

Substance Misuse Across Beneficiary Groups

How Trust beneficiaries are impacted by Substance Use Disorders (SUD)

- All Trust beneficiary groups¹ are impacted by substance misuse. People with co-occurring disorders (SUD combined with another disability, such as mental illness or a developmental disability) often experience greater symptom severity, requiring specialized attention, and the social and medical costs have been estimated to be four times the cost of serving other clients.²
- Substance misuse is a growing problem for Alaskan seniors. Alaskans, 65 and older, consistently self-report higher rates of binge and heavy drinking than seniors in the lower 48.³ Also, Alaska's senior mortality rates for alcohol-induced and accidental deaths (non-fall related) are higher.⁴
- With disabled and elderly populations, concerns rise from the over-prescription of long-term medications for pain, including opioids, increasing the likelihood of substance dependence or addiction. People prescribed multiple medications have an increased likelihood of improper use and adverse consequences from mixing substances.

Barriers to SUD treatment for people with disabilities

- Trust beneficiaries are at greater risk for experiencing barriers to accessing treatment:
 - lack of treatment options, limited screening and diagnostic services
 - lack insurance or funds to pay for services
 - complicated Medicaid application process
 - criminal backgrounds
 - inadequate training among emergency medical and justice professionals in appropriate interventions that affect their ability to intervene effectively.
- Providers report that for decades, resources have not kept pace with the business costs associated with serving all Alaskans who need addiction services. This has resulted in 20+ years of flat-funding for behavioral health services, affecting:
 - attrition of staff
 - inability to recruit and retain mental health and addiction professionals
 - increase in demand resulting from the opioid crisis
 - limited and aging infrastructure

What are 'smart' solutions for addressing SUD for Trust beneficiaries?

- Community supports are more likely to promote recovery and stability than emergency and criminal justice services. Community supports include residential and outpatient treatment, housing and employment support, peer and natural supports, vocational rehabilitation, case management, and transitional service. These services cost less than police, hospital emergency rooms, psychiatric institutions, courts, and prison.

Trust beneficiaries need a full continuum of care—from prevention and early intervention to treatment and recovery—to address substance misuse

Substance misuse in Alaska is a statewide issue that exists in both urban and rural areas, and across all socio-economic, ethnic and cultural, age and disability groups. The consequences of addiction affect individuals, families, friends, neighbors, and communities across Alaska.

In 2018, the Alaska Mental Health Trust Authority (Trust) reported that 40,000 Alaskan adults experience alcohol dependence or abuse, and 24,600 adults experience illicit drug dependence or abuse. Also, 1,600 Alaskan youth (between ages 12-17 years) experience alcohol dependence or abuse.⁶

Communities across Alaska have formed local opioid workgroups that work both locally and statewide to address opioid addiction and its related problems. A statewide opioid strategic plan was created in 2018 with recommendations that are being implemented through a variety of statewide efforts.

Advocates support programs that address crisis stabilization, inpatient and outpatient treatment, detox services, Medication Assisted Treatment (MAT), and recovery supports for people with substance use disorders.

The Cost of Substance Misuse in Alaska

According to a 2017 McDowell Group report on the economic costs of drug abuse in Alaska, the estimated cost of drug addiction in

2015 was about \$3.06 billion, costs which “are borne by the state and local governments, employers, and residents of Alaska.” Of these costs, productivity losses account for the largest component.⁷

Productivity loss occurs when a person’s substance use prevents them from being employed or performing household services. It can include reduced efficiency through physical and/or mental impairment, employee absenteeism, premature death, incarceration for criminal offenses, and medical treatment or hospitalization.⁸

The misuse of alcohol and drugs also has a wide range of intangible costs, such as diminished quality of life, pain and suffering of victims, and impacts related to early childhood trauma. Substance misuse also plays a significant role in vehicle traffic collisions and criminal activity, such as driving under the influence, sale of illegal substances, assault, theft, and both violent and non-violent crimes.

The Trust and partner advisory boards prioritize the need to address substance misuse across beneficiary groups and continue to work with stakeholders, both public and private, to address barriers, increase workforce development, and expand programs and services that address the causes and the consequences of addiction. ❖

Support informed policies, evidence-based practices, workforce development, and smart spending to address Alaska’s addiction epidemic.

¹ Trust beneficiaries include people with mental illness, substance use disorders (SUD), intellectual-developmental disabilities (IDD), Alzheimer’s disease and related dementia (ADRD), traumatic brain injury (TBI), and fetal alcohol spectrum disorders (FASD).

² From DHSS Healthy Alaskans 2010 – Volume 1.

³ BRFS, Alaska Division of Public Health, Chronic Disease Prevention and Health Promotion, July 2018.

⁴ Division of Public Health, Alaska Bureau of Health Analytics & Vital Records.

⁶ “A Promising Future,” Alaska Mental Health Trust Authority, 2018 Annual Report.

⁷ McDowell Group. (2017). “The Economic Costs of Drug Abuse in Alaska.” 2016 Update. Juneau: McDowell Group.

⁸ Ibid.

For more information, go to: www.alaskamentalhealthtrust.org/jointadvocacy