

Wisconsin Public Health Council
State Health Plan Committee
October 5, 2007

Progress Report: *Healthiest Wisconsin 2010*
Health Priority: Alcohol, Substance Use and Addiction

Part I: Introduction:

Alcohol and substance abuse are significant problems in the United States. It is the fourth leading cause of death in Wisconsin behind heart disease, cancer and stroke, and it is the fourth leading cause for hospitalization behind mental illness, heart disease, and cancer (Wisconsin Department of Health and Social Services, 1992). The abuse of alcohol and substances leads to injury or death, violence, sexual risk, sexual assault, economic problems, and endangers public safety.

Wisconsin has one of the worst records in the country for alcohol abuse. Wisconsin ranks 4th in per-capita beer consumption at 28 percent. Alcohol use rates continue to remain high among adolescents between the ages of 18-20. In addition, Wisconsin continues to lead the nation in women who binge drink at 24 percent; the national average is 16 percent.

For the most recent three years, there are an estimated 60,000 adolescents being served statewide for substance abuse. An estimated 8 percent of Wisconsin residents aged 12 and older have used an illicit drug in the past month. The regions with the greatest problems are in Milwaukee at 9 percent and in the Southern Region of the state at 8 percent.

Alcohol dependence and other drug abuse causes serious adverse impact on family members, family functioning and other partnership relationships. Family members and partners can potentially experience emotional disturbances, physical harm, or personal addiction. Female victims of domestic violence reported that 76 percent of their assailants had been drinking or using drugs. Therefore, it is essential to also meet the needs of family members as much as the individual with a substance use disorder.

This report includes an analysis of progress toward the *Healthiest Wisconsin 2010* objectives concerning the health priority: Alcohol and Other Substance Use and Addiction. Wisconsin has met its objectives in reducing youth drinking and marijuana use prior to age 13. However, the rates of binge drinking in older adolescents have increased. Furthermore, there are no data to measure the status of the following objectives:

1. Reducing the number of youth arrested for operating while intoxicated and liquor law violations.
2. Reducing stigma through increased knowledge and understanding.
3. Increasing screening and referral rates.
4. Improving access to treatment.
5. Meeting the needs of other family members when an individual has a substance use disorder.

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In order to meet the objectives of *Healthiest Wisconsin 2010*, the State Health Plan Committee endorses the recommendations set forth in this plan. By obtaining data and addressing youth prevention, alcohol and drug abuse screening and treatment programs, and reducing the disparity, Wisconsin can monitor its progress towards reaching the objectives.

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Part II: Progress in Achieving the Healthiest Wisconsin 2010 10-year long-term outcome objectives:

Stigma Reduction Through Increased Knowledge and Understanding

Objective 1: By 2010, 55% or more of Wisconsin's general public will demonstrate a basic understanding of the scientific knowledge about alcohol and other drug use, addiction, addiction treatment, recovery, and alcohol or drug use during pregnancy.

Performance as of 2005: Data Not Available

Performance Status: Not Measured

Objective 2: By 2010, 55% or more of Wisconsin's general public will demonstrate positive, non-prejudicial attitudes toward person with or recovering from alcohol and other drug use disorders.

Performance as of 2005: Data Not Available

Performance Status: Not Measured

Evidenced-Based Prevention Practice for Youth

Objective 3: By 2010, reduce alcohol and other drug abuse among 12-17-year-old youth using EBPs:

1. Reduce percent of youth who report they binge drinking in past 30 days from 28.2% in 2003 to 26.7% in 2010.

Performance as of 2005: 31%

Performance Status: **Not Improved**

2. Reduce percent of youth who report first use of alcohol prior to age 13 from 25.4% in 2003 to 24.1% in 2010.

Performance as of 2005: 24%

Performance status: Goal Achieved

3. Reduce percent of youth who report using tobacco in the past 30 days from 23.6% in 2003 to 22.4% in 2010.

Performance as of 2005: 23%

Performance Status: Slight Improvement

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4. Reduce percent of youth who report using marijuana in past 30 days from 21.8% in 2003 to 20.7% in 2010.
Performance as of 2005: 16%
Performance Status: Goal Achieved
5. Reduce percent of youth who report first use of marijuana prior to age 13 from 9% in 2003 to 8.5% in 2010.
Performance as of 2005: 7%
Performance Status: Goal Achieved
6. Reduce the number of youth under 18 years old arrested for OWI from 675 in 2003 to 641 in 2010.
Performance as of 2005: Data Not Available
Performance Status: Not Measured
7. Reduce the number of youth under 18 years old for liquor law violations from 12,260 in 2003 to 11,647 in 2010.
Performance as of 2005: Data Not Available
Performance Status: Not Measured

Improving Screening

Objective 4: By 2010, 80% or more of providers of health and medical services and managed care plans under Medicaid, BadgerCare, the Health Insurance Risk Sharing Plan (HIRSP), the Community Options Program (COP-W), the Community Integration Program (CIP II), Family Care, SSI managed care, other Medicaid waiver programs, and state employee group health plans, by contract, will provide screening and referral for alcohol and other drug use in order to increase the identification and provision of specialized services for persons with alcohol and drug use-related problems.

Performance as of 2005: Data Not Available
Performance Status: Not Measured

Closing the Treatment Gap

Objective 5: By 2010, annual state/federal aids and grants and Medicaid admissions for alcohol and other drug use disorder treatment will increase by 10% or more over the 5-year average of admissions between 2001 and 2005 in order to increase access to treatment and close the gap between those receiving treatment and those needing treatment.

Performance as of 2005: Data Not Available
Performance Status: Not Measured

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Meeting the Needs of Other Family Members when an Individual has a Substance Use Disorder

Objective 6: By 2010, 60% or more of the families served under the women's treatment, juvenile court intake, Nexus, and coordinated services team programs will achieve improved family functioning which will be evidence of an increase in screening and provision of appropriate services to family members of person with a substance use disorder.

Performance as of 2005: Data Not Available

Performance Status: Not Measured

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Part III: Recommendations:

Policy

1. Promote measures for law enforcement to increase restrictions on the distribution and sale of alcohol and substance use.
2. Partner with the Governor's state council on alcohol and other drug abuse systems to incorporate public health, mental health, and maternal child health in a coordinated action plan.

Funding

3. Endorse and support the increase of taxes/surcharges on alcoholic beverages as a means of funding a comprehensive prevention and control program; and alcohol and substance abuse treatment.

Workforce

4. Recruit and retain behavioral health workers trained in alcohol and other drug abuse treatment and prevention programs.

Data

5. Endorse measures that will improve data collection on the efficacy of substance abuse programs.
6. Promote a standard data format/process to collect data from key partners.

Prevention

7. Support long-term awareness campaigns and quit programs to reduce youth and young adult drinking and drug use.
8. Promote and support marketing campaigns to the dangers of alcohol and drug use.
9. Promote and support the increase of school and community based programs to educate students on perceptions of risk and that underage drinking is illegal.

Treatment

10. Promote and support screening for alcohol and other drug abuse and increasing access to treatment.
11. Support the development of support groups and facilities to address the health needs of family members of individuals with alcohol and substance use disorders.

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Appendix I: Data Tables

Table 1

Youth Behavior Risk Factor Survey: Status Report				
Objective By 2010, Reduce alcohol and other drug abuse among 12-17-year-old youth using EBPs:	National Baseline: 2003 YRBS	Wisconsin Baseline: 2003 YRBS	Wisconsin YRBS 2005 Data	Wisconsin Goal 2010
Reduce % of youth who report they binge drinking in past 30 days	23.8%	28.2%	31%	26.7%
Reduce % of youth who report first use of alcohol prior to age 13	27.8%	25.4%	24%	24.1%
Reduce % of youth who report using tobacco in the past 30 days	21.9%	23.6%	23%	22.4%
Reduce % of youth who report using marijuana in past 30 days	24.4%	21.8%	16%	20.7%
Reduce % of youth who report first use of marijuana prior to age 13	9.9%	9%	7%	8.5%
Reduce the number of youth < 18 arrested for OWI	15,760	675	N/A	641
Reduce the number of youth < 18 arrested for liquor law violations	107,862	12,260	N/A	11,647

Source: Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction

N Number in sample. See data documentation.
 +/- Confidence interval. See data documentation.

Table 2

State Human Services Reporting System Data	
<ul style="list-style-type: none"> • The number of persons served statewide under DHFS's county substance abuse services programs for the most recent three years: 	
2003	59,961
2004	63,300
2005	59,106

Source: Division of Mental Health, Department of Health and Family Services

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Table 3

**State Human Services Reporting
System Outcome Data**

Human Services Reporting System (HSRS) data indicates:

- 47% of consumers successfully complete treatment
- 93% are abstinent from alcohol and drugs at the time of discharge
- 75% are employed

Source: Division of Mental Health, Department of Health and Family Services

Table 4

**State Human Services Reporting
System Data**

Expenditures from all sources (including State aids, federal, county and private sources) reported by county agencies totaled:

2003	\$77, 224,987
2004	\$78,393,987
2005	\$75,951,241

Source: Division of Mental Health, Department of Health and Family Services

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Table 5

**Elimination of Health Disparities:
 Treatment Provided by Racial and Ethnic
 Backgrounds**

The following data compares Wisconsin population and substance use disorder prevalence with rates under publicly supported treatment for the year 2000. With the exception of persons of Asian and Caucasian descent, the data show that persons are being treated proportionate to their distribution in the population.

	Rates Under Publicly-Supported Treatment (n=23,728)	Wisconsin Population (n=5,363,675)	Wisconsin Substance Abuse Prevalence (n=450,030)	Treatment Disparity
Caucasian	76.3%	88.1%	90.1%	-15.3%
African American	16.4%	5.7%	3.7%	343.2%
Hispanic	4.6%	3.6%	4.4%	4.6%
Asian	0.4%	1.7%	0.6%	-33.3%
American Indian	2.3%	0.9%	1.2%	91.7%

Source: Division of Mental Health, Department of Health and Family Services

Table 6

**Elimination of Health Disparities:
 Outcome Data by Racial and Ethnic Background**

Statewide	Completed Treatment with Improvement
White	43.9% (7,494)
Black	20.9% (547)
American Indian	35.3% (186)
Asian	46.6% (35)
Hispanic	33.3% (280)

Source: Division of Mental Health, Department of Health and Family Services