ALASKA LEGISLATURE COMMITTEE FILES 2007-2008 SL&C 12641

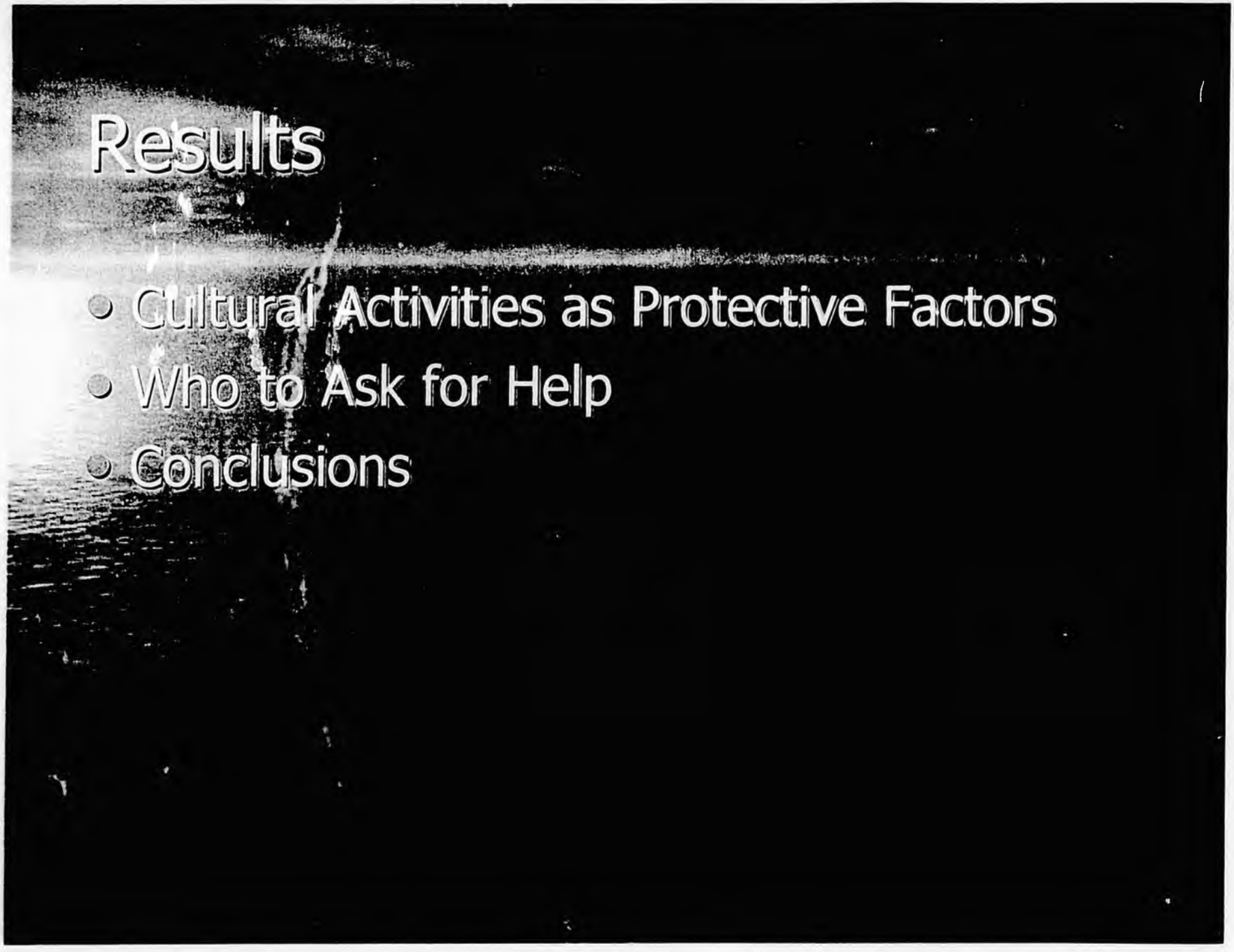
Survey Location and Gender

Male	Female
259	311

UAA	McLaughlin	AFN
93	112	365

Demographics

Participants: Urban/Rural and Cultural Groups	Number	Percent of total
Athabascan	74	15%
Yupik	112	23%
Inupiat	73	15%
Aleut	87	18%
Haida	7	1.5%
Cu'pik	7	1.5%
Tlingit	15	3%
Tsimpshian	3	.5%
Eskimo	115	23.5%


Results
• Cultural Activities as Protective Factors
• Who to Ask for Help
• Conclusions

Results

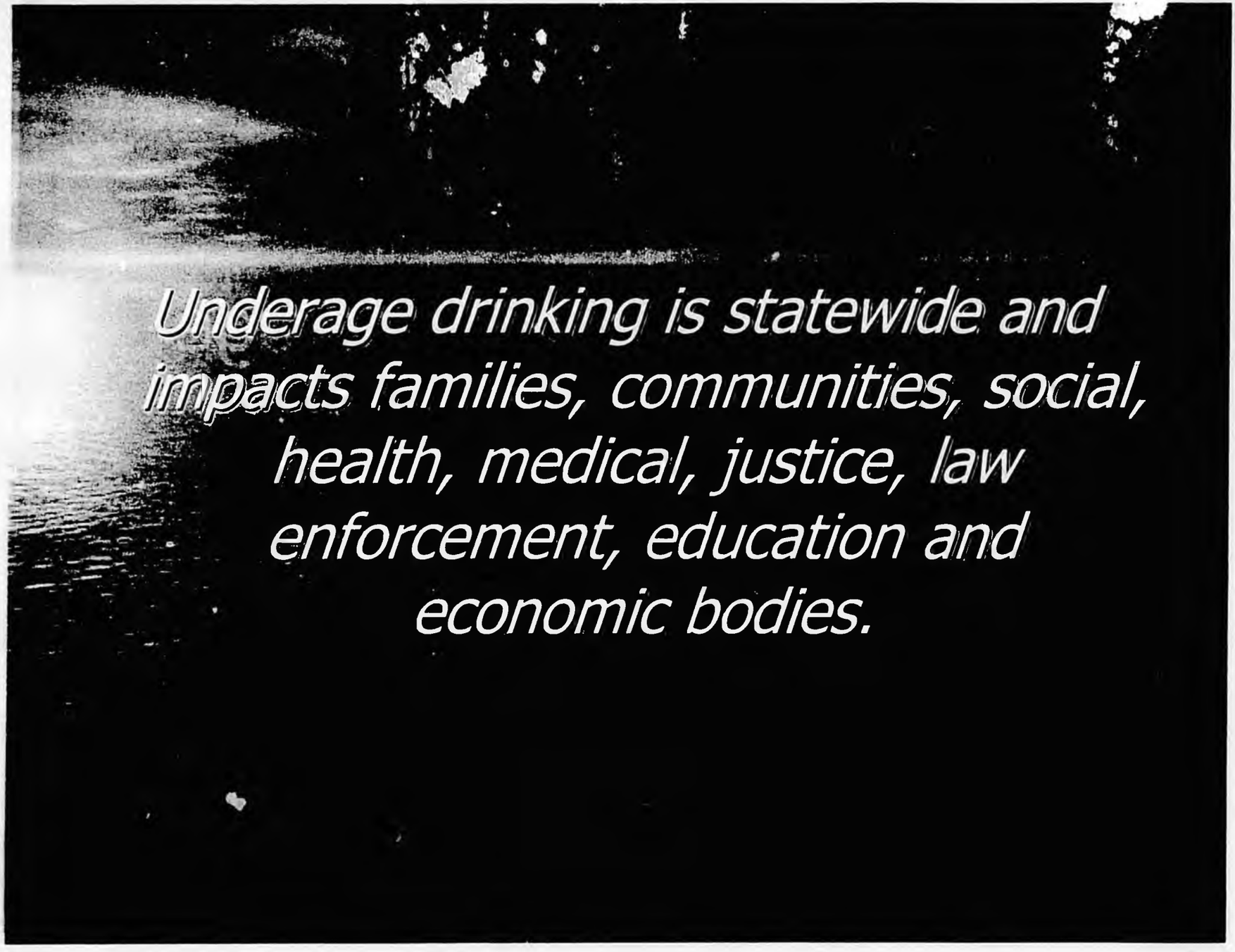
- Who is drinking and what are the consequences
- Problems Caused by Underage Drinking
- What Works: Youth Perspective
- Youth Perspective on Prevention and Interventions

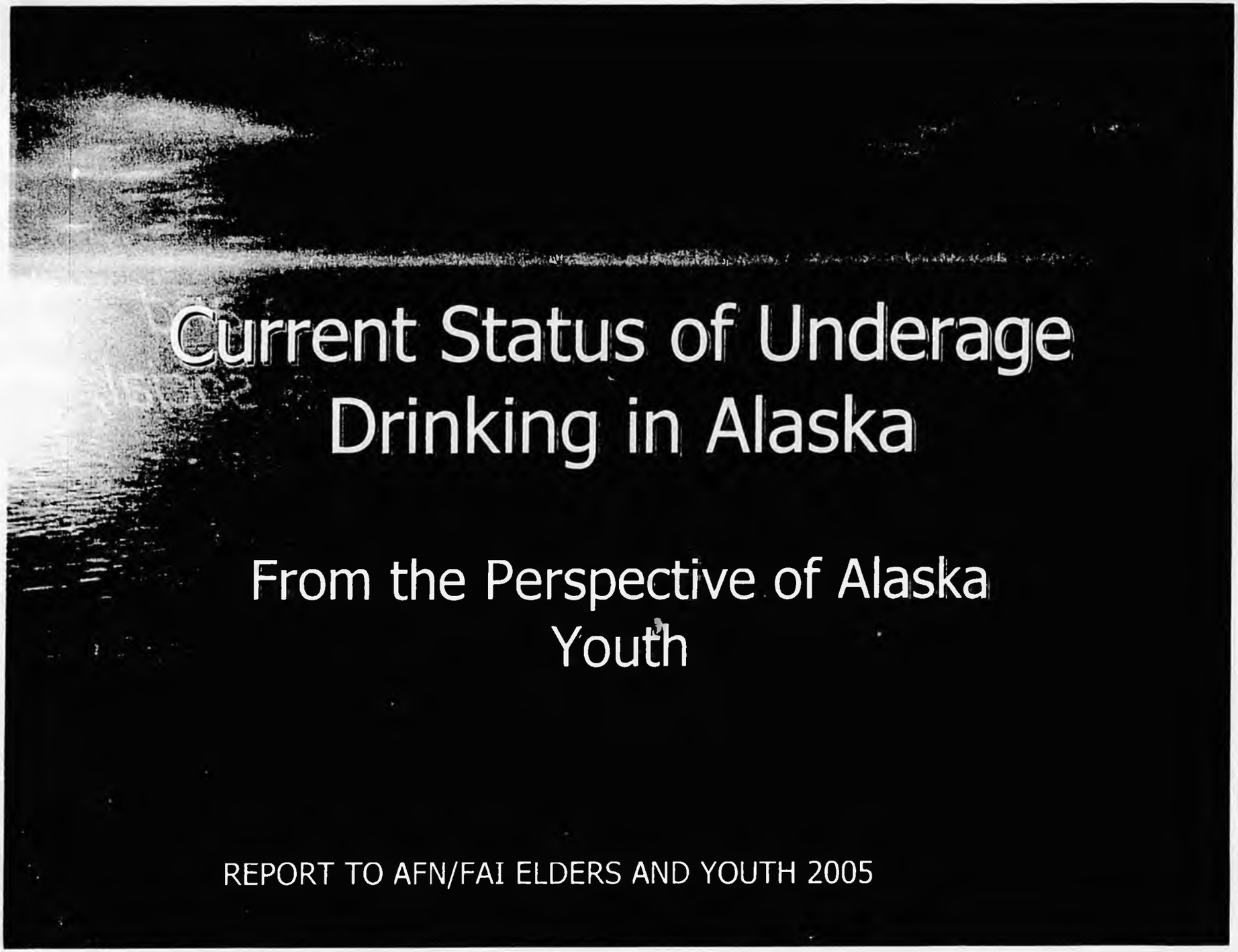
Results

- Demographics
- Survey Location
- Access to Alcohol
- Why, when and where youth drink
- Perception of Underage Drinking Problem

Purpose

- Previous studies show the percentage of underage drinking throughout all Alaska; however this is the only survey which reveals the perception of the severity of underage drinking in rural Alaska from the perspective of Alaska youth.


Underage drinking is statewide and impacts families, communities, social, health, medical, justice, law enforcement, education and economic bodies.



Current Status of Underage Drinking in Alaska

From the Perspective of Alaska Youth

REPORT TO AFN/FAI ELDERS AND YOUTH 2005

Underage Drinking in Alaska
Needs Assessment

Prepared for:

State of Alaska
Department of Health and Social Services
Division of Juvenile Justice
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Executive Summary.

A. Introduction. Underage drinking is an issue that receives a great deal of attention in many forums in Alaska. A wide range of organizations and agencies, both public/governmental and private expend considerable energy addressing this problem. It is a problem that contributes to accidents, attempted suicides, poor physical health, and more serious crime. Hidden effects include the increased probability of addiction to alcohol as adults. This report provides an assessment of the scope of the problem, efforts to address it in a variety of domains, and data resources and systems that help in assessment and tracking progress in addressing the problem.

"Underage drinking" refers to consumption of alcohol by youth ages 20 and younger. Because certain services or facilities, such as substance abuse treatment programs and correctional facilities, treat persons 18 and older as adults, the population is stratified into two different groups: youth ages 18 through 20 and youth ages 17 and younger.

Underage drinking is a complex, multi-faceted problem that is manifested in various ways with multiple, layered strategies in place to address the issue. The following areas of inquiry are included in this report:

1. Statutes and policy issues related to underage drinking;
2. Law enforcement efforts and issues;
3. The court system and its response to underage drinking;
4. Substance abuse treatment trends and resources;
5. Prevention, education, and advocacy efforts; and
6. Data resources and trends regarding underage drinking.

B. Methodology. To examine the issue of underage drinking in Alaska, investigators examined statewide efforts and data and conducted more detailed inquiries for 17 sample communities. The communities selected are listed and described in greater detail in Section I of the report. These communities ranged in size from Anchorage, the principal urban center in Alaska with a population of over 250,000, to the small village of Nanwalek with a population of only 170. The communities were geographically diverse with locations ranging from far western Alaska, including a small island village in the Bering Straits, to the panhandle in Southeast Alaska. The communities were ethnically diverse with some primarily Alaska Native villages, others that were predominantly Caucasian, and still others that represent a diverse mix. Finally, some communities were on the state's limited road system, such as Homer and Copper Center, while others are accessible only by plane or boat, such as Aniak and Toksook Bay.

To gain an insight into the problems associated with underage drinking in Alaska and efforts to address these problems, investigators interviewed 203 key informants from the 17 communities

as well as representatives of statewide organizations and agencies. Information sought included information relating to prevalence of underage drinking, consequences, efforts to address the problem and barriers to those efforts. Existing literature was examined both at the national and state level to document the prevalence and trends in underage drinking as well as existing strategies. Investigators found a variety of rigorously developed information at the national level regarding prevalence and strategies. There is, however, less information on strategies and prevalence in Alaska.

Finally, investigators gathered and analyzed statewide data relating to underage drinking from a number of sources:

1. Alaska Court System data for minor consuming alcohol (MCA) cases;

2. Alaska Trauma Registry data (accidents, suicide attempts, and injuries resulting in death, in which alcohol was involved);

3. Alaska Division of Alcoholism and Drug Abuse treatment data;

4. Alaska Department of Transportation motor vehicle accident data;

5. Alaska Division of Juvenile Justice case data; and

6. Alaska Division of Motor Vehicles driver's license revocation data.

C. Overview of Underage Drinking. It is helpful to define what is meant by an "underage drinking problem." There are differing views on whether the problem is the fact that youth are consuming alcohol or whether the problem is more appropriately defined as the negative consequences (accidents, suicides, etc.) of underage drinking. For purposes of this report, "underage drinking problem" is defined as the consumption of alcohol by persons under the age of 21.

At the national level, underage drinking is both prevalent and deadly. In the 1998 Household Survey of Drug Abuse conducted by the Substance Abuse and Mental Health Administration (SAMHSA), 30.6% of youth ages 12 to 20 report being current users of alcohol, while 15.2% report binge drinking and 6.9% report consistent heavy use. When this is generalized to the population, it means that 10.4 million youth in the United States were current alcohol users, 5.1 million were binge drinkers, and 2.3 million were consistent, heavy drinkers.[1] The 1999 survey showed little change.[2] When the age group is narrowed to high school students, the Youth Risk Behavior Survey (YRBS) found that 50% of students were current users.[3] The consequences of this drinking include the deaths of 5,477 youth ages 15 to 20 who were killed in alcohol-related

[1] Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Findings from the 1998 National Household Survey of Drug Abuse. Rockville, MD, May 1998

[2] Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Findings from the 1999 National Household Survey of Drug Abuse. Rockville, MD, August 2000

[3] U. S. Centers for Disease Control, "Adolescent and School Health," Internet Web Site www.cdc.gov/nccdphp/dash/pies99/natl.htm Atlanta, GA, August 2000

automobile injuries with 21% of those coming in accidents caused by an underage drinking driver.[4] Research shows that youth who begin to consume alcohol before the age of 15 are four times more likely to develop alcohol dependency (alcoholism) than people who wait until after the age of 21 to begin drinking.[5] Finally, The Office of Juvenile Justice and Delinquency Prevention (OJJDP) reported nearly 19,600 arrests for driving under the influence of alcohol (DUI) of youth under the age of 18 in 1997.[6] Nationally, the problem of underage drinking is addressed by a number of different agencies in diverse ways. OJJDP, through block grants, technical assistance, and discretionary programs helps states in enforcement, training, and prevention. SAMHSA provides funding to organizations and states for prevention and treatment for youth. The Department of Education, through Safe and Drug-Free Schools Programs funds a variety of efforts to eliminate the problem of underage drinking in schools.

In Alaska, the prevalence of underage drinking does not vary significantly from the national prevalence. The 1999, Alaska YRBS found that 50.9% of high school youth self-report as current users of alcohol while 33.4% report binge drinking in the month prior to the survey.[7] When the age cohort is broadened to include youth ages 12 through 20, 12.3% report binge drinking with 5.7% dependent on alcohol or other drugs. This compares with national rates of dependence of 5.8%.[8] The consequences of underage drinking in Alaska are reflected in an increase in the number of alcohol-related accidents among youth requiring hospitalization of 66.3% between 1991 and 1998. Over this period, Alaska averaged 30 suicide attempts annually among youth where alcohol was a factor.[9] In 1998, there were 128 traffic accidents in which alcohol consumption by an underage driver contributed to the accident.[10] Alaska has a diverse set of strategies in place to address the problem of underage drinking. The Alaska Division of Juvenile Justice, the Alcoholic Beverage Control (ABC) Board, State Troopers, and local law enforcement officials all contribute to enforcement of underage drinking laws. Underage drinking prevention efforts are supported through the Alaska Division of Alcoholism and Drug Abuse, Alaska Division of Juvenile Justice, and the Alaska Department of Education and Early Development. Community advocates, officials of the court system (judges, magistrates, prosecuting attorneys, etc.), and local law enforcement officials are searching for ways to effectively intervene with youth cited for underage drinking to ensure that they receive appropriate services in addition to being held accountable for their violations.

D. Relevant Statutes, Laws, and Ordinances. Underage drinking is addressed legally on three different levels. The Alaska Statutes are the primary vehicle for addressing the issue in Alaska. Locally, communities have a variety of ordinances that are used to reduce underage drinking

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[4] National Highway Traffic Safety Administration, Saving Teenage Lives: The Case for Graduated Driver Licensing. Washington, DC 1998

[5] Grant, B. and Dawson, D., "Age at Onset of Alcohol Use and its Association with DSM-IV Alcohol Abuse and Dependence," Journal of Substance Abuse, 9:103-110, 1997

[6] Snyder, H., Juvenile Arrests 1997. Washington, DC, U. S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 1998

[7] Alaska Department of Education and Early Development/Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey 1999, Juneau, AK, 1999

[8] Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Findings from the 1999 National Household Survey of Drug Abuse. Rockville, MD, August 2000

[9] Alaska Trauma Registry, unpublished data, Juneau, AK, 2000

[10] Alaska Department of Transportation, 1998 Alaska Traffic Accidents, Juneau, AK, October 1999

through a number of different methods. Nationally, the primary law that impacts underage drinking is the Juvenile Justice and Delinquency Protection Act of 1974 (Public Law 93-415), which prohibits incarceration of minors in adult facilities and for offenses that are status offenses (offenses involving activity that is illegal only because of the status (age in this case) of the individual).

The central state statute addressing underage drinking in Alaska is Alaska Statute (A.S.) 04.16.050, which prohibits possession or consumption of alcohol by a person younger than 21 years of age. Other sections of A.S. 04.16 address issues such as providing alcohol to minors, minors on licensed premises, and renting rooms for the purpose of consuming alcohol. Violations of most sections of A.S. 04.16 are considered class A misdemeanors except A.S. 04.16.050, which is classified as a violation. Alaska Statute 04.16.050 is also unique among these sections because violations are disposed of in district court rather than in the juvenile justice system. For violation of other sections of the statute, the cases are disposed of in the juvenile justice system for persons under the age of 18, while violations for those ages 18 through 20 are handled as misdemeanors in district court. Violations of A.S. 04.16.050, also referred to as Minor Consuming Alcohol (MCA) cases, carry a maximum sentence of $300. There are no provisions in the statute for referral of repeat offenders for mandatory alcohol abuse or dependency assessment or treatment. Alaska Statute 04.16.050 underwent a significant change in 1995 as the jurisdiction was moved from the juvenile justice system to district court. Prior to that, MCA cases for persons under age 18 had been handled through the juvenile justice system and the superior court with the latitude to require assessments and treatment as indicated.

In addition to the provisions of A.S. 04.16, A.S. 28.15.183 provides the authority for administrative revocation of a minor's driver's license for an MCA violation. This is significant because there is no requirement that the MCA violation be related to driving in any way. The amount of time for which the license is revoked is graduated depending on the number of violations in the individual's history, with a maximum time of one year. Since revocations run consecutively, however, individuals can lose their driver's licenses for periods significantly longer than one year if they have multiple violations within a relatively short period of time.

The final area of state statutes that relates to underage drinking is Title 47, which addresses health and social services issues. This is a broad title that includes the description of the juvenile justice system, child welfare and safety issues, and provision of substance abuse services in Alaska.

Local ordinances that relate to underage drinking are in place in various communities. One of the most common of types of ordinances relates to zoning restrictions and use permits that can be revoked if the establishment serves alcohol to minors. A local ordinance in Anchorage allows licensed establishments to file suit against minors in small claims court for entering the establishment. While investigators noted the existence of these types of ordinances, they did not find widespread or consistent use of the ordinances to combat underage drinking.

A detailed discussion of the relevant statutes and related case law is contained in Section III of the report. Appendix D to the report contains the entire text of key statutes.

E. Law Enforcement. At the national level, there is a growing recognition that successful strategies all share some common features. The overarching philosophy that describes

successful strategies is that they are proactive. Such strategies seek to limit the number of youth who are consuming alcohol rather than merely citing and punishing the ones who do. Proactive strategies include registration of beer kegs, use of undercover officers in licensed establishments, making the driver's licenses and other forms of official identification distinctive for persons under the age of 21. Another feature of successful approaches is the use of comprehensive strategies. This approach includes the following areas of focus:

1. Policy oversight and coordination;
2. Strategic and tactical planning;
3. Reactive and proactive enforcement;
4. Prosecution;
5. Adjudication and diversion;
6. Supervision and treatment;
7. Public education; and
8. Feedback and evaluation.

Finally, successful strategies involve partnerships. Organizations at the state and local level must work together to address issues where each has expertise and/or resources. Examples of community partners include the police, local judges and magistrates, substance abuse providers, political leaders, religious leaders, and advocates. By using a diversity of community resources focused on a common goal, community values can be impacted.

Enforcement of underage drinking laws in Alaska is accomplished through several different approaches. Most effort is at the community level with local law enforcement officers. While there are a variety of laws that are relevant and for which enforcement is required, the overwhelming majority of effort regarding underage drinking is targeted toward citations for violation of A.S. 04.16.050 (MCA). Enforcement is a function of the Alaska State Troopers, local police departments, village public safety officers (VPSO) and village police officers (VPO). With some exceptions, enforcement of underage drinking laws is an area of law enforcement that competes with every other law enforcement issue in a community for time and resources. Other such issues are violent crime, burglary, criminal mischief, etc. When law enforcement officers encounter underage drinking, they typically cite the individual for violation of A.S. 04.16.050 and hold the individual until a parent can be contacted to pick him or her up. Police are not allowed to incarcerate youth for minor consuming in either an adult or a juvenile facility. Additionally, police officers and members of the community (emergency) services patrol can pick up a minor who is incapacitated by alcohol and provide protective custody for up to 12 hours. This protective custody may be in a detoxification facility, a medical facility, or a youth detention facility for persons younger than 18. For persons 18 or older, they can be taken to an adult correctional facility for protective custody.

In addition to the efforts of law enforcement with regard to MCA cases, the ABC Board, in partnership with five different police departments, using a grant from the Division of Juvenile Justice, enforces laws relating to underage drinking through monitoring of licensed establishments. This is usually done through the use of "sting" operations in which a minor, under police supervision, attempts to purchase alcohol at a licensed establishment. In Anchorage, for example, youth successfully purchased from package stores about 35% of the time and, in a single weekend operation, were able to purchase alcohol in nine of 10 restaurants where attempts were made. Compliance was found to be much higher in bars. The five police departments operating in partnership with the ABC Board also use the grant funds to field additional, youth-specific patrols during periods when drinking parties are likely to occur such as on weekends and holidays such as New Year's Eve and the Fourth of July. Local police also collaborate with the state troopers. For communities on the road system, local and state law enforcement collaborate to acquire information on drinking parties and intervene. The Anchorage Police Department also purchased portable breath testers that allow patrol officers to test the alcohol level of subjects on site.

The ability of local law enforcement officials to respond to underage drinking and the extent to which they respond varies by type of community. Large urban centers such as Anchorage have well-staffed police forces with a variety of resources while some villages, such as Nanwalek, have no law enforcement presence at all beyond the state troopers who periodically fly in to provide services. The larger communities, however, also have greater populations to serve and a broader range of problems confronting them. According to the MCA data from the Alaska Court System, the rate of underage drinking law enforcement is not correlated to the population size of communities. Additionally, law enforcement officials who were interviewed consistently emphasized the role of community norms and values regarding alcohol as a driving force in underage drinking. While these norms and values do not necessarily preclude officials from enforcing underage drinking laws, they do describe the level of acceptance of underage drinking within the community. Key informants, particularly in rural areas, indicated that community support for enforcement of underage drinking laws as well as prevention efforts are driven in large part by tragic events. When a death or other catastrophic event occurs involving underage drinking, support increases temporarily but usually subsides. Another perception of law enforcement officials, which mirrors sentiment observed nationally, is that the disposition of the cases by the judicial system reflects a lack of seriousness with which underage drinking is viewed. In Alaska, the statute that prohibits underage drinking, A.S. 04.16.050, provides for a maximum penalty of only $300 and no provisions for any other intervention such as mandatory screening or treatment.

Despite these barriers and perceptions, the number of MCA cases processed by the Alaska Court System increased 139.0% from 1995 to 1999 and the imposition of fines was generally a graduated approach with minimum fines awarded for first offenses and increased fines for subsequent offenses. Investigators did not find any consistent evidence of heightened law enforcement activity related to underage drinking between 1995 and 1999, however, the number of MCA court cases increased significantly each year. Numerous national and state surveys of students indicate that trends in alcohol consumption rates by minors were relatively flat through the 1990s. When examining some of the adverse consequences of underage drinking, such as

motor vehicle accidents involving underage drinking drivers and alcohol-related injuries, investigators found mixed trends, with some rising over the period and others falling. Because of the inconsistency of indicators, both qualitative and quantitative, investigators are unable to draw definitive conclusions regarding the primary driving forces behind the steady increase in MCA court cases. Because the system for MCA case disposition changed in 1995, some increase over the first two years could be expected as the system adapted to the change and law enforcement officials became more familiar with procedures. The increase, however, continued over the next three years indicating drivers other than system acclamation.

F. The Alaska Court System. The Alaska Court System is significant to the issue of underage drinking because, since 1995, MCA cases have been under the jurisdiction of district court. MCA cases are processed in accordance with local court procedures; however, the prevailing trend noted by investigators is that citations are written by law enforcement officers for offenders. Initial hearings on these citations are typically held in traffic court before a magistrate. Some communities, such as Juneau, have special judicial procedures for MCA cases, but the process is similar. At the initial hearing, the clerk reads the citation and the individual charged has an opportunity to either contest or not contest the charges. If the individual contests the charges, another hearing is scheduled in which the citing police officer presents the case to the judge. At this stage, the individual can either plead guilty or not guilty. If they plead not guilty, then the case goes to trial and a district attorney or municipal prosecuting attorney presents the case. Court data indicates that cases are disposed of with a finding of guilty or not guilty (indicating that a trial was held) about 3.7% of the time, which is consistent with information provided by key informants.

Cases involving youth and alcohol other than MCA cases are disposed of in different ways depending on the age of the offender. Youth ages 17 and younger are referred to the Alaska Division of Juvenile Justice and cases are disposed of through the juvenile justice system. Cases involving youth ages 18 through 20 are disposed of as class A misdemeanors in district court.

There have been several attempts by communities to dispose of MCA cases using alternative methods such as diversion programs. The idea behind such programs is to use other forums, such as youth courts or community councils to work with the offender, provide assessment and/or treatment and education, and community work service rather than having the case referred to court. This approach is more prevalent in small villages than in larger communities. Often the remoteness of the village is more conducive to a community council process where the individual faces immediate consequences involving people with whom he or she is familiar than disposition by a distant court. Beyond the use of these village councils, alternative approaches have been inconsistent and the statutory authority for such disposition is questionable.

Key informants within the judicial system echoed some of the same concerns as law enforcement officials. The statute relating to MCA cases, A.S. 04.16.050, limits the options open to a judge or magistrate with regard to disposition. The rigidity of the statute prevents proactive interventions such as assessments for alcohol abuse or dependency as a part of the case disposition. It caps the possible consequences at a fine of $300. Although a separate statute, A.S. 28.15.183, allows for administrative revocation of driver's license for an MCA violation, the reality in rural areas is that other forms of transportation, such as snowmobiles, boats, and

four-wheelers, are often more prevalent and do not require a license. This limits the impact of the revocation in these areas.

In examining the court system response to underage drinking, investigators found that court cases for MCA have increased 139.0% between 1995 and 1999 with a total of 20,538 cases over that period of time. Even when converted to a rate per 100,000 population (which takes into account population increases), the increase over the relevant period was 131.5%. When examined on an annual basis, the rate jumped sharply between 1995 and 1996, which is not unusual given that the change in statute occurred in 1995. The rate dropped slightly in 1997 but increased over the next two years (1998 and 1999) by 24.4% and 15.7% respectively.

G. Substance Abuse Treatment Resources for Youth. One of the tools for addressing underage drinking is substance abuse treatment. In Alaska, substance abuse treatment is coordinated by the Alaska Division of Alcoholism and Drug Abuse and provided by private non-profit, private for-profit, and municipal treatment programs. The various programs offer a continuum of services in various locations.

1. Assessment. For individuals who appear to have a problem with alcohol that might be well served through treatment services, a comprehensive assessment is performed to determine (1) the extent of their problem, and (2) needed treatment services.

2. Alcohol Information School. While not formally a component of treatment, Alcohol Information School (AIS) is typically the first level of intervention in alcohol abuse (other than population-based prevention). It typically provides between eight and 20 hours of education and information on the effects of alcohol and other drugs.

3. Outpatient Treatment. Outpatient treatment services include one-to-one counseling, group counseling, and education. It is the least restrictive of the true treatment options. Treatment in outpatient programs, while designed to meet the needs of individuals, tends to last between three and six months.

4. Intensive Outpatient Treatment. Intensive outpatient treatment is a variation of outpatient treatment characterized by more frequent and longer sessions. Intensive outpatient treatment has much of the same activities as regular outpatient but the individual might receive services three to five times per week.

5. Day Treatment. Day treatment is a relatively rare program component in which individuals sleep at home but attend treatment activities all day every day. It is more common in large, urban areas where there is a high demand for rigorous treatment by individuals who have homes and supportive family or friends.

6. Residential Treatment. Residential treatment is provided to those individuals who are unable to progress in a less structured setting. It provides a form of "wrap-around" services in which virtually all of the individuals' daily affairs and activities are aggressively managed. The treatment services include individual and group counseling, case management,

education, recreation or activity therapy, nutritional assessment and monitoring, and medical care.

7. Detoxification. Detoxification is the process of managing the patient's withdrawal from alcohol or other drugs. This process, which typically lasts two to seven days, involves monitoring of the patient, particularly the vital signs, and administration of withdrawal management medication as indicated. The most common setting for detoxification is in a medical setting, however, social detoxification and even outpatient detoxification have been used with some success. Aside from assuring patient safety, another typical goal of the detoxification component of care is to conduct a thorough assessment of client needs and make a referral to an appropriate level of treatment.

8. Transitional Housing. Transitional housing is a housing service that provides a structured living environment appropriate for individuals in early recovery. One form of transitional housing is the "halfway house" common in many substance abuse programs. Transitional housing is typically sober housing with varying levels of built-in support such as ongoing case management, in-house 12-step meetings, and organized activities. Typical stays in transitional housing range from one month to more than a year, depending on community resources and patient needs.

9. Continuing Care. Also called "aftercare," continuing care is the component of care that provides the final transition from treatment to recovery. Continuing care provides a gradually decreasing level of intensity ranging from a once-a-week meeting to monthly check-in sessions. Outcome studies completed in Alaska over the past decade clearly indicate that ongoing participation in continuing care is one of the best indicators of treatment success.[11]

Services for youth are more limited than for the general adult population. In considering adult and youth programs, however, it is important to note that, with regard to treatment, persons ages 18 and older are considered adults and receive services through adult programs. Youth treatment programs serve persons ages 17 and younger. Youth treatment programs differ from adult programs in a number of ways. First, staff are specifically trained to work with the special problems of youth. Second, program curricula and materials are specifically tailored to address problems from a youth perspective rather than using adult material. Finally, the course of treatment differs in that a significant amount of effort and energy in youth programs is targeted toward engaging the youths and helping them to recognize the problem and the need for change. In many rural areas, the only treatment services available to youth are outpatient services in adult programs where treatment plans are individualized to meet specific needs of the youth, but the general course of treatment is based on an adult model.

There are a wide variety of barriers to youth receiving needed treatment services. The first, and most obvious, is that many communities do not have substance abuse programs designed specifically for youth. The availability of residential beds for youth is another key barrier with the publicized waiting list for one of the three publicly funded programs averaging between three and six months. There is an adult assessment and referral system for individuals convicted of

[11] Division of Alcoholism and Drug Abuse, Chemical Dependency Treatment Outcome Study, Juneau, AK, December 1998

alcohol-related offenses, the Alcohol Safety Action Program (ASAP). There is no such program for youth despite the fact that MCA cases have been consistently increasing through the 1990s. Other barriers such as community norms and values, family use of alcohol, and transportation costs also serve to reduce the availability of treatment services to youth.

The following table provides a summary of treatment resources specifically designed and targeted to youth. A complete description of all treatment programs available in Alaska is provided in Section VI of the report.

Youth Residential Program	Adult Residential Programs that also Serve Youth	Youth Outpatient Programs
Southeast Alaska Regional Health Consortium (SEARHC) (Raven's Way) – Outdoor, adventure-based program, 11 treatment slots, 5 week length of stay (Sitka) **Volunteers of America** (Adolescent Residential Center for Help (ARCH)) – 12 beds, four-month length of stay. (Anchorage) **Fairbanks Native Association** (Graf Rheeneerhaajii – The Healing Place) – 12 beds, three to four-month length of stay. (Fairbanks)	**Southcentral Foundation** (Dena A. Coy) (No fixed number of youth beds) – serves pregnant women and women with small children. (Anchorage) **Arc of Anchorage** (Bryn Mawr) (No fixed number of youth beds) – serves clients who have developmental disabilities, mental health disorders, and substance abuse disorders (must have all three). (Anchorage)	Starting Point (Anchorage) Gateway Center for Human Services (Ketchikan) Salvation Army Booth Memorial (Anchorage) Volunteers of America – Assist Intensive Outpatient (Anchorage) Breakthrough (Anchorage) Mat-Su Council on Alcoholism and Drug Abuse (Wasilla) Ralph Perdue Center (Fairbanks) The Unloading Zone (Fairbanks) Life Givers (Fairbanks) Graf-Rheeneerhaajii (Fairbanks) Jake's Place (Dillingham) Sitka Prevention and Treatment Services (Sitka) Kuskokwim Native Association Outpatient (Aniak)

Table 1 – Substance Abuse Treatment Resources for Adolescents in Alaska; Source – Key Informant Interviews

H. Prevention, Education, and Advocacy. Underage drinking is an issue that is receiving considerable attention in the areas of prevention, education and advocacy. Substance abuse prevention in Alaska, of which underage drinking prevention is a sub-set, is targeted primarily toward youth. The Division of Alcoholism and Drug Abuse is administering a $9 million, three-year prevention grant that provides funding to communities throughout Alaska. These grants are combined with other Division prevention grants that are ongoing to provide an extensive prevention effort. The Division of Juvenile Justice also provides some funding through prevention grants for communities to address underage drinking.

Substance abuse prevention has, in the past decade, begun to emerge as a scientifically based discipline. Most prevention effort is ultimately driven by SAMHSA, Center for Substance Abuse Prevention (CSAP), through grants to individual states and organizations. Some prominent prevention principles worth noting include:

1. Best Practices/Promising Practices. Best practices are those practices considered to be proven by research. Promising practices are those that initially appear to meet the criteria for best practices but need additional research and evaluation. Many of the SAMHSA/CSAP grant opportunities are now limited to organizations that will implement existing best practices. There is limited support for organizations to "re-invent the wheel."

2. Risk and Protective Factors. Risk factors are those conditions that exist in the environment that have been proven to increase the probability that youth will engage in high risk behavior or otherwise experience problems associated with high risk behavior. Protective factors, by contrast, are those factors in the environment that build resiliency among youth and help to prevent the destructive behavior. SAMHSA and the Alaska Division of Alcoholism and Drug Abuse have adopted risk and protective factors as a means of assessing need and measuring progress.

3. Developmental Assets Model. This model, developed by the Search Institute of Minneapolis and adapted for use in Alaska by the Association of Alaska School Board and the Alaska Department of Health and Social Services, concentrates on assessing and taking advantage of assets present in youth to help prevent high-risk behavior. This model has proven effective in front-line service delivery but has had limited use in the strategic planning process.

4. CSAP Strategies. CSAP categorizes the various approaches to prevention into discrete strategies. These strategies include environmental strategies, education and information, alternative activities, etc. The most effective approach to prevention has been found to include multiple strategies delivered consistently.[12]

Since prevention is, by its very nature, population-based, results usually take years to manifest themselves. This makes evaluation a long-term process. The Division of Alcoholism and Drug Abuse has integrated a rigorous evaluation process coordinated by the Institute for Circumpolar Health Studies into their prevention program. This effort will provide a sound research base for future prevention planning.

[12] Western Region Center for the Application of Prevention Technology (WESTCAP), "Best and Promising Practices," Reno, NV, 1999

The education system is concerned with underage drinking primarily as it relates to consumption of alcohol in the education setting. Although alcohol and other substance abuse issues are integrated into the health education curricula within the schools, the primary focus is on alcohol or other substances in the schools. The primary effort of the education system is through the Safe and Drug-Free Schools program, with funding originating from the U. S. Department of Education and administered by the Alaska Department of Education and Early Development. Activities funded through the Safe and Drug-Free Schools program include prevention content for health classes, student assistance counselors, local prevention programs, and collaboration with community prevention efforts. The Association of Alaska School Boards is also active in substance abuse prevention statewide through provision of training and technical assistance.

Advocacy refers to efforts to change community norms and values - in this case, regarding underage drinking. This is accomplished through targeted information dissemination, efforts to impact policy, and monitoring of activities of law enforcement and the court. Examples of highly successful advocacy efforts include Mothers Against Drunk Driving and Alaskans for Drug-Free Youth. On a local level, grassroots organizations that create partnerships in communities to focus attention on the problem of underage drinking are best represented by the efforts of Choices for Teens, Inc., in Homer. Advocacy activities in Homer are characterized by a network of organizations; each with its own mission and objectives, focusing coordinated and appropriate efforts on underage drinking. Advocacy efforts, like prevention, show results over long periods of time.

A detailed discussion of Alaska prevention, education, and advocacy programs and efforts, including a summary by community, is provided in Section VII of the report.

I. Data Trends and Resources. A significant portion of this inquiry was devoted to gathering data relating to underage drinking. A complete description of methodology, results, and validity is included in Section VIII of the report.

1. Alaska Court System Data. The Alaska Court System provided the data for all MCA cases from 1995 through June 30, 2000. From this data, investigators were able to describe the trends in numbers of cases, characteristics of offenders, and disposition of cases.

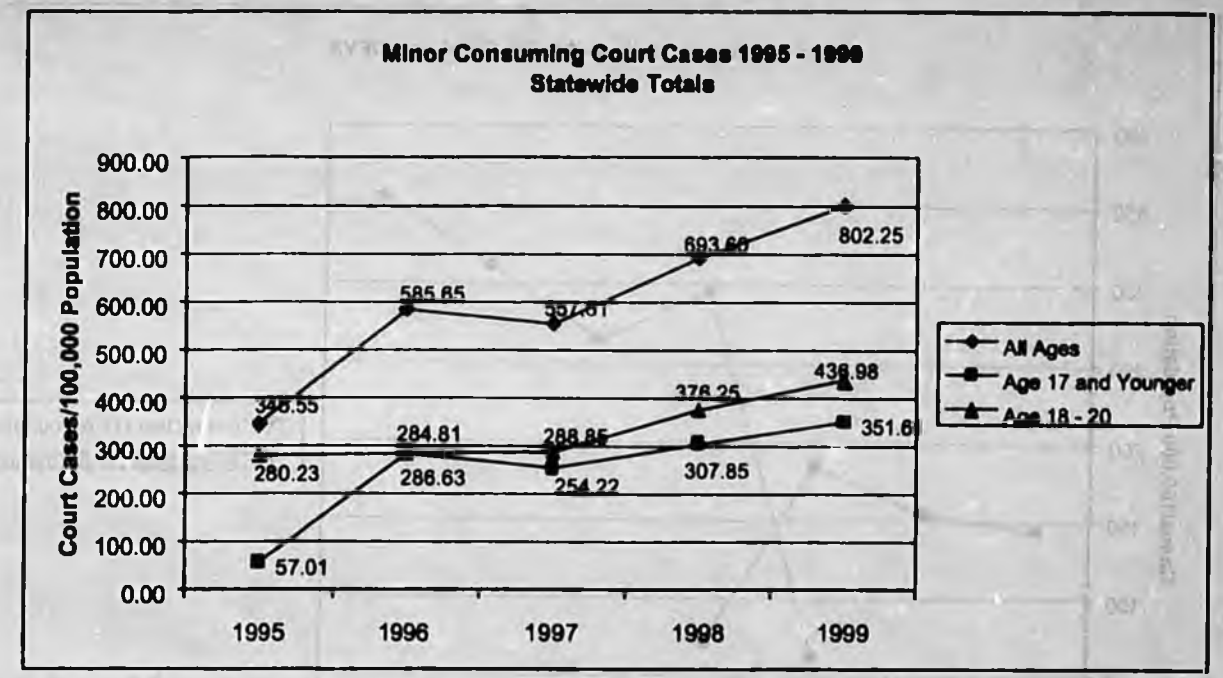

Figure 1 – Minor Consuming Cases 1995 – 1999; Data Source: Case Data – Alaska Court System; Population Data – Alaska Department of Labor and Workforce Development

In the above chart, the cases for all ages (20 and younger) are plotted in addition to the two age sub-groups (17 and younger, 18 through 20) as rates per 100,000 population. The age sub-groups are important because, in comparing pre-1995 MCA data, the pre-1995 data source was the Alaska Division of Juvenile Justice (previously Division of Family and Youth Services (DFYS)) and includes only those youth ages 17 and younger.

The following table provides raw numbers for district court cases as well as the Division of Family and Youth Services data for cases prior to 1995.

Data Description	1993	1994	1995	1996	1997	1998	1999	2000
Court Data – All Ages			2085	3553	3397	4300	4983	2220
Court Data – <= 17 YOA			376	1787	1614	1937	2219	1037
Court Data – 18-20 YOA			1709	1766	1783	2363	2764	1183
DFYS Data – <= 17 YOA	856	924	1111	432				

Table 2 – District Court and DFYS MCA Case Data; Data Source: Court Data – Alaska Court System; DFYS Data – Alaska Division of Juvenile Justice

The most relevant comparison in the above raw data is the court data for ages 17 and younger with the Division of Family and Youth Services data. The chart below shows the minor consuming case trend for youth 17 and younger for both Division of Family and Youth Services and the court system. While the time periods are too short to draw conclusions, the overall trend line seems to be continuous with the court case increases reflecting an upward trend that is noticed in the Division of Family and Youth Services data, particularly in the years 1994 and 1995.

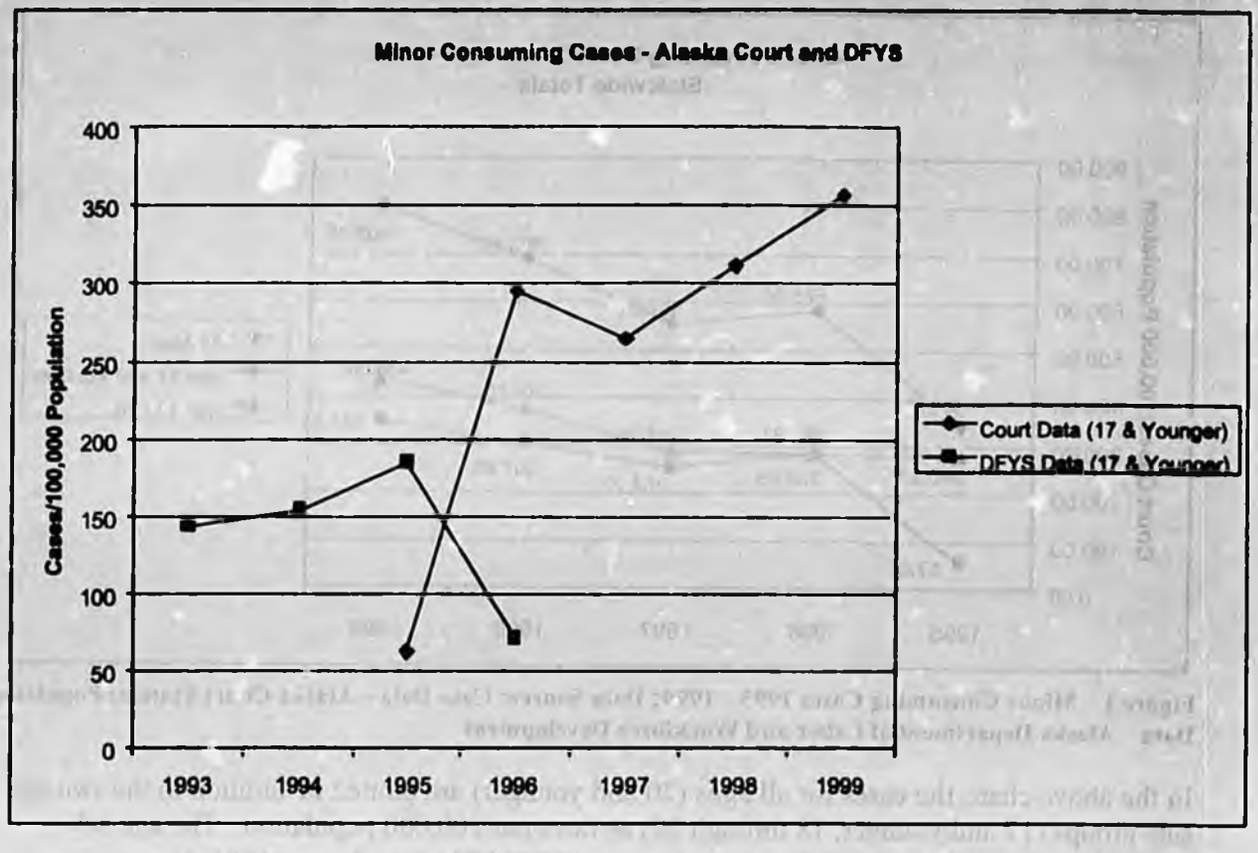

Figure 2 – Minor Consuming Cases – Alaska Court and DFYS; Data Source: Court Case Data – Alaska Court System; DFYS Case Data – Alaska Division of Juvenile Justice; Population Data – Alaska Department of Labor and Workforce Development

There were 31 communities with courts for which data was provided. The following chart shows the rate of court cases (1995 – 1999) for each of the communities as well as the statewide rate. Computing rates based on population was accomplished by considering the location of the court with regard to communities served. In most cases, the investigators found that the location of the courts closely corresponded with census areas and sub-regions.

In examining the rates for the courts in different communities, it is clear that some dispose of minor consuming cases at a far greater rate than others. Since this inquiry focused only on a core of 17 communities, there was no systematic inquiry into the practices and utilization of each individual court. The courts with the highest rates of MCA cases are in rural hub communities (Kotzebue, Ketchikan, Homer, and Bethel have the highest rates). Other hub communities, such as Sitka and Kenai, have substantially lower rates. Of the urban areas, Anchorage has a low rate of cases while Fairbanks and Juneau have relatively moderate rates.

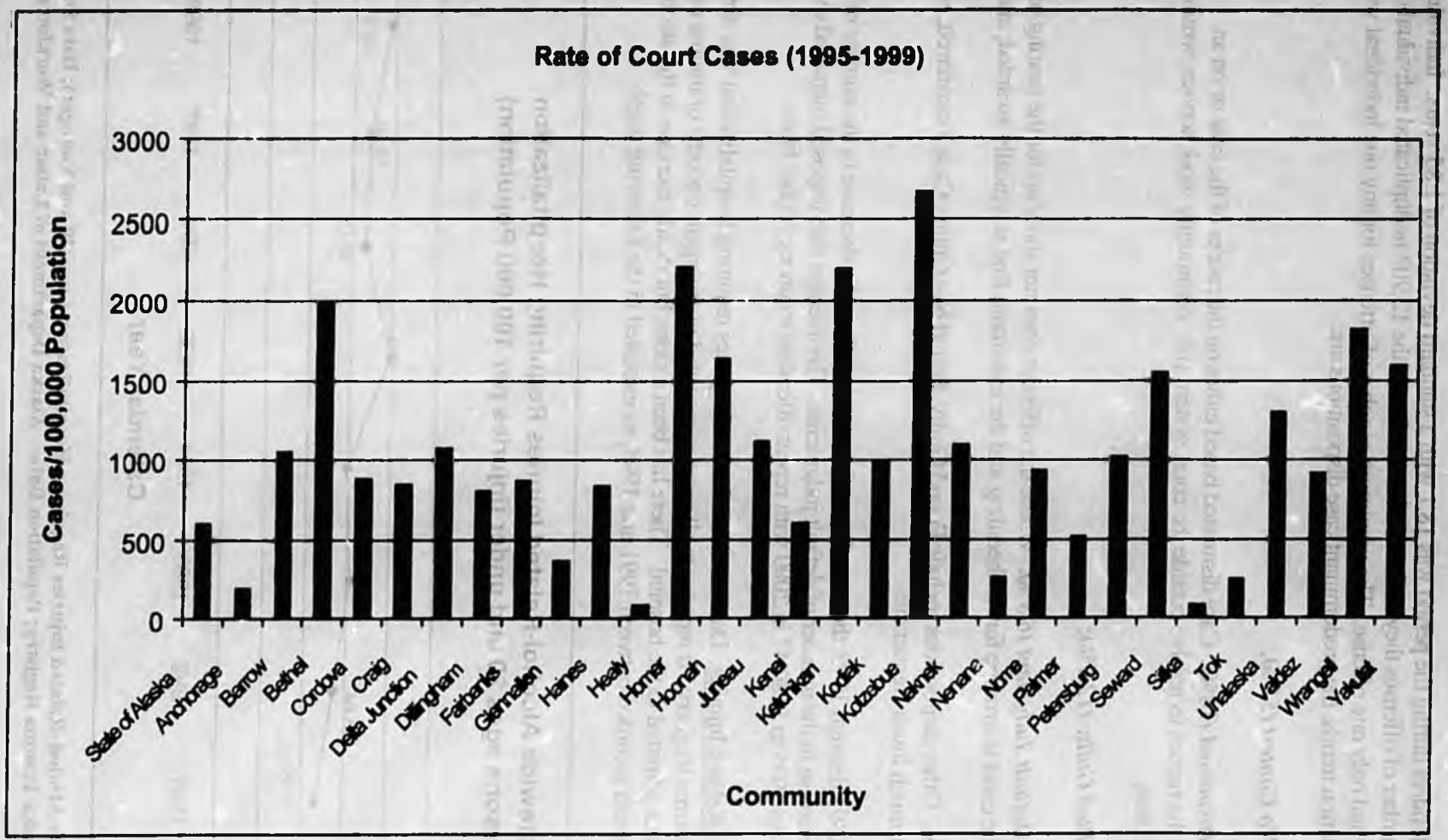

Figure 3 – Rate of Court Cases by Community (1995 – 1999); Data Source: Court Case Data – Alaska Court System; Population Data – Alaska Department of Labor and Workforce Development

The mean age of offenders during the period was 18.1 with a standard deviation of 1.85 years. Individuals also varied in the number of offenses they had on their records. Of the 12,902 unduplicated individuals with MCA cases, 72.1% had only one offense. The maximum number of offenses for any one individual was 20. In examining disposition trends, the predominant case dispositions are:

a. ***No Contest (52%);***

b. ***Dismissed (18%).*** Case dismissed based either on the merits of the case or on an agreement between the parties to resolve outside the court system (i.e., community work service, writing essays, other conditions);

c. ***Pled Guilty (12.6%);***

d. ***Default Judgment (6.8%).*** Where the offender does not show up for the hearing or otherwise contact the court to arrange for rescheduling and the maximum fine is typically awarded; and

e. ***Other dispositions.*** Other dispositions include Found Guilty, Found Not Guilty, Case Transferred, etc., all of which occurred at much lower frequencies.

During the period 1995 through 1999, the case disposition trends reflected a decrease in the number of dismissals and an increase in the number of default judgments. The average fine imposed increased over the period from $81.46 in 1995 to $180.47 in 2000 with repeat offenders receiving higher fines.

2. Alcohol-Related Injuries. Data on alcohol related injuries requiring hospitalization was obtained from the Alaska Trauma Registry. It represents all injuries recorded in emergency rooms or trauma centers where the patient was admitted to the hospital. There has been a slow, but steady increase in the alcohol-related injuries to youth recorded between 1991 and 1998, as indicated in the following graph.

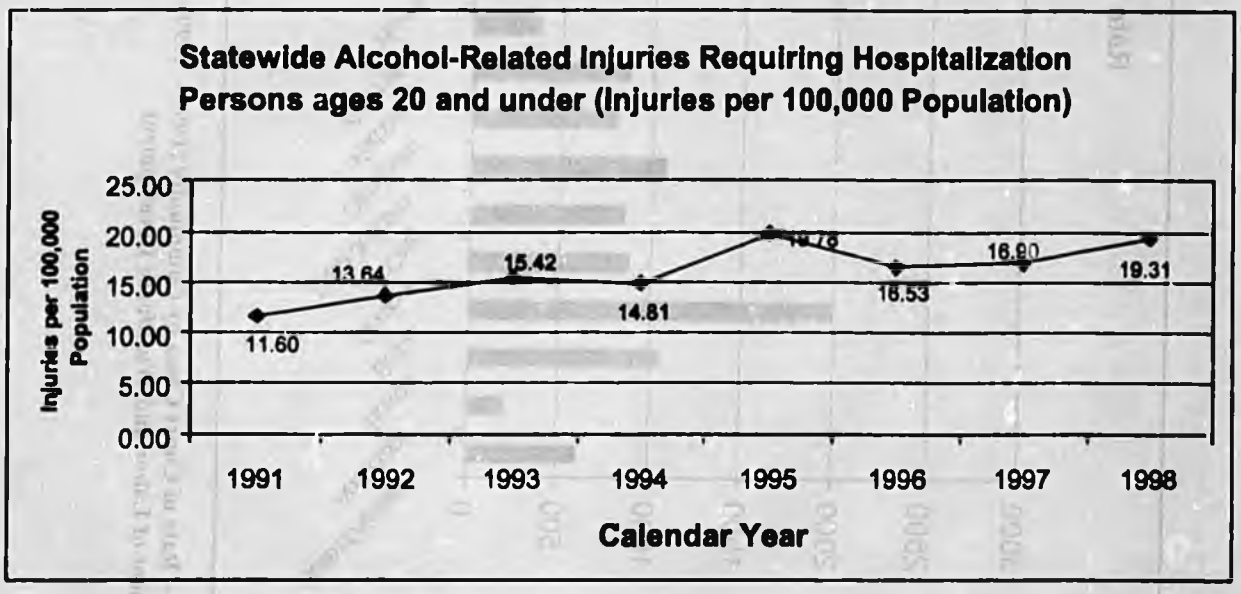

Figure 4 – Statewide Alcohol-Related Injuries Requiring Hospitalization (Ages 20 and Younger); Data Source: Injuries Data – Alaska Trauma Registry; Population Data – Alaska Department of Labor and Workforce Development

3. Alaska Department of Transportation – Highway Traffic Accident Data. The Alaska Department of Transportation keeps detailed records on highway accidents in Alaska. Within this data set are data on the number of accidents in which the driver had been consuming alcohol, as well as the age of the driver.

The rate of traffic accidents involving underage drinking drivers decreased through 1994 and has varied up and down since then. Statewide, the rate has decreased from nearly 32 per 100,000 population in 1990 to just over 19 per 100,000 population in 1998, a decrease of 40.6%. This trend is consistent with national trends that show the rates of traffic accidents involving underage drinking drivers decreasing.[13]

Like the data from the Alaska Trauma Registry, this data is impacted both by the number of accidents that occur and the assessment of the on-site law enforcement officer handling the case. The data can also be impacted for minor, single-vehicle accidents by the failure of the driver to immediately contact law enforcement officials after the accident allowing time for the alcohol to clear from the driver's body. The following graph represents the number of traffic accidents involving underage drinking drivers per 100,000 population statewide from 1990 through 1998.

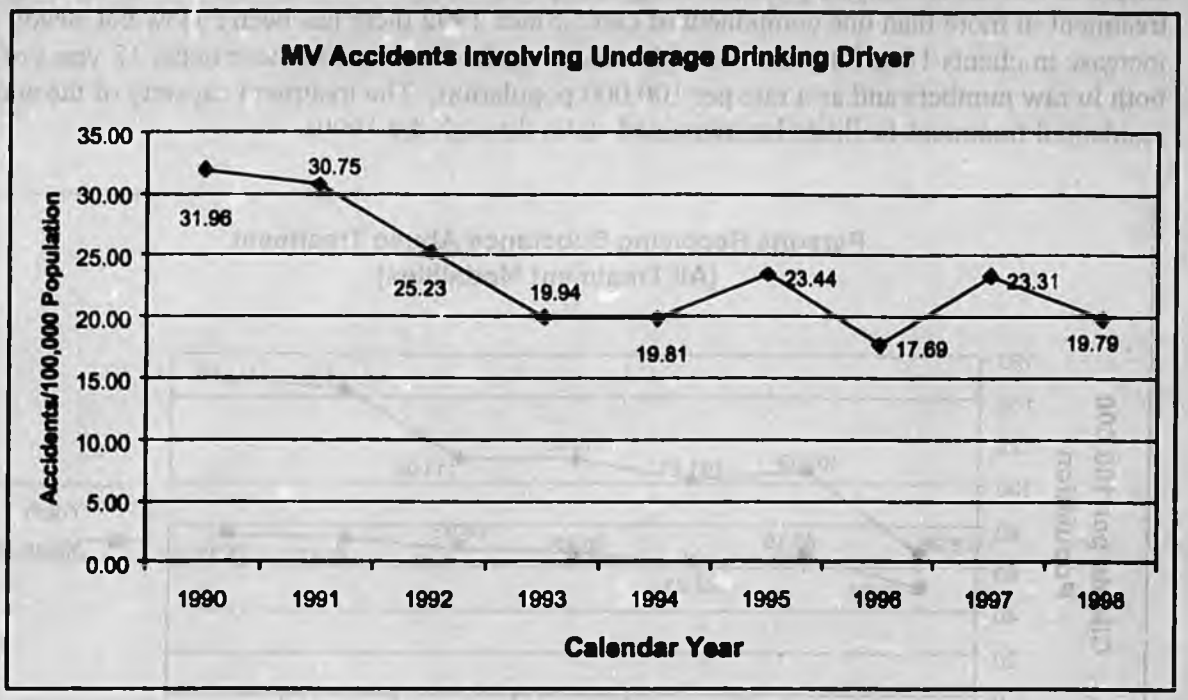

Figure 5 – MV Accidents Involving Underage Drinking Drivers; Data Source – MV Accident Data – Alaska Department of Transportation; Population Data – Alaska Department of Labor and Workforce Development

[13] National Highway Traffic Safety Administration/National Institute on Alcohol Abuse and Alcoholism, Sentencing and Dispositions of Youth DUI and Other Alcohol Offenses: A Guide for Judges and Prosecutors, Washington, D.C., 2000

Alcohol-related traffic accidents represent a major adverse consequence associated with underage drinking. The rate of accidents involving underage drinking drivers decreased consistently between 1990 and 1993 with a less significant decrease in 1994. The rates were mixed between 1994 and 1998 varying up and down, but varying little between 1994 and 1998. The trend for accidents involving drinking drivers of all ages (39.5% decrease) was similar to that for underage drinking drivers (38.1% decrease). The investigators could find no conclusive information supporting an explanation for the trends. National studies have suggested that similar declines on a national level occurring between 1976 and 1987 are, at least partially, a result of the increase in legal drinking age across the country to 21.[14]

4. Alaska Division of Alcoholism and Drug Abuse – Substance Abuse Treatment Utilization. The Division of Alcoholism and Drug Abuse funds and coordinates an extensive substance abuse treatment system serving Alaskans. As a part of their management of this system, they collect data from each funded program that provides information on client characteristics as well as service information. The graph below presents the rate of utilization for youth 17 years of age and younger and for youth 18 to 20 years old. The following table in this sub-section presents the raw numbers of individuals served in each component of care during the period 1992-1998. The nature of this latter analysis prevents using unduplicated clients since individuals may receive treatment in more than one component of care. Since 1992 there has been a slow but steady increase in clients 18 to 20 years old with a more marked increase in those under 18 years of age, both in raw numbers and as a rate per 100,000 population. The treatment capacity of the adolescent residential treatment facilities has remained static through the 1990s.

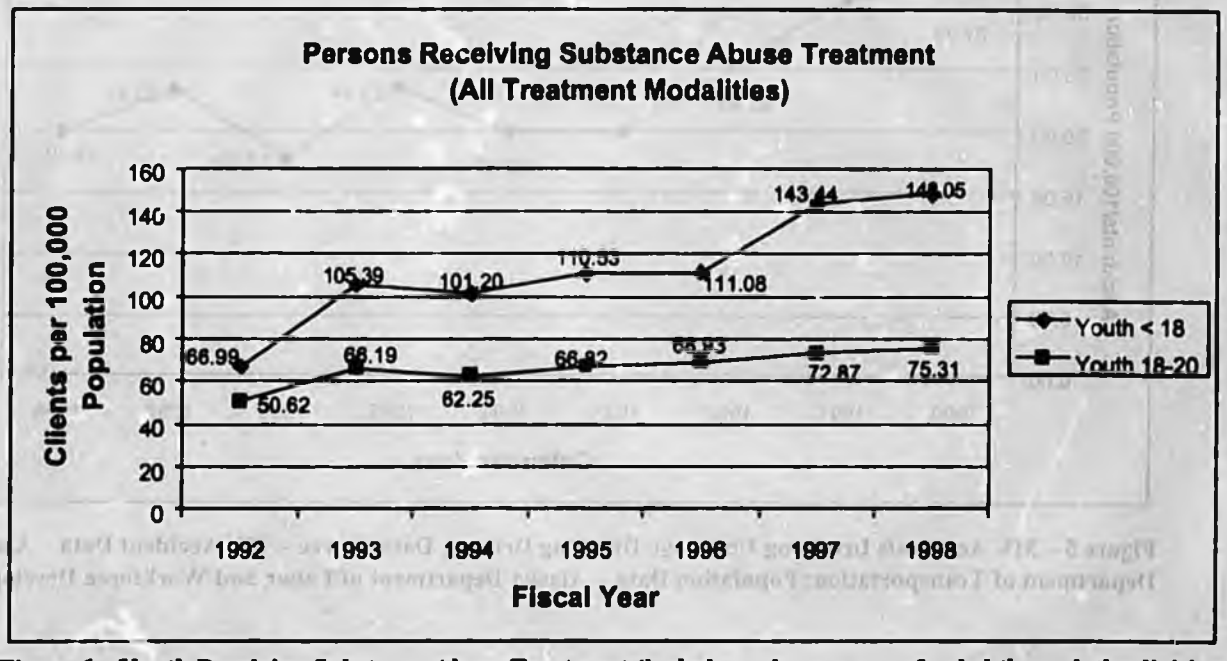

Figure 6 – Youth Receiving Substance Abuse Treatment (includes only programs funded through the division grant process or by direct Budget Request Unit (BRU)); Data Source: Treatment Data – Alaska Division of Alcoholism and Drug Abuse; Population Data – Alaska Department of Labor and Workforce Development

[14] O'Malley, J.L. and Wagenaar, A.C., "Effects of minimum drinking age laws on alcohol use, related behaviors, and traffic crash involvement among American youth: 1976 – 1987," Journal of Alcohol Studies, 52 (5): 478-491, 1991

Substance Abuse Treatment to Adolescents by Component

1992 – 1998

(Actual Numbers – Duplicated Clients)

Year	Detox	Inpatient (Hospital)*	Short Term Residential*	Long Term Residential**	Outpatient	Intensive Outpatient	Continuing Care
1992	19/57	1/3	12/17	92/85	199/121	70/58	34/25
1993	37/40	1/0	38/24	188/108	245/168	147/101	69/23
1994	27/61	2/10	6/34	153/101	243/136	113/106	134/32
1995	18/63	3/17	10/30	164/101	306/161	80/114	158/46
1996	11/55	1/8	14/25	160/101	345/173	93/106	110/47
1997	13/56	2/12	7/25	150/109	385/176	218/139	179/53
1998	20/54	5/10	3/16	159/101	422/193	288/138	149/51

Table 3 – Substance Abuse Treatment to Adolescents by Component; Data Source: Alaska Division of Alcoholism and Drug Abuse

Number Reporting Format: Ages 17 & Younger / Ages 18 – 20

Notes: * Inpatient (Hospital) and Short-Term Residential length of stay 10 – 30 days.
** Long-Term Residential length of stay – greater than 30 days

?? Increases in long-term residential adolescent treatment data are supported by key informant interviews indicating average lengths of stay between three and six months. Increased intensive outpatient services of 311% can be partially attributed to an increase in programs offering that service, as well as third party payors who favor treatment settings less restrictive than residential.

?? Continuing care utilization increased by over 300% for youth ages 17 and younger and by just over 100% for youth ages 18 through 20. Increases in utilization of continuing care reflects the importance attached to continuing care by the Division of Alcoholism and Drug Abuse and the addictions field in general.

J. Conclusions. Based on national and state surveys, alcohol consumption by youth in Alaska is comparable to consumption by youth nationally. When considering trends in consumption of alcohol by youth, there are mixed indicators that preclude the development of conclusions. The 1998 and 1999 National Household Surveys on Substance Abuse sponsored by SAMHSA concluded that the trend in consumption of alcohol by youth during the 1990s was relatively flat.[15] This is supported somewhat by trends in per capita alcohol consumption in Alaska and nationally through the 1990s[16] as well as by the rate of motor vehicle accidents in Alaska and nationally involving underage drinking drivers. Countering this, however, is the Alaska Court System and Alaska Division of Juvenile Justice data that shows a marked and consistent increase in MCA cases beginning in the early 1990s and continuing through 1999. There is no evidence to indicate any marked increase or focus in law enforcement that might explain this increase. Additionally, there has been an increase between 1991 and 1998 in the number of alcohol-related injuries among youth.

There are a variety of adverse consequences that occur as a result of underage drinking. The specific consequences identified and quantified in this inquiry were alcohol-related injuries requiring hospitalization among youth, including those resulting from suicide attempts and those resulting in death and traffic accidents involving underage drinking drivers. Other adverse consequences for which data was not gathered in this report include school performance, criminal activity, and overall health. In addition to consequences that can be quantified through data collection, there are other, more subjective consequences such as the deterioration of families, alienation of friends, and general disenfranchisement from society.

In the data collected for this inquiry, the rate of alcohol-related hospitalizations for youth increased from 1991 through 1998 by 66.5%. The trend for injuries attributable to suicide attempts was mixed with a 43.3% increase between 1993 and 1996 followed by a 14.7% decrease from 1996 to 1998. The trend in deaths resulting from alcohol-related accidents among youth is clouded by the small numbers of events occurring, with 24 occurring between 1991 and 1998. Motor vehicle accidents involving underage drinking drivers decreased by 38.1% between 1990 and 1998. The decrease in the rate for underage drinking drivers is comparable to the decrease in accidents involving drinking drivers of all ages, 39.5% between 1990 and 1998.

Efforts to address underage drinking in Alaska are ongoing in various domains.

1. Statutory Effort. The primary statutory action involving underage drinking over the past ten years has been the transfer of jurisdiction over MCA cases from the juvenile justice system to district court in 1995. There have been some adjustments since that time, primarily dealing with revocation of drivers' licenses and the length of time for which they can be revoked. In examining data from the period 1991 through 1998 and 1999, the number of MCA cases has increased steadily through the period. When examining the trends for youth ages 17 and younger for both the juvenile justice system prior to 1995 and the Alaska Court System after that, there appears to be a consistent increase that began in 1993 and continued across the two jurisdictions.

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[15] Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Findings: 1999 National Household Survey on Substance Abuse, Rockville, MD, August 2000

[16] Advisory Board on Alcoholism and Drug Abuse, Results within our Reach: Plan for Delivery of Substance Abuse Services 1999 – 2003, Juneau, AK, January 1999

When examining adverse consequences, there were no major shifts in numbers/rates that corresponded with the change in jurisdiction. While law enforcement, judges and magistrates may believe the new statute to be ineffective or limiting, the investigators found no evidence that the change in statute itself was the sole contributor to the increase in arrests indicated by the increased number of MCA cases. Neither can we say that the statutory change caused any identifiable change in adverse consequences.

2. Law Enforcement Effort. Investigators found no evidence of heightened law enforcement effort or focus with regard to underage drinking between 1993 and 1999, with the exception of a consistent increase in MCA cases. Key informants indicated that law enforcement pursued reactive strategies in most communities with underage drinking violations competing with every other law enforcement issue. An exception to this observation is the coordinated effort taking place in five communities in Alaska, coordinated by the ABC Board, using Enforcement of Underage Drinking Laws (EUDL) grant funds from the Division of Juvenile Justice. This effort is taking the form of intensified scrutiny of licensed establishments using supervised youth attempting to make purchases and the concentration on identifying and intervening in large drinking parties.

3. Court System Effort. The Alaska Court System has experienced a consistent increase in MCA cases from 1995 through 1999. The major trends observed within these cases are that the fines have increased steadily by 121% during the period and that the disposition of cases has changed, with fewer cases being dismissed and more cases having default judgments (where the offender does not show up for court). The vast majority of offenders (72.1%) are one-time offenders, however, 54.7% of the total cases are attributable to individuals with multiple cases (27.9% of unduplicated individuals). Judges and magistrates are using graduated increases in fines to deal with repeat offenders. Because there are no conclusions on whether prevalence of underage drinking is increasing or decreasing, investigators are unable to draw conclusions about the impact of court efforts on the underage drinking problem.

4. Substance Abuse Treatment Effort. Utilization of substance abuse treatment services by youth has increased through the 1990s most significantly in the outpatient, intensive outpatient, and continuing care modalities. There was a marked increase in utilization of long-term residential services between 1992 and 1993; however, the utilization rates for that modality have remained somewhat static over the remainder of the period. The increase in utilization of intensive outpatient services is most likely connected to the emergence of this modality in the 1990s as a step between regular outpatient and residential. The increase in continuing care utilization reflects, at least in part, the growing emphasis placed on this service by the Division of Alcoholism and Drug Abuse and the addictions field in general. Another complicating factor in analyzing the treatment data, particularly for residential care, is that the state's limited public residential programs tend to operate at capacity all the time. This does not allow investigators to use treatment utilization data as a gauge of the need for residential treatment. Key informants indicate that there is a waiting list of between three and six months for youth residential treatment. There are, however, two proposed residential treatment expansion projects in the development process that, if approved, will help to alleviate this backlog.

5. Prevention, Education, and Advocacy Efforts. There is considerable prevention activity in Alaska, however, results from these types of efforts manifest themselves on a population basis over long periods of time, and many of these efforts have only recently been implemented. The investigators, therefore, draw no conclusions regarding their effectiveness at reducing underage drinking. The Division of Alcoholism and Drug Abuse has, as a part of its current emphasis on prevention, developed a comprehensive prevention evaluation component being conducted by the Institute for Circumpolar Health Studies. If successful, this evaluation effort should provide valuable information on the efficacy of various approaches to dealing with substance abuse by youth and play a vital role in future program planning.

Key informants in this project suggested that community norms and values play a key role in underage drinking trends. This reflects current thinking among substance abuse prevention professionals nationally as well as many of the best practices in prevention adopted by SAMHSA. Given the importance attached to environmental strategies, and the role that key informants believe that community norms and values play in underage drinking in communities, advocacy and environmental prevention efforts may have great potential to impact the problem.

The data systems described in this report all collect data to serve the unique needs of the respective organizations. There are, in addition, other emerging data sources that could prove valuable in the future. One such data set will be maintained by the Department of Education and Early Development and will contain data on school suspensions and expulsions due to alcohol or drug use. Another database worth exploring is maintained by the Alaska Bureau of Vital Statistics. That database contains information on deaths that could prove useful if a method could be devised to clearly identify which of those deaths were attributable to alcohol. There is currently information in the database that relates to some instances of alcohol-related deaths, but it is inconsistent and does not cover the range of possibilities where alcohol can contribute to a death. While these two data sources provide additional insight into adverse consequences of underage drinking, one of the major gaps in data/information relates to actual prevalence of underage drinking. A data collection effort that could prove useful if successfully implemented is the YRBS. As previously noted, identifying prevalence of underage drinking is an important task and YRBS, which surveys students, could be one of the most reliable tools. The state will need to address barriers to participation to gain a response rate sufficient to generalize the samples to the population statewide.

The promise of such diverse and robust databases is that they can provide glimpses of the problem from different perspectives. With each different perspective comes a greater understanding of the breadth and depth of the problem. The difficulty with these databases is that they are all proprietary and accessible only through special effort by the maintaining organization, they are designed in terms of structure and format to meet the needs of the maintaining organization and are, most often, not well-suited to integration without a great deal of intervention. Using all of this potential data together in an integrated effort to describe the problem and/or progress in addressing the problem will require that it be gathered and analyzed, preferably by a central organization requiring an ongoing dedication of resources.

Finally, the failure to intervene in underage drinking represents a lost opportunity to address future problems. Magistrates, judges, prosecutors, and law enforcement officials agree that

alcohol is involved in most violent crimes against persons and property crimes committed by young adults. While it cannot be said with certainty that every one of these young adult offenders began drinking as a teen, youth with multiple MCA violations seem to be good candidates for future alcohol-related problems. Future studies that examine court data, Division of Juvenile Justice data, and public safety data could well provide more solid evidence of correlation between underage drinking and young adults who commit more serious crimes under the influence of alcohol.

K. Recommendations.

1. Increased law enforcement efforts have been made possible through the ABC Board and new funding. Evaluation of these efforts in coming years will be an important source of information that should be reviewed.

2. Case disposition for MCA's under existing statute disallows assessments or other treatment interventions. This was cause for concern for law enforcement, court personnel and treatment providers. Statutes should be reviewed for possible changes and/or improvements to allow for a broader range of sentencing alternatives.

3. One treatment component lacking in Alaska is that of assessment and referral for youth similar to the adult Alcohol Safety Action Program (ASAP). This may be an area worth further exploration, given the increase in the number of MCA cases shown by the court system data.

4. Alaska has recently undertaken a number of prevention efforts, many of which are research-based. The state may wish to consider a statewide approach to prevention strategies and funding for such. Additionally, the existing evaluation effort funded by Division of Alcoholism and Drug Abuse through the Institute for Circumpolar Health Studies holds promise as a potential source of policy information in this arena.

5. Environmental prevention strategies may play an important role in the state's efforts to address underage drinking, given the emphasis placed by key informants on community norms and values. This area deserves further exploration.

6. The YRBS survey represents a potentially data rich resource for prevalence information within Alaska. Efforts should be continued to ensure that this source of information is obtained in a manner that will ensure valid data.

7. Given the complexity and diversity of data on this issue, the state may wish to consider the feasibility of having a centralized entity collect information on the issue of underage drinking.

HB

121

Alaska State Legislature

Representative Peggy Wilson
House District 2
Putting Alaska's Families First

SPONSOR STATEMENT

Committee Substitute House Bill 121(L&C) am

"An Act relating to release of information in individual workers' compensation records; and providing for an effective date."

With the call for more transparency in government, it is equally important to protect personal information from falling into the wrong hands. In this day and age of computers and extensive databases, government agencies have the potential to accumulate a tremendous amount of information on their employees.

Under the Alaska Division of Workers' Compensation, some personal information is considered public record since it is not specifically prohibited by state statute. CSHB 121 will correct this oversight by prohibiting the release of the employee's social security number, electronic mail address, and telephone number contained on any of the divisions' files,' the Workmen's Compensation Board's files, and the Workers' Compensation Appeals Commission. As amended on the House floor, employee names and addresses can still be released to the general public.

Currently, some of this personal information regarding employees who file workers' compensation claims can be and has been released for public inspection. For example, a private company outside of Alaska has been requesting the names and addresses of injured workers. They have then used that information for direct marketing purposes of one kind or another.

This practice is very disturbing considering that identity theft is on the rise and a scourge on our society. It should be the right of any individual to keep personal information as cited above confidential. This data should not be revealed without the consent of that individual. This bill does add a provision to allow such disclosure, but only after the employee signs an affidavit to that effect.

March 21, 2007 25-LS0501\E.A

Jan-May, Juneau: State Capitol • Juneau, AK 99801-1121 • *ph:* (907) 465-3824 • *fax:* (907) 465-3175
June-Dec, Wrangell: PO Box 109 • Wrangell, AK 99929 • *ph:* (907) 874-3068 • *fax:* (907) 874-3055
Rep.Peggy.Wilson@legis.state.ak.us • http://www.akrepublicans.org/wilson/ • 1-800-686-3824

Alaska State Legislature

Representative Peggy Wilson
House District 2
Putting Alaska's Families First

SECTIONAL ANALYSIS

Committee Substitute House Bill 121(L&C) am

"An Act relating to release of information in individual workers' compensation records; and providing for an effective date."

CSHB 121 amends Title 23 under the Labor and Workers' Compensation Act. It deals specifically with the section for release of information.

Section 1. Amends AS 23.30.107(b) with language specifying that an employee's social security number, electronic mail address, and telephone number contained within the employee's file under the Division of Workers' Compensation or held by the Workmen's Compensation Board or held by the Workers' Compensation Appeals Commission are not public records subject to public inspection.

Section 2. Amends the statute reference above by adding a subsection (d). This provision allows for an employee to authorize the Division of Workers' Compensation, the Board, or the Commission to disclose his or her personal information as described above. This will be accomplished by the employee signing a declaration on a form provided by the division.

Section 3. This bill has an immediate effective date. In effect, the bill becomes law the day after it is signed by the governor.

March 21, 2007 25-LS0501\E.A

Jan-May, Juneau: State Capitol • Juneau, AK 99801-1121 • *ph:* (907) 465-3824 • *fax:* (907) 465-3175
June-Dec, Wrangell: PO Box 109 • Wrangell, AK 99929 • *ph:* (907) 874-3088 • *fax:* (907) 874-3055
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ICICLE.

February 19, 2007

Representative Kurt Olson, Chair
House Labor & Commerce Committee
Alaska State Legislature
State Capitol
Juneau, Alaska 99801-1182

Dear Chairman Olson and Committee Members,

On behalf of Icicle Seafoods, Inc., I want to express our strong support for HB 121, "An Act relating to release of information in individual workers' compensation records".

It has come to our attention, thanks in large part to one of our employees, that a private party outside of Alaska has been soliciting Alaska worker compensation claimants by obtaining personal information about them from the Alaska Dept. of Labor. After obtaining the names and addresses of injured workers, they use this private information for direct marketing purposes.

We find this practice incredibly disturbing and believe this information should not be made available without the consent of the person the information is about.

House Bill 121 would stop this objectionable practice and we fully support its adoption. Thank you for your consideration.

Sincerely,

Kris Norosz
Government Affairs
Icicle Seafoods, Inc.

PETERSBURG FISHERIES
A DIVISION OF ICICLE SEAFOODS, INC.
P.O. Box 1147 • Petersburg, AK 99833 • Tel: 907-772-4294 • Fax: 907-772-4472

TRIDENT SEAFOODS CORPORATION
5303 Shilshole Ave NW, Seattle, WA 98107-4000 • (206) 783-3818 • Fax: (206) 782-7195
Domestic Sales: (206) 783-3474 • Fax: (206) 782-7246
Export Sales: (206) 783-3818 • Fax: (206) 782-7195

February 21, 2006 7

The Honorable Kurt Olson, Chairman
Labor and Commerce Committee
Alaska State Legislature
State Capital
Juneau, Alaska 99801

Dear Representative Olson:

I am writing on behalf of Trident Seafoods Corporation to express our strong support for HB 121. Our employees have been surprised to learn that the Alaska Department of Labor's Division of Workers' Compensation is disclosing the names and addresses of all individuals who are injured in the seafood processing industry. We believe the law should be changed so that this information is released only with the employee's consent.

This issue has come to our attention because a law firm from Michigan has been requesting information from the State about all the individuals in the seafood industry who have filed workers' compensation claims. This firm then solicits business from these individuals, seeking to bring claims under maritime law instead of under the State's workers' compensation system. This has resulted in some unusual maritime claims, including one lawsuit filed against the "vessel" Sand Point. Sand Point, of course, is not a vessel. It is a community in the Aleutians East Borough where Trident has a shorebased processing plant.

More importantly, many of the people at Trident who file workers' compensation claims do not want their personal information released to the public. They are upset about lawyers contacting them about their injury. Those employees who do not object to having personal information disclosed should be free to consent to having such information released. Without such authorization, however, we believe this type of information should remain private.

Thank you for considering our views on this legislation.

Sincerely,

Joseph T. Plesha
General Counsel

February 15, 2007

Representative Peggy Wilson
Alaska State Legislature
State Capitol (MS 3100)
Juneau, Alaska 99801-1182

Dear Representative Wilson,

Thank you for sponsoring House Bill 121. I am in full support of this bill that will put an end to the release of personal information of worker compensation claimants by the State of Alaska, Dept. of Labor, and the Workers Compensation Board without the consent of the claimants.

I have attached a letter that I wrote last year in support of a similar measure. As a worker compensation claimant, I had my personal information released to a third party commercial operator (a Michigan law firm) who then used the information to solicit business from me. I did not appreciate this type of contact and do not feel personal information should be released in this situation without my personal consent.

Thank you for working to end this unpleasant practice. Please feel free to provide my letter to other legislators as the bill moves through the legislative process.

Sincerely,

Hyo R. Kim
P.O. Box 705
Petersburg, Alaska 99833

April 15, 2005

Senator Con Bunde, Chair,
Senate Labor & Commerce Committee
Alaska State Legislature
State Capitol (MS 3100)
Juneau, Alaska 99801-1182

Dear Senator Bunde and Committee Members,

My name is Hyo R. Kim and I have been an Alaska resident for over 27 years. Approximately 5 months ago, I received a letter from an out of state attorney that somehow learned of an injury I had at work. He indicated in his letter that if I contacted his firm, they could possibly get me more money for my injury.

I called the attorney to find out what this was about and how he had access to my personal information. During our conversation, the attorney asked me many questions about how I was injured, what the injury was, etc. After talking, the attorney indicated that he could not do anything for me since the injury was not substantial. I got the feeling he thought there was not enough money for him to get involved.

I asked him how he was able to get my personal information and he basically said he had his sources in the State of Alaska. This really bothered me since I really don't want people other than those that I approve of having access to my personal and private information This especially concerns me the most now that there are so many cases in the news of identity theft and fraud.

After discussing with my friends the conversation I had with this attorney, I learned that he most likely got my personal information from the Workers Compensation Board and the Alaska Dept. of Labor. If this is the case, it irritates me a lot as I do not want people to have access to my private information and I assumed that what I filled out on the Alaska Workers Compensation forms was confidential.

I am very surprised the State of Alaska would allow this information to be released about its residents. My injury is my private concern and should only involve me, my employer, my doctor, my family and not an out of state attorney. I ask you to please take the appropriate steps to make sure this does not happen again in the future.

Sincerely,

Hyo R. Kim
P.O. Box 705
Petersburg, Alaska 99833

February 19, 2007

The Honorable Kurt Olson
Chairman, Labor & Commerce Committee
Alaska State Legislature
State Capitol
Juneau, AK 99801-1182

Dear Chairman Olsen:

I have been told that you are chairing a hearing on a bill that would keep confidential the personal information of people who file worker's compensation claims. I am writing in strong support of this legislation. I do not want any of my personal information made available to the public merely because I have filed a worker's compensation claim and respectfully ask that you enact the bill during this session of the legislature.

My husband, Gene, and I have both had minor injuries while we were working at Trident Seafoods Corporation shoreplant in Sand Pont, Alaska. We each received unwelcomed solicitations from some lawyers back East asking if we were injured on a floating processing vessel! I do not want my personal information made available to the public and wondered how these lawyers got my name in the first place. I do not believe it is appropriate for the State of Alaska to release this information without my consent.

To be blunt, the fact I have suffered an injury in the workplace and filed a claim under worker's compensation should not entitle the public to my home address and other personal information. I certainly do not want some ambulance-chasing lawyer soliciting me because of my claim. If I had wanted to hire a lawyer to represent me, there are plenty of local attorney's available. They advertise in the Alaska Airlines magazine and every fishing magazine published.

I urge you to pass this legislation and appreciate you listening to my concerns.

Sincerely,

Gloria J. Copenspire

Gloria J. Copenspire

HB

136

ALASKA STATE LEGISLATURE

Vice Chair:
House Finance Committee

Chair:
House Finance Subcommittees for;
Department of Public Safety
Department of Law

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Juneau, AK 99801-1182
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BILL STOLTZE
State Representative
Representative_Bill_Stoltze@legis.state.ak.us

CS House Bill 136 (FIN) (title am)

Dental Hygienists

"An Act relating to the supervision of dental hygienists by dentists, establishing a restorative function license endorsement for dental hygienists and allowing collaborative agreements between licensed dentists and dental hygienists."

Good oral health is essential to improving overall health and well being. However, many factors exacerbate the oral health disparity across Alaska's population, including the current structure of the oral healthcare delivery system, geographic and educational barriers, and the cost of care.

Dental Hygienists are licensed oral care health professionals who focus on preventing and treating oral diseases. They have graduated from nationally accredited dental hygiene education programs in colleges and universities, and have successfully passed a national written and state clinical examination. Given their comprehensive education and clinical preparation, dental hygienists are well prepared to deliver preventative oral health care services to the public, safely and effectively.

The provisions of House Bill 136 follow the expanded functions of dental hygienists in other states to improve access to preventative oral health care. Specifically, HB 136:

1. Allows a licensed dental hygienist to place "fillings" into a cavity prepared by a licensed dentist.
2. Authorizes a licensed dental hygienist to administer local anesthetic agents under the general supervision of a licensed dentist.
3. Permits a licensed dental hygienist to enter into a collaborative agreement with a licensed dentist in which the dentist authorizes the dental hygienist to perform certain duties stipulated under HB 136 without the supervision of the dentist.

I ask for your consideration and support of HB 136 to help improve access to oral health care in Alaska.

House Bill 136 – "An act relating to dental hygienists"

The Problem

- Preventable oral diseases can cause life threatening emergencies.
- Many Alaskans cannot afford oral healthcare.
- There are geographic and educational barriers preventing access to oral health care.
- The structure of Alaska's current oral healthcare delivery system contains barriers that prevent access to oral health care.

Dental Hygienists Can Help

Dental hygienists are well-prepared to deliver preventative oral health care services to the public safely and effectively.

- Dental hygienists focus on preventing and treating oral diseases.
- Dental hygienists graduate from nationally accredited dental hygiene education programs in universities, and must pass a national written and state clinical examination in order to practice. Dental hygienists are state-licensed oral healthcare professionals.
- Dental hygienists are key to cost-effective early intervention and education.

Provisions under HB 136

1. Anesthesia under *general* supervision

   Allows a licensed dental hygienist to perform local anesthesia under general supervision. A licensed dentist would still be required to diagnose the condition to be treated prior to the hygienist performing treatment.

2. Expanded restorative function

   Allows a licensed dental hygienist to place "fillings" into a cavity prepared by a licensed dentist.

3. Collaborative agreement

   Allows a licensed dental hygienist to enter into a written agreement with a licensed dentist who would authorize the services to be performed by the dental hygienist without the supervision of the dentist.

Alaska State Dental Hygiene Association

	Dental Assistant	*Registered Dental Hygienist (RDH)*	*Dental Health Aide Therapist (DHAT)*	*Dentist (DDS or DMD)*
Education Required	No	**Yes**	**Yes**	**Yes**
Education	None or optional certification—one year course	Accredited Dental Hygiene Program—Associates, Bachelors, or Masters	Previously trained in New Zealand, currently in Anchorage by AK Native Tribal Health Consortium under University of Washington—no degree.	Accredited Dental Program—Doctorate
Alaska State License Required	No	**Yes**—Must pass written, clinical, and jurisprudence exams in addition to other qualifications	No	**Yes**—Must pass written, clinical, and jurisprudence exams in addition to other qualifications
Regulated by State of Alaska	No	**Yes**	No—DHAT's are regulated by the Federal Government under the Indian Health Care Improvement Act	**Yes**
Continuing Education Requirements	No—Required to maintain certification (optional)	**Yes** (14 Credits bi-annually)	**Yes**	**Yes** (28 credits bi-annually)
CPR Certification Requirements	No—Required to maintain certification (optional)	**Yes**	**Yes**	**Yes**
Procedures Performed	Assists the dentist in all treatment procedures Topical preventive agents and sealants	Oral health education, cleanings, topical preventive agents, sealants, root planing and curettage, local anesthesia, other services delegated by a dentist—radiographs, periodontal charting, nitrous oxide	Oral health education, cleanings, topical preventive agents, sealants, local anesthesia, diagnosis, cavity preparation and placement, simple extractions, stainless steel crowns, radiographs	Oral health education, cleanings, topical preventive agents, sealants, root planing, local and general anesthesia, operative and surgical procedures, diagnosis, treatment planning, writing prescriptions, root canals, all restorative procedures, nitrous oxide, radiographs

Number of Dentists and Dental Hygienists by Region

Region	Population	No. of Dentists	No. of Hygienists	No. of Hyg/Den	No. of Hyg/10,000
New England			13,118	1.4	9.4
Middle Atlantic			25,976	0.9	6.6
East North Central			31,851	1.3	7.1
West North Central			9,481	1	4.9
South Atlantic			27,484	1.1	5.3
East South Central			7,998	1.1	4.7
West South Central			12,287	0.9	3.9
Mountain			10,422	1.2	5.7
Pacific			31,149	1.1	6.9
U.S. Total			169,149	1.1	6.0
Alaska	663,661	497	496	1.0	7.47
Anchorage Mat-Su Region	352,282	226	270	1.2	7.66
Anchorage Municipality	278,241	197	216	1.1	7.76
Matanuska-Susitna Borough	74,041	29	54	1.9	7.29
Gulf Coast Region	74,904	37	42	1.1	5.61
Kenai Peninsula Borough	51,224	27	29	1.1	5.66
Kodiak Island Borough	13,638	7	9	1.3	6.60
Valdez-Cordova Census Area	10,042	3	4	1.3	3.98
Interior Region	102,005	50	45	0.9	4.41
Denali Borough	1,823	0	0	-	-
Fairbanks North Star Borough	87,650	47	45	1.0	5.13
Southeast Fairbanks Census Area	6,471	3	0	-	-
Yukon Koyukuk Census Area	6,061	0	0	-	-
Northern Region	23,669	8	2	0.3	0.84
Nome Census Area	9,452	5	1	0.2	1.06
North Slope Borough	6,894	2	1	0.5	1.45
Northwest Arctic Borough	7,323	1	0	-	-
Southeast Region	70,822	41	48	1.2	6.78
Haines Borough	2,207	1	2	2.0	9.06
Juneau City and Borough	31,193	22	26	1.2	8.34
Ketchikan Gateway Borough	13,125	7	9	1.3	6.86
Prince of Wales-Outer Ketchikan C.A.	5,497	1	2	2.0	3.64
Sitka City and Borough	8,947	6	5	0.8	5.59
Skagway-Hoonah-Angoon C.A.	3,062	0	0	-	-
Wrangell-Petersburg Census Area	6,172	4	4	1.0	6.48
Yakutat City and Borough	619	0	0	-	-
Southwest Region	39,979	13	5	0.4	1.25
Aleutians East Borough	2,659	0	0	-	-
Aleutians West Census Area	5,249	2	1	0.5	1.91
Bethel Census Area	17,085	9	2	0.2	1.17
Bristol Bay Borough	1,073	0	0	-	-
Dillingham Census Area	4,792	2	2	1.0	4.17
Lake and Peninsula Borough	1,620	0	0	-	-
Wade Hampton Census Area	7,501	0	0	-	-
Out-of State		122	84		

Source: National data calculated using ICR, 2000 and U.S. Census Bureau
Source: State population data from ADOL&WD, 2005
Source: Dentist/Hygienist data from AK Div of Occupational Licensing, Jan 2007

HB 136 – "An act relating to Dental Hygienists"

Fact Sheet: Local Anesthesia

What is Local Anesthesia?	• Local Anesthesia renders a small part of the body, such as a tooth, insensitive to pain without affecting consciousness. It reduces stress and allows a client to be comfortable while being treated by a dental hygienist for moderate to advanced gum disease.
Statute Change	• AS 08.32.110(a) is amended to read: ... (6) if certified by the board and under the direct, [OR] indirect, <u>or general</u> supervision of a licensed dentist, administer local anesthetic agents.
Definitions	• **"Direct supervision"** means the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental hygienist. • **"Indirect supervision"** means a licensed dentist is in the dental facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental hygienist. • **"General supervision"** means the dentist has authorized the procedures and they are being carried out in accordance with the dentist's diagnosis and treatment plan.
Dental Hygienists and Local Anesthesia	• **Dentist discretion** – The administration of local anesthesia under general supervision would remain at the discretion of the supervising dentist. • **Education** – The dental hygiene curriculum is established and competency requirements are enforced by the American Dental Association. ▪ Numerous hours of didactic and clinical experience, as well as written and clinical testing are required before a dental hygienist is licensed to administer local anesthetic agents. ▪ In Alaska, a separate written and clinical exam administered by WREB, a national dental and dental hygiene testing agency, is required prior to obtaining a license for administering local anesthesia. ▪ The dental hygiene curriculum encompasses all aspects of local anesthesia and the materials and books used in the courses are the same ones used by dental students nationwide. ▪ As a requirement of license renewal, hygienists must complete at least 14 hours of continuing education that directly relates to patient care. • **25 years of experience** – Dental hygienists in Alaska have been delivering local anesthesia successfully under direct and indirect supervision since July 20, 1981. • **Record of safety** – Local anesthetics are the safest, most effective drugs available in medicine for the prevention and management of pain. ▪ There has <u>never</u> been a disciplinary action taken against an Alaskan dental hygienist's license due to the administration of local anesthesia under the current statutes. ▪ There have been no reported fatalities involving a dental hygienist administering local anesthesia in the United States. • **Other states** – The states of *Idaho* and *Oregon* allow local anesthesia under general supervision. There have been no disciplinary cases against a dental hygienist as related to the administration of local anesthesia.

Continued...	• **Administration** – The administration of local anesthetics is considered essential whenever potentially painful procedures are contemplated, including advanced dental hygiene treatment procedures. ▪ Doses are easily calculated and adjusted based on an individual's medical/dental history. ▪ The number of local anesthetic cartridges (~1cc) injected in the U.S. is conservatively estimated at 6 million per week. ▪ For a 150 pound healthy individual, eight cartridges is the maximum recommended dosage (MRD) of the most commonly used local anesthetic agents such as Lidocaine. ▪ Dental hygiene treatment rarely calls for the administration of more than three cartridges of a local anesthetic agent. ▪ In addition to dentists and dental hygienists, dental health aide therapists, physicians, physicians' assistants, and podiatrists also administer local anesthetic agents. • **Emergency training and prevention** – Careful evaluation of a client's medical/dental history, calculation of the maximum recommended dose, and good technique prevent complications from occurring. Dental hygienists are educated and trained to handle emergency situations and maintain current CPR as a requirement of licensure. ▪ Overdose reactions are easily preventable and hygienists are highly trained in all aspects of local anesthesia to prevent an overdose from occurring. ▪ The Alaska Board of Dental Examiners would adopt regulations requiring additional emergency management training as necessary. • **Liability insurance** – The cost of a dental hygienist's liability insurance is the same whether they have a license to deliver local anesthesia or not, which indicates insurance companies do not consider hygienist delivery of local anesthesia an increased risk. The Alaska Board of Dental Examiners would adopt regulations requiring increased malpractice insurance as necessary.

North Slope Borough
Office of the Mayor

P.O. Box 69
Barrow, Alaska 99723
☎ 907 852-2611 ext. 200
Fax: 907 852-0337

Edward S. Itta, Mayor

April 2, 2007

The Honorable Representative Bill Stoltze
Alaska House of Representatives
State Capitol, Room 501
Juneau, Alaska 99801-1182

Re: Support for House Bill 136

Dear Representative Stoltze:

I have had an opportunity to review the changes in statute proposed by House Bill 136. I support the bill and encourage its quick passage.

As you are aware the North Slope Borough is a large geographical area. Outside of the Deadhorse/Prudoe Bay area, the communities can only access certain healthcare by flying to a larger community. The more prudent method of delivery is for healthcare professionals to travel to their clients in the communities. Dental care is difficult to access and under our current system those with oral issues are in many cases forced to wait for the dentist's next scheduled trip to the village.

House Bill 136 is a step in the right direction. It will give my constituents greater options on a more regular basis and the medical services delivery system an additional tool when making hiring and budget decisions.

HB 136 appears to fall into the category of common sense measures that ought to have been made law some time ago. Alaska in general and from my vantage point, rural Alaska in particular suffers from a shortage of professional health services. It heartens me that you have chosen as an elected official from an area of Alaska connected to the road system to reach out to rural Alaska.

Again, I support House Bill 136 and request its speedy passage.

Sincerely,

Edward Itta
Mayor

Dana Owen

From: Shelley Hughes [ShelleyH@alaskapca.org]
Sent: Monday, April 23, 2007 3:08 PM
To: Sen. Johnny Ellis
Cc: Dana Owen
Subject: HB 136 Labor & Commerce Hearing Request

Dear Senator Ellis,

The Alaska Primary Care Association (APCA) respectfully request that as Chair of the Senate Labor and Commerce Committee that you schedule a hearing for HB 136 Dental Hygienists. APCA supports the expansion of scope for dental hygienists as this is a cost-effective and responsible solution for increasing oral health care access in Alaska, particularly to underserved populations and in underserved areas. The education and training of dental hygienists is well-matched with the proposed expansion of scope of practice. Please schedule this bill soon as it must be heard in Senate Finance as well prior to the close of session. Thank you.

Shelley Hughes

Shelley S. Hughes
Government Affairs Director
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"Uncompromising in the pursuit of access to primary care for all Alaskans"