

Alcohol and Other Substance Use and Addiction

The Alcohol and Other Substance Use and Addiction priority has five sets of objectives: stigma reduction through increased knowledge and understanding; evidence-based prevention practices for youth; improving screening; closing the treatment gap; and meeting the needs of other family members when an individual has a substance use disorder.

Progress in Meeting Objectives—Specific Findings

Evidence-based prevention practices for youth. This objective seeks to “reduce alcohol and other drug abuse among 12-17-year-old youth using evidence-based practices.” Available data measure the percentages of high school students who report various kinds of behavior related to alcohol and other substances.

The percentage of high school students who reported binge drinking in the past 30 days was 34% in 1999 and 2001, but 28% in 2003 and 31% in 2005 (**2010 target:** 26.7%). Combined data for 2001-2005 found considerable difference by race/ethnicity in this measure: binge drinking in the past 30 days was reported by 31% of high school students overall, but 45% of American Indian students, 33% of white students, 30% of Hispanic students, 25% of Asian students, and 16% of African American students.

The percentage of high school students who reported using marijuana in the past 30 days declined from 22% in 1999 to 16% in 2005 (**2010 target:** 20.7%). Combined data for 2001-2005 show differences by race/ethnicity, with marijuana use in the past 30 days reported by 21% of students overall, and 35% of American Indian students, 31% of African American students, 25% of Hispanic students, 20% of white students, and 15% of Asian students.

The percentage of high school students who reported smoking cigarettes in the past 30 days declined from 38% in 1999 to 23% in 2005 (**2010 target:** 22.4%). Combined data for 2001-2005 show substantial differences by race/ethnicity, with smoking in the past 30 days reported by 26% of students overall, 44% of American Indian students, 28% of Hispanic students, 27% of white students, 25% of Asian students, and 15% of African American students. It appears that the rate of smoking has declined in each of these groups since the 1999-2003 period (based on small sample sizes for some of these groups).

In 1999, 30% of high school students reported their first use of alcohol was before age 13; in 2005, this percentage had declined to 24% (**2010 target:** 24.1%). Based on combined data for 2001-2005, first use of alcohol before age 13 was reported by 26% of students overall, and 47% of American Indian students, 29% of Asian students, 28% of Hispanic students, 27% of African American students, and 25% of white students.

In 1999, 11% of high school students reported their first use of marijuana was before age 13; in 2005, this percentage had declined to 7% (**2010 target:** 8.5%). Based on combined data for 2001-2005, first use of marijuana before age 13 was reported by 8% of students overall, and 24% of American Indian students, 20% of African American students, 11% of Hispanic students, 10% of Asian students, and 6% of white students.

Progress was not measured for the other four objectives:

- Stigma reduction through increased knowledge and understanding.
- Improving screening.
- Closing the treatment gap.
- Meeting the service needs of other family members when an individual has a substance use disorder.

Selected Accomplishments and DHFS Activities

- Received a federal Access to Recovery Grant of \$7.5 million per year for three years targeted to Milwaukee County. Key aspects of this voucher-based system of substance abuse treatment include: recovery support services, faith-based organization involvement, wrap-around services, and client freedom-of-choice for treatment.
- Implemented the screening tool Problem Oriented Screening Instrument for Teenagers (POSIT) in 28 Wisconsin counties. POSIT is a self-administered, computer-based, early intervention screening tool to identify youth in the juvenile justice system who have co-occurring mental health and substance abuse problems.
- Worked with the Supplemental Security Income (SSI) Managed Care Project in Dane County to incorporate screening for substance use and mental health needs as a quality indicator for primary health care.
- Expanded the Alliance for Recovery Advocates, a consumer-based organization that advocates for reducing stigma. Membership increased from 50 people in 2002 to 450 in 2005. Consumer advocates are vital in addressing issues of stigma and promoting issues of substance abuse parity.
- Evaluated outcomes of state-funded prevention and treatment programs, focusing on their ability to reach populations with the greatest needs and achieve positive outcomes.
- Implemented the State Incentive Grant that focuses on evidence-based prevention practices to reduce alcohol and other drug abuse among 12-17-year-old youth. Provided State Incentive Grant funds to 15 counties and two American Indian tribes to implement evidence-based substance abuse prevention services for 12-17-year-old youth.
- Developed a cross-agency plan that targets underage drinking with other state agencies, including the Wisconsin Departments of Public Instruction and Transportation and the Office of Justice Assistance.
- Provided resources to support and develop coordinated service teams for children and their families that use a “wrap-around” approach to supporting families who have both mental health and substance abuse problems.
- Received a three-year federal grant to implement the Fetal Alcohol Spectrum Disorders Prevention Initiative, aimed at reducing the number of women using alcohol and/or drugs during pregnancy.
- Increased the number of faith-based organizations and recovery support services available to alcohol and substance abuse voucher clients in Milwaukee County through the Access to Recovery Program.
- Establishing Alliance for Wisconsin Youth Coalitions in all 72 Wisconsin counties to identify and address local substance abuse prevention needs among youth.

- Negotiated a statewide contract for use of an evidence-based tool known as the Global Appraisal for Individual Needs (GAIN), to be used by juvenile justice, primary care, and child welfare agencies to screen for mental health and substance abuse behaviors in youth. Early intervention is essential to reducing further consequences (e.g., poor school performance, drinking and driving, and premature death) and reducing the likelihood that youth will need high-cost care in the alcohol and mental health treatment systems.
- Convened two summits on screening for mental health and substance abuse problems. One summit was in partnership with the Wisconsin Medical Society to educate system partners on the use of screening, brief intervention, referral, and treatment. The second summit focused on educating primary health care providers in order to increase mental health screening in the primary health care setting (55 health plan/clinics attended).
- Increased the visibility of the Substance Abuse Recovery Rally, an annual event aimed at reducing stigma and promoting substance abuse treatment and its effectiveness. Attendance increased from 200 in 2002 to 500 in 2005.
- Increased the supplemental funding for the Intoxicated Driver Program by \$450,000 per year to \$1,450,000, providing needed treatment dollars for counties that do not collect enough revenue from drunk-driving convictions. This program increases the availability of services for indigent clients to receive alcohol or other drug treatment in outpatient, day-treatment, and residential settings.
- Received a federal grant (\$400,000 each year for three years) targeted to adolescent substance abuse treatment coordination. Key aspects of this grant include: building capacity, increasing the number of providers who use evidence-based practices, and building networks of support for families with children.
- Completed a series of trainings in western Wisconsin targeted to substance abuse professionals in the use of the “Matrix Model,” an evidence-based treatment model specifically for methamphetamine users.
- Sponsored a joint conference of mental health and substance abuse professionals (“Breaking New Ground”). Over 300 professionals learned about evidence-based practices for mental health and substance abuse services, motivational interviewing, integrated treatment, and the “Matrix Model.”
- Certified 11 counties for Comprehensive Community Services, which permits Medicaid reimbursement for integrated mental health and substance abuse rehabilitation.
- Tested, in four counties, fidelity to the evidence-based model known as “Integrated Dual Diagnosis Treatment Model” targeted to a high-risk group with both serious mental illness and substance abuse disorders.
- Developed a long-range Comprehensive Substance Abuse Prevention Plan and implementation plan.
- Exceeded target projections for improving family functioning among women and their families served through the Urban/Rural Women’s Alcohol and Other Drug Abuse Treatment Program. The **2010 target** was that 60% of families served would achieve improved family functioning. In 2004, 65% achieved this goal.
- Eliminated the “Three Strikes and You’re Out” treatment restriction in Milwaukee County. This brings Milwaukee County into alignment with the disease concept of alcohol and other drug treatment. Substance abuse is a chronic disease; thus, multiple episodes of treatment may be needed to fully recover. Stigma continues to prevent people from recognizing that alcoholism and drug dependence are chronic diseases.

- Providing “Reach In” services to selected Milwaukee County female offenders six months prior to release from prison to the community. This program emphasizes children’s services that include prison visitation, mental health and substance abuse services, and support groups.
- Continuing the Native American Treatment Program that provides access to AODA services for three tribes.
- Funded the Minority Training Institute in the Wisconsin Association on Alcohol and Other Drug Abuse providing community-based clinical training and mentoring for ethnically and racially diverse people who aspire to become certified AODA counselors.
- Conducted analyses of substance abuse treatment disparities to target areas of the state needing technical assistance to increase access or improve treatment outcomes.

New and Emerging Issues

- New credentialing body for substance abuse professionals in the Wisconsin Department of Regulation and Licensing will streamline government and place substance abuse professional certification on a par with other licensed professionals.
- Annual admissions to public substance abuse treatment programs for methamphetamine addiction in western Wisconsin doubled in 2005. Methamphetamine addiction requires intensive treatment coupled with focused interventions (Matrix Model) over a longer period of time compared to alcohol and other drug treatment.
- Parity for mental health and substance use disorders treatment continues to be debated in the Wisconsin Legislature. Payment for treatment of mental health and AODA services are “capped,” and parity would eliminate these caps. With parity, mental health and AODA services would be reimbursed on the same structure as medical care.
- County governments that are responsible for funding services related to Chapter 51 are struggling to fund the needs of people with substance use disorders, mental health needs, and co-occurring disorders.
- The POSIT and GAIN screening tools are increasingly being used to increase appropriate adolescent admissions to mental health and substance abuse treatment. These same tools need to be reviewed to determine their effectiveness in other settings (e.g., school, primary care, child welfare).
- There is an increasing federal emphasis on measuring “fidelity;” that is, applying intervention protocols consistent with the research model to produce positive outcomes. Monitoring fidelity to a model is costly and can take dollars away from providing programs and services in the community.
- Comprehensive assessment of all AODA prevention and treatment programs funded through the federal Substance Abuse Prevention and Treatment Block Grant commence in 2006. Purposes are to (1) determine current, emerging, and unmet needs, and (2) allocate funds to areas of greatest need.
- The State Council on Alcohol and Other Drug Abuse will reestablish a prevention subcommittee that will take an active role in advising state substance abuse service authorities on issues that include: (1) implementing evidence-based services, (2) preventing underage drinking, and (3) building statewide prevention capacity.