The Alliance

ALCOHOL POLICY NEEDS ASSESSMENT

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[1] While the Alliance does not use the term "misuse" in order to reduce stigma, misuse is the term used by SAMHSA and therefore is included in this report for consistency of language used in source documents.

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EXECUTIVE SUMMARY

The Alliance is a statewide network of 200 individuals and organizations committed to working together to prevent and address the harms of alcohol in Alaska. The Alliance, housed within Recover Alaska, was formed in 2019 and is primarily supported by a Substance Abuse and Mental Health Services Administration (SAMHSA) Comprehensive Behavioral Health Prevention & Early Intervention grant, awarded by the Alaska Department of Health, Division of Behavioral Health. As a systems-level network, the Alliance has had a growing interest in engaging in policy work to address alcohol-related harms throughout the state.

DEFINING ALCOHOL POLICY

Policy is defined as a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.[1] Policy influences the manufacturing and sales of alcohol, who can drink alcohol, and how alcohol-related problems are responded to.[2] Within Alaska, the Alcoholic Beverage Control Board serves as the regulatory and quasi-judicial agency to control the manufacture, barter, possession, and sale of alcoholic beverages in the state through a licensing system.[3]

Within the context of upstream prevention, policy that is not specific to alcohol can be used as a lever to lead to changes in alcohol manufacturing, sales, consumption, and alcohol-related problems. For example, policies that increase access to mental health services can help individuals address trauma - an identified risk factor for alcohol consumption and alcohol use disorder (AUD) - and other concerns.

ABOUT THIS REPORT

In fiscal year 2025, the Alliance commissioned the Stellar Group to conduct a statewide alcohol policy needs assessment. The Alliance also aligned the needs assessment with Healthy Alaskans 2030 objectives.[4] This report also draws on the socio-ecological model to understand the associations between multiple factors that effect health and development at the individual, interpersonal, community, and societal levels.

This project is guided by a Steering Committee comprised of Alliance members, Recover Alaska staff, and the State grant advisor, facilitated by the Stellar Group.

RESEARCH QUESTIONS

The Steering Committee defined the following research questions to guide this assessment:

1. *What are the most pressing issues related to alcohol in Alaska, locally and statewide?*
2. *What potential policy efforts can help address those issues?*
3. *How can the Alliance play a role in addressing policy needs?*

METHODOLOGY

The Stellar Group utilized a mixed-methods approach including a statewide survey (N=67), key informant interviews (N=6), secondary data analysis, and a literature review. A full methodology can be found in Appendix A of this report.

ALCOHOL CONSUMPTION IN ALASKA

The most commonly noted public health concern by both survey respondents and key informants was alcohol consumption. More specifically, they noted adult binge drinking/alcoholism, underage drinking, lack of access to treatment, and the wide availability/affordability of alcohol.

- *Statewide survey data shows that about half (53%) of adults have drunk alcohol within the past 30 days of being surveyed, 17% report binge drinking[II], and 8% report heavy drinking[III].[5] There is some slight variation by region.*
- *Underage alcohol consumption has been on a downward trend since 2011, with around one-fifth of traditional school students and one-third of alternative school students reporting current alcohol consumption in 2023.[6]*

HARMS AND IMPACTS OF ALCOHOL

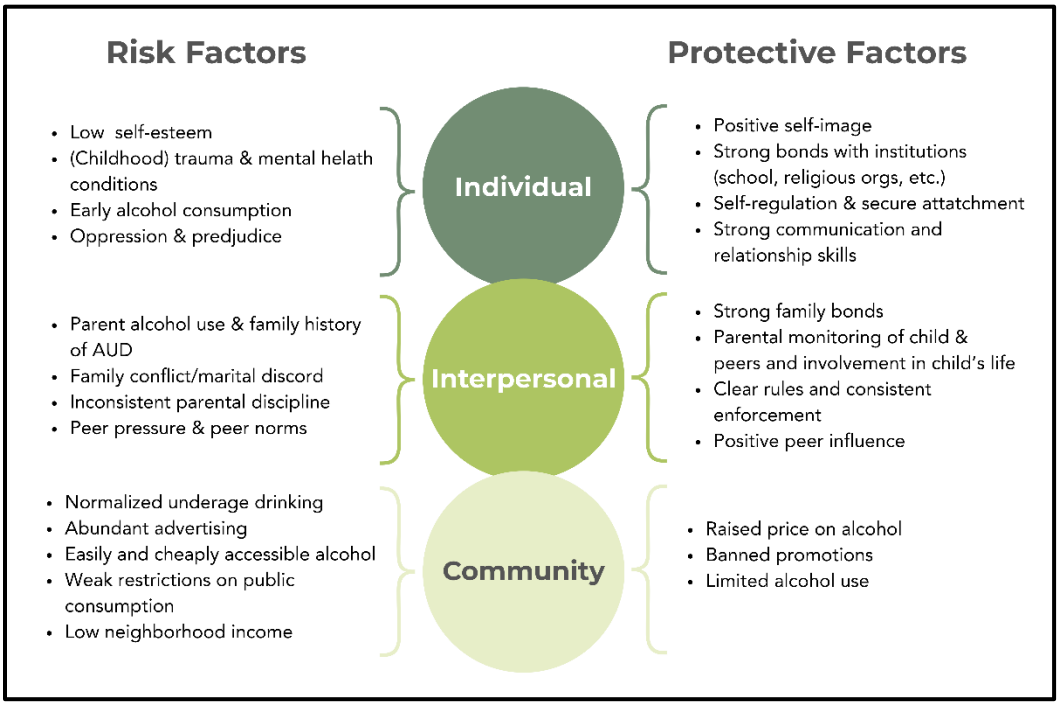
- **Alcohol-impaired driving:** *In 2023, a total of 3,276 arrests for driving under the influence; 71% were male, and 7% were underage.[7] While this accounts for 0.5% of the population, 3% of adults reported this behavior in a statewide survey.[8] The percentage of highway fatalities attributed to impaired driving in 2022 was 20% in the state and 32% nationwide.[9,10]*
- **Alcohol-use disorder**: *As of 2021-2022 (years combined) 4% of Alaska youth ages 12-17 and 13% of adults (18+) had alcohol use disorder in the past year, comparable to national rates.[11]*
- **Alcohol hospitalizations:** *Alcohol-related disorders are the fifth most common reason for hospitalization in Alaska as of 2023, and the third most common reason for Emergency Department visits.[12] It is among the top 10 reasons for Emergency Department visits in all public health regions except the Mat-Su.*
- **Alcohol-induced mortality:** *Rates of alcohol-induced mortality have increased since 2019, at 32.9 per 100,000 people in 2023.[13] Nationally, this was 13.1 per 100,000 in 2020 (most recent year available).[14] There are significant racial disparities.*
- **Alcohol and victimization:** *Though there is little state data available on alcohol and victimization, two data points help illustrate this linkage: 28% of women report at least*

[II] Binge drinking is defined by the CDC as five or more drinks at one time for men and four or more drinks at one time for women.
[III] Heavy drinking is defined by the CDC as 15 or more drinks in one week for men and eight or more drinks in one week for women.

one drug/alcohol-related sexual assault in their lifetime, and 57% of child maltreatment cases involve alcohol abuse.[15,16]

RISK AND PROTECTIVE FACTORS FOR ALCOHOL CONSUMPTION AND MISUSE[IV]

FIGURE I: RISK AND PROTECTIVE FACTORS FOR ALCOHOL CONSUMPTION AND MISUSE



Source: Adapted from SAMHSA. Implementing Community Level Policies to Prevent Alcohol Misuse. Publication No. PEP22-06-01-006. 2022.
https://library.samhsa.gov/sites/default/files/pep22-06-01-006.pdf

- *Almost all survey respondents said that their community's general attitude and culture around alcohol normalizes consumption, noting it as a challenge to addressing issues.*
- *Adults who reported five or more poor mental health days in the past month were slightly more likely to binge drink than their peers (21% vs 16%).*[17]
- *Among youth, traditional high school students who reported feeling sad or hopeless almost every day for two or more weeks that they stopped doing some usual activities in the past year were more likely to report current alcohol consumption (23% vs 12%).*[18] *Those at alternative high schools who experienced this were 20% more likely to report current alcohol consumption (41% vs 21%).*

[IV] While the Alliance does not use the term "misuse" in order to reduce stigma, misuse is the term used by SAMHSA and therefore is included in this report for consistency of language used in source documents.

- *Youth who feel they matter in their community are less likely to report current alcohol consumption, though those who do not feel they matter are also mostly abstaining.*[19]
- *There appears to be only a slight correlation between adults receiving needed social/emotional support and binge drinking behavior.*[20]

ALCOHOL POLICY BEST PRACTICES

According to SAMHSA, policies focused on reducing alcohol availability have the greatest effectiveness in reducing alcohol consumption and related harms.[21] Identified best practices in alcohol policy are included in the table below. These policies focus primarily on limiting access to alcohol, rather than directly addressing risk and protective factors, such as trauma, family and social bonds, and experiences of oppression or prejudice.

Table i: Alcohol Policy Best Practices

Policy	SAMHSA[22]	U.S. Alcohol Policy Alliance[23]	Nat'l Alcohol Bev Control Association[24]	CDC[25]	WHO[26]
Regulate alcohol outlet density	X	X	X	X	X
Minimum legal age for purchase	X	X	X	X	
Limit days & hours of sale	X	X	X	X	
Alcohol tax	X	X	X	X	X
Minimum pricing	X	X		X	
Limit ads/marketing	X	X			X
Dram shop liability[V]	X	X	X	X	
Prevent privatization of gov't control		X	X	X	

- *All but two of these policies (minimum pricing and limited hours/days of sale) exist to some extent in Alaska.*
- *In addition to regulated alcohol outlet density, Alaska also has Local Option Laws, which allow local governments to limit or ban alcohol sales and/or possession; 109 communities across the state have such limitations in place.*[27]

[V] Dram shop liability refers to the legal responsibility of a business for any damage, accident, or injury that is caused by serving alcohol to an intoxicated customer or a minor to prevent and reduce the incidence of alcohol-related injuries and deaths.

- *While minors cannot purchase alcohol, state laws do allow for possession and/or consumption in certain cases, such as if it is provided by a guardian or spouse.*[28,29]

CURRENT EFFORTS AND POTENTIAL ACTIONS FOR THE ALLIANCE

There have been a few recent state and local legislative efforts related to alcohol policy:

- *The Title 4 Rewrite in 2024 was introduced to promote a fair business climate while also protecting the health and safety of residents*[30]
- *Senate Bill 15, introduced in April 2025, lowers the minimum age to serve alcohol from 21 to 18, and also requires businesses to post alcohol cancer warnings*[31]
- *Anchorage's bill in March 2025 to require servers to check 100% of patrons' IDs was soon repealed in June, due to community and business pushback.*[32]

POTENTIAL ACTIONS FOR THE ALLIANCE

- **Capacity Building:** *Provide clear, concise information, training, and/or technical assistance on these topics to increase engagement and understanding, equipping individuals to be more confident to influence policy at the state, local, and tribal levels.*
- **Statewide Advocacy Agenda:** *Develop a guiding document for the Alliance's policy efforts to identify the long-term vision as well as immediate actions and priorities. This may include supporting/proposing new policies, opposing policies that are harmful, and/or protecting existing policies from potential changes or repeals.*
- **Campaigns to Build Public Will:** *Social marketing can help shift public opinions and build the public will necessary for policy efforts to succeed. This will be important given the normalization of alcohol consumption and stigma in acknowledging problems.*
- *Each of these potential actions is interrelated, and creating alignment between them will increase the network's impact and efficiency. For example, campaigns to build public will should focus on policies/topics included in the advocacy agenda, and the agenda should also inform the topics covered in capacity building.*

POTENTIAL CHALLENGES

- **Changes within the State and Federal Government:** *In the current presidential administration, there have been significant changes to federal funding streams and workforce, with direct impacts on Alaska, including anticipated Division of Behavioral Health grant funding decreases. Prevention organizations throughout the state rely on these grant funds to implement services.*
- **Strong Alcohol Lobby:** *The alcohol lobby pushes capitalistic interests, rather than centering the health and wellness of residents. In addition, sales produce revenue for state and local municipalities and businesses. These dynamics pose a considerable challenge to effect change and often require compromises. Building relationships with legislative officials can help offset this pushback and increase the network's power.*

- **Limited Capacity of Alliance Members:** *The prevention field is known to be understaffed with heavy workloads for those in the field, and capacity has been an ongoing challenge for the Alliance. To account for this, look for opportunities to weave Alliance policy efforts in with members' organizational work to create a synergistic effect. Collaborating with organizations of similar interests or shared risk and protective factors can also help, while also including more perspectives and considerations.*

CONCLUSION

The Alliance is well-positioned to engage in policy work, with a new Policy Workgroup and growing skill and confidence among members in engaging in legislative processes. As a statewide network, it is also well positioned to include a diverse range of perspectives, needs, and interests to inform its work. As the policy landscape continues to shift at the state and federal levels, the Alliance must remain vigilant in monitoring developments and responding accordingly as needed, while maintaining the long-term vision and goal as a guidepost. Despite these challenges, the passion and support from members and others around the state lend to the strength of the network. With significant changes happening at the state and federal levels, there is no better time to engage in the legislative process to effect change and reduce the harms and impacts of alcohol in Alaska.

INTRODUCTION

The Alliance is a statewide network of around 200 individuals and organizations committed to working together to prevent and address the harms of alcohol in Alaska. The Alliance, housed within Recover Alaska, was formed in 2019 and is primarily supported by a Substance Abuse and Mental Health Services Administration (SAMHSA) Comprehensive Behavioral Health Prevention & Early Intervention grant, awarded by the Alaska Department of Health, Division of Behavioral Health. The Alliance aims to engage people and communities as partners, promote individual and community wellness, and prevent alcohol-related harms in Alaska. To achieve its mission, the Alliance works towards four goals:

1. **Build Relationships** *among and across organizations, efforts, communities, and individuals.*
2. **Build Shared Meaning** *about the harms of alcohol use, upstream prevention, and community wellness.*
3. **Build Power** *for everyone to have what they need to thrive and contribute to the mission, based on where they are and where they sense to go.*
4. **Support Strategies** *that reduce harms of alcohol use and promote overall well-being.*

As a systems-level network, the Alliance has had a growing interest in engaging in policy work to address alcohol-related harms throughout the state. In fiscal year (FY) 2025, the Alliance formed a Policy Workgroup, facilitated by policy expert Tom Begich, in order to provide a space for members to identify emerging policy issues, identify policy solutions to issues related to alcohol and prevention, and provide training opportunities to enhance members' ability to influence policy.

DEFINING ALCOHOL POLICY

Policy is defined as a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.[33] Policy is often thought of in two forms: "Big P" policy, such as official policies from federal, state, tribal, and local governments, and "little p" policy, such as private or non-governmental policies within workplaces, nonprofit organizations, and those that guide development and implementation of initiatives and programs.[34]

Specific to alcohol, policy is most commonly discussed within the realm of "Big P" policy. At this level, policy influences the manufacturing and sales of alcohol, who can drink alcohol, and how alcohol-related problems are responded to.[35] This report focuses primarily on policy at the state and local levels. Within federal law, the 21st Amendment primarily governs alcohol policy to repeal historic national prohibition and also gives states control over whether to allow the sale and importation of alcohol, how to distribute alcohol throughout the state, and to regulate possession of alcohol.[36]

The Federal Uniform Drinking Age Act of 1984 sets the minimum legal drinking age to 21, although states can allow for exceptions such as allowing people under the age of 21 to drink when they are with parents/guardians or a spouse.[37, 38] Some states also allow local governments to control alcohol policy development and enforcement, such as communities that ban or limit alcohol, as discussed in the section on Alcohol Policy Best Practices.[39] Within Alaska, the Alcoholic Beverage Control Board serves as the regulatory and quasi-judicial agency to control the manufacture, barter, possession, and sale of alcoholic beverages in the state through a licensing system.[40]

Within the context of upstream prevention, a policy that is not specific to alcohol can be used as a lever to lead to changes in alcohol manufacturing, sales, consumption, and alcohol-related problems. For example, policies that increase access to mental health services can help individuals address trauma - an identified risk factor for alcohol consumption and alcohol use disorder (AUD) - and other concerns. Policies to prevent the initiation of alcohol consumption differ from policies to prevent AUD and alcohol-related harms, both in their approach and in terms of which levers are utilized.

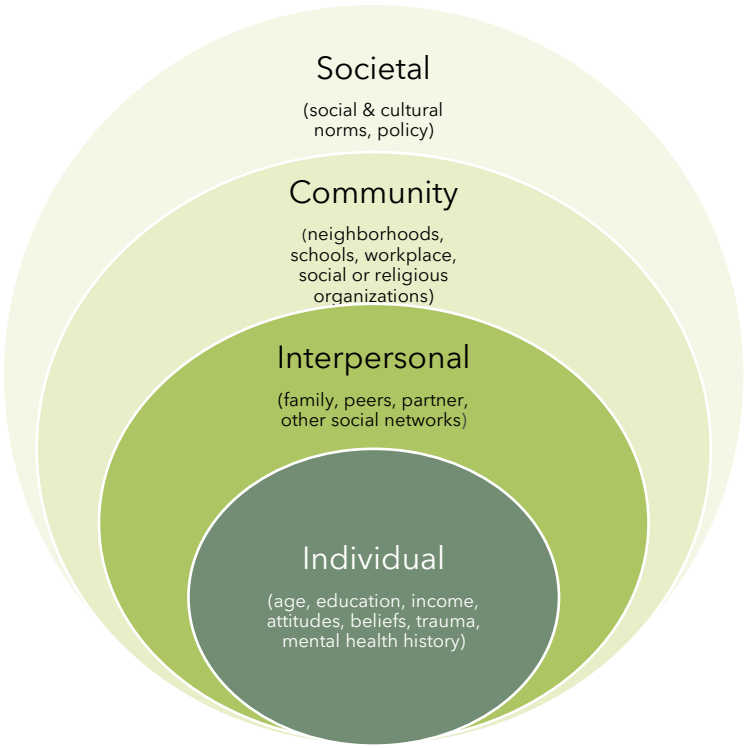
SOCIO-ECOLOGICAL MODEL

This report draws on the socio-ecological model to interpret findings and identify opportunities. The socio-ecological model (shown in Figure 1) is a key public health framework to understand the associations between multiple factors that impact health and development at the individual, interpersonal, community, and societal levels. Each of these levels is nested within the next.

Policy is the outermost layer of the socio-ecological model, giving it a high level of influence on all other levels, from community to individual. For example, policies influence the physical and social environment of a community, such as zoning laws for alcohol retail outlets or limitations on advertising. The availability of alcohol and exposure to advertisements also directly influence individual behaviors and choices. Policies that promote responsible drinking habits influence social norms and interpersonal relationships.

In an upstream perspective, policies can influence access to community support services, health care (including mental and behavioral health), and education, as well as factors such as income equality and availability of spaces and activities that promote healthy lifestyles and wellbeing.

FIGURE 1: SOCIO-ECOLOGICAL MODEL



ABOUT THIS REPORT

In FY 2025, the Alliance commissioned the Stellar Group to conduct a statewide alcohol policy needs assessment to inform ongoing efforts of the network to effect systems change. As part of their collaborative approach to policy and systems change, the Alliance also aligned the needs assessment to Healthy Alaskans 2030 research objectives. Healthy Alaskans is a statewide health improvement plan to help guide efforts to improve the most significant health issues in the state.[41] Throughout the report, relevant Healthy Alaskans objectives are included in a call-out box for reference in relation to the data being discussed.

This project is guided by a Steering Committee comprised of Alliance members, Recover Alaska staff, and the State grant advisor, facilitated by the Stellar Group. There is some crossover in topic and membership between the Committee and the Policy Workgroup. The Committee met monthly, with additional ad-hoc meetings as needed, to make decisions around the assessment process, discuss data, and support implementation.

RESEARCH QUESTIONS

The Steering Committee defined the following research questions to guide this assessment:

1. *What are the most pressing issues related to alcohol in Alaska, locally and statewide?*
2. *What potential policy efforts can help address those issues?*
3. *How can the Alliance play a role in addressing policy needs?*

METHODOLOGY

The Stellar Group utilized a mixed-methods approach in this needs assessment. Data sources include:

- *Statewide survey (N=67) to understand alcohol consumption-related concerns, priorities, and current efforts in respondents' communities and across the state*
- *Key informant interviews (N=6) with individuals working within prevention or a related field across the state*
- *Secondary data analysis drawing from publicly available data sets at the state and national level*
- *Literature review of policy best practices for addressing alcohol-related priorities and issues identified in survey and interview data*

Throughout this report, paragraphs referencing survey and interview data can be quickly identified by this clipboard icon: 

While paragraphs referencing secondary data are identified by this bar graph icon: 

A full methodology can be found in Appendix A.

ALCOHOL CONSUMPTION, IMPACTS, AND INFLUENCES IN ALASKA

Survey respondents and key informants were asked to share the most pressing public health concerns in their community; the most commonly noted issue by both groups was alcohol consumption.[VI] This may in part be due to the nature of this assessment, which primes respondents to think about alcohol, though this feedback still demonstrates that it is a high priority.

Survey respondents and key informants also shared the most pressing alcohol-specific issues in their community. The most common issues brought up by survey respondents were:

- *Adult binge drinking/alcoholism*
- *Underage drinking*
- *Lack of access to treatment*
- *Wide availability/affordability of alcohol*

Across public health regions, there was some variation, though some or all were commonly mentioned in each. Key informants also frequently spoke about alcohol being associated with other substance use and alcohol's impact on mental health, including bidirectional impacts: Alcohol consumption can influence mental health, and mental health can influence alcohol consumption.

This section explores these concerns across the following subsections:

- *Alcohol Consumption*
- *Harms and Impacts of Alcohol*
- *Risk and Protective Factors for Alcohol Consumption and Misuse*

ALCOHOL CONSUMPTION

This subsection first explores indicators related to adult alcohol consumption in the state, followed by a discussion of underage alcohol consumption.

ADULT ALCOHOL CONSUMPTION

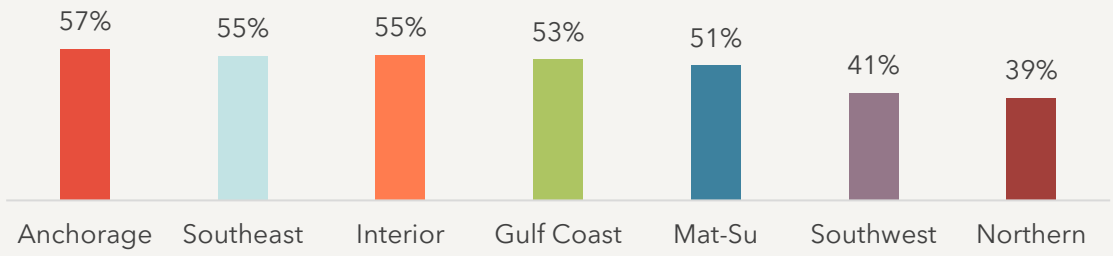
According to Behavioral Risk Factor Surveillance System (BRFSS) data, in 2023, about half (53%) of Alaskan adults had consumed alcohol in any amount within the past 30

[VI] The second most cited public health concern was opioid/other substance use. Other interrelated issues were also commonly noted, such as intimate partner violence, suicide/self-harm and mental health/loneliness. These are discussed as relevant throughout this report.

days.[42] In five public health regions (2022-2023 combined)[VII], this figure was between 51% and 57%, while it was lower in the Southwest (41%) and Northern (39%) regions. Based on confidence intervals[VIII], the Northern region is significantly lower than all other regions except Southwest. The Southwest region is significantly lower than all other regions except Northern and Mat-Su.

FIGURE 2

Any alcohol consumption is lowest in the Southwest and Northern regions.

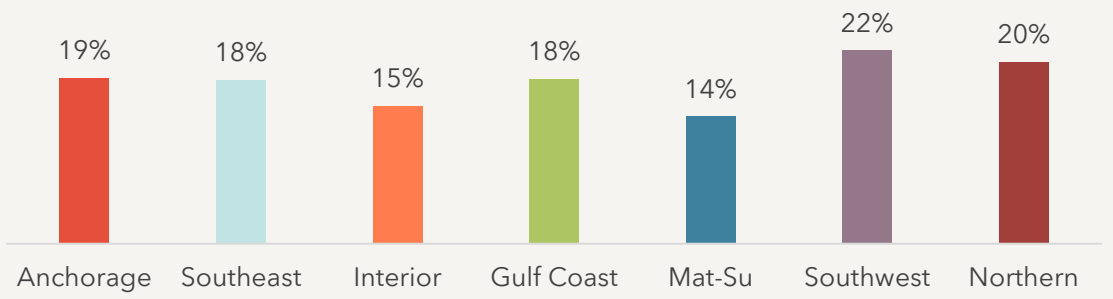


Alaska Behavioral Risk Factor Surveillance System, 2022-2023.

Nearly one in five (17%) Alaskan adults reported binge drinking[IX] in the past 30 days in the 2023 BRFSS.[43] This figure was highest in the Southwest (22%) and Northern (20%) regions (2022-2023 combined); as discussed above, these two regions reported the lowest rates of any alcohol consumption. However, differences between regions are not significantly different based on confidence intervals.

FIGURE 3

Binge drinking rates vary across regions, from 14% to 22%.



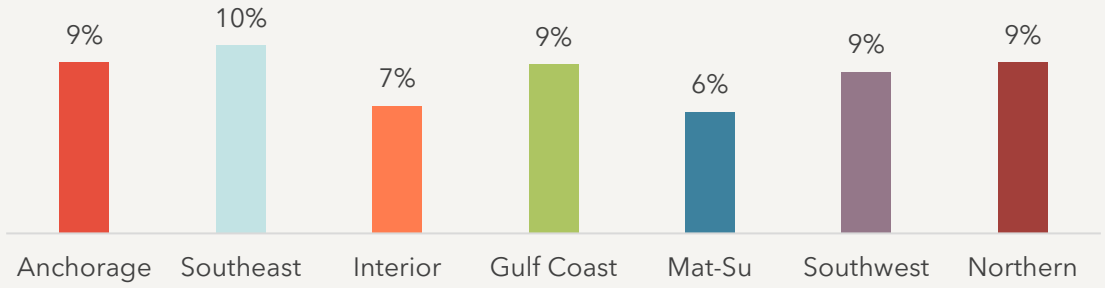
Alaska Behavioral Risk Factor Surveillance System, 2022-2023.

[VII] In order to increase sample size, combined years of data are used when discussing public health region BRFSS data, while state-level data uses the single most recent year to provide as up-to-data data as possible.
[VIII] Confidence intervals are used when looking at estimates across regions to determine if the differences are due to chance or are statistically different. If the confidence intervals do not overlap, there is a statistically significant difference. If they do overlap, there is no difference.
[IX] Binge drinking is defined by the CDC as five or more drinks at one time for men and four or more drinks at one time for women.

Just 8% of Alaskan adults reported heavy drinking[X] in the past 30 days.[44] In all public health regions (2022-2023 combined), heavy drinking was between 6% and 10%. Similar to binge drinking prevalence, this is lowest in the Interior and Mat-Su regions. There is no significant difference across regions, based on confidence intervals, except between the Southeast and Interior regions.

FIGURE 4

Heavy drinking rates are relatively similar across regions.



Alaska Behavioral Risk Factor Surveillance System, 2022-2023.

UNDERAGE ALCOHOL CONSUMPTION

According to the U.S. Alcohol Policy Alliance, alcohol is the top substance used among youth in the country.[45] However, based on data from the 2023 Youth Risk Behavior Survey (YRBS), most Alaskan teens do not consume alcohol (see Table 1). Within Alaska, alcohol consumption among high-school-aged youth in traditional schools is similar to the national level.[46] Those at alternative high schools[XI] in Alaska have higher consumption rates than their peers, though national comparisons are not available for this group.

In Alaska, the percentage of teens who report current alcohol consumption has fluctuated slightly but generally trended downward since 2011 (29%) to a low of 17% in 2023.[47] The reasons for this trend are unknown. However, some survey respondents and key informants pointed out that **while youth alcohol consumption is on the decline, there is an apparent rise in the consumption of other substances, such as opioids and cannabis**. This consideration is backed up by national research, which shows that while the younger generation is consuming less alcohol, consumption of cannabis and psychedelics is increasing, as well as rates of tobacco (specifically, vaping devices).[48, 49] This points to the importance of addressing risk and protective factors for substance use in general so that youth do not simply replace one substance with another.

[X] Heavy drinking is defined by the CDC as 15 or more drinks in one week for men and eight or more drinks in one week for women.

[XI] Alternative high schools are defined by the Alaska Department of Education as those which serve youth who have been unable to achieve academic success in traditional school environments for one or more of a variety of reasons. For more information, see: https://education.alaska.gov/alt

Table 1. Teen Self-reported Alcohol Consumption			
	US Traditional Schools	AK Traditional Schools	AK Alternative Schools
Drank alcohol before age 13	13%	15%	23%
Currently drinks alcohol	22%	17%	33%
Binge drinks alcohol	9%	9%	19%

Source: Youth Risk Behavior Survey, 2023.

HARMS AND IMPACTS OF ALCOHOL

Several survey respondents spoke about the interrelated nature of risks and harms, such as intimate partner violence, child maltreatment, and mental health issues, with alcohol-related harms. While many research papers also point to the interrelated nature of these factors[50, 51] there is limited public data available within Alaska. This section explores the following harms and impacts of alcohol consumption:

- *Alcohol-impaired Driving*
- *Alcohol Use Disorder*
- *Alcohol Hospitalizations*
- *Alcohol-induced Mortality*
- *Alcohol and Victimization*

ALCOHOL-IMPAIRED DRIVING

Some survey respondents noted that drinking and driving is a top concern in their community. In 2023, there were 3,276 arrests made in the state for driving under the influence.[52] This number of arrests accounts for roughly 1 in every 3,700 Alaskans (0.5% of the state population). Of these arrests, 71% were male. Additionally, 7% were individuals under the legal drinking age. In the 2023 BRFSS survey, 3% of Alaskans self-reported that they drove after drinking "too much" at some point in the last 30 days.[53] Due to small sample sizes, reliable public health region data is unavailable.

The Alaska Bureau of Vital Statistics shows that in 2022, 20% of all fatalities on Alaska highways involved at least one driver with a blood alcohol content of 0.08% or higher, representing 16 total fatalities.[54] This percentage has decreased since 2017, when the prevalence was 29%, though there has been some fluctuation from year to year. In

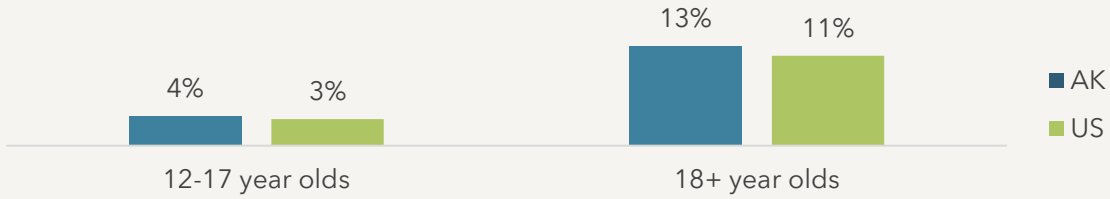
comparison, the 2022 national rate is 32% of highway fatalities attributable to alcohol-impaired driving.[55]

ALCOHOL USE DISORDER

According to the National Survey on Drug Use and Health, in 2021-2022 (years combined), within Alaska, 4% of 12-17-year-olds and 13% of adults aged 18 or older had alcohol use disorder in the past year.[56] These numbers closely mirror national rates.

FIGURE 5

Rates of alcohol use disorder in the past year are similar in Alaska and nationally.



National Survey on Drug Use and Health, 2021-2022.

ALCOHOL HOSPITALIZATIONS

Alcohol is the leading preventable cause of death in the United States and has more than 200 conditions associated with misuse, including chronic disease.[57] Additionally, alcohol-related disorders were the fifth most common cause of hospitalizations in Alaska in 2023, and the second most common in the Northern region, third most common in the Southeast region, and the fourth most common in the Anchorage region; this is not among the top 10 most common reasons for hospitalization in other regions.[58] **However, it is among the top ten reasons for visits to the Emergency Department, specifically, in all public health regions except the Mat-Su, ranking third at the state level. It is important to note that this does not include injury due to alcohol but rather issues such as alcohol dependence, abuse, and withdrawal.**

HEALTHY ALASKANS 2030
OBJECTIVE 12:
Reduce the unintentional injury mortality rate per 100,000 population

STRATEGY 2:
Promote environmental strategies that change community conditions to reduce all injuries and deaths that involve problematic alcohol and other substance/drug use

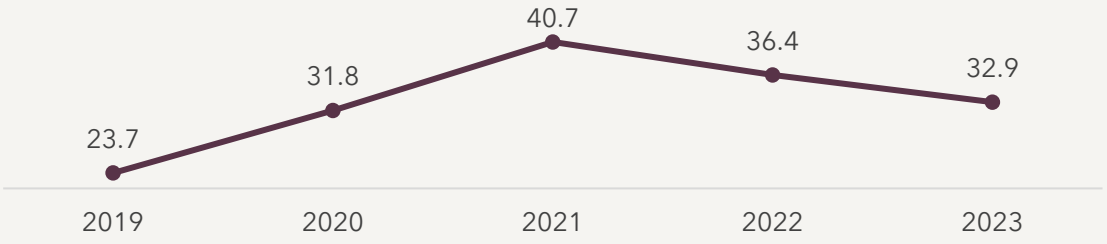
ALCOHOL-INDUCED MORTALITY

HEALTHY ALASKANS 2030 OBJECTIVE 22:
Reduce the alcohol-induced mortality rate per 100,000 population

Alcohol is a major contributor to the top four leading causes of death among 15-20 year olds in the U.S.[59] Among adults aged 20-64, one in eight deaths is attributable to excessive alcohol consumption in the U.S.[60] The rate of alcohol-induced mortality in Alaska (including alcohol poisoning, alcoholic liver disease, and mental/behavioral disorders due to alcohol) has increased since 2019, though it is lower than its peak in 2021.[61] As of 2023 in Alaska, there were 32.9 alcohol-induced deaths per 100,000 residents. **This is much higher than the most recently available national statistic from 2020 of 13.1 alcohol-induced deaths per 100,000, compared to 31.8 per 100,000 in Alaska this same year.**[62]

FIGURE 6

Although the alcohol-induced mortality rate (per 100,000) is lower in 2023 than in 2021, it is higher than in 2019 or 2020.



Alaska Bureau of Vital Statistics.

There are large disparities in this mortality rate by racial identity; the rate among Alaska Native/American Indian residents is more than six times greater than the rate among White residents (117.2 per 100,000 versus 18.2 per 100,000, respectively).[63] Reasons for this large difference are unknown and merit further exploration, particularly considering that self-reported rates of alcohol consumption noted above (including binge and heavy drinking) are relatively similar across racial groups. Further investigation is needed to understand the causes of this disparity. Rates for other racial groups are statistically unreliable and/or not reported due to a small number of events.

ALCOHOL AND VICTIMIZATION

Alcohol consumption is a well-documented risk factor for violence, and particularly for the perpetration of intimate partner violence and child maltreatment.[64, 65] While alcohol itself does not cause someone to become abusive, several effects of alcohol, such as amplified emotions, disinhibition, impaired judgement, and alcohol myopia[XII] can increase the risk of

[XII] Alcohol myopia is a term used to describe the phenomena where alcohol consumption narrows the focus on environmental cues to immediate, salient information and ignores other information, potentially leading to risky behavior. For example, someone bumping into a person who is intoxicated

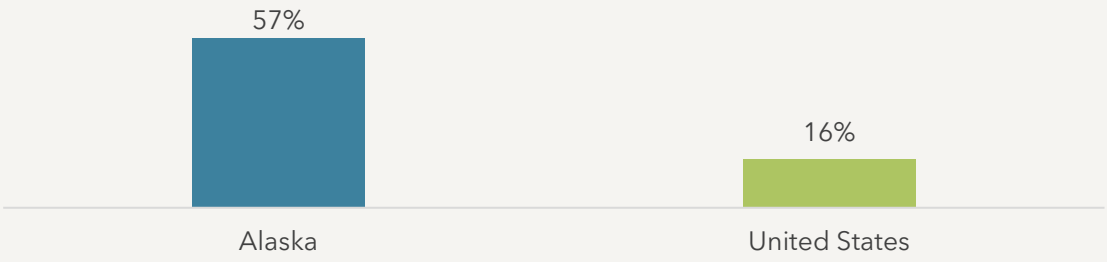
perpetrating harm, particularly for individuals who have unresolved trauma or other mental/behavioral health concerns. Further, people who are victims of intimate partner violence and child maltreatment are more at risk of developing alcohol-related problems as a coping mechanism for the trauma they experienced, which can further perpetuate the cycle of violence.[66, 67]

The 2020 Alaska Victimization Survey found that 41% of adult women in the state have experienced sexual violence in their lifetime, and 28% experienced at least one drug or alcohol-related sexual assault.[68] This suggests that alcohol and other substances play a significant role in the incidence of intimate partner violence . One study of existing literature found that higher alcohol outlet density is associated with higher rates of intimate partner violence.[69]

One existing data point shows the overlap between child maltreatment and alcohol consumption: Data from the U.S. Administration of Children and Families shows that **in 2023, in 57% of all substantiated or indicated[XIII] cases of maltreatment in Alaska, alcohol abuse was present for at least one caretaker.[70] This is three and a half times the national rate of 16%.**

FIGURE 7

In Alaska, alcohol abuse is almost six times more likely to be present in a case of child maltreatment than nationally.



US Department of Health and Social Services Administration for Children and Families, 2023.

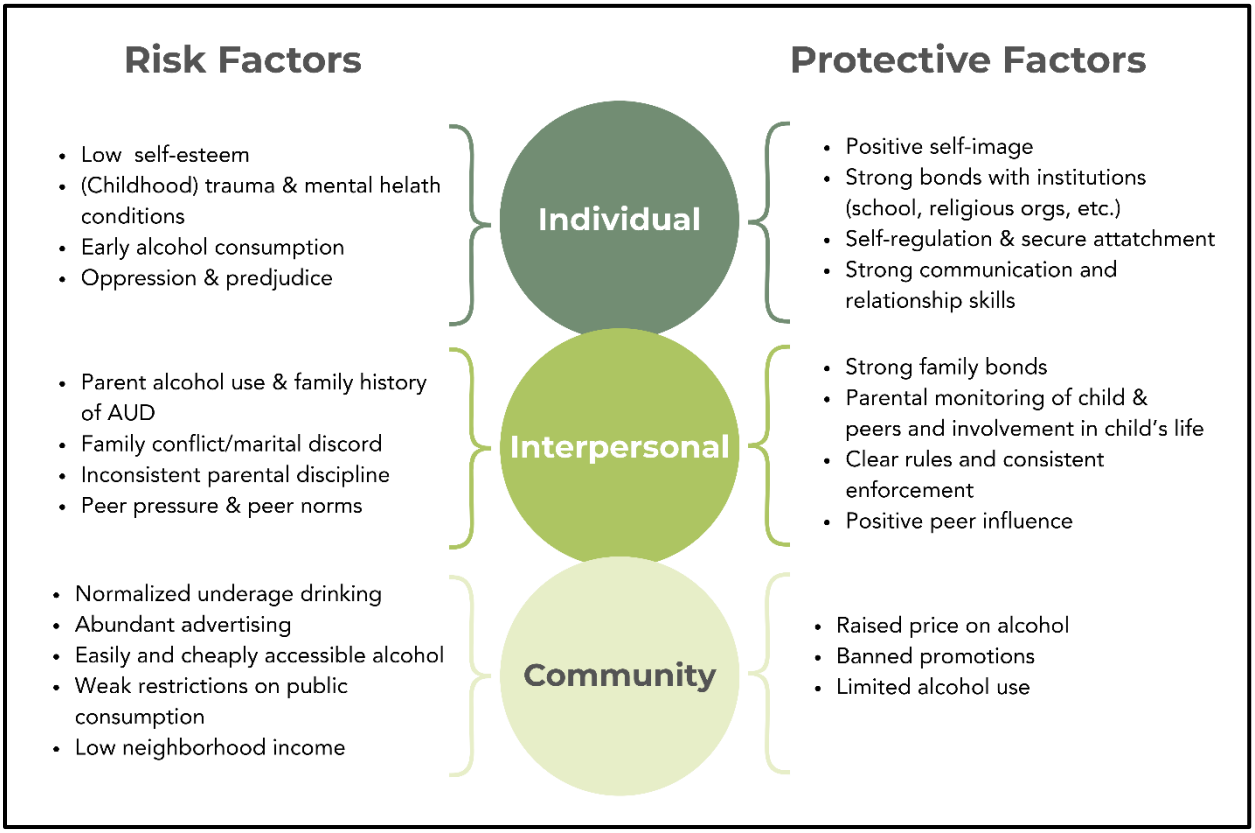
may cause them to overreact to perceived aggression cues while ignoring broader social context and potential consequences.

[XIII] This source – US DHSS ACF (full citation in endnotes), defines "indicated" as "a disposition that concludes maltreatment could not be substantiated under state law or policy, but there is a reason to suspect that at least one child may have been maltreated or is at risk of maltreatment. This disposition is applicable only to states that distinguish between substantiated and indicated dispositions." It is unclear at this time if Alaska distinguishes between substantiated and indicated dispositions in reporting.

RISK AND PROTECTIVE FACTORS FOR ALCOHOL CONSUMPTION AND MISUSE[XIV]

Risk and protective factors are characteristics that influence the likelihood of negative outcomes related to alcohol consumption. Risk factors increase this likelihood, while protective factors lower the likelihood and/or reduce the risk factor's impact. Risk and protective factors exist at all levels of the socioecological model, from individual characteristics to societal laws and infrastructure (i.e., policy). The following graphic summarizes risk and protective factors for alcohol consumption and misuse as identified by SAMHSA.

FIGURE 8: RISK AND PROTECTIVE FACTORS FOR ALCOHOL CONSUMPTION AND MISUSE



Source: Adapted from SAMHSA. Implementing Community Level Policies to Prevent Alcohol Misuse. Publication No. PEP22-06-01-006. 2022. https://library.samhsa.gov/sites/default/files/pep22-06-01-006.pdf

[XIV] While the Alliance does not use the term "misuse" in order to reduce stigma, misuse is the term used by SAMHSA and therefore is included in this report for consistency of language used in source documents.

This subsection explores the following risk and protective factors:

- *Cultural Norms*
- *Mental Health Concerns*
- *Sense of Belonging Among Youth*
- *Social-Emotional Support Among Adults*

CULTURAL NORMS

Almost all survey respondents said that their community's general attitude and culture around alcohol normalizes consumption. Specific mentions included normalization of overconsumption/alcoholism, use in celebration, use in moderation, and underage drinking, while some simply noted "it's legal." Some spoke about mixed attitudes among different groups in their community; while some chose not to drink or are against alcohol consumption, others are more accepting of alcohol consumption and/or engage in heavy drinking behavior. Further, some spoke about a growing acceptance of people who chose to be sober, suggesting that norms may be shifting in a positive way. Some spoke about the growing availability of sober beverage options at events and restaurants/bars, though this was only in urban communities like Juneau, Fairbanks, and Anchorage.

> ***"[There is] no interrogation of 'normal use', which makes it hard to see or notice problematic use, especially when young people observe it so regularly."*** *– Anchorage resident*

Based on the National Survey on Drug Use and Health, roughly 40% of Alaskan adults and youth believe that consuming five or more drinks (i.e. binge drinking) once or twice a week is a "great risk".[71] This is within one to two percentage points of national perceptions.[72]

> ***"Alcohol seems to be widely accepted as the norm. [People] used to be mocked for not drinking, but [it] seems like [non-alcoholic] drinks are becoming more popular; [it] seems like people aren't worried about underage use, but they should be; [it] seems like people think there's safe drinking and alcoholic drinking with no in-between."*** *– Anchorage resident*

MENTAL HEALTH CONCERNS

A global meta-analysis study published in the National Library of Medicine noted that those with a mental health issue, such as diagnosed anxiety, depression, or other psychiatric disorders, are twice as likely to develop alcohol use disorder.[73] This correlation is also discussed by the National Institute on Alcohol Abuse and Alcoholism.[74] This sub-section explores mental health indicators for adults and teens.

Adult Mental Health

In the 2023 BRFSS, 20% of Alaskan adults reported having a diagnosis of a depressive disorder at some point in life.[75] Additionally, 28% of Alaskan adults reported they had five or more poor mental health days in the past month.[76] **There was a statistically significant association with alcohol consumption: Those who reported this experience (2022-2023 combined)[xv] were more likely to report binge drinking than their peers (21% versus 16%). There was also a significant association with heavy drinking.**

HEALTHY ALASKANS 2030 OBJECTIVE 14:

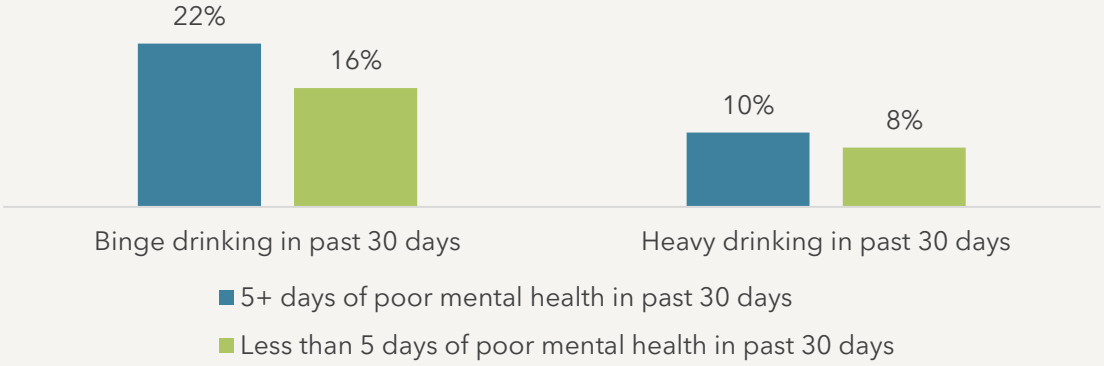
Reduce the mean number of days in the past 30 days adults (aged 18 and older) report being mentally unhealthy

STRATEGY 1:

Reduce the impact of mental health and substance use disorders through prevention and early intervention at the individual, family, and community level

FIGURE 9

Adults who reported five or more days of poor mental health in the last 30 days were more likely to report binge drinking and just 1% more likely to report heavy drinking.



Alaska Behavioral Risk Factor Surveillance System, 2022-2023.

Youth Mental Health

In the 2023 YRBS, youth also reported high levels of mental distress, with students at alternative schools more likely to report these experiences.[77] In traditional high schools, 43% of Alaskan youth reported that they felt t so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (during the past 12 months), similar to the national rate (40%)[78], while almost two-thirds (62%) of alternative school students in the state reported this experience.

HEALTHY ALASKANS 2030 OBJECTIVE 13:

Reduce the percentage of adolescents who felt sad or hopeless enough every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months

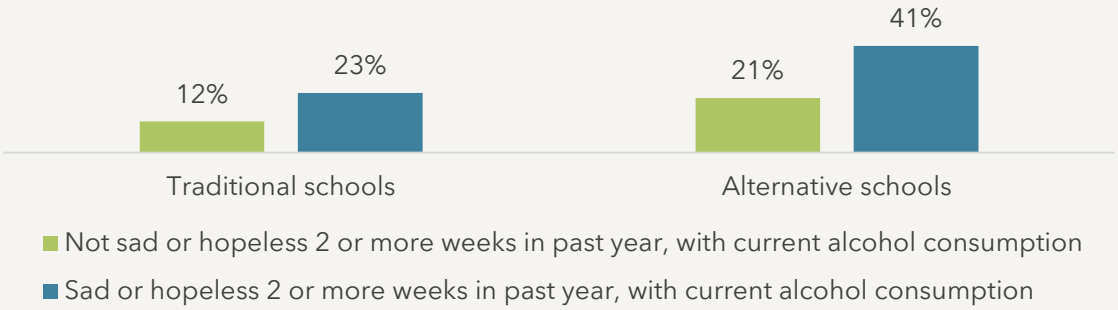
[xv] Combined to increase sample size.

Further, about one-quarter (23%) of traditional school students and around one-third (36%) of alternative school students said they have seriously considered suicide.[79] The national prevalence is 20%.[80] In Alaska, female students were much more likely to report these experiences in both school settings.

Traditional school students in Alaska who reported feeling sad or hopeless for two or more weeks in the past year were 11% more likely to report current alcohol consumption than those who did not experience this (23% vs 12%, respectively).[81] However, most traditional school students who experienced this (77%) abstained from alcohol**. At alternative schools[XVI], students who were sad or hopeless for two or more weeks in the past year were 20% more likely to report current alcohol consumption** than those who did not feel this way (41% vs 21% respectively); most alternative school students who experience this (59%) abstain from alcohol.[82]

FIGURE 10

At both traditional and alternative schools, youth were more likely to report current alcohol consumption if they also had felt sad or hopeless for two or more weeks in the past year.



Alaska Youth Risk Behavior Survey, 2023.

SENSE OF BELONGING AMONG YOUTH

HEALTHY ALASKANS 2030 OBJECTIVE 18:
Increase the percentage of adolescents who feel like they matter to people in their community

According to a study published by the National Institute of Health, a sense of belonging is correlated with lower lifetime use of alcohol[83], which is similar to the above-noted protective factor identified by SAMHSA as a strong bond with institutions, and supportive peer networks. In Alaska, over half of traditional school students (59%) and almost half (48%) of alternative school students said they feel that they matter in their community.[84]

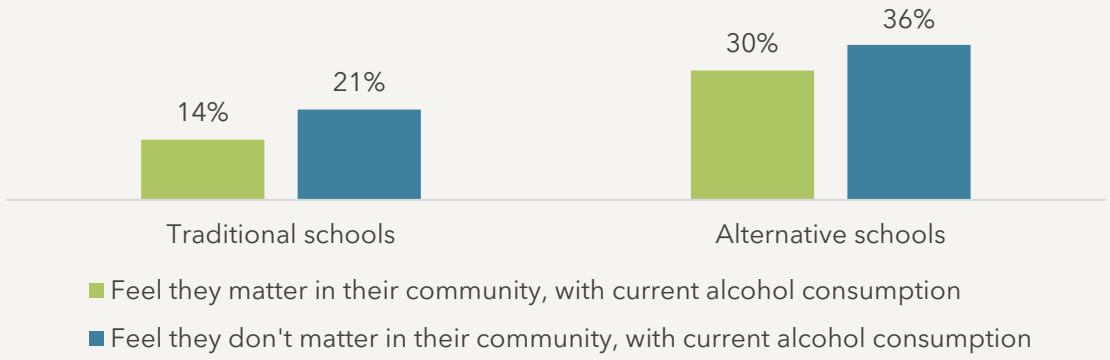
Based on YRBS data, there is some difference in alcohol consumption prevalence between those who reported a sense of belonging and those who did not. Traditional

[XVI] Please see the footnote on page 7 for a full definition of this term.

school students who feel they matter in their community are 7% less likely to report current alcohol consumption than those who do not (14% vs 21%, respectively).[85] However, it is important to note that most (79%) students who feel they don't matter also abstain from alcohol. Similarly, alternative school students who feel they matter in their community are 6% less likely to report current alcohol consumption (30% compared to 36%).[86] About two-thirds (64%) of alternative school students who feel they don't matter also abstain from alcohol.

FIGURE 11

Students who feel they matter in their community are less likely to report current alcohol consumption at both traditional and alternative high schools.



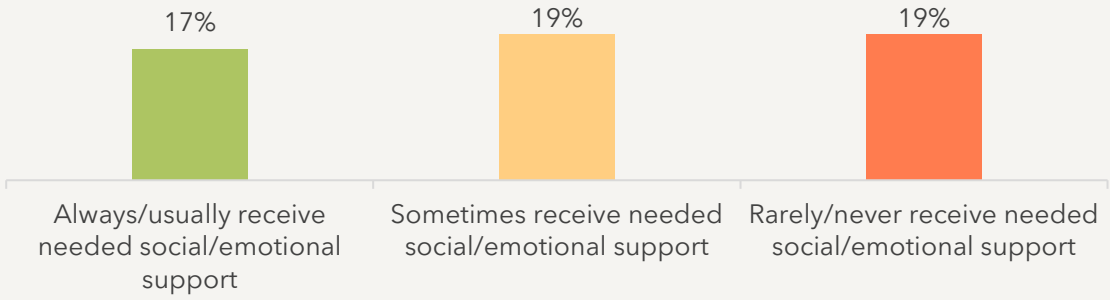
Alaska Youth Risk Behavior Survey 2023.

SOCIAL-EMOTIONAL SUPPORT AMONG ADULTS

Among adults in 2023, three-quarters (76%) reported that they always or usually get needed social and emotional support.[87] **There is no significant association between the degree to which some reports receiving needed social/emotional support and binge drinking**. There is also no significant association between social and emotional support and heavy drinking.

FIGURE 12

Among adults, there are no significant differences in reported binge drinking and how often they receive needed social/emotional support.



Alaska Behavioral Risk Factor Surveillance System, 2022-2023.

ALCOHOL POLICY BEST PRACTICES

Several national and international leading organizations have identified best practices for alcohol policies to reduce harms and impacts, including SAMHSA, the U.S. Alcohol Policy Alliance, the National Alcohol Beverage Control Association, the U.S. Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO). This section explores these best practices and their presence in Alaska.

According to SAMHSA, policies focused on reducing alcohol availability have the greatest effectiveness in reducing alcohol consumption and related harms.[88] As previously stated, many survey respondents and key informants noted the ubiquitous nature of alcohol. SAMSHA provides a comprehensive list of best practices, organized by evidence base, including:[89]

STRONG EVIDENCE

- *Regulate alcohol outlet density*
- *Minimum legal age for purchase*
- *Limit days and hours of sale*
- *Impose an alcohol tax*
- *Implement minimum pricing*
- *Limit advertising & marketing*
- *Dram shop liability*

MODERATE EVIDENCE

- *Social host ordinance*
- *Alcohol-impaired driving countermeasures*
- *Limited price promotions*

LIMITED OR NO EVIDENCE

- *Responsible beverage host*
- *Retail environment limits (e.g., limit floor space, ban high-risk items)*
- *Restrict public spaces where alcohol is sold/consumed (fairs, sporting events, etc.)*

Many of the policies with strong evidence are also identified as best practices by other recognized organizations, as shown in Table 2 below. In addition to those identified by SAMHSA, one additional practice is identified by other organizations: preventing the privatization of government control over alcohol.

It is important to note that these policies focus primarily on limiting access to alcohol, rather than directly addressing risk and protective factors explored in the previous section, such as trauma, family and social bonds, and experiences of oppression or prejudice.

Table 2: Alcohol Policy Best Practices					
Policy	SAMHSA[90]	U.S. Alcohol Policy Alliance[91]	Nat'l Alcohol Bev Control Association[92]	CDC[93]	WHO[94]
Regulate alcohol outlet density	X	X	X	X	X
Minium legal age for purchase	X	X	X	X	
Limit days & hours of sale	X	X	X	X	
Alcohol tax	X	X	X	X	X
Minimum pricing	X	X		X	
Limit ads/marketing	X	X			X
Dram shop liability	X	X	X	X	
Prevent privatization of gov't control		X	X	X	

All but two of these policies (minimum pricing and limited hours/days of sale) exist to some extent in Alaska. Those that relate to issues and priorities identified in the survey and interview data - access to alcohol, youth consumption, and marketing - include an asterisk in their respective subsection titles.

ALCOHOL OUTLET DENSITY*

Access to alcohol is determined by zoning and licensing practices at the state and community levels. Evidence shows that limiting or restricting where alcohol retailers can be located can reduce binge drinking and alcohol-related harms, such as violence and unintentional injuries.[95] However, there is no clear specification of what an ideal outlet density is.

According to Alaska's Alcohol & Marijuana Control Office, alcohol licenses are issued based on population size. Restaurants and other eating places are issued at a rate of one license for each population of 1,500 within a borough (organized or unorganized) or municipality, while all other licenses are issued at a rate of one for each population of 3,000.[96] There are some exceptions, such as allowing a larger density for hub communities that serve as commercial

centers for a population larger than those residing within the municipal city limits.[97] As of April 2025, almost all communities throughout the state are at their quota for all alcohol license types.[98]

Though not specific to outlet density, there are also some laws in Alaska about where alcohol can be sold. For example, businesses cannot be licensed to sell alcohol within 200 feet of a school or church.[99] In addition, alcohol can only be sold in a dedicated liquor store that holds a package store license.[100] This means alcohol cannot be sold in grocery or convenience stores, though some grocery stores have a separate, though connected, liquor store.

Across the U.S., 33 states and the District of Columbia (including Alaska) have state-level licensing laws that limit alcohol outlet density.[101] These may be defined by population, distance, quota, or licensing agency, and many states have complex systems that differentiate by local and state rules, on- versus off-premises consumption, and license type.

LOCAL OPTION LAWS

Through the Title 4 Local Option Regulations, municipalities and established villages in Alaska can limit or ban alcohol sales and/or possession (beyond solely limiting hours and days of sale) at the local level through a petition and election process.[102]

HEALTHY ALASKANS 2030 OBJECTIVE 22:

Reduce the alcohol-induced mortality rate per 100,000 population

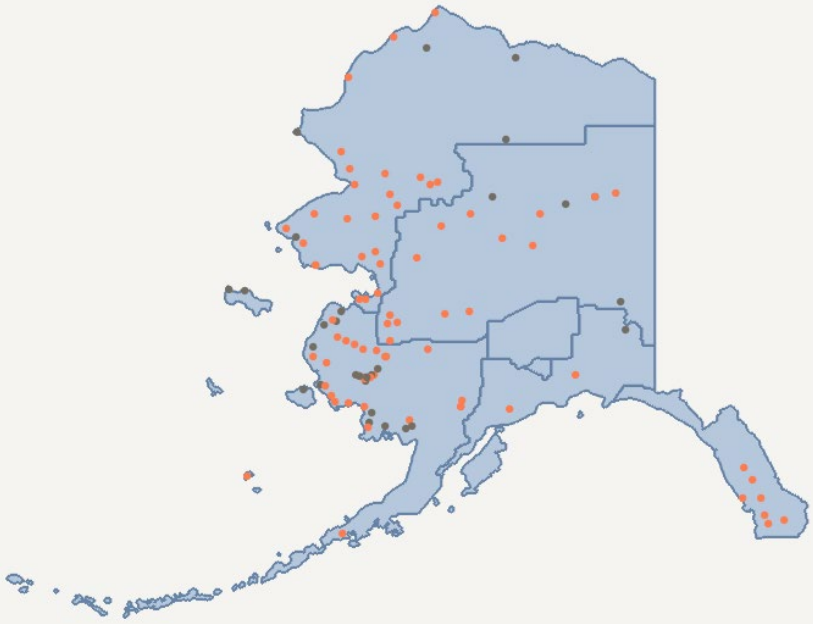
ACTION STEP 1:

Revise Local Option Laws after thorough research and work with people in rural Alaska who are impacted by these laws

Currently, there are 109 communities throughout the state that either limit or ban alcohol (otherwise known as damp or dry communities).[103] Thirty communities are dry, meaning they ban all sales, importation, and possession of alcohol. Among damp communities: 23 ban sales, 41 ban sales and importation, six limit sales to specific license types, and nine limit sales to municipality-operated licenses. In 2023, there were 121 arrests related to violations of local or state liquor laws.[104] This figure does not include federal violations or driving while intoxicated/public drunkenness violations.

FIGURE 13

There are 79 damp (orange) and 30 dry (grey) communities across Alaska as of March 2024.



Alaska Beverage Control Board, 2024.

MINIMUM LEGAL AGE FOR PURCHASE*

Nationally, the legal minimum age to purchase alcohol is 21. Though states do have the ability to lower this age, U.S. Congress uses financial and tax incentives to prevent this.[105] There is no indication of attempts to lower the legal age in Alaska at this time.

Alaska has a state law that requires businesses to check IDs if there is reasonable suspicion that a customer is under the age of 21.[106] In Alaska, as well as 24 other states, the one exception to the legal minimum age to purchase alcohol is for law enforcement purposes.[107] Typically, this exception is for compliance checks conducted by the state's Alcoholic Beverage Control Board to identify merchants illegally selling alcohol to minors. The National Alcohol Beverage Control Association also recommends increasing the frequency of retailer compliance checks to enforce laws against the sale of alcohol to minors.[108] It is unknown how often this tactic is used in Alaska for compliance checks or the frequency of compliance checks in general.

POSSESSION AND CONSUMPTION

Aside from purchase, there are other important state laws related to possession and consumption that influence youth's access to alcohol, even if they cannot purchase it directly.

Alaska is one of 16 states in which it is legal for youth under 21 years of age to *possess* alcohol if they have permission from a parent/guardian, one of nine states that allow

possession when there is permission by a spouse, and one of six states that allow possession when in a private location.[109, 110]

Additionally, Alaska is one of eight states that allow youth to *consume* alcohol when permission is given by a parent/guardian, one of six that allow for spousal permission, and the only state in the country that allows for underage alcohol consumption in a private residence of a parent/guardian. In 2023, 50 youth under the age of 21 were arrested for state or local liquor law violations.[111] These violations may include the manufacture, sale, purchase, transportation, possession, or use of alcoholic beverages, not including DUI and drunkenness.

DAYS AND HOURS OF SALE*

Limiting days and hours of alcohol sales has been shown to reduce total alcohol consumption and alcohol-related harms.[112] Currently in Alaska, licensed businesses may serve alcohol from 8:00 a.m. through 5:00 a.m. the following morning, every day of the year.[113] Local governing bodies can enforce stronger restrictions, which is common in cities and communities around the state.[114] Hours of operation for businesses also influence this.

While there is limited data to compare each state's laws on days and hours of alcohol sales, there are a variety of approaches take. Local authority, and some state differentiation by sales on or off the premises, create additional layers of complexity.

ALCOHOL TAX*

Alcohol taxes are shown to reduce binge drinking, traffic crash fatalities, and other adverse outcomes by reducing access.[115] In addition, the U.S. Alcohol Policy Alliance estimates that a 10% increase in price would reduce liquor consumption by 8% and beer consumption by 5%.[116]

HEALTHY ALASKANS 2030 OBJECTIVE 22:
Reduce the alcohol-induced mortality rate per 100,000 population

ACTION STEP 1:
Increases to the alcohol taxes statewide and/or locally

Alcohol tax has been shown to have a positive impact in Alaska. After an alcohol tax was initially imposed in 1983, Alaska had a 29% decrease in alcohol-related deaths, and an additional 11% decrease after the 2002 tax increase.[117] Currently, Alaska places a 5% tax on wholesalers and distributors of alcoholic beverages, except for facilities operated by the U.S. military.[118]

Many municipalities across the state impose an additional sales tax on alcohol, ranging from 3% to 15%. This includes Anchorage, Bethel, Craig, Dillingham, Galena, Juneau, Kotzebue, and North Pole.[119] In these communities, funding from taxes may be used for public health, safety, and social services to help offset the effects of alcohol (and/or other substances) in the community[120, 121] or for the general fund.[122]

Additionally, Alaska collects a $12.80 per gallon excise tax on distilled spirits, ranking 10th highest in the nation.[123] All states but two (New Hampshire and Wyoming) implement state-level distilled spirit excise taxes. These taxes range from $2.00 (Missouri) per gallon to $36.98 (Washington state) as of January 2025. The state excise tax for wine is $2.50 per gallon, and for beer it is $1.07 per gallon.[124]

MINIMUM PRICING

Similar to an alcohol tax, minimum pricing regulations increase the cost of buying alcohol. Typically, in this approach, a minimum price is determined based on the alcohol content of an item or based on container size.[125] At this time, Alaska does not have any minimum pricing policies in place. Per the CDC, minimum pricing regulations are not common in the United States; they are more commonly utilized in Canada and Europe.[126]

LIMITED ALCOHOL ADS AND MARKETING*

Exposure to advertisements and marketing for alcohol is shown to contribute to social norms and expectations that increase alcohol consumption and contribute to identity-building around alcohol, particularly for youth.[127] Policies to limit advertisements and marketing include limiting ads outdoors (such as billboards), within alcohol outlets, or at points of sale. Limits may also focus on reducing youth exposure by limiting ads near youth-serving institutions or on addressing disproportionate marketing prevalence in low-income or predominantly BIPOC communities. Digital marketing, such as through social media, was also a noted concern by a few key informants, particularly for youth exposure.

Within Alaska, there are a few laws governing the pricing and marketing of alcohol, including:[128]

- *No free alcoholic beverages aside from sampling*
- *No discounts on alcoholic beverages for a consecutive seven-day period*
- *No sales of alcohol on any one day at prices less than those charged to the general public or at a fixed price (e.g., "happy hour")*
- *No organized games or contests that involve drinking alcoholic beverages or awarding alcoholic beverages as a prize*

Though not alcohol-specific, Alaska also has a ban on billboards and outdoor advertising along state highways.[129]

While an exact side-by-side comparison with other states is not available, examples of other laws governing alcohol marketing provide some insight into the variety of approaches. For example, in Virginia, alcohol advertising cannot be within 500 feet of a religious worship center, a school, a playground/recreation center, or a private residence, while in California alcohol signage cannot take up more than 33% of window space in a retail store.[130,131]

DRAM SHOP LIABILITY

Dram shop liability refers to the legal responsibility of a business for any damage, accident, or injury that is caused by serving alcohol to an intoxicated customer or a minor. The purpose of this law is to prevent and reduce the incidence of alcohol-related injuries and deaths.

Alaska is one of 42 states that have a dram shop liability law.[132,] Within Alaska, the law specifically states that a business found breaking this law is liable for injuries and the costs of criminal prosecution.[133] Part of the required training for anyone who serves alcohol includes topics about identifying potentially underage or intoxicated individuals and how to handle such situations.[134]

PREVENT PRIVATIZATION OF GOVERNMENT CONTROL

States can either operate in a "control" model or a "license" model. A control model indicates that the State controls the sale of distilled spirits, and in some cases, beer and wine, through government agencies at the wholesale level, and in some cases, controls retail sales for off-premises consumption (such as liquor stores).[135] Eighteen states in the nation operate under state control jurisdiction.[136]

Alaska utilizes a license model. The Alcoholic Beverage Control Board issues licenses to approved businesses that meet State-defined requirements to sell alcohol, though businesses are subject to their local communities' laws as well, including Local Option.[137]

CURRENT EFFORTS AND POTENTIAL ACTIONS FOR THE ALLIANCE

As shown in the previous section, Alaska currently has in place most of the recognized best practices for alcohol policy. While there are opportunities to improve or expand existing policies, there is also both interest and opportunity for the Alliance to move further upstream in its prevention efforts. This section identifies current efforts in the state for alcohol prevention and potential areas of work for the Alliance to engage in.

This includes the following sections:

- *Recent State and Local Legislative Efforts*
- *Potential Actions for the Alliance*
- *Potential Challenges*

RECENT STATE AND LOCAL LEGISLATIVE EFFORTS

Below is a discussion of some recent initiatives that directly impact alcohol sales in the state. This is not intended to be a comprehensive list of all local or state policy changes that have been proposed/considered in recent years, but rather highlights those that were particularly impactful and/or identified in the survey and interviews.

TITLE 4 REWRITE

In January 2024, the Alaska Title 4 Rewrite, also known as Senate Bill 9, took effect in the state.[138] This bill is intended to modernize regulations around alcohol to "promote a fair business climate at the same time the State protects the public health and safety of its communities and to provide a clear and consistent legal framework for all alcoholic beverage licensees."[139] This rewrite:

- *Created three tiers of alcohol licenses (manufacturing, wholesale, and retail) and set license fees in statute*
- *Maintained limitations of alcohol licenses by population size and created specific licenses for businesses involved in the tourism economy*
- *Permitted manufacturers to acquire additional retail licenses, beyond tasting rooms, for beverage dispensary or restaurants/eating place*
- *Permitted Alaska's Alcohol Beverage Control Board to codify certain restrictions on trade practices that manufacturers and wholesalers can take on behalf of retailers*
- *Implements tracking of mail/online alcohol sales in small communities*
- *Permits breweries to host up to four live music events each year and expands tasting room serving hours from 8 p.m. to 9 p.m.*

ALCOHOL SERVER AGE AND HEALTH WARNINGS

In April 2025, Alaska passed Senate Bill 15 into law, becoming the first state to require businesses that sell alcohol to post warning signs that alcohol consumption can cause breast and colon cancers.[140] Alaska is the first state to have such a law.[141] Many survey respondents and key informants spoke of their support of this new warning requirement, which was still in the legislative process at the time of the survey/interviews.

This bill also lowers the age to serve alcohol in a restaurant or brewery from 21 to 18.[142] Impacts of this bill are yet to be seen, though many survey respondents and key informants voiced concerns that the lowered server age may increase youth access to alcohol and expose youth to inappropriate or unsafe environments.

ANCHORAGE ID CHECKS

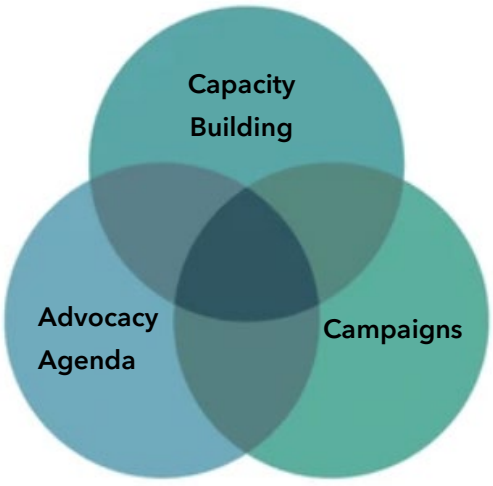
In the spring of 2025, Anchorage put a policy into place requiring all bars and restaurants to check IDs regardless of how old someone looks.[143] The intention was to both reduce the incidence of underage alcohol purchase as well as to enforce the "red stripe" law, in which a person's driver's license has a red stripe printed on it to indicate they are under court order to not buy alcohol, often due to alcohol-related offenses such as driving under the influence.[144] However, due to community pushback and reported financial losses at businesses from disgruntled customers, this was repealed three months later.[145]

POTENTIAL ACTIONS FOR THE ALLIANCE

Information shared by key informants and survey respondents provides some insight into current alcohol prevention work in the state. The Alliance has opportunities to support these efforts through:

- *Capacity Building*
- *Statewide Advocacy Agenda*
- *Campaigns to Build Public Will*

Each of these potential actions is interrelated, and creating alignment between them will increase the network's impact and efficiency. For example, campaigns to build public will should focus on policies/topics included in the advocacy agenda, and the agenda should also inform the topics covered in capacity building. Each action is explored further below.



CAPACITY BUILDING

For many people, policy is not an area that they feel comfortable or competent in. This is true in terms of how the policymaking processes work as well as how to follow policies being discussed in the legislature. The Alliance could support prevention professionals, those in related fields, and community members alike by providing clear, concise information, training, and/or technical assistance on these topics to increase engagement and understanding, equipping individuals to be more confident to influence policy at the state, local, and tribal levels. This type of work supports the Alliance's Goal 3: *build power for everyone to have what they need to thrive and contribute to the mission, based on where they are and where they sense to go*.

The current policy contractor for the Alliance provides such education to those in the Policy Workgroup, including regular updates on selected bills the group is monitoring, and customizable templates to develop a written statement or script to talk with a legislator. This lends towards the Alliance growing in this area. Additional topics for training and capacity building could include:

- *Understanding the state legislative session*
- *Navigating legislative websites*
- *Advocacy versus lobbying, and restrictions for non-profit organizations*
- *"Big P" and "little p" policy*
- *Local versus state policy*
- *Effective communication with legislators*
- *Youth advocacy*

During an interview, one key informant suggested that the Alliance send regular emails to prevention professionals around the state to provide updates on relevant policies, noting their limited capacity to monitor these things on their own. Since the Alliance is currently doing this already, though in a slightly modified way, this further lends to a potential area of growth for the network.

This work should directly relate to the policies identified in the network's advocacy agenda, as discussed below. By supporting providers and community members in staying up-to-date on current legislation, they can more easily engage in the political process, lending a greater diversity of voices and more support for the interests of prevention and harm reduction. This can also help build relationships with organizations and individuals across the state (Goal 1 of the network) and raise awareness of the network.

STATEWIDE ADVOCACY AGENDA

The Alliance is well positioned to engage in state-level policy work with its large, statewide membership and connections with state-level leadership. The Policy Workgroup provides a supportive space to help members learn about and engage in the political process. An

advocacy agenda can serve as a touchstone and guide for the Alliance's policy efforts by naming the long-term vision and goal of the network's policy efforts, and the more immediate actions and priorities that support them. The agenda may include supporting/proposing new policies to reduce alcohol-related harms and/or risk and protective factors, opposing policies that are harmful to upstream factors or alcohol-related harms, and/or protecting existing policies from potential changes or repeals.

Within this area of work, survey respondents provided suggestions for advocacy that can be used as a launching pad for the Alliance's policy work. When selecting specific policy initiatives to focus on, it is helpful to tie these to the network's mission and goals to determine what best fits. Suggestions included:

- *Funding for upstream prevention initiatives, including more flexible grant requirements*
- *Grow and support prevention and treatment workforce*
- *Limiting access to alcohol (zoning, dry communities, etc.)*
- *Alcohol taxes*
- *Increased access to treatment (tertiary prevention)*
- *Limiting alcohol advertising and marketing*
- *Protect Alaska's Division of Behavioral Health funding from budget cuts*

Key informants and survey respondents also pointed out several important considerations for advocacy work, regardless of the specific policy at hand:

- *Focus on upstream factors to address root causes, rather than solely addressing access to alcohol*
- *Partner with other organizations that have shared risk and protective factors to increase reach and impact, and include more perspectives and priorities*
- *Build relationships with legislators who can champion efforts at the state level and provide insights into legislative developments*
- *Center rural and remote communities' needs, perspectives, and priorities to ensure policies do not create additional hurdles or a need for exceptions in rural areas*
- *Identify and engage community leaders to incorporate more community perspectives. Ensure equitable compensation for time and input, avoiding tokenistic representation*

HEALTHY ALASKANS 2030
OBJECTIVE 22:
Reduce the alcohol-induced mortality rate per 100,000 population

ACTION STEP 2:
Address barriers experienced by rural and marginalized communities trying to access resources

In addition, the Alliance would benefit from discussing how to effectively utilize consent-based decision-making during the legislative session, when developments can happen

quickly. Relatedly, policy work requires a degree of flexibility, responsiveness, and compromise, which will likely require ongoing conversations around members' range of tolerance.

> ***"I highly, highly encourage the Alliance to go ahead and get into policy. It is absolutely so needed… Not enough [money is] being poured into prevention grants… I think advocating with the State - having a real call of people going up there and saying, we need more prevention support - more prevention funding, is really, really important… We don't have enough voices in Juneau."*** *– Mat-Su resident*

While there are many potential areas of focus within advocacy work, the Alliance can have the greatest impact by consolidating its focus and energy into a handful of efforts that have a broader impact. For example, by advocating to increase (or protect) grant funding for prevention or to create more flexibility in grant requirements, the Alliance can equip those working in the field to address identified risk and protective factors in new and creative ways, or with fewer requirements to show immediate short-term results for long-term issues. This directly relates to the Alliance's goals of building power (Goal 3) and supporting strategies that reduce alcohol misuse and promote overall well-being (Goal 4).

Respondents identified several more programmatic opportunities as well. While these are not direct policy actions for the Alliance, they do help inform the understanding of need and priority among those in the field. For example, respondents voiced interest in resource sharing, peer networks/communities of practice, sober events/spaces, prevention models such as the Icelandic model, and a shared data library. Advocacy can help direct funding for needed initiatives or services, impact regulations around alcohol or upstream factors, or focus on specific services.

CAMPAIGNS TO BUILD PUBLIC WILL

Social marketing campaigns utilize marketing principles and approaches to positively influence public behaviors and perceptions. Rather than promoting a specific product like in typical marketing, these campaigns provide education and encourage healthy behaviors. For example, the Alliance's current Choose Connection and In Case You Missed It campaigns seek to reduce youth alcohol consumption by encouraging youth to build connections with others and with nature to build up support networks, and to encourage parents to engage with their teen children in

HEALTHY ALASKANS 2030
OBJECTIVE 22:
Reduce the alcohol-induced mortality rate per 100,000 population

ACTION STEP 3:
Develop and disseminate media that shifts social norms, amplifies community efforts, and re-writes the narrative in favor of a healthy and healing Alaska

meaningful conversations – both noted protective factors, as discussed previously.

While such campaigns are not policy work in and of themselves, they can play a significant role in shifting public opinions and building the public will necessary for policy efforts to succeed. Given the perceived challenges with the normalization of alcohol consumption and even binge consumption, aligning social norms campaigns to the advocacy agenda can expand their impact. This work relates to the Alliance's Goal 2: *build shared meaning about the nature of alcohol misuse, upstream prevention, and community wellness.*

In survey feedback, specific examples of social marketing ideas included:

- *Informing the public on the dangers of alcohol*
- *Changing social norms around alcohol consumption to encourage healthy behaviors*
- *Uplifting stories of sobriety and healthy lifestyles*
- *Reducing stigma associated with AUD, medications for AUD, and unhealthy alcohol consumption*
- *Youth-focused campaigns*

POTENTIAL CHALLENGES

Policy efforts often require sustained, dedicated efforts and broad coalitions of support. Policy work is seldom straightforward, linear, or simple, and this is a particularly trying time for many Alliance members due to funding cuts and a shifting political landscape. A few challenges to be mindful of as the Alliance engages in this work include:

- *Changes within the federal and state levels of government*
- *Strong alcohol lobby*
- *Limited capacity of Alliance members*

CHANGES WITHIN THE STATE AND FEDERAL GOVERNMENT

In the current presidential administration, there have been significant changes to federal funding streams as well as the workforce, with direct impacts on Alaska. The federal budget passed by the U.S. House includes many funding cuts that influence resources available for state efforts. While its fate is uncertain in the U.S. Senate, cuts are likely, as well as changes to the federal agencies and programs themselves. Current federal plans include the dissolution of SAMHSA, which provides significant grant funding for behavioral health and substance use prevention and intervention.[146] The CDC has also lost 10% of staffing due to changes at the federal level, and many data sources have been removed, significantly impeding and threatening the functioning of the organization.[147] This threatens the stability of many member organizations, as well as the Alliance itself. While there may be other funding options - for example, the State may utilize Opiod Settlement Funds and General Funds in future years to fund Alaska's Division of Behavioral Health grants - the Governor still has the power to lower budget amounts through line-item veto.

In the 2025 legislative session, the Operating Budget (House Bill 53) reduced funding for behavioral health grants, including cuts to the Mental Health Call Center.[148] This move suggests that the State may not have a strong inclination to protect behavioral health funding and services if threatened further at the federal level. As the Operating Budget is passed each year, and State revenue decreases,[149] this will be an important area for the Alliance to monitor.

STRONG ALCOHOL LOBBY

Related to the above challenge, there is little legislative support for addressing alcohol-related issues, particularly with the strong influence of the alcohol lobby pushing capitalistic interests, rather than centering the health and wellness of residents. Many survey respondents mentioned the alcohol lobby as a significant challenge to policy work. Alcohol-based industry interests are often represented at the state level by groups such as CHARR (Cabarets, Hotels, Restaurants, and Retailers), a statewide organization that serves the hospitality industry's rights and interests.[150] Alcohol sales also produce revenue for the State and local municipalities, as well as licensed businesses. These power dynamics pose a considerable challenge to effect change in the alcohol prevention arena and often require compromises. Building relationships (Goal 1) with legislative officials can help offset this push-back and increase the strength of the network in advocating.

LIMITED CAPACITY OF ALLIANCE MEMBERS

The prevention field is known to be understaffed, leading those in the workforce to take on significant workloads. Many Alliance members are themselves prevention professionals or work in related fields, and past evaluations of the network have identified limited capacity to engage in shared work as an ongoing challenge for members. In the Alliance's growing policy work, it will be critical to ensure that efforts take member capacity into account and are efficient and effective. The Policy Workgroup has 8-10 regularly attending members, as well as some Recover Alaska staff and contractors. Many are also in other workgroups, which further draws on their capacity.

In addition to member capacity, other resources are needed to effectively engage in policy work. For example, the policy contractor brought on to the Alliance this year has provided invaluable support and technical assistance to members in understanding and engaging in the legislative process.

One way to account for this challenge is to look for opportunities to weave Alliance policy efforts in with members' work in their respective organizations. This can help increase capacity and create a synergistic effect by supporting work for both the network and the members' organization. When members can attend as part of their work, they have increased participation (as shown in past evaluation reports). In addition, collaborating with other organizations with similar interests or shared risk and protective factors can help increase

capacity, while also increasing impact and ensuring the policy efforts take multiple perspectives and considerations into account.

CONCLUSION

The Alliance is well-positioned to engage in policy work, with a new Policy Workgroup and growing skill and confidence among members to engage in legislative processes. As a statewide network, it is also well positioned to include a diverse range of perspectives, needs, and interests to inform its work. As the policy landscape continues to shift at the state and federal levels, the Alliance must remain vigilant in monitoring developments and responding accordingly as needed, while maintaining the long-term vision and goal as a guidepost. Despite these challenges, the passion and support from members and others around the state lend to the strength of the network. With significant changes happening at the state and federal levels, there is no better time to engage in the legislative process to effect change and reduce the harms and impacts of alcohol in Alaska.

APPENDIX A: METHODOLOGY

The Stellar Group utilized a mixed-methods approach in this needs assessment. Data types included a statewide survey, targeted interviews with individuals in public health regions with low survey responses, secondary data, and a literature review. Each of these types is discussed below.

SURVEY

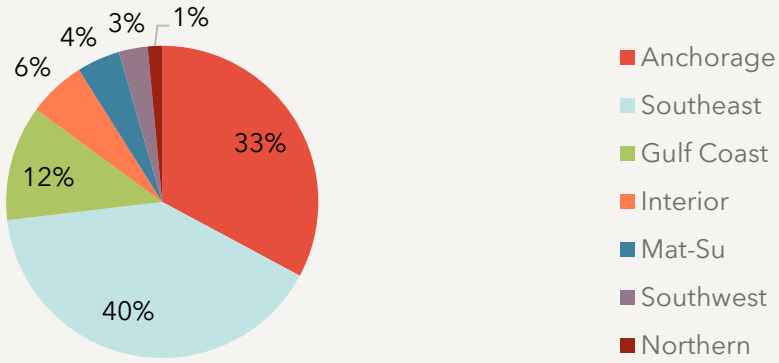
In December 2024 through January 2025, a statewide survey was conducted to understand alcohol consumption-related concerns, priorities, and efforts in respondents' communities and across the state. The survey was comprised almost entirely of open-ended responses, rather than multiple-choice options, to allow respondents to answer more freely. The survey was sent to all members of the Alliance and also used a snowball sampling method; the survey contained language requesting that respondents share the link with others knowledgeable/passionate about alcohol consumption-related work. To encourage participation, respondents were invited to enter a giveaway to receive one of five $100 Visa e-gift cards. The survey identified respondents as currently residing in Alaska by asking them to enter their current zip code. The survey received 143 total responses. However, after removing non-Alaska zip codes and responses manually identified as likely automated (i.e., botted responses attempting to receive an incentive), 67 valid responses remained. The survey was hosted on Survey Monkey and analyzed in Microsoft Excel.

SURVEY RESPONDENT PROFILE

The statewide survey yielded 67 valid responses. Forty-six percent of all respondents were members of the Alliance. One-quarter (25%) of respondents work in alcohol prevention, 60% work in a related field, and 7% do not work in prevention but are passionate about the issue. The majority of survey respondents came from Anchorage (33%) or the Southeast region (40%). Several public health regions had a very small number of respondents.

FIGURE 14

About three-quarters of survey respondents were from Anchorage or the Southeast regions.



N=67

INTERVIEW

A total of six semi-structured interviews working within prevention or a related field were conducted in March and April 2025. Individuals from public health regions with low representation in survey results – Gulf Coast, Mat-Su, Northern, Interior, and Southwest - were targeted for interviews. Potential interviewees in these regions were identified by members of the Steering Committee. All interviews took place via Zoom, were recorded (with permission), and transcribed using Rev. Interviews were analyzed in Dedoose. Interviewees included:

- *Stephanie Allen, United Way Mat-Su, Executive Director*
- *Eileen Arnold, Tundra Women's Coalition, Executive Director*
- *Ken Brewington, Aleutian Pribilof Islands Association, IOP Coordinator/Clinician*
- *Michael Carlson, My House board member; Mat-Su Youth and Mental Health Task Force board chair*
- *Lance Johnson, Alaska Behavioral Health Association, Chief Operating Officer*
- *Ronto Rooney, Maniilaq Health Center, Director of Behavioral Health*

SECONDARY DATA

The following secondary data sources are utilized in this report:

- *Alaska Beverage Control Board*
- *Alaska Uniform Crime Report*
- *Alaska Vital Statistics Report*
- *Behavioral Risk Factor Surveillance System (BRFSS)*
- *National Survey on Drug Use and Health*
- *SAMHSA Treatment Episode Data*
- *U.S. Administration for Children and Families*
- *Youth Risk Behavior Survey (YRBS)*

In most cases, this data was publicly available. However, data requests were made to YRBS in order to crosstab selected data points such a mental health indicators and current alcohol consumption. One limitation of the secondary data for this report is the limited data at the regional or community level, leading to more discussion at the state level. Full secondary data citations can be found in endnotes.

LITERATURE REVIEW

In addition to secondary data review and analysis, Stellar also conducted a literature review of alcohol policy best practices, as well as a literature review on alcohol harms and impacts. This included a review of resources from:

- *National Alcohol Beverage Control Association*
- *National Institute of Alcohol Abuse and Alcoholism*
- *Substance Abuse and Mental Health Services Administration*

- *U.S. Alcohol Policy Alliance*
- *U.S. Centers for Disease Control and Prevention*
- *World Health Organization*

More specific sources are included as citations throughout the report.

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