

**ALASKA STATE LEGISLATURE  
HOUSE JUDICIARY STANDING COMMITTEE**

February 28, 2001

1:10 p.m.

**MEMBERS PRESENT**

Representative Norman Rokeberg, Chair  
Representative Scott Ogan, Vice Chair  
Representative Jeannette James  
Representative John Coghill  
Representative Kevin Meyer  
Representative Ethan Berkowitz

**MEMBERS ABSENT**

Representative Albert Kookesh

**COMMITTEE CALENDAR**

**HOUSE BILL NO. 4**

"An Act relating to offenses involving operating a motor vehicle, aircraft, or watercraft while under the influence of an alcoholic beverage or controlled substance; relating to implied consent to take a chemical test; relating to registration of motor vehicles; relating to presumptions arising from the amount of alcohol in a person's breath or blood; and providing for an effective date."

- HEARD AND HELD

**PREVIOUS ACTION**

BILL: HB 4

SHORT TITLE:OMNIBUS DRUNK DRIVING AMENDMENTS

SPONSOR(S): REPRESENTATIVE(S)ROKEBERG

Jrn-Date	Jrn-Page		Action
01/08/01	0024	(H)	PREFILE RELEASED 12/29/00
01/08/01	0024	(H)	READ THE FIRST TIME - REFERRALS
01/08/01	0024	(H)	TRA, JUD, FIN
02/22/01		(H)	TRA AT 1:00 PM CAPITOL 17
02/22/01		(H)	Heard & Held MINUTE(TRA)
02/27/01		(H)	TRA AT 1:00 PM CAPITOL 17
02/27/01		(H)	Moved CSHB 4(TRA) Out of

02/28/01

(H)

Committee  
MINUTE(TRA)  
JUD AT 1:00 PM CAPITOL 120

**WITNESS REGISTER**

JANET SEITZ, Staff  
to Representative Norman Rokeberg  
Alaska State Legislature  
Capitol Building, Room 118  
Juneau, Alaska 99801

POSITION STATEMENT: Assisted with the presentation of HB 4 and answered questions.

VALERIE THERRIEN, Vice Chair  
Legislative Committee  
Advisory Board on Alcoholism and Drug Abuse  
779 8th Avenue  
Fairbanks, Alaska 99701

POSITION STATEMENT: Testified in support of HB 4 and answered questions.

ERIC TOMASINO, Executive Director  
Teen Challenge  
PO Box 4281  
Palmer, Alaska 99645

POSITION STATEMENT: Testified in support of HB 4 and answered questions.

ROSALIE NADEAU, Akeela House Inc.  
4111 Minnesota Drive  
Anchorage, Alaska 99503

POSITION STATEMENT: Testified in general support of HB 4, but expressed concerns about funding.

JOE MURDY, Co-Chair  
DUI Prevention Task Force  
1904 West 46th Avenue  
Anchorage, Alaska 99517

POSITION STATEMENT: Testified in support of HB 4 and answered questions.

CRISTY WILLER TILDEN, Program Director  
Alcohol and Drug Abuse Services  
Bristol Bay Area Health Corporation  
PO Box 786  
Dillingham, Alaska 99576

POSITION STATEMENT: Testified in support of HB 4 and answered questions.

DONNA R. GALBREATH, M.D.  
1958 Kittiwake Lane  
Fairbanks, Alaska 99701

POSITION STATEMENT: Testified in support of HB 4 and answered questions.

JANET McCABE, Chair  
Partners for Downtown Progress  
1326 K Street  
Anchorage, Alaska 99513

POSITION STATEMENT: During discussion on HB 4, answered questions regarding the use of Naltrexone.

CINDY CASHEN, Mothers Against Drunk Driving (MADD)  
Juneau Chapter  
211 4th Street, Suite 102  
Juneau, Alaska 99801

POSITION STATEMENT: Testified in support of HB 4, and provided information regarding .08 blood alcohol concentration (BAC) statistics.

GERRY KNASIAK, Public Member  
Advisory Board on Alcoholism and Drug Abuse  
119 Austin Street  
Ketchikan, Alaska 99901

POSITION STATEMENT: Testified in support of HB 4.

SARAH WILLIAMS, Substance Abuse Program Coordinator  
Inmate Programs  
Division of Institutions  
Department of Corrections  
4500 Diplomacy Drive, Suite 109  
Anchorage, Alaska 99508-5927

POSITION STATEMENT: During discussion of HB 4, provided information on the Sixth Avenue Correctional Center.

AGNES SWEETSIR  
PO Box 8  
Galena, Alaska 99741

POSITION STATEMENT: During discussion of HB 4, spoke on the issue of treatment and provided anecdotal examples of the effects of alcoholism on her family and community.

ORIE WILLIAMS

PO Box 688  
Bethel, Alaska 99559

POSITION STATEMENT: During discussion of HB 4, related personal experience with alcoholism and the effects of treatment.

MELINDA FREEMON, Executive Director  
Salvation Army Clitheroe Center  
1709 South Bragaw Street  
Anchorage, Alaska 99517

POSITION STATEMENT: During discussion on HB 4, addressed the topic of treatment and answered questions.

CHERYL MANN  
Advisory Board on Alcoholism and Drug Abuse  
PO Box 240434  
Anchorage, Alaska 99524

POSITION STATEMENT: During the discussion on HB 4, gave a summary of the report produced by the Advisory Board on Alcoholism and Drug Abuse.

#### **ACTION NARRATIVE**

TAPE 01-27, SIDE A  
Number 0001

CHAIR NORMAN ROKEBERG called the House Judiciary Standing Committee meeting to order at 1:10 p.m. Representatives Rokeberg, Ogan, Coghill, and Meyer were present at the call to order. Representatives James and Berkowitz arrived as the meeting was in progress.

#### HB 4 - OMNIBUS DRUNK DRIVING AMENDMENTS

[Contains discussion of HB 172.]

Number 0052

CHAIR ROKEBERG announced that the committee would hear HOUSE BILL NO. 4, "An Act relating to offenses involving operating a motor vehicle, aircraft, or watercraft while under the influence of an alcoholic beverage or controlled substance; relating to implied consent to take a chemical test; relating to registration of motor vehicles; relating to presumptions arising from the amount of alcohol in a person's breath or blood; and providing for an effective date." [Before the committee was CSHB 4(TRA).]

CHAIR ROKEBERG, speaking as the sponsor of HB 4, explained that the fiscal note did not reflect the version before the committee. He added that the ".16 blood alcohol concentration (BAC) aggravators" had been removed, which cut the original \$33 million fiscal note down to about \$8.5 million. He said it was his intention that the committee will analyze HB 4 and the costs of the sections therein in order to decide where the financial emphasize should be placed. He added that the goal of HB 4 is to separate habitual drunk drivers from their vehicles; additionally, the importance of treatment will be taken into consideration.

Number 0374

JANET SEITZ, Staff to Representative Norman Rokeberg, Alaska State Legislature, noted that the sponsor, the House Transportation Standing Committee, the administration, the "mayor's DUI task force," as well as other interested parties all took part in the creation of HB 4. She also noted the packet contained news articles from across the state, highlighting some of the tragedies caused by drunk drivers.

MS. SEITZ went on to explain the changes effected by HB 4. The term "driving while intoxicated (DWI)" will be changed to "driving while under the influence of an alcoholic beverage or controlled substance (DUI)." It clarifies that a DUI will include alcoholic beverages, intoxicating liquors, and controlled substances - which also include inhalants. Presumptive sentences for first felony convictions for manslaughter resulting from a DUI will be increased from five to seven years. The Division of Motor Vehicles (DMV) will be mandated to refuse vehicle registration to persons who do not have a driver's license, or have a suspended or revoked license. Persons who register a vehicle will be required to use their full name, that being their first, middle, and last name.

MS. SEITZ also said that HB 4 would make changes to various sections [of statute] by replacing the term "reasonable grounds" with the term "probable cause". This change arises out of the court case Leslie v. State. Another effect of HB 4 will be that the court will be mandated to notify the DMV, by the end of the following business day, when someone is convicted of a DUI, so that the DMV can take the appropriate actions. Minimum license revocations will also be established by passage of HB 4. Another change will be that persons with a limited driver's license shall only operate vehicles equipped with a functioning ignition interlock device. Also, before a person's driver's

license can be reinstated, he or she must have met the alcoholism screening, evaluation, referral, and program requirements. In addition, the driver's license reinstatement fees will be raised for persons convicted of DUI.

MS. SEITZ also explained HB 4 would require an "enabler" (someone who loans a car to another who is known not to have valid driver's license because of DUI) to face driver's license revocation as well as pay a fine. She noted that DUI includes motor vehicles, aircraft, and watercraft. Also, the blood alcohol [concentration] limit will be lowered to .08. The fines and jail sentences on various misdemeanors and felonies will be raised. Another requirement will be that the past treatment history of a defendant shall be provided to the court, prosecutor, and any agency involved in treatment, so long as the release of such information does not come into conflict with federal guidelines.

Number 0606

MS. SEITZ added that the "look-back" provision in current statute will have a phased-in increase to ten years. This means that if a person has three DUI/DWI convictions within a ten-year period, the third one will be a felony. The class C felony fine will be increased, as will the sentences for felonies. Vehicle (including watercraft) forfeiture will be required if used in a DUI offense. Under HB 4, if a driver's license has been permanently revoked, DMV can review the case and restore the license if certain conditions are met. People who are incarcerated but do not satisfy their treatment requirements will not be eligible for "good time." In addition, treatment is mandatory for offenders while they are imprisoned. There are also provisions in HB 4 that require a person convicted of DUI to return his or her vehicle registration plates to DMV. In these instances the co-owner of the vehicle can reregister it. These provisions will prevent a person who should not be driving from having a registered vehicle.

MS. SEITZ also said that under HB 4, the impairment standards will be lowered to .04 [BAC]. There is also a requirement for clear notification of an individual's right to obtain an independent [BAC] test. The police will be authorized to obtain a blood sample where exigent circumstances prevent the administration of a breath test (this comes from an Alaska Supreme Court case, Sosa v. State). An Alaska Repeat Offender Status System will also be established under HB 4. This database will enable car dealers and co-owners to learn if an

individual is eligible to register a vehicle. The effective date of HB 4, with the exception of the Alaska Repeat Offender Status System, is July 1, 2001. Ms. Seitz noted that the aforementioned points constituted just a brief overview of the changes encompassed by HB 4.

Number 0765

VALERIE THERRIEN, Vice Chair, Legislative Committee, Advisory Board on Alcoholism and Drug Abuse ("Advisory Board"), noted that she was also a private attorney in Fairbanks and had taught classes in criminology. She said that both she and the Advisory [Board] supported HB 4. She also said she wanted the committee to keep in mind the issue of treatment. She emphasized that treatment does work. If the periods of incarceration are going to be increased, she asked members to keep in mind the costs involved in treating individuals who are incarcerated. She noted that various providers of treatment have indicated to her that they are having a difficult time providing treatment under current funding limitations.

MS. THERRIEN reported that she had given a talk about DUI laws at her daughter's middle school's eighth-grade classes. She said that the children expressed concern about such issues as their friends getting caught DUI, having alcohol in the trunk, or having marijuana in the glove compartment. She noted that part of the discussion she attributed to just kids being kids, but she also noted that the children seemed very aware of the penalties of losing their driver's licenses. She said that she thought that when looking at young offenders it was important to keep in mind that sort of "handle." She also informed members that out of 80 children in the eighth grade, four of them were actively "huffing," and over 50 percent were drinking.

MS. THERRIEN also reported that Fort Wainwright had recently held a "stand down," which was a base-wide training on domestic violence issues. She reminded members that much of domestic violence is caused by drug and alcohol abuse. She noted that four children have died at Fort Wainwright in the last year from abuse; subsequently, Fort Wainwright has taken a strong position with regard to ending domestic violence. She used this information to illustrate the seriousness of the issue in Fairbanks.

MS. THERRIEN, on the point of treatment in jail, said that she was recently given statistics that she found to be overwhelmingly supportive of treatment. She said 20 women were

given treatment and compared with 20 women who were not given treatment; the number of participants with new felony charges from the group that did not receive treatment was five, versus just one from the group that did receive treatment from the residential substance abuse treatment (RSAT) program. The number of women re-incarcerated was significantly lower in the RSAT group than in the group that did not receive treatment: one from the RSAT group versus six from the group without treatment. She followed up this information by saying that the Hiland Mountain Correctional Center RSAT program was showing great success, and she supported any provisions in HB 4 that would ensure that people in jail got treatment.

MS. THERRIEN offered to provide members with the statistics she was referring to. She reiterated her comments about the success of the Hiland Mountain Correctional Center RSAT program, and noted that it began November 1, 1998. She added that increasing jail time and fines is not as effective as providing treatment.

Number 1155

CHAIR ROKEBERG noted that currently, treatment programs are voluntary for people incarcerated in Alaska. Under HB 4, treatment would become mandatory. He added that funding for treatment was reflected in the fiscal notes.

MS. THERRIEN mentioned that wellness courts were also experiencing great success; when Arizona began a similar program, it experienced a re-indictment rate of only 6 percent. She added that anytime people can be kept out of jail and given treatment with appropriate follow-up care, the state will save money. She affirmed, for Representative Berkowitz, that she felt that treatment was absolutely critical for the success of any comprehensive anti-DUI/DWI strategy. Without having proper treatment programs coupled with appropriate follow-up programs, the likelihood of having repeat offenders increases. She also confirmed that the studies she had looked at showed that investments in treatment yielded cost benefits over the long run, which resulted in net savings.

REPRESENTATIVE MEYER said in his experience, an alcoholic can be taken to treatment, but unless that person wants to change, the treatment is ineffective. He asked how someone could be mandated to accept treatment.

MS. THERRIEN explained that when someone is in a felony or misdemeanor situation and is about to lose his or her license to

practice law or medicine, there is a possibility that treatment will be mandated. She said she thought that if the courts were to begin consistently mandating treatment as a part of sentencing, it would increase the offender's incentive to complete treatment so that he or she could go back to work. She noted that the emphasis in drug, wellness, and youth courts is to get to individuals early and provide treatment, because the earlier someone is given treatment, the greater the likelihood of success. She said it was important to fund the Alcohol Safety Action Program (ASAP) as well as other programs that provide follow-up care. She also noted that if a medical provider, through ASAP, and the treatment proposal advocated the use of Naltrexone, then a judge could require the drug's use as part of sentencing. Naltrexone is a drug used to decrease a person's craving for alcohol, and when used during the first three months of treatment, the person becomes much more receptive to further treatment.

Number 1393

REPRESENTATIVE MEYER said that during the instances of intervention that he was familiar with, the persons had already lost their jobs, lost their spouses, lost their children; they had lost everything, and there did not seem to be anything more that could be used as an incentive to encourage participation in a treatment program. He said his concern was that if a person did not want to go to treatment, the treatment program was not going to be successful.

MS. THERRIEN countered that she did not think anyone really wants to go to treatment to begin with, but when the court system and employers get involved, treatment becomes successful. She noted that everybody has to reach bottom at a different time.

REPRESENTATIVE BERKOWITZ said he was aware of new studies that showed that even forced treatment has a positive effect. The old thinking that "people have to want to go to treatment" no longer applies.

CHAIR ROKEBERG noted that HB 4 has some mandated treatment for incarcerated individuals that is "against the carrot of the 'good time'"; thus there could be a significant incentive for people to choose treatment. He added that participation in the treatment programs offered through the wellness courts is voluntary.

MS. THERRIEN added that perhaps people who are not interested in participating in the current treatment programs may also have mental health issues contributing to their problems, and those issues need to be addressed before the substance abuse problems can be taken care of.

Number 1527

ERIC TOMASINO, Executive Director, Teen Challenge, said that he supported HB 4 primarily because it addressed the issue of treatment. He added that Teen Challenge is a "faith-based" program, which has a men's center in Palmer and a women's center in Anchorage. He also noted that he is on the Governor's Advisory Board on Alcoholism and Drug Abuse, and has been on it for the past seven years. He acknowledged that HB 4 carries a large fiscal note; nevertheless, he encouraged members to keep moving forward with it because studies indicate that the price paid is higher for inaction. He said that the opportunity to treat people while they are incarcerated should not be passed up. He said he also liked the idea of the establishment of a DWI/drug pilot court. He said the implementation of this concept has proven successful in other states. He finalized his comments by encouraging members to pass HB 4 with an appropriate fiscal note.

REPRESENTATIVE COGHILL noted that faith-based ministries, which help in "this area," are on the upswing. He added that the difference between incentives and coercion is a topic that is given careful consideration by the legislature when making policy decisions. He asked Mr. Tomasino to describe how effective incentives were, and how coercion helps in his work with youth.

MR. TOMASINO responded that coercion is a step towards getting a person into treatment. He said that that is a necessary step, even if it has to be mandated. Each person has to be looked at individually; in his case, coercion worked as the first step towards changing his life around.

REPRESENTATIVE COGHILL noted that if a choice is offered, that could provide the coercive action; but he said he viewed HB 4 as coming dangerously close to governmental mandate.

MR. TOMASINO concluded by saying that the Advisory Board presents recommendations every year to the legislature, and HB 4 encompasses many of those issues as an entire package.

ROSALIE NADEAU, Akeela House Inc. ("Akeela"), said that although generally supportive of HB 4, she still had concerns. As background, she noted that she provides much of the budget planning for Akeela each year. The Department of Corrections (DOC) contracts with Akeela and other private businesses to provide services within the prison system. Akeela is the largest provider of drug and alcohol treatment services within the state's prison system. Akeela has programs in Bethel [at Yukon-Koskokwim Correctional Center]; in Seward, at Spring Creek Correctional Center ("Spring Creek"); and in Kenai, at Wildwood Correctional Center ("Wildwood") - both RSAT and inmate substance abuse treatment (ISAT) programs. She noted that RSAT is a residential program wherein folks are collected in one area and segregated from the rest of the [prison] population. She also noted that Akeela is present in the Palmer Correctional Center ("Palmer"), Palmer [Mat-Su] Pretrial Correctional Center ("Mat-Su"), and at the Point MacKenzie Rehabilitation Center ("Point MacKenzie"). Ms. Nadeau offered that Akeela understands treatment programs in the prison system. Akeela likes the fact that HB 4 mandates treatment; mandated treatment does work. She said she could provide research data to support the claim that mandated treatment is successful. She noted that most of the research evidence comes from other states since Alaska has not had an opportunity to conduct much of its own research yet.

MS. NADEAU said her concern with HB 4 revolves around two programs that Akeela has taken over from other organizations; these organizations had to stop participating because they could not afford to continue providing services for the state. She said that small nonprofits should not be put in the position of subsidizing the state. She noted that she had advised her supervisor to refuse the three-year contract offered by the state for Mat-Su because Akeela was already subsidizing that program for the state. Of Akeela's four ISAT programs, not a single one breaks even financially; Akeela has to use funds from other sources to support treatment programs in the prison system. She said she would advocate for Akeela to apply for the contracts coming up in the spring, but only with a reasonable dollar figure. Ms. Nadeau commented that there not been any increases in [funding for] substance abuse treatment within the prison system since 1993. By comparison, halfway houses have had an increase of as much a 60 percent in their day-cost [funding] since 1996. She added that the DOC had asked for a \$200,000 increment for treatment programs, but the House Finance Committee turned down that request.

MS. NADEAU said her final point was that there is a broad body of interest in the issue of substance abuse, principally, alcohol abuse, because that is the drug of choice in Alaska. To illustrate her point she mentioned other legislation regarding alcohol issues currently before other committees. She suggested that the legislature take the same approach that was taken regarding child-wellness proposals, which was to take a holistic approach in order to come up with a sensible solution. She added that the demand for social workers, judges, and case managers will never be reduced without first reducing substance abuse. Too often, the funding is allocated to the symptoms, rather than the cause of the problem.

CHAIR ROKEBERG noted that should HB 4 pass with the [funding] component intact, the money will go directly to mandated treatment programs.

Number 2114

REPRESENTATIVE OGAN commented that in his experience, treatment programs appear to be "revolving doors"; the patterns in the lives of substance abusers whom he has known do not seem to be changed by treatment. He said he wanted to have more assurance that treatment does work. He offered that he knew of more people who were not helped by treatment than people who were helped.

MS. NADEAU responded that perhaps that was due in part to the fact that when treatment is successful, the person is not heard about again; the people that fail the treatment programs continue to be a problem for society. She noted that most of the people she knows, who have successfully moved on with their lives after going through a treatment program, do not often talk about it. Statistically, those people are accounted for, but not on an anecdotal basis.

REPRESENTATIVE COGHILL noted that the issue of coercion carries with it a "not if, but when" connotation. Once a conviction takes place, there is a very legitimate reason to mandate treatment. He added that he appreciated hearing the report that the private businesses that provide treatment are becoming weary of providing services to the state without reimbursement.

Number 2262

JOE MURDY, Co-Chair, DUI Prevention Task Force, said that HB 4 accomplishes a lot of the recommendations brought forth by the task force. He added that he supports HB 4, 100 percent. He noted, however, that the appropriate resources must also be provided in order to accomplish the goals set forth in HB 4. Furthermore, that treatment, in comparison to jail time, is an important part of the overall solution; nevertheless, he did advocate jail time in order to teach offenders a lesson. He explained that 80 percent of first-time offenders do not re-offend. He also said that according to a national statistic, the average person drives drunk 80 times before being caught.

MR. MURDY offered that if first-time and second-time offenders can be placed into treatment programs, it would go a long way towards solving the problems caused by drunken drivers. He acknowledged that it would cost money, and suggested that the liquor industry, the state, and the communities should all contribute towards funding. He also suggested offering treatment providers low-interest loans, and changing local zoning boundaries so that businesses could expand more easily.

MR. MURDY, on the point of mandated treatment, said that it is possible to mandate treatment; if a person had to prove that he or she had attended a 60-day treatment program, then, after the 60 days, the person might not be completely cured but the idea would be set, and eventually treatment would work. He said that from his own personal experience, mandatory treatment works. [On the issue of funding], he suggested the committee consider what a person's life was worth when he or she gets killed by a drunken driver.

REPRESENTATIVE JAMES commented that the state currently spends more than it takes in, and asked Mr. Murdy if he had any solutions.

TAPE 01-27, SIDE B  
Number 2474

MR. MURDY suggested an increase in alcohol taxes, and taking an offender's permanent fund dividend (PFD) to pay for treatment.

REPRESENTATIVE JAMES countered that enactment of those suggestions would only provide small amounts of additional income to cover state services. She said she was looking for suggestions for additional income to match both what is being spent on all state services, and the additional services that citizens want.

MR. MURDY suggested implementing a state income tax or a state sales tax. He agreed that the public always says it does not want either of those taxes, but public officials must come forward and create mechanisms to increase income so that state services can continue.

REPRESENTATIVE BERKOWITZ said he had inferred from a Republican majority-sponsored poll that the public does support a head tax on cruise ships, as well as an alcohol tax.

MR. MURDY, in response to questions, said that the Municipality of Anchorage pays for its own prosecutors of misdemeanants, furnishes the Sixth Avenue "jail," and has always been proactive with regard to [substance abuse] treatment. He also explained that the task force had presented approximately 21 points in its report, and that HB 4 covered most of those points. He noted that the wellness court concept is an excellent tool because it puts treatment participants under the supervision of a judge. He finalized by saying he was willing to pay [taxes] in order to ensure the continuance of state services.

Number 2203

CRISTY WILLER TILDEN, Program Director, Alcohol and Drug Abuse Services, Bristol Bay Area Health Corporation, spoke in support of HB 4. She went on to say that the Bristol Bay Area Health Corporation serves an area the size of Ohio, and is probably the only organization that provides treatment and prevention services in the Bristol Bay area. She viewed HB 4 as a mechanism that would expand [the corporation's] workload, which is something she is happy to have happen; she added that [the corporation] would like to eventually work itself out of business [with regard to its Alcohol and Drug Abuse Services]. [The corporation] is happy to take on more clients, and she noted that having access to clients while they are incarcerated would give [the corporation] more opportunities to provide services. She explained that [the corporation] currently serves the contract jail located in Dillingham with weekly groups, and has clients through other existing treatment and ASAP programs.

MS. TILDEN said that [the corporation] would like to expand services, but the state has "flat-funded" [the corporation] for at least the last 13 years. With the cost-of-living increases, [the corporation] has had to shut down some of its treatment services for up to a month and a half because of an inability to pay counselors. She expressed concern that the ASAP office in

Dillingham might have to close; over time, state funding has decreased to the point that only a third of the costs are being reimbursed. She noted that the Indian Health Service is currently subsidizing a large portion of those costs. In addition, local revenues from the area's hospital have also been used as a funding source. There is local support for the programs, but there is a lack of money with which to continue them. She added that in reference to the aforementioned taxation suggestions, she, too, was willing to pay.

MS. TILDEN offered the argument that it was a case of paying now for treatment and prevention - accessing offenders as early as possible while they are in jail - or paying a great deal more later, for the increased services associated with long-term drug and alcohol abuse. She referred to a report called "Shoveling Up: the Impact of Substance Abuse on State Budgets," and said that it indicated that for every \$100 burden on Alaska's public funds related to substance abuse problems, only \$4.98 went towards prevention, treatment, and research, while \$95.02 went towards the judicial system, the Division of Family and Youth Services (DFYS), and all the other services that are invoked by a lack of initial treatment. She added that the report suggested, as a partial solution, that states require treatment for individuals convicted of alcohol- and drug-related traffic violations, as well as for any substance-abusing state employees.

Number 2048

MS. TILDEN also noted that the report mentioned that coerced treatment was as effective as voluntary treatment. The threat of incarceration or loss of benefits can provide the needed incentive to move toward recovery. She said she had found, in her program, that virtually everyone is coerced by some factor. Whether it is court-, spousal-, employer-, or health-inspired coercion, specific pressures are brought to bear on the offender, which causes the offender to seek help in the form of treatment.

MS. TILDEN described how the rural ASAP program worked and made some comparisons to the ASAP program in Anchorage. She said in both instances there is one administrator who serves the region. That administrator is responsible for taking court referrals, running a brief screening device on those referrals, referring them to the appropriate treatment program, and following up on recommendations made by clinical staff. She said she thought that there was \$27,000 sent to [the rural ASAP] office every

year, but that amount doesn't even begin to pay for a third of a person's salary and office costs. She added that the administrator also tracks the successful follow-up of recommendations, and provides court and criminal history on the program's clients. The rural ASAP program is a tracking/screening/monitoring function, just as it is in Anchorage, but with much less support and personnel.

MS. TILDEN explained that the corporation receives funds from the Indian Health Service and then uses those funds to provide financial support to programs, one of which is the ASAP program. So, indirectly, the ASAP program receives funding from the Indian Health Service, in addition to funding from other local revenue sources such as the hospital.

Number 1185

DONNA R. GALBREATH, M.D., noted that she is a doctor in Fairbanks, and said she was speaking on behalf of herself and her patients. She added that she was from Mentasta, Alaska, and was half Athabascan. She explained that alcoholism is a huge problem in Alaska - doubling the national rates - and is higher amongst the Alaskan Native people. She said that because she is a physician who works with Alaskan Native people, she works directly with [alcoholism-related] problems every day. She reported that she was coming to [the committee] from the "battle zone"; she works with people who come in [to her facility] intoxicated, and for whom [treatment] beds are not available. Thus she has to place them in the hospital, and sometimes has to resort to using restraining devices, both physical and chemical. She communicated her thanks to the committee for hearing HB 4; she said she thought it was a wonderful idea. She noted, however, that from her perspective, HB 4 represented just "the tip of the iceberg." She added that while the issue of drunk driving gets people's attention, the problem of alcoholism is much bigger. She emphasized that the focus should be on the disease of alcoholism.

DR. GALBREATH acknowledged that funding is an ongoing issue, but she suggested that it is important to keep looking at the "big picture." She noted that it is hard to keep the big picture in mind when working with individuals and their family members. On the point of cost, she said she would guess that "detoxing" a patient can cost anywhere from \$5,000 to \$20,000. She also acknowledged that for some people, [the detoxification process] is a revolving door, and for these people the costs are astronomical. Dr. Galbreath predicted that if those people can

be caught with a DWI and placed in a treatment program, long-term costs can be decreased. She mentioned that [alcoholism] currently costs the state \$243 million, and that estimate did not take into account the price paid by families and communities.

Number 1742

DR. GALBREATH described examples of some of her male patients who have been in the prison system for alcohol-related offenses but did not receive any alcohol treatment while they were incarcerated. She explained that those men come to her and say that they "want to do right," they want to have a good life, they want to get back with their kids, they want to find a partner, they want to make amends to their families, but they are unable to because there is not any support for them, especially in the rural areas. She added that sometimes these men come to her and say they want to work but they are unable to get their licenses back. Dr. Galbreath warned that there were a lot of little things to look at that constitute the big picture. On another point, she said that she thought that coercion works. She gave an example of having filled out commitment papers for a pregnant patient who was drunk at the time of admission. Ultimately, though the commitment papers were dropped, the patient did receive treatment, was able to successfully complete treatment, and is still sober to date, eight years later.

DR. GALBREATH said, on the point of the revolving door, that that is an ongoing issue and always would be, and that although she did not have any great answers for that problem, she had faith in people; every time someone gets "hit" with a piece of knowledge during treatment, it builds upon itself, and the hope is that the person will survive long enough to become sober. Any addiction takes a long time to overcome. She ventured that everyone in the [committee] room was addicted to something - coffee, cigarettes, behaviors - and said it takes many attempts to change.

REPRESENTATIVE OGAN expressed his concern about the number of times a person goes through the revolving door; he asked how much of the state's resources should be expended on what could prove to be a hopeless case. He inquired whether there were any statistics that would help determine the point at which someone could not be helped. He added that he says in his heart that he never wants to give up on anybody, but as a manager of a public purse, he wants to know where to "draw the line."

DR. GALBREATH acknowledged that was a very difficult issue; she said that for some people treatment works the first time through, for others it can take five or six times, and for still other people it takes twenty times. She said that she would not want to be the person drawing the line because she was out in the field taking care of those people, and if she did not have access to any treatment facilities to place them in, those people would go either into her hospital or into the DOC system. It came down to "cost shifting." She added that in looking at the big picture, money has to be spent now; even though the costs are horribly expensive, she predicted that the long-term savings of breaking the cycle of addiction would be incredible. She noted that even though she calls HB 4 a "Band-aid" approach because it just focuses on drunk driving, if people can be caught and placed into treatment, they can become a role models when they go back to their families and communities. Because helping even one person can make such a big difference, she said she did not think limits could be placed [on the number of times a person goes into treatment].

REPRESENTATIVE OGAN equated it with trying to clean up an oil spill; 98 percent can be cleaned up for "X" amount of dollars, but ten times that amount will be spent on cleaning up the last 2 percent. He said the resources were finite, and he was looking for ways to quantify how many times, generally speaking, a person would go through treatment before it was determined that treatment was not going to work for that person.

Number 1385

REPRESENTATIVE MEYER asked Dr. Galbreath if, as a doctor, she found it easier for people to quit drinking or to quit smoking.

DR. GALBREATH responded that it was easier to quit drinking.

REPRESENTATIVE MEYER noted that he had quit smoking and thus was familiar with the "revolving door." He added that the use of [nicotine] patches and gum helped him quit. He said he understood that there were now medications that help curb, or even kill, the desire for alcohol. He inquired of Dr. Galbreath if she had ever prescribed those types of drugs, and if so, whether she found that those medications worked.

DR. GALBREATH explained that those medications, such as Naltrexone, worked if the person was also in some type of treatment program and had appropriate follow-up care. She noted that through a small pilot program in the "Tanana Chiefs" area,

a lot of people were placed in treatment and given Naltrexone. She added that she was unable to quote statistics because the pilot program took place eight years ago, but Naltrexone worked. She also noted there was a national study taking place in order to quantify the results more.

REPRESENTATIVE MEYER asked if Naltrexone was expensive.

An unidentified member of the audience said that one-month's worth of Naltrexone cost \$100 at [Costco Wholesale Warehouse] ("Costco").

DR. GALBREATH, in response to questions by Representative Rokeberg, explained that she was only peripherally involved in the aforementioned pilot program because she was located in Fairbanks at the time. She was the physician collaborator, and all the patients that were involved in the program were her patients. She also explained that she did use Naltrexone in her practice, though if a person uses it without the benefit of also being in a treatment program, there is a greater potential for relapse. She said that she normally tries to get a person who comes to her with a drinking problem into treatment instead of just prescribing Naltrexone. She normally uses Naltrexone as a part of the treatment program, although there are circumstances where she will provide just the Naltrexone.

Number 1162

CHAIR ROKEBERG noted that to his understanding, initially, at the Alaska Native Medical Center (ANMC) in Anchorage, there was resistance to the use of Naltrexone. Since then, however, the leading physician in that area has become a great proponent of Naltrexone, and has been doing some studies on dosage.

DR. GALBREATH said that there was a study going on in the state, although she could not confirm if it was being conducted by ANMC.

Number 1143

JANET McCABE, Chair, Partners for Downtown Progress, added that Dr. Jay Collier (ph) was prescribing [Naltrexone] as part of [the program at] the primary care center, before sending people to treatment.

REPRESENTATIVE BERKOWITZ said that Dr. Galbreath's point regarding cost shifting was an excellent one. He remarked, "We

either pay here, or we pay in the prisons, or we pay in the hospitals; we pay somewhere." He asked Dr. Galbreath what she meant when she said "detox somebody."

DR. GALBREATH explained that when people come off of alcohol, they withdraw from it, especially if they've been drinking every day for months on end. The longer that persons have been drinking, the harder they detox. Sometimes the effects [of detox] are mild - shakiness, bad dreams, blood-pressure and heart-rate increases - and those people are usually treated with librium (ph) and sometimes adavan (ph); if the effects [of detox] reach the point of delirium tremens (DTs) - hallucinations - then those people are put in four-point restraints and given enough medication to ensure sleep. People who have DTs and are hallucinating have no idea where they are or what they are doing, and they can harm themselves and others. Thus treating patients who are detoxing involves a continuum of treatment.

Number 1035

CINDY CASHEN, Mothers Against Drunk Driving (MADD), Juneau Chapter, said she was a victim of a drunk driver. She informed the committee that members of MADD wanted to pay [tribute] to Representative James. Ms. Cashen explained that today was the fifth year [anniversary] of the first day of her sobriety. She added that she went in [to treatment] under coercion - she did not want to go, she did not think that she was an alcoholic; someone needed to push her into [treatment] - and it worked for her. Ms. Cashen further explained that her perception that she was living in a safe community changed on April 19, [2001], when a drunk driver killed her father, Ladd Macaulay. She noted that HB 4 will change the DWI BAC (blood alcohol concentration) [limit] from .10 to .08. Laboratory and test-track research shows that virtually all drivers are substantially impaired at .08 BAC with regard to judgment; dividing attention; and critical driving skills such as braking, steering, and lane-changing. According to studies, performance decrements in some of these tasks are as high as 60-70 percent at .08 BAC.

MS. CASHEN reported there was a 12 percent reduction in alcohol-related fatalities in California in 1990, which was the year the .08 BAC limit and an administrative license revocation law went into effect. The decrease in alcohol-related fatalities occurred at both high and low BAC levels, which meant that even chronic drunk drivers with BAC levels of .20 or greater were

affected by the .08 BAC limit. She reminded the committee that Alaska has a high population of chronic drunk drivers.

Number 0869

MS. CASHEN communicated that MADD supports HB 4 with regard to vehicle impoundment; data from studies done in Ohio, California, and Manitoba, Canada, have demonstrated that vehicle impoundment reduces the number of subsequent DWI offenses. Mothers Against Drunk Driving supports the increase in the look-back provisions of HB 4, whereby a person who has two DWIs within ten years, instead of five years, will be sentenced and convicted as a felon on the third DWI. She added that by taking the chronic drunk driver off the road and placing him or her into intensive treatment programs, HB 4 will effectively eliminate many of [Alaska's] drunk-driving fatalities.

MS. CASHEN said that MADD realizes that changing the BAC limit to .08 is not the only answer to [the problem of] drunk driving, but [the change to] .08 will be a significant factor in educating the public on the dangers of driving while impaired. She informed the committee that the combination of changing the BAC limit to .08, vehicle impoundment, a longer look-back time on offenders' driving records, and intensive treatment programs has already been proven in several states to lower the [rate of] drunk-driving injuries and fatalities.

MS. CASHEN, in conclusion, related the following facts from last summer: the person who killed her father and Martin Richard on April 19 had a record of drunk driving; Donna Hobson was severely injured on June 24 by a drunk driver with two prior convictions; Jessie Withrow was killed on July 3 by a drunk driver with six previous DWI convictions; and on July 4 a drunk driver with a revoked license and five prior convictions struck and seriously injured two girls. Ms. Cashen explained that these examples were only some of the tragedies that occurred last year, and she was bringing them to the attention of the committee because, had the provisions of HB 4 been in effect, these deaths [and injuries] might have been prevented. The people mentioned are all victims, as are their families, friends, and colleagues. Another point she urged the committee to keep in mind is that the drunk driver also brings to the table an additional "tribe" of victims, that of the drunk driver's family, who now have to live with the fact that someone they love is now a murderer or has severely injured someone. Ms. Cashen said that by putting the provisions of HB 4 into effect (.08 BAC limit, vehicle impoundment, increases in the

look-back provision, and requiring treatment) there is great likelihood of lowering not only drunk-driving fatalities, but also all the other serious injuries involved with alcoholism.

Number 0602

GERRY KNASIAK, Public Member, Advisory Board on Alcoholism and Drug Abuse, said she was from Ketchikan, which she said she believes has the dubious distinction of having the largest consumption of alcohol in the state of Alaska. She also said she supports HB 4, and she commended [the legislature] for creating it. However, she wanted to remind the committee that HB 4 addresses only a small part of the picture. In Alaska, so many resources are devoted to the indicators of the problem rather than the cause - the cause being the disease of alcoholism. She noted that someone had already made the point that there would never be enough counselors or social workers until the cause was addressed. On the point of cost, she explained that the Advisory Board had once considered doing a study on the cost of doing nothing; however, the board did not have the funds to proceed with the study. She surmised that had the study been done, it would have been very illuminating because the cost of doing nothing is horrendous. She said:

Until we really bite the bullet and face the issue, we are going to continue addressing those things that are indicators. We can continue to build prisons, we can continue to take children away from their mothers, we can continue having children who are fetal alcohol syndrome (FAS). We can continue doing all those things, and addressing those with resources that are so hard to come by. It is so painful to see programs that work having to cut down to a nub, and actually, in some cases, just fold. So the question is, when do you pay for it. I submit you either pay for it now or you pay for it later.

REPRESENTATIVE BERKOWITZ asked Ms. Knasiak to elaborate on her comments about programs that have worked but which have been cut back.

MS. KNASIAK said that the DOC had given a presentation earlier that day about programs that were working but which were cut back.

Number 0403

SARAH WILLIAMS, Substance Abuse Program Coordinator, Inmate Programs, Division of Institutions, Department of Corrections, explained that the Sixth Avenue Correctional Center had a 20-hour/week program and it has been cut back to a 5-hour/week program. She added that that facility was a key point of intervention, doing over half the bookings in the DOC each year. It provided intervention for pregnant women who were drinking, using intravenous (IV) drugs, or otherwise participating in risky behavior with regard to HIV/AIDS. The DOC had to cut the program down because it could not pay the vendors enough to provide the services.

MS. KNASIAK added, on the point of whether treatment works, that when she was living in Juneau she had attended "birthdays" of people who were in recovery and celebrating sobriety, and she found it to be a most touching and uplifting experience. And while she, herself, did not have a drinking problem, she did not know of anyone whose life has not been touched by alcoholism to some degree.

Number 0250

AGNES SWEETSIR said she is Athabascan; having been born in Tanana, she now lives in Galena, where she grew up. She explained that she was a social worker for 14 years at the Division of Family and Youth Services (DFYS). She noted that during an informal study she had done on her own caseload, 94 percent of the families that she served were in the system because of alcoholism. She added that she resigned her position about a year ago, primarily because she was frustrated with the lack of available treatment programs in her area. She said she hoped that as a private citizen she would be able to effect some change in the amount of resources available for alcoholism treatment. Her goal is to be able to help the people of Alaska, and, primarily, the children. She noted that she has been serving as a volunteer on the Advisory Board on Alcoholism and Drug Abuse for the last few months. She also said that she, herself, has been devastated by alcoholism; many members of her large extended family are addicted to alcohol, as well as other substances. She has had three brothers commit suicide as a result of their addictions.

TAPE 01-28, SIDE A  
Number 0001

MS. SWEETSIR explained that one of her brothers had sought treatment diligently but no beds were available for him. Two

weeks after he was released from the hospital in Fairbanks he still had not found any treatment facility that had room for him. He called his wife to tell her how much he loved her, the children, and the grandchildren; he related that he thought he was never going to get treatment, that he was causing people too much pain, and that maybe he was not worth [the trouble] anyway. Ms. Sweetsir said that her brother was a man with a lot of potential, and she surmised that if he had had treatment, he would not have hung himself.

MS. SWEETSIR noted that the day after her brother committed suicide, a cousin of hers died of what Ms. Sweetsir said she believed to be an alcohol-related illness. Since then, there have been sixteen funerals in her area. The last funeral was for a two-month-old infant who was shot by someone under the influence of alcohol and possibly other drugs. She added that the boy who shot the baby is a distant relative of hers, and she was aware of the fact that his family had tried diligently for years to get him into treatment, but to no avail.

MS. SWEETSIR emphasized that treatment has to be made available if the cycle [of alcoholism] is to be broken. She added that in her family, which she said she thinks is representative of many Native families and Native communities, she and her sisters have to try to find solutions for their nieces and nephews who are at risk of dying because they are left without fathers as a result of alcoholism. She said that it is very painful to have to watch and not be able to do anything to help.

MS. SWEETSIR urged the committee to do all it could to make treatment available. She said HB 4 is only the first step; the subject of treatment has to be kept on the table in order to effect a change. On the topic of paying for services, Ms. Sweetsir said she was willing to pay, and in fact, she was already paying dearly every day. She said her family is devastated and that they live in fear every day - of the aforementioned sixteen funerals, over half of them were alcoholism-related deaths. Again, she said she was pleading with the committee to keep the [subject of treatment for alcoholism] on the table. She added that according to statistics, one of her four sons will die by the age of 25, and she said that that was a sobering and painful thought; she works every day to try to make a difference in addressing the problems [of alcoholism]. She asked that the committee help by providing the funding and making treatment available for people.

REPRESENTATIVE COGHILL noted that the topic of treatment kept coming up, and if HB 4 goes into law, then there will be a higher demand for treatment. He asked Ms. Sweetsir for examples of areas where the growth of treatment centers can be encouraged by the legislature.

MS. SWEETSIR responded that she believed that alcoholism was a family disease, and thus needed to be treated as such. She added that in her experience, treatment [for alcoholism] in Alaska is largely unavailable. She had been looking into the prospect of expanding into family treatment, where many people and many generations can be affected. Also, she said she thought it would be nice to be able to bring treatment to the people in their homes, so that all of the family can be treated.

REPRESENTATIVE COGHILL said he appreciated that input. He noted that he was in favor of coercive treatment, but it was a matter of where and when [to institute it]. He commented that when offenders get treatment during incarceration, they can be taught, but when offenders leave the correctional facility there is not much available in the way of either accountability or follow-up treatment. Thus, he added, not only will there be a cost to implement [HB 4], but there will also be a need for treatment facilities.

REPRESENTATIVE OGAN said he supports the concept of treatment, but he was not sure that secular treatment would be as effective as faith-based treatment because there is a part of the spirit that is wounded and which must also be made whole. He suggested that perhaps "they" could interface with President Bush's proposed faith-based treatment programs.

Number 0730

ORIE WILLIAMS commented that he was 15 years sober as of today. He said he related to the disease of alcoholism as a cancer, probably worse than a cancer. He noted that the disease affects every family member [of an alcoholic]. He said that HB 4 starts to address the problem, but when the committee is asking the question "What family are you really from?" he pointed out that the answer is "The family of Alaska," and when asking what portion of the family do you kick out to make the family feel better, the answer is "none." If a family member is suffering from some other debilitating disease such as cancer or diabetes, the family spends all available resources on that person, and that person is given the support he or she needs.

MR. WILLIAMS noted that for too long in the frontier state of Alaska, the message has been that to work hard and play hard (including drinking hard) meant that a person was a man. He said that he has unending respect for people who, unlike himself, can sit down and have a social drink without causing chaos. He noted that he certainly could not just go have one glass of wine - maybe just one bottle or one case would be more like it for him. He added that the craving [for alcohol] does not go away. The aches, pains, and chaos are still with him too; they are just in remission. On the topic of "blackouts," he said he remembers all too often, after having driven for miles and miles, "waking up" to discover he had driven past his destination. He shared one example of driving from Cantwell, Alaska, past Nenana, waking up in a gravel pit, turning around and going in the wrong direction, all without remembering the trip itself. He also said that he has been an alcoholic since high school, and has never spoken about it in public before today. He mentioned being thankful that nobody gave up on him over the years. He also mentioned having two DWIs and suicidal feelings. He referred to the tendency of parents to come to the rescue of their children [who are caught DWI] in order to help their kids avoid the booking process so that they don't have to wake up in jail. He advocated that first-time offenders should be treated harshly so that there would not be further offenses.

Number 1018

MR. WILLIAMS mentioned that he and his wife pay \$40,000 a year in federal taxes without the benefit of knowing what the money is used for; he added that he would be happy to pay a state income tax [to help fund services]. He related some of his personal experiences with his battle with alcoholism. He said that sometimes people have to fall deep enough into the "sewer" before they decide they don't want to "be flushed one more time," and he posed the question, "How valuable is our society if we don't help the weakest member of our family?" He added that families and towns come together to bury older members of the community, but too often in Alaska it is the older members of the communities that are burying the youth [because of alcohol-related problems].

MR. WILLIAMS mentioned that the topic of aftercare had not been broached much. He said that one of the things that helped him was mandatory aftercare for 11 months; he had to report back to the court and prove that he had completed the aftercare program. He said that he thought that follow-up [treatment] was critical. He commented that substance abuse and spousal abuse were

flooding Alaska's court systems. On the point of DWIs, he noted that during the course of his 20 years of drinking, he should have gotten over 1,100 DWIs, even if he had only been drinking on weekends, which was not the case. He spoke again about his experiences with blackouts, and stressed the point that treatment works, and that it worked for him - although he ventured that some people could argue the point of his life's worth. He added that without treatment and aftercare, he would not be here today.

Number 1279

MR. WILLIAMS again stressed the point that it is important to fund treatment and aftercare programs. And even though people will complain about having to pay an extra tax on alcohol, he suggested that there was not one person who could not afford to pay it - the person with the disease of alcoholism will find the money, regardless. He said he wished that money from an alcohol tax could go directly to fund treatment, but he acknowledged that instead it would go into the general fund. Nevertheless, he added, the legislature can fund treatment indirectly by passing and funding HB 4, which would mandate treatment.

REPRESENTATIVE OGAN thanked Mr. Williams for sharing his personal experiences.

REPRESENTATIVE BERKOWITZ thanked Mr. Williams for reminding the committee, "You can't leave people behind; the measure of who we are as a state depends on our ability to stop and help those people who can't help themselves, because, if we persist, good things will happen."

REPRESENTATIVE COGHILL asked Mr. Williams to contact him at a later date to discuss the topic of aftercare.

CHAIR ROKEBERG asked Mr. Williams to provide information regarding the cost and availability of treatment in the Bethel area.

MS. McCABE noted that HB 4 and [HB 172] go well together. She said she hoped that [HB 172] will address, at the district court level, the people with alcohol-related problems before those people harm others and further destroy their own lives. She also said she hoped that [HB 172] could be set up to include people with a third felony DUI in the court [created by HB 172].

MS. McCABE, on the point of Naltrexone use, said that Judge Wanamaker includes Naltrexone use as a component of treatment, and it has been found to be a very effective drug because it takes the "driving edge" off somebody who is trying to get rid of an addiction, thus enabling that person to see the rewards of sobriety. She suggested that if the list in Section [29] could include pharmaceutical treatment in conjunction with "psycho/social" treatment - whereby a physician could prescribe the drug - then, for \$100/month, a person's treatment would be enhanced.

Number 1577

MELINDA FREEMON, Executive Director, Salvation Army Clitheroe Center (Clitheroe Center), noted that she was also a clinical consultant for the Aleutian/Pribilof Islands Association. She said she appreciated the [legislature's] comprehensive work towards eliminating the increasing problems of alcoholism and drug abuse in the state. She added that during her 22 years in the social services field, she had yet to see a family that had not, in some way, been affected or devastated by alcohol abuse. She encouraged the committee to provide sufficient funding for the fiscal notes, and to support the entire budget. She said there is a need to increase the DOC's provision regarding services, because Clitheroe Center subsidizes its contracts with the DOC in order to provide treatment for incarcerated men and women. [Clitheroe Center continues to subsidize DOC] because it has been proven that providing treatment to someone who is incarcerated works. She also noted that [Clitheroe Center] has a long waiting list; [Clitheroe Center] did not apply for the "drug court's" money because it was not fiscally sound to do so.

MS. FREEMON stated that coerced treatment does work. She said that she was very skeptical [of that fact] before she went into the substance-abuse field, but she is now a proponent, even, of involuntary commitments to substance abuse treatment. What is needed with criminal clients is to help them restructure their thinking patterns; the clients don't have to reach bottom, they just need to be shown that they will reach bottom if they don't change their thinking patterns. She also said that she wanted to encourage the committee to look at the broad issue and work collaboratively with the other divisions and departments; no one would have known [beforehand] that increased funding for the Division of Family and Youth Services could be obtained, and the same thing is possible for drug and alcohol treatment with [the legislature's] effort.

REPRESENTATIVE MEYER asked what the waiting list was for the Clitheroe Center.

MS. FREEMON responded that the outpatient treatment waiting list was approximately 35 people, the residential treatment waiting list was between 20 to 30 people - [Clitheroe Center] needs more beds for women and children - and [Clitheroe Center] also maintains waiting lists for all of its programs. She also explained that it takes approximately two to four weeks to get through a waiting list of 35 people. With regard to funding the programs, she said that [Clitheroe Center] taps every resource of the client that it can; it requires payment, even if it is only \$5/month; it taps the PFDs of every individual client; and it pursues clients with its collections department quite heavily. Another resource is the alcohol excise tax, as well as every other arena where the user pays the money. Although she said she considers "If you use it, you pay for it" to be a philosophical statement, she said she thought individuals who are using alcohol to "this degree" need to be paying in order to help alleviate the symptoms and problems that occur as a result of alcohol abuse.

CHAIR ROKEBERG asked if there was a limit to the attachment of a PFD check.

MS. FREEMON answered that up to 80 percent of a PFD check could be attached. She also said she would provide the committee with brochures and other handouts that detail the types and costs of the programs [Clitheroe Center] offers.

MS. NADEAU added that most organizations "cap" their waiting lists, because it was not reasonable to keep adding names when [organizations] won't be able to get to those names.

Number 1889

CHERYL MANN, Advisory Board on Alcoholism and Drug Abuse, said she is a professor of human services at the University of Alaska Anchorage (UAA). With regard to the annual report produced by the Advisory Board on Alcoholism and Drug Abuse, she explained that part of her findings were that Alaska Native women were likely to be: older, single, and unemployed; to have high school (or lower) educational levels; to live in a village; to be addicted to alcohol; to have been to treatment previously; and to be court-ordered to treatment more frequently than non-Native women. She said she wanted to encourage the committee to ensure treatment accessibility, particularly for women, and

women with children. She also noted that in order to provide treatment services, programs had to be staffed by people who were trained and knowledgeable about addictions and the dynamics of alcoholism and drug abuse. Thus, workforce development efforts had to be in place in order to train [future staff]; as [the legislature] looks at the funding for substance abuse treatment, she suggested [the legislature] should also consider taking steps to provide an adequate workforce. She closed her testimony by saying she was pleased to see [the legislature] was taking a more holistic approach to the very complex problem [of alcohol and drug abuse].

[HB 4 was held over.]

#### **ADJOURNMENT**

Number 1988

There being no further business before the committee, the House Judiciary Standing Committee meeting was adjourned at 3:20 p.m.