



### Reducing drug consumption in the United States

---

As President Obama has stated clearly and often, the United States has a co-responsibility for the shared problem of illicit narcotics. As President Obama said, “the United States will meet its responsibilities by continuing our efforts to reduce the demand for drugs” at home, while intensifying cooperation with Mexico to secure our shared border. As part of that co-responsibility, the United States is committed to a comprehensive, balanced approach of prevention, treatment, and enforcement.

In FY2011 the Obama Administration has requested approximately \$5.6 billion to support state and local demand reduction efforts. This includes a 13 percent increase for prevention and a nearly 4 percent increase for treatment. The overall FY 2011 counter-drug budget request is \$15.5 billion with \$521.1 million in new funding.

**Drug Use in America:** In 2008, an estimated 20 million Americans aged 12 or older were current (past month) illicit drug users.

- Drugs most used include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, and prescription-type psychotherapeutics. Marijuana and pain relievers are the drugs of choice for new users.
- Between 2002 and 2008, youth rates (aged 12-17) of drug abuse declined significantly in general (from 11.6% to 9.3%); for marijuana (from 8.2% to 6.7%); and for cocaine (0.6% to 0.4%).
- Among young adults, the rate of cocaine use declined from 2.6% in 2005 to 1.5% in 2008. There were no changes in this age group, however, from 2007 to 2008 in the rate of current use of marijuana (16.5% in 2008), psychotherapeutics (5.9%) and hallucinogens (1.7%)

**Prevention:** Prevention is most successful when messages are conveyed at home (core values); reinforced in schools, workplaces, and community organizations (reinforcing values). They should link prevention and overall health, reflecting shared social norms (prevailing values).

- **Prevention Prepared Communities:** The FY 2011 request includes \$15 million for a pilot network of “prevention-prepared communities.” These offer continuous evidence-based interventions throughout adolescence. \$5.6 million are requested for community specialists to develop prevention-prepared communities and increase State agency collaboration. Activities include State-level drug monitoring, technical assistance, and mentoring networks. Also, \$2.0 million is requested to fund evaluations of the pilot program.
- **Research.** The National Institute on Drug Abuse (NIDA) will invest \$435.2 million in FY 2011 to research the effectiveness of drug prevention.
- **Drug Free Communities (DFC) Program.** The FY 2011 request of \$85.5 million for DFC provides grants of up to \$125,000 per year, for a maximum of 10 years, to local coalitions to mobilize communities against drugs. Similar coalitions funded in part

through the State Department exist in Mexico, Peru, Guatemala, Honduras, El Salvador, Colombia, Brazil and South Africa.

- **The National Youth Anti-Drug Media Campaign.** The FY 2011 request of \$66.5 million targets youth and their parents through advertising and public outreach on television, radio, in magazines and on the internet. For more information, see: [www.theantidrug.com](http://www.theantidrug.com).
- **Successful, Safe, and Healthy Students.** FY-2011 requests \$283.1 million to support school based prevention programs.

### **Treatment:**

- **Substance Abuse Prevention and Treatment (SAPT) block grant.** \$2.074 billion is requested to support the public health systems provision of treatment services to those suffering from addiction. These funds compliment the State, local support and the Medicaid and Medicare funding for treatment services.
- **Screening and Brief Intervention (SBI).** SBI is a low cost, high impact approach wherein patients receiving medical services in regular health facilities are screened for drug abuse and referred to follow-up if necessary. The FY 2011 request through the Substance Abuse and Mental Health Services Administration (SAMHSA) is \$41.1 million, a \$12.0 million increase over the FY10 enacted level. By April, 2009, 838,050 patients in grantee sites had been screened: 17.1 percent required brief interventions, 3.0 percent required brief treatment, and 3.7 percent required referrals to specialized programs.
- **Residential Substance Abuse Treatment (RSAT).** \$30 million requested for RSAT supports the provision of segregated residential treatment prior to release in state and local prisons and jails.
- **Drug Courts.** SAMHSA's FY 2011 drug court budget is \$56.4 million, a \$12.6 million increase over the FY10 enacted level. The Justice Department's FY 2011 budget for Drug, Mental Health, and Problem Solving Courts is \$57.0 million. Drug courts serve 44.7 percent of counties in the U.S. They reduce recidivism, long-term cost and drug demand.
- **Research.** In FY 2011, NIDA will invest \$658.9 million to research more effective treatment of the disease of substance abuse. Prior discoveries such as buprenorphine to treat opiate addiction have helped thousands reduce the urge to use opiates. Research on how marijuana affects the brain has led to better understanding of the drug's dangers, as well as development of synthetic chemicals with the therapeutic potential to target the areas of the brain affected by THC found in marijuana.

**Recovery Support:** Programs help people stop using drugs and maintain non-use. Programs also help people gain skills to lead self-sufficient and productive lives without using substances.

- **The Second Chance Act shifts priority to rehabilitating parolees.** Re-entry programs combine treatment, job training, employment assistance, and life skills training. Long-term treatment is available upon release. \$50.0 million of the funding requested for Second Chance Act programs is scored as drug-related. Additionally,

the Administration supports testing and sanctions programs which effectively deter drug use and re-incarceration among the community correctional population.

- **Access to Recovery enables treatment-seeking populations to choose their preferred treatment modality.** Through a voucher system, comprehensive services are provided, ranging from housing, job training, relapse prevention, to child-care and transportation. The FY 2011 budgets requests \$108.9 million to fully support the second year of the third cohort of grantees and provide funding to support the award of 4 new ATR grants.

**Additional Information.** FY 2011 Funding Highlights of the National Drug Control Budget are available on the web at

[http://www.ondcp.gov/pdf/FY2011\\_Drug\\_Control\\_Budget\\_Highlights.pdf](http://www.ondcp.gov/pdf/FY2011_Drug_Control_Budget_Highlights.pdf)

Recent survey data on drug consumption in the U.S. is available on the web at:

<http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm>