

IDAHO OFFICE OF DRUG POLICY REPORT

Quarter Four 2009
UPDATED

THE OTHER PANDEMIC

By Hope Taft, *Leadership to Keep Children Alcohol Free*

Idaho's state and local public health districts are actively monitoring the spread of 2009 H1N1 influenza. Medical professionals throughout the state have been educated on how to test patients with influenza symptoms for 2009 H1N1 flu and how to treat confirmed cases. The entire Nation is mobilized at many different levels. As individual citizens we are reminded that we also have an essential role in fighting the spread of this newest pandemic.

We are urged to wash our hands often, if you must cough, do so into your sleeve, if you have a fever, see your physician and stay at home from school or work so as not to spread your infection. We are being asked to act responsibly and to remember that we are the first line of defense. But, it would be unthinkable, and we as a society would never tolerate anyone telling us that containing this pandemic relied upon our acting "responsibly." We support, even demand, the establishment of broad public policies that will ensure that we will be protected through support of research and even passage of legislation that directs funding and action where it is needed when the public's health is endangered.

And yet, there is a recurring public health pandemic that infects each succeeding generation of our youth on a daily basis, kills over 75,000 people each year and maims many hundreds of thousands more, that robs over 17 million people of their health, destroys millions of families through domestic violence, leads to higher rates of truancy among eighth graders and, in economic terms, costs the country over \$185 billion, more than is the cost of illegal drugs or tobacco. What is this constant, quiet pandemic that creeps into our society and infects so many children, young adults, men and women? Alcohol abuse.

With 10.8 million underage drinkers in our country, alcohol is the most widely used substance by young people and the implications for early use can be life-long. The fact is that 40% of persons who begin drinking before age 15 will become alcohol dependent at some point in their lives. The 2009 statistics from the Substance Abuse and Mental Health Services Administration catalogues the incidence of alcohol, illegal drug and tobacco use in our society. While miniscule improvements in underage alcohol use is seen, if, as a society we are to make a difference in the ongoing public health threat, we need to vigorously commit our efforts at every level. Statistics show that only 17% of our youth who need treatment services for alcohol, seek help.

For many years alcohol-related prevention efforts were essentially limited to educational programs. We are finding educational approaches, coupled with strategies aimed at altering the social, legal, and economic context in which drinking occurs are the most effective. Just as with the response to the H1N1 pandemic, we are best served by applying information from research to develop strategies and public policies to prevent underage drinking. What have we learned so far? Here are a few strategies with research to back them up. Communities and states that have implemented them have seen a reduction in traffic fatalities and other alcohol related consequences.

- (1) School-based programs can be effective in reducing the onset of alcohol consumption and the degree to which alcohol becomes a problem. Just as we do not expect that teaching math to one group of fifth grade students will automatically translate to future generations of fifth graders without constant, ongoing education, so it is with school alcohol prevention programs.
- (2) Strong policies coupled with legislation at the state and national level offer remarkable benefits. The minimum legal drinking age law is responsible for a 16 percent reduction in fatal crashes for those under the age of 21.
- (3) Other laws found effective were the .08 percent blood-alcohol standard and license suspensions for drunk driving as well as laws allowing police to stop drivers who fail to wear seatbelts. Every additional gallon of alcohol consumed [per capita] was associated with a 44% increase in underage alcohol-related fatal crashes.
- (4) A statewide prevention effort is being developed to support further education efforts, and defray the cost of emergency room admissions arising from alcohol related crashes, injuries and alcohol poisoning.

Like all pandemics we must choose to fight it. **Underage drinking is not a rite of passage!**

The Leadership to Keep Children Alcohol Free Foundation is the largest not-for-profit philanthropy consisting of current and former Governors' spouses united to bringing new attention, needed resources, and a unique political voice to the issue of underage drinking prevention. First Lady Lori Otter is a member of the Executive Committee.



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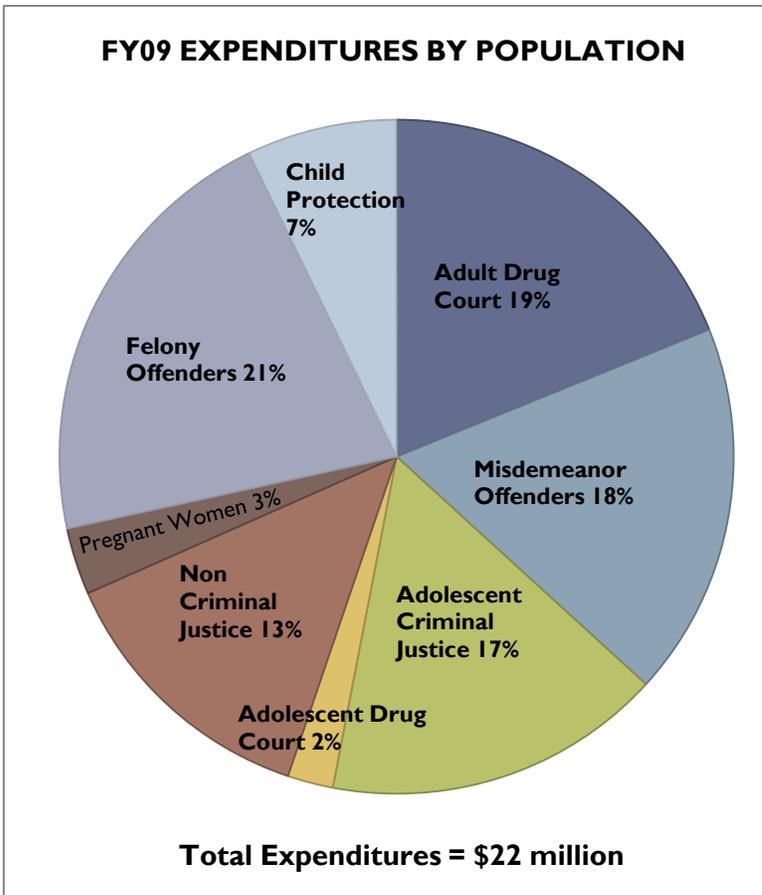
IDAHO SUBSTANCE USE DISORDER TREATMENT SYSTEM COMMUNITY-BASED TREATMENT

FISCAL YEAR 09
RESULTS

In Fiscal Year 2009, Idaho invested state and federal dollars in substance use disorder treatment. The Office of Drug Policy and Interagency Committee on Substance Abuse allocated the funds to serve individuals in partnership with Idaho Department of Health and Welfare, criminal justice agencies, the judiciary and local government. Nearly 15,000 Idahoans were provided some level of service through assessment, treatment or recovery support services:

\$3.3 million served 3,300 felons under the jurisdiction of the Idaho Department of Correction. The funding allows IDOC to target the segment of their population most in need of substance use disorder treatment. The funding is provided to the most at-risk population which includes those inmates re-entering the community where treatment allows a stable transition and those on probation or parole who are demonstrating signs of recidivating to an institution. The option of community-based treatment allows judges and the parole commission to place felony offenders with their families rather than in a state facility. Coupling treatment funding with IDOC programming results in reduced prison populations and lower recidivism rates.

\$1.4 million served nearly 1,500 felons through Idaho Code 19-2524 which allows judges to court order felony offenders most in need of assessment and treatment to receive these services. This tool is critical to the district judges on the bench to ensure public safety and enhance their ability to rehabilitate offenders through community-based treatment.



\$4.2 million served 1,300 in adult drug court as publicly-funded treatment was essential to the success of Idaho's drug courts. These offenders were managed in the community rather than in prison or with jail time. Outcome evaluations for adult felony drug courts demonstrate that drug courts are effective in reducing recidivism from 37% to 19% for drug court graduates, saving taxpayer dollars including expenditures for enforcement and court costs, costs of incarceration, and very direct costs to victims, families, and communities. These effective alternative community-based sanctions enhance public safety while turning tax users into taxpayers.

\$4.0 million served over 3,700 DUI and other misdemeanor offenders coupling county probation services with treatment dollars to increase effectiveness. Intervening successfully with misdemeanor offenders not only increases public safety but prevents escalation to the felony prison population saving taxpayers significant costs over time.

\$3.2 million served 1,600 adolescents placing these young people in intensive outpatient, outpatient and residential treatment to address addiction issues. Treatment is a critical component to prevent youth from dropping out of high school. State funds devoted to intervening with the adolescent population are recouped many times in the future.

\$450,000 served 131 adolescents through Idaho Code 20-520(i) allowing judges to intervene directly in the most critical cases

and ensuring that adolescents most in need of treatment are provided services in the community rather than in juvenile detention or a state facility.

\$484,000 served 95 in adolescent drug court where judges, court personnel and the treatment provider work as a team to rehabilitate adolescent offenders.

\$1.6 million served 900 in child protection drug court and in the child protection system to treat the underlying addiction which prevents families from re-uniting and creating a healthy environment for children.

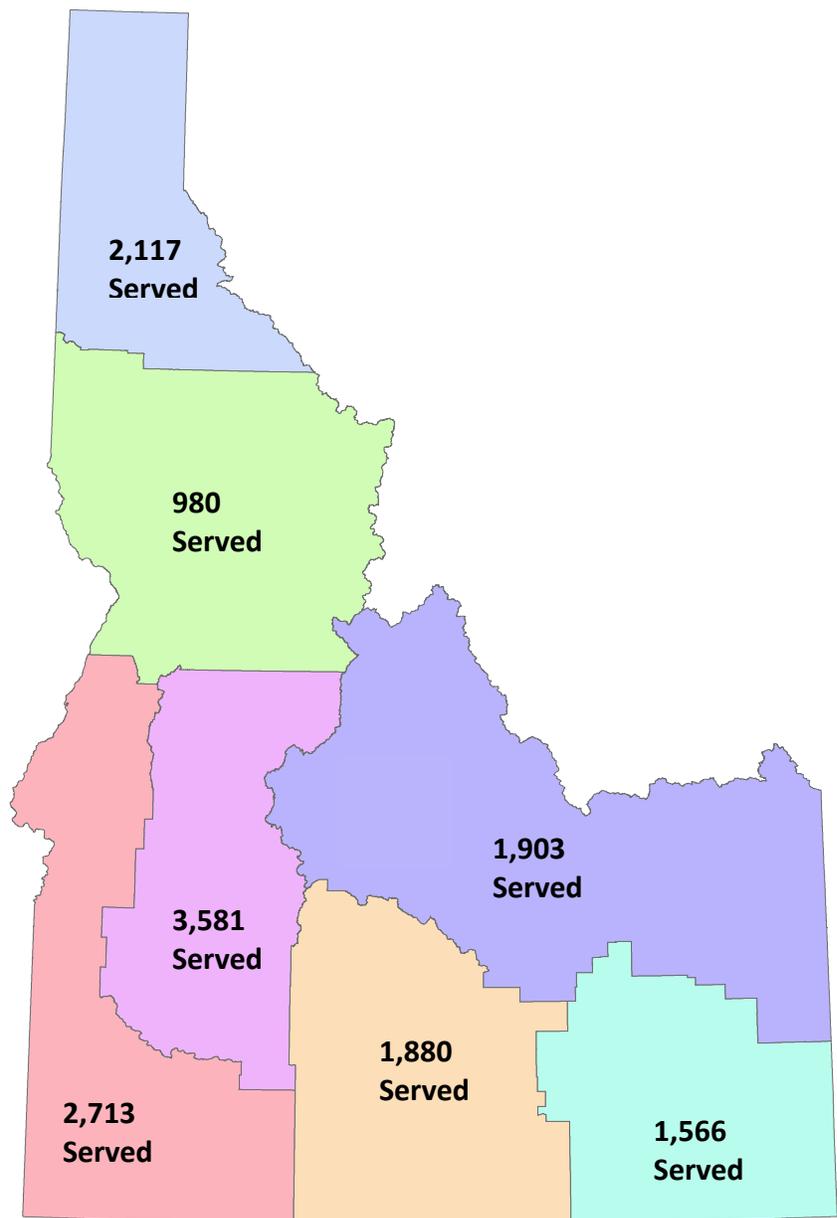
\$3.1 million served 2,500 non-criminal justice adult and adolescents including pregnant women, women with children, also from schools, families and friends.

Community Treatment System FY09 Utilization by Region

FISCAL YEAR 09
RESULTS

Idahoans across the state received services for substance use disorder treatment. A study of individuals treated in fiscal year 2003 reported that treatment services for a select population generated conservatively 14% to 18% savings for every \$1.00 spent on treatment in Idaho. A study published by the Washington State Institute for Public Policy reports that the benefit is \$3.77 for every \$1.00 spent on treatment when potential earnings, health care costs and impact of criminal activity are considered. The Idaho Department of Health and Welfare and Office of Drug Policy are in the process of conducting an updated cost/benefit analysis to show the benefits associated with the current levels of treatment in Idaho.

Region	\$ in Millions
One	2.5
Two	1.7
Three	3.8
Four	5.1
Five	2.7
Six	2.9
Seven	3.3
TOTAL	22.0



Strategic Prevention Plan Retreat

Idaho Prevention Partners

Miren Aburruza, MADD
Kevin Bechen, Idaho Dept. of Transportation
Susan Bench, Idaho PTA President
Kay Bennett, Idaho Liquor Division
Christina Berg, BSU Health Sciences
Laurie Boeckel, Idaho PTA
Sharon Burke, Office of Drug Policy Staff
Bob Clements, Alcohol, Beverage Control
Sally Craven, KTVB Community Service Director
Karen Des Aulniers, Community Coalitions
Nathan Drashner, IDHW Epidemiologist
Debbie Field, Chair, Prevention Partner, ODP
Elisha Figueroa, Meridian Anti Drug Coalition
Jermaine Galloway, Boise Police Dept.
Georgia Girvan, RADAR Director
Judy Herman, MADC Coalition Chair
Gayle Hines, ODP Staff
Marianne King, Drug Free Idaho
Nancy Kunau, Fifth Judicial District
Nancy Lopez, Enforce Underage Drinking Laws
Matt McCarter, Safe & Drug Free School,
Coordinator
Alan Miller, Enforce Underage Drinking Laws
Jack Miller, Idaho Project Filter
Jared Olson, Idaho Prosecuting Attorney Assoc.
Kim Osadchuk, ODP Graduate Student Intern
Terry Pappin, IDHW Prevention Services,
Director
Alisha Passey, Bonneville County Youth
Development Council Director
Dee Dee Phillips, Juvenile Probation Officer
Ken Robison, Former member of Idaho House
of Representatives
Megan Ronk, Idaho Meth Project
Tammy Rubino, RAC Representative,
Coeur d'Alene
Cindy Schiller, Community Parent Volunteer
Jennifer Summers, Health Sciences Educator
Jan Sylvester, Idaho PTA
Laura Thomas, IDHW
Janeena Wing, Idaho State Police

Vision

A unified Idaho Prevention System that empowers Idahoans to have the skills and resources to lead healthy and drug-free lives.

Mission

The system exists to promote, enhance and coordinate prevention efforts through a commitment to collaboration including stakeholders, providers and state agencies. Meaningful data is collected and analyzed on an ongoing basis which drives systems goals, priorities and funding.

Problem Statement

Idaho's prevention strategies are not currently coordinated to achieve their potential collective impact.

NOW, THANKS TO THE PARTNERSHIP, PREVENTION EFFORTS ARE CHANGING FOR THE STATE OF IDAHO!

Originally developed by Drs. Hawkins and Catalano of the University of Washington, Communities That Care (CTC) is a prevention planning system that guides community partnerships step by step through a strategic planning process from identifying risk and protective factors to identifying resources, priorities, measurable goals and to finally developing a community and in our case, and Idaho action plan that implements best practice strategies/programs.

The full CTC process is based on the public health model and includes five phases. (Alternative CTC programs can be customized to fit specific community needs.)



On a beautiful crisp fall day, October 14, The Idaho Prevention Partners gathered for a full day retreat at the Idaho House to strategize and organize a statewide prevention plan.

Thanks to the facilitation efforts provided through the Center of Substance Abuse Prevention (CSAP), the committee followed the Vision, Mission and Goals outlined by the membership in previous meetings.

PREVENTION CHECKLIST

- ✓ **Phase I: Getting Started** -- Create preliminary organization and identify community readiness issues.
- ✓ **Phase II: Getting Organized** -- Engage key leaders, educate and involve the community, develop a vision, and address readiness issues.
- ✓ **Phase III: Developing A Community Profile** -- Collect data; analyze and prioritize community risk and protective factors. Conduct a resource assessment. Identify gaps.

Phase IV: Creating A Comprehensive Youth Development or Community Action Plan -- Define clear, measurable outcomes. Identify strategies to address community priorities, matching proven-effective programs to specific community needs. Create action and evaluation plans.

Phase V: Implementing And Evaluating Programs -- Implement programs, conduct evaluations and refine strategies, adjust programs.

Implement a clear decision-making process for allocating funding and other resources.

Establish a shared vision, common language and collaborative prevention planning structure.

- ✓ Develop a data-driven profile of community strengths and challenges.

Establish action priorities based on the data showing community needs. Develop clear and measurable outcomes that can be tracked over time to show progress.



*Sharon Burke,
Program
Manager*

Sharon Burke joined the Office of Drug Policy on June 15, 2009 after serving for two years as the county representative on the Interagency Committee on Substance Abuse. Working at the Idaho Association of Counties as staff for the Justice and Public Safety Steering Committee provided excellent insight into the treatment needs at the county level. Prior to her tenure at the Idaho Association of Counties, Sharon worked for the Administrative Office of the Idaho Supreme Court and understands the importance of an effective substance abuse treatment system for individuals who require publicly-funded services. While taking a sabbatical from full-time work to spend time with her children, Sharon worked part-time at the Southwest Idaho Juvenile Detention Center. She serves on the Board at Life's Kitchen, a non-profit organization dedicated to providing life skills to at-risk youth. Sharon received her undergraduate degree in Accounting from the University of Idaho and a Masters in Public Administration from Boise State University. Sharon and her husband Mike have two children, Erin and Matthew.

Meet the
hard
working
staff at
the Office
of Drug
Policy



*Gayle Hines,
Administrative
Services
Manager*

Gayle started working for the Office of Drug Policy in November of 2008. She brings over twenty-five years of executive administration experience, having worked for a global construction and engineering company specializing in large government contracts. In addition to her professional experience, Gayle has been active in community outreach efforts through her church and local organizations.

A long-time Idaho resident, Gayle enjoys spending time with her husband, family and friends, including her four grandchildren. Her interests include reading, fishing and hiking.



*Kim Osadchuk, Intern,
BSU Graduate Studies*

Kim Osadchuk is currently spending at least 20 hours an intern for the BSU Graduate Studies Program of Social Work. Kim served as former Program Administrator of the Center for Behavioral Health. She also served as Clinical Coordinator for Easter Seals-Goodwill and Risk Assessment Worker at Dept. of Health and Welfare. We're happy to have her assistance in the office. Thank you Kim!

Idaho Office of Drug Policy

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*People won't care how much you know,
until they know how much you care."*

-Dale Carnegie-



Policy "Implementers" Corner

Our knowledge base is expanding on what we know about our State and Nation's drug problem. We are recognizing drug abuse and addiction for what it is – not just a law enforcement and criminal justice issue, but also a very complex and dynamic public health challenge, one that demands a systematic, comprehensive, and evidence-based approach if we are going to be equal to the task.

Law enforcement has a vital role in combating the illegal production, transport, sale and abuse of drugs, but our efforts will come to nothing if we don't match them with a robust public health response.

We are acquiring more effective tools than we once had, and we're trying to make full use of them.

We are becoming more efficient and more effective by collaborating across jurisdictions. We are committed to sharing information, leveraging resources, and breaking down silos.

What our data shows is that Idaho youth are the group most vulnerable to areas of abuse. So our first order of business as prevention partners has to be doing whatever we can to prevent young people's initiation into drug use.

It's a great place to start...

From the Office of Drug Policy Administrator

The trying economic times facing Idaho families, businesses, and state government, for good or bad, is causing us to change the way we think and act as policymakers and implementers. We face new realities, feeling the pinch of reduced state revenues means the reality of job losses with slower economic rebound.

These are times when building agency partnerships throughout government, including our partners in public and private business, need each other the most. The Interagency Committee on Substance Abuse Prevention and Treatment explores the difference between needs and wants, working together to provide outcomes so we can track effectiveness and improve efficiencies. Not only am I impressed with the collaborative process as a Chair and member of this committee, but I'm proud as a taxpayer for the work that is being done to make sure there is a return on our investment.

The workload required is causing all of state government to do more with less, including manpower and dollars. You're invited to review the FY10 Project list of the tasks that we are working on in the Office of Drug Policy. With a staff of three, this involves many hours of facilitating cooperative work sessions, establishing goals, timelines, and implementation strategies. I'm honored to be working with such a dedicated group to accomplish the tasks at hand.

Join us! If after review of the list you find an area of focus you believe can enhance the work or unite with the partnership, consider yourself welcome to the work. If you have questions or concerns, please don't hesitate to call our office. Your expertise is needed and encouraged. We are making a difference!

Wishing you a happy and healthy holiday season,

Debbie

Debbie Field

GAIN/WITS IMPLEMENTATION

It's been a couple of years since the Common Assessment Selection Committee chose the "Global Assessment of Individual Needs (GAIN)" as a statewide assessment for substance abuse disorders, February 28, 2007.

Since that time, we have trained and certified over 500 users, added local trainers to help educate others and implemented a privacy secured database infrastructure called WITS. It's not been without pain and frustration, systemic change has a high price.

Thank you for your patience and hard work. The statewide approach to assessing needs, and establishing accountability standards throughout the system, has placed Idaho as a leader in the nation for this achievement.

