SCR 14

<TARGET><BILL>SCR 14</BILL><SUBJECT>SCR 14</SUBJECT><COMM>HHSS28</COMM></TARGET>

Alaska State Legislature
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Sponsor Statement – SCR 14

"Relating to health and social services best practice models and identifying citizen networks to achieve solutions to health and social problems in the state."

Alaska leads the United States in the rates of suicide, forcible rape, alcohol-related deaths, domestic violence, fetal alcohol spectrum disorder, and many other social ills. Senate Concurrent Resolution 14 calls for the development of a grassroots, community-based effort to create positive social norms and institute regional best practice models addressing Alaska's social challenges.

While the State of Alaska currently faces difficult budget cuts and a challenging fiscal environment, the costs related to social ills continue to rise. According to the McDowell Group report, "Economic Costs of Alcohol and Drug Abuse, 2012 Update," the total cost to Alaska's economy of drug and alcohol dependence in 2010 was $1.2 billion dollars. This cost has grown from the 2003 reported cost of $738 million at the rate of $66 million dollars per year. While the economic costs of these social challenges are drastic, they pale in comparison to the ongoing social and personal costs associated with them. Suicide, domestic violence, and forcible rape continue to have a profound impact on the citizens of Alaska.

SCR 14 establishes an "on-the-ground" strategy for addressing Alaska's social challenges with the identification and empowerment of informal networks that already exist within communities. The intent is when members of a community need help, to utilize those who already are the go-to individuals providing support. SCR 14 will encourage development and use of natural helper networks to establish positive norms as well as the creation of community-based regional best practice models.

Renewing and fostering positive social norms through the empowerment of natural helpers is an essential step towards solving Alaska's critical health and social challenges. We must begin to transition our focus from the problems of our communities to a more solution oriented approach. SCR 14 promotes the infrastructure and strategy for accomplishing this vital task.

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Summary of Changes – CSSCR14 (HSS)

"Relating to health and social service best practice models and identifying citizen networks to achieve solutions to health and social problems in the state."

Two changes were made in Version N of the resolution to reflect the December 2013 Alaska Scorecard.

- Page 1, Line 4, the rate of alcohol-related death in the state is 185 percent higher was replaced with 152 percent higher.
- Page 1, Line 6, the rate of suicide in the state is 71 percent higher was replaced with 93 percent higher.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: CSSCR 14(HSS)
Fiscal Note Number: 1
(S) Publish Date: 3/3/14

Identifier: SCR14-LEG-SESS-02-24-14
Title: H&SS REGIONAL BEST PRACTICE MODELS
Sponsor: KELLY
Requester: SHESS

Department: Alaska Legislature
Appropriation: Legislative Operating Budget
Allocation: Session Expenses
OMB Component Number: 782

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY 2015**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Fund Source (Operating Only)							
None							
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Positions							
Full-time							
Part-time							
Temporary							
Change in Revenues							

Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency?
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial Version

Prepared By: Jessica Geary, Finance Manager — Phone: (907)465-6626
Division: Legislative Affairs Agency — Date: 02/24/2014 09:23 AM
Approved By: Pamela Varni, Executive Director — Date: 02/24/14
Agency: Legislative Affairs Agency

FISCAL NOTE ANALYSIS #1

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. CSSCR 14(HSS)

Analysis

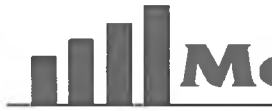
This Legislation has zero fiscal impact on the Legislative Affairs Agency.

The Economic Costs of Alcohol and Other Drug Abuse in Alaska, 2012 Update

Prepared for:

Alaska Mental Health Board & Advisory Board on Alcoholism and Drug Abuse

431 N. Franklin St., Suite 201
Juneau, Alaska 99801



Research-Based Consulting

Juneau
Anchorage

August 2012

This report was made possible in part
through funding provided by the
Alaska Mental Health Trust Authority

The TRUST
The Alaska Mental Health
Trust Authority

The report is dedicated to the memory of Eric McDowell, founder of McDowell Group, and tireless counselor and advocate for Alaskans who have struggled with addiction

The Economic Costs of Alcohol and Other Drug Abuse in Alaska, 2012 Update

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Prepared by:

Juneau • Anchorage

August 2012

Table of Contents

Executive Summary

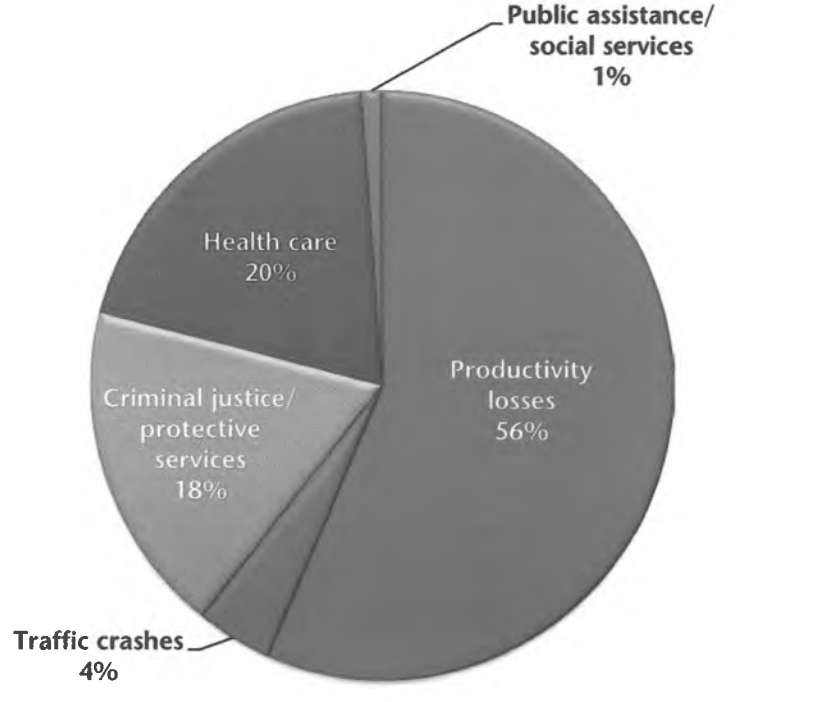
The Advisory Board on Alcoholism and Drug Abuse, through the Alaska Department of Health and Social Services, contracted with McDowell Group to update prior studies on the economic costs of alcohol and drug abuse in Alaska.

Alcohol and drug abuse impacts Alaska's economy in a variety of ways. It can lead to greater health risks and death, impaired physical and mental abilities, crime, greater reliance on public assistance, and a number of other adverse effects. This study addresses tangible economic costs such as lost earnings or costs of government programs. However, there are mental and emotional costs that result from alcohol and drug abuse that are extremely difficult to measure and are not included in this report.

In 2009, the National Survey on Drug Abuse and Health estimated that 9.5 percent of Alaska's population age 12 and older (55,700 residents) were dependent on or abusing alcohol or drugs. Costs to the economy in 2010 totaled $1.2 billion. Costs by category include:

- $673.2 million in productivity losses,
- $50.5 million in traffic crash costs,
- $217.7 million in criminal justice and protective services,
- $237.3 million in health care, and
- $13.2 million in public assistance and social services.

Economic Costs of Alcohol and Drug Abuse, by Category, 2010



Productivity Losses

Alcohol and drug abuse results in lost productivity when individuals do not contribute to the economy through employment earnings and household services such as child care. Lost productivity occurs as a result of premature death, reduced efficiency through physical and/or mental impairment, incarceration for criminal offenses, and residential and inpatient treatment or hospitalization.

In 2010, alcohol and drug abuse resulted in $673.2 million in lost productivity in Alaska. Productivity losses by category are as follows:

- Premature death as a result of alcohol and drug abuse led to $424.1 million in lost productivity, the single largest economic cost addressed in this report. Two-thirds of deaths were males and seven out of ten deaths were alcohol-related.
- Diminished productivity as a result of mental or physical impairment from alcohol and drug abuse totaled $174 million.
- Productivity loss due to incarcerations resulting from alcohol and/or drug use totaled $63.7 million. Alcohol and drugs were a factor in 1,530 incarcerations in 2010.
- In 2010, there were 93,760 recorded bed-days for inpatient treatment and hospitalization as a result of alcohol and drug abuse in Alaska, resulting in $11.4 million in lost productivity.

Traffic Crashes

Alcohol and drug abuse play a major role in traffic crashes in Alaska. In 2010, there were 779 crashes attributed to alcohol and drug abuse. Of these, 26 were fatal, 75 resulted in major injuries, 288 resulted in minor injuries, and 390 had property damage only. Total costs of traffic crashes were $50.5 million. Costs include:

- $10.2 million in insurance administration costs,
- $1.1 million in workplace costs,
- $20.8 million in household productivity costs,
- $14.0 million in legal costs, and
- $4.3 million in property damage.

Criminal Justice and Protective Services

A significant number of crimes can be attributed to alcohol and drug abuse. Crime carries with it a wide variety of costs including law enforcement costs, legal costs, costs of incarceration, and costs to victims of crimes. In 2010, there were 18,296 arrests in Alaska attributed to alcohol and drug abuse and 1,529 incarcerations. During the same year there were approximately 7,996 victims of crimes attributed to alcohol and drug abuse. Criminal justice costs include:

- $52.3 million in law enforcement costs,
- $14.2 million in legal and adjudication costs,
- $56.7 million in incarceration costs, and
- $24.4 million in costs to victims.

Additionally, a large number of protective service costs are alcohol and drug abuse-related. Estimates for adult protective services are not available at this time. Child protective services attributed to alcohol and drug abuse in Alaska totaled $70.1 million in 2010, including $33.1 million for social workers and $18.9 million in adoption and guardianship costs.

Health Care

A wide variety of health care costs are associated with alcohol and drug abuse, including hospital costs from injuries or illness, residential and outpatient treatment costs, pharmaceutical costs, nursing home and long-term care facility costs, and the costs of treating fetal alcohol syndrome, HIV/AIDS, and hepatitis B and C. Health care costs attributed to alcohol and drug abuse in Alaska totaled $237.3 million in 2010.

- There were 45,500 days of hospital care attributed to alcohol or drug related injuries or illnesses, costing $146.5 million. Alcohol-related incidents accounted for 41,500 days of care while drug related incidents accounted for 4,000 days of care.
- The Alaska Department of Health and Social Services, Division of Behavioral Health appropriated $29.9 million to alcohol and drug residential and outpatient treatment, while $5.4 million of Medicaid expenditures went to this cause in 2010.
- Medical outpatient treatment costs amounted to $38.3 million in 2010 with 72,100 days of care.
- Prescription drug costs for the treatment of alcohol or drug dependence cost Alaska an estimated $1.1 million in 2010.
- There were 2,239 nursing home and long-term care days that can be attributed to alcohol and drug abuse in 2010, costing $1.1 million.
- In 2010, there were an estimated 15 fetal alcohol syndrome (FAS) births and 128 fetal alcohol spectrum disorder (FASD) births. Annual costs of treating these 15 new FAS patients added approximately $286,500 to the existing costs of treating those previously born with FAS and FASD.
- There were 118 known cases of HIV or AIDS in Alaska in 2010 attributed to intravenous drug use; 57 HIV positive and 61 with HIV and AIDS. Annual costs of treatment are $7.5 million.
- Of hepatitis B and C cases in Alaska in 2010, 437 can be attributed to intravenous drug use, with an annual cost of treatment of $7.3 million.

Public Assistance and Social Services

Alcohol and drug abuse contribute to a portion of the population's need for public assistance and social services, as a result of reduced income from mental and physical impairment or inability to hold a job. Costs attributed to alcohol and drug abuse totaled $13.2 million in 2010.

Co-Occurring Disorders

Co-occurrence of mental illness and substance abuse is an increasing concern in the state and throughout the U.S. The 2010 National Survey on Drug Use and Health found that 24 percent of those dependent on or abusing both alcohol and illicit drugs have a co-occurrence of serious mental illness (SMI). Of those with any mental illness in conjunction with a substance use disorder, just 14 percent receive any kind of treatment. Nearly half (45 percent) of those with SMI and a substance use disorder are only receiving mental health treatment.

Cost of Underage Drinking in Alaska

Though not included in total economic costs as figures have been factored in elsewhere, the Pacific Institute for Research and Evaluation (PIRE) estimates the total cost of underage drinking in Alaska in 2010 was $321.4 million. PIRE cost estimates account for health care costs such as those attributed to alcohol treatment or alcohol related poisonings and societal costs such as youth violence and crime. Another major cost taken into consideration is that of pain and suffering, or the mental distress associated with physical and emotional injury as a result of youth alcohol consumption.

Employment Impacts of Alcohol Sales

The primary focus of this study is the cost of alcohol and drug abuse in Alaska. However, it should be noted that alcohol sales contribute to the economy through employment and associated earnings and through tax revenue. In 2010, 3,023 jobs could be attributed to alcohol sales and $73.8 million in annual earnings. Tax revenue from the sale of alcohol totaled $38.8 million.

Actual Costs

It is important to remember this report presents *estimated* alcohol and drug-related costs. Actual costs could be higher or lower, however, there is simply a lack of data available to determine actual costs associated with alcohol and drug abuse in Alaska.

As with previous generations of this study, many of the costs presented in this report were derived from a 1998 study by the National Institute of Drug Abuse and the National Institute of Alcohol Abuse and Alcoholism. In the absence of more recent data, costs published in that study were adjusted for inflation to 2010 dollars and for Alaska's higher cost of living. Several more current studies at the state and national level also relied on these estimates.

Data on Alaska's alcohol and drug dependent and abusing population was drawn from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies *National Survey on Drug Use and Health, 2008-2009* which provides the most recent state-specific estimates.

In nearly all cases, Alaska specific data were not available on the amount of crime, health and medical costs, lost production, and public assistance that can be attributed to alcohol and other drug abuse. Estimates rely on national norms based on tested methodologies. Comprehensive development of Alaska specific data is recommended.

Organization of the Report

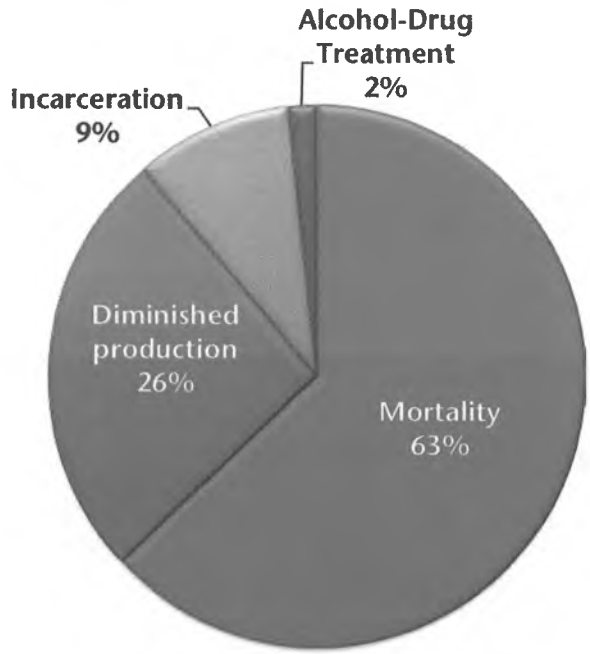
This report begins with an examination of productivity losses due to death, diminished productivity, incarcerations, and inpatient treatment or hospitalization as a result of alcohol and drug abuse. Chapter 2 measures the cost of alcohol or drug-related traffic crashes in Alaska. Chapter 3 follows with a look at criminal justice and protective services costs, including law enforcement, legal and adjudication, incarceration, and victimization costs. A variety of health care-related costs are described and calculated in Chapter 4. Chapter 5 provides estimates of the costs of public assistance and social services attributed to alcohol and drug abuse. Chapter 6 discusses the special case of co-occurring mental health and substance abuse disorders, while the costs of underage drinking are considered in Chapter 7. Finally, Chapter 8 briefly calculates employment and tax revenue from alcohol sales in Alaska.

Chapter 1: Productivity Losses

Summary

Alcohol and other drug abuse in Alaska resulted in productivity losses totaling $673.2 million in 2010. Lost productivity from alcohol and drug abuse can result from premature death, reduced efficiency of workers and homemakers through physical or mental impairment, incarceration for criminal offenses, and absence from society as a result of inpatient treatment or hospitalization. All of these result in reduced production of goods and services and, therefore, a cost to the economy. Figure 1 shows a breakdown of lost productivity in Alaska from alcohol and drug abuse.

FIGURE 1. Lost Productivity in Alaska from Alcohol and Drug Abuse, 2010



- Alcohol and drug abuse can be attributed to an average of 397 deaths per year from 2006 to 2010 and an estimated $424.1 million in lost production in 2010. Males accounted for two-thirds, or 263 of premature deaths and three-quarters, or $318.7 million in lost production. Females averaged 134 deaths and $105.5 million in lost production in 2010. Alcohol is attributed to seven out of ten alcohol and drug related deaths with the largest number of deaths caused by alcoholic liver disease, suicide, and alcohol dependency syndrome. The remaining three out of ten deaths were drug related.

- Alcohol and drug abuse contributes to diminished productivity in the workplace and household through physical and mental impairment. With approximately 58,716 Alaskan residents 18 and older abusing or dependent on alcohol or drugs, this resulted in an estimated $174 million in lost production. Males lost an average of $4,106 and females about $3,264 per year from their earnings

as a result of absenteeism, reduced efficiency, inability to hold a job, and other effects on productivity from substance abuse.

- Taking into account the loss of potential earnings, alcohol and drug-related incarcerations amounted to $63.7 million in lost productivity in 2010. Alcohol and drug abuse contributed to an estimated 1,530 incarcerations with liquor and drug crimes accounting for the large majority of these.
- Lost production from inpatient treatment or hospitalization totaled $11.4 million in 2010. The Alaska Department of Health and Social Services reported a total of 93,760 bed-days of inpatient care. These figures do not include those that sought treatment out of state.

Lost Production Due to Mortality

Premature death accounts for the largest economic cost to Alaska from alcohol and drug abuse. Various causes of death can be attributed to substance abuse, either directly or indirectly, such as death from alcohol poisoning, cirrhosis of the liver, motor vehicle crashes, diabetes, or homicide. In all such cases, premature death costs the economy potential production.

This analysis assumes each individual holds the potential to join the workforce and contribute to the economy. Premature death costs the economy in the form of employment and the possible production of goods and services as well as the circulation of earned wages back into the local economy. Additionally, household production is lost. While some individuals may not join the workforce, they hold the potential to provide household services such as raising children and cleaning and maintaining the household. While these tasks do not carry a specific monetary value, they do carry value that should not be overlooked.

Lost production as a result of death attributed to alcohol or drug abuse is the largest alcohol and drug-related cost to the Alaska economy.

Methodology

A 1998 study for the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism (NIDA/NIAAA), "The Economic Costs of Alcohol and Drug Abuse in the United States – 1992," provides the methodological basis used throughout this report. The NIDA/NIAAA study provided an estimate on the Present Value of Lifetime Earnings (PVLE), essentially the monetary worth of an individual's potential wages given their age and gender. The authors of the 1998 study updated their methodology and the estimated values of PVLE again in 2000. The updated estimates were used for purposes of this report and were adjusted to reflect the change in male and female income in Alaska between 2000 and 2010, 40 percent and 43 percent increases, respectively.

Estimations of PVLE were then applied to the total number of alcohol and drug-related deaths for one year. The Alaska Bureau of Vital Statistics provided a list of alcohol or drug-related deaths in Alaska by age and gender, from 2006 to 2010. The Center for Disease Control (CDC) maintains the Alcohol-Related Disease Impact (ARDI) database, which provided the causes of death and the corresponding International Classification of Disease (ICD) codes as well as the percent of those deaths that can be attributed to alcohol. This information is based on 2001 to 2005 data, which was the most updated information available. ICD

codes and attribution rates of drug-related deaths were obtained from a 2004 study, "The Economic Costs of Drug Abuse in the United States, 1992 – 2002. Again, this was the most updated information available. It is important to note that information from the CDC is based on Alaska-specific data, while the 2004 drug abuse study provided information based on national data.

In summary, the percentage rates of death that can be attributed to alcohol and drug abuse were applied to the data provided by the Bureau of Vital Statistics and an annual average was taken from the five years of data. Total deaths attributed to alcohol and drug abuse were then applied to the estimated value of a person's productivity by age and gender.

Results

From 2006 to 2010, there was an average of 397 deaths annually in Alaska as a result of alcohol and drug abuse. Alcohol and drugs were a factor in 11 percent of total deaths during that time, with an annual average of 3,531 deaths from all causes from 2006 to 2010.

Table 1 shows a breakdown of those deaths that can be attributed to alcohol or drugs by age and gender. Two-thirds, or 263, alcohol and drug-related deaths in Alaska were male. One-third, or 134 deaths, were female. The largest number of both male and female deaths occurred with those between the ages of 45 and 54, with 111 deaths or 28 percent. One-third of alcohol and drug-related deaths were among those between the ages of 25 and 44.

TABLE 1. Average Annual Deaths Attributed to Alcohol and Drug Abuse by Age and Gender, 2006-2010

Age	Male	Female
0-4	1	2
5-14	3	1
15-24	27	10
25-34	37	16
35-44	47	28
45-54	70	41
55-64	48	19
65-74	19	7
75-84	8	6
85+	2	3
Total	**263**	**134**

Columns may not add due to rounding.
Source: Bureau of Vital Statistics

Nearly three-quarters of deaths attributed to substance abuse were alcohol-related. Among alcohol-related deaths, the largest contributor was alcoholic liver disease with an average of 44 annual deaths. The second largest contributor was suicide with 35 deaths per year. Other major causes of death include alcohol dependence syndrome, alcohol poisoning, alcohol abuse, alcoholic psychosis, other poisonings, and motor-

vehicle crashes. Table 2 shows deaths attributed to alcohol by cause, broken down by direct primary cause, direct secondary cause, and injuries and adverse incidents.

TABLE 2. Average Annual Deaths Attributed to Alcohol Abuse by Cause, 2006-2010

	Average
Direct Primary Cause	
Alcoholic liver disease	44
Alcohol dependence syndrome	31
Alcohol poisoning	25
Alcohol abuse	15
Alcoholic psychosis	15
Alcohol cardiomyopathy	6
Direct Secondary Causes	
Liver cirrhosis, unspecified	12
Stroke, hemorrhagic	3
Liver cancer	2
Hypertension	2
Esophageal cancer	1
Breast cancer, females	1
Stroke, ischemic	1
Acute pancreatitis	1
Chronic pancreatitis	1
Injuries and Adverse Effects Indirectly Attributed to Alcohol	
Suicide	35
Poisoning (not alcohol)	24
Motor-vehicle traffic crashes	20
Homicide	18
Drowning injuries	9
Fall injuries	8
Hypothermia	6
Fire injuries	5
Motor-vehicle non-traffic crashes	3
Air-space transport	3
Water transport	1
Occupational and machine injuries	1
Total	**293**

Column may not add due to rounding.
Source: Death data from the Alaska Bureau of Vital Statistics. ICD-10 codes and attribution rates from the Center for Disease Control Alcohol-Related Disease Impact database.

Drug abuse resulted in an annual average of 104 deaths between 2006 and 2010. The largest contributors to causes of death were unspecified drugs, medicaments, and biological substances with a combined total of 49 deaths and narcotics and psycholdysleptics (hallucinogens) with 30 deaths on average per year. In total, HIV, Hepatitis B, and Hepatitis C resulted in an annual average of eight deaths. Table 3 shows a breakdown of drug-related deaths by cause.

TABLE 3. Average Annual Deaths Attributed to Drug Abuse by Cause, 2006-2010

	Average
Direct Primary Cause	
Multiple drug use and use of other psychoactive substances	3
Cocaine	1
Accidental Poisoning By and Exposure to Noxious Substances	
Other and unspecified drugs, medicaments and biological substances	49
Narcotics and psychodysleptics [hallucinogens], not elsewhere classified	30
Antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	5
Nonopioid analgesics, antipyretics and antirheumatics	1
Organic solvents and halogenated hydrocarbons and their vapours	1
Other Causes	
Homicide or injury inflicted by another person with intent to injure or kill, by any means	6
Hepatitis C	4
HIV	3
Hepatitis B	1
Total	**104**

Column may not add due to rounding.
Source: Death data from the Alaska Bureau of Vital Statistics. ICD-10 codes and attribution rates from *The Economic Costs of Drug Abuse in the United States 1992-2002.*

Taking into account the number of deaths attributed to drugs and alcohol by age and gender, total productivity loss as a result of these deaths amounted to $424.1 million. Productivity losses for males total $318.7 million and $105.4 million for females. The largest losses were in the 35 to 44 age group among both males and females, followed by ages 45 to 54 and ages 25 to 34. Losses among those aged 25 to 54 total $311 million.

TABLE 4. Mortality Costs Attributed to Alcohol and Drug Abuse, 2010 ($)

Age	Male	Female	Total
00-04	$1,946,000	$2,253,000	$4,199,000
05-14	6,030,000	1,139,000	7,169,000
15-24	56,162,000	14,763,000	70,925,000
25-34	74,778,000	23,094,000	97,872,000
35-44	78,685,000	30,902,000	109,587,000
45-54	75,949,000	27,665,000	103,614,000
55-64	22,619,000	5,116,000	27,735,000
65-74	2,275,000	442,000	2,717,000
75-84	192,000	68,000	260,000
85+	9,000	3,000	12,000
Total	**$318.7 million**	**$105.4 million**	**$424.1 million**

Columns may not add due to rounding.
Source: Present Value of Lifetime Earnings in 2000 from Rice, adjusted for change in per capita income from 2000 to 2010 from DOLWD. Mortality data from Bureau of Vital Statistics.

Lost Production Due to Diminished Productivity

As a result of substance abuse, individuals can experience diminished productivity in their employment and non-employment activities. Diminished productivity can come in the form of high absenteeism, reduced efficiency as a result of diminished physical and mental abilities, or difficulty in maintaining a steady job. Non-employment activities that can be affected by alcohol or drug abuse include household and parenting services. For more extreme cases, substance abuse may result in hospitalization or institutionalization, essentially removing the individual from productive society altogether. Diminished productivity results in significant costs to Alaska.

Methodology

The loss of potential earnings was used as the basis for measuring the economic costs of diminished productivity from alcohol and drug abuse. The 1998 NIDA/NIAAA study published national estimates on lost earnings from alcohol and other drug dependence. As no updated estimates are available, the original 1998 figures were used for the male population. The NIDA/NIAA study found no impacts from lost earnings for females. However, University of California Professor, Dorothy Rice, published a study in 1990 that included a comprehensive estimate of lost productivity for females which was utilized in this report. These documents report that alcohol dependent males and females experience 9.4 percent and 6.9 percent loss of average earnings, respectively. Drug dependent males and females experience 7.7 percent and 5.4 percent loss of average earnings, respectively.

To estimate the total Alaskan population that experience drug or alcohol dependence or abuse, Alaska population and earnings by gender data for 2010 were obtained from the Alaska Department of Labor and Workforce Development (DOLWD). The Substance Abuse and Mental Health Services Administration (SAMHSA) conducts the annual National Survey on Drug Use and Health (NSDUH), which reports state-specific data on population substance dependence and abuse. The most recent Alaska dependence and abuse data available is from the 2008-2009 study which found that 8.5 percent of Alaska's population age 18 or older are dependent on or abuse alcohol, while 2.8 percent of the state's population are dependent on or abuse illicit drugs.

Dependency rates were applied to Alaska's total population 18 and older to find the number of individuals that abuse or are dependent on alcohol and drugs. The percentage of lost earnings was applied to 2010 average annual earnings for both males and females to find the amount of lost earnings per year per individual. Finally, this figure was applied to the total dependent population of Alaska to find total lost earnings for all alcohol and drug dependent individuals in Alaska for 2010.

Results

Lost earnings as a result of diminished productivity from alcohol and drug dependence or abuse total an estimated $174 million. Substance abuse or dependence afflicted approximately 58,716 individuals age 18 and older in Alaska. Alaska had 44,181 residents with alcohol dependence or abuse and 14,535 residents with drug dependence or abuse. On average, males lost $4,106 per year due to alcohol abuse and $3,264 due to

drug abuse. Females lost an average of $2,023 per year as a result of alcohol abuse and $1,583 per year from drug abuse. Table 5 shows a breakdown of diminished productivity from alcohol and drug abuse in 2010.

TABLE 5. Productivity Losses from Alcohol and Drug Abuse, 2010

	Alcohol Abuse		Drug Abuse	
	Male	Female	Male	Female
Alaska population 18 years and over	273,222	249,631	273,222	249,631
Percent of Alaska's population 18 years and over abusing or dependent[1]	8.5%	8.5%	2.8%	2.8%
Estimated number of Alaskans 18 years and over abusing or dependent	23,087	21,094	7,596	6,940
Annual average earnings for Alaska in 2010	$43,684	$29,323	$43,684	$29,323
Loss in productivity from alcohol and other drug dependence	9.4%	6.9%	7.7%	5.4%
Annual average lost earnings from alcohol and other drug abuse	$4,106	$2,023	$3,364	$1,583
Estimated productivity loss from alcohol and other drug abuse	**$94.8 million**	**$42.7 million**	**$25.5 million**	**$11.0 million**

[1]Alcohol and drug dependence and abuse based on 2008-2009 data from the SAMHSA *National Survey on Drug Use and Health*. These were the most recent state-specific figures available.
Source: Alaska 2010 demographic data from the DOLWD. Earnings by gender from the Alaska Department of Labor & Workforce Development, Research and Analysis Section, *Trends October 2011*. Lost productivity rates from 1998 NIDA/NIAAA study.

Lost Production Due to Incarceration

Alaska also faces lost productivity from incarcerated residents of the state. Incarcerated individuals may commit a crime directly related to alcohol or drug use, such as driving while intoxicated or selling narcotics, or they may commit a crime not directly related but while under the influence of a substance, such as manslaughter or robbery. As with mortality and diminished productivity, it is assumed that incarcerated adults could otherwise be productive members of the workforce or in households. Therefore, their absence from society due to incarceration is an economic loss for Alaska.

Methodology

The primary method for estimating lost productivity due to incarceration follows that of diminished productivity, by applying potential earnings to the number of members absent from the workforce due to alcohol or drug related incarcerations. The Alaska Department of Corrections (DOC) maintains annual records for statewide incarcerations by offense and gender. The percentage rates of crimes attributable to alcohol and drug use published in the 1998 NIDA/NIAAA study (shown in Table 6) were used as no new attribution rates have been published.

(see table next page)

TABLE 6. Attribution Rates for Alcohol and Drug-Related Incarcerations

	Alcohol	Other Drug
Homicide	30.0%	15.8%
Assault	30.0	5.1
Sexual assault	22.5	5.1
Robbery	3.4	27.2
Burglary	3.6	30.0
Larceny/theft	2.8	29.6
Auto theft	3.5	6.8
Drug laws	0.0	100.0
Driving under the influence	100.0	0.0
Liquor laws	100.0	0.0
Prostitution	0.0	12.8

Source: *The Economic Costs of Alcohol and Drug Abuse in the United States – 1992* (NIDA/NIAAA, 1998).

These percentages were applied to the total number of incarcerated individuals by offense and gender published in DOC's *2010 Offender Profile* to obtain the number of incarcerations that can be attributed to alcohol and drug abuse. Finally, information on the average annual earnings for males and females in 2010 published by the DOLWD was used to find the total cost of lost productivity due to incarceration. Average annual earnings in 2010 were $43,684 for males and $29,323 for females.

Results

The total economic cost in 2010 of lost productivity as a result of incarcerations from alcohol and drug abuse in Alaska was $63.7 million. Alcohol abuse resulted in 887 incarcerations and drug abuse contributed to 643 imprisonments. The largest number of alcohol-attributed arrests resulted from breaking liquor laws, followed by assault, homicide, driving under the influence, and sexual assault. The vast majority of drug-attributed arrests were as a result of breaking drug laws, followed by homicide, larceny or theft, burglary, and robbery. With higher annual earnings and significantly higher incarcerations, lost productivity from Alaska males made up 90 percent, or $57.5 million, in lost productivity from incarceration. Lost productivity from Alaska females in 2010 for alcohol or drug related incarcerations totaled $6.2 million.

(see table next page)

TABLE 7. Alcohol and Drug-Related Incarcerations in Alaska by Offense and Gender, 2010

	Alcohol		Other Drug		
	Males	Females	Males	Females	Total
Homicide	129	11	68	6	214
Assault	174	12	30	2	218
Sexual Assault	114	1	12	0	127
Robbery	4	0	34	2	40
Burglary	5	0	45	2	52
Larceny-Theft	6	2	63	18	89
Auto Theft	2	0	4	0	6
Drug Laws	0	0	270	87	357
Driving Under the Influence	119	20	0	0	139
Liquor Laws	238	49	0	0	287
Prostitution	0	0	0	0	0
Total	**791**	**95**	**526**	**117**	**1,529**
Potential loss of earnings	**$34.6 million**	**$2.8 million**	**$23.0 million**	**$3.4 million**	**$63.7 million**

Note: Totals may not add due to rounding.
Source: McDowell Group based on DOC 2010 Offender Profile data and attribution rates by offense from *The Economic Costs of Alcohol and Drug Abuse in the United States – 1992* (NIDA/NIAAA, 1998).

Lost Production Due to Alcohol/Drug Treatment

The last factor to be considered in lost production is admissions to alcohol or drug treatment facilities. When an otherwise productive member of society is absent, the result is an economic loss in the form of reduced employment and household production and services. Treatment can include long-term residential treatment, short-term hospitalization, and detoxification. Lost production as a result of treatment is measured in lost potential earnings.

Methodology

The Alaska Department of Health and Social Services (DHSS), Division of Behavioral Health (DBH) maintains records on the total bed days in treatment facilities across the state. Total bed days were converted into years and then applied to average annual per capita income. According to the DOLWD, average annual income in 2010 was $44,205.

Results

DHSS reported a total of 93,760 bed days in 2010 at 15 treatment facilities across the state, four of which provide detoxification treatment. This number of bed days is the equivalent to 257 years. With an average annual income of $44,205, that amounted to a total loss in production of $11.4 million. However, it should be noted that many Alaskans seek treatment outside the state. Data on the total number of bed days for out

of state treatment is unavailable, those figures are not accounted for here. As a result, this estimation is extremely conservative.[1] Table 8 shows the total lost production from inpatient treatment in Alaska for 2010.

TABLE 8. Lost Production Due to Alcohol and Drug Treatment, 2010

	Total
Total residential and detox bed days	93,760
Years equivalent	256.9
Avg. annual income	$44,205
Potential lost income	**$11.4 million**

Source: 2010 bed days from DHSS and 2010 average income from DOLWD.

[1] Source: *Finding the Answers to Tough Questions About Substance Abuse in Alaska, 1999 Annual Report*, State of Alaska Advisory Board on Alcoholism and Drug Abuse.

Chapter 2: Traffic Crashes

Alcohol use is one of the major contributors to traffic crashes in Alaska. In 2010, 779 traffic crashes were attributed to alcohol use, costing approximately $50.5 million. Of total traffic crashes, half were property damage only, 288 were only minor injuries, 75 were major injuries, and 26 were fatal. The Alaska Department of Transportation and Public Facilities (DOTPF) defines alcohol-related crashes according to the following conditions:

- If the blood alcohol test given to the driver, pedestrian, pedal cyclists, or recreational vehicle operator was positive.
- If a police investigation indicated that alcohol consumption was a contributing factor.
- If a citation was issued for driving while under the influence of alcohol, driving with an open container of alcohol, or public drunkenness.

This section examines the costs incurred from traffic accidents in five categories: insurance administration, workplace costs, household productivity, legal costs, and property damage. Insurance administration, legal costs, and property damage costs are direct costs associated with assessing and covering the damage from the accident itself. Workplace and household costs are due to physical or mental impairment resulting in the inability to perform duties. Household costs are particularly high because they take into consideration that in some cases one member of the household may need to be absent from the workplace to act as caregiver to another injured party, resulting in additional lost income.

Methodology

In 2000, the National Highway Traffic Safety Administration (NHSTA) published estimates of the costs per accident including the costs of insurance administration, workplace costs due to absence and lost productivity, household loss of productivity, legal costs, and property damage. As these figures have not been updated, they were adjusted for inflation to 2010 dollars and for the Alaska cost-of-living differential, approximately 27.6 percent above the national average. NHSTA figures were grouped into costs by injury severity including fatal, major injury, minor injury, and property damage only (no physical injury).

Workplace costs and household productivity costs take into account a loss of productivity due to impairment or inability to perform duties. For this reason, costs for fatal crashes will not be included in this section as they were already taken into account in the section on lost productivity due to mortality. However, lost productivity as a result of injuries sustained in traffic crashes were not accounted for in that section and so will be included here. Health care costs as a result of injury are included in a later chapter. Table 9 is a breakdown of costs per accident by injury severity and cost category.

(see table next page)

TABLE 9. Unit Costs of Traffic Crashes in the U.S., 2010 ($)

Type of Cost	Fatal	Major Injury (MAIS 5)	Minor Injury (MAIS 1)	Property Damage Only
Insurance administration	$59,978	$110,192	$1,197	$187
Workplace cost	*	13,235	407	82
Household productivity	*	273,106	924	76
Legal cost	165,034	129,031	242	0
Property damage	16,599	15,263	6,211	2,398
Total	**$241,611**	**$540,827**	**$8,982**	**$2,744**

*These figures were included in the section on lost productivity due to mortality.
Source: *The Economic Cost of Motor Vehicle Crashes, 2000*, NHSTA. Figures adjusted for inflation to 2010 dollars using BLS data and then adjusted for ACCRA's Anchorage cost-of-living differential for 2010 Q2.

The DOTPF maintains records of traffic crashes in Alaska by injury severity and presents them in an annual Crash Data report. The *2008 Crash Data* report, which has the most recently available crash data by injury severity, was used in this study. NHSTA reports crashes in terms of Maximum Abbreviated Injury Scale (MAIS) levels, where Level 1 was matched to the DOTPF "minor injury" category and MAIS Level 5 was matched to the ADOTPF "major injury" category. Both sources report "fatal" and "property damage only" incidences and so no extrapolation was necessary. Additionally, DOTPF includes in its crash data report those that were alcohol related.

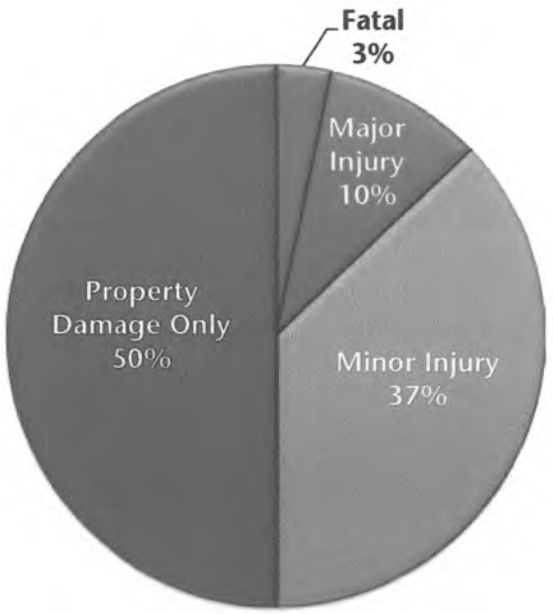
It is important to note that DOTPF does not keep records of traffic accidents where drugs are suspected or involved, therefore, those figures are not included in this report. Additionally, while DOTPF maintains records of off-road vehicle crashes such as ATVs and snowmachines that occur on roadways, no record is kept of those incidences that occur off road. However, ATV and snowmachine incidences that result in lost productivity due to mortality and health care costs are included in those sections of this report.

Results

In 2008, there were 779 alcohol-related traffic crashes reported in Alaska, accounting for seven percent of the 11,630 total traffic crashes in the state that year. Half (339) of alcohol-related incidences incurred property damage only, over one-third resulted in minor injuries, one out of ten resulted in major injuries, and 3 percent had fatal results. Figure 2 shows the percentage of alcohol-related traffic crashes by injury severity.

(see figure next page)

FIGURE 2. Percent of Alcohol-Related Traffic Crashes by Type in Alaska, 2008



Applying the most recent crash data (discussed above) to the unit costs per crash in 2010 dollars, total alcohol-related crashes in Alaska cost society $50.5 million in insurance administration costs, workplace costs, household productivity, legal costs, and property damage. The highest costs came from major injury crashes, which totaled $40.6 million. For all crashes, household productivity costs were the largest expense at $20.7 million, followed by legal costs at $14 million. Table 10 shows costs for each category by injury severity for 2010.

TABLE 10. Number of Traffic Crashes and Total Cost of Alcohol-Related Crashes in Alaska, 2010
(in thousands of $)

Number of Traffic Crashes and Cost Type	Fatal	Major Injury	Minor Injury	Property Damage Only	Total
Number of traffic crashes	26	75	288	390	779
Insurance administration cost	$1,559	$8,264	$345	$73	$10,242
Workplace cost	*	993	117	32	1,142
Household productivity	*	20,483	266	30	20,779
Legal cost	4,291	9,677	70	0	14,038
Property damage cost	432	1,145	1,789	935	4,300
Total Costs *(in thousands)*	**$6,282**	**$40,562**	**$2,477**	**$1,071**	**$50,502**

* These figures were included in the section on lost productivity due to mortality.
Source: McDowell Group. Note: Number of accidents is based on 2008 data from Alaska Department of Transportation and Public Facilities report, *2008 Crash Data*; and *The Economic Cost of Motor Vehicle Crashes, 2000*, NHTSA, adjusted for inflation and cost-of-living in Alaska.

Chapter 3: Criminal Justice and Protective Services

Criminal justice and protective services are a major factor in the economic costs resulting from alcohol and drug abuse. These costs totaled $217.7 million in 2010. Costs for law enforcement, legal and adjudication services, incarceration services, and costs to victims amounted to $147.6 million. Child protective services were an estimated $70.1 million in 2010. Child protective services include foster care, adoption care, residential care, and social worker services. Adult protective service estimates were not included in this study.

Criminal Justice

With a number of Alaska residents dependent on or abusing alcohol and drugs, it is not surprising that alcohol and drugs play a role in criminal activity. Substance abuse can be directly attributed to crimes such as driving under the influence or the sale of illegal substances, but it can also play a role in other violent and non-violent crimes such as homicide or burglary. Many costs come along with these crimes including the costs of law enforcement, costs of legal and adjudication fees, incarceration costs, and the costs to victims involved in the crimes.

Total criminal justice costs to Alaska in 2010 were an estimated $147.6 million. Figure 3 shows the distribution of criminal justice costs.

- In 2010, 18,296 arrests were attributed to alcohol or drug abuse, resulting in an estimated $52.3 million in law enforcement costs and $14.2 million in legal and adjudication costs.
- There were 1,529 incarcerations attributed to alcohol or drug-related crimes, with total incarceration costs of $56.7 million.
- Alaska had 7,996 victims of alcohol or drug-related crimes. Total costs of victim services and losses in 2010 were $24.4 million.

FIGURE 3. Criminal Justice Costs, 2010

Methodology

The primary method used to estimate the economic costs of alcohol and drug-related crime followed that of the 1998 NIDA/NIAAA study, which provided the basis of many sections in this report. Four groups of cost measures were used: law enforcement, legal and adjudication fees, costs incurred by victims of crimes, and incarceration costs of offenders. Rates of arrests and incarcerations attributed to substance abuse were taken from the 1998 NIDA/NIAAA study as no updates to these figures have been published.

Law Enforcement and Legal and Adjudication Costs

To estimate the costs of law enforcement and legal and adjudication processes, criminal arrests and offense data was taken from the Alaska Department of Public Safety (DPS) document, *Crime Reported in Alaska 2010*. As part of the nationwide Unified Crime Reporting system, DPS annually reports all known offenses as well as pure arrest data, or the number of incidences that resulted in an arrest. In 2010, law enforcement agencies reporting to DPS had jurisdiction over 99.3 percent of Alaska's population. The data presented here shows all known offenses to law enforcement in the offense categories of homicide (including murder and manslaughter), aggravated assault, sexual assault, robbery, burglary, larceny/theft, and auto theft. These are all known offenses regardless of whether an arrest was made. The remaining categories of driving while intoxicated, liquor laws, stolen property, prostitution, and violation of drug laws represent pure arrest data as information on all known offenses was not available.

As noted in the *Economic Costs of Alcohol and Other Drug Abuse in Alaska, 2005 Update*, Alaska participated in the Arrestee Drug Abuse Monitoring (ADAM) Project which sought to provide information on the linkage between inmates and alcohol and drug use among inmates in Anchorage. In 1999, the survey found that 54 percent of incarcerated males and 56 percent of females tested positive for one or more controlled substances. It also stated that alcohol use among male arrestees that entered the system was extremely high. Unfortunately, data from ADAM has not been updated and, further, does not provide specific enough alcohol and drug use rates for the purpose of this report.

Attribution rates from the 1998 NIDA/NIAAA report were used to determine the number of arrests that can be attributed to alcohol and drug abuse. As no update to the estimated costs of law enforcement and legal and adjudication fees per arrest has been made, figures from the NIDA/NIAAA study were used and adjusted for inflation and Alaska's cost-of-living differential. Table 11 shows total offenses known and arrest data in 2010 and those that are alcohol or drug-related.

TABLE 11. Arrests Attributed to Alcohol and Drug Abuse in Alaska, 2010

Type of Offense	Total Number of Arrests	Percent Attributed to Alcohol Abuse	Percent Attributed to Drug Abuse	Arrests Attributed to Alcohol Abuse	Arrests Attributed to Drug Abuse	Total Substance Related Arrests
Homicide	37	30.0%	15.8%	11	6	17
Aggravated assault	3,370	30.0	5.1	1,011	172	1,183
Sexual assault	528	22.5	2.4	119	13	131
Robbery	592	3.4	27.2	20	161	181
Burglary	3,083	3.6	30.0	111	925	1,036
Larceny/theft	15,412	2.8	29.6	432	4,562	4,993
Auto theft	1,607	3.5	6.8	56	109	166
Driving while intoxicated*	4,996	100.0	0.0	4,996	0	4,996
Liquor laws*	3,076	100.0	0.0	3,076	0	3,076
Stolen property*	34	0.0	15.1	0	5	5
Prostitution*	160	0.0	12.8	0	20	20
Drug laws*	2,491	0.0	100.0	0	2,491	2,491
Total	**35,386**			**9,832**	**8,464**	**18,296**

Source: McDowell Group, based on attribution rates from *The Economic Costs of Alcohol and Drug Abuse in the United States – 1992* (NIDA/NIAAA, 1998); and *Crime Reported in Alaska, 2010* from DPS.

Note: Columns and rows may not add due to rounding.

*Categories marked with an asterisk (*) represent pure arrest data. Other categories are offenses known to law enforcement, which include arrests as well as offenses for which no arrest was made.

Incarceration Costs

To determine the costs of incarcerations in 2010, total incarceration figures were used as published by the Alaska Department of Corrections (DOC) in the *2010 Offender Profile*. DOC provides an annual report that examines the total inmate population by offense category as of December 31. Attribution rates for alcohol and drug-related offenses, as well as estimated costs per incarceration, were taken from the 1998 NIDA/NIAAA study. Costs were adjusted for inflation and Alaska's cost-of-living differential. Table 12 shows total incarcerations by offense and those attributed to alcohol and drug abuse.

TABLE 12. Incarcerations Attributed to Alcohol and Drug Abuse in Alaska, 2010

Type of Offense	Alaska Inmates in 2010 by Category	Percent Alcohol Related	Percent Other Drug Related	Incarcerations Attributed to Alcohol Abuse	Incarcerations Attributed to Other Drug Abuse	Total Incarcerations Related Alcohol and Other Drug Abuse
Homicide	465	30.0%	15.8%	140	73	213
Aggravated assault	619	30.0	5.1	186	32	217
Sexual assault	513	22.5	2.4	115	12	128
Robbery	133	3.4	27.2	5	36	41
Burglary	155	3.6	30.0	6	47	52
Larceny/theft	272	2.8	29.6	8	81	88
Auto theft	61	3.5	6.8	2	4	6
Driving while intoxicated	139	100.0	0.0	139	0	139
Liquor laws	287	100.0	0.0	287	0	287
Prostitution	3	0.0	12.8	0	0	0
Drug laws	357	0.0	100.0	0	357	357
Total	**3,004**			**886**	**642**	**1,529**

Source: McDowell Group, based on attribution rates from *The Economic Costs of Alcohol and Drug Abuse in the United States – 1992* (NIDA/NIAAA, 1998); and incarceration data from DOC *2010 Offender Profile*. Counts do not include entire inmate population; only those offenders in the specified categories are counted. Inmates whose offense was an "attempt" at any of the specified categories are included in the counts. For example, inmates imprisoned for "attempted theft" would be grouped in the "larceny/theft" category.

Notes: Columns and rows may not add due to rounding.

Victimization Costs

The Bureau of Justice Statistics publishes national data on victimizations per 1,000 people age 12 and older. BJS victimization rates are published in the Criminal Victimization 2010 report. These figures were applied to 2010 population data from DOLWD to find 2010 total victimizations. Attribution rates of alcohol and drug-related crimes were then applied to total victimizations to find victimizations attributed to alcohol and drug-related crimes in Alaska. Cost estimates per victim were taken from a 1996 report by the *National Institute of Justice, Victim Costs and Consequences: A New Look*. These estimates factor in several sources of costs including productivity, medical care/ambulance, mental health care, police/fire services, social/victim services, and property loss/damage. Medical care, mental health care, and victim productivity losses are included as those

are not accounted for in other sections of this report. Table 13 shows total victimization by offense and those that can be attributed to alcohol and drug-related crimes.

TABLE 13. Victimizations Attributed to Alcohol and Drug Abuse in Alaska, 2010

Type of Crime	Victimizations per 1,000 persons age 12 or older or per 1,000 households	Total Number of Victims	Percent Alcohol Related	Percent Other Drug Related	Number of Victims Attributed to Alcohol Abuse	Number of Victims Attributed to Other Drug Abuse	Total Number of Victims Attributed to Substance Abuse
Robbery	1.9	1,092	3.4%	27.2%	37	297	334
Assault	12.3	7,071	30.0	5.1	2,121	361	2,482
Personal larceny	0.5	287	2.8	29.6	8	85	93
Burglary	23.8	13,683	3.6	30.0	493	4,105	4,597
Motor vehicle theft	4.9	2,817	3.5	6.8	183	192	375
Sexual assault	0.7	402	22.5	2.4	91	10	100
Murder	-	32	30.0	16.0	10	5	15
Total		**25,385**			**2,942**	**5,054**	**7,996**

Source: McDowell Group, based on attribution rates from *The Economic Costs of Alcohol and Drug Abuse in the United States – 1992* (NIDA/NIAAA, 1998); population data from DOLWD, and victimization rates from BJS *Criminal Victimization 2010*.

Total cost per victim by type of crime is presented in Table 14. Homicide incurs the most victim costs at $61,494 per victim, while larceny costs per victim average $729.

TABLE 14. Costs per Victim, 2010 ($)

Type of Crime	Productivity Loss	Medical Care/ Ambulance	Mental Health Care	Police/ Fire Services	Social/ Victim Services	Property Loss/ Damage	Total
Robbery	$1,884	$1,029	$184	$258	$50	$1,487	$4,891
Assault	1,884	1,182	211	119	32	52	3,480
Rape	436	1,390	612	73	54	198	2,764
Homicide*	**	45,330	13,349	2,578	0	238	61,494
Larceny	16	0	17	159	2	535	729
Burglary	24	0	14	258	10	1,924	2,229
Auto theft	89	0	14	278	0	6,544	6,925

Source: McDowell Group estimates based on U.S. Department of Justice, National Institute of Justice report. Figures adjusted to 2010 dollars and for Alaska cost-of-living differential.
*Homicide dollar estimates from those of "Fatal crimes: Rape, Assault, etc..." assumed to be those resulting in homicide conviction.
**Homicide productivity losses are not included as they were already accounted for in the section on productivity losses due to mortality.

Results

In 2010, criminal justice costs, including law enforcement costs, legal and adjudication costs, incarceration costs, and cost to victims totaled $147.6 million.

Law Enforcement Costs

In 2010, there were 18,296 offenses or arrests that can be attributed to alcohol or drug abuse, 43 percent of the 42,147 arrests that year. Just over half, or 9,832 arrests, were alcohol-related, with the remaining 8,464 being drug-related. The largest categories of arrests were DWIs, with 4,996 arrests, and larceny or theft with 4,993 arrests (33 percent of total larceny/theft offenses were attributed to alcohol or drugs).

Total cost of law enforcement for 2010 was $52.3 million, with $9.5 million for alcohol-related offenses and $42.8 million for drug-related offences. Larceny/theft offenses incurred the largest cost at a total of $25.2 million, followed by drug laws at $12.6 million. Table 15 shows total law enforcement costs by offense broken down by cost from alcohol and drug-related offenses.

TABLE 15. Law Enforcement Costs Attributed to Alcohol and Drug Abuse by Offense in Alaska, 2010 ($)

Type of Offense	Alcohol	Drug	Total
Homicide*	$55,000	$29,000	$84,000
Aggravated assault*	5,113,000	870,000	5,983,000
Sexual assault*	589,000	54,000	643,000
Robbery*	102,000	813,000	915,000
Burglary*	562,000	4,676,000	5,238,000
Larceny-theft*	2,174,000	23,066,000	25,240,000
Auto theft*	290,000	548,000	838,000
Driving while intoxicated	390,000	-	390,000
Liquor laws	236,000	-	236,000
Stolen property	-	26,000	26,000
Prostitution	-	102,000	102,000
Drug laws	-	12,596,000	12,596,000
Total	**$9.5 million**	**$42.8 million**	**$52.3 million**

Source: McDowell Group, based on attribution rates from *The Economic Costs of Alcohol and Drug Abuse in the United States – 1992* (NIDA/NIAAA, 1998); and offense data from Alaska Department of Public Safety, *Crime in Alaska, 2010.*

Columns may not add due to rounding.

*Categories marked with an asterisk (*) represent pure arrest data. Other categories are offenses known to law enforcement, which include arrests as well as offenses for which no arrest was made.

Legal and Adjudication Costs

Legal and adjudication costs in 2010, as a result of the 18,296 arrests, totaled an estimated $14.2 million. Drug-related arrests accounted for more than three-fourths, or $11.2 million, of these costs while alcohol-related offenses contributed to $3 million of legal and adjudication costs. Larceny/theft offenses were the biggest cost at $6.6 million, followed by drug law offenses at $3.3 million. Table 16 breaks down legal and adjudication costs for alcohol and drug-attributed crimes by offense.

TABLE 16. Legal and Adjudication Costs Attributed to Alcohol and Drug Abuse by Offense in Alaska, 2010 ($)

Type of Offense	Alcohol-Related	Drug-Related	Total
Homicide	$13,000	$7,000	$20,000
Aggravated assault	1,343,000	224,000	1,566,000
Sexual assault	256,000	27,000	283,000
Robbery	27,000	210,000	237,000
Burglary	148,000	1,211,000	1,359,000
Larceny/theft	569,000	6,015,000	6,584,000
Auto theft	63,000	145,000	208,000
Driving while intoxicated	390,000	-	390,000
Liquor laws	236,000	-	236,000
Stolen property	-	7,000	7,000
Prostitution	-	26,000	26,000
Drug laws	-	3,280,000	3,280,000
Total	**$3.0 million**	**$11.2 million**	**$14.2 million**

Columns and rows may not add due to rounding.

Source: McDowell Group, based on attribution rates from The Economic Costs of Alcohol and Drug Abuse in the United States – 1992 (NIDA/NIAAA, 1998); and offense data from DPS, *Crime Reported in Alaska*, 2010.

Incarceration Costs

In 2010, there were 1,529 inmates incarcerated for offenses that can be attributed to alcohol or drugs. Of those, 886 were alcohol-related and 643 were drug-related. Total incarceration costs for alcohol and drug-related crimes total $56.7 million. Incarcerations for drug laws account for one-third, or $19.1 million, of incarceration costs. Aggravated assaults and homicides attributed to alcohol or drug abuse each total over $9 million in incarceration costs. Table 17 shows total costs of incarceration for alcohol and drug-related crimes by offense.

(see table next page)

TABLE 17. Incarceration Costs Attributed to Alcohol and Drug Abuse by Offense in Alaska, 2010 ($)

Type of Offense	Alcohol-Related	Other Drug-Related	Total
Homicide	$5,956,000	$3,140,000	$9,096,000
Aggravated assault	7,938,000	1,342,000	9,280,000
Sexual assault	4,877,000	525,000	5,402,000
Robbery	204,000	1,633,000	1,837,000
Burglary	235,000	1,962,000	2,197,000
Larceny/theft	329,000	3,439,000	3,768,000
Auto theft	89,000	178,000	267,000
Driving while intoxicated	5,845,000	-	5,845,000
Liquor laws	-	-	-
Prostitution	-	-	-
Drug laws	-	19,052,000	19,052,000
Total	**$25.5 million**	**$31.3 million**	**$56.7 million**

Columns may not add due to rounding.
Source: McDowell Group, based on attribution rates from *The Economic Costs of Alcohol and Drug Abuse in the United States – 1992* (NIDA/NIAAA, 1998); and incarceration data from Alaska Department of Corrections.

It should be noted that incarceration data does not include Alaska Statute Title 47 Protective Holds in Department of Corrections' facilities. Department personnel estimated that up to 99 percent of protective holds in 2010 were alcohol-related. In 2010, there were a total of 4,460 protective holds. DOC was not able to estimate the cost per hold, therefore, these figures were not included in final costs.

Victim Costs

According to Bureau of Justice Statistics' most recent victimization rates, in 2010 there were approximately 25,385 victims of robbery, assault, rape, homicide, larceny, burglary, and auto theft in Alaska. Of those, 7,996 victims were of alcohol or drug-related crimes.

Total costs for victims including productivity losses, medical care/ambulance services, mental health care, police/fire services, social/ victim services, and property loss/damage for 2010 are an estimated $24.4 million, with property loss or damage accounting for nearly half, or $9.6 million. Medical care and ambulance costs for victims totaled $4.1 million. Table 18 shows victim costs by category of costs and offense.

(see table next page)

TABLE 18. Total Victim Costs, 2010 ($)

Type of Crime	Productivity Loss	Medical Care/ Ambulance	Mental Health Care	Police/ Fire Services	Social/ Victim Services	Property Loss/ Damage	Total
Robbery	$629,727	$343,926	$61,349	$86,173	$16,572	$497,153	$1,634,898
Assault	4,676,158	2,933,519	524,582	295,336	78,756	127,979	8,636,331
Rape	43,719	139,333	61,307	7,353	5,366	19,872	276,950
Homicide*	**	667,254	196,492	37,950	-	3,503	905,199
Larceny	1,478	-	1,554	14,776	185	49,869	67,862
Burglary	109,408	-	63,925	1,185,258	45,587	8,843,849	10,248,028
Auto theft	33,436	-	5,210	104,023	-	2,451,969	2,594,638
Total	**$5.5 million**	**$4.1 million**	**$0.9 million**	**$1.6 million**	**$0.2 million**	**$9.6 million**	**$24.4 million**

Source: McDowell Group estimates based on U.S. Department of Justice, National Institute of Justice report. Figures adjusted to 2010 dollars and for Alaska cost-of-living differential.
*Homicide dollar estimates from those of "Fatal crimes: Rape, Assault, etc..." assumed to be those resulting in homicide conviction.
**Homicide productivity losses are not included as they were already accounted for in the section on productivity losses due to mortality.

Protective Services

Alcohol and drug abuse are significant contributing factors in child abuse and neglect cases throughout Alaska. A 1999 study by the National Center on Addiction and Substance Abuse at Columbia University found that substance-abusing parents were three times more likely to abuse their children and four times more likely to neglect their children. Additionally, they found that seven out of ten abused or neglected children were linked to parents who abuse alcohol or drugs. As cited in the McDowell Group's *Economic Costs of Alcohol and Drug Abuse in Alaska, 2005 Update*, the Alaska Department of Health and Social Services, Division of Alcohol and Drug Abuse (DADA) (now part of the Division of Behavioral Health) published a report that estimated 81 percent of all Division of Family and Youth Services (now the Office of Children's Services) child abuse cases involved alcohol or drug abuse.

Methodology

To estimate total expenditures on child protection as a result of alcohol or drug abusing guardians, the DADA estimate of 81 percent was applied to total expenditures on child protection cases. This estimate has not been updated and department personnel were unable to provide a new approximation without a more extensive investigation into the issue. DHSS provides children's services through the Office of Children's Services (OCS) and the Office of Public Advocacy (OPA). OCS services include foster care, adoption care, residential care, and social work care, while OPA provides advocacy within the legal system for children under state custody.

In the predecessor of this study, the *2005 Update*, adult protective services were included in cost estimates as adult mental and physical impairment can result from alcohol and drug abuse. Department personnel of the Division of Senior and Disability Services previously estimated that 20 percent of cases could be attributed to alcohol and drug abuse on the part of the patient while another 20 percent could be attributed to alcohol and drug abuse on the part of the caregiver. However, for the purpose of the *2012 Update*, the department

was unable to confirm new estimates, nor were they able to support past estimates. As a result, adult protective service costs are not included in this study.

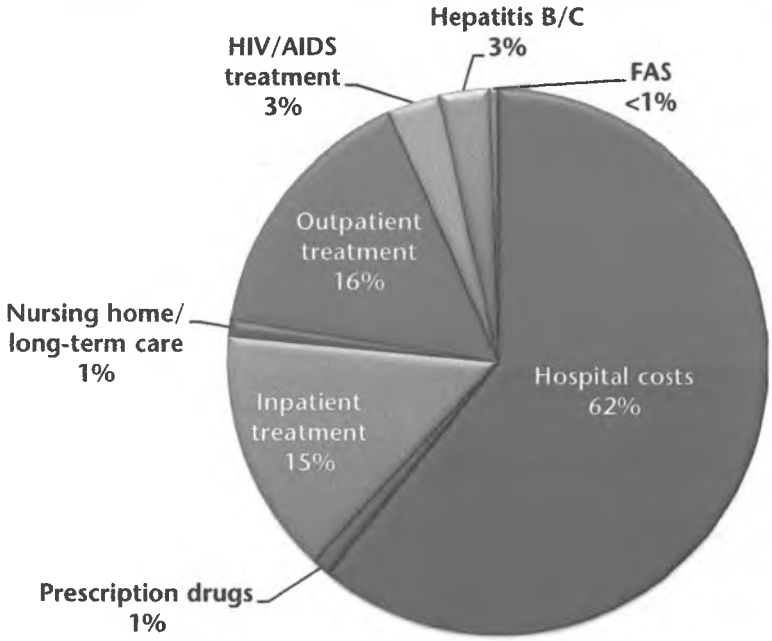
Results

Total costs for child protective services (provided by the Office of Children's Services and the Office of Public Advocacy) that can be attributed to alcohol and drug abuse were approximately $70.1 million in 2010. This includes expenditures on foster care, adoptions and guardianships, residential child care, social workers, and legal advocacy for children under state custody. The largest share of these costs was $33.2 million for social workers followed by $18.9 million in adoption and guardianship services.

Chapter 4: Health Care

Alcohol and drug abuse have a significant impact on health care costs in Alaska. In 2010, health care costs attributed to alcohol and drug abuse amounted to $237.3 million. Substance abuse leads to both acute and chronic injuries and disorders. Acute illnesses include incidences such as alcohol poisoning, while chronic illness could be cirrhosis of the liver. Further, long-term abuse of alcohol and drugs increases the risk of illnesses such as hypertension, diabetes, and stomach cancer. Health care costs as a result of alcohol and drug abuse are examined here in terms of hospital costs, inpatient and outpatient treatment costs, costs of prescription drugs, nursing home or long-term care costs, and the cost of treatment for fetal alcohol syndrome (FAS), HIV and AIDS, and Hepatitis B and C.

Figure 4. Distribution of Health Care Costs Related to Alcohol and Drug Abuse in Alaska, 2010



- Alaska alcohol and drug abuse-related injuries and illness resulted in costs totaling $146.5 million in 2010. Alcohol-related injuries and illnesses cost $133.5 million, while drug-related illness and injuries cost $13 million.
- Residential and outpatient treatment expenditures from the Alaska Department of Health and Social Services, Division of Behavioral Health and Medicaid expenditures totaled $29.9 million and $5.4 million, respectively.
- Medical outpatient treatment for alcohol and drug-related illnesses in Alaska totaled $38.3 million.
- Prescription drug costs for the treatment of alcohol or drug dependence cost Alaska an estimated $1.1 million in 2010.
- There were 2,239 nursing home and long-term care days that can be attributed to alcohol and drug abuse in 2010, costing $1.1 million.

- In 2010, Alaska had a total of 118 HIV and AIDS cases attributed to intravenous drug use, which resulted in annual medical expenses of $7.8 million.
- Intravenous drug use can also be attributed to 436 hepatitis C cases and 1 hepatitis B case, costing a total of $7.3 million in medical expenses in 2010.
- Medical expenses for the treatment of the approximately 15 new cases of Fetal Alcohol Syndrome in 2010 added $286,500 to the costs of treating those previously born with Fetal Alcohol Spectrum Disorders.

Hospital Costs

Hospital costs from injuries and illness related to alcohol and drug abuse play a large role in health care expenses. In 2010, hospital costs of alcohol and drug related injuries and illnesses totaled $146.5 million, nearly two-thirds of total health care costs. Alcohol and drug-related hospital costs are comprised of three primary sources:

- Illness or injuries directly related to alcohol and other drug abuse, such as alcohol cirrhosis or gastritis.
- Illness indirectly related to alcohol and other drug abuse, which could include cancer of the esophagus, burns, or poisoning.
- Treatment or injuries complicated by alcohol and other drug abuse resulting in lengthy hospital stays.

Methodology

In estimating hospital costs of alcohol and drug-related injuries and illnesses in Alaska, three sources were key: SAMHSA's National Survey on Drug Use and Health (NSDUH) , a 2011 study by the Alaska State Hospital & Nursing Home Association (ASHNHA), *Key Indicators Influencing Alaska's Cost of Care*, and the 1998 study for NIDA/NIAAA on *The Economic Costs of Alcohol and Drug Abuse in the United States – 1992.*

According to the most recently available state-specific data from the NSDUH survey, 8.11 percent of Alaska's population age 12 and older are dependent on or abuse alcohol and 2.96 percent are dependent on or abuse illicit drugs as of 2009. Alaska's share of the national dependent or abusing population was 0.6 percent in 2010. The NIDA/NIAAA study provides estimates on both days of care for the national population and hospital costs per day. Days of care were adjusted for population growth from 1992 to 2010 and for Alaska's share of the total national population that are dependent on or abusing alcohol and drugs, as reported by the NSDUH study. This provided the estimate of total days of care in Alaska for 2010.

The ASHNHA study reported estimates on the average cost of inpatient care in Alaska in 2009. This estimate was adjusted for inflation to 2010 dollars. After adjustments, the estimated average cost per day for hospital care in 2010 was $2,545. In the absence of more updated estimates on the average cost for physician care, 1992 figures reported in the NIDA/NIAAA study were adjusted for inflation and Alaska cost-of-living. The daily cost for physician care averaged $545.

Total non-federal hospital costs in Alaska for 2010 were calculated by applying total days of care to average cost per day. Costs were divided into three categories for alcohol: alcohol-specific illness, alcohol-related illness, and additional costs from comorbid alcohol disorders. Drug-specific categories include drug-specific illness, drug-related illness, and additional days from comorbid drug disorders.

Data on days of care for federal or veteran hospitals was not available. In order to calculate these costs, the same method was used as in the 1998 NIDA/NIAAA study, which found that veterans' and federal hospital revenues accounted for 9.5 percent of total U.S. hospital revenues. The proportion was then applied to non-federal hospital costs for substance abuse in order to estimate cost for federal facilities. Similarly, ASHNHA found military and veteran hospitals accounted for 4 percent of hospital visits in 2009. This percentage was applied to Alaska non-federal hospital costs.

Results

In 2010, the approximate total number of hospital days of care was 45,500, resulting in $146.5 million in hospital costs for alcohol and drug-related injuries and illness. Alcohol abuse accounted for 91 percent (or 41,500 days) of substance abuse-related days of care, while the remaining 4,000 days of care were drug-related. Among alcohol abusers, 31,400 days were for alcohol-related illnesses, 6,900 were from comorbid alcohol disorders, and 3,200 were from alcohol-specific disorders. Days of care for drug abuse-specific disorders were just under ten and the remaining large majority were additional days from drug disorders. Drug abuse related illness days of care are not included here as those are accounted for in the specific sections on HIV/AIDS and hepatitis.

Non-federal hospital costs for alcohol and drug-related injuries and illness totaled $140.6 million, while veteran or federal hospital costs were an estimated $5.9 million. Costs attributed to alcohol and drug-related injuries and illness were $133.5 million and $13 million, respectively. Table 19 provides total days of care and hospital costs for injuries and illness related to substance abuse in Alaska in 2010.

(see table next page)

TABLE 19. Hospital Costs for Injuries and Illness Related to Substance Abuse in Alaska, 2010

	Total Care Days	Non-Federal Hospital Costs	Veteran and Federal Hospital Costs	Total Hospital Costs
Alcohol-specific illness	3,200	$9,957,200	$414,900	$10,372,100
Alcohol-related illness	31,400	97,015,800	4,042,300	101,058,100
Additional days from co-occurring alcohol disorders[1]	6,900	21,204,700	883,500	22,088,200
Subtotal, alcohol abuse	**41,500**	**$128,177,700**	**$5,340,700**	**$133,518,500**
Drug abuse-specific illness	9	24,300	1,000	25,400
Drug abuse-related illness	*	*	*	*
Additional days from drug disorders[1]	4,000	12,440,400	518,400	12,958,800
Subtotal, other drug abuse	**4,000**	**$12,464,800**	**$519,400**	**$12,984,100**
Total alcohol and other drug abuse	**45,500**	**$140.6 million**	**$5.9 million**	**$146.5 million**

[1]Additional days of care resulting from alcohol abuse disorders exclude days for alcohol-related illnesses to avoid double counting. In calculating additional days for drug abuse, the proportion of discharges for which additional days are calculated are assumed to be the same as for alcohol. Totals also include days of care for combined alcohol and drug abuse disorders but do not include effects on newborns, which are examined in another section.
Source: McDowell Group, based on alcohol and drug dependent population estimates from the 2008-2009 National Survey on Drug Use and Health, from the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services; and U.S. hospital care days and costs per day related to alcohol and other drug abuse from *The Economic Costs of Alcohol and Drug Abuse in the United States – 1992* (NIDA/NIAAA, 1998).
**These costs include HIV, and Hepatitis B and C, which are presented later in the chapter.*

Although the state does not maintain records on days of care that are alcohol or drug-related, the DHSS Alaska Trauma Registry tracks incidences where alcohol and illegal drugs were suspected or proven at the time of the incidence. Of 23,842 incidences from 2006 to 2010, both fatal and non-fatal, one-quarter, or 5,994, were suspected or proven to have involved alcohol and 12 percent, or 2,902 were suspected or proven to have involved drugs.

Residential and Outpatient Alcohol and Other Drug Treatment Costs

In 2010, there were 6,742 substance abuse treatment admissions in Alaska, according to the Department of Health and Social Services, Division of Behavioral Health (DBH). Total treatment admissions are for the 15 grantee agencies of DBH. It should be noted that bed days and budget expenditures are only for those facilities and programs working with DBH and Medicaid. Therefore, these figures may not represent the entire population receiving treatment in Alaska.

Alcohol and drug dependence and abuse generate a variety of costs for resident and outpatient treatment. DBH provides support to organizations and agencies throughout the state in the form of grant funds for alcohol and drug treatment facilities. Treatment services include rehabilitation, counseling, case management, and other types of treatment services for individuals and families. Additionally, Medicaid covers treatment in facilities both in-state and out-of-state for qualifying Alaskans. Still, it is important to keep in mind that treatment is also paid through private means.

Funding appropriated for alcohol and drug abuse treatment through DBH in 2010 totaled $29.9 million. Medicaid payments for substance abuse rehabilitation in 2010 totaled $5.4 million. These expenditures are for substance abuse-specific treatment and do not include expenditures for comorbid conditions that may have been billed by mental health or other providers. These figures were reported directly from DBH. Though not included in this cost analysis, it should also be noted that DBH also spent an additional $11.1 million in 2010 on substance abuse prevention.

The National Survey of Substance Abuse Treatment Services (N-SSATS) also maintains state data on the number of treatment facilities and clients in substance abuse treatment at a given time. As of March 2010, Alaska had 77 treatment facilities housing 3,218 clients. Nearly half of the clients (48.4 percent) were receiving treatment for co-occurring alcohol and drug abuse disorders, one-third (34.6 percent) for alcohol abuse only, and one out of five (17 percent) for drug abuse only. Of the 77 facilities, 36 are specifically for substance abuse treatment, one is for mental health, 39 are for both mental health and substance abuse treatment, and one is for general health care. Nearly two-thirds, or 60 percent, of facilities are private non-profit, 17 percent are tribal facilities, 9 percent are private for-profit, 8 percent are federal facilities, and the remaining 7 percent are local facilities.

Medical Outpatient Costs

Often times those abusing alcohol or drugs receive medical outpatient treatment for specific disorders or illnesses that do not necessarily require constant hospitalization. Examples of specific disorders can include alcohol gastritis or cirrhosis, while related illnesses can be chronic pancreatitis or cancer of the esophagus.

Methodology

As Alaska-specific data on costs of alcohol and drug-related medical outpatient costs was not available, the 1998 NIDA/NIAAA study was used to estimate 2010 figures. Similar to the methodology used in estimating hospital costs, 1992 national estimates on days of care were adjusted for population growth to 2010. Alaska's share of the alcohol abusing or dependent population was then applied to find Alaska's estimated days of outpatient care.

NIDA/NIAAA outpatient care costs were adjusted for inflation to 2010 dollars and for Alaska's health care cost-of-living index, 36.1 percent above the national average. The 1998 study did not include any medical outpatient visits for drug abuse-specific disorders due to lack of data and causal relationships needed to estimate the medical outpatient visits. Other drug-related illness costs will be discussed later in this chapter.

After adjusting for inflation and Alaska's cost-of-living, the estimated average cost for an alcohol and drug abuse-related medical outpatient visit was $479.

Results

Alcohol abuse-related medical outpatient treatment in Alaska cost an estimated $38.3 million in 2010. More than three-quarters, or $33.3 million, was for 72,100 alcohol-related illness visits. Alcohol-specific disorders accounted for 10,900 visits and $5.0 million in total costs. Table 20 shows a breakdown of medical outpatient visits and costs.

TABLE 20. Medical Outpatient Visits and Costs Related to Alcohol Abuse in Alaska, 2010

	Outpatient Visits	Outpatient Costs
Alcohol-specific	10,900	$5,037,200
Alcohol-related	72,100	33,284,200
Total, Alcohol Abuse	**83,000**	**$38.3 million**

Source: McDowell Group, based on alcohol and other drug-dependent population estimates from *National Survey on Drug Abuse and Health, 2008-2009,* Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services; and U.S. medical outpatient and costs related to alcohol abuse from *The Economic Costs of Alcohol and Drug Abuse in the United States – 1992* (NIDA/NIAAA, 1998).

Prescription Drugs

Prescription drug costs are another significant facet of health care costs resulting from alcohol and drug abuse. However, quantifying these costs to Alaska's economy is difficult. Costs come in two categories: legitimate use of prescription drugs and misuse or abuse of prescription drugs.

Legitimate Use

Prescription drug costs result from medications used to treat addiction or abuse and medications to treat chronic illnesses stemming from alcohol or drug abuse. Previously this figure was calculated by taking the national estimate as published in the 1998 NIDA/NIAAA report and adjusting for Alaska's share of the population as well as for Alaska's cost of living. However, new Alaska-specific information is available.

SAHMSA's website notes several drugs associated with the treatment of alcohol and opioid dependence: naltrexone, disulfiram, acamprosate calcium, methodone, and buprenorphine. These medications are used to improve survival, increase retention in treatment, decrease drug use, and decrease hazardous effects of substance abuse such as low employment and criminal activities.

The Alaska Department of Health and Social Services was able to provide a count of each drug prescribed in Fiscal Year 2010 in Alaska. Unit prices for Alaska were not available, though, Oregon, Alabama, and Idaho have prices publicly listed. Price listings are for Medicare and Medicaid claims which are likely somewhat lower than private costs, resulting in conservative cost estimates for this section. These prices were adjusted to Alaska's cost of living and to 2010 dollars and applied to total prescriptions for each drug in Alaska.

Past estimates of prescription drug costs for the treatment of chronic illnesses attributed to alcohol or drug abuse were based on national figures that assumed 2.2 percent of total drug costs were alcohol or drug-related. It is not possible to separate costs for dependence treatment from costs for chronic illnesses. As a result, pharmaceutical costs for alcohol-related illnesses such as liver disease – a major cost – are not accounted for. Medical costs for drug-related illnesses such as HIV/AIDS and Hepatitis B and C are examined in later sections.

Total prescriptions costs in 2010 for medications attributed to the treatment of alcohol and drug abuse in Alaska were $1.1 million. Table 21 shows a breakdown of costs by drug.

TABLE 21. Prescription Drug Costs to Treat Alcohol and Drug Dependence in Alaska, 2010

	Total Claims	Total Cost
Buprenorphine	3,042	$934,400
Naltrexone	113	106,400
Acamprosate calcium	56	8,600
Disulfiram	60	5,300
Total	**3,271**	**$1.1 million**

Source: AAC rates Oregon, http://www.oregon.gov/OHA/pharmacy/reimburse-method/index.shtml; AAC rates Alabama, http://al.mslc.com/AACList.aspx; AAC rates Idaho, http://id.mslc.com/uploadedFiles/ID_AAAC_Generic_Update_20120529.pdf. Total prescription claims and quantity from DHSS.

Misuse or Abuse

Costs result from the illegal procurement and abuse of pharmaceuticals without a prescription from a medical doctor. Costs can include those to law enforcement, legal and adjudication fees, incarceration costs, treatment costs, loss of productivity and many others examined elsewhere in this report.

In 2011, the Alaska State Troopers reportedly seized 1,051 units of Hydrocodone, 1,837 units of Oxycontin/Oxycodone, and 2,548 units of other prescription drugs. Prescription pills can be sold illegally in Alaska for anywhere from one to two dollars per milligram. In the Troopers' *2011 Annual Report*, it was noted that with increasing demand of these drugs and a lessening supply, many addicts are turning to property and violent crimes to pay for their addiction.

The *2011 Youth Risk Behavior Survey* found that 6.9 percent of youths in traditional high schools had taken pharmaceuticals without a doctor's prescription in the last 30 days, while 21.6 percent of those in alternative high schools reportedly did so.

Nursing Home/Long-Term Care Costs

Alcohol and drug abuse may result in the need for nursing home or long-term care to provide medical or emotional support. Long-term care and nursing home cost estimates are for residents with a primary alcohol abuse-specific diagnosis.

Methodology

Nursing home and long-term care costs for alcohol-related illnesses were calculated using data from DHSS and the 1998 NIDA/NIAAA study. DHSS maintains data on the number of long-term care days for each care facility in Alaska, as well as the daily rate information for each facility. There were an estimated 223,936 total nursing home and long-term treatment care bed days in Alaska in 2010, with cost per day of care averaging $419 per day, with a range of $354 to $840 per day. The cost of Alaska nursing home care for all illnesses and injuries during 2010 was approximately $107.8 million. The NIDA/NIAAA report estimated that about 1 percent of the nation's nursing home care costs can be attributed to alcohol abuse-specific illnesses. This

estimate was applied to total nursing home and long-term care costs to find the total cost attributed to alcohol abuse in Alaska in 2010.

Results

Alcohol abuse-related nursing home care days totaled 2,239 in Alaska during 2010. Total nursing home and long-term care costs related to alcohol abuse in 2010 were approximately $1.1 million.

Fetal Alcohol Spectrum Disorders

Exposure to alcohol during pregnancy can cause a variety of birth defects, known as fetal alcohol spectrum disorders (FASD). FASD is an umbrella term that includes all alcohol-related birth defects including FAS. Although most are familiar with FAS, or fetal alcohol syndrome, less commonly known are the multiplicity of other disorders that can stem from prenatal alcohol exposure, including:

- partial FAS (PFAS),
- fetal alcohol effects (FAE),
- alcohol-related neurodevelopmental disorder (ARND),
- and other alcohol-related birth defects (ARBD).

Often children with fetal alcohol disorders are not identified until they reach school age or later as symptoms do not become apparent until later childhood developmental stages. FASD symptoms can include difficulties with attention, memory and problem solving. Additionally, heart, liver, and kidney disease as well as vision and hearing problems are common among children with FASD.[2]

FASD causes the most common childhood developmental disorders and they are 100 percent preventable. The Center for Disease Control and Prevention (CDC) conducted several studies on FAS and have found that the prevalence of FAS across the nation varies from 0.2 to 1.5 cases per 1,000 live births. Other studies have found that prevalence rates are somewhat higher, 0.5 to 2.0 per 1,000 live births.[3] Studies have also found that rates are even higher among high risk populations such as American Indians/Alaska Natives, other minorities and families living in poverty, where rates can be as high as 0.5 to 5.0 per 1,000 live births.

The CDC estimates there are between 1,000 and 6,000 infants born each year in the United States with Fetal Alcohol Syndrome. From 1995 to 2000, Alaska was one of five states involved in the CDC's Fetal Alcohol Syndrome Surveillance Network (FASSNET), a program set up to track FAS prevalence rates. Participating states included Alaska, Arizona, Colorado, New York, and Wisconsin. In the 1997 study, Alaska reported 1.5 per 1,000 live births, significantly higher than the other states in the program, with Arizona and New York at 0.3 and 0.4 per 1,000 live births, respectively.[4]

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[2] National Organization on Fetal Alcohol Syndrome, *What is FAS/FASD?*, www.nofas.org/faqs.aspx?id=9
[3] Center for Disease Control and Prevention
[4] CDC, *Fetal Alcohol Syndrome – Alaska, Arizona, Colorado, and New York, 1995-1997*, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5120a2.htm.

In 2010, the Alaska Department of Health and Social Services reported that Alaska has an average of 180 live births reported to the Alaska Birth Defects Registry each year with suspected FASD.[5] DHSS tracked FAS (and FASD) prevalence rates from 1996 to 2006. Most recent rates according to the 2001 to 2003 birth cohort indicate Alaska has 13.8 cases of prenatal alcohol exposure per 1,000 live births, while the 2000 to 2002 birth cohort estimate 1.35 cases of FAS per 1,000 live births. Based on most recent DHSS prevalence estimates and 2010 birth data, approximately 158 were born with a possible FASD in 2010 and 15 with FAS.

FAS vs. FASD

It should be noted that this study measures the economic costs of FAS only and does not include costs associated with other disorders resulting from prenatal alcohol exposure. According to SAMHSA's information on FAS, in order to be diagnosed with Fetal Alcohol Syndrome, the individual has to meet specific criteria including facial anomalies, growth deficiencies, central nervous system defects, and maternal alcohol use during pregnancy. Specific diagnostic criteria for FAS allows for more manageable reporting of data collected about the prevalence of the disorder as compared to FASD which encompasses a wider variety of symptoms and disorders.

As reported in McDowell Group's *Economic Costs of Alcohol and Drug Abuse in Alaska, 2005 Update*, Alaska maintains a broad range of fetal alcohol spectrum disorder diagnostic teams throughout the state. As of June 2011, the diagnostic team network had conducted 1659 FASD assessments. Of these, 8.69 percent were diagnosed with FAS or atypical FAS, 51.7 percent with Static Encephalopathy, 32.7 percent with Neurobehavioral Disorder, and 6.5 percent were found to have no evidence of organic brain damage. Findings indicate that fetal alcohol spectrum disorders affect a much larger number of infants in Alaska than can be assumed by simply applying known prevalence rates. Economic costs for FAS presented in this report significantly underrepresent actual costs of health care for those born with alcohol-related birth disorders.

Economic Costs of Alcohol and Drug Abuse

Fetal alcohol spectrum disorders affect those diagnosed throughout their lifetime and the costs of caring for these individuals can be significant. Costs can range from neonatal care for low birth weight to special speech therapy, behavioral management, or residential care for youth and adults with FAS.

There have been few estimates on the annual cost of treating individuals with FAS. A more recent study by the authors responsible for the 1998 NIDA/NIAAA study[6] provided an update to previously reported annual costs of treating FAS. Direct costs include medical costs, social services, and judicial costs. Indirect costs are those as a result of lost productivity due to inability to work through death or impairment. Productivity losses as a result of FAS have not yet been accounted for in this report.

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[5] DHSS, *Fact Sheet: Fetal Alcohol Spectrum Disorders*, http://www.hss.state.ak.us/press/2010/FAS_fs_021810.pdf.

[6] Lupton, Chuck, Larry Burd, and Rick Harwood. *Cost of Fetal Alcohol Spectrum Disorders.* American Journal of Medical Genetics Part C. 127C: 42-50 (2004). ftp://senfiles.healthystartfv.org/Sort%20Literature%20Review.Data/30015_ftp-2928697097/30015_ftp.pdf.

Methodology

To calculate the economic costs from FAS, known live births were applied to estimated annual costs of treatment. The Alaska Department of Health and Social Services Fetal Alcohol Surveillance Project maintains data in conjunction with the Alaska Birth Defect Registry.

The FAS Surveillance Project further works with diagnostic teams across the state to track the prevalence of multiple fetal alcohol spectrum disorders. The diagnostic process utilized by Alaska's diagnostic teams was developed by researchers at the University of Washington Fetal Alcohol Syndrome Diagnostic and Prevention Network. The Alaska FAS network considers its surveillance project to be highly vigorous, though keeping in mind the wide variety of symptoms and disorders that can occur as a result of prenatal alcohol exposure, it is possible that cases are under reported.

In McDowell Group's previous report, lifetime cost estimates were based on data published in the Health Professions Education Partnership Act of 1998 (Senate Bill 1754). Annual costs were not estimated. However, more recent data makes it possible to estimate annual costs. Annual economic costs of FAS in 2002, as published by Lupton, et al., were divided by approximate FAS births with a prevalence rate of 2 FAS live births per 1,000, to find an estimate on cost per patient.

Unit costs were adjusted for inflation to 2010 dollars and for Alaska's cost-of-living and applied to estimated FAS births in Alaska.

Results

In 2010, the Alaska Bureau of Vital Statistics reported a total of 11,470 births. With an FAS prevalence rate of 1.35 per 1,000 live births, there were a total of 15 FAS births in Alaska in 2010. Annual costs of treating 15 individuals with FAS amount to $286,500. It is important to note that these costs are only those for new births in 2010 and do not include figures for total FAS cases in Alaska, including those born prior to 2010. Table 22 shows total FAS births and annual costs in 2010.

TABLE 22. Annual Direct and Indirect Costs for Children Born with FAS in 2010

	Incidence and Costs
Alaska births in 2010	11,470
FAS incidence per 1,000 live births	1.35
FAS births	15
Cost per patient	$19,000
Annual FAS cost	**$286,500**

Source: Birth data from the Alaska Bureau of Vital Statistics. FAS prevalence rates from DHSS. Cost per patient from Lupton, et al. *Cost of Fetal Alcohol Spectrum Disorders.*

AIDS and HIV Costs

Although acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) are most often thought of as sexually transmitted diseases (STDs), a significant portion of cases can actually be attributed to intravenous drug use through the sharing of unhygienic needles. Due to advances in health care for HIV and AIDS, extensive inpatient medical care is not as often required. However, medical expenses are still costly and should be included in drug-related health care costs.

Methodology

The Alaska Department of Health and Social Services Epidemiology Section compiles and reports data on a number of infectious disease cases reported in the state. The Epidemiology Section counts all known cases and first diagnoses of HIV, AIDS, and those with both HIV and AIDS, however it should be noted that figures may be conservative, as some Alaskans could have been diagnosed and treated out of state. The HSS Epidemiology Section also maintains records of cases by method of exposure. Between 1982 and 2011, 13 percent of known HIV cases in Alaska were a result of intravenous drug use.[7] Another note, the Section does not track individual whereabouts, therefore if infected individuals have moved away from the state that will not be reflected in the data. The Epidemiology Section tracks data on deaths of known AIDS patients, however cause of death is not included in the data. In this study, for all known deaths among individuals with AIDS it is assumed that 100 percent are attributable to the disease.

The 1998 NIDA/NIAAA study provided an estimate of annual medical expenses for HIV and AIDS patients. As no comparable update has been made to this estimate, this figure was utilized for the purpose of this report and adjusted for inflation and for Alaska's cost-of-living differential. Medical costs for HIV patients in 2010 were $33,000 per year, while costs for AIDS patients were $92,200 per year.

The Alaska Epidemiology Section reported a total of 906 known cases of individuals with HIV or AIDS living in the state in 2010. Of those, 439 had HIV while 467 had HIV with AIDS. Thirteen percent of these cases were contracted through intravenous drug use.

Although accurate estimates are not available for cases attributed to alcohol, alcohol abuse does pose a risk in contracting HIV or AIDS through unprotected sex.

Results

In 2010, there were 118 cases of HIV or AIDS attributable to intravenous drug use. Of those, 61 cases were HIV with AIDS cases, which cost an estimated $5.6 million per year. There were 57 known cases of HIV without AIDS, resulting in a total of $1.9 million in medical expenses. HIV and AIDS medical expenses in Alaska total $7.5 million in 2010.

(see table next page)

[7] State of Alaska Epidemiology Section, Summary of HIV Infection – Alaska, 1982-2011, http://www.epi.alaska.gov/bulletins/docs/b2012_07.pdf.

TABLE 23. Annual Medical Expenses per AIDS and HIV Case Due to Drug Abuse in Alaska, 2010

	Annual Medical Expenses per Patient	Number of AIDS and HIV Patients	Total Costs due to Drug Abuse
HIV Positive	$33,000	57	$1,885,500
AIDS	92,200	61	$5,600,000
Total	**n/a**	**118**	**$7.5 million**

Source: McDowell Group, based on AIDS and HIV case numbers from DHSS, Division of Public Health; and annual medical expense data from *The Economic Costs of Alcohol and Drug Abuse in the United States – 1992* (NIDA/NIAAA, 1998).

Hepatitis B and C Costs

Similar to HIV and AIDS, intravenous drug use can result in the contraction of hepatitis B and C through the sharing of unhygienic needles. Hepatitis B and C have the potential to cause cirrhosis and primary hepatic cancer.

Methodology

To estimate the economic costs of hepatitis B and C, the 1998 NIDA/NIAAA study was used to provide an approximate annual cost of care. While DHSS Epidemiology Section tracks means of exposure for HIV and AIDS cases, they do not compile this data for hepatitis cases. The rate of hepatitis B and C cases attributable to intravenous drug use were taken from the Centers for Disease Control and Prevention's most recent estimates.

The Alaska Department of Health and Social Services Epidemiology Section tracks data on infectious disease cases in Alaska including hepatitis B and C. The section reported a total of 5 hepatitis B cases in 2010 and 726 cases of hepatitis C. The CDC estimated that the rate of hepatitis B and C cases that can be attributed to intravenous drug use are 17 percent and 60 percent, respectively. Hepatitis B infection is accompanied by acute illness, therefore reported cases to the Epidemiology Section should be an accurate representation of total cases in Alaska as patients are highly likely to seek medical care. However, hepatitis C does not necessarily cause acute symptoms in the short term, though long-term costs are significant. Data on the disease stage and how many patients were cured is limited; this report represents only known cases as reported to the Epidemiology Section.

Medical expenses published in the 1998 NIDA/NIAAA report were used to estimate current costs in Alaska by adjusting for inflation to 2010 dollars and for Alaska's health care cost-of-living differential. In 2010, the estimated medical expenses for hepatitis B and hepatitis C patients were $3,800 and $16,800 per patient, respectively. These costs were applied to the total number of cases that can be attributed to drug use to measure total economic costs for 2010. Notably, most hepatitis B and C cases require only monitoring of the disease, which is relatively inexpensive. Hepatitis B cases generally require intensive treatment but only limited long-term care, while hepatitis C cases may require low levels of treatment over an extended time, followed by more intensive treatment in later stages of the disease.

Results

Of the five cases of hepatitis B and the 726 cases of hepatitis C reported in 2010, those that can be attributed to intravenous drug use included one case of hepatitis B and 436 cases of hepatitis C. The single case of hepatitis B cost $3,800 in medical expenses, while 436 cases of hepatitis C cost a total of $7.3 million. Total costs of hepatitis B and C cases as a result of intravenous drug use in 2010 were roughly $7.3 million. Table 24 shows a breakdown of costs by cases due to drug abuse.

TABLE 24. Annual Medical Expenses per Hepatitis B and C Case Due to Drug Abuse in Alaska, 2010

	Annual Medical Expenses per Patient	Number of Patients	Total Costs due to Drug Abuse
Hepatitis B	$3,800	1	$3,800
Hepatitis C	16,700	436	7,296,200
Total	**n/a**	**437**	**$7.3 million**

Source: McDowell Group, based on hepatitis B and C case numbers from DHSS, Epidemiology Section; and annual medical expense data from *The Economic Costs of Alcohol and Drug Abuse in the United States – 1992* (NIDA/NIAAA, 1998).

Chapter 5: Public Assistance and Social Services

As discussed earlier in this report, alcohol and drug abuse can lead to reduced efficiency or mental and physical impairment, which prevents individuals from holding a job and contributing to the income of their household. This places them in the position of need, which may lead them to qualify for public assistance in the form of cash, food stamps, child care assistance, or other social services provided by the state and federal government. This chapter briefly examines the costs of public assistance and social services that can be attributed to alcohol and drug abuse.

Methodology

To estimate the costs of public assistance and social services attributed to alcohol and drug abuse, state and federal expenditures were examined by total expenditures in the state for each program, including both administrative costs and beneficiary payouts. It should be noted that simply looking at payouts of public assistance programs does not fully represent the total cost to society of implementing and administering the programs.

There are two primary sources of public assistance expenditures at the federal level: Supplemental Security Income (SSI) and Old Age, Survivors, and Disability Insurance (OASDI). According to a U.S. Census report of consolidated federal funding by program, Alaska received federal funds for administration of Supplemental Security, Survivors Insurance, and Disability Insurance payments. The 1998 NIDA/NIAAA study estimated that 1.7 percent of total costs for SSI and OASDI recipients can be attributed to cases related to alcohol and drug abuse. This estimate was applied to total federal reported expenditures for Alaska.

At the state level, public assistance programs include the Alaska Temporary Assistance Program (ATAP), food stamps, energy assistance, child care assistance, as well as other programs. The Alaska Department of Health and Social Services was able to provide total expenditures by program. The NIDA/NIAAA report estimated 4.1 percent of state assistance program costs could be attributed to alcohol and drug abuse. This rate was applied to DHSS reported expenditures to find total state spending attributed to alcohol and drug abuse.

Results

Administration costs from alcohol and other drug abuse-related public assistance, including both state and federal expenditures, totaled $13.2 million. In 2010, Alaska's share of SSI and OASDI federal expenditures was $429 million. Of that, $7.3 million can be attributed to drug and alcohol abuse. The State of Alaska budgeted $144 million on public assistance programs, $5.9 million of which can be attributed to state residents abusing drugs and alcohol.

Chapter 6: Co-Occurring Disorders

While alcohol and drug abuse has been recognized both in Alaska and nationwide as a serious threat to our society, less often mentioned is the significant number of those abusing with co-occurrence of serious mental illness (SMI). Research has shown that individuals with SMI have higher rates of alcohol and/or drug dependence or abuse than the population as a whole. Further, those that experience co-occurrence of SMI and alcohol or drug abuse are more likely to only receive treatment for their mental illness, rather than for substance dependence.

Over the last several years, the State of Alaska has been working to integrate substance abuse treatment and mental health services in the state in order to provide coordinated treatment needs. Both mental health services and alcohol and drug abuse services now fall under the Alaska Department of Health and Social Services' Division of Behavioral Health. As an example of progress aimed at improving treatment and support for individuals experiencing co-occurring disorders in Alaska, in December 2011, the Department of Health and Social Services implemented a new set of regulations governing integrated behavioral health services.

On the national level, SAMHSA's Office of Applied Studies includes both substance abuse and mental illness in their annual National Survey on Drug Use and Health (NSDUH). The survey provides an accurate estimate of the rate of co-occurrence of mental illness and substance abuse on the national level. Additionally, in 2004 SAMHSA published a report *Serious Mental Illness and its Co-Occurrence with Substance Use Disorders, 2002* which provides data on co-occurrence of mental illness and substance dependence or abuse, as well as the rates of treatment for individuals with these conditions.

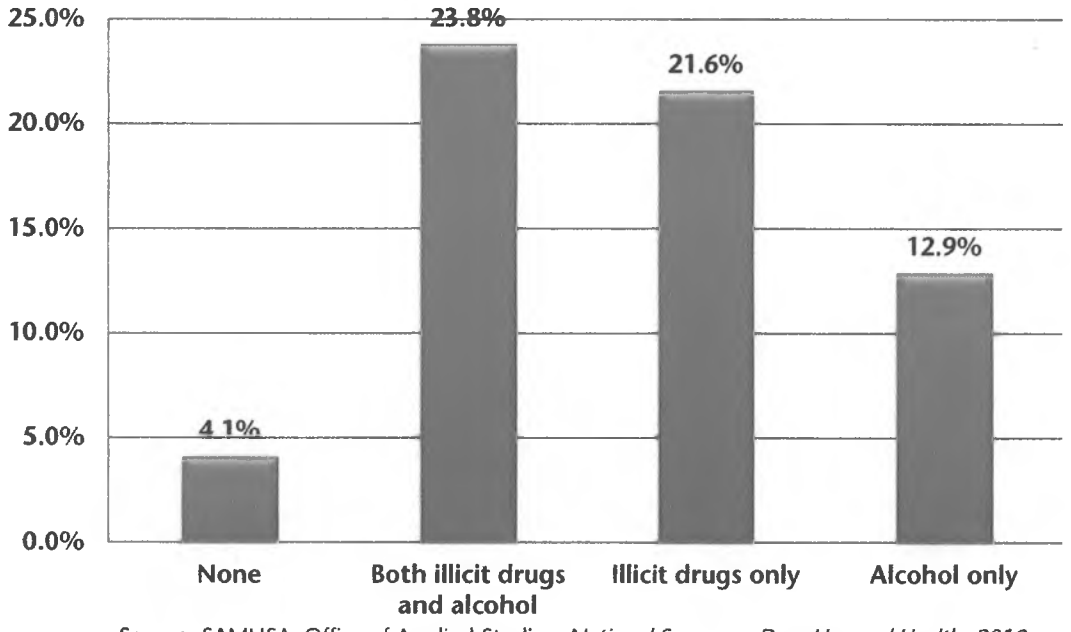
This chapter examines the co-occurrence of serious mental illness and substance abuse on the national and state level and reviews state data and initiatives in addressing the issue.

Co-Occurrence of Serious Mental Illness and Substance Dependence or Abuse

Although the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has not provided an update to its 2004 report on co-occurrence, the annual NSDUH includes the prevalence of co-occurrence as well as treatment received by those with co-occurring disorders. In 2010, 4 percent of the US population age 18 and older experienced the co-occurrence of a substance use disorder and a mental health disorder and 1.2 percent of the population experienced a substance use disorder combined with serious mental illness (SMI).

Among adults with SMI age 18 and older in 2010, 23.8 percent were dependent on or abusing both alcohol and illicit drugs, 21.6 percent were experiencing illicit drug dependence or abuse only, and 12.9 percent experience alcohol dependence or abuse only. Just 4.1 percent of those with serious mental illness did not have a substance use disorder.

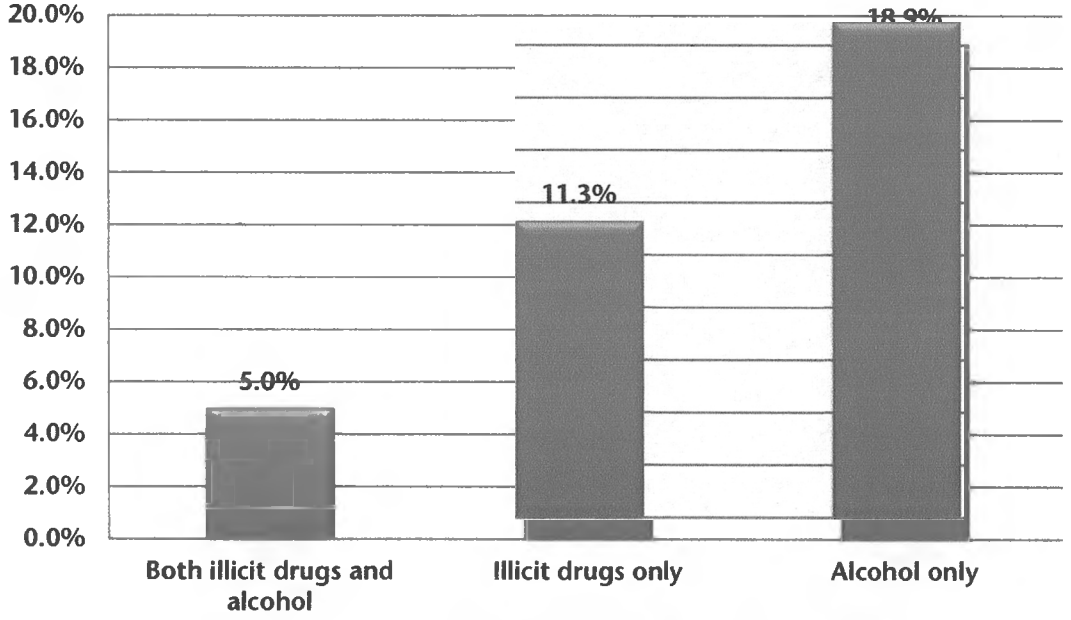
FIGURE 5. Serious Mental Illness among Adults Age 18 or Older, by Substance Dependence or Abuse, 2010



Source: SAMHSA, Office of Applied Studies, *National Survey on Drug Use and Health, 2010.*

Conversely, of those dependent or abusing both illicit drugs and alcohol, 5 percent have been diagnosed with serious mental illness. Of those with illicit drug dependence or abuse alone, 11.3 percent have SMI. Finally, of those with alcohol dependence or abuse alone, 18.9 percent have SMI.

FIGURE 6. Those with Serious Mental Illness, Dependent or Abusing Population, 2010



Source: SAMHSA, Office of Applied Studies, *National Survey on Drug Use and Health, 2010.*

According to the National Alliance on Mental Illness (NAMI), the consequences of co-occurring disorders can be great. Those afflicted are far more prone to violence, medication noncompliance, and failure to respond to treatment. Further, for the individual with a co-occurring disorder, not only do they suffer from overall poorer functioning, but they also have a significantly greater chance of relapse to substance use. NAMI reported that those with co-occurring disorders are much more likely to live in high-risk locations such as marginal neighborhoods with high substance usage and have a more difficult time forming social relationships and becoming involved in their society. Further, those with co-occurring disorders are much more likely to be homeless or jailed. NAMI estimates that 50 percent of homeless persons with SMI have a co-occurring substance abuse disorder and 16 percent of incarcerated individuals have severe mental and substance abuse disorders. Further, 72 percent of detainees with mental disorders have a co-occurring substance abuse disorder.[8]

Treatment and Co-Occurrence

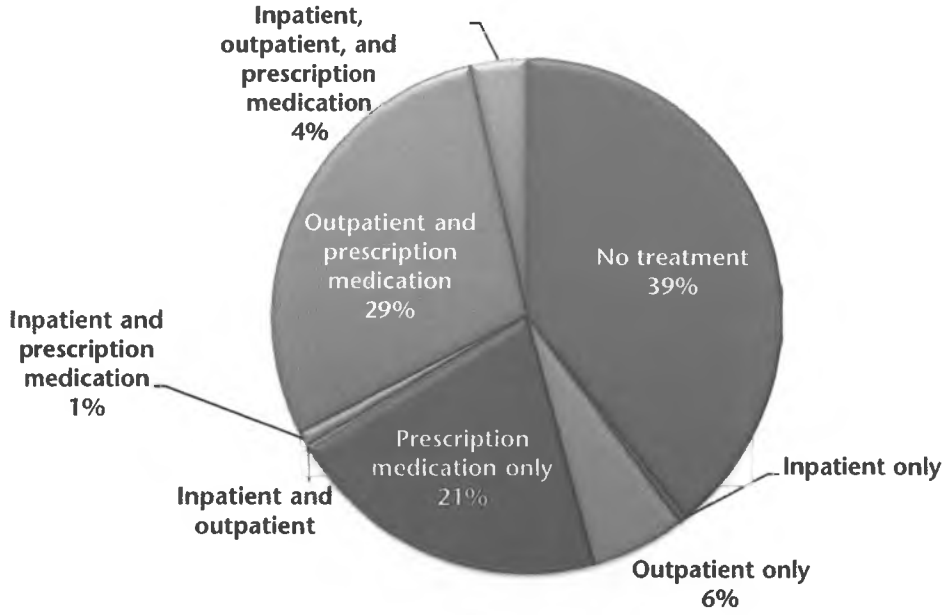
As part of the NSDUH, SAMHSA has also continued to track treatment statistics among those with co-occurring disorders. Although state-level data on co-occurrence is not available, national data provides a look at treatment received by those suffering from co-occurring mental illness and substance use disorders.

Among those with SMI, 39.2 percent were not receiving any treatment, while one out of five were only receiving treatment through prescription medication. Just over one-quarter were receiving a combination of outpatient treatment and prescription medication and 6 percent were receiving outpatient treatment alone. Only five percent of those with serious mental illness were receiving inpatient treatment. Figure 7 shows a breakdown of treatment received by those with SMI in 2010.

(see figure next page)

[8] National Alliance on Mental Illness, *Dual Diagnosis and Integrated Treatment of Mental Illness and Substance Abuse Disorder*, http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23049.

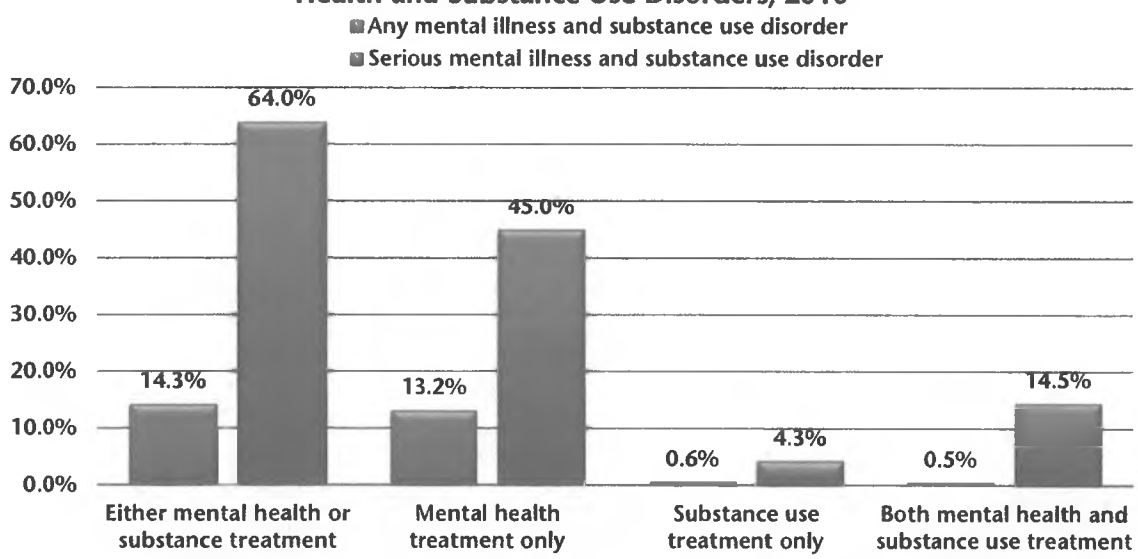
FIGURE 7. Types of Mental Health Treatment Among Those with Serious Mental Illness, 2010



Source: SAMHSA, Office of Applied Studies, *National Survey on Drug Use and Health, 2010.*

Of those that reported co-occurrence of serious mental illness and a substance abuse disorder, two-thirds are receiving either mental health or substance abuse treatment, and of those reporting any form of mental illness and co-occurring substance abuse, just 14.3 percent are receiving any form of treatment. Under half of those with co-occurring SMI and substance dependence or abuse are receiving mental health treatment alone and 14.5 percent are receiving a combination of substance and mental health treatment. Less than one percent of those with substance use and any mental health disorders are receiving treatment for both. Figure 8 shows a breakdown of received treatment in 2010.

FIGURE 8. Received Mental Health and Substance Treatment among those with both Mental Health and Substance Use Disorders, 2010



Source: SAMHSA, Office of Applied Studies, *National Survey on Drug Use and Health, 2010.*

Alaska Initiatives to Address Co-Occurring Disorders

As part of SAMHSA's comprehensive surveying on substance abuse and mental health, the organization conducts the *National Survey of Substance Abuse Treatment Services* (N-SSATS) and maintains data for every state. In 2010, Alaska had 39 facilities that offered a mix of mental health and substance abuse treatment services. Of these, 27 facilities were specifically for co-occurring disorders.

Substance Abuse/Mental Health Integration Project

In July 2000, the Alaska Department of Health and Social Services partnered with the Alaskan Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse to identify problems and barriers in caring for individuals with co-occurring mental health and substance use disorders. The goals of the project were to improve treatment outcomes, to improve accessibility of services and quality of care, and to improve efficiency in administration to minimize costs and facilitate greater use of funds for client services. As part of the program, the project team administered a survey of substance use disorder and mental health providers. Among mental health providers, they found up to three-quarters of their clients experienced co-occurring disorders, compared to 42 percent of substance abuse providers.[9] The DHSS' Division of Behavioral Health was a product of this project and the division continues to work towards integration and improvement of services.

Bring the Kids Home Initiative

Mental health and substance abuse disorders are not limited to adults. As noted in the *Economic Costs 2005 Update*, SAHMSA reported a link between substance abuse disorders and behavioral and mental/emotional disorders among youth. The *2001 National Household Survey on Drug* abuse found that 26 percent of those between the ages of 12 and 17 who had used illicit drugs in the past year had also received treatment or counseling for behavioral or mental health issues, compared to just 16 percent of those who had not used illicit drugs.

The Alaska Department of Health and Social Services, through the Division of Behavioral Health and the Mental Health Trust Authority, started the Bring the Kids Home initiative in 2004 in order to address the high number of youth seeking treatment out of state. Disadvantages of out-of-state treatment may include less therapeutic benefit for children and their families, longer lengths of stay, higher risk of readmission, and transitional difficulties.

The Bring the Kids Home initiative (BTKH) was established to support further development of in-state infrastructure and treatment opportunities for youth and children. Workgroups were established to identify means to support the growth of services and service providers in Alaska, to identify ways to support the development of a treatment professional workforce, and to review cases of children who are under consideration of treatment out-of-state in order to attempt to redirect them in-state.

[9] DHSS, *Final Report of the Steering Committee, Substance Abuse/Mental Health Integration Project*, http://www.hss.state.ak.us/abada/pdf/itfinal.pdf.

BTKH further established a set of indicators in order to track progress of the program. As indicated in the McDowell Group's *2005 Update*, the program had already shown progress towards its goals. Established indicators include:

- Client shift – a reduction in the total number of children/youth admitted to out-of-state residential psychiatric treatment centers (RPTC)
- Funding shift – a reduction in Medicaid/General Fund match dollars from out-of-state services to children/youth with a corresponding increase in Medicaid/General Fund match dollars for in-state services
- Length of stay – a reduction in the average length of stay for in-state and out-of-state residential institutions
- Service capacity – an increase in the number of instate residential beds for children/youth
- Recidivism – a reduction in the number of children/youth returning to RPTCs and acute hospitalization care
- Client satisfaction – number of children and families reporting satisfaction with services rendered
- Functional improvement – children and youth showing functional improvement in one or more life domain areas at discharge

Since its start in 2010, the program has reported progress under these indicators. From 2004 to 2010, out-of-state RPTC custody admissions are down by 84 percent. Overall, total admissions both in-state and out-of-state have declined, though since 2007, in-state admissions have started to rise. Overall, RPTC Medicaid expenditures have declined by 13 percent, along with a 22 percent decline for out-of-state RPTCs, and a 4 percent declined for in-state RPTCs. On the other hand, overall length of stay averages have increased for both in-state and out-of-state facilities. Service capacity rose 47 percent from 2004 to 2009.[10]

[10] DHSS, Behavioral Health: Policy & Planning, *Bring the Kids Home Initiative: Indicators for SFY10*, http://www.hss.state.ak.us/commissioner/btkh/pdf/BTKH-SFY10%20Datav4DRAFT.pdf.

Chapter 7: Cost of Underage Drinking in Alaska

The cost of underage drinking, though not included in total economic costs measured in this report, are worth examining as the incidence of underage drinking has become inherent in Alaska and the US as a whole.

The Pacific Institute for Research and Evaluation (PIRE), Underage Drinking Enforcement Training Center, maintains regularly updated, state-specific data on the costs associated with underage drinking. It should be noted that, as many of these costs have already been included in this report, the PIRE figures are not included in total economic costs of alcohol and drug abuse in Alaska. PIRE estimates that in 2010, total costs of underage drinking were $300 million. Underage drinking comes with costs in the form of health, social, and economic problems and, according to PIRE, is a causal factor in many serious problems including homicide, suicide, traumatic injury, drowning, burns, violent and property crime, high risk sex, fetal alcohol syndrome, alcohol poisoning, and the need for treatment for alcohol abuse and dependence.

The largest costs estimated by PIRE is pain and suffering, at an estimated worth of $190 million in 2010. Workplace costs were $79 million and medical costs were $52 million. Table 25 shows a breakdown of total costs of underage drinking by problem in 2010.

TABLE 25. Costs of Underage Drinking in Alaska, by Problem, 2010 ($)

	Total Costs (in millions)
Youth violence	$154.7
Youth traffic crashes	91.0
High-risk sex, Ages 14-20	11.0
Youth property crime	11.4
Youth injury	21.5
Poisonings and psychoses	1.7
FAS among mothers age 15-20	4.9
Youth alcohol treatment	25.2
Total	**$321.4**

Source: Pacific Institute for Research and Evaluation (PIRE), Underage Drinking Enforcement Training Center, *Underage Drinking in Alaska: The Facts*, http://www.udetc.org/factsheets/AK.pdf.

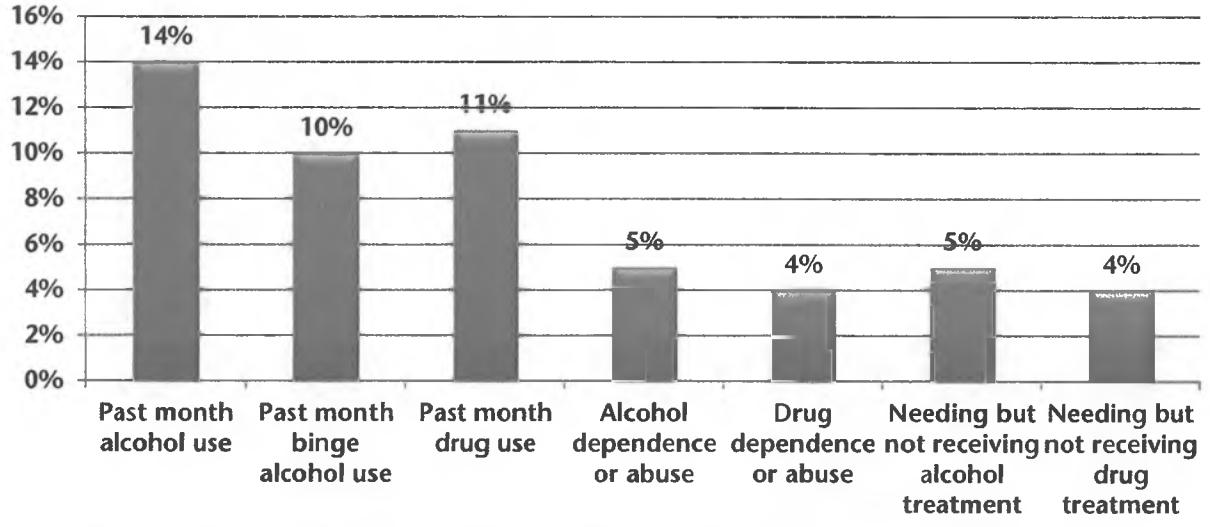
These estimates include injuries, deaths, crime and a number of other figures that have already been measured elsewhere in this study. Costs of pain and suffering have not been addressed in this report. These costs consider mental distress associated with physical and emotional injury as a result of youth alcohol consumption.

Incidences of Underage Drinking and Drug Use

There are several estimates of underage drinking incidences in Alaska, including the annual NSDUH and the biennial Youth Risk Behavior Survey tracked by the CDC's Youth Risk Behavior Surveillance System (YRBS).

According to NSDUH's 2008-2009 survey results (the most recent state-specific data available), 14 percent of Alaskans between the ages of 12 and 17 had reported drinking alcohol in the past month and one out of ten had reported binge drinking. Five percent were abusing or dependent on alcohol. In the same age group, 11 percent had used illicit drugs in the past month, with 9 percent using marijuana and 1.5 percent using cocaine. Four percent were dependent on or abusing illicit drugs. Figure 8 shows a breakdown of these results.

FIGURE 8. Selected Alcohol and Drug Use in Alaska, Age 12-17, 2009



Source: SAHMSA, *National Survey on Drug Use and Health, 2008-2009*, http://www.oas.samhsa.gov/2k9State/WebOnlyTables/stateTabs.htm#Tab13.

The CDC led *Youth Risk Behavior Survey* provides another indicator of underage drinking and drug use. According to Alaska's 2011 traditional high school survey results, over one-quarter (28.6 percent) reported that they currently participated in drinking activities and roughly one in five (21.2 percent) currently smoke marijuana. In Alaska's traditional high schools, 4.9 percent of students reported using cocaine in their life, 2.4 percent used heroin, 3.1 percent used methamphetamines, and 5.7 percent used ecstasy. Usage in Alaska's alternative high schools was much higher with 25.1 percent using cocaine, 10.1 percent using heroine, 12.3 percent using methamphetamines, and 28.6 percent using ecstasy.

According to SAMHSA's *National Survey of Substance Abuse Treatment Services* (N-SSATS), in 2010 one out of ten clients in treatment was under the age of 18. Of the 335 youth in treatment as of March 2010, 41 percent were there for substance abuse and 59 percent were in treatment for both mental health and substance abuse issues.

Causes of Underage Drinking

In a 2006 report by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a variety of factors were cited that contribute to underage drinking. Identified causal factors include risk-taking, expectancies, sensitivity and tolerance to alcohol, personality characteristics and psychiatric comorbidity, hereditary factors, and environmental aspects.

- Risk-taking, or the desire to seek out potentially dangerous situations, is an attribute that scientists have linked to the extended brain development stage that occurs during adolescence.
- How alcohol consumption is perceived by an individual is another leading factor in underage drinking. If an individual expects drinking to be a pleasurable experience, they are significantly more likely to drink. The NIAAA study explains that perceptions of drinking change with age. Before age nine, children are more likely to have a negative view of alcohol. However, by age 13, expectancies shift becoming more positive.
- The underage brain is usually more tolerant to the effects of alcohol than the adult brain. Youth are able to drink more before feeling effects such as drowsiness, lack of coordination, and withdrawal/hangovers. This contributes to higher rates of binge drinking among youth.
- Personality characteristics in youth including hyperactivity, aggressiveness, conduct problems, and antisocial personalities are a common link among those that start drinking at a very early age.
- Hereditary factors can play a major role in underage drinking. Children from families with severe alcoholics place them at a much greater risk of drinking at a young age. Children of alcoholics are between four and ten times more likely to become alcoholics themselves than those with no close relatives with alcoholism.
- Finally, environmental aspects are another common factor in underage drinking. The influence of parents or peers that drink influence adolescent drinking behavior.

Chapter 8: Employment and Tax Impacts of Alcohol Sales

The primary focus of this report is to discuss the economic *costs* of alcohol and drug abuse to the state of Alaska. However, there are notable economic benefits that come along with the legal sale of alcohol in the state. The chief indicators of these benefits are employment and the associated earnings that end up circulating through the local economy. Other benefits such as indirect employment impacts as a result of alcohol sales and manufacturing are beyond the scope and purpose of this study.

This chapter briefly examines the economic benefits of alcohol sales in Alaska.

Methodology

The Alaska Department of Labor and Workforce Development maintains data on employment and earnings by industry. Data reported by the DOL was utilized to gather employment and earnings information for the following industries:

- Breweries & Wineries (NAICS 312120, 312130)
- Wholesale trade for beer, wine, and distilled beverages (NAICS 424810)
- Beer, Wine, Liquor stores (NAICS 445310)
- Drinking places, alcoholic (NAICS 722410)

Tax Revenue collected in Fiscal Year 2010 from the sale of alcoholic beverages was published in the Alaska Department of Revenue (DOR) *Alaska Tax Division 2010 Annual Report.* As of 2002, per gallon tax rates have remained stagnant at $12.80 for liquor, $2.50 for wine, and between $0.35 and $1.07 for beer and malt beverages. In 2010, $19.5 million, or half of total revenue from alcohol sales, went to the Alcohol and Other Drug Abuse Treatment and Prevention Fund.

Results

Average monthly employment in 2010 for alcohol-related industries was 3,023 jobs, bringing in annual earnings of $73.8 million. Tax revenues for alcohol sales totaled $38.8 million in 2010. The large majority of earnings were from retail trade at liquor stores and drinking places. Liquor accounted for nearly half of tax revenue while beer and malt beverages sales brought in one-third of revenues. Total alcohol-related employment, earnings, and tax revenues in Alaska for 2010 are presented in Table 26.

(see table next page)

Table 26. Impacts of Alcohol Sales-Related Economic Activity in Alaska, 2010 ($)

Economic Impact		
Employment and earnings	**Average Monthly Employment**	**Earnings**
Breweries	186	$6,186,392
Wineries	*	*
Wholesale trade	*	*
Retail trade: liquor stores	754	22,478,172
Retail trade: drinking places	1,647	25,045,601
Subtotal	**3,023**	**$73,759,508**
Tax revenues		**Total revenue**
Liquor		$19,394,015
Beer, malt beverage, cider		12,832,923
Beer, small brewery		5,332,658
Penalties, interest, refunds		194,007
Subtotal		**$38,756,760**
Total Earnings and Tax Revenues		**$112.5 million**

*Employment data for wineries and wholesalers is confidential and could not be released.
Source: DOLWD and DOR *Alaska Tax Division 2010 Annual Report.*

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Alaska Scorecard

Key Issues Impacting
Alaska Mental Health Trust Beneficiaries

The Trust
The Alaska Mental Health Trust Authority

Click on the title of each indicator for a link to complete sources and information

Key to symbols:
✓ Satisfactory
⟺ Uncertain
✗ Needs Improvement

		Most Current U.S. Data	Previous Year's AK Data	Most Current AK Data	Status
Health					
Suicide					
1	Suicide (rate per 100,000)	12.0	20.1	23.2	✗
2	Percent of adults reporting serious thoughts of suicide *(revised indicator)*	3.8%	4.5%	4.4%	✗
Substance Abuse					
3	Alcohol-induced deaths (rate per 100,000)	7.6	29.3	19.2	✗
4	Percent of adults who engage in heavy drinking	6.1%	7.3%	6.5%	⟺
5	Percent of adults who engage in binge drinking	16.9%	20.2%	17.3%	⟺
6	Percent of population (age 12 and older) who use Illicit drugs	9.0%	13.7%	14.0%	✗
Mental Health					
7	Days of poor mental health in past month (adults)	3.5	3.2	3.3	⟺
8	Percent of teens who experienced depression during past year	28.5%	25.9%	27.2%	✗
Access					
9	Percent of population without health insurance	15.4%	18.2%	19.0%	✗
Safety					
Protection					
10	Children abused and neglected (rate per 1,000)	9.2	14.1	15.9	✗
11	Substantiated reports of harm to adults (rate per 1,000)	†	1.2	1.2	⟺
12	Injuries to elders due to falls, hospitalized (rate per 100,000)	1,516	1,020	1,085	✓
13	Traumatic brain injury, hospitalized non-fatal (rate per 100,000)	†	86.9	82.2	✓
Justice					
14	Percent of incarcerated adults with mental illness or mental disabilities	38.7%	42.0%	no new data	✗
15	Rate of criminal recidivism for incarcerated adults with mental illness or mental disabilities	†	36.2%	no new data	⟺
16	Percent of arrests involving alcohol or drugs	†	56.0%	42.9%	⟺
Living With Dignity					
Accessible, Affordable Housing					
17	Chronic homelessness (rate per 100,000)	29.5	37.8	25.1	⟺
Educational Goals					
18	Difference between high school graduation rate for students with and without disabilities *(revised indicator)*	†	26.8%	32.6%	⟺
19	Percent of youth who received special education who are employed or enrolled in post-secondary education one year after leaving school	†	69.2%	58.0%	⟺
Economic Security					
20	Percent of minimum wage income needed to afford average housing	†	79.4%	89.6%	✗
21	Average annual unemployment rate	8.1%	7.6%	7.0%	✓
22	Percent of SSI recipients who are blind or disabled and are working	4.4%	6.5%	6.6%	✓

Prevalence Estimates: Alaska Mental Health Trust Beneficiaries

Alaska Mental Health Trust Beneficiary Population	Number	Population Rate
Serious Mental Illness (ages 18+)	21,754	4.6%
Serious Emotional Disturbance (ages 0 to 17)	12,725	7.2%
Alzheimer's Disease and Related Disorders (ages 60+)	5,000	5.5%
Traumatic brain injury (all ages)	11,900	1.8%
Developmental disabilities (all ages)	12,784	1.8%
Dependent on alcohol (ages 12 to 17)	1,000	1.6%
Dependent on alcohol (ages 18+)	20,000	3.8%

December 2013

† No comparable U.S. data available

http://dhss.alaska.gov/dph/HealthPlanning/Pages/scorecard/default.aspx

Health: Suicide

1. **Suicide rate per 100,000** (2012).[a]
2. **Serious thoughts of suicide.** Adults aged 18 and older reporting serious thoughts of suicide in the past year (2011-2012).[b]

Health: Substance Abuse

3. **Alcohol-induced deaths per 100,000.** Includes fatalities from alcoholic psychoses, alcohol dependence syndrome, non-dependent abuse of alcohol, alcohol-induced chronic liver disease and cirrhosis, and alcohol poisoning (2012).[a]
4. **Adults who engage in heavy drinking.** Percentage of adults who reported heavy drinking in past 30 days; defined as two or more drinks daily for men and one or more daily for women (2012).[c]
5. **Adults who engage in binge drinking.** Percentage of adults who reported drinking five or more drinks on one occasion in past 30 days (2012).[c]
6. **Population aged 12 and older using illicit drugs.** Percentage of population age 12 and older who report using illicit drugs in the past month, including marijuana/ hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically (2012).[b]

Health: Mental Health

7. **Days of poor mental health in past month (adults).** Mean number of days during the previous 30 days for which respondents aged 18 years or older report that their mental health (including stress, depression, and problems with emotions) was not good (2012).[c]
8. **Teens who experienced depression during past year.** Percentage of high school students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during past 12 months (2013).[d]

Health: Access

9. **Population without health insurance.** Percent of population without health insurance for the entire year (2012).[e]

Safety: Protection

10. **Children abused and neglected, rate per 1,000.** Child victims aged 0-17, unique counts (2012).[f]
11. **Substantiated reports of harm to adults, rate per 1,000.** (FY2013).[g]
12. **Injuries to elders due to falls, rate per 100,000.** Non-fatal injuries, ages 65+, hospitalized 24 hours or more (2011).[h]
13. **Rate of non-fatal traumatic brain injury per 100,000.** Hospitalized 24 hours or more (2011).[h]

Safety: Justice

14. **Percent of incarcerated adults with mental illness or mental disabilities** (2006).[i]
15. **Statewide criminal recidivism rates for incarcerated adults with mental illness or mental disabilities.** Rate of re-entry into ADOC for a new crime occurring within one year of initial date of discharge (2007).[i]
16. **Percent of arrests involving alcohol or drugs.** Arrest offenses with Division of AK State Troopers or Wildlife Troopers that were flagged as being related to alcohol and/or drugs (2012).[j]

Living With Dignity: Housing

17. **Rate of chronic homelessness per 100,000 population.** A person with a disabling condition who has been continuously homeless for a year or more or who has had at least four episodes of homelessness in the past three years is considered chronically homeless (2013).[k]

Living With Dignity: Education

18. **Difference between high school graduation rate for students with and without disabilities.** Statewide cohort graduation rate (2012).[l]
19. **Percent of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving school** (2012).[m]

Economic Security

20. **Percent of minimum wage income needed for average two-bedroom housing in Alaska.** Affordable housing is defined as not more than 30% of one's gross income (2013.[n]
21. **Average annual unemployment rate.** Rate represents the number unemployed as a percent of the labor force (2012).[o]
22. **Percent of SSI recipients with blindness or disabilities who are working** (2012).[p]

Data Sources

a. Alaska Department of Health and Social Services, Division of Public Health, Bureau of Vital Statistics.

b. Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health.

c. Alaska Department of Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System; U.S. Centers for Disease Control and Prevention (CDC).

d. Alaska Department of Health and Social Services, Division of Public Health, Youth Risk Behavior Survey; U.S. Centers for Disease Control and Prevention, Youth Risk Behavior Survey.

e. U.S. Census Bureau and Bureau of Labor Statistics, Current Population Survey, *Health Insurance Coverage Status.*

f. Alaska Department of Health and Social Services, Office of Children's Services; Statistical Information. U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2012.*

g. Alaska Department of Health and Social Services, Senior and Disabilities Services, Adult Protective Services.

h. Alaska Department of Health and Social Services, Division of Public Health, Alaska Trauma Registry; U.S. Centers for Disease Control and Prevention (CDC), Injury Prevention & Control, Data & Statistics.

i. Hornby Zeller Associates, Inc. (December, 2007), *A Study of Trust Beneficiaries in the Alaska Department of Corrections.*

j. Alaska Public Safety Information Network (APSIN) case data for Alaska Department of Public Safety, Division of Alaska State Troopers and Wildlife Troopers.

k. HUD Continuum of Care Homeless Assistance Programs, *2013 HUD Annual Homeless Assessment Report.*

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Key to Scorecard symbols

Alaska vs. U.S. % Difference		Alaska Year-to-Year Trend		Assessment		Status
If	Less than 15%	and	Getting better	then	Satisfactory	✓
If	Less than 15%	and	Getting worse or flat	then	Uncertain	⇔
If	Greater than 15% to the positive	and	Getting better or flat	then	Satisfactory	✓
If	Greater than 15% to the positive	and	Getting worse	then	Uncertain	⇔
If	Greater than 15% to the negative	and	Getting better	then	Uncertain	⇔
If	Greater than 15% to the negative	and	Getting worse or not clear	then	Needs Improvement	✗
If	Unacceptably large rate to the negative	then	Trend becomes irrelevant	then	Needs Improvement	✗

How did we determine the status of Scorecard indicators?

The Alaska Department of Health and Social Services, in conjunction with the Trust and the related advisory boards and commission, has produced this Alaska Scorecard annually since 2008.

Two indicators were changed this year: *serious thoughts of suicide (adults)* replaced *suicide attempts* as #2, and *difference between high school graduation rate for students with and without disabilities* replaced *high school graduation rate* as #18.

To determine the status of an indicator, the most current Alaska data is compared to U.S. data to see if it is more than 15% higher or lower. Then, the year-to-year Alaska data is examined to see if it shows a clear trend or if it varies so much that a clear trend cannot be determined.

Between 2012 and 2013 the status of most indicators remained the same; two moved from "needs improvement" to "uncertain," and one moved from "satisfactory" to "uncertain."

Status information by Scorecard indicator

1. **Suicide rate per 100,000.** The 2012 Alaska rate is 93% higher than the U.S. rate, and the Alaska rate has varied too much year-to-year to show a clear trend. The resulting status is "needs improvement." This is the same as last year's Scorecard status.
2. **Serious thoughts of suicide.** The 2011-2012 Alaska rate is 16% higher than the U.S. rate. The status is "needs improvement." This is the first year of tracking this indicator on the Scorecard.
3. **Alcohol-induced deaths.** The 2012 Alaska rate is 152% higher than the U.S. rate, and the Alaska data show no clear trend. The status is "needs improvement." This is the same as last year's Scorecard status.
4. **Heavy drinking (adults).** The 2012 Alaska rate is 6% higher than the U.S. rate, and the Alaska data show no clear trend, so the status is "uncertain." This is the same as last year's Scorecard status.
5. **Binge drinking (adults).** The 2012 Alaska rate is 2% higher than the U.S. rate, and the yearly Alaska data show no clear trend, so the status is "uncertain." This is the same as last year's Scorecard status.
6. **Illicit drug users.** The 2011-2012 Alaska rate is 57% higher than the U.S. rate, and the yearly Alaska data show no clear trend, so the status is "needs improvement." This is the same as last year's Scorecard status.
7. **Days of poor mental health.** The 2012 Alaska rate is 7% lower than the U.S. rate; however, the Alaska data show no clear trend, so the status is "uncertain." **This is worse than last year's Scorecard status.**
8. **Teens that experienced depression.** Although the 2013 Alaska rate is 5% below the U.S. rate, the rate is unacceptably high, so the status is "needs improvement." This is the same as last year's Scorecard status.

9. **Population without health insurance.** The 2011 Alaska rate is 23% higher than the U.S. rate, and the Alaska data show no clear trend, so the status is "needs improvement." This is the same as last year's Scorecard status.
10. **Children abused and neglected.** The 2012 Alaska rate is 73% higher than the U.S. rate, and the Alaska data vary too much year-to-year to show a clear trend, so the status is "needs improvement." This is the same as last year's Scorecard status.
11. **Substantiated reports of harm to adults (rate per 1,000).** There is not enough information to identify a trend in Alaska data and no comparable U.S. data; the status is "uncertain." This is the same as last year's Scorecard status.
12. **Injuries to elders due to falls.** The 2011 Alaska rate is 28% below the U.S. rate; the status is "satisfactory." This is the same as last year's Scorecard status.
13. **Non-fatal traumatic brain injury.** Although there are no U.S. data for comparison, the Alaska rate appears to have improved in the past decade. The status is "satisfactory." This is the same as last year's Scorecard status.
14. **Incarcerated adults with mental illness or mental disabilities.** There are not enough Alaska data to identify a trend. However, the consensus is that the rate is unacceptably high, so the status is "needs improvement." This is the same as last year's Scorecard status.
15. **Criminal recidivism for incarcerated adults with mental illness or mental disabilities.** There are not enough Alaska data to identify a trend; there are no comparable U.S. data. The status is "uncertain." This is the same as last year's Scorecard status.
16. **Arrests involving alcohol or drugs.** The Alaska rate has decreased in the last year and over the past 5 years; there are no U.S. data for comparison. The status is "uncertain." **This is an improvement over last year's Scorecard status.**
17. **Chronic homelessness.** The 2013 Alaska rate is 15% lower than the U.S. rate, but the Alaska data varies too much year-to-year to show a clear trend, so the status is "uncertain." **This is an improvement over last year's Scorecard status.**
18. **Difference between high school graduation rate for students with and without disabilities.** The 2012-2013 rate shows a greater difference than the previous year; however, there is no evidence of a trend. The status is "uncertain." This is the first year of tracking this indicator on the Scorecard.
19. **Percent of youth who received special education and are employed and/or enrolled in post-secondary education.** There is not enough information to identify a trend in Alaska data and no comparable U.S. data; the status is "uncertain." This is the same as last year's Scorecard status.
20. **Percent of Minimum Wage needed for Average Housing.** The consensus was that the percentage of income spent on housing in Alaska unacceptably high, so the status is "needs improvement." This is the same as last year's Scorecard status.
21. **Average annual unemployment.** The 2012 Alaska rate was 14% below the U.S. rate; the resulting status is "satisfactory." This is the same as last year's Scorecard status.
22. **Percent of SSI recipients who are blind or disabled and are working.** The 2012 Alaska rate is 50% higher than the U.S. rate; the status is "satisfactory." This is the same as last year's Scorecard status.

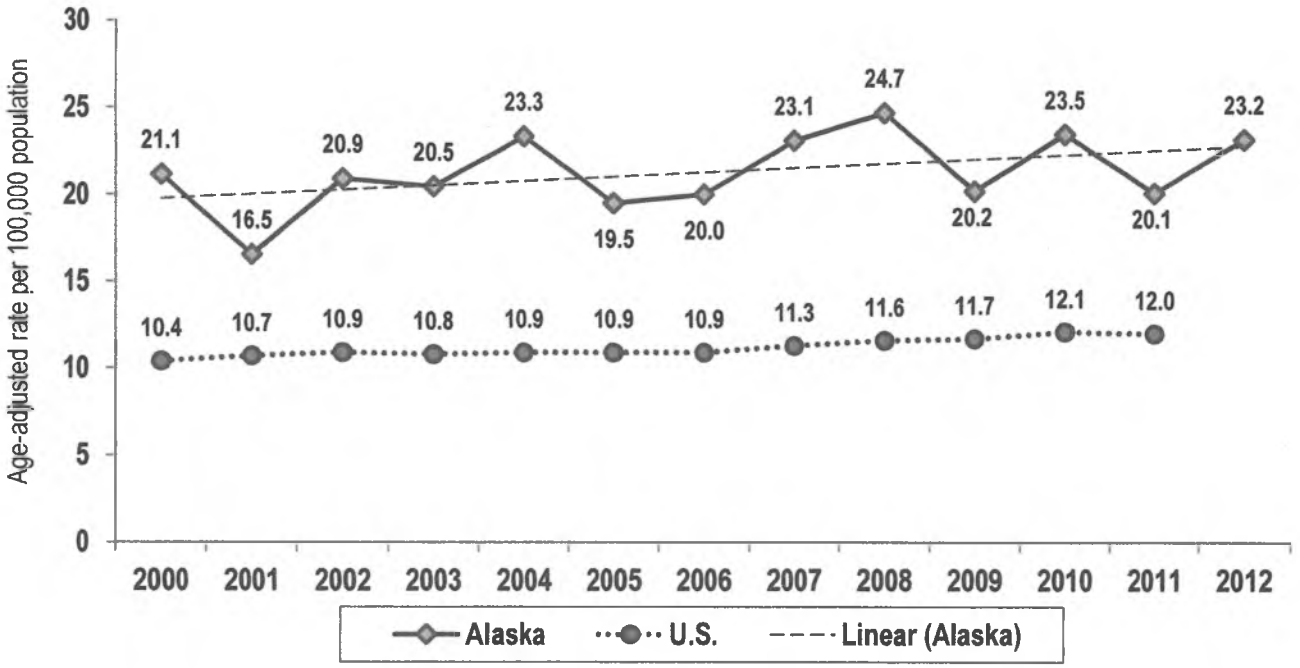
For further information and data, refer to the Drilldown section of the scorecard at

http://dhss.alaska.gov/dph/HealthPlanning/Pages/scorecard/default.aspx

Health: Suicide

1. Suicide Rate

Suicide rate, Alaska and U.S., 2000 – 2012



Source: Alaska: Alaska Department of Health and Social Services, Bureau of Vital Statistics (via e-mail 11/13/2013); U.S.: Centers for Disease Control and Prevention (2012). *National Vital Statistics Report*, Vol. 61, No. 6, Table B.[1]

Summary and Explanation:

- Between 2000 and 2012, the age-adjusted rate of death by suicide in Alaska averaged nearly twice the U.S. rate.
- During the period 2003 – 2008, the suicide rate for Alaska Native people (40.4 per 100,000) was more than twice that of Alaska non-Natives (17.7 per 100,000).[2]
- Suicide rates during this period were highest for Alaska Native people living in Northwest Arctic (93.1 per 100,000) and Norton Sound (77.2 per 100,000). Rates were significantly higher in non-"hub communities" (60 per 100,000) than in "hub communities" (25.8 per 100,000).[2]
- According to interviews with families of 56 Alaskans who died by suicide:
  - More than half of the decedents had a disability or illness that made it difficult for them to take care of normal daily activities.

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1 National rate for 2011 is preliminary. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf.

2 Alaska Department of Health and Social Services (July 30, 2012). *Epidemiology Bulletin: Characteristics of Suicide Among Alaska Native and Alaska non-Native People, 2003-2008*. Available at http://www.epi.hss.state.ak.us/bulletins/docs/rr2012_01.pdf.

- 43 percent of interviewees said the decedents drank alcohol daily and many indicated binge drinking.
- Almost a quarter had an alcohol problem or dependency.
- More than a quarter had a documented mental health problem.
- Almost all had a serious life stressor, either a physical health, criminal/legal, or financial problem.
- Almost a quarter were current or former U.S. military personnel.3

Statutory Information:

- Per Alaska Statute, the Alaska Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The Alaska suicide rate is a key indicator because a there is a concern that Trust beneficiaries are at higher risk, due to experiencing major life impairment from one or more clinical conditions defining Trust beneficiary status (including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; dissociative disorders; and other psychotic or severe and persistent mental disorders manifested by behavioral changes and symptoms of comparable severity to those manifested by persons with (such) mental disorders, as well as substance abuse.) AS 47.30.056(c-d).

Additional Information:

Alaska Department of Health and Social Services, Division of Behavioral Health.
http://dhss.alaska.gov/dbh/Pages/default.aspx

Alaska Mental Health Board.
http://dhss.alaska.gov/amhb/Pages/default.aspx

Statewide Suicide Prevention Council.
http://dhss.alaska.gov/suicideprevention/

Alaska Center for Health Data & Statistics. *Topic: Suicide.*
http://dhss.alaska.gov/dph/InfoCenter/Pages/topics/suicide.aspx

Alaska Teen Suicides (Ages 15-19) by Year.
http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/hs-1.aspx

Casting the Net Upstream: Promoting Wellness to Prevent Suicide: Alaska State Suicide Prevention Plan, FY 2012-2017.
http://dhss.alaska.gov/dbh/Documents/02_Department/suicideprevention/SSPC_2012-2017.pdf

Continuum of Care Matrix for Alaskans with Behavioral Health Disorders (Mental Illness, Alcoholism, Drug Addictions).
http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumbhd.aspx

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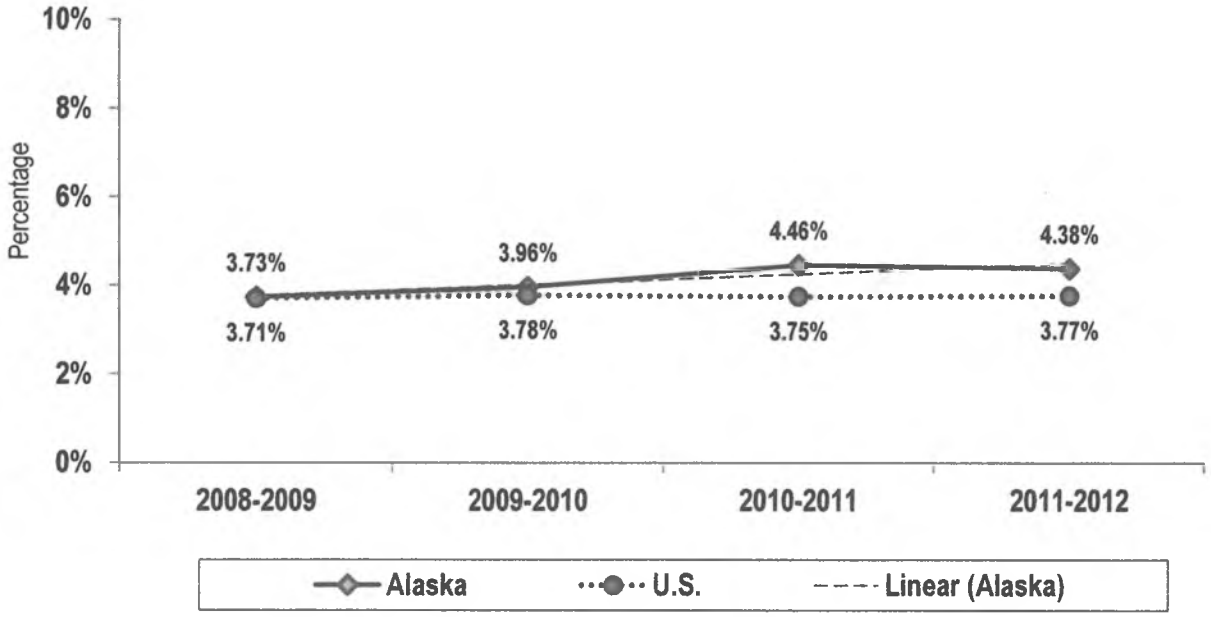
[3] Alaska Injury Prevention Center, Critical Illness and Trauma Foundation Inc., and American Association of Suicidology. (February 2007). *Alaska Suicide Follow-back Study Final Report.* The *study* was based on interviews about 56 suicide cases of the total 426 suicide cases during the reporting period of 9/1/03 to 8/31/06. There were proportionally fewer rural and Native cases than urban and non-Native cases interviewed. Available at http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs_sspc/sspcfollowback2-07.pdf.

Health: Suicide

2. Serious thoughts of suicide

Suicidal thoughts in the past year, adults aged 18 or older
Alaska and U.S., 2008-2012



Source: Alaska and U.S.: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH)[4]

Summary and Explanation:

- The National Survey on Drug Use and Health (NSDUH) measures the prevalence of suicidal thoughts and behavior among civilian, noninstitutionalized adults aged 18 or older in the United States. This question asks all adult respondents if at any time during the past 12 months they had serious thoughts of suicide.
- According to the 2013 Youth Risk Behavior Survey, 8.4% of Alaskan students in traditional high schools attempted suicide one or more times in the past year.[5]

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. (AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).

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4 Available at: http://www.samhsa.gov/data/NSDUH/2k12MH_FindingsandDetTables/2K12MHF/NSDUHmhfr2012.htm#ch3

5 Alaska Department of Health and Social Services, Division of Public Health, *2013 Alaska Youth Risk Behavior Surve: Preliminary 2013 Highlights*. Available at http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2013YRBS_PreliminaryHighlights.pdf

- The rate of non-fatal suicide attempts is a key indicator because there is a concern that Trust beneficiaries are at higher risk, due to suffering a major life impairment from one or more clinical conditions defining beneficiary status (including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; dissociative disorders; other psychotic or severe and persistent mental disorders manifested by behavioral changes and symptoms of comparable severity to those manifested by persons with (such) mental disorders, as well as substance abuse). AS 47.30.056 (c-d).
- The Statewide Suicide Prevention Council was established by the Alaska Legislature in 2001 and is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, and improving public awareness of suicide and risk factors, enhancing suicide prevention. AS 44.29.350(a).
- Serious thoughts of suicide is considered a key indicator because of the concern that, because they experience a major life impairment from one or more of the clinical conditions defining beneficiary status, Trust beneficiaries may be at a higher risk of suicide. These clinical conditions include: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; dissociative disorders; other psychotic or severe, persistent mental disorders, and substance abuse. AS 47.30.056 (c-d).

Additional Information:

Alaska Department of Health and Social Services, Division of Behavioral Health.
http://dhss.alaska.gov/dbh/Pages/default.aspx

Alaska Mental Health Board.
http://dhss.alaska.gov/amhb/Pages/default.aspx

Statewide Suicide Prevention Council.
http://dhss.alaska.gov/suicideprevention/

Alaska Center for Health Data & Statistics. *Topic: Suicide.*
http://dhss.alaska.gov/dph/InfoCenter/Pages/topics/suicide.aspx

Non-fatal Suicide Attempts by Sex.
http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/hs-2.aspx

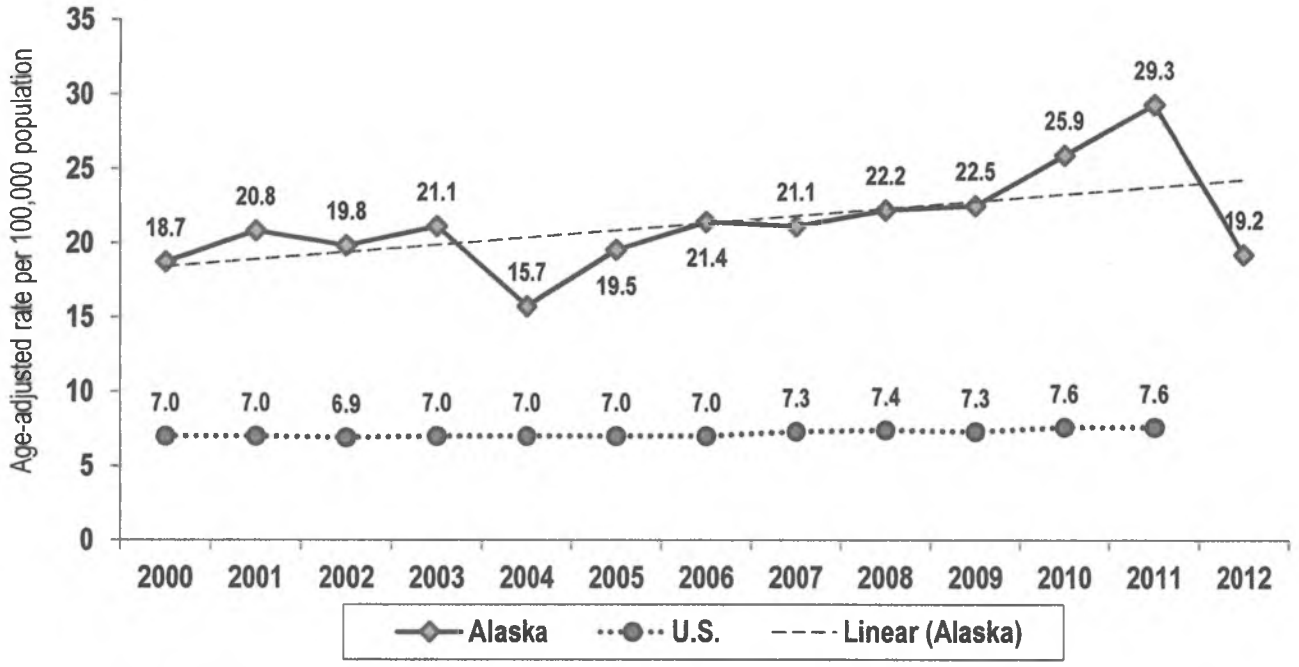
Casting the Net Upstream: Promoting Wellness to Prevent Suicide: Alaska State Suicide Prevention Plan, FY 2012-2017.
http://dhss.alaska.gov/dbh/Documents/02_Department/suicideprevention/SSPC_2012-2017.pdf

Continuum of Care Matrix for Alaskans with Behavioral Health Disorders (Mental Illness, Alcoholism, Drug Addictions).
http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumbhd.aspx

Health: Substance Abuse

3. Alcohol-Induced Deaths

Alcohol-induced deaths, Alaska and U.S., 2000 – 2012



Source: Alaska: DHSS, Division of Public Health, Bureau of Vital Statistics (via e-mail 11/13/2013);
U.S.: *National Vital Statistics Report*, Vol. 61, No. 6, Table 2.
Note: 2012 data are preliminary.

Summary and Explanation:

- Alcohol-induced deaths include fatalities from causes such as degeneration of the nervous system due to alcohol, alcoholic liver disease, gastritis, myopathy, pancreatitis, poisoning, and more. It does not include accidents, homicides, and other causes indirectly related to alcohol use.[6]
- Since 2006, Alaska's rate of alcohol-induced deaths has been at least three times the U.S. rate.
- The alcohol-induced death rate is significantly higher for Alaska Natives than for non-Natives.[7]

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[6] The list of codes for alcohol-induced causes was expanded in the 2003 data year to be more comprehensive. Causes of death attributable to alcohol-induced mortality include ICD-10 codes E24.4, Alcohol-induced pseudo-Cushing's syndrome; F10, Mental and behavioral disorders due to alcohol use; G31.2, Degeneration of nervous system due to alcohol; G62.1, Alcoholic polyneuropathy; G72.1, Alcoholic myopathy; I42.6, Alcoholic cardiomyopathy; K29.2, Alcoholic gastritis; K70, Alcoholic liver disease; K86.0, Alcohol-induced chronic pancreatitis; R78.0, Finding of alcohol in blood; X45, Accidental poisoning by and exposure to alcohol; X65, Intentional self-poisoning by and exposure to alcohol; and Y15, Poisoning by and exposure to alcohol, undetermined intent. Alcohol-induced causes exclude newborn deaths associated with maternal alcohol use. See CDC. (2008). *National Vital Statistics Reports*, Volume 56, Number 10, p. 109. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf.

[7] Alaska Bureau of Vital Statistics, *2009 Annual Report*, p. 41. Available at http://dhss.alaska.gov/dph/VitalStats/Pages/data/2009ar.aspx.

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- Alcohol-induced deaths is a key indicator because many of these deaths are of persons with one or more clinical conditions defining Trust beneficiary status, including: alcohol withdrawal delirium (delirium tremens); alcohol hallucinosis; alcohol amnestic disorder; dementia associated with alcoholism; alcohol-induced organic mental disorder; alcoholic depressive disorder; and other severe and persistent disorders associated with a history of prolonged or excessive drinking or episodes of drinking out of control and manifested by behavioral changes and symptoms similar to those manifested by persons with (such) disorders. AS 47.30.056(c) and (f).

Additional Information:

Alaska Department of Health and Social Services, Division of Behavioral Health. http://dhss.alaska.gov/dbh/Pages/default.aspx

Alaska's Behavioral Risk Factor Surveillance System (BRFSS). http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx

Advisory Board on Alcoholism and Drug Abuse. http://dhss.alaska.gov/abada/Pages/default.aspx

Centers for Disease Control and Prevention. *Alcohol and Public Health, Additional Resources.* http://www.cdc.gov/alcohol/resources.htm

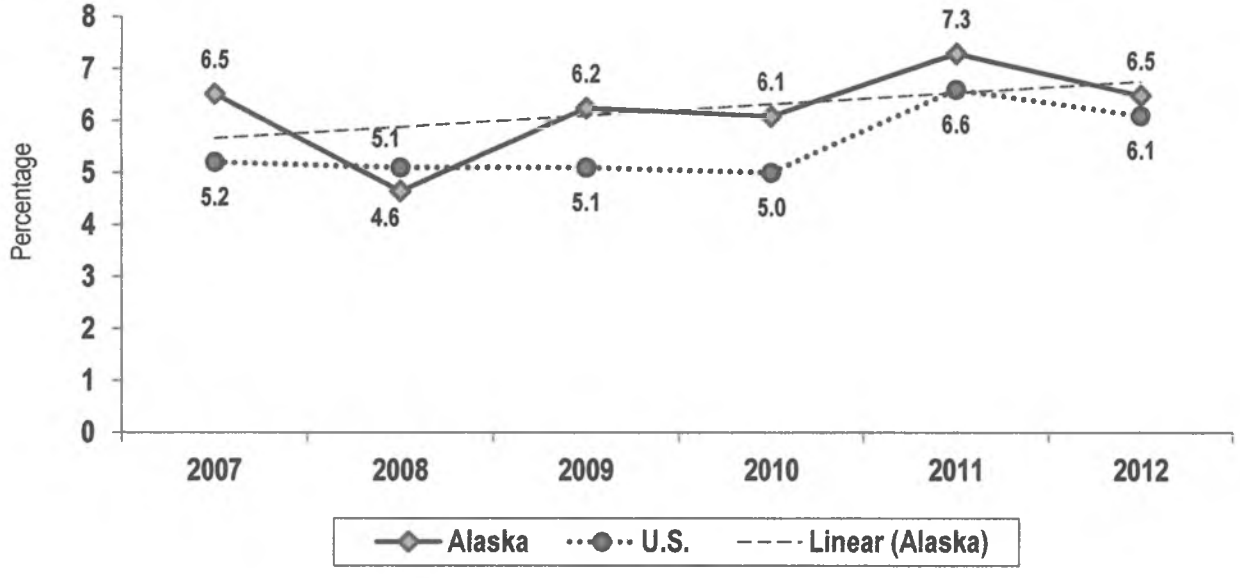
Adults who Engage in Heavy Drinking, Alaska and U.S. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/2.aspx

Adults who Engage in Binge Drinking, Alaska and U.S. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/3.aspx

Health: Substance Abuse

4. Adults who Engage in Heavy Drinking

Percentage of adults who engage in heavy drinking, Alaska and U.S., 2007 – 2012



Source: Alaska: Behavioral Risk Factor Surveillance Survey (BRFSS)[8] (via e-mail 11/7/2013);
U.S.: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System.[9]

Summary and Explanation:

- Heavy drinking is defined as consuming more than two alcoholic drinks (men) or more than one drink (women) *each* day during the past 30 days. Both heavy drinking and binge drinking are associated with a number of health problems, including chronic disease, unintentional injury, violence, and harm to a developing fetus.[10]
- For Anchorage data about public inebriate pick-up, transport and sleep-off, refer to the Anchorage Safety Patrol program. ASP staff take persons incapacitated by alcohol in public places into protective custody and transport them to the Safety Center located in the Anchorage Jail Complex. Clients are assessed using basic physiological parameters, and those falling outside safe standards for sleep-off are taken to hospitals for medical clearance or further care.[11]

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[8] With the reporting of 2011 BRFSS data, the CDC introduced a new method of sampling (to include cell phone as well as landline phone numbers) and a new weighting methodology referred to as "raking." These changes improve the overall representativeness of the BRFSS data, and provide a more accurate reflection of the health behaviors and conditions of the population. These changes in methods mean changes in the way data can be used. Trend analyses will eventually focus on years of data (2011 and later) that include both landline and cell phone respondents, and which are weighted using raking methodology.

[9] Available at http://apps.nccd.cdc.gov/brfss/.

[10] Centers for Disease Control and Prevention (CDC). *Alcohol and Public Health: Frequently Asked Questions*. Available at http://www.cdc.gov/alcohol/faqs.htm#10.

[11] Municipality of Anchorage, Health and Human Services, Anchorage Safety Patrol and Center. http://www.muni.org/Departments/health/services/Pages/AnchorageSafetyPatrol.aspx

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The rate of adults who engage in heavy drinking is a key indicator because these persons experience, or are at heightened risk of experiencing, major life impairment from one or more clinical conditions defining Trust beneficiary status, including: alcohol withdrawal delirium (delirium tremens); alcohol hallucinosis; alcohol amnestic disorder; dementia associated with alcoholism; alcohol-induced organic mental disorder; alcoholic depressive disorder; and other severe and persistent disorders associated with a history of prolonged or excessive drinking or episodes of drinking out of control and manifested by behavioral changes and symptoms similar to those manifested by persons with (such) disorders. AS 47.30.056(c) and (f).

Additional Information:

Alaska Department of Health and Social Services, Division of Behavioral Health. http://dhss.alaska.gov/dbh/Pages/default.aspx

Alaska's Behavioral Risk Factor Surveillance System (BRFSS). http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx

Advisory Board on Alcoholism and Drug Abuse. http://dhss.alaska.gov/abada/Pages/default.aspx

Influences on Substance Use in Alaska: Significant Risk and Protective Factors Influencing Adolescent Substance Use and Their Indicators (November 2007). http://dhss.alaska.gov/dph/HealthPlanning/Documents/movingforward/assets/PreventionIndicators.pdf

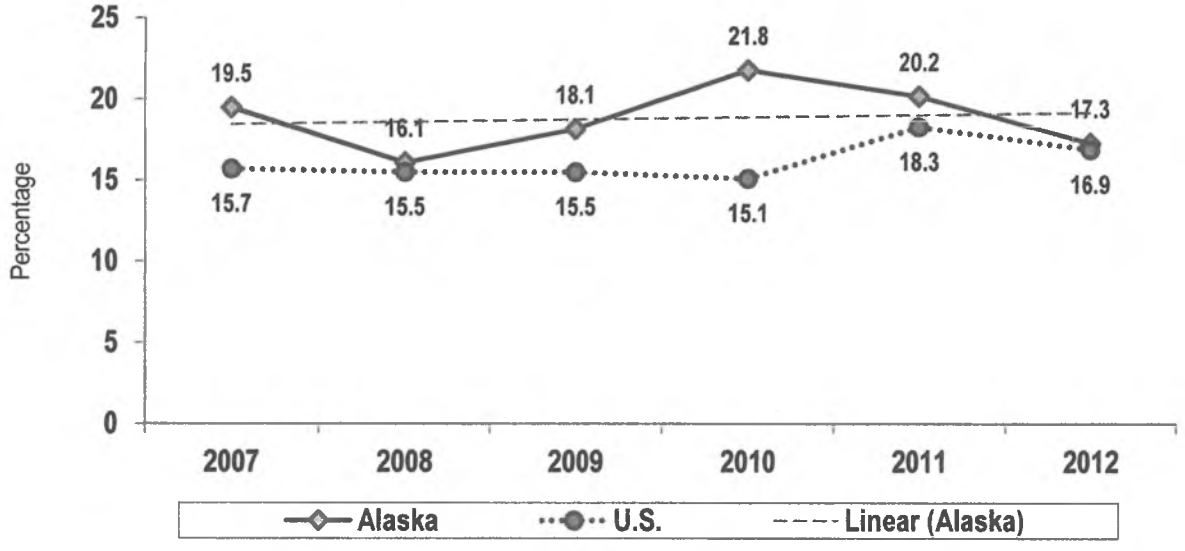
Continuum of Care Matrix for Alaskans with Behavioral Health Disorders (Mental Illness, Alcoholism, Drug Addictions). http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumbhd.aspx

Adults who Engage in Binge Drinking, Alaska and U.S. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/3.aspx

Health: Substance Abuse

5. Adults who Engage in Binge Drinking

Percentage of adults who engage in binge drinking, Alaska and U.S., 2007 – 2012



Source: Alaska: Department of Health and Social Services, Behavioral Risk Factor Surveillance Survey (BRFSS) (via e-mail 11/7/2013);[12]
U.S.: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System.[13]

Summary and Explanation:

- Binge drinking is defined as having five or more drinks (men) or four or more drinks (women) on one or more occasions in the past 30 days.[14]
- Binge drinking in Alaska is significantly higher among men (28%) than among women (13%).[15]
- According to the 2013 Youth Risk Behavior Survey (YRBS), 13% of Alaska's high school students engaged in binge drinking during the past 30 days.[16]

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[12] With the reporting of 2011 BRFSS data, the CDC introduced a new method of sampling (to include cell phone as well as landline phone numbers) and a new weighting methodology referred to as "raking." These changes improve the overall representativeness of the BRFSS data, and provide a more accurate reflection of the health behaviors and conditions of the population. These changes in methods mean changes in the way data can be used. Trend analyses will eventually focus on years of data (2011 and later) that include both landline and cell phone respondents, and which are weighted using raking methodology.

[13] Available at http://apps.nccd.cdc.gov/brfss/.

[14] Centers for Disease Control and Prevention. *Alcohol and Public Health, Frequently Asked Questions.* Available at http://www.cdc.gov/alcohol/faqs.htm#heavyDrinking.

[15] Alaska Department of Health and Social Services, Division of Public Health (2010). *Alaska BRFSS Highlights.* http://dhss.alaska.gov/dph/Chronic/Documents/brfss/pubs/BRFSSsum10.pdf.

[16] Percent of YRBS respondents who had five or more drinks of alcohol in a row, that is, within a couple of hours, on at least one day during the 30 days before the survey. See: http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2013YRBS_PreliminaryHighlights.pdf

- Youth who begin drinking at age 14 or younger are four times more likely to develop dependence.[17]
- Underage drinking is a factor in nearly half of all teen automobile crashes, the leading cause of death among teenagers.[18]

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The rate of adults who engage in binge drinking is a key indicator because these persons experience, or are at heightened risk of experiencing, major life impairment from with one or more clinical conditions defining Trust beneficiary status, including: alcohol withdrawal delirium (delirium tremens); alcohol hallucinosis; alcohol amnestic disorder; dementia associated with alcoholism; alcohol-induced organic mental disorder; alcoholic depressive disorder; and other severe and persistent disorders associated with a history of prolonged or excessive drinking or episodes of drinking out of control and manifested by behavioral changes and symptoms similar to those manifested by persons with (such) disorders. AS 47.30.056(c) and (f).

Additional Information:

Alaska Department of Health and Social Services, Division of Behavioral Health. http://dhss.alaska.gov/dbh/Pages/default.aspx

Alaska's Behavioral Risk Factor Surveillance System (BRFSS). http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx

Advisory Board on Alcoholism and Drug Abuse. http://dhss.alaska.gov/abada/

Alaska Department of Health and Social Services, Alaska Center for Health Data and Statistics. Informed Alaskans. http://dhss.alaska.gov/dph/infocenter/Pages/default.aspx

Adults who Engage in Binge Drinking, Alaska and U.S. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/3.aspx

Influences on Substance Use in Alaska: Significant Risk and Protective Factors Influencing Adolescent Substance Use and Their Indicators (November 2007). http://dhss.alaska.gov/dph/HealthPlanning/Documents/movingforward/assets/PreventionIndicators.pdf

Continuum of Care Matrix for Alaskans with Behavioral Health Disorders (Mental Illness, Alcoholism, Drug Addictions). http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumbhd.aspx

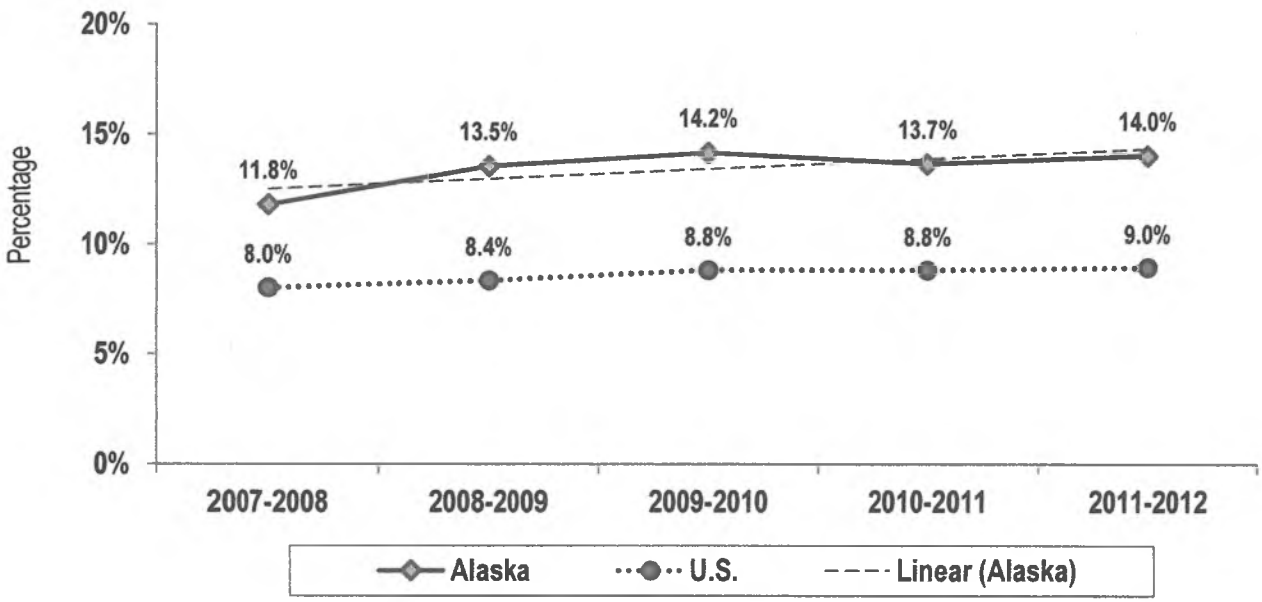
[17] Grant, B.F. & Dawson, D.A. (1997). Age at onset of alcohol abuse and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiological Survey. *Journal of Substance Abuse*, 9:103-10. http://www.sciencedirect.com/science/article/pii/S0899328997900092.

[18] American Medical Association (2009). *Facts About Youth and Alcohol.* http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/alcohol-other-drug-abuse/facts-about-youth-alcohol.page.

Health: Substance Abuse

6. Illicit Drug Use

Percentage of population aged 12 and over engaging in illicit drug use, Alaska and U.S., 2007 – 2012



Source: Substance Abuse and Mental Health Services Administration (SAMHSA) (2013). *Results from 2012 National Survey on Drug Use and Health.*[19]

Summary and Explanation:

- Illicit drugs, as reported here, include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.[20]
- The percentage of Alaskans ages 12 and older who reported using illicit drugs rose between 2007-2008 (11.8%) and 2011-2012 (14.0%), and is consistently at least 25% above the national percentage during this time period.
- According to the National Survey on Drug Use and Health (NSDUH), Alaska ranked 3rd among the states and D.C. for illicit drug use in 2011-2012 in the 12 and older age group.[21]
- In Alaska, the 18 to 25 age group has the highest rates of illicit drug use.[22]
- The percentage of Alaskans using illicit drugs other than marijuana was 3.3% in 2011-2012.[23]

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[19] Available at http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/Index.aspx .

[20] SAMHSA. *Key Definitions for the 2012 Detailed Tables and National Findings Report.* Available at http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DetTabs/NSDUH-DetTabsGlossary2012.htm.

[21] SAMHSA, National Survey on Drug Use and Health, *2011-2012 NSDUH State Estimates of Substance Use and Mental Disorders.* Available at http://www.samhsa.gov/data/NSDUH/2k12State/NSDUHsae2012/Index.aspx.

[22] SAMHSA, National Survey on Drug Use and Health, *2011-2012 NSDUH State Estimates of Substance Use and Mental Disorders.* Available at http://www.samhsa.gov/data/NSDUH/2k12State/NSDUHsae2012/Index.aspx.

- According to the 2013 Alaska Youth Risk Behavior Survey of students in grades 9–12:
  - 39.0% had used marijuana one or more times in their life;
  - 19.7% had used marijuana one or more times during the past 30 days;
  - 13.5% had taken a prescription drug (such as OxyContin, Percocet, codeine, etc.) without a doctor's prescription one or more times in their life; and,
  - 6.6% had sniffed glue, breathed the contents of aerosol spray cans, or inhaled paint or sprays to get high one or more times in their life.[24]
- Drug-induced deaths can be expressed as Years of Potential Life Lost (YPLL), an estimate of the average time a person would have lived had he/she not died prematurely due to drug use. According to a 2009 Alaska Bureau of Vital Statistics report, drug-induced deaths resulted in 4,219.5 years of potential life lost, or an average 32 years per decedent.[25]

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The rate of illicit drug use by Alaskans 12 and older is a key indicator because individuals who use illicit drugs can experience, or be at heightened risk of experiencing, major life impairment from with one or more clinical conditions defining Trust beneficiary status, including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; dissociative disorders; and other psychotic or severe and persistent mental disorders manifested by behavioral changes and symptoms of comparable severity to those manifested by persons with (such) mental disorders. AS 47.30.056(c-d).

Additional Information:

Alaska Department of Health and Social Services, Division of Behavioral Health. http://dhss.alaska.gov/dbh/Pages/default.aspx

Advisory Board on Alcoholism and Drug Abuse. http://dhss.alaska.gov/abada/

Alaska's Behavioral Risk Factor Surveillance System (BRFSS). http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx

Alaska Youth Risk Behavior Survey. http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx

Influences on Substance Use in Alaska: Significant Risk and Protective Factors Influencing Adolescent Substance Use and Their Indicators (November 2007). http://dhss.alaska.gov/dph/HealthPlanning/Documents/movingforward/assets/PreventionIndicators.pdf

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[23] SAMHSA, National Survey on Drug Use and Health, *2011-2012 NSDUH State Estimates of Substance Use and Mental Disorders.* Available at http://www.samhsa.gov/data/NSDUH/2k12State/NSDUHsae2012/Index.aspx.

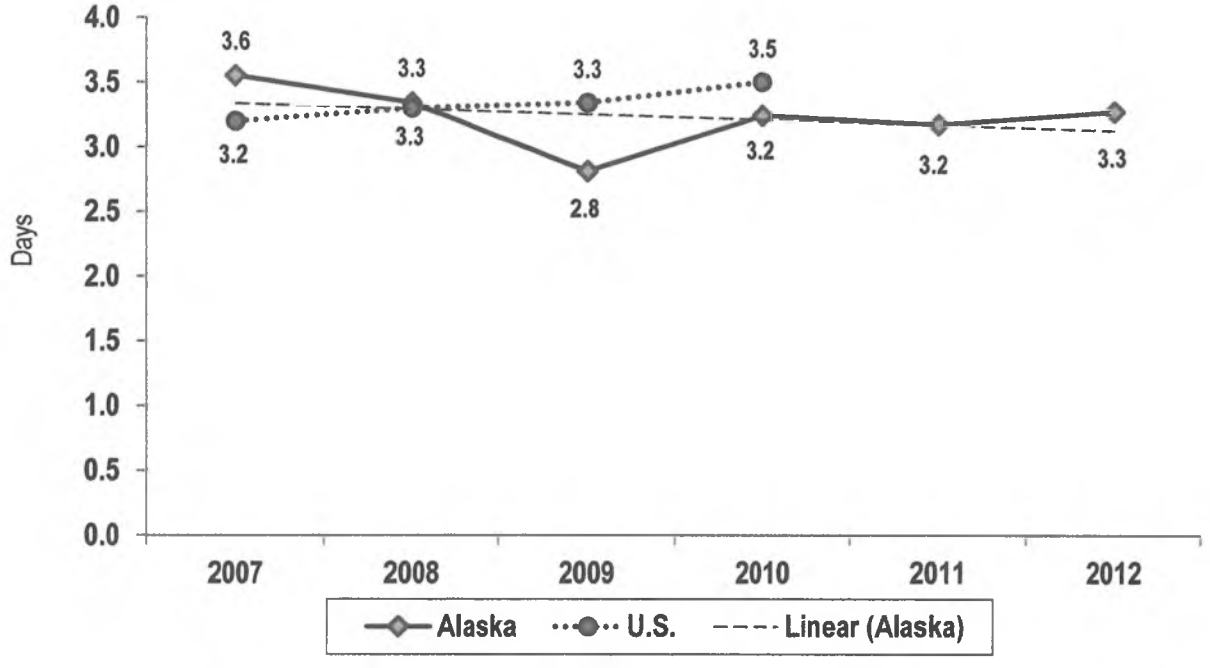
[24] Alaska Youth Risk Behavior Survey. Available at: http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbsresults.aspx

[25] Alaska Department of Health and Social Services, Bureau of Vital Statistics. *2009 Annual Report.* Available at http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/2009/2009_Annual_Report.pdf.

Health: Mental Health

7. Days of Poor Mental Health in the Past Month (Adults)

Mean number of days in past month when mental health was not good, adults, Alaska and U.S., 2007 – 2012



Source: Alaska: Department of Health and Social Services, Division of Public Health, Standard and Supplemental Behavioral Risk Factor Surveillance Survey (BRFSS).[26]

Summary and Explanation:

- According to the 2012 BRFSS, 10.3 percent of Alaskan adults reported experiencing mental distress on 14 or more days of the past 30 days.[27]
- More Alaskan females (10.6%) than males (8.1%) reported moderate to severe depression in 2012.
- Other Alaskans who reported high levels of moderate to severe depression include:
  - those in the "near poor" income group (15.2%)
  - those who reported a disability or activity limitation (28.1%)

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[26] With the reporting of 2011 BRFSS data, the CDC introduced a new method of sampling (to include cell phone as well as landline phone numbers) and a new weighting methodology referred to as "raking." These changes improve the overall representativeness of the BRFSS data, and provide a more accurate reflection of the health behaviors and conditions of the population. These changes in methods mean changes in the way data can be used. Trend analyses will eventually focus on years of data (2011 and later) that include both landline and cell phone respondents, and which are weighted using raking methodology.

[27] Alaska's Behavior Risk Factor Surveillance System (BRFSS). http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx. For technical information about the indicator, see: http://apps.nccd.cdc.gov/cdi/ViewIndDefinition.aspx?IndicatorDefinitionId=88.

  - those who are unemployed (14.8%) or unable to work (49.4%)
  - those with fair or poor general health (30.5%)[28]
- The BRFSS does not collect data from those who are living in an institutional setting. Consequently, those who are experiencing poor mental health days and are living in an institutional setting are not included in these data.

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The Statewide Suicide Prevention Council was established by the Alaska Legislature in 2001 and is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, and improving public awareness of suicide and risk factors, enhancing suicide prevention. AS 44.29.350(a).
- The Alaska Mental Health Board and the Advisory Board on Alcoholism were established by the Alaska Legislature in 1995 and are jointly charged with planning and coordinating behavioral health services funded by the State of Alaska. The joint mission of AMHB and ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans. AS 47.30.666(a); AS 44.29.140(a).
- Days with poor mental health is a key indicator because there is a concern that persons experiencing days of poor mental health may be at heightened risk of experiencing, major life impairment from with one or more clinical conditions defining Trust beneficiary status, including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; and dissociative disorders. AS 47.30.056(c), (d) and (g).

Additional Information:

Alaska Department of Health and Social Services, Division of Behavioral Health. http://dhss.alaska.gov/dbh/Pages/default.aspx

Alaska's Behavioral Risk Factor Surveillance System (BRFSS). http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx

Alaska Mental Health Board. http://dhss.alaska.gov/amhb/Pages/default.aspx

Days of Poor Mental Health in Past Month by Age Group, 2009. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/1.aspx

Percent of Alaskans Reporting Frequent Mental Distress, 2000-2009. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/hm-1.aspx

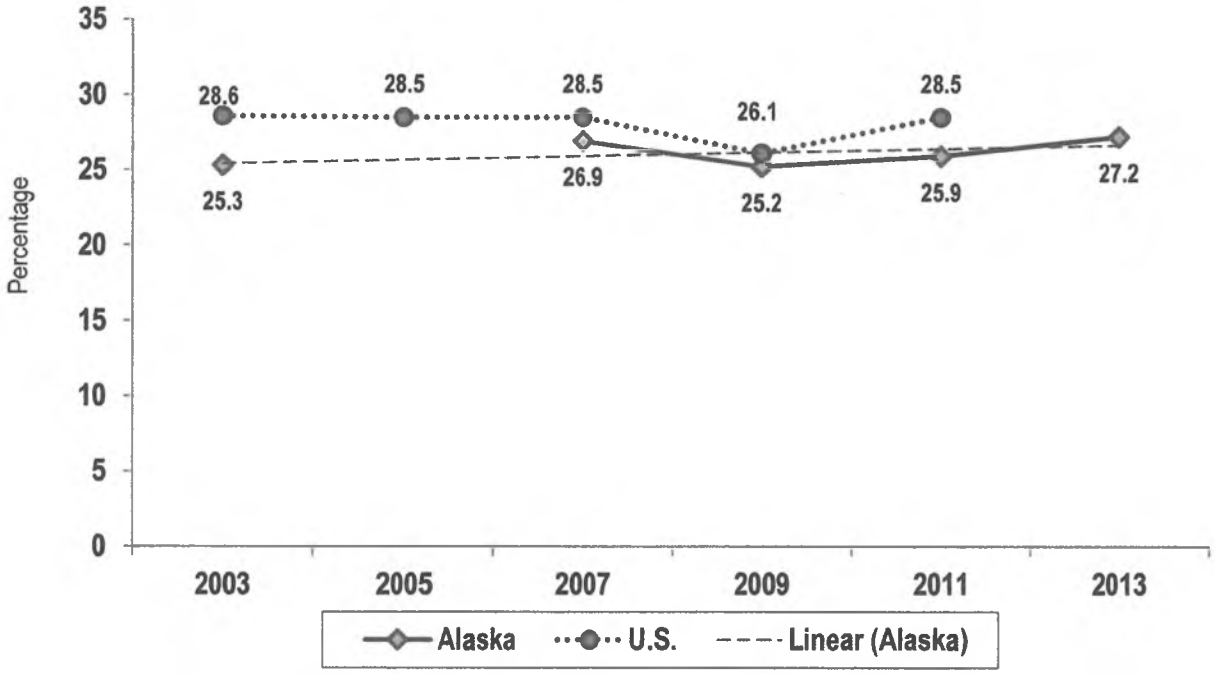
Continuum of Care Matrix for Alaskans with Behavioral Health Disorders (Mental Illness, Alcoholism, Drug Addictions). http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumbhd.aspx

[28] Alaska's Behavior Risk Factor Surveillance System (BRFSS). Available at http://dhss.alaska.gov/dph/Chronic/Pages/brfss/publications.aspx.

Health: Mental Health

8. Teens who Experienced Depression during the Past Year

Percentage of high school students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months, Alaska and U.S., 2003 – 2013



Source: Alaska: Alaska Department of Health and Social Services, Division of Public Health, *Youth Risk Behavior Survey Results*;[29,30]
U.S.: Centers for Disease Control and Prevention (2012). Youth Risk Behavior Surveillance–United States, 2011. *MMWR Surveillance Summaries*, Vol. 61, No. 4.[31]

Summary and Explanation:

- According to the 2013 Youth Risk Behavior Survey, 27.2% of Alaskan students in traditional high schools felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during past 12 months.

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[29] Available at http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2013AKTradHS_Graphs.pdf. The Youth Risk Behavior Survey (YRBS) is a national survey developed by the Division of Adolescent and School Health, Centers for Disease Control and Prevention (CDC) in collaboration with 71 state and local departments of education and 19 federal agencies. The survey is a component of a larger national effort to assess priority health risk behaviors that contribute to the leading causes of mortality, morbidity and social problems among youth and adults in the United States. These results are needed to evaluate the effectiveness of programs in reducing negative student behaviors. The survey provides valuable information about positive behaviors among students. In Alaska, survey participation requires parental consent. For more information see: http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx.

[30] Weighted statewide data is not available for 2005.

[31] Available at http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf.

- The 2013 rate of depression is significantly higher among females (35.7%) than males (19.0%) in traditional high schools in Alaska.
- The 2011 rate is higher among students in alternative (39.8%) than traditional (27.2%) high schools in Alaska.
- Among students attending a traditional Alaska high school, the 2013 Youth Risk Behavior Survey reported that in the prior 12 months:
  - 13.9% had made a plan about how they would attempt suicide
  - 20.7% had been bullied on school property
  - 9.1% had been hit, slapped or physically hurt on purpose by their boyfriend or girlfriend.32

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The Statewide Suicide Prevention Council was established by the Alaska Legislature in 2001 and is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, and improving public awareness of suicide and risk factors, enhancing suicide prevention. AS 44.29.350(a).
- The Alaska Mental Health Board and the Advisory Board on Alcoholism were established by the Alaska Legislature in 1995 and are jointly charged with planning and coordinating behavioral health services funded by the State of Alaska. The joint mission of AMHB and ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans. AS 47.30.666(a); AS 44.29.140(a).
- The Teens who experienced depression is a key indicator because of a concern that students experience, or are at risk of experiencing, major life impairment from one or more clinical conditions defining Trust beneficiary status, including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; and dissociative disorders.AS 47.30.056 (c), (d) and (f).

Additional Information:

Alaska Department of Health and Social Services Division of Behavioral Health. http://dhss.alaska.gov/dbh/Pages/default.aspx

Alaska Mental Health Board. http://dhss.alaska.gov/amhb/Pages/default.aspx

Alaska's Youth Risk Behavior Survey (YRBS). http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx

Continuum of Care Matrix for Alaskans with Behavioral Health Disorders (Mental Illness, Alcoholism, Drug Addictions). http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumbhd.aspx

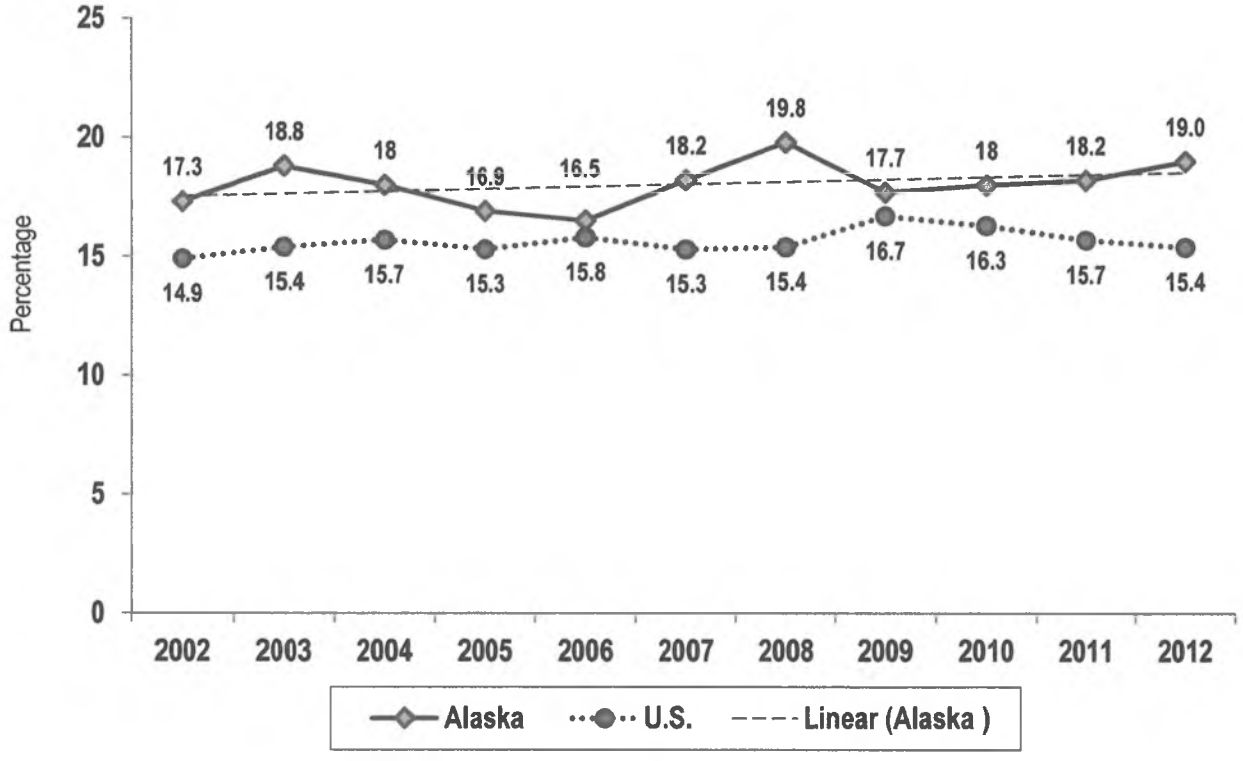
Centers for Disease Control and Prevention (CDC). Adolescent and School Health. Youth Risk Behavior Surveillance System (YRBSS). http://www.cdc.gov/healthyyouth/yrbs/index.htm

[32] Department of Health and Social Services, Division of Public Health. *2013 Youth Risk Behavior Survey Results.* http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2013AKTradHS_Graphs.pdf

Health: Access

9. Population without Health Insurance

Percentage of population not covered by health insurance for the year, Alaska and U.S., 2002 – 2012



Source: U.S. Census Bureau, Current Population Survey (CPS). (2013). Table HI06. Health Insurance Coverage Status and Type of Coverage by State for All People: 2012. *Annual Social and Economic Supplement.*[33]

Summary and Explanation:

- Nineteen percent of Alaska's population was counted as uninsured in 2012. This number has remained generally flat since 2002.
- Alaska's percentage of people without health insurance is generally higher than the U.S. average.
- People most likely to be uninsured are those who are:
  - Self-employed
  - Part-time workers
  - Seasonal workers and/or
  - People who work for small firms
  - Young adult males[34]

[33] Available at http://www.census.gov/hhes/www/cpstables/032013/health/toc.htm.

- More than half of the uninsured work for small firms[35]

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The percent of people without health insurance for the entire year is a key indicator because those without health insurance who experience one or more clinical conditions defining Trust beneficiary status cannot access, or have significant difficulty accessing, reasonable levels of necessary services authorized by Alaska Statute, including: emergency services; screening examination and evaluation services; inpatient care; crisis stabilization services; treatment services; dispensing of psychotropic and other medication; detoxification; therapy and aftercare; case management; development of individualized treatment plans; daily living skills training; socialization activities; recreation; transportation; day care support; residential services; crisis or respite care; services provide via group homes, halfway houses or supervised apartments; intermediate care; long-term care; in-home care; vocational services; outpatient screening, diagnosis, and treatment; individual, family, and group psychotherapy, counseling, and referral; and prevention and education services. AS 47.30.056(b-i).

Additional Information:

Alaska Department of Health and Social Services, Health Planning and Systems Development, *Alaska's State Planning Grant to Identify Options for Expanding Coverage for Alaska's Uninsured*. http://dhss.alaska.gov/dph/HealthPlanning/Pages/PlanningGrant/default.aspx

Key Informant Interviews – Assessing the high rate of Alaskans without Health Insurance. http://dhss.alaska.gov/dph/HealthPlanning/Documents/planninggrant/assets/keyInformantsReport.pdf

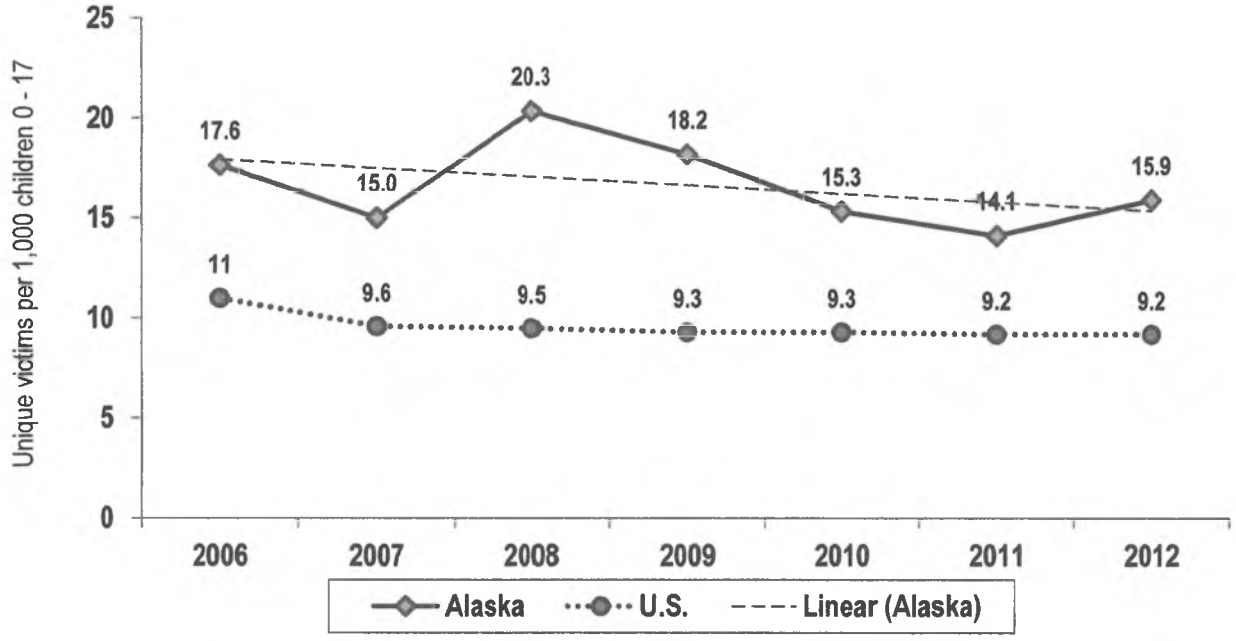
[34] Alaska Department of Health and Social Services, Health Planning and Systems Development (2007). *Alaskans' Health Insurance Coverage: Local and Regional Perspectives* (Presentation). Available at http://dhss.alaska.gov/dph/HealthPlanning/Documents/planninggrant/assets/July2007Presentation.pdf.

[35] Alaska Department of Health and Social Services, Health Planning and Systems Development (2007). *Alaskans' Health Insurance Coverage: Local and Regional Perspectives* (Presentation). Available at http://dhss.alaska.gov/dph/HealthPlanning/Documents/planninggrant/assets/July2007Presentation.pdf.

Safety: Protection

10. Child Maltreatment

Rate of child maltreatment, substantiated cases, unique victims 0 – 17 years, Alaska and U.S., 2006 – 2012



Source: Alaska: Department of Health and Social Services, Office of Children's Services (2006 – 2011). *Allegation and Victim Data*.[36] Population estimates from Alaska Department of Labor and Workforce Development;[37] U.S.: U.S. Department of Health and Human Services (DHHS), Administration for Children and Families, Children's Bureau, *Child Maltreatment 2012*, Table 3-4 "Child Victims, 2008-2012" (p. 31).[38]

Summary and Explanation:

- Child abuse and neglect is defined as:
  - Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
  - An act or failure to act which presents an imminent risk of serious harm.[39]
- According to a national report, Alaska's rate of child abuse and neglect ranks fifth in the U.S. (below District of Columbia, New York, Kentucky, and Arkansas).[40] Caution should be used in interpreting this figure. Although the differences among state rates may reflect actual abuse or neglect, these data can also be impacted by state-to-state variation in statutory jurisdiction,

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[36] Available at http://dhss.alaska.gov/ocs/.
[37] Available at http://labor.alaska.gov/research/pop/popest.htm.
[38] Available at http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012.
[39] Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended by the Keeping Children and Families Safe Act of 2003.
[40] U.S. DHHS, Administration for Children and Families, *Child Maltreatment 2012*, Chapter 3, Table 3-4 *Child Victims* (p. 31). Available at http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012.

agency screening processes and definitions, and the ability of states to receive, respond to, and document investigations.

- The Adverse Childhood Experiences (ACE) Study was a major investigation conducted on the links between childhood maltreatment and later-life health and well-being. The ACE Study findings suggest that adverse child experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. The study shows a strong and graded relationship to health-related behaviors and outcomes during childhood and adolescence including early initiation of smoking, sexual activity, and illicit drug use, adolescent pregnancies, and suicide attempts. Adverse experiences included abuse, neglect, and household disruption (divorce, incarceration, substance abuse, mental health problems).[41]

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The rate of child abuse and neglect is a key indicator because a significant amount of child abuse and neglect is committed by persons suffering major life impairment from one or more clinical conditions defining Trust beneficiary status. It is also an important indicator because child abuse and neglect often results in the victim experiencing major life impairment from one or more clinical conditions defining Trust beneficiary status, both in childhood as well as later in life. See AS 47.30.056(c-f).

Additional Information:

Alaska Department of Health and Social Services, Office of Children's Services. http://dhss.alaska.gov/ocs/

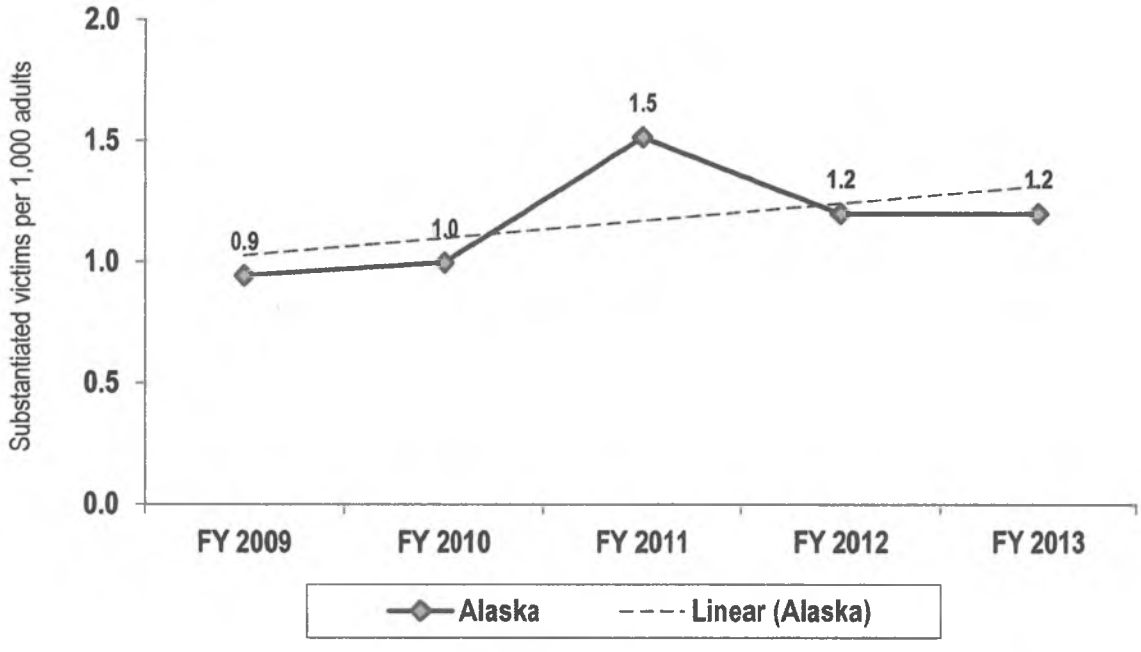
U.S. Department of Health and Human Services, Children's Bureau. *Child Maltreatment 2012.* http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012

[41] Centers for Disease Control and Prevention (2011). *Adverse Childhood Experiences (ACE) Study.* Available at http://www.cdc.gov/ace/index.htm.

Safety: Protection

11. Substantiated Reports of Harm to Adults (rate per 1,000)

Rate of Substantiated Reports of Harm to Adults, Alaska, 2009 – 2013



Source: Alaska Department of Health and Social Services, Senior and Disabilities Services, Adult Protective Services.

Summary and Explanation:

- The mission of Adult Protective Services (APS) is to prevent or stop harm to vulnerable adults resulting from abandonment, abuse, exploitation, neglect or self-neglect.[42]
- APS is a voluntary service, and Alaska law prohibits APS from interfering with adults who are capable of caring for themselves.
- APS works closely with several partner agencies to better serve Alaska's vulnerable adults. These agencies include Office of the Long Term Care Ombudsman, Office of Elder Fraud and Assistance, Medicaid Fraud Control Unit, Certification and Licensing, Office of Public Advocacy and Alaska Disability Resource Center.
- APS has increased outreach efforts by hosting resource fairs, offering trainings to organizations and securing Federal funding for a three year grant to pilot Elder Services Case Management utilizing the Critical Time Intervention model.

Statutory Information:

- Alaska law defines a vulnerable adult as a person 18 years of age or older who, because of incapacity, mental illness, mental deficiency, physical illness or disability, advanced age, chronic

[42] For more information, see http://dhss.alaska.gov/dsds/Pages/default.aspx.

use of drugs, chronic intoxication, fraud, confinement, or disappearance, is unable to meet the person's own needs or to seek help without assistance. AS 47.24.016.

- Legislation passed in 2012 requires more professionals, including employees of nursing homes and other health care facilities and educators and administrative staff of educational institutions, to report concerns of harm, and expands the definition of harm to include "undue influence" of a vulnerable adult's finances, property, health care, or residence. AS 47.24.100(a).[43]

Additional Information:

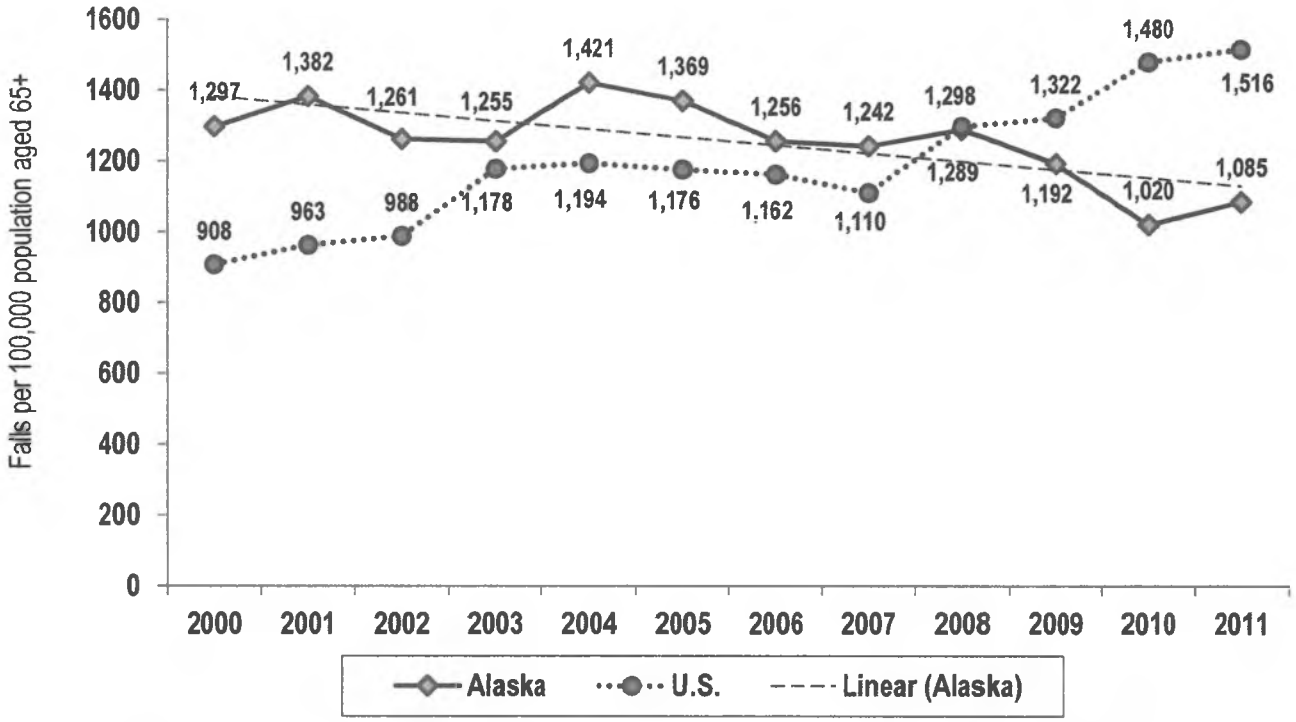
- Alaska Department of Health and Social Services, Senior and Disabilities Services, Adult Protective Services. http://dhss.alaska.gov/dsds/Pages/aps/default.aspx
- Making Reports to Adult Protective Services (Report of Harm). http://dhss.alaska.gov/dsds/Pages/aps/apsreportinfo.aspx
- *Indicators of Adult Abuse, Neglect, or Exploitation.* http://dhss.alaska.gov/dsds/Documents/pdfs/Indicators_adult_abuse_neglect_exploitation.pdf
- Alaska Disability Resource Center. http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx
- U.S. Administration on Aging, National Center on Elder Abuse, Aging and Disability Resource Centers. http://www.ncea.aoa.gov/index.aspx

[43] *New legislation passed to protect Alaska's vulnerable adults. http://dhss.alaska.gov/dsds/Pages/aps/apslaws.aspx.*

Safety: Protection

12. Injuries to Elders due to Falls

Non-fatal injuries requiring hospitalization due to falls, adults 65 and over, Alaska and U.S., 2000 – 2011



Source: Alaska: Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry (via e-mail 12/13/2012);
U.S.: Centers for Disease Control and Prevention, Injury Prevention and Control, Data and Statistics.[44]

Summary and Explanation:

- The rate of hospitalized falls by elders in Alaska was higher than the national rate in 2000, but has been lower than the national average each year since 2008.
- Falls are the leading cause of hospitalized injury in Alaska; falls are the leading cause of fatal injury for Alaskans 75 and older.[45]
- In the U.S. each year, one in every three adults age 65 and older falls.[46]

[44] WISQARS Database, Non-fatal injury data. Available at http://www.cdc.gov/injury/wisqars/nonfatal.html.
[45] Alaska Department of Health and Social Services, Chronic Disease and Health Promotion. *Alaska Fall-Related Injury Prevention: About.* http://dhss.alaska.gov/dph/Chronic/Pages/InjuryPrevention/Falls/about.aspx.
[46] Centers for Disease Control and Prevention (CDC). *Falls Among Older Adults: An Overview.* http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html.

- Twenty to 30 percent of those who fall experience moderate to severe injuries, such as hip fractures and head traumas, or lacerations. Injuries from falls can make it harder to live independently, and can increase the risk of early death.[47]

Additional Information:

Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease Prevention and Health Promotion. http://dhss.alaska.gov/dph/Chronic/Pages/InjuryPrevention/default.aspx

Alaska Department of Health and Social Services, Alaska Commission on Aging. http://www.alaskaaging.org/

Alaska Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry. http://dhss.alaska.gov/dph/Emergency/Pages/trauma/default.aspx

Alaska Senior Fall Prevention Campaign. http://dhss.alaska.gov/acoa/Pages/falls/default.aspx

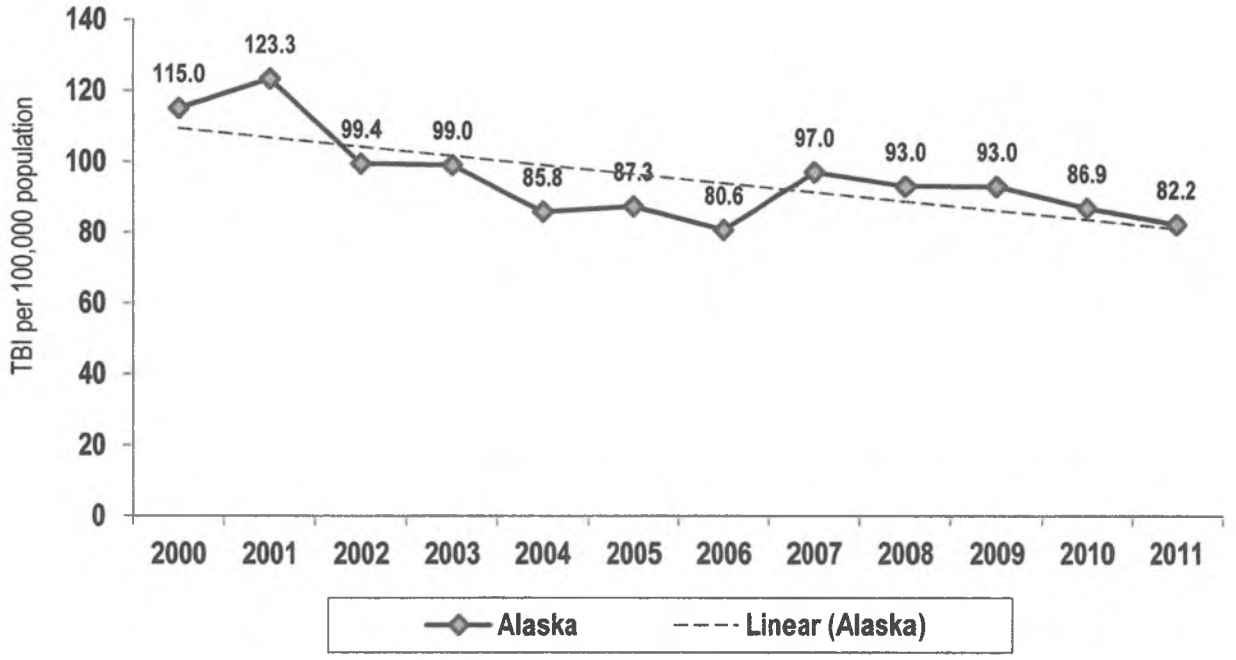
Centers for Disease Control and Prevention. Injury Prevention & Control: Traumatic Brain Injury. *Help Seniors Live Better, Longer: Prevent Brain Injury.* http://www.cdc.gov/traumaticbraininjury/seniors.html

[47] Centers for Disease Control and Prevention (CDC). *Falls Among Older Adults: An Overview.* http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html.

Safety: Protection

13. Non-Fatal Traumatic Brain Injury

Non-fatal traumatic brain injury requiring hospitalization, Alaska, 2000 – 2011



Source: Alaska: Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry (via e-mail 12/13/2012)

Summary and Explanation:

- The rate of non-fatal traumatic brain injury (TBI) in Alaska decreased to 82.2 per 100,000 in 2011.
- Traumatic brain injury is an injury caused by a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI.[48]
- Individuals who with TBI-related disabilities may have physical, cognitive and/or emotional difficulties; these may affect the individual's ability to return to home, school or work, and to live independently. Cognitive difficulties often have more impact on an individual's recovery and independence than physical limitations.[49]

[48] Centers for Disease Control and Prevention (2011). *Traumatic Brain Injury.* http://www.cdc.gov/traumaticbraininjury/.

[49] Alaska Department of Health & Social Services, Division of Behavioral Health, Senior and Disability Services, Alaska Mental Health Trust, and Alaska Brain Injury Network, Inc. (October, 2008). *Brain Injuries in Alaska: 10 Year TBI Plan.* Available at http://www.alaskabraininjury.net/wp-content/uploads/10-Year-TBI-Plan1.pdf.

- In Alaska, the highest rates of TBI are among Alaska Natives, residents of rural Alaska, youth ages 15-19 involved in motor vehicle crashes, and elders who fall.[50]
- Among Alaska residents, the top three causes of TBI among those admitted to a hospital between 2001 and 2005 were falls, motor vehicle traffic accidents, and assault.[51]
- Nine of the 28 respondents to the Alaska Injury Prevention Center's Suicide Follow-back Study who were asked about TBI (32%) reported that the decedent had suffered a traumatic brain injury at some point.[52]

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The rate of non-fatal traumatic brain injury is a key indicator because TBI is a major cause of severe organic brain impairment, a clinical condition defining Trust beneficiary status. AS 47.30.056(e).
- The State of Alaska Traumatic and Acquired Brain Injury (TABI) program funds non-profit agencies to provide services to individuals who have been diagnosed with a traumatic or acquired brain injury. The state has goals in place to expand case management services into rural Alaska, compile a statewide registry of TABI individuals for longitudinal data collection and evaluation of service delivery, and establish standards and recommendations for improvement of prevention, assessment, and care of persons with TABI in the state. AS 47.80.500; AS 47.07.030.

Additional Information:

Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease Prevention and Health Promotion, Injury Prevention. http://dhss.alaska.gov/dph/Chronic/Pages/InjuryPrevention/default.aspx

Alaska Department of Health and Social Services, Division of Behavioral Health, Traumatic Brain Injury Initiative. http://dhss.alaska.gov/dbh/Pages/Initiatives/tbi/default.aspx

Alaska Department of Health and Social Services, Division of Senior and Disabilities Services, Traumatic and Acquired Brain Injury Program. http://dhss.alaska.gov/dsds/Pages/tabi/default.aspx

Alaska Brain Injury Network. http://www.alaskabraininjury.net/

Alaska Brain Injury Network. *Ten Year Plan for TBI in Alaska.* http://www.alaskabraininjury.net/programs/tbi-advisory-board/planning/

Alaska Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry. http://dhss.alaska.gov/dph/Emergency/Pages/trauma/default.aspx

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[50] Ibid.

[51] Alaska Department of Health & Social Services, Division of Behavioral Health, Senior and Disability Services, Alaska Mental Health Trust, and Alaska Brain Injury Network, Inc. (October, 2008). *Brain Injuries in Alaska: 10 Year TBI Plan.* Available at http://www.alaskabraininjury.net/wp-content/uploads/10-Year-TBI-Plan1.pdf.

[52] Alaska Injury Prevention Center (2007). *Suicide Follow-back Study Final Report.* (p. 33). Available at http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs_sspc/sspcfollowback2-07.pdf.

Safety: Justice

14. Percent of Incarcerated Adults with Mental Illness or Mental Disabilities

Summary and Explanation:

- Approximately 42 percent of adults incarcerated in the Alaska correctional system are Trust beneficiaries with mental illness and/or mental disabilities, mostly incarcerated for misdemeanors.[53]
- The Alaska Department of Corrections has become the largest provider of mental health services in the State of Alaska.[54]
- Alaska has the highest growth rate for incarceration per capita in the U.S.[55]
- Beneficiaries of the Alaska Mental Health Trust are at increased risk of involvement with the criminal justice system both as defendants and as victims. Limitations and deficiencies in the community emergency response, treatment, and support systems make criminal justice intervention the default emergency response to the conditions and resulting actions of many Trust beneficiaries.[56]
- A collaborative group under the Alaska Mental Health Trust Disability Justice Focus Area is working to: (1) increase training for criminal justice personnel; (2) sustain and expand therapeutic court models and practices; (3) improve continuity of care for beneficiaries involved with the criminal justice system; (4) increase capacity to meet the needs of beneficiary offenders with cognitive impairments; and (5) develop community-based alternatives to incarceration for beneficiaries.[57]

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The percent of incarcerated adults with mental illness or mental disabilities is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. AS 47.30.056(b-c). It is also a key indicator because it illustrates the significant economic costs related to mental health with regard to incarceration of Trust beneficiaries. Finally, it is a key indicator because it highlights the need for and economic benefits of timely provision (i.e., prior to the need for incarceration) of

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[53] Hornby Zeller Associates, Inc. (December 2007). *A Study of Trust Beneficiaries in the Alaska Department of Corrections.* http://www.mhtrust.org/layouts/mhtrust/files/documents/reports_studies/12-07%20Final%20DOC%20Trust%20Beneficiary%20Study.pdf.

[54] Ibid.

[55] Ibid.

[56] Alaska Mental Health Trust, Disability Justice Focus Area (2008). *Justice for Trust Beneficiaries Initiative.* http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_DisabilityJustice/Disability%20Justice%20Planning_Overview_%20Implementation_Strategies_.pdf.

[57] S. Williams, MSW, Alaska Mental Health Trust, Disability Justice Focus Area (via e-mail communication, 12/22/2009).

reasonable levels of necessary services for people at risk due to mental illness, substance abuse, developmental disabilities, and/or traumatic brain injury. Services to be provided include alcoholism services; housing support services; and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

Alaska Department of Health and Social Services, Division of Behavioral Health. http://dhss.alaska.gov/dbh/Pages/default.aspx

Alaska Department of Health and Social Services, Division of Juvenile Justice. http://dhss.alaska.gov/dji/

Alaska Department of Corrections. http://doc.alaska.gov/

Alaska Mental Health Board. http://dhss.alaska.gov/amhb/

Alaska Mental Health Trust, Disability Justice Focus Area. http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_DisabilityJustice/Disability%20Justice%20Planning_Overview_%20Implementation_Strategies_.pdf

Safety: Justice

15. Criminal Recidivism Rates for Incarcerated Adults with Mental Illness or Mental Disabilities

Summary and Explanation:

- According to a 2007 study, the criminal recidivism rate for Trust beneficiaries is 36 percent, and the rate for other offenders released from Alaska Department of Corrections is 22 percent.[58]
- Trust Beneficiaries are more likely to recidivate sooner and spend more time in ADOC custody.[59]
- Inmates with severe mental illness were less likely to recidivate than inmates with mild mental illness or substance-related disorders, who had a far higher rate of recidivism.[60]

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- Criminal recidivism rates for incarcerated adults with mental illness or mental disabilities are a key indicator because they illustrate the nature and magnitude of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. AS 47.30.056(b-c). They are also a key indicator because they illustrate the significant economic costs related to mental health with regard to incarceration of Trust beneficiaries. Finally, they are a key indicator because they highlight the need for and economic benefits of timely provision (i.e., during and immediately following release from incarceration) of reasonable levels of necessary services for people at risk due to mental illness, substance abuse, developmental disabilities, and/or traumatic brain injury. Services to be provided include alcoholism services, housing support services, and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

Alaska Department of Health and Social Services, Division of Behavioral Health. http://dhss.alaska.gov/dbh/Pages/default.aspx

Alaska Department of Health and Social Services, Division of Juvenile Justice. http://dhss.alaska.gov/dji/

Alaska Department of Corrections. http://doc.alaska.gov/

Alaska Mental Health Board. http://dhss.alaska.gov/amhb/

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[58] Hornby Zeller Associates, Inc. (December 2007). A Study of Trust Beneficiaries in the Alaska Department of Corrections. *http://www.mhtrust.org/layouts/mhtrust/files/documents/reports_studies/12-07%20Final%20DOC%20Trust%20Beneficiary%20Study.pdf.*

[59] Ibid.

[60] Ibid.

Alaska Judicial Council (2011). *Criminal Recidivism in Alaska, 2008 and 2009.* http://www.ajc.state.ak.us/reports/recid2011.pdf

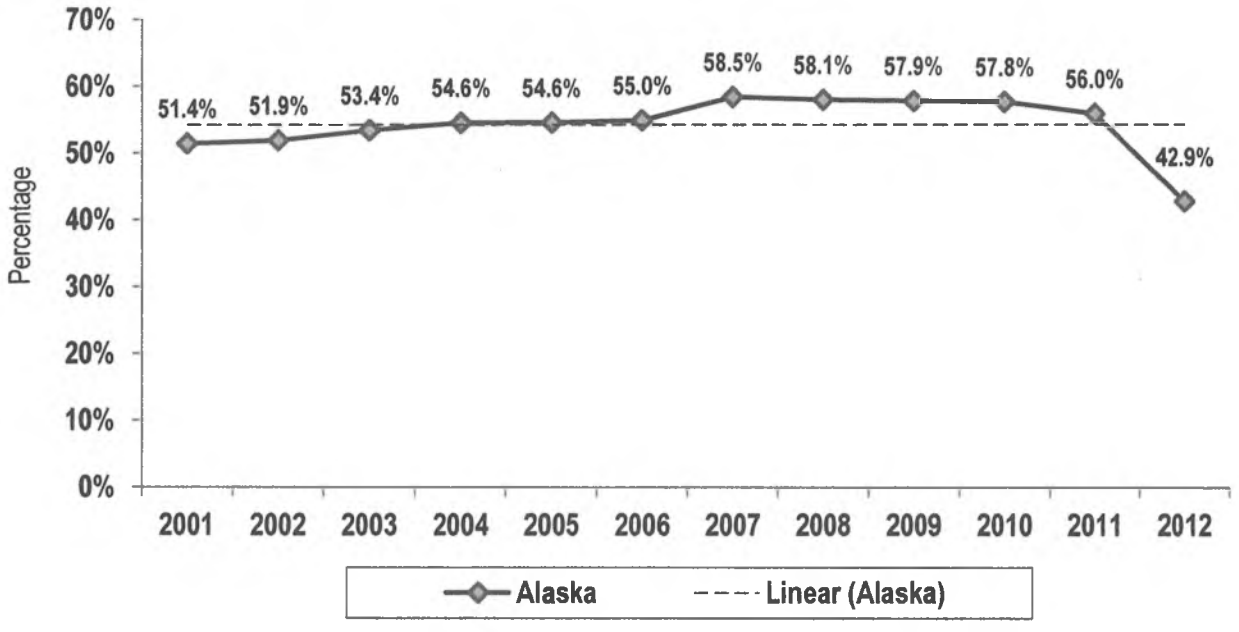
Alaska Judicial Council (2007). *Recidivism in Alaska's Felony Therapeutic Courts.* http://www.ajc.state.ak.us/reports/recidtherct07.pdf

Alaska Mental Health Trust, Disability Justice Focus Area. http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_DisabilityJustice/Disability%20Justice%20Planning_Overview_%20Implementation_Strategies_.pdf

Safety: Justice

16. Percent of Arrests Involving Alcohol or Drugs

Percentage of Total Arrests Flagged as Involving Alcohol or Drugs, Alaska, 2001 – 2012



Source: Alaska Public Safety Information Network (APSIN) case data for Alaska Department of Public Safety, Division of Alaska State Troopers and Wildlife Troopers (via e-mail 11/12/2013).

Summary and Explanation:

- The percentage of arrest offenses flagged by State Troopers or Wildlife Troopers as being related to alcohol or drugs decreased to 42.9% in 2012, the lowest in the past decade.
- Out of a total 81,373 arrests by State Troopers in the last 10 years, 55 percent (45,051) were flagged as being related to alcohol and/or drugs.[61]
- This chart does not include charges by local jurisdictions within the state, which are the source of most arrests. For related data in the Anchorage Municipality, refer to the Anchorage Safety Patrol and Center.[62]

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).

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[61] Alaska Public Safety Information Network (APSIN) case data for Alaska Department of Public Safety, Division of Alaska State Troopers and Wildlife Troopers (via e-mail 11/12/2013).

[62] http://www.muni.org/Departments/health/services/Pages/AnchorageSafetyPatrol.aspx

- The percent of arrests involving alcohol or drugs is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. AS 47.30.056(b-c). It is also a key indicator because it illustrates the significant costs related to mental health with regard to Public Safety resources. Finally, it is a key indicator because it highlights the need for and economic benefits of timely provision (i.e., prior to the need for arrest) of reasonable levels of necessary services for people at risk due to mental illness, substance abuse, developmental disabilities, and/or Traumatic Brain Injury. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

Alaska Department of Health and Social Services, Division of Behavioral Health. http://dhss.alaska.gov/dbh/Pages/default.aspx

Alaska Department of Corrections. http://doc.alaska.gov/

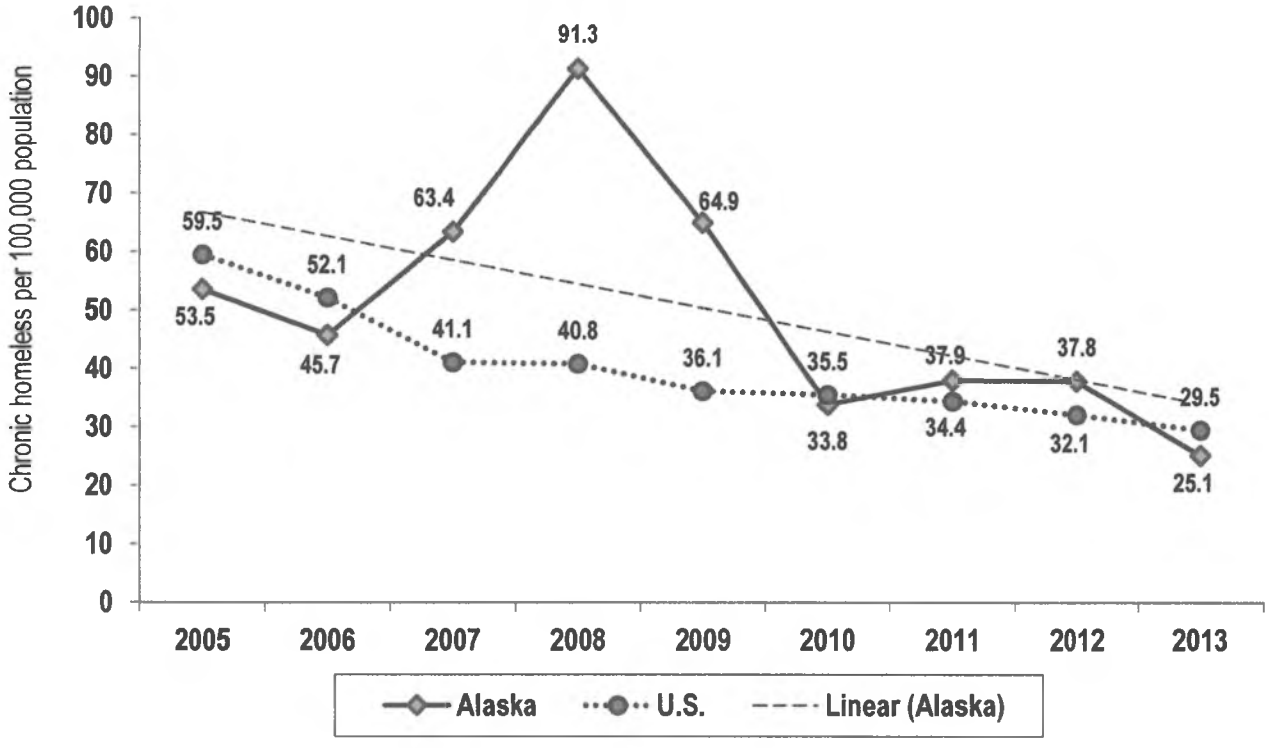
Alaska Department of Public Safety, Division of Alaska State Troopers. http://www.dps.state.ak.us/AST/

Alaska Mental Health Trust, Disability Justice Focus Area. http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_DisabilityJustice/Disability%20Justice%20Planning_Overview_%20Implementation_Strategies_.pdf

Living with Dignity: Accessible, Affordable Housing

17. Rate of Chronic Homelessness

Rate of Chronic Homelessness, Alaska and U.S., 2005 – 2013



Source: Alaska: Alaska Housing Finance Corporation *Annual Point-in-Time Surveys.*[63] HUD Continuum of Care Homeless Assistance Programs. (2013). *Homeless Populations and Subpopulations*;[64]
U.S.: Department of Housing and Urban Development. (2013). *Annual Homeless Assessment Report to Congress.*[65]

Summary and Explanation:

- The January 28, 2013 Point-in-Time survey counted 166 chronically homeless persons in Alaska, both sheltered and unsheltered. The count takes place across the country on a specified day in January each year.[66]
- A chronically homeless person is defined as someone who has either been continuously homeless for more than one year or experienced at least four episodes of homelessness in the past three years and experiences a disability.

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[63] Housing and Urban Development, 2013 *AHAR*, available at https://www.onecpd.info/resource/3300/2013-ahar-part-1-pit-estimates-of-homelessness/. More information at http://www.alaskahousing-homeless.org/annual-point-time-homeless-count.

[64] Available at https://www.onecpd.info/reports/CoC_PopSub_State_AK_2013.pdf.

[65] Available at https://www.onecpd.info/resources/documents/AHAR-2013-Part1.pdf.

[66] *Alaska Housing Finance Corporation (via e-mail correspondence with K. Duncan, 2013).*

- According to the Alaska Housing Finance Corporation, the 2008 spike could be attributed to a number of factors, including: (1) the loss of substance abuse treatment beds; (2) "Project Homeless Connect," a one-day, one-stop service fair for the homeless held in Anchorage which brought more people out of the shadows to be counted; and (3) new information received from Immaculate Conception Church's Breadline soup kitchen in Fairbanks.[67]
- According to the Substance Abuse and Mental Health Services Administration (SAMHSA), about 30 percent of chronically homeless persons have mental health conditions, and about half also have co-occurring substance use issues.[68]
- Families are an increasingly represented among Alaska's homeless and Alaska's composite rank for risk of child homelessness is 28th among the 50 states. Homeless children are four times as likely to have delayed development, twice as likely to have learning disabilities, and eight times more likely to repeat a grade. They also have double the rate of emotional and behavioral problems and higher rates of physical disabilities and ailments such as asthma, and ADHD.[69]

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The rate of chronic homelessness is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. AS 47.30.056(b-c). It also highlights the need for and benefits of timely provision of services for people at risk of homelessness due to mental illness, substance abuse, developmental disabilities, and/or brain injury. These services include mental health and substance use disorder treatment, housing support, and vocational rehabilitation, including prevocational rehabilitation, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

Alaska Housing Finance Corporation. http://www.ahfc.us/home/index.cfm

Comprehensive Integrated Mental Health Plan. *Estimated Rates of Homelessness.* http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/10.aspx

Alaska Mental Health Trust. *Affordable Housing Focus Area Fact Sheet.* http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_affordablehousing/Housing%20Fact%20Sheet%20Housing%20Jan%202013.pdf

Alaska Homeless Management Information System. http://www.anchoragehomeless.org/hmis

SAMHSA Homelessness Resource Center. http://homeless.samhsa.gov/

U.S. Interagency Council on Homelessness. *People Experiencing Chronic Homelessness.* http://www.usich.gov/population/chronic

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[67] *Alaska Housing Finance Corporation (via e-mail correspondence with K. Duncan, 11/28/2008).*

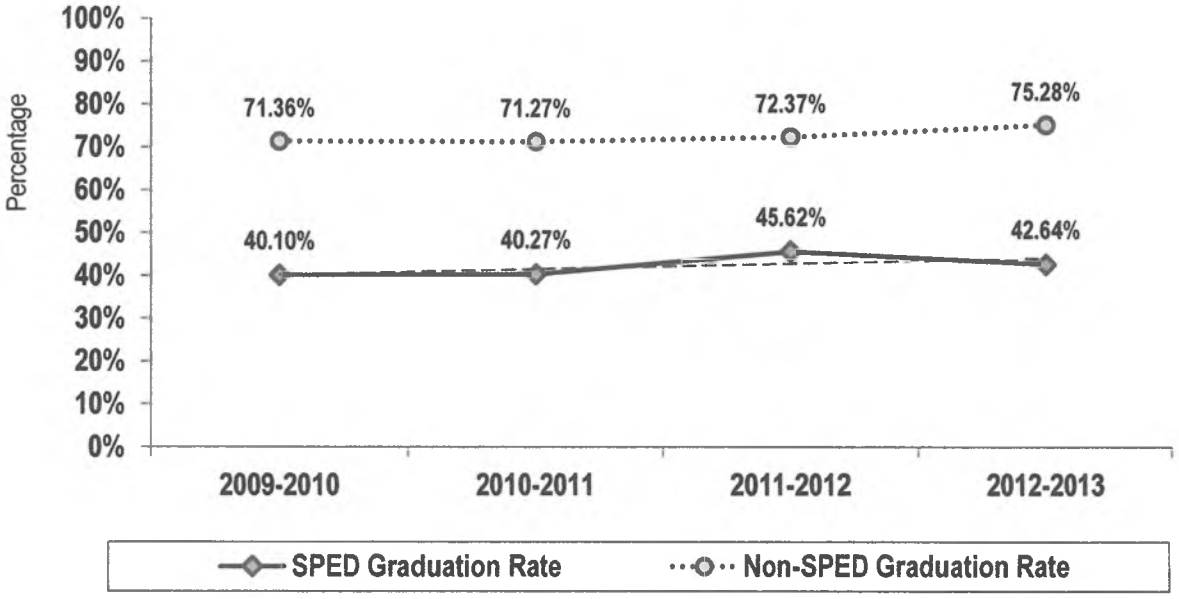
[68] SAMHSA (2011). *Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States.* Available at http://homeless.samhsa.gov/ResourceFiles/hrc_factsheet.pdf.

[69] The National Center on Family Homelessness (2010). America's Youngest Outcasts. Available at http://www.homelesschildrenamerica.org/reportcard.php.

Living with Dignity: Educational Goals

18. High School Graduation Rates

Difference between high school graduation rate for students with and without disabilities, Alaska, 2009-2013



Source: Alaska Department of Education and Early Development, Statistics and Reports (via e-mail, 2013).
Note: 20100-2011 and following years calculated using 4-year cohort rate method. 2012-2013 rates are preliminary.

Summary and Explanation:

- The 2013 high school cohort graduation rate for Alaska students without disabilities was 75.28%, compared to a rate of 42.64% for students with disabilities.[70]
- "Students with disabilities" is used to describe students receiving special education services; these students are served under Part B of the Individuals with Disabilities Education Act.
- The calculation of graduation rates changed between 2009-2010 and 2010-2011 school years shown in the chart above.
    - Through 2009-2010, the department used a method referred to as the "leaver rate," calculated by dividing the number of graduates by the sum of the following: 1) the number of graduates, 2) the number of dropouts from the current school year's 12th-grade class, 3) unduplicated dropouts from the previous year's 11th-grade class, 4) unduplicated dropouts from the tenth-grade class from two years' prior, and 5) unduplicated dropouts from the 9th-grade class from three years' prior.

[70] Alaska Department of Education & Early Development, via email (2013).
and 2011-2012 Graduation Rates by Subgroup. Available at
http://education.alaska.gov/stats/GradRatesSub/2012GradRatesSubgroup.pdf

- Beginning with the 2010-2011 academic year, the department has published "cohort" graduation rates, which are calculated by dividing the number of graduates in a cohort group by the number in the cohort group For example, the 2011 four-year cohort group is defined as all students who first entered grade nine in 2007-2008, attended a public high school in Alaska during the cohort period, and did not transfer to a private school or to a public school outside Alaska, or die before the end of the 2010-2011 school year.

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The high school graduation rate is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. AS 47.30.056(b-c). It is also a key indicator because it highlights the need for and potential benefits of timely provision of reasonable levels of necessary services for youth at risk due to mental illness, substance abuse, developmental disabilities, and/or brain injury. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

Alaska Department of Education and Early Development. http://education.alaska.gov/

Alaska Department of Education and Early Development. *Special Education Handbook 2013.* http://education.alaska.gov/TLS/SPED/pdf/FY13%20Handbook/AK%20SPED%20Handbook%20130208.pdf

High School Graduation Rates for Students Receiving Special Education Compared with Students Not Receiving Special Education. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/11.aspx

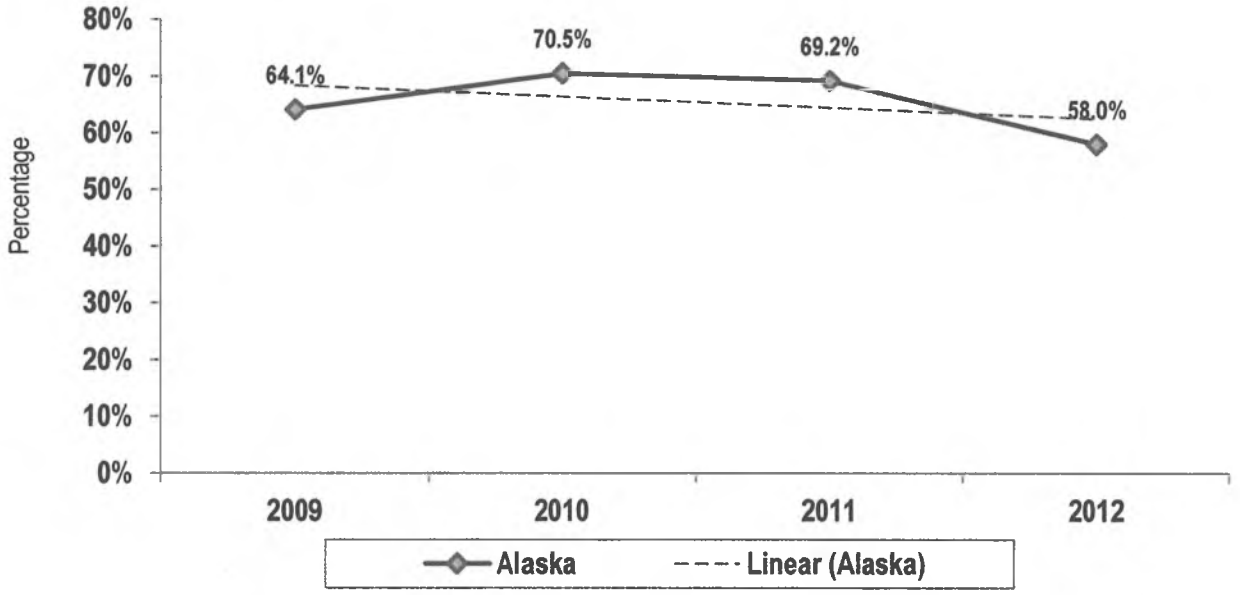
Grade 10 Students Passing Qualifying Exams: Students Receiving Special Education and Students Not Receiving Special Education. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/dl-1.aspx

Alaska Department of Education and Early Development. *Report Card to the Public, State Report Cards.* http://education.alaska.gov/reportcard/

Living with Dignity: Educational Goals

19. Youth who Received Special Education and are Employed and/or Enrolled in Post-Secondary Education One Year After Leaving School

Percentage of youth who had Individualized Education Plans in effect at the time they left school and were enrolled in postsecondary education or training program, and/or employed within one year of leaving high school, Alaska, 2009 – 2012



Source: Alaska Department of Education and Early Development, *Individuals with Disabilities Education Act (IDEA) Annual Performance Report (February 2013).*[71]

Summary and Explanation:

- This indicator tracks outcomes of youth who had Individualized Education Plans (IEPs) in effect at the time they left school.
- In 2012, 58% of Alaskan youth in this category were enrolled in higher education or another type of post-secondary education or training program within one year after leaving high school.

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The percent of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving school is a key indicator because it illustrates the

[71] Available at http://education.alaska.gov/TLS/SPED/pdf/FY13%20General%20Updates/130318%20SY11-12%20APR%20.pdf.

magnitude and effects of major life impairments suffered by many persons who experience clinical conditions defining Trust beneficiary status. AS 47.30.056(b-c). It is also a key indicator because it highlights the need for and potential benefits of timely provision of reasonable levels of necessary services for people at risk due to mental illness, developmental disabilities, and/or brain injury. Services to be provided include alcoholism services; housing support services; and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

Alaska Department of Education and Early Development, Data and Statistics. http://education.alaska.gov/stats/facts.html

Governor's Council on Disabilities and Special Education. http://dhss.alaska.gov/gcdse/

Comprehensive Integrated Mental Health Plan Results Area: Living with Dignity http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/areas/dignity.aspx

High School Graduation Rates for Students Receiving Special Education Compared with Students Not Receiving Special Education. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/11.aspx

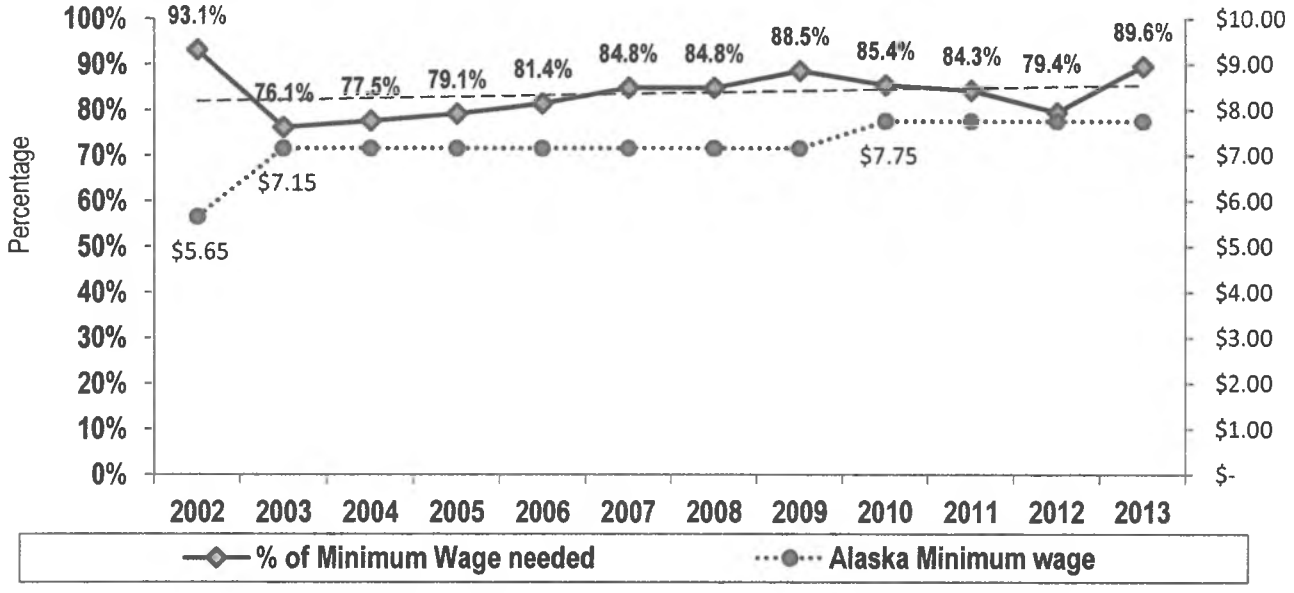
Grade 10 Students Passing Qualifying Exams: Students Receiving Special Education and Students Not Receiving Special Education. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/dl-1.aspx

Continuum of Care Matrix for Alaskans with Developmental Disabilities. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumdd.aspx

Economic Security

20. Percent of Minimum Wage Income Needed for Average Two-Bedroom Housing in Alaska

Percent of monthly minimum wage needed to afford average two-bedroom apartment in Alaska, 2002 - 2013



Source: National Low Income Housing Coalition. (2013). *Out of Reach.*[72]

Summary and Explanation:

- The proportion of minimum wage income needed to afford housing in Alaska rose steadily between 2003 (when minimum wage increased from $5.65 to $7.15) and 2009; during this period housing costs increased while the minimum wage stayed the same. It dropped slightly in 2010 when the minimum wage was increased to $7.75 per hour, and has dropped further in the years following.[73]
- The current Fair Market Rent (FMR) for a two-bedroom apartment in Alaska is $1,111. In order to afford such a rent at not more than 30 percent gross income, a household must earn a "Housing Wage" of $21.37, assuming a 40-hour work week, 52 weeks per year. Alaska ranks 8th most expensive among the states for housing by this measure.[74]
- A housing unit is considered affordable if it costs no more than 30 percent of one's income.[75]

[72] Available at http://nlihc.org/oor/2013.
[73] Wage data from Alaska Department of Labor and Workforce Development (2011) *Summary of Alaska Wage and Hour Act.* Available at http://labor.alaska.gov/lss/forms/sum-wh-act-1.pdf.
[74] National Low Income Housing Coalition (2012). Out of Reach. Available at http://nlihc.org/oor/2013.
[75] National Low Income Housing Coalition. (2012). *Out of Reach.* Available at http://nlihc.org/oor/2013.

- In 2012, an Alaskan earning minimum wage ($7.75 per hour) would need to work 112 hours per week, 52 weeks per year to afford the Fair Market Rate for an average two-bedroom apartment in Alaska.[76]

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The percent of minimum wage income needed for an average two-bedroom housing in Alaska is a key indicator because it illustrates the significance and effect of a major life impairment suffered by many persons who experience clinical conditions defining Trust beneficiary status—the difficulty of being able to afford decent housing. AS 47.30.056(b-c). It is also a key indicator because it highlights the need for and potential benefits of timely provision of reasonable levels of necessary services for people at risk due to mental illness, developmental disabilities, substance abuse, and/or brain injury. Services to be provided include alcoholism services, housing support services, and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

Comprehensive Integrated Mental Health Plan Results Area: Economic Security. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/areas/security.aspx

Alaska Rent-Wage Disparity by Census Area, 2009. http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/rentwage.aspx

Alaska Department of Health and Social Services, Division of Public Assistance. http://dhss.alaska.gov/dpa/Pages/default.aspx

Alaska Mental Health Trust. *Affordable Housing Focus Area Fact Sheet.* http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_affordablehousing/Housing%20Fact%20Sheet%20Housing%20Jan%202013.pdf

Alaska Housing Finance Corporation. http://www.ahfc.us/home/index.cfm

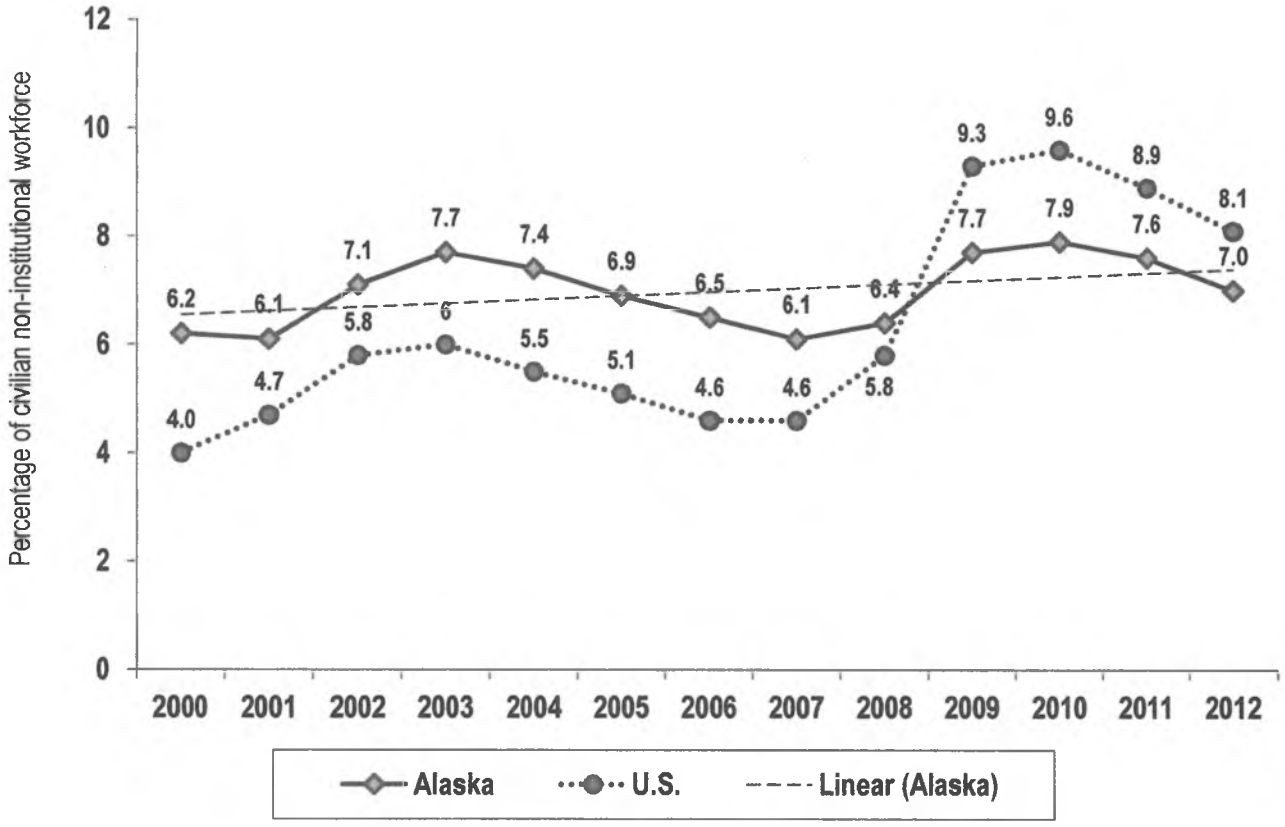
National Low Income Housing Coalition. *Out of Reach Reports.* http://nlihc.org/oor/

[76] Ibid.

Economic Security

21. Unemployment Rate

Average annual unemployment rate, Alaska and U.S., 2000 – 2012



Source: Alaska: Alaska Department of Labor and Workforce Development. (2013). *Annual Unemployment Rates, Alaska and U.S.. January 2000 to 2013;*[77]
U.S.: U.S. Department of Labor. (2013). *Labor Force Statistics from the Current Population Survey.*[78]

Summary and Explanation:

- Persons are classified as unemployed if they do not have a job, have actively looked for work in the prior four weeks, and are currently available for work. Persons who are not working and are waiting to be recalled to a job from which they had been temporarily laid off are also included as unemployed. The unemployment rate represents the number unemployed as a percent of the labor force.[79]

[77] Available at http://live.laborstats.alaska.gov/labforce/labdata.cfm?s=2&a=0.
[78] Available at http://www.bls.gov/cps/.
[79] U.S. Department of Labor. (2013). *Labor Force Statistics from the Current Population Survey.* Available at http://www.bls.gov/cps/.

- Data presented in these charts are not seasonally adjusted. Seasonally adjusted rates tend to be slightly higher.[80]

Statutory Information:

- The average annual unemployment rate is a key indicator because it reflects underlying economic conditions that might disproportionately affect Trust beneficiaries and their opportunities for work, decent housing, and adequate health care.
- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).

Additional Information:

Comprehensive Integrated Mental Health Plan Results Area: Economic Security
http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/areas/security.aspx

Current Services and Service Gap Analysis.
http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/services/default.aspx

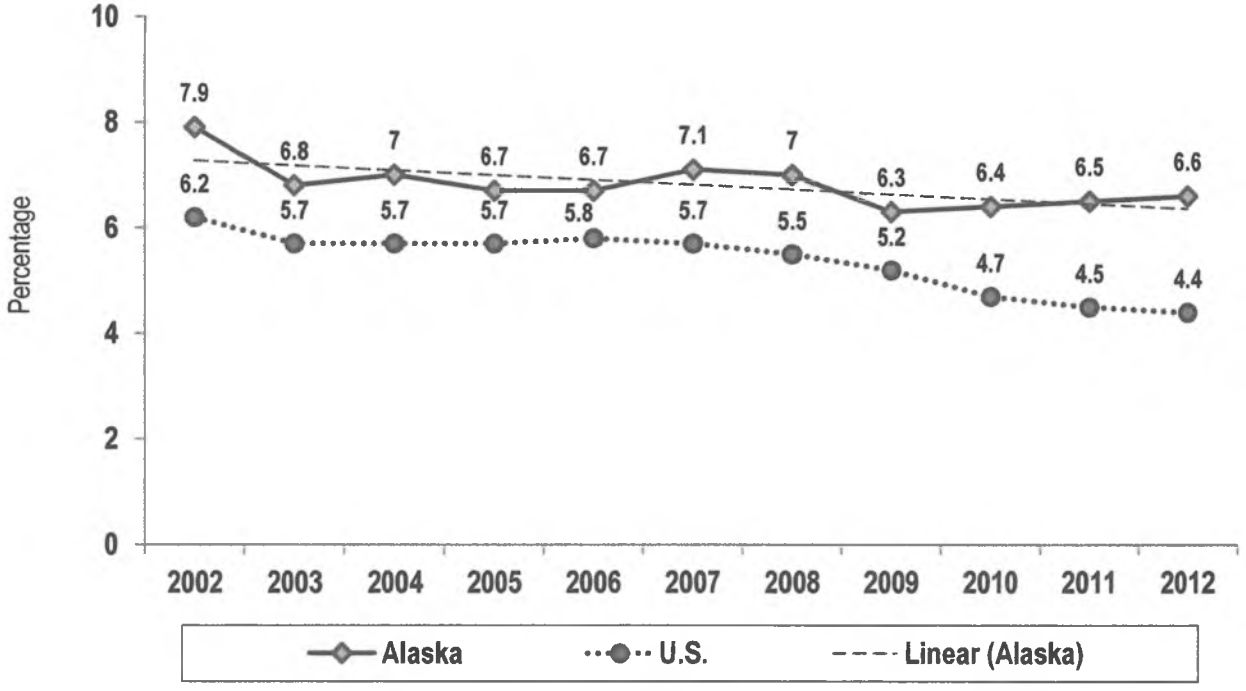
Alaska Department of Labor and Workforce Development. http://labor.alaska.gov/

[80] Alaska Department of Labor and Workforce Analysis. *Seasonal adjustment and how it works.* Available at http://live.laborstats.alaska.gov/labforce/seasonal.cfm.

Economic Security

22. Percent SSI Recipients who are Blind or Disabled and are Working

Percent of SSI recipients who are blind or disabled and are working, Alaska and U.S., 2002 – 2012



Source: U.S. Social Security Administration, Office of Retirement and Disability Policy. (2012). Table 41, Recipients Who Work. *SSI Annual Statistical Reports*.[81]

Summary and Explanation:

- The percent of Supplemental Security Income (SSI) recipients who are blind or disabled and who work has remained relatively consistent throughout the decade. In 2012, the Alaska rate was 6.6% and the national average was 4.4%.
- According to the Social Security Administration, less than one-half of one percent of SSI[82] and/or Social Security Disability Insurance (SSDI)[83] recipients secures employment at a level sufficient to leave the SSI or SSDI program.

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[81] Available at http://www.ssa.gov/policy/docs/statcomps/ssi_asr/2012/sect07.html#table41.

[82] SSI is a federal financial assistance program, financed through general tax revenues, that provides monthly payments to adults and children with qualifying disabilities who have limited income and resources, which meet the living arrangement requirements, and are otherwise eligible. Monthly payment varies up to the maximum federal benefit rate which is standardized in all States, but not everyone gets the same amount because it may be supplemented by the State or decreased by other income and resources. For more information, see http://www.ssa.gov/pgm/ssi.htm.

[83] SSDI is a federal disability insurance program that is financed with Social Security taxes paid by workers, employers and self-employed persons. To be eligible, the worker must earn sufficient "work credits" based on taxable work. Disability benefits are payable to workers who are disabled, widow(er)s or adults who have been disabled since childhood, who are otherwise eligible. Auxiliary benefits may be payable to a worker's dependents. Monthly disability benefit payment is

- Programs such as the Working Disabled Medicaid Buy-in and other Social Security Administration work incentives exist to help people go to work, but studies have found that many SSI and SSDI recipients are afraid they might lose cash assistance and Medicaid-funded services if they seek work.[84]
- Some individuals with disabilities need continued services and supports often available only through Medicaid. Needed services include personal care assistance, in-home supports, ongoing supported employment services, and rehabilitation services.
- Surveyed Alaskans with disabilities rated the following supports and services as most important in their decisions to either get or stay at a job:
    - Transportation
    - Ability to take time off for health-related reasons
    - Paid personal assistant services at home
    - Affordable health insurance
    - Assistive technology services and devices.[85]

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The Percent of SSI Recipients with Blindness or Disabilities who are Working is a key indicator because it illustrates the significance and effect of a major life impairment suffered by many persons who experience clinical conditions defining Trust beneficiary status—the difficulty of securing and holding down a job. AS 47.30.056(b-c). It is also a key indicator because it highlights the need for and potential benefits of timely provision of reasonable levels of necessary services for those at risk due to mental illness, developmental disabilities, and/or Alzheimer's Disease and related disorders (such as traumatic brain injury). Services under statute include housing support services and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

Comprehensive Integrated Mental Health Plan: *Current Services and Gaps Analysis.* http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/services/default.aspx

Governor's Council on Disabilities and Special Education. http://dhss.alaska.gov/gcdse/

Alaska Department of Labor and Workforce Development. http://labor.alaska.gov/

Alaska Works Initiative. http://www.alaskaworksinitiative.org/

UAA Center for Human Development. http://www.uaa.alaska.edu/centerforhumandevelopment/

Social Security Administration, Disability Benefits. http://www.ssa.gov/pgm/disability.htm

based on the Social Security earnings record of the insured worker on whose Social Security number the disability claim is filed. For more information, see http://www.socialsecurity.gov/pgm/disability.htm.

[84] University of Alaska, Anchorage, Center for Human Development (2012). *Employment Barriers Survey for Adults with Physical Disabilities*. Available at http://www.uaa.alaska.edu/centerforhumandevelopment/Employment_Barriers_Survey/upload/EBS_report_FINAL_report-2.pdf.

[85] Ibid.

ALASKA STATE TROOPERS

ALASKA BUREAU OF INVESTIGATION
STATEWIDE DRUG ENFORCEMENT UNIT

2012 ANNUAL DRUG REPORT

2012 Annual Drug Report

Table of Contents

Introduction

The Alaska State Troopers, Alaska Bureau of Investigation Statewide Drug Enforcement Unit (SDEU) in authoring this publication, has endeavored to represent the drug situation in Alaska in a manner that provides the broadest possible picture of the true situation.

There are numerous agencies that conduct drug investigations in Alaska. While some agencies have a less formal relationship, most work closely with the Alaska State Troopers. In order to properly represent the true drug situation in Alaska, statistics from as many agencies in Alaska as possible are included in this report. While we made an effort to provide the most accurate seizure data and avoid duplication, there are instances where a specific seizure may have been counted in more than one report. Information provided by all sources should be considered when attempting to measure how drugs are impacting the citizens of this state.

We believe including as much information from all agencies involved in drug enforcement in Alaska is vital when analyzing the needs of the state in the arena of drug enforcement. However, it is important to note that the numbers alone should not be the sole source from which to make a complete assessment of the true drug situation in Alaska. To get the truest picture of the drug situation within Alaska we have attempted to take into account the anecdotal information gathered from conversations with those investigators on the frontlines of Alaska's war on drugs.

Our Mission

SDEU provides a leadership role in coordinating law enforcement's efforts to reduce the availability of illegal alcohol and controlled substances throughout Alaska. SDEU recognizes that a successful alcohol and drug program depends upon a unified effort blending traditional law enforcement techniques with demand reduction programs that address educational, social, and community concerns.

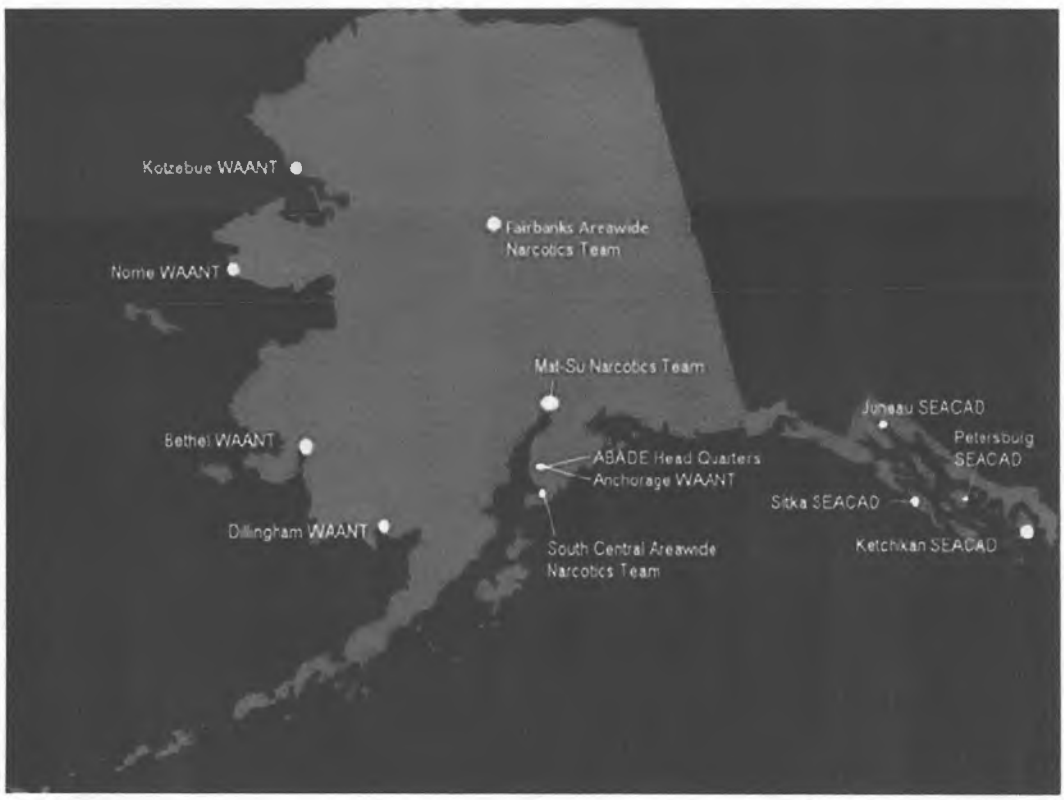
SDEU's mission is to:

- Interdict and seize alcohol and controlled substances that are illegally distributed throughout Alaska.
- Identify and arrest distributors of controlled substances and illegal alcohol.
- Provide training and investigative support to criminal justice agencies.
- Support and participate in public education programs.

Staffing and Support

SDEU recognizes that because of Alaska's geographical vastness no single law enforcement agency is capable of handling the drug and alcohol issues alone. Using a combination of federal and state funding, the Department of Public Safety helps to fund a number of multi-jurisdictional task forces around the state. SDEU encourages cooperative efforts between federal, state and local law enforcement agencies and has taken a leadership role in fostering and developing many of these cooperative arrangements through multi-jurisdictional and/or multi-agency efforts. The ABI-SDEU Headquarters office in Anchorage primarily supports six (6) investigative task forces throughout the state. These teams are broken down by region as follows:

Alaska Interdiction Task Force / Anchorage Enforcement Group (DEA sponsored)
Fairbanks Area-wide Narcotics Team
Mat-Su Narcotics Enforcement Team
South Central Area-wide Narcotics Team
Southeast Alaska Cities Against Drugs Task Force
Western Alaska Alcohol and Narcotics Team



Additional specific information on the individual units can be found at –

http://dps.alaska.gov/AST/ABI/SDEU.aspx

SDEU participates with and receives assistance from several investigative agencies involved in drug enforcement. These agencies include the Drug Enforcement Administration (DEA), Federal Bureau of Investigation (FBI), the US Postal Inspection Service, the Internal Revenue Service (IRS), Bureau of Alcohol, Tobacco, Firearms and Explosives (BATF) and US Immigration and Customs Enforcement (ICE). SDEU also works closely with other local law enforcement agencies.

Nature of Alaska's Drug and Alcohol Problem

Members of Alaska's law enforcement community and others who are part of Alaska's criminal justice system have long known that the greatest contributing factor to violent crimes, including domestic violence and sexual assault, is drug and alcohol abuse. It is also widely recognized that many of the accidental deaths that occur in Alaska are related to alcohol use. This is especially true in the western regions of the state and is evident in the statistics entered into the Alaska State Trooper case management systems.

While there is no question that many aspects of the drug and alcohol problem are unique to Alaska, SDEU strives to provide a continuing and coordinated effort that not only meets the needs of Alaska, but is also dovetailed with the National Drug Control Strategy. The strategy underscores the social and economic costs to society and was developed to provide general guidance and a framework for federal, state, and local agencies in developing a counter drug effort. The strategy's established objectives are:

- Strengthen efforts to prevent drug use in communities
- Seek early intervention opportunities in health care
- Integrate treatment for substance use disorders into health care and expand support for recovery
- Break the cycle of drug use, crime, delinquency, and incarceration
- Disrupt domestic drug trafficking and production
- Strengthen international partnerships
- Improve information systems for analysis, assessment, and local management

Drugs of Choice

Alcohol, cocaine, heroin, marijuana, methamphetamine, and prescription drugs have been identified as the primary substances of abuse and are the focus of most Alaskan law enforcement efforts.

During 2012 the number of methamphetamine labs investigated by the Alaska State Troopers continued to decline with only 3 labs investigated. Despite the smaller number of labs seized, methamphetamine, mainly from sources outside the state, continues to be readily available throughout the state, but is more prominent in the larger populated areas.

The resurgence of the abuse of heroin and continued abuse of other opiates including various opioid based prescription medications is of significant concern primarily in the urban areas. Alcohol and marijuana continue to be the overwhelming drugs of choice for Western Alaska.

Alcohol

Alaska's criminal justice professionals recognize that alcohol is the primary substance of abuse in Alaska and contributes to many violent, suicidal, and accidental deaths, especially in rural areas. Currently, 108 communities[1] have voted in favor of local option statutes prohibiting the sale, importation, and/or possession of all alcohol. Because alcohol remains legal in many areas of Alaska, illegal bootlegging activities continue to be a problem in the local option communities. Alcohol is frequently transported to the villages via the US Postal Service, local air carriers, private aircraft, boat, snow machines and express mailing services. Bootlegging alcohol of all types has become a very lucrative business in rural Alaska.

The United States Postal Inspector continues to support the cross deputation of investigators in SDEU's Western Alaska Alcohol and Narcotics Team. This program is believed to be the only one of its kind in the United States.

The economics of the illegal sales of alcohol is staggering. For example, a bootlegger can purchase a 750-milliliter bottle of alcohol legally for $10 or less in an urban liquor store. The same bottle of alcohol in Bethel, Kotzebue or Barrow may sell for $50. In the more remote communities, alcohol can easily sell for $150 to over $300 per bottle depending on the supply and demand. The initial purchase for the bootlegger involves a minimal cash investment, a maximum cash return. A dollar-for-dollar comparison of alcohol and drugs purchased in Anchorage and then resold in many Alaskan villages breaks down as follows:

Cocaine	$1.00	$1.50
Marijuana	$1.00	$4.00
Alcohol	$1.00	$15.00

* Calculated at $150 per bottle

Alcohol seized (gallons)

2010	2011	2012
774.02	682.87	473.00

Alcohol related charges/arrests

2010	2011	2012
363	392	284

[1] http://commerce.alaska.gov/dnn/Portals/9/pub/Localopt03-13-13.pdf

Cocaine

Cocaine continues to be a widely used and lucrative drug for sale in Alaska. Cocaine is readily available in most areas of the state and is seen with great frequency in powder form and crack cocaine in the major urban areas such as Anchorage and Fairbanks.

Cocaine is brought into Alaska concealed on passengers or in luggage through ports of entry such as the Ted Stevens Anchorage International Airport, and it is also shipped via the US Post Office or commercial parcel companies such as FedEx, DHL or UPS.

The cocaine brought into Alaska is typically packaged in kilogram quantities and later broken down by dealers into smaller quantities for retail sale. In powder form, it is normally sold in gram quantities for $100-150 and its primary method of ingestion is by snorting.

Crack dealers use a process involving powder cocaine, water, baking soda and heat to produce crack cocaine, which is then sold in small rocks for $20. The primary method of use for crack is by smoking.

The statistics below show powder and crack cocaine seized by all task forces where SDEU investigators are assigned.

Cocaine seized (pounds)

2010	2011	2012
22.16	37.12	56.00

Cocaine related charges/arrests

2010	2011	2012
145	108	74

Heroin

Heroin is a highly addictive drug derived from morphine which is obtained from the opium poppy. It is a "downer" or depressant that affects the brain's pleasure systems and interferes with the brain's ability to perceive pain. It is a white to dark brown powder or tar like substance. Heroin can be used in a variety of ways, depending on the user's preference and the purity of the drug. Heroin can be injected into a vein, injected into a muscle, smoked in a water pipe or standard pipe, mixed in a marijuana joint or regular cigarette, inhaled as smoke through a straw, or snorted as a powder via the nose.

The short term effects of heroin abuse appear soon after a single dose and disappear after a few hours. After an injection of heroin, the user reports feeling a surge of euphoria accompanied by a warm flushing of the skin, a dry mouth, and heavy extremities.

Heroin use is not isolated to the metropolitan areas of Alaska. Undercover buys and interdictions of heroin have been reported in several smaller communities. Heroin is primarily imported into Alaska via parcels and body carries. Investigations have shown that heroin use crosses socio-economic boundaries.

Heroin seized (pounds)

2010	2011	2012
4.64	6.41	4.93

Heroin related charges/arrests

2010	2011	2012
82	118	146

Marijuana

Marijuana is available throughout the state and is viewed as a gateway drug to other drugs for young adults and teenagers. The 2011 Alaska Youth Risk Behavior Survey conducted by State of Alaska Department of Health and Social Services indicates that 21.2% of high school students used marijuana within the last 30 days. Demand for Alaskan-grown marijuana continues to be high as a result of its exceptional tetrahydrocannabinol (THC) content. Because Alaskan produced marijuana is extremely high quality; Alaska is considered a marijuana exporting state. However, there is also a significant market for "BC Bud" brought into Alaska from British Columbia, Canada.

SDEU teams continue to find extremely sophisticated indoor growing operations. Most commercial marijuana growing operations are found in communities along Alaska's road system. It is not unusual for sites to be located in homes with hidden or underground rooms specifically designed for the cultivation of marijuana. These rooms are often equipped with surveillance cameras and state-of-the-art timers controlling temperature, lighting, water, humidity and air purifiers. Many grows are found during and/or after fires. Also, many lease/rental and abandoned housed are damaged by the remodeling and humidity of a grow operation.

The Drug Enforcement Administration awarded $80,000 in Marijuana Eradication grant funds to the State of Alaska in 2012. These funds were used to cover some of the costs associated with marijuana eradication in the state. Local police departments were notified of the availability of these funds to cover overtime incurred by officers involved in eradication operations. In 2012 funds were shared with the Anchorage, Craig and Kenai Police Departments.

Processed Marijuana seized (pounds)

2010	2011	2012
316.07	260.95	407.03

Marijuana related charges/arrests

2010	2011	2012
1,040	1,211	817

Marijuana grows eradicated

2010	2011	2012
75	96	65

Marijuana plants seized

2010	2011	2012
3,822	7,882	5,090

Methamphetamine

Methamphetamine use continues to be an issue throughout the United States including Alaska. Methamphetamine, also known as meth, speed, crank, crystal, and ice, produces an increase in energy and alertness and a decrease in appetite. The effects, which include an intense rush, have been reported to last up to 36 hours. It can be smoked, snorted, injected, or taken orally.

The collection of hazardous materials associated with the take down of a methamphetamine lab requires a certified clean-up company to respond to the location, collect and containerize larger items as well as various chemicals found at the site. These containers are then transported to a location for safe long-term storage and/or destruction.

Methamphetamine labs continue to be discovered in single and multi-family residences in many neighborhoods. In addition to meth labs producing illegal, often deadly drugs, the clandestine nature of the manufacturing process and the presence of ignitable, corrosive, reactive, and toxic chemicals at the sites, have resulted in explosions, fires, toxic fumes, and irreparable damage to human health and to the environment. Children are found residing in meth lab sites and many continue to live in dangerous environments. Loaded firearms are also frequently found at these meth labs, which increases the danger to children living in these residences. Locations found to contain methamphetamine labs are reported to the Alaska Department of Environmental Conservation which maintains an online listing of these addresses, a link to which can be found below. Reoccupation of these properties often requires expensive remediation.

Meth Labs seized

2010	2011	2012
11	8	3

Meth seized (pounds)

2010	2011	2012
4.53	6.20	35.19

Meth related charges/arrests

2010	2011	2012
185	194	182

http://dec.alaska.gov/spar/perp/methlab/methlab_listing.htm

For more information regarding meth education and awareness, go to:

www.montanameth.org, www.mfiles.org, www.lifeormeth.org, www.metheducation.com

Prescription Drugs

Throughout the state, the abuse of prescription drugs continues to be a significant problem. Not only does the abuse of prescription drugs create a health hazard for the users, it creates a financial impact upon the communities. The drugs vary in price and can cost anywhere from one dollar per milligram to two dollars per milligram depending on availability. With the increased demand for the drugs and a shortening of supply, many abusers may not have the money or insurance to pay for their addiction; thus increasing property and violent crimes in these communities. It has been reported that tens of thousands of dollars are being spent to feed this growing abuse and addiction.

The abuse of Oxycontin/Oxycodone and Hydrocodone and other opioid type medications continued to be a significant issue in 2012. These drugs are sought for their pharmaceutical purity and ability to alter the central nervous system.

Prescription drugs have been linked to the following crimes - homicide, assault, prescription fraud, home invasion thefts and pharmacy robberies. People who are addicted to prescription drugs facilitate their addiction by doctor shopping, pharmacy shopping, forgery, and purchasing the drugs via the Internet. Law enforcement is especially concerned for the welfare of particularly vulnerable populations such as the elderly and those with severe long-term illnesses such as cancer.

It is the intent of SDEU to increase pressure on those involved in the non-medical use, abuse, and sales of these addictive drugs, by applying tried and true narcotics investigation techniques, and when ever prudent partnering with the DEA to charge these crimes in the federal system.

Hydrocodone seized (dosage units)

2010	2011	2012
627.50	1,051	141

Oxycontin/Oxycodone seized (dosage units)

2010	2011	2012
5,958.25	1,836.50	609

All other prescription drugs seized (dosage units)

2010	2011	2012
2,668.50	2,548	2,839

National Prescription Drug Take Back Program

This initiative addresses a vital public safety and public health issue. More than seven million Americans currently abuse prescription drugs, according to the 2009 Substance Abuse and Mental Health Administration's National Survey on Drug Use and Health. Each day approximately 2,500 teens use prescription drugs to get high for the first time according to the Partnership for a Drug Free America. Studies show that a majority of abused prescription drugs are obtained from family and friends, including the home medicine cabinet.

In an effort to address this problem, the US Department of Justice, Drug Enforcement Administration, Office of Diversion Control, in conjunction with state and local law enforcement agencies throughout the United States, conducted the first ever National Prescription Drug Take Back Day on Saturday, September 25, 2010. The purpose of this National Take Back Day was to provide a venue for persons who wanted to dispose of unwanted and unused prescription drugs. This effort was a huge success in removing potentially dangerous prescription drugs, particularly controlled substances, from our nation's medicine cabinets. There were approximately 3,000 state and local law enforcement agencies throughout the nation that participated in the event. All told, the American public turned in more than 121 tons of pills on this first National Take Back Day.

Members from the Alaska State Troopers along with the Drug Enforcement Administration, other Alaskan law enforcement agencies and other professional and community organizations worked together in April and again in October of 2012 to facilitate "Prescription Drug Take Back Days." The program resulted in the collection and proper disposal of 2 tons of prescription medications from around the state.

Drug Enforcement Administration

The Drug Enforcement Administration (DEA) in Alaska is deeply involved in working with all state and local drug units to enhance and facilitate investigations of major offenders throughout Alaska.

DEA in Alaska is broken down into the Anchorage District Office (ADO) along with a post of duty in Fairbanks, Alaska. The ADO is broken down into the Enforcement Group (EG) and the Alaska Interdiction Task Force (AITF). These groups operate as task forces, in that they are comprised of DEA agents as well as officers from other agencies. The EG has federally deputized task force officers from the Anchorage Police Department (APD) and the Alaska State Troopers (AST), while AITF consists of federally deputized task force officers from the AST, APD, and Airport Police, as well as several other federal agencies as needed. The Alaska National Guard Counter Drug Support Program supports DEA throughout the entire state.

DEA furnishes training to state and local agencies and in the past, has provided funding for law enforcement personnel to be trained and re-certified in a variety of drug law enforcement related topics.

DEA continues to facilitate forfeiture proceedings related to assets and funds seized as a result of criminal investigations and drug trafficking. This effort allows state and local law enforcement agencies to receive a portion of the assets seized, which in turn funds additional criminal investigations.

Drug seizures by DEA

	Cocaine (kilos)	**Heroin** (kilos)	**Marijuana** (lbs)	**Meth** (lbs)
2010	8.54	3.71	1589.93	14.24
2011	5.77	.63	3.54	2.58
2012	7.17	4.30	11.93	9.26

Anchorage Police Department

The Anchorage Police Department drug enforcement effort includes the Vice Unit, Special Assignment Unit, FBI Safe Streets Task Force, and a DEA Task Force. In addition to these units that specialize in drug investigations we also have our Patrol Division that responds to immediate calls for service involving narcotics.

The Vice Unit focuses on longer term investigations targeting mid to high level dealers in the Anchorage area. Most of these investigations are three to six months in length but can last up to a year. The Vice Unit consists of 1 Sergeant, 5 full time Detectives and 1 TDY Officer from the patrol division. The Special Assignment Unit focuses on short-term street level drug investigations often resulting in an immediate buy/bust. This Unit has 1 Sergeant and 13 full time Officers including a canine Officer. The Safe Streets Task Force mission consists of targeting violent offenders with an emphasis on gang members. These are often associated with the narcotics trade. There are 3 full time Officers from APD assigned to the Safe Streets Task Force.

Our DEA Task Force is comprised of DEA Agents as well as Officers from other departments; we have two Detectives currently assigned to the airport interdiction group. Their primary mission is interception of narcotics entering the State. During 2012 our APD DEA task force Detectives are responsible for seizing 19.5 kilograms of cocaine, 200 grams of methamphetamine, and 200 grams of heroin. (These stats are already captured by DEA)

Also of note is a 482.57 kilogram seizure of Spice by Detectives in the Vice Unit.

The Vice Unit also provides Detectives for narcotics training and education in the Anchorage community.

Drug Seizures by APD

	Crack (kilos)	**Cocaine**(kilos)	**Heroin** (kilos)	**Marijuana**(lbs)	**Meth** (lbs)
2010	1.04	4.17	2.85	427.25	11.53
2011	0.72	7.40	2.78	157.71	2.69
2012	0.90	1.78	2.92	186.89	5.72

Juneau Police Department
Drug Enforcement Unit

Juneau Police Department has two officers assigned to the drug enforcement unit (DEU), which targets dealers and importers of illegal drugs in the Juneau Borough. Drug investigations range from short term buy/busts, to long term operations lasting many months. The DEU frequently collaborates with SEACAD and federal law enforcement agencies in airport interdictions and smuggling investigations, in effort to intercept narcotics coming into Juneau. The majority of drugs make their way to Juneau from source states California, Oregon, and Washington via mail and parcel delivery services and body carries on commercial airlines.

The following highlights the 2012 amounts of scheduled drugs seized and their street value:

Marijuana	5850g	$ 175,546
Oxycodone	274.5 pills	$ 43,600
Hydrocodone / Methadone	476 pills	$ 51,457
Heroin	893g	$ 803,700
Cocaine	4g	$ 480
Methamphetamine	416g	$ 83,200
Fentanyl	300 micrograms	$ 450
LSD	23 blotter tabs	$ 1,140
Total value of drugs seized:		**$1,159,573**
Total cash seized:		**$ 29,739**

In 2012, street values of heroin and methamphetamine were significantly higher in comparison to source states and cities of higher population in Alaska. As Juneau's Oxycodone supply was dwindling, demand and price for heroin and methamphetamine increased. Operation "Jack and the Beanstalk" that began in 2007 was concluded in 2012; thirty-eight indictments on players in the Oxy conspiracy ranged from Sacramento, CA to Fairbanks. The DEU also assisted a federal task force in identifying and arresting 2 heroin and methamphetamine traffickers in Portland, OR who were significant Juneau sources. Three ounces of methamphetamine and three ounces of heroin were seized.

The DEU generated 122 cases, with 37 defendants charged or arrested with 48 crimes. Six calls for emergency medical services involving overdoses were made in 2012.

Ted Stevens Anchorage International Airport

The Ted Stevens Anchorage International Airport Police conducts investigative efforts within the hub involving the statewide, domestic and international transportation of illegal drugs and alcohol. The mission to seize and interdict these illegal substances to prevent distribution throughout Alaska starts with a commitment to narcotics enforcement activities by assigning an officer to the DEA operated Alaska Interdiction Task Force. Additionally, uniformed officers and the department investigator conduct numerous narcotics investigations as a result of anonymous tips and complaints from airlines and cargo facilities. The department also coordinates investigative efforts with other state, federal and lower 48 law enforcement agencies. Dedication to community/customer service in this arena is paramount and officers are involved in drug education activities with our local airport businesses, schools and other private and public entities.

Drug Seizures by Anchorage Airport Police

	Cocaine (kilos)	**Heroin** (kilos)	**Marijuana** (lbs)	**Meth** (lbs)
2011	.0013	.024	4.40	.05
2012	.003	0.00	10.2	0.00

Emerging Trends in 2012

It is the intent of this section to familiarize the reader with some current and anticipated trends within Alaska. To do so it is important to look at the current Pacific Region picture as Alaska tends to follow suit in the following years. The National Drug Intelligence Center (NDIC) breaks the nation down into nine regions. The Pacific Region is made up of Alaska, Washington, Oregon, Idaho, Nevada, Hawaii, Guam and Northern and Central California.

PACIFIC REGION TRENDS

Methamphetamine
According to the NDIC's 2011 Drug Threat Assessment, methamphetamine continues to be the greatest threat to the Pacific Region. They report that although the domestic production of methamphetamine has declined over the region in large part due to the regulation of precursor chemicals use in its production; it is widely available throughout the region. It is further reported that the majority of methamphetamine within the region is supplied by Mexican drug trafficking organizations (DTOs) entering the country through the ports of entry and along the United States - Mexico border.

Powder Cocaine
The NDIC identifies powder cocaine as a significant issue in the Pacific Region as well. Also supplied to the United States by Mexican DTOs, the DTOs supply independent dealers and street gangs with the powder cocaine that they often times process into crack cocaine prior to distribution.

Marijuana
Marijuana is the most widely available and commonly abused drug throughout the Pacific Region. The Pacific Region leads the country in marijuana cultivation.

During 2011, utilizing funds acquired from federally forfeited illegal drug proceeds, the Alaska State Troopers (AST) commissioned the University of Alaska Anchorage (UAA) Justice Center to analyze five years of marijuana grows which were discovered by AST. The UAA study analyzed 333 marijuana grow searches conducted by AST during calendar years 2006 through 2010.

The primary purpose of the study was to provide an empirical estimate of the extent to which AST investigators' detection of marijuana odors served as a reliable indicator of the presence of illegal quantities of marijuana in structures.

Detection of marijuana odors was found to be significantly associated with the discovery of relatively large amounts of marijuana – that is, quantities of four ounces or more, as well as 25 or more plants.

The study titled, "The Predictive Validity of Marijuana Odor Detection" analyzed a total of 115 variables, a link to the entire 53 page report can be found in the resources section of this report.

ALASKA TRENDS

Methamphetamine

In July of 2006, pseudoephedrine regulations were adopted by the State of Alaska. This armed law enforcement professionals with a valuable tool to combat meth labs in the state. The table below shows the number of reported meth labs seized by SDEU.

Reported Meth Labs Seized in Alaska *

2008	2009	2010	2011	2012
12	9	11	8	3

* Statistic represents labs seized by SDEU only.

Although we have witnessed a decrease in the number of methamphetamine labs since 2006, SDEU has some concern due to the recent popularity of a new method in producing methamphetamine known as the "One Pot" or "Shake and Bake" method. All of the labs encountered by the SDEU in 2012 employed the "One Pot" method.

Methamphetamine cooks using the one pot method combine ammonium nitrate or sulfate, pseudoephedrine tablets, ether, water and the reactive metal into one container from the beginning of the process. The intent is to reduce the amount of time needed for the overall process. The dangers to the cooks and to first responders are due to the mixing of all of the ingredients in one container. The concentration of products builds pressure within the sealed container to levels beyond which the containers were built to withstand. The building pressure along with the violent reaction of the reactive metal with water can create a rupture or bursting of the container exposing the ingredients within to the outside air. Beyond the damage that is created by the bursting container, these ruptures are often accompanied by flames resulting from the flammable liquid within the container. As this method begins to gain in popularity within Alaska it will increase the danger to all citizens of Alaska from explosions, fires, and exposure to dangerous chemicals.

The number of methamphetamine lab seizures in nearly every other region of the country has shown a steady increase over the last three years due primarily to one pot labs.

As previously mentioned in this publication, methamphetamine abuse remains a significant issue within Alaska. Although the number of labs has remained relatively low, it appears that the use and abuse of the drug lingers.

Prescription Medication

More and more, prescription medications are being abused and sold. SDEU continued to see significant seizures of prescription medications in 2012. It is believed that the largest portion of these medications is being obtained through illegal means.

The latest data provided by the National Drug Intelligence Center shows that overdose deaths associated with the use of prescription medications exceeds those associated with

the use of cocaine, heroin and methamphetamine combined. This number includes both legal and illegal uses of prescription medications.

Heroin
The number of heroin seizures in our urban areas continues to grow. SDEU recognizes that there has been an increase in the availability of heroin throughout the state and it is no longer isolated to the urban areas.

The State Medical Examiner's office has seen a steady increase in the number of heroin/opiate related deaths over the past three years. During 2012, the Statewide Drug Enforcement Unit and has invested significant effort in heroin distribution related cases. The number of heroin related charges/arrests by the SDEU rose from 118 in 2011 to 146 in 2012.

Synthetic Cannabinoids
Synthetic cannabis is a term used to describe a variety of a psychoactive herbal and chemical substances which, when consumed mimic the effects of smoking marijuana. Marketed as incense and herbs, these products are sold on the internet and in smoke shops.

Although complete studies have not been conducted, some of the side effects of synthetic cannabis consumption are heart palpitations, extreme agitation, vomiting, delusions, hallucinations, and panic attacks.

In July of 2011, Alaska legislation prohibiting the sale and possession of a number of the common chemical compounds found in these synthetic cannabinoids was enacted.

Submission data from the Scientific Crime Detection Laboratory for 2012 shows a total of 105 synthetic cannabinoid submissions with 9 awaiting analysis. Of those analyzed, only 6 were determined to contain substances prohibited by current state law.

Bath Salts
Products containing MDPV (3,4 methylenedioxypyrovalerone)—marketed as "legal alternatives to cocaine or Ecstasy (MDMA)" emerged in the U.S. designer drug market during 2009. These synthetic cathinone type products have caused users throughout the country to experience severe adverse effects, and the number of calls to U.S. poison control centers related to them has trended upward. Retailers often sell these products labeled as "bath salts."

In 2012, state legislation banning the substances most commonly found in these substances was enacted.

In 2012, there were a total of 37 synthetic cathinone (Bath Salt) submissions. Of those, all 37 were found to contain substances prohibited by state law.

Summary

The Statewide Drug Enforcement Unit, with its unique ability to interdict and investigate cases across the state, recognizing that drug abuse is not confined to any one geographical location or any economic strata in our state. Drug and alcohol abuse affects all Alaskans, despite social, ethnic, racial and economic differences.

We also recognize that the ill-gotten gains of drug traffickers and alcohol smugglers promote an increase in lawlessness of all types. This lawlessness is not isolated to the use of controlled substances. It includes, but is not limited to, burglary, theft, domestic violence assaults and murder. By the eradication of such activity and the arrest of those who would profit off the misery of others, we will make Alaska and the communities therein a much better and safer place to live and raise a family. The Alaska Bureau of Investigation, along with our partner agencies throughout the state, diligently dedicate our resources and energy toward that goal.

The Statewide Drug Enforcement Unit is committed to working with interested agencies in the fight against substance abuse throughout the state by using innovative concepts to deal with the illegal sale and distribution of alcohol and drugs. We are also committed to focusing on increased awareness and knowledge of drug abuse through educational presentations to the Public Safety Academy and in public forums, such as schools, service organizations and other community groups.

Resources

Office of National Drug Control Policy
www.whitehousedrugpolicy.gov/index.html

Office of Diversion Control
www.deadiversion.usdoj.gov/index.html

National Drug Intelligence Center
www.usdoj.gov/ndic/

Center for Substance Abuse Research
www.cesar.umd.edu/

U.S. Department of Health and Human Services
www.oas.samhsa.gov/nhsda.htm

The Partnership at Drug Free
www.drugfree.org/drug-guide

Department of Health and Social Services
http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbsresults.aspx

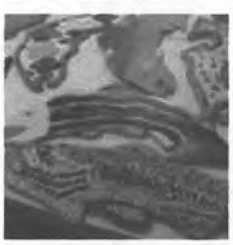
University of Alaska – "The Predictive Validity of Marijuana Odor Detection"
http://justice.uaa.alaska.edu/research/2010/1110.02.ast.marijuana/1110.02.marijuana.pdf

The 2012 Annual Drug Report is authored by the Alaska State Troopers, Alaska Bureau of Investigation Statewide Drug Enforcement Unit. It can be accessed via the Department of Public Safety internet site therefore there is no publication cost. It is intended to inform Alaskans about the type and frequency of drug related crime reported in Alaska during 2012.

The Alaska State Troopers, Alaska Bureau of Investigation supplied the majority of information presented in this report. Statistical data was provided by the Alaska State Troopers, Alaska Bureau of Investigation, the Anchorage Police Department, Juneau Police Department, Ted Stevens Anchorage Airport Police and the Drug Enforcement Administration.

ANNUAL REPORT

FY 2012



CDVSA
COUNCIL ON DOMESTIC VIOLENCE & SEXUAL ASSAULT
Safety ★ Prevention ★ Accountability

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Letter From the Executive Director

Council Chair Susan Cushing Greats Governor Parnell at the 2012 Prevention Summit. (L to R: Gov. Sean Parnell, Council Executive Director Lauree Morton, Council Chair Susan Cushing.)

The 2012 Fiscal Year was an exciting time for the Council on Domestic Violence and Sexual Assault. It was a year of accomplishments, partnerships and impact. The Council worked closely with Gov. Sean Parnell bringing the issues associated with domestic and sexual violence into more public awareness, promoting real change. More communities dedicated themselves to local prevention and response efforts, and the state continued to hold perpetrators of violence accountable. Advocates worked tirelessly to ensure safe shelter and services were available to adult and child victims.

The Council also continued its important work of garnering statistical data relative to the true extent and impact of domestic violence and sexual assault in Alaska. We extend our thanks to everyone who participates in this effort—especially those who relive the horrors of the assaults suffered to help us all better understand what we're up against—their bravery calls us into peace.

We are pleased to provide this FY 12 Annual Report highlighting in detail both the challenges and the accomplishments of the past year. We look forward to working closely with all our partners in the years ahead to eliminate the scourge of domestic violence and sexual assault from across our great state.

Lauree Morton

Lauree Morton
Executive Director

COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

Susan Cushing, Chair – Public Member
Rick Svobodny, Department of Law
Joseph Masters, Department of Public Safety
Patricia Owen, Department of Education and Early Development
Melissa Stone, Department of Health and Social Services
Carmen Gutierrez, Department of Corrections
Richard Irwin – Public Member
Rachel Gernat – Public Member
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Our Vision:

Alaska, free from domestic and sexual violence

Our Mission:

The Council provides safety for Alaskans impacted or victimized by domestic violence and sexual assault through a system of statewide crisis intervention, perpetrator accountability and prevention services

Our Purpose:

There is established in the Department of Public Safety the Council on Domestic Violence and Sexual Assault. The purpose of the council is to provide for planning and coordination of services to victims of domestic violence or sexual assault or to their families and to perpetrators of domestic violence and sexual assault, and to provide for crisis intervention and prevention programs."

-Alaska Statute § 18.66.010

INTRODUCTION

In 1981, the Council on Domestic Violence and Sexual Assault (The Council or CDVSA) was created by legislation and established in the Department of Public Safety. For 30 years, the Council has funded programs across the state of Alaska to end domestic violence and sexual assault. In FY2012, the Council funded and supported 20 victim service programs and monitored 15 community and prison-based batterer intervention programs, nine (9) of which were funded partially through the Council.

COUNCIL FUNDED PROGRAMS PROVIDE:

- 24-hour emergency support;
- Safe shelter;
- Safety planning;
- Prevention initiatives;
- Children's services including child care, counseling, and group activities;
- Counseling for victims;
- Accountability for batterers;
- Information and referral for employment, housing, and medical care;
- Legal advocacy and civil legal referral;
- Community coordination focused on systemic change;
- Rural outreach and community education programs;

"When I went to the shelter I couldn't see the light at the end of the tunnel—now there is no tunnel. Thank you for all you have and continue to do."

THE COUNCIL ALSO DIRECTLY FUNDS TRAINING FOR:

- Law enforcement personnel;
- Health providers and counselors;
- Attorneys and court personnel;
- Staff of Native organizations and other community groups;
- School based educators;
- Prevention coordinators and advocates.

COUNCIL PURPOSE AREAS, GOALS & ACTIVITIES

PURPOSE AREAS:

- Prevention;
- Crisis Management and Intervention;
- Perpetrator Accountability.

GOALS:

- Coordinate domestic violence and sexual assault prevention efforts in Alaska;
- Provide immediate, appropriate crisis response, intervention and shelter;
- Build public awareness and support for crisis management and intervention services;
- Develop crisis management options that allow victims, if they choose to do so, to stay safely in their homes while perpetrators are removed;
- Perpetrators will be held accountable for their actions;
- Implement and maintain best practices in the operation of programs providing domestic violence and sexual assault services;
- Define and describe the scope and impact of domestic violence and sexual assault;
- Ensure effective Council administration.

"I appreciated the kindness and support offered --we know there is help and hope."

ACTIVITIES:

- Coordinate services with the Departments of Law, Education, Public Safety, Health and Social Services, Corrections and other state and community groups dealing with our identified population;
- Request, receive, and disperse funds from the State of Alaska and the federal government for domestic violence and sexual assault programs;
- Gather data on domestic violence, sexual assault, crisis intervention, and prevention;
- Fund and support 20 victim service programs in 18 Alaska communities, collectively serving 235 towns and villages throughout the state;
- Monitor and provide technical assistance to all approved Batterer Intervention Programs; 15 approved – 9 funded;
- Coordinate and fund training on issues of domestic violence and sexual assault to government agencies, law enforcement, community agencies, and the public;
- Conduct quarterly public meetings and participate in public forums on a regular basis.

"How comfortable, cared for, protected and encouraged they made me feel after such horrible events took place."

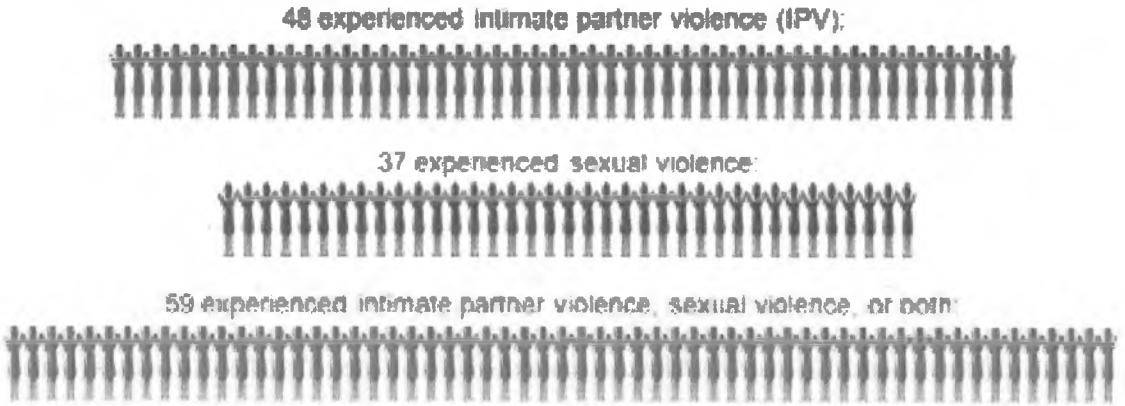
ALASKA VICTIMIZATION SURVEY AND ALASKA'S DASHBOARD

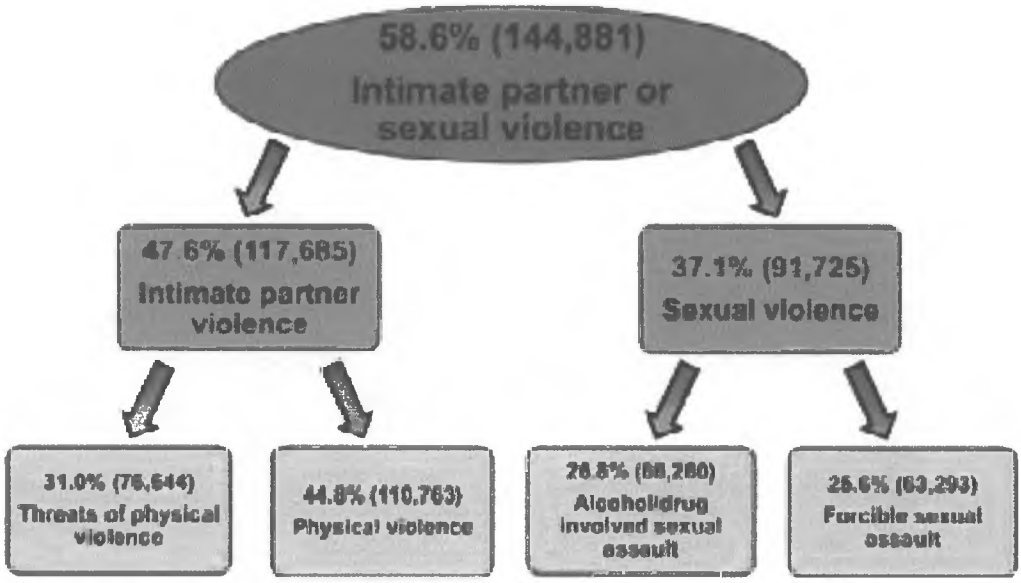
In May and June 2010, 971 randomly selected Alaska women were surveyed over the phone. Questions were asked about specific behaviors, resulting in Alaska's first comprehensive look at intimate partner violence and sexual assault against women. Results from the survey are used to guide planning and policy development, effectively evaluate the impact of prevention and intervention services, and provide greater empirical support for preventing and responding to violence against women.

In FY 12 the Council initiated the Alaska Dashboard, which provides a broad overview of population indicators on key issues impacting domestic violence and sexual assault in Alaska. The Dashboard looks at reported incidents, service utilization, protective factors, offender accountability and victimization survey results to provide a clearer picture of what is happening across the state.
http://dps.alaska.gov/CDVSA/dashboard.aspx

THE ALASKA VICTIMIZATION SURVEY INDICATED:

Out of every 100 adult women who reside in the State of Alaska





Note: percentages do not sum because some respondents experienced multiple victimizations.

"The Council now has both statewide and regional data and plans call for continuation of the Alaska Victimization Survey every five years in order to make sure that changes can be accurately tracked over time."

CDVSA 2012 HIGHLIGHTS

Funded 20 victim service programs across the state resulting in:

- 3,038 people volunteering 44,681 hours of service to the cause;
- More than 200 staff members operating programs 24 hours a day, seven days a week, to ensure safe refuge and help their communities develop strategies for creating peace;
- 93% of program participants learning more about resources and help available to themselves and their families and how to access those resources;
- 92% of program participants knowing more or different intervention safety strategies than they did prior to the interaction.

BIP Roundtable

Council staff convened three round tables of service providers and associated parties to review the previous work done and develop recommendations for the Council to approve. Three of the five recommendations were approved by the Council. The goal of this process is to move into compliance with the Legislative Task Force BIPs recommendation prior to the next Council sunset review. This will be accomplished by 1) drafting statute moving responsibility from DOC to CDVSA and also subsequently drafting revised regulations; and 2) drafting best practices/ standards to include a range of BIP models and innovative ideas.

Funded public awareness and prevention campaigns throughout the state, including:

- Respect is Always the Right Choice;
- Real Alaskans Choose Respect;

- Stand Up Speak Up Youth Initiative;
- When I am an Elder;
- The Fourth R;
- Green Dot –Bystander Intervention;
- Alaska Men Choose Respect Community-Based Prevention Projects.

SART Sustainability

The Sexual Assault Response Team (SART) Guidelines were finalized in December 2011 and approved by the Council at their February 2012 meeting. The guidelines provide a framework for developing, training, and implementing community sexual assault response in Alaska. Communities are able to use these guidelines as they establish their SARTs to fit each community's unique circumstances, resources, and needs. Seven communities sent teams to training, March 2012, in Fairbanks. The week long training builds advocate, health care and law enforcement response skills with a focus on team building.

Enhanced services and prevention programming in Alaska through funds awarded by the Rural Domestic Violence, Sexual Assault and Stalking Assistance Program (RDVSAP).

In state fiscal year 2011 CDVSA applied for and was awarded $900,000 through the RDVSAP. Funding through this award supports DV/SA victim service programs direct service efforts and prevention programming in nine rural Alaskan communities.

PUBLIC AWARENESS & PREVENTION CAMPAIGNS

In FY12, funding through the Governor's *Choose Respect* Initiative via the Council supported the expansion of the public awareness, prevention and community engagement projects that were initiated in 2010. The Council contracted and worked in partnership with the Alaska Network on Domestic Violence & Sexual Assault (ANDVSA) and other key state and community stakeholders to coordinate and grow the work of prevention across Alaska.

RESPECT IS ALWAYS THE RIGHT CHOICE

The Respect is Always the Right Choice campaign focuses on safe actions bystanders can take to prevent or address sexual assault or domestic violence. These spots were developed in fiscal year 2012 and build on our previous media campaigns. Their aim is to show what choosing respect can look like in real situations Alaskans encounter.

ALASKA MEN CHOOSE RESPECT

The Alaska Men Choose Respect Campaign (formerly Real Alaska Men Choose Respect) began in 2010. The statewide campaign encourages men to become actively involved in preventing violence, strengthening communities and promoting respect. The campaign includes: PSA's, a website and opportunities to implement projects at the community level through CDVSA funded mini-grants. In fiscal year 2012, ten communities received mini grant funds to promote projects that encourage male leadership in the movement to end domestic and sexual violence. The AMCR website can be viewed at: http://www.alaskamenchooserespect.org/

REAL ALASKAN'S CHOOSE RESPECT

The "Real Alaskans Choose Respect" campaign was developed in 2011 and airs on a wide range of stations throughout the state. The campaign focuses on two main themes: getting help if you are a victim of domestic violence or sexual assault and the role Alaskans have to play in changing attitudes towards violence. The psa series can be viewed at: http://dps.alaska.gov/CDVSA/campaigns.aspx

STAND UP SPEAK UP

The Stand Up Speak Up media campaign focuses on reaching Alaska's youth ages 13-18. The campaign includes mass media, community partnerships/action, target audience engagement, and youth led/adult supported community projects.

The Stand Up Speak Up Alaska youth initiative was informed by youth from across Alaska and developed by a committee including the CDVSA, ANDVSA, the Department of Health and Social Services (DHSS), and the Alaska Native Tribal Health Consortium.

Intended outcomes from this project include:

- Shift social norms or attitudes about respect and violence in relationships
- Improve youth leaders' knowledge about violence, healthy relationships, and community leadership
- Increase the number of youth getting involved in these prevention/promotion efforts

When I Am an Elder: is the latest addition to the Stand Up Speak Up prevention campaign. The PSA's are based on a poem, called "When I'm an Elder" created and written by Bethel Teens Acting Against Violence (TAAV) in 2002. http://www.standupspeakupalaska.org/when-i-am-an-elder/

THE ALASKA FOURTH R EVALUATION PROJECT

The Fourth R is a comprehensive school-based program designed to include students, teachers, parents, and the community in reducing violence and many of today's risky behaviors. The curriculum has been evaluated in Canadian schools and is listed on the SAMHSA National Registry of Evidenced-based Programs and Practices (www.nrepp.samhsa.gov), this project is the first to evaluate its implementation and effectiveness among diverse Alaskan youth populations.

The Alaska Fourth R Curriculum Evaluation Project is a three-year, multi-site program evaluation initiated in fiscal year 2012. The evaluation is being conducted by Strategic Prevention Solutions, in collaboration with organizational and funding partners: CDVSA, ANDVSA, DEED, and DHSS. Additional partners working on establishing Fourth R evaluation structure include the Alaska Native Tribal Health Consortium and the Centers for Addiction and Mental Health.

GREEN DOT-ALASKA

Green Dot is an evidence based bystander intervention program that engages individual community members and leaders in prevention by providing them with the tools to intervene safely before violence occurs. The goal is to equip community members with skills allowing them to integrate moments of prevention within existing relationships and daily activities. By doing so, new norms are introduced and those within their sphere of influence will be significantly motivated to move from passive agreement that violence is wrong, to active intervention.

Several communities including Kodiak, Bethel and Anchorage hosted Green Dot training in 2012 and communities across the state continue to express their interest in this strategy. CDVSA is working with Green Dot developers to expand this innovative prevention

and bystander intervention strategy throughout Alaska. Plans are underway to create a train the trainer Green Dot program for use in Alaska. Over the next three fiscal years, Green Dot developers will work in partnership with five pilot communities on program implementation and the development of a Train the Trainer curriculum. Trainers from the pilot communities will mentor with the developers in order to build the capacity for Alaska specific Trainers, who will then be available to train in other communities throughout the state.

PATHWAYS COMMUNITY BASED PREVENTION PROJECTS & STATEWIDE COMMITTEE PLANNING GROUP

The Pathways to Prevention Statewide Steering Committee was convened by the Alaska Network on Domestic Violence and Sexual Assault in 2007 as part of their Cooperative Agreement with the Centers for Disease Control and Prevention. The Committee serves to build the state's capacity to prevent domestic violence. The committee has focused on bringing together all available information on prevalence of DV, risk and protective factors for both victimization and perpetration, and existing prevention efforts. From this, the committee developed a comprehensive plan, Pathways to Preventing Domestic Violence. This plan represents the voices of many Alaskans from diverse professions, regions, cultures and experiences and establishes a framework to organize and coordinate prevention and promotion efforts over the next six years. The Council staff serve as steering committee members and continue to contribute their expertise and resources towards the statewide pathways to prevention plan and project implementation.

LEGISLATION

LEGISLATION RELATED TO DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT PASSED DURING THE SECOND SESSION OF THE 27TH ALASKA LEGISLATURE

HCR 28 Sexual Assault Awareness Month

Describes the nature and occurrence of sexual assault in Alaska and proclaims April 2012 to be Sexual Assault Awareness Month and encourages Alaskans to speak out about sexual assault and listen to those who have been harmed by it.

SB 210 An Act Relating to Crimes Against Children and Certain other Crimes and Sentencing

Broadens the ages of children from under 10 to under 12, if physically harmed by an adult. Among other crime issues, SB 210 also relates to crimes of human trafficking; establishing a task force to evaluate services available to victims of human trafficking, sex trafficking or promotion of prostitution and examines the prevalence of those crimes and describes how the task force recommendations and reports will be used.

SB 86 Protection of Vulnerable Adults/Minors

Expands protection to include protection from undue influence of vulnerable persons; Expands crime of violating a protective order to include protective orders issued for the protection of vulnerable persons. The bill adds other protections and amends statutes not specific to domestic violence or sexual assault.

SB135 Rights of Crime Victims and the Terms of Victim Advocates

Requires notification to crime victims for any substantial delay in prosecuting a case or other delayed court proceedings and requires informing the court of the victim's position on the motion. It also requires a legislative victim advocate seeking reappointment to up to three, five-year terms to reapply to the Victim Advocate heading the Office of Victim's Rights appointing committee.

HB 359 Human and Sex Trafficking

Describes promoters of prostitution as Sex Traffickers. Adds as a serious felony offense the crimes of sex trafficking and human trafficking. Adds to the law that possessing indecent material with intent to distribute to a minor or a person believed to be a minor is a crime rather than just distributing such material. Allows video testimony for witnesses in certain circumstances.

Bills Related to Domestic Violence and/or Sexual Assault That Did Not Pass During the Second Session of the 27th Alaska Legislature

HB 76 Stalking / Sexual Assault Protective Orders

Amends the protective order statute to allow a protective order to require the respondent (perpetrator) to pay the costs and fees incurred by the petitioner (victim) in bringing the protective order action.

SB 62 Civil Legal Services Fund

Increases the amount available in the civil legal services fund to include up to 25% of court filing fees received in Alaska.

HB 192 Move Violent Crimes Compensation Board

Moves the VCCB from the Department of Administration to the Department of Public Safety.

HB 257 Limitations on Applications for Compensation from Violent Crimes Compensation Board

Expands the time limitations for a person to file for compensation to include two years after the incident or offense was reported to law enforcement rather than limiting timely applications to be filed up to two years after the date of the personal injury or death.

HB 278 Prohibits those Convicted of Certain Sex Offenses from Residing in a Residence with Outdoor Recreation Equipment Suitable for Use by Children

CDVSA RECOMMENDATIONS FOR PROPOSED LEGISLATION FOR THE 28TH ALASKA LEGISLATURE

Statutory Responsibility Change for Batterers' Intervention Programs

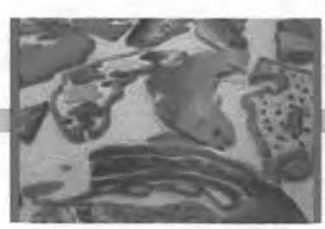
Move statutory responsibility for the development of regulations and the approval process for rehabilitation programs for perpetrators of domestic violence (batterers) from the Department of Corrections to the Council.

Sunset Extended on CDVSA

AS 18.66.100 establishes the Council on Domestic Violence and Sexual Assault. In 2008, HB 334 extended CDVSA through June 30, 2014. CDVSA seeks a sunset extension bill to extend the Council through June 30, 2020 or 2022.

Alaska Single Payer System for Forensic Sexual Assault Exams

Create a Sexual Assault Response Team (SART) statewide single payer system for forensic sexual assault exams.



SAFT

The Safe Alaska Family Team is focused on improving communication and practices to enhance the health and safety of Alaska's children and the people who love and care for them.

WHAT IS SAFT- SAFT is a statewide collaboration between CDVSA, ANDVSA, the Office of Children's Services, ANWC, local victim service agencies and local Tribal family services. It is funded through a three year federal grant to the Alaska Network on Domestic Violence and Sexual Assault, for travel, technical assistance, cross training and for evaluation and testing of pilot practices implemented statewide and in pilot community teams. CDVSA is contracted by the Network to coordinate the project.

FOUR PILOT SITES Dillingham, Fairbanks, Kodiak and Juneau are the four pilot sites planning and implementing the SAFT project, chosen for their long history of positive working relationships between Victim Service Programs, OCS, and Tribal programs.

WHAT DOES SAFT DO? The SAFT grant seeks to improve services to Alaska's families by child protection, domestic violence and Tribal family service delivery systems, through cross education, development of an integrated training curriculum and policy, and creation of community-based multi-disciplinary teams in four Alaskan communities.

SAFT TIME LINE The first year of the SAFT project focused on assessment, planning and development; the second on implementation of new, innovative, and/or collaborative practices; and the third on evaluating the efficacy and impact of those changes and identifying future opportunities and challenges.

STOP VIOLENCE AGAINST WOMEN GRANT PROGRAMS

KEY AREAS:

The Council funds a variety of programs through federal STOP (Services • Training • Officers • Prosecutors) Violence Against Women Act Grant funds. This grant funds four key areas in the fight against domestic violence and sexual assault: law enforcement, prosecution, courts, and victim service. Fiscal year 2012 funding highlights are:

DEPARTMENT OF PUBLIC SAFETY

- STOP funds support a Criminal Justice Planner position. This position manages all projects under the grant.
- STOP funded a statewide Sexual Assault Response Team (SART) training held in Kodiak this grant period
- STOP funded 16 trainings for 65 correction personnel, 239 law enforcement officers, 2 health and 8 tribal government staff, and 3 advocacy agency staff.
- Through on-going partnership with the University of Alaska's Justice Center and the Alaska State Troopers who together continue to work on issues regarding sexual assault, domestic violence and stalking cases to improve law enforcement response to these crimes.

ALASKA COURT SYSTEM

- 11 training events were provided to 238 judges and clerks and to 55 victim advocates, addressing statutes, civil court procedures, protective orders, and judicial response, in order to improve court personnel responses to cases involving domestic violence and sexual assault.
- STOP funding allowed for the Alaska Court system to provide interpreter services in civil domestic violence, stalking and sexual assault restraining order matters.

- The Alaska Court system began a pilot Bail Conditions of Release project whereby police, prosecutors and the public will have immediate on-line access to active bail orders.

Department of Law

- A prosecutor and a paralegal attended a comprehensive five-day SART/SANE training course.
- The criminal division continued to fund a statewide victim witness program coordinator position to provide oversight of victim witness services and recruiting and hiring of division paralegal victim/witness coordinators and to enable the department to more effectively address the needs of victims.
- 120 prosecutors, 33 paralegals attended a two-day statewide conference for a course titled "Prosecuting for Special Victims" with content area on dynamics of teen dating violence, jury selection in domestic violence cases, and the responsibilities and ethics of working with language interpreters.

Alaska Network on Domestic Violence & Sexual Assault (ANDVSA)

Legal Advocacy Project

- Sponsored the thirteenth annual "Litigating Family Law Cases Involving Domestic Violence and Sexual Assault" on February 20th and 21st, 2012 in Anchorage. The CLE focused on litigation skills for attorneys representing clients who are victims of domestic violence, sexual violence, or both. Using interactive learning modules, participants learned about the basics of domestic violence, case theory, evidentiary issues, cross examination skills and preparing for settlement, facilitated by national trainers Kelly Gaines Stoner and Klaus Sitte. Dr. Linda Chamberlain received rave reviews for the morning she spent with participants lecturing about the effects of trauma on children's brain development. Sixty-four attorneys

attended the CLE and over half of the attendees have agreed to volunteer with ANDVSA by directly representing clients. The participants were both new and experienced attorneys.

Technical Assistance

- The Pro Bono Director provides case consultations to advocates 3-4 times per week, which averages to 182 consultations per year. The Legal Advocacy Director provides 4-5 consultations per week, which averages to 234 consultations per year.
- Monthly legal advocacy teleconferences were held from April-December of 2012, with an average attendance of 5-8 advocates.

Direct Representation

- Trained and recruited volunteer attorneys and placed 60% of cases referred with volunteer attorneys.
- The Information & Referral Hotline ran 23 times in 2012 and handled 82 total calls. The hotline was staffed by 10 volunteer attorneys and answered requests for information and assistance from victims.

Program Service Areas

Victim Service Providers

Since it is not possible to have shelters in every village, programs must provide outreach services to many other communities. Program outreach requires a formalized system in place to contact villages on a regular basis. The purpose of outreach is to work with the village community to provide training, resources, and information to address the issues of domestic violence and sexual assault, stalking, and dating violence. A listing of villages served by each program begins on page 18.

Batterer's Intervention Programs

During FY11 fifteen batterer intervention programs operated in Alaska, eleven were community based Batterers Intervention Programs (BIP) and four were Prison Batterers Programs (PBP). The Council funds nine of the programs. Many areas of the state still lack ready access to a batterer intervention program. Communities that have BIP or PBP Programs are indicated by a white star ☐.

- Alaska Family Services, Inc
- Advocates for Victims of Violence
- Abused Women's Aid In Crisis
- Aiding Women in Abuse and Rape Emergencies
- Arctic Women in Crisis
- Bering Sea Women's Group
- Cordova Family Resource Center
- Interior Alaska Center for Non-Violent Living
- Kodiak Women's Resource & Crisis Center
- The LeeShore Center
- Maniilaq Family Crisis Center
- Safe and Fear-Free Environment
- Sitkans Against Family Violence
- Seaview Community Services
- South Peninsula Haven House
- Standing Together Against Rape
- Tundra Women's Coalition
- Unalaskans Against Family Violence
- Victims for Justice
- Women In Safe Homes

Anchorage	The Recovery Connection*
	Men and Women Center*
Barrow	North Slope Borough Domestic Violence Intervention Program*
Fairbanks	Life Education Action Program*
Homer	DV Intervention Program
Juneau	Batterer's Accountability Program (PBP and BIP)
Kenai	Central Peninsula BIP
Ketchikan	Men ENDing Violence
Kodiak	Violence Intervention Program*
Palmer	Family Violence Intervention Program (PBP and BIP)
Valdez	DV Intervention Program

*Indicates a program that does not receive CDVSA funding

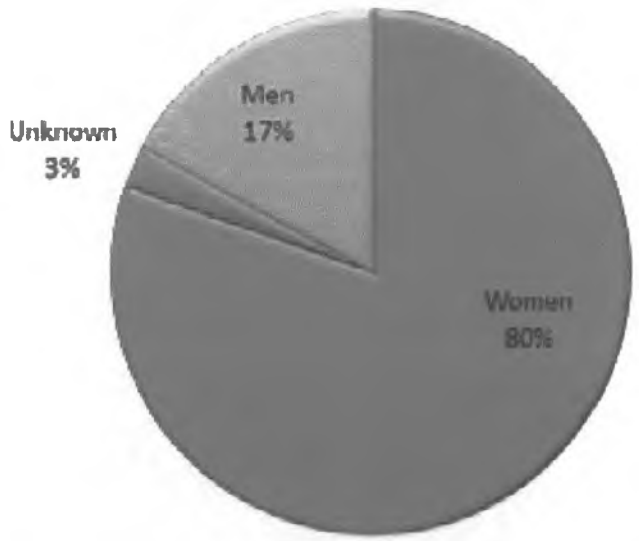
VICTIM SERVICE DATA

UTILIZATION OF SERVICES:

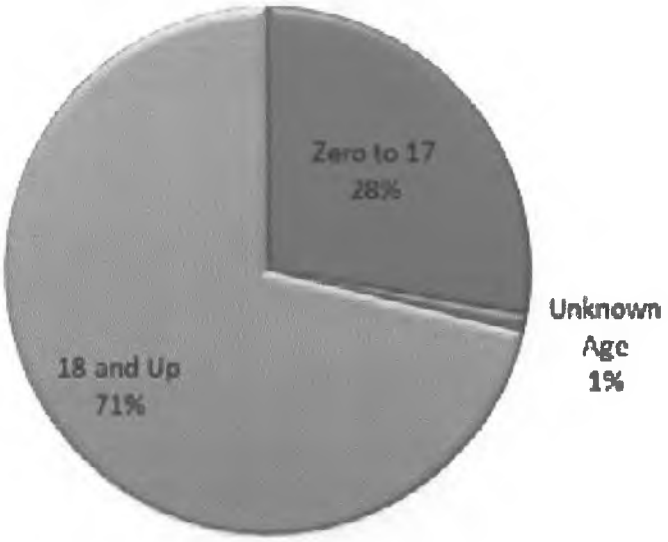
Victim service programs have served a steady level of participants over the past three fiscal years.

Alaska Fiscal Year	Number of Persons Served
2010	9,548
2011	9,895
2012	9349

FY 12 Gender of Persons Served



FY 12 Age of Person Served

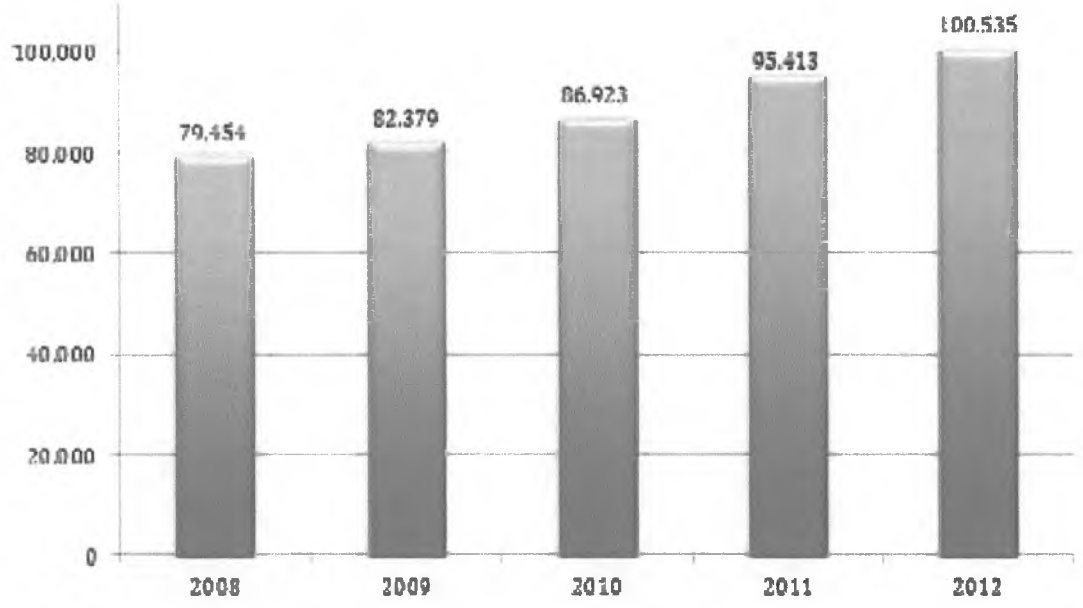


Primary Issues Reported by Primary Victims

Alaska Fiscal Year	% Reporting Domestic Violence	% Reporting Sexual Assault	% Reporting Stalking	% Reporting all Other Violent Crimes
2010	70%	23%	4%	15%
2011	72%	20%	3%	16%
2012	73%	19%	3%	14%

*Percentages sum to more than 100 each year because some primary victims report more than one primary issue

Shelter Nights Provided by Victim Service Providers



BATTERERS INTERVENTION PROGRAMS

ABOUT BATTERER INTERVENTION PROGRAMS

Batterers Intervention Programs provide a mechanism to heighten both victim safety and batterer accountability. By themselves, they have little chance of rehabilitating perpetrators of domestic violence. They are one part of a coordinated community response to the crime of domestic violence, which includes a strong, integrated criminal justice response.

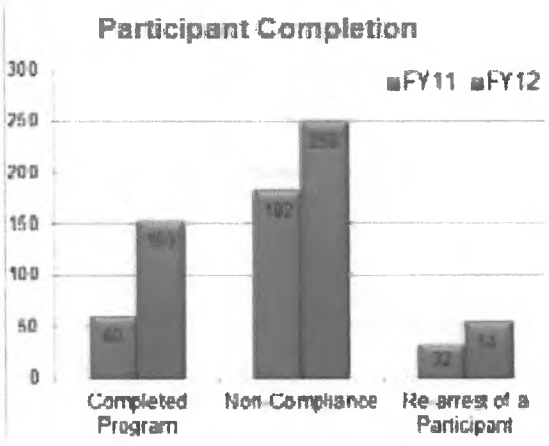
PROGRAMS IN THE STATE OF ALASKA:

The Council reviews batterer intervention programs according to Department of Corrections regulations (22 AAC Chapter 25) for approved status and monitors the approved programs for compliance on an annual basis. The Council provided small grants to nine of the programs in FY12.

During Fiscal Year 12, fifteen approved batterer intervention programs operated in Alaska. Eleven were community based Batterers Intervention Programs (BIP) and four were Prison Batterers Programs (PBP). All of these programs have the primary goal of victim safety. The Council collaborates with the Department of Corrections to provide these programs. In FY12, the majority of participants admitted into batterers' programs were court ordered.

BIP JUDICIAL COUNCIL REPORT

As a follow up to the BIP 2010 Task Force report, CDVSA contracted with the University of Alaska Anchorage Justice Center to conduct an evaluation of CDVSA-funded batterers intervention programs focusing on offender criminal recidivism. The Alaska Judicial Council conducted a series of interviews with stakeholders involved in the funded BIP sites with the purpose of identifying systemic problems that might affect overall effectiveness of the BIP system.



FUNDING SOURCES

FY 12 CDVSA Authorized Expenditures $15,609,171

FAMILY VIOLENCE PREVENTION SERVICES ACT (FVPSA)

FVPSA provides federal funding to all states. The Council uses this funding to finance domestic violence programs throughout Alaska. All programs receiving these grant funds provide shelter or related assistance to domestic violence victims and their children. The programs operate shelter facilities that are staffed around the clock and provide a full spectrum of services including basic food and immediate shelter, crisis intervention, counseling, and advocacy.

VICTIMS OF CRIME ACT (VOCA)

Administered by the Dept. of Justice Office of Victims of Crime, VOCA funds provide financial support to state and local agencies that offer services to crime victims. This fund is a U.S. Treasury account generated entirely by the fines and penalties levied against criminals convicted of federal crimes. As such, the amount available in this fund can vary greatly from year to year. The Council awards the majority of this funding directly to programs that provide services to victims of domestic violence, sexual assault, and other violent crimes.

U.S. DEPARTMENT OF JUSTICE OFFICE OF VIOLENCE AGAINST WOMEN GRANTS

S.T.O.P. (SERVICES • TRAINING • OFFICERS • PROSECUTORS) GRANT

VAWA STOP grants serve to improve the national response to domestic violence and sexual assault by combining a series of federal sanctions and initiatives as well as national, state, and local resources to improve the response to crimes against women. S.T.O.P. funds are committed to four specific areas: prosecution, law enforcement, victim service, and courts. S.T.O.P. is awarded to all states and territories through a federal formula that uses a base amount plus a consideration for population. Activities funded under this grant are described on pages 11-12.

RURAL DOMESTIC VIOLENCE AND CHILD VICTIMIZATION GRANT (RDVCV)

The primary purpose of the Rural Program is to enhance the safety of victims of domestic violence, dating violence, sexual assault, stalking, and child victimization by supporting projects uniquely designed to address and prevent these crimes in rural jurisdictions. In FY 2011, this grant funded projects in five rural areas of the state.

SUPERVISED VISITATION AND SAFE EXCHANGE GRANT PROGRAM (SVSEP)

The Safe Havens: Supervised Visitation and Safe Exchange Grant Program (Supervised Visitation Program) provides an opportunity for communities to support the supervised visitation and safe exchange of children in situations involving domestic violence, dating violence, child abuse, sexual assault, or stalking. Studies have shown that the risk of violence is often greater for victims of domestic violence and their children after separation from an abusive situation. Visitation and exchange services provided through the Supervised Visitation Program exhibit a clear understanding of the dynamics of domestic violence, dating violence, sexual assault and stalking; the impact of domestic violence on children; and the importance of holding offenders accountable for their actions.

SEXUAL ASSAULT SERVICES PROGRAM (SASP)

The purpose of SASP is to provide intervention, advocacy, accompaniment (e.g., accompanying victims to court, medical facilities, police departments, etc.), support services, and related assistance for adult, youth, and child victims of sexual assault, non-offending family and household members of victims, and those collaterally affected by the sexual assault.

GRANTS TO ENCOURAGE ARREST POLICIES PROGRAM (GTEA)

The goal of the Grants to Encourage Arrest project is to increase access to legal information and advocacy for victims of domestic violence, sexual assault, stalking, and child victimization throughout the state.
This award provides training, mentoring and support for Alaska's network of legal advocates resulting in increased access to legal advocacy for victims in remote areas of the state.

STATE FUNDING SOURCES

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

In FY2012, the Department of Health and Social Services (DHSS) provided funds to the Council for Sexual Assault Prevention activities. These funds were from the federal Sexual Assault Prevention (SAP) program and state Behavioral Health. SAP funds educational programming in Anchorage schools and Behavioral Health dollars support programs providing shelter to those who also need substance abuse treatment.

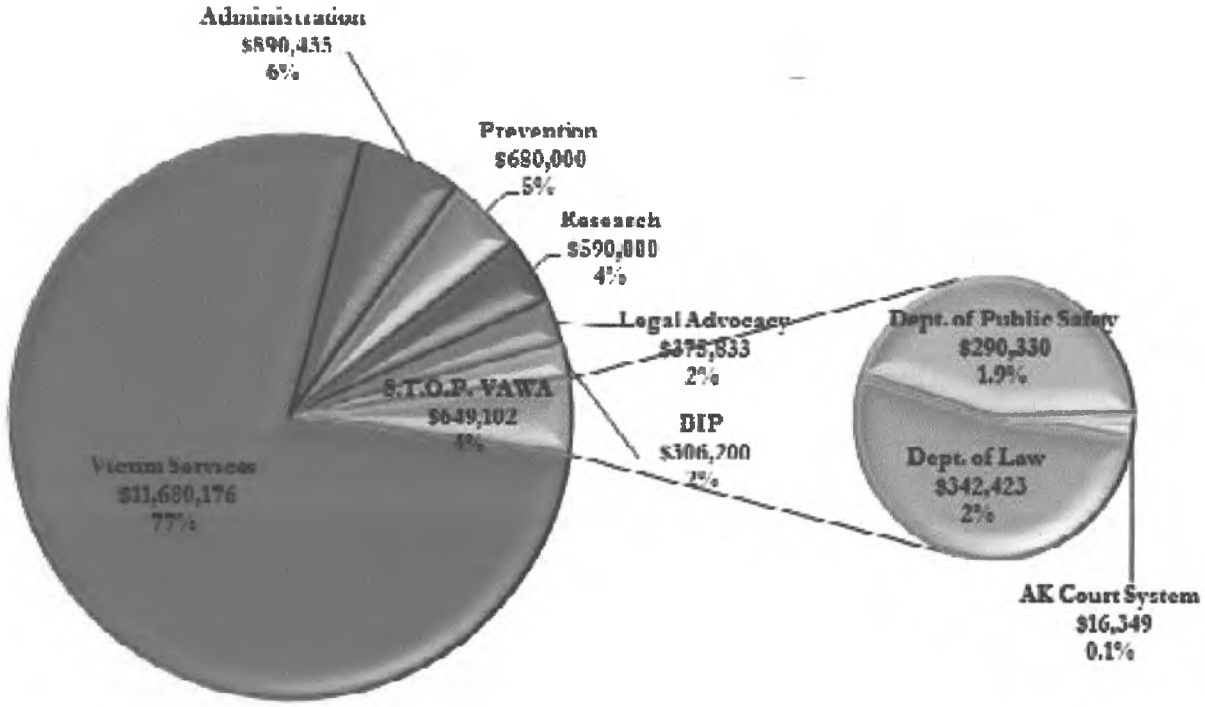
DEPARTMENT OF CORRECTIONS

Department of Corrections (DOC) contributes funds to the Council to administer the Batterer Intervention and the Prison Batterer Programs.

ALASKA GENERAL FUND

General funds comprise a majority of the budget; they are used to support victim services, batterers intervention programs and Council administration. General funds also support statewide prevention and research activities.

FY 12 CDVSA Expenditures



FY 12 CDVSA Expenditures - $15,171,747

Project	Victim Services	Administration	Prevention	Research	Legal Advocacy	BIP	Dept. Law	Dept. Public Safety	AK Court System
Amount	$11,680,176	$890,435	$680,000	$590,000	$375,833	$306,200	$342,423	$290,330	$16,349
Percent	77.0%	5.9%	4.5%	3.9%	2.5%	2.0%	2.3%	1.9%	0.1%

VICTIM SERVICE PROGRAMS & SERVICE AREAS

ANCHORAGE MUNICIPALITY

Abused Women's Aid in Crisis

100 West 13th Avenue
Anchorage, AK 99501
Phone: (907) 279-9581
1-866-746-4080
www.awaic.org

Capacity: 52 beds

Victims for Justice

1057 W Fireweed Lane #101
Anchorage AK 99503-1760
Phone: (907) 278-0986
www.victimsforjustice.org

Non-residential program

Standing Together Against Rape

1057 West Fireweed Lane, Suite 230
Anchorage, AK 99503
Phone: (907) 276-7279
1-800-478-8999
www.star.ak.org

Non-residential program

BARROW

Arctic Women in Crisis

P.O. Box 69
Barrow, AK 99723
Phone: (907) 852-0261
1-800-478-0267

Capacity: 14 beds

Service Area:
Anatuvuk Pass, Atqas, Barrow, Kaktovik, Nuiqsut, Pt. Hope, Pt. Lay, and Wainwright

BETHEL

Tundra Women's Coalition

P.O. Box 2029
Bethel, AK 99559
Phone: (907) 543-3455
1-800-478-7799
www.twcpeace.org

Capacity: 33 regular beds, 1 overflow bed.

Service Area:
Akiachak, Akiak, Alakanuk, Aniak, Atmautuak, Bethel, Bill Moores, Chefornak, Chevak, Chuathbaluk, Chuloonqwick, Crooked Creek, Eek, Emmonak, Georgetown, Goodnews Bay, Hamilton, Hooper Bay, Kalskag, Kaltag, Kasigluk, Kipnuk, Kongiganak, Kotlik,Kwethluk, Kwigillingok, Lime Village, Marshall, Mountain Village, Napaimute, Napakiak, Napaskiak, Newtok, Nightmute, Nunapitchuk, Ohogamuit, Oscarville, Paimuit, Pilot Station, Pitkas Point, Platinum, Quinhagak, Red Devil, Russian Mission, Scammon Bay, Sheldon's Point, Sleetmute, St.Marys, Stony River, Toksook Bay, Tuluksak, Tuntutuliak, Tununak, and Umkumuit

CORDOVA

Cordova Family Resource Center

P.O. Box 863
Cordova, AK 99574
Phone: (907) 424-5674

1-866-790-4357
www.cordovaalaska.org

Non-residential program

Service Area:
Chenega, Cordova, Icy Bay, and Tatitlek

DILLINGHAM

Safe and Fear-Free Environment

P.O. Box 94
Dillingham, AK 99576
Phone: (907) 842-2320
1-800-478-2316
www.besafeandfree.org

Capacity: 28 beds

Service Area:
Aleknagik, Chignik Lagoon, Chignik Lake , Chignik, Clarks Point Dillingham, Egegik, Ekuk, Ekwok, Goodnews Bay, Igiugig, Iliamna, Ivanof Bay, King Salmon, Levelock, Manokotak, Naknek, New Stuyahok, Newhalen, Nondalton, Pedro Bay, Pilot Point, Platinum, Port Alsworth, Port Heiden, South Naknek, Togiak, Twin Hills, and Ugashik

FAIRBANKS

Interior Alaska Center for Non-Violent Living

726 26th Avenue
Fairbanks, AK 99701
Phone: (907) 452-2293
1-800-478-7273
www.iacnvl.org

Capacity: 75 beds

Service Area:
Alatna, Allakaket, Anvik, Arctic Village, Beaver, Canyon Village, Dendun Gwich'in, Dot Lake, Eagle, Evansville, Fairbanks, Fort Yukon, Galena, Grayling, Healy Lake, Holy Cross, Hughes, Huslia, Kaltag, Koyukuk, Lake Minchumina, Louden, Manley, McGrath, Medfra, Minto, Nenana, Nikolai, Northway, Nulato, Rampart, Ruby, Shageluk,

HOMER

South Peninsula Haven House

3776 Lake Street, Ste. 100
Homer, AK 99603
Phone: (907) 235-7713
1-800-478-7712
www.havenhousealaska.org

Capacity: 10 beds

Service Area:
Anchor Point, Dolina, Homer, Kachemak, Kachemak, Nanwalek, Nikolaevsk, Ninilchik, Port Graham, Razdolna, Seldovia, and Voznesenka

JUNEAU

Aiding Women in Abuse and Rape Emergencies

P.O. Box 20809
Juneau, AK 99802
Phone: (907) 586-6623
1-800-478-1090
www.awareak.org
Capacity: 32 regular beds, 16 overflow beds

Service Area:
Elfin Cove, Gustavus, Pelican, Haines, Hoonah, Juneau, Klukwan, Skagway, Tenakee Springs, and Yakutat

KENAI/SOLDOTNA

The LeeShore Center

325 Spruce Street
Kenai, AK 99611
Phone: (907) 283-9479
www.leeshoreak.org

Capacity: 32 beds

Service Area:
Clam Gulch, Cooper Landing, Hope, Kasilof, Kenai, Moose Pass, Nikiski, Ridgeway, Soldotna, and Sterling

KETCHIKAN

Women in Safe Homes

P.O. Box 6552
Ketchikan, AK 99901
Phone: (907) 225-9474
1-800-478-9474
www.ketchikanwish.org

Capacity: 35 beds

Service Area:
Coffman Cove, Craig, Hollis, Hydaburg, Hyder, Kassan, Ketchikan, Klawock, Metlakatla, Naukati, Petersburg, Port Protection, Saxman, Thorne Bay, and Wrangell

KODIAK

Kodiak Women's Resource & Crisis Center

P.O. Box 2122
Kodiak, AK 99615
Phone: (907) 486-6171
1-888-486-3625
www.kwrcc.org

Capacity: 10 beds

Service Area:
Akhiok, Chiniak, Karluk, Kodiak, Larsen Bay, Old Harbor, Ouzinkie, and Port Lions

KOTZEBUE

Maniilaq Family Crisis Center

P.O. Box 38
Kotzebue, AK 99752
Phone: (907) 442-7879
1-888-478-3969
www.maniilaq.org

Capacity: 7 regular beds ,1 overflow bed

Service Area:
Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Kotzebue, Noatak, Noorvik, Point Hope, Selawik, and Shungnak

NOME

Bering Sea Women's Group

P.O. Box 1596
Nome, AK 99762
Phone: (907) 443-5491
1-800-570-5444
www.beringseawomensgroup.org

Capacity: 14 beds

Service Area:
Brevig Mission, Diomede, Elim, Gambell, Golovin, Koyuk, Nome, Savoonga, Shaktoolik, Shishmaref, St. Michael, Stebbins, Teller, Unalakleet, Wales, and White Mountain

PALMER/MAT-SU

Alaska Family Services

1825 South Chugach St.
Palmer, AK 99645
Phone: (907) 746-4080
1-800-746-4080
www.akafs.org

Capacity: 32 beds

Service Area:
Big Lake, Butte, Caswell, Chickaloon, Glacier View, Houston, Knik, Lake Louise, Lazy Mountain, Meadow Lakes, Palmer, Sutton, Trapper Creek, Wasilla, and Willow

SEWARD

Seaview Community Services

P.O. Box 1045
Seward, AK 99664
Phone: (907) 224-5257

1-888-224-5257
www.seaviewseward.org

Non-residential program
Service Area:
Cooper Landing, Hope, and Moose Pass

SITKA

Sitkans Against Family Violence

P.O. Box 6136
Sitka, AK 99835
Phone: (907) 747-3370
1-800-478-6511
www.safv.org

Capacity: 16 beds
Service Area:
Angoon, Kake, Port Alexander, and Sitka

UNALASKA

Unalaskans Against Sexual Assault & Family Violence

P.O. Box 36
Unalaska, AK 99685
Phone: (907) 581-1500
1-800-478-7238

Capacity: 8 beds

Service Area:
Adak, Akutan, Atka, Cold Bay, Dutch Harbor, King Cove, Nelson Lagoon, Nikolski, Sand Point, St. George, St. Paul, and Unalaska

VALDEZ

Advocates for Victims of Violence

P.O. Box 524
Valdez, AK 99686
Phone: (907) 835-2980
1-800-835-4044
www.avvalaska.org

Capacity: 6 regular beds, 5 overflow beds
Service Area:
Chistochina, Chitina, Copper Center, Gakona, Glennallen, Gulkana, Kenny Lake, Nelchina, Tazlina, Tolsona, and Valdez

BATTERERS INTERVENTION PROGRAMS

ANCHORAGE MUNICIPALITY

The Recovery Connection (LLC)

500 Muldoon Road, Ste 9
Anchorage, AK 99504
Phone: (907) 332-7660
Fax: (907) 332-7661

Men and Women Center

600 Cordova St, Ste 3
Anchorage, AK 99501
Phone: (907) 272-4822
Fax (907) 272-6395

BARROW

North Slope Borough Domestic Violence Intervention Program, Arctic Women in Crisis

P.O. Box 69
Barrow, AK 99723
Phone: (907) 852-0261
Fax: (907) 852-2474

FAIRBANKS

Life Education Action Program

P.O. Box 82842
Fairbanks, AK 99708
Phone: (907) 452-2473
Fax: (907) 452-6903

HOMER

Domestic Violence Intervention Program, Haven House

3776 Lake St., Ste 100
Homer, AK 99603
Phone: (907) 235-7712
Fax: (907) 235-2733

JUNEAU

Juneau Batterers Accountability Program, Aiding Women in Abuse and Rape Emergencies

P.O. Box 20809
Juneau, AK 99802
Phone: (907) 586-6623
Fax: (907) 586-2479

KETCHIKAN

Men ENDing Violence, Ketchikan Indian Community

2690 Tongass Ave., Fifth Floor
Ketchikan, AK 99901
Phone: (907)228-4921
Fax: (907) 247-4061

KODIAK

Violence Intervention Program, Behavioral Resource Consultants

320 Corner Street
Kodiak, AK 99615
Phone: (907)-486-2632
Fax (907) 486-2732

PALMER

Family Violence Intervention Program, Alaska Family Services

1825 S Chugach Street
Palmer, AK 99645-6339
Phone: (907) 746-1177
Fax: (907) 373-0640

VALDEZ

Providence Valdez Counseling Center, DV Intervention Program

911 Meals Ave.
P.O. Box 1050
Valdez, AK 99686

Physical Address:
State of Alaska Department of Public Safety
Council on Domestic Violence & Sexual Assault
450 Whittier Street Suite 105
Juneau, Alaska 99801

Mailing Address:
State of Alaska Department of Public Safety
Council on Domestic Violence & Sexual Assault
P.O. Box 111200
Juneau, Alaska 99811-1200

OUSE COMMITTEE REPOR

(7)
Date Referred to Committee: March 18, 2014 **FURTHER REFERRALS:**

Date of Committee Action: 4/1/2014

The HEALTH AND SOCIAL SERVICES Committee considered: **CSSCR 14(HSS)**

CS FOR SENATE CONCURRENT RESOLUTION NO. 14(HSS)
Relating to health and social service best practice models and identifying citizen networks to achieve solutions to health and social problems in the state.

SCR 14-H&SS REGIONAL BEST PRACTICE MODELS

Recommends it be replaced with [ ] HCS *or* **[ ] CS** *for* _____ (_____)
*For Senate Bills with new title: [ ] Technical Title [ ] New Title: HCR*_____ [ ] Same Title [ ] New Title

[ ] attach amendments
[ ] add new referral to _____Committee
[ ] Letter of Intent_____Committee

List of Abbrev for Depts.:
ADM
CED
COR
CRT
EED
DEC
DFG
GOV
DHS
LWF
LAW
LEG
MVA
DNR
DPS
REV
DOT
UA

***NEW* FISCAL NOTES**
*FN# is assigned by Chief Clerk's Office

*FN#	List by Dept(s):	Fiscal	Indet.	Zero

***PREVIOUS* FISCAL NOTES**

FN#	List by Dept(s):	Fiscal	Indet.	Zero
1	LEG			✓

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
Paul R Seaton	SEATON	X			
	Pruitt	X			
	Tarr	X			
	NAgeak	X			
	Keller	X			
Chair:	Higgins	✓			
Chair:					