

Advocacy Hot Points for Winter 2007-2008

Plan
Coordinate
Educate
Advise
Evaluate
Advocate

> The budget process is underway.

The Governor released her budget on December 10 and we are hopeful by her proposal of new money for Alaska's behavioral health needs.

> The legislative session starts January 15th and ends 90 days later.

This session will be fast and furious. Stay up to date on legislative happenings by calling every Friday at noon - 1 pm beginning January 18, 2008 The call-number is: 1-866-469-3239 conference code is: 90726979

> Ignorance results in stigma.

Stigma is the biggest barrier to helping our families and neighbors receive treatment and

on-going recovery from mental illness and substance abuse disorders. Watch for our "You know me but did you know..." media campaign.

> The average age of a homeless person in Alaska is 9 years old.

This greatly increases risk factors for these children such as: educational failure, dental and medical problems, low self-esteem, depression and substance abuse. We are advocating for the creation of an Alaskan Housing Trust.

> For more information on these topics and others, please call us at: (907) 465-8920



Kate Burkhart, our new executive director and Angela Salerno, our advocacy coordinator.

Kate Burkhart is the New Executive Director

I grew up on a small farm in rural Tennessee. I come from a small family, with one younger sister. My father was a veterinarian, so I have many stories of adventures and near-disasters from spending my childhood under foot in his animal hospital. I went to college in Pennsylvania, with a year at the University of Edinburgh in Scotland. I graduated with degrees in classics and history.

Knowing nothing except dead languages and dead people, I had few job prospects, so of course I went to law school. I attended Tulane Law School in New Orleans, where I studied international and business law (as well as jazz, jambalaya and Mardi Gras). When I graduated, I had many more job prospects — though none I really wanted. Which is how I came to be a legal services attorney.

I helped start the Violence Against Women Act grant program at the legal aid society in my home town, serving victims

of family violence in 7 rural counties. In addition to the client work, serving with local task forces and ministerial groups helped me see how a community can work together to help its neighbors in need. I learned more in that time than I ever did in law school. It was heartwarming and heart-breaking, exhausting and exhilarating. But after two years, I was ready for a new adventure.

Almost as if on a dare, I replied to a job posting for Alaska Legal Services Corporation in Nome. I don't know that I ever expected them to offer me the job, let alone for me to accept it. But somehow, they offered and I accepted — and it is the best decision I have ever made. I worked for ALSC for 5 years, in Nome and later in Juneau. It was an incredibly rewarding time. I am grateful that I had the chance to serve with the therapeutic court planning team in Nome, because it

challenged me to expand my role as a lawyer to include a focus on insuring respect for individuals' personal dignity. In Juneau, I supervised the attorney and non-attorney services provided

throughout Southeast. I was lucky to have an amazing team for most of that time, and I am very proud of the work we did together. But after many years of legal services work, I was ready for something else.

I joined the Alaska State Ombudsman's office in November, 2006 and I worked there for a year. The work there helped me see a side of government that had not always been clear to me. I'd always advocated for the people trying to get services and benefits from government, so it was good for me to see what it was like for the people working in government trying to provide those services.

I am happy to be joining AMHB and ABADA — and the excellent staff here — in their work. It's an exciting time for the boards and for our beneficiaries and stakeholders. There is much to be done, but each obstacle is an opportunity to open hearts and minds to the very real needs faced by so many. Our efforts are not for just a few, but for every Alaskan, and I am honored to join you in that work.

Kate Burkhart, ED



Anna Sappah Finds a New Life

My name is Anna Sappah. I am presently serving as a beneficiary member of the ABADA board. I was appointed in late 2006. I am currently employed for two different organizations. I serve as the Executive Director for the Substance Abuse Directors Association and with Akeela Inc. as a Tobacco Prevention Policy Specialist. As part of a three person team, I help to provide tobacco policy technical assistance to 17 grantee communities working toward tobacco control policy across Alaska. I am also a full time student at Alaska Pacific University, studying Human Services and Non Profit Management. In the summers I take a month off work to run a boat for my familie's guide service on the Kenai River.

Born and raised in Anchorage, I have lived all my life in Alaska. I am of Alutiiq descent. My first career experience was with Department of Corrections as a Correctional Officer at Hiland Mountain and Meadow Creek facilities in the early

1980's. During the late 1980's and most of the 1990's I worked road construction as a laborer and equipment operator. I had the opportunity to travel across the state during that period. Since 2000, I have been employed in a variety of positions ranging from customer service manager to counseling certification administrator to my current work.

As previously mentioned, I serve in a beneficiary seat on the ABADA board. I am a recovering heroin addict. I have been clean since 1995. As a graduate of the Narcotic Drug Treatment Center, I have had the opportunity to participate in advocacy efforts, such as Meeting the Challenge, to enhance treatment programs and their funding for the past seven years. This area of interest has really become my passion. I continue to participate in community based recovery programs, and try to carry a message of hope to other addicts seeking recovery.

I am fortunate to have great family support. I have been married to my husband Terry

for nearly ten years. We have a combined total of four children, ranging in age from 15 to 28, and three grandchildren. We enjoy fishing, playing bridge, and vacationing in Hawaii. My daughter and I also sing and dance in the local powwows. I am a traditional dancer and singer with Northern Lights Powwow Drum Group. I enjoy making beaded hairclips.

It has been a great honor to be appointed to serve on this Board. I believe that we are at a crucial point in Alaska in terms of our programs and the entire behavioral health system. I believe that it is my job to be the voice for those persons seeking services. I remember what it was like to know that I needed help, and not know if I could wait the six weeks to get through the waiting list for services. I remember the sense of fear and hopelessness. I believe that we can make a difference and help Alaska heal from the devastation caused by addiction to alcohol and other drugs.



"I believe that we can make a difference and help Alaska heal from the devastation caused by addiction to alcohol and other drugs."

Anna Sappah

Family is the first social unit for developing the qualities of the heart. A true family grows and moves through life together, inseparable in the heart. Whether a biological family or an extended family of people attracted to each other based on heart resonance and mutual support, the word "family" implies warmth, a place where the core feelings of the heart are nurtured. Family values represent the core values and guidelines that parents and family members hold in high regard for the well-being of the family. Sincere family feelings are core heart feelings. They are the basis for true family values. While we have differences, we remain "family" by virtue of our heart connection. Family provides necessary security and support, and acts as a buffer against external problems. A family made up of secure people generates a magnetic power that can get things done. They are the hope for real security in a stressful world.

Doc Childre and Howard Martin, The HeartMath Solution

Call to Action to Prevent and Reduce Underage Drinking



Alcohol is the most widely used substance of abuse among America’s youth. A higher percentage of young people between the ages of 12 and 20 use alcohol than use tobacco or illicit drugs. The physical consequences of underage alcohol use range from medical problems to death by alcohol poisoning, and alcohol plays a significant role in risky sexual behav-

ior, physical and sexual assaults, various types of injuries, and suicide. Underage drinking also creates secondhand effects for others, drinkers and nondrinkers alike, including car crashes from drunk driving, that put every child at risk.

For the most part, parents and other adults underestimate the number of adolescents who use alcohol. They underestimate how early drinking begins, the amount of alcohol adolescents consume, the many risks that alcohol consumption creates for adolescents, and the nature and extent of the consequences to both drinkers and nondrinkers. Too often, parents are inclined to believe, “Not my child.”

The developing adolescent brain may be susceptible to long-term negative consequences from alcohol use. Recent studies show that alcohol consumption has the potential to trigger long term biological changes that may have detrimental effects on the developing adolescent brain, including neurocognitive impairment.

Fortunately, the latest research also offers hopeful new possibilities for prevention and intervention by furthering our

understanding of underage alcohol use as a developmental phenomenon—as a behavior directly related to maturational processes in adolescence. New research explains why adolescents use alcohol differently from adults, why they react uniquely to it, and why alcohol can pose such a powerful attraction to adolescents, with unpredictable and potentially devastating outcomes.

Emerging research makes it clear that an adolescent’s decision to use alcohol is influenced by multiple factors. These factors include normal maturational changes that all adolescents experience; genetic, psychological, and social factors specific to each adolescent; and the various social and cultural environments that surround adolescents, including their families, schools, and communities. These factors—some of which protect adolescents from alcohol use and some of which put them at risk— change during the course of adolescence. *Because environmental factors play such a significant role, responsibility for the prevention and reduction of underage drinking extends beyond the parents of adolescents, their schools, and communities. It is the collective responsibility of the Nation as a whole and of each of us individually.*

A significant point of the *Call to Action* is this: Underage alcohol use is not inevitable, and schools, parents, and other adults are not powerless to stop it. The latest research demonstrates a compelling need to address alcohol use early, continuously, and in the context of human development using a systematic approach that spans childhood through adolescence into adulthood. Such an approach is described in this *Call to Action*. Such an approach can be effective when, as a Nation and individually, we commit ourselves to solving the problem of underage drinking in America. We owe nothing less to our children and our country.

Kenneth P. Moritsugu, M.D., M.P.H.

Alaska Mental Health Block Grant Approved!

Knowledgeable volunteer reviewers and the federal Substance Abuse and Mental Health Administration (SAMHSA) look at the block grants from each state, identify areas of strength and areas where there need to be corrections.

At our review this year, we needed no corrections! Bob Hammaker from Alaska Behavioral Health and Summer LeFebvre, a private contractor, wrote much of the grant with input from the Boards. The grant was then reviewed by Board staff and some Board members.

The Alaska Mental Health Board oversight of the block grant is required by SAMHSA. We have been effective in assuring that money from the grant goes to support some of

our priorities, such as peer directed services. Funding from the grant for FY08 is as follows:

Alaska Behavioral Health Association : \$55,026

Alaska Mental Health Board: \$45,000

Evidence Based Practices, including supported employment, childhood trauma centers, and illness self management and recovery: \$800,000

Administration: \$36,844

The Behavioral Health section of the Department applies for this grant every year. The application is due on September 1 for approximately \$750,000. Behavioral health must apply in collaboration with the Alaska Mental Health Board. The Board receives \$45,000 a year from the block grant.

NIAAA Says Gene Affects Alcohol Consumption

Research Summary

December 11, 2007

Federal researchers conducting animal studies found that a gene called "Grm7" appears to influence alcohol consumption among mice, according to the [National Institute on Alcohol Abuse and Alcoholism](#) (NIAAA).

The Grm7 gene is involved in communication between brain cells in mice; researchers found that mice that possess a certain subtype of the gene that reduces messenger

RNA tended to drink more alcohol.

"Our findings support emerging evidence of the critical role that the brain's glutamate pathways play in addiction," said lead researcher Csaba Vadasz, Ph.D., of the New York University School of Medicine. "While dopamine has traditionally been cast as a central actor in the neurochemistry of substance use and abuse, recent studies indicate that

glutamate systems play an important role in reinforcement and addiction."

Researchers are unsure whether a similar gene variant exists in humans. If one exists, however, it theoretically could be targeted by drugs with the intent of treating alcohol dependence, Vadasz said.

The study was reported in the December 2007 issue of the journal [Genomics](#).



Each one of us is as unique as a snowflake.

Prevention Education in America's Schools: Findings and Recommendations from a Survey of Educators

In April 2006, Join Together and Communities Online, with funding from the Gift of the Magi Foundation, conducted a survey of kindergarten through twelfth-grade educators in the U.S.

The survey's goals were to learn how drug and alcohol education is actually taught, identify barriers teachers face in teaching prevention, and identify the types of training, support, and materials educators need to improve the effectiveness of their alcohol and drug use prevention efforts.

A national advisory committee of experts in edu-

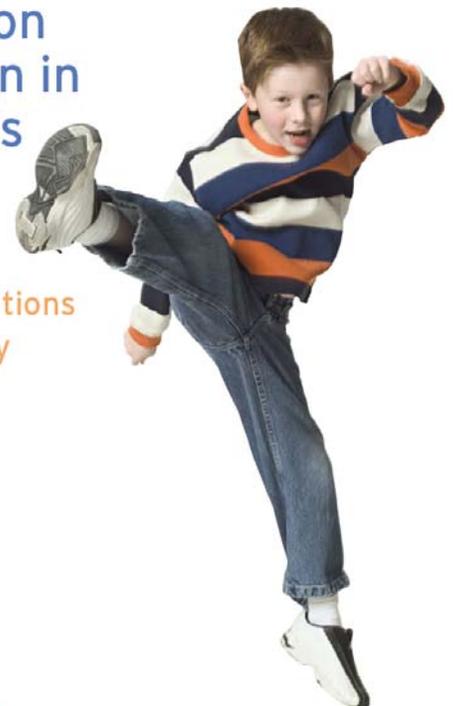
cation met several times to discuss the survey results and formulate recommendations on how we can move forward to help delay, reduce, and prevent drug and alcohol use among children and adolescents.

The result is the report, *Prevention Education in America's Schools: Findings and Recommendations from a Survey of Educators*.

To download the full report go to: <http://www.jointogether.org/jump.jsp?path=/aboutus/ourpublications/pdf/prevention-report.pdf>*****

Prevention Education in America's Schools:

Findings and Recommendations from a Survey of Educators



Fetal Alcohol Spectrum Disorders and Suicidality in a Healthcare Setting



Michael R. Baldwin's paper "Fetal Alcohol Spectrum Disorders and Suicidality in a Healthcare Setting" was submitted and accepted by the *International Journal of Circumpolar Health*. Mr. Baldwin serves as the improvement specialist at Southcentral Foundation in Anchorage.

Mr. Baldwin suggests that the percentage of Alaskan adolescents with FASD and thoughts of self-harm are probably under reported. Although there are limitations to the reported information, the message and recommendations made by Mr. Baldwin are an important beginning in the discussion of care and treatment of Alaskan adolescents and adults with FSAD.

The paper presents a clinical case report and provides a review of the available literature on FASD and suicidality to highlight important implications for providers.

Mr. Baldwin found that almost 6% of adolescents evaluated with a FASD diagnostic at the Alaska Native Medical Center had been seen for self-harm related consultation.

Persons with fetal alcohol syndrome and FASD, as a result of their disability, demonstrate characteristics or features that are commonly thought to be risk factors for suicide—mental illness, alcohol and other drug abuse, impulsivity, history of

trauma or abuse, and employment and relationship/social difficulties. These persons may experience mental health problems, including suicidal ideation and attempts, over the course of their life times. (*Int J Circumpolar Health* 2007; 66(Suppl 1):54-60).

The abstract and the entire paper:are available at: http://www.ijch.fi/issues/66%20Suppl%201/IJCH%2066%20Suppl%201_Baldwin.pdf

For more information, you may contact Mr. Baldwin at: 907-729-4250 or mrbaldwin@southcentralfoundation.com

2006 National Survey of Substance Abuse Treatment Services

“He who has health has hope; and he who has hope has everything.”

Arabian Proverb

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released findings from the 2006 *National Survey of Substance Abuse Treatment Services* (N-SSATS). N-SSATS is an annual census of substance abuse treatment facilities that provides data on the location and characteristics of alcohol and drug abuse treatment services throughout the United States. It also provides information on how widely these facilities and programs are used.

Facilities operated by private non-profit organizations made up the bulk of treatment facilities

(59 percent). Private for-profit facilities made up 28 percent of these services in 2006, with the remaining facilities operated by local governments (7 percent), state governments (3 percent), the federal government (2 percent) and tribal services (1 percent) The report's other major findings include:

- Eighty-nine percent of clients in treatment were in outpatient treatment programs
- 10 percent were in non-hospital residential treatment programs. One percent were in hospital inpatient treatment settings

- Approximately 8 percent of clients in treatment were under age 18
- Nearly half (46 percent) of all clients were in treatment for both alcohol and drug abuse
- Ninety-one percent of all non-hospital residential beds and 90 percent of all hospital inpatient beds designated for substance abuse treatment were in use.

Copies of this report and all its detailed findings are available at <http://oas.samhsa.gov/DASIS/2k6nssats.cfm>.

SAMHSA and Ad Council Unveil National Mental Health Anti-Stigma Campaign

Only One in Four Americans Believes People are Sympathetic Toward Those With Mental Illnesses

The Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Ad Council, has launched a national awareness public service advertising (PSA) campaign designed to decrease the negative attitudes that surround mental illness and encourage young adults to support their friends who are living with mental health problems.

Despite the fact that an overwhelming majority of Americans (85 percent) believe that people with mental illnesses are not to blame for their conditions, only about one in four (26 percent) agrees that people are generally caring and sympathetic toward individuals with mental illnesses, according to a recent HealthStyles Survey. The survey data, licensed from Porter Novelli by SAMHSA and the Centers for Disease Control and Prevention, also found that

only one-quarter of young adults believe that a person with a mental illness can eventually recover, 54 percent who know someone with a mental illness believe that treatment can help people with mental illnesses lead normal lives.

Acting Surgeon General Dr. Kenneth Moritsugu, M.D., M.P.H, who helped to kick off the campaign, said "Mental illness is not something to be ashamed of. It is an illness that should be treated with the same urgency and compassion as any other illness. And just like any other illness, the support of friends and family members is key to recovery."

The campaign also includes print and interactive advertising that directs audiences to visit a new comprehensive site, <http://www.whatadifference.samhsa.gov> to learn more about mental health and what we can do



to play a role in a friend's recovery.

SAMHSA can be reached at <http://www.samhsa.gov>.

The improved ADS Center site at

www.stopstigma.samhsa.gov

features information and advice to help individuals and organizations counter discrimination and stigma associated with mental illness.



Lance and Angela
Could this be another teleconference?

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The Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board (AMHB) are the state agencies charged with planning and coordinating behavioral health services funded by the State of Alaska. The joint mission of AMHB and ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans.

Eric Holland, ABADA Chair

Andrea Schmook, AMHB Chair