

***Identifying Priority Substance Abuse Needs
in Wisconsin***

Wisconsin Department of Health and Family Services
Office of Strategic Finance
November 2006

Identifying Priority Substance Abuse Needs in Wisconsin

In May of 2006 the Department of Health and Family Services initiated a project to identify priority substance abuse needs in the state. The project was conducted to help Department staff make informed decisions about how to target and invest substance abuse dollars, in particular federal Substance Abuse Prevention and Treatment (SAPT) block grant funds. The project was implemented by the Division of Disability and Elder Services (DDES) with assistance from the Office of Strategic Finance (OSF).

The approach used to identify priority substance abuse needs was similar to the approach used in the Turning Point Initiative which identified priority public health needs for the state health plan, "Healthiest Wisconsin 2010." The Turning Point Initiative examined both the incidence of specific health conditions and the severity of the conditions. Conditions with both high incidence and high severity were identified and considered further in the Turning Point needs assessment process.

Defining Substance Abuse Conditions

To initiate the substance abuse needs assessment project, Department staff developed an initial list of substance abuse conditions. The list was developed to be as consistent as possible with surveillance categories commonly used to describe the occurrence of substance use problems experienced by the general population that are associated with the use of alcohol or other drugs. This was done to facilitate collecting information on the incidence of individual substance abuse conditions. A few of the substance abuse conditions included in the initial list were specific to

subpopulations in the state such as pregnant, postpartum or parenting women. These conditions were included to ensure that they were considered in the priority identification process.

After the initial list of substance abuse conditions was developed, it was refined based on input from expert technical advisors.¹ These expert technical advisors served as members of the Expert Technical Advisory Committee for Substance Abuse Needs Assessment. This committee provided overall input and consultation to the substance abuse needs assessment process.

Determining Severity of Substance Abuse Conditions

The relative severity of the 26 substance abuse conditions was determined by members of the Expert Technical Advisory Committee for Substance Abuse Needs Assessment and contact persons representing the state's Native American Tribes. Members of the Expert Technical Advisory Committee for Substance Abuse Needs Assessment and contact persons representing the state's Native American Tribes completed an online survey to rate the relative severity of the 26 substance abuse conditions.

Department staff developed the online survey using information from national and state sources and input from the 43-member Expert Technical Advisory Committee for Substance Abuse Needs Assessment. The online survey asked respondents to rate each of the 26 substance abuse conditions considering various personal and societal impacts such as service needs; likelihood of death or disability; economic impact; and

¹ Appendix A lists the final 26 substance abuse conditions used in the needs assessment process.

the negative impact of the condition on the individual, society or the individual's family. The severity ratings ranged from high to low with an option of "none" or "not likely at all" showing no impact.²

Survey responses were received from 30 of the expert technical advisors and Tribal contact persons.³ The 30 respondents represented a cross-section of practitioners and experts in the substance abuse field.⁴

Respondents' ratings were weighted to describe the relative severity of the 26 substance abuse conditions. Responses indicating a condition had a "Severe Impact" were weighted 3, responses of "Moderate Impact" were weighted 2, and responses of "Mild Impact" were weighted 1. Responses indicating a condition had no impact were weighted 0. After these weights were applied, the average rating score was calculated.⁵ This process was repeated for each of the 10 survey questions, yielding 10 average rating scores for each of the 26 conditions. To obtain one overall rating score for each condition, the median average rating score for the 10 survey questions was calculated. The median average rating score was used to place the 26 substance abuse conditions in rank order based on severity.

² Appendix B shows the severity ranking questions used in the survey.

³ In total, 30 responses were received by the final May 5, 2006, deadline although some respondents did not answer all of the survey questions.

⁴ Appendix C identifies the members of the Expert Technical Advisory Committee for Substance Abuse Needs Assessment and the Tribal contact persons who responded to the severity rating survey.

⁵ The average rating score represented the number of responses in each of the rating categories multiplied by the weights for each of the categories divided by the total number of responses, including responses indicating the condition had no impact.

Determining Occurrence of Substance Abuse Conditions

A number of sources were used to determine how many persons in the state are affected by the 26 substance use conditions. Some of these sources provided information on the prevalence of substance abuse conditions in Wisconsin, showing how many persons have a specific condition within the reporting period. Other sources included research studies based on national samples which were applied to Wisconsin census data. Because the sources used had different data collection approaches, it was decided to use the term "occurrence" instead of incidence to refer to information describing how many persons within the state were being affected by the substance use conditions.

Whenever it was possible to do so, sources of information specific to the state were used. However for some of the substance use conditions, the only information available was from national surveys. Thus in some cases, it was necessary to estimate the rate of occurrence of the substance use condition in the state's population by assuming that the rate of occurrence in the state was the same as the rate of occurrence identified in the nation as a whole.⁶

Examination of Severity and Occurrence of Substance Abuse Conditions

To analyze the severity and occurrence of the 26 substance abuse conditions, the occurrence data was converted to a standard 10-point scale reflecting the number of persons in the state estimated to be impacted by the substance abuse condition. The following table shows the population groups for each of the 10 levels.

⁶ Appendix D describes the sources of information used to determine the frequency of occurrence of the substance use conditions in the state's population.

Occurrence Level (Category/ score Assigned)	Occurrence in WI Population	Minimum Percent of WI Population
1	Less than 500	0.0%
2	500-999	0.01%
3	1,000-4,999	0.02%
4	5,000-9,999	0.1%
5	10,000-24,999	0.2%
6	25,000-49,999	0.5%
7	50,000-99,999	1%
8	100,000-249,999	2%
9	250,000-499,999	5%
10	500,00 or more	10%

A grid was then prepared displaying each condition's occurrence and severity. The rationale was that a higher priority should be assigned to substance use conditions with both high occurrence and high severity than those with low occurrence and low severity.

Results

For purposes of this analysis, substance abuse conditions having an occurrence of 8 or greater were considered to have high occurrence, and substance abuse conditions with a median severity rating score of 2.4 or higher were considered to be high severity conditions. These scores were above the averages for occurrence and severity.

1. AODA conditions with the highest occurrence in Wisconsin are: driving while intoxicated; binge use of alcohol; one time, occasional or experimental use of illicit psychoactive drugs; heavy alcohol use; substance abuse-related intergenerational family dysfunction; alcohol abuse; youth (12-17 year olds') AODA use; alcohol dependence; 18-25 year olds' AODA use; and co-occurring

substance abuse or dependency and mental illness.

2. AODA conditions with the highest severity in Wisconsin are: permanent drug-related psychosis; methamphetamine; co-occurring substance abuse or dependency and mental illness; heroin; alcohol dependence; cocaine; fetal alcohol/drug spectrum disorder; substance abuse or dependence and a physical disability; alcohol or other substance use abuse or dependency in a pregnant post partum, or parenting woman; and heavy use of alcohol.

In order to identify conditions with both high severity and high occurrence, a combined total of the severity and occurrence scores was calculated.

3. AODA conditions with both high occurrence and high severity in Wisconsin are: driving while impaired by alcohol or other drugs; binge use of alcohol; heavy use of alcohol; substance abuse-related intergenerational family dysfunction; alcohol abuse; co-occurring substance abuse or dependency and mental illness; alcohol dependence; one time, occasional or experimental use of illicit psychoactive drugs; alcohol or other substance use abuse or dependency in a pregnant post partum, or parenting woman; youth (12-17 year olds') AODA use; and 18-25 year olds' AODA use.

Alcohol-related conditions dominate the high occurrence/high severity conditions in Wisconsin. This is consistent with national data showing that Wisconsin ranks highest among states on binge drinking (5 or more drinks per occasion for males and 4 or more per occasion for females) and ranks 5th in

the country on heavy drinking (more than 60 drinks per month for males and more than 30 drinks per month for females).

Treatment Gap Analysis

After this analysis was completed, additional information was collected comparing the number of persons receiving substance abuse services in Wisconsin counties to the estimated number of persons in need of substance abuse treatment in these counties. This information was plotted in comparison to the per capita allocation of public funds (excluding Medicaid) for substance abuse services.⁷ This comparison identified considerable treatment gaps in most counties. Counties with higher per capita allocations tended to have lower treatment gaps.

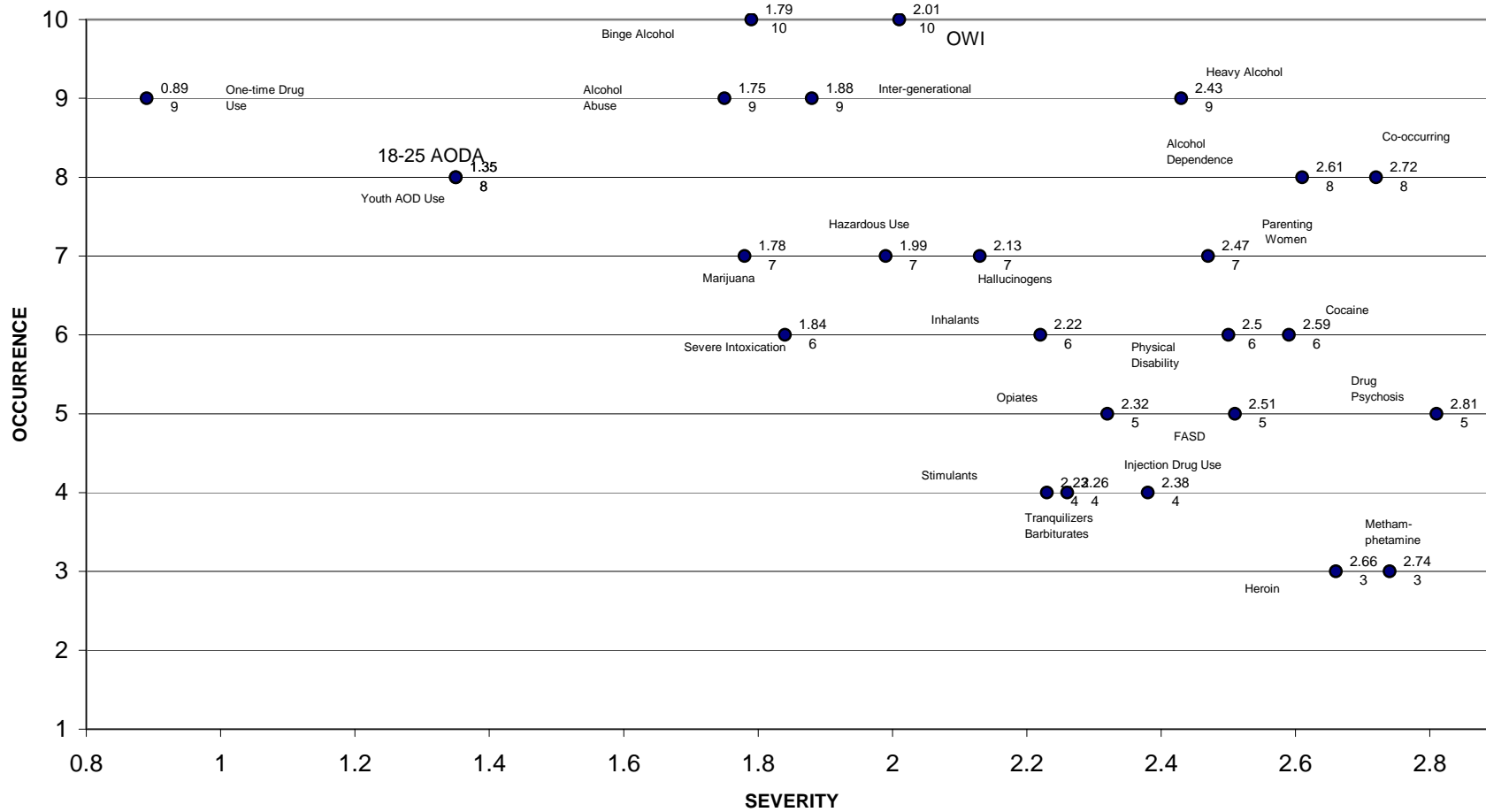
Presentation of Results

The following graph displays the occurrence and severity of the 26 conditions. The highest priority conditions are in the upper right quadrant. The three tables following this graph list the 26 substance abuse conditions in their final rank order in terms of severity, and then in terms of their occurrence, and in terms of both rankings.

The graph following these tables illustrates the treatment gap in individual counties compared to the per capita allocation of public funds for substance abuse services in these counties.

⁷ Public funds included the SAPT block grant, TANF, and the Intoxicated Driver Program among others.

SUBSTANCE USE CONDITION SEVERITY AND OCCURRENCE DATA COMBINED

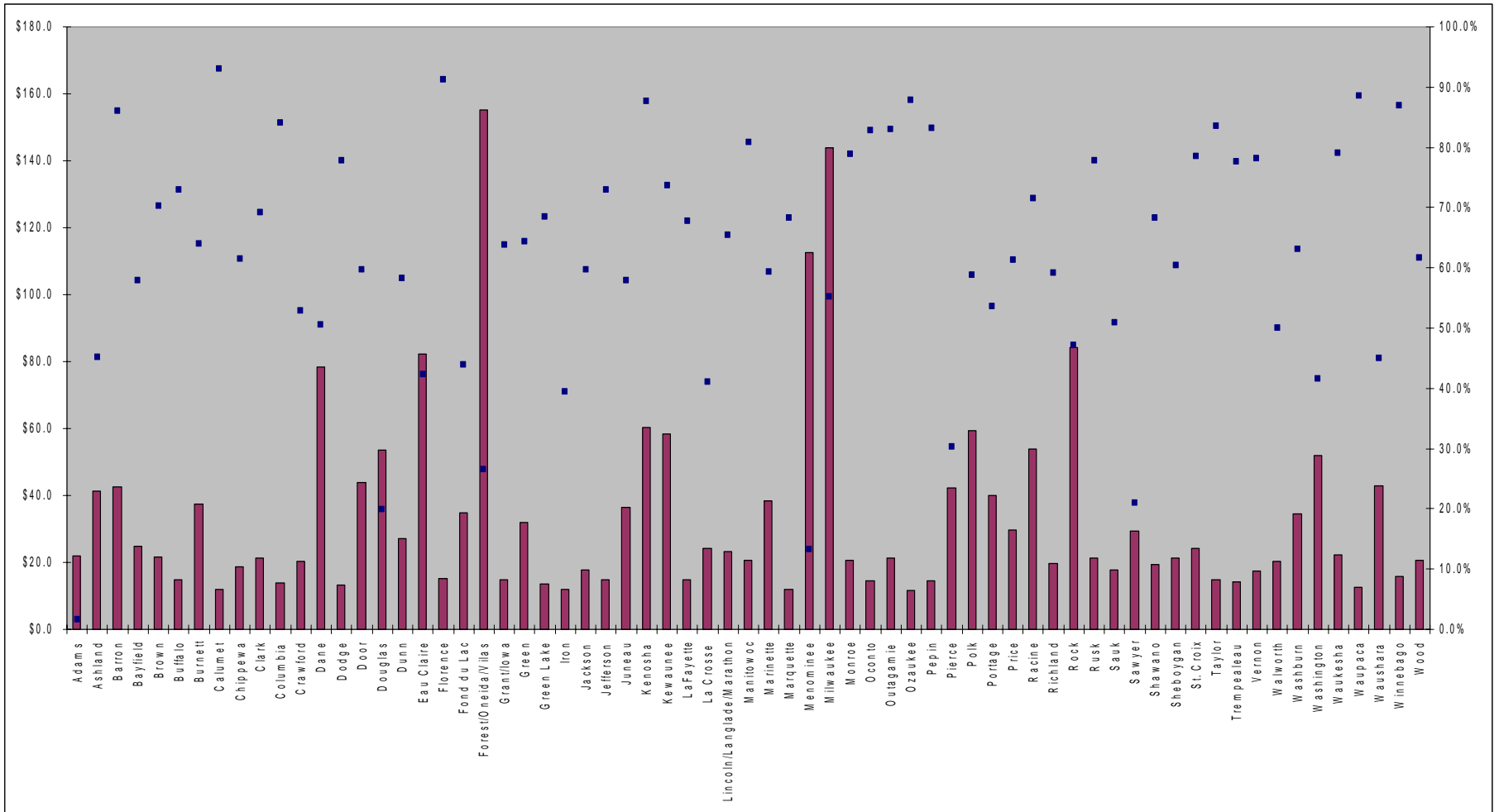


Substance Abuse Conditions Ranked by Median Severity Rating Scores	Score	Rank
25. Permanent drug-related psychosis	2.81	1
13. Methamphetamine abuse or dependence	2.74	2
18. Co-occurring substance abuse or dependency and mental illness	2.72	3
11. Heroin abuse or dependence	2.66	4
2. Alcohol dependence exclusive of alcohol abuse	2.61	5
10. Cocaine abuse or dependence	2.59	6
22. Fetal alcohol/drug spectrum disorder	2.51	7
19. Substance abuse or dependence and a physical disability	2.50	8
21. Alcohol or other substance use, abuse or dependency in a pregnant, post partum, or parenting woman	2.47	9
3. Heavy use of alcohol (more than 60 drinks/month for males; more than 30 drinks/month for females)	2.43	10
24. Injection drug use	2.38	11
14. Non-medical abuse of, or dependence on, prescription opiates/pain relievers	2.32	12
15. Non-medical abuse of, or dependence on, psychoactive prescription tranquilizers or barbiturates	2.26	13
12. Non-medical psychoactive stimulant abuse or dependence	2.23	14
17. Inhalant use, abuse or dependence (solvents, aerosols, nitrates, nitrous oxide)	2.22	15
16. Hallucinogen and club drug use, abuse or dependence (i.e. LSD, PCP, MDMA-Ecstasy, etc.)	2.13	16
6. Instance of driving while impaired by alcohol or other drugs	2.01	17
7. Instance of being under the influence of alcohol or other drugs in a hazardous situation not including driving a motor vehicle	1.99	18
20. Substance abuse-related intergenerational family dysfunction	1.88	19
5. Instance of severe alcohol or other drug intoxication or incapacitation	1.84	20
4. Binge use of alcohol (5 or more on an occasion for males; 4 or more on an occasion for females)	1.79	21
9. Marijuana abuse or dependence	1.78	22
1. Alcohol abuse exclusive of alcohol dependence	1.75	23
26. Alcohol or substance abuse among 18-25 year olds	1.35	24.5
23. Any use of alcohol or illicit psychoactive drugs among youth (ages 12-17)	1.35	24.5
8. One time, occasional or experimental use of illicit psychoactive drugs	0.89	26

Level	Occurrence of Substance Abuse Conditions	Occurrence	Rank
10	6. Instance of driving while impaired by alcohol or other drugs	6,846,045	1
10	4. Binge use of alcohol (5 or more on an occasion for males; 4 or more on an occasion for females)	850,387	2
9	8. One time, occasional or experimental use of illicit psychoactive drugs	492,868	3
9	3. Heavy use of alcohol (more than 60 drinks/month for males; more than 30 drinks/month for females)	298,115	4
9	20. Substance abuse-related intergenerational family dysfunction	289,638	5
9	1. Alcohol abuse exclusive of alcohol dependence	263,909	6
8	23. Any use of alcohol or illicit psychoactive drugs among youth (ages 12-17)	228,496	7
8	2. Alcohol dependence exclusive of alcohol abuse	163,095	8
8	26. Alcohol or substance abuse among 18-25 year olds	155,850	9
8	18. Co-occurring substance abuse or dependency and mental illness	134,419	10
7	16. Hallucinogen and club drug use, abuse or dependence (i.e. LSD, PCP, MDMA-Ecstasy, etc.)	76,172	11
7	9. Marijuana abuse or dependence	76,171	12
7	21. Alcohol or other substance use, abuse or dependency in a pregnant, post partum, or parenting woman	71,229	13
7	7. Instance of being under the influence of alcohol or other drugs in a hazardous situation not including driving a motor vehicle	60,909	14
6	17. Inhalant use, abuse or dependence (solvents, aerosols, nitrates, nitrous oxide)	37,189	15
6	5. Instance of severe alcohol or other drug intoxication or incapacitation	36,196	16
6	19. Substance abuse or dependence and a physical disability	28,800	17
6	10. Cocaine abuse or dependence	26,884	18
5	14. Non-medical abuse of, or dependence on, prescription opiates/pain relievers	24,643	19
5	22. Fetal alcohol/drug spectrum disorder	16,205	20
5	25. Permanent drug-related psychosis	10,573	21
4	24. Injection drug use	8,961	22
4	15. Non-medical abuse of, or dependence on, psychoactive prescription tranquilizers or barbiturates	8,245	23
4	12. Non-medical psychoactive stimulant abuse or dependence	8,244	24
3	13. Methamphetamine abuse or dependence	4,481	25
3	11. Heroin abuse or dependence	4,122	26

Substance Abuse Conditions Ranked by Severity Score and Occurrence Level	Severity Score	Occurrence Level	Total	Rank
6. Instance of driving while impaired by alcohol or other drugs	2.01	10	12.01	1
4. Binge use of alcohol (5 or more on an occasion for males; 4 or more on an occasion for females)	1.79	10	11.79	2
3. Heavy use of alcohol (> than 60 drinks/month for males; > than 30 drinks/month for females)	2.43	9	11.43	3
20. Substance abuse-related intergenerational family dysfunction	1.88	9	10.88	4
1. Alcohol abuse exclusive of alcohol dependence	1.75	9	10.75	5
18. Co-occurring substance abuse or dependency and mental illness	2.72	8	10.72	6
2. Alcohol dependence exclusive of alcohol abuse	2.61	8	10.61	7
8. One time, occasional or experimental use of illicit psychoactive drugs	0.89	9	9.89	8
21. Alcohol or other substance use, abuse or dependency in a pregnant, post partum, or parenting woman	2.47	7	9.47	9
23. Any use of alcohol or illicit psychoactive drugs among youth (ages 12-17)	1.35	8	9.35	10.5
26. Alcohol or substance abuse among 18-25 year olds	1.35	8	9.35	10.5
16. Hallucinogen and club drug use, abuse or dependence (i.e. LSD, PCP, MDMA-Ecstasy, etc.)	2.13	7	9.13	12
7. Instance of being under the influence of alcohol or other drugs in a hazardous situation not including driving a motor vehicle	1.99	7	8.99	13
9. Marijuana abuse or dependence	1.78	7	8.78	14
10. Cocaine abuse or dependence	2.59	6	8.59	15
19. Substance abuse or dependence and a physical disability	2.50	6	8.50	16
17. Inhalant use, abuse or dependence (solvents, aerosols, nitrates, nitrous oxide)	2.22	6	8.22	17
5. Instance of severe alcohol or other drug intoxication or incapacitation	1.84	6	7.84	18
25. Permanent drug-related psychosis	2.81	5	7.81	19
22. Fetal alcohol/drug spectrum disorder	2.51	5	7.51	20
14. Non-medical abuse of, or dependence on, prescription opiates/pain relievers	2.32	5	7.32	21
24. Injection drug use	2.38	4	6.38	22
15. Non-medical abuse of, or dependence on, psychoactive prescription tranquilizers or barbiturates	2.26	4	6.26	23
12. Non-medical psychoactive stimulant abuse or dependence	2.23	4	6.23	24
13. Methamphetamine abuse or dependence	2.74	3	5.74	25
11. Heroin abuse or dependence	2.66	3	5.66	26

AODA Expenditures and Treatment Gap for Wisconsin Counties



Vertical bars illustrate per capita funding. Box point values illustrate treatment gap (percent of persons estimated to need treatment not being served).

Appendix A

Final List of 26 Substance Abuse Conditions

1. Alcohol abuse exclusive of alcohol dependence
2. Alcohol dependence exclusive of alcohol abuse
3. Heavy use of alcohol (more than 60 drinks/month for males; more than 30 drinks/month for females)
4. Binge use of alcohol (5 or more on an occasion for males; 4 or more on an occasion for females)
5. Instance of severe alcohol or other drug intoxication or incapacitation
6. Instance of driving while impaired by alcohol or other drugs
7. Instance of being under the influence of alcohol or other drugs in a hazardous situation not including driving a motor vehicle
8. One time, occasional or experimental use of illicit psychoactive drugs
9. Marijuana abuse or dependence
10. Cocaine abuse or dependence
11. Heroin abuse or dependence
12. Non-medical psychoactive stimulant abuse or dependence
13. Methamphetamine abuse or dependence
14. Non-medical abuse of, or dependence on, prescription opiates/pain relievers
15. Non-medical abuse of, or dependence on, psychoactive prescription tranquilizers or barbiturates
16. Hallucinogen and club drug use, abuse or dependence (i.e. LSD, PCP, MDMA-Ecstasy, etc.)
17. Inhalant use, abuse or dependence (solvents, aerosols, nitrates, nitrous oxide)
18. Co-occurring substance abuse or dependency and mental illness
19. Substance abuse or dependence and a physical disability
20. Substance abuse-related intergenerational family dysfunction
21. Alcohol or other substance use, abuse or dependency in a pregnant, post partum, or parenting woman
22. Fetal alcohol/drug spectrum disorder
23. Any use of alcohol or illicit psychoactive drugs among youth (ages 12-17)
24. Injection drug use
25. Permanent drug-related psychosis
26. Alcohol or substance abuse among 18-25 year olds

Appendix B

Severity Ranking Questions

1. Service Needs. Over the entire course of each of these conditions, how much professional substance abuse and/or medical service is the individual likely to require as a result of the condition? (Response options were: Extensive (Long –term 24-hour services), Moderate (Intensive outpatient and/or short-term 24-hour services), Limited (Educational or short-term outpatient type services), None, No Opinion.)
2. Likelihood of Permanent Disability. Over the entire course of each of these conditions, how likely is the individual to experience permanent disability as a result of the condition? (Response options were: Very Likely, Somewhat Likely, Unlikely, Not Likely at All, No Opinion.)
3. Likelihood of Death. Over the entire course of each of these conditions, how likely is the individual to die as a result of the condition? (Response options were: Very Likely, Somewhat Likely, Unlikely, Not Likely at All, No opinion.)
4. Impact on Individual's Family. Over the entire course of each of these conditions, what would be the negative impact of the condition on the individual's family (parents, siblings, spouse and children)? (Response options were: Severe, Moderate, Mild, None, No Opinion.)
5. Public Threat to Person and Property. Over the entire course of each of these conditions, what would be the amount of public threat to person or property? (Response options were: Severe, Moderate, Mild, None, No Opinion.)
6. Economic Burden on Society. Over the entire course of each of these conditions, what would be the magnitude of the economic burden on society? (Response options were: Severe, Moderate, Mild, None, No Opinion.)
7. Economic Burden on the Individual. Over the entire course of each of these conditions, what would be the magnitude of the economic burden on the individual? (Response options were: Severe, Moderate, Mild, None, No Opinion.)
8. Ability to Perform Social Roles. Over the entire course of each of these conditions, to what degree does the condition interfere with the individual's ability to perform their social roles such as student, parent or worker? (Response options were: Severe, Moderate, Mild, None, No Opinion.)
9. Impact on Individual's Well Being. Over the entire course of each of these conditions, what would be the overall negative impact of the condition on the individual's well-being? (Response options were: Severe, Moderate, Mild, None, No Opinion.)
10. Overall Impact. Over the entire course of each of these conditions, what would be the overall negative impact of the condition on the individual, the individual's family, and society? (Response options were: Severe, Moderate, Mild, None, No Opinion.)

Appendix C
DHFS EXPERT TECHNICAL ADVISORY COMMITTEE
FOR SUBSTANCE ABUSE NEEDS ASSESSMENT AND TRIBAL CONTACT
PERSONS

TECHNICAL ADVISORY COMMITTEE:

AREA	NAME AND ADDRESS	SURVEY RESPONDENT
SCAODA	Minette Lawrence Research Analyst Office of Rep John Townsend PO Box 8953 Madison WI 53708-8953	
SCAODA	Scott Stokes Director, Prevention Services AIDS Resource Center of WI 445 S Adams St Green Bay WI 54301	YES
AODA Intervention/TX	Randy Spangle Director, Ashland Area Council AODA 502 W Main St Ste 305 Ashland WI 54806	
AODA Research	Ron Cisler Dept of Population Health Sciences UWM Medical School & Health Services 9956 Enders Hall 2400 E Hartford Milwaukee WI 53201	
	Dr Mike Fleming UW Health - Dept of Family Med / Research 777 S Mills St Madison WI 53715	
SCAODA	Susan Crowley UW - University Health Services 1552 University Ave Rm 115A Madison WI 53705	YES
County AODA Coordinator	Amy Zimmer Program Mgr, Menominee Co HSD PO Box 280 Keshena WI 54135	YES
County AODA	Kris Hutchison AODA Services Mgr Brown Co MH Center 2900 St Anthony Dr Green Bay WI 54311	YES

AREA	NAME AND ADDRESS	SURVEY RESPONDENT
County AODA Admin & OWI	Tom Saari Behavior Health Div Mgr / AODA Coordinator Winnebago Co DHS 220 Washington Ave PO Box 2187 Oshkosh WI 54903-2187	
County AODA Admin & OWI	Kay Thuecks Washington Co CCSA 333 E Washington St Ste 2100 West Bend WI 53095-2585	YES
SCAODA/County AODA Admin & OWI	Mark Seidl AODA Mgr, Kewaunee Co DHS 810 Lincoln St Kewaunee WI 54216	YES
Cultural Diversity	Yvonne Nair-Gill WAAODA 6601 Grand Teton Plaza Ste A Madison WI 53719	
EAP	Bill Arnold Quad Graphics W227 N 6103 Sussex Rd Sussex WI 53089	YES
FASD	Dr Georgiana Wilton UW Health - Family Med/Research 777 S Mills St Madison WI 53715	YES
SCAODA Subcommittee	Mark Strosahl Private Consultant On the Mark 7087 Scalbom Dr Hazelhurst WI 54531	
Injection Drug Use	Dan Nowak Dennis Hill Harm Reduction Center 820 N Plankinon Ave Milwaukee WI 53203	YES
SCAODA/Medical / Health	Michael Waupoose UW Health – Gateway Recovery 25 Kessel Court Ste 200 Madison WI 53711	YES
	Dr Steve Hergarten Dept of Emergency Medicine Froedtert Hospital 9200 W Wisconsin Ave Milwaukee WI 53226	
	Dr Mike Bohn Aurora Psychiatric Hospital 1220 Dewey Ave Wauwatosa WI 53213	

AREA	NAME AND ADDRESS	SURVEY RESPONDENT
Medical / Health	Dr Mike Miller Meriter Newstart 1015 Gammon La Madison WI 53719	YES
	Dr Jamie Adler Wm. S. Middleton Memorial VA Med Center Addictive Disorders Treatment Program 2500 Overlook Terrace Madison WI 53705	
Minority Health	Kelli Jones Minority Health Leadership Team DHFS/DPH/BHIP 1 W Wilson St Rm 665 Madison WI 53702	
Narcotic Treatment	Cynthia Newton Milwaukee Health Service Systems 4800 S 10 th St Milwaukee WI 53221	
Public Health	Kathy Blair Milwaukee City Health Office 841 N Broadway 3 rd Fl Milwaukee WI 53202	
Tribal Rep	Jim Weber DHFS/OSF 1 W Wilson St Rm 618 Madison WI 53702	
Women	Dottie Moffat Tri-County Women's Outreach 415 Menominee St / PO Box 967 Minocqua WI 54548	YES
Women, Private and Corrections Clients	Norm Briggs ARC Community Services 2001 W Beltline Hwy Ste 102 Madison WI 53713	YES
Women's Treatment	Karen Kinsey ARC Community Services 2001 W Beltline Hwy Ste 102 Madison WI 53713	YES
Youth / Adolescent Prevention	Thelma Kuntz Walworth Co HHS W4051 Cty Rd NN / PO Box 1005 Elkhorn WI 53121-1005	YES
Youth / Adolescent Prevention	Chris Wardlow Outagamie Co HHS 410 S Walnut St Appleton WI 54911	YES

AREA	NAME AND ADDRESS	SURVEY RESPONDENT
Women's Treatment	Francine Feinberg Psy.D. LCSW Executive Director, META House PO Box 11564 Milwaukee WI 53211	YES
AODA Intake	John Hyatt Impact 6737 W Washington Ave Ste 2225 Milwaukee WI 53214	YES
	Doug White DPI / GEF 3 125 S Webster St Rm 428 Madison WI 53702	
Homeless	Judith Wilcox Dept of Commerce Bureau of Housing 201 W Washington Ave 5 TH Floor Madison WI 53702	
Corrections	Tony Strevelor Department of Corrections 3099 E Washington Ave PO Box 7925 Madison WI 53707-7925	YES
Private AODA Treatment	Melody Music-Twillia Tellurian – UCAN Inc 300 Femrite Dr Monona WI 53716-3716	YES
Co-occurring disorders, Private Treatment	Edward M. Rubin PsgD Outpatient Behavioral Health Clinic Aurora Sinai Medical Center 1020 N 12 th St 4 th Fl Milwaukee WI 53233	YES
Clinical Services, OWI, County AODA Treatment	Stephen J. Kirt MH/AODA Clinical Services Supervisor St. Croix Co HHS 1445 N Fourth St New Richmond WI 54017	YES
Schools and Prevention	Mark Flottum CESA #2, ATODA Coordinator 448 E High St Milton WI 53593	YES
	Mark Sanders GLATTC UI – Chicago Jane Adams School of Social Work 1640 W Roosevelt Rd Ste 511 Chicago IL 60608	
	Emma Harrell Beloit Inner City Division of Tellurian 403 Prospect St	

AREA	NAME AND ADDRESS	SURVEY RESPONDENT
	Beloit WI 53511	
Prevention	Emanuel Scarbrough Exodus Project Genesis Development Corp 2326 S Park St Madison WI 53713-1994	YES
Minority Populations, Private AODA Treatment	Cecilia Vallejo United Community Center 1111 S 6 th St Milwaukee WI 53204	YES

ADDITIONAL RESPONDENTS

Tribal AODA Treatment	Dr. Steven H. Dakai, Treatment Supervisor Maehnowesekiyah Wellness Center	YES
Tribal AODA Treatment Co-occurring Disorders	Michael D. Williams	YES

TRIBAL CONTACT PERSONS:

Tribal Chair/President	Tribal AODA Coordinator	SURVEY RESPONDENT
Eugene Bigboy, Chairman Bad River Band of Lake Superior Tribe of Chippewa Indians P.O. Box 39 Odanah, WI 54861	Mary Bigboy braoda@ncis.net	
George Lewis, President Ho-Chunk Nation PO Box 667 Black River Falls, WI 54615	Terry Littlewolf tlittlewolf@ho-chunk.com	
Louis Taylor, Chairman Lac Courte Oreilles Band of Lake Superior Chippewa 13394 W. Trepania Road Hayward, WI 54843-2186	Don Smith don@lcochc.org	Layla Crust, LCO Health Center

Victoria Doud, President Lac du Flambeau Band of Lake Superior Chippewa Indians PO Box 67 Lac du Flambeau, WI 54538	Marilyn Walker mwalker@nnex.net	
Karen Washinawatok, Interim Chairwomen Menominee Indian Tribe of Wisconsin PO Box 910 Keshena, WI 54135-0910	Betty Jo Wozniak bwozniak@mitw.org	
Gerald Danforth, Chairman Oneida Tribe of Indians of Wisconsin Oneida Business Committee PO Box 365 Oneida, WI 54155	Lisa Schwartz lschwartz@oneidanation.org	
Harold Frank, Chairman Forest County Potawatomi Community Executive Building PO Box 340 Crandon, WI 54520	Brenda Short brendas@fcpotawatomi.com	Brian Waugh, Forest County Potawatomi
Patricia R. DePerry, Chairwoman Red Cliff Band of Lake Superior Chippewa 88385 Pike Road, Hwy 13 Bayfield, WI 54814	Martin Gordon mgordon@redcliff-nsn.gov	
Sandra Rachal, Chairwoman Sokaogon Chippewa Community 3051 Sand Lake Road Crandon, WI 54520	Paulette Smith paulettesmith@sokaogonchippewa.com	Frederick Johnson, Sokaogon Chippewa Health Clinic
David Merrill, Chairman St. Croix Chippewa Indians of Wisconsin 24663 Angeline Ave. Webster, WI 54893	Shelly Hammes shelleyha@stcroixtribalcenter.com	
Robert Chicks, President Stockbridge-Munsee Community N8476 MoHeCoNuck Road Bowler, WI 54416	Donna Jashinsky Donna.jashinsky@mohican.com	

Appendix D
Sources of Information Used to Determine Occurrence
Of Substance Use Conditions

Condition	Occurrence Data
1. Alcohol abuse exclusive of alcohol dependence: definition is that found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)	Past year alcohol abuse age 12 and older; use most current National Survey on Drug Use and Health, Wisconsin estimate, applied to population data; 2002-2003 WI rate is 5.89%
2. Alcohol dependence exclusive of alcohol abuse: definition is that found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)	Past year alcohol dependence age 12 and older; use most current National Survey on Drug Use and Health, Wisconsin estimate, applied to population data; 2002-2003 WI rate is 3.64%
3. Heavy use of alcohol (more than 60 drinks per month for males; more than 30 drinks/month for females)	Past month consumed more than 30 (female) or 60 (male) drinks; use most current Wisconsin Behavioral Risk Factor Survey estimate applied to adult population data; 2004 WI rate is 9% for males and 6% for females
4. Binge use of alcohol (males 5 or more drinks on an occasion; females 4 or more drinks)	Past month consumed 5 or more drinks on one occasion; use most current Wisconsin Behavioral Risk Factor Survey estimate applied to adult population data; 2004 WI rate is 30% for males and 13% for females
5. An instance of severe alcohol or other drug intoxication or incapacitation	The sum of: a. WI disorderly conduct arrests x .34 ¹ ; (75,798 x 0.34) b. WI detox admits from HSRS (annual – 8,821) c. WI detox encounters under Medicaid (annual – 1,604)
6. An instance of driving while impaired by alcohol or other drugs	Past month drove a motor vehicle during or within a couple hours of most current occasion where drank 5 or more drinks; use most current Wisconsin Behavioral Risk Factor Survey estimate applied to adult population data; 2004 WI rate is 21% for males and 8% for females; national NESARC study ² breaks out the occurrence of weekly (16.0%), monthly (13.8%), six/yr (25.5%), and annual (44.7%) OWI incidents among persons driving under the influence
7. An instance of being under the influence of alcohol or other drugs in a hazardous situation (does not include driving a motor vehicle)	The sum of: a. WI Emergency Department Visit database that were alcohol (23,317) or drug-related (8,167) b. WI Alcohol/drug-related occupational injuries ³ (29,425)
8. One time, occasional, or experimental use of illicit psychoactive drugs	Any illicit drug use in past year age 12 and older; use most current National Survey on Drug Use and Health rate applied to population data; Wisconsin 2003-2004 rate 13.7%; remove persons dependent or abusing illicit drugs by a factor of 2.7 percentage points
9. Marijuana abuse or dependence	Marijuana is the illicit substance most abused across Wisconsin; National Survey on Drug Use and Health rate applied to population data; WI past

	year abuse or dependence for all illicit drugs is 2.7% (121,000 persons) vs. national at 2.95%; WI marijuana abuse or dependence projected rate, based upon national rate, is 1.7% for ages 12 and over
10. Cocaine abuse or dependence	National Survey on Drug Use and Health rate applied to population data; WI cocaine abuse or dependence projected rate, based upon national rate, is 0.6% for ages 12 and over
11. Heroin abuse or dependence	National Survey on Drug Use and Health rate applied to population data; WI heroin abuse or dependence projected rate, based upon national rate, is 0.092% for ages 12 and over
12. Non-medical psychoactive stimulant abuse or dependence	National Survey on Drug Use and Health rate applied to population data; WI stimulant abuse or dependence projected rate, based upon national rate, is 0.184% for ages 12 and over
13. Methamphetamine abuse or dependence	National Survey on Drug Use and Health rate applied to population data; WI methamphetamine abuse or dependence projected rate, based upon national rate, is 0.1% for ages 12 and over
14. Non-medical abuse of or dependence on prescription opiates/pain relievers	National Survey on Drug Use and Health rate applied to population data; WI prescription opiate abuse or dependence projected rate, based upon national rate, is 0.55% for ages 12 and over
15. Non-medical abuse of or dependence on psychoactive prescription tranquilizers or barbiturates	National Survey on Drug Use and Health rate applied to population data; WI tranquilizer/barbiturate abuse or dependence projected rate, based upon national rate, is 0.184% for ages 12 and over
16. Hallucinogen and club drug use, abuse or dependence (LSD, PCP, MDMA-Ecstasy, peyote, psilocybin, GHB, ketamine, rohypnol)	National Survey on Drug Use and Health rate applied to population data; WI projected hallucinogen current use rate, based upon national rate, is 1.7% for ages 12 and over
17. Inhalant use, abuse, or dependence (solvents, aerosols, nitrates, nitrous oxide)	National Survey on Drug Use and Health rate applied to population data; WI projected inhalant current use rate, based upon national rate, is 0.83% for ages 12 and over
18. Co-occurring substance abuse or dependency and mental illness (trauma, depression, schizophrenia, bipolar, anxiety, personality)	3% of the population age 12 and older have a co-occurring substance use and mental health disorder ⁴ ; WI projection
19. Persons having substance abuse or dependence and a serious, lifelong physical disability (e.g., spinal cord; amputee; cerebral palsy; brain trauma; multiple sclerosis, blind, etc.)	16% of WI persons with a severe, lifelong physical disability ⁵ (.16 x 180,000)
20. Substance abuse-related intergenerational family dysfunction	1 in 5 children are exposed to familial alcohol abuse ^{6,2} ; 27% of these persons will develop a substance use disorder and 50% will marry into substance use disorders and are likely to recreate the same kinds of highly stressful and unhealthy families in which they grew up ⁸ ; WI projection
21. Alcohol and other substance use, abuse or dependency among pregnant, post partum, or parenting women	32% of women use alcohol during pregnancy ⁹ ; 146,998 female-headed households w/ children under 18; 466,208 females in male/female-headed households w/children under 18; 2002-2003

	National Survey on Drug Use and Health, WI female substance abuse or dependence projected rate, based upon national rate, is 7.16%
22. Fetal alcohol/drug spectrum disorder	FAS at 2 per 1000 births; alcohol-related neurodevelopmental disorder at 8 per 1000 births; projected to persons birth to 18 years old ¹⁰ ; just 4.2% of pregnant women served use other drugs and do not use alcohol; WI projection
23. Any use of alcohol or illicit psychoactive drugs among youth (age 12-17)	Past month alcohol use age 13-18 from WI Department of Public Instruction's Youth Risk Behavior Survey (YRBS) is 47%; YRBS age 13-18 past month marijuana use is 22%
24. Injection drug use	0.2 percent of persons aged 12 or older had used a needle to inject heroin, cocaine, methamphetamines, or other stimulants during the past year; Office of Applied Studies (2005) <u>The NSDUH Report</u> , Substance Abuse and Mental Health Services Administration; WI projection
25. Permanent, drug-related psychosis	Psychosis occurs in 9% of regular stimulant users ⁷ ; also included marijuana, cocaine, and hallucinogens
26. Alcohol or other drug abuse or dependence among 18-25 year-olds: definition is that found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)	Past year substance abuse or dependence age 18-25; use most current National Survey on Drug Use and Health, Wisconsin estimate, applied to population data; 2002-2003 rate 26.38%

¹34% of disorderly conduct incidents involve alcohol - Gary M. McClelland, Northwestern University Medical School

²National Epidemiological Survey on Alcohol-Related Conditions, National Institute on Alcohol Abuse and Alcoholism

³U.S. Dept. of Labor, Occupational Safety and Health Administration and Bureau of Labor Statistics

⁴Regier, D.A. (1990), "Co-morbidity of mental disorders with alcohol and other drug abuse," JAMA Vol. 264, No. 19

⁵Buss, A. (1989) Incidence of Alcohol Use by People with Disabilities, WI Dept. of Health and Family Services and Rehabilitation Research and Training Center (2004), Final Report for RRTC on Drugs and Disability, School of Medicine, Wright State University, Dayton, OH

⁶Grant, B. (2000) "Estimates of U.S. Children Exposed to Alcohol Abuse and Dependence in the Family", American Journal of Public Health, January 2000

⁷Cherland, E. and Fitzpatrick, R. (1999). "Psychotic side effects of Psychostimulants: A 5-year review." Canadian Journal of Psychiatry, 44, 811-813

⁸Substance Abuse and Mental Health Services Administration, National Clearinghouse for Alcohol and Drug Information, "Children of Alcoholics Facts" at <http://www.health.org/govpubs/ph318/>.

⁹Dold, L. (1998) Substance Abuse and Treatment Needs of Pregnant Women in Wisconsin, University of Wisconsin Extension

¹⁰Burd, L. (2006) "FASD Prevalence Calculator", Fetal Alcohol Syndrome Center, University of North Dakota School of Medicine, Grand Forks at <http://www.online-clinic.com/Content/Materials/calculator.asp#>