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NASADAD

National Association of State Alcohol and Drug Abuse Directors, Inc.

December 10, 1993

Kristine Gebbie, Coordinator
AIDS Policy
The Executive Office of the President
Suite 1060
750 17th Street, N.W.
Washington, DC 20503

Dear Ms. Gebbie:

On behalf of our President, Andy Mecca, our full Board of Directors, and other State Directors and guests, I am writing to express our appreciation for your remarks at our NASADAD Board meeting last week. We enjoyed the opportunity to talk and interact with you.

Thanks for your time and insights. We look forward to the opportunity for continuing information sharing and coordination.

Sincerely,

William Butynski, Ph.D.
Executive Director

WB/lg

cc: Andrew Mecca, Dr.P.H.

444 North Capitol Street, N.W. • Suite 642 • Washington, D.C. 20001 • (202) 783-6868 • FAX (202) 783-2704

Dec. 2nd at 10:30am

respond attached recommendation, alcohol/drug : AIDS, NAPO plan, how to the network big words, rural
1/2 / 1/2 Q&A
1 hr

meetings Jewel - December

NASADAD

National Association of State Alcohol and Drug Abuse Directors, Inc.

August 16, 1993

Kristine Gebbie, Coordinator
National AIDS Policy Office
750 17th St., NW, Suite 1060
Washington, DC 20503

Dear ~~Ms. Gebbie~~ Kristine:

I enjoyed the opportunity to talk with you by phone and to participate with your staff in your national AIDS Policy planning meeting on July 22, 1993. Subsequent to that meeting our President, Dr. Andrew Mecca (CA), our Public Policy Chair, Jeannine Peterson (PA), our AIDS Committee Chair, Terrence O'Connor (NJ), and our full NASADAD Board of Directors met and developed some initial AIDS policy recommendations for your consideration. Attached for your review are the *Initial State Recommendations on Prevention and Treatment of HIV/AIDS for Individuals with Alcohol and Other Drug Problems* developed by the National Association of State Alcohol and Drug Abuse Directors.

As you develop your interim and final plans relating to National AIDS Policy, we hope that you will seriously consider the effect that alcohol and other drug problems have on the increase in HIV cases. Currently, the State Alcohol and Drug Authorities through both State resources and the set-aside in the Substance Abuse Prevention and Treatment Block Grant support some important HIV/AIDS services to persons with alcohol and other drug problems. However, to provide for the increased demand for vital HIV/AIDS services, funding for the Block Grant must be increased.

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The members of the National Association of State Alcohol and Drug Abuse Directors look forward to working with you in crafting a new comprehensive HIV/AIDS policy that includes appropriate attention to the role of alcohol and other drug problems. As we can be of further assistance please don't hesitate to contact me or Kathleen Sheehan, Director of Public Policy at (202) 783-6868.

Sincerely,

William Butynski, Ph.D.
Executive Director

cc: Andrew M. Mecca, Dr.P.H., President
Jeannine Peterson, Public Policy Committee Chair
Terrence O'Connor, AIDS Committee Chair

NASADAD

National Association of State Alcohol and Drug Abuse Directors, Inc.

INITIAL STATE RECOMMENDATIONS ON PREVENTION AND TREATMENT OF HIV/AIDS FOR INDIVIDUALS WITH ALCOHOL AND OTHER DRUG PROBLEMS

(August 16, 1993)

Individuals with alcohol and other drug problems are at a high risk of both contracting and spreading the HIV/AIDS virus. The Centers for Disease Control and Prevention (CDC) report that over 33 percent of male AIDS cases and 62 percent of female AIDS cases are directly or indirectly related to drug use. Alcohol abuse also plays a significant role in the spread of AIDS, especially for youth. In addition, a 1993 report of Columbia University's Center on Addiction and Drug Abuse found that half of all pediatric AIDS cases were a result of parents' intravenous drug use. These high percentages clearly indicate the need for a heightened emphasis on providing HIV prevention and treatment services to individuals with alcohol and other drug problems.

NASADAD's recommendations include the following:

1. **Prioritize High Risk Alcohol and Drug Clients**
   The Centers for Disease Control and Prevention (CDC), Health Resources Services Administration (HRSA) and other Federal agencies should give priority to alcohol and other drug (AOD) clients for HIV treatment and prevention services. This priority should be spelled out in legislation, regulation, and policy documents.

2. **Increase Funding for Substance Abuse Prevention and Treatment (SAPT) Block Grant**
   Provide an increase of at least $470 million for the SAPT Block Grant as recommended by the National Coalition of Organizations Responding to AIDS (NORA). Additional funding through the Block Grant for AOD services for low income individuals will significantly reduce the spread of HIV/AIDS.

3. **Recognize Role of Alcohol Use in the Spread of AIDS**
   Federal research, programs, and policies should address the critical role of alcohol use in contracting and spreading HIV/AIDS, especially among youth and women.

4. **Allocate Dollars for HIV/AIDS Services for Persons with AOD Problems**
   Ryan White and other Federal HIV prevention and treatment funds should allocate a specific portion of dollars for the HIV/AIDS treatment of persons with AOD problems and for the coordination of AOD and HIV services.

5. **Utilize the Current Network of State-Funded Community Based Providers**
   To assure a comprehensive system of care, accountability, cost effectiveness, and long term stability, Federal dollars should flow to the States. State Alcohol and Drug Agency Directors currently utilize a cohesive network of over 7,500 community based providers that are experienced in providing prevention and treatment services. Direct Federal grants to community organizations foster a more costly and fractured system of care that lacks a stable funding base.

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6. **Utilize Statewide AOD Needs Assessments and Comprehensive Plans As Basis for Spending**
To assure effective targeting of limited resources, Federal programs should mandate that the allocation of HIV/AIDS dollars be based, at least in part, on Statewide needs assessments and comprehensive plans prepared by State Alcohol and Drug Authorities.

7. **Coordinate At the Federal Level**
Federal officials should identify and coordinate AIDS funding streams, programs, and policies at the national level through an Interagency Committee or high level Interagency agreements. Interagency coordination should occur within the Department of Health and Human Services and with other Federal Agencies such as HUD, Transportation, etc. Coordination at the Federal level is currently inadequate.

8. **Coordinate At the State Level**
Section 1928 of the Substance Abuse Prevention and Treatment (SAPT) Block mandates coordination of activities and services between State Agencies. A similar provision should be included in all Federal AIDS legislation, regulations, and guidelines so that programs are coordinated with the State Alcohol and Drug Authority and other relevant programs.

9. **Provide Monies for Outreach, Public Education, and Staff Training**
CDC, HRSA, and SAMHSA should receive new dollars for aggressive outreach programs, public education campaigns, and staff training programs directed at extending HIV/AIDS prevention and treatment services to hard-to-serve alcohol and other drug dependent populations.

10. **Support Culturally and Gender Specific Services**
CDC, HRSA, and SAMHSA should jointly provide funding to State Alcohol and Drug Authorities to develop and disseminate programs, staff training models, and materials that expand the array of gender and culturally specific messages and outreach efforts on alcohol and other drug problems and HIV/AIDS.

11. **Address HIV/AIDS, TB, and Alcohol and Other Drug Problems**
Federal programs, policies, and dollars must address the dynamic and special needs created by the vulnerability of alcohol and other drug clients to both HIV/AIDS and TB.

12. **Eliminate the IMD Exclusion for AOD Patients**
The Institution for Mental Disease (IMD) exclusion has a negative effect on the treatment of alcohol and other drug clients and HIV/AIDS. The exclusion mandates that individuals who receive treatment in a facility greater than 16 beds, other than a hospital, lose their Medicaid eligibility. This exclusion should be removed to allow for the most cost effective and community based HIV/AIDS and alcohol and other drug treatment.

13. **Allow Needle Exchange Programs**
Allow Federal dollars to be utilized for needle exchange programs at the discretion of the State Alcohol and Drug Agency.

NASADAD

NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS
444 North Capitol Street, N.W. • Suite 642 • Washington, D.C. 20001 • (202) 783-6868 • FAX (202) 783-2704

FAX NUMBER (202) 783-2704

DATE: 11/29/93

TO: STEVE LEE
NATIONAL AIDS OFFICE

TELEPHONE NO. : ( )

FAX NO. : (202) 632-1096

FROM: BILL BUTYNSKI
NASADAD

FOR VERIFICATION CALL: (202) 783-6868

THIS TRANSMITTAL CONSISTS OF 2 *PAGES*

{EXCLUDING COVER SHEET}.

MESSAGE FROM SENDER:

Attached as background information for you & Kristine Gebbie is the final version of our Board Meeting agenda — Kristine will be speaking to us at 10:30 AM on Thursday, Dec 2 at the Washington Court Hotel.

National Association of State Alcohol and Drug Abuse Directors
444 North Capitol Street, N.W.,
Suite 642
Washington, D.C. 20001
***Phone** (202) 783-6868 **Fax** (202) 783-2704*

ENCLOSURE I

AGENDA

NASADAD BOARD OF DIRECTORS MEETING

DECEMBER 2, 1993

Washington Court Hotel
Sagamore Hill Room
525 New Jersey Avenue, N.W.
Washington, DC

Thursday, December 2, 1993

8:15 a.m.		**Coffee and Refreshments**
8:30 a.m.	I.	Call to Order
	II.	Approval of Minutes for Previous Board of Directors' Meeting
8:40 a.m.	III.	Treasurer's Report - Ken Stark
		Current Status of State Dues
		Financial Update Report
9:00 a.m.	IV.	Regional Directors' Reports
10:15 a.m.		**BREAK**
10:30 a.m.	V.	Presentation and Discussion with States - Kristine Gebbie, National AIDS Coordinator
11:15 a.m.	VI.	Committee Reports

AIDS Committee - Jack Farrell, Chair; **Criminal Justice Committee** - Marguerite Saunders, Chair; **Personnel Committee** - Andrew M. Mecca, Dr.P.H., Chair; **Prevention/Early Intervention Committee** - Pam Petersen, Chair; **Public Policy Committee** - Joe Williams, Chair; **Research and Technical Assistance Committee** - Ken Stark, Chair; **Rural and Frontier Issues Committee** - Elizabeth Breshears, Chair; **Special Populations/Human Resources Development Committee** - Joe Hill, Chair; **Strategic Plan Committee** - Luceille Fleming, Chair; and **Treatment and Intervention Committee** - Dr. Julian Keith, Chair

12:30 p.m.		**LUNCH**
1:30 p.m.	VII.	Health Care Reform Update and Discussion - Kathleen Sheehan and Bill Butynski
2:00 p.m.	VIII.	Meeting and Discussion on Reauthorization - Ripley E. Forbes, Senior Staff Associate, House Subcommittee on Health and the Environment, and Ron Weich, Chief Counsel for Drug Control Policy, Senate Committee on Labor and Human Resources
2:45 p.m.	IX.	Meeting and Discussion with SAMHSA and Center Representatives: • Elaine Johnson, Ph.D., Acting Administrator, SAMHSA • Kent Augustson, Acting Deputy Director, CSAP • George Lewis, Acting Deputy Director, CSAT • Irene Levine, Ph.D., Acting Deputy Director, CMHS
4:00 p.m.	X.	President's Report including Report on 1994 Annual Meeting - Andrew M. Mecca, Dr.P.H.
4:20 p.m.	XI.	Executive Director's Report - Bill Butynski
4:30 p.m.	XII.	Discussion of Other Important Old Business
4:45 p.m.	XIII.	New Business
5:00 p.m.		**ADJOURN**

Substance abuse -
as a term