GOAL 4

PREVENTION AND TREATMENT FOR DRUG
AND ALCOHOL MISUSE IS PROVIDED
THROUGH COLLABORATIVE, EFFECTIVE,
AND INFORMED STRATEGIES.

4.1 Objective: Increase awareness, improve knowledge, and change behaviors to prevent drug and alcohol misuse.

4.2 Objective: Reduce the impact of mental health and substance use disorders through prevention and early intervention.

4.3 Objective: Improve treatment and recovery support services to reduce the impact of mental health and substance use disorders.

4.4 Objective: Utilize ongoing recovery support services to end the cycle of substance misuse.

GOAL 4: SUBSTANCE USE DISORDER PREVENTION

Drug and alcohol misuse and abuse are issues across the nation; however, in Alaska, rates are among some of the highest. To directly address this issue, this goal aims to emphasize the need for Alaska to build the treatment and recovery infrastructure necessary to improve the outcomes of Alaskans suffering from addiction while also establishing the infrastructure and services necessary for early intervention in all geographic regions.

DRUG OR ALCOHOL MISUSE: use of substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications[1]

Alcohol and substance misuse impacts every community in Alaska. Alaska continues to exceed the national average for alcohol-induced deaths and heavy drinking and binge drinking rates. According to the Alaska Behavioral Health Systems Assessment Final Report (2016), approximately one in nine adults, or roughly 62,815 adults in Alaska, required treatment for an illicit drug or alcohol problem. Among Alaska's traditional high school students, roughly 33.5% are estimated to have a risk behavior for substance use with 18.4% having moderate to high risk behavior for substance use. Approximately 80% of the adult corrections population struggle with substance use.[2]

The highest number of opioid-related deaths identified in one year in Alaska was 108 in 2017 (preliminary data from the Centers for Disease Control and Prevention (CDC)); of those, 100 (93%) were due to overdose. Despite the escalating rate of opioid overdose deaths and high hospitalization rates, there are several encouraging findings. Preliminary data suggests a possible reduction in the number of deaths during the first six months of 2018 – 29 Alaskans were known to have died of opioid overdose in the first six months of 2018 compared with 44 and 56 during the first and last six months of 2017.[3]

As part of the recommendations in the 2017 report of the governor's Alaska Opioid Policy Task Force and the mandates from the Alaska Legislature via Senate Bill 74 (passed in 2016), Alaska applied for and was awarded a fast-tracked substance use disorder (SUD) portion of a Section 1115 demonstration waiver through the Centers for Medicare & Medicaid Services (CMS). The SUD portion assists in strengthening the SUD treatment

continuum of services by increasing the benefits offered to Medicaid recipients, building provider capacity throughout the state, and continuing to develop Alaska's SUD workforce capacity and competencies.[4]
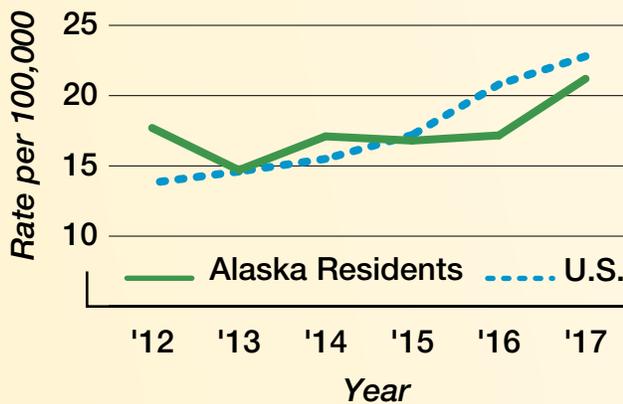
4.1 Objective: Increase awareness, improve knowledge, and change behaviors to prevent drug and alcohol misuse.

   a. Strategy: Develop research-based health education campaigns that encompass lifelong learning approaches.

   b. Strategy: Develop a collaborative and long-term prevention program.

   c. Strategy: Use informed strategies to educate young people and their caregivers about the adverse health impacts of using substances during critical brain development years.
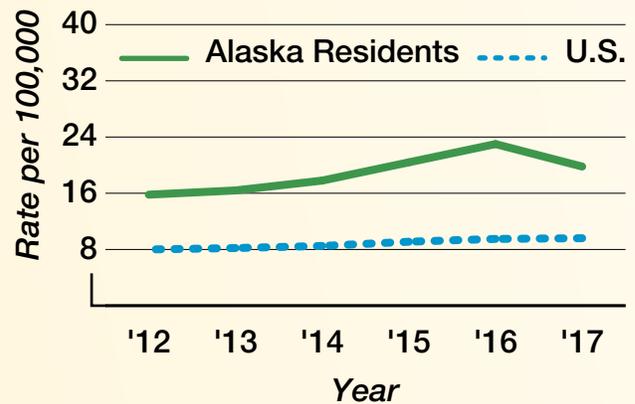
Figure 6: Drug-Induced Mortality (rate per 100,000)

Sources

Data from Alaska Department of Health and Social Services - Health Analytics & Vital Records; U.S. Centers for Disease Control & Prevention National Center for Health Statistics

Figure 7: Alcohol-Induced Mortality (rate per 100,000)

Source

Data from Alaska Department of Health and Social Services - Health Analytics & Vital Records; U.S. Centers for Disease Control & Prevention National Center for Health Statistics
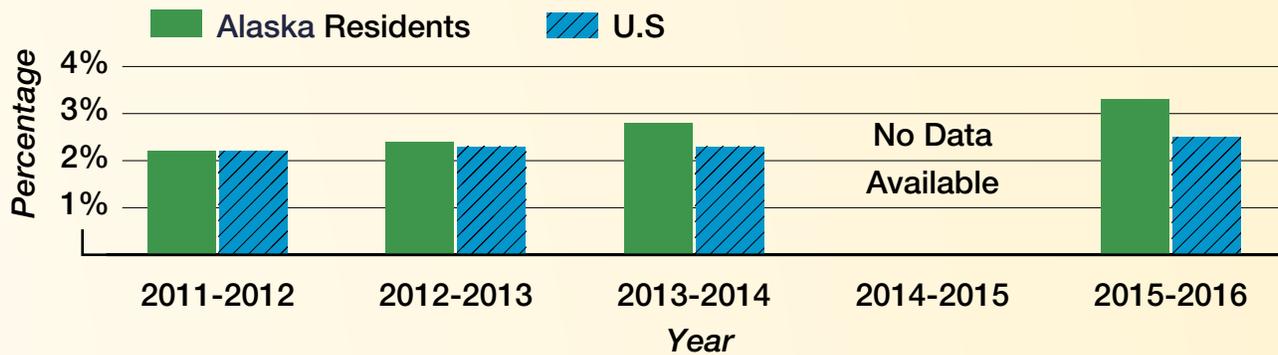
4.2 Objective: Reduce the impact of mental health and substance use disorders through prevention and early intervention.

   a. Strategy: Standardize mental health and substance use screenings and assessments that are age-appropriate (i.e., older adults, youth) statewide.

   b. Strategy: Enhance early access to care by training providers on Screening, Brief Intervention, and Referral to Treatment (SBIRT).

c. **Strategy:** Access and assess data to ensure that substance misuse prevention efforts are appropriate and targeted across the lifespan.

d. **Strategy:** Explore environmental strategies that limit exposure and/or access to alcohol and drug information and products.

e. **Strategy:** Promote continuing education for professionals – to include teachers – on addiction, moderation management, and crisis intervention.

Figure 8: Drug Use – Percentage of Adults Needing but Not Receiving Treatment

Source
Data from Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health

4.3 Objective: Improve treatment and recovery support services to reduce the impact of mental health and substance use disorders.

a. **Strategy:** Support the use of a standardized, algorithm-based, electronic substance use disorder assessment that is universally accepted across all providers and payer types.

b. **Strategy:** Increase access to the ASAM Continuum of Care for detoxification services to include case management to the next appropriate level of care.

c. **Strategy:** Increase access to community-based outpatient services and other community supports.

RECOVERY SUPPORT SERVICES: any services designed to initiate, support, and enhance recovery, such as child care, housing and legal services

THE ASAM CRITERIA: treatment criteria for addictive, substance-related, and co-occurring conditions, American Society of Addiction Medicine (ASAM), 3rd edition, 2013

ASAM CONTINUUM OF CARE: an integrated network of treatment services and non-clinical modalities, designed so that an individual's changing needs will be met as that individual moves through the treatment and recovery process

d. Strategy: Increase access to residential substance use disorder services and respective case management services.

e. Strategy: Increase capacity of the treatment spaces available across the ASAM Continuum of Care.

f. Strategy: Increase access to sub-acute and acute mental health and substance use disorder treatment and services.

g. Strategy: Expand medication-assisted treatment (MAT) options across Alaska and across settings.

4.4 Objective: Utilize ongoing recovery support services to end the cycle of substance misuse.

> **PEER SUPPORTS:** encompass a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both[5]

a. Strategy: Increase awareness of available peer supports regarding drug and alcohol misuse for individuals and family members.

b. Strategy: Create statewide standards for peer recovery supports.

c. Strategy: Support funding for the ASAM Continuum of Care to include increasing the number of aftercare treatment programs and peer-based services for youth and adults.

d. Strategy: Increase efforts to integrate primary care with behavioral health treatment.

e. Strategy: Build a comprehensive behavioral health case management system to assess client needs and facilitate referrals and assistance.

ENDNOTES

[1.] https://www.who.int/substance_abuse/terminology/who_ladt/en/

[2.] Alaska Behavioral Health Systems Assessment Final Report 2016: http://mhtrust.org/mhtawp/wp-content/uploads/2015/11/BH-Systems-Assessment-Report_Updated-1.22.2016_email.pdf

[3.] http://www.epi.alaska.gov/bulletins/docs/rr2018_03.pdf

[4.] 2017 Report of the Governor's Alaska Opioid Policy Task Force: http://dhss.alaska.gov/AKOpioidTaskForce/Documents/AOPTF-Recommendations-1-19-17.pdf

[5.] https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf