired treatment outcomes. Other programs are exploring similar web-based systems.

CSAP

- The major programs are the 20 percent prevention set-aside from the SAPT Block Grant and PRNS. These programs are highlighted in the following sections.

SAMHSA - CSAP 20 percent prevention set aside			
PART Review			
Last Year Reviewed	2003	Rating Received	Ineffective
Evaluation Area	Score	Review Highlights Below:	
Purpose.....	80	Without uniformly defined and collected outcome information from each state, the program (including prevention and treatment) could not demonstrate its effectiveness.	
Planning.....	50		
Management.....	89		
Results.....	8		
Selected Measures of Performance			
Selected Outcome-Oriented Measures		FY 2005 Target	FY 2005 Achieved
■ Lifetime drug non-use		**	54.2%
■ 30 Day drug use		**	7.9%
■ Perception of harm of drug use low range value *		**	26.2%
■ Perception of harm of drug use high range value *		**	57.4%
Selected Output Measures		Target	Achieved
■ Percent of states satisfied with technical assistance		90	94

* Data from National Survey of Drug Use and Health. Perception of harm data reflect the range of values for individual substances. Long-term targets for FY 2008 are 57% for non-use and 6.4% for use. The "use" measure is the percent of program participants whose use of substances during the past 30-days either declined or stayed the same. The "non use" measure is the percent of individuals who have never used substances in their lifetime.

** Baseline established.

Discussion

- The PART review recognized that the SAPT Block Grant is the only federal program that provides funds to every state to support statewide substance abuse treatment and prevention services. The PART review concluded that the program's primary shortcoming was the lack of outcome measures and long-term targets, making it difficult to demonstrate results. It also noted that the program was developing new outcome measures.
- SAMHSA is moving toward a data-driven block grant mechanism which will monitor the new NOMs as well as improve data collection, analysis, and utilization. SAMHSA has established the goal of all states reporting on all NOMs by the end of FY 2007.
- SAMHSA has initiated funding for a national evaluation of the Block Grant. An evaluability assessment has been completed. Results from the full evaluation are expected in late 2006. It is also expediting the posting of disaggregated state-specific data on the Internet.
- The program has developed an approved efficiency measure—services provided within identified cost bands. Targets and baselines have been reported.

CSAP PRNS

SAMHSA - Programs of Regional and National Significance			
PART Review			
Last Year Reviewed	2004	Rating Received	Moderately Effective
Evaluation Area	Score	Review Highlights Below:	
Purpose.....	100	The program makes a unique contribution by focusing on regional, emerging problems. The program is developing two primary long-term outcome measures, which are already being used at the national level in the ONDCP National Drug Control Strategy and in Healthy People 2010 and directly measure the program's purpose to reduce and prevent substance use.	
Planning.....	88		
Management.....	90		
Results.....	47		
Selected Measures of Performance			
Selected Outcome-Oriented Measures		FY 2005 Target	FY 2005 Achieved
■	30-day use of alcohol among youth age 12-17**	*	18.6%
■	30-day use of other illicit drugs age 12 and up**	*	8.6%
■	Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great	90.0%	95.0%
■	Percent of program participants age 12-17 that rate substance abuse as wrong or very wrong	92.0%	96.0%
Selected Output Measures		Target	Achieved
■	Number of evidence-based policies, practices, and strategies implemented by communities	1,600	1,726
■	Number of practices reviewed and approved through the National Registry of Evidence-based Programs and Practices***	161	158

* Baseline established.

** Long-term targets are 15% by FY 2010 for alcohol use; 5% by FY 2010 for other illicit drugs.

*** The National Registry of Evidence-based Programs and Practices is undergoing revision and expansion. Reviews are suspended until program revisions are finalized. Since this measure will no longer reflect the performance of the program, it will not be reported after 2005. A revised SAMHSA-wide measure is being considered.

Discussion

- The PART review of the group of programs funded under CSAP PRNS found that the program makes a unique contribution, has an effective design, and compares favorably to other substance abuse prevention programs.
- CSAP awarded 21 Strategic Prevention Framework State Incentive Grants (SPF SIGs) in FY 2004, and an additional five in FY 2005. The funds will be used to implement a five-step process known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors. The success of the SPF will be measured by specific national outcomes, including abstinence from drug use and alcohol abuse, reduction in substance abuse-related crimes, attainment of employment or enrollment in school, increased stability in family and living conditions, increased access to services, and increased social connectedness. A comprehensive evaluation also will be performed.
- The program continues to make progress in achieving annual performance output goals, such as the large increase in state adoption of evidence-based policies, practices, and strategies.

The number of evidence-based programs implemented by local sub-recipients in original SIG states for FY 2005 was 1,726, exceeding the target of 1,600.

- A fundamental goal of Prevention activities is to promote abstinence from substance use and delay the age of onset of use. CSAP’s original State Incentive Grants achieved great success in accomplishing this objective. Participants in the original SIG program continued to abstain from use at high rates, ranging from 98.6 percent for both methamphetamine and prescription drugs, to 89.3 percent for alcohol (the earlier table refers to a group of PRNS services).
- Program participants who rate the risk of substance abuse as moderate or great, and those who rate substance abuse as wrong or very wrong, remain at very high levels: 95 percent and 96 percent respectively.
- The program completed a year-long study to develop a cost band efficiency measure. The measure has been approved and is being implemented.

CSAT Program Accomplishments

- The major programs are the SAPT Block Grant and the PRNS. These programs are highlighted in the following sections.

The SAPT Block Grant - Treatment

SAMHSA - SAPT Treatment			
PART Review			
Last Year Reviewed	2003	Rating Received	Ineffective
Evaluation Area	Score	Review Highlights Below:	
Purpose.....	80	Without uniformly-defined and collected outcome information from each state, the program (including prevention and treatment) could not demonstrate its effectiveness.	
Planning.....	50		
Management.....	89		
Results.....	8		
Selected Measures of Performance			
Selected Outcome-Oriented Measures		FY 2005 Target	FY 2005 Achieved
■ Percent clients reporting change in abstinence at discharge from treatment *		Establish Baseline	43.0%
Selected Output Measures		Target	Achieved
■ Number of clients served **		1,963,851	To be reported
■ Percent of technical assistance events that result in systems, program, or practice change		95.0%	To be reported

* FY 2003 is the most recent year for which data are currently available, because of the time required for states to report data in any given year. FY 2004 data will be available in October 2006, and FY 2005 data will be available in October 2007.

** SAMHSA’s Treatment Episode Data Set (TEDS) is a proxy for this measure, representing treatment admissions rather than the total number served. This measure is one of SAMHSA’s National Outcome Measures, which, when fully implemented by the end of FY 2007, will provide more direct and accurate data on number of clients served by reporting an unduplicated count of clients.

Discussion

- The PART review stated that the Block Grant is the only federal program that provides funds to every state to support statewide substance abuse treatment and prevention services. It also noted that the program was developing new outcome measures. Since then, SAMHSA and the states have finalized the NOMs for treatment. At present, states vary considerably in their ability to provide outcome information; however, SAMHSA will continue to work with the states to improve data collection, analysis, and utilization. All states are expected to report on the NOMs by the end of FY 2007.
- An efficiency measure—percent of states that provide treatment services within approved cost-per-person bands according to the type of treatment—has been developed to monitor and improve cost-effectiveness. Targets and baselines are available.
- In 2003, the latest year for which data are available, the actual number of clients served was 1,840,275.
- Satisfaction with technical assistance continues to be high. State utilization of CSAT's technical assistance has continued to be high, with 82 percent reporting change in systems, programs, or practice as a result of the assistance provided.
- SAMHSA is currently implementing a plan for collecting agreed-upon substance abuse treatment NOMs from states through an expansion of TEDS. The Drug and Alcohol Services Information System (DASIS) contract was modified to allow the contractor to award SOMMS subcontracts to states capable of reporting NOMs. A Request for Proposals (RFP) was released in November to which 45 states responded. Up to 32 states will be selected for one year subcontracts of \$150,000 each for calendar year 2006. States will receive payments when NOMs data are received according to specific timeliness and quality criteria.
- The SOMMS state subcontract RFP also asked states to describe their needs for technical assistance to enable NOMs reporting. This information will be used by the SOMMS Central Services Contract in making decisions about which states will receive technical assistance. The contractor provides funds for up to 15 states to receive an average of \$150,000 per year in technical assistance, focusing on information technology. A review protocol has been created and requests are currently under review. Twenty states have requested technical assistance.

CSAT PRNS

SAMHSA - CSAT Treatment			
PART Review			
Last Year Reviewed	2003	Rating Received	Adequate
Evaluation Area	Score	Review Highlights Below:	
Purpose.....	80	While a 1997 study documented the effectiveness of the national program, PART recommended funding incentives and reductions based on grantee performance	
Planning.....	86		
Management.....	64		
Results.....	33		
Selected Measures of Performance			
Selected Outcome-Oriented Measures		FY 2005 Target	FY 2005 Achieved
■	Percent of adult clients who were currently employed/engaged in productive activities	47.0%	49.0%
■	Percent of adult clients who had a permanent place to live *	Establish Baseline	49.0%
■	Percent of adult clients who had no/reduced involvement with criminal justice system	98.0%	96.0%
■	Percent of adult clients who experienced no/reduced alcohol or illegal drug related health, behavioral, or social consequences	85.0%	65.0%
■	Percent of adult clients who had no past month substance use	65.0%	64.0%
Selected Output Measures		Target	Achieved
■	Number of clients served **	30,751	34,014

* CSAT has tightened the definition of having a permanent place to live in the community to include only those who own/rent a home; thus a new baseline was established for this measure for FY 2005.

** Total of all CSAT Capacity programs excluding Access to Recovery and the Screening, Brief Intervention, Referral and Treatment program.

Discussion

- The PART review found that PRNS makes a unique contribution since its service grants are designed specifically to fill gaps. While state and local governments support drug treatment, neither focus on regional, emerging problems. PRNS also include unique training, communications, and certification efforts.
- The 1997 *National Treatment Improvement Evaluation Study* indicated that the program's demonstration grants were effective. No overall evaluation has been undertaken since. However, evaluations of other major programs, such as the Screening, Brief Intervention, Referral, and Treatment program, are being initiated. Funding for an evaluation of the Access to Recovery program has been requested for FY 2007.
- The program continues to achieve notable results; for example:
 - 49 percent of clients served in FY 2005 reported being employed six months after they were admitted into treatment.
 - 64 percent of clients served in FY 2005 reported having no past month substance use six months after they were admitted into treatment.

- 49 percent of clients served in FY 2005 reported being housed six months post admission to treatment.
- The PART review did not include the new ATR program initiated in FY 2004. The ATR program seeks to provide services to individuals through a voucher system so they may better access the care they require. Awards were made in August 2004 to 14 states and one Tribal organization. No new awards were made in FY 2005. Baseline data will be reported in 2006. Accountability is a key component of this program—the program will further strengthen the link between performance and the budget.