

OVERVIEW

SUBSTANCE

ABUSE

DIRECTOR

ASSOC.

Substance Abuse in Alaska: Making the Case for Treatment

Substance Abuse Facts

Nearly 60,000 Alaskans misuse, abuse or are addicted to alcohol and other drugs

Alaska ranks first among all states in alcohol mortality

Alaska has the highest incidence of Fetal Alcohol Syndrome (FAS) in the world.

The life-time cost of care for one FAS infant is about \$1.4 million

FAS is the only 100% preventable birth defect.

Alcohol is implicated in:

- 65% of suicide attempts
- 83% of child abuse investigations
- 60% of domestic violence reports
- 63% of sexual assaults
- 45% of fatal fires
- 46% of homicides

Alcohol is estimated to be a primary or contributing factor in 80-95% of all criminal offenses committed in Alaska

Average cost of treatment per episode: \$2,374

Average cost of a one year incarceration: \$40,150

The problem:

Alcohol and other drug abuse is the leading public health and safety problem in our state. It is the most significant contributing factor to crime in Alaska and is associated with a number of factors including child abuse, domestic violence, poor health and low educational achievement. One recent study, conducted by the National Center on Addictions and Substance Abuse at Columbia University, found that the State of Alaska spent nearly \$308 million on the negative consequences of substance abuse in 1998. A more recent report, the *Economic Costs of Alcohol and Other Drug Abuse in Alaska, Phase Two*, by the McDowell Group, Inc. put the cost to the Alaska economy at \$614 million.

Can we do anything to address the problem?

Drug abuse, and in particular alcohol abuse, is a tremendous multi-generational problem in our state and unfortunately there are no magic bullets to solve this particular public health issue. However there are certainly some strategies that we can implement to result in declines in the number of people affected by drug abuse and the resulting negative consequences on our society as a whole. These include comprehensive prevention, which includes implementation of social policy which discourages use and misuse of drugs, identification and interventions in high risk populations and quality, appropriate treatment for those in need. This information sheet addresses just the treatment component.

Does treatment work?

Yes. A 1998 Alaska treatment outcomes study conducted by New Standards Inc. of Minneapolis, MN found that 56% of outpatient and 42% of residential clients surveyed remained abstinent for at least one year after treatment. Length of care, formal aftercare and peer support groups were all found to be significant contributors to success.

But is an approximately 50 percent abstinence rate after one year really "successful" treatment? Keep in mind that this success rate is similar to treatment outcomes for other chronic medical conditions. Also, these outcome measures include only those who have been identified as needing intensive treatment. It does not include those for whom less intensive treatment is required. And even if you can't agree that these outcomes for treatment should be considered as successful, it is clear from data on cost benefit of treatment that the harm reduction from even short-term abstinence adds to the cost benefit of treatment.

Will putting money into substance abuse treatment services make a difference in our state?

Evidence from other states demonstrates that treatment is effective in reducing crime, recidivism and, perhaps most importantly to those in charge of balancing our state budget, treatment is cost effective.

The Final Report of the Alaska Criminal Justice Assessment Commission (May 2000) summarizes a number of national studies on the issue of treatment effectiveness at reducing recidivism and costs.

On Recidivism:

- Re-arrests for any crime declined by 64 percent in one national study conducted 1 year after treatment was provided
- A California study found that criminal activity declined by two-thirds from before treatment to after treatment.
- Recidivism declined between 60 and 90 percent post treatment in another eight state study.

On Cost Benefits:

The two comprehensive cost benefit studies that have been conducted to date reveal the following:

- A California study concluded that benefits of treatment outweighed costs by a factor of 7 to 1, largely because of reductions in crime.
- Oregon reportedly spent \$14.9 million in treatment and produced \$83.1 million in avoided costs over the next three years. For every tax dollar spent on treatment, \$5.60 was saved in avoided costs to taxpayers.

Remember, these costs benefits are seen given the current effectiveness of alcohol and other drug treatment strategies!

Is more really needed?

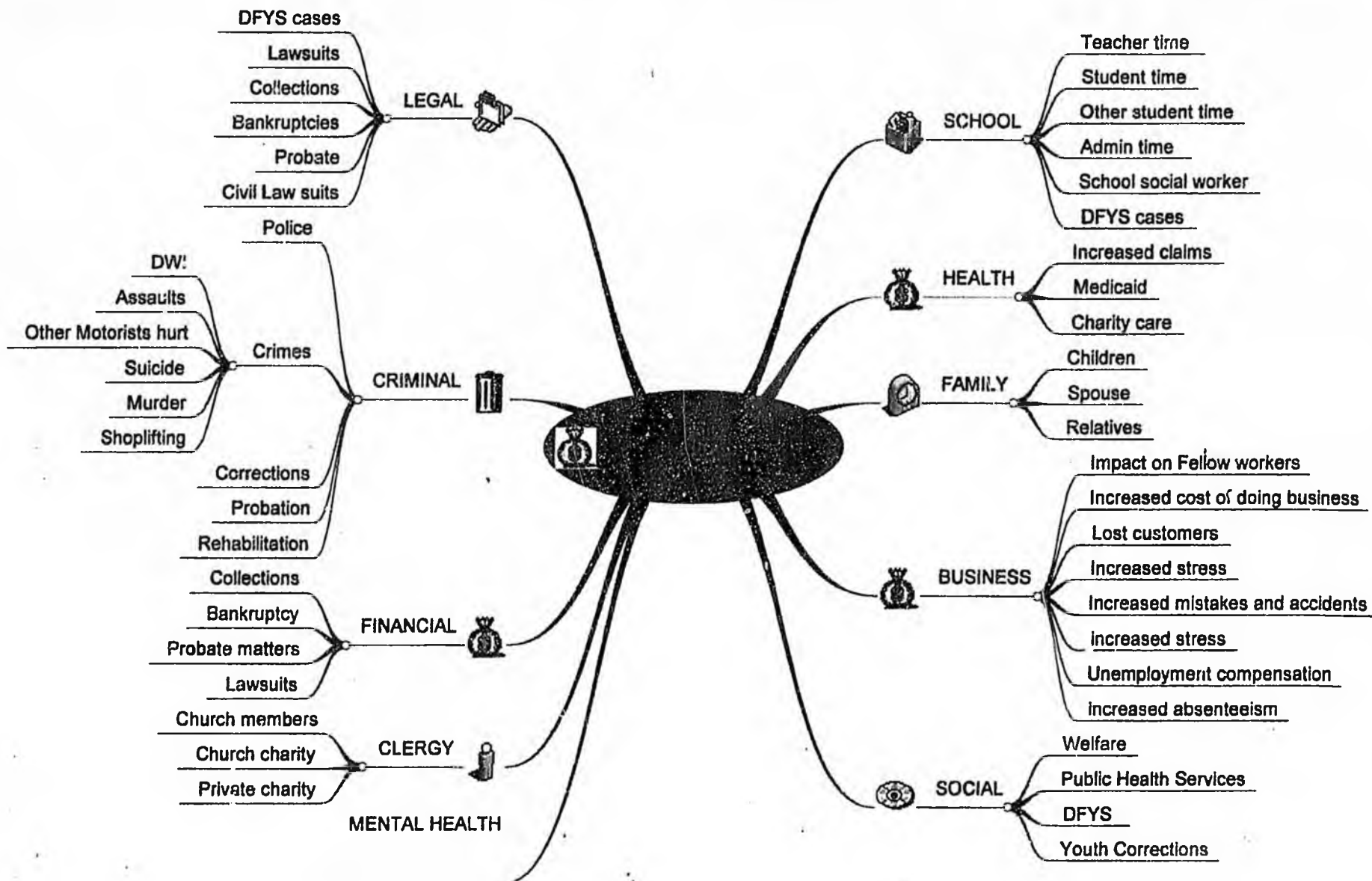
Alaska's publicly funded substance abuse programs have seen flat funding or actual reductions in state funding over the past decade. This amounts to approximately \$3.5 million in real dollar cuts since 1992. Declining state funding has led to reductions in available treatment beds, inability to provide recommended aftercare services which is shown to enhance success, and contributes to manpower shortages by offering below market pay combined with increasing workloads.

At any given time there are approximately 200 Alaskan's on a waiting list to receive treatment, and the length of waiting time, depending on intensity and specificity of service needed, ranges from weeks to months. While there are wait lists for many publicly funded services, there is a window of opportunity for an individual's recognition of need and willingness to enter treatment that we don't want to miss. Estimates are that approximately \$4 Million in additional funding is needed just to address the current back load of demand for treatment services.

Waiting lists give an indication of recognized *demand*, but it does not tell us how many Alaskan's are in *need* of treatment for substance abuse. According to the Alaska Adult Household Telephone Survey nearly 60,000 Alaskan's are either dependent on or abuse drugs in this state. In 1999 publicly funded treatment programs provided services to 7,994 individuals. Clearly, current capacity meets neither demand nor need.

In Conclusion:

Alaska's substance abuse treatment programs work, are cost effective compared to the alternatives, and in order to meet demand require restoration of past funding losses and future commitments to at least keep pace with inflation.



Principles of Effective Treatment

1. **No single treatment is appropriate for all individuals.** Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
2. **Treatment needs to be readily available.** Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.
3. **Effective treatment attends to multiple needs of the individual, not just his or her drug use.** To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.
4. **An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.** A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.
5. **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.** The appropriate duration for an individual depends on his or her problems and needs (see pages 11-49). Research indicates that for most patients, the threshold of significant improvement is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.
6. **Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.** In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.
7. **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product

(such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For patients with mental disorders, both behavioral treatments and medications can be critically important.

8. **Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.** Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.
9. **Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.** Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.
10. **Treatment does not need to be voluntary to be effective.** Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.
11. **Possible drug use during treatment must be monitored continuously.** Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.
12. **Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.** Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.
13. **Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.** As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

Principles of Effective Prevention for Children and Adolescents

1. **Prevention programs are designed to enhance "protective factors" and move toward reversing or reducing known "risk factors."**
2. **Prevention programs target all forms of drug abuse.** These include the use of tobacco, alcohol, marijuana, inhalants, and other drugs.
3. **Prevention programs include refusal skills to resist drugs when offered.** These skills strengthen personal commitments against drug use, and increase social competency (e.g., in communications, peer relationships, self-efficacy, and assertiveness), in conjunction with reinforcement of attitudes against drug use.
4. **Prevention programs for adolescents include interactive methods.** Examples may include peer discussion groups, rather than didactic teaching techniques alone.
5. **Prevention programs should include a parents' or caregivers' component.** This component reinforces what the children are learning—such as facts about drugs and their harmful effects—and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.
6. **Prevention programs should be long-term.** Programs implemented throughout the school career with repeat interventions to reinforce the original prevention goals are effective. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.
7. **Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.**
8. **Community programs include other prevention strategies are more effective.** Media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when they are accompanied by school and family interventions.
9. **Prevention programs strengthen norms against drug use.** Programs are most effective when it incorporates multiple drug abuse prevention domains, including the family, the school, the individual, and the community.
10. **Schools offer opportunities to reach all populations.** Schools serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.

11. **Prevention programming is adaptable.** Programs can be modified to address the specific nature of the drug abuse problems in the local community.
12. **Prevention programming is effective when implemented in early childhood.** The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
13. **Prevention programs are age-specific.** Successful programs are designed to be developmentally appropriate, and culturally sensitive.
14. **Effective prevention programs are cost-effective.** For every dollar spent on drug use prevention, communities can save 4 to 5 dollars in costs for drug abuse treatment and counseling.

FY 2003 BUDGET PRIORITIES

Whereas approximately 60,000 Alaskans are in need of alcohol or other drug treatment; and whereas drug treatment outcomes compare favorably with treatment outcomes for other chronic medical conditions; and whereas the substance abuse treatment field has realized significant declines in state general funding of base treatment services since 1992 due to actual cuts or lack of inflationary increases; and whereas the declines have resulted in diminished basic service delivery capacity; and whereas in the majority of treatment programs throughout the state, fewer providers are available to meet client demand; and whereas quality and quantity of service delivery will continue to decline without funding to at least the 1992 level, the Substance Abuse Directors Association sets as its top budget priority restoration of state general fund spending for basic substance abuse treatment services to that of 1992, adjusted for inflation and population increases.

ALASKA CANNOT AFFORD TO LET ADDICTION GO UNTREATED...

According to data collected in 1998, 41,000 Alaskans are alcohol dependent while another 5,000 are "other" drug dependent. The cost of this dependence to the Alaska economy is estimated to be \$614 million during 1999, broken down as follows:

- \$319 million from productivity losses.
- \$146 million from criminal justice and protective services.
- \$123 million from health care.
- \$21 million from traffic crashes.
- \$4 million from public assistance.

Source: Economic Costs of Alcohol and Other Drug Abuse in Alaska, Phase Two, McDowell Group, Inc., 2001.

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Substance
Abuse
Directors
Association

of Alaska Inc.

The Substance Abuse Directors Association (SADA) is a 501(c)3 not for profit organization whose mission is to provide a unified voice to advocate for quality prevention and treatment services through: Influencing public policy, collaboration, and sensitivity to both rural and urban needs. The membership organization, in existence for more than 20 years, is comprised of 55 agencies and individuals from across the state representing both urban and rural alcohol and other drug treatment and prevention programs.

In an effort to reduce the overall negative consequences of alcohol and other drug abuse in our communities, SADA seeks social policy changes that will reduce overall consumption of alcohol, discourage use of illegal substances, and support efforts to treat those in the community addicted to alcohol and other drugs. The following are the policy resolutions adopted by SADA for the year 2002:

EXCISE TAX ON ALCOHOLIC BEVERAGES

Whereas according to a newly released report from the McDowell Group, alcohol abuse in the state of Alaska costs at least \$453 million in such things as health care, public safety, criminal justice and lost worker productivity; and whereas the tax rate on alcoholic beverages has declined since 1961, and has not been increased since 1983; and whereas increasing the cost of alcoholic beverages has been shown to reduce alcohol consumption by some price sensitive groups, including youth and the elderly; and whereas the bipartisan Criminal Justice Assessment Commission in its May 2000 Final Report supports an increase in the excise tax on alcoholic beverages as a mechanism to reduce overall consumption, the Substance Abuse Directors Association supports a significant increase in the excise tax on alcoholic beverages within the state of Alaska.

LOCAL SALES TAXES ON ALCOHOLIC BEVERAGES

Whereas under Alaska law, local governments are prohibited from imposing a sales tax on alcohol that is higher than the tax imposed on the sale of any other item within that community; and

whereas alcohol is the only commodity on which such a restriction is placed; and whereas a tax such as this must be approved by an affirmative action of the voters within that community; and whereas if approved by the voters an increase in local alcohol taxes will help reduce alcohol consumption by such price sensitive groups as the youth and elderly; and whereas revenue generated by local alcohol taxes will help offset some of the public safety expenses caused by alcohol abuse within that community, the Substance Abuse Directors Association supports amending state statute to allow municipalities to tax alcoholic beverages at a differential rate than other commodities within that community.

FINAL REPORT OF THE ALASKA CRIMINAL JUSTICE ASSESSMENT COMMISSION

Whereas the Alaska Criminal Justice Commission was formed in 1997 to study the problem of prison overcrowding in the State of Alaska; and whereas it is estimated that alcohol is a primary or contributing factor in 80 to 95 percent of all criminal offenses committed in Alaska; and whereas the Commission believes that alcohol drives the criminal justice system and that reducing alcohol use, by even a small amount, will reduce crime and the resulting pressure on criminal justice system agencies, the Substance Abuse Directors Association supports and encourages implementation of the Final Report of the Alaska Criminal Justice Commission released in May 2000.

LEGAL HOURS FOR ALCOHOL SALES

Whereas the Substance Abuse Directors Association generally supports efforts which would reduce overall consumption of alcoholic beverages and likewise reduce the negative consequences of alcohol use; and whereas hours of operation of bars has been linked to the incidence of accidents, injury and public disturbances; and further, whereas reduced hours of sales has been linked to overall reduced consumption of alcoholic beverages, the Substance Abuse Directors Association supports legislation which would restrict legal hours for sale of alcoholic beverages between 2:00 am and

10:00 am (currently prohibited between 5:00 am and 8:00) with allowance for local governments to be more restrictive.

PROXIMITY OF ALCOHOL SALES LOCATIONS TO SCHOOLS AND CHURCHES

Whereas the Substance Abuse Directors Association in general supports community based strategies to prevent consumption of alcoholic beverages by underage youth; and whereas zoning restrictions such as restricting the allowable proximity of alcohol outlets to places where youth congregate is one such strategy which can reduce consumption by reducing exposure to alcohol advertising, reducing opportunity to purchase by youth and reducing exposure to alcohol sales in general, the Substance Abuse Directors Association supports legislation which would restrict the allowable proximity of alcohol sales locations to schools and churches from the current 200 feet to 400 feet.

MANAGEMENT INFORMATION SYSTEM

The Management Information System (MIS) currently serving the substance abuse field in Alaska came on line in the early 80s. Now more than 20 years old, the majority of providers agree that the system is out-of-date, not capable of meeting our current needs, and should be replaced as quickly as practical. Regardless of the specific system ultimately selected, it needs to meet certain expectations held by providers. It must be an integrative system; it must utilize some mechanism by which process and outcome measures are developed, implemented, and tracked over time; it must allow us to track services provided to unique individuals as they move between various service providers; it must allow the providers to use the collected data in meaningful ways; and it must be user friendly. The Substance Abuse Directors Association supports and encourages the replacement of the current MIS and dedicates itself to working with stakeholders in the development and implementation of such.

ARANDAP Members

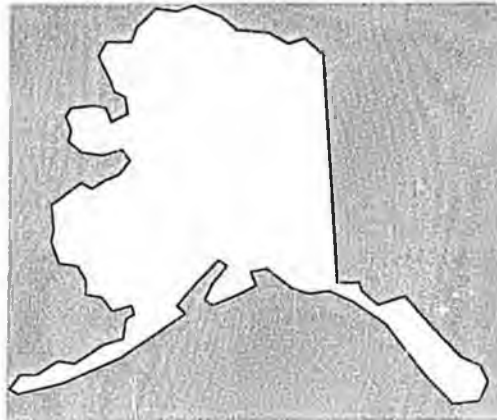
Aleutian Pribilof Island Association
Bristol Bay Area Health Corporation
Chugachmiut
Copper River Native Association
Council of Athabascan Tribal Gov'ts
Dena A Coy (SCF)
Eastern Aleutian Tribes, Inc.
Ernie Turner Center (ANARC/CITC)
Fairbanks Native Association
Fairbanks Adolescent Treatment (TCC)
Kodiak Area Native Association
Maniilaq Association
North Slope Borough
Norton Sound Behavioral Health
Raven's Way (SEARHC)
Seldovia Village Tribe
Southcentral Foundation
Southeast Regional Health Consort.
Tanana Chiefs Conference
Tanana IFA native Council
Yukon Kuskokwim Health Corp

ARANDAP Associates

ADA State of Alaska
Alaska Federation of Natives
Sobriety Movement
Alaska Native Health Board
Alaska Native Tribal Health Consortium
Beyond Travel
State Alcohol Program Directors'
Governor's Advisory Board

ARANDAP

Helping Alaskans Help
Alaska



A
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Association of
Rural and
Alaska
Native
Drug &
Alcohol
Programs

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Highlights & Accomplishments

Advocated for the needs of Rural & Native Alaskans to legislators and funding agents.

Assisted & supported the development of Certification standards to enhance the professional levels of service to Rural & Native Alaskans

Advocated successfully for the representation of Alaska Natives on the State Certification Commission

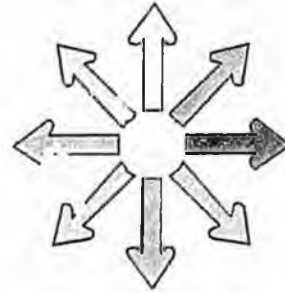
Promoted statewide awareness of the dangers of inhalant abuse & identified available resources for its treatment.

Supported the collaboration and resource exchange between the Rural & Urban providers.

Relentlessly pursued further education & training for rural providers.

Advocacy for the development of more effective community based programs

Helping in the design of follow-up studies and outcome measures.



Goals for the Future

Provide advocacy to State and Federal Agencies for the purpose of planning and prioritizing revenues

Representation of Rural Alaska and State Providers to State legislation and Congress

Coordinate treatment and prevention efforts to Urban and Rural Alaska.

Remain a vehicle for Rural Alaska in training, prevention and treatment service coordination.

Unification of Urban and Rural providers to make services available statewide in a productive and cost effective system.



On-Going Activities

Continue the evolution of the State Management Information System

Continue to build and develop a statewide professional network of service providers.

Continue to enhance education, growth and development among statewide providers.

Continue to pursue legislative support to ensure adequate funding level to the Alcohol and Drug Treatment providers.

Continue to maintain awareness of current health issues through statewide networking.

Continue to strive to provide services to all rural communities.

Continue the development of outcome measures through the integration of follow-up tracking in the MIS.

Continue to support the training of rural and Alaska Native counselors and paraprofessionals.



Portraits of Sobriety

Alaskans share their
stories of recovery

Meeting the Challenge

In gratitude to those who have come forward and shared in their recovery...

Portraits of Sobriety

...Meeting the Challenge

Alcohol and other drug abuse is the number one health problem facing Alaskans. Alcohol and other drugs not only affect our general well being, but also impact the quality of life in our state by contributing significantly to crime, child abuse, domestic violence and accidental injury.

Who better than those affected by addiction and now in recovery to talk about the recovery process and encourage Sobriety, by being a role model, by advocating for policies that encourage recovery and Sobriety, and by encouraging other Alaskans to join them in Sobriety.

It's easier said than done, however. Persons with addictions have been stigmatized by the prevalent notion that addiction is a product of bad choices rather than a disease, recognized as such by the American Medical Association. The negative association our society has with "drunks" and "druggies" has forced those in recovery into hiding for shame of their actions while under the influence and fear of how opinion will turn on them if workmates and neighbors learn of their addiction.

Unfortunately, the anonymity in which those in recovery hide themselves has served to perpetuate the notion that treatment doesn't work. We hear much from those who are repeat visitors of the state's criminal justice system, we hear little from the many who are in recovery and are successful, contributing members of our communities.

*The **Meeting the Challenge** campaign is an effort to break through the need for anonymity and help give those in recovery the courage and skills to talk about their Sobriety. Through bringing the disease of addiction out into the open, sharing with others the process and value of recovery, and advocating for changes within our communities, be they funding for treatment, the building of support networks or changing policy to encourage sober behavior – persons in recovery can be the most powerful voices advocating for Sobriety.*

*On April 11, 2000, and again on March 19, 2001, 26 recovering Alaskans decided to give up their anonymity and joined in Juneau to begin a process of advocating for Sobriety. **Portraits of Sobriety** is a collection of just a few of their stories.*

Barbara Blackman, Juneau

I'm a recovering alcoholic who is living proof that treatment works. I am also a passionate believer in speaking out about having this disease. The only way the shame and stigma can be banished is if people recognize alcoholism for the disease it is – nothing more, nothing less – and get treatment for it the way they would for any other disease.



Talking about it shines the light of reason onto the dark corners of prejudice, fear and ignorance.

I didn't always have this belief. I bought into the stigma just like everybody else, and drank myself almost to death before I finally saw the light. Why it took so long, I'll never know. I had warning signals enough that I was in trouble – flunking out of college in 1969, alcoholic hepatitis in 1975, a (much-resented) family intervention and (unsuccessful) inpatient treatment in 1985, three husbands, each stranger than the last – the usual. But I wasn't about to admit I had a problem. I never lost a job or got into trouble with the law, so how could I have a drinking problem? That this was just sheer raw luck was beside the point.

I was always a nervous, shy kid growing up, gauche and chubby, and would clown around to hide my insecurities. At 17 I discovered what a lovely social lubricant alcohol was and started tripping down that labyrinthine road, becoming a legend in my

own mind. Over the next 27 years my drinking grew steadily more pernicious until I had to drink every day just to keep the shakes at bay. This was when I found myself in Juneau, Alaska in need of a job so I could get some more drinking money and stop shaking. The local employment office sent me to an opening at (oh irony!) the city chemical dependency

clinic, and there I was successfully intervened on, went to an intensive outpatient program here in Juneau, and have been sober ever since.

"Talking about it shines the light of reason onto the dark corners of prejudice, fear and ignorance."

I'm privileged and honored to be able to participate in Meeting the Challenge. Joining this group of dedicated individuals will allow me to give back to the treatment and recovering community some of the many gifts and blessings I have received over the past eight and a half years. Treatment gave me the understanding I needed to appreciate the nature of this disease I have, and the tools to build a rich, productive life as a recovering alcoholic. In fact, were it not for the treatment and ongoing support I have enjoyed since then, I would not be alive today. □

Advocacy

How one person can make a difference:

Talk about your recovery

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Write letters to the editor of your local newspaper

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Talk to community groups such as neighborhood associations, schools, chambers of commerce, town halls and churches about your concerns

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Attend and participate in local government activities such as city council, borough and tribal government meetings

*

Register to vote

*

Visit with your local, state and federal elected officials

*

Join other recovering Alaskans in the Meeting the Challenge campaign.

Brian Massey, Sitka

I was born in the territory of Alaska. Despite being caught up in the middle of my parent's custody battle, I had a childhood that I thought was fairly normal.

"I can remember drinking to the fall down state since I was twelve years old."

I had my first drink when I was about ten and can remember drinking to the fall down state since I was twelve years old. I remember it like it was yesterday, that feeling of release and finally having found something. After my father committed suicide when I was thirteen, I kind of went into a tailspin and started using what ever I could get my hands on; drugs became my escape from life.

I thought I was just your typical party person. I did not see myself as so much different than my peers, but then again, I picked peers that drank and used like me. I spent high school stoned on pot; and why not it was legal in Alaska right? In college I started to do lots of cocaine, and selling drugs just became something that I did. I was not a specialist, I did whatever was available and did it to excess.

After moving back home to Alaska, my cocaine use became more heavy. I got married to a girl I had met at school but the cocaine and alcohol started to take a toll on my life. I became physically abusive and had a series of assault arrests. I

started to blow off work. I was now a full blown addict but could not see it. Unfortunately, I continued on my destructive path for a few more years.

When I look back, I see that I spent my teen years stoned, my twenties coked up and my thirties coked up and drunk. By about thirty-two I had gotten fired from a sixteen-year job with a great company. I started ending up in jail more and more often and had a series of hospital stays that were, of course, in no way related to my addiction. I also had a couple of detox experiences and had my first introduction to the twelve-step community. Finally, I admitted I might have a problem. My life revolved around the bottle. Every morning I would swear "not today" and by three o'clock I would be jonesing for a drink.

I eventually found my personal bottom and started a long journey to recovery at the local outpatient treatment center. My life had been destroyed. I had lost my home, job, wife, kids, family and my self-respect. I started my recovery living in an unheated shed; tired all day and wide awake all night. I went to my groups, lectures and did what I was told. Things finally started to change.

I was forced to grow up for the first time in my life, I started to do things for and by myself.



After about six months I started to see my wife again and eventually got back together. I started to really apply myself and had a number of personal successes, including getting back to physical shape after 26 years of addiction and going back to school. I started to

believe in myself and started to see the miracle of recovery working in my life.

"Today my life may look boring to some, but to me it is a sweet and appreciated thing."

Today my life may look boring to some, but to me it is a sweet and appreciated thing. I get to be a Dad, I get to make my kids breakfast and send them off to school. I sought and got a job I never thought I would qualify for and now I get to be a trusted co-worker. I get to be involved in my community by coaching softball and participating in church and on community boards and committees. I get to be passionate about things I care about. It is in recovery that my life has happened. My worst day sober is so much better than the best when I was using. Life has taken on a special type of glow and I have gratitude on a daily basis for the things I get to do. Today is a gift, that is why it is called the present. □

Claudette Frank, Anchorage

My name is Claudette Frank, born in Hydaburg, Alaska.

I started drinking at the age of 13. My first drink was whiskey, straight out of the bottle. I liked the way it made me feel. It made me feel brave, gave me courage, made me feel like I belonged, made me feel beautiful, made me feel smart. But those feelings didn't last very long. My drinking took first priority over family, friends, school, etc. I became obnoxious, hateful, angry and harmful to others and myself. I hated myself most of all. Family and friends didn't want me around anymore.



I dropped out of school because of my drinking and low self-esteem. But somehow I managed to get my GED a couple of years later.

I ended up getting pregnant, gave birth in Seattle and decided to keep my child. I drank through my whole pregnancy; thank God my daughter is o.k. I drank after my pregnancy. My child and I moved back to Ketchikan where something very unpleasant happened. I then moved back to Seattle with my daughter. At this point I was drinking all the time. My sister came to Seattle to take my daughter from me. I was on skid row for about three years, drinking every day. I lost everything, my daughter, my clothes, my jewelry, myself.

I moved back to Ketchikan, and then to Seward for school, still drinking the whole time. Somehow I still managed to graduate from the Alaska Skill Center.

I then moved to Sitka, married. This marriage ended one year later and I moved back to Ketchikan. For the first time I tried to quit drinking. I went to outpatient treatment and counseling. In my third year of sobriety my daughter and I moved back to Seattle, which turned out to be a mistake. I started

taking drugs and then drinking again. I tried to kill myself and ended up in a mental hospital and was on the verge of losing my daughter for a second time. A friend talked me into moving back to Sitka which turned out to be a good move.

I tried for the second time to quit drinking. I asked Jesus into my life in August, 1983. I drank about once a year, until my daughter graduated and moved out of state and my second abusive marriage ended. I started drinking again. I found myself on the verge of losing everything and was once again suicidal.

On an August Friday six years ago, I called a friend and asked her to help me. She told me to call certain people over the weekend and then call her

back the next week. On Monday we started working on getting me into recovery. My Higher Power, whom I choose to call Jesus, worked everything out. Within two weeks I was in a 30-day recovery program. Two weeks after I graduated from there I went into a women's recovery center. I signed up for the four-month requirement and extended three more months. I did one-year aftercare with both recovery centers.

Before I started my recovery there were other issues I needed to deal with as well, including sexual abuse, verbal abuse, emotional abuse and physical abuse. I did two survivor groups (sex abuse) and an anger management group. All have been very helpful.

I would like to say to anyone reading this that recovery works. I have met so many wonderful people. People who have loved me just the way I was and had visions of success for me.

*"I would like to say
to anyone
reading this
that recovery works."*

Today, I am clean and sober and still working on myself daily. I have a wonderful job and clean and sober friends. People don't mind being around me now. □

Erin Castle, Anchorage

Looking back over a family filled with addiction. My family has been affected by at least two generations of alcoholism, perhaps more. Even though I am not an alcoholic you might say my roots are in the bottle.

My mother grew up in a violently alcoholic home, and spent most of my childhood in an on-and-off again relationship with an alcoholic boyfriend. Her ACOA (adult children of alcoholics) behavior pattern and the boyfriend's drinking combined to create a somewhat chaotic and unpredictable environment for me.

*"I call myself a survivor
of alcoholism
because this disease
affects all those involved."*

Unfortunately, by the time he admitted his problem, found AA and he and my mother married and tried to establish a home together, my trust was damaged and I had a lot of anger towards him. I became very resistant towards their efforts. I felt as a young child would feel as I moved through my teenage years. I would not give him the second chance he deserved, instead I would punish him for all that he put us through while he was drinking. I held onto this anger into my late teenage years.

My stepfather had been working the "12 steps" for many years by then. Not letting him know or be aware, so I did not have to throw any credit his way,

I became very interested in the big book. I started applying some of these principles to my own life in my early twenties, because I started taking on the same kind of ACOA behavior pattern as well as living the life style of a drinking. There are many times that I have said that I worked very hard at trying to be an alcoholic but failed. My path in life was one of destruction. Already I was a mother and determined to break the cycle that has been passed down through our family.

Now in my late twenties, I am very successful in my life. Thanks to all the support of my whole family and that I apply most of the twelve step program on a daily basis which I feel can make all the difference in the world. I am happy that such a great program has blessed our lives.

I am involved on a day-to-day basis with programs that address these issues and encourage many people to find the help they need to rebuild their lives. Even though my mom and stepfather are no longer married we still talk to one another on a regular basis. I am proud to say he has remained clean and sober for over eighteen years. It took lots of courage for that first step, but it takes even more to keep on stepping once you start.

I call myself a survivor of alcoholism because this disease affects all those involved and it seems that the recovery process is even more painful than the drinking. For all the raw emo-

tions are no longer allowed to be stuffed inside or drowned in the bottle, they are now out in the open. Each member of the family has to be willing to work on their issues; for me it was trust, anger, resentment, selfishness, betrayal, stability, being able to confide and sharing. If we think about it, a lot of alcoholics have these same issues. □



Nancy Yeaton, Nanwalek

Camai, Gwi Ngaqngaq, Liita, Macqu. I am the oldest daughter of the late Peter James Moonin and Wilma Moore. I was born here in my village of what used to be called English Bay, now called Nanwalek. The village life was what I knew until I was eight years old at which time Mom remarried a man who was in the Army. I and two of my three siblings moved on with Mom and our new family. As we flew off in the plane I watched our other brother (left behind to stay with our father), standing on the airstrip with tears and bewilderment in his eyes, wondering why he was left behind.

Little did I realize this journey would take me so far away from all that was so familiar. Gone was the language Dad spoke to me, replaced by English and French. Gone was the food that made me the Sugpiaq that I was; I was intrigued by TV dinners, vanilla ice cream and all the necessities one could have anytime. Life was spent traveling throughout the United States, there was so much to see. Little did I realize Mom was slowly growing attached to "the bottle."

*"We drank thinking
we didn't have a problem,
it was Mom
who had the problem."*

While growing up I wanted so much to be like her, she could cook, sing, dance and make people stop and stare at her beauty and liveliness. But, she eventually started binging;

she would disappear for up to a week at a time. Soon I became a mother to my siblings. People would even comment on my being such a good mother. Eventually the bottle won the war with Mom. She returned to Alaska and never came back to her seven children and husband. Living her life as an alcoholic on 4th Avenue became her calling.



I became a wife and mother at seventeen; it was a way to escape the insanity of our family. I became a mother of two beautiful daughters. I soon found out when indulging in the life of alcohol and drugs you didn't feel much of anything and by the time my youngest daughter was a year and half old, my life was out of control and I didn't know where to turn. I took my first set of "children" (two brothers and a sister) on a journey of smoking, snorting, dropping a pill, taking a trip on some acid and washing it all down with alcohol. We lived the Alice and Wonderland life for many years.

Then my mother called from Alaska to tell me my biological father was diagnosed with cancer and gave me the number at the Alaska Native Hospital to call him. I had not spoken to him in thirteen years and when I finally called him we cried for the first five minutes of our conversation. Over the next few months we kept in touch. During one of my experimental drug-induced and all-you-can-drink days I called my father. This conversation was my call for help. Dad couldn't understand me and handed the phone to his wife. She asked if I wanted to come home and, despite my drunken state of mind, I was able to say yes.

We were then introduced to a way of life which seemed like a step back in time. There were no paved roads, supermarkets or liquor stores. There was only one phone in the whole village, people visited at length with one another on a daily basis and when you were hungry you went fishing, hunting or gathering off the beach. The drugs were no longer plentiful, but alcohol we could order by the case, and we did!

My life continued in that manner for about 28 years. It is a wonder I can now think the way I can. My husband and I at one point were trying to come to terms with drugs and alcohol, but one of the things I now realize is that when there weren't drugs and alcohol in our lives, there wasn't any chaos either, something very much a part of my life. My marriage ended in divorce.

Treatment Works!

Did you know that approximately half of those going through intensive treatment are still sober one year later?

Are you aware that use of the legal system drops substantially after completion of treatment as measured by a decline in the number of criminal and traffic arrests?

Not only that, but unemployment rates drop significantly for those who have completed treatment!

Source: Chemical Dependency Treatment Outcome Study, Alaska Division of Alcoholism and Drug Abuse, July 1998.

My mother became sober in 1981. She now had to deal with seeing her children living self-destructive life styles. It was quite a rude awakening for her. Mom felt much guilt for our choice of life. Bits and pieces of her past would flash before her and she would ask if they had really happened and I would answer, yes. We had so much to work on as a family, trying to patch things up. We drank thinking we didn't have a problem, it was Mom who had the problem.

Then, in 1989 our brother Michael committed suicide in the apartment he shared with Mom who discovered him. Mom never recovered from it and she soon started "tilting the elbow" again saying "it is okay, don't worry, I won't go back to the way it was." I desperately miss my Sunday conversations with her, for you see she drank herself to death two and half years ago. That is how long I have been sober.

My sobriety allows me a second chance for the goodness

"My sobriety allows me a second chance for the goodness of myself to be shared with my daughters and grandchildren."

of myself to be shared with my daughters and grandchildren. In this wondrous journey I travel, the emptiness I was filling with chemicals and alcohol is being pacified with dealing and feeling emotions. Sometimes I don't do a very good job of understanding why I am the way I am. As I get older I will gain the wisdom to know, for right now I am an E.I.T. (elder in training).

I would like to thank God, my mother Wilma, my father Peter, my new father Bob, my daughters Christiana and Kelly, my ex-husband Tom, my seven beautiful (another one in August) grandchildren, my sister Chena and especially my boyfriend Lars as well as this new group of friends I met during Meeting the Challenge, for adding strength to continue my sobriety. □

Michael Handricks, Palmer

Hi, my name is Michael T. Handricks. I was born to an alcoholic mother. She was made to go away when I was four. From then until I was in the third grade I would have different family members stay to care for my brother and me, but they would always leave. My life became a fear-based life; I was fearful of many things.

When I was 13 years old, I got drunk for the first time. I felt free and I felt whole. I loved that feeling. So right from the start all I thought about was getting drunk.

I was like that for 30 years. I would sober up once in a while, then when I would get the job I wanted or an apartment I needed I would start drinking again and lose everything in a short time. It was like that for many years.



When I hit my Bottom, I went to Nugen's Ranch Treatment Center. They taught me a lot about living, many things I didn't know: values, life skills, forgiveness, to stop blaming and take responsibility for my own actions. I was taught a sense of self. I learned a lot about the 12 steps. I had a safe place to be taught since I was teachable now. I wanted sobriety badly.

I've been sober for 16 months; I love living now. □

Fred Eningowuk, Nome

My Eskimo name is Pushruk after my grandfather, and birth name is Frederick Eningowuk. My story began at the age of 12 when I had my first drink, an 8-ounce glass of white wine mixed with water. I started to experiment with marijuana in jr. high school and by the time I was a freshman in high school had already experienced my first blackout drunk after my first taste of hard liquor.

I excelled in high school athletics and was co-captain of the varsity basketball team (the Mighty Nanooks), a dream I pursued since my childhood. By the time I was a junior I was able to purchase liquor at the local liquor store. I had my first experience with cocaine as a senior during prom night in 1978. Within two years, I was using alcohol and street drugs on a regular basis, especially during weekends. Yes, a true weekend warrior.

By 1985 I had already committed myself to a treatment center for cocaine addiction, but was in complete denial of my alcoholism. I managed to hold my job, had a new house, new truck, a three year old daughter and a girlfriend at home. I was okay, or so I believed. However, within a few short months, I was drinking beer and using cocaine again. In June of 1987 I moved to Seattle, Washington. Washington was a great place for me, no one knew who I was and my addiction to drugs and alcohol accelerated to subsonic proportions. I was self-destructing in everyone's eyes but my own. I thought I could manage my life

just fine, however, not even I could have survived on this suicidal course.

*"Quayanna Great Spirit
for giving me the courage, strength
and hope to live today free from
alcohol and drugs."*

By this time I had lost another relationship, two beautiful daughters and the respect of family and friends. Most of all I had lost the will to live. I attempted to overdose on cocaine, but was rescued by my sister who showed up from Nome on my doorstep and pleaded with me to get help. I owe my life to her and to God. I had been experiencing blackouts and to this day I can recall the cold empty darkness and the feeling of my head piercing into the abyss of nothingness. Had my sister not shown up when she did, I believe I would be another sad and tragic statistic of drug and alcohol abuse.

My sobriety date is July 12, 1994 when, coincidentally, a polar bear (Nanook) was shot and killed on the beach east of Nome. I believe there is a great spirit looking over us and there are numerous incidents in my life of sobriety that only can be explained by this Great Spirit. The sacrifice of such a strong independent creature is but one coincidence in my life of sobriety.

I have had many moments of clarity, am blessed to be alive and am relishing each and every day as I live one day at a time in sobriety. Each day is a new beginning and I'm taking a trip far beyond my own intellectual mind or rational will could have ever imagined or devised.

Quayanna Great Spirit for giving me the courage, strength and hope to live today free from alcohol and drugs; Thy Will be done, not mine. □



James Kosbruk, Dillingham

When are you going to stop drinking? That was always the question I was asked by my parents, relatives and close friends. I was in a cycle I could not get out of. I'd have a few beers mixed with whiskey and then the blackouts would come. After blackouts came prison. After prison came the treatment center and hospital. Then I had probation to deal with. Believe me, I hated the system. How was I going to make it better?

"After four treatment centers and some careful listening and honesty I've been clean for four years."

Well, after four treatment centers and some careful listening and honesty I've been clean for four years. I really don't know what I did different this last time, but I'm sticking with whatever it is. Maybe I got married and my spouse does not drink and keeps me straight! I have a very good relationship with her. She supports me one hundred percent. She is a non-native and very caring person. In fact, she's a nurse.

I explained to her that I was

going to treatment before we got married. She was pleased with me and at the same time I was thinking of the words echoing in my mind my parents said to me. I asked myself "how bad do

I want to get well, emotionally, mentally and physically?" There was so much I had to do to sober up. I had to take care of my health. That was my number one priority. Then treatment, then I had to make amends to all the people I had hurt in the past.

"For me treatment works and my friends can see it in me."

Forgiveness was slow in coming. I had to prove to myself and to others that I really wanted to live a sober lifestyle. While I was in treatment I made phone



calls, wrote letters and spoke to others that I had hurt in the past. I got a few replies. I continued going to meetings, church and talking with my sponsor and, of course, my parents. My father passed

on two years ago and I've been sober four. We'd had a long talk together and I believe today that he was my best counselor.

Today I have a lot of friends; I still attend meetings and go to church more often. I'm trying to get a job with the treatment center but there are some obstacles I have yet to overcome. In the past, if I didn't get the job I wanted I'd go out and drink. Today I have more patience. Today I can still remember what I did yesterday.

For me treatment works and my friends can see it in me. I may not have a job yet, but one thing is for certain, I have sobriety and I'm thankful and alive! □

Alaska cannot afford to let addiction go untreated...

According to a 1998 study, 41,000 Alaskans are alcohol dependent while another 5,000 are "other" drug dependent. The cost of this dependence to the Alaska economy is estimated to be \$614 million during 1999, broken down as follows:

- \$319 million from productivity losses.
- \$146 million from criminal justice and protective services.
- \$123 million from health care.
- \$21 million from traffic crashes.
- \$4 million from public assistance.

Source: Economic Costs of Alcohol and Other Drug Abuse in Alaska, Phase Two. McDowell Group, Inc., 2001.

Leona Haakanson-Crow, Kodiak



I grew up on Kodiak Island in a village called Old Harbor. I was raised in and around alcoholism. I swore that I would never drink like "that" when I grew up, only to find myself worse with the disease of Alcoholism and Addiction.

"I struggled with my recovery for three years..."

My drinking started later in my life at the age of 28 and continued till I was 32. As a result of my drinking, I lost my marriage of 16 years and custody of my two children. At this time my drinking and using drugs was more important to me and this is where my life became unmanageable. I made the wrong choices and this is when I tried using cocaine. By this time I had lost everything, my self-respect, pride and freedom. I had two DWIs and ended up in

jail. At this point I hadn't seen my children in six months. My family would hear the phone ring and thought that it would be 'bad news' from the Police Department about me being dead (I didn't know this until I was in recovery months later).

I struggled with my recovery for three years, going in and out of treatment until finally I surrendered and had enough. I went to my last treatment center in Anchorage called "Dena A. Coy," a treatment center for pregnant women, which I was (only my baby didn't survive). This is where I learned the real meaning of life and to have choices to make a difference on what's important. Today I don't take things for granted and I cherish it.

What I can say about recovery is that I have my self-respect back and am working

daily in my recovery. I enjoy my children and have their trust in me as a mother and they now can depend on me for their needs and love. My husband and I enjoy doing clean and sober things together: hiking, kayaking, walking the beaches, reading and attending meetings. I have a wonderful job working at the Kodiak Area Native Association, in which I take great pride and offer my opinions about recovery. I have only just begun my journey in recovery and I hold my head up high with pride.

"What I can say about recovery is that I have my self-respect back and am working daily in my recovery."

Today I am involved with Spirit pouches that are being displayed at the Alutiiq Museum, I enjoy beading them with the "Wisdom of Freedom from my past life."

Today is a new day and I am happy to share it with my loved ones clean and sober. This year I have been involved with "Meeting the Challenge" and have shared my story about my recovery. It gets better each and every day. The best challenge I have is "don't ever give up before the miracle." The more I get involved the better I feel! ☐

Sheryl Stone, Anchorage

My name is Sheryl Stone. I would like to share a brief summary of my recovery from alcohol abuse, what it was like, and my demonstrated commitment to sobriety today.

I am a lifelong Alaskan, born in Dillingham and currently living in Anchorage. I began learning about the disease of alcoholism in my first in-patient treatment program at the age of twenty-one in Kirkland, Washington and was in and out of treatment programs for years after that, some court ordered.

Over the years, I was sober for uncertain lengths of time and I would relapse when relationships, work or life became insurmountable. Due to my relapses, I have felt shame and regret. It took years for me to realize that my efforts at sobriety were seeds planted, not time wasted. I now understand my physiological disease and I understand my predisposition. I contribute my progression with alcoholism to an inability to be honest with myself.

By the age of thirty-eight, my ability to make decisions was gone. My mental processes were under the influence of alcohol, and my need to drink pushed aside all rational concerns about the harm or consequences. I had alienated my family. My periods of abstinence were temporary; heavy binging led to extreme highs and lows.

Separation from my husband, a four-year court case, the circumstances that led to my resignation from work and grief

due to separation from my daughter started to add up. Moral judgements and condescending attitudes were my excuses to get drunk. I became consumed with self-pity and later angrily denied any problems. I became belligerent or indignant to those closest to me. In addition to blaming the above events for my drinking, I argued that they were outside of my control. I was dependent on alcohol to forget or be numb. When I would try to quit drinking, the tensions, frustrations and nausea would become unbearable...

At my lowest, I became a prisoner in my own home. My survival instincts came to a complete halt. I could not function normally for any length of time, paranoia, vague fears and depression immobilized me. Days and weeks passed before I knew it. My fears were magnified with alcohol withdrawal. I was afraid of what others would think, that I was



thought low of, and I believed I could never be of any good.

For a four-month period, I cooperated with counseling I received at the Alaska Native Medical Center (ANMC). Although this helped me face my repressed past, the more that surfaced, the more difficult it was. In amidst my anger I once again relapsed, I was not able to help myself or accept help. In fear and confusion I fought against the very thing I cried out for. My counselor then advised that I see the Alcohol Drug Addiction Triage (ADAT) team at ANMC. From the moment I arrived, smelling of day old whiskey, I was treated with great understanding. I surrendered myself to my fifth treatment agreement and got in line for a spot in an outpatient women's treatment facility.

Three months into waiting for treatment, I was awakened to the consequences of my drinking when my son threatened to commit suicide. I was a piece of his puzzle. He did not have a safe environment in which to live, was afraid to talk about his problems and worried that I would fall further apart knowing what he was enduring. But together we found counseling and slowly he worked on solutions to his problems.

In treatment, my moral deterioration and hatred of self slowly dissipated. I began contending with the self-imposed guilt that had immobilized me. My long conviction to anger and the ability to pretend slowly faded. My feelings of fear and intimidation left. The more real I

became the more I understood. I learned that I was there to get well, not good. I learned how to forgive. I slowly excavated and dumped my private pain.

My father used to tell me "Sheryl, if you cannot look in the mirror you know you have a problem." Therefore, I made an area in my bedroom where I placed a mirror and disciplined myself for five months to face every morning. I was no longer stopping just long enough to put my makeup on; I was seeing Sheryl. There were days when she was tired with dark circles under her eyes and other days when she beamed. I found the scars that alcohol had left on my face and my soul.

I then stopped counting the days of treatment and experienced quality recovery by making connections with my feelings, my thoughts and my behavior. Today, I honor moments of *being* rather than *doing*. What other people think no longer affects me like it used to; I live by my "own lights." I

have freedom from the shame and guilt that anchored me to drinking. It may take years to establish trust within my family and friends; this I attempt one day at a time. I have had an opportunity to work on my emotional immaturity and have had personal growth. I am willing to discover where I did not quite grow up. My most powerful weapons against my addiction are my completion of comprehensive treatment and my ongoing commitment to AA.

"I am a grateful alcoholic; my recovery would not have been what it is without the wisdom from those who have crossed my path."

Today, I am a valuable mother with two beautiful children. I believe I have grace, laughter and positive energy. I appreciate moments of growth in my life and celebrate them. I am learning to trust my instincts, I am not rushing toward a goal and I am not holding onto my

past. When I am challenged and my stomach is nervous or upset and my heart is pounding – I hear it. I listen. I respond as responsibly as I can.

I have written my story in hopes that I can share my perspective on recovery. I am a grateful alcoholic; my recovery would not have been what it is without the wisdom from those who have crossed my path. Prior to my last treatment, I attended ADAT meetings where my hand was held by two patient women who assisted me with sober thinking and gave me the courage to work on my wreckage. Once in treatment, I received help from counselors and addicts. I learned self-understanding and love for self and others. The wisdom and the knowledge I continue to seek from AA will give me another chance on a fulfilling life. My past has improved as I search for serenity and the inner calmness I deserve. My true joy and happiness comes from within through self-love and honesty. □

Where to go in Alaska for more information about recovery and sobriety ...

Alaska Mental Health Trust Authority. The Alaska Mental Health Trust Authority manages a large trust settlement on behalf of its beneficiaries, which includes chronic alcoholics with psychoses, makes spending recommendations to the Legislature and actually gives out nearly \$10 million per year in grants to provide services for its beneficiaries. Wherever possible, the Mental Health Trust Authority encourages input from its beneficiaries. To be placed on its mailing list call the Trust office at (907) 269-7960, or visit its website: <http://www.mhtrust.org>.

Division of Alcoholism and Drug Abuse. State agency responsible for the administration and maintenance of programs for the prevention and treatment of alcoholism and other drug abuse. To contact the Division call toll free 800-478-2072 or visit their website at <http://www.hss.state.ak.us/dada>.

Governor's Advisory Board on Alcoholism and Drug Abuse. The Advisory Board acts in an advisory capacity to the Legislature, the Governor and state agencies in matters regarding special problems that alcoholism or drug abuse may present. It follows educational research and offers information that raises public awareness of the social problems and legal processes affecting the rehabilitation of alcoholics and drug abusers. It advocates for the development of prevention, treatment and rehabilitation programs. For more information about the Advisory Board or to get on their mailing list call toll free 888-464-8920 or visit their website: <http://www.abada.com>.

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The Substance Abuse Directors Association of Alaska is a 501(c)3 nonprofit whose mission is to provide a unified voice to advocate for quality prevention and treatment services through:

- Influencing Public Policy;
- Collaboration, and
- Sensitivity to both rural and urban needs.

For additional copies of *Portraits*, or for more information about SADA or **Meeting the Challenge** write or call:

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