

# 4. Substance Abuse

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**Goal:**

Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

## 4. Substance Abuse

Health Goal for the Year 2010: Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.					
	Indicator	Alaska Data Source	U.S. Baseline	Alaska Baseline	Alaska Target Year 2010
1	Reduce deaths caused by alcohol-related motor vehicle crashes (per 100,000 population). <sup>1</sup>	DOT&PF	5.9 (1998)	5.5 (1999)	3
	Ages 16-25 (rate per 100,000 population aged 16-25)	DOT&PF	12.9 (1996)	15 (1999)	8
1a	Reduce injuries caused by alcohol-and other drug-related motor vehicle crashes (per 100,000 population).	DOT&PF	113 (1998)	122.3 (1999)	60
2	Reduce cirrhosis deaths (deaths per 100,000 persons). <sup>2</sup>	ABVS	9.6 (1999)	10.3 (1997-1999)	6
	Alaska Native	ABVS		18.7 (1997-99) <sup>2</sup>	6
3	Reduce drug-induced deaths (deaths per 100,000 population).	ABVS	6.8 (1999)	7.5 (1997-99)	4
	Alaska Native	ABVS		9.4 (1997-99)	4
4	Reduce binge drinking among adults (percent of persons aged 18 years or older who consumed five or more drinks on one occasion within the past 30 day period).	BRFSS	15% (1999)	19% (1999)	13%
5	Reduce chronic drinking among adults (percent of persons aged 18 years and older who drank an average of 60 or more alcohol drinks in the past month).	BRFSS	4% (1999)	5% (1999)	4%
6	Reduce the proportion of adolescents who ride in vehicle with a driver who has been drinking alcohol (percent of high school students grade 9-12 who report riding at least once with a driver who had been drinking alcohol within the past 30 days).	YRBS	33% (1999)	30% (1999)	20%
7	Increase the proportion of adolescents who have not used alcohol, marijuana, or cocaine in the past 30 days (percent of high school students grades 9-12).	YRBS	46% (1999)	49% (1999)	60%
8a	Increase the average age of first use of alcohol among adolescents grades 9-12 (mean age in years, based on students reporting having at least one drink of alcohol in life).	YRBS	13.1 ages 12-17 (NHSDA-1998)	12.4	16.1
8b	Increase the average age of first use of marijuana among adolescents grades 9-12 (mean age in years, based on students using marijuana at least once in lifetime).	YRBS	13.7 ages 12-17 (NHSDA-1998)	13.1	17.4
9	Reduce the proportion of adolescents who have used illegal steroids (percent of high school students grades 9-12 who have ever used steroid pills or shots).	YRBS	4% (1999)	5% (1999)	4%
10	Reduce binge drinking among adolescents (percent of high school students grades 9-12 who consumed 5 or more alcoholic drinks in a row within a couple of hours, at least once in the 30 days prior to the survey).	YRBS	32% (1999)	34% (1999)	30%

<b>Health Goal for the Year 2010: Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.</b>					
	Indicator	Alaska Data Source	U.S. Baseline	Alaska Baseline	Alaska Target Year 2010
11	Reduce inhalant use among adolescents.				
11a	High School students (percent in grades 9-12 who sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high 1 or more times in past month).	YRBS	4% (1999)	4% (1999)	4%
11b	Middle School students (percent in grades 7-8 who have ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high).	YRBS		12% (1999)	6%
12	Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems, or suicide attempts after diagnosis or treatment for one of these conditions in a hospital emergency department.	Hospital Discharge Survey (potential)	Developmental	Developmental	
13	Increase the number of providers of health and social services who use screening tools to identify families who need treatment for substance abuse problems.	DFYS, Healthy Families		Developmental	
14	Increase the number of families/parents with substance abuse problems who are referred to treatment services.	DFYS, Healthy Families		Developmental	
15	Increase the number of treatment slots for people requiring treatment for substance abuse problems.	ADA	Developmental	Developmental	
16	Increase involvement of clients and family members in aspects of treatment, planning and evaluation.	ADA		Developmental	
17	Reduce alcohol related child abuse and neglect report investigations.	DFYS		Developmental	
18	Reduce per capita alcohol consumption by persons aged 14 years and over (gallons of ethanol per individual aged 14+ per year).	AK Dept. of Revenue	2.2 (1997)	2.7 (1998)	2.2

<sup>1</sup>Motor vehicle crashes include - traditional highway vehicles, pedestrians, bicyclists, all-terrain vehicles, snowmachines, and motorcyclists.

<sup>2</sup>Cirrhosis death rates are associated with viral hepatitis infection as well as alcohol abuse.

**DOT&PF** - Alaska Department of Transportation and Public Facilities

**ABVS** - Alaska Bureau of Vital Statistics

**BRFSS** - Alaska Behavioral Risk Factor Surveillance System All US BRFSS data are age-adjusted to the 2000 population; the Alaska BRFSS data have not been age adjusted, so direct comparisons are not advised. See Technical Notes.

**YRBS** - Alaska Youth Risk Behavior Survey Alaska sample for 1999 did not include Anchorage. High school data for 1999 are weighted and representative of the state student population excluding Anchorage.

**NHSDA** - National Survey on Drug Abuse

**ADA** - Alaska Division of Alcoholism and Drug Abuse

**DFYS** - Alaska Division of Family and Youth Services

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### Overview

Substance abuse and its related problems are among society's most pervasive health and social concerns. Alcohol and drug abuse have a devastating impact on individuals, families and entire communities. Alcohol abuse has been linked to higher rates of cirrhosis, suicides, accidental injuries and deaths and motor vehicle accidents. Each year about 100,000 deaths in the United States are related to alcohol consumption. Alcohol consumption during pregnancy is the leading preventable cause of birth defects and mental retardation.

Alcohol use and alcohol-related problems also are common among adolescents. Age at onset of drinking strongly predicts development of alcohol dependence over the course of a lifespan. About 40 percent of those who start drinking at age 14 years or under develop alcohol dependence at some point in their lives; for those who start drinking at 21 years or older, about 10 percent develop alcohol dependence at sometime in their lives. Persons with a family history of alcoholism have a higher prevalence of lifetime dependence than those without such a history.<sup>1</sup>

### Issues and Trends in Alaska

Alcohol is the Alaskan's drug of choice. Alaska is among the five states with the most severe alcohol problem. It is ranked in the top 10% of all states in the quantity of per capita alcohol sales and the highest ranked state in regard to the prevalence of persons determined to be alcohol dependent.<sup>2</sup> A 1998 household survey found that 14 percent of the adult population in the state, over 58,000 persons, were alcohol dependant or alcohol abusers (Table 4-1). This represents more than twice the national average for the proportion of people affected by alcohol.<sup>3</sup>

#### Per Capita Alcohol Use

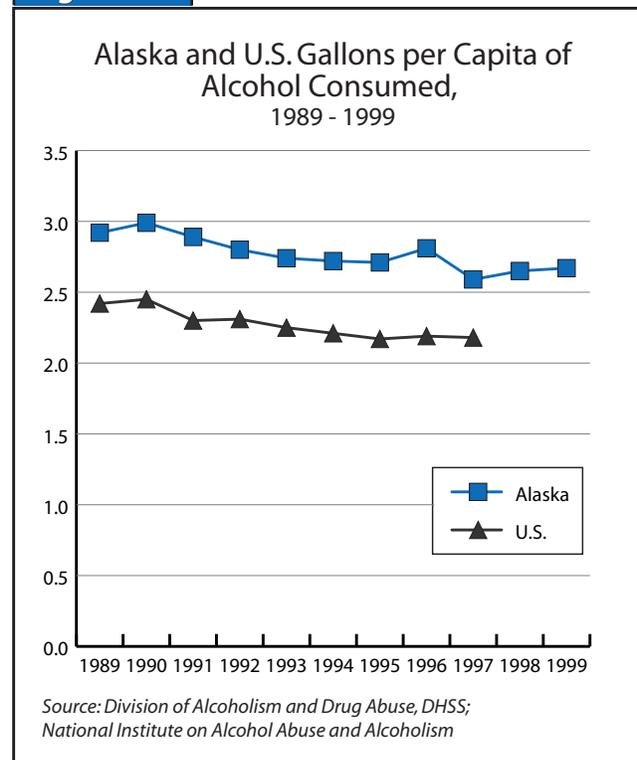
The consumption rate in Alaska is higher than in the rest of the nation, and is well above the Healthy Alaskans 2000 goal of 2.25 gallons or less per person per year. Alcohol use could be high in Alaska for several reasons, including isolation, separation from families, and relatively young population. There is some speculation that part of our elevated consumption rates may be due to the large number of summer visitors.

**Table 4-1**

Alcohol Abuse and Dependence in Alaska and the United States			
	Alcohol Dependent	Alcohol Abuser	Total Affected
<b>United States</b>			
Percent of Population 18 and older	4%	3%	7%
<b>Alaska</b>			
Percent of Population 18 and older	10%	4%	14%
Approximate number	41,108	17,294	58,402

Consumption rates are calculated based on in-state sales of alcoholic beverages and the state population of 14 years and older. Over the past ten years in Alaska, the consumption rate has declined 8.5 percent (Figure 4-1).

**Figure 4-1**



#### Reported Binge and Chronic Drinking

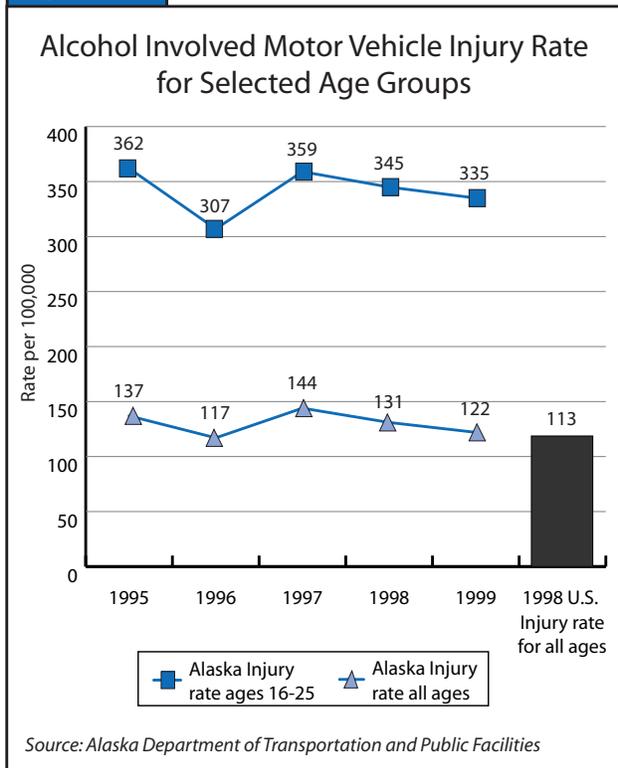
The percentage of Alaskans who report binge and chronic drinking is another indication of pervasive alcohol abuse. Binge drinking is defined as having five or more drinks on at least one occasion, one or more times in the past month. Nationally, in 1999,

15 percent of adults reported binge drinking compared to 19 percent of Alaskan adults. While the overall percent of adults reporting binge drinking has declined somewhat during the 1990s, the prevalence among young people remains high (41% of adults aged 18-24 reported binge drinking compared to 14% of those aged 45-54). Chronic drinking is defined as having had a total of 60 or more drinks in the past month. The percentage of binge drinkers has dropped slightly since 1995; however, the number of chronic drinkers has increased from 3 percent to 5 percent and remains higher than the United States rate, currently 4 percent.<sup>4</sup>

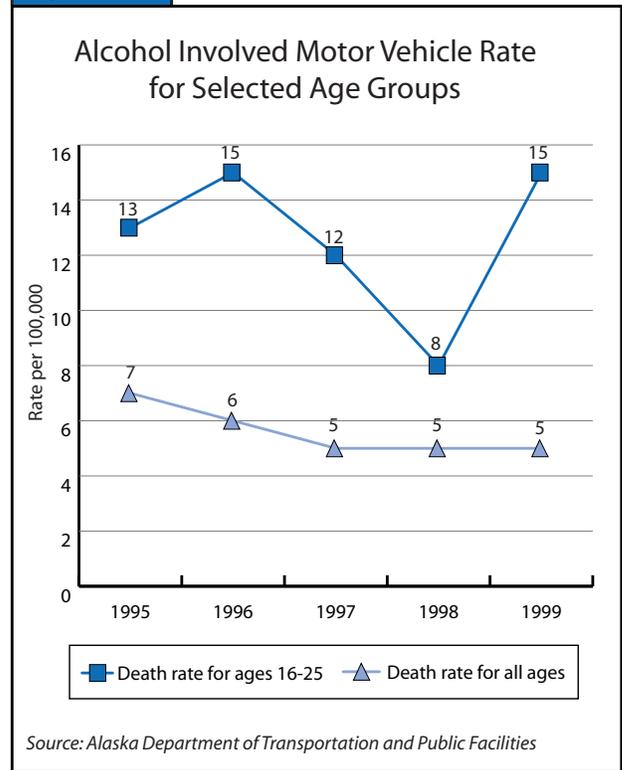
### Motor Vehicle Crashes with Alcohol Involvement

A dramatic example of the negative impact of alcohol and drugs is the number of vehicle crashes with alcohol involvement that result in injury and death. The injury rate for people aged 16-25 is much higher than the rate for all ages (Figure 4-2). Furthermore, the Alaska injury rate for all ages was higher than the 1998 national rate. The target for all ages is to reduce the injury rate to 60 per 100,000 population by 2010. This target is based on adequate drug treatment for all who need it.

**Figure 4-2**

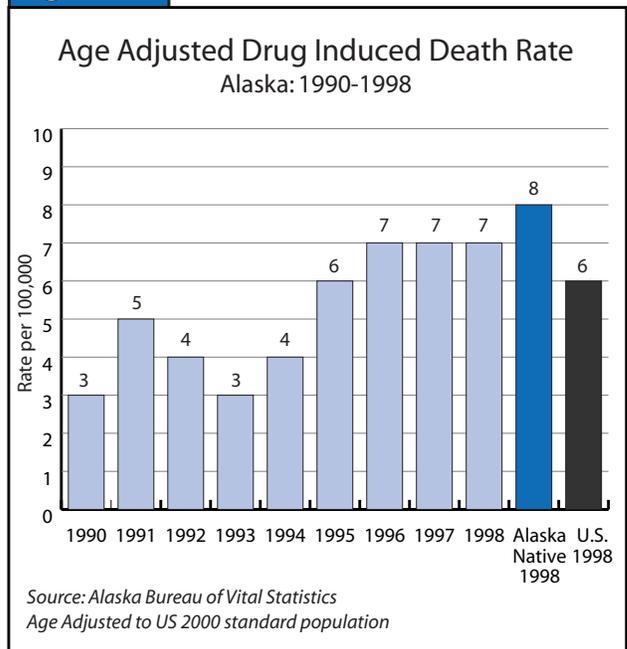


**Figure 4-3**



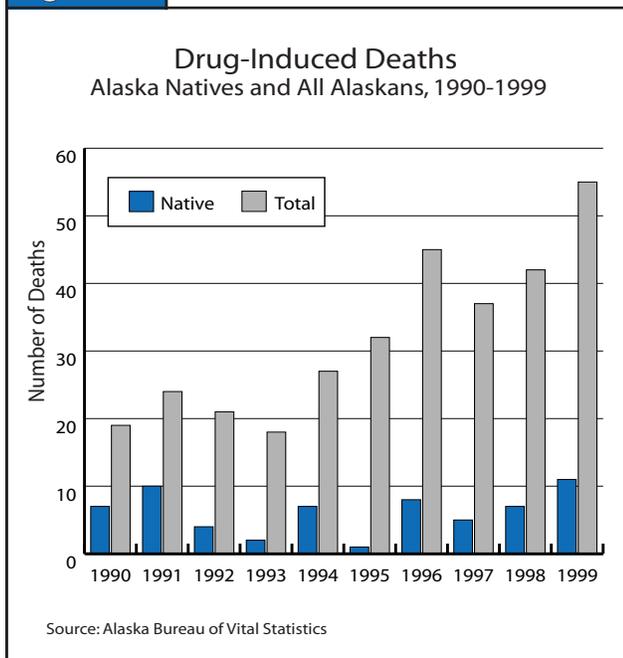
It is also remarkable to see how high the Alaska death rate is for 16-25 age group compared to the death rate for all ages (Figure 4-3). The rates for all age groups increased in 1999 compared to 1998; however, the rates for all ages have declined during the 1990s.

**Figure 4-4**



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**Figure 4-5**



### Alcohol and Drug Deaths

Changes in the cirrhosis death rate are closely associated with changes in patterns of alcohol consumption. The death rate for cirrhosis in Alaska has declined and is at 9.1 per 100,000 for 1999, compared with 9.6 per 100,000 nationally. The rate for Alaska Natives has also declined, but it is still higher than the rate for all Alaskans and the national rate at 18.7 per 100,000 (3-year average 1997-1999). Chronic liver disease rates in Alaska Natives should be interpreted with caution, since chronic Hepatitis B infection in this population also causes or contributes to liver damage.

The rate for drug-induced deaths in Alaska has increased during the 1990s and is higher than the national rate (Figure 4-4). The rate for Alaska Natives is higher than the rate for all Alaskans. Causes of drug-induced deaths include drug psychosis, drug dependence, suicide and intentional and accidental poisoning that result from illicit drug abuse. Fifty-five drug induced deaths occurred in 1999 (Figure 4-5).

Alcohol is a factor in many violent crimes including robbery, family violence, sexual abuse and homicide. Not surprisingly, over half of all individuals in prison or community corrections have a diagnosed substance abuse problem. Although we do not have statewide figures to compare with the national data, we do know that in Anchorage, alcohol was a factor in almost half of all homicides and in more than half of all sexual abuse

and family violence cases.<sup>5</sup> A snapshot study of arrestees jailed in Anchorage, Fairbanks and Bethel found that 60 percent met the diagnostic criteria of substance abuse or dependence.<sup>6</sup> According to the final report of the Alaska Criminal Justice Assessment Commission, alcohol appears even more frequently associated with crimes in rural Alaska. In fact “the amount of violence and crime appears directly proportional to the amount of alcohol consumed by the residents.”<sup>7</sup>

The Department of Public Safety collects information on alcohol arrests by Alaska State Troopers. In 2000, 48 percent of arrests involved alcohol and drugs. This is very likely underestimated since there is significant under-reporting by police, witnesses, victims, and suspects about drug or alcohol use. Furthermore, this data does not include local or municipal police agencies which use a different reporting and filing system.

### Women with Children

Alcohol dependent women with children are another high risk and under-served population. Barriers to treatment for this population include the lack of child-care and fear of loss of children to state custody; yet the need for these services is undisputed. Maternal alcohol or drug abuse can have tragic consequences for the unborn. Drinking during pregnancy may cause Fetal Alcohol Syndrome (FAS). Babies with pre-natal exposure to abused substances require three times more hospital care than babies without such exposure. More information on the trends, strategies, and treatment of FAS is given in the *Maternal and Child Health Chapter*.

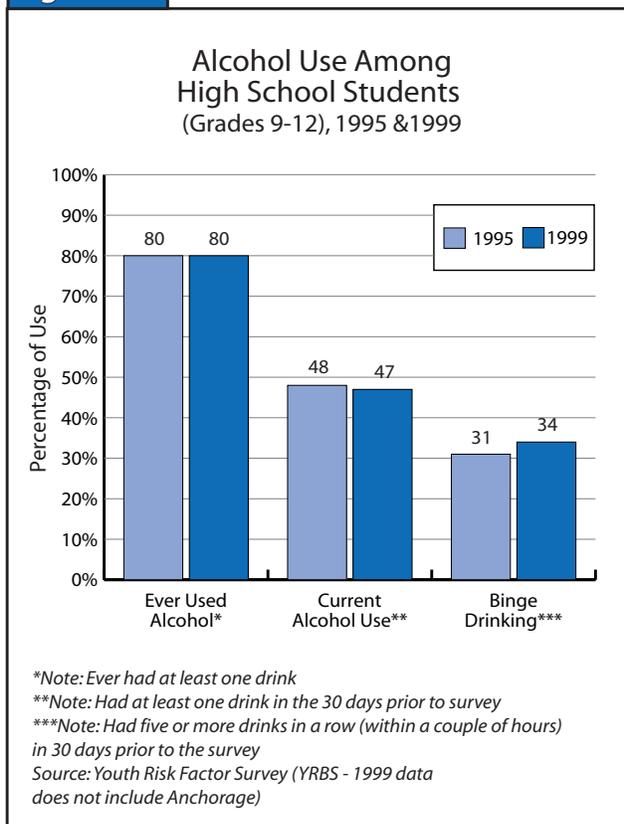
Children are significantly impacted by mothers’ alcohol or drug addiction. Child abuse is closely associated with alcohol and drugs and is often a factor when children are placed into state custody. Although we do not know the exact number of children in custody whose families experience substance abuse, this issue has been identified as a significant problem. It is estimated that at least 80 percent of all substantiated child abuse cases are alcohol and/or drug related.<sup>8</sup>

According to the Report to the Governor, Child Protection Team, December 12, 1997, “A vast majority of families in the child protection system have problems with alcohol or drugs. The State should investigate the option of significantly expanding treatment facilities where parents can reside with children. In the long run, funds put into treatment will be offset by savings in cost on intervention, such as foster care placement and additional legal proceedings.”

## Adolescents

Adolescent use of alcohol and drugs contributes significantly to death and disability among our youth through motor vehicle crashes, suicides, homicides and injuries. We know that when youth begin drinking at a young age, they are four times more likely to become alcohol dependent as compared to youth who wait until age 21. One disturbing trend is reflected in the number of cases of Minor Consuming Alcohol cases brought to Alaska courts. This number has steadily increased between 1995 and 1999.<sup>9</sup>

**Figure 4-6**



Alaska Division of Public Health administered the Alaska Youth Risk Behavior Survey (YRBS) in 1999. The survey gathered information regarding the depth of the alcohol and drug abuse problem among Alaska's adolescents. Over one third of adolescents surveyed engaged in binge drinking and almost half of all adolescents consumed some alcohol during the month prior to the survey in 1995 and 1999 (Figure 4-6). There is no significant change between 1995 and 1999, and the percentages are similar to the United States YRBS for all categories.

The most commonly used drugs by high school students in Alaska, other than alcohol and tobacco, are marijuana and inhalants (glues, paints, gasoline, and sprays). Marijuana use has increased slightly in the United States and in Alaska. In Alaska the current use of marijuana (last 30 days) by high school students increased from 29 percent in 1995 to 31 percent in 1999. In the United States high school students report their current use of marijuana at 26 percent in 1999, up from 25 percent in 1995.

Inhalant abuse by adolescents is a serious health and social issue in Alaska. In rural Alaska, gasoline is a common inhalant used by adolescents. The rates of adolescent inhalant use are higher than use rates for any drug except marijuana, tobacco, and alcohol. Abuse of inhalants, even one time, can result in death or severe and permanent neurological impairment. After only a few episodes of inhalant intoxication, abusers could have irreversible damage to their brains, livers, kidneys, and other bodily functions. Parents whose children abuse inhalants have few options to help them address their children's behavior or physical impairment after significant or prolonged inhalant abuse. Inhalant abusers may suffer severe neurological damage and require intensive in-patient residential care.

In 1999 a question about the use of inhalants in the past 30 days was added to the high school Youth Risk Behavior Survey. In Alaska and the United States the reported use of inhalants was 4 percent, and the 2010 target for Alaska is to not exceed 2 percent. The Healthy Alaskans target for 2010 is to decrease the proportion of middle school students that have used inhalants to get high by 50 percent.

## Co-occurring Disorders

Approximately 51 percent of people with a lifetime mental disorder also have a substance abuse disorder. In Alaska, a 1997 study of people who participated in both Community Mental Health and Substance Abuse programs suggested these systems shared an estimated 20 percent of their clients. The co-occurrence of chemical dependency with other mental disorders presents complex treatment issues. Examples include people with developmental disabilities or chronic, severe mental illnesses such as schizophrenia who are addicted to drugs or alcohol, and elderly people whose substance abuse may compound the problems posed by Alzheimer's disease or other age related dementia.

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People with co-occurring disorders are more difficult to serve due to greater symptom severity accompanied by a greater number of problems in all life domains. Barriers to treatment are built into traditional treatment systems that separate mental illness and chemical dependency. In addition, the social and medical cost to serve people with co-occurring disorders has been estimated to be four times the cost to serve other clients.

### Current Strategies and Resources

Treatment and prevention approaches vie for resources. Through funding and collaboration with the Center for Substance Abuse Prevention, the Alaska Division of Alcoholism and Drug Abuse has worked with the Statewide Prevention Advisory Council to develop an implementation plan to meet the prevention goals of *Results Within Our Reach*, Alaska's State Plan for Alcohol and Drug Abuse Services.

The Implementation Plan promotes:

- enhanced statewide coordination and collaboration;
- implementation of researched based strategies;
- use of the framework of risk and protective factors;
- development of evaluation measurements and data collection instruments that assure that public prevention efforts are producing desired results;
- development of resources for community organizations and coalitions to enhance implementation and workforce development;
- use of the federal Center for Substance Abuse Prevention's Principles of Substance Abuse Prevention.<sup>10</sup>

Substance treatment is effective, although relapse is common and symptomatic of the disease. Research conducted in Alaska in 1994 to determine if publicly funded treatment programs worked found 56 percent of clients in outpatient programs and 42 percent of patients in inpatient treatment remained sober one year following treatment. There appears to be a strong relationship between abstinence rates and post-treatment care, particularly formal aftercare. Of those patients who received aftercare, almost three quarters of the out patient treatment and two thirds of the residential patients abstained a full year.<sup>11</sup>

Although we know treatment works, a recent comparison of per-capita treatment services available in

Alaska with other states shows Alaskans are underserved. This is particularly disturbing because of the severity of the state's alcohol problem. Research has also demonstrated the need for treatment strategies appropriate to special populations, notably the correctional population, Alaska Natives, women with children, pregnant women, adolescents and people experiencing co-occurring disorders.

The recent report of the Alaska Criminal Justice Assessment Commission (May 2000) notes research "favors providing effective treatment to alcohol and drug abusing inmates as a means of reducing crime." Alaskan inmates do receive limited substance abuse treatment services within Alaska correctional facilities. But with state need estimates ranging between 70 to 80 percent, treatment services are inadequate.

The Alcohol Safety Action Program (ASAP) has been identified as providing effective services for people who become entangled in the legal system. This program coordinates statewide court ordered misdemeanor substance abuse treatment services based on the premise that early identification of substance abuse problems and treatment intervention will reduce the problem. A number of studies to evaluate the efficacy of the program indicate it is successful. A 1980 study in Anchorage reported that 94.1 percent of the "non-problem" drinkers and 86 percent of the problem drinkers who completed the ASAP program were not rearrested within one year following their treatment. A 1994 study confirmed these findings. A more recent study in 1999 determined two thirds of ASAP clients did not re-offend within three years of the first offense.<sup>12</sup>

The Alaska Local Option law allows Alaska communities to regulate the importation, possession and sale of alcoholic beverages. Communities that have adopted local option laws and have become dry have reduced the prevalence of binge drinking and reduced injuries, particularly vehicle injury, homicide, and hypothermia.<sup>13</sup>

Only within the last ten years has substance abuse research focused on treatment strategies for women. Women are likely to delay seeking treatment longer than men. They are more likely to enter treatment in health or mental health care settings than through substance abuse treatment programs. Women are also more likely to be single parents and many have been victims of childhood sexual abuse or assault. Women need gender specific services in order to feel comfortable discussing issues of domestic violence, sex-

ual abuse, and self-image. Providing a place where women are not separated from their children allows them to fully commit to treatment and to set aside worries about appropriate care and fears of losing custody.

Alaska Natives benefit from treatment programs that connect them to traditional skills and values. The Norton Sound Health Corporation and the Central Council of Tlingit and Haida Indian Tribes, for example, run substance abuse programs based on the “Healthy Nations” model for American Indians and Alaska Natives. Many treatment programs for Alaska Natives use remote locations, such as fish camps, to provide an appropriate cultural setting.

Healthy Families Alaska is a voluntary home visiting program for pregnant women and families of newborns who have life stressors that place their infants at risk for abuse and neglect. Currently there are seven Healthy Families Alaska programs located in the following communities: Anchorage (2 programs), Wasilla, Fairbanks, Juneau, Dillingham, and Kenai. By June 2000, seven sites were providing services to 310 families. Program staff or community partners screen all pregnant women and parents of newborns in the program’s targeted area of service for stressors that may place their infants at risk. Healthy Families Alaska home visiting services, offered intensively over three to five years, are designed to support the development of strong infant–parent bonds, promote optimal mental and physical infant/child health, and promote family self-sufficiency and well-being.

Successful strategies to prevent and treat adolescents who are chemically dependent involve partnerships at both the state and local level. During 1998, the Division of Alcoholism and Drug Abuse funded two inhalant abuse prevention projects. Both projects were to develop public service announcements for radio or television, and some were designed by youth.

Adolescent substance abuse impacts all the systems that serve youth including schools and juvenile justice. Successful treatment programs are comprehensive and take into consideration adolescent developmental levels, family situations, and educational needs. Presently, services designed specifically for youth in Alaska are limited. Services are limited because youth under 17 require specially trained staff and program curricula. Residential programs for youth are limited and have extensive waiting lists. In 2001 an in-patient inhalant abuse treatment facility for youth opened in Bethel.

Recently, the needs of people with co-occurring disorders have come to the attention of publicly funded behavioral health systems. To effectively serve people with co-occurring disorders will require systemic changes to promote interdisciplinary and integrated treatment. The co-occurrence of substance use and psychiatric disorders is the rule rather than the exception in mental health and substance use treatment setting across the United States. This is also true of Alaska’s incarcerated population. A snapshot taken of inmates in state custody showed over one third suffered from mental disabilities and three quarters of these suffered from substance abuse as well.<sup>5</sup>

### *Data Issues and Needs*

Given the high rate of alcohol abuse and dependence in Alaska it is especially important that the population in need is identified and that treatment services are made available. Regarding the prevalence of alcohol and drug abuse, a general population survey was conducted in 1987 and 1988. A second national survey was expanded to include Alaska in 1999.<sup>14</sup> Both surveys provide excellent information about the pervasiveness of substance abuse and the need for treatment. The latter study, the National Household Survey on Drug Abuse, is being conducted on an annual basis and will continue to include Alaska. However, given the relatively small population in sub-regions of the state, the national survey is limited in its ability to provide precise estimates of abuse and treatment need in these small regions. As a result, the state should continue in its effort to more accurately assess the need for treatment in sparsely populated areas of the state. One effort in this regard is the use of secondary data sources, referred to as “social indicators” to infer treatment need. While useful, this work needs to be further refined in order to provide more accurate estimates.

Equally important is the need to assess treatment availability in relation to treatment need and to assess treatment efficacy. While the State Division of Alcoholism and Drug Abuse currently operates a statewide treatment service management information system, the system has become antiquated, thus providing only limited information. As a result, tracking the delivery of treatment and the outcome of treatment cannot be accomplished on a continuous basis.

While prevalence estimates are becoming available for adults, insufficient information exists for youth and adolescents. The Youth Behavior Risk Survey (YRBS) provides valuable data on youth substance

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abuse trends. This survey is voluntary and some areas in the state do not participate. It is a priority to ensure that the survey continues and that it is representative of the entire state. Furthermore, adding questions to the YRBS that form a “protective factor index,” would be extremely helpful in determining the number of adolescents who report having positive wellness profiles. Some studies have demonstrated that resilience factors, also referred to as protective factors or developmental assets, can predict change in adolescents’ health-related behaviors over time.<sup>15</sup>

Data are limited regarding injuries resulting from alcohol and illicit drug-related violence. The Alaska State Trauma Registry collects data and has fields that identify whether alcohol was involved on the part of the injured patient. However, the registry does not identify injuries resulting from someone else’s alcohol involvement (e.g., a child injured by an intoxicated parent). Furthermore, the registry collects data relating to injuries that result in hospital admission but does not include injuries treated in emergency departments and outpatient settings.

Court system data does not currently provide a full picture of the extent of judicial involvement in alcohol and substance abuse. One data need is for the court system to begin separately collecting data on misdemeanor “Driving Under the Influence” convictions. Further, the court system’s drug and alcohol related conviction data does not reflect arrests for which there is no conviction or where plea bargains to other charges have been arranged. An additional complication is that many drug charges are prosecuted in federal court as violations of federal law, which require a special data run at the federal level.

Consistent data on alcohol-related deaths are not readily available, because of the many ways in which alcohol and other drugs can cause death. A usable method of identifying death due to alcohol or other drug consumption needs to be identified.

The Behavioral Risk Factor Surveillance System (BRFSS) can provide regional estimates of chronic and binge drinking. These questions are part of the rotating core for BRFSS. Alaska does not yet have a uniform hospital discharge data reporting system. Without such a system, collecting representative data would be resource prohibitive. Baseline and monitoring data are needed to track change and to determine if there are disparities.

A more complete picture of the impact of alcohol and substance abuse on programs of the Alaska Department of Health and Social Services may be possible as the department develops an internal capacity to compare and combine the data collected by its various divisions and offices. In 2001, the department adopted as a goal the eventual consolidation of the data systems of the Division of Alcoholism and Drug Abuse and the Division of Mental Health and Developmental Disabilities.

### Related Focus Areas

A variety of objectives in other *Healthy Alaskans* chapters are linked to objectives in the *Substance Abuse* chapter.

- *Mental Health*
- *Maternal, Infant, and Child Health*
- *Injury Prevention*
- *Violence and Abuse Prevention*
- *STD/HIV*

The *Mental Health* chapter is closely linked to the substance abuse chapter. Treatment for co-occurring substance abuse and mental health disorders is a mental health indicator. Prenatal substance exposure and fetal alcohol syndrome are addressed in the *Maternal, Child and Infant Health* chapter.

Indicators in the injury chapter that are associated with substance abuse are motor vehicle fatalities, firearm-related deaths, and drowning. In the *Violence and Abuse* chapter, indicators such as maltreatment of children, assault, partner abuse, homicide, and rape are often associated with substance abuse. In the *STD/HIV* chapter, high-risk sexual behavior is linked to alcohol and other drug use.

## Endnotes

- <sup>1</sup> U.S. Department of Health and Human Services. Healthy People 2010. 2nd Edition. Washington DC: US Government Printing Office, November 2000.
- <sup>2</sup> McAuliffe W., Labrie R., Berger M., Woodworth R., Ronis S., Robinson, T. How does Alaska stack up? An interstate substance abuse indicator analysis. North Charles Research and Planning Group, January, 1999.
- <sup>3</sup> The Gallup Organization. Alaska adult household telephone survey: Statewide and substate planning regions. Submitted to Alaska Department of Health and Social Services, March, 1998.
- <sup>4</sup> Alaska Department of Health and Social Services, Alaska Division of Public Health, Section of Community Health and Emergency Medical Services. Alaska Behavioral Risk Factor Surveillance System, 1999, unpublished data. Acute or binge drinking is defined as drinking five or more drinks on one occasion within a 30-day period. Chronic drinking is defined as drinking an average of 60 or more alcohol drinks in the month preceding the survey.
- <sup>5</sup> Healthy Anchorage Indicators Report, Municipality of Anchorage, Department of Health and Human Services, Community Health Promotion, Number 9, November 1999.
- <sup>6</sup> Alaska Department of Health and Social Services. Alaska substance abuse need for treatment among arrestees (SANTA). December 4, 1998.
- <sup>7</sup> Alaska Criminal Justice Assessment Commission. Final report. May, 2000. Available on-line at [www.ajc.state.ak.us](http://www.ajc.state.ak.us)
- <sup>8</sup> Alaska Report to the Governor, Child Protection Team, December 12, 1997.
- <sup>9</sup> Steven Hamilton and Bobette Trani. Underage Drinking Needs Assessment Executive Summary. Department of Health and Social Services, Division of Juvenile Justice.
- <sup>10</sup> Guide to Science Based Practices, Principles of Substance Abuse Prevention, SAMHSA Publication No. (SMA) 01-3507, printed 2001.
- <sup>11</sup> Finding the Answers to Tough Questions about Substance Abuse in Alaska, 1999 Annual Report, Advisory Board on Alcoholism and Drug Abuse, Juneau.
- <sup>12</sup> Alaska Alcohol Safety Action Program ICHS Efficacy Study Report, Institute for Circumpolar Health Studies, Anchorage, July 1999.
- <sup>13</sup> Landen, M.G. et al., Alcohol-related injury death and alcohol availability in remote Alaska. Journal of the American Medical Association December 3, 1997; 278(21): 1781-1782.
- <sup>14</sup> HHS, SAMHSA, Office of Applied Studies, Summary of Findings from the 1999 National Household Survey on Drug Abuse.
- <sup>15</sup> Jessor, R. et al., (1995). Protective factors in adolescent problem behavior: Moderator effects and developmental changes. Developmental Psychology 31(6), 923-933.

## References and Sources

### Alaska

Advisory Board on Alcoholism and Drug Abuse

[www.abada.com/](http://www.abada.com/)

DHSS: Division of Alcohol and Drug Abuse

[www.hss.state.ak.us/dada/](http://www.hss.state.ak.us/dada/)

Fetal Alcohol Syndrome: State of Alaska

[www.hss.state.ak.us/fas/](http://www.hss.state.ak.us/fas/)

DHSS: Community Mental Health Services Program

[www.hss.state.ak.us/dmhmh/](http://www.hss.state.ak.us/dmhmh/)

Alcohol Safety Action Program

[www.hss.state.ak.us/dada/asap/asap.htm](http://www.hss.state.ak.us/dada/asap/asap.htm)

Alaska Prevention Partnership

[www.alaskaprevention.org/](http://www.alaskaprevention.org/)

### National

National Institute on Alcohol Abuse and Alcoholism

[www.niaaa.nih.gov/](http://www.niaaa.nih.gov/)

Substance Abuse and Mental Health Services Administration (SAMHSA)

[www.samhsa.gov/](http://www.samhsa.gov/)

National Inhalant Prevention Coalition

[www.inhalants.org/](http://www.inhalants.org/)

## Chapter Notes

