

ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILE 8672

1420 SCOMM 52. JOINT SPEC. COMMITTEE ON LOCAL OPTION LAWS 1985-86

- 5.) If after hearing all relevant evidence, court or jury finds grounds for involuntary commitment been clearly established, court issue order of commitment to office. No court order commitment of person unless determines office able provide adequate and appropriate treatment for him/her (136).
- 6.) Person committed under involuntary commitment shall remain in custody of office for treatment for a period up to 30 days. At end of 30 days, discharged automatically unless office, before expiration, obtains court order for recommitment upon grounds set out in d., 1.) for further period up to 90 days. If person been committed because he is alcoholic likely to inflict physical harm on another, office shall apply for recommitment if after examination is determined likelihood still exists (136).
- 7.) Person may be recommitment for further period of up to 90 days for same reason as 6.) above (136).
- 8.) When petition for recommitment filed under 6.) or 7.) above, court fix date for hearing no later than 20 days after petition filed. Procedure for hearing same as for original involuntary commitment hearing (136).
- 9.) Person committed to custody of office for treatment be discharged at any time before end of period for which committed if either of following conditions met:
 - a.) When alcoholic committed on grounds of likelihood of infliction of physical harm on another no longer considered alcoholic or likelihood of infliction of physical harm no longer exists; or
 - b.) when, in case of alcoholic committed on grounds of likelihood of infliction of physical harm on another, either
 - * further treatment not likely bring about significant improvement in persons's condition, or
 - * treatment no longer adequate or appropriate (136).
- 10.) Court shall inform person whose commitment or recommitment sought of right to contest application, be represented by counsel at every stage of proceedings, have counsel provided by court, if unable to obtain counsel, and to jury trial, if requested. If court believes person needs assistance of counsel, the court require, by appointment if necessary, counsel for him/her regardless of objection. Person be informed of right to be examined by physician of his/her choice. If person unable obtain M.D., court shall provide (136).
- 11.) If private treatment facility agrees with request of competent patient or his/her parent, sibling, adult child, or guardian to accept patient for treatment, administrator of public treatment facility transfer to private treatment facility (136).
- 12.) Person committed may at any time seek discharge from commitment by writ of habeas corpus under AS 12.75 (136).

4. Miscellaneous Provisions

a. Records of alcoholics and intoxicated persons.

- 1.) Registration and other records of treatment facilities shall remain confidential; are privileged to patient (137).
- 2.) Notwithstanding 1.) this section, coordinator make available information from patient's records for purpose of research. No information disclose patient's name (137).

b. Visitation and communication of patients. Patients in facility guaranteed continuing contact with family and friends; mail, other communication to, from patient, may not be read, intercepted, censored (138).

c. Establishment of emergency service patrol.

- 1.) Office, cities, boroughs may establish emergency service patrol. Emergency service patrol consists of persons trained to give assistance in public places to intoxicated persons. Members of patrol capable providing first-aid in emergency situations, transporting intoxicated persons to homes, to and from public treatment facilities (139).
- 2.) Coordinator promulgate regulations for establishment, training, conduct of emergency service patrols (139).

d. Payment for treatment.

- 1.) Patient in approved facility or person obligated provide for patient's treatment costs, liable to office for payment, accordance with rates established by coordinator (140).
- 2.) Coordinator promulgate regulations governing financial ability of persons liable for costs (140).

e. Nonapplicability. Nothing in the Uniform Act affects statutes, ordinances and regulations relating to O.M.V.I., or the use of alcoholic beverages by particular classes of persons at specified times and places, or persons being upon the traveled portion of a highway so as to be a hazard to the motoring public. The Uniform Act does not affect the defense of voluntary intoxication (141).

f. Application of Administrative Procedure Act. Except otherwise provided this chapter, A.P.A. (AS 44.62) applies to and govern all administrative action taken by coordinator (142).

5. Definitions

Terms defined.

- a. "Alcoholic" means a person who habitually lacks self-control in using alcoholic beverages, or uses alcoholic beverages to the extent that his or her health is substantially impaired or endangered, or his or her social or economic function is substantially disrupted (143).
- b. "Approved private treatment facility" means a private agency meeting the standards prescribed in and approved under 2., b., 4.) (143).
- c. "Approved public treatment facility" means a treatment agency operating under the direction and control of the office or providing treatment under this chapter through a contract with the office and meeting the standards prescribed in and approved under 2., b., 4.) (143).
- d. "Incapacitated by alcohol" means a person who is unconscious or has his/her judgment otherwise so impaired that he or she is incapable of realizing and making a rational decision with respect to need for treatment, as evidenced objectively by extreme physical debilitation, physical harm or threats of harm to others or chronic inability to hold regular employment (143).
- e. "Incompetent person" means a person who has been adjudged incompetent by the appropriate court (143).
- f. "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol (143).
- g. "Treatment" means a broad range of emergency, outpatient, intermediate, and inpatient services and care which may be extended to alcoholics and intoxicated persons, including diagnostic evaluation, medical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling (143).

B. ARTICLE 4. ALCOHOLICS

1. Powers and Duties of Department of Health & Social Services.

Powers and duties under Article 4.

- a. Keeps current list of treatment facilities (144).
- b. Encourages development of standards of treatment of alcoholics in institutions (144).
- c. Promotes and encourages alcohol education programs (144).
- d. Utilizes services/facilities at community level (144).
- e. Engages in research and education activities (144).
- f. Administers community grant-in-aid program for alcoholics (144).
- g. Submits annual report within 10 days convening of legislature (144).

2. Grant-In-Aid Program

a. Description.

1.) Grant-in-aid funds.

- a.) Non-profit corporation, city or borough government, other political subdivision of the state, or combination of these, eligible for grant-in-aid funds this section (145).
- b.) Applications sent to Department of Health and Social Services (145).

2.) Awarding of grants.

- a.) Department award grants on competitive basis in interest of providing or developing comprehensive program of alcoholic rehabilitation and prevention (145).
- b.) Department award grants with advice of Advisory Board on Alcoholism (145).

3.) Specifications of grants.

- a.) Grants awarded in ratio: (145).
 - 75% state money
 - 25% community money, except in communities designated poverty areas:
 - 90% state money
 - 10% community money

- b.) Grants are for providing staff and limited improvement, renovation of new construction of facilities for alcoholic detoxification, rehabilitation, of "half-way house" care (145).
- c.) No grant for improving, renovating, or constructing, may exceed \$50,000., except if lack of applicants for available money. If such case, needs approval of Advisory Board on Alcoholism (145).
- d.) Department not required award all money available, or full percentages specified above, if another money source available (145).

4.) Grant applications.

- a.) Money used by applicant to qualify for state money may be from any source other than state (145).
- b.) Cost of developing application not reimbursable from grant.
*Value of real property to be used in conjunction with grant may be used in calculating required amount of community money, following regulation of department (145).

b. Regulations.

- 1.) The Department of Health and Social Services shall adopt regulations implementing the grant-in-aid program. The regulations shall provide for:
 - a.) Method of application;
 - b.) time for consideration of applications;
 - c.) processing of applications;
 - d.) type of record keeping;
 - e.) requirements for reporting progress and statistics regarding program;
 - f.) notification of applicant as to action taken on application;
 - g.) issuance of licenses for facilities receiving grant-in-aid.
- 2.) The Department shall also establish the necessary forms of application and adopt other regulations considered necessary to meet health and safety requirements and the orderly administration of the grant-in-aid program (146).
 - a.) Additional Specifications - AAC (205).
Applications for matching grants for the development or continued support of alcoholism programs and facilities shall be on forms provided by the department.

b.) Additional Specifications - AAC (206).

Applications may be submitted to the department at any time during the fiscal year. However, applications which are submitted later than May 15 of any fiscal year will not be considered for funding from that current fiscal year's available money except by written request and with the approval of the commissioner based upon recommendation of the Advisory Board.

c.) AAC (207).

Applications shall be processed by the department and those correctly submitted shall be referred to the Advisory Board for review. Applications which are incorrect in form or content shall be returned to the originator by the department, citing the reasons for return. The Advisory Board shall consider each application referred by the department and recommend to the department acceptance or rejection of each application together with suggested order of priority for those applications recommended for acceptance. The department may approve an application for immediate funding, approve an application subject to later availability of funding, or reject an application for cogent and compelling reasons. Each applicant shall be notified of the decision of the department.

d.) AAC (208).

Projects funded under AS 47.30.477 shall keep records under any recognized accounting procedure approved by the department or on forms supplied by the department. In addition to financial records, the projects shall keep records regarding the persons served by the project which shall include personal histories in such detail as required of the projects by the department for the purpose of data collection and evaluation of project effectiveness. Quarterly reports shall be submitted according to the format prescribed by the department.

e.) AAC (209).

The value of property used as "in-kind" contributions for participation in the program may be:

- (1.) The value, as allowed by the department, of real property to which the grantee has title;
- (2.) the value, as allowed by the department, of real property loaned to the grantee; or
- (3.) the value of goods and services, including personnel services, given or loaned to the grantee except those given or loaned by a state agency;
- (4.) a value attributable to the services of volunteers, either skilled or unskilled, is not eligible as an "in-kind" contribution.

f.) Additional Specifications - AAC (210).

All project facilities shall be licensed by the department and shall meet all fire, life safety and building codes in 13 AAC 50.010 and all codes in 7 AAC pertaining to water, sewage and waste disposal; eating and drinking establishments; and housing.

g.) AAC (211).

A non-profit corporation operating or planning to operate a project must have a certificate of incorporation unless it is operated under public auspices.

h.) AAC (212).

- (1.) A project operated by a non-profit corporation shall comply with AS 10.20.
- (2.) The board of directors shall adopt by-laws which shall provide for the constituency of the board, the manner by which officers are elected, terms of office, responsibilities of each office, frequency of meetings, the employment of an executive director or manager and his responsibilities, and for the development of a program and personnel policies for the management of staff and for the operation of the project.
- (3.) A project under public auspices shall have a governing body charged with the same responsibilities as those described for a non-profit corporation.
- (4.) A project sponsored by a multi-service parent agency shall be governed by the parent agency's board or by a committee or other structure established by the board and charged with the same responsibilities as those for the governing bodies indicated above.
- (5.) A project associated with a community mental health center shall have a governing body recognized by the administration of the mental health center. The governing body of such a unit shall have the same responsibilities required of the governing units described above. A project is associated with a community health center if it is related to the mental health center by administration, contractual arrangement, or other working agreement.
- (6.) For each project, final authority for administrative and other non-medical matters shall be vested in the board of directors or other governing body.

h.) Additional Specifications - AAC (212). (Continued)

- (7.) The governing body of a project other than those projects under the administration of a mental health center shall appoint a professional or technical advisory committee or similar structure which shall meet at stated regular intervals or at least be on call for meetings with the governing body for the latter's guidance in relation to special problems. Members of the governing body who have specialized knowledge and skills may serve on this committee. The manager or executive director and other professional members of the staff may attend these meetings.
- (8.) The executive director or manager shall carry full responsibility for the projects being administered according to the by-laws or the written policies of the board of directors.

i.) AAC (213).

- (1.) A project shall have a prearranged medical affiliation if medical services are involved. The affiliation shall be:
- * With a general or a mental hospital or a community health center, public or voluntary, which includes in its services a specialized treatment unit which commonly treats alcoholics;
 - * a written contractual arrangement with a medical facility whereby provision is made for meeting the medical needs of alcoholic patients;
 - * a written joint working agreement with a medical facility by which mutual services are provided;
 - * a written agreement with one or more physicians or psychiatrists in private practice; or
 - * with another resource or other resources not covered above but which assure the medical needs of the persons served.
- (2.) Contracts, agreements, and arrangements with a medical facility or a medical person shall specify the separate responsibilities and the extent of the individual participation in decisions for admission, discharge, special medical care, and other matters in which a medical opinion is required.

j.) Additional Specifications - AAC (214).

Definitions:

- (1.) "department" means the Department of Health and Social Services;
- (2.) "in-kind" contributions means real or personal property counted in lieu of cash as fulfilling the grantee's required portion of the total project;
- (3.) "grantee" means a non-profit corporation or a political subdivision of the state, or combination thereof, which receives funds from the department for the purposes of this program.

3. Judicial Notice

Alcoholic suffering from illness. The superior courts of this state may take judicial notice of the fact that an alcoholic is suffering from an illness and is in need of proper medical, advisory or rehabilitative treatment (147).

4. Acceptance of Funds

Department accept funds on behalf of state. The department may accept on behalf of the state and deposit, apart from other public funds, grants from the federal government or gifts or contributions from other sources to assist in carrying out its powers and duties (148).

5. Definitions

Terms defined.

- a. "Alcoholism" means a condition related to alcohol and concerns a physical compulsion which exists, coupled with a mental obsession (149).
- b. "Poverty area" means a district in which 15% or more of the population, based on the 1970 census data, falls under 125% of the Community Services Administration poverty guidelines (149).

VI. ADMINISTRATIVE AGENCIES ENGAGED IN ALCOHOL-RELATED ACTIVITIES

A. DEPARTMENT OF REVENUE

1. Collects excise tax monthly from persons engaged in liquor industry. Upon receipt of surety bond, issues license certificate authorizing sale of liquor in state, consignment of liquor to state (150).
2. Money collected for licenses issued under Title IV is deposited with Department, covered into general fund (81).
3. Receives revenue from sales of contraband in state (53).
4. If the officers of a borough or city fail to actively enforce its ordinances, U.S. laws, the laws of the state, and the regulations relating to the manufacture and sale of liquor in the state, the Commissioner of Revenue may deny the refund and no further money may be paid to the local governments until the enforcement of the laws and regulations is actively resumed (82).

B. ABC BOARD

1. In Department of Revenue; 5 members + director (two of which engaged in liquor business except wholesaler). Three-year terms, appointed by governor. Also see AS 39.05.060 and AS 44.62.330 (72).
2. Controls manufacture, barter, sale and possession; protects public health, safety and welfare. Prescribes terms and conditions of permits and licenses; issues, renews, transfers, revokes, or suspends licenses. (Director issues licenses.) Collects license fees - deposited into general fund. Provides for local option elections (72).

C. DEPARTMENT OF HEALTH AND SOCIAL SERVICES

1. Keeps current list of alcoholism programs/facilities; encourages standards of treatment; promotes education programs/activities; engages in research; utilizes community resources; administers community grant-in-aid program; submits annual report within 10 days start of legislature (144).

2. Department promulgates regulations to enforce 19.35.100. (Requiring taverns to have sanitary toilet facilities) (17).
3. Approves methods to be used when performing chemical analysis of blood to determine if person O.M.V.I. (102).

D. OFFICE OF ALCOHOLISM

1. Located in Department of Health and Social Services, headed by coordinator, appointed by Commissioner (121).
2. Created in 1972. Plans, creates, maintains, treatment programs and centers; works for improvement of existing programs; prepares and disseminates educational material, conducts alcohol-related research (121).

E. ADVISORY BOARD ON ALCOHOLISM

1. Located in the Department of Health and Social Services, 9 members include attorney, doctors, social worker; four-year terms, appointed by governor(128).
2. Advises Commissioner on mental health problems related to alcoholism, educational and research activities, social problems affecting rehabilitation, related legal processes, public relations programs (128).
3. Advises Department in awarding grants-in-aid (145).

F. INTERDEPARTMENTAL COORDINATING COMMITTEE

1. Has 6 members: 5 commissioners + coordinator; Commissioner of Health and Social Services Chairperson (127).
2. Coordinates information on alcohol-related programs. Serves as liaison among state departments concerned with alcohol problems (127).

G. VIOLENT CRIMES COMPENSATION BOARD

1. Located in Department of Health and Social Services; three members appointed by governor for staggered three-year terms. One member licensed medical or osteopathic physician, one attorney (151).
2. Holds hearing, issues orders and decisions; has full subpoena powers; promulgates, rescinds, amends regulations, develops standards for determination of compensation (151).
3. Research has established that there is high correlation between alcohol and criminal homicides, aggravated assault and other assault, forcible rape and other sex offenses (222).

H. BANK

May act under court order as trustee of habitual drunkard (118).

I. TRUST COMPANY

May act under court order as trustee of habitual drunkard (117).

J. DIVISION OF CORRECTIONS

(In Department of Health and Social Services.) Office of Alcoholism should cooperate with them in establishing and conducting programs to provide treatment for alcoholics and intoxicated persons in or on parole from penal institutions (123).

K. STATE MEDICAL BOARD

1. Located in Department of Commerce and Economic Development; five licensed physicians, appointed by governor, confirmed by legislature, four-year terms (152) (153).
2. Physician treating person who is licensed to practice medicine in state for alcoholism shall report it to board if he/she feels person may constitute danger to health and welfare of patients or public (119).

L. DEPARTMENT OF PUBLIC SAFETY

1. Issues I.D. cards to persons not having driver's license (for purpose of purchasing liquor) (13).
2. Investigates and reports to ABC Board any liquor law violations under Title 4 (56).
3. Office of Alcoholism should cooperate with them in establishing, conducting programs dealing with problem of persons O.M.V.I. (123).
4. Peace officer may arrest person without warrant when has cause to believe person committed crime of O.M.V.I. (105).
5. Administers law concerning O.M.V.I., including chemical analysis for blood alcohol content and penalties for O.M.V.I. (154).

M. MUNICIPAL GOVERNMENTS (City or Borough Governments).

1. May regulate alcoholic beverages as provided in AS 04.15.070. (23).
2. Along with non-profit corporation, other political subdivision of state, combination of, eligible for grant-in-aid (145).
3. City council must approve operation of beverage dispensary or retail liquor store when zoning prohibits sale (5).
4. May protest board's notice of intent to approve application for transfer, renewal, or new license (125).
5. When petitioned by 35% of voters, city council place question of whether liquor to be sold on ballot (local option) (27).
6. Municipalities may provide for additional closing hours of liquor establishments (24) (1).
7. City council or Borough assembly approve ABC board's designation of premises as restaurants for purposes of Title 4. (8).

8. Governing body of political subdivision may provide by ordinance for sales on election days (28).
9. Municipalities may by ordinance provide regulations governing barter, sale, possession (24).
10. No municipality may impose taxes other than property taxes on liquor inventories and sales taxes on liquor sales when these taxes are levied on other property and sales within the municipality (24).
11. Municipality may rule by local ordinance that liquor not be sold on boats, aircraft, and railroad buffet cars that are stationary (24) (42).

N. COURTS

1. Courts in General

- a. Issue order to bank to act as trustee, receiver, of estate of habitual drunkard (118).
- b. Issue order to trust company to act as trustee, receiver, of estate of habitual drunkard (117).
- c. Voluntary intoxication not be used as defense, however, jury take into consideration defendant's intoxication when particular motive, purpose, intent is necessary element in particular kind or degree of crime (98).
- d. No person may be detained at facility over 48 hours under Emergency Commitment Section, unless district or superior court judge has reviewed and approved commitment application (22).
- e. Upon conviction of a licensee for a violation of Title 4. or of a local ordinance, the judge having jurisdiction shall send notification of conviction along with a certified copy of the record of conviction to the ABC Board (22).

2. Superior Courts

- a. Take judicial notice that alcoholic suffering from illness, in need of proper treatment (147).
- b. May commit person to custody of Office of Alcoholism under "Involuntary Commitment" section. At request of person or representative, will summon jury of six (135).

3. District Courts

- a. District Court shall revoke license of person convicted for O.M.V.I. (104).
- b. Contested cases of O.M.V.I. may be taken to; courts may modify or nullify license revocation, if would cause extreme hardship to person (154).
- c. Issue warrant to Office of Alcoholism to inspect treatment facility refusing to consent to inspection or which office has cause to believe is operating in violation this chapter (125).

O. DEPARTMENT OF LABOR

Will not issue permit to conduct employment agency in connection with bar or intoxicating liquor dispensary (19).

P. DEPARTMENT OF EDUCATION

Office should cooperate with them in establishing programs for prevention and treatment and preparing school curriculum materials (123).

Q. DEPARTMENT OF LAW

Approves \$25,000 surety bond furnished by person engaged in liquor industry to Department of Revenue (89).

R. DEPARTMENT OF HIGHWAYS

Office of Alcoholism should cooperate with them in establishing, conducting programs dealing with problem of persons O.M.V.I. (123).

S. EMERGENCY SERVICE PATROL

1. Take person incapacitated by alcohol into protective custody (or police will), escort to approved facility or emergency medical service, or home (133).
2. Established by office, cities or boroughs; coordinator of Office of Alcoholism promulgate regulations for establishment, training, conduct of Emergency Service Patrol (139).

T. BOARD OF VOCATIONAL REHABILITATION

1. Board of Education which administers program of vocational education is designated as Board of Vocational Rehabilitation (155).
2. Board may cooperate with a federal agency, as provided and required by federal law for vocational rehabilitation. Board shall comply with federal laws and conditions to secure full benefit of federal vocational rehabilitation laws, and shall do all things necessary to entitle the state to receive benefits of the federal laws (155).
3. Any "handicapped individual" may qualify for vocational rehabilitation services and a person who suffers from alcoholism is included in the definition of a handicapped individual (155).
4. Office of Vocational Rehabilitation established under the Board of Vocational Rehabilitation; director appointed by the board (155).

U. DEPARTMENT OF COMMUNITY AND REGIONAL AFFAIRS

Conducts local option referendum elections in areas outside municipalities when 35 percent of the adult population requests the A.B.C. Board to deny the issuance, reissuance, renewal or transfer of a license (29).

PART THREE

VII. SUMMARY AND ANALYSIS OF STATE LEGISLATION

Given the fact that, since 1933, it has been the states' responsibility to regulate the sale and distribution of alcohol, one would expect to find a policy statement on alcohol in Alaska's statutes enacted at statehood. In fact, however, no such legislative policy exists in Title 4; it was left to the Supreme Court of Alaska to "discover" and enunciate the state's alcohol policy in Boehl v Sabre Jet Room Inc., 349 P2d 585 (Alaska 1960). Finally, in 1972, the legislature enacted the Uniform Alcoholism and Intoxication Act, which does contain a statement of policy. The policy of the Uniform Act, which follows, but broadens, the public inebriate laws, is to treat and rehabilitate those abusing alcohol, and to decriminalize alcoholism and intoxication. Because the Uniform Act contains the only clear statement of legislative policy, and reflects the most recent attitudes towards alcohol abuse, it is assumed for the purposes of this study that the policies of the Uniform Act are the policies of the state.

In addition to the stated purpose of the Act, five other inherent policies appear in the body of the Act, all reflecting the public health approach to alcohol abuse. First, alcohol abuse is to be treated comprehensively through research, educational programs, treatment programs and facilities, and cooperation among interested groups. Second, the State must respect the autonomy and decisions of the person being treated, unless that person is incapable of rational thought, in which case the function of the State is to protect his or her safety. Third, programs should reflect

the fact that alcoholics, intoxicated persons, and persons incapacitated by alcohol may have different needs. Fourth, treatment should occur at the local level whenever possible. Finally, the Uniform Act recognizes that, while alcohol abuse is an illness, it can also have direct social consequences from which the public must be protected.

What follows will be a summary of the purposes of Alaska's alcohol-related laws, and the relationship of those purposes to the policies of the Uniform Act. The actual effect in practice of these laws on the policies of the Uniform Act is beyond the scope of this section of the study, although those effects which necessarily result from the laws as written will be noted.

Each of the sections that follow are presented in sequence, corresponding to elements of the organizational scheme devised and utilized in PART TWO, roman numerals II to VI. Following each section heading below, and then as required for reference in the text, the appropriate roman numeral, alphabetic letter, and arabic number will be given in parentheses to designate the corresponding section in PART TWO.

STATEWIDE REGULATION (II.A.)

Statewide regulation is aimed at preventing alcohol abuse, protecting the public from some of the effects of alcohol, collecting revenue, and allowing local control. (Revenue and local control will be treated separately later.) Most of the regulations designed to prevent alcohol abuse attempt to do so by limiting the availability of alcohol as to time and place, and by limiting the number of licenses per capita. (II.A. 1., 2., and 4.) Other provisions deal more directly with alcohol abuse by prohibiting sales to intoxicated persons and minors (who are apparently presumed to be incapable of exercising good judgment in this matter), sales on credit, and the procurement of sales by employees or others. (II.A.3.)

Whatever the effectiveness of these preventative measures may be, they are theoretically compatible with the Uniform Act's policy of treating and preventing alcohol abuse. Further studies of the relationship between consumption patterns and the actual abuse of alcohol may indicate which regulatory measures would be most effective in preventing and treating abuse.

Other statewide regulations are more concerned with protecting "the public welfare" than with preventing alcohol abuse. The "public welfare" may refer to the health of those who drink, whether in moderation or otherwise (e.g., the requirement that toilets be installed in restaurants and taverns; II.A.6.), or an unrelated public interest (e.g., voting; II.A.2.), or the sensibilities of those who do not consider alcohol appropriate to certain occasions (e.g., the prohibition against sales near churches; II.A.2.). None of these provisions conflicts with the Legislature's policy of treating alcohol abuse; some may further it by discouraging consumption under certain circumstances, while others simply deal with other issues related to alcohol consumption.

LOCAL CONTROLS (II.B.)

The purpose of these provisions is to allow localities to implement their own policies concerning the availability of alcohol, although provisions specifically aimed at preventing alcohol abuse are also possible (II.B.1.-3.). Furthermore, localities may apply their knowledge of local conditions by protesting the sale, renewal or transfer of liquor licenses (II.B.2.). Allowing local control could in some states result in transferring the problems associated with alcohol to a nearby locality, a result which would be inconsistent with the spirit of the Uniform Act's policy of treating alcohol abuse. Such a result is, however, currently less likely in Alaska given the distribution of the population within the

state, although it could become a problem as population increases and contiguous municipalities are formed. Local controls which take advantage of the knowledge of local conditions may encourage compliance with regulations which tend to prevent abuse; e.g., the provision allowing municipalities to protest licenses could encourage local bars to enforce regulations which prohibit sales to minors or intoxicated persons.

One of the major forms of local control is the option to go "dry." Currently, an incorporated municipality may elect to prohibit sales within its boundaries, and such an election must be held in incorporated cities which had no licensed premises on June 19, 1976, before a license may be issued in that city (II.B.2.b.). In remote areas--those which are more than 50 miles from the boundaries of an incorporated city--no license may be issued until a petition is filed with the A.B.C. Board (II.B.3.b. and c.).

While the local option is a powerful form of local control, it may have an adverse effect on the problems of alcohol abuse. Even in "dry" communities, possession and consumption of alcohol and attendant abuse problems are still possible; nevertheless, the community cannot receive a refund of liquor license fees, because such fees are not collected within the municipality. Therefore, a "dry" community may need money for law enforcement costs associated with alcohol abuse, and yet lose the revenue to pay for such needs. In short, the current method of sharing license fee revenues tends to discourage a community from exercising the option to go "dry."

Another potential form of local control--special local taxes on beverage alcohol--is apparently prohibited by statute (II.B.1.b.). As a result, municipalities are not able to equalize the income from the sale of alcohol and the costs to the city associated with it. Local treatment centers, which are encouraged by the Uniform Act, are limited by the

amount of State and Federal money available, as well as the money available for local match funds. While this may be a result of the State's desire to insure compliance with State laws, it is likely that municipalities would comply with these laws in order to receive State money in any case. Therefore it appears that the prohibition on special local liquor taxes impedes the development of local treatment centers, and is therefore in direct contradiction to the Uniform Act's policy. While it has been suggested that a special local liquor tax could be levied in the guise of a general sales tax which exempted everything but alcohol, such a law, even if it withstood legal challenge, would be very difficult to write. And, of course, the Legislature should not rely on the ingenuity of the municipalities to circumvent a law written by that same Legislature.

LICENSING (II.C.)

Aside from the collection of revenue, which will be discussed later, the regulation of liquor licenses is governed by two concerns. First, the amount of the license fee appears to depend on the amount of income received for sales of alcoholic beverages (II.C.2.). Bars, for instance, must pay a higher fee than restaurants selling beer, wine and food. The differences in licensing fees could be based on the different law enforcement problems associated with different establishments; bars, for instance, would presumably have more problems with maintaining order than restaurants serving beer and wine with meals would. However, the overall fee structure--including, for instance, the fact that common carriers, who have no impact on communities they are passing through or over, must license each alcoholic beverage dispensary--suggests that economic concerns have more impact on the fee structure than law enforcement problems do.

The second purpose of the licensing provisions is to make licensees

responsible to the community. For this reason, the licensee is required to enforce the liquor regulations and conduct his or her business within the provisions of Title 4 (II.C.3.-6.). Furthermore, public notice is required, and protests allowed in licensing procedures, so that the opinions of the community may be considered (II.C.3.). Such control over the behavior of licensees can aid the prevention and treatment of alcohol abuse by encouraging compliance with other provisions designed for that purpose--e.g., the provision prohibiting sales to intoxicated persons--if the state actually enforces those provisions.

THE ABC BOARD (II.D.)

Essentially, the ABC Board regulates the business of liquor sales. For this reason, two of the five members of the Board are members of the liquor industry--membership by a person with a public health background is not required (II.D.1.b.(1.))--and provision is made for reports by wholesalers, reports of stock ownership transfer or licensed corporations, and the like (II.D.3.b.(8.)). However, the ABC Board also has the duty of minimizing the impact which the sale and consumption of alcohol has on the public, and for this reason enforces laws designed to prevent deceptive sales (II.D.2.b.), to keep licensees from criminal connections and practices (II.D.2.b.), and to preserve public order in places where liquor is sold (II.D.3.b.). The ABC Board does not deal directly with problems caused by alcohol abuse, except insofar as those provisions designed to keep order tend to prevent abuse. A clear indication by the Legislature that alcohol is to be treated as a dangerous drug might allow the ABC Board to promulgate regulations dealing with the sale and consumption of alcoholic beverages which were specifically aimed at treating and preventing alcohol abuse. Also, a substantial

organizational link with alcoholism and alcohol abuse service agencies would provide the necessary knowledge for such regulations.

REVENUE-LICENSES (III.A.)

As noted in the summary of licensing laws (II.C.), the amount collected from license fees is apparently determined by business needs and considerations rather than the social costs resulting from the sale of alcohol. Nevertheless, the fees collected within cities and organized boroughs are refunded to those cities and boroughs after being deposited in the general fund (II.A.1. and 2.). In order to receive these fees, the cities and boroughs must enforce their own ordinances as well as the State's liquor regulations (III.A.2.)--a condition that strongly suggests that the refund is intended to offset local law enforcement costs resulting from alcohol consumption. This procedure is not a "dedication" of funds, which is prohibited by Article IX, Section 7 of Alaska's Constitution, but rather a revenue-sharing plan with conditions attached.

This sharing of license fee revenue relates to the Uniform Act in two ways. First, law enforcement agencies often help intoxicated or incapacitated persons to treatment centers. Second, local police can enforce local and state laws which reduce or prevent abuse; e.g., laws against sales to minors or inebriated persons. License fee revenues will probably not, however, have much impact on local treatment centers, since the refunds are so small that they would probably not exceed alcohol-related law enforcement costs.

REVENUE-TAXATION (III.B.)

Most of the provisions in this section are designed to ensure that the excise tax is actually collected. The tax itself appears to be a general revenue measure, similar to taxes on other luxury goods. The

relationship of the excise tax to the Uniform Act's policy of preventing and treating alcohol abuse depends on the extent to which the taxes collected are actually used to defer the costs engendered by alcohol abuse (see Volume I). Since the Legislature, in passing the Uniform Act, recognized that alcohol, unlike many other luxury goods, has a strong impact on public health and safety, the excise tax should reflect this assumption if the State's alcohol policy is to be cohesive. Little attention, however, has been given the excise tax, or its relationship to alcohol abuse, since the tax was last increased in 1961. Despite dramatic increases in the cost of living in the last fifteen years, the excise tax has remained stable. One can only conclude that alcohol is still viewed as a luxury in the tax structure, despite the fact that other parts of the law treat alcohol as a public health hazard.

The excise tax could be used to defer the social costs of alcohol abuse, or as a way of controlling consumption and possibly abuse of alcohol. The details of these two approaches are discussed elsewhere in this study (see Volumes IV and V), but both approaches would be consistent with the Uniform Act's emphasis on prevention and treatment of alcohol abuse. It should be noted that Article IX, Section 7, of Alaska's Constitution prohibits dedication of the excise tax on beverage alcohol, but this provision would not prevent the Legislature from considering the social costs of alcohol consumption in setting the excise tax rate.

CRIMINAL SANCTIONS (IV.A.)

Most criminal statutes dealing with alcohol are designed to deter intoxicated persons from doing certain acts which would not otherwise be criminal, but which require enough judgment and skill to be dangerous to the public if done by an intoxicated person (IV.A.2. and 4.). The

primary purpose of these statutes is to deter a person who is already intoxicated from engaging in the prohibited activities. These statutes do not conflict with the Uniform Act's decriminalization of intoxication because it is the activities which are prohibited, not the mere state of intoxication.

Other criminal statutes deal with the effects of intoxication on acts which would be crimes even if the person were sober (IV.A.1. and 5.). The purpose of these statutes is to ensure that the defendant is not able to escape or reduce the consequences of his acts by raising his intoxication as a defense. These statutes do not conflict with the Uniform Act's decriminalization policy; the Legislature is simply ensuring that criminal acts remain criminal, even when committed by an intoxicated person.

Both types of criminal statutes, however, may conflict with the Uniform Act's treatment policy. A person who commits a crime while intoxicated may simply be punished by incarceration. While jails are required to have treatment facilities in order to qualify for certain federal funds, it is possible that in many cases the underlying alcohol problem would be treated more effectively in a local treatment center. In contrast, AS 47.37.190 provides for involuntary commitment to the custody of the Office of Alcoholism when an alcoholic has committed an assault and is likely to do so in the future, and AS 47.37.180 provides for emergency commitment of an intoxicated person under the same circumstances. Therefore, an intoxicated person or alcoholic who commits an assault could find himself in the custody of the Office of Alcoholism or in a jail. In short, whether or not the Legislature's policy of treating alcohol abuse is carried out depends on whether the offender is "processed" through the Uniform Act's provisions or the criminal justice system, and if the latter occurs, the type of sentence which is given. Despite the inter-

relationship of crime and alcohol (Volume IV), the Legislature has not indicated the course which the courts and treatment agencies are to follow in dealing with alcohol-related crime, nor provided a mechanism through which courts and the treatment agencies could coordinate their efforts.

CIVIL DISABILITIES (IV.B.)

Most of the statutes covering civil disabilities arising from alcohol abuse are designed to protect either the person abusing alcohol or other persons. These statutes do not conflict with the decriminalization of intoxication, nor do they interfere with treatment programs except insofar as it is necessary to protect the mental and physical health of others; e.g., in divorces. However, two statutes--that denying Workman's Compensation where the injury was caused solely by the intoxication of the employee, and that allowing a similar restriction in disability insurance policies--may make treatment more difficult by leaving a disabled alcohol abuser without financial resources. Unless these restrictions are necessary for the solvency of the insurance program, or in fact do deter alcohol-related accidents, their only purpose seems to be to punish people who abuse alcohol since simple negligence of other illnesses which cause accidents does not preclude recovery.

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT (V.A.)

The Uniform Act itself first sets up an administrative structure to formulate and implement educational, prevention and treatment programs. Much of the Act, however, outlines the procedures to be followed in admitting or committing a person to these programs, and reflects an attempt to reconcile the need for public order with the rights and needs of the person abusing alcohol. Because these procedures are complex, they will be summarized here.

First, the Act expresses a clear preference for voluntary treatment programs for alcoholics (V.A.3.a.). Due to the nature of alcohol abuse, however, provisions have also been made for emergency treatment (V.A.3.b.). A person who is intoxicated in public may be taken home, to a treatment facility, or to a detention facility if no treatment facilities are available and kept there for no more than twelve hours. (The Model Uniform Act does not consider detention facilities appropriate; the change was apparently due to current conditions in Alaska.) If the person is incapacitated by alcohol in public, he or she must be taken to a treatment or medical facility (or detention center if necessary for the person's safety), and kept there until no longer incapacitated, but in any case no longer than 48 hours. These provisions essentially replace the former practice of putting intoxicated persons in jail to "dry out."

There are also provisions for emergency commitment where an intoxicated person has committed an assault, or is likely to, or is incapacitated by alcohol, though not necessarily in public (V.A.3.c.). The purpose of these provisions is to prevent an intoxicated person from harming himself or others without putting him in jail. Nevertheless, since the person is not voluntarily seeking treatment, a statement of facts by the person seeking the commitment and a physician's statement are required. The maximum length of an emergency commitment is 48 hours, unless the application is approved by a judge, in which case there is a five-day maximum; or unless a petition for involuntary commitment has been filed within five days, in which case the maximum is ten days after the petition is filed (V.A.3.c.).

Finally, the Uniform Act provides for involuntary commitment of alcoholics (V.A.3.d.). The requirements for this procedure are rather

stringent. First the person must be proven to be an alcoholic--one who habitually lacks self-control in using alcohol, or uses alcoholic beverages to the extent that his or her health, social, or economic function is substantially impaired. Secondly, the person must be incapacitated by alcohol (incapable of making a rational decision about treatment) or have committed an assault, and be likely to do so in the future. Furthermore, a court must hear the petition for involuntary commitment, while a petition for emergency commitment is decided by the treatment facility administrator. A person may not be committed unless treatment is available, and is committed for a maximum of 30 days, with two 90 day recommitments possible. Alaska did, however, make some rather strange changes in the Model Uniform Act in this area. In both the Model Act and Alaska's statutes, a person committed because he or she was likely to commit an assault must be discharged when he or she is no longer an alcoholic, or no longer likely to commit an assault. Under Alaska's statute, such a person must also be discharged if further treatment is no longer adequate or appropriate (V.A.3.d.(9.)). These latter two are the circumstances under which the Model Uniform Act requires a person committed because of incapacity to be discharged, and Alaska makes no provision for the early release of a person who was merely incapacitated by alcohol. The result is that a person who was merely an incapacitated alcoholic may have no right to a release before 30 days, but an alcoholic who committed an assault would. It is possible that alcoholics who have committed assaults are given more grounds for early release because they are still liable to criminal prosecution. Nevertheless, it would seem that some provision for early release of an alcoholic committed for incapacity should be made, if the Act's preference for voluntary treatment

is to be carried out.

There is another apparent internal inconsistency in the Uniform Act. Although the Act in general emphasizes local treatment, custody in an involuntary commitment is given to the Office of Alcoholism rather than the local treatment centers. This may present problems in a State as large as Alaska, where the Office of Alcoholism is a great distance from many localities.

ALCOHOLICS--TITLE 4 (V.B.)

The main purpose of the provisions in this section is to implement the grant-in-aid program. The grant-in-aid program itself is intended to encourage and facilitate the operation of local treatment programs. Such programs not only allow localities to experiment with different types of treatments, but also keep the person being treated in the community near his family and work. This emphasis on local treatment is clearly consistent with the policy of the Uniform Act, although it is undermined by the prohibition against special local liquor taxes and problems with the local option to go dry which were discussed earlier.

ADMINISTRATIVE AGENCIES AND OTHER PUBLIC AGENCIES (VI.)

The agencies of primary concern are the ones mentioned as having some sort of administrative responsibility, in any of the statutes reviewed. An overview listing of these agencies and primary alcohol-related responsibilities, as identified in the statutes, produces twenty major organizational entities. All are in some way concerned with alcohol and its social consequences and each would fall into one of three general categories. In the first group would be those whose connection with alcohol is incidental to their main functions, while the second group is significantly involved with the prevention and treatment of alcohol abuse. The third group

would be public bodies whose concern is with the public safety in general, but is in fact extensively involved with the social consequences of alcohol consumption and abuse.

It is obvious that--when various aspects of the general social and material welfare of the state as a collectivity and the welfare of each of the residents, are considered (on the basis of each of the statutes reviewed)--the Legislature has seen the need to account for the potential and predictable consequences of alcohol abuse. The recognition of the pervasiveness of the consequences of alcohol abuse and alcoholism is easily demonstrated by the listing of the twenty major categories of organizational entities. However, even a cursory examination of the twenty entities reveals the shortcomings of this organizational presentation. Each of the entities has in fact many more administrative and bureaucratic subdivisions, many of which act independently of one another (e.g., municipal governments are listed as one entity; similarly, the courts are listed as one entity). Obviously, the number of separately administered agencies that have legislative directives concerning sale and consumption of beverage alcohol is more than twenty.

As has been noted in previous sections of this overall review, there has been no truly clear definition of policy by the Legislature that would serve to link the responsibilities of each of the agencies in a cohesive and meaningful fashion. A weak attempt at something of this sort was mentioned in the Uniform Act, whereby one of the provisions specifies the formation of an Interdepartmental Coordinating Committee that includes a small subset of the above agencies. The responsibility for the operation of this committee rests with the Department of Health and Social Services, whose Commissioner is Chairman of the Committee. It

would seem, then, that to the extent that legislative policy regarding alcohol abuse and alcoholism is specified or inferred by the various statutes, administrative responsibility for coordination is in the hands of the Commissioner of Health and Social Services and the Coordinator of the Office of Alcoholism.

In addition, the limited perspective given to this Committee is evidenced not only by its composition but by its duties. In referring to interdepartmental coordination, only the Departments of Education, Highways, Labor and Public Safety, are mentioned in addition to Health and Social Services. Further, the Committee is charged to operate within the policy set out within the Uniform Act.

It is clear now that the policy set out in the act is only concerned with dealing with the consequences of alcoholism and alcohol abuse. The membership of the Committee also reflects this same view. No representation is required of agencies dealing with the control and regulation of the availability and consumption of alcohol, nor the financial revenues and expenditures regarding sale, consumption and abuse of alcohol.

VII. CONCLUSION

Despite the resurgence of Federal interest in alcohol abuse in the 1960's, the primary responsibility for formulating an alcohol policy rests on the states. In Alaska, the Legislature did not meet this responsibility until 1972, fourteen years after Statehood, and even then the Legislature's statement of policy was merely added to the statutes, with little regard for its relationship to other laws.

In passing the Uniform Alcoholism and Intoxication Treatment Act in 1972, the Legislature chose to attack the problems of alcohol abuse from a public health perspective. The Uniform Act attempts to solve the

problem of alcohol abuse by preventing it, and treating those who already abuse alcohol, rather than by relying on the criminal justice system to deter abuse per se. However, other laws which originated in the social climate prevailing immediately after the repeal of National Prohibition have not been changed to reflect the public health orientation of the Uniform Act.

Statewide regulations, licensing procedures, and the ABC Board emphasize an economically stable liquor industry, divorced from criminal activities, but do not treat alcohol as a dangerous drug. The effects of alcohol are treated as a public health hazard, yet little is done to control the sale of the substance itself.

Local governments, which could develop programs to deal with alcohol abuse, are in many cases left without the resources to do so. The excise tax, a potentially powerful force in controlling the consumption of alcohol, reflects a view of alcohol as a mere luxury rather than a public health hazard. Furthermore, some of the State's insurance provisions still suggest a punitive approach to the deterrence of alcohol abuse. One can, of course, live with inconsistencies; but the inconsistency in this case makes it difficult for different state agencies which deal with alcohol-related problems to coordinate their efforts. If the State is to deal with alcohol-related problems as efficiently as possible, some attempt must be made to form a cohesive alcohol policy.

One of the major policy conflicts involves the control of sales on one hand and the control of abuse on the other. The ABC Board and statewide controls do not treat alcohol as a dangerous drug, while the Uniform Act assumes that it is. If alcohol were officially designated as a dangerous drug, the ABC Board would have stronger grounds for implementing sales regulations which discourage abuse when such control measures are

identified by scientific research. Because of the vital role of the ABC Board in controlling sales of alcohol, the Legislature should also consider requiring at least one member to have experience with the prevention and treatment of alcohol abuse.

Because the Legislature has delegated some of its power to control the sale of alcohol to the municipalities, some changes in the laws need to be made in order to help them exercise that power. If municipalities are to carry some of the State's burden in this area, they must be given the means to do it effectively. The first problem is the local option to go "dry." The current system of license fee rebates tends to discourage municipalities from exercising that option. Several alternatives are available. If the Legislature wants to spend more money on treatment and abuse, the license fee revenue could be used for the grant-in-aid program. If the Legislature wants to continue to direct the money to alcohol-related law enforcement costs, the money could be divided among the municipalities on the basis of population or some other formula which gave "dry" communities at least some of this revenue. In order to discourage the importation of alcohol into "dry" communities, the Legislature should also consider prohibiting common carriers from transporting alcohol from one part of the state to a "dry" community in the state. The second problem is the prohibition against special local liquor taxes. If the localities are to be innovative in developing methods of controlling alcohol abuse, or even be able to meet their needs in this area, they should not be denied special local liquor taxes. Allowing such taxes would enable localities to experiment with tax as a way of controlling consumption, as well as of providing money for local treatment and prevention programs, and would provide a realistic alternative for local responsibility for alcohol problems other than exercise of the local option.

The State's taxing power is also relevant to a cohesive alcohol policy. While a fuller discussion of the role the excise tax can play in controlling alcohol abuse or paying for its social cost is found in Volumes IV and V of this study, it can be said at this point that the stability of the excise tax during the last fifteen years, when compared with dramatic increases in the consumer price index, has resulted in a relative decline in alcohol prices (in excess of 40% since 1970, Volume IV). In effect, the Legislature has subsidized the liquor industry. This treatment of alcohol as a mere luxury and source of general revenue is inconsistent with the Uniform Act's treatment of alcohol as a danger to public health.

In addition to a reluctance to control sales, some of the current statutes also reflect a punitive response to alcohol abuse which is inconsistent with the Uniform Act's emphasis on prevention and treatment. Both Workman's Compensation and private disability insurance can be denied one, if his or her injuries resulted from his or her intoxication. If these provisions are not necessary for the solvency of the fund or do not in fact deter abuse, consideration should be given to allowing compensation, at least if the compensation were used for treatment and vocational rehabilitation purposes. In the area of insurance, the State should also consider requiring alcoholism to be covered as a primary diagnosis in the health insurance and health care payment plan for carriers in the state. This would allow treatment of alcoholism as such before the effects of the disease required more extensive (and probably expensive) medical intervention.

The punitive approach to alcohol abuse also seems to have found its way into Alaska's changes in the Uniform Act itself. While the Act as a whole favors voluntary treatment, and provision is made for the early

release of one involuntarily committed on grounds of assault, no such provision is made for involuntary commitment on grounds of incapacity in Alaska's version of the Uniform Act. If there was a good reason for this change, it is not readily apparent. If it is a result of an oversight, the law should be changed. In addition, involuntary commitment proceedings allow an easy change to voluntary status during the proceedings, which typically results in voluntary entry to treatment and then voluntary exit almost immediately. Obviously, the intent and use of the involuntary commitment alternative has been effectively eliminated. Consideration should also be given to another modification of the Uniform Act. Currently a person is committed to the custody of the Office of Alcoholism, while the emphasis on local treatment would be better served if the local treatment center had custody.

Finally, it should be obvious that a cohesive alcohol policy will not be effective unless administrative efforts are coordinated. While cooperation among all state agencies is desirable, the three most important are the ABC Board in regulating sales, the Department of Health and Social Services and Office of Alcoholism in preventing and treating abuse, and the criminal justice system (including the Courts, Division of Corrections, and Parole Boards) in protecting the public and rehabilitating offenders who abuse alcohol. Requiring at least one member of the ABC Board to have a public health background in alcoholism would help coordinate sales, prevention and treatment policies. In addition, representation of the ABC Board on the Interdepartmental Coordinating Committee is essential. The possibilities for interaction between the Office of Alcoholism and the criminal justice system include cooperation in sentencing and parole procedures, although specific recommendations should come from the people who would be involved. Perhaps the greatest aid to interdepartmental

cooperation, however, will be the formulation at the legislative level of a clear and coherent alcohol policy.

In brief, the inconsistencies in current laws fall into three categories. First, the conflict between a punitive and a health-oriented alcohol policy still exists in insurance provisions, the Uniform Act's provisions for early release, and the lack of communication between the courts and treatment agencies. Second, the State has delegated some of its responsibility to municipalities, while at the same time making it more difficult for them to meet that responsibility; e.g., the license fee rebate system which discourages the local option, the prohibition on special local liquor taxes, and the failure to allow commitment to local treatment centers. Finally, and perhaps most importantly, controls on the sale of alcohol through the ABC Board and the excise tax are totally divorced from the prevention and the treatment of alcohol abuse. The Legislature must make some adjustments in these three areas if it is to fulfill its responsibility for developing a cohesive alcohol policy.

PART FOUR

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| (175) 15 AAC 20.260. | (200) 7 AAC 30.040. |
| (176) 15 AAC 20.150. | (201) 7 AAC 30.050. |
| (177) 15 AAC 20.170. | (202) 7 AAC 30.060. |
| (178) 15 AAC 20.270. | (203) 7 AAC 30.070. |
| (179) 15 AAC 20.180. | (204) 7 AAC 30.080. |
| (180) 15 AAC 20.020. | (205) 7 AAC 28.010. |
| (181) 15 AAC 20.140. | (206) 7 AAC 28.020. |
| (182) 15 AAC 20.190. | (207) 7 AAC 28.030. |
| (183) 15 AAC 20.050. | (208) 7 AAC 28.040. |
| (184) 15 AAC 20.130. | (209) 7 AAC 28.050. |
| (185) 15 AAC 20.010. | (210) 7 AAC 28.060. |
| (186) 15 AAC 20.120. | (211) 7 AAC 28.070. |
| (187) 15 AAC 20.040. | (212) 15 AAC 20.080. |
| (188) 15 AAC 20.030. | (213) 15 AAC 20.090. |
| (189) 15 AAC 20.210. | (214) 15 AAC 20.100. |
| (190) 15 AAC 20.060. | |
| (191) 15 AAC 20.090. | |
| (192) 15 AAC 20.220. | |

FEDERAL LAW REFERENCES

- (215) P.L. 89-564, 80 STAT. 731, 736 (1966).
- (216) P.L. 90-222, 81 STAT. 672, 697 (1967).
- (217) P.L. 91-177, 83 STAT. 827, 829 (1969).
- (218) P.L. 90-574, 82 STAT. 1005, 1006 (1968).
- (219) P.L. 91-211, 84 STAT. 54, 57, (1970).
- (220) P.L. 91-616, 84 STAT. 1848 (1970).
- (221) P.O. 93-282, 88 STAT. 125 (1974).

OTHER REFERENCES

- (222) "The Economic Cost of Alcohol Abuse and Alcoholism", 1971.

X. APPENDICES

- A. CHRONOLOGY OF STATE AND FEDERAL TREATMENT LEGISLATION.
- B. LISTING OF ALASKA STATUTES RELATING TO ALCOHOL AND ALCOHOL ABUSE
- C. DIGEST AND SUMMARY OF FEDERAL LEGISLATION RELATING TO ALCOHOL ABUSE AND ALCOHOLISM
- D. ALASKA UNIFORM ALCOHOLISM TREATMENT AND INTOXICATION ACT

APPENDIX A CHRONOLOGY OF STATE AND FEDERAL TREATMENT LEGISLATION

CHRONOLOGY OF STATE AND FEDERAL TREATMENT LEGISLATION

FEDERAL	DATE	STATE
<u>Supreme Court Decisions</u> Easter V. District of Columbia and Driver V. Minnert: Held that because alcoholism is an illness, a homeless alcoholic could not avoid being drunk in public and therefore could not be punished for his or her public intoxication.	1966	Advisory Board on Alcoholism created in Department of Health & Social Services (A.S. 44.29.030.-080.)
		Powers and duties of Department of Health & Social Services concerning alcoholics & alcoholism set forth in "Article 4. Alcoholics." (A.S. 47.30.470.)
		Superior Courts instructed to take judicial notice: "The Superior Courts of this State may take Judicial Notice of the fact that an alcoholic is suffering from an illness and is in need of proper medical, advisory or rehabilitative treatment." (A.S. 47.30.480, under "Article 4. Alcoholics".)
		Department of Health & Social Services authorized to accept grants and contributions on behalf of the State: "The Department may accept on behalf of the State and deposit, apart from other public funds, grants from the Federal Government or gifts or contributions from other sources to assist in carrying out the powers and duties of the Dept." (A.S. 47.30.490., under "Article 4. Alcoholics.")
		Alcoholism defined as "a condition related to alcohol and concerns a physical compulsion which exists, coupled with a mental obsession." Alcoholic defined as "a person who chronically and habitually uses alcoholic beverages to the extent that he or she loses the power of self-control with respect to the use of alcoholic beverages; or a person who chronically and habitually uses alcoholic beverages to the extent that he or she becomes a menace to the public morals, health, safety or welfare." (A.S. 47.30.500, under "Article 4. Alcoholics".)

CHRONOLOGY OF TREATMENT LEGISLATION

FEDERAL	DATE	STATE
	1967	Advisory Board membership increased from five to nine members. (A.S. 44.29.040.)
		Position of Alcoholism Program Coordinator added under Advisory Board Statute (A.S. 44.29.090.)
District of Columbia Alcoholism Rehabilitation Act (P.L. 90-452). First legislative consideration in which alcoholism viewed as an illness and public intoxication no longer handled as a criminal offense.	1968	
Alcoholic Rehabilitation Act of 1968 (P.L. 90-574). First Federal Law dealing specifically with the treatment of alcoholism on a national basis. Congress declared in that Act that "The handling of chronic alcoholics within the system of Criminal Justice perpetuates and aggravates the broad problem of alcoholism whereas treating it as a health problem permits early detection and prevention of alcoholism and effective treatment and rehabilitation, relieves police and other law enforcement agencies of an inappropriate burden that impedes their important work, and better serves the interests of the public."		

CHRONOLOGY OF TREATMENT LEGISLATION

FEDERAL	DATE	STATE
	1969	
Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616). Another name for this is The Hughes Act. * Established NIAAA in National Institute of Mental Health. * Authorizing increasing formula grants to States to assist them in planning and establishing programs for FY '71, '72 & '73. - Grants allotted to States on basis of population, financial need, and need for prevention, treatment and rehabilitation services. - In order to qualify for grant, State must submit State Plan within which is designated single State Agency. * Hospitals receiving Federal Funds for alcohol treatment programs must treat alcohol abusers and alcoholics. * Provide for establishment of treatment and rehabilitation programs for federal civilian employees.	1970	Grant-In-Aid Program added under "Article 4. Alcoholics." (A.S. 47.30.475.) Stipulation that Department of Health & Social Services submit an annual report concerning Alcoholism in Alaska and the Grant-In-Aid Program within 10 days after the convening of the Legislature added under "Article 4. Alcoholics." (A.S. 47.30.470.(7).)

CHRONOLOGY OF TREATMENT LEGISLATION

FEDERAL	DATE	STATE
	1971	
	1972	State adopted Uniform Alcoholism and Intoxication Treatment Act (A.S. 47.37.010.-270.) * Contains legal framework within which to approach alcoholism and public intoxication from a health standpoint. * Establishes policy that alcoholics and intoxicated persons not be criminally prosecuted for consumption of alcoholic beverages and that they be afforded a continuum of treatment so they may lead normal lives as productive members of society. (A.S.47.37.010.) * Creates Office of Alcoholism within the Department of Health & Social Services. (AS 47.37.020.) * Creates Interdepartmental Coordinating Committee. (A.S. 47.37.050) * Establishes Advisory Board on Alcoholism in Department of Health & Social Services (A.S. 47.37.060.) and repeals former Advisory Board Statute (A.S.64.29.040.) * Sets forth definitions, including definition for alcoholic and repeals former definition of alcoholic under "Article 4. "Alcoholics." ~~Article 4. "Alcoholics." (A.S. 47.37.070.)~~ New definition of alcoholic - "A person who habitually or uses alcoholic beverages to the extent that his or her health is substantially impaired or endangered, or his/her social or economic function is substantially disrupted. (A.S. 47.37.270.(a).) * Repeals Public Drunkenness Statute (A.S. 11.45.032.)
Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Amendments of 1972 (S. 1165) passed by Senate on June 21, 1973.	1973	

CHRONOLOGY OF TREATMENT LEGISLATION

FEDERAL	DATE	STATE
Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974 (P.L. 93-282) passed by Congress in May of 1974. * Extends through FY 1976 the State formula grant program originally authorized by the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616). FY 1973 Formula Grant Authorization of \$80 million had been extended for one additional year, through Fiscal 1974 by P.L. 92-564, approved October 25, 1972. P.L. 93-282 extends it for two more years, maintaining the annual authorization level at \$80 million. * Extends Contract and Project Grant Authority of P.L. 91-616 for additional three years, through Fiscal 1976. * Adds new special grant authority providing additional allotment of \$100,000 plus 10% of its formula allotment for each State which has adopted the Uniform Act, or legislation similar to it. * Prohibits public or private general hospitals receiving Federal funds from discriminating in their admissions or treatment policies against any person solely because of the persons alcohol abuse or alcoholism. * Takes NIA out of NIMH and puts it into Department of Health, Education and Welfare.	1974	

APPENDIX B LISTING OF ALASKA STATUTES RELATING TO ALCOHOL AND ALCOHOL ABUSE

- 02.30.030 Reckless operation (AERONAUTICS)
- 04.05.010 - 04.20.010 (ALCOHOLIC BEVERAGES)
- 05.25.060 Prohibited operation (AMUSEMENT AND SPORTS)
- 06.05.180 Powers as trustee authorized (BANKS AND FINANCIAL INSTITUTIONS)
- 06.25.140 Estates of incompetents (BANKS AND FINANCIAL INSTITUTIONS)
- 08.64.336 Duty of physicians to report (BUSINESS AND PROFESSIONS)
- 08.64.380 Definitions (BUSINESS AND PROFESSIONS)
- 09.35.087 Exemption for liquor licenses (CODE OF CIVIL PROCEDURE)
- 09.55.110 Grounds for divorce (CODE OF CIVIL PROCEDURE)
- 11.15.070 Physician administering poison or doing act resulting in death while intoxicated (CRIMINAL LAW)
- 11.45.032 Public drunkenness (CRIMINAL LAW) [REPEALED]
- 11.55.070 Possession of firearm while under influence of intoxicating liquor or drug (CRIMINAL LAW)
- 11.60.170 Places where gambling or unlicensed liquor traffic conducted as nuisances (CRIMINAL LAW)
- 11.70.030 Intoxication as defense (CRIMINAL LAW)
- 12.25.033 Grounds for arrest by peace officer without warrant (CODE OF CRIMINAL PROCEDURE)
- 18.35.100 - 18.35.120 Toilet facilities required (HEALTH AND SAFETY)
- 18.65.310 Identification cards (HEALTH AND SAFETY)
- 18.67.010 (Chapter 67) Violent crimes compensation board (HEALTH AND SAFETY)
- 21.51.260 Intoxicants and narcotics (INSURANCE)

- 23.10.355 Persons under 19 (LABOR AND WORKMEN'S COMP.)
- 23.15.420 Limitations on conduct of employment agencies (LABOR AND WORKMEN'S COMP.)
- 23.30.080 Employer's failure to insure (LABOR AND WORKMEN'S COMP.)
- 23.30.235 Cases in which no compensation is payable (LABOR AND WORKMEN'S COMP.)
- 23.30.120 Presumptions (LABOR AND WORKMEN'S COMP.)
- 25.05.111 Issuance of license (MARITAL AND DOMESTIC RELATIONS)
- 28.15.210 & 28.15.260 Mandatory revocation of license (MOTOR VEHICLES)
- 28.35.030 - 28.35.034 Driving while under the influence of intoxicating liquor or drugs (MOTOR VEHICLES)
- 29.48.035 Regulatory powers (MUNICIPAL GOVERNMENT)
- 39.05.060 Appointment, qualifications, and terms of office of members of departmental boards, councils, or commissions. (PUBLIC OFFICERS AND EMPLOYEES)
- 43.60.010 - 43.60.040 (Chapter 60) Excise tax on intoxicating liquor (REVENUE AND TAXATION)
- 44.29.030 - 44.29.090 Advisory board on alcoholism (STATE GOVERNMENT) [REPEALED]
- 44.62.330 (Administrative Procedures Act) Application of chapter (STATE GOVERNMENT)
- 47.30.470 - 47.30.500 Article 4. Alcoholics (WELFARE, SOCIAL SERVICES AND INSTITUTIONS)
- 47.37.010 - 47.37.270 (Chapter 37) Uniform alcoholism and intoxication treatment act (WELFARE, SOCIAL SERVICES AND INSTITUTIONS)

APPENDIX C

DIGEST AND SUMMARY OF FEDERAL LEGISLATION RELATED TO ALCOHOL ABUSE AND ALCOHOLISM

In the formulation of overall national policy on alcohol abuse and alcoholism the U.S. Congress has intervened with many specific policies, some new and others representing renewals and adjustments of longstanding policies in related fields. The effective formulation of state and local aspects of alcoholism policy depends considerably upon its being tailored and designed to mesh with and balance out to the maximum feasible extent possible with the myriad aspects of related federal policy. This digest and summary of federal alcoholism related legislation is appended to the Outline and Analysis of Legislation to provide a perspective on that corpus of legislation. It is a modified and condensed abstraction from the publication, Federal Legislation Relating to Alcohol Abuse and Alcoholism prepared by Ellen L. Akst for the United States Conference of Mayors in December, 1975.

Providing the core framework for all federal-state-local alcoholism policy development, federal legislation which is directly addressed toward coping with alcohol abuse and alcoholism is of prime importance. Federal public health legislation which provides direct support and establishes parameters for many aspects of alcoholism policy development is a second category of federal legislation to be

reviewed. Federal community planning and development legislation, many provisions of which have been specifically structured to foster state and local initiatives in policy formulation, provides a third species of federal legislation to be reviewed. Federal criminal justice legislation and highway safety legislation which has been formulated and redesigned to comprehend the relationship between alcoholism problems and public safety is a fourth policy area to be reviewed. Federal legislation in the general areas of human development and supportive services is a fifth species to be reviewed because of the actual and potential support which federal programs in these areas contribute toward alcoholism program development.

I. ALCOHOLISM LEGISLATION

- A. Comprehensive Alcohol Abuse and Alcoholism Prevention treatment and Rehabilitation Act of 1970, as amended (P.L. 91-616; P.L. 93-282)

This act established the National Institute on Alcohol Abuse and Alcoholism, provides for formula grants, project grants and contracts for states, localities and private agencies to establish alcoholism programs, provides for the confidentiality of records and state compliance with the essential provisions of the model state Uniform Alcoholism and Intoxication Treatment Act, and established the National Council on Alcohol Abuse and Alcoholism.

- B. Alcohol and Drug Abuse Education Act of 1970, as amended (P.L. 91-527; P.L. 93-422)

This act provides grants to and contracts with post-secondary educational institutions and state and local public and private educational institutions and organizations to support, encourage and evaluate alcohol and drug abuse projects, to train educational and community personnel, and to provide technical assistance in program development.

II. PUBLIC HEALTH LEGISLATION

- A. Public Health Service Act of 1944, as amended (58 Stat. 691; P.L. 94-63)

1. Research Provision

Under this provision the Secretary of Health, Education and Welfare has broad authority to support research, education and training and the dissemination of information in all areas of public health. Research on the use and effect of alcohol is included under this provision.

2. Title V., Sec. 330, Community Health Centers

Newly enacted, Section 330 of the Public Health Service Act authorizes grants for the planning, development and cost of operation of community health centers which serve medically underserved populations. Support for facilities and program development for alcoholism programs is available under the provisions of this act.

B. Community Mental Health Centers Act of 1963, as amended

This act provides federal funding for commencing new and for continuing existing community mental health centers and initiating new services within existing centers. Alcoholism programs must be included among the services provided by institutions funded under this act unless there is no need for such services in a community mental health center's service area or unless the need is currently being met in some other manner.

C. Special Health Revenue Sharing Act of 1975
(P.L. 94-63)

This act requires that comprehensive public health services be provided in accordance with a state plan prepared under the provisions of the National Health Planning and Resources Development Act or a state plan for comprehensive state health planning under Sec. 314 of the Public Health Service Act. Both acts allow for alcoholism services to be included in state comprehensive health planning. Consequently alcoholism facilities and programs may be supported through the framework of the Special Health Revenue Sharing Act of 1975.

D. National Health Planning and Resources Development Act of 1974 (P.L. 93-641)

This act created comprehensive state and areawide health planning procedures to replace several existing public health planning and development programs. Its principal significance for alcoholism programs lies in its timely appearance as alcoholism programs are going through their early planning stages.

E. Health Maintenance Organization Act of 1973
(P.L. 93-222)

This act provides for special funding for health maintenance organizations. Oriented toward medically underserved health services consumer groups, the act establishes a pre-payment membership framework for these groups to approach their problems of obtaining needed services. The act provides that medical treatment for alcohol abuse and alcoholism must be provided among the health services offered before a health maintenance organization becomes eligible for federal certification.

III. COMMUNITY PLANNING AND DEVELOPMENT LEGISLATION

A. Housing and Community Development Act of 1974
(P.L. 93-383)

This act provides for block grants and other assistance to states and localities. The objective of the act is to enhance the livability of urban communities. Interim projects as well as long-range projects are supported. For alcoholism facilities and program development purposes the significance of this act lies in its availability to provide for community needs when or because other support and services are not available.

B. State and Local Fiscal Assistance Act of 1972
(P.L. 92-512)

This act provides for the return to states and communities of a portion of federal income tax receipts. Its significance for alcoholism program development and support lies in the flexible uses which states and localities may make of returned revenues and the continuing nature of the revenue sharing program.

IV. CRIMINAL JUSTICE AND HIGHWAY SAFETY LEGISLATION

A. Highway Safety Act of 1966, as amended
(P.L. 89-564; P.L. 90-150; P.L. 90-495; P.L. 91-605;
P.L. 93-87)

This act mandates that states and localities must develop and sustain highway safety programs in order to remain eligible for federal highway funds. It makes extensive funding available for highway safety research and education. These funds are supporting numerous highway safety programs which are concerned with alcohol-related traffic problems.

B. Juvenile Justice and Delinquency Prevention Act of 1974
(P.L. 93-415)

Under the provisions of this act responsibility for the coordination of federal juvenile delinquency programs was transferred to the Law Enforcement Assistance Administration. This agency was charged with the responsibility of inaugurating new programs for juvenile delinquency prevention. Among these are program formula grants to states and localities to support programs and activities related to juvenile delinquency, prevention, control, diversion, treatment, rehabilitation, planning, education, training and research including drug and alcohol abuse programs.

C. Omnibus Crime Control and Safe Streets Act of 1968, as amended (P.L. 90-351; P.L. 91-644; P.L. 93-83; P.L. 93-415)

This act established the Law Enforcement Assistance Administration to strengthen and improve criminal justice systems at every level of government. Comprehensive state and local criminal justice planning commenced with funding provided by this act. Its provisions have been tailored to facilitate the development of research and rehabilitation programs to combat alcohol related crime.

V. HUMAN DEVELOPMENT AND SUPPORTIVE SERVICES LEGISLATION

A. Comprehensive Employment and Training Act of 1973, as amended
(P.L. 93-203; P.L. 93-516)

This act decentralized the administration of federal manpower programs and decategorized their funding framework. Its purpose is to provide job training and transitional public service employment opportunities for economically disadvantaged, unemployed and underemployed persons by establishing a flexible, federal-state-local system for public manpower development programs. CETA funds may be used to provide identification and referral services to cope with that range of problems where alcohol abuse and alcoholism are identified as causing or aggravating unemployment. CETA funds may also be used to support employment rehabilitation programs among its program clientele whose unemployment can be attributed to alcohol abuse.

B. Rehabilitation Act of 1973, as amended
(P.L. 93-112; P.L. 93-516)

This act authorizes grants to assist states in meeting the needs of handicapped individuals so that they may prepare for and engage in gainful employment to the extent of their capabilities. It provides for formula grants to states to support a broad range of education and rehabilitation programs. Since the handicapped are also affected by problems of alcohol

abuse and alcoholism this act furnishes an alternative funding source to support alcoholism treatment and rehabilitation programs.

C. Food Stamp Act of 1964, as amended
(P.L. 88-525)

This act provides for the issuance of coupons which increase the purchasing power of consumer dollars available for the purchase of food. Generally supporting many categories of eligible persons, the food stamp program has proved to be beneficial to the many halfway houses and other private alcoholism treatment and rehabilitation centers where the clientele, or a significant portion of them, are eligible for this assistance.

D. Social Security Act of 1937, as amended
(Titles XVI, XVIII, XIX)

1. Title XVI., Supplementary Security Income for the Aged, Blind and Disabled

Benefits under this title are available for supplemental security income to certain individuals who are eligible for retirement benefits under the Social Security Act or the Railroad Retirement Act. Designed as an incentive to encourage the aged, blind and disabled to seek health care when the cost of such care might otherwise be prohibitive, eligibility standards are rigorous to avoid duplicating benefits. These standards have been designed with a view toward providing support for alcoholism treatment for the aged, blind and disabled who need this care and are willing to comply with terms, conditions and regulations of such treatment.

2. Title XVIII., Health Insurance for the Aged, Blind and Disabled (Medicare)

This title provides hospital insurance benefits and supplementary medical insurance benefits to persons who are eligible for retirement benefits under the Social Security Act or the Railroad Retirement Act. This title provides another method for supporting individuals undergoing alcoholism treatment and rehabilitation.

3. Title XIX., Grants to States for Medical Assistance Programs (Medicaid)

Under this title the federal government funds state programs which furnish medical assistance on behalf of families with dependent children and aged, blind or disabled individuals, and rehabilitative and other services to help such families attain or retain capability for independence or self-care. Designed as an incentive to maintain the integrity of families, federal standards allow for the development of state health plans which will comprehend alcoholism treatment under this title.

APPENDIX D ALASKA UNIFORM ALCOHOLISM TREATMENT AND INTOXICATION ACT

Chapter 37. Uniform Alcoholism and Intoxication Treatment Act.

Section	Section
10. Declaration of policy	170. Treatment and services for intoxicated persons and persons incapacitated by alcohol
20. Office of alcoholism	180. Emergency commitment
30. Powers of office	190. Involuntary commitment of alcoholics
40. Duties of office	200. Hearing on petition for involuntary commitment of alcoholics
50. Interdepartmental coordinating committee	210. Records of alcoholics and intoxicated persons
60. Advisory board on alcoholism	220. Visitation and communication of patients
70. Composition	230. Establishment of emergency service patrol
80. Qualifications of board members	240. Payment for treatment
90. Term of office	250. Nonapplicability
100. Compensation, per diem, or expenses	260. Application of Administrative Procedure Act
110. Duties	270. Definitions
120. Alcoholism program coordinator	
130. Comprehensive program for treatment; regional facilities	
140. Public and private treatment facilities	
150. Acceptance for treatment	
160. Voluntary treatment of alcoholics	

Revisor's note (1972).—In ch. 207, SLA 1972, AS 47.37.070—47.37.270 were designated AS 47.37.062—47.37.210.

Sec. 47.37.010. Declaration of policy. It is the policy of the state that alcoholics, and intoxicated persons should not be criminally prosecuted for their consumption of alcoholic beverages and that they should be afforded a continuum of treatment so they may lead normal lives as productive members of society. (§ 1 ch 207 SLA 1972)

Sec. 47.37.020. Office of alcoholism. An office of alcoholism is established in the department. The office shall be headed by a coordinator appointed by the commissioner. The coordinator shall be a qualified professional who has training and experience in the organization and administration of treatment services for persons with medical-social problems. The coordinator is in the classified service. (§ 1 ch 207 SLA 1972)

Sec. 47.37.030. Powers of office. The office may

(1) plan, establish, and maintain treatment programs as appropriate;

(2) make contracts necessary or incidental to the performance of its duties and the execution of its powers, including contracts with public and private agencies, organizations, and individuals, to pay them for services rendered or furnished to alcoholics or intoxicated persons;

(3) solicit and accept for use a gift of money or property or a grant of money, services, or property from the federal government, the state, or a political subdivision of it or a private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for a grant;

(4) administer or supervise the administration of the provisions relating to alcoholics and intoxicated persons of any state plan submitted for federal funding under federal health, welfare, or treatment legislation;

(5) coordinate its activities and cooperate with alcoholism programs in this and other states, and make contracts and other joint or cooperative arrangements with state, local, or private agencies for the treatment of alcoholics and intoxicated persons and for the common advancement of alcoholism programs in this and other states;

(6) keep records and engage in research and the gathering of relevant statistics;

(7) do other acts necessary to implement the authority expressly granted to it;

(8) acquire, hold, or dispose of real property or any interest in it, and construct, lease, or otherwise provide treatment facilities for alcoholics and intoxicated persons; however, the office shall encourage local initiative, involvement and financial participation under grants-in-aid whenever possible in preference to the construction or operation of facilities directly by the office. (§ 1 ch 207 SLA 1972)

Sec. 47.37.040. Duties of office. The office shall

(1) develop, encourage, and foster statewide, regional, and local plans and programs for the prevention of alcoholism and treatment of alcoholics and intoxicated persons in cooperation with public and private agencies, organizations, and individuals, and provide technical assistance and consultation services for these purposes;

(2) coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcoholism and treatment of alcoholics and intoxicated persons;

(3) cooperate with the division of corrections in establishing and conducting programs to provide treatment for alcoholics and intoxicated persons in or on parole from penal institutions;

(4) cooperate with the Department of Education, school boards, schools, police departments, courts, and other public and private agencies, organizations and individuals in establishing programs for the prevention of alcoholism and treatment of alcoholics and intoxicated persons, and preparing curriculum materials for use at all levels of school education;

(5) prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol;

(6) develop and implement, as an integral part of treatment programs, an educational program for use in the treatment of alcoholics and intoxicated persons which includes the dissemination of information concerning the nature and effects of alcohol;

(7) organize and foster training programs for all persons engaged in treatment of alcoholics and intoxicated persons;

(8) sponsor and encourage research into the causes and nature of alcoholism and treatment of alcoholics and intoxicated persons, and serve as a clearinghouse for information relating to alcoholism;

(9) specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals, and collect and make available relevant statistical information, including number of persons treated, frequency of admission and readmission, and frequency and duration of treatment;

(10) advise the governor in the preparation of a comprehensive plan for treatment of alcoholics and intoxicated persons;

(11) review all state health, welfare, and treatment plans to be submitted for federal funding, and advise the commissioner on provisions to be included relating to alcoholism and intoxicated persons;

(12) assist in the development of, and cooperate with, alcohol education and treatment programs for employees of state and local governments and businesses and industries in the state;

(13) utilize the support and assistance of interested persons in the community, particularly recovered alcoholics, to encourage alcoholics to voluntarily undergo treatment;

(14) cooperate with the Department of Public Safety and the Department of Highway Safety in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while intoxicated;

(15) encourage hospitals and other appropriate health facilities to admit alcoholics and intoxicated persons and to provide them with adequate and appropriate treatment;

(16) encourage all health and disability insurance programs to include alcoholism as a covered illness;

(17) submit to the legislature an annual report covering the activities of the office. (§ 1 ch 207 SLA 1972)

Sec. 47.37.050. Interdepartmental coordinating committee. (a) An interdepartmental coordinating committee is created, composed of the coordinator and the commissioners of health and social services, education, highways, labor and public safety. The committee shall meet at least twice annually at the call of the commissioner of health and social services who is its chairman. The committee shall provide for the coordination and exchange of information on all programs relating to alcoholism, and act as a permanent liaison among state departments engaged in activities affecting alcoholics and intoxicated persons. The committee shall assist the commissioner of health and social services and the coordinator in formulating a comprehensive plan for prevention of alcoholism and for treatment of alcoholics and intoxicated persons.

(b) In exercising its coordinating functions, the committee shall assure that the appropriate state agencies

(1) provide all necessary medical, social, treatment, and educational services for alcoholics and intoxicated persons and for the prevention of alcoholism, without unnecessary duplication of services;

(2) cooperate in the use of facilities and in the treatment of alcoholics and intoxicated persons;

(3) adopt approaches for the prevention of alcoholism and the treatment of alcoholics and intoxicated persons consistent with the policy of this chapter. (§ 1 ch 207 SLA 1972)

Sec. 47.37.060. Advisory board on alcoholism. There is established in the Department of Health and Social Services an advisory board on alcoholism. (§ 1 ch 207 SLA 1972)

Editor's note.—Section 3, ch 207, SLA 1972, provides: "Because the provisions in this Act relating to the advisory board on alcoholism and the provisions in AS 41.20.010-41.20.020, which are repealed by sec 2 of this Act, relating to the advisory board on alcoholism, are identical to the provisions in AS 41.20.010-41.20.020, they are hereby repealed." The provisions in AS 41.20.010-41.20.020 are identical to the provisions in AS 41.20.010-41.20.020.

Sec. 47.37.070. Composition. The advisory board on alcoholism consists of nine members appointed by the governor. (§ 1 ch 207 SLA 1972)

Editor's note.—(1972). In ch 207, sec 1, ch 207, SLA 1972, AS 41.20.010-41.20.020 are repealed.

Sec. 47.37.080. Qualifications of board members. (a) Two members of the board shall be physicians, one shall be a psychologist, one shall be a social worker, one shall be a nurse, one shall be a representative of the state, and one shall be certified in psychology by the American Board of Psychiatry and Neurology or its equivalent. The first two members

tion, except that if a psychiatrist is not available, a clinical psychologist may be appointed.

(b) One member shall be a practicing attorney who has been admitted to the practice of law by the supreme court of the State of Alaska.

(c) One member shall be a person who has evidenced an interest in the problems of alcoholism and who has knowledge of the social problems encountered in the rehabilitation of alcoholics.

(d) One member shall be a public health nurse.

(e) One member shall be a representative of the liquor industry.

(f) One member shall be a member of Alcoholics Anonymous.

(g) One member shall be from the public at large.

(h) One member shall be a social worker. (§ 1 ch 207 SLA 1972)

Sec. 47.37.090. Term of office. (a) The members of the board initially appointed under § 80(a) of this chapter serve terms of four years.

(b) The member initially appointed under § 80(b) of this chapter serves a term of three years.

(c) The member initially appointed under § 80(c) of this chapter serves a term of two years.

(d) The members initially appointed under § 80(d)—(h) of this chapter serve terms of four years. Subsequent terms for all board members are four years.

(e) A vacancy occurring in the membership of the board shall be filled by appointment of the governor for the unexpired portion of the vacated term.

(f) Board members serve at the pleasure of the governor. (§ 1 ch 207 SLA 1972)

Sec. 47.37.100. Compensation, per diem, or expenses. Members of the advisory board on alcoholism are not entitled to a salary, but are entitled to per diem, reimbursement for travel and other expenses authorized by law for other boards. (§ 1 ch 207 SLA 1972)

Sec. 47.37.110. Duties. The board shall act in an advisory capacity to the commissioner in the following matters:

(1) special problems affecting mental health which alcoholism may present;

(2) educational and research activities conducted by the office in respect to the problems presented by alcoholism;

(3) social problems which affect rehabilitation of alcoholics;

(4) legal procedures which affect the treatment and rehabilitation of alcoholics;

(5) a program of public relations concerning the problem of alcoholism conducted by a duly authorized person, agent or

by an organized group whose purpose is the rehabilitation of alcoholics. (§ 1 ch 207 SLA 1972)

Sec. 47.37.120. Alcoholism program coordinator. The alcoholism program coordinator shall carry out the development and implementation of a comprehensive program dealing with the treatment of, research on and education concerning alcoholic problems as they affect the state. (§ 1 ch 207 SLA 1972)

Sec. 47.37.130. Comprehensive program for treatment; regional facilities. (a) The office shall establish a comprehensive and coordinated program for the treatment of alcoholics and intoxicated persons. Subject to the approval of the commissioner, the coordinator may divide the state into appropriate regions to conduct the program and establish standards for the development of the program on the regional level. In establishing the regions, consideration shall be given to the city and borough lines and population concentrations and when feasible, programs shall be established with maximum local community involvement.

(b) The program of the office shall include

(1) emergency treatment provided by a facility affiliated with or part of the medical service of a general hospital;

(2) inpatient treatment;

(3) intermediate treatment; and

(4) outpatient and follow-up treatment.

(c) The office shall provide adequate and appropriate treatment for alcoholics and intoxicated persons admitted under §§ 160—190 of this chapter within the limits of available state and federal funds.

(d) The office shall maintain, supervise and control all facilities operated by it subject to the regulations of the department. The administrator of each facility shall make an annual report of its activities to the coordinator in the form and manner the coordinator specifies.

(e) If possible, the office shall coordinate the activities of the program with all appropriate public and private resources.

(f) The coordinator shall prepare, publish, and distribute annually a list of all approved public and private treatment facilities.

(g) The office may contract for the use of any facility as an approved public treatment facility if the coordinator, subject to the regulation of the department, considers that an effective and economical course to follow. (§ 1 ch 207 SLA 1972)

Sec. 47.37.140. Public and private treatment facilities. (a) The office shall establish a list of public and private treatment facilities as public and private treatment facilities. The list shall be changed for the removal or addition of facilities. The state

dards shall concern only the health conditions to be met and standards of treatment to be afforded patients.

(b) The office shall inspect, on a regular basis, approved public and private treatment facilities at reasonable times and in a reasonable manner.

(c) The office shall maintain a list of approved public and private treatment facilities.

(d) Each approved public and private treatment facility shall file with the office on request, data, statistics, schedules, and information which the office reasonably requires. An approved public or private treatment facility that without good cause fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent returns of them, shall be removed from the list of approved treatment facilities.

(e) The coordinator, after holding a hearing under the provisions of the Administrative Procedure Act (AS 44.62), may suspend, revoke, limit, restrict, or refuse to grant an approval for a treatment facility, for failure to meet its standards.

(f) Upon petition of the office and after a hearing held upon reasonable notice to the facility, the district court may issue a warrant to an officer or employee of the office authorizing him to enter and inspect at reasonable times, and examine the books and accounts of an approved public or private treatment facility refusing to consent to inspection or examination by the office or which the office has reasonable cause to believe is operating in violation of this chapter. (§ 1 ch 207 SLA 1972)

Sec. 47.37.150. Acceptance for treatment. The coordinator shall promulgate regulations for the admission of persons into the treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of alcoholics and intoxicated persons. In establishing the regulations the coordinator shall be guided by the following standards:

(1) if possible a patient shall be treated on a voluntary rather than an involuntary basis;

(2) a patient shall be initially assigned or transferred to outpatient or intermediate treatment, unless he is found to require inpatient treatment;

(3) a person shall not be denied treatment solely because he has withdrawn from treatment, sought medical advice on a prior occasion or because he has received treatment elsewhere;

(4) an individualized treatment plan shall be prepared and maintained for each patient;

(5) provision shall be made for a continuum of coordinated treatment services, so that a person may leave a facility or a form

of treatment will utilize other appropriate treatment and facilities. (§ 1 ch 207 SLA 1972)

Sec. 47.37.160. Voluntary treatment of alcoholics. (a) An alcoholic may voluntarily apply for treatment directly to an approved public treatment facility.

(b) Subject to regulations promulgated by the coordinator, the administrator in charge of an approved public treatment facility may determine who shall be admitted for treatment. If a person is refused admission to an approved public treatment facility the administrator shall, if possible, refer the person to another approved public treatment facility.

(c) When a patient receiving inpatient care leaves an approved public treatment facility, he shall be encouraged to consent to appropriate outpatient or intermediate treatment. If it appears to the administrator in charge of the treatment facility that the patient is an alcoholic who requires help, the office shall arrange for assistance in obtaining supportive services and residential facilities. (§ 1 ch 207 SLA 1972)

Sec. 47.37.170. Treatment and services for intoxicated persons and persons incapacitated by alcohol. (a) An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help, if he consents, may be assisted by a peace officer or the emergency service patrol to his home, an approved public treatment facility, an approved private treatment facility, or another appropriate health facility.

(b) A person who appears to be incapacitated by alcohol shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to an approved public treatment facility for emergency treatment. If no approved public treatment facility is readily available he shall be taken to an emergency medical service customarily used for incapacitated persons. The peace officer or a member of the emergency service patrol, in detaining the person and in taking him to an approved public treatment facility, is taking him into protective custody and he shall make every reasonable effort to protect his health and safety. In taking the person into protective custody, the detaining officer may take reasonable steps to protect himself. Protective custody does not constitute an arrest under this section and a entry or other record shall be made to indicate that the person has been arrested or charged with a crime.

(c) A person who voluntarily appears to be brought to an approved public treatment facility shall be examined by a licensed physician as soon as possible. After the examination, he may be

admitted as a patient or referred to another health facility. The approved public treatment facility which refers him shall arrange for his transportation.

(d) No person who, after medical examination, is found to be incapacitated by alcohol at the time of his admission or to have become incapacitated at any time after his admission, may be detained at a facility after he is no longer incapacitated by alcohol. No person may be detained at a facility if he remains incapacitated by alcohol for more than 48 hours after admission as a patient, unless he is committed under § 180 of this chapter. A person may consent to remain in the facility as long as the physician in charge considers it appropriate.

(e) A person who is not admitted to an approved public treatment facility, is not referred to another health facility, and has no funds, may be taken to his home, if any. If he has no home, the approved public treatment facility shall assist him in obtaining shelter.

(f) If a patient is admitted to an approved public treatment facility, his family or next of kin shall be promptly notified. If an adult patient who is not incapacitated requests that there be no notification of next of kin, his request shall be granted.

(g) Peace officers or members of the emergency service patrol who comply with this section are acting in the course of their official duty and are not criminally or civilly liable for it.

(h) If the physician in charge of the approved public treatment facility determines it is for the patient's benefit, an attempt shall be made to encourage the patient to submit to further diagnosis and appropriate voluntary treatment. (§ 1 ch. 207 SLA 1972)

Sec. 47.37.199. Emergency commitment. (a) An intoxicated person who (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another unless committed, or (2) is incapacitated by alcohol, may be committed to an approved public treatment facility for emergency treatment. A refusal to undergo treatment does not constitute evidence of intent justifying commitment to the facility for treatment.

(b) The certifying physician, spouse, guardian, or relative of the person to be committed, or any other responsible person, may make a written application for commitment under this section, directed to the administrator of the approved public treatment facility. The application shall state the facts of the case and the reasons for the commitment. It shall also state that the person is an alcoholic who habitually lacks self-control in using alcoholic beverages and that he (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another or (2) is incapacitated by alcohol. The application shall also state that the person is an alcoholic who habitually lacks self-control in using alcoholic beverages and that he (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another or (2) is incapacitated by alcohol. The application shall also state that the person is an alcoholic who habitually lacks self-control in using alcoholic beverages and that he (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another or (2) is incapacitated by alcohol.

(c) Upon approval of the application by the administrator in charge of the facility, the person may be brought to the facility by a peace officer, a health officer, a member of the emergency service patrol, the applicant for commitment, the patient's spouse, the patient's guardian, or any other interested person. The person shall be retained at the facility to which he was admitted, or transferred to another appropriate public or private treatment facility, until discharged under (e) of this section. However, no person may be detained under this section for more than 48 hours unless a district or superior court judge has reviewed and approved the commitment application.

(d) The administrator in charge of an approved public treatment facility may refuse an application if in his opinion the application and certificate fail to sustain the grounds for commitment.

(e) When on the advice of his medical staff the administrator determines that the grounds for commitment no longer exist, he shall discharge a person committed under this section. No person committed under this section may be detained in a treatment facility for more than five days. If a petition for involuntary commitment under § 190 of this chapter has been filed within the five days and the administrator in charge of an approved public treatment facility finds that grounds for emergency commitment still exist, he may detain the person until the petition has been heard and determined, but no longer than 10 days after filing the petition.

(f) A copy of the written application for commitment and of the physician's certificate, and a written explanation of the person's right to legal counsel, shall be given to the person within 24 hours after commitment by the administrator, who shall provide a reasonable opportunity for the person to consult with legal counsel. (§ 1 ch. 207 SLA 1972)

Sec. 47.37.199. Involuntary commitment of alcoholics. (a) After a hearing initiated by petition of his spouse or guardian, a relative, the certifying physician, or the administrator in charge of an approved public treatment facility, a person may be committed to the custody of the officer by the superior court. The petition shall allege that the person is an alcoholic who habitually lacks self-control in using alcoholic beverages and that he (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another or (2) is incapacitated by alcohol. The petition shall also state that the person is an alcoholic who habitually lacks self-control in using alcoholic beverages and that he (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another or (2) is incapacitated by alcohol. The petition shall also state that the person is an alcoholic who habitually lacks self-control in using alcoholic beverages and that he (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another or (2) is incapacitated by alcohol.

mitment is sought has refused to submit to a medical examination, in which case the fact of refusal shall be alleged in the petition. The certificate shall set out the physician's findings in support of the allegations of the petition.

(b) After the petition is filed, the court shall fix a date for a hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served on (1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the administrator in charge of the approved public treatment facility in which the committed person has been committed for emergency care, and any other person the court considers appropriate. A copy of the petition and certificate shall be delivered to each person notified.

(c) If, not less than two days before the date fixed for the hearing, the person sought to be committed or his counsel or advisor files a written request with the superior court, the court shall summon and impanel a jury of six adult residents of the judicial district in which the court officiates, preferably from the court's jury list or the last voters list, if available, to hear and consider evidence concerning the condition of the person sought to be committed. (§ 1 ch 267 SLA 1972)

Sec. 47.37.200. Hearing on petition for involuntary commitment of alcoholics. (a) At the hearing required under § 190(b) of this chapter, the court or the jury, if requested under § 190(c) of this chapter, shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person whose commitment is sought shall be present unless the court believes that his presence is likely to be injurious to him, in which case the court shall appoint a guardian of his person to appear and act throughout the proceeding. The court may examine the person in open court, or if advisable, examine him out of court. If the person has refused to be examined by a licensed physician, he shall be given an opportunity to request examination by a court-appointed licensed physician. If he fails to request a medical examination and there is sufficient evidence to believe that the allegations of the petition are true, or if the court believes that more medical evidence is necessary, the court may order the person to be committed to the custody of the court for a period of not more than five days for purposes of a diagnostic examination.

(b) It shall be the duty of the court or the jury, including the results of any diagnostic examination by the office, the court or the jury find that grounds for involuntary commitment have been clearly

established, the court shall issue an order of commitment to the office. No court may order the commitment of a person unless it determines that the office is able to provide adequate and appropriate treatment for him.

(c) A person committed under §§ 190—200 of this chapter shall remain in the custody of the office for treatment for a period of up to 30 days. At the end of the 30-day period, he shall be discharged automatically unless the office, before the expiration of the period, obtains a court order for his recommitment upon the grounds set out in § 190(a) of this chapter for a further period of up to 90 days. If a person has been committed because he is an alcoholic likely to inflict physical harm on another, the office shall apply for recommitment if after examination it is determined that the likelihood still exists.

(d) A person recommitted under (c) of this section who has not been discharged by the office before the end of the 90-day period shall be discharged at the expiration of that period unless the office, before expiration of the period, obtains a court order on the grounds set out in § 190(a) of this chapter for recommitment for a further period not to exceed 90 days. If a person has been committed because he is an alcoholic likely to inflict physical harm on another, the office shall apply for recommitment if after examination it is determined that the likelihood still exists. No more than two recommitment orders may be permitted under (c) and (d) of this section.

(e) Upon the filing of a petition for recommitment under (c) or (d) of this section, the court shall fix a date for hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of hearing, including the date fixed by the court, shall be served on (1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the original petitioner under § 190(a) of this chapter, if different from the petitioner for recommitment; (5) any other person the court considers appropriate. Section 190(c) of this chapter applies to hearings for recommitment under this section. At the hearing the court or the jury shall proceed as provided in (a) of this section.

(f) The office shall provide adequate and appropriate treatment for a person in its custody. The office may transfer a person from custody from one approved public treatment facility to another if the transfer is medically indicated.

(g) A person committed to the custody of the office for treatment shall be discharged at any time before the end of the period for which he has been committed if either of the following conditions is met:

(1) when an alcoholic committed on the grounds of likelihood of infliction of physical harm on another is no longer considered an alcoholic or the likelihood of his infliction of physical harm no longer exists; or

(2) when, in the case of an alcoholic committed on the grounds of the likelihood of infliction of physical harm on another, either

(A) further treatment will not be likely to bring about significant improvement in the person's condition, or

(B) treatment is no longer adequate or appropriate.

(h) The court shall inform the person whose commitment or recommitment is sought of his right to contest the application, be represented by counsel at every stage of the proceedings relating to his commitment and recommitment, to have counsel appointed by the court or provided by the court, if he is unable to obtain counsel, and to a jury trial, if requested, as specified in § 190(c) of this chapter. If the court believes that the person needs the assistance of counsel, the court shall require, by appointment if necessary, counsel for him regardless of his objection. The person whose commitment or recommitment is sought shall be informed of his right to be examined by a licensed physician of his choice. If the person is unable to obtain a licensed physician and requests examination by a physician, the court shall employ a licensed physician for the examination.

(i) If a private treatment facility agrees with the request of a competent patient or his parent, sibling, adult child, or guardian to accept the patient for treatment, the administrator of the public treatment facility shall transfer him to the private treatment facility.

(j) A person committed under this chapter may at any time seek discharge from commitment by writ of habeas corpus under AS 12.75. (§ 1 ch 207 SLA 1972)

Sec. 47.37.210. Records of alcoholics and intoxicated persons

(a) The registration and other records of treatment facilities shall remain confidential and are available to the patient.

(b) Notwithstanding (a) of this section, the coordinator may make available information from patient records for purposes of research into the causes and treatment of alcoholism. No information regarding names, addresses, or names, (§ 1 ch 207 SLA 1972)

Sec. 47.37.220. Visitation and communication of patient's (a) The coordinator shall establish rules governing visitation and communication of patient's (b) The coordinator shall establish rules governing visitation and communication of patient's (c) The coordinator shall establish rules governing visitation and communication of patient's

including the use of telephone facilities, consistent with an effective treatment program.

(b) No mail or other communication to or from a patient in any approved treatment facility may be intercepted, read, or censored. (§ 1 ch 207 SLA 1972)

Sec. 47.37.230. Establishment of emergency service patrol. (a) The office and cities and boroughs may establish emergency service patrols. An emergency service patrol consists of persons trained to give assistance in public places to persons who are intoxicated. Members of an emergency service patrol shall be capable of providing first aid in emergency situations and shall be capable of transporting intoxicated persons to their homes and to and from public treatment facilities.

(b) The coordinator shall promulgate regulations for the establishment, training, and conduct of emergency service patrols. (§ 1 ch 207 SLA 1972)

Sec. 47.37.240. Payment for treatment. (a) A patient in an approved treatment facility, or the person obligated to provide for the cost of treatment of a person committed under this chapter, is liable to the office for the cost of maintenance and treatment of the patient in accordance with rates established by the coordinator.

(b) The coordinator shall promulgate regulations governing financial ability that take into consideration the income, savings and other personal and real property of the person liable for the cost and maintenance of the patient. (§ 1 ch 207 SLA 1972)

Sec. 47.37.250. Nonapplicability. (a) Nothing in this chapter affects a statute, ordinance, or regulation relating to (1) drunken driving, driving under the influence of alcohol, or other similar offenses involving alcohol and the operation of a vehicle, aircraft, boat, machinery, or other equipment, or (2) the sale, purchase, dispensation, possession, or use of alcoholic beverages at specified times and places or by a particular class of persons.

(b) Nothing in this chapter affects AS 11.70.030, relating to the defense of voluntary intoxication. (§ 1 ch 207 SLA 1972)

Sec. 47.37.260. Application of Administrative Procedure Act. Except as otherwise provided in this chapter, the Administrative Procedure Act (AS 17.05) shall govern all administrative action taken by the coordinator under this chapter. (§ 1 ch 207 SLA 1972)

Sec. 47.37.270. Definitions. In this chapter:

(a) "Person" means a person who has not yet been convicted of

§ 47.40.030 WELFARE, SOCIAL SERVICES & INSTITUTIONS § 47.40.030

in using alcoholic beverages, or uses alcoholic beverages to the extent that his health is substantially impaired or endangered, or his social or economic function is substantially disrupted;

(2) "approved private treatment facility" means a private agency meeting the standards prescribed in § 140(a) of this chapter and approved under § 140(c) of this chapter;

(3) "approved public treatment facility" means a treatment agency operating under the direction and control of the office or providing treatment under this chapter through a contract with the office under § 139(g) of this chapter and meeting the standards prescribed in § 140(a) of this chapter and approved under § 140(c) of this chapter;

(4) "commissioner" means the commissioner of health and social services;

(5) "coordinator" means the coordinator of the office of alcoholism;

(6) "department" means the Department of Health and Social Services;

(7) "emergency service patrol" means a patrol established under § 230 of this chapter;

(8) "incapacitated by alcohol" means a person who is unconscious or has his judgment otherwise so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment, as evidenced objectively by extreme physical debilitation, physical harm or threats of harm to others or chronic inability to hold regular employment;

(9) "incompetent person" means a person who has been adjudged incompetent by the appropriate court;

(10) "intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol;

(11) "office" means the office of alcoholism within the Department of Health and Social Services;

(12) "treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care which may be extended to alcohol and drug dependent persons, including diagnosis, evaluation, medical, psychological, psychiatric, and social service care, vocational rehabilitation and other appropriate services.

WORKING PAPERS:
DESCRIPTIVE ANALYSIS OF THE IMPACT OF ALCOHOLISM AND
ALCOHOL ABUSE IN ALASKA, 1975

VOLUME IV

SOCIAL SYSTEMS INDICATORS OF ALCOHOLISM AND ALCOHOL
ABUSE IN ALASKA, 1975

Final Report

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- Volume I The Economic Impact of Alcoholism and Alcohol Abuse
 in Alaska, 1975
- Volume II An Analysis of State Legislation Pertaining to Regu-
 lation and Control of Beverage Alcohol and Alcoholism
 and Alcohol Abuse, Alaska, 1975
- Volume III Alcoholism and Alcohol Abuse Programs, Services
 Delivery Systems, Alaska, 1975
- Volume IV Social Systems Indicators of Alcoholism and Alcohol
 Abuse in Alaska, 1975
- Volume V Executive Summary: Descriptive Analysis of the Impact
 of Alcoholism and Alcohol Abuse in Alaska, 1975

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FOREWORD

There is no topic in Alaska more familiar, more controversial, and simultaneously more opaque than alcoholism. Almost as if the problems and concerns associated with it were an intrinsic part of the Alaskan experience, everyone seems to have something to say about it. Newspaper articles and radio talk shows debate public drunkenness. Political campaigns are waged, promising greater priorities for the alcohol problem. Even the national wire services carry stories dubbing alcoholism "the bane of Alaska." From the person on the street, to merchants and city councils, to the most specialized of government and health officials--everyone seems to agree that alcoholism and alcohol abuse constitute the greatest human problem facing the state.

In short, there is no shortage of opinion in Alaska about alcoholism and alcohol abuse. In point of fact, however, there is precious little else except opinion. Theories abound as to the causes of problem drinking. Definitions of the very nature of the "problem" are as numerous as the dozens of State agencies, officials, organizations, and interest groups created (or simply compelled) to deal with it. Concerning what to do about it, feelings range all the way from simple apathy, to lip-service, to honest concern, to almost ideological fervor operating at the limits of reason. This is not to say that the public concern is in error: it is not. It is instead to say that, without foundation, not much can be done to seriously respond to that concern.

For so volatile and perduring a problem, there has been in Alaska virtually no significant statewide research to date. What research has

been conducted, has been fragmentary and poorly disseminated. Most often, as well, it has largely been based on concepts and models transplanted from other, inapplicable regions of the country. In all cases, such research has confined itself to a single problem or single aspect of a problem. Never, in other words, has an attempt been made to comprehensively conceptualize the problem in terms of all its major manifestations and attendant effects. By no means is this a denigration of any prior research efforts anywhere, for such was not their ambition. The time has simply come for a particular kind of undertaking: an integrated information and data base capable of addressing Alaska's alcoholism and alcohol abuse problems in all their important interrelationships.

The Analysis of Alcohol Problems Research Project, organized in September of 1975, began just such an undertaking. In response to the question of what (in its entirety) constitutes the problem of alcoholism and alcohol abuse in Alaska, the Project assumed as its province the full context of the intended and unintended consequences of the sale, distribution, and consumption of beverage alcohol in the state. Formally stated, the mission of the Project became the systematic collection of valid and reliable information for implementation of Alaska's Uniform Alcoholism and Intoxication Treatment Act. (The adoption of this act in 1972 essentially established policy for the State by decriminalizing public drunkenness and defining alcoholism as a public health problem.)

Throughout the Project, the nature of the research process was considerably less difficult to specify than the nature of the topic. With the health and medical services community exhibiting as much variance within its own ranks as between itself and the law enforcement or educational communities, little agreement existed as to how "alcoholism" and "alcohol abuse" should be defined. Considerable agreement existed, however, on the

fact that alcoholism and alcohol abuse impact the general public and the social system in a variety of ways. Alcoholism program client loads, child abuse, automobile accidents, alcohol-related crime, etc.--all became, from this perspective, equally valid and interconnected ways of looking at alcohol's impact on Alaskan society. In the same sense, they also thereby provided a composite basis for relating the many extant definitions of the problem (e.g., as a public health problem, mental health problem, criminal justice problem, child welfare problem, etc.).

For this reason, the Project took as its focus the measurable indicators of alcohol's impact on Alaska's social system, and on selected specific sub-systems: the economy, health and medical services delivery system, criminal justice system, et al.. The intention was not to be exhaustive, for such was impossible given the limitations of resources and time available for conduct of the study. Nor was the intention to be definitive, as the general paucity of useful information which plagues research efforts in Alaska made such a goal unrealistic. (In many cases, even basic information is not systematically reported or collected, nor kept in summary fashion.) Rather, the ambition was to develop a research methodology capable of being implemented at once, but also capable of being elaborated and refined on a continuing basis. Such an instrumentality, it was hoped, would serve the dual purpose of linking for the first time the several major areas (e.g., economic, legislative, programmatic, social, et al.) related to alcohol affairs in Alaska, and of constellating and grounding future alcohol-related research efforts in the state.

It should be said that such concentration on the collective effects of alcoholism and alcohol abuse was not intended to preclude genuine concern for the health and well being of individual alcohol abusers and their families. From the perspective taken, and because of the limitations

mentioned, it was not possible to address such highly relevant questions as whether alcoholism is a disease, addiction, defensive coping mechanism, etc.; or whether it derives from genetic transmission, learned behavior, cultural assimilation, or--in Alaska's case--a set of environmental factors so pervasive but elusive of description that it might quite unjokingly be called the "Arctic Factor". These remain, nonetheless, serious questions, and their omission had only to do with the fact that a need for the multiple-definition approach described above was considered more pressing.

The beginnings of this kind of multiple-definition approach are contained in the present report, Descriptive Analysis of the Impact of Alcoholism and Alcohol Abuse in Alaska, 1975. The title is preceded by the term "Working Papers" because this is the first time that alcohol-related information of this scope has been collected and put to use, and because a great deal more information is still missing. For these reasons, reaction to the content of the report is not only seriously invited, but regarded as indispensable. Only by such review and response, it is felt, will the efforts initiated by this project and report yield more complete and comprehensive information about the impact of alcoholism and alcohol abuse upon Alaskan society.

The five volumes of the report are described below:

VOLUME I : The Economic Impact of Alcoholism and Alcohol Abuse in Alaska, 1975

Volume I investigates and describes the economic impact on Alaska of alcoholism and alcohol abuse. Major goals of the volume include the identification and estimation of financial benefits deriving from the sale and consumption of beverage alcohol, and determination of the economic cost of alcoholism and alcohol abuse for the state as a whole. Findings and methodologies for each of the cost categories utilized are presented. Further, the absolute and relative magnitude of economic costs for each category are analyzed, then compared with corresponding estimates based on national findings. Finally, a separate part of the volume examines the fiscal revenues and expenditures for State government which are directly attributable to the sale and consumption of beverage alcohol.

VOLUME II : An Analysis of State Legislation Pertaining to Regulation and Control of Beverage Alcohol and Alcoholism and Alcohol Abuse, Alaska, 1975

Volume II identifies and analyzes all Alaskan legislative statutes and administrative codes which are in any way concerned with the sale and consumption of beverage alcohol, or with alcoholism or alcohol abuse problems. Analysis includes internal examination of all the statutes and codes, resulting in presentation of detailed summaries of each of the major provisions within a categorical structure developed in the process. (No such categorical listing or cross-reference system for alcohol-related legislation existed, previously.) Additionally, all identified statutes and codes are discussed and analyzed with respect to their consistency or inconsistency with policies and provisions set forth in the Uniform Alcoholism and Intoxication Treatment Act, the only available source of legislative policy for alcoholism and alcohol abuse. Throughout, analysis of the statutes and codes is cast within the context of existing, relevant federal legislation.

VOLUME III : Alcoholism and Alcohol Abuse Programs, Services Delivery System, Alaska, 1975

Volume III presents the findings of an analysis of the major elements of the alcohol services delivery system in Alaska. Based on a modified systems approach, the analysis employs nationally established alcohol program components promulgated by the Joint Committee on Accreditation of Hospitals for development of the concept of an appropriate statewide alcohol services delivery system. Statewide organizations providing direct and indirect alcoholism services are described with respect to their various administrative and programmatic dimensions. Local alcohol programs are similarly described and compared with respect to their various treatment or program components. Additionally, all organizations and programs are analyzed with regard to their participation in an emergent, comprehensive services delivery system at both the statewide and regional levels. Throughout, the focus of analysis is the nature of the overall delivery system itself (components, allocations, comprehensiveness, etc.), and not comparison or evaluation of individual programs.

VOLUME IV : Social Systems Indicators of Alcoholism and Alcohol Abuse in Alaska, 1975

Volume IV assembles and discusses a range of current data and information regarding the social impact on Alaska of alcoholism and alcohol abuse. The data compiled are regarded as conventional social system indicators, and discussed accordingly. Each part of the volume concentrates on a specific set of such indicators, with primary attention given to the prevalence of alcoholism in Alaska, the consumption of beverage alcohol, related mortalities, crime, and highway safety. A number of other, related indicators are also reviewed. Wherever possible, information is analyzed historically and compared with corresponding national (and, where applicable, international) information and research findings.

Volume V : Executive Summary: Descriptive Analysis of the Impact of Alcoholism and Alcohol Abuse in Alaska, 1975

As an executive summary, Volume V synoptically treats the findings contained in the four primary volumes preceding it. Additionally, it integrates various portions of these findings to provide alternative descriptions of the impact on Alaska of alcoholism and alcohol abuse. The descriptions are not viewed as competitive, but as demonstrative of the various perspectives and approaches possible for description and analysis of the associated problems. Finally, overall policy-level recommendations extrapolated from the study's findings are suggested for more effective implementation of Alaska's Uniform Alcoholism and Intoxication Treatment Act.

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