



March 2010

# US Demand Reduction Efforts Fact Sheet

Office of National Drug Control Policy  
Executive Office of the President

The United States is dedicated to a comprehensive, balanced approach of prevention, treatment, and enforcement. This document provides information about ONDCP's efforts to prevent drug use and treat addiction. In FY2011, the Obama Administration requests approximately \$5.6 billion to support demand reduction. This includes a 13 percent increase for prevention and a nearly 4 percent increase for treatment. The overall FY 2011 counter-drug request, including for supply reduction and domestic law enforcement is \$15.5 billion with \$521.1 million in new funding.

## Federal Drug Control Funding By Function (\$ In Millions)

	FY 2009 <u>Final</u>	FY 2010 <u>Enacted</u>	FY 2011 <u>Request</u>	FY 10-11 <u>Change</u>	Percent <u>Change</u>
Treatment	\$3,561.9	\$3,745.5	\$3,882.5	\$136.9	3.7%
Prevention	1,854.7	1,514.3	1,717.7	203.3	13.4%
Demand Reduction	5,416.6 35.5%	5,259.9 35%	5,600.2 36%	340.3	6.5%

Note: Detail may not be added due to rounding

## 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.<sup>1</sup> Marijuana and pain relievers are the drugs of choice for new users.** In 2008, an estimated 2.9 million persons aged 12 or older used an illicit drug for the first time. Most in that group used marijuana (2.208 million) and pain relievers (2.176 million).<sup>2</sup>
- ◆ **Drugs caused more death than firearms and alcohol in 2006.** According to the Centers for Disease Control, 38,396 people died of drug-induced causes in 2006, the latest year for which data is available. This compares with 30,896 deaths from firearms injuries and 22,073 alcohol-induced deaths.

## 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 is 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.
- ◆ **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 go to: [www.theantidrug.com](http://www.theantidrug.com).

<sup>1</sup> Substance Abuse and Mental Health Services Administration, *National Survey on Drug Use and Health, 2008* (September 2009).

<sup>2</sup> Substance Abuse and Mental Health Services Administration, *National Survey on Drug Use and Health, 2008* (September 2009).

## Prevention Continued

- ◆ **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. For more information go to: [www.ondcp.gov/dfc](http://www.ondcp.gov/dfc).
- ◆ **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 complement State and local support and Medicaid / Medicare funding for treatment services for eligible persons.
- ◆ **Screening and Brief Intervention and Referral to Treatment (SBIRT).** SBI is a low cost, high impact approach wherein patients receiving medical services in regular health facilities are screened for drug abuse and referred for follow-up treatment 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. More information is at [www.sbirt.samhsa.gov/about.htm](http://www.sbirt.samhsa.gov/about.htm).
- ◆ **Residential Substance Abuse Treatment (RSAT).** \$30 million requested for RSAT supports the provision of residential treatment prior to release in state and local prisons and jails.
- ◆ **Drug Courts.** SAMHSA's FY 2011 drug-court budget request is \$56.4 million, a \$12.6 million increase over the FY10 enacted level. The Justice Department's FY 2011 budget request for Drug, Mental Health, and Problem Solving Courts is \$57.0 million. Drug courts serve 44.7 percent of counties in the United States. They reduce recidivism, long-term cost, and drug demand.
- ◆ **Research.** In FY 2011, NIDA will request \$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

Coordinated after-care, peer-led support, and other recovery support services help people to build or re-build a lifestyle of health and wellness in addition to non-use. Effective recovery support programs also help people gain skills that lead to 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 for budget purposes as drug-related. Additionally, the Administration supports drug testing and sanctions for violations which have been shown to deter drug use and re-incarceration among the community correctional population.
- ◆ **Access to Recovery enables treatment-seeking populations to choose their preferred treatment modality and ancillary services.** Through an individualized assessment and voucher system, comprehensive services are provided, ranging from housing, job training, relapse prevention, to child-care and transportation. The FY 2011 budget requests \$108.9 million to support selected ongoing programs and provide funding to support the award of 4 new ATR grants. More information at: [www.atr.samhsa.gov](http://www.atr.samhsa.gov).

