ALASKA LEGISLATURE COMMITTEE FILES 1985-1986 8672

3715 HSTA HB 609

The significance of the high consumption levels exhibited by a relatively small population, shown in the previous chart, is pointed up by the cumulative distribution function. This indicates that 70 percent of the drinking population consume only 20 percent of the total alcohol consumed; conversely, 30 percent of the drinkers consume 80 percent of the alcohol and 10 percent consume 50 percent. These proportions become particularly important when considering strategies for responding to alcohol-related problems, as suggested by issues raised in the next chart.

Chart I-7

SURVEY TRENDS IN ALCOHOL CONSUMPTION, 1971 - 1976

Type of Drinker	1971–'76 Six Year Average*	Average Ounces of Ethanol Consumed Per Day	Amount Consumed
Abstainer	35%	0	Less Than Once a Year or Never
Lighter	32%	0.01 - 0.21	1 Drink a Year up to 3 Drinks/Week or 12 Drinks/Month
Moderate	22%	0.22 - 0.99	4 to 13 Drinks/Week or 13 to 58 Drinks/Month
Heavier	11%	1.0 or More	2 or More Drinks/Day or 14 or More Drinks/Week

*No Significant Trends

Source: Johnson, P., et al, U.S. Adult Drinking Practices, November 1977.

	Components of Service		FY 85	FY 86
FNA Regional Center for Alcohol & Other Addictions 310 1/2 First Avenue Fairbanks, Alaska 99701 (907)452-1648 or 452-6251 Banarsi Lal, Executive Director	Intermediate Care-60 Beds Outpatient Care Outreach Aftercare Emergency Services Consultation and Edcation-Prevention Alcohol Safety Action Program Youth Alternatives Inmate Counseling Program	 -15 Detoxification -25 Short Term -20 Long Term	1,057,535	1,325,665
FNA Regional Center for Alcohol & Other Addictions 310 1/2 First Avenue Fairbanks, Alaska 99701 (907)452-7045 John Baertschy, Training Director	Training & Education		102,000	102,000
Tanana Chiefs Conference-Regional Prevention 201 First Avenue Fairbanks, Alaska 99701 (907) 452-2446 Ken Abbott, Director	Consultation and Education Prevention		150.000	284,000
Ft. Yukon				
Tanana Chiefs Conference Upper Yukon Behavioral Health Services P.O. Box 21 Ft. Yukon, Alaska 99740 (907)662-2526 Titus Peter, Counselor	Outpatient Care Outreach Consultation and Education-Prevention		81,900	***
Galena				
Yukon-Koyukuk Mental Health Center P.O. Box 17 Galena, Alaska 99741 (907)656-1617 Paul King, Coordinator	Outpatient Care Consultation and Education-Prevention		54,000	71,000

*** Funded through subcontract with Tanana Chiefs Conference for FY 86

Juneau	Components of Service	FY 85	FY 86
City/Borough of Juneau ADACA 210 Admiral Way Juneau, Alaska 99801 (907)586-5320	Emergency Services Outpatient Care Intermediate Care-35 Beds Aftercare	700,000	642,000
Gastineau Manor Halfway House 306 W 8th St. Juneau, Alaska 99801 (907)586-3536 Betty Tompkins, Director	Intermediate Care-20 Beds Long Term	Part of Juneau Grant	
Milam Recovery Center (Private) 3412 Glacier Hwy Juneau, Alaska 99801 (907)780-4948 Brian Kelly, Program Manager	Outpatient Care Aftercare	Private Agency -0-	-0-
National Council on Alcoholism - Juneau Suite #202 9095 Old Glacier Hwy P.O. Box 568 Juneau, Alaska 99802 (907)789-9270 Marilee Fletcher, Executive Director	Outreach Consultation and Education- Prevention Alcohol Safety Action Program Inmate Counseling Program	123,573	159,573
Juneau Recovery Unit 3250 Hospital Drive Juneau, Alaska 99801 (907)586-9508 Dave Lilly, Director	Intermediate Care Short Term	Part of Juneau Grant	

ANNUAL REPORT TO THE LEGISLATURE 1985

OFFICE OF ALCOHOLISM AND DRUG ABUSE

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

JOHN R. PUGH, COMMISSIONER

MATT FELIX, COORDINATOR

AK/DHSS SOADA 86-1

This Annual Report has been prepared as required by A.S. 47.37

FORWARD

On behalf of the dedicated people working to prevent, treat, and solve Alaska's alcohol and drug abuse problems, I wish to thank the Legislature for their commitment and appropriations which allow Alaskans to receive health care in this difficult area of human concern. The system of Health treatment services alone provided care to over 11,000 individuals in 1984 and many more Alaskans benefited from non-treatment related activities.

The Legislature has recognized and funded substance abuse services since 1972. In 1981 a major initiative was implemented with the recognition that alcohol abuse, alcoholism, and drug abuse were not symptoms but health problems themselves. Furthermore, these health problems were pandemic and epidemic in Alaska. Research clearly demonstrated that alcohol abuse and alcoholism contributed with various intensity to many of the State's other health and social ills. This brief annual report gives evidence that the State is clearly making substantial progress in the areas of prevention and treatment of substance abuse. I am confident that SOADA has met and will continue to meet the legislative mandate and that substance abuse may eventually be relegated to a less serious concern in Alaska.

As mandated in AS 47.37, AS 47.30, and AS 44.29 the program of the Office of Alcoholism and Drug Abuse is implemented by use of the grant-in-aid mechanism of funding. By existing law, this agency does not have any other mechanism for funding prevention and treatment services.

State support for services are provided with grants to 26 private non-profit agencies, 10 city or boroughs & 12 native health corporations.

The grant proposals submitted by these agencies not only define their areas needs, but address local methodology to meet these needs. Thus, the State does not dictate service levels or design, but responds to the communities request.

The grants are awarded after a careful review by staff and public advisory boards. The Commissioner of the Department of Health and Social Services makes the final award after considering all recommendations including public testimony. SOADA employs four full time surveyors and a program development specialist to insure all grant goals and objectives are met. Programs are surveyed (inspected) annually and measured against national standards. All programs are fiscally audited at least bi-annually. In summary, the grant-in-aid system can be utilized by State government to provide cost effective, quality treatment despite the generally perceived view of grants.

Clearly, all of the services mandated by federal, state, and local law cannot realistically be provided by government institutions or agencies, thus grant-in-aid programs most likely will continue to operate.

SOADA's administration of the grant in and grant-in-aid system has shown it can be a cost-effective and efficient way of providing quality services in Alaska.

1. By statute and practice, SOADA funded grants are required to demonstrate evidence that local planning and input has gone into the development of the program. By this process, a sense of "ownership" develops within the local community. Even though the project may be mostly funded with State dollars, client fees and program income is required.

2. A local policy or advisory board is required of all projects again ensuring that, although the State is funding the project, the direction, scope of services, and management is locally derived.

3. The community program grants issued by this agency are required to leave a minimum of 10% financial match. With many programs, local financial match is 50% or more. This is yet another method of sustaining local interest in the program.

4. Local governments and private non-profit corporations usually have lower salary and fringe benefit rates than State employees. Smaller organizations often enjoy other economies with an ability to be much more flexible than State government.

5. The Office of Alcoholism and Drug Abuse grant-in-aid programs are held accountable through annual on-site program evaluations and by bi-annual fiscal audits. This practice has enabled the quality of services provided to Alaskans to steadily improve each year. Although program deficiencies and audit exceptions do occur occassionally, the programs generally are very well managed.

SOADA maintains staff/patient data through a mature central MIS operated in Juneau. This system not only allows SOADA a unique tool for statewide program oversight, but returns management information to programs on a monthly basis with quarterly summaries. The MIS at SOADA has added greatly to the credibility of data presented in this report.

The data and recent research results have created an atmosphere of hope and pride at SOADA. I can assure the Legislature of continuing dedicated efforts from our office and programs. Should you have any questions with the information contained in this report, please feel free to call me personally.

Matthew Felix
Coordinator
Office of Alcoholism and Drug Abuse
(907) 586-6201

TABLE OF CONTENTS

	Page
SELECTED FACTS	1
SOADA BUDGET REVIEW	2
COMPONENTS OF SERVICE	
Prevention ------------------------	3
Intervention ---------------------	4
Treatment Urban ------------------	5
Rural ------------------	6
Support Services -----------------	7
Administration -------------------	8
CLIENT DATA	9, 10, 11
REFERENCES	12

APPENDIX

PROGRAM OVERVIEWS pages 1 - 20

CORRECTION

THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY

02–576(2/77)

TABLE OF CONTENTS

	Page
SELECTED FACTS	1
SOADA BUDGET REVIEW	2
COMPONENTS OF SERVICE	
Prevention ------------------------	3
Intervention ----------------------	4
Treatment Urban -------------------	5
Rural ------------------	6
Support Services ------------------	7
Administration -------------------	8
CLIENT DATA	9, 10, 11
REFERENCES	12

APPENDIX

PROGRAM OVERVIEWS pages 1 - 20

SELECTED ALASKA SUBSTANCE ABUSE FACTS

There were 345 drug arrests in 1984; more than half the arrests involved cocaine. The largest percentage of arrestees were retailers, followed by distributors, users, and wholesalers. (6)

*Alcoholics have a 30 times greater risk for suicide; 80% of successful suicides are alcohol related; Alaska had 83 suicides in 1984. (3,4)

In 1984, the latest year for which figures are available, the equivalent of 3.88 gallons of absolute (pure) alcohol was sold per person over age 19 in Alaska. Translated into alcoholic beverages this is about 1,306 12 oz. cans of beer or 160 fifths of table wine or 49 fifths of distilled spirits. (8)

*62 traffic fatality accidents in FY 84 resulted in 71 alcohol-related fatalities. Each fatality is calculated to cost $306,000 resulting in a total cost of $22,822,282. (2)

Selected 1984 Mortality Data (4)

TOTAL DEATHS		ALCOHOL RELATED
77	drownings	52
83	suicide	66
10	alcoholism	10
46	cirrhosis	28
25	fires	13
120	traffic fat.	71
71	homicide	58
429		302

In up to 90% of child abuse cases, alcohol is a significant factor. (3)

In the latest U.S. alcohol problem indicators report Alaska's death rate for alcoholism was 9.9 per 10,000 while the national average was 3.2. (9)

In 1982 there were 1,474 liquor licenses in Alaska. In 1985 there were 1,646 licenses, a ratio of one liquor outlet for every 211 persons in Alaska aged 19 and older, and one for every 302 people of all ages. (5,8)

*The per capita consumption of absolute alcohol in 1984 nationally was 2.47 gallons. In Alaska it was 3.88 gallons or 36% higher. (3)

*During the period June 84 to July 85, 60% of SOADA clients were referred by the Criminal Justice System. (10)

The national rate of suicide was 12.5 per 100,000 persons in 1980. The Alaska rate in that year was 18.17 per 100,000 or 45% higher than the U.S. rate. The specific rates of suicide for males and Natives are considerably higher at 69 and 37 suicides per 100,000 respectively. (3,4)

It is estimated that the alcohol involvement in mortality for Alaska ranges from a rate of 47.0 to 60.0 per 100,000 the sixth highest range in the country. The national average range was from 31.4 to 48.9. (9)

*During 1984 youth aged 0-20 accounted for 19% of all alcohol related fatalities and 24% of alcohol related accidents while comprising only 6.9% of all licensed drivers. (2)

*55% of all crime in Alaska has been determined to be alcohol related. 18% of FY 84 felony court filings were for drug charges. 44% of all non-traffic misdemeanors were for DWI and 7% were for other drug/alcohol charges. (3,7,12)

*26% (6159) of all local police arrests (23253) in 1984 were for alcohol related offenses of Driving Under the Influence 21.3% (4946), Liquor Law 5.2% (1213). (2,6)

Estimated value of drugs seized during 1984 in Alaska by special drug units was $5,645,000. (6)

Selected Computations on Alcohol/Drug Related Costs (5)

PUBLIC ASSISTANCE PAYMENTS:	$ 5,828,210
MEDICAL ASSISTANCE PAYMENTS:	5,650,892
SOCIAL SERVICES: Foster Care, Institutional care for Children, Daycare, Protective Services, Homemakers *(Some drug costs included)	8,718,444
MOTOR VEHICLE: Accidents, Fatalities, Injuries, Property Damage	31,903,460
CRIMINAL JUSTICE SYSTEM: Prosecution, Enforcement, Courts, Corrections	78,644,355
SOADA:	15,109,700
COSTS OF LOST PRODUCTION:	19,870,000
ESTIMATED INSTITUTIONAL EXCESS COSTS, HEALTH AND MEDICAL CARE:	19,569,000
	$185,294,061

HOW MUCH DO THESE PREVENTION AND TREATMENT EFFORTS COST?

STATE OFFICE OF ALCOHOLISM AND DRUG ABUSE
REVENUES FY 85 and FY 86

The Alaska constitution is very specific in not allowing revenues the State collects from being designated for a specific use. While there has not been any formal effort to match the funds allocated to SOADA to the amount of alcohol excise tax collected by the State the amounts have correlated closely in recent years.

	FY 85	FY 86
SOADA Administration (SGF)	$ 1,374,000	$ 1,420,700
SOADA Data Processing (SGF)	60,100	58,200
Drug Grants (SGF)	2,080,000	1,932,000
Alcohol Grants		
(SGF)	10,176,000	10,678,800
(Federal Block Grant)	1,504,000	1,504,400
TOTAL	$15,136,000	$15,594,100

Estimated income benefit from sales.

Amount of alcohol excise tax collected.

FY 83		$10,400,000
FY 84		12,984,438
FY 85		13,849,483
FY 86	projected	15,500,000
FY 87	projected	16,000,000

PREVENTION SERVICES

Education & Prevention Services

Includes dissemination of relevant information specifically aimed at increasing the awareness, receptivity and sensitivity of the community and stimulating social action to increase the services provided for people with problems associated with alcohol and other drugs, and activities designed to alter societal conditions and address the needs of potential alcohol and drug abusers before abuse begins and negative consequences occur.

Youth Alternative Programs

- Sitka
- Petersburg
- Ketchikan
- Craig
- Anchorage
- Fairbanks
- Juneau
- TCC Regional
- McGrath
- Aniak
- Yukon-Kuskokwim Delta
- Tanana
- Aleutian-Pribilof Islands
- Bristol Bay
- Tyonek
- Kake

Special Projects in Education & Prevention

- Community action workshops in prevention in 10 Native Corporation regions.
- Data collection on alcohol problems in selected communities.
- Alcohol Awareness Week
- Youth projects in community programs statewide.
- Here's Looking at You, K-12 alcohol and drug curriculum to 300 schools (45000+ students).
- School suspension counseling program.
- Natural Helpers Program
- Prevention Plus Program
- Alcoholism Awareness Campaign
- AVAIL - RurAL CAP
- Youth Refusal Skills Program
- Lite Skills for Little People
- Friday Night Live
- Teen Institute

INTERVENTION SERVICES

Projects listed above are designed to address problems of alcohol/other drug abuse early in their development and before addiction or other serious consequences occur. Also includes intervention services to clients needing institutional care.

Employees Assistance Programs

- Employee Assistance Programs - Anchorage, Fairbanks, Juneau, Ketchikan, Mat-Su, Sitka, Kodiak

Student Assist Program

- Kenai
- Homer Schools
- Fairbanks Schools
- Mat-Su Schools
- McGrath/Anvik
- Anchorage
- Petersburg
- Ketchikan
- Sitka

Corrections Counseling Program

- Anchorage
- Fairbanks
- Juneau
- Kenai
- Eagle River
- Palmer
- Ketchikan
- Nome
- Mat-Su

Alcohol Safety Action Program (Drunk Drivers)

- Anchorage
- Fairbanks
- Juneau
- Ketchikan
- Kenai
- Kodiak
- Seward
- Valdez
- Kotzebue
- Dillingham
- Bethel
- Nome
- Barrow
- Mat-su
- Homer
- Sitka
- Cordova

ALASKA ASAP REVIEW
10/1/84 to 9/31/85

CITY	NEW CASES	CASE MANAGE NO SCREEN	TOTAL SCREEN	PROBLEM NUMBER/PERCENT		PRESUMPTIVE NUMBER/PERCENT		NON-PROBLEM NUMBER/PERCENT		UNIDENTIFIED NUMBER/PERCENT		NUMBER OF DWI'S	NUMBER OF OTHER
ANCHORAGE	4250	341	3173	2005	63%	99	3%	969	31%	100	3.2%	2559	614
*BARROW	51	8	79	19	24%	3	4%	13	17%	0	0%	25	10
*BETHEL	232	13	125	52	42%	12	9.6%	25	20%	7	6%	45	80
*DILLINGHAM	189	73	103	51	50%	24	23%	11	11%	3	3%	155	79
FAIRBANKS	1061	125	764	522	68%	36	5%	195	26%	1	1%	578	186
HOMER	207	34	126	68	54%	5	4%	34	27%	18	15%	86	40
JUNEAU	586	0	505	297	59%	12	2%	183	36%	20	4%	311	94
KENAI	567	22	428	228	53%	7	2%	194	45%	9	2%	330	62
KETCHIKAN	358	0	431	271	63%	11	3%	150	35%	0	0%	209	157
KODIAK	267	58	172	113	66%	12	7%	47	27%	1	1%	141	31
KOTZEBUE	144	124	113	63	56%	14	12%	16	14%	8	7%	32	61
MAT-SU	522	85	285	104	37%	16	6%	136	48%	0	0%	276	9
*NOME	102	16	85	80	94%	3	4%	2	29%	0	0%	17	28
SEWARD	176	37	108	75	73%	12	12%	17	12%	2	3%	79	46
**SITKA	32	2	29	17	59%	4	14%	8	28%	0	0%	17	12
VALDEZ	80	0	69	19	28%	12	17%	38	54%	0	0%	73	6
TOTAL	8824	938	6595	3984	60%	272	4%	2038	31%	169	5%	4993	1515

* Data represents 3 quarters of activity
** Data represents 1 quarter of activity
Source: Alaska Court System
Alcohol Safety Action Program

Note: Cordova program was initiated after data collection period.

TREATMENT SERVICES
URBAN

Treatment Services Description

Combinations of outreach, public education, outpatient diagnosis and treatment, and aftercare are available in all large urban areas of the State. These same services are also found in all rural hub centers and through those programs to the surrounding villages.

Anchorage

- Emergency Service Patrol
- Detoxification 21 Beds
- Inpatient - Charter North/Horizon Health 72 Beds (Private, Youth & Adult)
- Intermediate - intensive
  - Youth - 15 Beds
  - Native - 12 Beds
  - Womens - 12 Beds
  - Adult - 34 Beds
- Intermediate - Halfway
  - Adult - 50 Beds

and Drug Free Counseling
Outpatient Alcoholism and Drug Abuse
Methadone detoxification & maintenance and drug free counseling.

Ketchikan

- Intermediate Care-12 Beds
- Outpatient Alcoholism and Drug Abuse
- Inmate Counseling Services

Kodiak

- Intermediate Care-14 Beds
- Outpatient Alcoholism and Drug Abuse

Sitka

- Inpatient (PHS Hospital)-16 Beds
- Intermediate/ Halfway -16 Beds
- Outpatient Alcoholism and Drug Abuse

Wasilla

- Long term care 48 Beds
- Outpatient Alcoholism and Drug Abuse

Dillingham

- Outpatient Alcoholism and Drug Abuse
- Rural Village Counselors

Fairbanks

- Emergency Services Patrol
  Detoxification-15 Beds
- Intermediate Care-25 Beds
- Halfway House-20 Beds
- Outpatient Alcoholism and Drug Abuse
- Methadone Maintenance/Detox and Drug Free Counseling

Juneau

- Emergency Service Patrol
- Detoxification-3 Beds
- Inpatient Care-12 Beds
- Intermediate/ Halfway-21 Beds
- Outpatient Alcoholism and Drug Abuse
- Inmate Counseling Services

Bethel

- Intermediate/Intensive-14 Beds
- Outpatient Alcoholism and Drug Abuse

Nome

- Intermediate/Intensive-9 Beds
- Outpatient Alcoholism and Drug Abuse
- Inmate Counseling Services

Kotzebue

- Intermediate Care-10 Beds
- Outpatient Alcoholism and Drug Abuse
- Rural Village Counselors

Kenai

- Outpatient Alcoholism and Drug Abuse

TREATMENT SERVICES
RURAL

Each community listed here has at least 1 part-time alcohol/drug abuse worker. Many of the above grantees offer services in areas surrounding their specific locations and some of these programs have letters of agreement with Regional Center programs for services not provided by them.

* Village Based Counselor/Education Coordinator supported by State.
** Served on itinerate basis by part-time counselor.
*** Position funded by IHS supported by SOADA.

Subregional/Rural Hub Centers/Village Programs

- Mat-Su Council on Alcoholism*
- Cantwell**
- Seward*
- TCC-Tok*
  - Dot Lake***
  - Tanacross***
  - Northway***
  - Eagle***
  - Tetlin***
- Petersburg#
- Wrangell*
- Aleutian Pribilof Islands Assoc.
  - St. Paul***
  - Dutch Harbor*
  - Sand Point*
  - False Pass**
  - Cold Bay**
  - Akutan**
- Cordova*
- Yakutat*
- North Slope (Barrow)
- North Pacific Rim
  - Chenega**
  - Tatitlek**
- Valdez*
- Norton Sound/Nome*
- Brevig Mission**
- Council**
- Diomede**
- Elim**
- Gambell**
- Koyuk**
- St. Michael**
- Savoonga**
- Shaktoolik**
- Stebbins**
- Unalakleet**
- Wales**
- White Mountain**
- SEARHC/Juneau*
  - Haines*
  - Klukwan*
  - Hoonah*
  - Angoon*
  - Hydaburg*
  - Skagway*
  - Kake*
- Yukon-Kuskokwim HC/Bethel
  - Mountain Village*
  - Hooper Bay*
  - Mekoryuk*
  - Toksook Bay*
  - Nunapitchuk*
  - Napaskiak*
  - Akiachak*
  - Akiak*
  - Quinhagak*
  - Alakanuk*
  - Kwethluk*
  - Atmautluak*
  - Kasigluk*
  - Pilot Station*
  - Tununak*
  - Pitkes Point*
  - St. Marys*
  - Emmonak*
  - Chevak/Scammon Bay*
- Kuskokwim Native/Aniak*
  - Chuathbaluk**
  - Stony River**
  - Crooked Creek**
    - Red Devil**
  - Lime Village**
  - Aniak**
  - Upper Kalskag**
  - Lower Kalskag**
  - Sleetmute**
- Maniilaq/Kotzebue*
  - Buckland*
  - Shungnak*
  - Selawik*
  - Noorvik**
  - Kobuk**
  - Noatak*
  - Kivalina*
  - Point Hope**
  - Ambler*
  - Deering*
  - Kiana*
- Bristol Bay H.C./ Dillingham
  - Point Heiden*
  - Goodnews Bay**
  - Togiak**
  - Platinum**
  - Aleknogik**
  - Manokotak**
  - Ekwok**
  - Portage Creek**
  - Clark's Point**
  - Newhalen**
  - Koliganek**
  - New Stuyahok**
  - King Salmon**
  - Naknek**
  - S. Naknek**
  - Illiamna**
  - Pedro Bay**
  - Kana/Kodiak*
  - Port Lions**
  - Larson Bay**
  - Karluk**
  - Old Harbor**
  - Ouzinkie**
  - Akhiok**
  - Coho/Craig*
  - Klawock**
- Copper River Native/ Copper Center**
  - Gulkana**
  - Glenallen**
  - Chitina**
  - Gukana**
  - Paxson**
- McGrath*
  - Anvik**
  - Holy Cross**
  - Grayling**
  - Sageluk**
  - Nikolai**
  - Telida**
  - Takonta**
- TCC/Ft. Yukon
  - Circle**
  - Arctic Village**
  - Beaver**
  - Birch Creek**
  - Chalkyitsik**
  - Venetie**
- South Kachemak
  - Seldovia***
  - Pt. Graham***
  - English Bay***
- Galena*
  - Ruby**
  - Koyukuk**
  - Nulato
  - Hughes**
  - Huslia**
  - Kaltag**
- Cook Inlet
- Homer*
- Moose Pass**
- Ninilchik**
- Deep Creek**
- Soldotna**
- Cooper Landing**
- Tyonek*

SUPPORT SERVICES

Regional Training Offices - Counselor Certification & Coordination

- Fairbanks
- Bethel
- Sitka
- Community College Courses
- Kodiak-St. Hermans

Special Training Projects - Statewide

- Annual Summer School
- Justice Treatment Interface
- Alcohol/Drug Abuse Prevention Symposium
- Statewide Teleconference (monthly)

Training Courses - Counselor Certification

- Basic and advanced levels, statewide
- Counselor Certification Manual
- Counselor Certification testing

Training & Research Projects

The projects listed above are FY 86 services funded from SOADA's grants component. Co-training of allied service providers and interagency grants have been available through coordination with the Village Public Safety Officer Programs, Community Health Representatives and Health Aids, The Family Violence Program, and other service providers.

Evaluation

- Management Information System development - automated client and program activity information system.
- Ongoing outcome study of the Alcohol Safety Action Program (ASAP) which follows rearrest rates for problem drinking and non-problem drinking ASAP clients.
- Study of the villages utilizing Title 4, option to change the status of alcohol availability. Focusing on social, criminal and health outcomes from the change.
- Alaska licit and illicit drug availability study.

Evaluation Projects

The SOADA's Administration component provides funds for the above-described projects.

ADMINISTRATION

The SOADA's Administrative Component provides for all staff administrative and technical activity for three functional units of the central office (physically in two offices). The office provides all fiscal and quality control and accountability as well as support services to direct service providers.

(Juneau Office)

<u>Administrative Unit (Fiscal Control)</u>

- State Office Budgeting & Administration
- Grants/Contracts Administration
- Clerical Support
- Fiscal audit of each project every two years

<u>Policy and Program Development</u>

- Planning/Program Development
- Research and Coordination
- Information Systems
- Substance abuse awareness activities

(Anchorage Office)

<u>Field Operations Unit (Quality Control)</u>

- Monitoring
- Technical Assistance
- Training
- Annual on-site evaluation of each project
- Certification of private providers

CLIENT DATA

TOTAL CLIENTS SERVED BY PROGRAMS

In 1985 services were provided to 10,893 clients, of those 9,779 received services in only one program during the period; i.e., a 89.8% unduplicated client count. Numbers are listed by community that serves as the administrative or treatment facility base but clients are drawn from traditional service areas.

Community		Clients
Juneau		824
Ketchikan		608
Metlakatla		108
Petersburg		82
Sitka		366
SEARHC/Rural Southeast		159
Wrangell		196
Yakutat		18
SOUTHEAST REGION		2,361
Anchorage		3,145
Salvation Army	1,602	
Akeela House	919	
VOA ARCH	72	
Amouak Center	238	
Center for Drug Problems	132	
Bethel		250
Kenai		561
Copper River/Copper Center		92
Kodiak		355
Kuskokwim Native/Aniak		55
Mat-Su/Wasilla		526
NSHC/Nome		182
Nugen's Ranch/Wasilla		115
Seward		160
Valdez		107
Cordova		76
So. Kachemak		72
Aleutian-Pribilof		92
Yukon-Kuskokwim Health Corp.		103
Dillingham		211
SOUTHCENTRAL REGION		6,102
Barrow		161
Fairbanks		1,574
Galena		41
McGrath		59
Kotzebue		228
Ft. Yukon		15
Tok		96
KILA, Inc.		258
NORTHERN REGION		2,432
STATEWIDE TOTAL		10,893

SUBSTANCE ABUSE TREATMENT CLIENTS: July 1, 1984 to June 30, 1985

About 75% of all admissions were males, and about 25% were females. This 3 to 1 ratio of males to females was consistant throughout the State. By comparison, the composition of the total State resident population, was 54% male and 46% female.

Total Clients by Sex.

	Male	%	Female	%	TOTAL
1. Statewide	9,729	75%	3172	25%	12,901
2. Southeast	2,049	75%	698	25%	2,747
3. Southcentral	5,338	75%	1805	25%	7,143
4. Northern	2,342	78%	669	22%	3,011

Approximately 43% of the client population was composed of Alaska Natives (Eskimo, Aleut, Tlingit, Haida, Athabascan, and American Indians) about 52% of the clients were White and 2% were Black. These percentages reflect client population composition on a Statewide basis, there was considerable variation in the racial/ethnic composition of the clientele on a regional basis. This corresponds to the distribution of the various racial/ethnic groups across the State.

Total Clients by Race/Ethnicity.

	Caucasian		Alaska Indian		Eskimo		Black		Other		Total
1. Statewide	6721	52%	3444	27%	2029	16%	251	2%	456	3%	12901
2. Southeast	1274	46%	1315	48%	37	1%	9	1%	112	4%	2747
3. Southcentral	4164	58%	1233	17%	1330	19%	182	3%	235	4%	7144
4. Northern	1283	43%	896	30%	662	22%	60	2%	109	3%	3010

It appears from this data that Alaska Natives are significantly over-represented (43%) in the client population of alcoholism and drug treatment relative to their representation (20%) in the State's total resident population.

During this period 73% of the clients were between the ages of 18 to 40, whereas only 43% of the State's resident population falls into this age classification. About 2% of the client population was aged 61 years and older, while at the other end of the age scale 7% of the client population was in the 17 years and younger age group.

Total Clients by Age.

	17 & Under		18-25		26-40		41-60		61+	
1. Statewide	882	7%	3317	26%	6077	47%	2347	18%	283	2%
2. Southeast	276	10%	789	29%	1140	42%	473	17%	69	2%
3. Southcentral	429	6%	1795	25%	3508	49%	1271	18%	139	2%
4. Northern	177	6%	733	24%	1429	47%	603	20%	75	3%

Based upon 11,704 admissions for which legal status was determined at admission it appears that approximately 60% of admissions are as the result of involvement with the Alaska legal system. Further 46% of those admitted had been or were incarcerated immediately prior to treatment.

Admissions by Legal Status Statewide.

No Involvement	Deferred Prosecution	Sentence Deferred	Probation Parole	Furlough Rehab./Leave
4,575 37%	546 3%	684 6%	4251 37%	131 1%

Involuntary Commitment	Incarcerated	Status Unknown	Total
101 1%	786 8%		11,074 100%

References

1. Division of Adult Corrections - Information from Corrections Master Plan Data Base utilized in making determinations of alcohol related crime rates and identifying inmate population.

2. Department of Highway Safety - Total accidents including mortality, personal injury and property loss and ratio of alcohol relatedness.

3. National Institute of Alcoholism & Drug Abuse - "Alcohol and Health" Information regarding the ill-health effects of alcoholism such as increased risk of mortality.

4. Department of Health and Social Services - Division of Vital Statistics Death statistics for selected causes.

5. State Office of Alcoholism and Drug Abuse - General documentation and unpublished research on Alcohol and Violence.

6. Department of Public Safety - Annual Drug Reports.

7. Alaska Judical Council - Felony Sentencing Data.

8. Alcohol Beverage Control Board - Total gallonage consumed by Alaskans.

9. National Institute of Alcoholism and Drug Abuse - Data reference manual - Problem indicators - September 1985.

10. Alaska Court System - Annual reports.

Anchorage	Components of Service	FY 85	FY 86
Alaska Council on Prevention 7521 Old Seward Highway, Suite A Anchorage, Alaska 99502 (907)349-6602 Bette O'Moore	Consultation and Education- Prevention	929,123	875,000
Akeela House, Inc. 504 W. 25th Street Anchorage, Alaska 99503 (907)276-1276 C. Joseph DiMatteo, Executive Director	Intermediate Care-50 Beds Long Term Outpatient Care Aftercare Consultation and Education- Prevention	*	697,500
Aleutian/Pribilof Islands Association, Inc. 1689 "C" Street Anchorage, AK 99501 (907)276-2700 Kathleen Sutcliffe, Coordinator	Outreach Consultation and Education- Prevention Outpatient Care Youth Alternatives	138,000	135,300

* Received funds as subgrantee of Municipality of Anchorage during FY 85

	Components of Service	FY 85	FY 86
ASAP Misdemeanor Services 941 West 4th Avenue, Room 209 Anchorage, Alaska 99501 (907)264-0735 Emily McKenzie, Administrator	Alcohol Safety Action Program	317,800	482,400
Center for Alcohol & Addiction Studies University of Alaska, Anchorage 3211 Providence Avenue Anchorage, Alaska 99508 (907)786-1801 Tom Lonner, Director RSA	Training and Education Research and Evaluation	84,000	72,400
Center for Drug Problems 520 East 4th Avenue Suite 102 Anchorage, Alaska 99501 (907) 276-6430 Cynthia Aiken, Program Manager	Outpatient Drug Care Methadone Maintenance/Detoxification Aftercare Outreach	*	300,000
Charter North Hospital (Private) P.O. Box 143929 Anchorage, Alaska 99514-3929 (907)338-7575 Dale Reynolds	Inpatient Care-<u>40 Beds</u> Inpatient	Private Agency -0-	-0-

* Received funds as subgrantee of Municipality of Anchorage during FY 85

	Components of Service	FY 85	FY 86
Cook Inlet Native Association 670 W. Fireweed Lane Anchorage, Alaska 99503 (907)278-4641 Sandra Watson, Residential Manager	Intermediate Care-12 Beds Short Term Outpatient Care Aftercare Outreach	*	331,000
Employee Assistance Program Consultants Of Alaska (Private) 4790 Business Park Blvd. Bldg D, Suite 7 Anchorage, Alaska 99503 (907)562-2812 Darryl Logan	Consultation and Education- Prevention Outpatient Care	Private Agency -0-	-0-
Human Affairs, Inc. (Private) 3601 "C" Street Suite 300 Anchorage, Alaska 99503 (907)562-0794 Pat Wilson	Consultation and Education- Prevention Outpatient Care	Private Agency -0-	-0-
North Point Milam Recovery Center of Alaska (Private) 1569 S. Bragaw Street Anchorage, Alaska 99508 (907)338-2116 Andy Brennan, Executive Director	Outpatient Care Consultation and Education Aftercare	Private Agency -0-	-0-

* Received funds as subgrantee of Municipality of Anchorage during FY 85

	Components of Service	FY 85	FY 86
North Pacific Rim 611 E. 12th Ave., Suite 102 Anchorage, Alaska 99501 (907)276-2121 Joanie Cleary	Consultation and Education- Prevention	10,000	12,000
Salvation Army Clitheroe Center P.O. Box 6567 Anchorage, Alaska 99502 (907)243-1181 Ray Dexter, Executive Director	Consultation Education- Prevention Oupatient Care Aftercare Intermediate Care-50 Beds Short Term Emergency Care/ -24 Beds Long Term Detoxification -20 Beds Long Term Women & Services	*	1,666,500
The Salvation Army Clitheroe Center Inmate Subst. Abuse Treatment Project P.O. Box 6567 Anchorage, Alaska 99502 (907)276-28981 Noni Turville, Program Manager	Inmate Counseling Program	273,922	327,500

* Received funds as subgrantee of Municipality of Anchorage during FY 85

	Components of Service	FY 85	FY 86
RURAL-CAP P.O. Box 3-3908 Anchorage, Alaska 99501 (907)279-2511 Doug Modig, Program Coordinator	Consultation and Education- Prevention	85,000	85,000
Veterans Administration Alcohol Treatment Unit Outpatient Clinic Annex 801 B Street, Suite 203 Anchorage, Alaska 99502 (907)279-0627	Outpatient Care Consultation and Education- Prevention	Federal Agency -0-	 -0-
Aniak			
Community Counseling Program Kuskokwim Native Association P.O. Box 106 Aniak, Alaska 99557 (907)675-4445 John M. Bajowski	Oupatient Drug Free Consultation and Education- Prevention Youth Alternatives	120,000	120,000
Barrow			
Substance Abuse Treatment Services North Slope Borough Health & Social Services Agency P.O. Box 69 Barrow, Alaska 99723 (907)852-4673	Alcohol Safety Action Program Outpatient Care Outreach Aftercare Consultation and Education- Prevention	190,000	175,000

Bethel	Components of Service	FY 85	FY 86
Phillips Alcoholism Treatment Center City of Bethel P.O. Box 388 Bethel, Alaska 99559 (907)543-2129 George Ives, Director	Intermediate Care-13 Beds Short Term Outpatient Care Aftercare Consultation and Education- Prevention Alcohol Safety Action Program Inmate Counseling	648,491	632,700
Yukon-Kuskokwim Health Corp. P.O. Box 528 Bethel, Alaska 99559 (907)543-3321 Louis Andrews, Regional Technical Assistant	Outpatient Care Consultation and Education- Prevention Outreach Aftercare Youth Alternatives	325,250	308,750
Yukon-Kuskokwim Health Corporation Regional Training Program P.O. Box 528 Bethel, Alaska 99599 (907)543-3321 Laurie Marum	Training and Education	114,000	114,000
Chevak			
City of Chevak P.O. Box 6083 Chevak, Alaska 99563 (907)858-7028	Outpatient Care Consultation and Education- Prevention	57,000	-0-

Copper Center	Components of Service	FY 85	FY 86
Human Services Department Copper River Native Assoc. Drawer H Copper Center, Alaska 99573 (907)822-5241 Joseph Wronka, Director	Outpatient Care Outreach Emergency Care Aftercare Consultation and Education-Prevention Intermediate Care-8 Beds Short Term	88,810	90,000
Cordova			
Cordova Community Hospital Mental Health/Alcohol Clinic P.O. Box 160 Cordova, Alaska 99574 (907)426-7131 John Crowley	Consultation and Education-Prevention Outpatient Care Aftercare Outreach Alcohol Safety Action Program	58,000	72,000
Craig			
Communities Organized for Health Options (COHO) P.O. Box 32 Craig, Alaska 99921 (907)826-3374 Lee Perkins	Outpatient Care Outreach Consultation and Education-Prevention	**	49,000
Craig Youth Center P. O. Box 184 Craig, Alaska 99921 (907)826-3243 Kathy Burt, Director	Youth Alternatives	37,500	37,500

** Services provided by Ketchikan Comprehensive Alcoholism Program during FY 85

Dillingham	Components of Service	FY 85	FY 86
Bristol Bay Region Human Services Program Box 10235 Dillingham, Alaska 99576 (907)842-5266 Bob Wallman, Director	Outreach Consultation and Education-Prevention Outpatient Care After Care Alcohol Safety Action Program Youth Alternatives	250,100	273,300
Eagle River			
Adolescent Residential Center for Help (ARCH) Volunteers of America P.O. Box 209 Eagle River, Alaska 99577 (907)694-3336 Jeeni Swyter, Executive Director	Intermediate Care (youth)-15 Beds Long Term Outpatient Care Outreach Aftercare	*	844,500
Fairbanks			
Alaska Counseling (Private) P.O. Box 80866 Fairbank, Alaska 99707 (907)479-8160 Nora Young, Director	Outpatient Care Aftercare Outreach	Private Agency -0-	-0-
Kila, Inc. Fairbanks Substance Abuse Center 3098 Airport Way Fairbanks, Alaska 99701 Frank Gold, Executive Director (907)452-5972	Oupatient Care and Detoxification Methadone Maintenance and Detoxification Consultation and Education-Prevention	237,400	237,400

* Received funds as subgrantee of Municipality of Anchorage during FY 85

	Components of Service	FY 85	FY 86
FNA Regional Center for Alcohol & Other Addictions 310 1/2 First Avenue Fairbanks, Alaska 99701 (907)452-1648 or 452-6251 Banarsi Lal, Executive Director	Intermediate Care-60 Beds Outpatient Care -15 Detoxification Outreach -25 Short Term Aftercare -20 Long Term Emergency Services Consultation and Edcation-Prevention Alcohol Safety Action Program Youth Alternatives Inmate Counseling Program	1,057,536	1,325,665
FNA Regional Center for Alcohol & Other Addictions 310 1/2 First Avenue Fairbanks, Alaska 99701 (907)452-7045 John Baertschy, Training Director	Training & Education	102,000	102,000
Tanana Chiefs Conference-Regional Prevention 201 First Avenue Fairbanks, Alaska 99701 (907) 452-2446 Ken Abbott, Director	Consultation and Education Prevention	150.000	284,000
Ft. Yukon			
Tanana Chiefs Conference Upper Yukon Behavioral Health Services P.O. Box 21 Ft. Yukon, Alaska 99740 (907)662-2526 Titus Peter, Counselor	Outpatient Care Outreach Consultation and Education-Prevention	81,900	***
Galena			
Yukon-Koyukuk Mental Health Center P.O. Box 17 Galena, Alaska 99741 (907)656-1617 Paul King, Coordinator	Outpatient Care Consultation and Education-Prevention	54,000	71,000

*** Funded through subcontract with Tanana Chiefs Conference for FY 86

Juneau	Components of Service	FY 85	FY 86
City/Borough of Juneau ADACA 210 Admiral Way Juneau, Alaska 99801 (907)586-5320	Emergency Services Outpatient Care Intermediate Care-35 Beds Outreach Aftercare	700,000	642,000
Gastineau Manor Halfway House 306 W 8th St. Juneau, Alaska 99801 (907) 586-3536 Betty Tompkins, Director	Intermediate Care-20 Beds Long Term	Port of Juneau Grant	
Milam Recovery Center (Private) 3412 Glacier Hwy Juneau, Alaska 99801 (907)780-4948 Brian Kelly, Program Manager	Outpatient Care Aftercare	Private Agency -0-	-0-
National Council on Alcoholism - Juneau Suite #202 9095 Old Glacier Hwy P.O. Box 568 Juneau, Alaska 99802 (907)789-9270 Marilee Fletcher, Executive Director	Consultation and Education-Prevention Alcohol Safety Action Program Inmate Counseling Program	1,235,73	100,573
* Juneau Recovery Unit 3250 Hospital Drive Juneau, Alaska 99801 (907)586-9508 Dave Lilly, Director	Intermediate Care Short Term		

* Received funds as subgrantee of Municipality of Anchorage during FY 85

	Components of Service	FY 85	FY 86
S.E. Alaska Regional Health, Corp. P.O. Box 2800 Juneau, Alaska 99803 (907)789-2131 David Bond, Program Manager	Outpatient Care Outreach Consultation and Education-Prevention	160,000	170,000
Kake			
Kake Teen Center Youth Substance Abuse Box 312 Kake, Alaska 99830 (907)785-4994 Robert Sam, Director	Youth Alternatives	-0-	30,000
Kenai			
Cook Inlet Council on Alcoholism & Drug Abuse Alcohol Safety Action Program P.O. Box 882 Kenai, Alaska 99611 (907)283-3658 Kevin Murphy, Executive Director	Outpatient Care Outreach Consultation and Education-Prevention Alcohol Safety Action Program Inmate Counseling Program Youth Alternative Program (Tyonek) Youth Alternative Program	355,273	393,000
Ketchikan			
Ketchikan Alcoholism Program 3134 Tongass Avenue Ketchikan, Alaska 99901 (907)225-4135 Wesley B. Terwilliger, Director Charlie Laub, Coordinator	Outreach Intermediate Care-12 Beds Short Term Oupatient Care Consultation and Education-Prevention Aftercare Alcohol Safety Action Program Inmate Counseling Program	369,102	360,200

	Components of Service	FY 85	FY 86
Ketchikan Youth Services P.O. Box 7202 Ketchikan, Alaska 99901 (907)225-2540 Jeff Budd	Youth Alternatives	157,499	157,499
Kodiak			
Kodiak Council on Alcoholism P.O. Box 497 Kodiak, Alaska 99615 (907)486-3535 Bill Herman, Executive Director	Outreach Consultation and Education-Prevention Outpatient Care Intermediate Care-14 Beds Short Term Aftercare Alcohol Safety Action Program	308,000	308,000
Kodiak Area Native Association Alcoholism Program(KANA) 402 Center Street Kodiak, Alaska 99615 (907)486-5725 Gordon L. Pullar, President	Training and Education	-0-	60,000
Kotzebue			
Maniilaq Association Box 256 Kotzebue, Alaska 99752 (907)442-3311 Barbara Curtis, Director	Outreach Consultation and Education-Prevention Intermediate Care-10 Beds Short Term Outpatient Care Alcohol Safety Action Program Aftercare	700,700	700,700

McGrath	Components of Service	FY 85	FY 86
McGrath-Anvik Community and Family Services P.O. Box 229 McGrath, Alaska 99627 (907)524-3781 Susan Rogge, Executive Director	Consultation and Education-Prevention Outreach Outpatient Care Aftercare Youth Alternatives	136,113	136,113
Nome			
Comprehensive Alcoholism Program Norton Sound Health Corporation P.O. Box 966 Nome, Alaska 99762 (907)443-5411 Kristy Stender	Alcohol Safety Action Program Intermediate-9 Beds Outpatient Care Consultation and Education Prevention Inmate Counseling Program	629,000	629,000
Palmer (See Wasilla)			
Petersburg			
Petersburg Council on Alcoholism Drop In Center P.O. Box 1066 Petersburg, Alaska 99833 (907)772-3552 Barbara Ayler, Director	Outreach Consultation and Education-Prevention Outpatient Care Aftercare	81,000	76,000
Petersburg Youth Program P.O. Box 842 102 Haugen Drive Petersburg, Alaska 99833 (907)772-4422 Denise Perlich, Director	Youth Alternatives	89,000	80,000

Seldovia	Components of Service	FY 85	FY 86
South Kachemak, Inc. Alcoholism Program P.O. Box 197 Seldovia, Alaska 99663 (907)234-7807 Lois Thadei, Director	Outreach Consultation and Education-Prevention Outpatient Care	10,000	10,000
Seward			
Seward Life Action Council P.O. Box 1045 Seward, Alaska 99664 (907)223-5257 Dennis M. Scholls, Ph.D., Acting Director	Outreach Consultation and Education-Prevention Outpatient Care Aftercare Alcohol Safety Action Program	123,000	129,000
Sitka			
Sitka Council on Alcoholism & Other Drug Abuse 207 Moller Street Sitka, Alaska 99835 (907)747-3636 Bill Brady, Director	Outreach Outpatient Care Inpatient -16 Beds Intermediate-16 Beds Aftercare Consultation and Education-Prevention Alcohol Safety Action Program	415,600	415,600
Sitka Teen Resource Center P.O. Box 1034 Sitka, Alaska 99835 (907)747-3500 Issac William	Youth Alternatives	80,000	80,000

	Components of Service	FY 85	FY 86
S.E. Regional Training Center 207 Moller Street Sitka, Alaska 99835 (907)747-3636	Training and Education	102,000	102,000
Soldotna (See Kenai)			
Tanana			
City of Tanana Youth Substance Abuse P.O. Box 181 Tanana, Alaska 99777 (907)366-7244 Miranda Kennedy, Coordinator	Youth Alternatives	26,000	26,000
Tok			
Upper Tanana Alcoholism Program P.O. Box 83 Tok, Alaska 99780 (907)888-5181	Outreach Consultation and Education-Prevention Outpatient Care	52,500	***
Valdez			
City of Valdez Counseling Center P.O. Box 307 Valdez, Alaska 99686 (907)835-2838 Robert Donald, Director	Outreach Outpatient Care Consultation and Education-Prevention Aftercare Alcohol Safety Action Program	67,000	67,000

*** Funded as subcontract through Tanana Chiefs Conference for FY 86

Wasilla	Components of Service	FY 85	FY 86
Alaska Alcoholism Rehabilitation Services, Inc. Nugen's Ranch P. O. Box 1545 Wasilla, Alaska 99687 (907)376-4534 Leonard & Henrietta Nugen	Intermediate Care-48 Beds Long Term	550,000	500,000
Far-North Recovery Center (Private) P.O. Box 873 349 Wasilla, Alaska 99687 (907)892-7529 David Davis, Executive Director	Outpatient Care Intermediate Care-5 Beds Short Term Aftercare	Private Agency -0-	-0-
Mat-Su Council on Prevention of Alcoholism & Drug Abuse Alcohol Safety Action Program P.O. Box 87-2270 Wasilla, Alaska 99687 (907)376-3080 Larry Ross, Director	Outreach Outpatient Care Aftercare Consultation and Education Prevention Alcohol Safety Action Program Inmate Counseling Program	332,300	352,300
Valley-General Associates (Private) P.O. Box 87186 Mi 1/2 Knik Rd. Century Plaza Bldg. Room 209 Wasilla, Alaska 99687 Jon Peterson	Outpatient Care Aftercare	Private Agency -0-	-0-
Serenity, Inc. (Private) P.O. Box 874349 Wasilla, Alaska 99687 (907) 376-0330 Jack Shields, President	Outpatient Care Aftercare	Private Agency -0-	-0-

Wrangell	Components of Service	FY 85	FY 86
Wrangell Council on Alcoholism P.O. Box 1108 Wrangell, Alaska 99929 (907)874-3338 Merry Warner, Director	Outreach Consultation and Education-Prevention Outpatient Care	75,000	92,600
Yakutat			
City of Yakutat P.O. Box 244 Yakutat, Ala 99689 (907)754-3375 MaryAnn Paquette	Outreach Consultation and Education-Prevention Outpatient Care	42,000	42,000

The office has also entered into the following grant agreement for FY 86:

- Grant Certification Board - 7,000
- St. Herman's Training Project - 63,000
- Ikayugtit - 80,000

There were three projects funded during FY 85 that did not receive funds in FY 86; they are:

- City of Minto - Youth Alternatives
- Southeast Regional Resource Center - Corrections Counseling
- Inter Cap - Training
- City of Chevak - Community Program

DEFINITION OF COMPONENTS OF SERVICE

AFTERCARE

Aftercare provides care to patients who have progressed sufficiently through emergency, inpatient, intermediate and/or outpatient services to a point in their recovery where they will benefit from a level of continued contact which will support and increase the gains made to date in the treatment process. Aftercare must be delivered through the development of an individualized aftercare plan developed between the aftercare counselor and the client. In a sense, aftercare could be termed self care under the general guidance of the aftercare counselor.

ALCOHOL SAFETY ACTION PROGRAMS

The Alcohol Safety Action Program (ASAP) is a systematic means of evaluating and referring persons convicted of alcohol and drug abuse related offenses by the District Court of the State of Alaska. ASAP is viewed as a means of differentiating the effect of the drinking problems and referring them to appropriate agencies for treatment depending on the client's needs. It is seen as a very structured system that is governed by a set of predetermined standards designed to assist in diagnosing problem levels of clients involved with the system.

CONSULTATION/EDUCATION/PREVENTION

The dissemination of relevant information specifically aimed at increasing the awareness, receptivity, and sensitivity of the community and stimulating social action to increase the services provided for people with problems associated with the use of alcohol or of providing information and or technical assistance to a particular group or individual seeking resolution of a specific problem(s). It also includes those activities that are designed to prevent individuals and groups from becoming dependent on the regular use of alcohol and/or other drugs. Prevention Services may vary widely but are generally associated with information, education, alternatives, literature distribution, media campaigns, clearinghouse activities, speakers' bureau, and school or peer group situations. These services may be directed at <u>any</u> segment of the population.

INMATE COUNSELING PROGRAM

The process of providing to individuals incarcerated in a correctional facility diagnostic and alcoholism and drug abuse treatment services on a scheduled basis utilizing traditional outpatient counseling techniques.

EMERGENCY CARE

Emergency care systems provide for twenty-four hour availability of the following services to all persons and their families with problems related to alcohol or drug use and abuse: (1) immediate medical evaluation and care, (2) supervision of persons by properly trained staff until they are no longer incapacitated by the effects of alcohol, (3) evaluation of medical, psychological, and social needs, leading to the development of a plan for continuing care, and (4) effective transportation services. Emergency care comprises a network of services that provides all persons having acute problems related to alcohol or drug use and abuse immediate diagnosis and care, as well as appropriate referral for continuing care after emergency treatment. Primary emergency services in Alaska are community service patrols, and medical or social detoxification.

HOSPITAL CARE (INPATIENT)

The process of providing care to persons who require 24-hour medical supervision in a hospital or other suitably equipped medical setting as a result of acute or chronic medical, social, cultural, spiritual and psychological problems associated with alcohol abuse, drug abuse and/or alcoholism. The average planned length of stay in these units is twenty-eight days and incorporates intoxicant-free therapy and shall promote involvement with available aftercare planning and community support resources.

INTERMEDIATE RESIDENTIAL CARE

Intermediate care shall be designed to facilitate the rehabilitation of the alcohol or drug abusing persons by placing them in an organized therapeutic environment in which they may receive diagnostic services, counseling vocational rehabilitation and/or work therapy while benefiting from the support which a full 24-hour or partial, less than 24-hour, residential setting can provide.

1. Short term intermediate residential care is the provision of counseling and social adjustment services to persons who require 24-hour supervision as a result of alcohol or drug abuse. This process is more intensive then other forms of intermediate care with an average length of stay of twenty-eight days. This process is similar to inpatient care without the medical staff and the hospital setting.

2. Transitional care is delivered in Halfway Houses and involves a one to six months length of stay. At the start of transitional care, the client spends most of their time at the house in a therapeutic and support environment. As they advance through treatment, more time may be spent on habilitation or rehabilitation until re-entry into the community is made. Most individuals will enter this care from some other component of service.

3. Long term care is a long term therapeutic environment for a period of six months to two years. Each of the clients is required to assist in the upkeep and operation of the facility as well as attending the therapeutic activities conducted. Such care may be rather intense (e.g. in a Therapeutic Community or TC) or be closer to transitional care in treatment intensity.

METHADONE TREATMENT

Provides methadone (or other drugs approved by the Department) as a substitute for opiates, in addition to counseling and other types of psychological or social therapy.

OUTPATIENT CARE SERVICES

Outpatient care services provide non-residential, diagnostic and primary alcoholism and drug abuse treatment services on both a scheduled and a nonscheduled basis. Outpatient services can either be delivered on a drug free or drug assisted basis.

OUTREACH

The process of reaching into a community systematically for the purposes of identifying persons in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter and accept the service delivery system.

RESEARCH & EVALUATION

Projects designed to gain knowledge about substance abuse issues in Alaska and to help reduce the impact of substance abuse. Current research involves; 1) identification of current trends in drug use as they relate to demographic attitudinal and personality characteristics, and to identify the frequency, quantity, context and consequences of drug use; and 2) assess the potential social impacts of the use and abuse of alcohol and other drugs. Assists substance abuse programs in developing more useful and valid program prevention and treatment and strategies and procedures.

TRAINING AND EDUCATION

Training activities are comprised of all procedures directed towards increasing the knowledge, skills or competency of those providing substance abuse treatment services. The primary delivery of training services is accomplished through the regional training network and directed towards counselor trainee attainment to level I or level II certification. The delivery of training is also provided through the support of special purpose conferences, symposiums and schools.

YOUTH ALTERNATIVES

Provide structured prevention/education and recreational activities to youth target groups. Consultative and educational information are targeted to all area youth defined as "at risk" concerning alternatives to drug abuse. Services also include the operation of a variety of recreational activities.

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

LEGISLATIVE REFERENCE LIBRARY

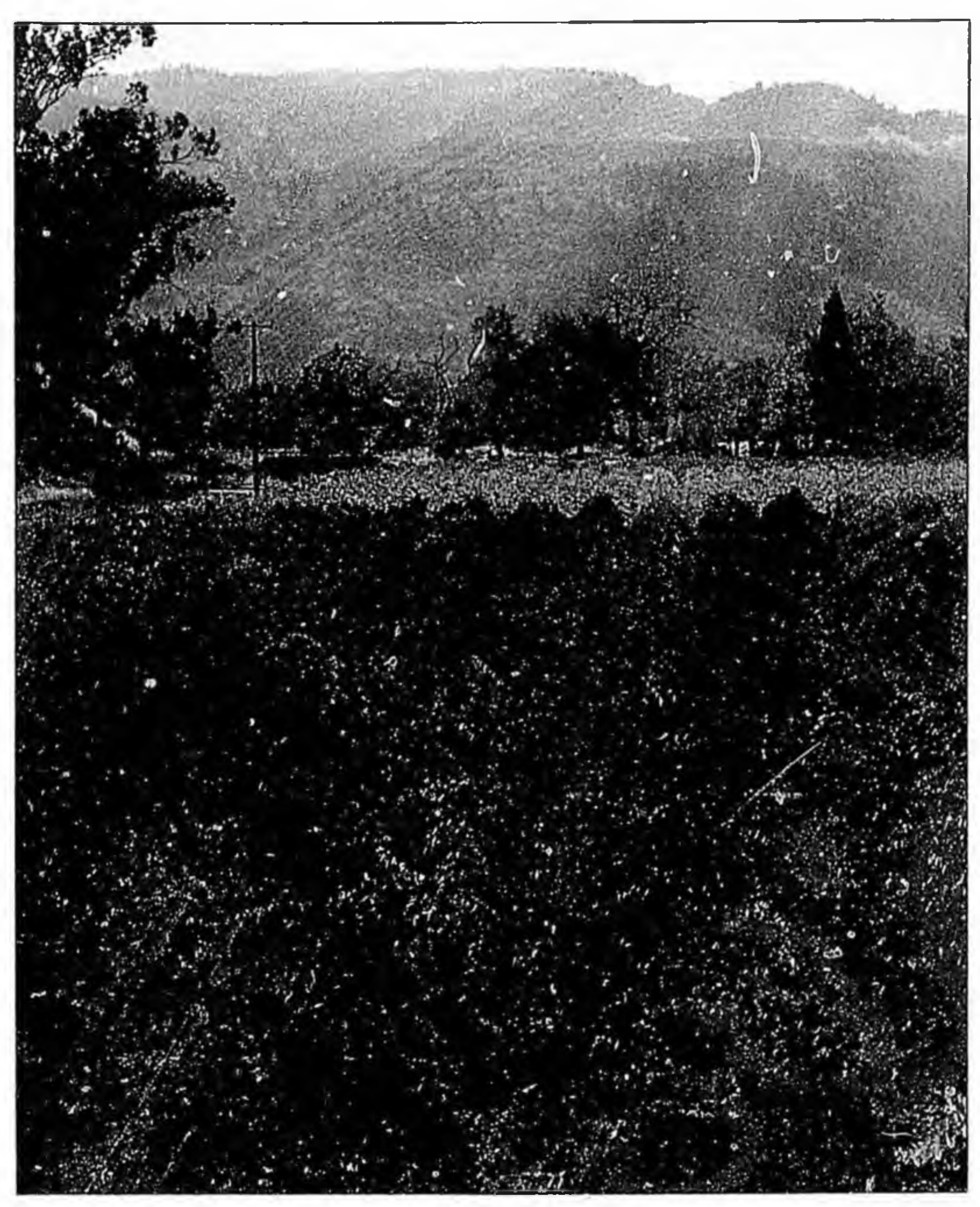
POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

May, 1986

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS date base CM 14. In order to save space copies of minutes have not been left in the files.

Jeanie Henry

House State Affairs Committee 4/3/1986, 6:30 pm



Wine and America

Preface

America is having a love affair with wine. Across the continent, Americans are increasing their awareness of the healthy and pleasurable benefits of wine. Julia Child describes it as the beginning of a great American wine and food revolution. Wine education courses are expanding and new consumer groups have organized. Prominent groups such as the Society of Medical Friends of Wine, the Society of Wine Educators, the American Institute of Wine and Food, and Les Amis du Vin are emphasizing wine education and wine's association with gastronomy, nutrition and moderate behavior.

The American palate is becoming more diverse through new cultural and social experiences, including travel and interest in cuisine and dining pleasures. Wine is increasingly the beneficiary of the growing interest in health, diet, self-improvement and exercise. New forces have caused cultural lifestyle changes in America: the dynamism of women, advances in technology, growth of media, and increased mobility. Eating and drinking habits are changing. A broad, new and informed constituency is in the making, capable of establishing in our land wine's historic place on the family table.

Wine and Culture

Wine plays an important role in the continued development of American cuisine and culture.

Over 1000 universities teach wine appreciation classes to 200,000 students each year.

America's ingenuity and research leadership, combined with its soils and climates, have enabled wineries to produce the highest quality wines at competitive prices.

An extensive body of research documents the positive role wine has played in society for more than 6,000 years. Because of its complexity, traditional use with meals, relatively low alcohol content, and associated sensory pleasures, wine is accorded a special place in many cultures.

Among the Greek, Italian, Portuguese and Spanish people, where wine is traditionally consumed with food, low rates of alcohol abuse and alcoholism are reported.

Research confirms that heavy drinking of wine is relatively rare in the U.S.

Wine and the Economy

Wine from American and foreign sources generates over $8.2 billion in total annual retail sales. Of this, $6.4 billion is derived from the American wine contribution.

Wine in America generates directly or indirectly over 200,000 jobs which contribute to the economic well being of 11,000 grape growers and 445,000 wholesale and retail establishments, including restaurants, authorized to sell wine.

Annual farm income totals almost half a billion dollars, which represents the value of grapes used by American wineries.

Currently, federal, state and local collections from the direct sale of wine exceed $1 billion per year.

The over-valued dollar and foreign government wine subsidies have severely depressed agricultural prices in the U.S. Hence, any additional taxation on wine or other agricultural products would have a ruinous effect.

Wine and Health

Many studies conducted by prominent independent clinicians and researchers confirm the health values of moderate wine consumption. For example studies show that moderate alcohol use may help protect against heart attacks and lead to a longer life. According to a 1985 survey, most U.S. hospitals now offer wine to their patients, as doctors become more widely aware of the positive health benefits of moderate wine use.

Wine produces lower and safer blood alcohol levels than the equivalent amount of alcohol consumed as hard liquor. This effect is particularly striking when wine is taken with food, a traditional practice.

Wine is an agricultural product created by the pure, naturally fermented juices of sound ripe grapes.

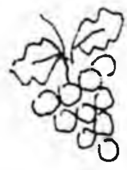
Wine contains over 300 components other than alcohol and provides many minerals and vitamins not found in other alcoholic beverages. When consumed in moderation with meals, wine is an effective aid to digestion and may help reduce the incidence of troublesome sleep disorders.

Wine and Social Issues

Wine drinkers are credited with being among the most responsible in attitudes and behaviors concerning drinking and driving, and studies show that wine consumption is minimal in arrests for driving under the influence.

America has made significant progress in educating the public in regard to the disease of alcoholism and providing effective research and treatment services.

The California wine industry participates in many educational programs to promote the proper use of wine and national community efforts to reduce drunk driving and alcohol abuse. The industry was lauded by media, educators, government representatives and alcohol, health and citizen groups for its socially responsible initiatives such as the Code of Advertising Standards, Wine Educators Notebook, and Policy Statement on Drunk Driving. The wine industry supports policies that recognize personal responsibility for one's health and actions and oppose restrictions that deprive personal freedoms.



Introduction

The Tradition of Wine

Athough he wrote America's great Declaration of Independence, Thomas Jefferson failed to produce a great American wine, despite his attempts at home-grown viticulture. And so, the illustrious patriot was forced to import his wines from Europe.

If Jefferson were alive today, he'd be proud; for American wine-making has come of age. All across the continent, vineyards are blooming alongside amber waves of grain. With over 1200 U.S. wineries producing $6.4 billion worth of wine annually, wine has become a star-spangled American product. Once a luxury of the wealthy, good wine is now enjoyed by Americans everywhere.

In the red clay hills of Georgia a new breed of farmer is growing wine grapes instead of cotton. From Florida to Virginia, and from Mississippi to the Carolinas, Americans are making wine in regions that 10 years ago had no wineries. New York, Ohio and California, states where American wine-making began, continue to earn prestigious honors, once the exclusive province of European vintages.

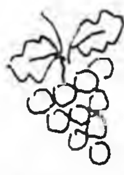
Wine and Food

As America's interest in health, fitness, moderation and nutrition increases, so has the penchant to educate its palate. Today's health-conscious, quality-savvy Americans have come to appreciate what most European cultures have always known — wine enhances the pleasure of meals. With the new appreciation for American cuisine has come the enjoyment of wine as a moderate table beverage which adds to life without detracting from it.

New medical research has shown that moderate drinking is associated with a lower risk of fatal heart disease. Studies show that a four ounce glass of wine produces lower and safer blood alcohol levels than the same amount of alcohol consumed in the form of hard liquor. Wine also has significant nutritional value as a source of energy and as an aid to digestion.

Wine Education

The state of California, through its educational Winegrowers program, recognizes that wine is foremost an agricultural product linked to family traditions. A public policy which supports and encourages moderate wine consumption is good business and can aid public health. "No nation is drunken where wine is cheap; and none sober, where the dearness of wine substitutes ardent spirits as the common beverage," wrote Jefferson. Today's cultural trends, consumer support, media, and medical evidence have helped make Jefferson's vision of wine's proper role in a civilized, democratic society more of a reality than ever before.



Wine Today and in History

Wine Celebrates Life

To sip a glass of wine is at once to be linked with 6,000 years of human history as well as with the pleasures of the moment. A natural beverage of fascinating complexity, wine has been integrated into almost every culture where grapes can be grown and has been enjoyed since the dawn of civilization. The first grapes cultivated were grown in Asia Minor, south of the Black and Caspian Seas, around 6,000 B.C. The Bible credits Noah as a viticulturist. Ancient writings of Egypt, Babylonia, India and China tell the story of wine. Archaeologists recently uncovered the remains of a 2,600 year old winery in Israel.

Along with much that is the basis of our civilization, wine was transplanted from the Middle East to Europe. The ancient Greeks increased the quality of wines. The Romans established vineyards throughout Italy and beyond. The importance of wine to these early civilizations is reflected by the worship of wine gods in their religions. The Romans planted vineyards wherever they conquered, around Bordeaux and the Mosel Valley, for example. Between 400 and 1400 A.D., Europe became the wine growing center of the world.

During the Dark Ages, the clergy kept alive many forms of arts and sciences. Fortunately, wine-making was among them. Monasteries developed exquisite forms of viticulture, including the secrets of making white wine, brandy and champagne.

Wine was, and still is, an integral part of Judeo-Christian religious prayers and ceremonies. For many religions, wine is interwoven with the fabric of life. Wine greets a person at birth, celebrates a marriage, and solemnly quenches the embers of a funeral pyre. Wine is present at all types of celebrations as well as everyday meals.

Wine is Civilization

The use of wine in ancient cultures was a socially and ritually sanctioned behavior, which served to minimize excess and encourage socialization. The traditional use of wine in religious and domestic life continues to be common in the Mediterranean wine-producing regions, among the Greeks, Italians, Portuguese and Spanish. Serianni, in a 1953 study published in the *Quarterly Journal of Studies on Alcohol,* first noted that high per capita wine consumption and low rates of alcohol abuse are norms in these countries. Children observe and are educated by their parents about moderate conduct and the proper role of wine as an accompaniment to meals and as a religious sacrament. Intoxication is firmly discouraged and is uncommon in these countries.

Wine in the New World

The Jesuits and later the Franciscan fathers brought the art of making wine to the New World. In 1769, Padre Junipero Serra established Mission San Diego and planted grapes for sacramental wine. The remains of his rudimentary wine-making process are still on view there. Moving north, the fathers established 21 missions from San Diego to Sonoma. To each, they brought vineyards.

On the Atlantic seaboard, British colonists tried in vain to make palatable wine from the profusion of wild grapes. Gentlemen farmers like Jefferson experimented with European cuttings but failed. Then, in the late 1700s, European grapes were accidentally crossbred with native stock. A wine industry was launched in the eastern and midwestern states, using native American grape varieties such as Catawba and Concord that are still in use today.

Home Winemaking Legal During Prohibition

Throughout the 1800s, the American wine industry grew. By 1895, American growers produced 25 million gallons of wine a year and their wines began to win medals at international expositions. Then, in 1920, Prohibition struck. Even then, home wine-making was legal and flourished. Wine was also permitted to continue its role in religious life and ceremonies, much as in the Dark Ages. Prohibition was repealed in 1933, but as a predictable reaction to the harsh control policies, Americans turned away from moderate drinking and towards the hard-hitting spirits that represented the newly permitted "forbidden fruit." From 1934 to the 1960s, hard liquor sales increased dramatically. Before Prohibition, table wine (which contains between 7 and 14 percent alcohol) accounted for nearly three quarters of wine production. In 1935, the reverse was true; consumers were more interested in higher alcohol content ports and brandies. Although some vestiges of Prohibition remain, a new generation not afflicted by the "forbidden fruit" syndrome sees wine in a different light.

Residuals of Prohibition Linger

Yet both consumers and producers are frustrated with some of the residuals of Prohibition. A myriad of state and local regulations governing the marketing of wine continues to reflect the zealotry of the Prohibition era. These laws and regulations range from the unnecessary to the unreasonable, bizarre, absurd and the expensive, but their common result is to effectively rob the American consumer of economic rights and freedom of choice regarding wine.

Wine Today

Wine is often unfairly equated with hard liquor. In many states, wine can't be bought in grocery stores. In Rhode Island, wine can't be advertised if the price is mentioned. In several states, wine can't be bought on Christmas Day. In Kentucky, advertisers cannot portray a family scene in the presentation of wine. In Alabama, wine tastings are illegal.

Wine is a Family Beverage

In the 1950s Americans began to enjoy a prosperity unlike that of any previous generation. Beginning in the 1960s, record numbers of Americans began to travel abroad. European vacations, once the privilege of the wealthy, became relatively common.

In addition to art and history, millions of Americans learned about European cheeses, pastries, coffees, mineral waters and wines. They acquired a taste for the same kinds of fine dining at home previously sampled overseas. At the same time, Americans began to change their eating habits to a more natural diet. Scientists had started to show consumers that "you are what you eat." Consumption of highly processed foods with possibly carcinogenic additives may be unhealthy. Sugary cocktails full of artificial flavors and colors began to lose their appeal. By the 1970s, cocktail parties were "out," and wine and cheese parties were "in."

Moderate Lifestyles Include Wine

With modern medicine conquering infectious diseases of the past, Americans realized the importance of keeping their bodies healthy and fit due to increased life expectancy. They began to exercise and drink more moderately. As concerns for a more healthy diet meshed with sophisticated palates, new American eating habits emerged. In the 1980s, American consumption of fresh fruit and vegetables, fish, poultry, pasta and wine increased while consumption of distilled spirits decreased. The U.S. wine market jumped from 160 million gallons in 1960 to 350 million gallons in 1974, and to 550 million gallons in 1984. Essentially this entire increase came from low alcohol table wines which now account for 73.1 percent of wine sales. A glass of wine often replaces the martini that used to be standard business lunch fare.

Yet, Americans are *not* heavy wine drinkers. U.S. per capita consumption of wine is among the lowest of any western nation. We drink 2.4 gallons of wine a year and over 40 gallons of soft drinks. Italians, by comparison, consume 24.2 gallons of wine annually. Interestingly, Italians have one of the lowest rates of alcoholism of any country in the world.

Today, more light drinkers are consuming low-alcohol table wines as today's Americans use wine in a relaxed, healthy lifestyle.

Unlike other agricultural products, the making of wine begins where all other agricultural products end — at harvest. Wine is a product of nature, created by the pure, naturally fermented juice of sound, ripe grapes. When crushed with its own yeast, the sugars in the grapes ferment into alcohol. The wine-maker's role is that of helping nature do the job well.

Grower's Expertise

The grower's expertise comes into play in choosing, planting, cultivating and harvesting grapes. Wine grapes are grown in 41 states. California leads the nation in producing wine grapes with over 85 percent of the production, in part because of its long history and commitment to research and technological advances, and because its varied climates and soils offer ideal conditions for wine grape growing. The climates of the North Coast counties closely match the traditional Bordeaux and Champagne districts of France. The climate of California's central valley is similar to the Italian and Spanish growing regions.

The enjoyment of wine is not dependent on knowing how the wine is produced nor on classifications such as red or white, premium or jug. What is important is finding wines that taste good to you. Many people are interested in the grapes and processes used to create a premium wine. The finest grapes come from a complex interaction of a particular grape variety with its special micro-climates. Grapes grown in rocky soils and often dry, inhospitable conditions in which other plants would whither and die, provide a small crop of fruit which is

concentrated in flavors to produce a distinctive, intense wine. The final stages of ripening and the harvest effect the ratio of sugars to the natural fruit acids. Many California wines are labeled with the year that the grapes were harvested, as well as a great deal of other data, such as the sugar content at harvest, the residual sugar, alcohol content, acidity, etc.

Great care is needed to control fermentation and maintain purity in the winery. Artistic talent is required for proper aging and expert blending. When the wine-maker's task is complete, the consumer has a delicious beverage compatible with today's lifestyles. Table wine is completely natural, ranging between 7 and 14 percent alcohol, providing many minerals and vitamins averaging 100 calories a glass or less.

Dining with Wine

Once upon a time, many American restaurants offered only three kinds of wine: white, rose or red. Today, restaurants offer wine lists as extensive as their menus. Waiters are often trained to recommend wines which will best accompany dishes. Americans, who dine out in large numbers, love it. Wine is now part of at-home meals, too. A recent National Family Opinion Inc. survey showed that wine is nearly three times more likely to be consumed with food at lunch or dinner than hard liquor. Thus, Americans are moving toward temperate consumption patterns similar to other wine-consuming Mediterranean countries.

The new American penchant for gourmet cooking has sparked interest in wine as a culinary flavoring agent. Wine adds a distinctive zest and trace minerals to dishes, yet it adds almost no calories since the alcohol evaporates in cooking.

Whether dining out or in, Americans have discovered that food and wine are a winning combination. They participate in the cultural heritage of wine at the table back through centuries to the cradle of civilization.

Hospitals and Nursing Homes Serve Wine

Historically, wine was considered a universal balm for the physical and emotional aches and pains of growing old. Its medicinal properties and pleasant connotations made wine, especially port, sherry and brandy, a traditional part of the prescribed regimen for the aging.

Today, scientists have run controlled experiments to ascertain the benefits which wine can hold for the elderly. The pleasure and relaxation imparted by a glass of wine stimulate socializing, perhaps one of the most important ingredients for good health, and one that may be increasingly beyond the reach of an elderly person with failing health and a shrinking social circle. Controlled experiments by Kastenbaum and others in hospital and nursing home settings have found that as little as two ounces of wine with dinner or an afternoon snack have a favorable influence on the self-esteem, mood and sociability of older Americans. These findings were reported in *Alcohol and Old Age,* in 1980. In one experiment those who received wine showed more group involvement and social participation than those who did not. In another study, wine drinkers developed a more positive outlook and complained less frequently than those who did not drink wine. Some wine-drinking subjects reported improved sleeping and blood pressure patterns. A recent national hospital report showed that 52% of hospitals surveyed offer wine to patients.

Moreover, the dignity of enjoying a glass of wine helps the institutionalized elderly feel they have not been severed from the history and rich joys and traditions of the world outside, especially those for whom wine had been a lifelong pleasure. Thus wine has become a permanent part of the menu, with doctor and family permission, in many hospitals and extended care facilities.

Wine Interest Grows

Since the beginning of time, consumer appreciation societies have gathered around wine. In fact, the word "symposium" comes from the ancient Greek custom of combining wine tasting with intellectual discussion. Because of Prohibition, formal consumer groups and programs devoted to the study of wine have only proliferated in the United States within the last 20 years. In contemporary America, it is difficult to name another product that enjoys such widespread, organized consumer support. Literally millions of consumers have participated in some form of organized activity devoted to learning about wines. Many thousands enroll in wine appreciation and technology classes each year. Many major universities recognize the value of wine studies through credit or extension programs. Doctors, lawyers, educators and consumers from the broadest of possible backgrounds form special educational groups and societies to study and enjoy wine. Examples are Les Amis du Vin, Society of Medical Friends of Wine, and Physicians Wine Appreciation Society.

After repeal of Prohibition, the University of California at Davis began teaching wine-making as a science to help a new generation of wine-makers. The success of this Department of Viticulture and Enology has been emulated by many other universities.

In 1951, U.C. Davis took another bold step by introducing the first wine appreciation college course designed to instruct interested students. By the late 1970s, over 1,000 academic institutions offered wine related courses, reaching over 200,000 individuals. The increased interest in wine information led to the formation of the Society of Wine Educators in 1976, which today has over 1200 members.

Wine and the American Economy

Wineries — Big and Little

While large wineries produce much of the nation's wine, wine-making is one industry where small is also beautiful and functional. The majority of America's wineries are family-run operations. There are now 1200 American wineries in 41 states and their numbers continue to grow at a time when other types of family farm enterprises have become endangered species. Many of these growers and vintners want to stay small so they can keep doing what they love best — making quality wines. At a time when so much of our rural open space is threatened by developers, grape growing keeps 850,000 acres of American land in active agricultural production.

Wine's Economic Contributions

Wine from America and foreign sources accounts for over $8.2 billion in total annual retail sales and generates directly and indirectly over 200,000 jobs. Of the $8.2 billion, $6.4 billion is derived from the American wine contribution. Wine's overall contribution to the American economy reflects the combined values of all the activities of grape growers, wineries, wholesalers, retailers, workers as well as all the materials, capital, equipment, and other goods and services required to bring wine to the ultimate beneficiary — the American consumer.

At the producer level, over 90,000 jobs are generated from growers, wineries and all supporting activities such as suppliers of farming equipment, manufacturing equipment, financial services, and in turn, their suppliers. Nation-wide, thousands of growers harvest around half a billion dollars worth of grapes each year for use by the more than 1,200 wineries in 41 states. All of these activities, at both the winery and grower level, require significant investments in capital and labor and thereby offer important contributions to the community at large.

Wholesale and retail distribution networks generate at least 115,000 American jobs. This employment comes from direct activity on the part of 445,000 wholesalers and retail establishments (restaurants, stores, etc.) legally authorized to handle wine, and also from indirect activity generated by these operations for the myriad of materials, services, warehouses, trucks, other equipment and miscellaneous items needed for business.

In short, wine is also important for America in terms of its economic contribution and its impact on employment.

The Extra Cost of Grapes vs. Grain

Taxes on wine, as a food, make little sense. James Conaway in the *Washington Post* says that, "Most people who drink wine are not rich; neither are they given to reckless behavior. But they stand a good chance of being punished as much or more than the beer chug-a-luggers and the martini inhalers. Increased taxes will spoil many a dinner without making much of an impact upon the drunk driving status."

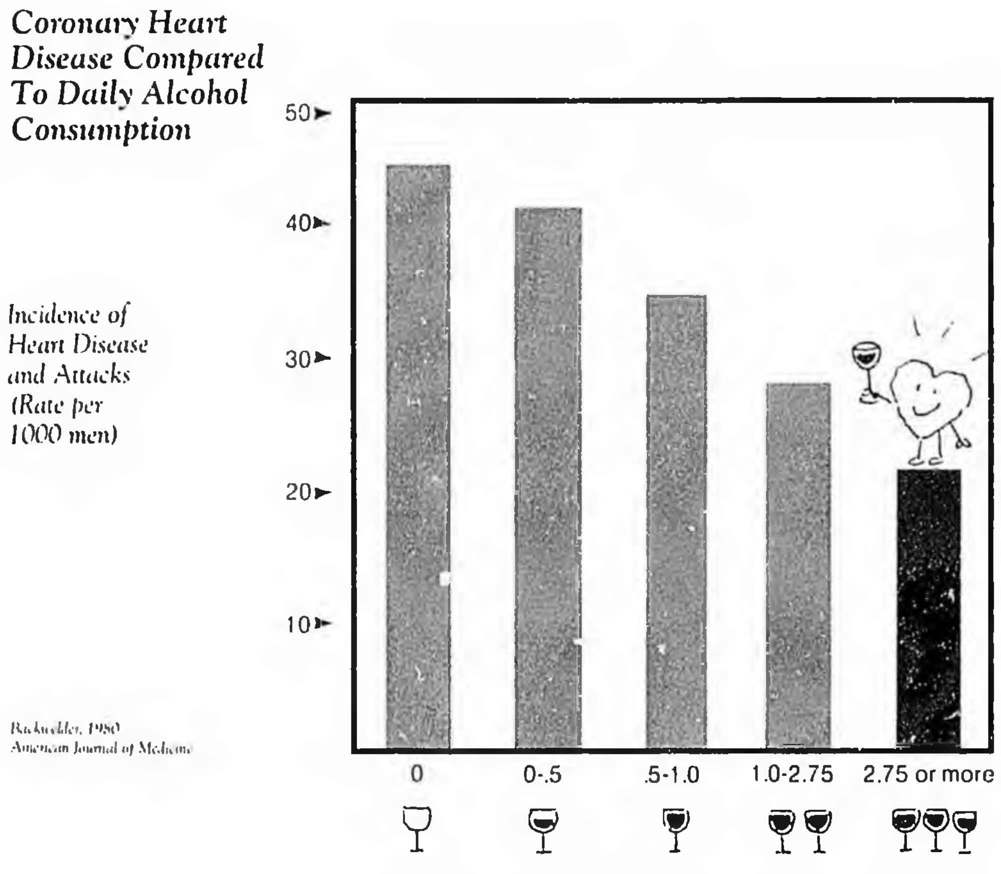
Excessive Taxes Abuse Wine

While the long term outlook for American winegrowers is generally favorable, certain current problems could grow to catastrophic proportions for some sectors, if not abated. World-wide surpluses of wine, foreign wine subsidies, trade barriers, and the over valued dollar have significant impact on the American wine scene. Real wine prices at the wholesale level, both foreign and American, have generally declined in the United States since about 1970. Before the decade of the seventies, trends in wine prices generally kept pace with wholesale prices overall. These trends, coupled with recent wine surpluses at home, have put

enormous economic pressures on United States wineries and grape growers. At the same time when real prices to winegrowers have fallen, taxes from wine have steadily increased.

During the decade ending 1984, for example, federal, state and local collections from the direct sale of wine more than doubled to over $1 billion per year. Because taxes have a direct impact on wine prices, wine industry sales are hampered. Prudent tax policy, therefore, should be upper-most in the minds of lawmakers entrusted with the responsibility of developing overall strategies for improving the economic outlook of our American farmers and winegrowers. Since wine is already costly to produce, further taxation on this moderate table beverage would be unjust and unwise.

Coronary Heart Disease Compared To Daily Alcohol Consumption



Number of Drinks Per Day (Equivalent to 4 Oz. of Wine)

Wine and Health

What Doctors Recommend

Seventy eminent scientists actively engaged in alcohol research recently were asked how much alcohol can safely be consumed in a day, as reported in the *British Medical Journal* in 1984. Scientists stated that up to four glasses of wine for healthy men, and 2 glasses for non-pregnant healthy women was a safe level for non-problem drinkers. (A glass contains 4 ounces of wine.)

Wine and Your Heart

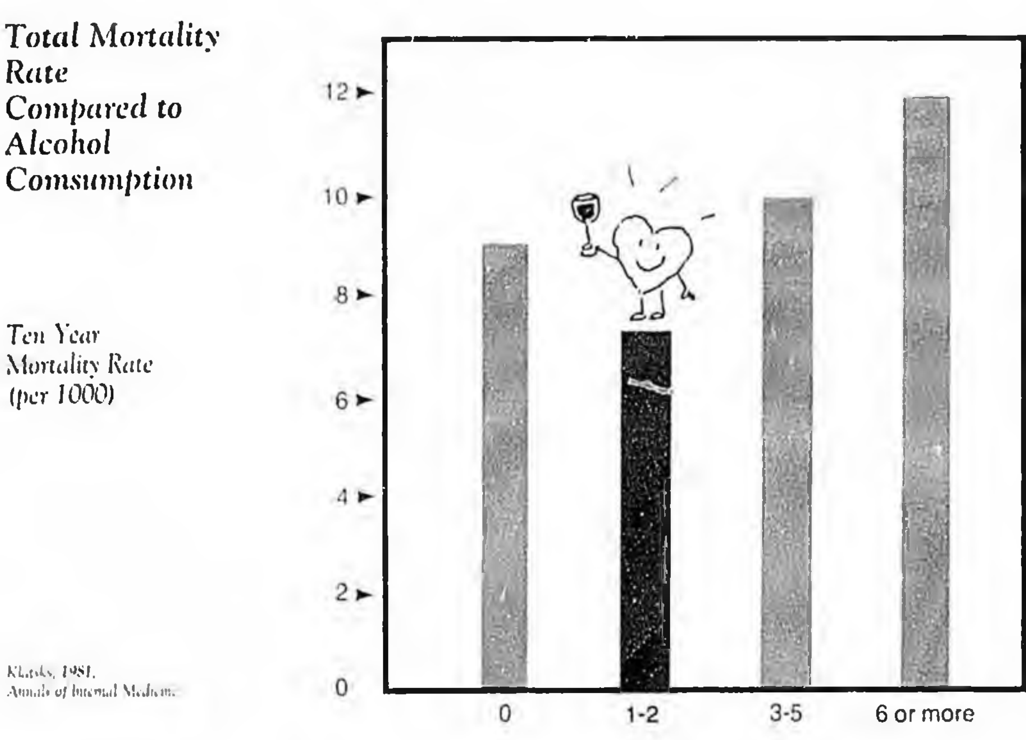
Since the early 1900s, scientists have studied the relationship of alcohol consumption to longevity. Early research revealed that heavy drinkers, consuming more than 9 drinks per day, had a mortality rate almost twice as high as that of moderate drinkers and abstainers. Recently, researchers have examined the effects of abstention and low and moderate drinking on overall mortality. The Honolulu Heart Study, published in the *American Journal of Medicine* in 1980 (see graph on opposite page), concluded that the rate of coronary heart disease *decreased about 50 percent* with moderate drinking (2-3 four ounce glasses a day).

In 1985, La Porte analyzed all major studies which had appeared in the last 5 years, and published his findings in *Recent Developments in Alcoholism.* Dr. LaPorte and his colleagues concluded that:

> ***"alcohol consumption is related to total mortality in a U shaped manner, where moderate consumers have a reduced total mortality compared with total non-consumers and heavy consumers. Clearly, the results imply that moderate consumption, up to 1 to 2 drinks a day, is not detrimental and may in fact be beneficial for longevity."***

Moderate Drinkers Appear To Live Longer

One of the largest prospective studies on alcohol consumption and total mortality was conducted by the Kaiser-Permanente Hospital Health Plan, published in *Annals of Internal Medicine* in 1981. Eighty-seven thousand people were interviewed as part of the study. Over 8,000 people were carefully matched and divided into four equal groups: those who regularly consumed 0 drinks per day, up to 2 drinks per day, 3-5 drinks per day, and 6 or more drinks per day. The scientists monitored all of the subjects for 10 years. The results show that moderate drinkers (up to 2 drinks per day) live longer and are about 27 percent less likely to die from all causes than either abstainers or heavy drinkers. This increase in longevity for the moderate drinker is due to lower rates of heart disease. Scientists are interested in verifying the associations between consumption of alcohol and mortality by studying the mechanism of how alcohol reduces heart disease.



Number of Drinks Per Day

How Wine May Help Your Heart

The concept that moderate drinking might exert protective cardiovascular effects was strengthened when elevated levels of circulating high density lipoprotein (HDL) were noted in moderate drinkers. High HDL reduces coronary heart disease. Scientists postulate that HDL reduces arteriosclerosis and heart disease by clearing cholesterol from the arterial walls and subsequently transporting and aiding in the metabolism of cholesterol. Directly after consuming alcohol in beverages, increases in HDL levels were demonstrated in animals and have since been widely observed in human beings under a variety of clinical settings.

Leading scientists currently are studying further refinements in the mechanism by which alcohol in beverages may protect the heart. Camargo et al. at the Stanford Center for Research in Disease Prevention, examined the effects of moderate alcohol consumption on 24 healthy males. The results confirmed previous studies which showed that moderate alcohol intake (from 1-4 drinks a day) increased the concentration of HDL. These results were published in the *Journal of the American Medical Association* in 1985. Further analysis revealed that moderate consumption increased the particular fractions of HDL, apo A-I and apo A-II, which are thought to be the most protective. Research has shown that increased levels of these apolipoproteins, which are fractions of HDL, are associated with reduced heart disease.

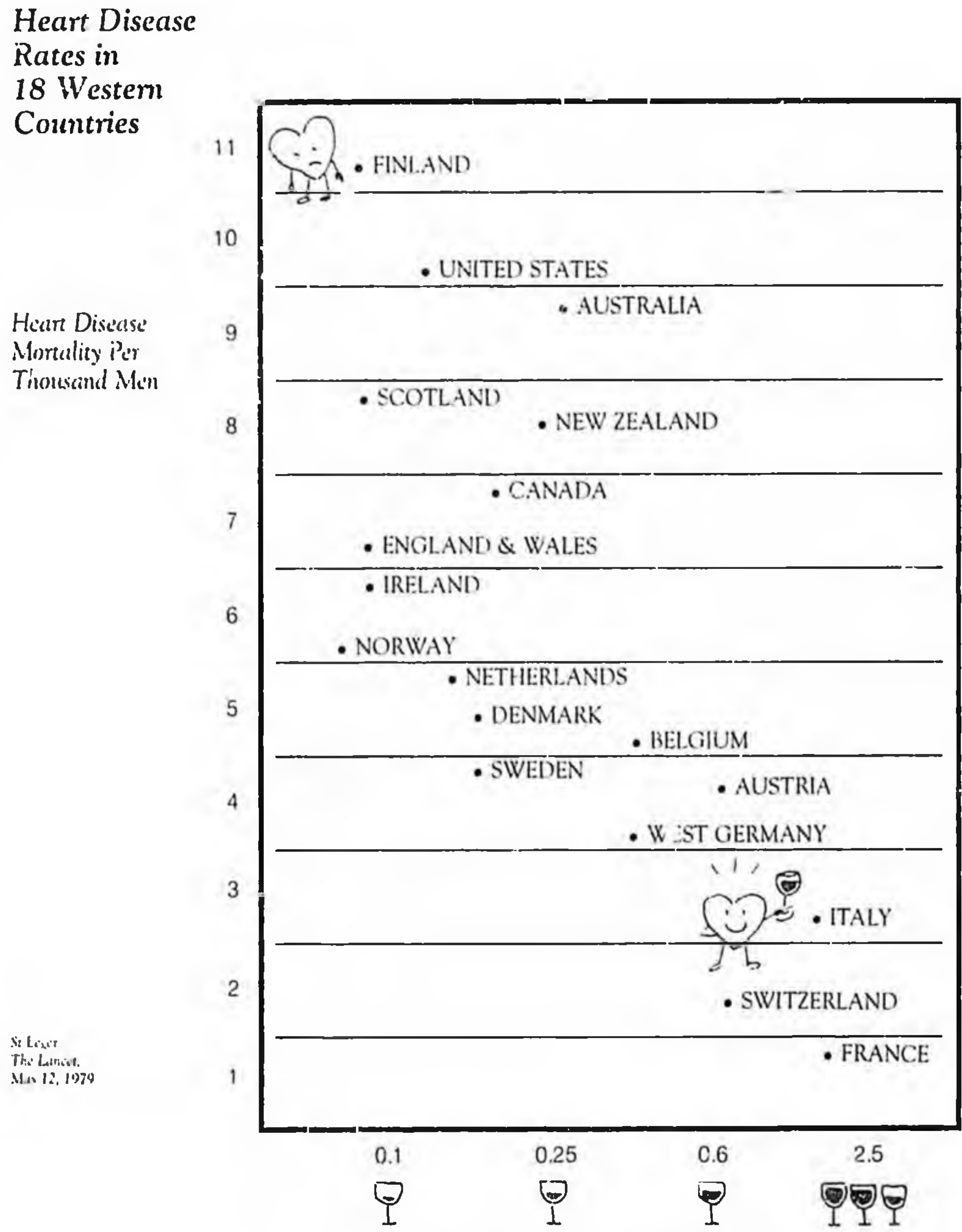
Is the Protective Effect Beverage-Specific?

To date, only a small amount of research has examined the different effects of wine, beer and hard liquor on heart disease. St. Leger examined heart disease rates for 18 different western countries. He reported his findings in 1979 in the prestigious British medical journal, *Lancet*. Of the factors examined, he found that high rates of wine consumption had the strongest association with low rates of mortality from heart disease. Another study distinguishes beer. The questions of beverage types, other agents and total amount consumed are important factors in lowering mortality from heart disease. Clearly, these are areas ripe for further research.

An editorial appearing in the March 29, 1984 issue of the *New England Journal of Medicine* offers the following guidance:

> ***". . . for a moderate drinker who has demonstrated the capacity to maintain intake at acceptable levels, there is no compelling reason to change that lifestyle and eliminate a pleasurable, possibly beneficial habit."***

The Journal recommended against heavy drinking, and advised caution to abstainers.


Heart Disease
Rates in
18 Western
Countries
Heart Disease
Mortality Per
Thousand Men
St Leger
The Lancet,
May 12, 1979
11
10
9
8
7
6
5
4
3
2
1
• FINLAND
• UNITED STATES
• AUSTRALIA
• SCOTLAND
• NEW ZEALAND
• CANADA
• ENGLAND & WALES
• IRELAND
• NORWAY
• NETHERLANDS
• DENMARK
• BELGIUM
• SWEDEN
• AUSTRIA
• WEST GERMANY
• ITALY
• SWITZERLAND
• FRANCE
0.1
0.25
0.6
2.5
Wine Consumption (4 Oz. Glasses/Day)

The Myth of Equivalency

An extensive body of scientific research clearly shows that equivalent amounts of alcohol consumed in the form of hard liquor, table wine, and beer, result in different physiological and psychological effects. Scientific/medical research conclude the following:

Hard Liquor Hits You Harder

1) Distilled spirits consumed on an empty stomach result in a 33 to 130 percent higher peak blood alcohol level than the equivalent amount consumed in wine or beer.

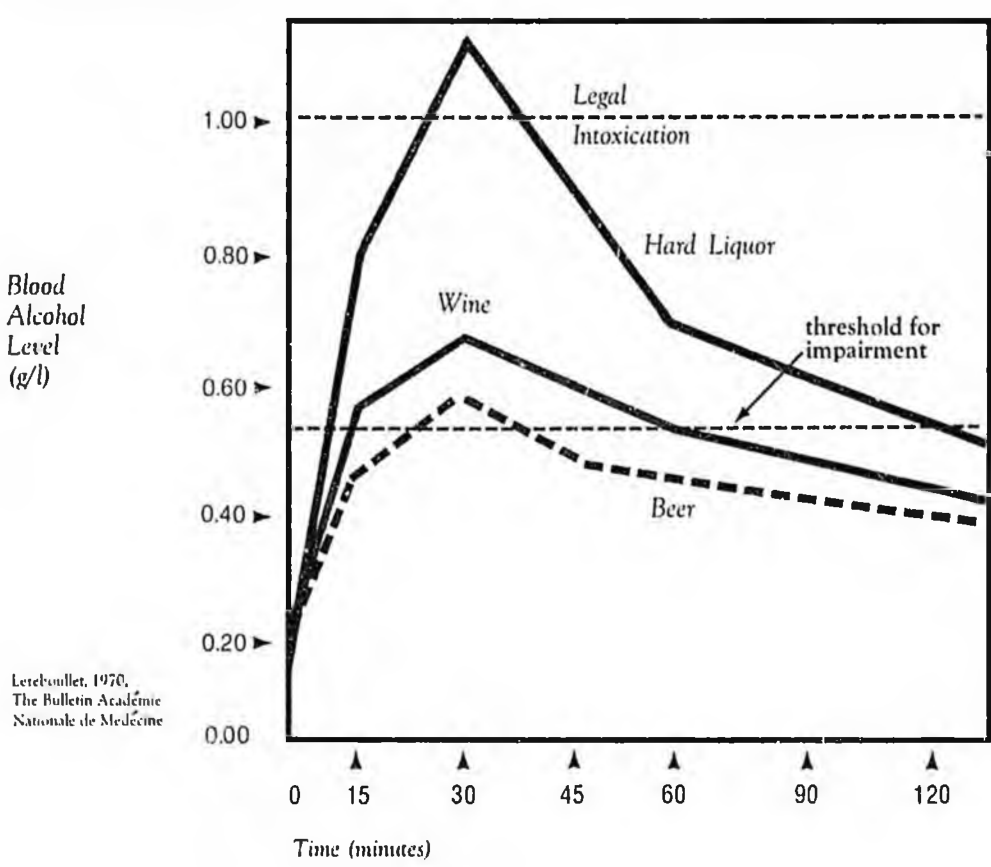
2) Peak blood alcohol levels are lower for all three beverages when consumed during or immediately after a meal. Under these conditions, the peak blood alcohol levels for wine and beer are still below those produced by distilled spirits. This effect is especially relevant for wine, which is most often consumed at meals. The most recent survey conducted by National Family Opinion Inc., shows that wine is two and one half times more likely to be consumed with lunch or dinner, than distilled spirits or beer.

3) Distilled spirits cause a higher peak blood alcohol level even when diluted to the same alcohol concentration as wine or beer, demonstrating the importance and uniqueness of the constituent elements of wine and beer other than alcohol.

4) When equivalent amounts of alcohol are consumed, the impairment of physiological and psychological parameters is greater with distilled spirits than with wine or beer.

These findings, reported in *Distinctions Among Alcoholic Beverages In Alcohol Absorption, Metabolism and Human Physiology: Literature Survey*, published in 1985, are causally related to the beverage specific blood alcohol difference noted above. These facts are taught in medical schools and in such standard reference texts as Goodman and Gilman's *Pharmaceutical Basis of Therapeutics*. Reproducing the previous studies, Lereboullet examined beverage specific differences with 11 different types of alcoholic beverages in 1970, as reported in the French *Bulletin Academie Nationale de Medecine* in 1970. These results show that in the fasting state, undiluted whiskey causes a peak blood alcohol level twice as high as that caused by the same amount of alcohol consumed as table wine.

Beverage Specific Differences and Peak Blood Alcohol Level



Letebouillet, 1970,
The Bulletin Académie
Nationale de Medécine

Wine and Nutrition

Wine contributes both energy and nutrients to the human body. Whether a jug of modest table wine or a bottle of rare vintage, wine is a complex liquid; it has more than 300 known components other than alcohol. Some of these components may be responsible for the beneficial effects of wine. A four ounce serving of most white or red table wines at 12 percent alcohol contains about 100 calories. Most table wines contain less than 1 percent sugar.

Vitamins

Research has revealed the presence of vitamins in wine in small but nutritionally significant amounts. Vitamins in wine occur naturally from either the grapes or the vinification process.

Half a liter of wine (about 4½ four ounce glasses) supplies the following vitamins: 5 percent RDA (recommended daily allowance) of riboflavin, 2 percent RDA of niacin, 10 percent RDA of pyridoxine, 2 percent RDA of folate, 5 percent RDA for biotin and traces of thiamine and B12. Wine has virtually no fat soluble vitamins or vitamin C. In general, red wines contain more vitamins than white wines, possibly because their pigments protect the vitamins from the light.

Minerals

Numerous nutritious inorganic elements are naturally present in wine. The mineral content of wine varies, since it reflects the composition of the soil used to nurture the grapes, the variety of the grapes, and the wine-making process. Typical wines have a low sodium content of less than 50 milligrams per half liter.

This balance makes wines suitable for use by most individuals on a diuretic or a restricted sodium diet. A typical half liter of wine supplies the following recommended daily allowances: 3 percent for calcium, 5 percent for copper, 16 percent for iron, 25 percent for iodine, 8 percent for magnesium, 2 percent for phosphorus, and 6 percent for zinc.

Chromium and Silicon

Wine is a rich source of other trace elements such as chromium and silicon. Parr and Jennings in *Lancet* in 1980 commented that some studies have linked low dietary levels of these minerals to increased coronary mortality. They speculated that these components in wine could account for the strong association found by St. Leger between increased wine consumption and lower heart disease, published in *Lancet* in 1979. Currently, scientists are trying to further understand the role of these minerals.

Historically, wine has been recommended by physicians for the treatment of iron deficiency anemia and to help vegetarians increase their mineral absorption. Bezwoda, published in the *Scandinavian Journal of Haematology* in 1985, has shown that 4 times more iron was absorbed from white wine than from the same amount of iron dissolved in a 12 percent alcohol solution. McDonald in a series of experiments at U.C. Berkeley, and reported at the *Wine, Health & Society* medical symposium in San Francisco in 1981, showed that wine could increase the absorption of other minerals such as calcium, magnesium, zinc, and phosphorus, as well as iron. Research indicates that hydroxycarboxylic acids contained in wines may account for this increased mineral bioavailability.

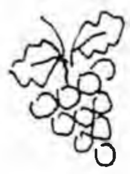
Wine aids the digestive process in other ways. Table wine has an average pH of 3.5 which is similar to gastric juice. Wine is known to increase the secretion of the hormone gastrin whereas a 12 percent ethanol solution does not. Increases in gastrin aid in stimulating the digestive process. Thus, scientific research has proven that the traditional use of wine with meals offers many benefits including:

- lower blood alcohol levels
- increased absorption of nutrients
- nutrition derived from the wine
- stimulation of the digestive process.

Studies Show Wine Relieves Tension

The tension-relieving qualities of wine have been the subject of much comment throughout the ages, beginning with Old Testament writings. Laboratory measurements of the psychological effects of moderate consumption have led to greater insight. The major effects studied have been the control of anxiety, longer and more restful sleep, and tranquilization. The experiments of Greenberg et al., reported in *Alcohol and Civilization*, published in 1963, showed a great difference in the action of wine compared to a 12 percent ethanol solution in the reduction of tension, presumably due to the slower absorption of alcohol from the digestive tract. Scientists have found trace components which are known to possess tranquilizing properties, such as gamma hydroxybutyric acid, ellagic acid, and phenethyl alcohol. These substances in wine may contribute an additional relaxing effect on the brain.

Note: Wine should not be used with sedatives, narcotics or pain relievers, except on advice of a physician. Problem drinkers should not consume any tranquilizing agents or products containing alcohol.



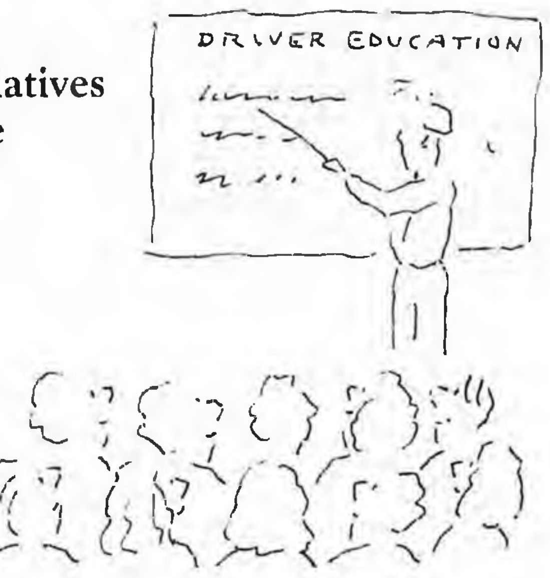
Wine and Social Issues

Few products in society can match alcohol's ability to evoke strong sentiments, both positive and negative. But civilization's 6000 year history and experience with wine, and its social, cultural and religious uses, have given this beverage a special role in society. Table wine is increasingly recognized as a positive factor in moderate healthful drinking habits.

The Uniqueness of Wine

For years, scientists and physicians have confirmed the uniqueness of wine. The *Second Annual Report to the U.S. Congress on Alcohol and Health* concluded that persons who are primarily wine drinkers are relatively unlikely to have drinking problems. Sociologists have consistently stated that in cultures where wine is the beverage of preference and treated as a natural adjunct to dining, alcoholism problems are minimal.

Winegrowers Support Initiatives To Reduce Alcohol Misuse



The California wine industry has adopted a strong educational program to promote the proper use of wine and to participate in credible national community efforts to reduce drunk driving and alcohol misuse. Wine Institute, the industry trade association, was lauded recently in *The Congressional Record* by Senator Paula Hawkins, Chair, Senate Subcommittee on Alcoholism and Drug Abuse, for

its socially responsible initiatives including the Code of Advertising Standards, Employee Alcoholism Program, California Mobilization for Action Project, and Policy Statement on Drunk Driving. The Institute has helped expand the Students Against Driving Drunk program in California, and organized a coalition of groups including the State Department of Education, Alcoholism Council of California, California AFL-CIO, and California Farm Bureau. Recently, the California wine industry was a major co-sponsor of the 1985 California Youth conference on Drinking and Driving. The industry also sponsors medical and scientific research.

Good News: Educational Programs Work

Educational policies and programs that emphasize alcohol awareness, responsible decisions and lifestyle skills are bearing fruit. Alcohol problems in the U.S. *have decreased* from previous years and alcohol related traffic fatalities have dropped steadily. The rate of fatalities per vehicle miles traveled declined 48.3 percent in the U.S. from 1966-1982 according to the National Highway Traffic Safety Administration, Department of Transportation. A 1985 study sponsored by the National Institute of Justice, in the *Journal of Studies on Alcohol,* reported that "wine drinkers are the most responsible in their attitudes and behaviors concerning drinking and driving."

According to *The Fifth Special Report to Congress on Alcohol and Health,* 1984, liver cirrhosis deaths have declined 12 percent since 1973. The reduction in liver disease occurred at the same time table wine consumption has increased. This positive outcome may be the result of the trend toward more moderate drinking.

America's significant progress toward developing reasonable attitudes about alcohol use and misuse has led to a lessening of restrictions on consumers, an increase in publicly funded treatment facilities and more research and education. This progress is threatened, however, by a resurgence of sentiment favoring more restrictive laws limiting access to wine. These restrictions will not reduce alcohol problems, as was demonstrated by the American experience with Prohibition. Education, not punitive controls, is the foundation of good social policy.

Bibliography

Amerine, Maynard A., & Singleton, Vernon L. *Wine: An Introduction.* Berkeley: University of California Press, 1977.

Anderson, Peter, Cremona, Anne & Wallace, Paul. What are safe levels of alcohol consumption? *British Medical Journal,* 1984, 289: 1657-1658.

Berger, Dale E., & Snortum, John R. Alcoholic Beverage Preferences of Drinking-Driving Violators. *Journal of Studies on Alcohol,* 1985, 46 (3): 232-239.

Beverage Alcohol Information Council. Public Education Program: Drinking and Pregnancy. Washington, D.C., 1981.

Bezwoda, W.R., Torrance, J.D., Bothwell, T.H., Macphail, A.P., Graham, B., & Mills, W. Iron Absorption From Red and White Wines. *Scandinavian Journal of Haematology,* 1985, 34: 121-127.

Blackwelder, William C., Yano, Katsuhiko, Rhoads, George C., Kagan, Abraham, Gordon, Tavia, & Palesch, Yuko. Alcohol and Mortality: The Honolulu Heart Study. *American Journal of Medicine,* 1980, 68: 164-169.

Burck, Charles G. American Drinking. *Fortune,* October, 1976, 157-166.

Camargo, Carlos A., Jr., Williams, Paul T., Vranizan, Karen M., Albers, John J., & Wood, Peter D. The Effect of Moderate Alcohol Intake on Serum Apolipoproteins A-I and A-II. *Journal of the American Medical Association,* 1985, 253 (19): 2854-2857.

Darby, William J. The Benefits of Drink. *Human Nature,* November 1978, 31-37.

Greenberg, L.A. Alcohol and emotional behavior. *Alcohol and Civilization,* S.P. Lucia (ed.), 1963.

Jennings, M.E., & Howard, J.M.H. Chromium, Wine, and Ischaemic Heart Disease. *The Lancet,* July 12, 1980, 90-91.

Kastenbaum, R., & Mishara, B.L., *Alcohol and Old Age,* Grune & Stratton, Inc., 1980.

Klatsky, Arthur L., Friedman, Gary D., & Siegelaub, Abraham B. Alcohol and Mortality: A Ten-Year Kaiser-Permanente Experience. *Annals of Internal Medicine,* 1981, 95 (2): 139-145.

LaPorte, Ronald E., Cauley, Jane A., Kuller, Lewis H., Flegal, Katherine, Gavaler, Judith S., & Van Thiel, David. Alcohol, Coronary Heart Disease, and Total Mortality. *Recent Developments in Alcoholism,* 1985, 3: 156-163.

LaPorte, Ronald E., Cresanta, James L., & Kuller, Lewis H. The Relation of Alcohol to Coronary Heart Disease and Mortality: Implications for Public Health Policy. *Journal of Public Health Policy,* 1980, 1 (3): 198-223.

Leake, Chauncey D., & Silverman, Milton. *Alcoholic Beverages in Clinical Medicine.* Chicago: Year Book Medical Publishers, Inc., 1966.

Leo, John. One Less for the Road? *Time*, May 20, 1985, 76-78.

Lereboullet, J. Variations of alcohol level in the blood depending on the beverage drunk. *Bulletin Academie Nationale de Medecine*, 1970, 154: 427-433.

Lieber, Charles S. To Drink (Moderately) or Not to Drink? *New England Journal of Medicine*, 1984, 310 (13): 846-848.

Lolli, Giorgio, and others. *Alcohol in Italian Culture*. Glencoe, Illinois: The Free Press, 1958.

Lucia, Salvatore Pablo, ed. *Alcohol and Civilization*. New York: McGraw-Hill Book Company, Inc., 1963.

Matheson and Matheson, Inc., *A Survey of Wine Service in Hospitals in the Top Metropolitan Areas of the United States*, September, 1985.

McDonald, Janet T. Wine and Human Nutrition. Paper presented at the Wine, Health & Society symposium jointly sponsored by the University of California at San Francisco, The Society of Medical Friends of Wine and Wine Institute, November 13-14, 1981.

Mishara, Brian L., & Kastenbaum, Robert. *Alcohol and Old Age*. New York: Grune & Stratton, 1980.

Parr, R.M. Silicon, Wine and the Heart. *The Lancet*, May 17, 1980, 1087.

Quimme, Peter. *Signet Book of American Wine*. New York: New American Library, 1980.

Reed, J.D. Water, Water Everywhere. *Time*, May 20, 1985, 68-73.

St. Leger, A.S., Cochrane, A.L., & Moore, F. Factors Associated with Cardiac Mortality in Developed Countries with Particular Reference to the Consumption of Wine. *The Lancet*, May 12, 1979, 1017-1020.

Serianni, E.M., Cannizzaro, M., & Mariani, A. Blood Alcohol Concentrations Resulting From Wine Drinking Timed According to the Dietary Habits of Italians. *Quarterly Journal of Studies on Alcohol*, 1953, 14: 165-173.

Steinman, Benj, ed. Evidence Continues to Mount of Progress Against DWI; Meaning of DWI Statistics. *Alcohol Issues Insights*, 1985, 2 (7): 3-4.

Sunset Books and Sunset Magazine Editors. *Guide to California's Wine Country*. Menlo Park, California: Lane Publishing Co., 1982.

Wine Institute. Wine and Medical Practice. San Francisco: 1979.

Wine Institute. Story of Wine and its Uses. San Francisco: 1979.

Winegrowers of California. *Distinctions Among Alcoholic Beverages in Alcohol Absorption, Metabolism and Human Physiology: Literature Survey*. Emeryville, Calif.: 1985.

Yano, Katsuhiko, Reed, Dwayne M., & McGee, Daniel L. Ten-Year Incidence of Coronary Heart Disease in the Honolulu Heart Program. *American Journal of Epidemiology*, 1984, 119 (5): 653-666.

© 1986 Winegrowers of California
additional copies and permission to reproduce
can be obtained by writing:
Winegrowers of California
1900 Powell Street, Emeryville, CA 94608
Cover photo by Tom Tracy, San Francisco
Illustrations by Mary Ross, San Francisco