HB
493

HFIN

FILE

HOUSE COMMITTEE REPORT

(11)
Date Referred to Committee: March 19, 1996

FURTHER REFERRALS:

Date of Committee Action: 4/09/96

The FINANCE Committee considered: HB 493

HOUSE BILL NO. 493 INVOLUNTARY COMMITMENT:ALCOHOL/DRUG ABUSE

"An Act relating to involuntary commitment for alcoholism or drug abuse."

recommends it be replaced with the following committee substitute CS HB 493 (JUD)

[ ] the same title
[✓] a new title

[ ] additional referral to ______ Committee
[ ] attached amendment(s)

ADOPTS: ______ Letter of Intent

ATTACHES NEW FISCAL NOTE(s): (Dept)

[ ] fiscal note(s)

[✓] zero fiscal note(s) LAW

APPROVES PREVIOUS: (Dept/Date)

(4) [✓] fiscal note(s) (2) DOA 3/19/96
AK Court Sys 3/19/96; DHSS 3/19/96

[✓] zero fiscal note(s) DPS 3/19/96

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
[signature] Foster	X			
[signature] Hanley			X	
[signature] Mulder	X			
[signature] Martin	X			
[signature] Kohring			X	
[signature] Brown		X		
[signature] Kelly			X	
[signature] Therriault			X	

Co-CHAIR'S SIGNATURE [signature] Hanley [signature] Foster

FISCAL NOTE

STATE OF ALASKA
1996 LEGISLATIVE SESSION

BILL NO. HB 493

Revision Date:
Title: "An Act relating to involuntary commitment for alcoholism or drug abuse."
Sponsor: Representative Ivan
Requester: Representative Ivan

Dept. Affected: Department of Law
BRU: Civil Division
Component: General Legal Services
COMPONENT SERIAL NO. 2087

Expenditures/Revenues (Thousands of Dollars)

OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)

FUND SOURCE	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY96) cost: $ 0.0

POSITIONS

POSITIONS	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

This bill amends the state's existing statute, AS 47.37, concerning the involuntary commitment of persons addicted to alcohol, for the treatment of their addition, to include addiction to drugs. The bill also increases the period of recommitment, when a person has not adequately responded to treatment during the initial 30-day commitment period, from 90 days to 180 days. Finally, the bill changes the standard of behavioral conduct that a person must exhibit before a court can order a person to be committed for treatment involuntarily. Court hearings that are necessary to invoke involuntary commitment are initiated by petition of a spouse, guardian, or a relative of the addicted person, or by a certifying physician or the administrator in charge of an approved public treatment facility. The Department of Law is not involved in these proceedings, and the bill will not have a fiscal impact on the department. We are concerned, however, with the language in the bill, which describes the grounds for involuntary commitment for alcoholism or drug abuse. Language may need to be changed so that the standards used for commitment are legally defensible. Department of Law staff is available to help resolve this concern.

Prepared by: Richard I. Pegues, Director
Division: Administrative Services Division
Phone: 465-3672
Date: 2/15/96

Approved by Commissioner: Bruce M. Botelho, Attorney General
Agency: Department of Law
Date: 2/15/96

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FISCAL NOTE

STATE OF ALASKA
1996 LEGISLATIVE SESSION

BILL NO. HB 493

Revision Date:
Title: "An Act relating to involuntary commitment for alcoholism or drug abuse."
Sponsor: Representative Ivan
Requestor: House Judiciary

Dept. Affected: Administration
BRU: Public Defender Agency
Component: Public Defender Agency

COMPONENT SERIAL NO. 1631

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES	***	***	***	***	***	***
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	***	***	***	***	***	***
CAPITAL EXPENDITURES	***	***	***	***	***	***
CHANGE IN REVENUES ( )	***	***	***	***	***	***

FUND SOURCE: (Thousands of Dollars)

	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
1002 Federal Receipts	***	***	***	***	***	***
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
OTHER						
TOTAL	***	***	***	***	***	***

Estimate of any current year (FY 96) cost: $ -0-

POSITIONS:

	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
FULL-TIME	***	***	***	***	***	***
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary.)

It is anticipated that there will be a fiscal impact for the Public Defender. Cases will increase in number, as the definition is expanded to include more individuals. The recommitment hearing, as outlined under Section 8, may proceed to consideration by jury, which will require additional resources. Until some experiential basis is established, the fiscal impact is not quantifiable in terms of caseload or resource allocation.

Prepared by: John Salemi, Director
Division: Public Defender Agency
Phone: 264-4400
Date:

Approved by Commissioner: Mark Boyer [signature]
Agency: Department of Administration
Date: [handwritten, illegible]

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FISCAL NOTE

STATE OF ALASKA
1996 LEGISLATIVE SESSION

No. 4
Bill Version: CSHB 493(JUD)
(H) Publish Date: 3/19/96

Revision Date: ______
Title: "An Act relating to involuntary commitment for alcoholism or drug abuse."
Sponsor: Representative Ivan
Requestor: House Judiciary

Dept. Affected: Administration
BRU: Office of Public Advocacy
Component: Office of Public Advocacy
COMPONENT SERIAL NO. 43

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	***	***	***	***	***	***
CAPITAL EXPENDITURES	***	***	***	***	***	***
CHANGE IN REVENUES ( )	***	***	***	***	***	***

FUND SOURCE: (Thousands of Dollars)

1002 Federal Receipts	***	***	***	***	***	***
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
OTHER						
TOTAL	***	***	***	***	***	***

Estimate of any current year (FY 96) cost: $ -0-

POSITIONS:

FULL-TIME	***	***	***	***	***	***
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary.)

It is anticipated that there will be a fiscal impact for the Office of Public Advocacy. Section 4 of the bill calls for the appointment of a guardian ad litem to represent the individual throughout the proceedings. This, it is assumed would involve the Office of Public Advocacy. Without some experiential basis, however, the fiscal impact is not quantifiable in terms of caseload increase or resource allocation.

Prepared by: Brant McGee, Public Advocate
Division: Office of Public Advocacy
Phone: 274-1684
Date:

Approved by Commissioner: Mark Boyer [signature]
Agency: Department of Administration
Date: [illegible]

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Bill Version: CSHB 493(JUD)
(H) Publish Date: 3/19/96

FISCAL NOTE

STATE OF ALASKA
1996 LEGISLATIVE SESSION

BILL NO. HB 493

Revision Date:
Title: An Act relating to involuntary commitments for alcoholism or drugs abuse
Sponsor: Rep. Ivan
Requestor:

Dept. Affected: Alaska Court System
BRU: Trial Courts
Component:
COMPONENT SERIAL NO. 768

Expenditures/Revenues (Thousands of Dollars)

OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES	13.5	13.5	13.5	13.5	13.5	13.5
TRAVEL						
CONTRACTUAL	61.9	61.9	61.9	61.9	61.9	61.9
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS & CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	75.4	75.4	75.4	75.4	75.4	75.4
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (						

Fund Source (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	75.4	75.4	75.4	75.4	75.4	75.4
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other						
TOTAL	75.4	75.4	75.4	75.4	75.4	75.4

Estimate of any current year (FY 96) cost: None

Positions

Full-Time						
Part-Time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

See attached analysis.

Prepared by: C. S. Christensen III, Staff Counsel
Agency: Alaska Court System
Phone: 264-8228
Date: 02/26/96

Approved by: Arthur H. Snowden, II, Administrative Director
Agency: Alaska Court System
Date: 02/26/96

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Alaska Court System
Fiscal Analysis
HB 493

The court system's present computerized information system does not specifically identify this category of case. We have based our assumptions on inquiries of court personnel and fiscal notes from other agencies. This fiscal note assumes that this legislation will cause the number of petitions to increase by 200% to 180 a year statewide from an estimated 60 petitions filed currently. Each petition requires approximately 4 hours of clerical processing or in-court clerk time. Approximately 20% of the petitions result in a hearing before a master. These hearings are estimated to last 2 hours. We assume that existing resources can accommodate the additional hearings without increasing staff. Clerical processing will be accomodated using overtime.

Personal Services	Amount
Overtime for clerical and in-court staff at a range 12A, statewide usage	$13,500
Contractual	
Court appointed attorney for each indigent person being committed, estimated to cost $420 per appointment. Appointments made for 90% of the petitions.	45,400
Examination by court appointed licensed physician. Estimated to be required in 10% of the petitions at a cost of $500 per appointment.	6,000
Court appointed guardian ad litem. Estimated to be required in 10% of hearings, at an estimated cost of $200 an appointment.	480
Court ordered temporary 5-day commitment for diagnostic examination. Estimated to require 2 examinations at a cost of $5,000 each.	10,000
Total Contractual	61,880
Estimated Total Cost	$75,380

FISCAL NOTE

STATE OF ALASKA
1996 LEGISLATIVE SESSION

No. 2
Bill Version: CSHB 493(JUD)
(H) Publish Date: 3/19/96

Revision Date:
Title: Relating to Involuntary Commitment
Sponsor: Ivan
Requester: House JUD

Dept. Affected: Health and Social Services
BRU: Alcohol and Drug Abuse Svcs
Component: Alcohol/Drug Abuse Grants
COMPONENT SERIAL NO. 1239
See also (SN#):

Expenditures/Revenues: (Thousands of Dollars)

OPERATING EXPENDITURES	FY97	FY98	FY99	FY00	FY01	FY02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS		50.0	200.0	200.0	500.0	500.0
MISCELLANEOUS						
TOTAL OPERATING	0.0	50.0	200.0	200.0	500.0	500.0
CAPITAL EXPENDITURES			75.0		150.0	
CHANGES IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)

FUND SOURCE	FY97	FY98	FY99	FY00	FY01	FY02
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health		50.0	200.0	200.0	500.0	500.0
CIP			75.0		150.0	
TOTAL	0.0	50.0	275.0	200.0	650.0	500.0

Estimate of any current year (FY96) cost: $0.0

POSITIONS:

POSITIONS	FY97	FY98	FY99	FY00	FY01	FY02
FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

The current involuntary commitment statute is not widely used with the exception of the City and Borough of Juneau. The changes proposed in this bill will assist in making it more efficient and less costly for the local program to use the commitment statute.

Many of the persons who are committed in Juneau have used expensive levels of care repeated times. Care such as hospital emergency rooms, police officer time, community service patrol, protective custody holds at state correctional facilities and detoxification services. If the persons refuses to accept treatment or continually leaves treatment against medical advice the one alternative that the program has is the involuntary commitment process.

Programs have been reluctant to use this statute because they must pay the legal costs, they must initiate the court proceedings and they have waiting list for persons who want to voluntarily accept treatment.

5/1/96

Prepared by: Loren A. Jones, Director — Phone: 465-2071
Division: Alcoholism and Drug Abuse — Date: 02/23/96

Approved by Com: Karen Perdue, Commissioner — Date: 2/23/96
Agency: Department of Health & Social Services

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ANALYSIS (cont.):

To improve this situation and to encourage local providers to target these persons, the Division will, in the first year, work with programs to provide technical assistance and training on using the commitment statute. The City and Borough of Juneau, which uses the existing statute now, can assist us in this process. The Division is committed to targeting these persons and to intervene with these persons to get them into treatment. If the Division is to assist in reducing the costs to other systems (hospital, public safety, corrections) we must get these persons in treatment long enough to have a positive impact on their disease.

Juneau reports that they do approximately 1 to 2 commitments per month (12-20 per year). In the second year we would anticipate doubling this by working with other programs across the state. During the second year, we anticipate a need to support the costs of local programs for legal assistance in implementing commitment proceedings in their community. We expect that the experience of doing commitments will be positive and programs will target the persons in their community using the high cost resources. This legal assistance might be funds for non-profits to hire legal counsel to represent them in court, provide additional training to staff on being good witnesses in court and added costs for physician care.

In FY99 another $50.0 will continue to provide legal assistance to programs and an additional $150.0 will help fund the operating expenses incurred as a result of this bill for 1 new or expanded program. $75.0 in CIP dollars will provide expansion funds for transitional housing to meet the anticipated need. As demand grows, long term care services will be needed. In the third year after passage we anticipate needing to set up a pilot/demonstration program that would provide specialized long term care. This would be a small program specific to a region of the state.

Such a specialized program would be low intensity substance abuse treatment, work with vocational rehabilitation or other skills based training that could restore employment skills at a basic level. The program would work with the community to find adequate, safe, sober housing. When a person is discharged they would be better able to find a job, have safe housing and be supported in the community through self help groups and aftercare services from the local program.

FY00 will continue the funding of legal services and one new program's operating costs.

Evaluation of this process will be ongoing and look at the workings of the statute, the numbers engaged in treatment, cost savings in other systems, and treatment outcomes for the persons committed. If demand and success are as expected we would establish other regional based programs in future years. FY01 continues the funding of legal services and adds operating costs for 2 new or expanded programs and $150.0 CIP for facility expansion to house clients.

FY02 continues the funding of legal services and operating costs for 3 programs.

FISCAL NOTE

No. 1
Bill Version: CSHB 493(JUD)
(H) Publish Date: 3/19/96

STATE OF ALASKA
1996 LEGISLATIVE SESSION

BILL NO:

Revision Date:
Title: Involuntary commitment of alcoholism or drug abuse.
Sponsor: Representative Ivan
Requestor:

Dept. Affected: Public Safety
BRU: Alaska State Troopers
Component: Detachments and Judicial Services
COMPONENT SERIAL NO. 0799 and 0831

EXPENDITURES/REVENUES: (Thousands of Dollars) (inflation not included)

OPERATING	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
CHANGE IN REVENUES ( ) Revenue Code	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program						
1006 GF/MHTIA						
Other						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

Estimate of current year (FY 96) impact: $

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary.)

This bill will have the impact of state troopers and court services officers being required to attend more commitment hearings or serving additional pieces of process. The impact however is estimated at less than $500.

Prepared By: Lt. Dan Lowden
Phone 465-5505
Division: Alaska State Troopers
Date: February 22, 1996

Approved by Commissioner: [signature]
Date: 2/22/96
Agency: Ronald L. Otte, Department of Public Safety

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Alaska State House of Representatives
House District 39

Session
Alaska State Capital
Juneau, Alaska 99801-1182
Phone: (907) 465-4942

Interim
P.O. Box 137
Akiak, Alaska 99552
Phone: (907) 765-7526

Representative Ivan M. Ivan

SPONSOR STATEMENT - COMMITTEE SUBSTITUTE for HOUSE BILL 493 (JUD)

I introduced HB 493 as one of the solutions to assist with the public inebriate problem faced by many communities throughout the state.

Under current statute, AS 47.37.190, provisions allow for the involuntary commitment of alcoholics. These provisions allow for 30 day commitments with recommitment for 90 days. This current law has been found to be unwieldy, expensive and treatment options are not readily available. According to a community survey report by the City/Borough of Juneau, in March 1993, communities use the commitment policy sparingly, if they use it at all. This report also stated that the current commitment process simply is not working.

Under HB 493, the involuntary commitment process is similar to those found in the involuntary mental health commitments. Drug abusers were also not included in the definitions of incapacitation or intoxication. According to the Division of Alcoholism and Drug Abuse, many public inebriates are ingesting not only alcohol but drugs as well. The bill changes the definition of intoxicated persons to include drugs which are defined under the controlled substances statutes in Title 11.

It is not my intent to impose unlawful restrictions on an individual. However, by using the involuntary commitment process, I hope that lives may be saved. It is also my hope that the financial impacts on different agencies may be lessened if the revolving door process many inebriates find themselves when the protective custody statutes are applied.

Alaska State Legislature

Please enter into the record my testimony to the FINANCE
committee name

committee on HB 493, dated 4/9/96.
bill/subject

Please see Attached

Signed: [signature]
Testifier Gilbert O. Sanders, Ed. D,

Psychologist
Representing (Optional)

P.O. Box 1027 Sitka, Ak
Address

O: (907) 966-8474
Phone No.

9/86 Legislative Information Office

Mr. Chairman, I thank you for permitting me to testify this afternoon on House Bill 493. Again let me briefly introduce myself. I am Dr. Gilbert O. Sanders. An Addictions/Health Psychologist an serve as the Director of the Chemical Dependence Unit at Mount Edgecumbe Hospital in Sitka, Alaska. I speak not for the Hospital or the Southeast Alaska Regional Health Consortium, but as a Psychologist (while new to Alaska) with over 26 years of addictions experience, of which five was with the US Department of Justice, in the Federal Bureau of Prisons at the United States Federal Penitentiary in Leavenworth, Kansas. I have be recognized a Fellow by the American Association of Psychologist Treating Addictions, and a Diplomate, by the American Association of Forensic Counselors. I am hold a Master Addictions Counselor certification by the National Board of Certified Counselors. I have presented numerous professional papers at the American Psychological Association and have authored several research articles. I have recently written the Drug Education Handbook, a counselors guide to drug education and it also is used as a college text.

Let me take this opportunity to respond to several questions that I believe should have been addressed to me, but were instead asked of the individual that testified immediately following me. A member of the committee asked a question concerning Section 14 on page 7 of my draft of House Bill 493. This Section covers the two terms, "incapacitated" and "intoxicated person". Mr. Chairman, I am a Psychologist and a behavioral scientist. I again state that these terms are at best vague and unclear in that there is little in them that is measurable or quantifiable. Yes, as a scientist I can determine if an individual is "unconscious". However, what is the tool or standard to be used to determine if an individual's "judgment is (so) . . .impaired that the person is incapable of realizing and making rational decisions with respect to the need for treatment . . ." What you, Mr. Chairman may see as rational I may deem irrational. Thus, by this standard there is no standard, and there is likelihood of discrimination based on race, education, etc. Also, does the committee wish to permit decisions by those that are severely impaired but not totally incapable? I would suggest that the committee consider that the term be redefined to reflect the way incapacity is defined by Webster's II New Riverside University Dictionary, that is "inadequate strength or ability." Notice it states inadequate not absent. Thus, an incapacitated person would be an individual having been found lacking the mental abilities to make reasonable and safe decisions as determined by the administration of a standardized mental health status examination administered by a licensed mental health profession or physician following the consumption and or use of drugs or alcohol. This definition provides a standard tool with measurable data from which to make a decision. Having a quantifiable standard will reduce the probability of individual bias in decision making. I also continue to have difficulty accepting the term "intoxicated person" as defined in this section. Again because it has no quantifiable measurement and thus also prone to bias. Please, Mr. Chairman, what is "substantially impaired"? Is it just any one that has been using marijuana. The research data show that just a few "tokes" can distort the ability of the person from tracking moving objects. Thus, if this person were operating heavy equipment would they be "substantially impaired"? Also, data from the National Institute of Mental Health and other research organizations indicates that an adult male weighting 180 pounds begins to have

diminished reaction times with Blood Alcohol Content (BAC) levels of .04 percent. That would be the equivalent of having just two beers in an hour. Perhaps this definition should be changed to be more restrictive but it would be measurable if the Bill were to begin using the word impaired (and establish a measurement standard for impairment) instead of intoxicated. Then define the word impaired to mean any individual that has a positive drug urine test for any controlled substance and/or a BAC of .04 percent or higher. My point, Mr. Chairman, is that these terms must be objectively measurable to rid them from the potential of abu[illegible] authorities and from possible individual bias in the interpretation. As these terms [illegible] currently defined, I as a practicing Psychologist and behavioral scientist, cannot support this measure.

Additionally, a member of the committee asked this testifying individual as to the success of treatment. I believe that this individual did not correctly answer this question. While the best success rate for substance abuse programs prior to the late 1980's had shown success rates only in the low 30 percent range, and that mandatory drug treatment and treatment programs for Native Americans were significantly lower on the average of 15 to 17 percent. Newer findings indicate that some techniques may improve this rate. While the numbers are small and remain questionable. That is to say that as of today I cannot absolutely state that no one treatment method is more effective than another there are indications that success rates for certain programs are better. First in the late 1980's Dr. Eugene G. Peniston, of the Fort Lyon, Colorado, VA Medical Center conducted a trial program that was behavior and biofeedback intensive. This treatment approach has since been replicated by Dr. Dale Walters of the Menninger Foundation in Topeka, Kansas, had a one year post treatment abstinence rate of over 60 percent. It is extremely important to note that Dr. Peniston's program only treated late third stage chronic alcoholics. Additionally, the cognitive behavior program used by the Federal Bureau of Prisons at institutions like the US. Penitentiary in Leavenworth, Kansas had a success rate of over 50 percent. This program involved the treatment of chronic substance abusers involuntary identified for treatment. It should be noted that both of these programs were significantly different that the traditional substance abuse programs that emphasized the "12 Steps", and they also did not use individuals that were "recovered" substance abusers as "counselors", they used only licensed mental health providers. Permit me this one important aside, it should be noted that Alaska does not license any substance abuse counselors. Therefore, a recovery rate greater than 17 total one year abstinence is possible.

This witness to the committee emphasized that substance abuse might be confused or combined with mental health. It should be remembered that substance abuse **is considered as a mental health disorder**. It is defined and classified in the Diagnostic and Statistical Manual IV (DSM IV), of the American Psychiatric Association. In fact it is this manual that is used by Psychiatrist, Psychologists, and all mental health professionals to define what is substance abuse. I do not understand this persons ability to draw such a clean line between substance abuse and mental health, especially since it (substance abuse) has been considered a part of mental health for years. Even in my early doctoral studies it was included in DSM II I used in 1972. In the years that I have

federal law concerning the privacy of those receiving treatment. Also what is "promptly", is it one hour or ten? Having been in the addictions field for over a generation, I wish this committee to know that individuals that are taken to custody against their will while under the influence of drugs or alcohol are difficult to manage at best, and are frequently untrustworthy and untruthful. Thus, they will often misrepresent and/or mislead treatment staff as to their identity and martial status etc.. As the individual cannot give consent for the release of information for notification as the individual is significantly impaired, then perhaps consideration for contacting the next of kin should occur only when in the determination of the Psychologist or physician that the individual is competent and responsible to give such permission.

Also the bill as drafted has no significant provision for required "substance abuse counseling or education" there is no requirement for a drug urine screen to determine Blood Alcohol Content (BAC) and/or the use of multiple drugs. It should be noted that not knowing the type of drugs the individual was using could lead to significant problems as certain street drugs can interact with prescribed medications resulting in serious complications. Please remember an adult individual can be considered impaired from alcohol with a BAC of .04 percent. That is in an adult male weighting 180 pounds that has consumed two beers in one hour. In this individual the available research data shows that reaction time has slowed, and errors in logic and mathematical reasoning increase. In many states driving with a BAC in excess of .06 percent is considered to be "operating and motor vehicle while impaired. In over 30 states driving with a BAC of over .08 percent is driving under the influence. Many chronic alcoholics maintain average BACs of .20 percent and BACs of .40 percent can be fatal. The rate of elimination from the average adult individual is .01 percent each 40 minutes. Therefore, if the individual were to arrive for detoxification with a BAC of .30 percent at the end of 12 hours the BAC would remain .12 percent. Thus, the individual would remain legal prohibited from driving, yet would have exceeded the maximum hold time of 12 hours and thus the facility would be required to be released the individual.

In line 29 of the second page the issue of protecting the "health and safety of the detainee" is addressed. I believe that when health is addressed it should be not only the physical health but mental health as well. Thus, I would suggest that wording be added to this bill that would insure that this was the case.

In the last line of page 2 the bill addresses the protective search of the individual and states that a "full protective search of the person of the detainee." I'm not sure if that means a "pat search", "strip search" or a "body cavity search". I have seen a wide variety of drugs and drug paraphernalia stored in body cavities over the past 20 plus years. How intrusive does this committee wish to be in insuring the safety and well being of these individuals. You may wish to include or exclude "strip and or body cavity search" from this proposed statue however, the police and substance abuse program managers do need to know specifically.

been treating substance abuse I have found and research data, I believe, will support that a full 80 percent of the individuals with an Axis I diagnosis of substance abuse or dependence will have an Axis II disorder as well. That would make 80 percent of the substance abuse population dual diagnosed. Thus, if you only treat the drug addiction you will see the individual over and over again in treatment as the underlining personality features were not addressed. Perhaps this is why the preliminary data from the Peniston and BOP programs look better. Also, surely an other factor is that these two programs use substance abuse providers that are also mental health professionals and as such they are trained in providing a range of behavioral techniques and thus are a totally different level of provider from the current individuals that for the most part lack formal training and tend to be recovered "12 Step" individuals that are not even required to be certified by the State of Alaska.

Now again let me reemphasize my concerns with the current House Bill 493 sponsored by Representative Ivan Ivan. Again, I did have an opportunity recently to speak with the Representative concerning this bill, and I did express several of my concerns directly to him. Again the limitations of time and space does not here allow me to address each of these in detail so I will focus only on the concerns that are of the most serious nature.

In Section on page 2 lines 5 through 7of the draft of the bill I received the sentence reading, "A person may consent to remain in the facility as long as the ***physician*** (emphasis added) in charge considers it appropriate." From my view is a major problem. As an independent mental health provider with over 26 years of experience, and licensed in Alaska as a Psychologist, I cannot agree that the consent of a ***physician*** must be obtained to remain in the facility. Many hospitals and clinics permit Psychologist to admit and discharge patients, as well as, write orders that are consistent with their training and experience (i.e. seclusion and restraint). In fact 16 states including (Oklahoma, California, Florida, Hawaii, and the District of Columbia) have enacted statues mandating that Psychologist be permitted full (medical staff privileges) admitting privileges. Additionally, the Joint Commission on the Accreditation of Hospital Organizations in its standards provides for such privileges to be granted (admission and order writing - JCAHO 1995 Accrediting Manual for Mental Health and Chemical Dependency). Therefore, the Joint Commission recognizes the fact that non-physicians manage mental health and chemical dependency cases. Permit me an example, if only physicians were to be able to make this decision it would be possible for the admitting physician to be a gynecologist as may smaller hospitals lack large staffs and use their physicians on a rotating basis. The same facility may have a Psychologist with years of experience in substance abuse treatment. However, the gynecologist could be of the opinion that the person should be released while the individual with the experience in management of cases of this nature (the Psychologist) is not consulted or even required to be involved in the decision making process. As a minimum the committee should add the words "or licensed psychologist with addictions experience".

Also on page 2, Section 3 (on my draft lines 9 through 12), the bill indicates that next of kin "shall be promptly notified". I am concerned that this could be in conflict with

Section 6 should include from my perspective the provision for an evaluation by a licensed mental health provider with experience in substance abuse to determine the need for extended detoxification and make recommendations for substance abuse treatment as appropriate.

Again in line 17 of page three in addition to the certifying physician there should be a provision for licensed Psychologist with substance abuse expertise. The period for involuntary commitment should be for a period of up to 60 days with a provision for follow-up of up to 180 days in a qualified half way house. There should also be a period of mandatory individual counseling of up to one year with a licensed mental health professional with expertise in substance abuse and random urine screens during the year. These, individuals that are being involuntarily committed do very poorly in most acute care facilities There behavior is the result of years of negative reinforcement and thus require significant follow-up to insure that they have a chance to succeed. Data is available that indicates if the individual is subject to follow-up treatment with a licensed provider accompanied by random urine drug screens that the individual is more likely to remain drug free. Also, there are very few cognitive behavioral and or biofeedback based programs in Alaska with qualified licensed mental health staffs like the ones mentioned earlier

The Diagnostic and Statistical Manual IV, by the American Psychiatric Association contains the criteria used to diagnose the substance abuser. Therefore, I suggest that line 21 of page 3 be amended to read, "must allege that the person meet the diagnostic criteria for a substance abuse or substance dependence as defined in the Diagnostic and Statistical Manual IV, of the American Psychiatric Association. Additionally, this definition should be extended to page 7 were the term "alcoholic or drug abuser" is defined again. The DSM IV is the standard for determining the criteria for the professionals it should also be reflected in Alaska's Law

In line 29 of page three again the physician alone makes the determination in the petition this need to be expanded to include licensed Psychologists. Also in line 31 reference is to a medical examination. The individual that is using and abusing may have significant physical problems. However a "medical examination" is not the examination needed to commit, it should be a mental health (or mental status) examination with emphasis in substance abuse. Also in line 32 I would suggest that the wording concerning the certificate be amended to include the physician's or Psychologist's findings to support . . ."

In fact in each place where a "physician" is mentioned in the bill I urge that an amendment be made to include the phrase "licensed Psychologist", also were "medical examination" consideration should be to replace it with "mental health examination with emphasis in substance abuse" as this is the most appropriate type of examination. After all what does my inflamed shoulder have to do with a diagnosis of "Cocaine Dependence"? A problem with a shoulder requires a medical examination but substance abuse need a mental health assessment.

Again, I thank you and the committee the time to address these critical issues on this important piece of legislation. I look forward to meeting with you again. Thank you.

Alaska State House of Representatives
House District 39

Session
Alaska State Capital
Juneau, Alaska 99801-1182
Phone: (907) 465-4942

Interim
P.O. Box 137
Akiak, Alaska 99552
Phone: (907) 765-7526

Representative Ivan M. Ivan

SECTIONAL ANALYSIS - CS for HOUSE BILL 493 (JUD)

Section 1. Amends 47.37.170(b), Treatment and Services for Intoxicated Persons and Persons Incapacitated by Alcohol. Adds "drugs" to incapacitation. This conforms this section to other commitment statutes that are amended in this act.

Section 2. Amends AS 47.37.170(d), Treatment and Services for Intoxicated Persons and Persons Incapacitated by Alcohol. Clarifies that the medical examination must take place at an approved private treatment facility or another appropriate health facility and the person is incapacitated by alcohol or drugs.

Section 3. Amends AS 47.37.170(f), Treatment and Services for Intoxicated Persons and Persons Incapacitated by Alcohol. Clarifies the person is not incapacitated by alcohol or drugs.

Section 4. Amends 47.37.170(g), Treatment and Services for Intoxicated Persons and Persons Incapacitated by Alcohol. Adds "drugs" to incapacitation. This conforms this section to other commitment statutes that are amended in this act.

Section 5. Amends 47.37.170(i), Treatment and Services for Intoxicated Persons and Persons Incapacitated by Alcohol. Adds "drugs" to incapacitation. This conforms this section to other commitment statutes that are amended in this act.

Section 6. Amends AS 47.37.180(a), Emergency Commitment. Redefines who may be committed to an approved public treatment facility for emergency treatment due to intoxication.

Section 7. Amends AS 47.37.190(a), Involuntary Commitment. Language is added to include a drug abuser and is at risk of serious physical harm or illness. This section also clarifies this is for a 30 day commitment order and the procedures to petition for such a commitment.

Section 8. Amends AS 47.37.190 (b), Involuntary Commitment. Adds the person's guardian and an administrator of a private treatment center to the list of those who would be served with a copy of the petition to commit and a court notice of hearing.

Section 9. Repeals and reenacts AS 47.37.190 (c), Involuntary Commitment. This section establishes that the person who is the subject of a petition to commit to treatment does not have the right to a jury. This applies only to the 30 day commitment process and not to further recommitment processes in other sections.

Section 10. Repeals and reenacts AS 47.37.200, Hearing on Petition for Involuntary Commitment. This section establishes new procedures for a 30 day commitment process.

Section 11. Adds a new section to AS 47.37; AS 47.37.205, Procedure for Recommitment Following 30-Day Commitment. This section establishes new procedures in obtaining a 180 day commitment of a person who is an alcoholic or drug abuser and is incapacitated.

Section 12. Amends AS 47.37.210(b), Records of Alcoholics and Intoxicated Persons. Adds drug abuse to this section to conform with the changes made in this act.

Section 13. Amends AS 47.37.270(1), Definitions. The new definition of a person who may be involuntary committed is broadened to include a drug abuser. New language also includes a criteria of symptoms that may be used to demonstrate the need for commitment.

Section 14. Amends AS 47.37.270(10), Definitions. Redefines incapacitated by alcohol and adds drugs to this definition.

Section 15. Amends AS 47.37.270(13), Definitions. Adds drugs to the definition of intoxicated person.

Section 16. Amends AS 47.37.270(14), Definitions. Adds drug abusers to the definition of treatment.

Section 17. Adds a new paragraph to AS 47.37.270, Definitions. Defines drugs as a controlled substance as set out in AS 11.71.140 - 11.71.190.

Section 18. Repeals AS 47.37.170(j), Treatment and Services for Intoxicated Persons and Persons Incapacitated by Alcohol. This subsection defined incapacitated by alcohol and did not conform with the definition found in Section 14 of this bill. Thus it was deleted and the definition in Section 14 is used throughout the entire act as the definition for incapacitated by alcohol or drugs.

State of Alaska
Advisory Board on Alcoholism and Drug Abuse

Cost/Benefit Analysis
of
Involuntary Commitments for Public Inebriates

1. Involuntary commitments to alcoholism treatment of persons who meet certain criteria is authorized under Alaska Statute 47.37.190. While this process has been in statute for some time, it is not widely used in Alaska for several reasons. First, many of those who have a need and/or opportunity to use it find the process cumbersome, time and labor intensive, and expensive (if they need to retain an attorney). Second, many individuals doubt that committing someone to treatment against their will accomplishes anything.

2. The purpose of this analysis is to quantify, to the extent possible, the benefits of committing a person as opposed to not committing them. This analysis will not deal with the issue of whether the person enters a program of recovery after treatment or even the issue of appropriate or compassionate treatment of alcoholics. It will deal specifically with the financial issues surrounding public inebriates and what impact commitment has on that problem.

Assumptions:

(1) *The data gathered to support this analysis is from the Juneau Recovery Hospital which operates a detoxification unit. We assume that a certain "core" of individuals who access these services would be candidates for a Title 47 hold in communities without a detox facility.*

(2) *The average cost of providing medical screens and related care at Ketchikan General Hospital, Bartlett Memorial Hospital, Bristol Bay Area Health Corporation, Kodiak Island Hospital and Petersburg Medical Center closely approximates the statewide cost of providing medical screens and related care per Title 47 hold. Likewise, the cost of police, ambulance and community services patrol services shown are representative of costs throughout the state.*

(3) *Individuals whose alcohol consumption pattern makes them a candidate for a commitment will likely continue in their consumption pattern unless intervened on in some manner.*

Analysis Process/Questions:

Question 1: *Based on information gathered from medical facilities, police, communicty services patrols, ambulance services, and correctional facilities around the state, what is the estimated average cost to the public for dealing with a single Title 47 hold?*

Based on information gathered from five communities (Juneau, Ketchikan, Petersburg, Kodiak, and Dillingham), the average cost of dealing with a single Title 47 Hold is $1,275. This is an average of the costs in these communities and we assume it to be a fair approximation of the cost of dealing with a Title 47 hold in other communities around the state. *(See Attachment 1)*

Question 2: *Based on data collected at the Juneau Recovery Hospital, does there appear to be a core of individuals whose alcohol consumption pattern results in a disproportionate impact on services?*

In a study of 897 consecutive admissions to detoxification over a period of one year (1993-1994), 17 individuals (4.4% of unduplicated clients) all having more than ten admissions to detox in a year accounted for 231 admissions to detox (25.8% of all admissions) *(See Attachment 2)*.

Question 3: *For communities that make extensive use of Involuntary Alcohol Commitments, is there any significant difference in the resource utilization patterns of persons after the commitment compared to patterns before the commitment?*

Based on a survey of all alcohol commitments pursued in Juneau (the only community that makes extensive use of the commitment provisions of Title 47), during 1994 and 1995 there is a significant difference in the use of resources by these individuals after the commitment compared to their use before the commitment. During 1994 and 1995 there were 32 involuntary commitments pursued in Juneau. Of these individuals, ten were committed for medical reasons and were not candidates for Title 47 holds. Of those individuals who were committed and were repeated candidates for Title 47 holds, the average number of admissions to detox prior to commitment was 7.1 and the average number after commitment was 2.3. *(See Attachments 3 & 4)*

Question 4: *For those individuals who are likely candidates for Title 47 holds and who are involuntarily committed to alcoholism treatment, is there any quantifiable savings to be realized by commitment vs allowing the continued use pattern (based on the cost of dealing with a Title 47 hold as well as the cost of providing alcoholism treatment)?*

Using the utilization data reported in Question 3 above (7.1 admissions prior to commitment and 2.3 admissions after commitment), the average cost of dealing with a single Title 47 hold reported in Question 1 above ($1,275/per hold), and an assumed cost of alcoholism treatment of $3900 per experience ($130/day for residential care), the cost to the system over a six month period of a person with no intervention is $9,051 The cost to the system for a six

month period after commitment, including the cost of treatment, is $6,832 This represents a 24.5% reduction is system costs in cases where commitments are pursued.

Question 5: *Can the quantified cost of allowing a continued pattern of drinking (not intervening/committing) vs the cost of pursuing a commitment be expressed in terms of savings to a community?*

The cost savings to a community can be quantified using the information reported above with two caveats: (1) The costs reported are generally fixed costs, therefore, any savings would translate into increased opportunity costs for resources such as police, hospitals, ambulance services, etc.; and (2) In order to quantify the savings, an estimate of the number of Title 47 holds being conducted would need to be known.

Example:	Fairbanks	
	FY-95	
	# Title 47 Holds:	1112

Based on the experiences in Juneau where 4% of the clients represent approximately 25% of the admissions. Those easily identifiable clients who represent a disproportionate impact on the system (25% of admissions) are considered candidates for commitment.

25% of admissions:	278
Cost per Admission:	$1,275
Cost to System:	$354,450
24.5% Reduction after commitment:	$86,840

Question 6: *Does this data take into account those individuals for whom commitment seems to have no impact, that is, they immediately return to their consumption patterns following treatment?*

The short answer is YES, these figures take that into account. Further, in analyzing the commitment data, we note that the 32 commitments involved 24 persons. Of these 24 persons, 4 (16.7%) had repeat commitments while 20 (83.3%) had no further commitments. If the analysis had focused only on those individuals who had no further commitments, then the savings would have been significantly higher ($6,300 or 49.4% reduction).

Question 7: *What are the possible sources of error in this analysis and what has been done to minimize them?*

The primary sources of error are in the identification of costs in dealing with a Title 47 hold. Hospitals, police departments, etc., do not collect data in such a way that it is readily reportable in the format that is needed. In order to develop these figures, we used multiple sources from each community to develop inferences of the costs. In order to minimize possible errors, we used multiple communities and cross-checked, particularly where sources provided

only estimates. We also looked for consistency and reasonableness of data. The most effective way to ensure the precision and accuracy of the data would be to conduct a multi-year study using a carefully selected group of communities and health care facilities.

Costs per Event

Item	Cost	Average Cost/Client
Medical Screens/Care		
Bartlett Memorial Hospital - Juneau	$ 995	
Bristol Bay Area Health Corp - Dillingham	$ 785	
Petersburg Medical Center	$ 2,083	
Kodiak Island Hospital	$ 400	
Ketchikan General (Medical screens only)	$ 150	
Average		$ 883
Ambulance Service		
Bristol Bay Area Health Corp	$ 125	
City & Borough of Juneau	$ 286	
Average		$ 206
Police/Community Services Patrol		
Dillingham Police (Based on 2 hrs/event)	$ 168	
Juneau Police Department	$ 163	
Juneau Community Services Patrol (Based on 2 hrs/event)	$ 70	
Average		$ 134
Title 47 Lodging (Based on 1/2 day stay @ $107/day)		
Correctional Centers	$ 53	
Average		$ 53
Total Average per Event Charge for Title 47 Hold		$ 1,275

Comparison per Commitment:		
	Before Commitment:	**$ 9,051**
	After Commitment:	**$ 6,832**
	Savings/Commitment	**$ 2,219**

"Before Commitment" costs based on average charge per event applied to the average number of events for six months prior to the commitment.

"After Commitment" costs based on average charge per event applied to the average number of events for six months after the commitment including the cost of treatment.

Assumptions:

(1) That persons who are having multiple admissions to detox or Title 47 holds will continue at the same rate or greater unless an intervention of some type occurs.

(2) For purposes of transportation, 75% of all transports of intoxicated persons are performed by Police or Community Services Patrol; 25% are accomplished by ambulance.

(3) The treatment costs included in "After Commitment" are based on an average rate for residential care of $130 per day.

Analysis of Admission to Detox
Juneau, Alaska
8/93 - 8/94

Total Admissions to Detox:	897
Number of unduplicated clients	384
Admission to Detox for persons with only a single admission	238 (62% of unduplicated clients) (26.5% of total admissions)
Admission to Detox for persons with more than 10 admissions	231 (25.8% of total admissions)
Number of Persons with more than 10 admissions to detox	17 (4.4% of unduplicated clients)
Admissions to Detox for persons with more than 1 admission but less than 10 admissions	428 (47.7% of total admissions)
Number of Persons with more than 1 admission but less than 10	129 (33.6% of unduplicated clients)

Note: For those individuals who had 10 or more admissions to detox, 10 of the 17 were subsequently committed.

Clients with More than 10 Detox Admissions in 1 Year

Client	Admissions
73006	18
77156	17
8500283	17
80235	16
9100270	16
81064	15
83125	15
76031	14
77200	14
8800211	14
73034	12
79173	12
78094	11
80374	10
82050	10
82079	10
9200070	10
Total	231

ATTACHMENT 2

Multiple Commitment Clients

N = 4

Client #	Commitment Date	# Admits Prior to Commitment	# Admits After Commitment	Time Between Commitments
79019	1/12/95	4	0	
	9/6/95	3	0	9 Months
9100270	8/24/94	11	5	
	2/7/95	5	5	6 Months
	6/28/95	5	4	4.5 Months
	9/6/95	4	8	2.5 Months
	12/21/95	8	1	3.5 Months
	1/24/96	1	Still in Treatment	1 Month
80263	5/16/94	6	2	
	7/27/94	2	0	2.5 Months
75330	7/8/94	5	2	
	8/20/94	2	3	1.5 Month
Total		**56**	**30**	
Average		**4.7**	**2.7**	
Totals: Single & Multiple Admissions		**156**	**50**	
Cumulative Averages		**7.1**	**2.3**	

P-P-1-...-1-2

Single Commitments

Persons with > 5 Admits 6 Months prior to Commitment

N=10

Client #	# Admits Prior to Commitment	# Admits After Commitment
73034	10	1
73006	5	4
77200	14	3
8500279	6	0
80235	13	0
82050	12	1
76031	12	8
74076	9	1
9301080	10	0
81064	9	2
Total	100	20
Average	10	2

STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

TONY KNOWLES, GOVERNOR

REPLY TO:

4500 DIPLOMACY DRIVE
ANCHORAGE, ALASKA 99508-5918

October 26, 1995

RECEIVED OCT 30 1995

Mr. Don Dapcevitch
Executive Director
State of Alaska Advisory Board
on Alcoholism & Drug Abuse
Post Office Box 10608
Juneau, Alaska 99811-0608

Re: Title 47 Admissions

Dear Don:

Steve Schwartz, DOC Research Analyst, recently compiled more information on the Title 47 Admissions. I believe it will be helpful in understanding who the Title 47's are:

Glossary for Non-Criminal Admission by FY Year, Location & Month

(1)

Page one is the total number of Non-Criminal admissions for the last five fiscal years. The table further indicates the facility where the admissions occurred and the month of occurrence for each of the last five fiscal years. Admissions are totaled by location for the fiscal year as well as by month. A grand total for each fiscal year is also computed.

(2)

Page two is the total number of Non-Criminal admissions for the last five fiscal years by gender and race. Totals for race and gender are computed as well as a total for the fiscal year. A grand total for all five fiscal years is also computed.

(3)

Pages three, four, and five are the total number of Non-Criminal admissions for the last five fiscal years by race and age group. Totals for race and age group are computed as well as a total for the fiscal year. A grand total for all five fiscal years is also computed for race and age group.

(4)

Pages six, seven, and eight are the frequency of Non-Criminal admissions for individuals by fiscal year, for the last five fiscal years. In other words in fiscal year 1991 1,176 individuals were admitted one time under title 47, 235 individuals were admitted twice under title 47 in 1991. One individual was admitted 58 times in 1991 under title 47.

(5)

Page nine is a grand total for the frequency of Non-Criminal admissions for individuals for the entire five year period. Frequency totals, percentage of the total, cumulative frequency and cumulative percent for frequency of admission is computed for the five year period.

Please feel free to give me(269-7417) or Steve Schwartz(269-7392) a call if you have any questions regarding the data.

Yours truly,

Sarah

Sarah Williams
Substance Abuse Program Coordinator

SW:dc

cc: Margaret Pugh, Commissioner
Frank Sauser, Director, Division of Institutions
Lynda Zaugg, Director, Community Corrections
Bob Cole, Director, Administrative Services
Loren Jones, Executive Director, ADA

Non-Criminal Admissions by FY Year, Location and Month

FY 1995

	July	August	September	October	November	December	January	Febuary	March	April	May	June	Yearly Total
ANCHORAGE- 6TH AVE.	33	26	29	51	37	48	34	43	29	22	28	14	388
ANVIL MTN CC	25	27	14	32	25	20	24	18	30	25	17	15	273
FAIRBANKS CC	105	101	116	82	57	95	57	66	111	140	82	90	1,112
KETCHIKAN CC	1	1	3	2	2	0	1	1	1	1	3	1	17
LEMON CREEK CC	10	14	12	15	7	12	11	10	18	22	21	18	171
MATSU PRE-TRIAL	2	2	6	2	3	0	3	1	2	3	4	0	28
WILDWOOD PT	6	6	4	4	0	7	6	5	5	7	2	4	56
YUKON-KUSKOKWIM CC	83	103	85	124	78	81	51	69	75	88	58	82	983
Total	278	280	249	322	207	284	188	214	288	308	211	224	3,012

FY 1994

	July	August	September	October	November	December	January	Febuary	March	April	May	June	Yearly Total
ANCHORAGE- 6TH AVE.	18	30	30	28	31	43	44	84	123	124	88	40	641
ANVIL MTN CC	11	10	8	8	16	0	6	2	8	7	5	6	83
FAIRBANKS CC	83	72	67	81	87	47	57	64	82	81	75	64	860
KETCHIKAN CC	3	7	4	3	5	4	3	0	1	2	0	3	36
LEMON CREEK CC	19	8	10	22	8	8	6	6	8	4	8	9	114
MATSU PRE-TRIAL	3	1	2	0	4	2	2	0	0	1	0	1	18
WILDWOOD PT	7	5	7	8	6	4	6	3	2	3	5	8	80
YUKON-KUSKOKWIM CC	108	113	60	71	108	64	28	55	60	54	68	58	843
Total	230	248	188	190	263	178	154	194	282	288	225	207	2,852

FY 1993

	July	August	September	October	November	December	January	Febuary	March	April	May	June	Yearly Total
ANCHORAGE- 6TH AVE.	30	27	34	25	45	34	29	48	50	54	25	24	428
ANVIL MTN CC	7	11	10	7	8	17	9	9	11	15	14	17	138
FAIRBANKS CC	83	83	53	83	66	71	62	54	82	71	88	68	818
KETCHIKAN CC	9	8	7	3	8	5	5	11	2	8	8	1	71
LEMON CREEK CC	8	12	10	15	17	5	16	8	14	14	13	18	148
MATSU PRE-TRIAL	4	4	5	6	1	4	8	4	1	1	3	3	44
WILDWOOD PT	8	10	8	7	1	4	5	3	8	3	7	3	64
YUKON-KUSKOKWIM CC	78	83	72	83	101	101	59	55	80	71	99	87	837
Total	228	228	188	189	248	241	193	193	255	235	233	187	2,837

FY 1992

	July	August	September	October	November	December	January	Febuary	March	April	May	June	Yearly Total
ANCHORAGE- 6TH AVE.	34	35	31	48	48	32	54	42	37	20	22	17	420
ANVIL MTN CC	14	15	11	8	15	11	9	9	14	13	18	10	147
FAIRBANKS CC	58	60	62	45	33	43	48	31	65	45	88	70	618
KETCHIKAN CC	13	9	14	10	5	6	9	7	19	15	4	3	110
LEMON CREEK CC	18	29	27	18	31	17	10	13	18	5	14	21	220
MATSU PRE-TRIAL	13	20	10	11	14	18	11	8	4	3	9	7	123
WILDWOOD PT	12	8	3	5	4	3	3	2	5	10	8	3	64
YUKON-KUSKOKWIM CC	88	84	43	47	74	29	38	44	50	47	33	54	608
Total	231	257	201	192	222	157	182	158	198	158	175	185	2,312

FY 1991

	July	August	September	October	November	December	January	Febuary	March	April	May	June	Yearly Total
ANCHORAGE- 6TH AVE.	41	40	54	62	72	80	75	101	93	55	42	36	751
ANVIL MTN CC	8	11	25	14	10	12	7	18	12	18	21	15	171
FAIRBANKS CC	46	80	80	51	64	42	45	38	73	80	47	32	668
KETCHIKAN CC	14	12	25	9	12	7	7	8	7	4	3	8	115
LEMON CREEK CC	18	18	25	19	11	12	13	23	28	18	23	12	220
MATSU PRE-TRIAL	8	15	17	7	8	10	6	7	7	9	8	11	108
WILDWOOD PT	8	2	2	3	3	1	1	4	2	5	1	2	34
YUKON-KUSKOKWIM CC	110	103	70	77	94	68	58	53	62	47	41	48	820
Total	249	282	278	242	275	232	210	248	274	235	180	168	2,878

NONCRIMQ.XLS
10/6/94

Title 47 Admissions by Fiscal Year
Sex and Race

Fiscal Year 1991	Asian	Black	Hispanic	Native American	White	Total
Female	0	3	1	524	74	602
Male	3	26	17	1,733	498	2,277
Unknown	0	0	0	0	0	0
Total	3	29	18	2,257	572	2,879

Fiscal Year 1992	Asian	Black	Hispanic	Native American	White	Total
Female	0	3	0	421	52	476
Male	3	10	22	1,383	419	1,837
Unknown	0	0	0	0	0	0
Total	3	13	22	1,804	471	2,313

Fiscal Year 1993	Asian	Black	Hispanic	American	White	Total
Female	1	10	1	498	75	585
Male	4	11	14	1,586	437	2,052
Unknown	0	0	0	0	0	0
Total	5	21	15	2,084	512	2,637

Fiscal Year 1994	Asian	Black	Hispanic	American	White	Total
Female	1	6	2	516	74	599
Male	3	12	18	1,528	491	2,052
Unknown	0	0	0	0	0	1
Total	4	18	20	2,044	565	2,652

Fiscal Year 1995	Asian	Black	Hispanic	American	White	Total
Female	2	7	0	650	64	723
Male	8	32	14	1,755	477	2,286
Unknown	0	0	0	0	0	3
Total	10	39	14	2,405	541	3,012
Grand Totals	25	120	89	10,594	2,661	13,493

Title 47 Admissions by Fiscal Year
Race and Age

Fiscal Year 1995	Asian	Black	Hispanic	Native American	White	Total
18 and Under	0	0	0	13	4	17
19 to 20	0	1	0	28	5	34
21 to 24	0	3	2	185	21	211
25 to 29	1	5	1	260	69	336
30 to 34	0	2	2	459	96	559
35 to 39	0	2	1	409	113	525
40 to 44	1	16	3	365	92	477
45 to 49	8	7	0	216	80	311
50 to 54	0	0	0	182	29	211
55 to 59	0	1	4	139	21	165
60 to 64	0	1	1	73	5	80
65 and Older	0	1	0	76	6	83
Unknown						3
Total	10	39	14	2,405	541	3,012
Grand Total	25	120	89	10,592	2,661	13,487

Title 47 Admissions by Fiscal Year
Race and Age

Fiscal Year 1993	Asian	Black	Hispanic	Native American	White	Total
18 and Under	0	0	0	18	5	23
19 to 20	0	1	0	33	6	40
21 to 24	0	1	1	153	24	179
25 to 29	0	2	2	351	48	403
30 to 34	1	1	5	326	109	442
35 to 39	1	10	3	354	112	480
40 to 44	0	3	1	251	111	366
45 to 49	2	0	0	198	49	249
50 to 54	1	0	3	120	15	139
55 to 59	0	1	0	146	28	175
60 to 64	0	0	0	53	1	54
65 and Older	0	2	0	81	4	87
Total	5	21	15	2,084	512	2,637

Fiscal Year 1994	Asian	Black	Hispanic	Native American	White	Total
18 and Under	0	0	0	17	4	21
19 to 20	0	1	1	18	4	24
21 to 24	0	0	1	127	19	147
25 to 29	0	2	2	283	31	318
30 to 34	1	8	4	394	123	530
35 to 39	0	2	3	336	155	496
40 to 44	0	1	7	278	94	380
45 to 49	2	4	0	206	82	294
50 to 54	0	0	2	114	25	141
55 to 59	0	0	0	134	14	148
60 to 64	0	0	0	74	3	77
65 and Older	1	0	0	63	11	75
Unknown						1
Total	4	18	20	2,044	565	2,652

Title 47 Admissions by Fiscal Year
Race and Age

Fiscal Year 1991	Asian	Black	Hispanic	Native American	White	Total
18 and Under	0	0	0	21	2	23
19 to 20	0	1	0	40	5	46
21 to 24	1	8	0	196	32	237
25 to 29	0	5	4	390	74	473
30 to 34	1	4	6	426	103	540
35 to 39	1	3	7	304	117	432
40 to 44	0	7	0	259	104	370
45 to 49	0	1	1	194	46	242
50 to 54	0	0	0	128	38	166
55 to 59	0	0	0	134	25	159
60 to 64	0	0	0	66	16	82
65 and Older	0	0	0	98	10	108
Total	3	29	18	2,256	572	2,878

Fiscal Year 1992	Asian	Black	Hispanic	Native American	White	Total
18 and Under	0	0	0	15	3	18
19 to 20	0	0	0	23	7	30
21 to 24	1	2	2	153	37	195
25 to 29	1	0	2	316	51	370
30 to 34	1	3	2	276	99	381
35 to 39	0	4	5	293	130	432
40 to 44	0	3	3	188	59	253
45 to 49	0	0	0	170	29	199
50 to 54	0	1	8	93	27	129
55 to 59	0	0	0	118	14	132
60 to 64	0	0	0	59	2	61
65 and Older	0	0	0	99	13	112
Total	3	13	22	1,803	471	2,312

Title 47 Admissions by Fiscal Year

Fiscal Year 1991

Number of Admissions	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	1,176	72.3	1,176	72.3
2	235	14.4	1,411	86.7
3	87	5.3	1,498	92.1
4	45	2.8	1,543	94.8
5	22	1.4	1,565	96.2
6	15	0.9	1,580	97.1
7	10	0.6	1,590	97.7
8	9	0.6	1,599	98.3
9	5	0.3	1,604	98.6
10	4	0.2	1,608	98.8
11	2	0.1	1,610	99
12	2	0.1	1,612	99.1
13	4	0.2	1,616	99.3
14	1	0.1	1,617	99.4
15	1	0.1	1,618	99.4
16	1	0.1	1,619	99.5
17	1	0.1	1,620	99.6
18	2	0.1	1,622	99.7
19	1	0.1	1,623	99.8
25	1	0.1	1,624	99.8
31	1	0.1	1,625	99.9
36	1	0.1	1,626	99.9
58	1	0.1	1,627	100

Fiscal Year 1992

Number of Admissions	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	1,026	73.8	1,026	73.8
2	195	14	1,221	87.8
3	79	5.7	1,300	93.5
4	29	2.1	1,329	95.5
5	18	1.3	1,347	96.8
6	11	0.8	1,358	97.6
7	9	0.6	1,367	98.3
8	4	0.3	1,371	98.6
9	6	0.4	1,377	99
10	3	0.2	1,380	99.2
11	1	0.1	1,381	99.3
12	4	0.3	1,385	99.6
13	1	0.1	1,386	99.6
16	2	0.1	1,388	99.8
19	1	0.1	1,389	99.9
21	1	0.1	1,390	99.9
65	1	0.1	1,391	100

Title 47 Admissions by Fiscal Year

Fiscal Year 1993

Number of Admissions	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	1,139	72.6	1,139	72.6
2	241	15.4	1,380	88
3	79	5	1,459	93
4	47	3	1,506	96
5	15	1	1,521	96.9
6	14	0.9	1,535	97.8
7	6	0.4	1,541	98.2
8	3	0.2	1,544	98.4
9	6	0.4	1,550	98.8
10	3	0.2	1,553	99
11	5	0.3	1,558	99.3
12	1	0.1	1,559	99.4
13	2	0.1	1,561	99.5
16	1	0.1	1,562	99.6
17	1	0.1	1,563	99.6
19	1	0.1	1,564	99.7
20	1	0.1	1,565	99.7
22	1	0.1	1,566	99.8
23	1	0.1	1,567	99.9
25	1	0.1	1,568	99.9
47	1	0.1	1,569	100

Fiscal Year 1994

Number of Admissions	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	1,172	73	1,172	73
2	224	14	1,396	87
3	87	5.4	1,483	92.4
4	49	3.1	1,532	95.5
5	26	1.6	1,558	97.1
6	15	0.9	1,573	98
7	6	0.4	1,579	98.4
8	8	0.5	1,587	98.9
9	4	0.2	1,591	99.1
10	2	0.1	1,593	99.3
11	3	0.2	1,596	99.4
12	2	0.1	1,598	99.6
14	2	0.1	1,600	99.7
18	2	0.1	1,602	99.8
21	1	0.1	1,603	99.9
24	1	0.1	1,604	99.9
27	1	0.1	1,605	100

Title 47 Admissions by Fiscal Year

Fiscal Year 1995

Number of Admissions	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	1,192	70.6	1,192	70.6
2	245	14.5	1,437	85.1
3	106	6.3	1,543	91.4
4	39	2.3	1,582	93.7
5	24	1.4	1,606	95.1
6	23	1.4	1,629	96.5
7	17	1	1,646	97.5
8	10	0.6	1,656	98.1
9	10	0.6	1,666	98.7
10	2	0.1	1,668	98.8
11	3	0.2	1,671	99
12	5	0.3	1,676	99.3
13	2	0.1	1,678	99.4
14	4	0.2	1,682	99.6
15	1	0.1	1,683	99.7
16	1	0.1	1,684	99.8
17	1	0.1	1,685	99.8
18	1	0.1	1,686	99.9
23	1	0.1	1,687	99.9
25	1	0.1	1,688	100

Title 47 Admissions by Fiscal Year

Fiscal Year 1991 - 1995

Number of Admissions	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	3,311	62.4	3,311	62.4
2	822	15.5	4,133	77.9
3	382	7.2	4,515	85.1
4	197	3.7	4,712	88.8
5	121	2.3	4,833	91.1
6	93	1.8	4,926	92.8
7	73	1.4	4,999	94.2
8	65	1.2	5,064	95.4
9	38	0.7	5,102	96.1
10	33	0.6	5,135	96.8
11	21	0.4	5,156	97.2
12	18	0.3	5,174	97.5
13	14	0.3	5,188	97.8
14	21	0.4	5,209	98.2
15	4	0.1	5,213	98.2
16	13	0.2	5,226	98.5
17	8	0.2	5,234	98.6
18	10	0.2	5,244	98.8
19	11	0.2	5,255	99
20	4	0.1	5,259	99.1
21	4	0.1	5,263	99.2
23	1	0	5,264	99.2
24	3	0.1	5,267	99.2
25	1	0	5,268	99.3
27	2	0	5,270	99.3
28	2	0	5,272	99.3
29	4	0.1	5,276	99.4
30	4	0.1	5,280	99.5
31	2	0	5,282	99.5
32	3	0.1	5,285	99.6
34	2	0	5,287	99.6
35	2	0	5,289	99.7
38	3	0.1	5,292	99.7
41	2	0	5,294	99.8
44	1	0	5,295	99.8
48	1	0	5,296	99.8
49	1	0	5,297	99.8
50	2	0	5,299	99.8
51	1	0	5,300	99.9
59	1	0	5,301	99.9
64	1	0	5,302	99.9
69	1	0	5,303	99.9
71	2	0	5,305	100
104	1	0	5,306	100
170	1	0	5,307	100

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

COMMUNITY SURVEY OF THE PUBLIC INEBRIATE PROBLEM IN SELECTED ALASKA CITIES

by

Donald Dapcevich
Administrator
Chemical Dependency Division
Department of Health and Social Services
3406 Glacier Highway
Juneau, AK 99801
(907) 586-1470

March, 1993

155 South Seward Street, Juneau, Alaska 99801

COMMUNITY SURVEY OF THE PUBLIC INEBRIATE PROBLEM IN SELECTED ALASKA CITIES

Executive Summary

This survey was undertaken to examine the public inebriate problem, which involves both public safety and substance abuse treatment, and is being faced by nearly all cities in Alaska. Alaskan communities are expending enormous amounts of resources to deal with this issue. Still, even with this large commitment of scarce resources, solutions have been hard to come by.

Up to this point, many community leaders have felt that the solution is to increase detoxification beds, or to incorporate an alternative solution commonly referred to as "sleep-off" facilities. This study is intended to clarify these and other approaches by collecting data from four major population centers in Alaska, and comparing the methods employed by each community.

At the very least, it was thought that sharing information, problems and solutions would allow communities to benefit from each others' successes and failures. Ultimately, this document could act as a springboard for change. The most important lesson we learned is that meaningful change will come when partnerships are established among cities, and between cities collectively and the

c. Including drugs other than alcohol in involuntary holds and commitment procedures; and

d. Establishing a policy for dealing with public inebriates who are combative or who refuse treatment.

2. The Department of Health and Social Services should issue regulations to establish which type of health practitioner must complete screenings of public inebriates.

3. Insure that the statutory requirement for regular meetings of the Interdepartmental Coordinating Committee are met. This committee can resolve many of the issues creating problems in our communities.

4. Pool interdepartmental resources to combat substance abuse problems in our state. The time is ripe for departments to work in symbiotic relationships that will reap benefits for the cooperating departments, the communities and Alaskan citizens.

5. The opening of a statewide domiciliary care center to care for and treat alcoholics and addicts whose disease has progressed to the point where their mental faculties are so diminished they cannot respond to traditional treatment.

responsibility but that the primary responsibility lies with another agency. Since AS 47.37 is the law governing the administration of drug/alcohol programs in the state, the logical presumption is that this is the agency of primary concern.

If this state is going to improve the efficiency and quality of services provided and will provide these services in the most cost-efficient manner, we must understand the scope of the problem, the methods used by communities in dealing with the problem, and what the state agencies involved can do to provide direction for improvement of methods currently employed.

The purpose of this study is to begin the process of discovery. It acts as a starting point for determining how we currently deal with the problem and begins the process of sharing information, techniques and issues of common concern.

METHODOLOGY

This study includes only larger population centers in the state, as the problem is assumed to be greater and the diversity of available options greater in larger communities. The principal method of data collection was determined to be survey (Attachment #3); however, discussions with treatment professionals in each of the communities were used for the basis of some of the discussions included in this report.

Community Service Patrols: Sitka does not operate community service patrol (CSP); but instead, relies upon police and emergency services (ambulance) to perform this function. Anchorage, Fairbanks and Juneau all operate CSPs. Each, however, operates and funds these programs differently. Anchorage operates a service under contract with a private for-profit company. Fairbanks operates its service through a private non- profit organization. The City and Borough of Juneau operates its service directly, utilizing city employees. Funding for community services patrols comes from a variety of sources. In Juneau the funding comes from both the state and municipality. In Anchorage funding is provided by the municipality and the Indian Health Service. In Fairbanks the state funds the service. In each case the criteria for operation of the service are determined by the statutes. Incapacitation is determined through orientation by time, place and date. The BAC test is used extensively to support the initial screens at time of pick-up. Interestingly, the average blood alcohol concentration ratios under and over .3 are consistent among the communities studied. All services utilize Emergency Medical Technicians (EMTs) or a combination of EMTs and persons trained in basic first-aid skills and CPR. In Anchorage and Fairbanks the patrols are fully operational 16 hours per day, leaving a combination of CSP and police department coverage for the remaining eight hours. In Juneau the service is operated 24 hours per day but with significantly fewer technicians, as there is only one EMT staffing the patrol at any given time. In Anchorage and Fairbanks,

differentials or a sales tax imposed solely on the sale of alcoholic beverages. There is presently some interest in developing a statewide excise tax on alcohol. Bills have been introduced in the current Legislative session that would impose new taxes or strike down previous legislation prohibiting local taxation (HB52, HB53 and SB42, Attachment #8).

Chronic Alcoholism and Public Inebriates: The cities agree that there are a number of public inebriates who have not or cannot respond to traditional treatment methods currently employed in Alaska. They have made repeated trips to sleep-offs, detoxification and long and short term treatment programs, and have failed to complete the programs or have relapsed immediately after leaving treatment. This group has made many trips to the emergency rooms of local hospitals for treatment of wounds received from falling and fighting. They often are admitted to intensive care units for treatment of seizures or major organ shutdown from their disease. These people traditionally spend a fourth to a third of each year in correctional facilities, usually for minor crimes involving alcohol or other drugs. They appear before the courts on a regular basis. Often they are among the population who experience mental health problems that coexist with their addiction. Invariably they are homeless and jobless. Many are experiencing symptoms of Wernicke's encephalopathy, Korsakof's syndrome, alcohlic dementia and other drug-associated mental impairment. Another health factor that interferes with their

operates detoxification on a space-available basis in the local community hospital. Medical screening for persons picked up by CSP is handled variously in each community. All four communities utilize medical model detoxification programs. Medical personnel monitor withdrawal and drugs are utilized to assist the process. Anchorage and Juneau report similar percentages of persons undergoing detoxification who subsequently enter treatment. This is an important factor. Too often programs concentrate so much on providing detoxification services without focusing on the true goal of detoxification services: to encourage treatment with the aim of reducing chemical dependency in Alaska.

Funding for detoxification programs is varied and includes participation from the state, municipalities, Indian Health Service and the Veteran's Administration. In Sitka, the services are provided as indigent health care provision in the community hospital.

Sleep-Off Centers: None of the communities represented in this survey operate sleep-off centers, nor do any other communities in the state. Until recently, the Municipality of Anchorage operated a "sleep-off" center but discontinued the operation last year. A very interesting study conducted by Michael Huelsman (Attachment #4) concludes:

> "Thus the operation of the existing sleep-off facility is highly unsatisfactory. Few if any public inebriates are

taken to the nearest health facility. If no services are available at the health facility, they are placed in protective custody for up to 12 hours, or until services are available at a treatment facility or they are sober enough to no longer present a health or safety problem.

There are not enough detoxification beds available in most communities in the state. Therefore, alternatives are exercised for protective custody for public inebriates. Current data from the Department of corrections indicates that the number of protective custody bookings continues to be reduced from 3115 in 1991 to 2662 in 1992. This reduction, in good part is due to more efficient use of detoxification resources.

The statute is unclear as to the role of acute care hospitals in the protective custody loop.

AS47.37.170.(b) states:

> "A person who appears to be incapacitated by alcohol in a public place shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to an approved treatment facility, an approved private treatment facility, or another appropriate health facility or service for emergency medical treatment. If no treatment facility or emergency medical service is available, a person who appears to be incapacitated by alcohol in a public place shall be taken to a state or municipal detention facility in the area, if that appears necessary for the protection of the person's health or safety."

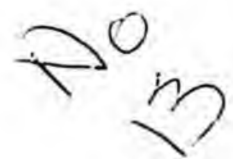
referred either to acute care hospitals or correctional facilities for protective custody. In any case, if this paragraph does, in fact, refer to medical screening for protective custody, then medical screening can only be done at the acute care hospitals, since none of the treatment facilities in the surveyed cities (or any other treatment programs in the state) have physicians on duty 24 hours per day, seven days per week. The screening issue creates many problems for the communities as most correctional facilities do not have physicians available, and even in the case of combative incapacitated persons, the acute care hospitals are required to perform all medical screens. They receive no funds for this service and it creates a considerable burden on them.

A recent change has been made in this paragraph which focuses on the problem described above. The changed portion will be underlined for clarity:

> "A person voluntarily appears or is brought to an approved public treatment facility shall be examined by a licensed physician <u>or other qualified health practitioner</u> as soon as possible. <u>The department shall, by regulation, determine which health practitioners may be authorized to perform the examination.</u>.."

No regulatory direction has been thus far set forth in this matter.

<u>Persons Who Are Combative or Who Refuse Services and Who Are Incapacitated</u>: The current statute does not address how combative persons or persons refusing services but are incapacitated, will be



the rates of public inebriates in latter stages of alcoholism are accurate, then the commitment rate should be similar.

	ALCOHOLICS NEEDING DOMICILIARY CARE RATE PER THOUSAND	COMMITMENTS RATE PER THOUSAND
ANCHORAGE	.42	.06
FAIRBANKS	1.33	.04
SITKA	1.4	.00
JUNEAU	.43	.43

NOTE: This is not a completely accurate number as some alcoholics not needing domiciliary care need to be considered for commitment and a very small percentage of those who need domiciliary care do not need commitment. Yet, there is a high correlation between the need for domiciliary care and the need for involuntary commitment as this population's lack of cognitive ability often leaves them with lack of judgement regarding the need for treatment.

The communities who do not or who use the commitment procedure are not derelict in their responsibilities, as there are problems with the system such as: 1) the commitment procedure requires considerable expensive legal time to prepare and bring the cases to trial; 2) clients may demand jury trial which raises legal expenses; 3) The ability of programs to hold people against their will is minimal (in small communities, police can return people who are committed and who leave treatment but in large communities this practice is not practical); and 4) the state does not have adequate long term treatment beds and has no domiciliary beds.

overtaxed but dealing admirably with large numbers of protective custody bookings. Medical facilities are sharing a disproportionate share of the medical screens and in some cases, detoxification duties, which, when offered in that setting, are quite expensive. An unwieldy and confusing legal statute has created more problems in an already untenable situation. Far too many dollars are being spent by all agencies concerned and Alaskans are still left facing legal settlements for lawsuits of discrimination and wrongful death. Although only a handful of cases have gone to the courts, many have been settled out of court and a number that have taken much time and money to resolve without court action or need for out of court settlements.

There are other hidden costs which may, in the long run, create more expense than any thus far mentioned. The criminal justice system is dealing with large numbers of repeat offenders whose principal problem is drug and alcohol abuse. Various reports and studies have pegged the numbers of problem drinkers and persons under the influence of alcohol and other drugs at the time they commit crimes at between 50% and 80% of <u>all persons incarcerated in the state of Alaska.</u> The other hidden and dramatic cost of this problem is the inter-generational problem caused by fetal alcohol syndrome. Treatment programs are finding more and more adult public inebriates who are second and third generation inebriates and who show symptomology consistent with fetal alcohol syndrome and the more common fetal alcohol effect.

D. AS47.37.170 should be rewritten to describe more clearly the requirements of hospitals and correctional facilities in screening and protective custody. In addition, the role of police and CSPs should be described more clearly with respect to use of restraints.

E. The statute must include clear instructions for dealing with individuals who are incapacitated and who are combative or refuse services.

2. The Department of Health and Social Services should issue regulations concerning the provisions of AS47.37.170(c) allowing for a "a licensed physician or other qualified health practitioner...". Strongly recommend that the other qualified health practitioner be a registered nurse. Most programs do not have physicians or nurse practitioners available on a regular basis for screening duties.

3. One of the most glaring issues that became apparent during this survey process was the need for increased coordination and cooperation between agencies administering activities associated with public inebriates. One activity that would help immeasurably is to re-activate the Interdepartmental Coordinating Committee described in AS 47.37.050 to enhance this process.

4. Agency partnerships should be encouraged to establish programs that are mutually beneficial. "Project Hope," proposed by Governor

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TONY KNOWLES, GOVERNOR

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

P.O. BOX 110608
JUNEAU, ALASKA 99811-0608
PHONE: (907) 465-8920
FAX: (907) 465-4410
TOLL FREE: 1-800-420-8920

March 22, 1996

The Honorable Ivan Ivan
Alaska State House of Representatives
State Capitol, Room 503
Juneau, AK 99801-1182

Dear Representative Ivan:

As you know, the State Advisory Board on Alcoholism and Drug Abuse supports your efforts to rewrite the Involuntary Commitment Statute for alcohol commitments and we have instructed our staff to assist you in any way they can in this effort. The purpose of this letter is to "go on record" in support of this legislation (HB 493).

The original statute was written nearly 25 years ago and was in need of extensive work to make it more effective in offering humane and appropriate treatment to chronic alcoholics and other drug addicts. This effort will produce long-term results in combating the public inebriate problem in our communities. We recognize that this effort alone will not solve the problem, but that with considerable effort on the part of the treatment professionals, the State Department of Health and Social Services, and the Legislature, we can solve this problem.

Please accept our support and help in this effort.

Sincerely,

Don Dapcevich
Executive Director

cc: The Honorable Mark Hanley, Co-Chair, House FIN
The Honorable Richard Foster, Co-Chair, House FIN

AKEELA
TREATMENT SERVICES

February 22, 1996

The Honorable Brian Porter
Chairman, House Judiciary Committee
Alaska State House of Representatives
State Capitol
Juneau, AK 99801-1182

Re House Bill No 493

Dear Mr Porter

We have had the opportunity to review House Bill 493, and while we applaud the intent of the legislation, we believe it presents a number of issues that must be addressed before it can be considered for passage.

The potential clients served under this legislation are those most seriously afflicted by their addiction Since most treatment facilities lack a detox service, a plan will have to be established to provide detox services prior to admission to the treatment program. In addition, involuntary committals will require significantly more security than the usual voluntary client requires or the law will have to specify some form of penalty for walking away from a treatment facility.

While the initial commitment time is 30 days, recommitment's may add a total of 180 days to the commitment time making long-term residential programs the most likely programs to serve this population. There are only six long-term residential programs in the state and two of them serve only women If one anticipates that this law will be regularly used, the limited number of beds need to be considered Finally, without additional funding, the potential is that these clients will displace voluntary clients and that displacement will be a more than a one-to-one ratio because the involuntary clients will consist of the most needy of clients whose severity of addiction makes them the most expensive to serve.

Again, the goal is laudable; the challenge is the implementation

Sincerely,

Robert P Galea, Ph D
Executive Director

ACCREDITATIONS

JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES

LICENSING

STATE DIVISION OF ALCOHOLISM AND DRUG ABUSE

MUNICIPALITY OF ANCHORAGE DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEMBERSHIPS

THERAPEUTIC COMMUNITIES OF AMERICA

SUBSTANCE ABUSE DIRECTORS' ASSOCIATION

EXECUTIVE DIRECTOR
ROBERT P. GALEA, PH.D.

Alaska State Legislature

Please enter into the record my testimony to the Senate Judiciary
committee name

committee on HB 443, dated 3-8-96.
bill/subject

I support Involuntary Commitment Bill. It is badly needed. I support expansion of a program but I do not support a new program. Programs in existence should be provided for first.

Signed: Leonard M. Moyer
Testifier

Individual as Past Treatment Director of Long Term Treatment. With 30 years experience
Representing (Optional)

P.O. Box 87-2235
Address

Wasilla, AK 99687

Phone No. 907-745-5304
907-745-5165 FAX

9/86 Legislative Information Office

Alaska State Legislature

Please enter into the record my testimony to the House Judiciary
committee name

committee on HB 493, dated 3/8/96.
bill/subject

I support the changes to the involuntary commitment act.

The fiscal note to this bill is not correct we do not need any new program in the state. The state already has programs that could use funds in expanding these services to assist this population. There is a need for Transitional housing, this should only be the new service needed in the state.

There is already a long-term program that should be expanded for meeting the needs this bill address.

Signed: Karen Nygren Logan
Testifier

Nygren Ranch
Representing (Optional)

P.O. Box 871545
Address

376-4534
Phone No.

9/86 Legislative Information Office

(7) 6

HOUSE COMMITTEE REPORT

3/19/96

Date Referred to Committee: February 9, 1996

FURTHER REFERRALS: Finance

Date of Committee Action: 3/18/96

The JUDICIARY Committee considered: **HB 493**

HOUSE BILL NO. 493

INVOLUNTARY COMMITMENT:ALCOHOL/DRUG ABUSE

"An Act relating to involuntary commitment for alcoholism or drug abuse."

recommends it be replaced with the following committee substitute CSHB 493 (Jud)

[ ] the same title
[✓] a new title

[ ] additional referral to ____________ Committee
[ ] attached amendment(s)

ADOPTS: ____________ Letter of Intent

ATTACHES NEW FISCAL NOTE(s): (Dept)

(4) [✓] fiscal note(s) Courts, HSS, Admin (2 indeterminates)

[✓] zero fiscal note(s) P.S.

APPROVES PREVIOUS: (Dept/Date)

[ ] fiscal note(s) ____________

[ ] zero fiscal note(s) ____________

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
Porter	✓			
Vezey			✓	
Finkelstein			✓	
B. Davis			✓	
Bunde	✓			
Toohey		✓		
Green	✓			
	3	1	3	

CHAIR'S SIGNATURE [signature]