



Alcohol Tax a Positive Step for FASD Prevention

The current legislative session is facing critical decisions and much debate about state budget gaps, service reductions, long-range fiscal planning and implementation of new state taxes. Two similar tax proposals focus on increasing state taxes on alcohol—Senate bill (SB) 347 and House bill (HB) 225 both propose a “dime a drink” increase on alcoholic beverage sales, potentially bringing in \$33.3 million in state revenue. In addition, SB 347 will allow Municipalities to levy a sales tax on alcohol in addition to any general sales tax the city may choose to levy.

We strongly support the passage of an increased alcohol tax across Alaska. Alcohol greatly impacts the health and well-being of all Alaskans and the communities they live in. In 2000, Alaska collected approximately \$12 million in alcohol tax revenue and spent \$453 million to address the impacts of alcohol use and abuse! This means that for every dollar (\$1.00) in alcohol taxes currently collected, Alaska spends \$35.79 to deal with the effects of alcohol abuse—something is wrong with this picture!

While we can not predict the exact impact price increases will have on the sale of alcoholic beverages, research shows a direct link between increased alcohol taxes and decreases in alcohol-related traffic deaths and injuries, incidence of child abuse, domestic violence, and in drinking among teens and underage drinkers. In addition, we can assume a decrease in drinking among high-risk and pregnant women, thus impacting the effects of prenatal alcohol consumption during pregnancy.

The time is now to support an increased alcohol tax. As indicated in a statewide poll in October, the citizens of Alaska strongly support an adjustment in alcohol taxes, with 76% in favor of an increased tax and

66% favoring an increase of \$.10 per drink. We encourage everyone to support SB 347 and HB 225 by contacting your state legislators to encourage action on these bills. The time is now! For updates and bill tracking and to send electronic “public opinion message” go to www.legis.state.ak.us.

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Have You Seen Our New Look?

Our web page has a new look and feel. In January, the Department of Health and Social Services completed the transition to a new server where all pages under our department would have a similar look and feel for easier browsing for the user. Our new page, which is updated weekly, provides information on Alaska’s Diagnostic Teams, upcoming events, research and data on FAS, a listing of support resources and a complete list of our lending library. Please check out our site and e-mails comments and suggestions to the webmaster, JDHS student intern Ben Shier. Our site address is www.hss.state.ak.us/fas/.

Our web page features a section titled “Special People” where each month we highlight someone who is making a difference in the world of FASD. If you have someone you would like to nominate as a “Special Person” contact Jenny Huntley in the Office of fas via e-mail at jennifer_huntley@health.state.ak.us.



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School-Based Barriers to Student Learning Teams Partner with FAS Teams to Address FASD

As part of the ongoing collaboration between the Office of fas and the Department of Education & Early Development, two community-based projects are partnering to more effectively address FASD, at the community level. To begin this process a search was done to identify communities that had both a fas Community Diagnostic Team and a School-based Barriers to Student Learning Team. Ten sites were found with overlapping teams, and the Barriers Teams in these locations were offered the opportunity to apply for mini-grants to help build fasd-specific educational intervention and support systems. Five of the ten Barriers Teams developed proposals that were awarded grants: Craig Middle School, Schoenbar Middle School in Ketchikan, Southeast Island School District, and Randy Smith and Ryan Middle Schools in Fairbanks.

The primary goals of the partnerships between the teams in these four communities are to:

- 1) maximize the learning opportunity of students with FASD by fostering effective relationships with family, fas Diagnostic Teams, schools, and community resource providers;
- 2) to increase teacher knowledge of FASD;
- 3) to implement supportive teaching/environmental interventions;
- 4) to prevent FASD through intervention and education of students and community; and
- 5) to formally evaluate what educational supports are proving most effective in helping affected students in both urban and rural Alaska.

Craig Middle School, Schoenbar Middle School, Southeast Island School District, Randy Smith Middle School, and Ryan Middle School have all built individualized plans to address the FASD Barriers to Student Learning they have identified within their schools and students.

Core elements of their plans include:

- ❖ provide specialized 2 day trainings by recognized FASD experts to their teachers and aides
- ❖ to work closely with the fas Community Diagnostic Teams to offer interested parents the opportunity to have their child screened for FASD
- ❖ to hire aides to provide additional support to students with disabilities related to prenatal alcohol exposure
- ❖ to lower the number of transitions students face
- ❖ to provide additional support for students to increase social skills
- ❖ to incorporate "buddy systems" for affected students
- ❖ to use aides as a conduit between family and school, as well as to coordinate services for special education, counseling, and other related services
- ❖ to build appropriate life skills programs
- ❖ to make classroom modifications
- ❖ to increase communication and collaboration between parents and school
- ❖ to incorporate more hands-on, multi-modality teaching exercises

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❖ to simplify a students' day by adding more routine, structure, and supervision.

Once these five projects have had more time to implement their support plans, they will be invited to share what they have learned and accomplished at workshops to benefit other schools looking for innovative solutions to FASD Barriers to Student Learning. For information about these five FASD Barriers projects, contact Todd Brocious, EED FAS Education Specialist at (907) 465-2825.

Specialty Brain Function Training an Overwhelming Success!

The two-day "Brain Function" training, hosted by the Office of FAS in February and attended by over 130 professionals from across Alaska, was a great opportunity for Psychologists, Occupational and Physical Therapists, and Speech and Language Pathologists to gather and learn about the role of their specific professions in conducting a comprehensive fas diagnosis. Presentations by Drs. Susan Astley, Truman Coggins, Heather Carmichael Olsen, and Tracy Jirikowic, from the University of Washington (UW) fas Diagnostic and Prevention Network, provided a thorough overview of the comprehensive 4-Digit diagnostic model developed by UW staff and used by diagnostic clinics across Alaska. Day two of the training was a chance for diagnostic team members from all 15 developing fas Diagnostic Teams to gather with their peers and discuss diagnostic issues specific to our state and to our fas Team Network. A video-tape of the training will be available for check-out in early April!

FAS Community Team Highlights

Centralized at the Fairbanks Regional Public Health Center, the Fairbanks FAS Diagnostic Team is an example of true community collaboration. The Fairbanks Fetal Alcohol Community Evaluation and Services (FACES) team includes participation from local pediatricians, the school district, non-profit agencies, parents and several private practitioners making this team one of the most diverse groups among the network. Trained at the University of Washington in February of 2000, this team provides comprehensive fas assessment for children ages 5-12, and is available to make referrals and provide other assistance to individuals outside this age range. The faces team also boasts two excellent community trainers on the topic of FAS, Maureen Harwood and Mary Lou Canney. In addition to their work on the team, both Mary Lou and Maureen have traveled across the state providing training for residential care workers. For more information about the Fairbanks faces team or to make a referral for diagnosis contact Coordinator Sheree Dohner at (907) 451-1636.

Spotlight on FAS Innovative Grantees

Each quarter the FAS Update will highlight three (3) of our fas Innovative grantees. By sharing information and progress about our grantees we hope to generate partnerships, collaborations and ideas for continuing the state's progress to prevent fasD and to improve lifetime outcomes for individuals with this disability.

Dena A Coy (we have a picture for this article)

The Dena A Coy FAS Innovative project is a unique enhancement of their women's substance abuse treatment program. Designed to follow up with current or former female substance abuse treatment clients and their children, the goal is to address fasD prevention and ongoing success for high-risk mothers and her children. Using the developmental assessment tool "Ages and Stages", Project Advocates have been able to identify and make appropriate and ongoing referrals for targeted children, many who may be impacted by the effects of prenatal exposure to alcohol. Grant funds also allow staff to have regular contact with many moms new in sobriety, offer post-treatment support, and to provide resources for mom's continuing sobriety and success as a parent. For more information about the Dena A Coy project contact Katie Johnson at (907) 333-6677.

Highland Mountain Motivational Interviewing Project

The Hiland Mountain Motivational Interviewing (MI) project, a partnership between the Anchorage Neighborhood Health Center and the Department of Corrections, provides an opportunity for project manager Muriel Kronowitz to meet one-on-one with short term and soon-to-be release female inmates at the Hiland Mountain Correctional Center in Eagle River. Hiland Mountain is the identified facility that houses all females across Alaska who are incarcerated. Muriel works with women to make healthy choices regarding substance abuse treatment, family planning, and personal health, and helps to build a linkage to services for women once they have been released. The MI concept is to use specialized counseling techniques to assist women in making good, healthy choices for themselves. For more information about the Hiland MI project contact Muriel at (907) 440-8137.

Positive Behavioral Support

Stone Soup Group in Anchorage is using an innovate grant to bring the Positive Behavioral Support (PBS) Model to three rural communities in Alaska. PBS is a nationally recognized behavioral support model designed for developmentally disabled individuals. In bringing PBS to rural Alaskan communities, the Stone Soup Group recognized that the program will need to be "tweaked" to meet the unique needs of each individual community. A cultural consultant was hired, and over the last year Stone Soup Group has been working with Dillingham, Copper Center, and Bethel to bring this model to their communities in a relevant and useful way. In January, a 6-day training on PBS occurred in Akiak, followed by a 3-day training in Bethel. For more information about the Positive Behavioral Support Model or this Innovative project, contact Pam Shakelford at (907) 561-3701.

FAQ: How Much Alcohol is Too Much?

A common question when talking about the effects of prenatal exposure to alcohol is “how much alcohol is too much?”; “is there a safe amount to drink during pregnancy?”; and “will social drinking affect my baby?” The answer to all of these questions is that there is no known safe amount of alcohol to consume during pregnancy. For this reason the U.S. Surgeon General advises that all pregnant women abstain from drinking alcohol throughout their pregnancy.

We do know that several factors contribute to significant variation in how prenatal alcohol consumption impacts the developing fetus. As outlined in “Drinking Patterns and Alcohol-Related Birth Defects” (*Alcohol Research & Health*, Vol. 25, no. 3, 2001), these factors can include, but are not limited to:

- ❖ Maternal drinking pattern (how often, how many drinks, what type of alcohol)
- ❖ Differences in maternal metabolism (everyone processes alcohol differently)
- ❖ Timing of the alcohol consumption during pregnancy (different parts of the fetus develop at different times, but the brain develops throughout the pregnancy)
- ❖ Variation in the vulnerability of different brain regions

Every child exposed prenatally to alcohol is impacted differently. For some, a relatively small amount of exposure can result in significant thinking, processing and behavioral deficits. For others exposed to larger amounts of prenatal alcohol, the impact appears minimal. Each mother and each developing child are unique and are impacted differently by exposure to alcohol—there is no way to predict the postnatal outcomes, until it is too late and the damage is done.

Statistics confirm that alcohol abuse during pregnancy is the leading preventable cause of mental retardation in the United States. Why take a chance with the health and well-being of your developing baby? For this reason the best policy is no alcohol during pregnancy. If you are pregnant,

HIPAA on the Horizon

Several years ago the US Congress passed legislation to create the Health Insurance Portability & Accountability Act of 1996, also known as HIPAA. Any agency or organization that handles protected health information (PSI) will be affected by this legislation. HIPAA calls for a number of changes in the way health information is generated, processed or shared. The results of this effort will:

- Better protect the rights of the consumer
- Ensure the privacy and security of health information
- Reduce administrative costs through means of standardization

While full compliance of HIPAA is required by April of 2003, it is important to note that some parts of the HIPAA regulations require earlier implementation.

At the state level, the HIPAA Compliance Officer for the Department of Health and Social Services, Kathleen White, has been working to provide education and training on HIPAA implementation and compliance for state agencies and their associates. Privacy officers have also been assigned within the various divisions under DHSS. The Privacy Officer for the Office of FAS is Kate Heitkamp, who can be reached in the Anchorage office at (907) 269-5221 or kate_heitkamp@health.state.ak.us.

Elsewhere in the state, the Indian Health Service (IHS) and the Alaska Native Tribal Health Consortium (ANTHC) have also begun addressing HIPAA compliance for the native health corporations and their affiliated organizations. This past February ANTHC sponsored the Alaska Native HIPAA Summit 2002 to kick-off their efforts throughout the state.

For more information about HIPAA check out these helpful websites:

- <http://www.ihs.gov/AdminMngrResources/HIPAA/> or
- <http://www.hcfa.gov/hipaa/hipaahm.htm>

Dates to Remember

April

- 4–6 Thursday-Saturday: Weaving A Circle of Care 2002 Conference, Anchorage. (907) 279-1799 or (800) 478-7307 or www.afptc.org.
- 10–11 Wednesday-Thursday: Fetal Alcohol Syndrome and the Criminal Justice Systems: Issues for Youth & Adults, Kodiak. (907) 486-3671 or compassproject@gci.net. Limited space available.
- 25–26 Thursday-Friday: 2002 Alaska Rural Health Conference, Anchorage. www.ruralhealthconference.com.
- 25–26 Thursday-Friday: Full Lives: Making it Happen, Direct Support Conference 2002, Anchorage. (907) 276-6060 or fulllives@logisticsLLC.com.

May

- 6–8 Monday-Wednesday: Northwest Pacific Rim 28th Annual School on Addictions: Serving Diverse People, Anchorage. (907) 770-2927 or sada@meetingresults.com.
- 8–10 Wednesday-Friday: Yukon 2002 Prairie Northern Conference: A Lifetime of Solutions, FAS, Whitehorse, Yukon. (867) 667-3010.
- 27–31 Monday-Friday: Rural Providers' Conference, Spirit of Sobriety—Spanning Generations, Kotzebue. (907) 279-2511 in Anchorage or (907) 442-7879 in Kotzebue.

July

- 3–7 Wednesday-Sunday: fascinating Families Camp, Mat-Su Valley, Laverne Griffin Youth Recreation Camp. (907) 279-9646 or dwiggin@voaak.org.

August

- 16–17 Friday-Saturday: Living and Learning with Fetal Alcohol Syndrome. A Conference by and for individuals, age 15 and older, with FAS/ARND and their support person(s), Grand Rapids, Michigan. (616) 241-9127 or (616) 874-9522.

October

- 7–9 Monday-Wednesday: 2002 Alaska Children's Mental Health Conference: Ways to Care: Our Journey Ahead, Anchorage. (800) 770-1672 or (907) 451-5045.



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