

**State of Alaska**  
**FY2003 Governor's Operating Budget**

**Department of Health and Social Services**  
**Alcohol and Drug Abuse Services**  
**Budget Request Unit Budget Summary**

## **Alcohol and Drug Abuse Services Budget Request Unit**

**Contact: Janet Clarke, Director, Administrative Services**

**Tel:** (907) 465-1630 **Fax:** (907) 465-2499 **E-mail:** Janet\_Clarke@health.state.ak.us

### **BRU Mission**

The mission of the Division of Alcoholism and Drug Abuse is to reduce alcoholism and substance abuse.

### **BRU Services Provided**

This BRU includes duties related to quality assurance activities, technical assistance, grant monitoring activities, planning and policy development, data collection for prevention, intervention and treatment services aimed at eliminating the use of illegal drugs, alcohol use by minors, problem use of alcohol, provide for treatment of alcoholics and drug abusers. Additionally, the Alcohol Safety Action Program (ASAP) provides direct services in the Anchorage area and provides oversight of the Division's statewide ASAP grant programs. Finally, the Division's Rural Services and Suicide Prevention Grants component helps smaller communities design and implement local projects to reduce suicide and self-destructive behavior, and provides funding for linking rural village-based staff and training via the University of Alaska Fairbanks to assure training, employment and supervision of village-based human service workers.

Alcohol and drug abuse treatment and prevention grants funded through this BRU are the foundation of Alaska's effort to prevent and remedy substance abuse within the State. Grants are distributed to non-profit organizations and local government agencies through a grant-in-aid process established in AS 47.30.475. Funds are granted to support community-based substance abuse, prevention, intervention, and treatment services to provide the comprehensive system required by law. These publicly funded programs serve the poorest Alaskans, those without insurance coverage to reimburse the programs for services. These clients are not served by the private providers of substance abuse treatment services.

### **BRU Goals and Strategies**

Support community-based processes that build partnerships and provide more effective prevention and treatment services. Encourage activities and initiatives that will change community standards and emphasize healthy lifestyles. Distribute useful and effective information to targeted populations. Promote the benefits of treatment, recovery, and sober lifestyle. Encourage traditional and alternative social activities that are alcohol-and drug-free. Advocate for positive change through legal and regulatory initiatives. Ensure the delivery of quality services by offering appropriate continuing education and training for chemical dependency treatment professionals. Expand awareness of substance abuse issues for allied health professionals, educators and other helping agents. Use education strategies to help youth improve critical life and social skills. Identify people with problems as early as possible and refer them for appropriate services. Improve interdisciplinary coordination and collaboration at local, regional and statewide levels. Support a continuum of care for chronic alcoholics with psychosis that focuses on intervention, treatment, and the client's long term life domain requirements. Develop sufficient resources to meet community needs for appropriate levels of treatment for adults, youth and special populations. Identify and remove barriers that prevent clients from entering treatment. Support community efforts to establish involuntary commitment procedures and to use them when appropriate. Provide appropriate services for underserved Alaskans. Use relevant research to identify and incorporate key variables that contribute to successful treatment outcomes. Address the treatment needs of persons in the criminal justice system.

### **Key BRU Issues for FY2002 – 2003**

The high level and broad extent of substance abuse coupled with the state's steadily increasing population fuels the need for continuation of substance abuse prevention and treatment services at existing or higher levels. Unless the availability, accessibility and quality of these services are maintained and improved, the long-term cost of other government services will continue to increase. The Division must assure, where possible, increases in resources. At the same time the Division must continue efforts to assure that resources are used wisely and that the services show an impact on the indicators chosen to measure progress.

The Division of Alcoholism and Drug Abuse in the FY2002 Management plan and FY2003 budget process is realigning the funding so that the components reflect like activities and the administrative portions of each program. The reason for

the reorganization is to better define the programs and responsibility for the administration of them. The result of this reorganization is the creation of the Alaska Fetal Alcohol Syndrome Program, Community Action Prevention and Intervention Grants, and the Rural Services and Suicide Prevention Components; and elimination of the Community Grants - Prevention, Correctional ADA Grant Services, CAASA Grants and Rural Services Grant Components.

### Major BRU Accomplishments in 2001

During FY2001 this BRU provided quality assurance activities, technical assistance, grant monitoring, planning and policy development, and data collection for prevention, intervention and treatment services aimed at eliminating alcohol and other substance abuse in Alaska. During FY2001 this BRU was responsible for successfully awarding, administering, and overseeing more than 175 grant awards totaling more than \$23,500.0. Grants awards ranged in value from \$3.6 to \$2,636.2.

FY2001 was the first year of the Governor's Alcohol Initiative which resulted in changes in Alaska Statutes. These changes included .08 alcohol blood level, minor consuming and therapeutic court legislation.

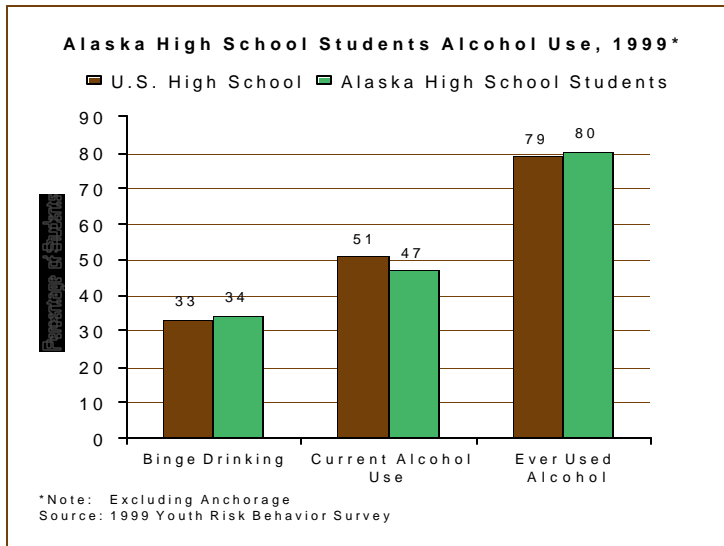
### Key Performance Measures for FY2003

**Measure:**

The rate of binge or chronic drinking by age group.  
 Sec 82(b)(1) Ch 90 SLA 2001(HB 250)

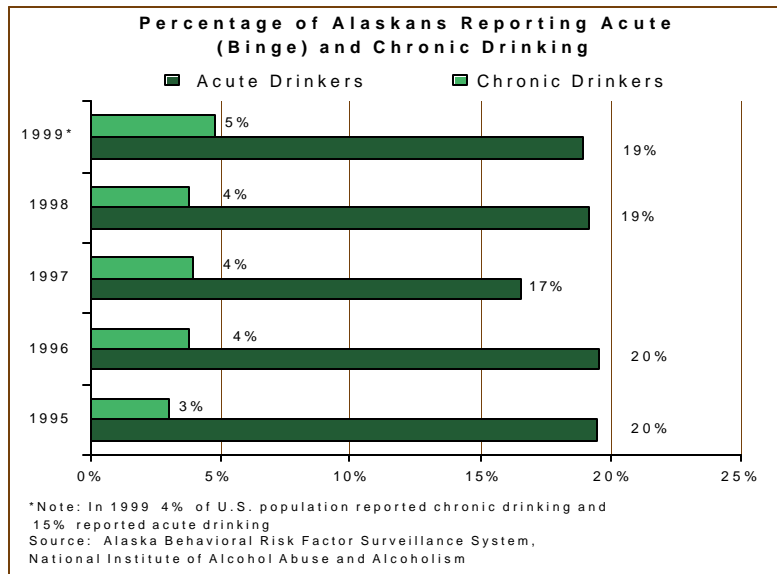
**Alaska's Target & Progress:**

The following charts show the drinking habits of adults (1995-1999) and youth (1999).



In 1999, according to Youth Risk Behavior Survey (YRBS) data, 46.9 % of high school students reported having had at least one drink of alcohol in the past 30 days. 34.4% reported at least one binge-drinking episode (five or more drinks in a row) in the past 30 days. (Anchorage students not included in the sample).

In 1995, according to YRBS data, 47.5% of high school students reported having had at least one drink of alcohol in the past 30 days. 31.3% reported at least one binge-drinking episode in the past 30 days. (Statewide sample)



In 1995 Alaskans reported 20% acute drinkers and 3% chronic drinkers in the Alaska Risk Behavior Factor Surveillance Survey.

#### **Background and Strategies:**

Binge drinking, for the purposes of this survey, refers to drinking five or more drinks on one occasion, at least once in the month preceding the survey. Chronic drinking refers to drinking an average of sixty or more alcoholic drinks in the month preceding the survey.

There is a high correlation between these drinking patterns and many of the negative consequences associated with alcohol abuse, particularly medical, family, and employment problems. Excessive alcohol intake is related to 4 of the 10 leading causes of death in the United States.

The impact of this measure will be those services that provide intervention and treatment services to chronic, late stage alcoholics. Early intervention services are also required to impact individuals whose disease progression has not reached the point of chronic or binge drinking.

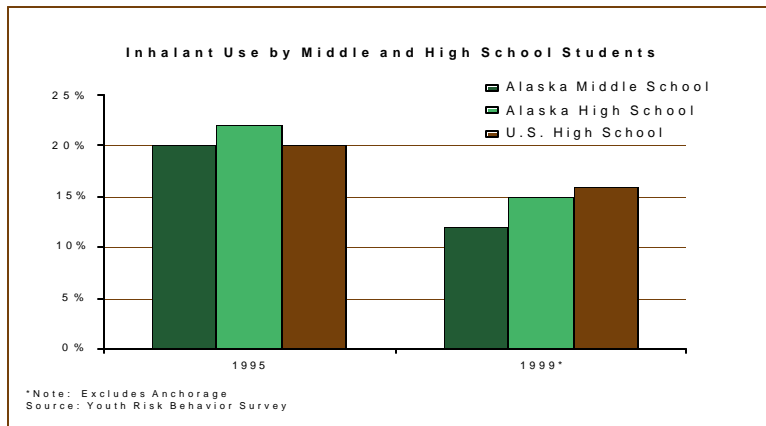
The YRBS is the survey tool that provides information on this measure for youth. The new active parental consent law for surveys increased significantly the burden on local school districts. A sufficient and reliable sample of the state's high school students could not be identified during 2001 under the active parental consent requirement (no figures are available for Anchorage). The measurement of alcohol use among high school students may not be possible in the future, until another method can be devised. Efforts to reduce youth drinking are on-going and varied.

#### **Measure:**

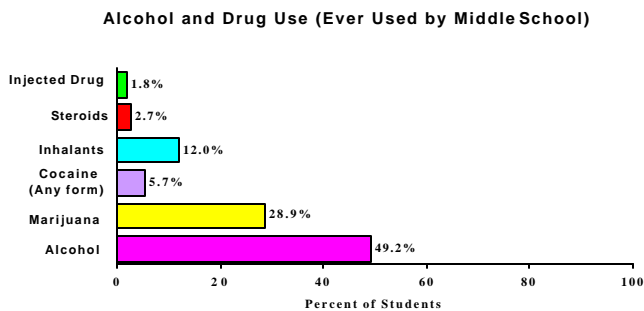
The rate of drug and inhalant abuse by age group and region.  
Sec 82(b)(2) Ch 90 SLA 2001(HB 250)

#### **Alaska's Target & Progress:**

In 1995, 22% of Alaska high school students reported that they had sniffed an inhalant to get high. In 1999, this percentage had dropped to 15%. This change may be the result of Anchorage not being a part of the 1999 Youth Risk Behavior Survey and is not to be taken as an actual drop in abuse by teenagers. According to the 1999 "Monitoring the Future" study, 19.7 percent of students will have used inhalants at least once in their lifetime.



Eighty percent of the high school students who participated in the 1999 YRBS have used alcohol. Twenty-two percent have used an inhalant by the time they have reached the eighth grade. At least 49 percent of middle school students have experimented with at least one type of drug or alcohol. These numbers may be too low as Anchorage did not participate in the 1999 YRBS.



**Background and Strategies:**

Teenage years are so vulnerable for our children as they try their new-found worlds. Unfortunately, not all these worlds are places where we would choose to have them venture. The world of experimentation with alcohol and drugs is far too prevalent among our children. It is important that we start prevention and intervention measures while these children are in grade school so they do not become the addicts that society has to care for in adulthood.

Nationally, 29% of those who use inhalants said they started before their 10<sup>th</sup> birthday. Communities don't know that inhalants, cheap, legal and accessible products, are as popular among primary and middle school students as marijuana. Even fewer know the deadly effects the poisons in these products have on the brain and body when they are inhaled or "huffed." Inhalants can cause permanent damage to the brain, heart, kidneys and liver, and can cause death. It's like playing Russian roulette. The user can die the 1<sup>st</sup>, 10<sup>th</sup> or 100<sup>th</sup> time a product is misused as an inhalant.

The Alaskan teen usage information is collected through the Youth Risk Behavior Survey. The sample that is drawn is meant to be representative of the State and is not designed to be broken out by region. We use the sampling methodology set forth by CDC so that our data is comparable to National data. The whole sampling methodology would have to be changed and would also have to be a much larger sample if we were to have regional data, and the data would not be comparable to National data.

The local school districts have the opportunity to collect school district data and some districts have done that in the

past. Unfortunately, we don't have access to that data unless the school district releases it to us. Additionally, school districts might be a little concerned if we were to start breaking the data down by region because they (districts) might feel that they were being exposed.

#### STRATEGIES -

1. In partnership with the Department of Education and Early Development, local school districts, the Alaska Association of School Boards, and advocacy agencies, ADA supports age-appropriate education and skill building to prevent substance abuse by preschool and public school students.
2. Support the Alaska Native wellness (sobriety) movement and the implementation of local option laws.

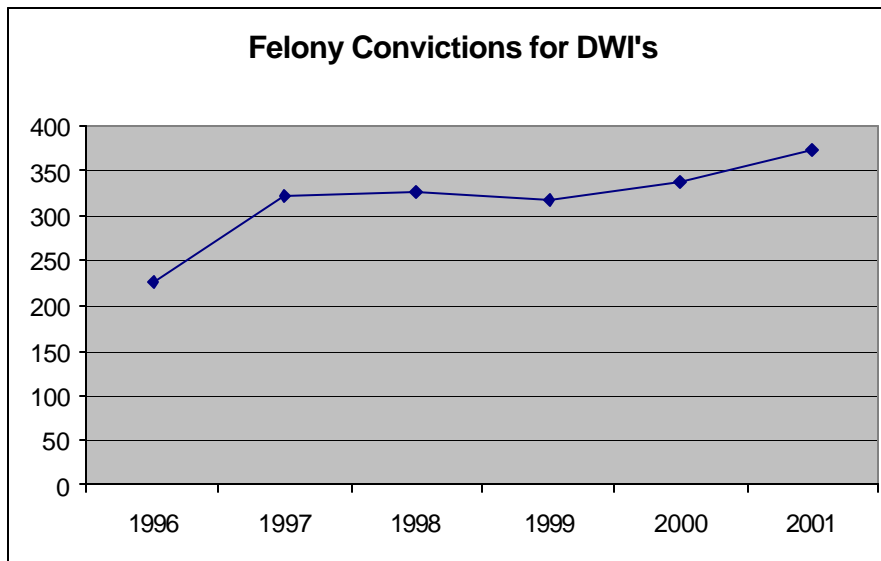
#### Measure:

Number of new convictions and the number of repeat convictions in state district and superior courts on charges of driving while intoxicated (DWI).

Sec 82(b)(3) Ch 90 SLA 2001(HB 250)

#### Alaska's Target & Progress:

Felony DWI cases have gone up since 1996, when there were 227 DWI convictions. For 1997 and 1998 convictions were 322 and 326 respectively. Convictions for 1999 were 317; for 2000, 337; and for 2001, 373.



#### Background and Strategies:

Driving while under the influence of alcohol (DWI) is one of the strongest indicators of the negative consequences associated with alcohol misuse. Recent DWI data shows that approximately 45 - 48 percent of all automobile accident fatalities had alcohol or drugs as the major contributing factor. Driving while under the influence of alcohol impacts lives, not only in accidents, injuries, and deaths, but also in family suffering, employment problems, and social functioning.

DWI conviction data are collected and maintained by the State of Alaska Court System for both new and repeat convictions. Felony DWI data are included as a separate conviction category in regularly published reports. Misdemeanor DWI conviction data, however, are included with other misdemeanor traffic violations. To improve the measurement of this indicator misdemeanor DWI data should be collected as a separate category.

There are many variables that have an impact on a reduction in the number of DWI convictions, including enforcement efforts and prosecutor caseloads. However, we know that reductions in DWI also correlate with successful prevention efforts, particularly in terms of public awareness of the consequences of DWI. Other strategies used by the Division

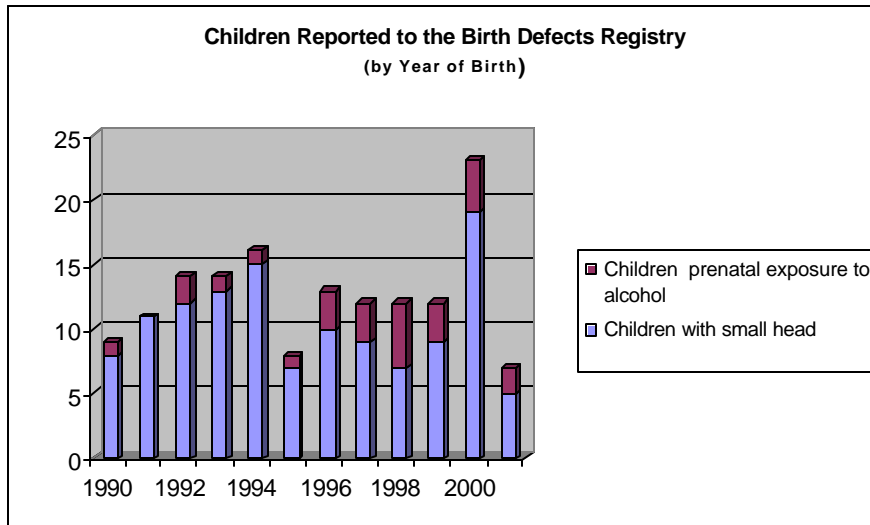
include but are not limited to: distribution of useful and effective information to targeted populations; identification of people with problems as early as possible and referral for appropriate services; improvement of interdisciplinary coordination and collaboration at local, regional and statewide levels.

**Measure:**

Number and rate of infants affected by prenatal exposure to alcohol by region.  
 Sec 82(b)(4) Ch 90 SLA 2001(HB 250)

**Alaska's Target & Progress:**

In October 2001, the Fetal Alcohol Syndrome (FAS) Surveillance Project released new FAS prevalence data for Alaska. At this time, only statewide data is being released, due to the small amount of data for some regions which provides a skewed representation of the true picture. At this time, the FAS prevalence rate for the state is 1.4 per 1,000 live births and 12.6 per 1,000 live births for those at risk for some type of alcohol-related birth defect. These rates are higher than previously reported rates, but they are more accurate due to the increase in our ability to track.



Beginning in June of 2000, newly developed and trained FAS Diagnostic Teams began providing FAS diagnostic services. Currently teams are located in the communities of Bethel, Copper Center, Dillingham, Fairbanks, Anchorage, and Kenai, with three additional teams that will begin providing services in FY02 (Barrow, Kodiak and Anchorage). During FY01, 121 completed FAS diagnoses were performed in our first six communities. It is our expectation that with these increased services, we will see an increase in the number of reports to the Birth Defects Registry. We are currently analyzing the FAS Team data that has been submitted and will have regular reports as new data is provided.

Nine children, who were born in 1990, have been reported to the birth defects registry that were diagnosed as having been prenatally exposed to alcohol or with microcephally or small head.

Because so much of this data is newly tracked and we are continuing to develop the most appropriate methodologies for tracking this disability, we may need to add additional benchmark data as we make progress in better understanding the complexities of an FASD diagnosis and the diagnostic process.

**Background and Strategies:**

Since 1998, the DHSS Office of FAS and the FAS Surveillance Project have been working in collaboration to establish accurate and reliable data regarding the number and rate of infants affected by prenatal exposure to alcohol, statewide as well as regionally. Prior to 1996, the state had no systematic process for collecting data on children born prenatally exposed to alcohol. Prenatal exposure to alcohol became a reportable birth defect/condition in 1998 through the Alaska Birth Defects Registry (ABDR). Unlike all other birth defects that must be reported within the first year following birth, alcohol-related birth defects (ARBD) can be reported up through the age of six.

In addition to not having a system for tracking alcohol-related birth defects, until 1998 there were few options in the state for obtaining screening and diagnostic services for individuals suspected to have fetal alcohol spectrum disorders (FASD). Since 2000, the state has increased diagnostic services across the state, at the community level with the expectation that we will begin to see an increase in reporting to the Birth Defects Registry. Alaska's 5-year FAS Project has a number of planned activities and projects that will continue to increase public and community awareness about the dangers of drinking alcohol during pregnancy, increase services to individuals and families affected by FASD, and improve our state's overall efforts to prevent FASD and to improve services to families already affected by disabilities associated with prenatal alcohol exposure.

**Measure:**

Number of new admissions as a percentage of the total admissions to treatment programs for alcohol and drug abuse. Sec 82(b)(5) Ch 90 SLA 2001(HB 250)

**Alaska's Target & Progress:**

In FY2001, the rate of new admissions (2,020) to total admissions to treatment (5,828) was 34.66%.

In FY2000, the ratio of new admissions to the total admissions for treatment was 38.65%. 7,048 clients were admitted to substance abuse treatment as reported in the division's statewide Management Information System (MIS). Of the total admissions, 2,724 were identified as new admissions. New admission means never before admitted to the treatment system in the history of the MIS, which began in 1983.

**Background and Strategies:**

Alcoholism is a chronic, progressive, but treatable disease. As in all chronic diseases, relapse is a part of the disease process. A client being readmitted to treatment after a period of time in remission is not uncommon. Relapse is defined as "to regress after partial recovery from an illness."

**Measure:**

Length of time that alcohol or other drug treatment clients are on waiting lists before receiving services. Sec 82(b)(6) Ch 90 SLA 2001(HB 250)

**Alaska's Target & Progress:**

The division is currently working with the grantees to provide the length of time that individual's are on a waitlist on a regular basis. As of July, 2001, the number of people on the wait-lists were:

Program	No. on Waitlist	Bed/Capacity Need
Women w/ Children	61	17
Adult Residential	143	46

The needed bed/capacity for women with children was calculated based on an average of 100 days in treatment. (365 days per year/100 days per woman for treatment = 3.65 women per bed in one year; 61 women currently on the waitlist/3.65 women per bed = 16.71 beds/year).

Currently the Division's wait list for adult residential programs stands at 143. In addition the DOC states that up to 120 persons per year are discharged needing dual diagnosis residential care. These persons may or may not be on the wait list. This waitlist does not distinguish between levels of care needed. Within this population there is need for short-term, long-term and dual diagnosis treatment.

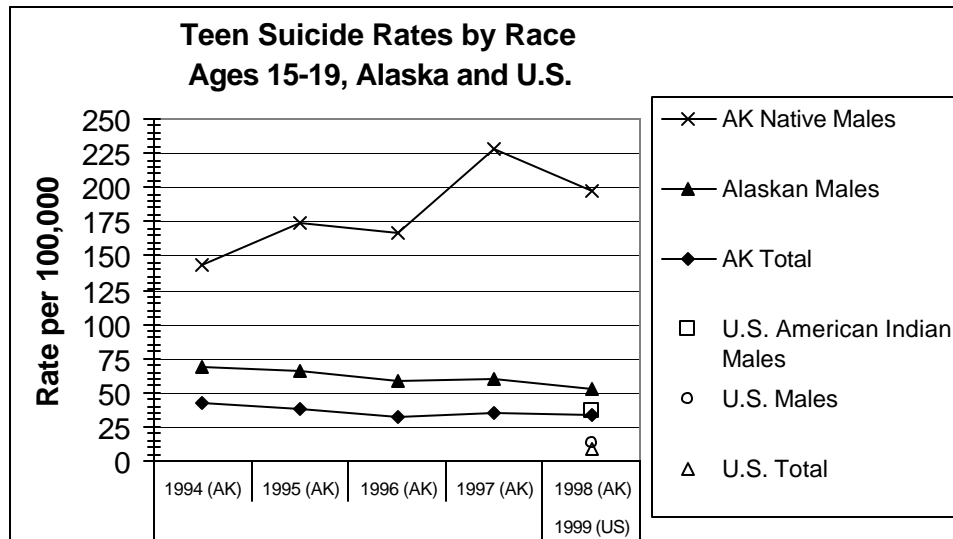
**Background and Strategies:**

One of the most important aspects of successful treatment is that person enters the program when they are physically, mentally and emotionally ready. If they are placed on a waiting list, the chances are that they will not get the treatment they need. The result of being on a wait list is that they risk losing the motivation that triggered them to seek out a treatment program in the first place.



**Measure:**

Teen suicide rate (per 100,000 aged 15-19 years)

**Alaska's Target & Progress:**

Source: Alaska Bureau of Vital Statistics and National Center for Health Statistics.  
Data for Alaska is based on a 3-year average with the years indicated at the bottom of the chart representing the middle year of each three-year period.

- ❖ The overall teen suicide rate declined in Alaska by over 23%, from a three-year average of 43.1 per 100,000 in 1993-1995 to 33.0 per 100,000 in 1997-1999. Nevertheless, Alaska's teen suicide rate for 1997-1999 was four times the national teen suicide rate for 1999.
- ❖ The male teen suicide rate in Alaska declined by 23.4%, from 68.7 in 1993-1995 to 52.6 in 1997-1999.
- ❖ Alaska's average suicide rate for male teens for the three-year period 1997-1999 was nearly four times the national rate of 13.9 (for 1999).
- ❖ The suicide rate of male Alaska Native teens for the period 1997-1999 was 197.5, which was 5.4 times that of the group with the highest suicide rate reported nationally in 1999 (male American Indian teens).
- ❖ The suicide rate of male Alaska Native teens climbed by 38.8% from 1993-1995 to 1997-1999. There were at least 43 suicides by Alaska Native teens in any consecutive three-year period between 1993 and 1999, resulting in suicide rates ranging from 142.6 per 100,000 (1993-1995) to 227.8 per 100,000 (1996-1998).
- ❖ For 1996 the Alaska total teen (age 15-19) suicide rate was 38.3 per 100,000 teen population.

**Background and Strategies:**

Teen suicide continues to be a major concern in Alaska, being nearly four times the U.S. rate of 9.5 per 100,000 (the level for Alaskans of all ages 23.7 in 1998, about twice the U.S. rate of 10.3). Numerous activities at the state and local level over the past several years have been directed specifically to identifying youth at risk and providing the individual and group education and intervention needed to help prevent/reduce teen suicides.

**Alcohol and Drug Abuse Services**  
**BRU Financial Summary by Component**

All dollars in thousands

	FY2001 Actuals				FY2002 Authorized				FY2003 Governor			
	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds
<b>Formula Expenditures</b>	None.											
<b>Non-Formula Expenditures</b>												
Alcohol and Drug Abuse Admin	1,318.9	1,317.5	206.0	2,842.4	1,268.4	2,037.6	389.5	3,695.5	557.7	730.7	259.7	1,548.1
Alcohol Safety Action Program	1,101.1	0.0	5.2	1,106.3	1,223.2	0.0	0.0	1,223.2	2,865.3	0.0	0.0	2,865.3
ADA Treatment Grants	12,232.7	4,563.3	1,239.7	18,035.7	16,641.5	6,592.9	1,642.9	24,877.3	19,253.8	4,882.3	1,551.1	25,687.2
AK Fetal Alcohol Syndrome Pgm	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6,432.4	0.0	6,432.4
CAPI Grants	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2,522.3	3,776.5	67.2	6,366.0
Corrections' ADA Services	563.6	0.0	0.0	563.6	563.6	0.0	0.0	563.6	0.0	0.0	0.0	0.0
Rural Services/Suicide Prevent'n	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4,258.6	0.0	0.0	4,258.6
Community Grants - Prevention	0.0	4,856.0	0.0	4,856.0	0.0	8,250.2	0.0	8,250.2	0.0	0.0	0.0	0.0
CAASA Grants	177.3	0.0	0.0	177.3	482.2	0.0	0.0	482.2	0.0	0.0	0.0	0.0
Rural Services Grants	2,535.2	0.0	0.0	2,535.2	2,821.0	0.0	0.0	2,821.0	0.0	0.0	0.0	0.0
<b>Totals</b>	<b>17,928.8</b>	<b>10,736.8</b>	<b>1,450.9</b>	<b>30,116.5</b>	<b>22,999.9</b>	<b>16,880.7</b>	<b>2,032.4</b>	<b>41,913.0</b>	<b>29,457.7</b>	<b>15,821.9</b>	<b>1,878.0</b>	<b>47,157.6</b>

## Alcohol and Drug Abuse Services

### Proposed Changes in Levels of Service for FY2003

Recognizing that alcoholism is the number one public health issue facing Alaska, the Governor is again putting forth his Alcohol Initiative. As part of the Alcohol Initiative as well as the alcohol treatment portion of the Healthy Children Initiative, the Division is requesting increments to expand the assessment and treatment capacity for juveniles and adults. This includes specific proposals to serve women with children, dual diagnosis (mental health and substance abuse) clients, juveniles, and to reduce the waitlist for adult residential treatment. There are also proposals to address needed services for Inhalant Abuse, Suicide Prevention, Small Community Outpatient Treatment, Transitional Housing, and Rural Substance Abuse Counselors.

The Division is also transferring funding between components as part of their reorganization to better define the programs and responsibility for the administration of them.

## Alcohol and Drug Abuse Services

### Summary of BRU Budget Changes by Component

#### From FY2002 Authorized to FY2003 Governor

*All dollars in thousands*

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
<b>FY2002 Authorized</b>	<b>22,999.9</b>	<b>16,880.7</b>	<b>2,032.4</b>	<b>41,913.0</b>
<b>Adjustments which will continue current level of service:</b>				
-Alcohol and Drug Abuse Admin	-710.7	-1,306.9	-129.8	-2,147.4
-Alcohol Safety Action Program	323.7	0.0	0.0	323.7
-ADA Treatment Grants	-2,141.5	-1,710.6	-391.8	-4,243.9
-AK Fetal Alcohol Syndrome Pgm	0.0	6,432.4	0.0	6,432.4
-CAPI Grants	2,052.3	3,776.5	67.2	5,896.0
-Corrections' ADA Services	-563.6	0.0	0.0	-563.6
-Rural Services/Suicide Prevent'n	2,890.9	0.0	0.0	2,890.9
-Community Grants - Prevention	0.0	-8,250.2	0.0	-8,250.2
-CAASA Grants	-482.2	0.0	0.0	-482.2
-Rural Services Grants	-2,821.0	0.0	0.0	-2,821.0
<b>Proposed budget increases:</b>				
-Alcohol Safety Action Program	1,318.4	0.0	0.0	1,318.4
-ADA Treatment Grants	4,753.8	0.0	300.0	5,053.8
-CAPI Grants	470.0	0.0	0.0	470.0
-Rural Services/Suicide Prevent'n	1,367.7	0.0	0.0	1,367.7
<b>FY2003 Governor</b>	<b>29,457.7</b>	<b>15,821.9</b>	<b>1,878.0</b>	<b>47,157.6</b>