

MODEL ACT ELEVATING THE SINGLE STATE AUTHORITY ON DRUGS AND ALCOHOL TO A CABINET LEVEL DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

POLICY STATEMENT

NOVEMBER 19, 2011

Despite a great deal of effort on the state and federal levels, alcohol and other drug abuse and addiction remain our country's most intransigent, most destructive problem.

According to the U.S. Department of Health and Human Services, 23.2 million Americans are in need of some level of addiction treatment services, yet only about 10% are able to receive these services. This stubborn treatment gap persists as a result of a lack of resources and because of the denial that characterizes this illness.

Drug and alcohol abuse costs our nation over \$328 billion a year in crime, accidents, preventable health expenditures, lost productivity and other areas. (Office of National Drug Control Policy, 2004)

An estimated 70% of the nation's prison population has an alcohol/drug problem, often involved in the criminal conduct. One in five dollars spent by Medicaid on hospital care is expended for drug and alcohol related health care problems (CASA) and 70-80% of the caseload of children and youth services involves drug and alcohol abuse and addiction.

In addition, drug and alcohol problems uniquely affect most branches of state government including: the judiciary, state attorneys general, district attorneys and public defenders, probation and parole, state and local corrections, state and local police, and the Departments of Insurance, Welfare, Health, Transportation and Labor and Industry.

In summary, untreated drug and alcohol problems drive state budgets and force unwanted spending priorities on all of us.

In 1970, Congress enacted legislation requiring states to establish Single State Authorities to maintain oversight and accountability and to administer federal funding for alcohol and drug abuse prevention and education and addiction treatment.

Following the requirements of this federal initiative, states established Single State Authorities on Drugs and Alcohol in different ways and through differing structures. In some states, the Single State Authorities were established as Departments, in others as divisions, bureaus or offices within departments or they were merged with mental health, developmental disabilities or other agencies.

An analysis entitled, “Organizational Placement of State Substance Abuse Agencies: Impact on Organizational Performance” found that placement and visibility of the Single State Authority in the structure of government are key factors influencing the agency’s ability to do its job and accomplish its prevention, education, treatment, outreach and policy goals. (Substance Abuse and Mental Health Services Administration, 2004). The higher the placement in government and the closer the proximity to the Governor, the more effective the agency.

Our country’s focus on drug and alcohol abuse prevention and addiction treatment – the demand reduction part of the equation – has been inconsistent at best. The Model Act recognizes the need for an aggressive, high-level agency to join with our partners in law enforcement to address this country’s most critical crime and health care issue.

The Model Act Elevating the Single State Authority on Drugs and Alcohol to a Cabinet Level Department of Drug and Alcohol Programs calls for the elevation of Single State Authorities to Department level agencies within government while leaving intact the powers and duties already assigned to the agency by the state.