The National Center on
Addiction and Substance Abuse
at Columbia University

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Shoveling Up II:
The Impact of Substance Abuse on Federal, State and Local Budgets

May 2009

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To download a copy of this report: www.casacolumbia.org/su2report

Foreword and Accompanying Statement by Joseph A. Califano, Jr., Founder and Chairman

In this report, The National Center on Addiction and Substance Abuse (CASA) at Columbia University has identified the total amount spent by federal, state and local governments on substance abuse and addiction--the first time such an analysis has ever been undertaken.

This CASA report finds that in 2005 federal, state and local government spending as a result of substance abuse and addiction was at least $467.7 billion: $238.2 billion, federal; $135.8 billion, state; and $93.8 billion, local.[*] Total government spending of $467.7 billion on substance abuse and addiction amounted to 10.7 percent of their entire $4.4 trillion budgets.

Of every dollar *federal and state governments*[†] spent on substance abuse and addiction in 2005, 95.6 cents went to shoveling up the wreckage and only 1.9 cents on prevention and treatment, 0.4 cents on research, 1.4 cents on taxation or regulation and 0.7 cents on interdiction.

Under any circumstances spending more than 95 percent of taxpayer dollars on the consequences of tobacco, alcohol and other drug abuse and addiction and less than two percent to relieve individuals and taxpayers of this burden would be considered a reckless misallocation of public funds. In these economic times, such upside-down-cake public policy is unconscionable.

The facts revealed in this report constitute a searing indictment of the policies of government at every level that spend virtually all of the funds in this area to shovel up the wreckage of substance abuse and addiction and practically nothing to prevent and treat it.

In the face of evidence that prevention programs aimed at smoking, illegal and prescription drug abuse and underage and excessive adult drinking

[*] In this report, numbers may not always add due to rounding.

[†] This analysis does not include local spending due to data limitations.

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can be effective, and that many treatment programs have outcomes more favorable than many cancer treatments, our current spending patterns are misguided. They drain urgently needed funds from government budgets and permit the savaging of millions of lives through preventable accidents, homicides, suicides, domestic violence, child abuse, sexual assaults, unplanned pregnancies, homelessness, forgone educations, STDs, birth defects and more than 70 illnesses requiring hospitalization. It is past time for this fiscal and human waste to end.

The figures are based on 2005 spending because that was the most recent year for which data were available over the course of the study, but there is nothing to suggest that anything in this area has changed since then.

For three years, CASA has been analyzing the federal budget and budgets of the 50 states, the District of Columbia and Puerto Rico and reviewing local government expenditures, including case studies of four local jurisdictions. Based on a careful examination of national and peer-reviewed research, we have estimated the spending related to smoking, underage and excessive drinking and illegal and prescription drug abuse and addiction. The result of this effort is the first comprehensive picture ever assembled of substance-related spending across all levels of government.

Troubling as this unprecedented analysis is, it understates the burden of substance abuse and addiction on federal, state and local government taxpayers. In every case CASA made the most conservative assumptions about the burden of substance abuse and addiction on government budgets. Moreover, in some cases--higher education, tobacco and drug-related developmental disabilities, highway accidents linked to illicit or controlled prescription drug use, civil court costs, and workforce-related turnover and higher health insurance costs--we were unable to include any estimate at all due to data limitations.

In these areas where we could not estimate costs, we know that substance-related spending could be sizable. For example, 22.9 percent of full-time college students meet medical criteria for substance abuse and addiction and about 80 percent of heavy drinkers and two-thirds of illegal drug users in the U.S. are employed full or part time, imposing increased costs on governmental budgets for higher education and the workforce.

In spite of its conservative nature, the report offers the nation examples of just how much our failure to prevent and treat addiction costs federal, state and local governments. It also offers specific actions to reduce the burden on governments and taxpayers, save lives and untold agony for millions of families, and improve health.

Key 2005 findings of the report are:

- For every dollar *federal and state governments* spent to prevent and treat substance abuse and addiction, they spent $59.83 in public programs shoveling up its wreckage.

- If substance abuse and addiction were its own *state* budget category, it would rank second just behind spending on elementary and secondary education.

- If substance abuse and addiction were its own budget category at the *federal* level, it would rank sixth, behind social security, national defense, income security, Medicare and other health programs including the federal share of Medicaid.

- *Federal and state governments* spend more than 60 times as much to clean up the devastation substance abuse and addiction visits on children as they do on prevention and treatment for them.

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Federal Outlays by Budget Function
Including Spending on Substance Abuse and Addiction
(in Billions)

Budget Function*	**2005**
Social Security	$523
National defense	494
Income security	348
Medicare	299
Other health	250
Substance abuse and addiction	**238**

* The top five budget categories also contain costs linked to substance abuse and addiction.

This report represents the second in CASA's analysis of the impact of tobacco, alcohol and other drug abuse and addiction on government. Our first report, *Shoveling Up: The Impact of Substance Abuse on State Budgets*, was released in 2001 and was limited to *state* spending. Such spending has increased since CASA's 2001 report. In 2005, *states* spent 15.7 percent of their budgets on substance abuse and addiction compared with 13.3 percent in 1998, up more than 18 percent.

Almost three-quarters (71.1 percent) of total federal and state spending on the wreckage or burden of addiction is in two areas: health care and justice system costs. Increasing costs in these areas are devastating state budgets while health care costs are consuming a larger and larger share of federal spending. The largest share of *federal and state spending* to shovel up the burden of substance abuse and addiction is in health care costs (58.0 percent). At the federal level, 74.1 percent of all shoveling up spending is in the area of health care, underscoring the critical importance of addressing this issue in the context of national health care reform.

Sin taxes are inadequate to compensate for the harm caused by tobacco use, underage drinking and adult excessive drinking. The public health goal for tobacco taxes is to help eliminate use. The public health goal for alcohol taxes is to curb underage and adult excessive drinking. For each dollar in alcohol and tobacco taxes and liquor store revenues that goes to *federal and state* coffers, these governments spend $8.95 on the consequences of smoking and alcohol abuse and addiction.

To stem this hemorrhage of government shoveling up spending, the report recommends action in several areas:

- Prevention and early intervention,
- Treatment and disease management,
- Tax and regulatory policies; and,
- Expanded research.

Prevention is the top priority and the surest way to reduce the burden that shoveling up imposes on children, families and taxpayers. Prevention begins with individuals changing their conduct. It requires the kind of public health campaign that cut smoking almost in half over the past three decades; engages our elementary, secondary and university educational systems; and engages the medical profession in screenings and brief interventions to avoid the problem or identify it early when it can be dealt with in time to reduce or eliminate the costs of substance abuse and addiction to families, government and society.

A focus of public health prevention efforts must be our children: 17 years of research at CASA have shown that a child who reaches age 21 without smoking, using illicit drugs or abusing alcohol is virtually certain never to do so. We need, for example, to launch an effective public health media campaign aimed at drug abuse and underage drinking as the American Legacy Foundations' **truth**® campaign has so effectively targeted youth smoking.

As with other chronic health problems, it is critical to acknowledge the issue of personal responsibility. While some people are at greater risk than others for developing addictive disorders (genetics, family and community characteristics, co-occurring health problems, etc.), in the vast majority of cases initial use of tobacco, alcohol or other drugs is very much a

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matter of personal choice. When use of these substances progresses to the point of meeting medical criteria for abuse or addiction, changes have occurred in the brain which make cessation of use extraordinarily difficult. Having a chronic disease should not, however, excuse an individual from the consequences of his or her actions or society from providing appropriate health care. The bottom line is that while an individual is responsible for his or her actions related to the disease, the disease must be treated.

Effective, evidence-based treatment is critical since some nine percent of the U.S. population has a clinical substance use disorder. The return on investments in treatment would bring a smile to any corporate CEO: scientific research has established that every dollar spent on quality treatment can deliver a return of $12.00 or more in reduced substance-related crime and criminal justice and health care costs. Failure of the medical profession to treat substance abuse and addiction as a chronic disease where relapse may occur (like diabetes, depression, hypertension or asthma) and the failure of the health insurance industry across the board to provide adequate coverage for such treatment are inhumane and wasteful decisions that have resulted in broken families, lost lives and billions in wasted taxpayer dollars.

Deploying taxation to increase the price of cigarettes has been an effective companion to public health education in reducing smoking in our nation. This tool can be used to help reduce underage drinking and excessive adult drinking. Regulatory policies to curb underage access to tobacco and alcohol also can be effective in reducing use. Just as reducing smoking has cut health care costs, so can reducing underage and adult excessive drinking.

Finally, we need to increase our knowledge about the disease of addiction, its causes and correlates, and effective prevention and treatment strategies. This requires increased investments in research. On a health problem that costs this nation more than $450 billion in 2005, we spent only $1.6 billion on research. Instead, we spent billions researching the consequences of addiction: cancers, strokes, cardiovascular ailments, respiratory diseases and AIDS. In 2005, the National Institutes of Health which supports 90 percent of the nation's basic biomedical research, spent at least $11 billion researching these five diseases and 15 percent of this amount to study the largest single cause and exacerbator of that quintet of leading killers and cripplers.

To stop the nation's profligate spending on the burden of addiction, America must change its culture. Just as we did with tobacco, starting in 1978, we have to educate Americans of the health and other dangers of alcohol and other drug use. As a nation, we must face the fact that substance abuse is a public health problem and addiction is a medical problem and respond accordingly. We need the kind of campaign the public health community mounted with respect to AIDS: in a matter of a few years, AIDS went from being seen as a social curse to being recognized as a serious, treatable disease. It's time for the public health community to mount a similar effort with respect to alcohol and other drug abuse and addiction, to move the nation from stigmatizing it to recognizing it as a disease.

While America should invest both in supply and demand reduction strategies, when it comes to illicit drugs there appears to be much room for improvement in the efficacy of $2.6 billion in current federal drug interdiction activities. We have been able to keep biological and nuclear materials from entering our borders, but we haven't been able to stop the flow of illicit drugs that kill and maim so many of our people and destroy neighborhoods. We need to commit the same level of expertise to keeping drugs out of our nation that we have used so successfully for biological and nuclear weapons.

This report includes many examples of proven and promising practices to reduce the crushing substance-related costs to government. Some actions--like indoor smoking bans, alcohol tax increases, screening and brief interventions and addiction treatments--will yield immediate results; most promising practices presented in

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this report will provide significant savings over longer periods.

One particularly promising change is that in October 2008, Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, with the support of key members of Congress including Representatives Patrick Kennedy and Jim Ramstad. The Act ensures that, as of January 2010, group health plans that provide any mental health and addiction treatment will provide the same coverage for mental health and addiction treatment as they do for all other medical and surgical care. While a major step toward coverage of addiction treatment, the Act only mandates parity for companies that already provide these services. The nation needs to make coverage for addiction treatment consistent with coverage for other chronic diseases.

This report lists the experts who served on our Advisory Commission and who made invaluable contributions. In particular, I would like to thank the Commission Chairman, Frederick M. Bohen, for his leadership and tireless effort. His work and that of the Commission members contributed significantly to the quality of this product.

Susan E. Foster, MSW, CASA's Vice President and Director of Policy Research and Analysis, was the principal investigator and staff director for this effort. The data analysis was conducted by CASA's Substance Abuse and Data Analysis Center (SADAC[SM]), headed by Roger Vaughan, DrPH, CASA Fellow and Professor of Clinical Biostatistics, Department of Biostatistics, Mailman School of Public Health at Columbia University, and associate editor for statistics and evaluation for the *American Journal of Public Health*. He was assisted by Elizabeth Peters. Others who worked on the project are: Sara Blachman, Kristen Keneipp, MHS, Akiyo Kodera, Linda Richter, PhD, Varouj Symonette, JD, Sarah Tsai, MA, CASA's librarian David Man, PhD, MLS, library research specialist Barbara Kurzweil, and bibliographic data base manager Jennie Hauser. Project interns included Hannah Kim, Jason Lerner and Emily Toto. Jane Carlson handled administrative responsibilities.

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While many individuals and institutions contributed to this effort, the findings and opinions expressed herein are the sole responsibility of CASA.

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Chapter I
Introduction and Executive Summary

In 2005, federal, state and local governments spent at least $467.7 billion on substance abuse and addiction. This report is the first comprehensive picture of substance related spending across all levels of government. Building on CASA's 2001 report, *Shoveling Up: The Impact of Substance Abuse on State Budgets*, this report reveals the pervasive and devastating burden of substance abuse and addiction to all government budgets.

Federal and state[*] governments spent $3.3 trillion in 2005 to operate government and provide public services such as education, health care, income assistance, child welfare, mental health, law enforcement and justice services, transportation and highway safety. Hidden in this spending was a stunning $373.9 billion[†]--11.2 percent--that was spent on tobacco, alcohol and other drug abuse and addiction. A conservative estimate of local government spending on substance abuse and addiction in 2005 is $93.8 billion.

The vast majority of *federal and state*[‡] substance related spending--95.6 percent or $357.4 billion--went to carry the burden to government programs of our failure to prevent and treat the problem while only 1.9 percent was spent on preventing or treating addiction. Another 0.4 percent was spent on research and the remaining two percent was spent on alcohol and tobacco tax collection, regulation and operation of state liquor stores (1.4 percent) and federal drug interdiction (0.7 percent).[§] For every dollar the federal and state governments spent on prevention and treatment, they spent $59.83 shoveling up the consequences.

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[*] Including the District of Columbia and Puerto Rico. State funds include own source revenues, not federal transfers.

[†] In this report numbers may not always add due to rounding.

[‡] This analysis does not include local spending due to data limitations.

[§] Numbers do not add to 100 percent due to rounding.

A staggering 71.1 percent of total *federal and state* spending on the burden of addiction is in two areas: health and justice. Almost three-fifths (58.0 percent) of federal and state spending on the burden of substance abuse and addiction (74.1 percent of the federal burden) is in the area of health care where untreated addiction causes or contributes to over 70 other diseases requiring hospitalization. The second largest area of substance-related federal and state burden spending is the justice system (13.1 percent).

This report shows how governmental spending is skewed toward shoveling up the burden of our continued failure to prevent and treat the problem rather than toward investing in cost effective approaches to prevent and minimize the disease and its consequences. Despite a significant and growing body of knowledge documenting that addiction is a preventable and treatable disease, and despite a growing array of prevention, treatment and policy interventions of proven efficacy, our nation still looks the other way while substance abuse and addiction cause illness, injury, death and crime, savage our children, overwhelm social service systems, impede education and slap a heavy and growing tax on our citizens.

In the current fiscal climate of growing economic hardship, we no longer can afford costly and ineffective policies that sap on average $1,486 annually in government taxes and fees from each man, woman and child in America--$5,944 each year for a family of four.

Shoveling Up establishes the categories of state spending that are tightly linked to tobacco, alcohol and other drug abuse and addiction (including both illicit and controlled prescription drugs)--the targets for policy intervention. It uses existing research to establish the proportion of government spending in each of these target categories that is substance related, providing estimates of the total costs of substance abuse and addiction--the aggregate costs--which include both avoidable and unavoidable costs. The bottom line for government is identifying where substance abuse and addiction must be prevented or treated if public costs are to be reduced or avoided. We include examples of proven and promising ways to reduce those costs and examples of the potential for specific cost avoidance/savings.

Key findings of this report are that in 2005:

- The *federal* government spent $238.2 billion on substance abuse and addiction or 9.6 percent of the federal budget. If substance abuse and addiction were its own budget category, it would rank sixth in size--behind social security, national defense, income security,[*] Medicare and other health programs.[†]

- *State* governments, including the District of Columbia and Puerto Rico, spent 15.7 percent of their budgets ($135.8 billion) to deal with substance abuse and addiction--*up from 13.3 percent in 1998*. If substance abuse and addiction were its own budget category, it would rank second behind elementary and secondary education. States spend more on substance abuse and addiction than they spend on Medicaid, higher education, transportation or justice.[†]

- *Local* governments spent conservatively[‡] $93.8 billion on substance abuse and addiction or 9.0 percent of local budgets, outstripping local spending for transportation and public welfare.[†]

- Of every dollar *federal and state* governments spent on substance abuse and addiction:

  - 95.6 cents went to pay for the burden of this problem on public programs.

[*] Includes Temporary Assistance for Needy Families, Supplemental Security Income and Social Security Disability.

[†] Costs of substance abuse and addiction also are embedded in the top five categories of spending.

[‡] Due to data limitations, does not include all areas of spending on the burden to public programs, prevention, treatment, research, or taxation/regulation of alcohol and tobacco.

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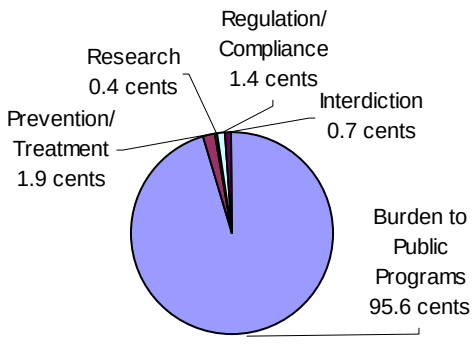
Substance abuse and addiction increases, for example, the cost of America's prisons and jails; Medicaid and other health programs; elementary and secondary schools; child welfare, juvenile justice and mental health systems; public safety; and government payrolls.

- 1.9 cents went to fund prevention and treatment programs aimed at reducing the incidence and consequences of substance abuse and addiction.
- 1.4 cents covered costs of collecting alcohol and tobacco taxes, regulating alcohol and tobacco products and operating state liquor stores.
- 0.4 cents was spent on addiction-related research.
- 0.7 cents was spent by the federal government on drug interdiction. (Figure 1.A and Table 1.1)

Figure 1.A

The Substance Abuse Dollar



Note: Numbers do not add to $1.00 due to rounding.

- For every dollar *federal and state* governments spent to prevent and treat substance abuse and addiction, they spent $59.83 in public programs shoveling up its wreckage, despite a substantial and growing body of scientific evidence confirming the efficacy of science-based interventions and treatment and their cost-saving potential.
- The largest area of *federal and state* government spending on the burden of substance abuse and addiction was health care, totaling $207.2 billion (58.0 percent) in 2005. Federal substance-related health care spending totaled $170.3 billion, 74.1 percent of all federal burden spending.
- The second largest area of *federal and state* spending on the burden of substance abuse and addiction, and the largest area of state spending, is the justice system, including costs of incarceration, probation and parole, juvenile justice and criminal and family court costs of substance-involved offenders. These costs totaled $47.0 billion (13.1 percent) in federal and state burden spending in 2005. State substance-related justice spending totaled $41.4 billion, 32.5 percent of all state burden spending.
- Other areas of significant *federal and state* spending on the burden to government of our failure to prevent or treat substance abuse and addiction include:
  - $33.9 billion on the burden to education programs,
  - $46.7 billion on the burden to child and family assistance programs, and
  - $11.8 billion on the burden to mental health and developmental disabilities programs.
- Almost half (47.3 percent) of government spending on substance abuse and addiction cannot be disaggregated by substance. In fact, research shows that most individuals with substance use disorders use more than one drug. Of the $248 billion in substance-related spending that can be linked to specific drugs of abuse, 92.3 percent is linked to the legal drugs of alcohol and tobacco.
- For every dollar *federal and state* governments spent on prevention or

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treatment for children, they spent $60.25 on the consequences of substance abuse and addiction to them. Combined federal and state government spending in 2005 on costs of substance abuse and addiction to children totaled $54.2 billion.

- Alcohol and tobacco taxes fail to pay their way. The public health goal for tobacco taxes is to help eliminate use. The public health goal for alcohol taxes is to curb underage and adult excessive drinking. For each dollar in alcohol and tobacco taxes and liquor store revenues that hit federal and state coffers, these governments spent $8.95 cleaning up the wreckage of substance abuse and addiction. Federal, state and local governments collected $14.0 billion in alcohol and $21.2 billion in tobacco taxes in 2005 for a total of $35.2 billion; 18 states expended $4.4 billion in 2005 operating liquor stores and collected $5.6 billion in revenues. Few governments dedicate revenues to reducing the burden of substance abuse or addiction or use alcohol tax increases as a way to reduce use by teens.

- According to the National Institute on Drug Abuse, the return on investing in treatment alone may exceed 12:1; that is, every dollar spent on treatment can reduce future burden costs by $12 or more in reduced drug-related crime and criminal justice and health care costs.

Building on the methodology developed for our first analysis, this report is the result of an intensive three year analysis. As part of this unprecedented study, CASA convened an advisory panel of distinguished public officials, researchers and representatives of federal, state and local governments and interest groups.

Table 1.1

For Every $100.00 Federal and State Governments Spend on Substance Abuse and Addiction:* [a]

[ranked by spending on prevention, treatment and research]

State	Amount Spent on Prevention, Treatment and Research	Amount Spent on Burden to Public Programs	Regulation/ Compliance[b]
Connecticut	$10.39	$89.27	$0.35
Kentucky	7.32	92.01	0.67
Wyoming	6.90	71.83	21.27[b]
South Dakota	6.80	93.13	0.07
Oregon	5.55	84.38	10.06[b]
Maryland	4.53	95.34	0.13
Arkansas	4.31	95.28	0.41
Illinois	3.70	96.13	0.17
Mississippi	3.67	80.05	16.28[b]
District of Columbia	3.31	96.69	NA
Colorado	3.23	96.54	0.23
Louisiana	3.07	96.61	0.32
Montana	2.93	84.20	12.87[b]
Pennsylvania	2.84	80.55	16.62[b]
Washington	2.81	85.34	11.84[b]
Iowa	2.66	87.46	9.88[b]
New Jersey	2.62	97.16	0.23
Idaho	2.58	67.96	29.46[b]
Georgia	2.42	96.38	1.20
Delaware	2.38	97.53	0.09
Minnesota	2.33	97.65	0.02
Oklahoma	2.30	97.31	0.39
Vermont	2.21	90.19	7.60[b]
Ohio	2.21	90.44	7.35[b]
New York	2.14	97.70	0.16
Wisconsin	2.12	97.83	0.05
Nebraska	1.99	97.86	0.15
Missouri	1.94	97.94	0.11
Texas	1.91	96.36	1.74
Florida	1.83	97.57	0.60
Arizona	1.77	97.97	0.27
California	1.71	97.99	0.30
Kansas	1.55	98.13	0.32
Virginia	1.54	84.93	13.53[b]
Massachusetts	1.45	98.51	0.04
West Virginia	1.33	91.75	6.92[b]
New Mexico	1.23	98.68	0.09
North Carolina	0.98	91.17	7.85[b]
Alaska	0.91	99.09	0.005
Michigan	0.90	88.53	10.58[b]
Maine	0.71	98.75	0.54[b]
South Carolina	0.64	99.29	0.07
Alabama	0.60	83.61	15.79[b]
Nevada	0.57	99.38	0.05
Hawaii	0.55	99.32	0.13
New Hampshire	0.22	61.09	38.69[b]
Puerto Rico	0.20	99.80	NA
Average State	**$2.38**	**$93.95**	**3.67**
Federal[c]	**$2.33**	**$96.53**	**0.03**
Average State and Federal Spending[c]	**$2.35**	**$95.59**	**1.35**

* Numbers may not add to 100 due to rounding.

[a] Throughout this report, "State Total" or "State Average" refers to the 50 states, Puerto Rico and the District of Columbia.

[b] One of 18 designated alcohol control states where state operates liquor stores. Total liquor store expenditures in these states in 2005 were $4.4 billion; total liquor store revenues were $5.6 billion.

[c] The difference between the sum of the columns and $100.00 is federal spending on interdiction.

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For this report, CASA refined the methodology developed for its 2001 *Shoveling Up* report in several ways. In order to provide a basis of national comparison with 1998 state data, CASA recalculated state spending for 1998 based on these refinements. All comparisons of total state spending between 1998 and 2005 presented in this report are based on the refined methodology. Because CASA could not assure uniformity in each state's reporting between 1998 and 2005, state specific comparisons between these two years should not be made. (See Appendix B, Methodology)

CASA conducted an extensive review of more than 900 articles and publications linking substance abuse and addiction to public spending. In order to provide guidance to governments of more cost effective investments, we examined a large body of national and international research evaluating federal, state and local programs designed to prevent and treat substance use problems, regulate or tax addictive substances and deal with their consequences, and cost studies of their impact. In this report, we include examples of promising interventions along with available data on their results and cost avoidance or income generation potential.

Next Steps

In CASA's 2001 report, we made three key recommendations: a) make targeted investments in prevention and treatment; b) expand use of state powers of legislation, regulation and taxation to reduce the impact of substance abuse and addiction; and c) manage investments for better results. America's failure to act on these and other recommendations has contributed to the current economic crisis governments now face.

The U.S. federal, state and local governments no longer can afford profligate spending in the area of substance abuse and addiction. If current trends continue, by 2012 spending to shovel up the burden of substance abuse and addiction could consume more than 18 percent of state budgets. Current financial constraints coupled with a large and growing body of scientific evidence that substance use disorders are diseases for which effective treatments exist present many opportunities for more cost-effective investments.

As with other chronic health problems, it is critical to acknowledge the issue of personal responsibility. While some people are at greater risk than others for developing addictive disorders (genetics, family and community characteristics, co-occurring health problems, etc.), in the vast majority of cases initial use of tobacco, alcohol or other drugs is very much a matter of personal choice. When use of these substances progresses to the point of meeting medical criteria for abuse or addiction, changes have occurred in the brain which make cessation of use extraordinarily difficult. Having a chronic disease should not, however, excuse an individual from the consequences of his or her actions or society from providing appropriate health care. The bottom line is that while the individual is responsible for his or her actions related to the disease, the disease must be treated.

Alternative Practices to Reduce Disease and Costs to Government

There are four types of alternative actions that governments should take in order substantially to avoid or reduce the more than $467.7 billion this nation spends annually on the burden of substance abuse and addiction to government:

- Prevention and early intervention;
- Treatment and disease management;
- Tax and regulatory policies; and,
- Expanded research.

Prevention and Early Intervention. The largest impact on spending to shovel up the consequences of this problem would be to make significant investments in prevention to help avoid the costs altogether, and in screenings and brief interventions to catch the problem early and alter the course of the disease and its costs

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to families, government and society. Prevention and early intervention strategies should include:

- **Public Health Information.** Consistent with other successful public health efforts to educate the public about little understood diseases including depression or HIV/AIDS, federal, state and local governments should educate the public about addiction as a disease, risk factors that increase individuals' vulnerability, the importance of screening, and programs people can turn to for help. All addictive substances should be addressed, including tobacco, alcohol and other drugs.

- **Comprehensive Prevention Messages and Programs.** Prevention is the cornerstone of any public health initiative. Prevention initiatives should be focused on children: 17 years of research at CASA have shown that a child who reaches age 21 without smoking, using illicit drugs or abusing alcohol is virtually certain never to do so. Prevention strategies should focus on curbing the human and social costs of substance abuse and addiction and co-occurring problems through comprehensive messages and approaches that are provided early and are reinforced in families, schools and communities.

  A key target of opportunity is high risk children in public programs. Governments should take advantage of points of leverage in government health, justice, public safety, education, child and family assistance, housing, mental health and developmental disabilities and workplace programs to provide targeted prevention messages, ensuring that initiatives are tailored to the age, gender and cultural groups they are targeting.

- **Screenings, Brief Interventions and Referrals to Treatment.** Because the costs of untreated addiction are so high and the human consequences so great, every person entering a government funded health service, criminal justice or social welfare setting should be screened for substance use disorders and offered effective interventions and treatment where indicated. Intervening early is essential to prevent addiction and its consequences and screenings and brief interventions have proven efficacy. Examples of venues for screenings and brief interventions include: emergency departments, health clinics, trauma centers and doctors' offices; schools and colleges; welfare, child welfare, mental health and developmental disabilities services; and traffic safety, juvenile justice and adult corrections programs.

Examples of Immediate Benefits of Interventions:

1. ***Screenings and Brief Interventions***-- reductions in hospitalizations.[1]

2. ***Alcohol and tobacco tax increases***-- reductions in cirrhosis, accidents and STD transmission for alcohol taxes,[2] and in heart disease, strokes, smoking related pregnancy and birth problems for tobacco.[3]

3. ***Indoor smoking bans***--reductions in hospitalization for heart attacks.[4]

4. ***Addiction treatments***--reductions in alcohol and other drug related medical visits and inpatient mental health visits.[5]

To implement such screenings and help assure access to needed services, CASA has drafted a Model Bill of Rights for Children in Juvenile Justice Systems. The model bill provides guidance to states for a legislative mandate and framework for improvements in the field of juvenile justice related to substance abuse.

Governments should train workers in publicly funded programs to provide screenings, brief interventions and referrals to treatment. They also should expand medical billing codes for screenings and brief interventions for tobacco, alcohol and other drug use in all health care venues and

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assure coverage through all publicly funded insurance programs.

Treatment and Disease Management. Since approximately 9.0 percent of the U.S. population already has a clinical substance use disorder,[6] quality treatment and disease management services are essential. Failure to provide these services is just as unacceptable as failure of our health care system to provide treatment for diabetes, depression, hypertension or asthma would be.

- **Treatment.** As with any other health condition, it is essential to look for problems of addictive disorders, properly diagnose them and provide effective treatments. Government programs provide excellent opportunities to connect people with substance use disorders with the interventions and treatments they need, and have the leverage to keep them in treatment long enough to make a difference. In providing services through public systems, it is important to understand that relapse is frequently a part of the recovery process as it is with recovery from other chronic diseases.

  In all areas of government spending on the burden of substance abuse and addiction, governments should conduct comprehensive assessments of those who screen positive for a substance use disorder and assure access to the full range of behavioral and pharmacological treatment options and social supports, tailored to the gender, age, culture and life circumstances of patients.

  Treatments should include effective services for co-occurring health and mental health problems and the availability of detoxification services. Governments should assure that all treatment programs and services that receive government funds meet evidence-based medical criteria; assure that treatment providers are properly trained and licensed; and work with existing treatment providers and the medical community to integrate addiction treatment into the medical system.

  Providing treatment particularly is important for all substance-involved individuals who are in our nation's justice systems, diverting both adults and juveniles from further engagement with the justice system where possible. Governments should expand evidence-based alcohol and other drug treatment courts and diversionary treatment and aftercare programs for adult and juvenile offenders, and eliminate mandatory sentencing laws for substance-involved offenders that remove prosecutorial and judicial discretion in treatment referrals and monitoring and compliance with treatment protocols. Without treating the addiction of offenders, attempts to reduce justice-related costs will not succeed.

- **Disease Management.** To address the long-term disease management needs of those in publicly funded programs with chronic substance use disorders, government should assure access to long-term medical management as we do for any other chronic disease. This would include management of co-occurring health and mental health problems. Governments also should assure access to recovery support including education, vocational training, employment; life, parenting and other family skills; childcare, housing and transportation support; and mutual support through such programs as AA, NA or Smart Recovery. To assure that such recovery supports are available, governments should train publicly funded staff to help their clients access aftercare and mutual support programs.

Taxation and Regulation. Because regulatory and tax policies can have enormous impact on curbing underage and excessive use of alcohol and reducing smoking, they should be integral parts of a national strategy to prevent and treat addiction. Alcohol taxes, for example, yield immediate reductions in cirrhosis, accidents and STD transmission, while increases in tobacco taxes reduce the prevalence of heart disease, strokes, smoking related pregnancy and birth problems.

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Governments should adopt a broad range of tax and regulatory policies including:

- Increase taxes on tobacco to help eliminate use, and on alcohol to prevent underage initiation and reduce adult excessive drinking; classify malternative beverages (alcopops) as liquor rather than beer.

- Restrict tobacco and alcohol advertisements from youth audiences, and prohibit direct to consumer marketing of controlled prescription drugs.

- Enact/increase enforcement of comprehensive clean indoor air laws and other smoking bans, and laws restricting the sale of tobacco and alcohol to minors.

- End insurance discrimination by requiring all public and private insurers to cover evidence-based prevention, intervention, treatment and management services for substance use disorders using the same payment and coverage requirements as other illnesses; abolish state Uniform Accident and Sickness Policy Provision Laws that limit insurers' medical liability if individuals are injured while they are intoxicated.

  Over half of federal and state spending on the burden of addiction is in the area of health. Health care reform that recognizes addiction as a disease and provides access to effective treatment is the best way to reduce these costs. In the absence of comprehensive health care reform, governments should make these changes in Medicare, Medicaid and other public health programs.

Research and Evaluation. America must increase knowledge about the disease of addiction, its causes and correlates and effective prevention and treatment strategies. This requires increased investments in research.

Research that increases our understanding of substance use disorders is key to quality assurance and will help to develop and guide future cost-saving initiatives. Such research should be designed to: increase our understanding of substance abuse and addiction through genetic, biological and social science research; establish a baseline against which to measure progress and document impact at regular intervals; and fund research on best-practices for prevention and treatment of substance use and co-occurring disorders. More research attention also should be devoted to documenting the benefits of prevention,

Examples of Alternative Practices to Prevent and Reduce Substance Abuse and Addiction

Prevention and Early Intervention

- Targeted media campaigns
- Comprehensive family, school and community-based prevention
- Screenings, brief interventions and treatment referrals

Treatment and Disease Management

- Behavioral and pharmacological treatments for chronic illness
- Intensive case management
- Drug treatment alternatives to prison
- Prison based treatment/aftercare
- Recovery coaching
- Supportive housing
- Employee Assistance Programs

Taxation and Regulation

- Alcohol and tobacco tax increases
- Health insurance coverage for addiction
- Indoor smoking bans
- Keg registration laws
- Lowered blood alcohol levels for intoxicated driving offenses
- Tobacco quit lines
- 21 year old drinking age

Research

- Factors influencing risk
- Best practices
- Costs and benefits of interventions

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treatment, taxation and regulatory initiatives compared with the costs of our failure to do so.

Targeted Interdiction. In the face of limited evidence of the efficacy of current interdiction efforts to reduce drug use and related government costs, the federal government should reevaluate and retarget its investments in interdiction and reconsider the balance of investment in interdiction compared with investments in prevention and treatment.

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Chapter II
Uncovering the Costs of Substance Abuse and Addiction to Government

As federal, state and local governments grapple with shrinking revenues and an unprecedented economic downturn, maximizing limited resources and controlling government waste are at a premium. Perhaps in no other areas of government spending are there such opportunities for cost avoidance and economic return than in spending on substance abuse and addiction.

In 2005, substance-related spending on the part of federal and state* governments amounted to an estimated $373.9 billion--11.2 percent of the total federal and state spending. Of this spending, 95.6 cents of every dollar went to shoulder the burden of our failure to prevent and treat substance abuse and addiction and only 1.9 cents was spent on prevention, treatment. Another 0.4 cents of every substance-related dollar was spent on research; 1.3 cents was spent on alcohol and tobacco taxation, regulation and operation of state liquor stores; the remaining 0.7 cents was spent on federal drug interdiction.† (Table 2.1)

While data are limited for substance-related spending at the local level, CASA estimates that local spending on the burden of substance abuse and addiction and local operation of liquor stores was at least $93.8 billion in 2005. Adding this amount to federal and state substance-related spending brings the total to $467.7 billion--more than the costs to society of heart disease, cancer or obesity.[1]

The enormous costs resulting from substance abuse and addiction, however, are not limited to government spending. The private sector loses billions each year through higher insurance rates, increased security and lost productivity caused by substance abuse and addiction. Other costs impossible to quantify are the human ones:

* Including the District of Columbia and Puerto Rico.
† Numbers do not add to 100 percent due to rounding.

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pain and suffering because of homicides, suicides, rape and other sexual assault, illness, broken families, neglected and abused children, lives shattered by substance-impaired drivers, teen pregnancy, sexually transmitted diseases or domestic violence.[2]

In this groundbreaking new report, CASA updates its analysis of state spending first published in 2001 as *Shoveling Up: The Impact of Substance Abuse on State Budgets*. This 2009 report, for the first time, expands its analysis to include federal and select local jurisdictions in order to provide a more complete picture of government spending on this problem.

This new report is designed to:

- Reveal the true impact, often hidden, that substance abuse and addiction have on the costs of federal, state and local government.
- Itemize federal, state and local government spending on this problem, distinguishing costs for 1) *prevention, treatment and research*; 2) *interdiction*; 3) *regulation and compliance*; and 4) *the burden to public programs* of not preventing and treating substance abuse and addiction.
- Illustrate, through examples of promising programs, the value of more cost-effective government investments.

In addition to updating the impact of substance use on state budgets, this report offers insight into promising programs governments have used to control the costs associated with substance abuse and addiction. CASA conducted extensive literature reviews of academic articles and government research institute reports to find evidence-based programs that demonstrate efficacy as well as cost-effectiveness. Almost all promising programs have been evaluated by multiple reviewers or at multiple points in time.

Table 2.1
Federal and State Spending on Substance Abuse and Addiction

Budget Sector	$ in Millions	Percent of Substance-Related Spending
Burden Spending:	**$357,432.9**	**95.6**
Health	**$207,222.4**	
Justice	**46,976.8**	
Adult Corrections	33,136.5	
Juvenile Justice	4,318.9	
Judiciary	9,521.5	
Child/Family Assistance	**46,696.0**	
Education	**33,895.6**	
Mental Health/Developmental Disabilities	**11,771.6**	
Mental Health	9,272.7	
Developmental Disabilities	2,499.3	
Public Safety	**9,302.8**	
Federal and State Workforce	**1,567.7**	
Prevention/Treatment/Research:	**8,777.4**	**2.4**
Prevention	1,975.4	
Treatment	4,534.3	
Unspecified P/T*	663.6	
Research	1,604.1	
Interdiction (Federal Level Only):	**2,638.2**	**0.7**
Regulation/Compliance	**5,066.2**	**1.4**
Licensing and Control	308.0	
Collection of Taxes	346.4	
Liquor Store Expenses	4,445.7	
Total**	**$373,914.7**	**100.0**

* State reporting does not allow disaggregation of costs by category.
** Numbers may not add due to rounding.

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Successful programs range, for example, from in-prison treatment and aftercare, to drug courts, screenings and brief interventions, school-based prevention, intensive case management and increased enforcement for DUI. Given the large and growing body of knowledge about the disease of addiction and how to prevent and treat it, America no longer can justify wasting billions in taxpayer dollars because of our failure to prevent and treat addictive disorders.

Methodology

Using the survey instrument created for its 2001 report, CASA administered a survey in July of 2006 to all 50 states, the District of Columbia and Puerto Rico. (See Appendix A, State Survey Instrument) Forty-five states, Puerto Rico and the District of Columbia completed the survey.* The participating jurisdictions constitute approximately 96.3 percent of total state budget spending for the nation and 94.5 percent of the population. In order to present a national picture of state spending, CASA estimated spending associated with substance abuse and addiction in the five non-participating states and for certain categories of spending not supplied by the participating states. (See Appendix B, Methodology)

Due to the impracticality of attempting to contact and survey all federal agencies, CASA collected federal fiscal year 2005 budget data, using the budget categories established in the state survey as a guide. CASA conducted a literature review on the federal budget process and examined federal programs and types of federal expenditures to ensure our estimates captured as much relevant spending as possible.

CASA developed a local budget survey instrument replicating the methodology used in the state survey. To account for the differences in state and local budget structures and expenditure areas, CASA reviewed budget documents from several local governments and the classification of local spending by the U.S. Census Bureau, and consulted with statistical as well as state and local finance experts. In September 2006, CASA began requesting the participation of 14 municipalities, selected in conjunction with leaders from the U.S. Conference of Mayors and the National Association of Counties, based on size, geography and government structure (city, county, or consolidated city-county). Four local jurisdictions completed the survey: Charlotte and Mecklenburg County, North Carolina; Nashville, Tennessee; and Multnomah County, Oregon. These local governments provide snapshots of local spending. CASA estimated total local spending using Census data. (See Appendix B, Methodology)

Linking Expenditures to Substance Abuse and Addiction

Substance abuse and addiction both cause and exacerbate costs governments bear. Untreated, addiction alone causes or contributes to more than 70 other diseases requiring hospitalization. Certain cancers, heart, liver and kidney diseases, for example, may be caused by smoking, drinking or other drug use.[3] Likewise, addiction may cause child abuse and neglect, violent crime or mental illness or it may be one of several contributing or precipitating factors.

This report provides estimates of the total costs of substance abuse and addiction--the aggregate costs--which include both avoidable and unavoidable costs. The bottom line for government is identifying where substance abuse and addiction must be prevented or treated if public costs are to be reduced or avoided.

This report establishes the categories of state spending that are tightly linked to tobacco, alcohol and other drug abuse and addiction (including both illicit and controlled prescription drugs)--the targets for policy intervention. It uses existing research to establish the proportion of government spending in each of these target categories that is substance-related, and then applies those percentages, weighted by state specific rates of heavy binge drinking and illicit drug use. (See Appendix B, Methodology)

* Indiana, North Dakota, Rhode Island, Tennessee and Utah did not participate in the survey.

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Changes in Methodology between 1998 and 2005

For this report, CASA refined the methodology developed for its 2001 *Shoveling Up* report in the following ways (See Appendix B, Methodology):

- To provide more precise estimates and accommodate the inclusion of federal and local spending, we developed separate estimates by payer type (i.e., Medicare, Medicaid, other federal, other state, etc.) of the percent of health care costs attributable to substance abuse and addiction.

- Due to an inconsistency in reporting of state spending on regulation and compliance for the 17 liquor control states participating in our survey, we used the U.S. Census to identify state spending on liquor stores.

- We updated the percent of juvenile offenders who were substance involved based on CASA's 2004 study *Criminal Neglect: Substance Abuse, Juvenile Justice and the Children Left Behind*.

- Due to a lack of consistency in how states reported spending on judicial programs, we have replaced all state data on judicial spending with estimates derived from data from the Bureau of Justice Statistics and the National Center for State Courts Court Statistics Project.

- In calculating the costs of substance abuse and addiction for the five non-participating states, we used secondary sources in those areas where secondary sources were used for all participating states.

- We adjusted the substance-related fractions of spending in each budget category to reflect differences among states and localities and changes in the prevalence of heavy binge drinking and illicit drug use between 1998 and 2005.

Because CASA could not assure uniformity in each state's reporting between 1998 and 2005, state specific comparisons between these two years should not be made; only gross national comparisons can be drawn. In order to provide a basis of national comparison for selected summary items, CASA recalculated state spending for 1998 based on these methodological refinements. All comparisons of total state spending between 1998 and 2005 are based on the refined methodology.

Shifts in Government Spending Patterns between 1998 and 2005

From 1998 to 2005, federal spending has grown from $1.7 trillion ($2.0 in 2005 dollars) to $2.5 trillion--a 22.1 percent increase in 2005 dollars. Spending by the Department of Health and Human Services increased 28.9 percent from $451.3 billion (in 2005 dollars) to $581.5 billion in 2005.[4]

The National Association of State Budget Officers indicates from 1998 to 2005, state spending increased by 15.7 percent from $736.0 billion in 2005 dollars to $851.2 billion.[5] Despite overall spending increases, significant cuts occurred in several budget areas while spending grew sharply in others. Spending on health care grew more than any other category--jumping 49.1 percent from $83.9 billion in 1998 (in 2005 dollars) to $125.1 billion in 2005. Spending on corrections also increased (16.8 percent) as did spending on elementary and secondary education (15.3 percent) and transportation (5.9 percent). States partially offset these increases with spending cuts to public assistance programs that serve the poor and needy. State spending for public assistance dropped more than 16.8 percent from 1998 to 2005 and spending for Temporary Assistance to Needy Families (TANF) decreased more than 37.1 percent.[6]

Costs of Substance Abuse and Addiction to Government

Most substance-related spending is found hidden in departments and activities that do not wear

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the substance abuse or addiction label. This is because untreated substance use disorders wreak havoc with society--increasing crime, compromising parenting, disrupting education and the ability to engage in steady employment and weakening an already anemic health care system.

CASA estimated costs in four major categories:

- Spending to carry the burden of substance abuse and addiction in government programs including health, child/family/housing assistance, public safety, justice, elementary/secondary education, mental health, developmental disabilities and workforce;
- Spending for prevention, treatment and research programs;
- Spending on federal drug interdiction; and,
- Spending related to taxation and regulation of tobacco and alcohol and operation of state and local liquor stores.

By far, the largest share of spending is for the costs of carrying the burden of substance abuse and addiction in government programs. Federal, state and local costs to carry this burden equal a minimum of $1,486 for each person in America.

Federal Spending

CASA conservatively estimates that the federal government spent $238.2 billion on substance abuse and addiction in 2005, approximately 9.6 percent of the $2.5 trillion federal budget. If substance abuse and addiction were its own budget category, it would rank sixth--just behind social security, national defense, income security, Medicare and other health programs.

Of the $238.2 billion in federal substance-related spending, 96.5 percent was spent to carry the burden of our failure to prevent or treat it; 2.3 percent was spent on preventing or treating the problem and research, 1.1 percent on interdiction, and 0.03 percent on regulating alcohol and tobacco sales and collecting taxes. (Table. 2.2)

Of all federal spending on the burden of substance abuse and addiction, 74.1 percent occurs in a single area--health care.

Table 2.2
Federal Spending on Substance Abuse and Addiction

Budget Sector	$ in Millions	Percent of Substance-Related Spending
Burden*	$229,887	96.5
Prevention/Treatment/Research	5,543	2.3
Interdiction	2,638	1.1
Taxation & Regulation	82	0.03
Total	**$238,151**	**100.0**

* Includes spending in health, child/family/housing assistance, public safety, justice, elementary/secondary education, mental health, developmental disabilities and workforce.

Federal Outlays by Budget Function[7]
Including Spending on Substance Abuse and Addiction
(in Billions)

Budget Function*	2005
Social Security	$523.3
National defense	493.9
Income security	347.6
Medicare	298.6
Other health	250.4
Substance abuse and addiction	**238.2**

* The top five budget categories also contain costs linked to substance abuse and addiction.

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State Spending

States spent a total of $135.8 billion on substance abuse and addiction in 2005, approximately 15.7 percent of total state spending ($864.3 billion). States spend more only on elementary and secondary education.

Of total state substance-related spending, 94.0 percent was spent to carry the burden in state programs of our failure to prevent or treat substance abuse and addiction while only 2.4 percent was spent on prevention, treatment or research. The remaining 3.7 percent was spent on regulating alcohol and tobacco sales, collecting taxes and operating liquor stores. (Table 2.3)

The largest share of state spending on the burden of substance abuse and addiction is in the area of justice (32.5 percent).

State Outlays by Budget Function[8]
Including Spending on Substance Abuse and Addiction
(in Billions)

Budget Function*	**2005**
Elementary & Secondary Education	**$235.2**
Substance Abuse and Addiction	**135.8**
Medicaid	123.0
Higher Education	108.2
Transportation	65.5
Corrections	40.8

* Spending on substance abuse and addiction also is included in other four budget categories.

Local Spending

Due to data limitations, CASA was unable to estimate the total costs to local governments of substance abuse and addiction. Using local census data, however, CASA estimated that local spending on the burden of substance abuse and addiction and local operation of liquor stores* was at least $93.8 billion in 2005--9.0 percent of total local budgets. The largest share of local burden spending was in the area of justice (29.2 percent).

* Montgomery County, Maryland only.

Table 2.3
State Spending on Substance Abuse and Addiction

Budget Sector	**$ in Millions**	**Percent of Substance-Related Spending**
Burden*	$127,545	94.0
Prevention/Treatment/Research	3,235	2.4
Taxation & Regulation	4,984	3.7
Total	**$135,764**	**100.0**

* Includes spending in health, child/family/housing assistance, public safety, justice, elementary/secondary education, mental health, developmental disabilities and workforce.

Of the four local jurisdictions that CASA surveyed, the average amount spent on substance abuse and addiction was 10.9 percent of local budgets. Of this spending, an average of 97.6 percent was spent to carry the burden in local programs of our failure to prevent and treat the problem. Only an average of 2.4 percent was spent on preventing or treating the problem.

Government Spending by Substance

Almost half (47.3 percent) of government spending on substance abuse and addiction cannot be disaggregated by substance. In fact, research shows that most individuals who abuse or are dependent on addictive substances use more than one drug.[9] Of the $248 billion in substance-related spending that can be linked to specific drugs of abuse, 92.3 percent is linked to the legal drugs of alcohol and tobacco.

Tobacco

Total government spending as a consequence of tobacco use that can be differentiated by substance is an estimated $79.4 billion, all in health-related costs:

- $57.2 billion in federal health care spending;
- $14.0 billion in state health care spending; and,
- 8.2 billion in local health care spending.

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Alcohol

Total government spending that can be linked to alcohol alone is an estimated $149.2 billion:

- $112.3 billion in federal spending, including $109.3 billion in health care and the remaining $3.0 billion in alcohol enforcement efforts (underage drinking, drunk driving), prevention and treatment on Indian lands, NIAAA research and alcohol regulation and compliance.

- $23.9 billion in state spending, including $1.5 billion on highway safety and local law enforcement associated with drunk driving; $960.0 million in state costs for the developmentally disabled as a result of Fetal Alcohol Syndrome; and $21.5 billion in state health care costs.

- $13.0 billion in local health care spending.

Other Drugs

Total government spending as a consequence of other drug use that can be differentiated by substance is an estimated $18.7 billion:

- $16.4 billion in federal spending: $7.8 billion in dedicated drug enforcement,* $39.5 million in drug court costs, $2.6 billion for drug interdiction, $2.5 billion for prevention, treatment, research and evaluation, and $3.8 billion in health care costs.

- $1.9 billion in state spending: $336 million for public safety costs for drug enforcement programs, $138 million for drug courts, and $1.5 million linked to illicit and controlled prescription drugs in state spending on Medicaid.

- $342.3 million in local health care spending.

Government Spending for Children

For every dollar federal and state governments spent on prevention and treatment for children, they spent $60.25 on the consequences of substance abuse and addiction for them. CASA was able to identify $54.2 billion in 2005 federal and state government spending on the child-related costs of substance abuse and addiction. Of this amount, $53.3 billion was spent on all of the consequences to them while only $0.9 billion went to prevention and treatment for children.

CASA's research has shown that if we can keep children from smoking cigarettes, abusing alcohol or using other drugs until they are 21, their risks of ever doing so are profoundly diminished. One of the most striking findings in 2005 is that government at all levels continues to spend heavily to shovel up the wreckage that substance abuse visits on children while spending little to prevent and treat the problem.

The largest share of substance-related spending on the burden of substance abuse and addiction for children--$33.9 billion--was in the education system. School costs linked to substance abuse and addiction include increased special education for those with Fetal Alcohol Spectrum Disorder (FASD), increased security and health care costs, vandalism, lost productivity of staff and special programs for at-risk youth. Federal spending totaled $5.4 billion and state spending totaled $28.5 billion.

The second largest share ($15.1 billion) went for children who are victims of child abuse and neglect, foster care costs, independent living programs, adoption readiness, and other child welfare programs. Of this amount, $7.2 billion was spent by the federal government and $7.9 billion by the states.

An additional $4.3 billion ($194 million by the federal government and $4.1 billion by the states) was spent through the juvenile justice system.

* Programs focusing only on drug enforcement.

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The Government Response to Addiction

Risky use of addictive substances is a public health problem that is preventable through changes in public attitudes and behaviors while addictive disorders are medical problems that must be addressed through a host of behavioral and pharmacological therapies and recovery supports.

The nation's failure to address addiction as a disease has resulted in staggering costs to American taxpayers. If left untreated, it can progress to a chronic health condition like heart disease, cancer or diabetes that requires continual and costly medical management.[10]

In the 2009 fiscal year, federal, state and local governments are facing unprecedented budget shortfalls.[11] Unemployment is at its highest level since 1983.[12] State and local income tax revenues are expected to decrease and sales and property tax revenues are also expected to decline significantly.[13] Dwindling government revenues are further complicated by the rapidly growing demand for government assistance as unemployed workers and their families seek social services, income assistance and health care while weathering the downturn.[14]

Without federal assistance, states and localities that are unable to borrow to cover their expenditures or draw down reserves will be forced either to increase taxes or make substantial cuts in spending. History indicates that health and social programs are the most frequent targets for spending cuts during difficult economic times. During the downturn from 2002 to 2004, states made substantial cuts to public health programs leading to the loss of health care coverage for over one million Americans.[15] At least 17 states have already proposed reducing access to health care services[16] and several states have specifically targeted programs providing services for drug treatment, drug courts and addiction-related services.[17]

As governments continue to cope with budget shortfalls, addiction prevention and treatment programs often are sacrificed as expendable. This approach is dangerous and shortsighted and will serve only to increase the costs of addiction to government.

Facing risky substance use and addiction as public health and medical problems before they impose huge social costs is the only way that government can curb this drain on the public tax dollar. Proven cost-effective alternatives and promising practices are presented in Chapters III-V to help guide government action.

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Chapter III
The Burden of Substance Abuse and Addiction to Federal Programs

In 2005, 96.5 percent or $229.9 billion of total federal substance-related spending ($238.2 billion) went to shovel up the wreckage of substance abuse and addiction in Medicare, Medicaid, federal prisons, schools, child welfare, income assistance and other federal programs. (See Appendix B, Methodology). This is an amount equal to 9.3 percent of the entire federal budget in 2005.

Of this amount, an overwhelming 74.1 percent can be found in one budget category--health. Federal spending on the burden of substance abuse and addiction in health care programs dwarfs spending in all other areas of the burden combined. (Table 3.1, Figure 3.A)

Calculating the Federal Burden

1. Identify total federal spending for each budget category where substance abuse or untreated addiction have been demonstrated* to cause or increase spending.
2. Multiply total spending in each category by the share of such spending linked to substance abuse and addiction.*
3. Sum substance-related federal spending in all categories for total burden spending.
4. Identify total federal substance-related spending on prevention, treatment, research, alcohol and tobacco taxation and regulation and drug interdiction and add to total burden spending for total substance-related spending.
5. Divide burden spending by total substance-related spending for percent spent on burden.

* Identified through national and other peer-reviewed literature.

See Appendix B, Methodology.

Figure 3.A

Burden of Substance Abuse and Addiction on Federal Programs by Budget Sector (Percent)
Total = $229,887 Million

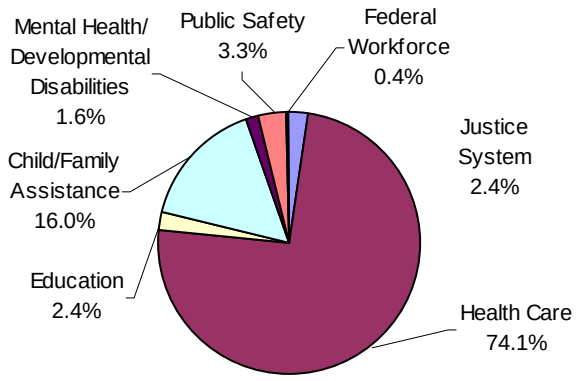

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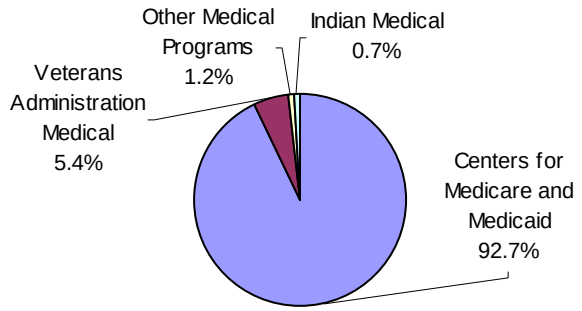
Table 3.1
Burden of Substance Abuse and Addiction on Federal Programs by Budget Sector

Federal Budget Sector	$ in Millions	Percent of Burden on Federal Programs	Per Capita Spending
Health	**$170,269**	**74.1**	**$561.34**
Child and Family Assistance	**36,693**	**16.0**	**120.97**
Child Family Assistance	9,809		
Child Welfare	7,172		
Income Assistance	5,608		
Employment Assistance	1,350		
Housing/Homeless Assistance	3,763		
Food/Nutritional Assistance	8,990		
Public Safety	**7,490**	**3.3**	**24.69**
Justice	**5,552**	**2.4**	**18.30**
Adult Corrections	3,951		
Juvenile Justice	194		
Judiciary	1,407		
Education (Elementary/Secondary)	**5,391**	**2.4**	**17.77**
Mental Health/Developmental Disabilities	**3,601**	**1.6**	**11.87**
Mental Health	2,062		
Developmental Disabilities	1,539		
Federal Workforce	**891**	**0.4**	**2.94**
Total	**$229,887***	**100.0**	**$757.89**[a]

* Numbers may not add due to rounding.
[a] CASA used population estimates for 2005 from the U.S. Census Bureau to calculate per capita spending.

Figure 3.B
Burden of Substance Abuse and Addiction on Federal Health Care Programs (Percent) Total = $170,269 Million



Health--The Predominant Area of Burden Spending

Health care spending by the federal government reached a high of $527.5 billion in 2005 representing 21.4 percent of the federal budget. Substance abuse or addiction caused or contributed to $170.3 billion or 32.3 percent of this amount.

Federal substance-related health care spending equals 74.1 percent of total federal spending on the burden of substance abuse and addiction and 6.9 percent of the entire federal budget.

The largest share of federal health spending on the burden of substance abuse and addiction ($157.8 billion) is found in the Medicare and Medicaid programs. The Veterans Health Administration spent an additional $9.2 billion on the burden of substance-related health care spending and Indian medical programs account for $1.2 billion. The remaining $2.1 billion is spent on other medical programs. (Figure 3.B)

The federal government spends more than 30 times as much to cope with the health consequences of substance abuse and addiction as it spends on prevention, treatment and research.

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Promising Investments in Health

The federal government has taken several significant steps toward providing comprehensive insurance coverage for individuals with substance use disorders.

In 2001, the Federal Employee Health Benefit (FEHB) program ended insurance discrimination for mental health and substance use disorders. An evaluation of this change found that, contrary to fears, costs to insurance companies did not increase as a result. When secular trends were taken into account, only one plan showed a significant change in spending (a decrease of more than $288 per user); the change did not significantly affect the other plans. Out-of-pocket spending for mental health and substance use disorders decreased in six out of nine plans. Individuals' access to addiction treatment increased slightly but significantly in all nine plans.[1]

In October 2008, Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. The Act ensures that, as of January 2010, group health plans that provide any mental health and addiction treatment will provide the same coverage for mental health and addiction treatment as they do for all other medical and surgical care. The Act only mandates parity for companies that already provide these services. Insurance plans that do not offer any mental health or addiction treatment benefits will not be required to extend their coverage to include those services, but can continue to limit their coverage of mental health and substance disorder treatment services. Under the new law, addiction treatment coverage will not be restricted by any financial or benefit limitations. Businesses with 50 or fewer employees do not need to comply, and if a health plan experiences a two percent increase in actual total costs in the first year (one percent thereafter), it will be exempted from the law.[2]

The U.S. Preventive Services Task Force (USPSTF) in 2004 found good evidence that screening conducted in primary care settings can accurately identify patients engaging in risky alcohol use that endangers their health but who do not yet meet criteria for alcohol dependence. The Task Force also found good evidence that brief counseling and follow-up can reduce consumption.[3] Based on these findings, the USPSTF recommends that screening and counseling interventions be provided in primary care settings to reduce alcohol abuse by adults, including pregnant women.

The Centers for Medicare and Medicaid recently approved billing codes for alcohol and other drug assessments and brief interventions; however, use of these codes is limited.[4] For Medicare, services can be provided only to evaluate patients with perceived signs/symptoms of addiction, not as a routine screening measure.[5] For Medicaid, the codes must be activated under the state's plan in order to qualify for reimbursement.[6]

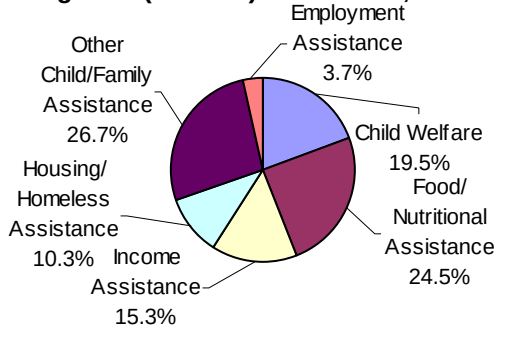
Child and Family Assistance

The second largest areas of federal spending on the burden of substance abuse and addiction is in child and family assistance programs.

In 2005, the federal government spent $235.4 billion on programs related to child and family assistance. Of this amount, 15.6 percent or $36.7 billion is directly linked to substance abuse and addiction, including child welfare, food and nutritional assistance, income assistance, housing/homeless assistance, child and family assistance and employment assistance. (Figure 3.C)

Figure 3.C

Burden of Substance Abuse and Addiction on Federal Child and Family Assistance Programs (Percent) Total = $36,693 Million



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Of the $229.9 billion the federal government spends on the burden of substance abuse and addiction, 16.0 percent is devoted to child or family assistance. More than six times as much is spent coping with substance abuse in child and family assistance programs than is spent on prevention, treatment and research.

Child Welfare

Federal spending on child welfare totaled $9.7 billion in 2005. Of this amount, an estimated 74.1 percent or $7.2 billion is caused or exacerbated by substance abuse and addiction.

Food and Nutritional Assistance

The federal government spent $38.3 billion in 2005 on programs providing nutritional assistance, including food stamps and the special supplemental nutrition program for women, infants and children. Of this amount, 23.5 percent or $9.0 billion goes to cope with the burden of substance abuse and addiction.

Income Assistance

In 2005, total spending by the federal government for income support was $144.7 billion, including $17.3 billion for Temporary Assistance to Needy Families (TANF) and $127.4 billion for the Supplemental Security Income Program (SSI). An estimated 3.9 percent or $5.6 billion of this total was spent to support individuals coping with substance abuse and addiction.

Housing/Homeless Assistance

In 2005, the federal government spent $10.6 billion to provide housing assistance and programs assisting the homeless. Of this amount, 35.6 percent or $3.8 billion was spent to cope with the burden of substance abuse and addiction.

Other Child and Family Assistance Programs

In 2005, the federal government spent $26.2 billion on other child and family assistance programs including community and social services block grants. Of this amount, 37.4 percent or $9.8 billion was spent to cope with the burden of substance abuse and addiction.

Employment Assistance

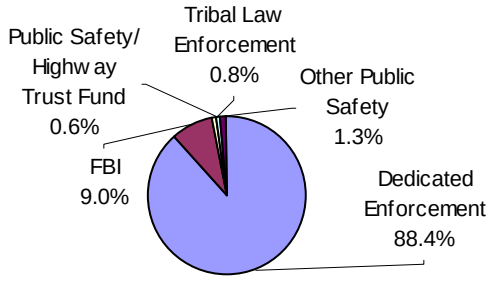
Spending by the federal government for employment assistance totaled $5.8 billion. Of this amount, 23.1 percent or $1.4 billion was associated with substance abuse and addiction.

Public Safety

In 2005, the federal government spent $10.7 billion on highway safety, accident prevention, investigation and dedicated drug enforcement programs.* An estimated $7.5 billion (70.0 percent) of this amount was spent on the burden of substance abuse. The majority of this money ($6.6 billion) was spent on dedicated drug enforcement programs. (Figure 3.D)

Figure 3.D

Burden of Substance Abuse and Addiction on Federal Public Safety Programs (Percent) Total = $7,490 Million



Dedicated drug enforcement efforts include the $1.1 billion spent on international drug control including illicit crop eradication, infrastructure development, marketing and technical support for alternative crops, promoting the rule of law,

* Programs focusing only on drug enforcement.

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and expanding judicial capabilities. An example is the Andean Counterdrug Initiative in the State Department.

Plan Colombia: Drug Crop Eradication and Alternative Development in the Andes

In 2005 the United States provided counternarcotics assistance through the Andean Counterdrug Initiative (ACI) to support Plan Colombia-- introduced by President Pastrana to end the country's 40-year old armed conflict, eliminate drug trafficking, and promote economic and social development.[7] ACI funds were used for purposes of:

- Interdiction, to train and support national police and military forces, provide communications and intelligence systems, support the maintenance and operations of host country aerial eradication aircraft, and improve infrastructure related to counternarcotics activities.
- Alternative development to support infrastructure development and marketing and technical support for alternative crops in coca growing areas.[8]

Of the $229.9 billion spent by the federal government on the burden of substance abuse and addiction, 3.3 percent was spent in public safety. CASA believes that federal costs in this area actually are much higher because this estimate does not include costs of accidents linked to illicit or controlled prescription drug use; however, data are not available for a more precise estimate.

Justice

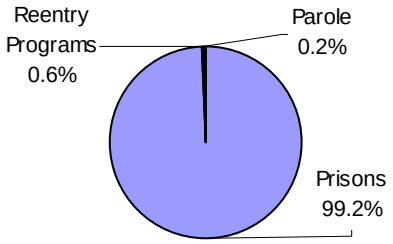
In 2005, the federal government spent $6.7 billion for justice-related programs in adult corrections, juvenile justice and the judiciary. Of this spending, 82.4 percent ($5.6 billion) was caused or exacerbated by substance abuse and addiction. Of the $229.9 billion substance-related spending on the burden of this problem in federal programs, 2.4 percent was spent in justice programs.

Adult Corrections

The federal government spent $4.9 billion in 2005 on adult corrections in the federal prison system including incarceration, reentry programs, and parole. Of this amount, 81.0 percent ($4.0 billion) was spent on substance-involved offenders. (Figure 3.E)

Figure 3.E

Burden of Substance Abuse and Addiction on Federal Adult Corrections Programs (Percent) Total = $3,951 Million

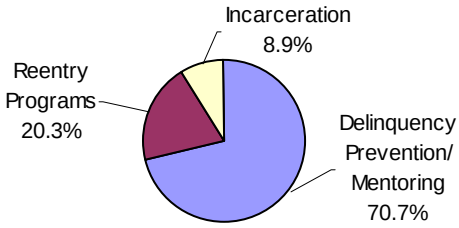


Juvenile Justice

A total of $244.1 million was spent by the federal government in 2005 for juvenile detention and corrections, and for delinquency prevention, mentoring and reentry programs. An estimated 79.5 percent of this amount ($194.1 million) was spent on substance-involved youth. (Figure 3.F)

Figure 3.F

Burden of Substance Abuse and Addiction on Federal Juvenile Corrections Programs (Percent) Total = $194 Million



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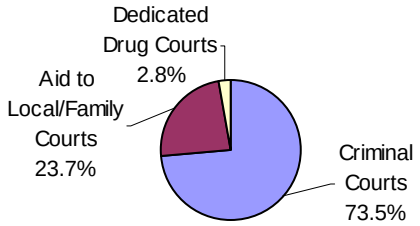
Judiciary

In 2005, the federal government spent $1.6 billion for federal criminal courts,* aid to local and family courts and for dedicated drug courts.† Of this amount, 86.9 percent ($1.4 billion) was for substance-involved offenders. (Figure 3.G)

Figure 3.G
Burden of Substance Abuse and Addiction on Federal Judiciary Programs (Percent) Total = $1,407 Million



CASA was unable to estimate the substance-related costs of civil courts; therefore, these costs were excluded leading to a very conservative estimate of the burden to the federal judiciary.

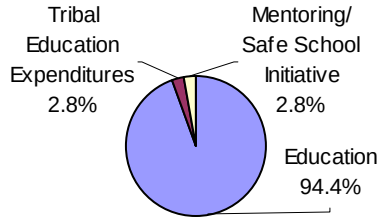
Promising Investments in Justice

Based on a significant body of research, the National Institute on Drug Abuse has developed a set of principles to guide governments in dealing with substance-involved offenders. (See text box)

Education

In 2005, the federal government spent $44.3 billion on elementary and secondary education programs including grants to state and local educational agencies, Tribal education, mentoring and the Safe Schools Initiative. Of this amount approximately $5.4 billion or 12.2 percent was spent coping with the impact of substance abuse and addiction on America's schools. (Figure 3.H)

Figure 3.H
Burden of Substance Abuse and Addiction on Federal Education Programs (Percent) Total = $5,391 Million



The National Institute on Drug Abuse Principles of Drug Abuse Treatment for Criminal Justice Populations[9]

1. Drug addiction is a brain disease that affects behavior.
2. Recovery from drug addiction requires effective treatment, followed by management of the problem over time.
3. Treatment must last long enough to produce stable behavioral changes.
4. Assessment is the first step in treatment.
5. Tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations.
6. Drug use during treatment should be carefully monitored.
7. Treatment should target factors that are associated with criminal behavior.
8. Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.
9. Continuity of care is essential for drug abusers re-entering the community.
10. A balance of rewards and sanctions encourages pro-social behavior and treatment participation.
11. Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.
12. Medications are an important part of treatment for many drug abusing offenders.
13. Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C and tuberculosis.

* At the federal level, probation is a function of the federal courts.
† Programs focusing only on drug courts.

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Of the $229.9 billion federal burden of substance-related spending, 2.4 percent was spent in the area of elementary and secondary education, roughly equivalent to the total amount of federal spending on all substance abuse prevention, treatment and research.

CASA did not include estimates of the cost of substance abuse and addiction to higher education due to lack of available data, thus considerably underestimating the costs in this area.

Higher Education: A Missed Opportunity

Although CASA was unable to estimate the costs of substance abuse and addiction to higher education, those costs are likely significant. CASA's report *Wasting the Best and the Brightest: Substance Abuse at America's Colleges and Universities* found that almost one in four full-time college students (22.9 percent) meet medical criteria for substance abuse or dependence. Substance abuse and addiction among college students is linked to poor academic performance, property damage, vandalism, fights, a host of student health problems and institutional liability costs. [10] Each year more than 1,700 college students die from unintentional alcohol-related injuries; more than 97,000 students are victims of sexual assaults or date rape; and almost 700,000 students are assaulted by other students who were drinking.[11]

According to the Drug-Free Schools and Communities Act Amendments of 1989 (Part 86), in order to receive federal funding, institutions of higher education must implement policies and programs to prevent students' and employees' unlawful possession, use or distribution of alcohol and illicit drugs.[12] Nearly every institution of higher learning in the U.S. receives federal funding that would require them to meet these stipulations.

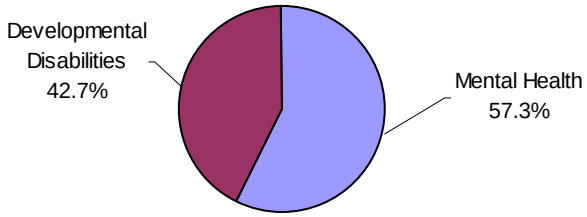
However, CASA was not able to identify any evidence that these regulations are, in actuality, enforced.[13] Furthermore, they do not apply to controlled prescription drug abuse or smoking--two forms of substance use that are prevalent on college campuses.[14] Federal implementation of this Act for alcohol and other drugs could have a profound effect on reducing the harm and costs of substance abuse and addiction to higher education.

Mental Health and Developmental Disabilities

In 2005, the federal government spent $18.7 billion in the area of mental health and developmental disabilities. An estimated $3.6 billion (19.3 percent) of this amount was spent on treatment of co-occurring mental health problems or developmental disabilities caused or exacerbated by substance abuse and addiction. (Figure 3.I)

Figure 3.I

Burden of Substance Abuse and Addiction on Federal Mental Health Programs (Percent) Total = $3,601 Million



Of the $229.9 billion the federal government spent on the burden of substance abuse, an estimated 1.6 percent was spent on substance abuse and addiction in the areas of mental health and developmental disabilities.

Mental Health

Federal spending in 2005 on mental health programs totaled $3.6 billion. An estimated 56.7 percent or $2.1 billion was spent by the federal government to cope with the impact of substance abuse and addiction in mental health programs including services for veterans.

Developmental Disabilities

In 2005, the federal government spent $15.1 billion on programs for the developmentally disabled. CASA estimates that 10.2 percent or $1.5 billion of federal costs for programs for the developmentally disabled are a result of Fetal Alcohol Syndrome. Because of data limitations, CASA was unable to estimate the costs to programs for the developmentally disabled

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linked to tobacco or illicit drug use; hence this estimate is extremely conservative.

Federal Workforce

In 2005, the federal government spent $161.7 billion in payroll and an additional estimated $80.9 billion in fringe benefit costs for federal workers. Substance abuse and addiction compromise the productivity of any workforce and increase the costs of doing business.

Substance abuse is associated with lower productivity, increased turnover, workplace accidents and higher health insurance costs. Due to data limitations, CASA was able only to estimate the costs of substance abuse and addiction to the federal government for payroll and fringe benefits linked to absenteeism--0.4 percent or $890.8 million--thus significantly underestimating these costs. (Table 3.2)

Table 3.2
Burden of Substance Abuse on Workforce

Federal Budget Sector	**$ in Millions**
Payroll	$594
Estimated Fringe	297
Total*	**$891**

* Numbers may not add due to rounding.

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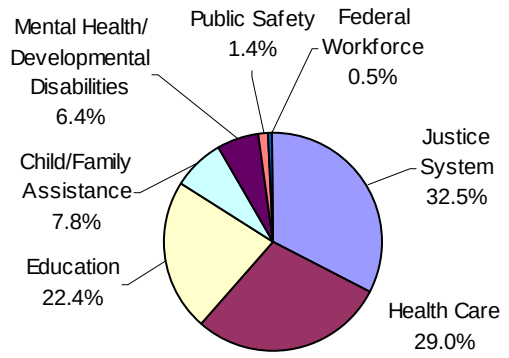
Chapter IV
The Burden of Substance Abuse and Addiction to State Budgets

In 2005, 94.0 percent ($127.6 billion) of total state substance-related spending went to carry the burden of our failure to prevent and treat addiction in public systems from criminal justice to Medicaid to transportation and public safety. This amounts to 14.8 percent of total state spending--up from 12.5 percent in 1998.

Since 1998, one major trend in spending stands out: the share of the burden of substance abuse and addiction to state health care programs has grown from 20.2 percent to 29.0 percent in 2005, surpassing spending in the area of education to make it second only to substance-related justice spending. (Figure 4.A and Table 4.1)

Figure 4.A

Burden of Substance Abuse and Addiction on State Programs by Budget Sector (Percent)
Total = $127,545 Million



Calculating the State Burden

1. For each state, identify total state spending for each budget category where substance abuse or untreated addiction have been demonstrated* to cause or increase spending.

2. Multiply total spending in each category by the share of such spending linked* to substance abuse and addiction, weighted by the state prevalence of heavy binge drinking and drug use compared with other states.

3. Sum substance-related state spending in all categories for total burden spending.

4. Identify total state substance-related spending on prevention, treatment, research, alcohol and tobacco taxation and regulation and add to total burden spending for total substance-related spending.

5. Divide burden spending by total substance-related spending for percent spent on burden.

* Identified through national and other peer reviewed literature.

See Appendix B, Methodology.

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Table 4.1
Burden of Substance Abuse and Addiction on State Programs by Budget Sector

State Budget Sector	$ in Millions	Percent of Burden on State Programs	Per Capita Spending
Justice	**$41,425**	**32.5**	**$136.57**
Adult Corrections	29,186		
Juvenile Justice	4,125		
Judiciary	8,115		
Health	**36,953**	**29.0**	**121.83**
Education (Elementary/Secondary)	**28,504**	**22.4**	**93.97**
Child/Family Assistance	**10,003**	**7.8**	**32.98**
Child Welfare	7,893		
Income Assistance	2,111		
Mental Health/Developmental Disabilities	**8,170**	**6.4**	**26.93**
Mental Health	7,211		
Developmental Disabilities	960		
Public Safety	**1,813**	**1.4**	**5.98**
State Workforce	**677**	**0.5**	**2.23**
Total*	**$127,545**[a]	**100.0**	**$420.49**

* Numbers may not add due to rounding.
[a] State spending on the burden of substance abuse and addiction to public programs totals $127.545 billion. Spending for prevention, treatment and research equals $3.235 billion and spending for regulation and compliance totals $4.984 billion. The combined total equals $135.702 billion. CASA rounded total spending to $135.8 billion and spending on the burden to state programs to $127.6 billion.
[b] In this report, CASA used population estimates for 2005 from the U.S. Census Bureau to calculate per capita spending.

The Big Three: Justice, Health and Education

Spending in the three areas of justice, health and education account for 83.8 percent of total state spending on the burden of substance abuse and addiction--up from 79.9 percent in 1998.

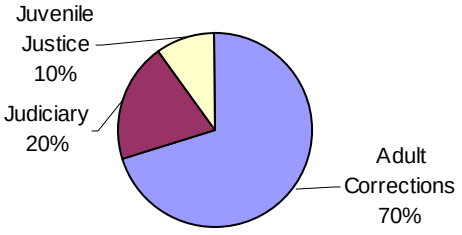
Justice

In 2005, states spent a total of $51.3 billion for justice-related programs in adult corrections, juvenile justice and the judiciary amounting to 5.9 percent of their budgets. Of this amount, $41.4 billion (80.7 percent) was linked to substance abuse and addiction because a significant majority of arrested and convicted offenders are substance involved.* Of justice spending on the burden, 70 percent was in adult corrections. (Figure 4.B)

The share of the burden of substance abuse and addiction states spend in the justice system has dropped from 37.7 percent in 1998 to 32.5 in 2005, offset by increases in state spending in health programs. States spend 13 times the amount shoveling up the wreckage of substance abuse and addiction in the justice system than on prevention, treatment and research combined.

Adult Corrections. The largest share of state justice-related spending is in the area of adult corrections.

Figure 4.B
Burden of Substance Abuse and Addiction on Justice Programs (Percent) Total = $41,425 Million



* The term "substance-involved offender" refers to an inmate with one or more of the following characteristics: ever used illegal drugs regularly; convicted of a drug law violation; convicted of an alcohol offense; under the influence of alcohol or other drugs during the crime that led to incarceration; committed offense to get money for drugs; had a history of alcohol abuse.

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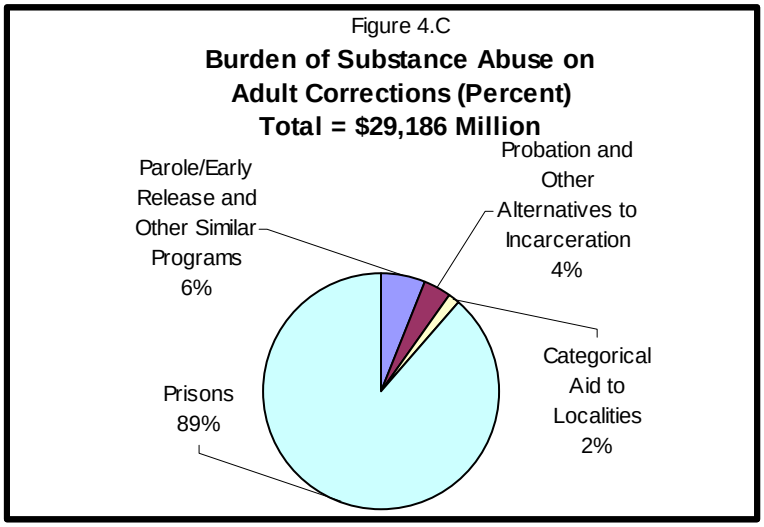
States spent $36.3 billion in 2005 for adult corrections including incarceration, probation and parole.

Of this amount, 80.5 percent ($29.2 billion) was spent on substance-involved offenders:

- $25.9 billion went to run and build prisons to house offenders;
- $1.8 billion for parole;
- $1.0 billion for probation; and,
- $473 million was spent on state aid to localities for substance-involved offenders. (Figure 4.C)

Figure 4.C



Promising Investments in Adult Corrections. Over the last 20 years, there has been a growing body of professional standards proposed for providing addiction treatment in prisons and jails, developed by professional societies and scientific agencies including:

- The American Correctional Association (ACA), in cooperation with the Commission on Accreditation for Corrections;
- The National Institute of Corrections, through its National Task Force on Correctional Substance Abuse Strategies;
- The Center for Substance Abuse Treatment (CSAT) at SAMHSA; and,
- The National Institute on Drug Abuse.*

There is, however, no mechanism in place to ensure implementation, making these standards and guidelines essentially non-binding recommendations often ignored by state legislatures and sparsely implemented by correctional authorities.[1]

As alternatives to spending billions on incarceration of substance-involved offenders, states have experimented with promising, cost-effective approaches that involve treating the addictions of offenders. Key program features include the use of standardized risk assessments to identify treatment needs and the use of evidence-based treatments, reentry planning and aftercare. In these promising programs, the combination of treatment and aftercare is critical to success.

In Illinois, for example, the state converted an entire state prison into a therapeutic community inpatient program with reentry services and an aftercare component. The Sheridan Correctional facility, located in LaSalle County, Illinois, was reopened as a treatment center in 2004. The prison serves offenders from across the State who participate on a voluntary basis. During the first three and a half years of operation, The Illinois Criminal Justice Information Authority found that Sheridan graduates saved the Department of Corrections approximately $2.1 million annually and a total of more than $7.3 million in avoided incarceration costs.[2]

Inmates who completed California's in-prison therapeutic community treatment program (Amity) had the option of continuing their recovery process with an aftercare program (Vista). Those who completed both in prison treatment and aftercare had re-incarceration rates

* See the NIDA Principles of Drug Abuse Treatment for Criminal Justice Population described in Chapter III.

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Sheridan Correctional Facility[3]

Adult male offenders sentenced to serve nine- to 24-months in an Illinois state correctional facility, who screen positive for a substance use disorder can volunteer to enter the treatment program at Sheridan.*

Upon entry, Sheridan inmates undergo assessments that are used to develop individualized treatment plans. Prior to treatment participation, inmates go through a one month program orientation that introduces them to the program and the principles of therapeutic community treatment. After orientation offenders are required to attend daily addiction treatment therapy, educational and vocational programming and job assignments for the remainder of their sentence.

For every day participants comply with their treatment program they receive earned good conduct credits (EGCC). Each credit reduces offenders' sentences by half a day.

Prior to their release inmates receive re-entry planning services. They are required to participate in employment verification, urinalysis and aftercare/additional treatment for one to three years after re-entering the community.

Over the first three and a half years of operation, Sheridan graduates accumulated more than 133,000 days of EGCC; equivalent to accruing 364 years worth of avoided incarcerated days.† The average cost per inmate of a year of incarceration in the Illinois DOC is $21,600. Based on this figure, Sheridan graduates saved the DOC more than $7.3 million during the first three and a half years of operation, or $2.1 million annually.

These savings are only a small fraction of the potential program benefits. One year after their release, Sheridan graduates are 17 percent less likely than their peers to be rearrested for a new crime and 42 percent less likely to be reincarcerated. Reduced recidivism leads to decreased criminal justice costs and victim costs.

* Inmates must be sentenced for crimes appropriate for incarceration in a medium security prison--no murderers or sex offenders--and cannot be diagnosed with severe mental health problems.

† 133,000 days/365 days = 364.38 years.

that were half that of those who did not complete both components. Five years after being released from prison, 42 percent of inmates who completed the Amity treatment and Vista aftercare programs had been reincarcerated for an average of 343 days; 86 percent of inmates who completed only the Amity treatment program had been reincarcerated for an average of 634 days; and 83 percent of inmates who received no treatment while in prison had been reincarcerated for an average of 626 days.[4]

Juvenile Justice. In 2005, states spent a total of $5.2 billion for juvenile detention and corrections and for construction and maintenance of juvenile correctional facilities. An estimated 79.4 percent of this amount or $4.1 billion was spent on substance-involved youth.

Promising Investments in Juvenile Justice. In its 2004 report, *Criminal Neglect: Substance Abuse, Juvenile Justice and The Children Left Behind*, CASA found that substance-involved children and teens caught up in juvenile justice systems are more likely than other youth to come from broken and troubled families, to be abused or neglected, to have dropped out of school or to have learning disabilities and mental health disorders.[5] CASA recommended that each child entering the juvenile justice system receive a comprehensive personal, family, social and medical evaluation to determine their needs and that states provide appropriate treatment and other services to meet those needs.

To implement such screenings and help assure access to needed services, CASA has drafted a Model Bill of Rights for Children in Juvenile Justice Systems. The model bill provides guidance to states for a legislative mandate and framework for improvements in the field of juvenile justice related to substance abuse.

In 2000, Washington State implemented a treatment program for juvenile offenders with co-occurring substance use and mental health problems called Family Integrated Therapy (FIT). The program is available to offenders, ages 11 to 17 and a half, referred by the State Juvenile Rehabilitation Administration based on the diagnosis of co-occurring illnesses. The FIT

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program incorporates components from four evidence-based treatment programs, Multi-Systemic Therapy, Motivational Enhancement Therapy, Relapse Prevention and Dialectical Behavioral Therapy.[6]

The program begins two months prior to an adolescent's release and continues for four to six months post-release. Therapists begin by motivating patients, families and community members in the program and work to increase parenting skills and strengthen family relationships. The focus later shifts to changing destructive behaviors with the involvement of family, peer, school and neighborhood networks. Through the program, patients learn how to regulate their emotions and improve coping skills and positive social behaviors. The FIT office in each county employs four therapists, including mental health and chemical dependency specialists. Therapists are available to families 24 hours a day and work closely with parole officers and juvenile rehabilitation staff.

The felony recidivism rate for FIT members 18 months following completion of the program was 27 percent, significantly lower than their peers'[*] rate of 41 percent. The cost per adolescent and family for the FIT program in 2004 was $8,968 (in 2003 dollars). Net savings equaled $11,749 in avoided justice system expenditures per FIT patient.[7]

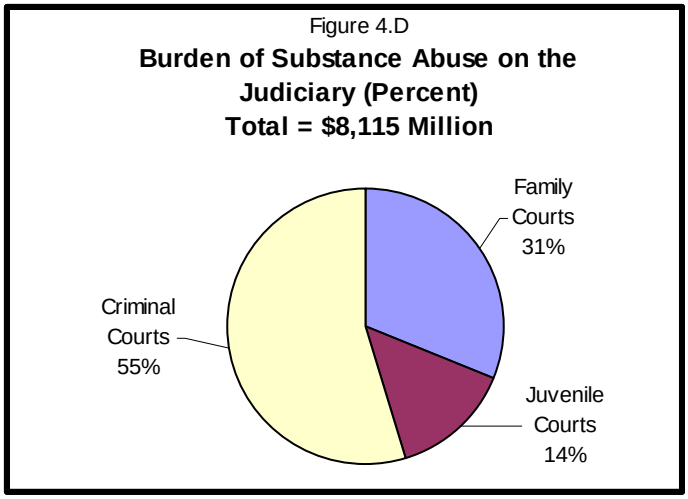
Judiciary. The judicial system consists of criminal, family, juvenile and civil courts. CASA was not able to estimate the substance-related costs of civil courts because of the lack of available data, yielding a conservative estimate of the burden of substance abuse and addiction on the courts.

For all but civil courts, states spend approximately $9.9 billion each year.[†] Of this amount, $8.1 billion or 82.3 percent is spent on substance-involved offenders:

- $4.5 billion in criminal courts;
- $2.5 billion in family courts; and,
- $1.1 billion in juvenile courts.

Within these totals are a reported $432 million in state aid to local courts and $138 million for drug courts. (Figure 4.D)

Figure 4.D



Promising Investments in the Judiciary. The Brooklyn Drug Treatment Alternatives to Prison Program (DTAP) is a residential drug treatment program with educational, vocational and social support services for non-violent, drug addicted, repeat felony offenders. A five year evaluation conducted by CASA found that DTAP graduates had lower rearrest rates, were less likely to return to prison, and more likely to be employed at about half the average cost of incarceration than a matched comparison group at two years post-program or post-release.[9]

> *I have found that drug courts are one of the best investments a state can make.*[8]
>
> --James McDonough
> Secretary of the Florida Department of Corrections

[*] Peers included juvenile offenders from counties without the FIT program who would have otherwise been eligible.

[†] Due to a lack of consistency in how states reported spending on judicial programs, CASA estimated state judicial expenditures using data from the Bureau of Justice Statistics and the National Center for State Courts' Court Statistics Project. See Appendix B, Methodology.

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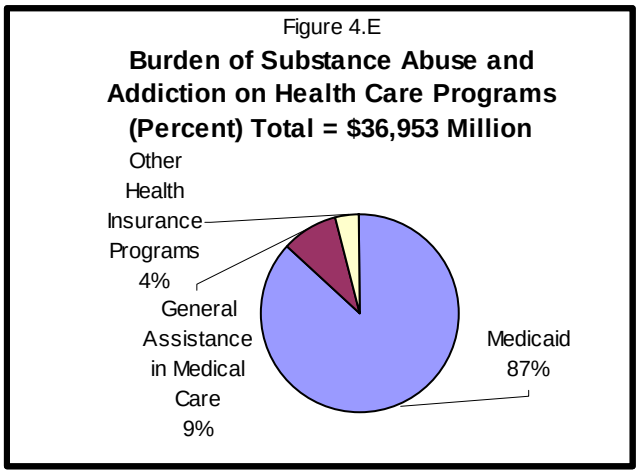
Health Care

In 2005, states spent approximately $130.1 billion of their own funds (15.1 percent of state budgets) to finance health care under the Medicaid program, the federal-state health insurance program for the poor and medically needy, and to finance health care costs for people who do not qualify for Medicaid. In 2005, states spent more on Medicaid than any other single budget sector other than elementary and secondary education.[10]

Between 1998 and 2005, the largest shift in state spending on the burden of substance abuse and addiction to state budgets occurred in the area of health care. The burden of substance abuse and addiction drained $37.0 billion (28.4 percent) from state health care budgets. Nearly all of these expenditures ($32.0 billion or 86.6 percent) are funds for the Medicaid program. General assistance medical care and other health insurance programs including SCHIP account for the remaining $5.0 billion (13.4 percent). (Figure 4.E)

Figure 4.E



States pay over 11 times the total amount spent on prevention, treatment and research coping with the burden of substance abuse and addiction in the health care system.

Promising Investments in Health Care. Although physicians and other health care professionals are often in the best position to address substance abuse in patients, they frequently lack the training to recognize the disease, fail to screen for it or do not know how to respond if they do spot it. Too often they focus instead on treating the symptoms or other acute illness resulting from it.[11] By spotting substance abuse early, states can prevent risky use from progressing to addiction thus saving billions in health care costs. Evidence has demonstrated that even minimal interventions can prevent risky substance use from becoming an addictive disorder. Screening and brief interventions have been shown to reduce harmful or risky drinking by up to 19 percent,[12] hospitalizations by up to 37 percent and emergency department visits up to 20 percent.[13]

Some states have begun investing in screening and brief intervention programs. A significant science-base documents the program and cost effectiveness of this approach in a variety of settings including emergency departments, primary care facilities, prenatal care facilities, college health centers, DUI offender programs and Employee Assistance Programs.[14]

Washington State began the Washington Screening, Brief Intervention, and Referral to Treatment (SBIRT) program in 2003 with federal grant assistance from the Federal Center for Substance Abuse Treatment. The initiative was implemented in nine hospitals in the counties of Tacoma, Everett, Olympia, Toppenish, Vancouver and Yakima. Incoming adult emergency room and trauma center patients were screened by full-time chemical dependency professionals in order to assess their risk for developing substance use disorders. Patients who screened positive for a moderate to high risk received one to four brief interventions employing self-awareness and behavioral motivation techniques. Patients with more severe problems were referred to brief therapy or directly to treatment programs. Through the SBIRT program, the monthly per member medical costs of the aged, blind or disabled Medicaid recipients participating in the program decreased by $190 six months to a year after

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patients received their screenings and brief interventions.*

After six months, patients who were screened and provided with brief interventions cut their average monthly alcohol use in half (from 10 days to five days), reduced their average monthly binge drinking by more than two-thirds (from 10 days to three days) and cut their average illicit drug use in half (from 14 days to 7 days). Alcohol abstinence rates increased from 28 percent to 47 percent, and illicit drug abstinence rates increased from 55 percent to 71 percent. [15]

Washington Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Based on the rate of screenings in 2007, about 22,000 emergency room patients will be screened in 2008, and an estimated 1,200 aged, blind or disabled Medicaid recipients subsequently will receive brief interventions. The medical cost reductions for this population alone could lead to $2.7 million in Medicaid savings.[16]

Education

The third largest area of state spending on the burden of substance abuse and addiction is in education. Due to the lack of available data, CASA was not able to include any estimate of the cost of substance abuse and addiction to higher education, resulting in an extremely conservative estimate of substance-related education spending.

In 2005, States spent roughly $235.2 billion or 27.2 percent of their state budgets on elementary and secondary education. CASA estimates that 12.1 percent of this amount or $28.5 billion was spent coping with the impact of substance abuse in our elementary and secondary schools.

Of total state spending on the burden of substance abuse and addiction to public programs, 22.4 percent falls to the schools--almost nine times more than states spend on all prevention, treatment and research.

Promising Investments in Education. CASA's study, *Malignant Neglect: Substance Abuse and America's Schools,* found that most prevention initiatives employed in schools are narrowly focused, not evidence based or not faithfully replicated. Consequently, they fail to make a difference. Instead what is required is a comprehensive approach that targets the full range of risk factors children and teens face, including substance availability, parental substance abuse, mental health and behavioral problems, learning disabilities, community circumstances and low parental engagement.[17]

One school and community-based program that has shown success among high-risk 8- to 13-year old youth from socially distressed neighborhoods is CASASTART[SM] (Striving Together to Achieve Rewarding Tomorrows). The program focuses on preventing and reducing negative behaviors, such as being disruptive in school, participating in delinquent acts and substance use. CASASTART[SM] students and their families are provided eight core services: in-school case management, education services, family services, recreational after-school and summer time activities, mentoring, community policing, incentives and juvenile justice interventions.[18] Through collaborations between local law enforcement, schools, community organizations and social service and health agencies, the core services are tailored to fit the local cultures and practices.[19] Students generally stay in the program for two years.[20]

When compared with similar groups of students who did not participate in CASASTART[SM] programs, CASASTART[SM] students are involved with less drug use and drug trafficking and fewer violent crimes.[21] A year following program completion, CASASTART[SM] students were significantly less likely than their peers (51 percent vs. 65 percent) to report past-month use of cigarettes, alcohol, inhalants or marijuana.

* Relative to the medical costs of similar aged, blind and disabled beneficiaries who visited emergency rooms around the same time but were not screened or who did not receive a brief intervention.

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They also were about half as likely as their peers (5 percent vs. 9 percent) to report past-month use of psychedelic, crack, cocaine, heroin or nonmedical prescription drugs. CASASTART[SM] participants were less likely to be involved with delinquent peers, felt as though they had more positive support from their peer groups, experienced less peer pressure than their peers, and were promoted to the next grade more often.[22]

Several federal agencies highlight model programs that consistently demonstrate strong positive short-term effects. CASASTART[SM] is hailed by SAMHSA, OJJDP and the National Dropout Prevention Center as a model program and was one of nine Safe and Drug Free School Programs the Department of Education ranked as exemplary in 2001.[23] The Life Skills Training (LST) Program, Project ALERT and Project Northland are other examples of multi-component prevention education curricula that have been identified as exemplary by SAMHSA and the U.S. Department of Education.

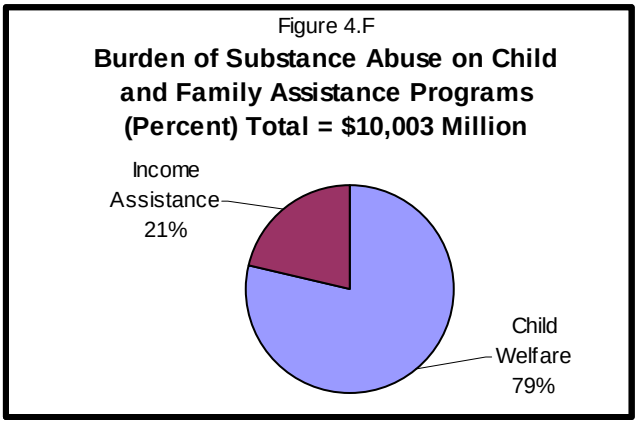
Other Service Programs

Approximately 14 percent of the burden of substance abuse and addiction to state programs fall in the categories of child and family assistance, mental health and developmental disability programs--down from 18.6 percent in 1998. Our failure to prevent and treat substance use disorders cost states $18.2 billion in 2005 through these programs; however, these same programs also represent opportunities for interventions that can reduce costs over the longer term. For example, providing treatment to substance-involved women who have neglected or abused their children may avoid costly foster care services, and providing prevention and early intervention services to their children may help avoid their own substance-related future problems.

Child and Family Assistance

In 2005, states spent $24.4 billion on child welfare and income support programs. Of this amount, the burden of substance abuse and addiction is $10.0 billion--41.1 percent of total spending in this area. Seventy-nine percent of this spending is in the area of child welfare. (Figure 4.F)

Figure 4.F



States spend three times more responding to the problem of substance abuse in child and family assistance programs than they report spending for all substance-related prevention, treatment and research.

Child Welfare. In 2005, states spent $10.6 billion of their own revenues on the child welfare system. Of this amount, at least 74.5 percent or $7.9 billion is caused or exacerbated by substance abuse and addiction. The largest share of spending was for adoption assistance, foster care and independent living programs ($4.9 billion). These costs signal the potential for future trouble since children who are neglected or abused by a substance-involved parent are more likely to abuse their own children and to develop substance use disorders.[24]

Promising Investments in Child Welfare. To address the problems of addiction in the child welfare system, Illinois started the Illinois Recovery Coach Program in Cook County in 2000 under a federal waiver that permitted the funding of alternative services under federal child welfare matching grant programs. Compared with a control group, the demonstration design matched custodial parents with substance use disorders whose children were in out-of-home care with intensive case management specialists known as Recovery Coaches (RCs). Judges, caseworkers or attorneys involved in families' temporary

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placement hearings may refer parents for substance use assessments based on substantiated or alleged substance abuse. Following their assessments, parents deemed to have an unmet treatment need receive same-day program referrals and are assigned to a RC.

RCs are privately contracted intensive case management specialists. They help parents plan their treatment program and remain engaged with their recovery process. They also provide housing, domestic violence, parenting and mental health needs assessments and help their clients overcome personal barriers and access appropriate government benefits. RCs conduct outreach visits to families' homes and caregivers' treatment facilities in order to provide support and encourage parents to remain motivated. And, if necessary, RCs address families' emergency needs, including serving as client advocates in the child welfare and judicial systems. After treatment completion, RCs continue to work with parents and encourage their use of aftercare and recovery support services. Between 2002 and 2005, according to the University of Illinois, Children and Family Research Center, cumulative net savings due to the RC initiative as compared with the control group grew from $9,300 to $5.6 million in avoided child welfare expenditures.[25]

Income Support Programs. Total state spending for income support was $13.8 billion in 2005 for Temporary Assistance to Needy Families (TANF), General Assistance and state supplements to the Supplemental Security Income Program (SSI). Of this amount, a conservative estimate of $2.1 billion (15.4 percent) supports individuals with substance use problems:

- $1.7 billion through the TANF program (23.5 percent of TANF spending);
- $397 million in General Assistance (23.5 percent of General Assistance spending); and,
- $68.8 million in Supplemental Security Income (SSI) (1.2 percent of SSI spending).

Promising Investments in Income Assistance. CASASARD[SM], an ongoing welfare demonstration program for substance-addicted mothers, was designed to get women engaged in treatment and employment services, and help them become sober and successfully move to stable employment. Conducted in Essex (including Newark) and Atlantic (including Atlantic City) Counties, New Jersey, CASASARD[SM] uses an innovative intensive case management approach to providing services for these women compared with the standard care approach that focuses on employment first, screening and referral. The program includes:

- Outreach and assessments--all women applying for welfare benefits undergo brief screenings and those with potential disorders are given diagnostic assessments;
- Planning, motivational enhancement and treatment to encourage women in need to enroll in programs that address their individual problems;
- Treatment coordination, monitoring and advocacy to encourage women to stick with their program--case managers also help women overcome their related employment barriers such as childcare or lack of transportation;
- Aftercare follow-up, peer support meetings and relapse monitoring to encourage women to stick with abstinence; and,
- Crisis management and termination.

Compared to women receiving standard care, the women receiving the intensive case management approach were almost twice as likely to be completely abstinent at the 12 and 24 month follow-ups, and were more than twice as likely to be employed full-time at the end of two years. Based on these promising findings, New Jersey is expanding the program to an additional 17 counties.

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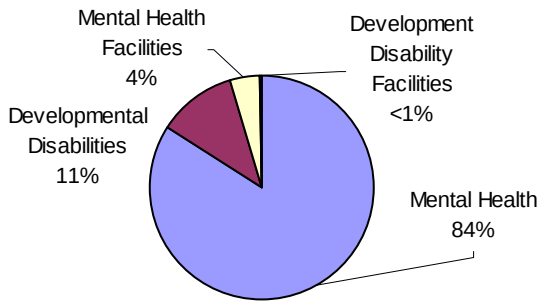
Mental Health/Developmental Disabilities

In the areas of mental health and developmental disabilities, states spent $22.4 billion in 2005 of their own revenues. Conservatively, $8.2 billion (36.4 percent) of it was spent on treatment of a mental health problem or developmental disabilities co-occurring with and caused or exacerbated by substance abuse or addiction. The largest share (88.3 percent) was spent on mental health programs. (Figure 4.G)

Figure 4.G

Burden of Substance Abuse on Mental Health/Developmental Disabilities Programs (Percent)
Total = $8,170 Million



For every dollar states report spending on prevention, treatment and research related to substance abuse and addiction, they spend almost two and a half dollars to deal with its burden in programs for the mentally ill and developmentally disabled.

Mental Health. State spending in 2005 on mental health programs totaled $12.8 billion. An estimated 56.3 percent or $7.2 billion was spent to cope with the impact of substance use disorders on the mental health system.

Developmental Disabilities. In 2005, states spent $9.6 billion on programs for the developmentally disabled. Substance use by a woman during pregnancy can result in developmental disabilities for the child. CASA estimates that at least 10.0 percent or $959.9 million of state costs for programs for the developmentally disabled are a result of Fetal Alcohol Syndrome (FAS). Because of data limitations, CASA was unable to estimate the costs to programs for the developmentally disabled linked to tobacco or illicit or controlled prescription drug use; hence this estimate is extremely conservative.

Promising Investments in Mental Health and Developmental Disabilities. The close relationship between mood disorders and substance use disorders can complicate diagnosis and treatment.[27] Scientific research has shown that individuals with anxiety or mood disorders are almost twice as likely to suffer from a substance use disorder. Among veterans with PTSD, for example, studies indicate that as many as half may have a co-occurring substance use disorder.[28]

My adopted son is now a 22 year old man with fetal alcohol syndrome. At 12 months he only weighed 12 pounds. He has made good progress despite an IQ of 64, skull and facial anomalies, 15 eye and ear surgeries, being high risk for vision loss, ADHD, poor judgment and an eating disorder. Now he is actively drinking on "weekends only." While my work on his behalf was given with love and he contributed his willingness to learn and grow, over his 22 years a range of supports--including an adoption subsidy, state medical assistance, energy assistance, HUD housing, WIC and food support, medical cabs, respite caregivers, special needs summer camp, sheltered employment and a special needs apartment with in-building staff--have all been poured into this one case. The financial worth of these supports--along with my lost earnings as a 20-year full time stay-at-home caregiver/educational advocate/medical case manager and loving MOM--have not been tabulated.[26] We pray his drinking will not increase.

--Linda Lee Soderstrom, MA, LPN

Research shows that treating co-occurring disorders together instead of separately can increase retention and reduce hospitalization and arrests among individuals with such disorders.[29] According to a study of 981 veterans with co-occurring psychiatric and substance use disorders from 15 treatment facilities, receiving services in a dual diagnosis treatment climate and greater participation in 12-step and mental health aftercare programs were associated with higher rates of abstinence during the year

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following treatment completion. Aftercare participation was associated with higher levels of general and substance-specific coping in addition to abstinence.[30]

The Parent-Child Assistance Program (PCAP), initiated with the support of a federal research grant from the Center for Substance Abuse Prevention provided to Washington State in 1991, was designed to prevent developmental disabilities resulting from prenatal alcohol and other drug exposure. The program serves heavy substance using women who are pregnant or up to six months postpartum. Through regularly scheduled home visits, case managers provide practical assistance and emotional support to a small group of clients for up to three years.[*] In addition to connecting clients with treatment and other community services, case managers also keep an eye on the needs of their clients' children. Every four months case managers help their clients identify and re-assess their goals.[31]

Mothers involved in the initial demonstration program were more likely than their peers to enroll in inpatient or outpatient addiction treatment (52 percent vs. 44 percent), achieve at least one year of continuous abstinence (37 percent vs. 32 percent) and regularly use a reliable method of contraception (43 percent vs. 32 percent).[32]

Replications of the PCAP in Washington State have demonstrated even greater outcomes: 74 percent enrolled in inpatient or outpatient treatment, 53 percent achieved at least one year of continuous abstinence and 51 percent used a reliable method of contraception. Among women enrolled in the replication projects, an estimated 15 alcohol-exposed births were prevented over the course of their three years in the program. The cost of the three year program is just under $15,000 per client. The estimated average lifetime savings from preventing one case of FAS are $1.5 million.[33]

[*] Case managers are generally un-credentialed paraprofessional women who also have overcome significant hurdles such as poverty or substance use disorders.

Public Safety and the State Workforce

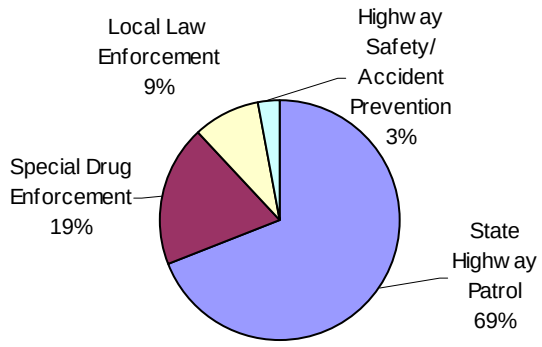
The remaining two percent of state spending on the burden of substance abuse and addiction to state programs is spent in the areas of public safety and the state workforce, costing states $2.5 billion in 2005. This is an extremely conservative estimate since, with the exception of special drug enforcement programs, CASA was able only to estimate costs linked to alcohol.

Public Safety

In 2005, states spent $8.2 billion on public safety including state highway patrol, special drug enforcement programs, local law enforcement programs and highway safety and accident prevention programs. Approximately $1.8 billion (22.0 percent--up from 16.9 percent in 1998) was spent on the cost of alcohol-involved traffic accidents to state and local law enforcement, drug enforcement and highway safety programs; 69 percent was through state highway patrol. (Figure 4.H)

Figure 4.H

Burden of Substance Abuse and Addiction on Public Safety Programs (Percent)
Total = $1,813 Million



CASA estimates that 19.7 percent of state costs to highway patrol, local law enforcement programs, and highway safety and accident prevention programs are due to alcohol abuse and addiction, and that 100 percent of the costs of special drug enforcement programs are attributed to substance abuse and addiction.

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Promising Investments in Public Safety. Driving while impaired by alcohol or other drugs is commonly acknowledged to be one of the primary public safety problems in the United States.[34] The education campaigns, activist work and relevant policy changes, such as zero-tolerance laws and lower legal blood alcohol concentrations of the 1980s and early 1990s helped to reduce total alcohol-related traffic fatalities by 35 percent, from 26,000 deaths in 1982[*] to 17,000 deaths in 2003.[35] However, the number of cars on the road has increased substantially as has the annual number of vehicle miles traveled resulting in substantial declines in alcohol-related fatalities per registered vehicles in the U.S. and vehicle miles traveled during this period.[36] People living in states with more countermeasures against drunk driving, such as DUI specific laws and high enforcement rates, are less likely to report driving under the influence than those living in states with less stringent practices.[37]

Programs that have shown some promising results include: the use of sustained sobriety checkpoints, enhanced license suspension laws, targeted under-age drinking prevention programs, seizure of vehicle and license plates, alcohol interlocks and close monitoring strategies for persons with prior alcohol-related convictions.[38] Sobriety checkpoints have been found to reduce fatal motor vehicle accidents by more than 20 percent, producing positive returns on investment.[†] [39]

Other programs, such as the use of Drug Recognition Experts, can be used to increase the number of individuals referred to treatment. Increased treatment referrals may be able to reduce traffic accidents. Drug Recognition Experts are individuals, primarily from police departments, who receive 72 hours of classroom instruction, 40 to 60 hours of field experience, and pass a written exam as training to recognize if people are under the influence of drugs. In Oregon, Drug Recognition Experts had a 94.8 percent accuracy rate for identifying individuals who were under the influence of drugs and a 78.9 percent accuracy rate for identifying which drugs individuals had ingested.[40]

State Workforce

Substance abuse and addiction compromise the productivity of the state workforce and increase the costs of doing business. Substance abuse is associated with lower productivity, increased turnover, workplace accidents and higher health insurance costs.[41] The effects of substance use can reach beyond personal job performance. Up to 21 percent of employees report being subject to an injury or almost being injured, having to work harder, re-do work or cover for a coworker because of their coworker's alcohol use.[42]

Because of severe data limitations, however, CASA was able to estimate only those costs linked to absenteeism; that is, the extra days of absence by those who report illicit drug or heavy alcohol use or alcohol or other drug use disorders vs. those who do not report such problems. Workers who report illicit drug or heavy alcohol use or alcohol or other drug use disorders are more likely than those who don't to have missed two or more days of work in the past month due to illness/injury or skipped one or more day(s) of work in the past month.[43] Workers suffering from substance use disorders miss on average 0.51 days of work a month more than their peers.[44]

In 2005, states spent $182.1 billion in payroll and fringe benefit costs for state workers. CASA estimates that states spent 0.4 percent of payroll and fringe benefit costs or $676.9 million in absenteeism costs alone due to substance abuse and addiction. (Table 4.2)

Table 4.2
Burden of Substance Abuse and Addiction on State Workforce Costs

State Budget Sector	$ in Millions
Total payroll	$535
Total fringe benefits	142
Total*	**$677**

* Numbers may not add due to rounding.

[*] The year the Fatality Analysis Reporting System was established.

[†] Estimates and calculations of the cost-to-benefit ratio of sobriety checkpoints vary widely.

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Promising Investments in State Workforce. Employee Assistance Programs (EAPs) can be used to help identify and address alcohol and other drug problems that may adversely affect employees' job performance. EAP services include:

- Working with employers to develop effective addiction-related workplace policies;
- Providing training to identify and assist employees that may have addiction-related problems;
- Providing access to professional services for addiction and related problems, including counseling, referrals, treatment or other support services; and,
- Providing access to educational materials and workshops.[45]

Clients with alcohol and other drug problems who received EAP services demonstrated a 66 percent reduction in reports of low productivity due to mental health problems; a 58 percent reduction in reports of low productivity due to physical health problems; and an 80 percent reduction in average lost time due to absenteeism or tardiness.[46]

State by State Burden and Per Capita Spending

State spending on the burden of substance abuse and addiction varies substantially by state, depending on differences in the state share of federal programs and different cost burdens they impose on localities. State burden spending ranges from 4.3 percent of state spending in Wyoming to 26.9 percent in Maine. Average burden spending is 14.8 percent. (Table 4.3)

To cope with this burden on state budgets, states collectively spend an amount equal to $420.49 for every person in America. State per capita spending ranges from a low of $216 in South Carolina to a high of $1,316 in the District of Columbia. (Table 4.4)

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Table 4.3

Burden of Substance Abuse and Addiction on State Programs[a]

State	Percent of State Budget	$ in Millions
Maine	26.9	$1,180
Massachusetts	21.8	4,502
New York	21.1	13,132
New Mexico	20.9	1,346
California	19.1	19,473
Vermont	18.4	486
District of Columbia	18.3	765
New Hampshire	18.3	536
North Carolina	17.6	4,227
Kansas	17.4	1,194
Louisiana	17.0	1,376
Michigan	16.1	4,673
Florida	16.0	6,058
Pennsylvania	15.9	5,344
Missouri	15.8	2,144
Texas	15.8	6,400
Alaska	15.6	832
Colorado	15.1	1,616
Minnesota	14.9	2,774
Connecticut	14.9	2,610
Illinois	14.4	4,666
Nevada	14.9	757
Maryland	14.2	2,579
Puerto Rico	14.2	1,261
Georgia	13.9	2,495
Washington	13.4	2,746
Montana	12.6	308
Nebraska	12.0	616
Delaware	12.0	577
Idaho	11.9	359
Ohio	11.8	4,865
Oklahoma	11.8	999
New Jersey	11.7	3,780
Arizona	11.2	1,624
Mississippi	11.2	812
Hawaii	11.1	753
Alabama	10.8	1,142
Iowa	10.2	899
Kentucky	9.8	1,281
Wisconsin	9.6	2,384
Oregon	9.5	1,462
Virginia	9.4	2,379
South Carolina	8.5	934
Arkansas	8.5	846
South Dakota	8.1	180
West Virginia	5.0	705
Wyoming	4.3	177
Average	**14.8**	**$2,595**

[a] State programs include justice, education, health, child/family assistance, mental health/developmental disabilities, public safety and state workforce.

Table 4.4

Per Capita Burden of Substance Abuse and Addiction on State Programs[a]

State	Per Capita
District of Columbia	$1,315.97
Alaska	1,241.63
Maine	892.89
Vermont	778.75
Connecticut	744.79
Massachusetts	699.34
New Mexico	688.64
New York	680.19
Delaware	675.71
Hawaii	585.62
Minnesota	536.87
California	534.13
North Carolina	477.27
Michigan	462.88
Maryland	459.23
New Jersey	433.25
Kansas	432.05
Pennsylvania	429.59
Washington	429.35
Wisconsin	429.11
Ohio	423.84
New Hampshire	407.52
Oregon	394.98
West Virginia	387.58
Missouri	366.94
Illinois	363.62
Nebraska	348.20
Wyoming	343.88
Colorado	339.86
Florida	334.88
Montana	325.92
Puerto Rico	321.12
Louisiana	320.83
Virginia	311.21
Kentucky	304.50
Nevada	303.49
Iowa	301.52
Arkansas	300.85
Oklahoma	279.09
Mississippi	278.96
Texas	272.24
Georgia	266.45
Arizona	263.28
Alabama	248.34
Idaho	244.74
South Dakota	230.23
South Carolina	216.18
Average	**$420.49**

[a] State programs include justice, education, health, child/family assistance, mental health/developmental disabilities, public safety and state workforce.

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Chapter V
The Burden of Substance Abuse and Addiction to Local Budgets

CASA estimates that in 2005, local governments spent $93.3 billion on the burden of substance abuse and addiction to local programs--8.9 percent of total local expenditures. This is a very conservative estimate based on local census data which do not permit the level of analysis possible with state programs. (See Appendix B, Methodology and Appendix E, Substance Abuse Spending by Local Budget Category)

As with the states, three areas of spending--justice, education and health--constitute the lion's share of local burden spending. Spending in these three areas equals 76.7 percent of the burden of substance abuse and addiction to local programs--$71.5 billion.

The next largest area of spending on the burden of substance abuse and addiction at the local level is public safety, accounting for $12.8 billion. Another $7.6 billion in burden spending is in child and family assistance programs and the remaining $1.4 billion is a function of workforce absenteeism. (Figure 5.A)

Calculating the Local Burden

1. Identify total local government spending for each budget category where substance abuse or untreated addiction have been demonstrated* to cause or increase spending.

2. Multiply total spending in each category by the share of such spending linked* to substance abuse and addiction. (For specific local jurisdictions, weight spending by the relevant state prevalence of heavy binge drinking and drug use compared with other states.)

3. Sum substance-related local spending in all categories for total burden spending.

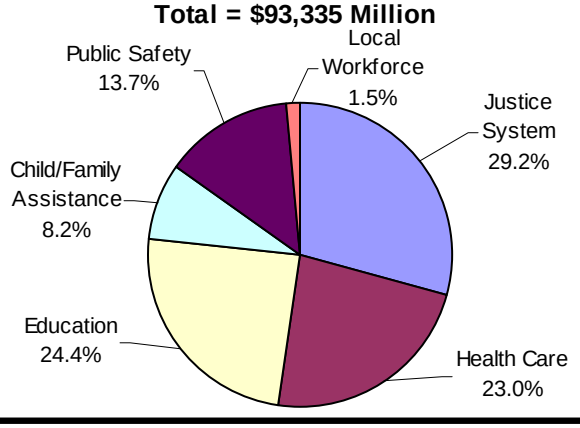
4. For specific local jurisdictions, identify total local substance-related spending on prevention, treatment, research, alcohol and tobacco taxation and regulation and add to total burden spending for total substance-related spending. Divide burden spending by total substance-related spending for percent spent on burden.

* Identified through national and other peer reviewed literature.

See Appendix B, Methodology.

Figure 5.A

Burden of Substance Abuse and Addiction on Local Programs by Budget Sector (Percent)
Total = $93,335 Million



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Justice

Total local spending on justice programs--adult corrections, juvenile justice and the judiciary--equals the largest share of substance-related spending on the burden to public programs (29.2 percent) totaling $27.3 billion in 2005.

Promising Investments in Justice

The Multnomah County STOP drug court has served the State of Oregon for 18 years. At the recommendation of the county district attorney, non-violent offenders charged with possession of narcotics or similar crimes are presented the opportunity to enter treatment in lieu of incarceration. After treatment assessment, participants begin a minimum one-year treatment program including counseling, scheduled court visits and random drug tests. Upon successful completion of the program and at least six consecutive negative drug tests, the drug court judge will drop charges against program graduates. Aftercare services also are available to participants, but are not required. During its first 10 years of operation, 6,502 offenders participated in the Multnomah County drug court. Based on a randomized, experimental evaluation:

- Drug court participation costs an average of $5,170 per participant, including the expenses associated with their original arrest and booking, the drug court hearings, the pre- and post-graduation treatment and time spent on probation and in jail. In comparison, drug court eligible offenders who went through the standard adjudication process cost the criminal justice system $6,560 per participant. During the first 10 years of its operation the STOP drug court saved Multnomah County over $9 million, from these factors alone.

- Compared to eligible offenders who went through the standard adjudication process, STOP drug court participants are rearrested less often (four vs. six rearrests) and booked less often (two vs. three bookings) and spend less time in court and fewer days in jail (46 vs. 75 days), in prison (80 vs. 105 days) or on probation (529 vs. 661 days). Based on these findings, the Multnomah County drug court has saved the judicial and corrections system over $41 million over a 10 year period.[1]

Education

Education is responsible for the second largest area of local spending on the burden of substance abuse and addiction to local governments. Total local substance-related education spending accounts for 24.4 percent ($22.8 billion) of the burden to local programs.

Health

The third largest area of local spending on the burden of substance abuse and addiction to local programs is health--23.0 percent of burden spending or $21.5 billion.

Promising Investments in Health Care

New York City's Five Point Tobacco Control Plan is an example of a promising initiative that combines elements of prevention, treatment, regulation and taxation. Initiated in 2002, effects attributed to the campaign through pre- and post-initiation studies were visible almost immediately and included reduced smoking rates, decreased health spending on tobacco-related illnesses and improved health of city residents.[2]

The five component program included:

- Expanding the City's clean air laws to include all bars and restaurants and stricter enforcement of the existing anti-smoking regulations, for example, the consequences of selling tobacco to minors;

- Increasing quitline services, including the introduction of free six-week courses of nicotine replacement therapy (NRT) and complementary telephone counseling services;

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- Increasing educational prevention resources, including anti-smoking media campaigns;
- Increasing the city's tobacco tax rate from $0.08 to $1.50; and,
- Monitoring program success.[3]

Public Safety

The burden of substance abuse and addiction to local public safety programs accounts for 13.7 percent of local spending on the burden--$12.8 billion.

Promising Investments in Public Safety

Locally-based initiatives such as Driving Under the Influence (DUI) Courts for repeat DUI offenders and sobriety checkpoints are effective at reducing alcohol-related fatalities.

DUI Courts use a Drug Court model to deter repeat DUI offenders from continuing to drink and drive by providing them with treatment in lieu of traditional sentencing procedures.[4] DUI participants from DUI Courts across the country are three times less likely to be rearrested and 19 times less likely to be rearrested for a DUI compared to their peers who receive traditional probation.[5] The cost-effectiveness of DUI Courts has not been well established in general; however research suggests that the program is an effective alternative when focused on serving repeat offenders with at least two prior DUI arrests.[6] As of 2007 there were only 110 designated DUI Courts and 286 DUI/Drug Court hybrids in the country, leaving room for program expansion.[7]

Sobriety checkpoints where police utilize selective breath testing--testing only those drivers whom they have reason to suspect were drinking--reduce fatal and non-fatal injury crashes by an average of 20 percent.[8] Well publicized sobriety checkpoint campaigns can be cost effective, even when only a few officers are present.[9] Research suggests that by doing so communities reduce the public costs of alcohol-involved crashes and can expect at least $6 in savings for every dollar they spend on the program.[10]

New York City Five Point Tobacco Control Plan

- For the first time in 11 years the prevalence of smoking among adult New Yorkers fell during the years following program implementation--11 percent between 2002 and 2003 and 15 percent between 2002 and 2004 or nearly 200,000 fewer adult smokers. Between 2002 and 2003, the heavy smoking rate decreased by almost 23 percent.[11]
- The free NRT program substantially increased NYC smokers' chances of successfully quitting for at least six months. Participants were more likely to follow through with attempts to quit (87 percent vs. 54 percent) and successfully remain smoke-free for six months (33 percent vs. six percent). NRT program participants substantially reduced their cigarette consumption over the six-month period: the percentage of pack-a-day smokers fell from 79 percent to 28 percent (among those who had not successfully quit). Individuals who utilized the free counseling services increased their chances of achieving abstinence by an even greater amount.[12]
- Almost half of NYC smokers (45 percent) reported reducing their consumption, quitting or attempting to quit in response to the tax increase. During fiscal year 2003, the cigarette tax revenues collected by the City were $260 million greater than the prior year.[13]
- A fifth of NYC smokers (21.4 percent) reported reducing their consumption due to the increased stringency of the indoor clean air laws. Residents also reported (46 percent) less second-hand smoke exposure.[14] These reductions have been linked to an accelerated decline in the monthly hospitalization rate for acute myocardial infarctions.[15]

Child and Family Assistance

Total local spending on the burden of substance abuse and addiction to child and family assistance programs equals 8.2 percent of total burden spending or $7.7 billion.

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Mental Health and Developmental Disabilities

Due to data limitations, CASA was unable to separately estimate total local substance-related spending on the burden to local mental health or developmental disabilities programs. These costs are embedded in the areas of health and child and family assistance.

Local Workforce

Local government spending on the burden of substance abuse and addiction in terms of the cost of absenteeism in the local government workforce ($1.4 billion) accounts for approximately 1.5 percent of the burden to local programs.

Local Case Studies

To provide a more complete picture of the costs of substance abuse and addiction to government, CASA selected four local jurisdictions to serve as case studies for this report: Nashville, Tennessee; Multnomah County, Oregon; and Charlotte, North Carolina and Mecklenburg County, North Carolina. CASA combined Charlotte and Mecklenburg County into one jurisdiction to present a combined picture of city/county spending. These jurisdictions vary in size, government structure and local responsibilities. In Charlotte and Mecklenburg, for example, the City of Charlotte is responsible for providing police and fire protection and other local services while Mecklenburg County is responsible for corrections, education and human and social services.

While not representative of all local spending, these case studies provide three snapshots of city (Nashville), county (Multnomah) and combined spending in a city and county (Charlotte-Mecklenburg) governments. (See Appendix E, Substance Abuse Spending by Local Budget Category) Spending on the burden of substance abuse and addiction in these three local jurisdictions ranged from 7.7 percent of the local budget in Nashville to 15.5 percent in Multnomah County.

Supportive Housing: 1811 Eastlake Project

In 2005, Seattle, WA opened a supportive housing program for homeless men and women with chronic alcohol use disorders. The 1811 Eastlake Project is based on a harm reduction model: rather than requiring residents to achieve and maintain abstinence, the project takes a holistic approach aiming for general life improvements including treatment participation and reduced alcohol use. The county targets chronic public inebriates who cost them the most through continual use of public services. A space in the 75-unit residence comes with:[16]

- Case management and 24-hour staffing
- State licensed mental health and chemical dependency treatment
- On-site health care services
- Twice daily meals and weekly outings to local food banks
- Community building exercises.

The program is estimated to cost $950,000 annually or about $13,000 per resident.* This budget is provided by federal, state and local grants. At 12 months, residents reduced their total costs by more than $4 million, or $42,964 per person per year.[17]

* Not including the initial capital costs of $11.2 million.

In these three jurisdictions, spending on the burden of substance abuse and addiction to local government programs ranged from 94.7 percent of local substance-related spending in Multnomah to almost 100 percent in Charlotte and Mecklenburg.

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Chapter VI
Government Spending on Prevention, Treatment and Research

Only 2.4 percent of total federal and state substance-related spending in 2005 ($8.8 billion) was for prevention, treatment or research; only 1.9 percent ($7.2 billion) was for prevention and treatment. (Table 6.1) For every dollar federal and state governments spend to prevent and treat substance abuse and addiction, they spend $59.83 in public programs shoveling up its wreckage, despite a substantial and growing body of scientific evidence confirming the efficacy of science-based interventions and their enormous cost-saving potential.

Table 6.1
Federal and State Spending on Prevention, Treatment and Research

	Expenditures ($ in Millions)	**Percent of Prevention, Treatment & Research Spending**	**Percent of Federal and State Addiction-Related Spending**
Prevention	$1,975	22.5	0.5
Treatment	4,534	51.7	1.2
Unspecified prevention/ treatment	664	7.6	0.2
Research	1,604	18.3	0.4
Total*	**$8,777**	**100.0**	**2.4**

* Numbers may not add due to rounding.

The importance of government investment in prevention, treatment and research is difficult to overstate. Individuals who reach the age of 21 without smoking, abusing alcohol or using other drugs are far less likely ever to do so. The savings from cutting off substance problems before abuse or addiction sets in far outweigh the price of effective prevention programming.

A recent study of two specific prevention programs found a nearly $10 return for every dollar invested in prevention.[*] [1] According to a

[*] Iowa Strengthening Families Program and Life Skills Training Program.

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comprehensive review by the National Institute on Drug Abuse, the return of investing in treatment may exceed 12:1; that is, every dollar spent on treatment can reduce future burden costs by $12 or more in reduced substance-related crime and criminal justice and health care costs. Other major savings to individuals and society not included in this calculation are improvements in workplace productivity and reductions in drug-related accidents.[2]

Once addiction becomes a chronic condition, it requires a long-term care approach focused on disease management like asthma, diabetes and other chronic illnesses.[3] While symptoms may recur as they do with other chronic illnesses (relapse), such recurrence signals the need for an increased level or alternate approach to care to achieve remission. The stigma associated with substance use disorders, however, often prevents people from seeking the treatment they need, contributing to disease severity and staggering costs to public programs.[4]

To increase knowledge and understanding of the factors that protect against the development of addictive disorders, drive addiction and impede recovery, research and evaluation studies are critically needed.

Federal Spending

Of the $238.2 billion the federal government spent on substance abuse and addiction in 2005, only $5.5 billion--2.3 percent--was spent on prevention, treatment and research. Twenty-eight percent of this amount was spent on prevention, 44 percent on treatment and 28 percent on research. (Table 6.2)

State Spending

States spent just 2.4 percent of their total $135.8 billion in substance-related spending in 2005 on prevention, treatment and research ($3.2 billion). In 2005 dollars, this is less than they reported spending in 1998. Thirteen percent of this amount was spent on prevention, 65 percent on treatment, 21 percent on unspecified prevention and treatment and less than two percent on research. (Table 6.3)

Table 6.2
Federal Substance Abuse and Addiction: Prevention, Treatment and Research Expenditures

	Expenditures ($ in Millions)	Percent of Prevention, Treatment & Research Spending	Percent of Federal Addiction-Related Spending
Prevention	$1,558	28.1	0.7
Treatment	2,428	43.8	1.0
Research	1,557	28.1	0.7
Total	**$5,543**	**100.0**	**2.3**

* Numbers may not add due to rounding.

Table 6.3
State Substance Abuse and Addiction: Prevention, Treatment and Research Expenditures

	Expenditures ($ in Millions)	Percent of Prevention, Treatment & Research Spending	Percent of State Addiction-Related Spending
Prevention	$418	12.9	0.3
Treatment	2,106	65.1	1.6
Unspecified prevention/ treatment	664	20.5	0.5
Research	47	1.5	0.03
Total	**$3,235**	**100.0**	**2.4**

* Numbers may not add due to rounding.

Local Spending on Prevention, Treatment and Research

CASA was unable to identify total local spending on prevention, treatment and research due to data limitations. Of the local government case studies included in this report, spending on prevention, treatment and research ranged from two percent ($5.2 million) of total substance-related spending in Charlotte-Mecklenburg to five percent ($6.5 million) in Multnomah County. Like states, local jurisdictions did not always differentiate spending between prevention, treatment and research.

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Prevention

The federal government spent $1.6 billion in 2005 to prevent substance abuse and addiction:

- $625.6 million through the Department of Education--$592.8 million for Safe and Drug Free Schools and Communities and $32.7 million for the reduction of alcohol abuse;
- $355.1 million through SAMHSA Substance Abuse Block Grants and an additional $197.2 million in other prevention programs;
- $207.1 million through the Office of National Drug Control Policy (ONDCP);
- $42.6 million through the Department of Justice;
- $8.9 million through the Drug Enforcement Administration;
- $120.4 million through the Department of Defense; and,
- $987,000 through the U.S. Small Business Administration.

Only $418 million in state funds is spent nationwide on substance abuse prevention. This includes $197.7 million through departments of health, $217.3 million through state substance abuse agencies. The remaining three million includes prevention programs through departments of Education and Juvenile Corrections.

Examples of spending for prevention include state-wide media campaigns, grants for community prevention programs and local prevention networks, and school- and community-based prevention programs.

Promising Investments in Prevention

The **truth®** campaign, launched in February 2000, is the largest national youth smoking prevention campaign in the country and the only national campaign not directed by the tobacco industry. Aimed at 12- to 17-year olds, **truth®** is designed to give young people the facts about the tactics of the tobacco industry, addiction, and the health effects and social consequences of smoking, and provide tools to help teens make informed decisions about tobacco use. The campaign includes television advertising, a Web site, interactive social networking sites, events and grassroots outreach.[5]

During the period of 2000-2002, the **truth**® campaign has been credited with reducing the number of children and teen smokers by 300,000.[6] A recent study published in the *American Journal of Preventive Medicine* indicated that the **truth**® campaign recouped its costs and averted almost $1.9 billion in medical costs to society.[7]

Treatment

The federal government spent $2.4 billion on treatment programs for substance use disorders in 2005:

- $1.8 billion through the Center for Substance Abuse Treatment (CSAT);
- $448.0 million through the Veterans Health Administration;
- $73.3 million through the Department of Justice;
- $54.8 million for Assistance in Transition from Homelessness (PATH);
- $10.1 million through the ONDCP; and,
- $5.5 million through the Department of Defense.

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States report spending $2.1 billion a year on treatment for substance use disorders. Of this amount:

- $1.6 billion is spent through the state substance abuse agencies; and,
- $535 million through departments of health.

Examples of spending for treatment include grants for community treatment programs, addiction treatment for TANF recipients, detoxification clinics, community medical services and capital spending for treatment facilities.

Promising Federal Investments in Treatment

Based on extensive research and clinical practice, the National Institute on Drug Abuse has summarized the basic overarching principles that characterize effective treatment:[8]

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

Multi-State Tobacco Settlement[9]

In 1998, the multi-state tobacco settlement agreement provided states with an estimated $246 billion to help prevent, treat and cope with the consequences of substance use and addiction.

Since 2000, only $6.5 billion of the $203.5 billion states received in tobacco revenue from tobacco taxes and the settlement has been spent on tobacco prevention and cessation programs. No state is funding tobacco prevention programs at the CDC recommended level. Instead many states have diverted these funds to pay for other programs and make up for current budget shortfalls.

The CDC estimates that using only 15 percent of tobacco money on prevention and cessation programs would bring every state up to the CDC recommended level.

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Evidence from the National Treatment Improvement Evaluation Study shows that among clients participating in federally funded treatment programs there was a 53.5 percent reduction for alcohol- or other drug-related medical visits; a 52.9 percent reduction in TB problems in the past 30 days; a 10.7 percent reduction in inability to work due to health limits; and a 27.6 percent reduction in inpatient mental health visits a year after treatment. Clients also reduced drug use by approximately 50 percent, and criminal behavior declined by 70 to 90 percent after a year of treatment.[10]

The federal government provides grants to states and localities to fund treatment initiatives. These grant programs generally aim to connect under-served or other specific populations with the substance-related treatment and support programs they need. Examples include CSAT grants to residential treatment programs for pregnant and parenting women that would accommodate and incorporate both mothers and children into the treatment regime.

- The Pregnant and Postpartum Women (PPW) demonstration project provided long-term (6-12 months) comprehensive clinical, medical and social services for pregnant woman and mothers of children under the age of one.[16]

- The Residential Women and Children (RWC) project targeted mothers with children older than one. The treatment programs generally were small; 70 percent had between 10 and 20 treatment beds. They also attempted to target minority and low-income women who are traditionally underrepresented in treatment populations.[17]

Evidence-based practices commonly incorporated in these programs included standardized screening and assessments, individual case management, access to prenatal and pediatric care, mental health services, vocational and parenting classes, child care, preschool and transportation services.[18]

Of 39 programs examined, the annual cost of the RWC and PPW treatment programs was $160 per client per day and $25,700 per treatment episode (161.9 client days per treatment episode). Thirty-two percent of costs were for housing, 38 percent for client services and 30 percent for child care.[19] Costs of client services include either providing or supporting services such as counseling, medical care, case management, aftercare and transportation. Program results yielded approximately $89,100 in avoided costs per participant in one year post-discharge, including reduced crime, avoided TANF and food stamp payments, foster care placements and costs associated with low-birth weight deliveries.[20]

Findings from the Pregnant and Postpartum Women (PPW) and Residential Women and Children (RWC) Programs

- During the six months following their discharge, 61 percent of program participants remained abstinent from alcohol and other drugs.[11]
- Program participation decreased clients' arrest rate by 77 percent and increased their employment rate by 429 percent.[12]
- Clients' involvement with the foster care system decreased 29 percent; and their physical health and mental health problems decreased by 34 percent and 25 percent, respectively.[13]
- The rate of premature deliveries (7/100 live births) and low birth weight babies (6/100 live births) decreased in comparison to rates reported in multiple hospital-based studies of cocaine using women (27/100 live births and 34/100 live births, respectively).[14]
- The infant death rate decreased to 0.4/100 live births from 1.2/100, the rate reported by participants prior to program entry.[15]

Promising State Investments in Treatment

By providing treatment for substance-involved offenders, research has shown that states can cut chances of recidivism by half,[21] subsequently reducing their expenditures for arrests, adjudication and incarceration.[22] Treatment programs also have been shown to cut health

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care costs for those with substance use disorders by one-quarter, primarily due to reductions in the number of annual hospital stays and emergency room visits.[23] Providing treatment for those with substance use problems who otherwise could not afford it can reduce future state spending on public insurance programs[24] and increase tax revenues, since individuals in recovery are more likely to be employed and are more productive than their peers who have not entered treatment.[25] These primary benefits are complemented by savings from decreased child welfare involvement.[26]

More than 17 states have or are conducting cost-offset studies to estimate the savings they can achieve through treatment for substance use disorders. According to their reports every dollar spent on treatment produces from almost $4 to more than $9 in savings from avoided criminal justice and medical costs and reduced welfare and disability payments.[27]

One study, examining more than 2,500 patients from 28 publicly funded treatment programs in California, found that outpatient and residential programs were solid investments. During the nine months following treatment admission, patients reduced their involvement with the criminal justice system and increased their income in comparison to the nine months prior to their admission.[28] On average, treatment was found to produce a greater than 7:1 ratio of benefits to costs. Benefits primarily were a function of reduced crime and incarceration and increased employment earnings.[29]

The average avoided policing, adjudication and incarceration costs during this period totaled $4,300 per participant, and participants' income increased on average by about $3,300. Among clients receiving outpatient and residential treatment as their primary services, the average weighted benefit-cost ratio was 12:1, largely due to reductions in crime and incarceration and to increased employment and reduced emergency room visits.[30]

Research

Dedicated federal spending in 2005 for addiction-related research totaled $1.6 billion, including biomedical research on the nature of addiction and strategies to treat and prevent addiction.[*] Research spending was concentrated in three primary agencies:

- National Institute on Drug Abuse ($1.0 billion);
- National Institute on Alcohol Abuse and Alcoholism ($438.3 million);
- Substance Abuse and Mental Health Services Administration (SAMSHA) ($101.5 million); and,
- The Office of National Drug Control Policy ($31.8 million).

States spent $47.4 million on substance abuse and addiction research and evaluation in 2005. Approximately $14.7 million was spent on research and $32.7 million was spent on evaluation. Only 20 states reported any spending in this area. Evaluation projects accounted for more than 69 percent of these expenditures.

State by State Spending on Prevention, Treatment and Research

State spending on prevention, treatment and research varies by state from 0.03 percent of the state budget in Puerto Rico to 1.74 percent in Connecticut. Average spending, however, amounts to only 0.37 percent of total state spending. (Table 6.4)

The average state spending on prevention treatment and research per capita is $10.64, ranging from $0.64 in Puerto Rico to $86.65 in

[*] While there may be additional addiction-related research spending embedded in other areas of spending, CASA was not able to disaggregate such costs.

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Connecticut. Connecticut's per capita spending is almost twice that of the next highest spending jurisdiction--the District of Columbia ($45.07). (Table 6.5)

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Table 6.4

Substance Abuse and Addiction: Prevention, Treatment and Research Spending by State

State	Percent of State Budget	$ in Millions
Connecticut	1.74	$304
Kentucky	0.78	102
Maryland	0.64	117
Oregon	0.63	96
District of Columbia	0.63	26
South Dakota	0.59	13
Pennsylvania	0.56	188
Illinois	0.55	180
Louisiana	0.54	44
Mississippi	0.51	37
Colorado	0.50	54
New York	0.46	288
Idaho	0.45	14
Vermont	0.45	12
Montana	0.44	11
Washington	0.44	91
Wyoming	0.41	17
Arkansas	0.38	38
Minnesota	0.36	66
Georgia	0.35	63
California	0.33	339
Massachusetts	0.32	66
New Jersey	0.32	102
Iowa	0.31	27
Missouri	0.31	43
Texas	0.31	127
Florida	0.30	114
Delaware	0.29	14
Ohio	0.29	119
Oklahoma	0.28	24
Kansas	0.27	19
New Mexico	0.26	17
Nebraska	0.24	13
Wisconsin	0.21	52
Arizona	0.20	29
Maine	0.19	8
North Carolina	0.19	46
Virginia	0.17	43
Michigan	0.17	50
Alaska	0.14	8
Nevada	0.09	4
Alabama	0.08	8
New Hampshire	0.07	2
West Virginia	0.07	10
Hawaii	0.06	4
South Carolina	0.05	6
Puerto Rico	0.03	3
Average	**0.37**	**65**

Table 6.5

Per Capita Spending for Substance Abuse and Addiction: Prevention, Treatment and Research by State

State	Per Capita
Connecticut	$86.65
District of Columbia	45.07
Wyoming	33.02
Oregon	26.00
Kentucky	24.22
Maryland	20.76
Vermont	19.07
South Dakota	16.81
Delaware	16.52
Pennsylvania	15.13
New York	14.90
Washington	14.16
Illinois	13.99
Arkansas	13.61
Minnesota	12.81
Mississippi	12.80
New Jersey	11.68
Alaska	11.39
Colorado	11.38
Montana	11.32
Ohio	10.34
Massachusetts	10.26
Louisiana	10.19
Wisconsin	9.32
California	9.31
Idaho	9.29
Iowa	9.16
New Mexico	8.61
Missouri	7.28
Nebraska	7.08
Kansas	6.80
Georgia	6.68
Oklahoma	6.59
Maine	6.40
Florida	6.29
Virginia	5.65
West Virginia	5.61
Texas	5.38
North Carolina	5.15
Michigan	4.92
Arizona	4.75
Hawaii	3.22
Alabama	1.78
Nevada	1.74
New Hampshire	1.47
South Carolina	1.39
Puerto Rico	0.64
Average	**$10.64**

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Chapter VII
Government Spending on Regulation and Compliance, and Interdiction

The remaining categories of governmental spending on substance abuse and addiction are regulation and compliance, and interdiction.

In 2005, federal and state governments spent a combined $5.1 billion to regulate alcohol and tobacco products, collect alcohol and tobacco taxes and operate liquor stores. The federal government spent an additional $2.6 billion on drug interdiction. (Table 7.1)

Federal and state governments collected $13.6 billion in alcohol and $20.8 billion in tobacco taxes in 2005 for a total of $34.4 billion in 2005. For every dollar of tax and liquor store revenues collected, federal and state governments spend $8.95 on the burden of substance abuse and addiction.

Table 7.1
Federal and State Spending on Regulation and Compliance, and Interdiction

Budget Sector	Expenditures ($ in Millions)	Percent of Substance-Related Spending
Regulation/Compliance	$5,066	1.35
Licensing & Control	308	0.08
Collection of Taxes	346	0.09
Liquor Store Operation	4,446	1.19
Interdiction	2,638	0.71

Federal Government

The federal government spent $45.3 million in 2005 to collect $16.7 billion in alcohol and tobacco taxes--$8.9 billion from alcohol and $7.8 billion from tobacco.[1] For every dollar of tax revenue collected, however, the federal government spent $13.73 on the burden of substance abuse and addiction.

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In 2005, the federal government spent an additional $37.1 million to regulate the sale of alcohol and tobacco.

State Government

In 2005, states spent an estimated $5.0 billion to regulate the sale of alcohol and tobacco, issue alcohol and tobacco licenses, collect alcohol and tobacco taxes and for governing or regulatory bodies. They collected $4.7 billion in alcohol taxes and $13 billion in tobacco taxes for a total of $17.7 billion. For every dollar states collected in tax revenue, they spent $7.23 on the burden of substance abuse and addiction.

Eighteen states (17 that participated in this survey) are liquor control states, meaning that they have state-run liquor stores. There are, however, variations among them in their rules about selling beer and wine in private stores and the alcohol by volume (ABV) levels that trigger requirements for sale in state run stores. State operation of liquor stores is based at least in part on the belief that the best way to control alcohol sales and therefore consumption within the state is to operate those businesses. In 2005, total state liquor control expenses equaled $4.5 billion and liquor control revenues amounted to $5.6 billion. For every dollar states collect in liquor store revenues and state taxes on alcohol and tobacco, they spend $5.50 dealing with the consequences of substance abuse and addiction.

There does not appear to be any relationship, however, between the increased state spending in liquor store operation and either reduced burden of substance abuse on public programs or increased spending on prevention and treatment. This might be a function of conflicting state roles of alcohol control and profits from beverage sales.

Because liquor control states varied greatly in the way they reported their expenditures in CASA's survey (reporting all, some or no expenses), CASA substituted reported expenses in this category for the 18 jurisdictions with Census data.

State Run Liquor Stores[2]

Alabama
Idaho
Iowa
Maine
Michigan
Mississippi
Montana
New Hampshire
North Carolina
Ohio
Oregon
Pennsylvania
Utah
Vermont
Virginia
Washington
West Virginia
Wyoming

Local Government

Due to data limitations, CASA was not able to estimate local spending on alcohol and tobacco taxation and regulation. Local governments in Maryland, South Dakota and Minnesota operated liquor stores at a cost of $439.5 million in 2005. Of the four local jurisdictions CASA examined, only Nashville reported any spending to collect alcohol and tobacco taxes ($140,000) or regulate alcohol or tobacco products ($130,000).

Local governments in 2005 collected $414.3 million in alcohol taxes and $398.0 million in tobacco taxes for a total of $812.3 million in revenue from the sale of alcohol and tobacco.[3]

Tobacco Taxation

At the federal level, the excise tax on cigarettes increased to $1.01 cent per pack in April, 2009.[4] Prior to the recent increase in the federal cigarette tax, federal excise taxes on tobacco had not increased in real dollars since 1964 when the Surgeon General first released his report on the danger of smoking on health.[5]

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State excise taxes on cigarettes vary widely from a high of $3.46 per pack in Rhode Island to a low of $0.07 cents in South Carolina. The average state tax on cigarettes is $1.23.[6] Local taxes on cigarettes also vary widely from no tax at all in many cities and counties to a high of $2.00 per pack in Cook County, Illinois.[7]

Promising Investments in Tobacco Taxation

When it comes to tobacco products, the public health objective is to eliminate use. Taxing tobacco products has the dual advantage of reducing smoking initiation and offsetting some of the tobacco-related burden to federal, state and local governments. Raising cigarette prices leads to a decrease in demand for cigarettes.[8] Evidence suggests that a 10 percent increase in the price of cigarettes leads to a four percent overall reduction in the consumption of cigarettes. This reduction is even more pronounced in children and young adults: a 10 percent increase in the price of cigarettes can reduce smoking rates in children by six or seven percent.[9]

Tax-related reductions in smoking also result in cost savings to public health programs. A 25 percent reduction in state smoking levels, for example, is projected to save a total of $1.3 billion annually to Medicaid with $584.1 million of this amount going to states. Savings to the states based on smoking rates and Medicaid program structures would range from $400,000 in North Dakota to as much as $115.7 million in New York.[10]

Indexing cigarette taxes to inflation creates an opportunity for all levels of government to continue generating tax revenue from cigarettes while reducing the burden of tobacco.

State Tobacco Tax Increase[11]

The benefits of state tobacco tax increases vary depending on current smoking and tax rates. A $1.00 increase in South Carolina's $0.07 cigarette tax, which is the lowest in the nation and has not increased since 1977, could increase the state's annual revenue by $180 million.

• In five years, the increase in price would result in 78,200 fewer smokers and prevent more than 15,700 smoking-related deaths.

• Health savings from reductions in heart disease, strokes and smoking-related pregnancy and birth problems over this period could total more than $26.8 million.

Alcohol Taxation

Most Americans who drink, do not drink excessively.[12] The public health objective as it relates to alcohol use is to curb underage drinking and adult excessive use. Empirical data suggest that drinkers are sensitive to changes in the price of alcohol, especially over the long-term, and that underage drinkers may be particularly responsive to tax increases.[13] Increasing alcohol taxes can both reduce consumption and provide critically needed revenues to help offset the costs of alcohol abuse to government.

Like tobacco, excise taxes on beer, wine and distilled spirits have failed to keep up with inflation.[14] (Figure 7.A) In fact, adjusted for inflation, the real rate of alcohol tax has been decreasing since 1951.[15] The federal excise tax on beer, for example, currently stands at approximately $0.05 cents per drink. Relative to the Consumer Price Index, however, the average price of beer has declined steadily over the past 40 years. To set taxes to the level they were in 1960, the federal excise tax per barrel would have to equal approximately $61.60, up from the current $18 per barrel.[16]

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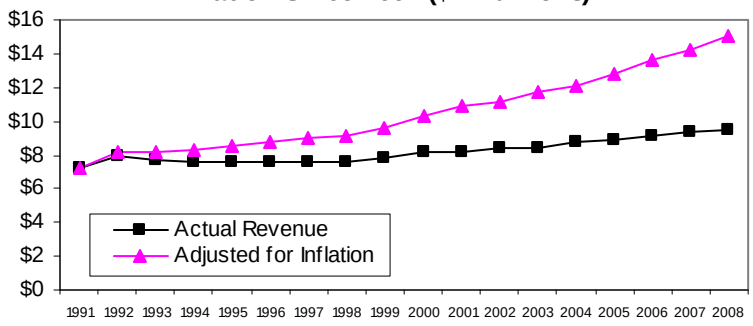
Figure 7.A

Actual Federal Alcohol Tax Revenues vs Potential Revenue Had Taxes Increased with Inflation Since 1991 ($ in billions)



Source: Center for Science in the Public Interest, Compilation April 2009.

State and local alcohol taxes vary widely by jurisdiction. For example, the tax per gallon of beer varies from $1.07 in Alaska to $0.02 cents in Wyoming, and from $0.53 in local jurisdictions in Georgia to no tax at all in many cities and counties.[18]

Although most studies confirm that increased prices can simultaneously reduce consumption and raise substantial revenue, the projected price effects vary widely across studies[21] due to differences in statistical methods and pre-existing alcohol regulatory and taxation policies.[22] CASA's analysis found, for example, that states with higher beer taxes had, in general, lower rates of youth binge drinking. Overall, a dollar per gallon increase in tax on the alcohol in beer was associated with an 8.7 percent decline in youth binge drinking rates.[‡ 23] Higher alcohol taxes also are associated with decreased mortality and fewer motor vehicle crashes.[24]

State Alcohol Tax Increase[19]--California

Increasing state alcohol taxes can counter the effect of inflation on alcohol prices. In California, inflation has resulted in a 45 percent decrease in the real value of state alcohol taxes. Increasing taxes on alcohol can generate revenue and reduce the negative consequences of alcohol to the state.

- A $0.25 cent tax per drink* on all alcohol including beer, wine and distilled spirits will generate as much as $3 billion per year.
- A $0.25 cent tax increase per drink on beer alone will generate as much as $2 billion per year to the state.
- A tax increase of as little as $0.05 cents per drink on all alcohol including beer, wine and distilled spirits can generate approximately $585 million per year.[20]

* One drink equals 12 ounces of beer, 5 ounces of wine or 1.5 ounces of distilled spirits.

Raising Beer Taxes in Alaska[17]

In 1983, Alaska raised its beer tax from $0.46 per gallon to $0.63 per gallon (in 2006 dollars). In 2002, the state raised beer taxes again to a nationwide high of $1.20 per gallon (in 2006 dollars). During the years following each increase, fatalities from disease that are 100 percent attributable* or partially attributable† to alcohol use fell significantly. After accounting for population changes and any changes in disease rates that occurred across the nation, the 1983 tax increase decreased alcohol-related disease fatalities by 20 percent and the 2002 tax increase decreased alcohol-related disease fatalities by 15 percent. Although the state savings have not been calculated, it is likely that in addition to increased tax revenues, Alaska also saw a decrease in health care-related spending.

* E.g., alcoholic liver disease, alcohol psychoses, alcohol dependence syndrome, alcoholic cardiomyopathy or acute alcohol poisoning.
† E.g., cirrhosis, acute and chronic pancreatitis, epilepsy, or ischemic and hemorrhagic stroke.

‡ Binge defined as: "Had five or more drinks of alcohol in a row within a couple hours on at least 1 day during the 30 days before the survey."

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Promising Investments in Alcohol Taxation

The benefits of increasing alcohol taxes can be felt in several areas, including health care.[25] Increasing the beer tax by 50 cents per six pack of beer can result in an estimated 4.5 percent reduction in traffic fatalities.[26] A 20 cent tax increase on a six pack of beer can reduce gonorrhea rates by 8.9 percent.[27] Other research has found that a $1 increase in the distilled spirits tax per liter of ethanol can reduce death from cirrhosis rates by 5.4 percent in the short term and up to 10.8 percent in the long term.[28]

National Minimum Drinking Age

Underage drinking costs taxpayers an estimated $61.9 billion a year.[33] The National Highway Traffic Safety Administration (NHTSA) estimates that in 2007 alone, the minimum drinking age of 21 saved the lives of 826 18-20 year olds.[34]

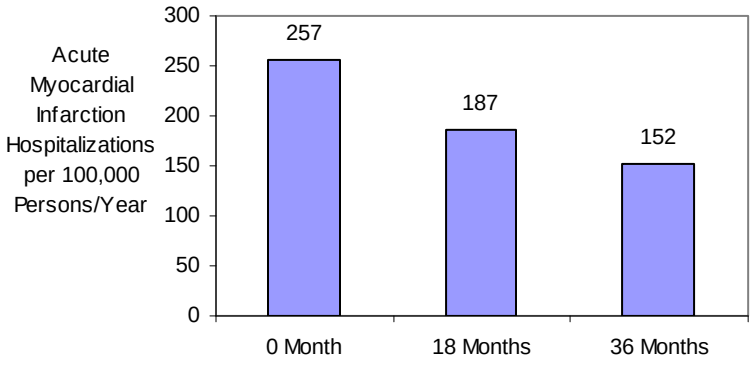
Regulation

Regulatory policies can have a significant impact on reducing the burden of substance abuse and addiction to government. For example, increased enforcement of retail sales, restricting the price, and limiting access to youth can reduce the burden of substance use to government and protect vulnerable populations from the dangers of addiction.[29] Maintaining existing limits on days in which alcoholic beverages are sold also is associated with reduced harm.[30]

Promising Investments in Regulation

Regulatory policies such as indoor smoking bans have shown great promise in reducing the burden of tobacco on health. A recent study in Colorado found an indoor smoking ban in Pueblo City, Colorado resulted in a 41 percent reduction in hospitalizations for heart attacks after three years.[31] (Figure 7.B) In large states, like New York, indoor smoking bans also have reduced hospitalization for heart attacks (eight percent) and resulted in savings of up to $56 million after one year.[32]

Figure 7.B
Three Year Impact of Indoor Smoking Ban on Hospitalizations for Heart Attacks, Pueblo City, CO



Two state regulations that have demonstrated potential to reduce spending on alcohol-related problems include keg-registration laws and the reclassification of alcopops from beer to liquor. States with keg registration laws require distributors to assign and mark each keg with an identification number and to collect the names, addresses, telephone numbers, etc. of keg purchasers and in some instances also the address where the alcohol is to be consumed. This information enables police to assign responsibility in cases of underage drinking or over consumption and related incidents of harm. Keg registration laws result in lower traffic fatality rates across all age groups, not only among underage drinkers.[35]

Alcopops refer to sweetened alcoholic beverages that resemble soda, fruit juice or energy drinks. Most states classify alcopops as beer rather than distilled spirits, subjecting the drinks to a significantly lower tax rate. Adolescent drinkers in the state of California consumed more than five times as many alcopops as adult drinkers; resulting in more than $1.25 billion in costs, including 60 deaths and 50,000 incidents of harm in a one year period.[36] Estimates of the costs of underage alcopop consumption to other states range from $29 million to $877 million, and consumption has been linked anywhere from one to 39 deaths and 1,000 to 38,000 incidents of harm, annually.[37] After the State of

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California reclassified alcopops as distilled spirits in 2008, the price increased by 25 percent. Based on elasticity research, the 25 percent price increase will lead to a 35 percent reduction in consumption and eventually will produce $437 million in savings based on more than 17,000 avoided incidents of harm, including over 8,000 thefts, over 3,000 violent crimes, over 2,000 incidents of high risk sex and over 2,000 traffic accidents.[38]

Interdiction

In 2005, the federal government spent $2.6 billion to disrupt and deter the transport of illicit drugs into the United States. While international efforts to step up drug seizures may affect availability, price and consequences associated with a particular drug (i.e., cocaine or heroin), CASA was unable to find evidence that such strategies have an overall impact on reducing substance abuse and addiction or its costs to government.

> *…focusing on (drug) eradication is expensive and not very effective….interdiction has little effect on drug traffickers' ability to bring drugs into the United States and on to our street corners where they are sold.*
>
> --John Carnevale
> Served in three administrations in the White House Office of National Drug Control Policy

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Chapter VIII
Moving from Spending to Investment

At every level of government, our country has been slow to respond to the growing evidence that substance use disorders are diseases for which effective treatments exist, and that substance abuse is a national public health problem demanding public education and prevention services. Our national blindness about the nature of addictive disease has led to billions in misspent taxpayer dollars--something this nation no longer can afford.

In CASA's 2001 report, we made three key recommendations: a) make targeted investments in prevention and treatment; b) expand use of state powers of legislation, regulation and taxation to reduce the impact of substance abuse and addiction; and c) manage investments for better results. America's failure to act on these and other recommendations has contributed to the current economic crisis governments now face. If current trends continue, by 2012 spending on substance abuse and addiction could consume over 18 percent of state budgets.

Current financial constraints coupled with a large and growing body of scientific evidence that substance use disorders are diseases for which effective treatments exist present many opportunities for more cost-effective investments.

As with other chronic health problems, it is critical to acknowledge the issue of personal responsibility. While some people are at greater risk than others for developing addictive disorders (genetics, family and community characteristics, co-occurring health problems, etc.), in the vast majority of cases initial use of tobacco, alcohol or other drugs is very much a matter of personal choice. When use of these substances progresses to the point of meeting medical criteria for abuse or addiction, changes have occurred in the brain which make cessation of use extraordinarily difficult. Having a chronic disease should not, however, excuse an individual from the consequences of his or her

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actions or society from providing appropriate health care. The bottom line is that while the individual is responsible for his or her actions or society from providing appropriate health care related to the disease, the disease must be treated.

Examples of Immediate Benefits of Interventions:

1. ***Screenings and Brief Interventions***--reductions in hospitalizations.[1]

2. ***Alcohol and tobacco tax increases***--reductions in cirrhosis, accidents and STD transmission for alcohol taxes,[2] and in heart disease, strokes, smoking-related pregnancy and birth problems for tobacco.[3]

3. ***Indoor smoking bans***--reductions in hospitalization for heart attacks.[4]

4. ***Addiction treatments***--reductions in alcohol and other drug-related medical visits and inpatient mental health visits.[5]

Next Steps

There are four types of alternative actions that governments should take in order substantially to avoid or reduce the more than $450 billion this nation spends annually on the burden of substance abuse and addiction to government:

- Prevention and early intervention;
- Treatment and disease management;
- Tax and regulatory policies; and,
- Expanded research.

Prevention and Early Intervention

The largest impact on spending to shovel up the consequences of this problem would be to make significant investments in prevention to help avoid the costs altogether, and in screenings and brief interventions to catch the problem early and alter the course of the disease and its costs to families, government and society. Prevention and early intervention strategies should include:

- **Public Health Information.** Consistent with other successful public health efforts to educate the public about little understood diseases including depression or HIV/AIDS, federal, state and local governments should:
  - Educate the public about addiction as a disease, risk factors that increase individuals' vulnerability, prevention strategies, the importance of screening, and treatment options.
  - Clarify the difference between risky substance use, a behavioral choice that is amenable to change, and addiction, a medical condition that requires a broad range of treatments and recovery supports.
  - Address all addictive substances including tobacco, alcohol and other drugs.
  - Implement standardized workplace prevention programs covering tobacco, alcohol and other drugs.
- **Comprehensive Prevention Messages and Programs.** Prevention is the cornerstone of any public health initiative. Prevention initiatives should be focused on children: 17 years of research at CASA have shown that a child who reaches age 21 without smoking, abusing alcohol or using other drugs, is virtually certain never to do so. Prevention strategies should focus on curbing the human and social costs of substance abuse and addiction and co-occurring problems through comprehensive messages and approaches that are provided early and are reinforced in families, schools and communities.
  - Take advantage of points of leverage in government health, justice, public

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safety, education, child and family assistance, housing, mental health and developmental disabilities programs to provide targeted prevention messages.

- Ensure that prevention initiatives are tailored to the age, gender and cultural groups they are targeting.

- Launch large-scale multi-media counter-marketing campaigns that target the perceptions and attitudes of adolescents toward tobacco, alcohol and other drugs, using tested marketing and branding tools to increase impact.

- **Screenings, Brief Interventions and Referrals to Treatment.** Because the costs of untreated addiction are so high and the human consequences so great, governments should use the opportunities inherent in their funded programs to look for substance problems and address them early. Intervening early is essential to prevent risky substance use and addiction and their consequences:

  - In each area of government spending on the burden of substance abuse and addiction, screen for substance abuse and provide brief interventions if needed. If more advanced disorders are suspected, refer for full assessments and offer effective and appropriate treatments if indicated. Venues for screenings and brief interventions include publicly funded programs and services such as: emergency departments, health clinics, trauma centers and doctors' offices; schools and colleges; welfare, child welfare, mental health and developmental disabilities services; and traffic safety, juvenile justice and adult corrections programs.

  - Train workers in publicly funded programs to provide screenings, brief interventions and referrals to treatment.

  - Expand medical billing codes for screenings and brief interventions and encourage providers to screen their patients for substance abuse.

  - Assure full coverage of screenings, brief interventions and treatment referrals for tobacco, alcohol and other drug use through publicly funded insurance programs, including Medicare, Medicaid and Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service for children, and the State Children's Health Insurance Program (SCHIP).

Treatment and Disease Management

Since approximately 9.0 percent of the U.S. population already has a clinical substance use disorder,[6] quality treatment and disease management services are essential. Failure to provide these services is just as unacceptable as failure of our health care system to provide treatment for diabetes, depression, hypertension or asthma would be.

- **Treatment.** As with any other health condition, it is essential to look for problems of addictive disorders, properly diagnose them and provide effective treatments. Government programs provide excellent opportunities to connect people who are misusing or addicted to tobacco, alcohol or other drugs with the treatments they need, and have the leverage to keep them in treatment long enough to make a difference. In providing services through public systems, it is important to understand that relapse is frequently a part of the recovery process as it is with recovery from other chronic diseases.

  - In all areas of government spending on the burden of substance abuse and addiction, governments should conduct comprehensive assessments of those who screen positive for a substance use disorder (including tobacco, alcohol and other drugs).

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- Assure that all treatment programs and services that receive government funds meet medical, science-based criteria and that treatment providers are properly trained and licensed. To do this, governments working with professional organizations will have to create and improve standards of practice for treatment services and assure that providers meet appropriate licensing and certification requirements.

- Assure access to the full range of behavioral and pharmacological treatment options and social supports, tailored to the gender, age and life circumstances of patients. Successful treatment also requires effective services for the health problems that frequently co-exist, including mental health problems.

- Assure the availability of detoxification services and effective linkages to treatment. While often an important prerequisite to treatment, detoxification alone is not sufficient.

- Where possible, divert individuals from juvenile and adult corrections through expanded, evidence-based alcohol and other substance treatment and aftercare programs and through alcohol and other drug treatment courts.

- Eliminate mandatory sentencing laws for substance-involved offenders to enable prosecutorial and judicial discretion in treatment referrals and monitoring.

- Work with existing treatment providers and the medical community to integrate addiction treatment into the medical system. Providing effective treatments will require significant training of medical and other health professionals to recognize the signs and symptoms of addictive disorders, screen for these disorders, and know what to do when they identify them. This is particularly important because addiction treatment has been largely divorced from other medical care.

- **Disease Management.** To address the long-term disease management needs of those in publicly funded programs with chronic substance use disorders, government should:

  - Assure access to long-term medical management as we would for any other chronic disease, including management of co-occurring health and mental health problems.

  - Assure access to recovery support including education, vocational training, employment; life, parenting and other family skills; childcare, housing and transportation support; and mutual support through such programs as AA, NA, Smart Recovery etc.

  - Train publicly funded staff to help their clients to access aftercare and mutual support programs.

Taxation and Regulation

Governments should adopt a broad range of tax and regulatory policies to prevent underage initiation of substance use, decrease risky use and increase access to effective treatments.

- **Tax policy initiatives include:**

  - Increase taxes on tobacco to help eliminate use and on alcohol to prevent underage initiation and reduce adult excessive drinking. Increases in both taxes would help generate revenues to fund prevention and treatment services.

  - Classify malternative beverages (alcopops) as liquor rather than beer so they are taxed at a higher rate.

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- **Regulatory policy initiatives include:**

  - Restrict tobacco and alcohol advertisements from youth audiences.

  - Prohibit direct to consumer marketing of controlled prescription drugs.

  - Enact/increase enforcement of laws restricting the sale of tobacco and alcohol to minors, including routine retailer compliance checks, keg registration and elimination of cigarette vending machine sales.

  - Increase use of sustained sobriety check-points and stricter license suspension laws for driving while intoxicated.

  - Enact/expand comprehensive clean indoor air laws and other smoking bans.

  - End insurance discrimination by requiring all public and private insurers to cover evidence-based prevention, intervention and treatment services for substance use disorders using the same payment and coverage requirements as other illnesses. Over half of federal and state spending on the burden of addiction is in the area of health. Health care reform that recognizes addiction as a disease and provides access to effective treatment is the best way to reduce these costs. In the absence of comprehensive health care reform, governments should make these changes in Medicare, Medicaid and other public health programs.

  - Abolish state Uniform Accident and Sickness Policy Provision Laws that limit insurers' medical liability if individuals are injured while they are intoxicated, since these laws provide doctors with disincentives to screen patients for substance problems or document substance-involved injuries.

Targeted Interdiction

In the face of limited evidence of the efficacy of current interdiction efforts to reduce drug use and related government costs, the federal government should reevaluate and retarget its investments in interdiction and reconsider the balance of investment in interdiction compared with investments in prevention and treatment.

Research and Evaluation

Research that increases our understanding of risky substance use and addiction is key to quality assurance and will help to develop and guide future cost-saving initiatives. Such activities should include:

- Increase our understanding of risky substance use and addiction through genetic, biological and social science research.

- Establish a baseline against which to measure progress and document impact at regular intervals.

- Fund research on best-practices for prevention and treatment of substance use and co-occurring disorders.

- Document the benefits of prevention, treatment, taxation and regulatory initiatives compared with the costs of our failure to do so.

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Examples of Alternative Practices to Prevent and Reduce Substance Abuse and Addiction

Prevention and Early Intervention

- Targeted media campaigns
- Comprehensive family, school and community-based prevention
- Screenings, brief interventions and treatment referrals

Treatment and Disease Management

- Behavioral and pharmacological treatments for chronic illness
- Intensive case management
- Drug treatment alternatives to prison
- Prison based treatment/aftercare
- Recovery coaching
- Supportive housing
- Employee Assistance Programs

Taxation and Regulation

- Alcohol and tobacco tax increases
- Health insurance coverage for addiction
- Indoor smoking bans
- Keg registration laws
- Lowered blood alcohol levels for intoxicated driving offenses
- Tobacco quit lines
- 21 year old drinking age

Research

- Factors influencing risk
- Best practices
- Costs and benefits of interventions

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Appendix A
State and Local Survey Instruments

CASA selected state and local budget officers as the appropriate target for data collection because they have the broadest view of and deepest expertise in the budget. We designed a questionnaire consistent with the way most budget offices are organized, dividing it into broad functional sections. To facilitate completion, we grouped the programs for which we needed data into 10 clusters: human/social services, developmental disabilities/mental health, health, education, corrections, public safety, judiciary, state workforce, regulation/compliance and capital spending. The instrument was designed in this fashion to make it easier for the budget office to parcel out the survey questions among a variety of specialists in the budget office.

The State and Local survey instruments requested data on:

- Fiscal Year 2005, own source general revenues including General Fund and non-General Fund spending, exclusive of funds received by states from federal sources or funds received by localities from state or federal sources;

- Reported expenditures (not appropriations) from the executive budget presented in the winter or spring of 2005. Differences between the proposed and adopted budgets were not expected to be large enough to skew the findings;

- All costs (program administration, fringe benefits, service providers and capital).

The full survey instruments can be downloaded at: www.casacolumbia.org/su2survey

As an example, attached is the adult corrections component of the state survey instrument.

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CORRECTIONS BUDGET
Instructions for Adult Corrections Programs

Instructions: Provide the amount of state dollars spent in the fiscal year ending in 2005 (FY 2005), in actual dollars (as in $0,000,000), for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending, including categorical state funding to localities. Do not include federal or local spending.

2. Separately identify capital spending (actuals or estimated actuals, not appropriations) **for adult corrections programs within the corrections budget**. Capital spending includes any spending that is paid for out of current general taxes or dedicated taxes ("Pay As You Go"), capital spending from bond proceeds (Bond Proceeds), and interest paid out for bonds already issued (Debt Service). Capital spending from bond proceeds includes capital projects funded by proceeds of GO bonds, revenue bonds, certificates of participation or other state-backed bonds. It is **not** necessary to separate capital costs for each separate facility. For example, if it is possible to express prison capital costs in the aggregate rather than for each prison individually please do so.

3. Include **all** program costs (not just substance abuse related costs) including the costs of caseworkers or service providers, program administrators and/or policy analysts who spend the majority of their time on this program, and contracted out services, and any grants to individuals or families. Please include the cost of fringe benefits for all state personnel; a rough estimate is all that is necessary.

4. If several small programs fall under one broad program heading, aggregate spending if it is easier to do so.

5. To avoid double counting, list only the spending for the programs that fall within the human/social services budget (see attached survey overview). Other department spending will be requested from other departments (e.g. health).

6. Do not include publicly funded health insurance programs. (In particular, do not include Medicaid spending).

7. Break out your spending into the following categories, if possible: drugs, alcohol and tobacco.

If you have any questions and/or problems with completing the survey, please contact Kristen Keneipp, Research Associate, The National Center on Addiction and Substance Abuse (CASA) at Columbia University, at (212) 841-5214 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email Kristen at KKeneipp@casacolumbia.org.

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CORRECTIONS BUDGET
Adult Corrections Program Descriptions

Total Prison Costs

Description: Any facility that is set up for the purpose of incarcerating individuals who have committed crimes. Included within these costs are all facilities costs and all psychiatric, education and job-training programs and central processing facilities that provide initial examination and evaluation of prisoners. Any substance abuse prevention and treatment programs and facilities for prisoners also are included.

Special Instructions: Please identify any special spending on substance abuse prevention and treatment programs and facilities **separately**. This number, however, should also be included within the **total** prison costs.

Parole/Early Release and Other Similar Programs

Description: Any program that manages the early release of prisoners. This includes programs that fund activities involved in the parole of prisoners and monitoring the parolees once they are released. Any substance abuse prevention and treatment programs and facilities for parolees also are included.

Special Instructions: Please identify any special spending on substance abuse prevention and treatment programs and facilities **separately**. This number, however, should also be included within the **total spending** for parole/early release and other similar programs.

Probation and Other Alternatives to Incarceration

Description: Any program that supervises and manages persons convicted of a crime but not incarcerated. Facilities that act as an alternative to the incarceration of individuals in prison also are included. This also includes programs that provide job training or education for these individuals. Any substance abuse prevention and treatment programs and facilities for individuals on probation also are included.

Special Instructions: Please identify any special spending on substance abuse prevention and treatment programs and facilities separately. This number, however, should also be included within the total spending for probation and other alternatives to incarceration.

Categorical Aid to Localities

Description: Any funding to localities for corrections activities.

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CORRECTIONS BUDGET
State Spending on Adult Corrections Programs

Agency Name: _____ **Total State Budget for this Agency: _____**

PROGRAM NAME	AMOUNT BUDGETED FY 2005 Total State Funds (in actual dollars) (General Fund and Non-General Fund)	COMMENTS
1. Total Prison Costs: *Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total prison costs.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
2. Parole/Early Release and Other Similar Programs: *Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for parole/early release and other similar programs.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
3. Probation and Other Alternatives to Incarceration: *Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for probation and other alternatives to incarceration.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
4. Categorical Aid to Localities		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		

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Appendix B
Methodology

For this update and expansion of CASA's analysis of the costs of substance abuse and addiction to governments, CASA builds on the strategies and methodologies developed for *Shoveling Up: The Impact of Substance Misuse on State Budgets*, 2001. CASA reconvened its original Advisory Commission, expanding it to include representatives of federal, state and local government, scholars, researchers, public interest groups and other distinguished officials. Commission members were selected for their extensive knowledge of substantive areas related to the project, including expertise in government policymaking and budgeting, issues of substance abuse and addiction, and cost-of-illness research. The Commission for this study was convened on June 21, 2006.

Literature Review

In order to refine our methodology and take advantage of research published since the release of our 2001 *Shoveling Up* report, CASA conducted an extensive literature review. A particular focus of the review was substance abuse costs studies released between 2001 and 2009 and work on the theoretical foundation of cost analysis and cost estimation models. We also tracked specific federal, state and local initiatives in substance abuse prevention and treatment and evaluations of such programs.

Most prior research on the costs of substance abuse and addiction has examined costs from a societal perspective. These studies largely estimated the total cost of substance abuse to society, often evaluating the data by cost component (e.g., criminal justice, health and productivity losses).[1]

The Lewin Group, in conjunction with the federal government, has conducted and updated comprehensive national estimates of the costs to society of tobacco, alcohol and other drug use. Cost areas include health care, lost productivity, crime and social welfare programs.

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The costs of substance abuse and addiction to society also have been estimated internationally. Canada estimated the economic cost of the use and abuse of tobacco, alcohol and illegal drugs in the areas of productivity losses, health care costs, law enforcement costs, traffic accidents and social welfare programs. These costs amounted to a total of $1,267 to every man, woman and child in Canada in 2002.[2] An Australian report estimated the social costs associated with alcohol, tobacco and illegal drugs in fiscal year 1998-1999. Costs were attributed to associated health care (including estimates for secondhand smoking), crime, productivity losses (both in the workplace and the home), social welfare programs, accidents and fires.[3]

Other work, such as that done in Canada and Australia, has focused on documenting avoidable costs of substance abuse and addiction and the efficacy of a select number of prevention, treatment, taxation and regulatory policies or programs.[4]

While these studies provide rich and compelling information, they have not provided estimates of the total or aggregate costs of substance abuse and addiction to government. CASA's *Shoveling Up* report was the first to estimate the costs of substance abuse to state budgets. Substance-related costs were divided into three major categories: prevention, treatment and research; spending on the burden of substance abuse and addiction to government operations and programs; and spending on alcohol and tobacco taxation and regulation.

Since the release of this report, some states have begun to investigate state-level spending on the burden of substance abuse and addiction, suggesting a growing understanding of the impact of substance abuse and addiction on state budgets. Methodologies differ, however, making meaningful comparisons impossible. Some studies specifically target government spending while others calculate overall societal costs, which may include federal, state and local spending as well as costs to private citizens. Examples of state specific studies include Virginia, Oklahoma, Washington and Maine.[5]

Data Collection

For purposes of this study, CASA updated the costs of substance abuse and addiction to state budgets, and extended the analysis to federal and local governments.

The State Survey

The budget survey instrument used to gather data from the states was based on the survey initially developed for the first *Shoveling Up* report. Originally, CASA conducted an extensive review and chose five model states from which to gather information to develop a budget survey. The five states chosen provided insight into how total and program spending varied based on the size, location, demographic characteristics and economic conditions of a state.

To determine state programs to include in the study, CASA:

- Reviewed a wide range of literature on the consequences of substance abuse to government programs;

- Identified state programs designed to prevent or treat substance abuse and addiction or that deal with their consequences. In the latter category, we included only those programs that were large enough to be of any consequence in the overall sum of substance abuse spending.

- Consulted with state budget and program officials to understand how these programs are financed and to determine the most efficient and effective way to gather the spending data.

- Conducted site visits in the five selected states. Between March 1998 and August 1998, site visits were conducted in California, Florida, Minnesota, New Jersey and Vermont to inform our list of government programs that are affected by substance abuse and to learn what, if

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anything, had already been done to track state substance abuse and addiction costs.

CASA selected state budget officers as the appropriate target for data collection because they have the broadest view of and deepest expertise in the budget. We designed a questionnaire consistent with the way most budget offices are organized, dividing it into broad functional sections. To facilitate completion, we grouped the programs for which we needed data into 10 clusters: human/social services, developmental disabilities/mental health, health, education, corrections, public safety, judiciary, state workforce, regulation/compliance and capital spending. The instrument was designed in this fashion to make it easier for the budget office to parcel out the survey questions among a variety of specialists in the budget office.

To capture as much of the spending associated with a particular program as possible, the survey instrument requested data on:

- State Fiscal Year 2005, state own source general revenues including General Fund and non-General Fund spending, but not federal or local funds;

- Reported expenditures (not appropriations) from the executive budget presented in the winter or spring of 2005, since some states do not publish adopted budget data. Differences between the proposed and adopted budgets were not expected to be large enough to skew the findings;

- All costs (program administration, fringe benefits, service providers and capital).

CASA administered the survey in July of 2006 to all 50 states, Puerto Rico and the District of Columbia (Appendix A). Forty-five states, the District of Columbia and Puerto Rico completed the survey. The participating jurisdictions constitute approximately 96.28 percent of total state budget spending for the nation, including DC and Puerto Rico. The five non-participating jurisdictions were: Indiana, North Dakota, Rhode Island, Tennessee and Utah.

The Local Survey

CASA developed a local budget survey instrument replicating the methodology used in the state survey. To account for the differences in state and local budget structures and expenditure areas, CASA reviewed the 2005 budgets of Louisville (KY), Multnomah County (OR), Nashville and Davidson County (TN) and Philadelphia (PA). The U.S. Census Bureau's *Finances of County Governments: 2002* and *Government Finance and Employment Classification Manual* also helped to guide the survey revision. Before finalizing survey modifications, CASA consulted with statistical as well as state and local finance experts.

The alterations made to the survey instrument based on CASA's investigation included:

- The addition of an environmental health programs subcategory under the health category, to account for the costs of methamphetamine laboratory clean up and the potential savings from clean indoor air laws.

- The addition of fire rescue/EMS, police and medical examiner subcategories under public safety.

As with the state survey, CASA targeted budget officers in the local data collection process because they have the broadest view of and deepest expertise in the budget. Paralleling the state request, the local survey instruments solicited information concerning:

- Local Fiscal Year 2005, localities own source general revenues including General Fund and non-General Fund spending, but not federal or state funds;

- Reported expenditures (not appropriations) from the executive budget presented in the winter or spring of 2005. Differences between the proposed and adopted budgets were not expected to be large enough to skew the findings.

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- All costs (program administration, fringe benefits, service providers and capital).

In September 2006, CASA began requesting the participation of cities and counties throughout the United States. CASA appealed to 14 municipalities for their participation in the study. These local governments were handpicked in conjunction with leaders from the U.S. Conference of Mayors and the National Association of Counties. The jurisdictions are not a representative sample of local governments throughout the country. They were chosen based on size, geography and government structure (city, county, or consolidated city-county). Four local jurisdictions completed the survey: Charlotte, NC; Mecklenberg County, NC; Multnomah County, OR; and, Nashville, TN. Charlotte and Mecklenberg County were combined to present an example of combined city-county spending.

Estimating Total Local Costs

To derive a national estimate of local spending on substance abuse and addiction, CASA examined the United States Census data on state and local government. Totals were adjusted to reflect local spending only; state and federal transfers were removed from the totals. While these data were not as detailed as those available on the federal and state level, they did provide information on local spending in the areas of education, health, corrections, public safety, social services and local government workforce. The Census local data could not separately identify spending for prevention, treatment, research, mental health, developmental disabilities, domestic violence or environmental health. Spending for the District of Columbia was removed from the local Census totals because we included it as a separate jurisdiction in our state analysis.

State and Local Supplemental Data

In areas where states and localities did not report spending or where they could not provide the detail that CASA requested, CASA sought the information first from the state or locality's own budget documents, then from secondary sources. At the state level, the Final 2005 Report of State Expenditures by the National Association of State Budget Officers (NASBO) provided secondary data in the state spending categories of adult corrections, education, Medicaid, other health care spending, TANF and other public assistance when the state survey and/or the state's own budget documents failed to provide sufficient data. The Census Bureau's State and Local Government Finances by Level of Government and by State: 2004-05 provided workforce and public safety data when no other sources were available. At the local level, the four local jurisdictions' submissions were supplemented by their budget documents found on their respective Web sites.

In order to estimate local fund expenditures, the percentage of total revenues, CASA made two exceptions to the use of local Census data to estimate total local costs in the areas of justice and education spending. The Bureau of Justice statistics provided specific revenue source ratios for local police, corrections and courts. The U.S. Department of Education provided a similar ratio for local education expenditures. [6]

The Federal Analysis

Due to the impracticality of attempting to contact and survey the federal government, CASA collected fiscal year 2005 budget data. Using the budget categories established in the state survey as a guide, CASA identified federal agencies with budgets where substance abuse and addiction causes or contributes to their costs. We also conducted a literature review of federal spending and the budget process and examined federal programs and types of federal expenditures to ensure our estimates captured as much relevant spending as possible. Resources reviewed included:

- The Office of National Drug Control Policy (ONDCP) budget report which provides summaries of the budget authority of 11 federal agencies involved with illicit drug prevention, treatment and interdiction efforts;

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- The United States Treasury's *Combined Statement of Receipts, Outlays and Balances, 2005*, an official publication of the federal government's annual receipts and outlays;

- The Catalog of Federal Domestic Assistance (CFDA), a database of federal programs available to state and local governments; tribal governments and U.S. Territories; domestic public, quasi-public and private profit and nonprofit organizations and institutions; specialized groups and individuals.

- www.FedSpending.org, a web-based database run by OMB Watch, based on the Census Bureau's Federal Assistance Award Data System. The Web site provides information on Federal contracts and grants awarded to individuals, governments, higher education institutes, nonprofits, for profits and other recipient types;

- The *Budget of the United States Government*, specifically agency-specific budget authority from the President's Budget and the Public Budget database, a companion resource to the President's Budget that provides account-level detail of budget authority and outlays.

CASA identified 15 federal agencies where substance-related expenditures could be quantified: Department of Homeland Security, Department of Education, Department of Defense, Department of Health and Human Services, Department of Justice, Department of Interior, Department of Labor, Department of Housing and Urban Development, Department of Veterans Affairs, Department of Agriculture, Treasury, Social Security Administration, Department of Transportation, Department of State and Office of National Drug Control Policy.

We collected fiscal year 2005 federal expenditure data using 2006 and 2007 agency-specific Congressional budget requests which document actual agency expenditures in 2005. Agency budget requests were ideal primary sources because they broke down spending into sub-agency and program-specific categories. This level of detail was necessary to capture the substance abuse and addiction-related expenditures of programs run by sub-agencies and to enable us to exclude services not related to substance use.

Linking Expenditures to Substance Abuse and Addiction

The data, by design, contain a mix of costs caused by substance abuse and addiction and costs where substance abuse and addiction play a significant contributing role. Costs attributed directly to substance abuse and addiction fall into five main categories:

1. Addiction-related prevention, treatment, research and evaluation, drug courts and dedicated drug enforcement programs;

2. The burden of substance abuse and addiction to health care spending based on the probable causal link between substance abuse and addiction and a particular disease state;

3. State worker absenteeism caused by substance abuse;

4. Alcohol and tobacco regulation and taxation and operation of liquor stores; and

5. Federal interdiction efforts.

For other areas of spending we were less concerned with whether substance abuse caused the spending than with whether treatment or intervention will *reduce the cost of the burden associated with the problem*. This is a very important policy distinction. The cost-of-illness model has focused on increasing the precision of linking costs to causality, and the cost-avoidance model focuses on a narrow subset of interventions proven to reduce costs to government. The operational question for a policymaker, however, is not how many welfare recipients are receiving assistance only because

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of their substance abuse, but rather how many welfare recipients will be impeded in their efforts to leave the welfare rolls and return to work because they abuse or are addicted to alcohol or other drugs. Similarly, it is less important for our purposes to establish the percentage of state inmates who committed crimes as a direct result only of substance abuse or addiction than to determine the group of prisoners for whom addiction treatment is a necessary condition to keep them from returning to prison. Further, policymakers need to know the universe of these costs in order to develop and implement ways to avoid them.

In all areas where substance abuse and addiction places a burden on government programs, even health care and government employee costs, substance abuse and addiction can both cause and exacerbate the conditions that lead to the draw on public funds. Our estimates establish the pool of substance-involved costs--the target for policy intervention. Because substance abuse more often than not appears as one of a cluster of behaviors leading to increased costs to states, solving the addiction problem will be a necessary step to eliminating these costs.

Estimating Substance-Related Shares of Federal, State and Local Spending

CASA developed estimates of the share of spending for each government program for which there was credible documentation of attributed or associated substance-related costs, based on an extensive review of the literature, including our own research.

Prevalence of past 30 day heavy binge drinking (having five or more drinks on five or more occasions) and of past 30 day illicit drug use (including the abuse of prescription drugs) were used to estimate relative levels of substance abuse. These prevalence rates were obtained for each state, for the nation as a whole and for specific populations with unique characteristics. This level of detail allowed CASA to adjust the substance-related fractions to reflect the patterns of each given population. The Behavioral Risk Factor Surveillance System (BRFSS) was used to obtain rates of heavy binge drinking and the National Survey of Drug Use and Health (NSDUH) was used to obtain rates of past month illicit drug use.[*]

CASA adjusted the substance-related fractions of spending in each budget category to reflect differences among states and localities and changes in the prevalence of heavy binge drinking and illicit drug use between 1998 and 2005. For the local case studies, CASA used the substance-related fractions of their respective states.

1. We first identified and tallied spending on programs that were 100 percent attributable to substance abuse and addiction.

Substance-Related Prevention, Treatment and Research. CASA asked states and municipalities to report all spending for programs with the explicit goal of reducing tobacco, alcohol and other drug abuse and addiction, programs that provide treatment for substance use disorders and spending for substance-related research and evaluation. We identified federal expenditures for such programs based on Congressional budget breakdowns.

Examples of programs included in this category of spending are media campaigns, tobacco quit-lines, local prevention networks, interagency coordination of prevention programs, prevention education, treatment facilities, out-patient care programs, substance-related research and evaluation, and capital spending for treatment facilities.

Regulation and Compliance. CASA included in its analysis total spending on federal, state and local personnel who are responsible for collecting alcohol and tobacco taxes (including

[*] In the *first Shoveling Up* report, CASA used these two data sets since these variables were not available by state from one source. We have used the same approach for purposes of this update and expansion.

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fringe benefits) and the funds budgeted for boards or governing bodies that enforce alcohol and tobacco regulation and/or issue alcohol and tobacco licenses. Revenues from alcohol and tobacco taxes at the state and local level were obtained from Census estimates. At the federal level, they were obtained from the Alcohol and Tobacco Tax and Trade Bureau.[7]

Eighteen states have state-run liquor stores (Alabama, Idaho, Iowa, Maine, Michigan, Mississippi, Montana, New Hampshire, North Carolina, Ohio, Oregon, Pennsylvania, Utah, Vermont, Virginia, Washington, West Virginia and Wyoming), as do selected counties in several states. Due to an inconsistency in reporting of state spending on regulation and compliance for the liquor control states participating in our survey (Utah did not participate), CASA reports liquor stores expenditures and revenues for these state and local jurisdictions as reported by the Census.

Interdiction. A new budget category, interdiction, that includes spending to disrupt and deter the transport of illicit drugs into the United States was created for purposes of the federal analysis since this function is unique to federal agencies. Other federal international and domestic dedicated drug control spending is included in public safety.

2. CASA estimated the shares of government spending where the link is not necessarily causal but where addressing substance use problems is essential to reducing government costs.

For those programs where costs are partially linked to substance abuse and addiction, CASA scaled the shares to adjust for differences in prevalence of substance abuse by state and locality. The prevalence of heavy binge drinking and of illicit drug use in the past 30 days were weighted in a 50-50 proportion in each state (and local case study sites) due to the lack of data identifying the proportion of users in each category or the proportion of poly-substance users in each budget sector. This combined prevalence was then compared to the national combined prevalence and the attributable fraction for the given budget sector weighted accordingly. This methodology is employed in all budget sectors with these exceptions: spending for public safety and developmental disabilities where only heavy binge drinking prevalence rates were used because only alcohol-related costs could be calculated, and a different methodology was employed to estimate substance-related health care spending.

Health Care. Substance abuse and addiction increase health care spending in at least three ways:

1. Some people become ill or injured as a result of their own substance abuse and receive health care services related to the illness. For example, lung cancer resulting from smoking leads to a variety of health care expenditures, such as hospital, physician, and drug costs.

2. Substance abuse and addiction can injure innocent parties. Mothers who smoke during pregnancy may have low birth-weight babies, increasing government-financed costs upon the child's birth (and possibly increasing government-financed health expenditures throughout the child's life).

3. People who smoke or abuse alcohol or other drugs often have a generally lower level of health and have more frequent, longer, and more severe illnesses. For example, bouts with influenza tend to last longer for smokers than for nonsmokers. Because of constraints of available data, our analysis does not include these costs.

The underlying basis for estimates of health-related spending is epidemiological research showing a link between substance abuse and illness. In 2001, CASA devised a two step methodology to link the effects of substance abuse on particular diseases with health-related spending in order to estimate the substance abuse share, taking advantage of as much jurisdiction-specific data as possible:

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Step One: Estimate National Attributable Fractions by Substance and Provider Type**.**

To estimate attributable fractions, we used population-attributable risk (PAR) values, either estimated directly or as reported in epidemiological research. A PAR value is an estimate of the probability that a given episode of disease is attributable to (or caused by) a factor such as substance abuse or addiction. It reflects both the relative risk of getting the disease and the prevalence of substance abuse and addiction.

An attributable fraction is an estimate of the share of spending in a given program that is caused by smoking, alcohol or other drug abuse. For example, if we say that the "smoking attributable fraction" for Medicaid-financed physicians' services is 12 percent, we mean that on average about 12 percent of Medicaid payments to physicians are caused by smoking. Or, if we say that the alcohol-related PAR value for liver cancer is 19 percent, we mean that 19 percent of new liver cancer cases result from alcohol abuse or addiction.

In CASA's 2001 *Shoveling Up* report, we developed national-level attributable fractions for each substance type (smoking, alcohol and other drugs), for each major type of medical provider (e.g., hospitals, physicians, home providers, etc.) paid by either Medicaid or another state government insurance. We developed 48 different attributable fractions in total--three substance types by eight provider types by two payer types.[*]

For alcohol, we used PAR values developed by NIAAA for specific disease states. For illicit drugs, we developed our own PAR values based on a thorough review of the epidemiological research. In the case of smoking, we applied jurisdiction specific attributable fractions that had been developed by other researchers.[8] We applied these PAR values to available public-use medical care databases to determine what portion of spending is linked to substance abuse, relying on the ICD-9 (International Classification of Disease, 9th Revision) coding system. The resulting national substance-related health care attributable fraction for individuals receiving state public health insurance (Medicaid and/or other state insurance) percentage for our 2001 report was 24.4 percent in 1998.

This year CASA refined its health care methodology in order to provide more precise estimates and accommodate the inclusion of federal and local spending. Using the same basic methodology, we developed separate estimates for all payer types (i.e., Medicare, Medicaid, other federal and other state) rather than just Medicaid and other state payers, adjusting the resulting fractions to 2005 prevalence levels of alcohol, tobacco and other drug use. These analyses resulted in a Medicare attributable fraction of 34.8 percent, a Medicaid fraction of 28.9 percent, an "other federal insurance" fraction of 28.4 percent and an "other state insurance" fraction of 29.6 percent.

Step Two: Applying Attributable Fractions to Governmental Health Spending.

To develop government estimates of Medicaid and other health spending attributable to substance abuse and addiction, CASA multiplied the attributable fractions by the reported 2005 health care expenditures. Where respondents were unable to provide this spending, CASA utilized the reported Medicaid and other health care expenditures in the 2005 National Association of State Budget Officers (NASBO) report. For each level of government we used a two-step process.

First, we calculated average attributable fractions by substance type effectively weighting the national attributable fractions by the jurisdiction's prevalence rates. We then multiplied these jurisdiction-specific weighted-average attributable fractions by 2005 total government spending on health programs to arrive at substance attributable spending. As no

[*] The provider types are: hospital inpatient, emergency room, outpatient, medical provider visit, home provider visit, medical supply purchase, prescription drugs and dental. The two payer types are Medicaid and other State insurance.

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specific local government health care spending data were available, CASA used the "other state insurance" fraction (29.6 percent) as a conservative approach to estimating local government health care spending attributable to substance abuse and addiction.

Criminal Justice. In CASA's report, *Behind Bars: Substance Abuse and America's Prison Population*, we documented the enormous impact substance abuse and addiction have on corrections spending.[9] In that report, CASA found that 80 percent of federal inmates, 81 percent of state inmates, and 77 percent of local inmates were substance involved.

For purposes of this study, CASA defined 'substance involved' as those who: ever used illegal drugs regularly; convicted of a drug law violation; convicted of an alcohol violation; under the influence of alcohol and/or other drugs at the time of the crime that led to incarceration; committed the offense to get money to buy drugs; or had a history of alcohol abuse.

To arrive at total costs for adult corrections associated with substance abuse and addiction, CASA totaled expenditures for corrections in the following areas:

- Costs of running and maintaining adult correctional facilities, associated administrative and staffing costs,
- Costs of special programs such as mental health, education, vocational or religious services provided to adult inmates,
- Parole and early release programs,
- Adult probation,
- Capital spending on prisons or jails,
- For states, the categorical aid to localities for adult corrections, and
- For the federal government, the categorical aid to states and localities for adult corrections.

CASA adjusted the federal, state and local associated shares for the national prevalence rates of 2005 to obtain national adult corrections shares of 82.2, 81.0 and 85.3 percent respectively. These national shares were further adjusted by state specific alcohol and illicit drug use prevalence data. Any prevention and treatment programs were reported under prevention and treatment. We assumed that the same percentage of adult probationers and parolees were substance involved as were incarcerated individuals.

Juvenile Justice. In the absence of national estimates of substance involvement in the juvenile justice system, for purposes of its 2001 report CASA conducted an analysis of Arrestee Drug Abuse Monitoring Program (ADAM) data from the National Institute of Justice, 1997. Variables were chosen to mirror those in CASA's adult corrections report, *Behind Bars*. The categories of involvement were: tested positive for drugs; reported using alcohol in the past 72 hours; were under the influence of or in need of alcohol/drugs; received treatment in the past; currently receiving treatment for, or thinks they could use treatment for alcohol or illicit drug abuse.[*]

For this report, CASA updated the percent of juvenile offenders who were substance involved based on CASA's 2004 study *Criminal Neglect: Substance Abuse, Juvenile Justice and the Children Left Behind*.[10] This report found that 78.4 percent of juvenile offenders were substance involved, meaning they were under the influence of alcohol or other drugs while committing their crime, tested positive for drugs, were arrested for committing an alcohol or drug offense, admitted having substance abuse and addiction problems, or shared some combination of these characteristics. CASA updated this estimate by applying 2005 prevalence rates to yield an associated fraction of 79.5 percent of juvenile offenders who are substance involved.

[*] Juveniles in the sample were all males. The sample size of females was too small to allow estimation of rates for females, but the associated percent of substance-involved juveniles was assumed to apply to females as well as males.

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To arrive at total state costs for juvenile justice associated with substance abuse, CASA totaled state expenditures in the following areas:

- Juvenile corrections facilities including residential centers, boot camps and work/study camps,
- Diversion programs, and
- Capital costs of juvenile corrections facilities.

CASA applied the 79.5 percent share, adjusted by jurisdiction specific alcohol and illicit drug use prevalence data, to these juvenile justice costs. Any reported prevention and treatment costs were reported under prevention and treatment.

Judiciary. The judiciary system is carved into several branches--criminal, family, civil or drug courts (which may be further differentiated into family drug court or juvenile drug court). CASA did not identify any studies that documented the full impact of substance abuse on our courts, although several studies have identified the prevalence and characteristics of drug law offenders (drug possession and trafficking) in both juvenile and adult courts.[11] To develop a more comprehensive picture of the impact of substance abuse on the courts, CASA employed the following methodology:

- **Criminal Courts.** *For* CASA's first Shoveling Up report, we analyzed the substance involvement of arrestees, using the Arrestee Drug Abuse Monitoring Program (ADAM) 1997, to estimate the proportion of substance abusers entering the judiciary system. We used the following definitions of substance involved: tested positive for drugs; reported using alcohol in the past 72 hours; were under the influence of or in need of alcohol/drugs; received treatment in the past, are currently receiving treatment, or think they could use treatment for alcohol or various illicit drugs. Using this approach, 83.8 percent of 1997 criminal court costs were substance linked. Adjusting this percentage to reflect 2005 prevalence rates, 86.3 percent of criminal court costs were substance linked.
- **Family Courts.** Previous CASA research has shown that 70 percent of child welfare cases are substance involved;[12] that is, the case is either caused or exacerbated by substance abuse and addiction. In some states, juvenile justice cases may be represented in this category as well. Seventy percent of these costs were assumed to be linked to substance abuse. Adjusting this percentage to reflect 2005 prevalence rates, 74.1 percent of family court costs were substance involved.
- **Civil Courts.** No substance abuse share was developed for civil courts due to the lack of ability to link costs of tort, property rights, estate or small claims cases to substance abuse and addiction. Therefore civil court costs were not included in this analysis.
- **Drug Courts.** Any spending specifically on drug courts, including family dependency drug courts, was given a 100 percent substance abuse share.

To estimate substance abuse costs linked to courts, state and local governments were asked to identify all program costs for criminal, family, juvenile and drug courts including court personnel, contracted services, supplies and the cost of program administrators and/or policy analysts who spend the majority of time on the program.

For CASA's 2001 report, the substance abuse and addiction shares, adjusted by jurisdiction-specific heavy binge drinking and illicit drug use prevalence data, were applied to the total spending by court type. Substance-linked spending by court type was summed to produce a total for courts.

Due to a lack of consistency in how states reported spending on judicial programs, for purposes of this report we have replaced all state data on judicial spending with estimates derived

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from data from the Bureau of Justice Statistics (BJS) and the National Center for State Courts (NCSC) Court Statistics Project. These alternate data sources uniformly reported across all states and identified caseloads and expenditures in civil, criminal and domestic (family) judicial categories. CASA used data from the BJS and NCSC to report judicial expenditures in the areas of criminal and family (including juvenile and domestic) courts. State survey data provided additional information on dedicated drug court* expenditures and aid to local courts.

Based on a report by the federal Office of the Inspector General (OIG), CASA determined that 21 percent of the Federal Bureau of Investigation's non-terrorist budget was drug enforcement.[13]

Education. In this area of the budget it is difficult to establish substance abuse shares for government spending for three major reasons. First, state and federal governments allocate most education funds in broad lump sums to local school districts. Second, there is a reluctance to label children; therefore, it is very difficult for researchers to determine which children were exposed to substances in *utero* or in the home and which children are using substances. Finally, there is very little literature or research that has been done linking costs in the education system to substance abuse.

Using the *International Guidelines for Estimating the Costs of Substance Misuse* as a benchmark, there is neither a matrix of costs nor has there been any delineation of the theoretical issues that help lead to agreement on how to measure those costs in the case of public education.[14] Nonetheless, there is a broad consensus that the costs are potentially significant.†

Substance abuse affects schools in several ways. Parental use can affect the capacity and readiness of children to learn. Faculty and staff use can affect the learning environment. Student use can affect their interest and capacity to learn and school security.

All of these factors might affect the costs of education. For example, maternal alcohol use during pregnancy could result in increased special education costs for students with Fetal Alcohol Syndrome (FAS). Parental substance abuse might result in programs for at-risk youth, staff-intensive compensatory education programs, after-school programs, summer school and other programs. Student use might necessitate increased support and health care staff or may result in class disruption. Violence associated with student use might require increased school costs for security personnel and equipment, insurance and workers compensation, and repairs and replacement of vandalized or stolen materials. Faculty use might involve increased workforce costs and lost productivity.

Few of these costs are reported to governments in ways that can be linked to budgets but in the aggregate represent considerable expenditures. To take the first steps toward developing an estimate of the costs of substance abuse to the education system, CASA identified cost areas that can be linked to substance abuse. These include:

- Lost productivity of staff and added costs for additional staffing,
- Special programs for children at risk,
- Special education programs for those with substance-related retardation or learning disabilities,
- Student assistance programs,
- Alcohol- and drug-related truancy,
- Administration costs linked to coping with alcohol and other drug problems,

* Programs focusing only on drug courts.

† Conclusion of a focus group conducted by CASA July 19, 1999, in Washington DC of experts in the field of education, school finance and substance abuse cost estimation.

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- Property damage and liability insurance costs driven by alcohol and other drugs,
- Higher health insurance costs for substance-involved staff,
- Legal expenses linked to alcohol and other drugs,
- Drug testing costs,
- Employee assistance programs for substance abusers,
- Employee training, policy and staff development to increase awareness of and cope with substance abuse, and
- Capital outlays for special facilities needed for substance using students.

CASA estimates that the aggregate of these costs could total between 10 and 22 percent of annual expenditures for elementary and secondary education.

To review this approach and associated estimates of costs, CASA convened a group of experts in the area of school finance and substance abuse for the first Shoveling Up report. This group also was troubled by an inability to find data to make more precise estimates, but after reviewing and refining this list of effects informally posited a range of 10 to 20 percent for the estimated impact of substance abuse on the public education system. For the purposes of the first report, we chose the lower end of the range, 10 percent, as a conservative estimate of a substance abuse share for education spending. Adjusting this percentage to reflect 2005 prevalence rates, 11.4 percent of education costs were substance linked.

CASA has included this estimate for three reasons. First, state and local budgets are heavily dominated by education spending and failing to recognize costs in this area would be a major oversight. Second, according to experts in the field and qualitative literature, substance abuse has a significant impact on schools and on the achievement of their goals. Finally, schools represent an important opportunity to intervene since problems of substance abuse that start in elementary and secondary school will show up later in other government systems like corrections, child welfare, mental health or welfare. By including this budget estimate, CASA hopes to promote research into the question of the impact of substance abuse on schools and education spending.

Due to the lack of any available data, CASA was unable to estimate the costs of substance abuse and addiction to higher education, resulting in significant underreporting of the impact of this problem on education costs nationally.

Child and Family Assistance Programs. The link between substance abuse and addiction and child neglect and abuse has been well documented; CASA's report *No Safe Haven: Children of Substance Abusing Parents* (1999), found that an estimated 70 percent of child welfare cases are caused or exacerbated by substance abuse and addiction.[15] CASA used this fraction to calculate substance-related child welfare spending for its 2001 report. Adjusting this percentage to reflect 2005 prevalence rates, 73.1 percent of child welfare costs were substance related.

To determine child welfare spending, CASA identified federal programs and related spending, and asked state and local governments to identify all program costs including grants to individuals and families, the cost of caseworkers or service providers and other program costs. They were asked to include costs for adoption assistance; foster care; independent living; family preservation and other programs to prevent out of home placements, promote reunification of families, or provide a safe environment for children; child abuse and neglect intake and assessment; and administrative/staffing costs to run these programs.

The 73.1 percent substance-related share, adjusted by jurisdiction specific alcohol and illicit drug use prevalence data, was applied to total child welfare spending, after any child

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welfare programs specifically aimed at substance abuse and addiction were removed.

Income Support Programs. Substance abuse and addiction may be the primary reason people need income assistance or it may impede a person's ability to become self-supporting. The income support programs included in this study are Temporary Assistance to Needy Families (TANF), General Assistance and state supplements to the Supplemental Security Income Program (SSI).

- **Temporary Assistance to Needy Families (TANF) and General Assistance (GA):** The majority of national and state prevalence studies have estimated that between seven and 37 percent of welfare recipients have a substance-related problem.[16] Two previous studies by CASA have estimated the prevalence of women on TANF with substance use disorders to be between 20 and 28 percent.[17] In our original report we used a more conservative 20 percent estimate as the substance-related share for TANF recipients. Very little data are available on the percentage of the GA population that is substance involved. In the absence of national data, CASA has used the substance-linked share for the TANF program, recognizing that it is probably a very conservative estimate. Adjusting this percentage to reflect 2005 prevalence rates, 23.4 percent of TANF and GA expenditures were substance linked.

- **Supplemental Security Income (SSI):** Federal legislation passed in 1996 ended payments to individuals who were receiving SSI because of alcoholism or other drug addiction. When benefits were terminated as of January 1, 1997, 2.6 percent of all beneficiaries were removed from the rolls. About a third (34 percent) of these people retained or re-established eligibility as of December, 1997 on the basis of a condition other than substance abuse or addiction.[18] Therefore, approximately one percent of people receiving SSI was originally certified by virtue of alcohol or other drug addiction. Other research has documented that six percent of SSI beneficiaries report heavy alcohol use and eight percent report illicit drug use.[19] In order to maintain a conservative estimate, we used one percent as the associated share for SSI in our original report and, updating this to reflect 2005 prevalence rates, 1.2 percent is the associated share for 2005.

- **Housing and Homeless Assistance:** CASA's literature review found that 66 percent of homelessness is attributable to alcohol and/or other drug abuse.[20] This fraction was applied to the housing and homeless-related costs reported by local government and identified in the federal budget.[21]

- **Employment Assistance/Food and Nutritional Assistance/Unspecified:** For these additional federal level programs, CASA used the income assistance fraction (TANF and GA) of 23.5 percent due to the similarity of target populations and eligibility criteria.

To estimate substance-linked costs for these programs, states and local governments were asked to identify costs for cash assistance, emergency assistance, employment and training services for the TANF or GA populations, income maintenance to the aged, blind, and disabled and administrative costs to run these programs. CASA identified the costs of these programs to federal government, including housing, employment assistance and nutritional assistance. Substance-linked shares, adjusted for differences in heavy binge drinking and illicit drug use prevalence, were applied to total costs in each area to develop aggregate spending for income support programs.

Mental Health. Data from a nationally representative sample of the civilian, non-institutionalized U.S. population indicate that 51 percent of those with a lifetime mental disorder also have a lifetime addictive disorder--alcohol or other drug abuse or dependence.[22] This may be a conservative estimate of the occurrence of a comorbid addictive disorder in the population that receives mental health treatment through the

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state since the institutionalized population was not surveyed and people with more severe mental health problems often receive residential care.

Mental health costs included in this study are those for administration, community contracts, housing programs, institutionalization and capital costs for building and maintaining facilities. In CASA's 2001 report, a substance-linked share of 50.9 percent was applied to the total of these costs. Adjusting this percentage to reflect 2005 prevalence rates including jurisdictional difference, 55.9 percent of mental health care costs at the federal, state and local levels were substance linked.

Developmental Disabilities. To estimate the share of federal, state and local costs for the developmentally disabled caused or exacerbated by tobacco, alcohol or other drugs, CASA used data from *The Economic Costs of Alcohol and Drug Abuse in the United States, 1992*.[23] The reported estimate of the population with FAS receiving care in 1992[*] (38,884) was approximately nine percent of the total developmentally disabled population of 434,657 served in 1992 in institutional and residential care across the United States.[24] While CASA believed that the nine percent share is conservative since it is based solely on FAS, we used it to calculate the substance abuse share of state spending for the developmentally disabled in our original report. Adjusting this percentage to reflect 2005 prevalence rates, 10.2 percent of these costs were substance-linked.

This share, adjusted for jurisdictional differences in prevalence of heavy binge drinking, was applied to total government expenditures for developmental disabilities--administration, community contracts, housing programs, institutionalization and capital cost to build and maintain facilities--to develop government totals of associated costs.

[*] Includes mild/moderately retarded FAS populations from ages 22 to 65 in the developmentally disabled systems, and severely retarded people with FAS in those systems from ages 5 to 65.

Public Safety. Very limited data are available for estimating costs of public safety programs. CASA asked state and local governments to report costs for special drug enforcement programs, highway safety and accident prevention programs, state highway patrol and local law enforcement programs. We combed through Congressional budgets to identify federal expenditures for similar programs. Local case study jurisdictions also were asked to report the costs of fire safety, Emergency Medical Services, police and medical examiners.

The main area where some data are available is for highway safety; that is, the proportion of car accidents that are alcohol involved. There is no database, currently, that collects the number of drug-related accidents. Using data collected by the National Highway Traffic Safety Administration,[25] CASA calculated an estimate of the proportion of reported accidents that are alcohol involved:

- Calculate the number of alcohol-positive crashes for each type of accident (property damage, injury, fatality). Alcohol-involved crashes account for 16.7 percent of property damage only accidents, 20.4 percent of accidents that involve injuries and 40.8 percent of accidents involving fatalities.

- Calculate the percent of total alcohol-involved accidents for each accident type. Alcohol-involved property damage represents 78 percent of all alcohol-involved traffic accidents; injuries represent 21 percent and fatalities represent .003 percent.

- Calculate an average for the total of alcohol-involved accidents.

Using this approach, CASA estimated in the original report that 17.6 percent of highway traffic accidents were alcohol involved. Adjusting this percentage to reflect 2005 prevalence rates, 19.7 percent of public safety costs were substance linked. One hundred percent of dedicated international and domestic drug control spending was included in this category.

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In the absence of more specific estimates, we also applied the 10.7 percent fraction to fire safety, Emergency Medical Services, police, medical examiners, accident prevention programs, state highway patrol and local law enforcement programs that are not specifically targeted to alcohol or other drugs. Anecdotal evidence suggests, however, that this is a very conservative estimate of such costs. Costs were adjusted by differences in prevalence of alcohol use by jurisdiction. The total cost of programs specifically targeted to alcohol or other drug abuse or addiction was included.

Government Workforce. Several studies have focused on documenting and quantifying the adverse effects of alcohol, tobacco and illicit drug use on the workforce.[26] Some have been studies of just one organization, others of entire industries, and others of particular regions; therefore, comparison of the results has been difficult. A further complicating factor is the variation in definitions of the quantity and frequency of substance use.

Alcohol and other drug abuse have been associated with employee absenteeism, lower productivity, increased turnover, workplace accidents and higher health insurance costs. Because of severe data limitations, CASA has focused only on absenteeism for this study; that is, the extra days those who abuse substances are absent compared to nonusers.

In the original report, CASA adopted the methodology employed in its investigation of substance abuse and addiction and American business to calculate substance-related absenteeism costs.[27] While this methodology focuses on individuals who have a job and work for pay in the private sector (excluding farming, fishing and forestry), it provided a more detailed analysis that would otherwise be available.

For purposes of CASA's 2001 report, we conducted a logistical regression using *National Household Survey of Drug Abuse* (NHSDA) 1994 data and two panels of the *National Longitudinal Survey of Youth* (NLSY), (1984-88 and 1992-94). The NLSY allowed us to control for a large number of relevant demographic and socioeconomic variables and to capture absenteeism. CASA employed this methodology to pinpoint a probable causal relationship between employee substance abuse and absenteeism. From this analysis, CASA identified prevalence rates and extra days absent due to substance abuse and addiction among men and women by substance type.*

Next, we multiplied the prevalence of substance abuse and addiction (by gender and substance abuse type) to the government workforce (broken down by gender) to get the estimated number of substance involved individuals in the workforce by gender and type of substance. These subtotals were multiplied by gender and substance specific extra days of absences per person, per year to get the total number of days lost per year. That total was divided by the expected number of days of work per year (workforce x 230) to arrive at a substance-related share of 0.3 percent. CASA counted 100 percent of the substance-related employee assistance program costs.

In the workforce section of the state and local surveys, CASA requested payroll figures for government employees, total spending on fringe benefits and the substance-related share of employee assistance programs. CASA collected federal workforce data from agency budget documents. The substance-related share, adjusted by jurisdiction specific heavy binge drinking and illicit drug use prevalence data, was applied to the payroll and fringe benefits. Adjusting this percentage to reflect 2005 prevalence rates, the substance-related share increased slightly to 0.37 percent. That total was added to 100 percent of the substance-related share of employee assistance programs to

* Smoker: An employee who smokes 16+ cigarettes per day in the past month. Heavy Drinker: A male employee drinking 5+ drinks five or more times in the past month. A female employee drinking 3+ drinks five or more times in the past month. Current Drug User: An employee who uses marijuana and/or cocaine at all in the past month. Absent: An indicator for worker absence at any time during the survey month (NHSDA) or week (NLSY).

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get total substance spending in the workforce sector linked to substance abuse and addiction.

Capital Costs. CASA included in its analyses state and local funds expended for new construction, capital improvements and equipment for adult and juvenile corrections facilities and treatment, mental health and developmentally disabled facilities. We included funds paid for out of current general taxes or dedicated taxes, capital spending from bond proceeds and interest paid out for bonds already issued. We used the adjusted substance-related share from the respective category to estimate the portion of capital spending linked to substance abuse and addiction. Substance-related capital spending was added to other costs in each respective category. In the federal analysis, CASA assumed any capital expenditures already were included in the budget authority.

Special Populations. For programs geared to specific populations (special needs, SSI recipients, homeless youth) across the budget categories (education, housing, homeless assistance, food, etc.), CASA used population specific fractions. For example, an educational program for homeless youth burden expenditure was calculated using the homeless youth fraction (66 percent) not the education fraction. Special populations included:

- Native American Populations: The national prevalence rates of heavy binge drinking and illicit drug use among Native Americans are approximately one and half times that of the nation as whole.[28] Because the difference is so pronounced and because federal monies to Tribal and Indian programs can be identified separately, CASA created associated fractions specific to the Native American Population. For programs related to alcohol and other drugs, the weighting was 1.599; for alcohol only, the weighting was 1.554. Native Americans were, in effect, treated as a state and each national fraction was adjusted to reflect this population's prevalence rates.

- Veterans: CASA's literature review revealed that there were areas unique to veterans that required specific substance-related fractions. In health care, one-half of all veterans' Hepatitis C cases are attributable to drug use and one-third (33.4 percent) of HIV positive cases are attributable to drug use.[29] Seventy percent of veteran's homelessness is attributable to alcohol and/or other drug abuse.[30] These substance-related fractions were used in our analysis of the veteran population.

- Homeless Population: CASA's literature review found that approximately 66 percent of homelessness can be attributed to alcohol and/or other drug abuse and addiction.[31] In addition to the category of homeless programs under Income Assistance, this fraction was applied to education programs for homeless youth.

Calculation of National Estimates

To derive a national estimate of state spending on substance abuse and addiction, CASA calculated average *per capita* spending in each program area for the total of the 47 responding jurisdictions. We multiplied these averages by the population of the non-responding states to estimate their overall spending in the affected budget areas. Estimated spending for both responding and non-responding jurisdictions was summed to estimate spending levels for the nation as a whole.

In calculating the costs of substance abuse and addiction for the five non-participating states, we used secondary sources in those areas where secondary sources were used for all participating states.

To derive a national estimate of local spending on substance abuse, CASA examined the U.S. Census data on state and local government. While these data were not as detailed as those available on the federal and state level, they did provide information on local spending in the areas of education, health, corrections, public safety, social services and local government workforce.

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Comparison Between 1998 and 2005

In light of the methodological refinements from CASA's 2001 report and in order to provide a basis of comparison with 1998 state data, CASA recalculated state spending for 1998 based on these refinements. All comparisons of state spending between 1998 and 2005 included in this report are based on the refined methodology.

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Appendix C
Substance Abuse Spending by Federal Budget Category*

	Federal Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of Federal Budget	Per Capita
Burden Spending		***$229,887,452.8***		***9.3***	***$757.89***
Health	**527,452.831.0**	**170,269,388.1**		**6.9**	**561.34**
Other Health Spending	42,566,831.0	12,488,998.6	29.3		
Medicaid/Medicare	484,886,000.0	157,780,389.5	32.5		
Federal Workforce	**242,554,943.7**	**890,828.5**	**0.4**	**0.0**	**2.94**
Child/Family Assistance	**235,367,597.0**	**36,692,524.7**		**1.5**	**120.97**
Child Welfare	9,680,600.0	7,171,673.8	74.1		
Income Assistance	144,685,436.0	5,608,146.0	3.9		
Employment Assistance	5,844,000.0	1,350,463.1	23.1		
Housing/Homeless Assistance	10,568,478.0	3,763,078.7	35.6		
Food/Nutritional Assistance	38,345,000.0	8,990,289.2	23.5		
Unspecified Child/Family Assistance	26,244,083.0	9,808,874.0	37.4		
Education (Elementary/Secondary)	**44,300,000.0**	**5,391,451.3**	**12.2**	**0.2**	**17.77**
Mental Health/Developmental Disabilities	**18,686,006.0**	**3,601,494.4**		**0.2**	**11.87**
Mental Health	3,636,061.0	2,062,162.1	56.7		
Developmental Disabilities	15,049,945.0	1,539,332.3	10.2		
Public Safety	**10,699,606.0**	**7,489,892.6**		**0.3**	**24.69**
Dedicated Substance Use Enforcement	6,619,089.0	6,619,089.0	100.0		
FBI	3,156,218.0	672,047.4	21.3		
Public Safety	645,427.0	127,341.6	19.7		
Aid to Localities	278,872.0	71,414.7	25.6		
Justice	**6,739,413.0**	**5,551,873.1**		**0.2**	**18.30**
Adult Corrections	4,876,114.0	3,950,832.7	81.0		
Juvenile Justice	244,086.0	194,141.1	79.5		
Dedicated Drug Courts	39,466.0	39,466.0	100.0		
Criminal Courts	1,197,437.0	1,034,232.1	86.4		
Aid to Local Courts	382,310.0	333,201.2	87.2		
Interdiction	***2,638,242.0***	***2,638,242.0***	***100.0***	***0.1***	***8.70***
Regulation/Compliance	***82,336.0***	***82,336.0***	***100.00***	***0.0***	***0.27***
Licensing and Control	37,051.0	37,051.0			
Collection of Taxes	45,285.0	45,285.0			
Prevention, Treatment and Research	***5,542,791.0***	***5,542,791.0***	***100.0***	***0.2***	***18.27***
Prevention	1,557,646.2	1,557,646.2			
Treatment	2,428,423.8	2,428,423.8			
Research	1,556,721.0	1,556,721.0			
Total		***$238,150,821.8***		***9.6***	***$785.13***

* Numbers may not add due to rounding.

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Appendix D
Substance Abuse Spending, State Tables

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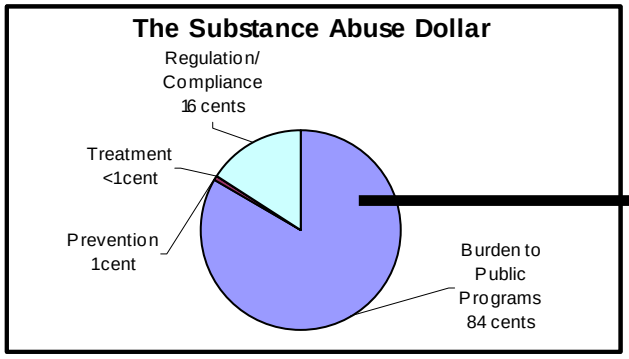
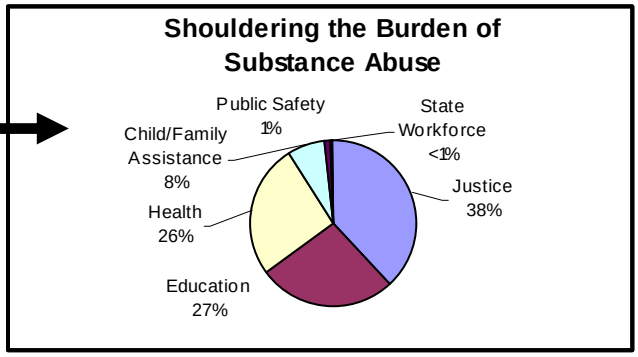
Alabama

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$1,142,119.0***		***10.8***	***$248.34***
Justice	**564,639.2**	**435,351.7**		**4.1**	**94.66**
Adult Corrections	318,859.7	245,539.2	77.0		
Juvenile Justice	72,901.3	54,907.7	75.3		
Judiciary	172,878.2	134,904.8	78.0		
Education (Elementary/Secondary)	**3,148,377.7**	**303,800.6**	**9.6**	**2.9**	**66.06**
Health	**1,167,571.0**	**300,434.3**	**25.7**	**2.8**	**65.33**
Child/Family Assistance	**140,954.9**	**86,367.8**		**0.8**	**18.78**
Child Welfare	118,729.8	82,116.4	69.2		
Income Assistance	22,225.1	4,251.4	19.1		
Mental Health/Developmental Disabilities	**NA**	**NA**		**NA**	**NA**
Mental Health	**NA**	**NA**	**NA**		
Developmental Disabilities	**NA**	**NA**	**NA**		
Public Safety	**38,044.1**	**11,731.5**	**30.8**	**0.1**	**2.55**
State Workforce	**1,537,175.8**	**4,433.1**	**0.3**	**0.0**	**0.96**
Regulation/Compliance	***215,752.7***	***215,752.7***	***100.0***	***2.0***	***46.91***
Licensing and Control	32,477.7	32,477.7			
Collection of Taxes	**NA**	**NA**			
Liquor Store Expenses	183,275.0	183,275.0			
Prevention, Treatment and Research	***8,185.2***	***8,185.2***	***100.0***	***0.1***	***1.78***
Prevention	618.0	618.0			
Treatment	5,533.7	5,533.7			
Research	80.1	80.1			
Unspecified	1,953.4	1,953.4			
Total		***$1,366,056.9***		***12.9***	***$297.03***





Total State Budget	$10,618 M
• Elementary and Secondary Education	$3,148 M
• Substance Abuse and Addiction	$1,366 M
• Medicaid	$1,191 M
• Higher Education	$2,304 M
• Transportation	$534 M
Population	4.6 M

Tobacco and alcohol tax revenue total $271,174,000; $58.96 per capita.
Liquor store revenue total $177,534,000; $38.60 per capita.

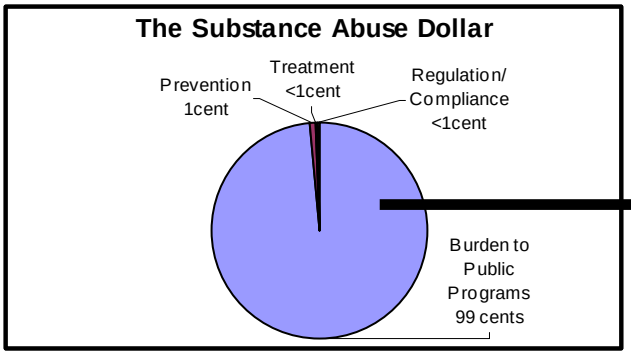
* Numbers may not add due to rounding.

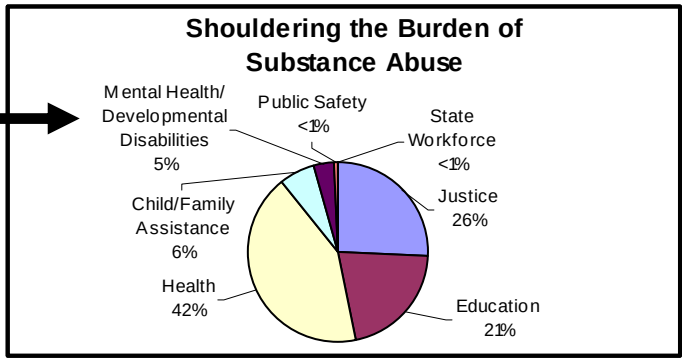
EMBARGOED FOR RELEASE:
Thursday, May 28, 2009, 12:01 A.M. EDT

Alaska

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$831,958.7***		***15.6***	***$1,241.63***
Justice	**243,741.4**	**212,372.9**		**4.0**	**316.95**
Adult Corrections	107,754.1	93,893.9	87.1		
Juvenile Justice	37,908.4	32,623.4	86.1		
Judiciary	98,078.9	85,855.5	87.5		
Education (Elementary/Secondary)	**977,070.8**	**173,588.2**	**17.8**	**3.3**	**259.07**
Health	**1,036,009.0**	**351,180.7**	**33.9**	**6.6**	**524.11**
Child/Family Assistance	**130,530.6**	**51,026.5**		**1.0**	**76.15**
Child Welfare	47,942.9	39,284.2	81.9		
Income Assistance	82,587.7	11,742.4	14.2		
Mental Health/Developmental Disabilities	**66,275.0**	**39,740.4**		**0.7**	**59.31**
Mental Health	57,880.2	38,687.2	66.8		
Developmental Disabilities	8,394.8	1,053.2	12.5		
Public Safety	**5,127.4**	**3,561.4**	**69.5**	**0.1**	**5.32**
State Workforce	**84,014.6**	**488.7**	**0.6**	**0.0**	**0.73**
Regulation/Compliance	***1,605.7***	***1,605.7***	***100.0***	***0.0***	**2.40**
Licensing and Control	778.4	778.4			
Collection of Taxes	827.3	827.3			
Prevention, Treatment and Research	***7,633.1***	***7,633.1***	***100.0***	***0.1***	***11.39***
Prevention	1,695.1	1,695.1			
Treatment	5,169.4	5,169.4			
Research	199.2	199.2			
Unspecified	569.3	569.3			
Total		***$839,617.8***		***15.7***	***$1,253.06***





Total State Budget	$5,334 M
• Elementary and Secondary Education	$977 M
• Substance Abuse and Addiction	$840 M
• Medicaid	$339 M
• Higher Education	$521 M
• Transportation	$411 M
Population	.67 M

Tobacco and alcohol tax revenue total $90,800,000; $135.51 per capita.

* Numbers may not add due to rounding.

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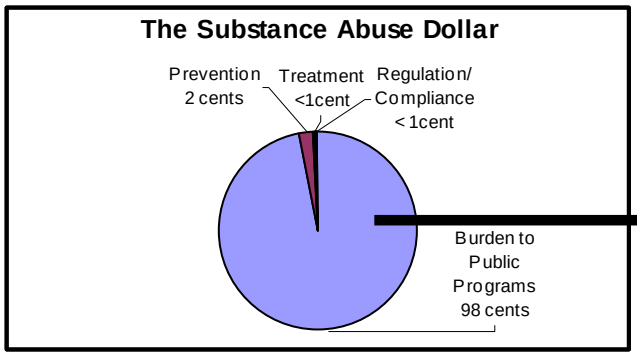
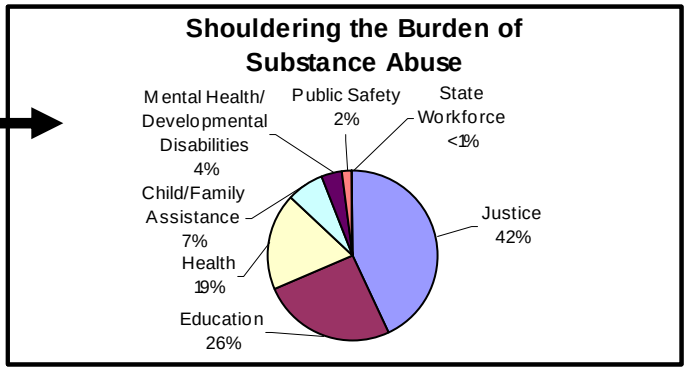
Thursday, May 28, 2009, 12:01 A.M. EDT

Arizona

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$1,623,446.6***		***11.2***	***$263.28***
Justice	**859,173.3**	**687,734.1**		**4.7**	**111.53**
Adult Corrections	674,915.6	542,684.1	80.4		
Juvenile Justice	74,990.6	59,168.7	78.9		
Judiciary	109,267.1	85,881.3	78.6		
Education (Elementary/Secondary)	**3,608,139.6**	**417,592.7**	**11.6**	**2.9**	**67.72**
Health	**928,970.0**	**305,737.7**	**32.9**	**2.1**	**49.58**
Child/Family Assistance	**215,551.6**	**117,405.9**		**0.8**	**19.04**
Child Welfare	135,187.0	99,123.4	73.3		
Income Assistance	80,364.6	18,282.5	22.7		
Mental Health/Developmental Disabilities	**161,480.0**	**61,910.4**		**0.4**	**10.04**
Mental Health	97,334.8	53,512.9	55.0		
Developmental Disabilities	64,145.2	8,397.5	13.1		
Public Safety	**105,462.5**	**32,372.7**	**30.7**	**0.2**	**5.25**
State Workforce	**196,220.7**	**693.0**	**0.4**	**0.0**	**0.11**
Regulation/Compliance	***4,403.6***	***4,403.6***	***100.0***	**0.0**	***0.71***
Licensing and Control	3,565.7	3,565.7			
Collection of Taxes	837.9	837.9			
Prevention, Treatment and Research	***29,266.5***	***29,266.5***	***100.0***	***0.2***	***4.75***
Prevention	4,777.1	4,777.1			
Treatment	17,441.4	17,441.4			
Research	227.0	227.0			
Unspecified	6,821.1	6,821.1			
Total		***$1,657,116.8***		***11.4***	***$268.74***





Total State Budget	$14,502 M
• Elementary and Secondary Education	$3,608 M
• Substance Abuse and Addiction	$1,657 M
• Medicaid	$1,301 M
• Higher Education	$2,426 M
• Transportation	$1,107 M
Population	6.2 M

Tobacco and alcohol tax revenue total $349,725,000; $56.72 per capita.

* Numbers may not add due to rounding.

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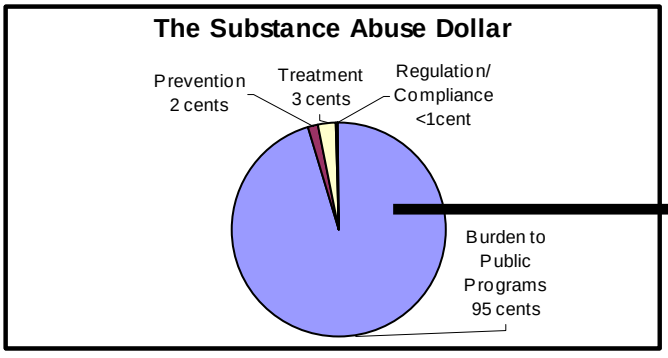
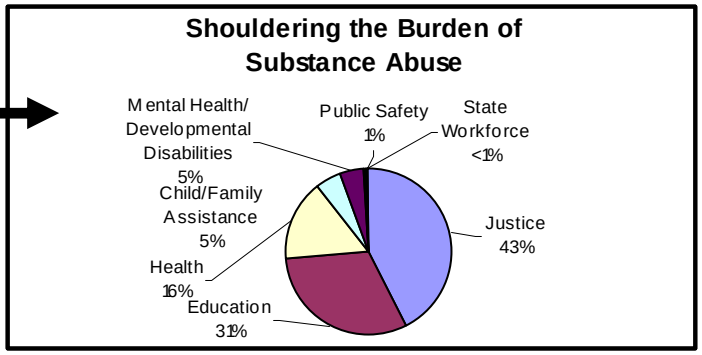
Thursday, May 28, 2009, 12:01 A.M. EDT

Arkansas

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$845,655.6***		***8.5***	***$300.85***
Justice	**477,941.6**	**359,717.5**		**3.6**	**127.97**
Adult Corrections	296,924.1	237,674.3	80.0		
Juvenile Justice	45,747.8	35,920.7	78.5		
Judiciary	105,269.7	86,122.5	81.8		
Education (Elementary/Secondary)	**2,327,569.2**	**263,992.9**	**11.3**	**2.6**	**93.92**
Health	**522,228.8**	**133,199.6**	**25.5**	**1.3**	**47.39**
Child/Family Assistance	**71,971.0**	**40,808.1**		**0.4**	**14.52**
Child Welfare	48,931.8	35,658.7	72.9		
Income Assistance	23,039.1	5,149.4	22.4		
Mental Health/Developmental Disabilities	**113,880.6**	**40,213.2**		**0.4**	**14.31**
Mental Health	67,391.2	36,669.1	54.4		
Developmental Disabilities	46,489.3	3,544.0	7.6		
Public Safety	**33,506.0**	**5,972.9**	**17.8**	**0.1**	**2.12**
State Workforce	**507,299.2**	**1,751.5**	**0.3**	**0.0**	**0.62**
Regulation/Compliance	***3,626.4***	***3,626.4***	***100.0***	***0.0***	***1.29***
Licensing and Control	3,126.4	3,126.4			
Collection of Taxes	500.0	500.0			
Prevention, Treatment and Research	***38,242.8***	***38,242.8***	***100.0***	***0.4***	***13.61***
Prevention	9,774.3	9,774.3			
Treatment	17,072.7	17,072.7			
Research	NA	NA			
Unspecified	11,395.7	11,395.7			
Total		***$887,524.8***		***8.9***	***$315.75***





Total State Budget	$9,982 M
• Elementary and Secondary Education	$2,328 M
• Substance Abuse and Addiction	$888 M
• Medicaid	$771 M
• Higher Education	$2,129 M
• Transportation	$586 M
Population	2.8 M

Tobacco and alcohol tax revenue total $191,239,000; $68.04 per capita.

* Numbers may not add due to rounding.

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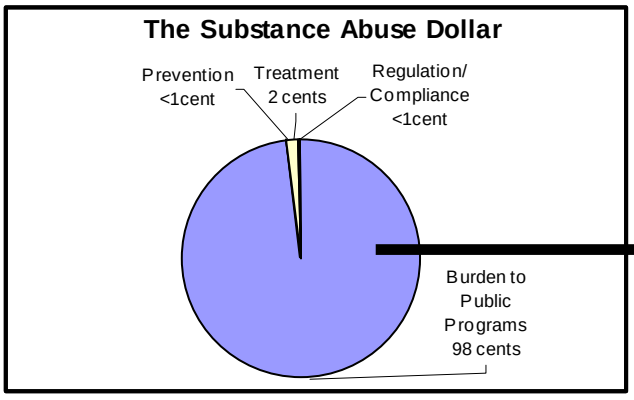
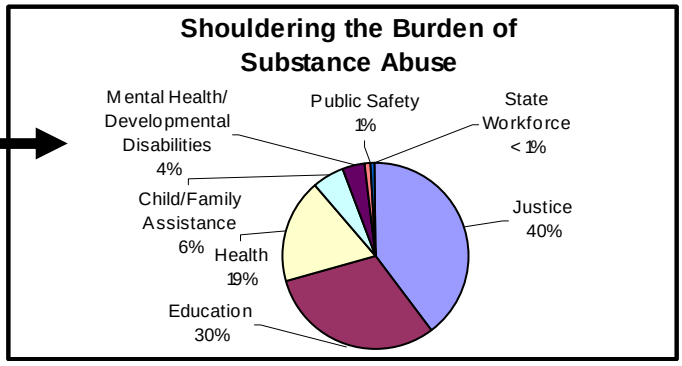
Thursday, May 28, 2009, 12:01 A.M. EDT

California

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$19,473,068.4***		***19.1***	***$534.13***
Justice	**9,403,171.3**	**7,731,014.9**		**7.6**	**212.06**
Adult Corrections	6,882,586.7	5,621,051.0	81.7		
Juvenile Justice	376,745.0	302,291.2	80.2		
Judiciary	2,143,839.6	1,807,672.8	84.3		
Education (Elementary/Secondary)	**47,643,699.0**	**5,927,821.8**	**12.4**	**5.8**	**162.60**
Health	**14,058,757.0**	**3,664,594.2**	**26.1**	**3.6**	**100.52**
Child/Family Assistance	**6,155,731.3**	**1,071,688.2**		**1.1**	**29.40**
Child Welfare	724,547.3	542,687.5	74.9		
Income Assistance	5,431,184.0	529,000.8	9.7		
Mental Health/Developmental Disabilities	**1,337,373.0**	**753,814.7**		**0.7**	**20.68**
Mental Health	1,319,466.0	752,144.9	57.0		
Developmental Disabilities	17,907.0	1,669.8	9.3		
Public Safety	**1,321,429.0**	**240,152.8**	**18.2**	**0.2**	**6.59**
State Workforce	**21,907,383.0**	**83,981.7**	**0.4**	**0.1**	**2.30**
Regulation/Compliance	***60,211.0***	***60,211.0***	***100.0***	***0.1***	***1.65***
Licensing and Control	43,727.0	43,727.0			
Collection of Taxes	16,484.0	16,484.0			
Prevention, Treatment and Research	***339,303.3***	***339,303.3***	***100.0***	***0.3***	***9.31***
Prevention	38.0	38.0			
Treatment	244,611.0	244,611.0			
Research	600.0	600.0			
Unspecified	94,054.3	94,054.3			
Total		***$19,872,582.7***		***19.5***	***$545.09***





Total State Budget	$101,996 M
• Elementary and Secondary Education	$47,644 M
• Substance Abuse and Addiction	$19,873 M
• Medicaid	$16,331 M
• Higher Education	$9,829 M
• Transportation	$6,772 M
Population	36.5 M

Tobacco and alcohol tax revenue total $1,410,476,000; $38.69 per capita.

* Numbers may not add due to rounding.

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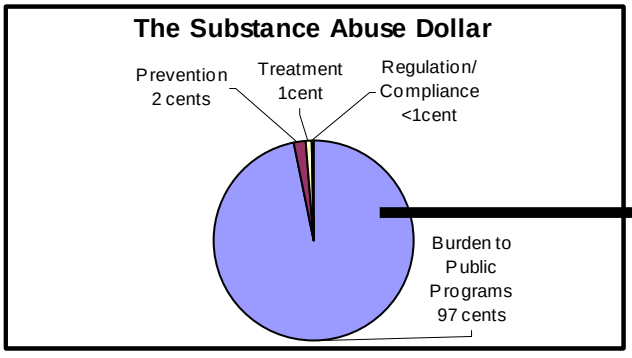
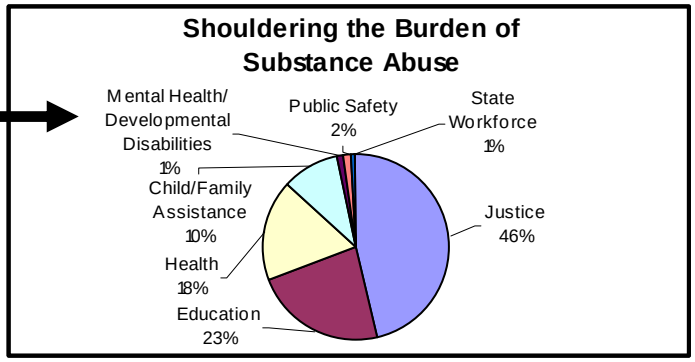
Thursday, May 28, 2009, 12:01 A.M. EDT

Colorado

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$1,615,484.9***		***15.1***	***$339.86***
Justice	**886,351.6**	**745,476.6**		**6.9**	**156.83**
Adult Corrections	552,943.3	466,211.3	84.3		
Juvenile Justice	201,810.4	167,594.0	83.0		
Judiciary	131,597.8	111,671.3	84.9		
Education (Elementary/Secondary)	**2,504,364.3**	**366,489.4**	**14.6**	**3.4**	**77.10**
Health	**953,329.3**	**289,982.2**	**30.4**	**2.7**	**61.01**
Child/Family Assistance	**284,174.0**	**161,258.3**		**1.5**	**33.92**
Child Welfare	171,724.9	134,393.1	78.3		
Income Assistance	112,449.1	26,865.2	23.9		
Mental Health/Developmental Disabilities	**49,850.7**	**19,459.4**		**0.2**	**4.09**
Mental Health	27,597.5	16,980.6	61.5		
Developmental Disabilities	22,253.2	2,478.8	11.1		
Public Safety	**101,909.9**	**24,573.1**	**24.1**	**0.2**	**5.17**
State Workforce	**1,784,431.3**	**8,245.9**	**0.5**	**0.1**	**1.73**
Regulation/Compliance	***3,825.7***	***3,825.7***	***100.0***	***0.0***	***0.80***
Licensing and Control	3,619.7	3,619.7			
Collection of Taxes	206.0	206.0			
Prevention, Treatment and Research	***54,086.1***	***54,086.1***	***100.0***	***0.5***	***11.38***
Prevention	29,791.2	29,791.2			
Treatment	18,867.0	18,867.0			
Research	NA	NA			
Unspecified	5,427.9	5,427.9			
Total		***$1,673,396.6***		***15.6***	***$352.04***





Total State Budget	$10,727 M
• Elementary and Secondary Education	$2,504 M
• Substance Abuse and Addiction	$1,673 M
• Medicaid	$1,283 M
• Higher Education	$1,750 M
• Transportation	$607 M
Population	4.8 M

Tobacco and alcohol tax revenue total $161,699,000; $34.02 per capita.

* Numbers may not add due to rounding.

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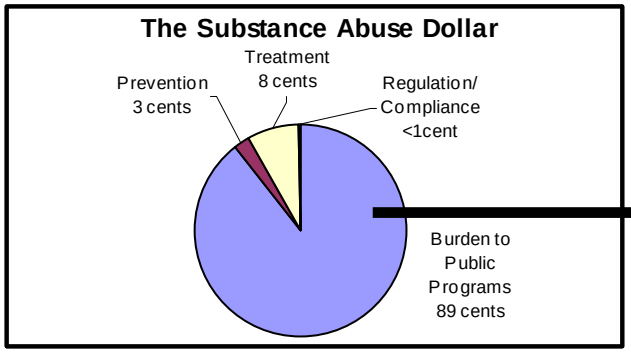
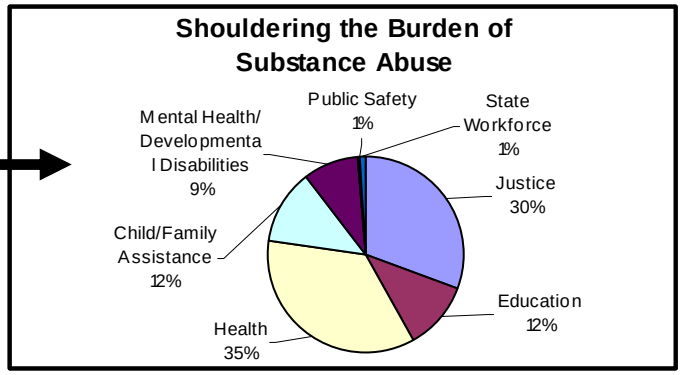
Thursday, May 28, 2009, 12:01 A.M. EDT

Connecticut

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$2,610,358.3***		***14.9***	***$744.79***
Justice	**933,811.6**	**794,075.8**		**4.5**	**226.57**
Adult Corrections	580,410.6	487,102.4	83.9		
Juvenile Justice	31,355.1	25,908.6	82.6		
Judiciary	322,045.9	281,064.9	87.3		
Education (Elementary/Secondary)	**2,100,000.0**	**299,720.2**	**14.3**	**1.7**	**85.52**
Health	**3,262,232.5**	**919,667.0**	**28.2**	**5.3**	**262.40**
Child/Family Assistance	**556,451.9**	**320,563.9**		**1.8**	**91.46**
Child Welfare	334,451.9	260,066.4	77.8		
Income Assistance	222,000.0	60,497.5	27.3		
Mental Health/Developmental Disabilities	**398,858.2**	**241,245.5**		**1.4**	**68.83**
Mental Health	396,136.0	240,989.2	60.8		
Developmental Disabilities	2,722.2	256.3	9.4		
Public Safety	**64,523.0**	**13,948.4**	**21.6**	**0.1**	**3.98**
State Workforce	**4,709,343.0**	**21,137.4**	**0.4**	**0.1**	**6.03**
Regulation/Compliance	***10,223.7***	***10,223.7***	***100.0***	***0.1***	***2.92***
Licensing and Control	2,751.8	2,751.8			
Collection of Taxes	7,471.9	7,471.9			
Prevention, Treatment and Research	***303,695.3***	***303,695.3***	***100.0***	***1.7***	***86.65***
Prevention	67,071.5	67,071.5			
Treatment	208,978.0	208,978.0			
Research	NA	NA			
Unspecified	27,645.8	27,645.8			
Total		***$2,924,277.3***		***16.7***	***$834.36***





Total State Budget	$17,472 M
• Elementary and Secondary Education	$2,100 M
• Substance Abuse and Addiction	$2,924 M
• Medicaid	$3,716 M
• Higher Education	$1,940 M
• Transportation	$482 M
Population	3.5 M

Tobacco and alcohol tax revenue total $317,628,000; $90.63 per capita.

* Numbers may not add due to rounding.

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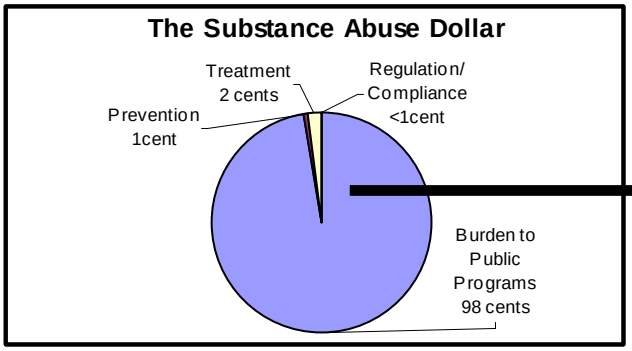
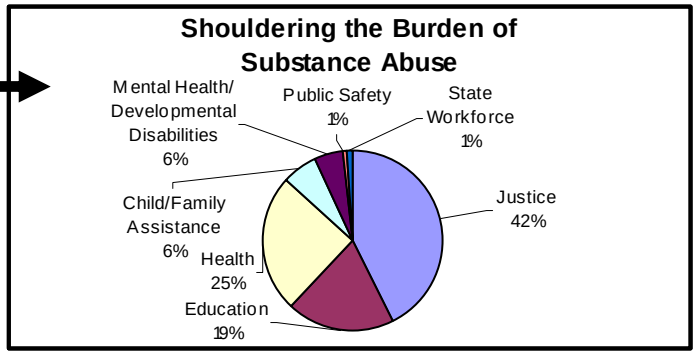
Thursday, May 28, 2009, 12:01 A.M. EDT

Delaware

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$576,702.2***		***12.0***	***$675.71***
Justice	**293,341.0**	**242,465.9**		**5.1**	**284.09**
Adult Corrections	201,860.4	165,266.5	81.9		
Juvenile Justice	37,537.1	30,198.9	80.5		
Judiciary	53,943.5	47,000.5	87.1		
Education (Elementary/Secondary)	**886,973.7**	**111,667.4**	**12.6**	**2.3**	**130.84**
Health	**435,750.6**	**142,930.9**	**32.8**	**3.0**	**167.47**
Child/Family Assistance	**56,278.2**	**35,771.2**		**0.7**	**41.91**
Child Welfare	43,990.0	33,059.8	75.2		
Income Assistance	12,288.2	2,711.4	22.1		
Mental Health/Developmental Disabilities	**107,205.9**	**32,943.1**		**0.7**	**38.60**
Mental Health	43,522.0	24,952.9	57.3		
Developmental Disabilities	63,683.9	7,990.2	12.5		
Public Safety	**4,322.1**	**3,691.0**	**85.4**	**0.1**	**4.32**
State Workforce	**1,861,562.2**	**7,232.8**	**0.4**	**0.2**	**8.47**
Regulation/Compliance	***510.5***	***510.5***	***100.0***	***0.0***	***0.60***
Licensing and Control	455.8	455.8			
Collection of Taxes	54.7	54.7			
Prevention, Treatment and Research	***14,095.8***	***14,095.8***	***100.0***	***0.3***	***16.52***
Prevention	2,318.7	2,318.7			
Treatment	8,417.9	8,417.9			
Research	84.6	84.6			
Unspecified	3,274.6	3,274.6			
Total		***$591,308.6***		***12.3***	***$692.82***





Total State Budget	$4,794 M
• Elementary and Secondary Education	$887 M
• Substance Abuse and Addiction	$591 M
• Medicaid	$450 M
• Higher Education	$282 M
• Transportation	$596 M
Population	.85 M

Tobacco and alcohol tax revenue total $94,210,000; $110.38 per capita.

* Numbers may not add due to rounding.

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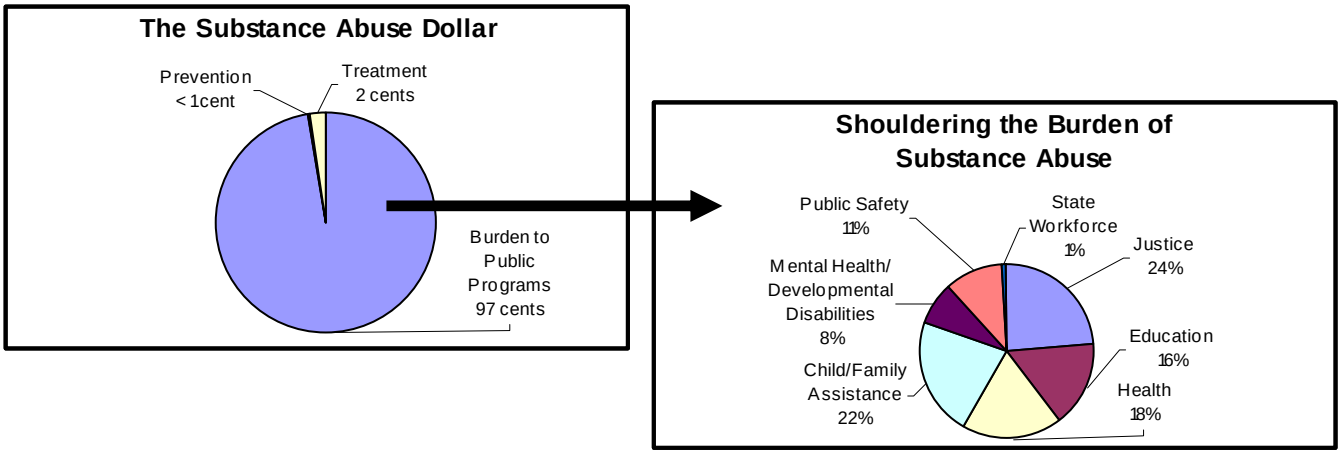
Thursday, May 28, 2009, 12:01 A.M. EDT

District of Columbia

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$765,274.7***		***18.3***	***$1,315.97***
Justice	**213,787.4**	**182,084.0**		**4.3**	**313.11**
Adult Corrections	129,533.9	110,464.6	85.3		
Juvenile Justice	60,796.8	51,113.5	84.1		
Judiciary	23,456.7	20,506.0	87.4		
Education (Elementary/Secondary)	**781,377.1**	**121,843.3**	**15.6**	**2.9**	**209.52**
Health	**486,924.5**	**140,539.5**	**28.9**	**3.4**	**241.67**
Child/Family Assistance	**288,968.1**	**169,481.7**		**4.0**	**291.44**
Child Welfare	168,782.3	134,192.8	79.5		
Income Assistance	120,185.8	35,288.9	29.4		
Mental Health/Developmental Disabilities	**116,732.5**	**62,014.5**		**1.5**	**106.64**
Mental Health	94,338.8	59,701.6	63.3		
Developmental Disabilities	22,393.6	2,312.9	10.3		
Public Safety	**375,948.9**	**82,546.0**	**22.0**	**2.0**	**141.95**
State Workforce	**1,359,075.0**	**6,765.6**	**0.5**	**0.2**	**11.63**
Regulation/Compliance	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research	***26,207.1***	***26,207.1***	***100.0***	***0.6***	***45.07***
Prevention	638.5	638.5			
Treatment	17,968.7	17,968.7			
Research	7,599.9	7,599.9			
Total		***$791,481.8***		***18.9***	***$1,361.03***



Total State Budget	$4,186 M
• Elementary and Secondary Education	$781 M
• Substance Abuse and Addiction	$792 M
• Medicaid	$391 M
• Higher Education	$111 M
• Transportation	$109 M
Population	.58 M

Tobacco and alcohol tax revenue total $27,347,000; $47.03 per capita.

* Numbers may not add due to rounding.

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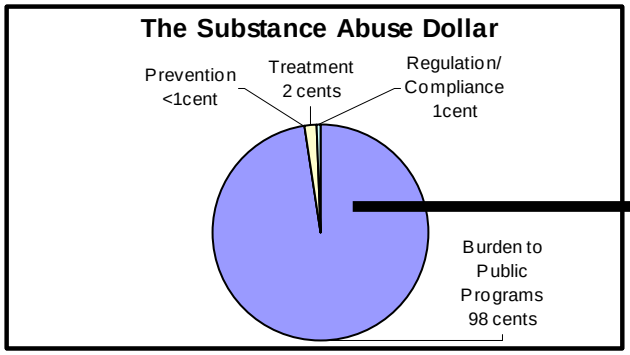
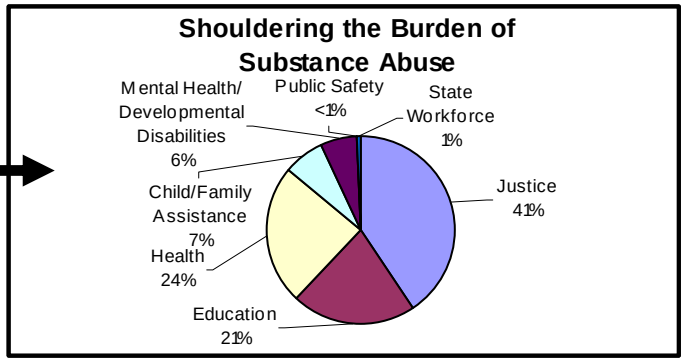
Florida

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$6,057,914.0***		***15.9***	***$334.88***
Justice	**2,989,697.1**	**2,466,653.8**		**6.5**	**136.36**
Adult Corrections	1,702,783.5	1,410,989.0	82.9		
Juvenile Justice	544,925.5	444,129.5	81.5		
Judiciary	741,988.2	611,535.3	82.4		
Education (Elementary/Secondary)	**9,615,247.5**	**1,284,684.9**	**13.4**	**3.4**	**71.02**
Health	**4,728,761.9**	**1,461,633.2**	**30.9**	**3.8**	**80.80**
Child/Family Assistance	**771,992.9**	**421,074.5**		**1.1**	**23.28**
Child Welfare	438,744.8	335,230.2	76.4		
Income Assistance	333,248.1	85,844.2	25.8		
Mental Health/Developmental Disabilities	**1,042,688.3**	**375,117.4**		**1.0**	**20.74**
Mental Health	542,120.0	319,830.6	59.0		
Developmental Disabilities	500,568.3	55,286.8	11.0		
Public Safety	**13,482.6**	**13,482.6**	**100.0**	**0.0**	**0.75**
State Workforce	**8,480,000.0**	**35,267.7**	**0.4**	**0.1**	**1.95**
Regulation/Compliance	***37,245.3***	***37,245.3***	***100.0***	***0.1***	***2.06***
Licensing and Control	30,860.7	30,860.7			
Collection of Taxes	6,384.5	6,384.5			
Prevention, Treatment and Research	***113,822.2***	***113,822.2***	***100.0***	***0.3***	***6.29***
Prevention	3,409.7	3,409.7			
Treatment	73,648.5	73,648.5			
Research	NA	NA			
Unspecified	36,764.0	36,764.0			
Total		***$6,208,981.6***		***16.3***	***$343.23***





Total State Budget	$37,988 M
• Elementary and Secondary Education	$9,615 M
• Substance Abuse and Addiction	$6,209 M
• Medicaid	$5,624 M
• Higher Education	$4,072 M
• Transportation	$5,184 M
Population	18.1 M

Tobacco and alcohol tax revenue total $1,088,407,000; $60.17 per capita.

* Numbers may not add due to rounding.

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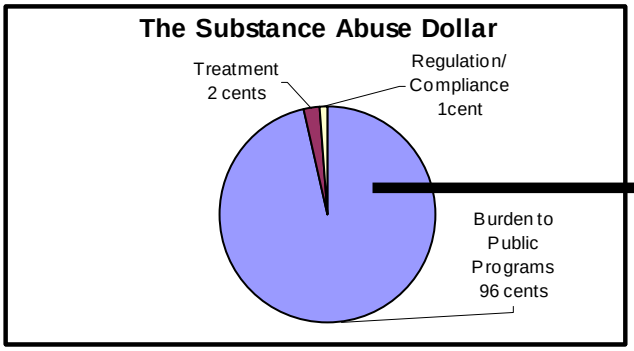
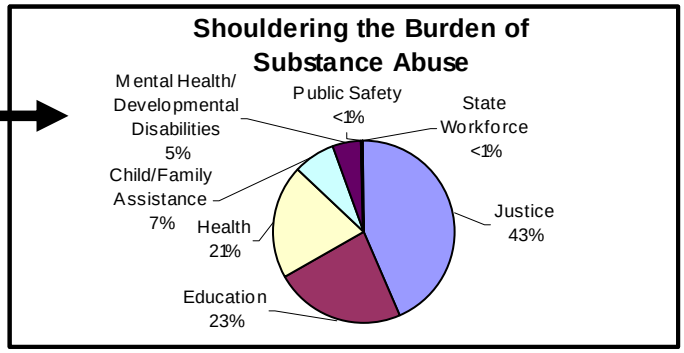
Thursday, May 28, 2009, 12:01 A.M. EDT

Georgia

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$2,495,035.3***		***13.8***	***$266.45***
Justice	**1,407,049.1**	**1,078,190.8**		**6.0**	**115.14**
Adult Corrections	977,045.9	750,586.6	76.8		
Juvenile Justice	199,293.2	149,719.8	75.1		
Judiciary	230,710.0	177,884.4	77.1		
Education (Elementary/Secondary)	**6,056,487.2**	**578,986.9**	**9.6**	**3.2**	**61.83**
Health	**1,976,725.7**	**510,522.5**	**25.8**	**2.8**	**54.52**
Child/Family Assistance	**325,869.8**	**184,248.7**		**1.0**	**19.68**
Child Welfare	244,604.7	168,634.8	68.9		
Income Assistance	81,265.1	15,613.9	19.2		
Mental Health/Developmental Disabilities	**427,004.9**	**135,022.8**		**0.7**	**14.42**
Mental Health	239,213.1	118,775.6	49.7		
Developmental Disabilities	187,791.8	16,247.2	8.7		
Public Safety	**2,847.3**	**483.5**	**17.0**	**0.0**	**0.05**
State Workforce	**2,655,584.2**	**7,580.1**	**0.3**	**0.0**	**0.81**
Regulation/Compliance	***31,082.8***	***31,082.8***	***100.0***	***0.2***	***3.32***
Licensing and Control	4,461.8	4,461.8			
Collection of Taxes	26,621.0	26,621.0			
Prevention, Treatment and Research	***62,548.8***	***62,548.8***	***100.0***	***0.3***	***6.68***
Prevention	NA	NA			
Treatment	39,005.0	39,005.0			
Research	NA	NA			
Unspecified	23,543.8	23,543.8			
Total		***$2,588,666.9***		***14.4***	***$276.45***





Total State Budget	$18,026 M
• Elementary and Secondary Education	$6,057 M
• Substance Abuse and Addiction	$2,589 M
• Medicaid	$2,624 M
• Higher Education	$2,167 M
• Transportation	$790 M
Population	9.4 M

Tobacco and alcohol tax revenue total $398,926,000; $42.60 per capita.

* Numbers may not add due to rounding.

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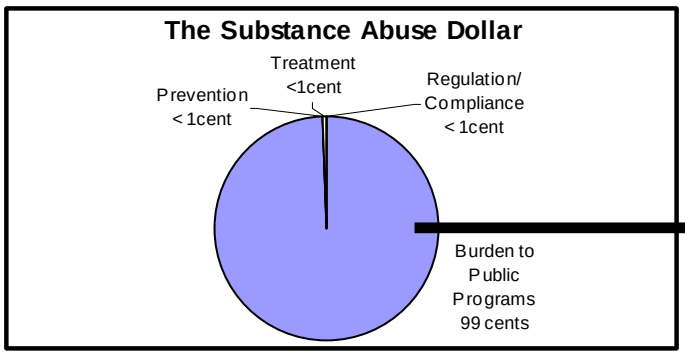
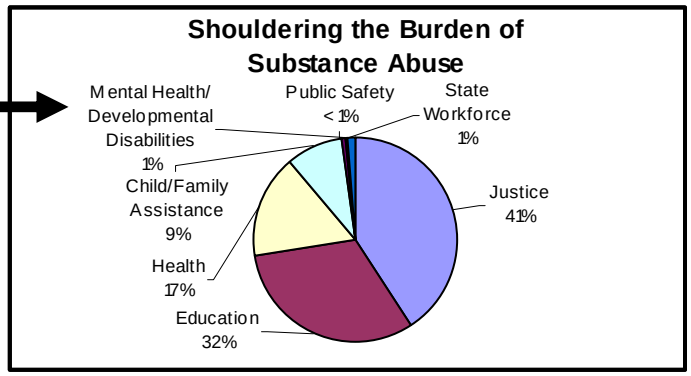
Hawaii

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$752,808.6***		***11.1***	***$585.62***
Justice	**358,864.0**	**306,168.3**		**4.5**	**238.17**
Adult Corrections	186,376.9	158,600.7	85.1		
Juvenile Justice	10,070.9	8,447.4	83.9		
Judiciary	162,416.3	139,120.3	85.7		
Education (Elementary/Secondary)	**1,552,221.6**	**239,115.8**	**15.4**	**3.5**	**186.01**
Health	**339,976.7**	**123,824.8**	**36.4**	**1.8**	**96.32**
Child/Family Assistance	**138,188.6**	**66,767.1**		**1.0**	**51.94**
Child Welfare	60,188.7	47,712.0	79.3		
Income Assistance	77,999.9	19,055.1	24.4		
Mental Health/Developmental Disabilities	**32,203.3**	**5,298.6**		**0.1**	**4.12**
Mental Health	597.9	376.3	62.9		
Developmental Disabilities	31,605.4	4,922.2	15.6		
Public Safety	**1,379.1**	**1,379.1**	**100.0**	**0.0**	**1.07**
State Workforce	**2,089,722.6**	**10,254.9**	**0.5**	**0.2**	**7.98**
Regulation/Compliance	***985.0***	***985.0***	***100.0***	***0.0***	***0.77***
Licensing and Control	819.2	819.2			
Collection of Taxes	165.8	165.8			
Prevention, Treatment and Research	***4,134.7***	***4,134.7***	***100.0***	***0.1***	***3.22***
Prevention	151.9	151.9			
Treatment	1,779.0	1,779.0			
Research	346.7	346.7			
Unspecified	1,857.0	1,857.0			
Total		***$757,928.2***		***11.2***	***$589.60***





Total State Budget	$6,793 M
• Elementary and Secondary Education	$1,552 M
• Substance Abuse and Addiction	$758 M
• Medicaid	$364 M
• Higher Education	$755 M
• Transportation	$704 M
Population	1.3 M

Tobacco and alcohol tax revenue total $128,961,000; $100.32 per capita.

* Numbers may not add due to rounding.

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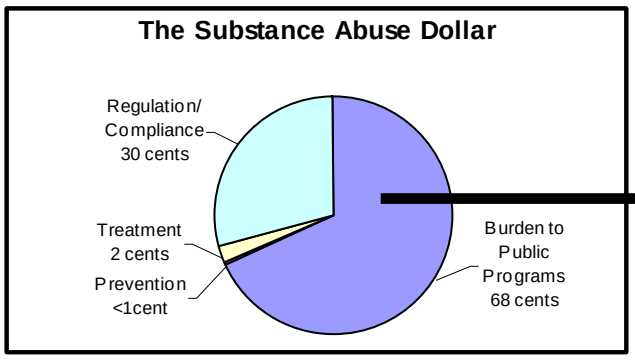
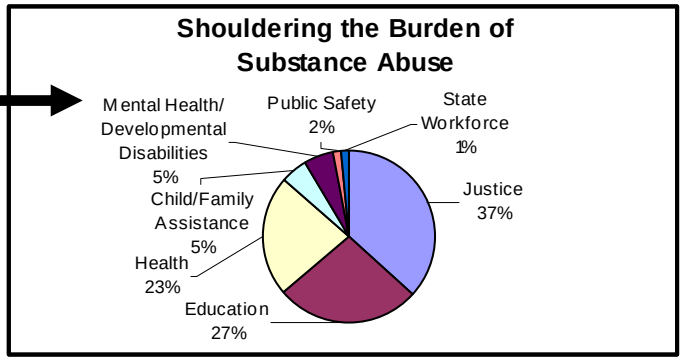
Idaho

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$358,906.7***		***11.9***	***$244.74***
Justice	**164,647.9**	**131,422.5**		**4.3**	**89.62**
Adult Corrections	92,447.7	72,849.3	78.8		
Juvenile Justice	33,680.7	26,003.4	77.2		
Judiciary	38,519.5	32,569.9	84.6		
Education (Elementary/Secondary)	**917,706.5**	**97,258.9**	**10.6**	**3.2**	**66.32**
Health	**321,583.9**	**80,821.8**	**25.1**	**2.7**	**55.11**
Child/Family Assistance	**40,594.2**	**18,905.5**		**0.6**	**12.89**
Child Welfare	23,834.3	17,003.9	71.3		
Income Assistance	16,759.9	1,901.6	11.3		
Mental Health/Developmental Disabilities	**47,245.2**	**19,313.7**		**0.6**	**13.17**
Mental Health	34,736.6	18,242.6	52.5		
Developmental Disabilities	12,508.6	1,071.2	8.6		
Public Safety	**23,163.3**	**6,468.2**	**27.9**	**0.2**	**4.41**
State Workforce	**1,473,761.4**	**4,716.1**	**0.3**	**0.2**	**3.22**
Regulation/Compliance	***155,615.8***	***155,615.8***	***100.0***	***5.1***	***106.12***
Licensing and Control	NA	NA			
Collection of Taxes	92,561.8	92,561.8			
Liquor Store Expenses	63,054.0	63,054.0			
Prevention, Treatment and Research	***13,616.6***	***13,616.6***	***100.0***	***0.5***	***9.29***
Prevention	745.1	745.1			
Treatment	4,827.9	4,827.9			
Research	167.5	167.5			
Unspecified	7,876.1	7,876.1			
Total		***$528,139.2***		***17.5***	***$360.14***





Total State Budget	$3,023 M
• Elementary and Secondary Education	$918 M
• Substance Abuse and Addiction	$528 M
• Medicaid	$368 M
• Higher Education	$424 M
• Transportation	$327 M
Population	1.5 M

Tobacco and alcohol tax revenue total $58,656,000; $40.00 per capita.
Liquor store revenue total $85,508,000; $58.31 per capita.

* Numbers may not add due to rounding.

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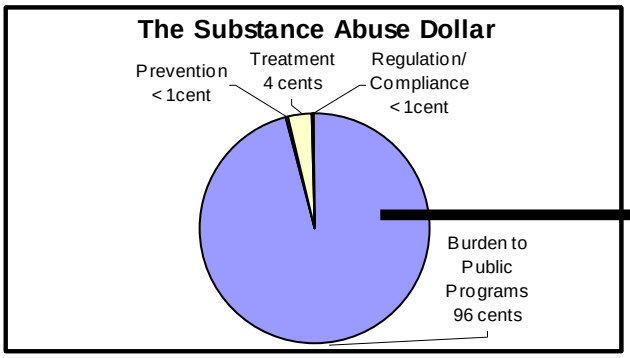
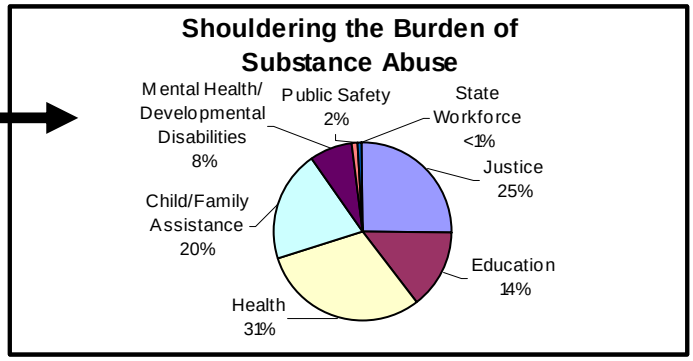
Illinois

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$4,665,903.2***		***14.4***	***$363.62***
Justice	**1,434,599.9**	**1,156,812.4**		**3.6**	**90.15**
Adult Corrections	1,155,599.7	928,966.9	80.4		
Juvenile Justice	107,496.0	84,793.9	78.9		
Judiciary	171,504.1	143,051.5	83.4		
Education (Elementary/Secondary)	**5,769,174.2**	**666,976.5**	**11.6**	**2.1**	**51.98**
Health	**4,566,394.8**	**1,431,877.9**	**31.4**	**4.4**	**111.59**
Child/Family Assistance	**1,421,037.6**	**942,741.5**		**2.9**	**73.47**
Child Welfare	1,237,548.1	907,111.5	73.3		
Income Assistance	183,489.5	35,630.0	19.4		
Mental Health/Developmental Disabilities	**1,298,044.4**	**375,578.1**		**1.2**	**29.27**
Mental Health	507,119.6	278,650.4	54.9		
Developmental Disabilities	790,924.9	96,927.7	12.3		
Public Safety	**306,109.0**	**70,935.4**	**23.2**	**0.2**	**5.53**
State Workforce	**5,947,713.6**	**20,981.5**	**0.4**	**0.1**	**1.64**
Regulation/Compliance	***8,244.3***	***8,244.3***	***100.0***	***0.0***	***0.64***
Licensing and Control	5,138.1	5,138.1			
Collection of Taxes	3,106.2	3,106.2			
Prevention, Treatment and Research	***179,467.7***	***179,467.7***	***100.0***	***0.6***	***13.99***
Prevention	6,202.4	6,202.4			
Treatment	165,921.4	165,921.4			
Research	NA	NA			
Unspecified	7,343.9	7,343.9			
Total		***$4,853,615.1***		***15.0***	***$378.24***





Total State Budget	$32,442 M
• Elementary and Secondary Education	$5,769 M
• Substance Abuse and Addiction	$4,854 M
• Medicaid	$5,948 M
• Higher Education	$2,371 M
• Transportation	$3,070 M
Population	12.8 M

Tobacco and alcohol tax revenue total $803,711,000; $62.63 per capita.

* Numbers may not add due to rounding.

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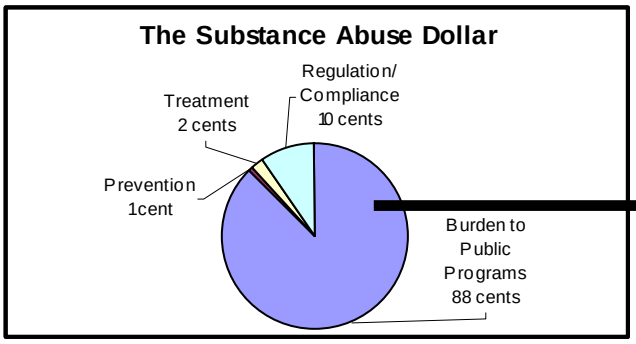
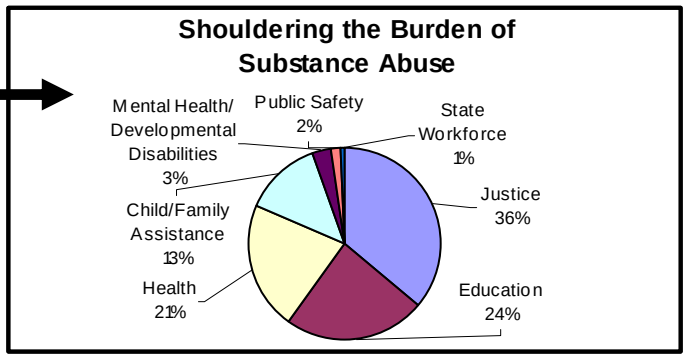
Iowa

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$899,167.1***		***10.2***	***$301.52***
Justice	**407,189.7**	**321,955.9**		**3.7**	**107.96**
Adult Corrections	293,471.2	230,759.8	78.6		
Juvenile Justice	15,414.0	11,873.0	77.0		
Judiciary	98,304.5	79,323.1	80.7		
Education (Elementary/Secondary)	**2,050,297.2**	**215,335.7**	**10.5**	**2.4**	**72.21**
Health	**579,271.5**	**192,823.5**	**33.3**	**2.2**	**64.66**
Child/Family Assistance	**225,032.9**	**118,801.5**		**1.4**	**39.84**
Child Welfare	150,641.6	107,158.7	71.1		
Income Assistance	74,391.3	11,642.8	15.7		
Mental Health/Developmental Disabilities	**104,166.7**	**29,935.6**		**0.3**	**10.04**
Mental Health	40,873.4	21,362.4	52.3		
Developmental Disabilities	63,293.3	8,573.2	13.5		
Public Safety	**46,401.0**	**14,645.1**	**31.6**	**0.2**	**4.91**
State Workforce	**1,789,724.2**	**5,669.8**	**0.3**	**0.1**	**1.90**
Regulation/Compliance	***101,609.4***	***101,609.4***	***100.0***	***1.2***	***34.07***
Licensing and Control	313.1	313.1			
Collection of Taxes	147.3	147.3			
Liquor Store Expenses	101,149.0	101,149.0			
Prevention, Treatment and Research	***27,306.8***	***27,306.8***	***100.0***	***0.3***	***9.16***
Prevention	6,082.2	6,082.2			
Treatment	14,616.5	14,616.5			
Research	NA	NA			
Unspecified	6,608.1	6,608.1			
Total		***$1,028,083.3***		***11.7***	***$344.75***





Total State Budget	$8,792 M
• Elementary and Secondary Education	$2,050 M
• Substance Abuse and Addiction	$1,028 M
• Medicaid	$813 M
• Higher Education	$2,103 M
• Transportation	$1,080 M
Population	3.0 M

Tobacco and alcohol tax revenue total $110,139,000; $36.93 per capita.
Liquor store revenue total $149,120,000; $50.01 per capita.

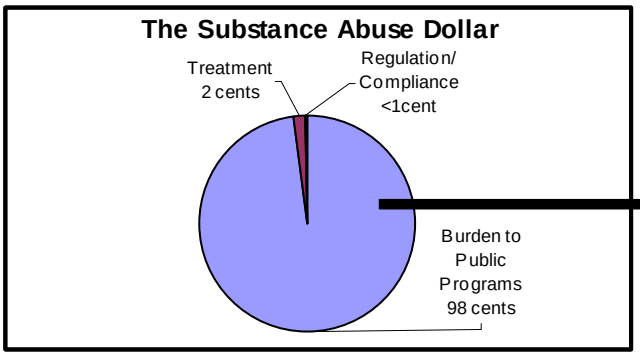
* Numbers may not add due to rounding.

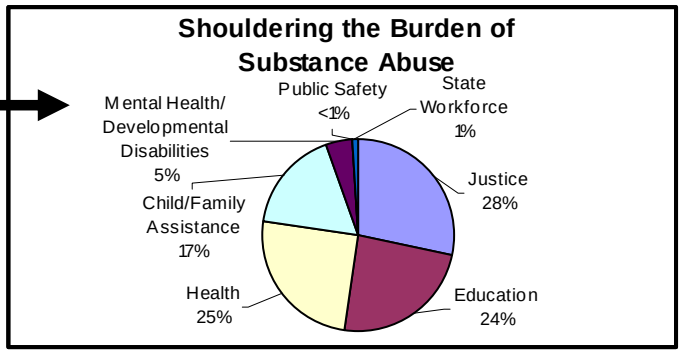
EMBARGOED FOR RELEASE:
Thursday, May 28, 2009, 12:01 A.M. EDT

Kansas

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$1,194,223.1***		***17.4***	***$432.05***
Justice	**412,537.6**	**332,034.1**		**4.8**	**120.12**
Adult Corrections	214,867.1	173,695.8	80.8		
Juvenile Justice	140,989.1	111,884.8	79.4		
Judiciary	56,681.4	46,453.5	82.0		
Education (Elementary/Secondary)	**2,387,225.0**	**283,101.1**	**11.9**	**4.1**	**102.42**
Health	**1,251,991.7**	**295,058.1**	**23.6**	**4.3**	**106.75**
Child/Family Assistance	**330,838.5**	**201,593.8**		**2.9**	**72.93**
Child Welfare	246,365.4	181,963.9	73.9		
Income Assistance	84,473.1	19,629.9	23.2		
Mental Health/Developmental Disabilities	**398,314.8**	**60,416.4**		**0.9**	**21.86**
Mental Health	65,652.3	36,542.1	55.7		
Developmental Disabilities	332,662.5	23,874.3	7.2		
Public Safety	**91,234.2**	**13,054.2**	**14.3**	**0.2**	**4.72**
State Workforce	**2,469,492.7**	**8,965.3**	**0.4**	**0.1**	**3.24**
Regulation/Compliance	***3,918.7***	***3,918.7***	***100.0***	***0.1***	***1.42***
Licensing and Control	1,959.4	1,959.4			
Collection of Taxes	1,959.4	1,959.4			
Prevention, Treatment and Research	***18,808.0***	***18,808.0***	***100.0***	***0.3***	***6.80***
Prevention	NA	NA			
Treatment	18,149.7	18,149.7			
Research	NA	NA			
Unspecified	658.3	658.3			
Total		***$1,216,949.8***		***17.7***	***$440.27***





Total State Budget	$6,878 M
• Elementary and Secondary Education	$2,387 M
• Substance Abuse and Addiction	$1,217
• Medicaid	$868 M
• Higher Education	$1,332 M
• Transportation	$691 M
Population	2.8 M

Tobacco and alcohol tax revenue total $214,222,000; $77.50 per capita.

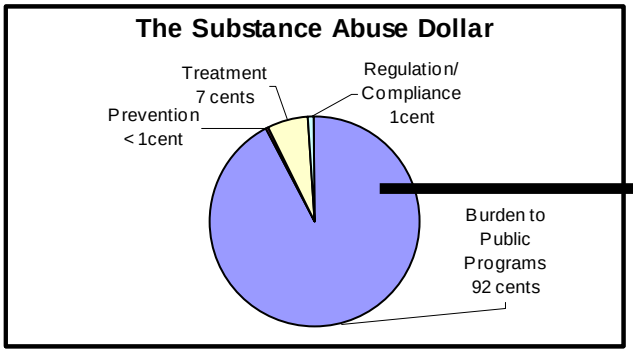
* Numbers may not add due to rounding.

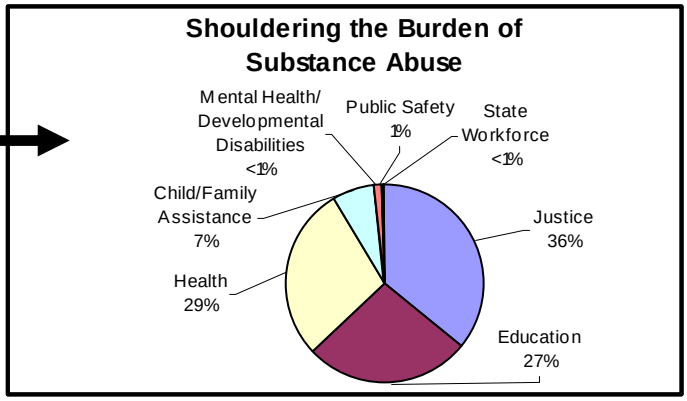
EMBARGOED FOR RELEASE:
Thursday, May 28, 2009, 12:01 A.M. EDT

Kentucky

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$1,280,766.4***		***9.8***	***$304.50***
Justice	**590,865.8**	**457,933.2**		**3.5**	**108.87**
Adult Corrections	257,694.3	202,430.5	78.6		
Juvenile Justice	111,619.3	85,887.3	76.9		
Judiciary	221,552.2	169,615.4	76.6		
Education (Elementary/Secondary)	**3,275,158.9**	**342,578.8**	**10.5**	**2.6**	**81.45**
Health	**1,344,527.1**	**369,494.7**	**27.5**	**2.8**	**87.85**
Child/Family Assistance	**177,961.8**	**90,303.3**		**0.7**	**21.47**
Child Welfare	106,043.5	75,334.6	71.0		
Income Assistance	71,918.3	14,968.7	20.8		
Mental Health/Developmental Disabilities	**1,645.3**	**138.8**		**0.0**	**0.03**
Mental Health	NA	NA	NA		
Developmental Disabilities	1,645.3	138.8	8.4		
Public Safety	**61,994.4**	**15,028.5**	**24.2**	**0.1**	**3.57**
State Workforce	**1,677,148.0**	**5,289.1**	**0.3**	**0.0**	**1.26**
Regulation/Compliance	***9,355.3***	***9,355.3***	***100.0***	***0.1***	***2.22***
Licensing and Control	4,557.6	4,557.6			
Collection of Taxes	4,797.7	4,797.7			
Prevention, Treatment and Research	***101,877.2***	***101,877.2***	***100.0***	***0.8***	***24.22***
Prevention	773.6	773.6			
Treatment	12,188.1	12,188.1			
Research	497.3	497.3			
Unspecified	88,418.2	88,418.2			
Total		***$1,391,998.8***		***10.7***	***$330.95***





Total State Budget	$13,022 M
• Elementary and Secondary Education	$3,275 M
• Substance Abuse and Addiction	$1,392 M
• Medicaid	$1,280 M
• Higher Education	$3,402 M
• Transportation	$1,057 M
Population	4.2 M

Tobacco and alcohol tax revenue total $119,478,000; $28.41 per capita.

* Numbers may not add due to rounding.

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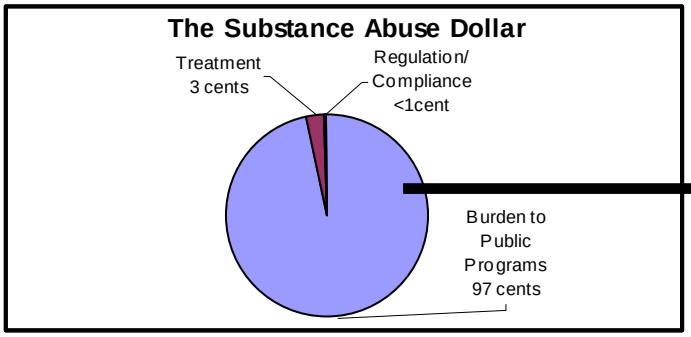
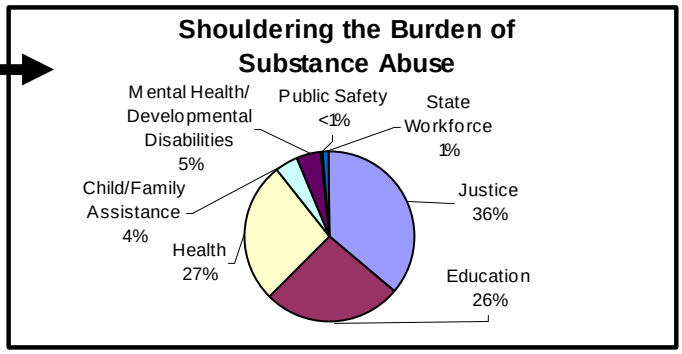
Thursday, May 28, 2009, 12:01 A.M. EDT

Louisiana

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$1,375,626.8***		***17.0***	***$320.83***
Justice	**603,552.9**	**493,521.8**		**6.1**	**115.10**
Adult Corrections	387,412.2	315,377.5	81.4		
Juvenile Justice	117,427.0	93,891.8	80.0		
Judiciary	98,713.7	84,252.5	85.4		
Education (Elementary/Secondary)	**2,947,086.5**	**361,073.3**	**12.3**	**4.5**	**84.21**
Health	**1,338,019.5**	**374,212.8**	**28.0**	**4.6**	**87.27**
Child/Family Assistance	**85,109.0**	**58,483.7**		**0.7**	**13.64**
Child Welfare	75,277.7	56,133.5	74.6		
Income Assistance	9,831.3	2,350.2	23.9		
Mental Health/Developmental Disabilities	**142,616.8**	**70,912.5**		**0.9**	**16.54**
Mental Health	121,693.9	68,845.5	56.6		
Developmental Disabilities	20,922.9	2,067.1	9.9		
Public Safety	**1,163.0**	**1,069.8**	**92.0**	**0.0**	**0.25**
State Workforce	**4,341,108.5**	**16,352.9**	**0.4**	**0.2**	**3.81**
Regulation/Compliance	***4,600.0***	***4,600.0***	***100.0***	***0.1***	***1.07***
Licensing and Control	4,600.0	4,600.0			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research	***43,699.9***	***43,699.9***	***100.0***	***0.5***	***10.19***
Prevention	NA	NA			
Treatment	29,506.3	29,506.3			
Research	NA	NA			
Unspecified	14,193.5	14,193.5			
Total		***$1,423,926.6***		***17.6***	***$332.09***





Total State Budget	$8,071 M
• Elementary and Secondary Education	$2,947 M
• Substance Abuse and Addiction	$1,424 M
• Medicaid	$1,250 M
• Higher Education	$2,230 M
• Transportation	$950 M
Population	4.3 M

Tobacco and alcohol tax revenue total $160,177,000; $37.36 per capita.

* Numbers may not add due to rounding.

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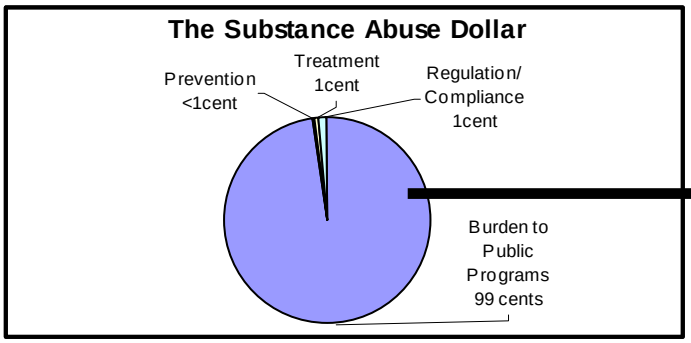
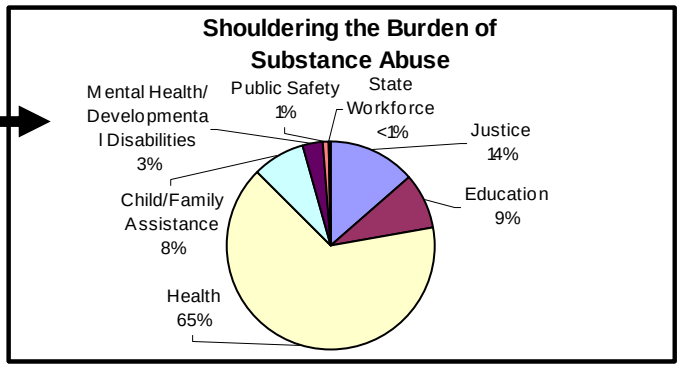
Thursday, May 28, 2009, 12:01 A.M. EDT

Maine

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$1,180,020.6***		***26.9***	***$892.89***
Justice	**190,067.6**	**159,985.6**		**3.6**	**121.06**
Adult Corrections	86,103.2	71,955.9	83.6		
Juvenile Justice	44,576.4	36,665.2	82.3		
Judiciary	59,388.0	51,364.5	86.5		
Education (Elementary/Secondary)	**736,616.2**	**102,807.9**	**14.0**	**2.3**	**77.79**
Health	**2,396,426.2**	**769,802.3**	**32.1**	**17.6**	**582.49**
Child/Family Assistance	**193,722.7**	**93,907.6**		**2.1**	**71.06**
Child Welfare	83,275.0	64,376.1	77.3		
Income Assistance	110,447.7	29,531.5	26.7		
Mental Health/Developmental Disabilities	**82,004.6**	**38,807.2**		**0.9**	**29.36**
Mental Health	60,547.8	36,457.6	60.2		
Developmental Disabilities	21,456.7	2,349.6	11.0		
Public Safety	**49,757.8**	**11,293.9**	**22.7**	**0.3**	**8.55**
State Workforce	**781,051.9**	**3,416.0**	**0.4**	**0.1**	**2.58**
Regulation/Compliance	***6,482.0***	***6,482.0***	***100.0***	***0.1***	***4.90***
Licensing and Control	224.0	224.0			
Collection of Taxes	NA	NA			
Liquor Store Expenses	6,258.0	6,258.0			
Prevention, Treatment and Research	***8,452.5***	***8,452.5***	***100.0***	***0.2***	***6.40***
Prevention	981.1	981.1			
Treatment	7,022.3	7,022.3			
Research	449.0	449.0			
Total		***$1,194,955.0***		***27.3***	***$904.19***





Total State Budget	$4,384 M
• Elementary and Secondary Education	$737 M
• Substance Abuse and Addiction	$1,195 M
• Medicaid	$716 M
• Higher Education	$215 M
• Transportation	$302 M
Population	1.3 M

Tobacco and alcohol tax revenue total $104,648,000; $79.18 per capita.
Liquor store revenue total $51,565,000; $39.02 per capita.

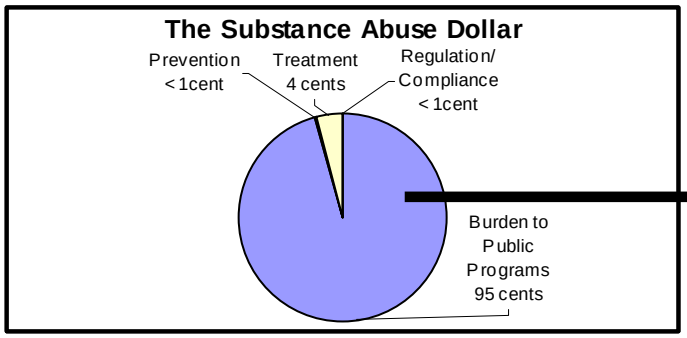
* Numbers may not add due to rounding.

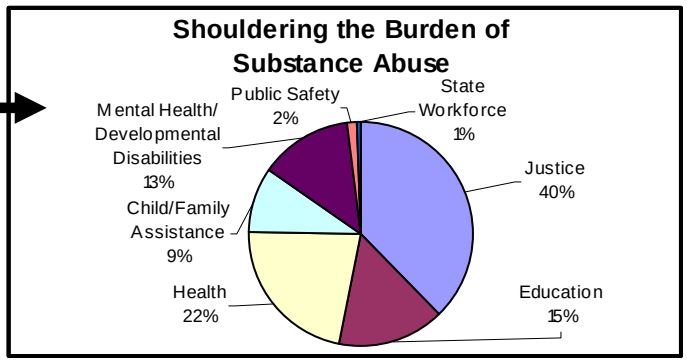
EMBARGOED FOR RELEASE:
Thursday, May 28, 2009, 12:01 A.M. EDT

Maryland

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$2,578,937.3***		***14.2***	***$459.23***
Justice	**1,303,735.4**	**1,018,524.5**		**5.6**	**181.37**
Adult Corrections	814,535.8	638,105.7	78.3		
Juvenile Justice	187,225.7	143,640.7	76.7		
Judiciary	301,973.8	236,778.2	78.4		
Education (Elementary/Secondary)	**3,666,056.3**	**379,128.1**	**10.3**	**2.1**	**67.51**
Health	**2,192,852.0**	**559,989.1**	**25.5**	**3.1**	**99.72**
Child/Family Assistance	**399,762.8**	**224,441.4**		**1.2**	**39.97**
Child Welfare	285,406.6	202,008.7	70.8		
Income Assistance	114,356.2	22,432.7	19.6		
Mental Health/Developmental Disabilities	**1,000,065.6**	**338,151.6**		**1.9**	**60.22**
Mental Health	585,612.2	303,546.3	51.8		
Developmental Disabilities	403,880.5	34,980.8	8.7		
Public Safety	**164,910.1**	**44,960.2**	**27.3**	**0.2**	**8.01**
State Workforce	**4,413,156.4**	**13,742.3**	**0.3**	**0.1**	**2.45**
Regulation/Compliance	***3,527.9***	***3,527.9***	***100.0***	***0.0***	***0.63***
Licensing and Control	NA	NA			
Collection of Taxes	3,527.9	3,527.9			
Prevention, Treatment and Research	***122,609.7***	***122,609.7***	***100.0***	***0.7***	***21.83***
Prevention	10,116.6	10,116.6			
Treatment	104,498.4	104,498.4			
Research	6,366.1	6,366.1			
Unspecified	1,628.6	1,628.6			
Total		***$2,705,074.9***		***14.9***	***$481.70***





Total State Budget	$18,167 M
• Elementary and Secondary Education	$3,666 M
• Substance Abuse and Addiction	$2,705 M
• Medicaid	$2,561 M
• Higher Education	$3,137 M
• Transportation	$2,484 M
Population	5.6 M

Tobacco and alcohol tax revenue total $303,147,000; $53.98 per capita.

* Numbers may not add due to rounding.

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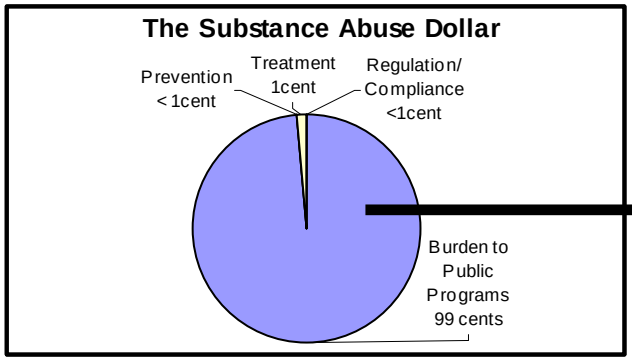
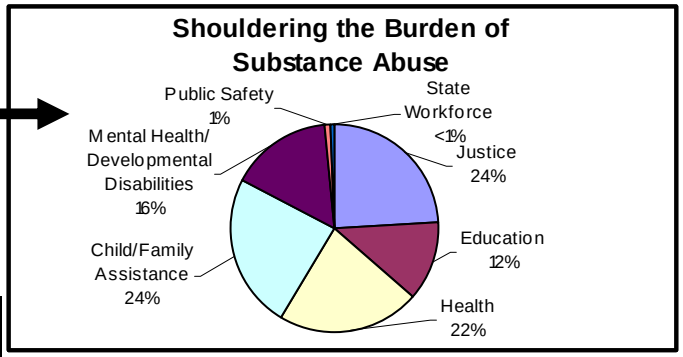
Thursday, May 28, 2009, 12:01 A.M. EDT

Massachusetts

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$4,501,760.3***		***21.8***	***$699.34***
Justice	**1,304,197.3**	**1,084,198.9**		**5.3**	**168.43**
Adult Corrections	982,692.4	810,769.4	82.5		
Juvenile Justice	129,356.5	104,936.6	81.1		
Judiciary	192,148.4	168,492.9	87.7		
Education (Elementary/Secondary)	**4,226,058.8**	**552,493.1**	**13.1**	**2.7**	**85.83**
Health	**3,000,156.0**	**1,007,625.0**	**33.6**	**4.9**	**156.53**
Child/Family Assistance	**2,056,322.5**	**1,083,639.3**		**5.3**	**168.34**
Child Welfare	1,209,469.9	918,615.6	76.0		
Income Assistance	846,852.6	165,023.7	19.5		
Mental Health/Developmental Disabilities	**1,665,355.0**	**703,122.3**		**3.4**	**109.23**
Mental Health	1,066,560.0	622,750.7	58.4		
Developmental Disabilities	598,795.1	80,371.6	13.4		
Public Safety	**196,575.1**	**49,307.2**	**25.1**	**0.2**	**7.66**
State Workforce	**5,269,307.8**	**21,374.5**	**0.4**	**0.1**	**3.32**
Regulation/Compliance	***1,826.5***	***1,826.5***	***100.0***	***0.0***	***0.28***
Licensing and Control	1,826.5	1,826.5			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research	***66,042.2***	***66,042.2***	***100.0***	***0.3***	***10.26***
Prevention	32.2	32.2			
Treatment	52,947.3	52,947.3			
Research	NA	NA			
Unspecified	13,062.8	13,062.8			
Total		***$4,569,629.0***		***22.2***	***$709.88***





Total State Budget	$20,630 M
• Elementary and Secondary Education	$4,226 M
• Substance Abuse and Addiction	$4,570 M
• Medicaid	$2,999 M
• Higher Education	$915 M
• Transportation	$429 M
Population	6.4 M

Tobacco and alcohol tax revenue total $492,888,000; $76.57 per capita.

* Numbers may not add due to rounding.

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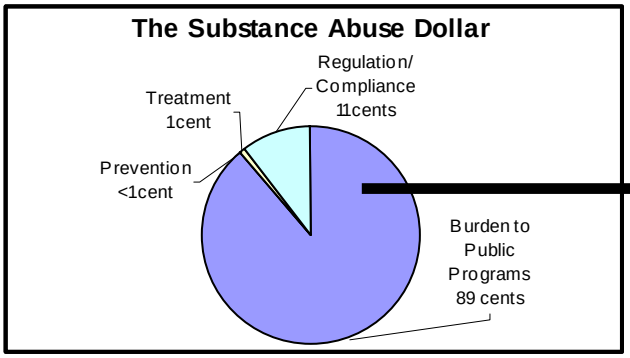
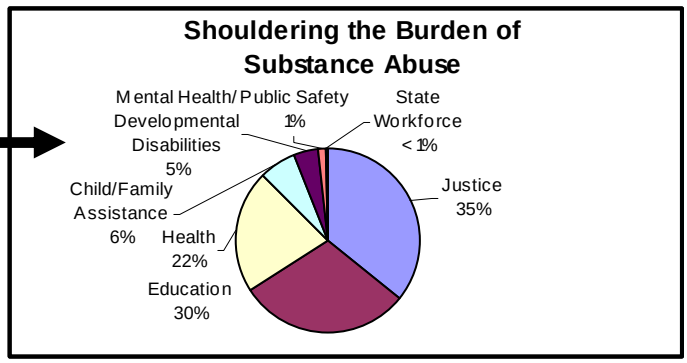
Michigan

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$4,673,041.1***		***16.1***	***$462.88***
Justice	**2,015,069.5**	**1,647,953.5**		**5.7**	**163.23**
Adult Corrections	1,818,150.4	1,488,220.5	81.9		
Juvenile Justice	50,019.3	40,231.2	80.4		
Judiciary	146,899.8	119,501.8	81.4		
Education (Elementary/Secondary)	**11,119,065.4**	**1,398,360.2**	**12.6**	**4.8**	**138.51**
Health	**3,237,405.8**	**1,024,296.0**	**31.6**	**3.5**	**101.46**
Child/Family Assistance	**663,709.8**	**300,031.9**		**1.0**	**29.72**
Child Welfare	299,379.2	224,924.0	75.1		
Income Assistance	364,330.6	75,107.9	20.6		
Mental Health/Developmental Disabilities	**494,722.9**	**222,347.1**		**0.8**	**22.02**
Mental Health	360,646.6	206,665.4	57.3		
Developmental Disabilities	134,076.3	15,681.7	11.7		
Public Safety	**184,018.8**	**63,863.8**	**34.7**	**0.2**	**6.33**
State Workforce	**4,171,629.0**	**16,188.5**	**0.4**	**0.1**	**1.60**
Regulation/Compliance	***558,354.9***	***558,354.9***	***100.0***	***1.9***	***55.31***
Licensing and Control	993.9	993.9			
Collection of Taxes	200.0	200.0			
Liquor Store Expenses	557,161.0	557,161.0			
Prevention, Treatment and Research	***49,644.3***	***49,644.3***	***100.0***	***0.2***	***4.92***
Prevention	8,573.2	8,573.2			
Treatment	35,585.2	35,585.2			
Research	5,486.9	5,486.9			
Total		***$5,281,040.3***		***18.2***	***$523.10***





Total State Budget	$28,981 M
• Elementary and Secondary Education	$11,119 M
• Substance Abuse and Addiction	$5,281 M
• Medicaid	$3,743 M
• Higher Education	$2,151 M
• Transportation	$2,149 M
Population	10.1 M

Tobacco and alcohol tax revenue total $1,330,759,000; $131.82 per capita.
Liquor store revenue total $688,927,000; $68.24 per capita.

* Numbers may not add due to rounding.

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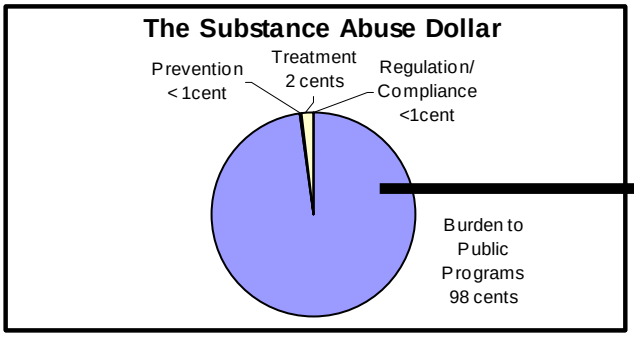
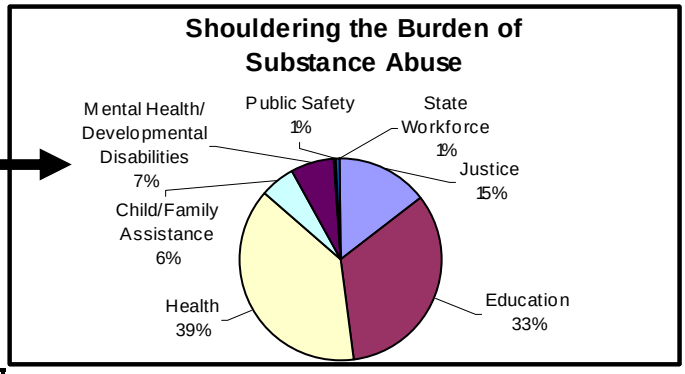
Minnesota

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$2,774,049.8***		***14.9***	***$536.87***
Justice	**475,773.6**	**409.674.8**		**2.2**	**79.29**
Adult Corrections	226,527.6	190,877.7	84.3		
Juvenile Justice	9,271.4	7,694.3	83.0		
Judiciary	239,974.7	211,102.8	88.0		
Education (Elementary/Secondary)	**6,277,196.0**	**915,529.7**	**14.6**	**4.9**	**177.18**
Health	**3,086,416.9**	**1,069,725.2**	**34.7**	**5.8**	**207.03**
Child/Family Assistance	**346,344.1**	**159,307.7**		**0.9**	**30.83**
Child Welfare	140,419.0	109,798.9	78.2		
Income Assistance	205,925.1	49,508.8	24.0		
Mental Health/Developmental Disabilities	**301,741.9**	**185,379.9**		**1.0**	**35.88**
Mental Health	301,741.9	185,379.9	61.4		
Developmental Disabilities	NA	NA	NA		
Public Safety	**64,685.0**	**17,493.3**	**27.0**	**0.1**	**3.39**
State Workforce	**3,680,050.0**	**16,939.1**	**0.5**	**0.1**	**3.28**
Regulation/Compliance	***446.0***	***446.0***	***100.0***	***0.0***	***0.09***
Licensing and Control	446.0	446.0			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research	***66,192.7***	***66,192.7***	***100.0***	***0.4***	***12.81***
Prevention	7,880.0	7,880.0			
Treatment	55,675.7	55,675.7			
Research	NA	NA			
Unspecified	2,637.0	2,637.0			
Total		***$2,840,688.5***		***15.3***	***$549.76***





Total State Budget	$18,596 M
• Elementary and Secondary Education	$6,277 M
• Substance Abuse and Addiction	$2,841 M
• Medicaid	$2,533 M
• Higher Education	$2,225 M
• Transportation	$2,079 M
Population	5.2M

Tobacco and alcohol tax revenue total $243,218,000; $47.07 per capita.

* Numbers may not add due to rounding.

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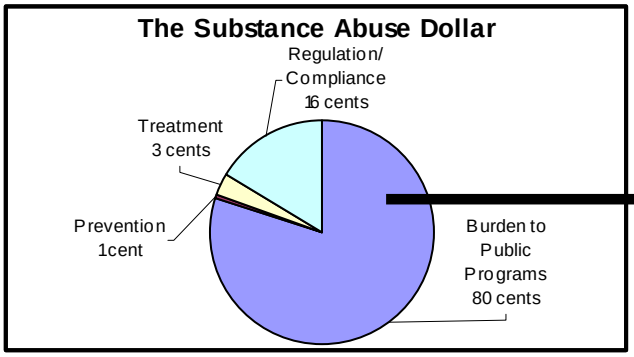
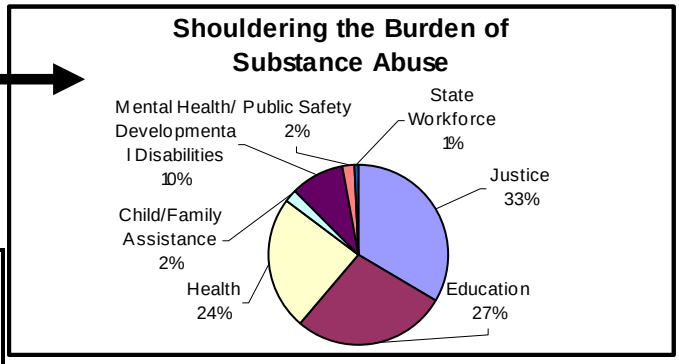
Thursday, May 28, 2009, 12:01 A.M. EDT

Mississippi

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$811,911.6***		***11.2***	***$278.96***
Justice	**339,977.9**	**270,201.4**		**3.7**	**92.84**
Adult Corrections	277,145.7	220,013.0	79.4		
Juvenile Justice	17,514.9	13,630.5	77.8		
Judiciary	45,317.3	36,557.9	80.7		
Education (Elementary/Secondary)	**2,031,436.9**	**222,196.0**	**10.9**	**3.1**	**76.34**
Health	**742,836.5**	**195,304.5**	**26.3**	**2.7**	**67.10**
Child/Family Assistance	**39,910.6**	**17,807.1**		**0.2**	**6.12**
Child Welfare	18,183.9	13,103.3	72.1		
Income Assistance	21,726.7	4,703.9	21.7		
Mental Health/Developmental Disabilities	**181,416.7**	**84,647.2**		**1.2**	**29.08**
Mental Health	154,049.5	82,259.2	53.4		
Developmental Disabilities	27,367.2	2,388.0	8.7		
Public Safety	**47,516.6**	**16,310.7**	**34.3**	**0.2**	**5.60**
State Workforce	**1,642,515.2**	**5,444.7**	**0.3**	**0.1**	**1.87**
Regulation/Compliance	***165,110.4***	***165,110.4***	***100.0***	***2.3***	***56.73***
Licensing and Control	NA	NA			
Collection of Taxes	402.4	402.4			
Liquor Store Expenses	164,708.0	164,708.0			
Prevention, Treatment and Research	***37,256.6***	***37,256.6***	***100.0***	***0.5***	***12.80***
Prevention	7,079.4	7,079.4			
Treatment	29,325.4	29,325.4			
Research	NA	NA			
Unspecified	851.9	851.9			
Total		***$1,014,278.6***		***14.0***	***$348.48***





Total State Budget	$7,255 M
• Elementary and Secondary Education	$2,031 M
• Substance Abuse and Addiction	$1,014M
• Medicaid	$993 M
• Higher Education	$1,899 M
• Transportation	$532 M
Population	2.9 M

Tobacco and alcohol tax revenue total $95,890,000; $32.95 per capita.
Liquor store revenue total $203,005,000; $69.75 per capita.

* Numbers may not add due to rounding.

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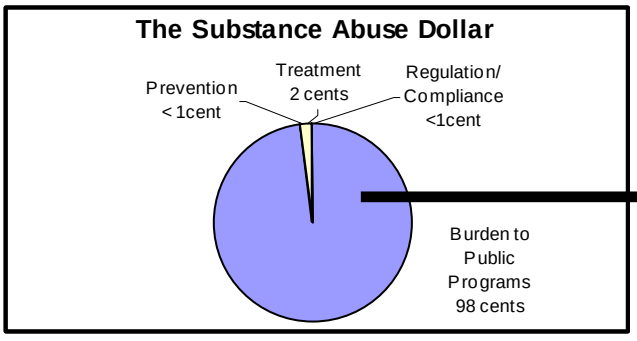
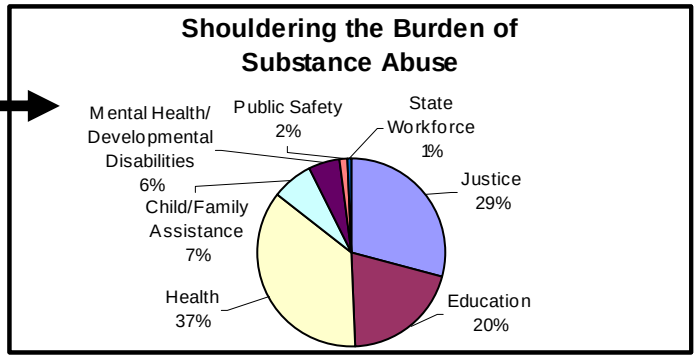
Missouri

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$2,143,925.4***		***15.8***	***$366.94***
Justice	**764,416.2**	**618,694.7**		**4.6**	**105.89**
Adult Corrections	530,390.2	428,718.2	80.8		
Juvenile Justice	108,661.5	86,221.4	79.3		
Judiciary	125,364.6	103,755.1	82.8		
Education (Elementary/Secondary)	**3,610,279.7**	**427,948.6**	**11.9**	**3.2**	**73.24**
Health	**2,740,912.2**	**785,781.4**	**28.7**	**5.8**	**134.49**
Child/Family Assistance	**248,062.6**	**146,082.1**		**1.1**	**25.00**
Child Welfare	183,808.5	135,741.5	73.8		
Income Assistance	64,254.1	10,340.6	16.1		
Mental Health/Developmental Disabilities	**360,666.6**	**123,250.7**		**0.9**	**21.09**
Mental Health	191,745.7	106,701.4	55.6		
Developmental Disabilities	168,920.9	16,549.3	9.8		
Public Safety	**166,906.6**	**32,103.2**	**19.2**	**0.2**	**5.49**
State Workforce	**2,773,727.9**	**10,064.7**	**0.4**	**0.1**	**1.72**
Regulation/Compliance	***2,508.3***	***2,508.3***	***100.0***	***0.0***	***0.43***
Licensing and Control	2,318.6	2,318.6			
Collection of Taxes	189.7	189.7			
Prevention, Treatment and Research	***42,542.4***	***42,542.4***	**100.0**	***0.3***	***7.28***
Prevention	2,707.5	2,707.5			
Treatment	24,414.1	24,414.1			
Research	NA	NA			
Unspecified	15,420.8	15,420.8			
Total		***$2,188,976.1***		***16.1***	***$374.65***





Total State Budget	$13,563 M
• Elementary and Secondary Education	$3,610 M
• Substance Abuse and Addiction	$2,189 M
• Medicaid	$2,532 M
• Transportation	$1,700 M
• Higher Education	$985 M
Population	5.8 M

Tobacco and alcohol tax revenue total $138,589,000; $23.72 per capita.

* Numbers may not add due to rounding.

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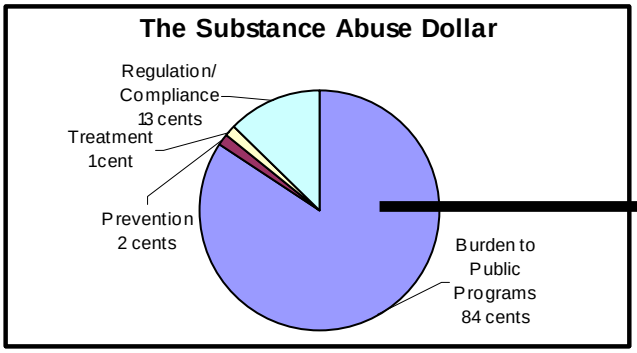
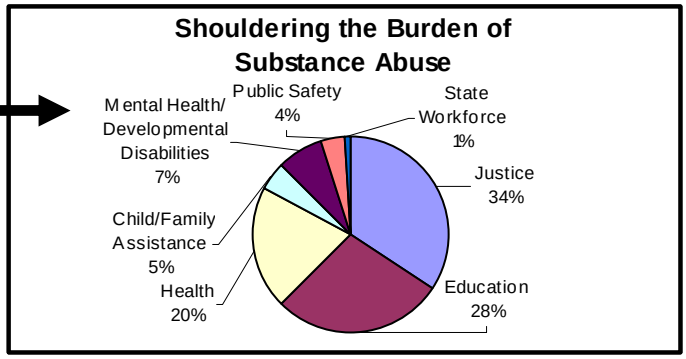
Montana

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$307,875.7***		***12.6***	***$325.92***
Justice	**123,565.5**	**105,199.7**		**4.3**	**111.37**
Adult Corrections	85,955.3	73,229.6	85.2		
Juvenile Justice	7,512.7	6,309.4	84.0		
Judiciary	30,097.5	25,660.7	85.3		
Education (Elementary/Secondary)	**562,215.7**	**87,178.1**	**15.5**	**3.6**	**92.29**
Health	**185,704.8**	**62,400.1**	**33.6**	**2.5**	**66.06**
Child/Family Assistance	**28,070.5**	**14,722.2**		**0.6**	**15.59**
Child Welfare	13,490.8	10,711.4	79.4		
Income Assistance	14,579.7	4,010.8	27.5		
Mental Health/Developmental Disabilities	**60,359.4**	**22,378.9**		**0.9**	**23.69**
Mental Health	29,122.1	18,384.7	63.1		
Developmental Disabilities	31,237.3	3,994.1	12.8		
Public Safety	**50,225.3**	**13,100.7**	**26.1**	**0.5**	**13.87**
State Workforce	**585,600.0**	**2,896.0**	**0.5**	**0.1**	**3.07**
Regulation/Compliance	***47,076.6***	***47,076.6***	***100.0***	***1.9***	***49.84***
Licensing and Control	1,671.6	1,671.6			
Collection of Taxes	NA	NA			
Liquor Store Expenses	45,405.0	45,405.0			
Prevention, Treatment and Research	***10,696.4***	***10,696.4***	***100.0***	***0.4***	***11.32***
Prevention	5,883.5	5,883.5			
Treatment	4,512.9	4,512.9			
Research	300.0	300.0			
Total		***$365,648.7***		***14.9***	***$387.08***





Total State Budget	$2,449 M
• Elementary and Secondary Education	$562 M
• Substance Abuse and Addiction	$366 M
• Medicaid	$182 M
• Higher Education	$403 M
• Transportation	$246 M
Population	.95 M

Tobacco and alcohol tax revenue total $82,954,000; $87.82 per capita.
Liquor store revenue total $52,094,000; $55.15 per capita.

* Numbers may not add due to rounding.

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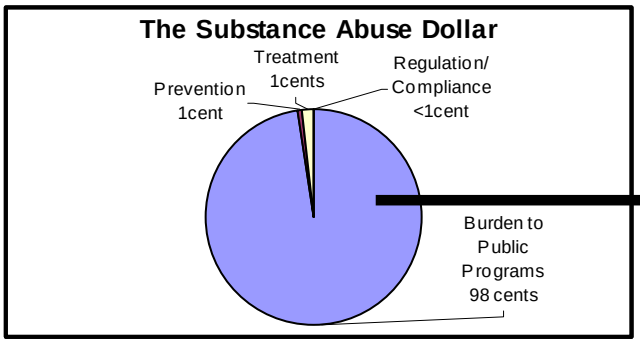
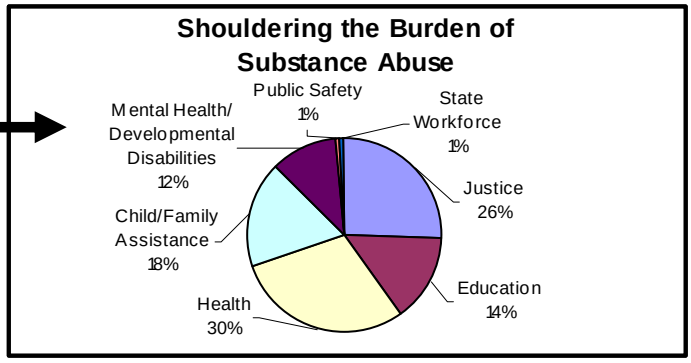
Nebraska

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$615,726.8***		***12.0***	***$348.20***
Justice	**203,593.8**	**157,513.2**		**3.1**	**89.07**
Adult Corrections	133,580.3	104,439.2	78.2		
Juvenile Justice	20,990.5	16,069.7	76.6		
Judiciary	49,023.1	37,004.3	75.5		
Education (Elementary/Secondary)	**863,176.0**	**88,538.6**	**10.3**	**1.7**	**50.07**
Health	**582,203.7**	**182,365.9**	**31.3**	**3.6**	**103.13**
Child/Family Assistance	**182,173.5**	**108,688.6**		**2.1**	**61.46**
Child Welfare	146,188.7	103,195.0	70.6		
Income Assistance	35,984.8	5,493.7	15.3		
Mental Health/Developmental Disabilities	**154,118.2**	**70,591.4**		**1.4**	**39.92**
Mental Health	131,342.5	67,780.9	51.6		
Developmental Disabilities	22,775.7	2,810.5	12.3		
Public Safety	**19,402.1**	**4,877.6**	**25.1**	**0.1**	**2.76**
State Workforce	**1,021,313.4**	**3,151.5**	**0.3**	**0.1**	**1.78**
Regulation/Compliance	***934.2***	***934.2***	***100.0***	***0.0***	***0.53***
Licensing and Control	437.5	437.5			
Collection of Taxes	496.7	496.7			
Prevention, Treatment and Research	***12,523.3***	***12,523.3***	***100.0***	***0.2***	***7.08***
Prevention	3,020.0	3,020.0			
Treatment	7,786.3	7,786.3			
Research	NA	NA			
Unspecified	1,716.9	1,716.9			
Total		***$629,184.2***		***12.3***	***$355.81***





Total State Budget	$5,121 M
• Elementary and Secondary Education	$863 M
• Substance Abuse and Addiction	$629 M
• Medicaid	$557 M
• Higher Education	$1,469 M
• Transportation	$371 M
Population	1.8 M

Tobacco and alcohol tax revenue total $95,538,000; $54.03 per capita.

* Numbers may not add due to rounding.

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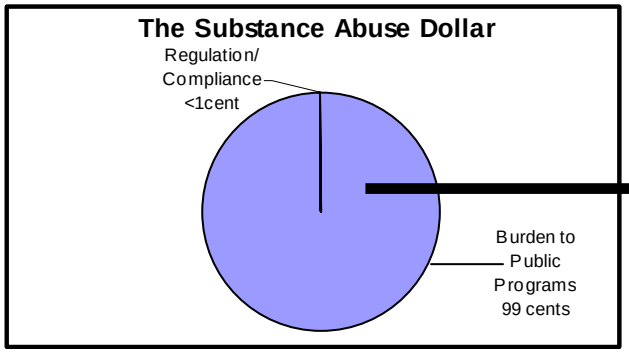
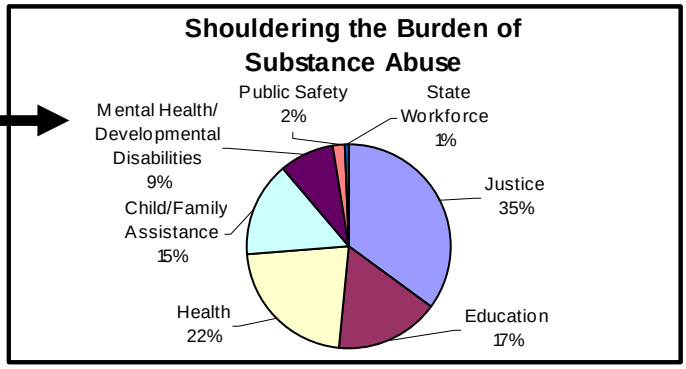
Nevada

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita ($)
Burden Spending		***$757,361.2***		***14.9***	***$303.49***
Justice	**317,464.9**	**264,295.5**		**5.2**	**105.91**
Adult Corrections	275,362.9	229,676.9	83.4		
Juvenile Justice	188.4	154.6	82.1		
Judiciary	41,913.6	34,464.0	82.2		
Education (Elementary/Secondary)	**913,101.3**	**126,167.5**	**13.8**	**2.5**	**50.56**
Health	**472,000.0**	**168,006.0**	**35.6**	**3.3**	**67.32**
Child/Family Assistance	**170,785.3**	**114,523.8**		**2.3**	**45.89**
Child Welfare	139,955.8	107,906.5	77.1		
Income Assistance	30,829.5	6,617.3	21.5		
Mental Health/Developmental Disabilities	**148,599.8**	**65,468.2**		**1.3**	**26.23**
Mental Health	96,638.2	57,918.6	59.9		
Developmental Disabilities	51,961.6	7,549.5	14.5		
Public Safety	**52,622.6**	**14,213.9**	**27.0**	**0.3**	**5.70**
State Workforce	**1,083,994.0**	**4,686.2**	**0.4**	**0.1**	**1.88**
Regulation/Compliance	***411.7***	***411.7***	***100.0***	***0.0***	***0.16***
Licensing and Control	NA	NA			
Collection of Taxes	411.7	411.7			
Prevention, Treatment and Research	***4,342.5***	***4,342.5***	***100.0***	***0.1***	***1.74***
Prevention	NA	NA			
Treatment	NA	NA			
Research	NA	NA			
Unspecified	4,342.5	4,342.5			
Total		***$762,115.4***		***15.0***	***$305.39***





Total State Budget	$5,082 M
• Elementary and Secondary Education	$913 M
• Substance Abuse and Addiction	$762 M
• Medicaid	$460 M
• Higher Education	$627 M
• Transportation	$303 M
Population	2.5 M

Tobacco and alcohol tax revenue total $172,969,000; $69.31 per capita.

* Numbers may not add due to rounding.

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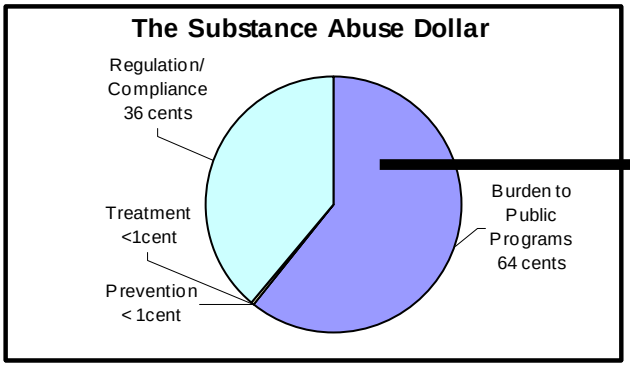
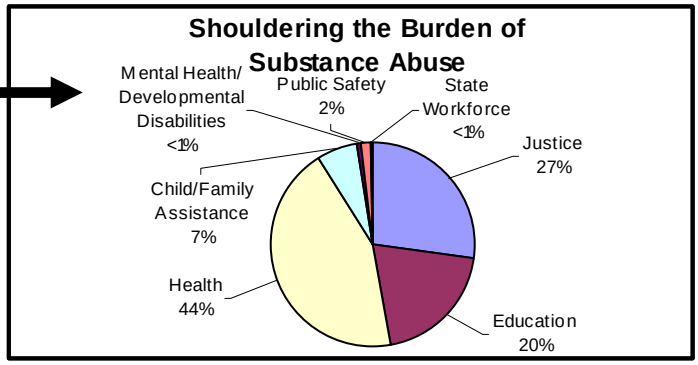
New Hampshire

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita ($)
Burden Spending		***$535,844.6***		***18.3***	***$407.52***
Justice	**176,913.8**	**143,876.8**		**4.9**	**109.42**
Adult Corrections	74,080.8	60,276.0	81.4		
Juvenile Justice	30,264.6	24,185.7	79.9		
Judiciary	72,568.4	59,415.1	81.9		
Education (Elementary/Secondary)	**878,989.1**	**107,437.7**	**12.2**	**3.7**	**81.71**
Health	**864,373.4**	**237,663.8**	**27.5**	**8.1**	**180.75**
Child/Family Assistance	**73,605.6**	**35,306.4**		**1.2**	**26.85**
Child Welfare	38,390.3	28,607.4	74.5		
Income Assistance	35,215.3	6,699.0	19.0		
Mental Health/Developmental Disabilities	**910.0**	**499.9**		**<0.1**	**0.38**
Mental Health	880.0	497.3	56.5		
Developmental Disabilities	30.0	2.6	8.6		
Public Safety	**35,858.6**	**9,137.8**	**25.5**	**0.3**	**6.95**
State Workforce	**511,666.5**	**1,922.3**	**0.4**	**0.1**	**1.46**
Regulation/Compliance	***339,302.8***	***339,302.8***	***100.0***	***11.6***	***258.05***
Licensing and Control	2,368.8	2,368.8			
Collection of Taxes	NA	NA			
Liquor Store Expenses	336,934.0	336,934.0			
Prevention, Treatment and Research	***1,930.1***	***1,930.1***	***100.0***	***0.1***	***1.47***
Prevention	768.4	768.4			
Treatment	1,152.8	1,152.8			
Research	NA	NA			
Unspecified	8.9	8.9			
Total		***$877,077.5***		***30.0***	***$667.03***





Total State Budget	$2,928 M
• Elementary and Secondary Education	$879.0 M
• Substance Abuse and Addiction	$847 M
• Medicaid	$607 M
• Higher Education	$158 M
• Transportation	$264 M
Population	1.3 M

Tobacco and alcohol tax revenue total $113,962,000; $86.67 per capita.
Liquor store revenue total $401,000,000; $304.97 per capita.

* Numbers may not add due to rounding.

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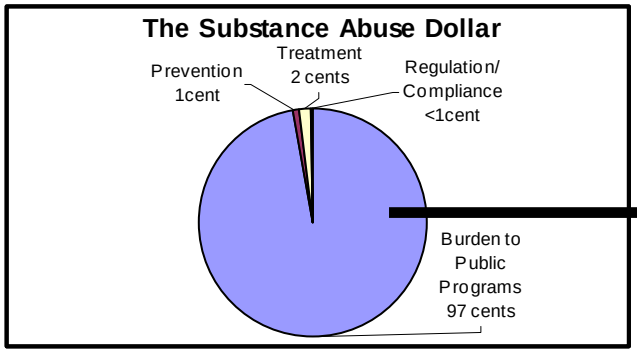
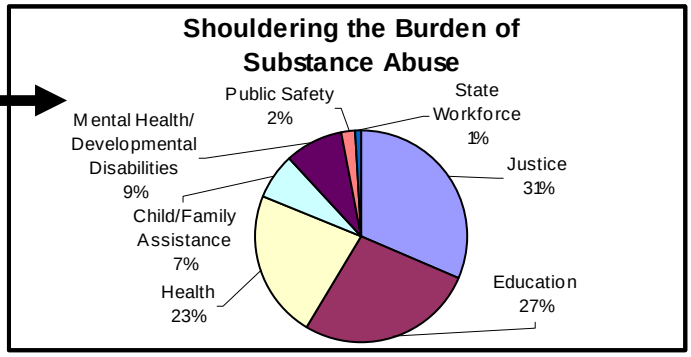
New Jersey

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$3,779,957.2***		***11.7***	***$433.25***
Justice	**1,467,987.2**	**1,177,107.7**		**3.6**	**134.92**
Adult Corrections	975,215.0	785,693.0	80.6		
Juvenile Justice	206,891.0	163,586.4	79.1		
Judiciary	285,881.2	227,828.3	79.7		
Education (Elementary/Secondary)	**8,857,738.0**	**1,034,342.0**	**11.7**	**3.2**	**118.56**
Health	**3,424,631.0**	**852,408.6**	**24.9**	**2.6**	**97.70**
Child/Family Assistance	**668,682.4**	**264,851.0**		**0.8**	**30.36**
Child Welfare	259,585.0	190,847.0	73.5		
Income Assistance	409,097.4	74,004.1	18.1		
Mental Health/Developmental Disabilities	**1,281,604.0**	**339,673.5**		**1.1**	**38.93**
Mental Health	505,544.0	279,200.4	55.2		
Developmental Disabilities	776,060.0	60,473.2	7.8		
Public Safety	**342,779.0**	**84,346.3**	**24.6**	**0.3**	**9.67**
State Workforce	**7,631,852.3**	**27,228.0**	**0.4**	**0.1**	**3.12**
Regulation/Compliance	***8,813.0***	***8,813.0***	***100.0***	***0.0***	***1.01***
Licensing and Control	6,813.0	6,813.0			
Collection of Taxes	2,000.0	2,000.0			
Prevention, Treatment and Research	***101,867.0***	***101,867.0***	***100.0***	***0.3***	***11.68***
Prevention	28,802.0	28,802.0			
Treatment	71,406.0	71,406.0			
Research	NA	NA			
Unspecified	1,659.0	1,659.0			
Total		***$3,890,637.2***		***12.0***	***$445.94***





Total State Budget	$32,300 M
• Elementary and Secondary Education	$8,858 M
• Substance Abuse and Addiction	$3,891 M
• Medicaid	$3,772 M
• Higher Education	$3,081 M
• Transportation	$1,538 M
Population	8.7 M

Tobacco and alcohol tax revenue total $899,501,000; $103.10 per capita.

* Numbers may not add due to rounding.

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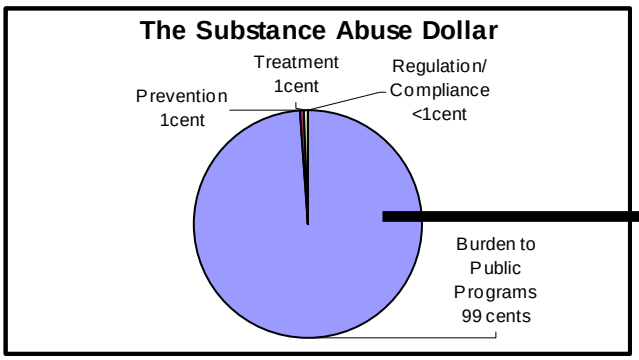
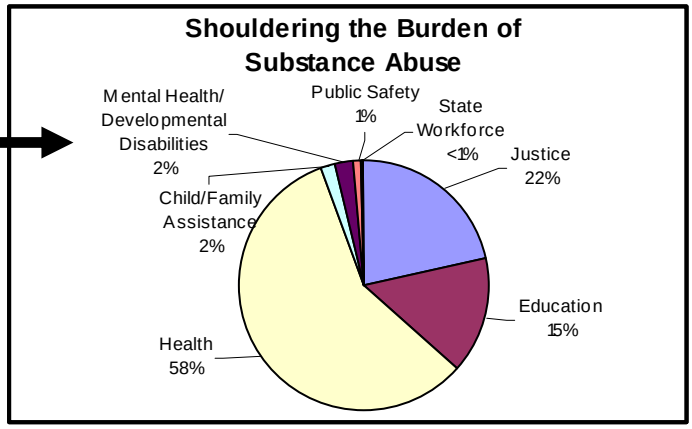
Thursday, May 28, 2009, 12:01 A.M. EDT

New Mexico

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita ($)
Burden Spending		***$1,346,006.2***		***20.9***	***$688.64***
Justice	**375,387.5**	**291,309.9**		**4.5**	**149.04**
Adult Corrections	199,015.5	155,480.5	78.1		
Juvenile Justice	56,609.8	43,303.3	76.5		
Judiciary	119,762.2	92,526.1	77.3		
Education (Elementary/Secondary)	**1,974,906.4**	**201,936.6**	**10.2**	**3.1**	**103.31**
Health	**3,041,790.0**	**777,498.5**	**25.6**	**12.1**	**397.78**
Child/Family Assistance	**55,218.3**	**28,249.2**		**0.4**	**14.45**
Child Welfare	33,962.9	23,949.8	70.5		
Income Assistance	21,255.4	4,299.4	20.2		
Mental Health/Developmental Disabilities	**133,243.6**	**28,235.8**		**0.4**	**14.45**
Mental Health	40,360.7	20,793.3	51.5		
Developmental Disabilities	92,882.9	7,442.4	8.0		
Public Safety	**76,671.0**	**15,049.0**	**19.6**	**0.2**	**7.70**
State Workforce	**1,212,088.8**	**3,727.2**	**0.3**	**0.1**	**1.91**
Regulation/Compliance	***1,167.9***	***1,167.9***	***100.0***	***0.0***	***0.60***
Licensing and Control	848.5	848.5			
Collection of Taxes	319.4	319.4			
Prevention, Treatment and Research	***16,829.6***	***16,829.6***	***100.0***	***0.3***	***8.61***
Prevention	5,171.3	5,171.3			
Treatment	5,446.3	5,446.3			
Research	1,285.7	1,285.7			
Unspecified	4,926.3	4,926.3			
Total		***$1,364,003.7***		***21.2***	***$697.84***





Total State Budget	$6,439 M
• Elementary and Secondary Education	$1,975 M
• Substance Abuse and Addiction	$1,364 M
• Medicaid	$603 M
• Higher Education	$1,610 M
• Transportation	$544 M
Population	2.0 M

Tobacco and alcohol tax revenue total $83,104,000; $42.52 per capita.

* Numbers may not add due to rounding.

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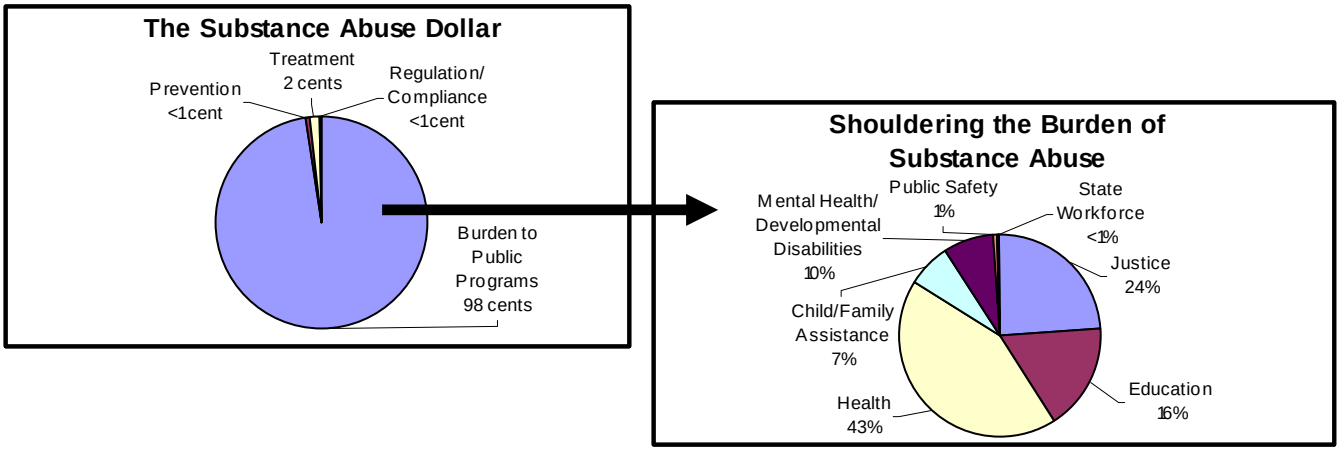
New York

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$13,131,778.1***		***21.1***	***$680.19***
Justice	**3,759,218.1**	**3,102,669.0**		**5.0**	**160.71**
Adult Corrections	2,770,658.0	2,284,269.2	82.4		
Juvenile Justice	245,338.7	198,867.8	81.1		
Judiciary	743,221.4	619,532.1	83.4		
Education (Elementary/Secondary)	**16,547,015.0**	**2,155,491.1**	**13.0**	**3.5**	**111.65**
Health	**19,057,416.8**	**5,581,196.0**	**29.3**	**9.0**	**289.09**
Child/Family Assistance	**2,382,629.1**	**897,594.5**		**1.4**	**46.49**
Child Welfare	880,150.5	667,824.4	75.9		
Income Assistance	1,502,478.6	229,770.2	15.3		
Mental Health/Developmental Disabilities	**3,336,415.9**	**1,247,211.8**		**2.0**	**64.60**
Mental Health	1,891,654.7	1,102,607.8	58.3		
Developmental Disabilities	1,444,761.2	144,604.0	10.0		
Public Safety	**484,778.0**	**94,166.1**	**19.4**	**0.2**	**4.88**
State Workforce	**13,231,000.0**	**53,449.4**	**0.4**	**0.1**	**2.77**
Regulation/Compliance	***21,720.0***	***21,720.0***	***100.0***	***0.0***	***1.13***
Licensing and Control	14,720.0	14,720.0			
Collection of Taxes	7,000.0	7,000.0			
Prevention, Treatment and Research	***287,641.0***	***287,641.0***	***100.0***	***0.5***	***14.90***
Prevention	49,577.0	49,577.0			
Treatment	238,063.9	238,063.9			
Research	NA	NA			
Total		***$13,441,139.0***		***21.6***	***$696.21***



Total State Budget	$62,180 M
• Elementary and Secondary Education	$16,547 M
• Substance Abuse and Addiction	$13,441 M
• Medicaid	$9,577 M
• Higher Education	$6,458 M
• Transportation	$2,613 M
Population	19.3 M

Tobacco and alcohol tax revenue total $1,160,559,000; $60.11 per capita.

* Numbers may not add due to rounding.

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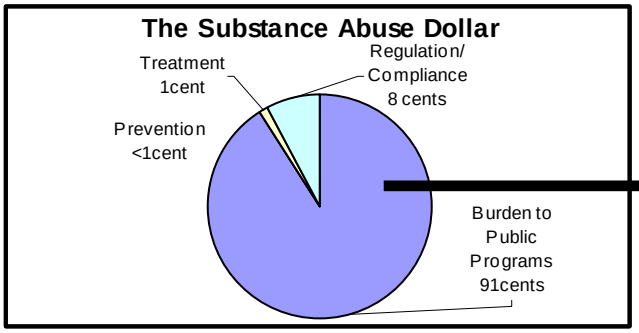
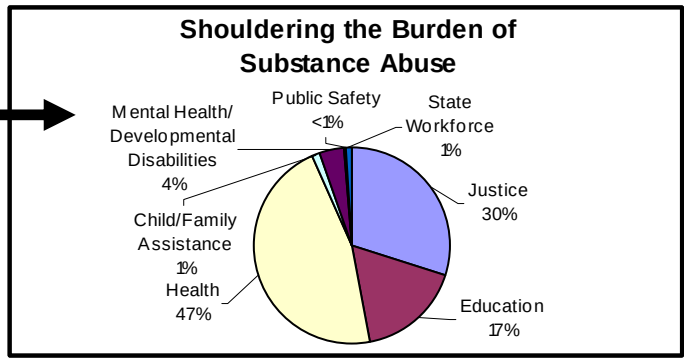
North Carolina

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita ($)
Burden Spending		***$4,226,952.3***		***17.6***	***$477.27***
Justice	**1,579,153.1**	**1,255,524.6**		**5.2**	**141.76**
Adult Corrections	1,122,759.8	889,826.0	79.3		
Juvenile Justice	138,215.8	107,370.3	77.7		
Judiciary	318,177.6	258,328.2	81.2		
Education (Elementary/Secondary)	**6,630,000.0**	**720,005.0**	**10.9**	**3.0**	**81.30**
Health	**8,348,626.3**	**1,966,500.6**	**23.6**	**8.2**	**222.04**
Child/Family Assistance	**157,071.1**	**55,914.7**		**0.2**	**6.31**
Child Welfare	71,112.5	51,128.1	71.9		
Income Assistance	85,958.6	4,786.6	5.6		
Mental Health/Developmental Disabilities	**445,869.6**	**175,706.4**		**0.7**	**19.84**
Mental Health	313,653.8	166,856.9	53.2		
Developmental Disabilities	132,215.8	8,849.5	6.7		
Public Safety	**147,939.3**	**19,844.4**	**13.4**	**0.1**	**2.24**
State Workforce	**10,174,087.0**	**33,456.6**	**0.3**	**0.1**	**3.78**
Regulation/Compliance	***363,945.0***	***363,945.0***	***100.0***	***1.5***	***41.09***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Liquor Store Expenses	363,945.0	363,945.0			
Prevention, Treatment and Research	***45,637.3***	***45,637.3***	***100.0***	***0.2***	***5.15***
Prevention	750.0	750.0			
Treatment	35,279.4	35,279.4			
Research	NA	NA			
Unspecified	9,607.9	9,607.9			
Total		***$4,636,534.6***		***19.3***	***$523.52***





Total State Budget	$24,074 M
• Elementary and Secondary Education	$6,630 M
• Substance Abuse and Addiction	$4,646 M
• Medicaid	$2,881 M
• Transportation	$2,613 M
• Higher Education	$4,295 M
Population	8.9 M

Tobacco and alcohol tax revenue total $263,527,000; $29.76 per capita.
Liquor store revenue total $437,908,000; $49.44 per capita.

* Numbers may not add due to rounding.

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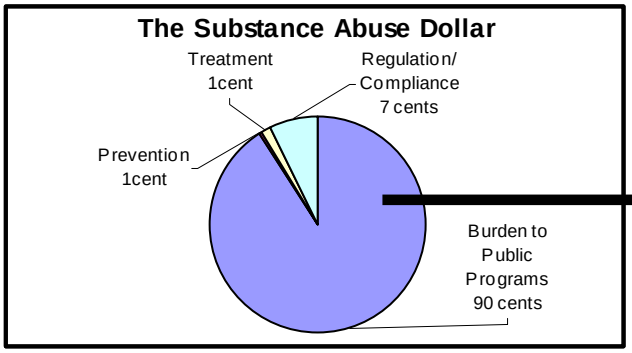
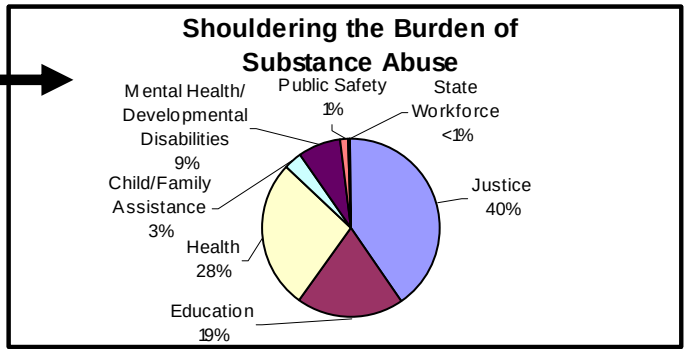
Ohio

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$4,864,834.2***		***11.8***	***$423.84***
Justice	**2,407,913.8**	**1,948,433.2**		**4.7**	**169.75**
Adult Corrections	1,969,526.7	1,597,102.4	81.1		
Juvenile Justice	254,499.6	202,641.8	79.6		
Judiciary	183,887.6	148,689.0	80.9		
Education (Elementary/Secondary)	**7,634,676.4**	**918,525.0**	**12.0**	**2.2**	**80.02**
Health	**4,372,063.1**	**1,347,296.2**	**30.8**	**3.3**	**117.38**
Child/Family Assistance	**463,803.4**	**155,864.7**		**0.4**	**13.58**
Child Welfare	97,549.9	72,356.4	74.2		
Income Assistance	366,253.5	83,508.3	22.8		
Mental Health/Developmental Disabilities	**1,081,220.3**	**413,708.6**		**1.0**	**36.04**
Mental Health	652,492.9	365,808.3	56.1		
Developmental Disabilities	428,727.4	47,900.2	11.2		
Public Safety	**282,729.4**	**70,016.1**	**24.8**	**0.2**	**6.10**
State Workforce	**2,978,377.5**	**10,990.4**	**0.4**	**0.0**	**0.96**
Regulation/Compliance	***395,457.9***	***395,457.9***	***100.0***	***1.0***	***34.45***
Licensing and Control	6,932.4	6,932.4			
Collection of Taxes	1,218.5	1,218.5			
Liquor Store Expenses	387,307.0	387,307.0			
Prevention, Treatment and Research	***118,772.2***	***118,772.2***	***100.0***	***0.3***	***10.34***
Prevention	20,707.9	20,707.9			
Treatment	54,237.9	54,237.9			
Research	17,876.7	17,876.7			
Unspecified	25,899.7	25,899.7			
Total		***$5,379,014.3***		***13.0***	***$468.64***





Total State Budget	$41,309 M
• Elementary and Secondary Education	$7,635 M
• Substance Abuse and Addiction	$5,379 M
• Medicaid	$10,772 M
• Higher Education	$2,452 M
• Transportation	$2,728 M
Population	11.5 M

Tobacco and alcohol tax revenue total $669,031,000; $58.29 per capita.
Liquor store revenue total $617,668,000; $53.81 per capita.

* Numbers may not add due to rounding.

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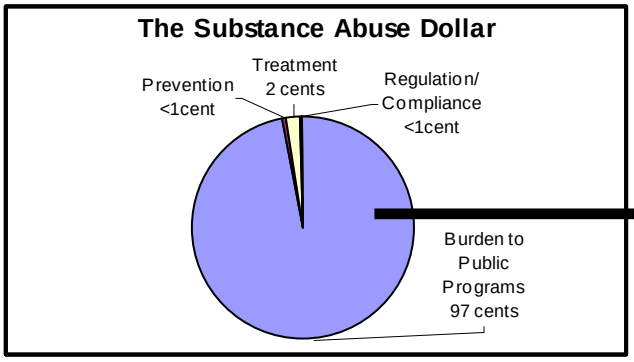
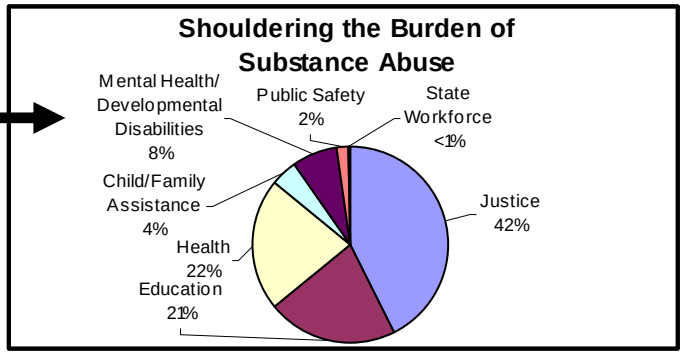
Oklahoma

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$998,920.9***		***11.8***	***$279.09***
Justice	**541,375.6**	**422,983.3**		**5.0**	**118.18**
Adult Corrections	410,167.0	323,062.7	78.8		
Juvenile Justice	92,858.2	71,655.8	77.2		
Judiciary	38,350.5	28,264.8	73.7		
Education (Elementary/Secondary)	**2,009,000.0**	**212,496.2**	**10.6**	**2.5**	**59.37**
Health	**884,873.2**	**221,718.9**	**25.1**	**2.6**	**61.95**
Child/Family Assistance	**104,446.0**	**44,240.2**		**0.5**	**12.36**
Child Welfare	44,326.2	31,603.2	71.3		
Income Assistance	60,119.7	12,636.9	21.0		
Mental Health/Developmental Disabilities	**227,287.7**	**76,187.4**		**0.9**	**21.29**
Mental Health	131,932.7	69,214.4	52.5		
Developmental Disabilities	95,355.0	6,973.0	7.3		
Public Safety	**73,655.9**	**18,065.8**	**24.5**	**0.2**	**5.05**
State Workforce	**1,011,331.9**	**3,229.2**	**0.3**	**0.0**	**0.90**
Regulation/Compliance	***4,053.8***	***4,053.8***	***100.0***	***0.0***	***1.13***
Licensing and Control	1,931.3	1,931.3			
Collection of Taxes	2,122.6	2,122.6			
Prevention, Treatment and Research	***23,579.3***	***23,579.3***	***100.0***	***0.3***	***6.59***
Prevention	4,103.5	4,103.5			
Treatment	18,431.8	18,431.8			
Research	211.1	211.1			
Unspecified	833.0	833.0			
Total		***$1,026,554.1***		***12.2***	***$286.81***





Total State Budget	$8,448 M
• Elementary and Secondary Education	$2,009 M
• Substance Abuse and Addiction	$1,027 M
• Medicaid	$866 M
• Higher Education	$2,081 M
• Transportation	$572 M
Population	3.6M

Tobacco and alcohol tax revenue total $198,749,000; $55.53 per capita.

* Numbers may not add due to rounding.

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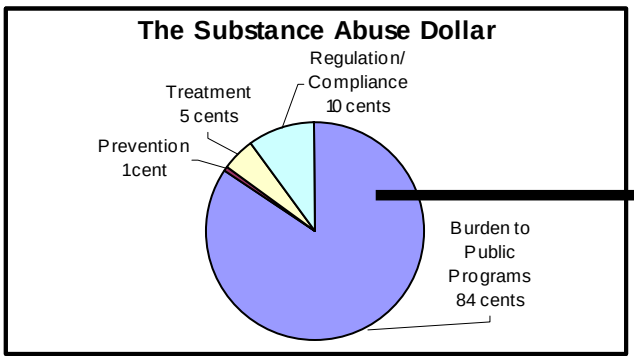
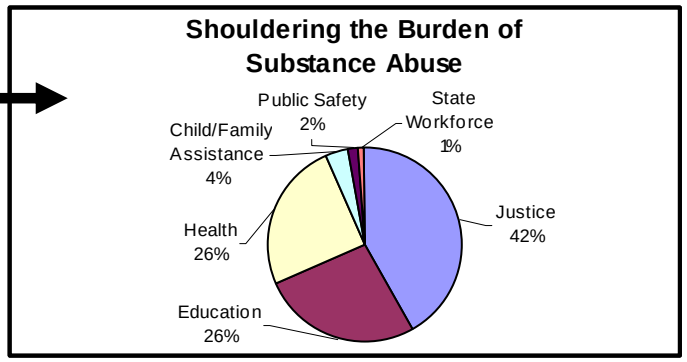
Oregon

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$1,461,714.9***		***9.5***	***394.98***
Justice	**720,077.3**	**610,665.0**		**4.0**	**165.01**
Adult Corrections	557,805.7	475,019.0	85.2		
Juvenile Justice	121,211.4	101,750.4	83.9		
Judiciary	41,060.2	33,895.6	82.6		
Education (Elementary/Secondary)	**2,488,000.0**	**384,853.9**	**15.5**	**2.5**	**103.99**
Health	**1,250,000.0**	**374,063.0**	**29.9**	**2.4**	**101.08**
Child/Family Assistance	**71,071.9**	**51,879.3**		**0.3**	**14.02**
Child Welfare	62,071.9	49,254.5	79.4		
Income Assistance	9,000.0	2,624.8	29.2		
Mental Health/Developmental Disabilities	**NA**	**NA**		**NA**	**NA**
Mental Health	NA	NA	NA		
Developmental Disabilities	NA	NA	NA		
Public Safety	**146,924.1**	**29,650.4**	**20.2**	**0.2**	**8.01**
State Workforce	**2,150,267.3**	**10,603.3**	**0.5**	**0.1**	**2.87**
Regulation/Compliance	***174,316.1***	***174,316.1***	***100.0***	***1.1***	***47.10***
Licensing and Control	19,167.1	19,167.1			
Collection of Taxes	NA	NA			
Liquor Store Expenses	155,149.0	155,149.0			
Prevention, Treatment and Research	***96,221.0***	***96,221.0***	***100.0***	***0.6***	***26.00***
Prevention	9,830.6	9,830.6			
Treatment	82,340.3	82,340.3			
Research	NA	NA			
Unspecified	4,050.1	4,050.1			
Total		***$1,732,251.9***		***11.3***	***$468.08***





Total State Budget	$15,340 M
• Elementary and Secondary Education	$2,488 M
• Substance Abuse and Addiction	$1,732 M
• Medicaid	$1,225 M
• Higher Education	$2,361 M
• Transportation	$1,601 M
Population	3.7 M

Tobacco and alcohol tax revenue total $257,301,000; $69.53 per capita.
Liquor store revenue total $309,649,000; $83.67 per capita.

* Numbers may not add due to rounding.

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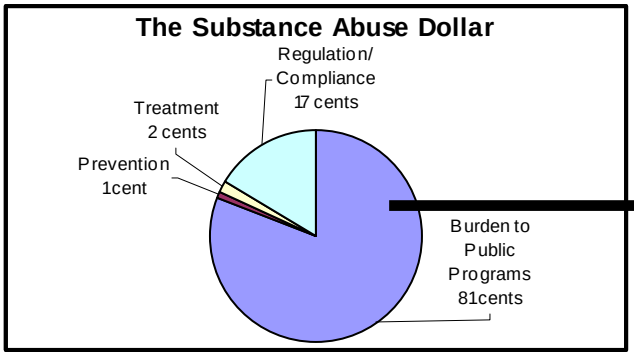
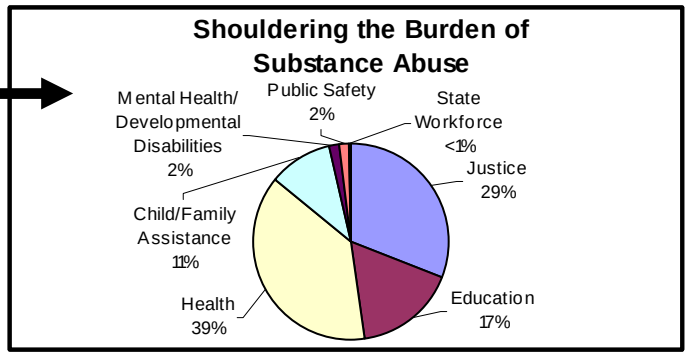
Pennsylvania

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$5,344,357.7***		***15.9***	***$429.59***
Justice	**1,955,408.9**	**1,572,366.4**		**4.7**	**126.39**
Adult Corrections	1,409,585.4	1,141,889.6	81.0		
Juvenile Justice	94,188.9	74,915.1	79.5		
Judiciary	451,634.5	355,561.7	78.7		
Education (Elementary/Secondary)	**7,694,150.0**	**921,353.7**	**12.0**	**2.7**	**74.06**
Health	**6,955,317.1**	**2,086,122.9**	**30.0**	**6.2**	**167.69**
Child/Family Assistance	**1,222,291.8**	**566,571.3**		**1.7**	**45.54**
Child Welfare	624,449.3	462,540.1	74.1		
Income Assistance	597,842.5	104,031.3	17.4		
Mental Health/Developmental Disabilities	**776,519.2**	**85,655.7**		**0.3**	**6.89**
Mental Health	9,958.0	5,569.7	55.9		
Developmental Disabilities	766,561.2	80,086.0	10.4		
Public Safety	**328,297.0**	**94,025.0**	**28.6**	**0.3**	**7.56**
State Workforce	**4,975,462.6**	**18,262.6**	**0.4**	**0.1**	**1.47**
Regulation/Compliance	***1,102,435.6***	***1,102,435.6***	***100.0***	***3.3***	***88.62***
Licensing and Control	1,044.6	1,044.6			
Collection of Taxes	19,884.0	19,884.0			
Liquor Store Expenses	1,081,507.0	1,081,507.0			
Prevention, Treatment and Research	***188,216.1***	***188,216.1***	***100.0***	***0.6***	***15.13***
Prevention	51,727.3	51,727.3			
Treatment	87,582.3	87,582.3			
Research	NA	NA			
Unspecified	48,906.5	48,906.5			
Total		***$6,635,009.3***		***19.8***	***$533.33***





Total State Budget	$33,589 M
• Elementary and Secondary Education	$7,694 M
• Substance Abuse and Addiction	$6,635 M
• Medicaid	$7,518 M
• Higher Education	$1,913 M
• Transportation	$3,221 M
Population	12.4 M

Tobacco and alcohol tax revenue total $1,267,917,000; $101.92 per capita.
Liquor store revenue total $1,171,179,000; $94.14 per capita.

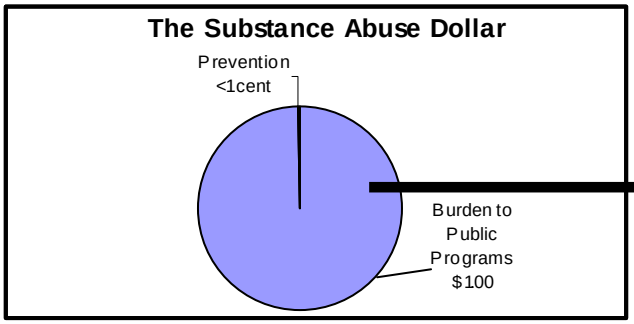
* Numbers may not add due to rounding.

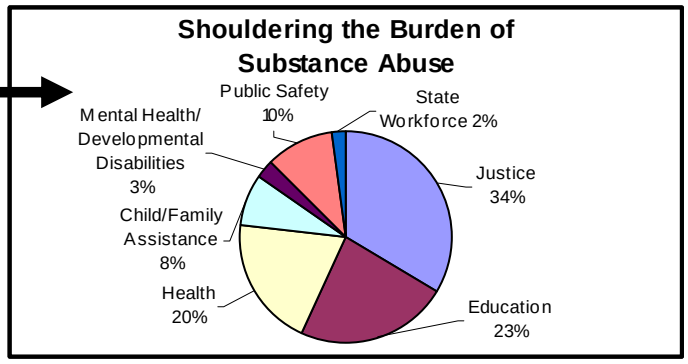
EMBARGOED FOR RELEASE:
Thursday, May 28, 2009, 12:01 A.M. EDT

Puerto Rico

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$1,261,117.5***		***14.2***	***$321.12***
Justice	**522,103.0**	**423,461.0**		**4.8**	**107.83**
Adult Corrections	432,733.0	352,051.1	81.4		
Juvenile Justice	89,370.0	71,409.9	79.9		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**2,382,651.0**	**291,059.8**	**12.2**	**3.3**	**74.11**
Health	**938,640.0**	**253,352.6**	**27.0**	**2.8**	**64.51**
Child/Family Assistance	**148,777.8**	**99,624.6**		**1.1**	**25.37**
Child Welfare	126,626.4	94,342.7	74.5		
Income Assistance	22,151.5	5,281.9	23.8		
Mental Health/Developmental Disabilities	**90,395.5**	**37,538.2**		**0.4**	**9.56**
Mental Health	60,730.0	34,306.4	56.5		
Developmental Disabilities	29,665.5	3,231.8	10.9		
Public Safety	**605,056.0**	**126,386.5**	**20.9**	**1.4**	**32.18**
State Workforce	**7,909,334.0**	**29,694.8**	**0.4**	**0.3**	**7.56**
Regulation/Compliance	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research	***2,497.0***	***2,497.0***	***100.0***	***<0.1***	***.64***
Prevention	2,497.0	2,497.0			
Treatment	NA	NA			
Research	NA	NA			
Total		***$1,263,614.5***		***14.2***	***$321.76***





Total State Budget	$8,908 M
• Elementary and Secondary Education	$2,383 M
• Substance Abuse and Addiction	$1,264 M
• Medicaid	$NA M
• Higher Education	$NA M
• Transportation	$NA M
Population	3.9 M

Tobacco and alcohol tax revenue total $NA; $NA per capita.

* Numbers may not add due to rounding.

EMBARGOED FOR RELEASE:
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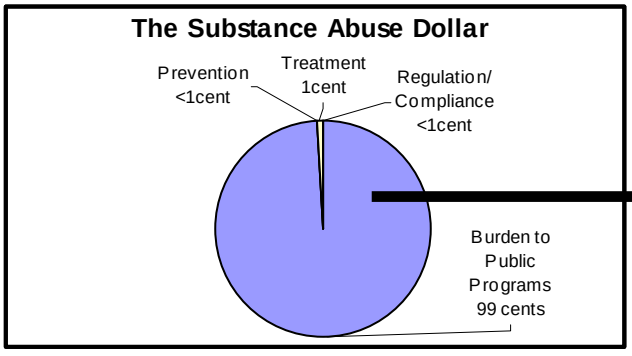
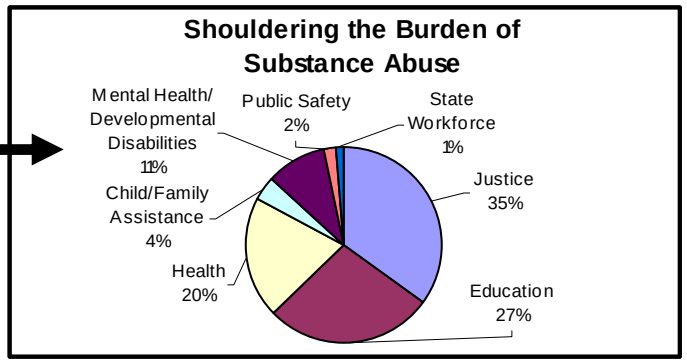
South Carolina

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$934,172.7***		***8.5***	***$216.18***
Justice	**410,107.7**	**324,912.0**		**2.9**	**75.19**
Adult Corrections	295,568.7	233,049.2	78.8		
Juvenile Justice	69,664.4	53,819.6	77.3		
Judiciary	44,874.5	38,043.2	84.8		
Education (Elementary/Secondary)	**2,410,258.2**	**256,087.4**	**10.6**	**2.3**	**59.26**
Health	**678,824.2**	**184,382.4**	**27.2**	**1.7**	**42.67**
Child/Family Assistance	**85,444.5**	**39,194.9**		**0.4**	**9.07**
Child Welfare	49,068.9	35,035.1	71.4		
Income Assistance	36,375.5	4,159.8	11.4		
Mental Health/Developmental Disabilities	**302,721.1**	**99,467.2**		**0.9**	**23.02**
Mental Health	165,895.1	87,239.8	52.6		
Developmental Disabilities	136,826.0	12,227.4	8.9		
Public Safety	**76,746.4**	**17,628.3**	**23.0**	**0.2**	**4.08**
State Workforce	**3,895,315.1**	**12,500.4**	**0.3**	**0.1**	**2.89**
Regulation/Compliance	***614.3***	***614.3***	***100.0***	***0.0***	***0.14***
Licensing and Control	305.0	305.0			
Collection of Taxes	309.4	309.4			
Prevention, Treatment and Research	***6,022.2***	***6,022.2***	***100.0***	***0.1***	***1.39***
Prevention	9.9	9.9			
Treatment	4,493.4	4,493.4			
Research	28.1	28.1			
Unspecified	1,490.7	1,490.7			
Total		***$940,809.2***		***8.5***	***$217.72***





Total State Budget	$11,053 M
• Elementary and Secondary Education	$2,410 M
• Substance Abuse and Addiction	$941 M
• Medicaid	$1,294 M
• Higher Education	$2,803 M
• Transportation	$1,394 M
Population	4.3 M

Tobacco and alcohol tax revenue total $171,437,000; $39.67 per capita.

* Numbers may not add due to rounding.

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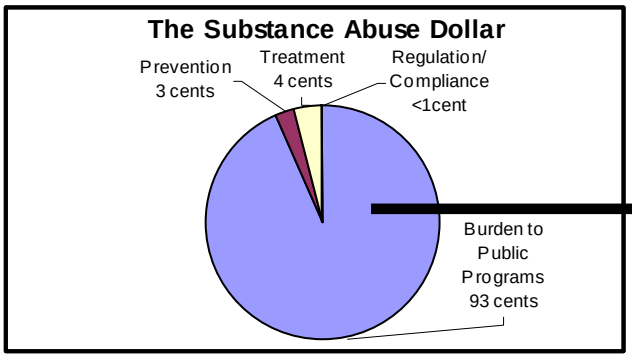
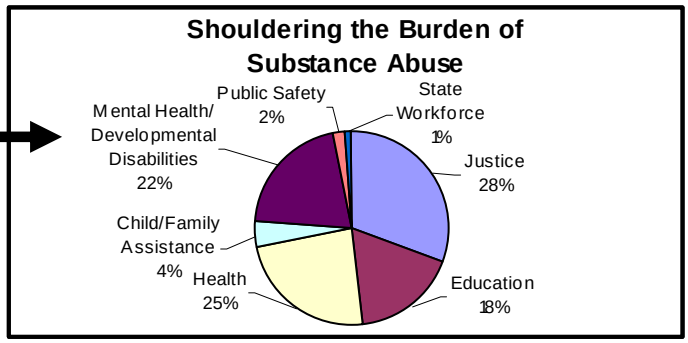
Thursday, May 28, 2009, 12:01 A.M. EDT

South Dakota

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$180,017.7***		***8.1***	***$230.23***
Justice	**65,502.2**	**51,038.3**		**2.3**	**65.27**
Adult Corrections	45,306.3	34,900.3	77.0		
Juvenile Justice	NA	NA	NA		
Judiciary	20,195.9	16,138.0	79.9		
Education (Elementary/Secondary)	**333,317.4**	**32,206.6**	**9.7**	**1.5**	**41.19**
Health	**153,369.4**	**44,010.3**	**28.7**	**2.0**	**56.29**
Child/Family Assistance	**15,284.7**	**7,822.7**		**0.4**	**10.00**
Child Welfare	9,755.3	6,750.1	69.2		
Income Assistance	5,529.4	1,072.6	19.4		
Mental Health/Developmental Disabilities	**156,905.4**	**39,457.5**		**1.8**	**50.46**
Mental Health	58,549.0	29,244.1	50.0		
Developmental Disabilities	98,356.4	10,213.4	10.4		
Public Safety	**16,512.7**	**3,305.1**	**20.0**	**0.2**	**4.23**
State Workforce	**646,665.9**	**2,177.2**	**0.3**	**0.1**	**2.78**
Regulation/Compliance	***140.1***	***140.1***	***100.0***	***0.0***	***0.18***
Licensing and Control	NA	NA			
Collection of Taxes	140.1	140.1			
Prevention, Treatment and Research	***13,143.8***	***13,143.8***	***100.0***	***0.6***	***16.81***
Prevention	4,266.2	4,266.2			
Treatment	6,294.3	6,294.3			
Research	303.2	303.2			
Unspecified	2,280.1	2,280.1			
Total		***$193,301.6***		***8.7***	***$247.21***





Total State Budget	$2,219 M
• Elementary and Secondary Education	$333 M
• Substance Abuse and Addiction	$200 M
• Medicaid	$204 M
• Transportation	$195 M
• Higher Education	$529 M
Population	.78 M

Tobacco and alcohol tax revenue total $40,787,000; $52.16 per capita.

* Numbers may not add due to rounding.

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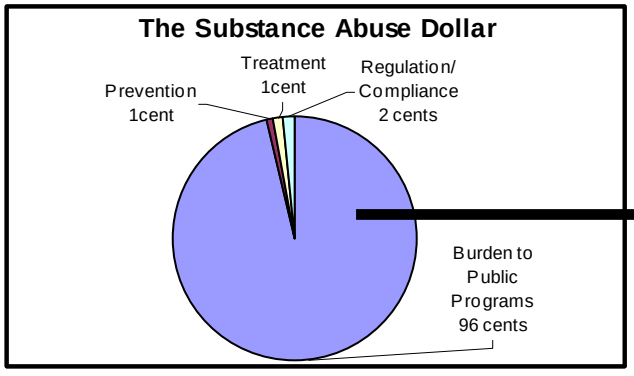
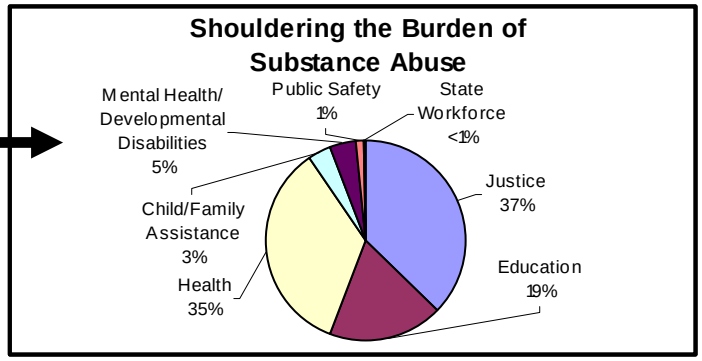
Texas

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$6,399,871.5***		***15.8***	***$272.24***
Justice	**3,022,605.4**	**2,379,800.4**		**5.9**	**101.23**
Adult Corrections	2,343,922.6	1,853,567.4	79.1		
Juvenile Justice	248,476.3	192,569.0	77.5		
Judiciary	430,206.5	333,664.0	77.6		
Education (Elementary/Secondary)	**11,026,895.9**	**1,186,300.6**	**10.8**	**2.9**	**50.46**
Health	**7,706,364.9**	**2,230,158.7**	**28.9**	**5.5**	**94.87**
Child/Family Assistance	**367,344.8**	**217,755.3**		**0.5**	**9.26**
Child Welfare	276,828.6	198,442.1	71.7		
Income Assistance	90,516.2	19,313.2	21.3		
Mental Health/Developmental Disabilities	**543,006.8**	**287,431.6**		**0.7**	**12.23**
Mental Health	542,979.7	287,428.6	52.9		
Developmental Disabilities	27.1	3.0	11.0		
Public Safety	**241,608.5**	**77,160.9**	**31.9**	**0.2**	**3.28**
State Workforce	**6,534,606.7**	**21,264.0**	**0.3**	**0.1**	**0.90**
Regulation/Compliance	***115,296.3***	***115,296.3***	***100.0***	***0.3***	***4.90***
Licensing and Control	34,433.5	34,433.5			
Collection of Taxes	80,862.9	80,862.9			
Prevention, Treatment and Research	***126,583.0***	***126,583.0***	***100.0***	***0.3***	***5.38***
Prevention	14,409.0	14,409.0			
Treatment	16,812.3	16,812.3			
Research	2,252.8	2,252.8			
Unspecified	93,108.9	93,108.9			
Total		***$6,641,750.8***		***16.4***	***$282.53***





Total State Budget	$40,481 M
• Elementary and Secondary Education	$11,027 M
• Substance Abuse and Addiction	$6,642 M
• Medicaid	$7,147 M
• Higher Education	$7,506 M
• Transportation	$2,639 M
Population	23.5 M

Tobacco and alcohol tax revenue total $1,225,746,000; $52.14 per capita.

* Numbers may not add due to rounding.

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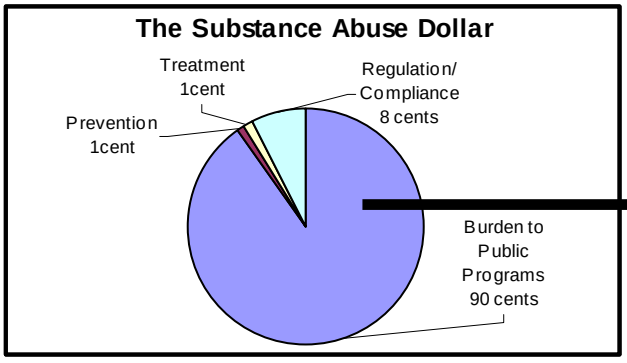
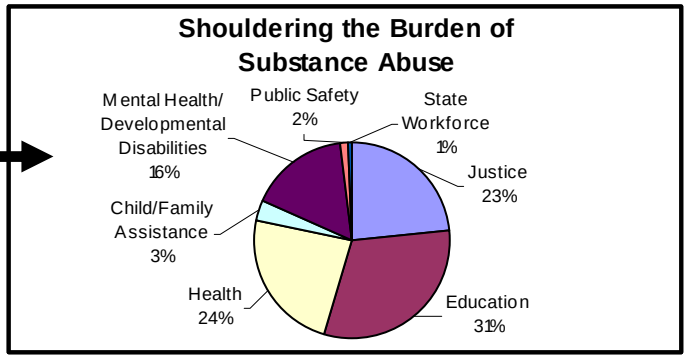
Vermont

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$485,869.0***		***18.4***	***$778.75***
Justice	**136,109.8**	**113,908.5**		**4.3**	**182.57**
Adult Corrections	100,992.8	84,699.7	83.9		
Juvenile Justice	171.4	141.5	82.6		
Judiciary	34,945.6	29,067.3	83.2		
Education (Elementary/Secondary)	**1,066,091.3**	**151,610.6**	**14.2**	**5.7**	**243.00**
Health	**362,530.1**	**114,669.8**	**31.6**	**4.3**	**183.79**
Child/Family Assistance	**46,025.0**	**16,096.3**		**0.6**	**25.80**
Child Welfare	12,566.4	9,762.4	77.7		
Income Assistance	33,458.6	6,333.9	18.9		
Mental Health/Developmental Disabilities	**191,634.4**	**79,719.4**		**3.0**	**127.77**
Mental Health	117,504.5	71,366.4	60.7		
Developmental Disabilities	74,429.9	8,353.0	11.2		
Public Safety	**28,724.9**	**7,437.4**	**25.9**	**0.3**	**11.92**
State Workforce	**543,000.0**	**2,427.0**	**0.4**	**0.1**	**3.89**
Regulation/Compliance	***40,948.0***	***40,948.0***	***100.0***	***1.5***	***65.63***
Licensing and Control	4,054.0	4,054.0			
Collection of Taxes	72.0	72.0			
Liquor Store Expenses	36,822.0	36,822.0			
Prevention, Treatment and Research	***11,895.6***	***11,895.6***	***100.0***	***0.4***	***19.07***
Prevention	3,213.6	3,213.6			
Treatment	4,479.6	4,479.6			
Research	561.7	561.7			
Unspecified	3,640.7	3,640.7			
Total		***$538,712.6***		***20.4***	***$863.45***





Total State Budget	$2,645 M
• Elementary and Secondary Education	$1,066 M
• Substance Abuse and Addiction	$539 M
• Medicaid	$330 M
• Higher Education	$115 M
• Transportation	$187 M
Population	.62 M

Tobacco and alcohol tax revenue total $66,238,000; $106.17 per capita.
Liquor store revenue total $37,759,000; $60.52 per capita.

* Numbers may not add due to rounding.

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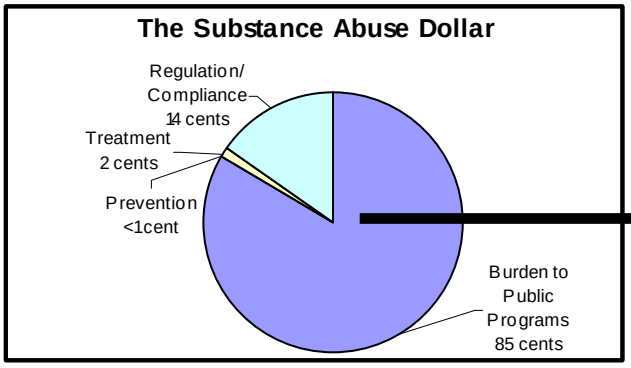
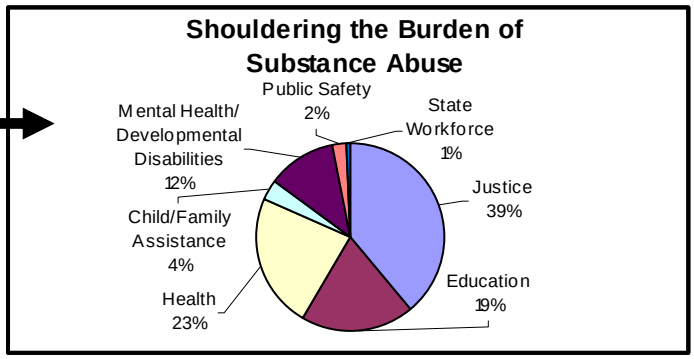
Virginia

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$2,378,551.1***		***9.4***	***$311.21***
Justice	**1,197,310.0**	**924,390.1**		**3.7**	**120.95**
Adult Corrections	765,993.9	587,771.2	76.7		
Juvenile Justice	204,186.0	153,205.0	75.0		
Judiciary	227,130.1	183,413.9	80.8		
Education (Elementary/Secondary)	**4,852,667.0**	**461,816.7**	**9.5**	**1.8**	**60.42**
Health	**2,148,769.5**	**554,214.5**	**25.8**	**2.2**	**72.51**
Child/Family Assistance	**253,527.8**	**87,359.9**		**0.3**	**11.43**
Child Welfare	85,357.8	58,756.0	68.8		
Income Assistance	168,170.0	28,604.0	17.0		
Mental Health/Developmental Disabilities	**963,714.4**	**274,756.4**		**1.1**	**35.95**
Mental Health	469,737.6	232,651.5	49.5		
Developmental Disabilities	493,976.8	42,104.8	8.5		
Public Safety	**169,759.8**	**57,627.9**	**33.9**	**0.2**	**7.54**
State Workforce	**6,473,255.8**	**18,385.6**	**0.3**	**0.1**	**2.41**
Regulation/Compliance	***378,919.7***	***378,919.7***	***100.0***	***1.5***	***49.58***
Licensing and Control	12,288.7	12,288.7			
Collection of Taxes	NA	NA			
Liquor Store Expenses	366,631.0	366,631.0			
Prevention, Treatment and Research	***43,195.9***	***43,195.9***	***100.0***	***0.2***	***5.65***
Prevention	600.0	600.0			
Treatment	39,610.7	39,610.7			
Research	NA	NA			
Unspecified	2,985.2	2,985.2			
Total		***$2,800,666.7***		***11.1***	***$366.44***



Total State Budget	$25,214 M
• Elementary and Secondary Education	$4,853 M
• Substance Abuse and Addiction	$2,801 M
• Medicaid	$2,218 M
• Higher Education	$3,262 M
• Transportation	$2,861 M
Population	7.6 M



Tobacco and alcohol tax revenue total $255,217,000; $33.39 per capita.
Liquor store revenue total $439,340,000; $57.48 per capita.

* Numbers may not add due to rounding.

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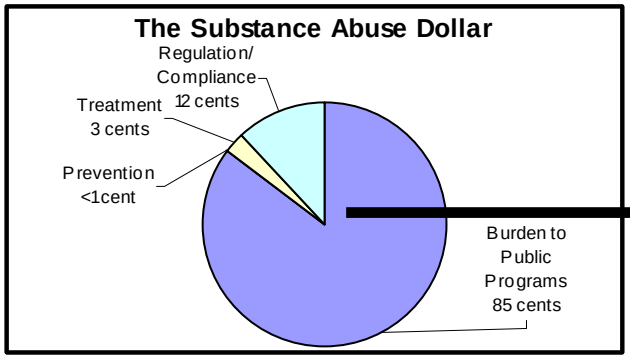
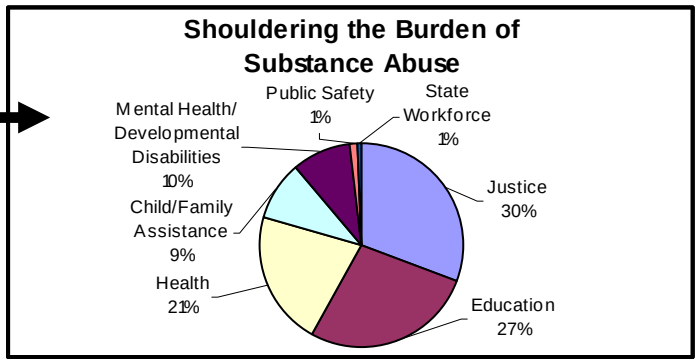
Thursday, May 28, 2009, 12:01 A.M. EDT

Washington

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$2,746,056.4***		***13.4***	***$429.35***
Justice	**1,011,937.4**	**834,477.4**		**4.1**	**130.47**
Adult Corrections	875,488.5	722,810.4	82.6		
Juvenile Justice	88,868.2	72,144.4	81.2		
Judiciary	47,580.7	39,522.5	83.1		
Education (Elementary/Secondary)	**5,646,597.0**	**740,699.3**	**13.1**	**3.6**	**115.81**
Health	**2,231,719.0**	**582,122.1**	**26.1**	**2.8**	**91.02**
Child/Family Assistance	**534,369.5**	**255,496.3**		**1.2**	**39.95**
Child Welfare	245,032.0	186,279.9	76.0		
Income Assistance	289,337.5	69,216.4	23.9		
Mental Health/Developmental Disabilities	**1,155,183.3**	**282,771.3**		**1.4**	**44.21**
Mental Health	372,777.9	218,011.4	58.5		
Developmental Disabilities	782,405.4	64,759.9	8.3		
Public Safety	**198,712.8**	**36,498.3**	**18.4**	**0.2**	**5.71**
State Workforce	**3,435,992.7**	**13,991.8**	**0.4**	**0.1**	**2.19**
Regulation/Compliance	***381,127.4***	***381,127.4***	***100.0***	***1.9***	***59.59***
Licensing and Control	NA	NA			
Collection of Taxes	1,888.4	1,888.4			
Liquor Store Expenses	379,239.0	379,239.0			
Prevention, Treatment and Research	***90,571.6***	***90,571.6***	***100.0***	***0.4***	***14.16***
Prevention	3,308.0	3,308.0			
Treatment	77,473.0	77,473.0			
Research	NA	NA			
Unspecified	9,790.6	9,790.6			
Total		***$3,217,755.5***		***15.6***	***$503.10***





Total State Budget	$20,562 M
• Elementary and Secondary Education	$5,647 M
• Substance Abuse and Addiction	$3,218 M
• Medicaid	$3,003 M
• Higher Education	$4,465 M
• Transportation	$1,532 M
Population	6.4 M

Tobacco and alcohol tax revenue total $553,440,000; $86.53 per capita.
Liquor store revenue total $465,896,000; $72.84 per capita.

* Numbers may not add due to rounding.

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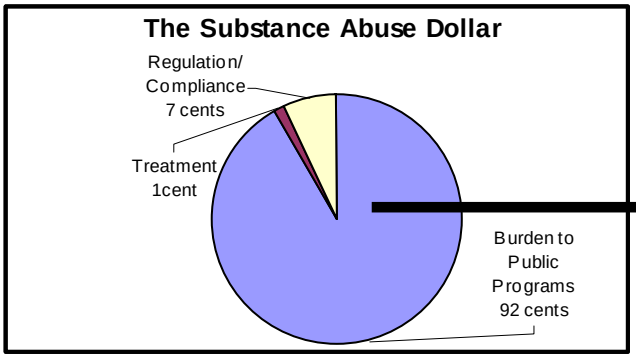
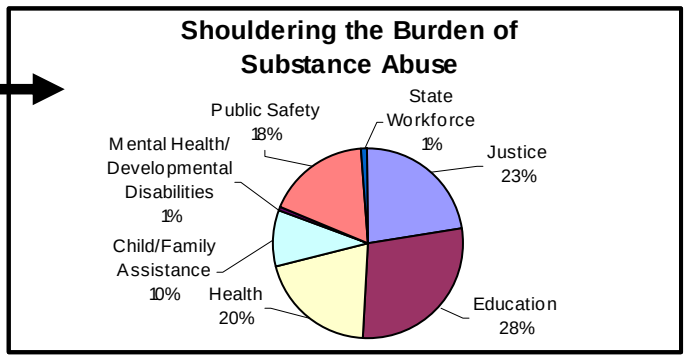
West Virginia

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$704,810.2***		***5.0***	***$387.58***
Justice	**204,220.8**	**161,103.1**		**1.2**	**88.59**
Adult Corrections	122,963.0	95,785.4	77.9		
Juvenile Justice	33,287.9	25,383.9	76.3		
Judiciary	47,970.0	39,933.8	83.2		
Education (Elementary/Secondary)	**1,945,819.1**	**196,610.3**	**10.1**	**1.4**	**108.12**
Health	**543,946.9**	**140,764.5**	**25.9**	**1.0**	**77.41**
Child/Family Assistance	**131,356.2**	**67,528.2**		**0.5**	**37.13**
Child Welfare	81,935.0	57,552.4	70.2		
Income Assistance	49,421.2	9,975.7	20.2		
Mental Health/Developmental Disabilities	**41,732.2**	**6,629.3**		**0.0**	**3.65**
Mental Health	7,900.3	4,044.0	51.2		
Developmental Disabilities	33,831.9	2,585.3	7.6		
Public Safety	**825,696.0**	**125,175.2**	**15.2**	**0.9**	**68.84**
State Workforce	**2,306,505.5**	**6,999.5**	**0.3**	**0.1**	**3.85**
Regulation/Compliance	***53,171.9***	***53,171.9***	***100.0***	***0.4***	***29.24***
Licensing and Control	NA	NA			
Collection of Taxes	304.9	304.9			
Liquor Store Expenses	52,867.0	52,867.0			
Prevention, Treatment and Research	***10,203.8***	***10,203.8***	***100.0***	***0.1***	***5.61***
Prevention	NA	NA			
Treatment	7,410.5	7,410.5			
Research	NA	NA			
Unspecified	2,793.2	2,793.2			
Total		***$768,185.8***		***5.5***	***$422.44***





Total State Budget	$13,976 M
• Elementary and Secondary Education	$1,946 M
• Substance Abuse and Addiction	$768 M
• Medicaid	$527 M
• Higher Education	$1,214 M
• Transportation	$537 M
Population	1.8 M

Tobacco and alcohol tax revenue total $111,471,000; $61.30 per capita.
Liquor store revenue total $61,804,000; $33.99 per capita.

* Numbers may not add due to rounding.

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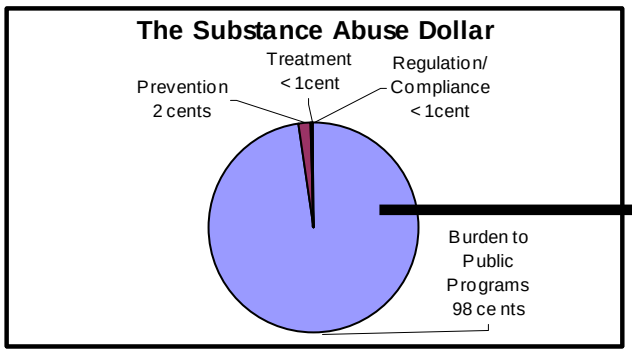
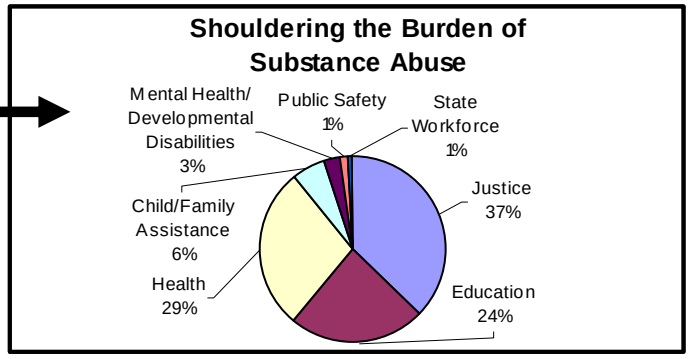
Wisconsin

Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$2,384,352.8***		***9.6***	***$429.11***
Justice	**1,102,948.8**	**886,854.5**		**3.6**	**159.61**
Adult Corrections	851,006.1	683,487.0	80.3		
Juvenile Justice	130,703.4	102,999.1	78.8		
Judiciary	121,239.3	100,368.3	82.8		
Education (Elementary/Secondary)	**4,867,100.0**	**560,386.6**	**11.5**	**2.3**	**100.85**
Health	**1,875,449.4**	**680,472.1**	**36.3**	**2.7**	**122.46**
Child/Family Assistance	**475,283.0**	**137,740.6**		**0.6**	**24.79**
Child Welfare	114,542.2	83,854.4	73.2		
Income Assistance	360,740.8	53,886.1	14.9		
Mental Health/Developmental Disabilities	**121,866.3**	**66,822.9**		**0.3**	**12.03**
Mental Health	121,866.3	66,822.9	54.8		
Developmental Disabilities	NA	NA	NA		
Public Safety	**77,344.1**	**31,291.5**	**40.5**	**0.1**	**5.63**
State Workforce	**5,919,151.8**	**20,784.6**	**0.4**	**0.1**	**3.74**
Regulation/Compliance	***1,146.7***	***1,146.7***	***100.0***	***0.0***	***0.21***
Licensing and Control	NA	NA			
Collection of Taxes	1,146.7	1,146.7			
Prevention, Treatment and Research	***51,767.8***	***51,767.8***	***100.0***	***0.2***	***9.32***
Prevention	13,392.3	13,392.3			
Treatment	2,306.2	2,306.2			
Research	NA	NA			
Unspecified	36,069.3	36,069.3			
Total		***$2,437,267.3***		***9.8***	***$438.63***





Total State Budget	$24,891 M
• Elementary and Secondary Education	$4,867 M
• Substance Abuse and Addiction	$2,437 M
• Medicaid	$1,766 M
• Higher Education	$3,177 M
• Transportation	$1,340 M
Population	5.6 M

Tobacco and alcohol tax revenue total $359,443,000; $64.69 per capita.

* Numbers may not add due to rounding.

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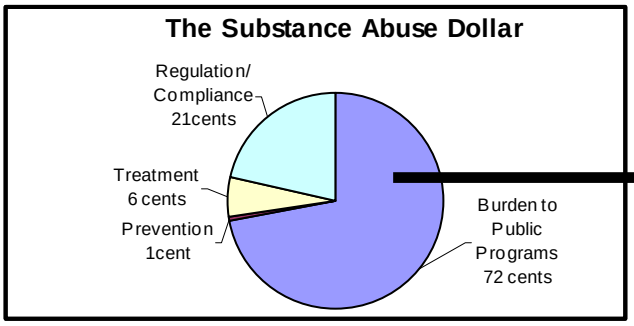
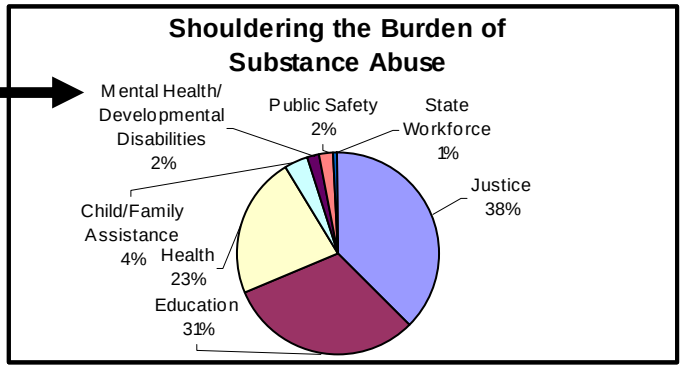
Wyoming
Summary of State Spending on Substance Abuse and Addiction (2005)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Burden Spending		***$177,097.7***		***4.3***	***$343.88***
Justice	**84,980.7**	**66,478.1**		**1.6**	**129.08**
Adult Corrections	45,566.4	36,125.9	79.3		
Juvenile Justice	9,064.2	7,044.1	77.7		
Judiciary	30,350.1	23,308.1	76.8		
Education (Elementary/Secondary)	**500,833.2**	**54,473.4**	**10.9**	**1.3**	**105.77**
Health	**158,137.3**	**40,902.7**	**25.9**	**1.0**	**79.42**
Child/Family Assistance	**15,464.9**	**6,263.9**		**0.2**	**12.16**
Child Welfare	5,965.1	4,290.9	71.9		
Income Assistance	9,499.8	1,973.0	20.8		
Mental Health/Developmental Disabilities	**51,260.9**	**4,098.1**		**0.1**	**7.96**
Mental Health	52.2	27.8	53.2		
Developmental Disabilities	51,208.7	4,070.3	7.9		
Public Safety	**20,313.3**	**3,885.7**	**19.1**	**0.1**	**7.55**
State Workforce	**302,272.2**	**995.7**	**0.3**	**<0.1**	**1.93**
Regulation/Compliance	***52,445.8***	***52,445.8***	***100.0***	***1.3***	***101.84***
Licensing and Control	39.3	39.3			
Collection of Taxes	10.5	10.5			
Liquor Store Expenses	52,396.0	52,396.0			
Prevention, Treatment and Research	***17,005.4***	***17,005.4***	***100.0***	***0.4***	***33.02***
Prevention	1,416.1	1,416.1			
Treatment	12,312.5	12,312.5			
Research	248.1	248.1			
Unspecified	3,028.8	3,028.8			
Total		***$246,548.9***		***6.0***	***$478.73***





Total State Budget	$4,134 M
• Elementary and Secondary Education	$501 M
• Substance Abuse and Addiction	$247 M
• Medicaid	$142 M
• Transportation	$801 M
• Higher Education	$278 M
Population	.52 M

Tobacco and alcohol tax revenue total $28,357,000; $55.06 per capita.
Liquor store revenue total $60,042,000; $116.59 per capita.

* Numbers may not add due to rounding.

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Appendix E
Total Local Government Spending on the Burden of Substance Abuse* (2005)

	Local Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of Local Budget	Per Capita
Burden Spending		***$93,335,231.1***		***8.9***	***$307.71***
Justice	**39,101,569.7**	**27,271,343.2**		**2.6**	**89.91**
Corrections	20,737,092.5	17,678,128.8	85.2		
Judiciary	18,364,477.2	9,593,214.4	52.2		
Education (Elementary/Secondary)	**190,183,700.7**	**22,785,756.7**	**12.0**	**2.2**	**75.12**
Health	**72,473,003.6**	**21,481,824.2**		**2.1**	**70.82**
Hospitals†	45,913,770.8	13,609,365.0	29.6		
Health‡	26,559,232.7	7,872,459.3	29.6		
Child/Family Assistance	**32,615,418.5**	**7,646,943.4**		**0.7**	**25.21**
Cash Assistance Payments	6,943,730.4	1,628,012.6	23.4		
Vendor Payments§	2,553,072.1	598,588.0	23.4		
Other Cash Assistance**	23,118,616.0	5,420,342.8	23.4		
Public Safety	**64,711,925.2**	**12,767,544.4**	**19.7**	**1.2**	**42.09**
Local Workforce	**376,241,970.0**	**1,381,819.2**		**0.1**	**4.56**
Regulation/Compliance	***439,538.0***	***439,538.0***		***<0.04***	***1.45***
Licensing/Control	NA	NA			
Collection of Taxes	NA	NA			
Liquor Store Expenses††	439,538.0	439,538.0			
Prevention, Treatment, Research	***NA***	***NA***	***NA***	***NA***	***NA***
Total		***$93,774,769.1***		***9.0***	***$309.15***

Tobacco and alcohol tax revenue total $812,330,000.
Liquor store revenues total $433,935,000.00

* Numbers may not add due to rounding. Categories of spending do not exactly track with federal, state and local case study data due to data limitations. Spending on burden only; no comparable data available for prevention, treatment, research or alcohol and tobacco licensing and control or collection of taxes.
† General health (medical payments, upkeep and capital outlays on city/county hospitals).
‡ Community health care, general health care activities.
§ Cash outlays for food, clothing, home heat, etc. for those receiving public assistance.
** Local public cash payments to individuals contingent upon their need (e.g., local general assistance).
†† Montgomery County, MD only.

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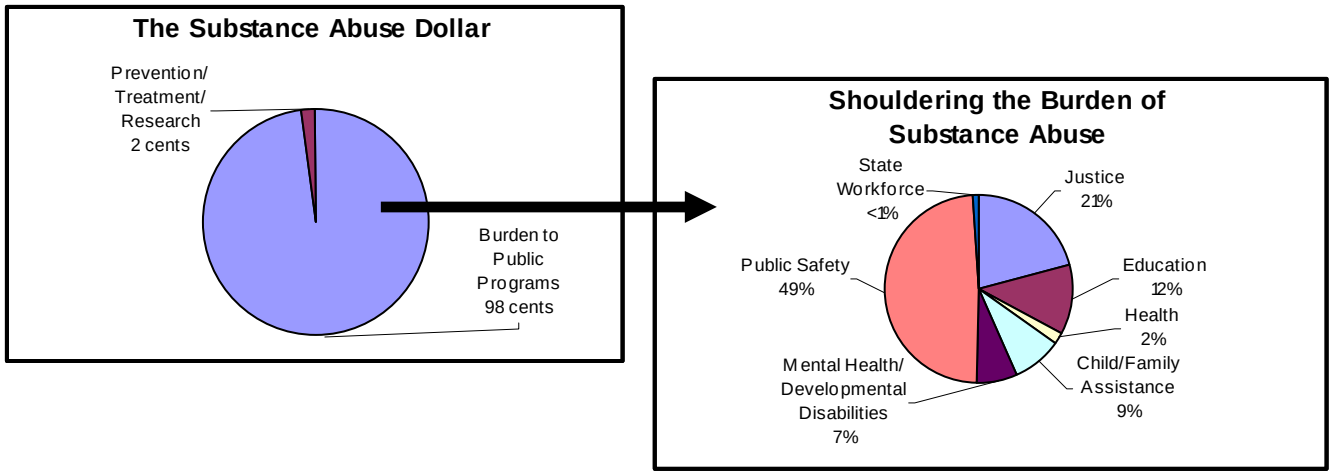
Combined Charlotte and Mecklenburg County, NC
Summary of Spending on Substance Abuse and Addiction (2005)*

	Local Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of Local Budget	Per Capita
Burden Spending		***$235,098.3***		***10.6***	***$338.05***
Justice	**60,031.0**	**48,824.2**		**2.2**	**70.20**
Adult Corrections	53,150.0	43,342.5	81.6		
Juvenile Justice	2,824.0	2,153.5	76.3		
Judiciary	4,056.9	3,328.1	82.0		
Education (Elementary/Secondary)	**269,830.0**	**27,869.3**	**10.3**	**1.3**	**40.07**
Health	**16,332.7**	**3,933.4**	**24.1**	**0.2**	**5.66**
Child/Family Assistance	**38,813.6**	**21,365.3**		**1.0**	**30.72**
Child Welfare	19,629.6	13,888.0	70.8		
Income Assistance	NA	NA	NA		
Mental Health/Developmental Disabilities	**36,367.5**	**16,483.3**		**0.7**	**23.70**
Mental Health	31,160.4	16,140.7	51.8		
Developmental Disabilities	5,207.1	342.6	6.6		
Public Safety	**878,162.0**	**115,544.6**	**13.2**	**5.2**	**166.14**
Local Workforce	**346,762.6**	**1,078.3**	**0.3**	**<0.1**	**1.55**
Regulation/Compliance	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research	***5,197.3***	***5,197.3***	***100.0***	***0.2***	***7.47***
Total		***$240,295.6***		***10.8***	***$345.52***



Total Local Budget	$2,226 M
Population	.7 M

* Numbers may not add due to rounding.

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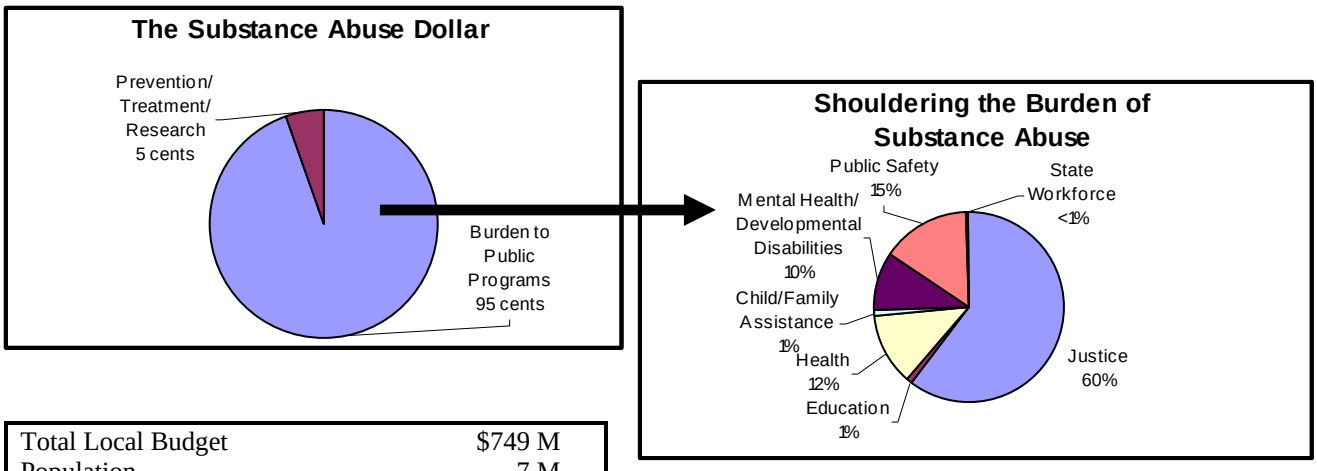
Multnomah County, OR

Summary of Local Spending on Substance Abuse and Addiction (2005)*

	Local Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of Local Budget	Per Capita
Burden Spending		***$116,092.5***		***15.5***	***$165.48***
Justice	**81,006.1**	**69,823.2**		**9.3**	**99.53**
Adult Corrections	63,377.3	55,089.7	86.9		
Juvenile Justice	16,882.4	13,987.1	82.9		
Judiciary (Drug Court)	746.4	746.4	100.0		
Education (Elementary/Secondary)	**8,597.0**	**1,269.5**	**14.8**	**0.2**	**1.81**
Health	**45,878.5**	**14,057.0**	**30.6**	**1.9**	**20.04**
Child/Family Assistance	**1,453.0**	**1,139.8**		**0.2**	**1.62**
Child Welfare	1,453.0	1,139.8	78.4		
Income Assistance	NA	NA	NA		
Mental Health/Developmental Disabilities	**20,778.3**	**11,894.6**		**1.6**	**16.95**
Mental Health	18,946.3	11,704.9	61.8		
Developmental Disabilities	1,832.0	189.7	10.4		
Public Safety	**88,733.2**	**17,719.5**	**20.0**	**2.4**	**25.26**
Local Workforce	**40,443.6**	**188.9**	**0.5**	**0.0**	**0.27**
Regulation/Compliance	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research	***6,446.7***	***6,446.7***	***100.0***	***0.9***	***9.19***
Prevention	NA	NA			
Treatment	6,446.7	6,446.7			
Research	NA	NA			
Total		***$122,539.2***		***16.4***	***$174.67***



Total Local Budget	$749 M
Population	.7 M

* Numbers may not add due to rounding.

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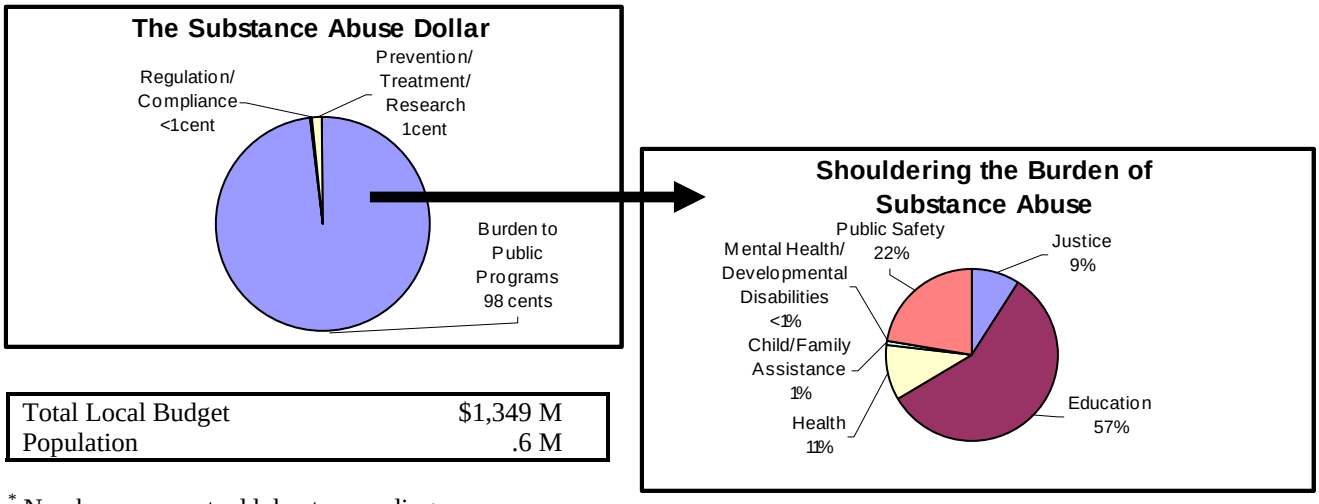
Nashville, TN

Summary of Local Spending on Substance Abuse and Addiction (2005)*

	Local Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of Local Budget	Per Capita
Burden Spending		***$104,043.2***		***7.7***	***$189.48***
Justice	**10,546.0**	**9,313.9**		**0.7**	**16.96**
Adult Corrections	3,800.0	3,178.6	83.7		
Juvenile Justice	125.0	98.5	78.8		
Judiciary	6,621.0	6,036.8	82.2		
Education (Elementary/Secondary)	**507,939.7**	**59,747.0**	**11.8**	**4.4**	**108.81**
Health	**42,850.8**	**11,007.2**	**25.7**	**0.8**	**20.05**
Child/Family Assistance	**2,346.6**	**541.4**		**<0.1**	**0.99**
Child Welfare	NA	NA	NA		
Income Assistance	2,346.6	541.4	23.1		
Mental Health/Developmental Disabilities	**653.8**	**72.9**		**<0.1**	**0.13**
Mental Health	53.8	29.8	55.4		
Developmental Disabilities	600.0	43.0	7.2		
Public Safety	**163,360.2**	**23,360.8**	**14.3**	**1.7**	**42.54**
Local Workforce	**NA**	**NA**	**NA**	**NA**	**NA**
Regulation/Compliance	***270.0***	***270.0***	***100.0***	***0.0***	***0.49***
Licensing and Control	130.0	130.0			
Collection of Taxes	140.0	140.0			
Prevention, Treatment and Research	***1,508.5***	***1,508.5***	***100.0***	***0.1***	***2.75***
Prevention	93.8	93.8			
Treatment	76.0	76.0			
Research	13.4	13.4			
Unspecified PTR	1,325.4	1,325.4			
Total		***$105,821.7***		***7.8***	***$192.71***



Total Local Budget	$1,349 M
Population	.6 M

* Numbers may not add due to rounding.

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Chapter I
Notes

[1] U.S. Preventive Services Task Force. (2004).
Fleming, M. F., Barry, K. L., Manwell, L. B., Johnson, K., & London, R. (1997).
[2] Chaloupka, F. J., Grossman, M., & Saffer, H. (2002).
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Centers for Disease Control and Prevention. (2000).
Young, D. J., & Bielinska-Kwapisz, A. (2006).
[3] Campaign for Tobacco-Free Kids, & Boonn, A. (2009).
[4] Centers for Disease Control and Prevention. (2009).
Sargent, R. P., Shepard, R. M., & Glantz S.A. (2004).
Juster, H. R., Loomis, B. R., Hinman, T. M., Farrelly, M. C., Hyland, A., Bauer, U. E., et al. (2007).
[5] Gerstein, D. R., Datta, A. R., Ingels, J. S., Johnson, R. A., Rasinski, K. A., Schildhaus, S., et al. (1997).
Substance Abuse and Mental Health Services Administration. (2009).
[6] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2009G).

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Chapter II
Notes

[1] Thom, T., Haase, N., Rosamond, W., Howard, V. J., Rumsfeld, J., Manolio, T., et al. (2006).
Finkelstein, E. A., Fiebelkorn, I. C., & Wang, G. (2003).
American Cancer Society. (2005).
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Centers for Disease Control and Prevention. (2008).
[2] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001B).
[3] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1993).
[4] The National Center on Addiction and Substance Abuse (CASA) at Columbia University (2009E).
The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2009C).
[5] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2009J).
The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2009K).
[6] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2009J).
The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2009K).
[7] The National Center on Addiction and Substance Abuse (CASA) at Columbia University (2009E).
NOTE: The 2005 Federal spending by agency budget function data was used for Social Security, National Defense, Income Security, Medicare and Other Health; CASA's analysis of Federal budget data for purposes of this study was used for Substance Abuse and Addiction spending.
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