Summary of...

BLUEPRINT FOR THE STATES

Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment

2006

LEARN ABOUT "BLUEPRINT FOR THE STATES"

States will not be able to significantly reduce the percent of their citizens with drug and alcohol problems unless they change the way they currently address these issues.

State governments bear the financial burden of the consequences of drugs and alcohol. They spend over thirteen percent of their budgets on problems related to drug and alcohol use. Less than four percent of this is spent on prevention and treatment, while more than 96 percent pays for the social, health and criminal consequences that result from our failure to apply what we know about how to prevent and treat substance use problems.

Join Together convened this panel to address two realities of state governments:

1. They pay dearly for the nation's failure to effectively prevent and treat alcohol and drug problems.
2. They have enormous potential because they are the primary funders of prevention and treatment services.

State Agency	**Percent of State Agency Budgets Spent on Alcohol and Drug Related Problems*	*Positive Impact of Prevention and Treatment*
Child Welfare	70%[1]	Children whose families receive appropriate drug and alcohol treatment are less likely to remain in foster care.[2]
Criminal Justice	77%[1]	Re-arrest rates dropped from 75% to 27% when inmates received addiction treatment.[3]
Juvenile Justice	66%[1]	Adolescent re-arrest rates decrease from 64.5% to 35.5% after one year of residential treatment.[4]
Health	25%[1]	Families receiving addiction treatment spent $363 less a month on regular medical care than untreated families.[5]
Mental Health	51%[1]	When mental health and drug and alcohol disorders are treated collaboratively, patients have better outcomes.[6]
Welfare	16% - 37%[7]	After completing treatment, there is a 19% increase in employment and an 11% decrease in the number of clients who receive welfare.[8]
Developmental Disabilities	9%[1]	Fetal Alcohol Syndrome affects an estimated 40,000 infants each year.[9]

References

1 National Center on Addiction and Substance Abuse at Columbia University. (2001). *Shoveling up: The impact of substance abuse on state budgets.* New York, NY: National Center on Addiction and Substance Abuse at Columbia University.

2 Child Welfare League of America. (2001). Advocacy Fact Sheet. Retrieved May 8, 2006, from http://www.cwla.org/advocacy/aodfactsheet.htm.

3 National Association of State Alcohol and Drug Abuse Directors. (2005). *Policy brief: Offender reentry.* Washington, DC: National Association of State Alcohol and Drug Abuse Directors.

4 Grella, C.E., Hser, Y.I, Joshi, V. & Rounds-Bryant, J. (2001). Drug treatment outcomes for adolescents with comorbid mental and substance abuse disorders. *Journal of Nervous and Mental Distress, 189*(6): 384-92.

5 Belenko, S., Patapis, N., & French, M. (2005). *Economic benefits of drug treatment: A critical review of the evidence for policy makers.* Philadelphia, PA: Treatment Research Institute at the University of Pennsylvania.

6 Institute of Medicine. (2006). *Improving the quality of health care and mental and substance-use conditions: Quality chasm series.* Washington, DC: National Academy Press.

7 Child Welfare League of America. (2002). CWLA testimony. Retrieved May 8, 2006, from http://www.cwla.org/advocacy/tanf020425.htm.

8 U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2004). *National treatment improvement evaluation study (NTIES), 1992-1997* [Computer file]. Conducted by National Opinion Research Center (NORC). 3rd ICPSR ed. Ann Arbor, MI: Inter-university Consortium for Political and Social Research.

9 National Organization on Fetal Alcohol Syndrome. *FASD: What everyone should know.* Retrieved May 8, 2006, from http://www.nofas.org/MediaFiles/PDFs/factsheets/everyone.pdf.

SUMMARY OF RECOMMENDATIONS:

Leadership

Governors, legislative leaders and chief judges need to provide personal, continuous leadership for a statewide strategy to prevent and address alcohol and drug problems. When prevention and treatment are delegated to mid-level state agencies, states cannot successfully prevent or treat drug problems at the population level.

Structure

Every state should have a strategy that encompasses all the agencies affected by alcohol and drug problems. Responsibility for state and federal prevention and treatment funds should be held by an entity that reports directly to the governor and has direct access to the state legislature.

Resources

States can generate two key resources needed to improve alcohol and drug services: money and skilled practitioners. An annual public report should detail alcohol and drug related spending in all state agencies. If additional funds are needed, states should consider raising alcohol taxes. States should also use their licensing and educational resources to improve and retain the prevention and treatment workforce.

Measurement and Accountability

States should hold agencies and contracted providers accountable for meeting identified outcome measures. They should reward those that meet or exceed outcome targets and penalize those that consistently fail.

Legislation

States should review and update the legislation that controls their alcohol and drug policies including authorization for prevention and treatment agencies and alcohol control boards.
Laws and regulations that prevent recovering individuals from getting jobs, education and other services needed for successful reintegration should be reviewed and repealed.

Sustain State Focus and Attention

State advisory councils should be created or revived with enough staff and authority to hold elected officials accountable for providing needed leadership. States should support community coalitions and recovery organizations to build a lasting constituency for continuing effective state action.

To find out which policies your state has adopted and to take action, visit www.jointogether.org/keyissues.

Visit www.jointogether.org/blueprint to download or order a copy of the report.
For more information contact Roberta Leis at 617-437-1500 or Roberta@jointogether.org.

MEMBERS OF THE BLUEPRINT FOR THE STATES PANEL:

Chaired by former Massachusetts Gov. Michael S. Dukakis, the panel heard from experts, clients, providers, government officials, and community leaders. They reflected on their own experiences in state government and reviewed research and existing models. They approved these recommendations unanimously.

- Michael Dukakis (Chair), former Governor of Massachusetts
- Diana Bontá, Vice President of Public Affairs for Kaiser Permanente's Southern (California) Region
- Barbara Cimaglio, Deputy Commissioner for Alcohol and Drug Abuse Programs, Vermont Department of Health
- Judge Karen Freeman-Wilson (ret.), CEO of the National Association of Drug Court Professionals and Chair of the Governor's Commission for a Drug-Free Indiana
- Sidney L. Gardner, President of Children and Family Futures
- Hon. Pat George, Member, Kansas House of Representatives
- Patricia Kempthorne, former First Lady of Idaho and Co-chair of the President's Advisory Commission on Drug-Free Communities
- Tom McHale, former Work and Family Representative for the United Auto Workers-General Motors Commercial Truck Center and Board Member of Faces and Voices of Recovery
- Katie McQueen, Medical Director of the Harris County Hospital District's Screening, Brief Intervention, Referral and Treatment Program
- Paul Roman, Director of the Center for Research on Behavioral Health and Human Services Delivery's Institute for Behavioral Health Research
- Ken Stark, Director of the Mental Health Transformation Project and former Director of the Washington Division of Alcohol and Substance

Join Together
1 Appleton Street, Fourth Floor
Boston, MA 02116
Tel: 617-437-1500
Fax: 617-437-9394
info@jointogether.org
www.jointogether.org

Join Together, founded in 1991, works to advance effective alcohol and drug policy, prevention, and treatment. We are funded primarily by a grant from The Robert Wood Johnson Foundation to the Boston University School of Public Health.