ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILES 8672
8 SCOMM 6: SENATE SPECIAL COMM. ON ALCOHOLISM 1977-78

Kodiak	X	X	X	X
Sitka	X	X	X	X
Nome	X	X	X	X
Kotzebue	X	X	X	X
Fairbanks	X	X	X	X
National Council on Alcoholism Alaska Region	X	X	X	X
Upper Tanana Regional Council on Alcoholism (Tok)	--	X	X	X
Unalaska	--	X	X	X
Wrangell	X	X	X	X
Gastineau Council/ Gastineau Manor	--	X	X	X
Alaska Native Commission on Alcohol and Drug Abuse	--	X	--	--
Dillingham	--	X	X	X
Fort Yukon	--	X	--	--
Galena	--	X	X	--

X = Funded

-- = Not Funded

D. Other Problems

1. Manpower and Staff development

Program evaluations conducted by the State Office of Alcoholism during FY 76 consistently identify the need for improvements in the level of alcoholism programs staff training and expertise. Staff training has also been consistently cited as a high priority need by the program staff themselves. The University of Alaska Center for Alcohol and addictions studies does not have resources sufficient to allow it to address the alcohol-related training needs in the State.

2. Administrative and Fiscal Management of Programs

State Office of Alcoholism program evaluations and DHSS fiscal audits

identify significant problems in the administration and financial management of local alcoholism treatment programs. These problems (e.g., improper billing, over and under-expenditure of line item budgets, inadequate bookkeeping and accounting systems, improper intermingling of funds) have resulted in numerous audit exceptions and program instability resulting from past due accounts, delayed billings and late payroll payments.

3. Public attitude and awareness

Little or no public survey data is available which measures community attitudes toward alcoholism or alcoholism treatment programs. However, there appears to be a variety of public concerns and misconceptions which impact on the funding and effectiveness of alcoholism treatment programs. These concerns and misconceptions center around the following issues:

a. The acceptance of alcoholism as a treatable illness.

b. The success of alcoholism treatment programs in reducing the number of visible alcoholics.

c. The fundamental nature, limitations and capabilities of treatment programs for the alcoholic.

d. The distinction between the alcoholic and the alcohol abuser and the treatment modalities appropriate to each.

11. Basic treatment and rehabilitation components

The following definition of treatment is quoted from the Uniform Alcoholism and Intoxication Treatment Act (AS 47.37.270 (12)):

"Treatment" means the 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.

Emergency, inpatient, intermediate and outpatient care may be further elaborated according to the Joint Commission on Accreditation of Hospitals' suggested Standards for Alcoholism Programs, as follows:

A. Emergency care: Shall provide for twenty-four hour availability of the following services to all persons and their families with problems related to alcohol use and abuse: (1) immediate medical evaluation and care; (2) supervision of persons by properly trained staff until they are no longer incapacitated by the effects of alcohol; (3) evaluation of medical, psychological, and social needs, leading to the development of a plan for continuing care; and (4) effective transporation services.

B. Inpatient care: Shall provide twenty-four hour supervised care under the direction of a physician in a hospital or other suitably equipped medical setting designed for the diagnosis and/or treatment of medical and/or psychiatric illnesses derived from or associated with alcohol abuse and/or alcoholism.

C. Intermediate care: Shall be designed to facilitate the rehabilitation of the alcoholic person by placing him in an organized therapeutic environment in which he may receive diagnostic services, counseling, vocational rehabilitation and/or work therapy while benefiting from the support which a full or partial residential setting can provide.

D. Outpatient care: Shall be designed to provide a variety of diagnostic and primary alcoholism services on both a scheduled basis and nonscheduled basis in a nonresidential setting to alcoholic persons and their families whose physical and emotional status allows them to function in their usual environment.

Additional treatment components may be designated as outreach, information and referral, drop-in, sleep-off, crisis center, halfway house or quarter way house.

The following services (or facilities) represent a comprehensive continuum of care for the alcoholic, according to the structure provided

above (A-D).

A. Emergency Care

1. Emergency Medical Services

The State currently provides for emergency medical services through the federally funded EMS program.

These services are typically provided on an as-needed basis by local community hospitals. It is important to note that most alcoholism programs do not have contracts or working arrangements with these hospitals to provide services necessary for their client population. The level and extent of emergency medical services for either the alcoholic or non-alcoholic, intoxicated individual appear to be inadequate.

2. Sleep-Off Center

Sleep-off centers should provide for the immediate care and custody of those individuals who are intoxicated and/or incapacitated by alcohol. These units should address themselves to acute problems that would require clients to stay no longer than 72 hours and should also provide triage, crisis intervention, case planning and disposition, motivation counseling and referral--particularly as a primary stage in the court commitment process. The staffing of such units would be provided by personnel trained in the acute care of alcohol (and/or alcohol/drug) problems. Sleep-off centers should not be confused with medical or non-medical detoxification services (see B below).

At present, comparable centers exist only in Juneau, Anchorage, Fairbanks, and Kodiak.

B. Inpatient care

1. Medical detoxification describes the hospital procedures applied in the treatment of alcoholic or intoxicated person required for the withdrawal from the physio-chemical presence and effects of alcohol in the system. The process of detoxification requires an average of from three to five days treatment. This treatment may require the administration

of sedatives, tranquilizing drugs, anti-convulsive medications, and therapeutic vitamin prescriptions.

There are at present no hospital-based or medical detoxification programs in the State. For the most part detoxification is offered by hospitals only for patients suffering from delirium tremens or purely medical problems incidental to addiction or intoxication. The State Office does provide funding for a number of programs which have been notably unsuccessful in obtaining third-party payments, client fees or other reimbursement for services. They have also been plagued by a variety of problems and dangers associated with the inability to provide medical coverage for clients needing such services. In addition, these non-medical detoxification programs have unfortunatley had considerable difficulty in maintaining distinct client populations and distinct treatment components.

C. Intermediate Care

1. Thirty-day residential rehabilitation and treatment services.

This short-term, intensive treatment program is designed to provide education about alcohol and alcoholism and group and individual counseling or therapy within a highly structured and supportive environment. This type of service is designed to provide maximum exposure to the principles and practices required for the maintenance of sobriety.

The following chart lists those programs presently providing short-term residential treatment services.

Program location	Number of available beds
Fairbanks	29
Anchorage	30
Sitka	7 (Mt. Edgecumbe IHS Hospital program)
Ketchikan	12
Kodiak	6
	84 Beds

2. Halfway house services

A halfway house unit is a community-based intermediate residential

care facility. It provides room and board, informal counseling, and referral services to the recovering alcoholic in a sober environment. The average length of stay should be 90 days for halfway house clients. Since the major goal is the successful transition to fully independent community living, clients are encouraged and assisted to obtain employment and to arrange for medical, vocational, counseling, and other services as provided in the community (rather than in the halfway house unit itself.) It is expected that the halfway house will not attempt to duplicate the efforts of inpatient rehabilitation or outpatient counseling services.

The list of existing halfway house programs is as follows:

Program Location	Number of available beds
Anchorage	
Studio Club	15
Phoenix House	17
Fairbanks	8
Juneau	15
Ketchikan	7
Kodiak	10
Sitka	10
Total	82 Beds

D. Outpatient care

1. Outpatient services

Outpatient services typically include client evaluation and referral, individual and group counseling or therapy, after-care, family counseling, crisis intervention, consultation, and court-related programs such as Driver Alcohol Information Schools.

Most of the programs funded by the State Office, and the majority of its funding, is devoted to programs offering a combination of outpatient, information and referral, and education services. Reliance on State grants

has been and continues to be even more typical of these programs than of those already mentioned. This relates to a number of factors, including the current limitation of Blue Cross and other medical insurance coverage and the problems associated with the State grant-in-aid mechanism as elaborated earlier.

2. Information and Referral services

Information and referral may be distinguished from outpatient services in that the former responds to requests for information about alcoholism, alcohol abuse, and alcoholism treatment services available in the community.

3. Education

Education activities have been a service traditionally offered by alcoholism treatment programs although such activities may be more appropriately considered to fall within the category of prevention or preventive education.

Alcoholism education efforts may be classified generally as one of three types:

1. Alcoholism education as part of the public school curriculum
2. Special lectures to interested groups within the community.
3. Communications media presentations.

E. Long-term Domiciliary Care

There are a variety of individuals requiring either long-term care or an indefinite period of care in a facility other than those already mentioned. These individuals include the older and/or severely debilitated, chronic alcoholic with serious organic and/or social impairment who has not responded favorably to other forms of treatment or care. Some of the individuals appropriate for placement in a long-term care facility are those with a very poor prognosis for recovery or for the ability to maintain themselves independently in the community and those who are chronic public inebriate

committed by the courts. This facility would also be appropriate for individuals with a better prognosis, but requiring a more extended length of stay (6-12 months) in a structured environment then is available in a rehabilitation program.

Applying the formula used in the "Allocation of Adult Alcoholics in Alaska", a 1973 study conducted by the State Office of Alcoholism, 9.2% of the state's adult population are alcoholics. Based on 1975 census figures of 404,000 total state population, we can estimate that there are 20,800 alcoholics in Alaska. According to accepted national standards, the chronic, "skid row", alcoholic constitutes 3-5% of the alcoholic population. It is primarily this group (approximately 1,000 persons) that would be appropriate for placement in a long-term care facility.

There is no long-term residential care facility for alcoholics currently operating in the State of Alaska.

Essential elements of such a program would include the following: work therapy (for example an institutional industrial program, production contracts, etc.); vocational rehabilitation including work evaluation, skill, training, vocational testing, and job placement; resocialization; referral to group or foster homes; physical therapy and rehabilitation; and affiliation with service and treatment resources in the community such as Vocational Rehabilitation, mental health, Alcoholics Anonymous, alcoholism treatment agencies, social services, etc.

Services emphasizing resocialization and physical and vocational rehabilitation are of primary importance for a client population whose occupational skills and general health and adjustment have deteriorated to a marginal level.

III. Recommendations

A. Based on the preceding elaboration of needs, problems, available treatment resources and the services necessary for the prevention and treatment of alcoholism and alcohol abuse, the following policy recommendations are offered.

* Amend the Uniform Alcoholism and Intoxication Treatment Act (AS 47.37.010-270) for the purposes of: distinguising more adequately between the alcoholic and intoxicated individual (alcohol abuser); establishing separate policies for the alcoholic and the alcohol abuser; defining the responsibility of the State Office of Alcoholism and the service providers with whom the office contracts with regard to the treatment of the alcoholic and the alcohol abuser; and simplifying the court procedure for involuntary commitment of alcoholics to inpatient treatment for 30 to 180 days after sleep-off. (The present Uniform Act contains provisions which are fare too costly, cumbersome and unwieldy with regard to involuntary commitment. Consequently, there have been considerable problems with implementation of this provision by the Courts.)

* Continue and complete the "Systems Analysis of Alcohol Problems" project in the Office of Alcoholism.

* Continue and augment the State Office of Alcoholism's program evaluation and data collection/analysis efforts.

* Amend the State Grant-in-aid Statute, AS 47.30.475-477, for the purposes of: establishing a progressively decreasing state/non-state funding ratio for grants, limited to a four year period from the date of program inception, establishing a reimbursement for services contract mechanism to provide funding for those alcoholism treatment services which fail to qualify for or have exhausted the grant alternative (such reimbursement should be provided for those services for which alternative funding or reimbursement is available); requiring that all match contributions be in the form of cash.

* Recommend use of local sales taxes (either current possible or raised from a special tax) to provide increasing amounts of local support for programs.

* Require that communities receiving revenue-sharing money from the Department of Community and Regional Affairs for "alcoholism program beds" match their SGF Office of Alcoholism Grant with an amount of cash equivalent to that revenue sharing support.

* Allow an amount equivalent to 10% of the State's grant as "in-kind" match, for all years of State Grant-in-Aid financial support to local programs, to help offset local indirect cost expenses for local management of grants.

* Alter existing Title XIX, Private Insurance and Vocational Rehabilitation regulations, to provide coverage for treatment of alcoholism.

B. The following Grant-in-Aid schedules are recommended:

* Fund programs, already in existence, beginning in FY 78 at the following schedule:

FY 78 60% State; 40% Other (cash)

FY 79 40% State; 60% Other (cash)

FY 80 . 25% State; 75% Other (cash)

FY 81 State fee for service support only for those patients not covered by other resources.

* Fund new programs at the following schedule:

Year 1 75% State; 25% Other

Year 2 60% State; 40% Other

Year 3 40% State; 60% Other

Year 4 25% State; 75 % Other

Year 4 State "fee for service" support only for those patients not covered by other resources

C. Emergency Care

1. Emergency Medical Services

The present Uniform Act requires that persons be afforded a continuum

of treatment beginning with Emergency Care. The required resources are not available to adequately provide that care. The Uniform Act also implies that severe medical emergencies induced by the abuse of alcohol will be treated by physicians in hospitals; yet physicians and hospitals are often reluctant to provide care for these persons.

* Amend state law that physicans and hospitals are required to meet their obligations to provide emergency care to those individuals with acute medical conditions.

* Recommend that alcoholism treatment agencies or community health authorities establish work agreements or contractual arrangements with public or private hospitals for the provision of emergency medical services.

2. Sleep-off Center Services

The public safety, health & welfare risks and costs associated with alcohol intoxication, alcohol abuse, and alcoholism in Alaska are so great that adequate measures must be taken to protect the community and the individual from those present and recurring behaviors which represent immediate and long-term threats.

* Amend the Uniform Act (AS 47.37) to allow sleep-off facilities to hold "intoxicated persons" and/or "incapacitated persons" for up to 72 hours involuntarily.

* Provide the funds to operate a statewide network of sleep-off facilities of the kind described.

* Require all sleep-off facilities to employ at least one person with Emergency Medical Training on each shift seven days a week.

* Require an initial medical examination within 24 hours.

* Require hospitals and physicians to admit intoxicated persons to hospitals if they also present other severe complicating medical problems.

* Require sleep-off facilities to conduct an evaluation for the purpose of disposition and referral of the patient prior to his release at the end of 72 hours.

* Sleep-off centers are recommended for the following communities:

Juneau	Wrangell	Cordova
Ketchikan	Petersburg	Kotzebue
Valdez	Seward	Barrow
Yakutat	Unalaska	Kenai

Sitak, Kodiak, Anchorage, Fairbanks, Bethel, and Nome have facilities suitable for a sleep-off service.

Capital expenditure estimates are based on the approximate purchase and installation price for new double-wide trailers for Ketchikan, Juneau and Valdez and for new single-wide trailers in the remaining locations.

The smaller units should be able to accomodate up to 10 beds and the larger units up to 15 beds. An estimate covering the cost of furnishing and equipping these units are included in the following figures:

Capital Expenditures = $439,050 (estimated)

Operating expenses (per annum) = $2,193,750 (estimated)

(includes total staffing of 117)

* Sleep-off centers might be recommended for Dillingham, Galena, Fort Yukon and Glennallen-Copper Center depending upon the results of a needs assessment and the availability of funds. Estimated capital expenditures for these four additional units would be $119,275 and the estimated operating expenses would be $675,000.

It can be anticipated, or conservatively assumed, that the probable levels of need, utilization, and/or required resources in most rural villages would not justify or allow for the establishment of sleep-off centers at this time. There probably would be, therefore, a number of communities with some level of need, which would have to depend upon the use of local jail or transporation to the nearest community with a sleep-off center.

* Encourage communities without jails or sleep-off centers to develop statistics which could be used by the State to assess the need for and the

probable utilization of a sleep-off facility.

Source of funding

* The proposed sleep-off programs should be funded in the following manner:

A. For Capital Expenditures: State General Fund

B. For Operating Expenses:

1. Poverty area communities: renewable yearly grant-in-aid, 90/10 State to local cash ratio.

2. Non-poverty area communities: progressively decreasing State/local grant-in-aid for four years (75/25; 60/40; 40/60; 25/75) and "fee for service" reimbursement starting at year five for those clients not covered by other resources.

* The Division of Corrections should provide sleep-off capability through existing rural jails where feasible and necessary.

* The Division of Corrections should keep records of the degree of association between crimes of which their inmates were convicted and a history of alcohol abuse and/or alcoholism.

* The Division of Corrections should provide treatment for alcoholism within the Corrections system.

* The Division of Corrections should provide a counseling program for alcohol abusers within the Corrections system.

* The Division of Corrections should ensure that appropriate after-care and follow-up are provided for all alcoholic inmates upon their parole.

* Referral for after-care and follow-up should be made available to those inmates who have completed their full sentence.

These recommendations are made in view of the following considerations:

An alcoholic is, by definition, a person physically and/or psychologically addicted to ethyl alcohol. (A person who cannot control his drinking behavior).

A person who is alcoholic and commits a serious crime because of his

alcoholism, will be a continuing recidivism risk.

An alcoholic offender will be less of a continuing recidivism risk if, while in custody, he received treatment for his alcoholism.

A paroled alcoholic offender must be afforded some protection from his addiction at lease during the initial stages of his parole. This should continue until he has successully re-integrated into society. Otherwise, the chances are great that he will relapse into his former active addictive condition.

Alcohol abuser offenders, upon parole, will most likely not need protective rehabilitative care but should be provided continuing out-patient counseling for a period of time.

2. Inpatient Care

A. Medical detoxification

There are a variety of potential medical problems such as cardiovascular arrest, convulsions , respiratory failure, diabetic coma, delerium tremens, or other severe withdrawal symptoms associated with the process of detoxification. Because these medical risks and the difficulties with attendant liability are greatest with the operation of a nonmedical service by para-professionals.

* The State should encourage establishment and participate in the funding of medical detoxification services whenever possible.

* Medical detoxification services should be located in a hospital or in a facility that has the capability of responsible medical management. A major advantage of medical (rather than nonmedical) detoxification, in addition to quality patient care, is the potential for reimbursement through Title XIX, social security, and private medical insurance.

3. Intermediate Care

A. Thirty day residential treatment services

There is evidence nationwide that many of the most viable and most effective rehabilitation programs (for example Chit-Chat, Valley Hope, Hazelden) are those that do not use government grants for funding but which

rely primarily on reimbursement for services given.

The size and stability of currently existing rehabilitation programs in the state are not adequate to meet the needs of this type of service. Patients who can pay and/or who have insurance coverage for this kind of care are typically transported "outside". it would be a functional and economic benefit to the State to have such a facility/program available within Alaska. It would afford existing smaller local programs with an inpatient resource within the State. It would also keep the money paid for treatment within the State.

It should be noted that the cost of care for approximately 70% of those clients participating in the Valley Hope and Chit-Chat treatment programs is provided by private health insurance payments and the cost of care for the remaining 30% is provided by other third-party payments (Veterans Administration, Medicaid, etc.) or absorbed by the program at no cost to the client (approximately 10% of all clients.)

* The State should provide funding for the establishment of a quality, short term residential, intensive treatment program which is directed primarily toward those rural and urban clients who are covered by public or private insurance or able to pay their own way.

* This facility should be centrally located but not directly adjacent to a large metropolitan area. There is ample evidence nationwide that far from being necessary to locate such a program in an urban area, it is a decided advantage to have this type of program situated at some distance from a major population center.

* This facility should not exceed 70 beds and should have an average patient stay of 30 days.

* This program should be available to residents from throughout Alaska and serve both urban and rural populations.

* This program should also serve as a practicum training center for alcoholism and other professionals.

The Valley Hope and Chit-Chat alcoholism treatment programs, which are located in relatively remote rural areas, report that they have experienced no problems relating to referral or physical accessability because of their location. To the contrary this location provides an attraction for those clients wishing to minimize the visibility of their being in treatment. Moreover, such location decreases the temptation and potential for leaving the program prior to the completion of treatment. It has also been the experience of Valley Hope, Chit-Chat and other comparable programs, that the independence from local government control considered to be essential for maintaining program integrity can be assured only by being located outside the boundaries of a large municipality.

The set of needs and conditions that a program of this size is designed to meet and the therapeutic modalities which are necessary for meeting these needs determines that;

* 30 day residential treatment services should be provided exclusively for the alcoholic and for the cross-addicted individual. The necessary goals and therapeutic functions required for the treatment of drug addicts drug abusers, the mentally ill and the emotionally disturbed who may require inpatient treatment are not the same as those required for the treatment of alcoholism.

Those 30-day treatment programs (Valley Hope, Chit-Chat, etc.) which have attempted to include drug addicts whave experienced a significant lack of success in working effectively with these clients. They report that the subcultural background, the life style, and the greater incidence of sociopathic pathology were not at all amenable to the kind of treatment they were able to provide. In addition, the drug addicted client was consistently found to disrupt the rest of the client community.

Residential treatment programs for drug addicts and abusers (Day Top Village; Freedom House, Inc.; Synanon; etc.) support this contention that distinct residential programs are required for the drug addict.

It would be inappropriate to include the mentally ill or the emotionally disturbed for the following reasons: 1) The average lenght of stay in an inpatient facility for psychiatric patients (e.g., at Alaska Psychiatric Institute) is at least fifty days, as opposed to thirty days. 2) The administration of psychoactive drugs (tranquilizers, anti-depressants, amphetamines, barbituates, etc.) is the most prevalent therapy of choice or therapeutic adjunct used by inpatient psychiatric programs. Chemotherapy, and the principles underlying its application, are antithetical to and/or incompatible with the drug-free environment of alcoholism treatment programs. 3) Most psychiatric patients requiring hospitalization suffer from acute (and often chronic) and severe mental and emotional disorders (e.g., paranoid schizophrenia, manic-depressive psychosis, and other diagnoses associated with symptoms of gross disorientation and dysfunction, e.g., hallucinations, delusions, and thought disorder). Most alcoholics, however, are well-oriented and psychologically unimpaired beyond the context of their addiction. 4) Successful thirty-day alcoholism treatment programs rely heavily on a variety of treatment modalities such as educational lectures on the nature of alcohol and alcoholism, the principles of recover, and an orientation to the principles and methods of Alcoholics Anonymous. These modalities are inappropriate and irrelevant for the treatment of psychiatric disorders. Moreover, the traditional approach of indepth psychotherapy views behavior as a symptom of underlying intrapsychic phenomena. This approach is greatly in contrast to the prevailing and accepted view that for the alcoholic, psychological (intrapsychic phenomena) and behavioral dysfunctions are symptoms of the underlying addiction.

* State support for this particular program should be provided on the following basis:

FY 78 75% State; 25% Other

FY 79 50% State; 50% Other

FY 80 25% State; 75% Other

FY 81 0% State; 100 Other

The annual operating expense for this 30-day treatment program is estimated at $894,250. This figure is based on a $35/day cost at full occupancy (70 beds) and includes rental expenses estimated at approximately $7,000/month.

If new construction were required, the Department of Health and Social Services estimates the costs at approximately $100,000/bed for a nursing-home type facility located in areas adjacent to the greater Anchorage vicinity. Additional cost estimates will be made, however, in an attempt to discover a less costly alternative.

The construction cost based on this figure for a 70-bed facility would amount to $7,000,000. Purchase of an existing facility of adequate size and design might well reduce the necessary capital investment by one-half.

Halfway House Services - It is possible to determine, on the basis of available data, which communities need to establish halfway house facilities.

* The projected number of clients and the availability of resources should be evaluated in order to determine the locus and extent of State financial support required to provide appropriate numbers and types of halfway house services.

Outpatient Care:

A. Outpatient Services - The Division of Mental Health's July 1975,

Mental Health Service "Provider Survey" study reports that alcoholism (in terms of "additional services needed" and "most pressing problem") accounts for 62.3% of all areas of programmatic concern.

Because of the predominance of alcoholism problems in rural communities, because of the limitation on available resources in rural communities, and because of the importance of skilled help for the alcoholic:

* It is recommended that the primary direction and identity of the Community Mental Health outpatient program be that of an alcoholism treatment service.

* Rural alcoholism, drug abuse, and Mental Health professionals and para-professionals should be cross-trained in all three areas.

There is insufficient information at this time upon which to determine the justification for combined versus separate outpatient units for each program area (alcoholism, drug abuse, and mental health) in larger (nonrural) communities. There are a number of considerations, however, in favor of combining these program areas or colocating the separate services wherever appropriate and feasible. For example, the inclusion of alcoholism, drug abuse, and mental health professionals within a single physical setting should facilitate and improve effective screening, case assignment and client referral. Continuing education across disciplinary lines and the availability of specialized consultation should also result from this arrangement.

* It is our recommendation that rural alcohol, drug abuse and mental health outpatient services maintain their separate identities and budgets but that they colocate in order to facilitate cooperation in patient care and facilitate cross-training for personnel in all three areas.

Information and referral services

* The major responsibility for the local dissemination of information about alcoholism and alcoholism services should be in the hands of volunteer organizations (i.e. Local NCA affiliates).

* The State should function as a clearing-house for research, treatment, and training information pertinent to alcoholism.

* Existing local community alcoholism programs should provide information and referral services on an ongoing basis as part of their normal activities.

* Existing local community alcoholism programs should be required to develop formal referral networks with all health, social services, judicial and law enforcement agencies in their local catchment area.

Long Term Care

* The State should fund, and initially operate, a long-term domiciliary care and rehabilitation facility for the chronic public inebriate.

* The primary client population for this program should be the court committed chronic public inebriate and/or those addicted individuals in need of long-term in-residence care who chose to commit themselves voluntarily for a period of 90 days or longer.

* The State should initiate and operate this facility for a period of at least five years.

RATIONALE:

The major purpose of this program would be to care for those who are presently a public burden. State operation would ensure quality control and close supervision of the organization of the facility and the program and personnel necessary to implement this recommendation.

1. Trained management personnel will have to be recruited.
2. Other personnel will have to be trained.
3. Close cooperation will have to be maintained with the Alaska Court System. A state operated facility could more easily accomodate court referrals.

* The program should have the capacity to care for at least 70 persons initially.

* A decision should be made at the end of five years of operation as to whether the program should be contracted to the private sector.

RATIONALE:

This decision should be based upon projections, information and statistical data relating to such considerations as the following:

1. The availability of third-party reimbursements for cost of care for a program of this sort.

2. The direct and indirect costs likely to be incurred by various state agencies (e.g., Vocational Rehabilitation, Public Safety, Corrections, Judicial System) in using the services of this facility.

3. The willingness and capability of a community agency to effectively operate such a facility and to provide the required administrative and fiscal management.

* It is recommended that this long-term facility be operated exclusively for the alcoholic.

RATIONALE:

There are different and distinct medical needs of the chronically mentally ill (chemotherapy, psychotherapy, etc.), and the State currently operates a facility capable of meeting these needs. The population of drug addicts requiring or suitable for this kind of care is minimal.

* It is recommended that this facility be located in close proximity to a major metropolitan area.

RATIONALE:

This facility would serve as a statewide resource and might require the services of various community vocational, health, and social service agencies available only in the larger population centers.

The annual operating expense for this 90 day treatment program is estimated at $894,250. This figure is based on a $35/day cost at full occupancy (70 beds) and includes rental expenses estimated at approximately

$7,000/month.

The Department of Health and Social Services estimates construction costs at approximately $100,000/bed for a nursing home facility located in areas adjacent to the greater Anchorage vicinity.

The construction cost based on this figure for a 70-bed facility would amount to $7,000,000. Purchase of an existing facility of adequate size and design might well reduce the necessary capital invesment by one-half. Additional cost projections will be made in order to determine the last expensive alternative.

REVENUE PROJECTIONS FOR LOCAL COMMUNITY ALCOHOLISM PROGRAM

With the implementation of annually decreasing state grant support to local alcoholism programs, local programs will be required to provide an increasing percentage of total project costs. Traditionally, project income when available has been used to reduce the total project costs to a net project cost upon which the required local match is determined. Funds used to meet the required match have been federal grant funds, local government contributions, and community donations. Matching requirements have allowed for either hard cash or in-kind contributions.

A. Project Income: Project income is basically divided into client fees for services and third party reimbursement for services provided to eligible clients. The most generally available sources for third party reimbursement are Veterans Administration (VA), Bureau of Indian Affairs (BIA), Vocational Rehabilitation (V-R), Blue Cross/Blue Shield (BC/S), and Medicaid (Title XIX). However, the amount of income available from these sources is represented in general by an inverse relationship to program size and services offered. Therefore, generally only those programs sufficiently large to provide a comprehensive range of services recoup third party payments. Such payments are not available to those programs offering only sleep-off information, referral, educational, and preventive services. Outpatient counseling, intermediate

care (halfway house and short term rehabilitation), and long-term care generate this type of income. It is established that reimbursement for outpatient and long-term care is more limited (restrictive) than for intermediate care.

The charts below relect the total amount of project income payments received by state-funded alcoholism programs in FY 76, amount by program projected for FY 77, and the projected FY 78 income based upon a minimal 10% increase.

Income Source	FY 76	FY 77	FY 78 (10% Inc.)
Client Fees	$83,000	$ 65,000	$ 71,500
Third Party	83,000	223,500	245,850
Miscellaneous	19,000	23,000	25,300

Based on the second quarter information available from the VA, we can estimate that a substantial dollar investment is already being made in third party payment to various Alaska alcoholism treatment providers. The VA indicates a total of $358,673 was spent on alcoholism treatment services in Alaska during the second quarter of FY 76. The VA estimates that 50 to 60% of these payments have gone for medical care, including doctors' visits and hospitalization for alcoholics. The current VA policy is to pay for 30-day alcohol rehabilitation services.

The Blue Cross of Washington and Alaska only reimburses for treatment in a state approved treatment facility or hospital. Since state licensure will be a reality in FY 78, we can anticipate that a portion of the money now going to hospitals will be used for treatment in State licensed alcoholism facilities. Blue Cross was unable to provide cost estimates for the amount of reimbursements made to hospitals for physicians for alcoholism treatment in Alaska. The State Division of Vocational Rehabilitation was unable to provide us with cost estimates for expenditures made in alcoholism treatment services.

B. Local Matching Funds: Local matching funds are generally comprised of federal grants, local government contributions, and contributions from the community itself. The following chart compares FY 76 and FY 77 contributions and projects a minimal 10% increase for FY 78.

Funding Source	FY 76	FY 77	FY 78
Federal Grants	$ 483,190	$ 607,821	$ 668,603
Local Govt.	502,076	693,522	762,874
Community	10,000	122,753*	135,028
Sub-Total	995,266	1,424,096	1,566,505
In-Kind	383,244	252,410	277,651
Total	1,378,490	1,676,506	1,844,156

* Includes $111,150 contributed by Salvation Army which was not contributed last year.

The availability of federal grants, local community donations and in-kind contributions to local community alcoholism programs might be expected to increase in the amount of funding available to local programs in many communities would be substantially greater if local community goverments would utilize more substanital portions of the local retail alcohol beverage sales tax revenues to defray costs of their local alcoholism programs.

The following chart shows the estimated amount of locally taxed retail sales in 1975:

VOLUME/SALES (1975)*

	Consumption No. of Gals.	Wholesale Sales (Millions)	Retail Sales (Million) (EST.)
Liquor	1,236,976	27.5	66.7
Wine	801,665	5.9	14.9
Beer	8,451,841	24.4	59.2
	10,490,482 Gals	$57.8	$140.8

*(from: "economic Benefits of Sale and Consumption of Beverage Alcohol"- SAAP Report, 1976)

No study has yet been able to determine the actual amount of retail beverage sales tax revenues realized by local communities for 1975. The following chart displays possible amounts based upon the assumption that local communities collectively may be taxing up to the local limit of 3%

	1975 Gallons Volume	Est. 1975 Retail Sales (Millions)	Local Sales Tax Revenues (Projected in Millions) 1%	2%	3%
Liquor	1,256,976	$66.7	0.670	1.330	2.001
Wine	801,665	$14.9	0.149	0.298	0.447
Beer	8,451,841	$59.2	0.592	1.184	1.776
Total	10,490,482	$140.8	$1.411	$2.812	$4.224

In other words, local communites collected somewhere between $1.4 million and $4.224 million from local retail sales taxes on beverage alcohol in 1975. Local community General Fund cash contribution to alcoholism program grants for FY 76 by contrast was $366,186.

Based on distribution increases during 1974-75/1975-76 for Liquor (21%), Wine (32.7%), and Beer (22%) projected revenues for 1976 from sales taxes, if adjusted, become:

	%Inc	Est. 1976 Gallons Volume	Est 1976 Retail Sales (Millions)	Sales Tax Revenues (Projected in Millions) @1%	@2%	23%
Liquor	(21%)	1,496,741	$81.07	0.8107	1.609	2,420
Wine	(32.7%)	1,063,809	19.8	0.198	0.395	0.593
Beer	(22%)	10,311,246	72.2	0.722	1.444	2.167
		12,871,796	$173.07	$1.7307	$3.448	$5.180

In 1976 therefore, local communities will collect somewhere between $1.730 million and $5.18 million in local retail sales taxes on beverage alcohol. Total local General fund cash contribution to local alcoholism programs for FY 77 is $501,484.

We therefore recommend that the deficits created by our proposed decreasing schedule of SGF grant support be made up locally in the following ways:

* An attempt should be made to alter the 3% sales tax limitations so that local communities could tax beverage alcohol at a higher rate.

If local communities had been avle to tax retail sales at 4% or 5% during FY 75 or FY 76, the total revenue locally available would have been:

1975		1976	
4%	5%	4%	5%
$2.668	$3.335	$3.230	$4.04
0.560	0.745	0.743	0.99
2.368	2.960	2.888	3.61
$5.596	$7.04	$6.861	$8.64

* In the meantime, local communities should be encouraged to tax retail alcohol sales at the 3% level allowed by law.

* In either case, local communities should be expected to utilize a portion of their local general fund revenue realized from local retail sales on beverage alcohol to maintain their alcoholism programs during and after state support declines at the rates proposed earlier in this paper.

E. Troubled Employees Program

* The State of Alaska should immediately design and implement a Troubled Employees Program for state employees. This program would assist in the early identification, evaluation, referral, and treatment of state employees experiencing social, health, and behavioral problems. The program should concern itself solely with problems in the employee's work performance. The program should be designed to reduce turnover of personnel, maintain productiveity, and reduce the use of sick time.

Similar state programs have been demonstrated to be of major importance in terms of employee retention, morale, and productivity and have been proven to result in a net cost savings in those organizations in which they have been

implemented.

Data from existing troubled employee programs indicate that over 50% of all clients referred into the programs have alcohol or alcohol-related problems. The National Institute of Alcohol Abuse and Alcoholism estimates that 95% of the individuals who are alcoholic or who have alcohol-related problems are family centered and employed. Until recently most of the help and attention in the area of alcohol abuse has been given to those visible alcoholics who are unemployed and have chronic drinking problems. The national trend is now shifting toward prevention and early identification for the employed and family centered population.

Since it is within the job function of the personnel department to concern itself with the development of policies and procedures, adminstration of fringe benefits, employee relations programs, and the maintenance of personnel records.

* The Division of Personnel should develop and administer the troubled employees program.

Since the emphasis of a troubled employees program is in the recognition, prevention, and treatment of alcohol and other social and health problems, it would be unrealistic to limit a troubled employees program solely to the area of alcohol abuse. It should also be emphasized that this program is not designed to "keep alcoholic individuals on the job". It is a program to assist employees with problems that cause job impairment and loss of efficiency in job performance. Unfavorable changes in work habits or behavior should be the indicator to the supervisor that the employee has problems that warrant attention.

It is essential when discussing the development and implementation of a troubled employees program that there be a clear understanding of the provisions of the group health insurance policy within the agency or agencies considering a program.

* The State should provide insurance coverage that ensures that treatment of alcoholism and other social health problems receive the same coverage provided any other illness.

* The treatment services covered by insurance should be all-inclusive, so that treatment can be provided on an outpatient as well as inpatient basis.

The following elements are basic to any sound troubled employee program:

1. Constructive Confrontation

The key to any successful troubled employee program is the supervisor's confrontation with his employee regarding unsatisfactory job performance. Evidence of the sub-standard job performance should be substantiated and serve as the sole criteria of an employee's referral to the program. The confrontation should be structured by the supervisor to be constructive rather than punitive. The supervisor should make known to the employee experiencing difficulties that a program of specialized referral for treatment is available.

If the supervisor's confrontation corrects the employee's deficient work performance, no further action is needed. But if the confrontation fails to restore performance to its previous level, the supervisor may feel that it is time for the intervention of a professional Employee Assistance Counselor.

The troubled employees program is not a "witch hunt" to identify alcoholics nor is it designed to make detectives or diagnosticians out of supervisors. The program relies on the supervisor's managerial skills and his ability to confront his subordinates with evidence of poor job performance. The supervisor should not be expected to investigate or analyze the cause of the impaired performance. This is the responsibility of the Employee Assistance Counselor and the community treatment resources. Although an inherent advantage of this program is its ability to structure and direct the employee's referral for treatment, it should be emphasized that a troubled employees program in

no way prevents the employee from going directly to the treatment resource of his choice.

2. Employee Assistance Counselor

The Employee Assistance Counselor is the professional individual who is responsible for counseling the troubled employee. He receives the referral from the employee's supervisor, counsels the employee, and may refer that employee into an existing treatment resource within the community. He should serve as the coordinator between employee, supervisor, and treatment resource. He must be familiar with the community treatment resources in order to make knowledgeable referrals. The Employee Assistance Counselor monitors the employee's progress during his treatment and maintains contact with the supervisor regarding the employee's job performance. If ongoing treatment is necessary, he is responsible for making appropriate arrangements with the employee's supervisor. He is also responsible for follow-up and coordination of inter-agency referrals.

It is essential that the Employee Assistance Counselor be adequately trained in the human relations field. In selecting this individual, consideration should be given to the following elements:

A. Academic background - basic course work in the social sciences.

B. Area of experience - social work pastoral counseling, counseling psychology, personnel counseling, and experience in a public or

private occupational program.

C. Ability to relate to others and to conduct oneself in a professional manner, be objective, non-judgemental, maintain professional distance, and be experienced in the area of evaluation of behavioral problems including alcoholism.

The Employee Assistance Counselor should have the ability to conduct short-term counseling with employees and understand current treatment techniques and modalities. Confidentiality must be guaranteed to the troubled employee. He must view the counselor as an empathetic person and have confidence in his ability.

3. Community Resources

Each community will have some, if not all, of the social and health services needed to implement a "troubled employee" program. One of the initial steps in program development is the coordination of these services to serve as referral sources. Utilization of existing community resources eliminates the need for adding treatment personnel to the staff.

4. Policy Statement

Any bureau or agency, whether at the state or municipal level, should have a policy statement explaining their "troubled employee" program. The policy

statement is the nucleus and the framework of the program. It establishes the guidelines from which the program operates.

The following concepts and ideas present some general principles to be considered when an agency is developing a policy statement:

--That alcoholism and other social, health-related problems affect employee work performance.

--that these conditions are treatable and that there is help available for the troubled employee.

--that the agency's concern is limited strictly to an employee's job performance and that there is no intent to intrude upon the employee's private life.

--that the agency will not penalize any employee for seeking help for social health problems which are affecting his job performance and that he will receive the same consideration given an employee with any other illness.

--that management is responsible to initiate and implement the policy. Management has the responsibility to protect the confidentiality, job security, and promotional opportunities of the employee.

--that management is not responsible for diagnosis, but is responsible for making appropriate referral of an employee with deteriorating job performance.

--that the responsibility of the employee is to comply with the referral and make necessary corrections in his job performance and his behavior. Failure to do so may result in appropriate corrective or administrative disciplinary action, including dismissal.

--that alcoholism and other social health problems should receive the same insurance coverage provided for other illnesses.

--that the agency encourages an enlightened attitude and realistic acceptance of alcoholism and other social/health problems to motivate the employee to voluntarily seek help.

A State Troubled Employees Program would require the hiring of a counselor and secretarial position in the regional personnel offices in Fairbanks, Juneau and Anchorage. If the counselor were hired at range 20 and the secretarial position was a Clerk Typist II, the costs including $10,000 travel for each counselor would total $170,884 per annum. A $10,000 travel budget for each regional counselor would allow for travel to outlying areas in their respective region to conduct supervisory training sessions and to consult with clients.

The possibility exists that an additional expense might be charged by Blue Cross for increased insurance coverage. This cost in other states has been minimal and

would depend upon the amount of coverage, length of stay, and re-admission stipulations. The present alcoholism treatment group coverage insurance plan for employees in the State of Washington costs 35¢ per month per family group and 15¢ per month for an individual. Blue Cross reimburses 80% of total cost to a maximum of $1,000 for residential alcoholism treatment. This is the total amount of treatment allowable for one calendar year. The relatively low cost of residential alcoholism treatment cost in Washington results from the use of alcoholism treatment facilities rather than hospitals for the majority of alcoholism treatment. The State of Washington also has a law that requires all group health insurance plans to include alcoholism treatment.

* The State should provide funds through the Office of Alcoholism for the establishment and operation of a statewide in-service training program on alcoholism and its treatment and prevention.

RATIONALE:

An in-service training program on alcohol abuse and alcoholism should be established for all judges, prosecutors, law enforcement officers, social workers, physicians, nurses, related health professionals, teachers, psychologists, counselors, and other human services personnel currently practising in the State of Alaska. This training program should focus on: the psychology, physiology, sociology, and pharmacology of alcoholism and alcohol abuse; the manner in which alcohol abuse and alcoholism impact upon the law enforcement, judicial, health, mental health, social services, and corrections,

systems in Alaska; appropriate intervention, treatment, support and rehabilitation roles that can be assumed by persons currently employed in these fields.

* A program of higher education, leading to degrees in and/or a major emphasis on alcohol abuse and alcoholism, should be established through the Office of Alcoholism in negotiation with the University of Alaska Center for Alcohol and addiction studies. This program should be funded by the State.

The thrust of this program would be to provide students with incentives to enter the field of alcoholism rehabilitation/treatment upon graduation, and to provide them with legitimate academic credentials for future certification as professionals in the area of addictions.

Counselor Training and Counselor Certification

* The Offices of Alcoholism and Drug Abuse working with the University of Alaska Center for Alcohol and Addictions Studies, should develop an "Alcohol and Drug Dependency Counselor Competence and Assessment Program."

Because of the unique problems posed by Alaska's geography of scattered, remote and small native villages and since there are but a few population centers spread hundreds of miles apart, counselor training and counselor certification procedures and standards are most difficult to establish.

The problem is two fold: (1) what standards should apply to counselors serving in various capacities throughout the state? and (2) how is training to be accomplished?

The counselor training and certification plan would be as follows: It is the responsibility of the State Office of Alcoholism along with the Office of Drug

Abuse to establish and operate through the University of Alaska and its community colleges the degree training program which provides the range of skills, knowledge, and attitudes demanded of the various people providing all levels of alcoholism and drug abuse services in the greatly divergent areas of the State. As an integral part of this degree program, the Office of Alcoholism and the Office of Drug Abuse working through the University of Alaska will develop an "Alcohol and Drug Dependency Counselor Competence Assessment Program" which provides state recognition of (1) individuals trained in and demonstrating competency in counseling alcohol and drug dependent persons and also (2) other individuals without prior formalized training but demonstrating "entry-level competency" in counseling alcohol and drug-dependent persons. Such a combination training program and counselor competency assessment program would be designed similar to the plan developed and implemented by the Minnesota Department of Public Welfare and State Merit System through Metropolitan State University.[1] Standards for training and for counselor certification would be agreed upon by a consortium of alcoholism and drug abuse professionals and certain other health care and social service providers working in various parts of Alaska and in consultation with certain professionals who have developed training and certification programs in other states with bicultural constituencies. Such standards would include an inventory or list of about ten major areas of competency (knowledge, skills, attitudes) that graduates of the training program should possess in order to function adequately in entry-level positions in the field. These professional

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1. Metropolitan State University Chemical Dependency Competence Assessment Program, Minnesota Department of Welfare, December 1975.

entry-level competencies having been identified, the Counselor Competency Assessment Program would provide a mechanism whereby persons who had attained the same professional competencies through a variety of work and life experiences could be appropriately assessed, granted university recognition, and thereby be qualified under State certification standards. The ten major areas of competency would focus around the following:

1. Knows the interrelated physical, psychological, social, and spiritual dynamics of addiction-alcoholism and drug dependency as they relate to individual clients and the family social structure, and general approaches to the tasks of prevention and treatment.

2. Knows the "continuum of care" concept as a prevention and treatment strategy for addressing the problems of addiction and substance abuse in the community and in the overall State system, including specific treatment modalities, and is committed to using and expanding his knowledge.

3. Knows and can apply the basic principles and techniques of intervention, assessment (diagnostic) interviewing, and referral within the "continuum of care".

4. Knows the legal, ethical, and confidentiality considerations involved in the treatment of alcohol-(and drug) dependent clients and the processes relating to same.

5. Knows and can apply the principles and techniques of individual and group counseling within the alcoholism (and drug-dependency) treatment program.

6. Knows and can apply the principles and techniques of family (significant other) counseling.

7. Knows and can apply interpersonal communication principles and techniques in relation to bicultural (Eskimo, Indian, and Aleut) populations.

8. Knows and can apply written communication principles and skills in relation to developing client treatment plans, progress notes, and discharge summaries.

9. Knows and can apply oral communication principles and skills in relation to clients and other human service professionals.

10. Knows one's personal attitudes in relation to the alcoholism and drug-dependency treatment system and the clients it serves; knows how to develop effective attitudes and approaches and is committed to being an effective worker.[2]

Each of the ten major areas of competency would include a breakdown of those specific skills, knowledge, and attitudes (at least five in each area) required in order to demonstrate competency in that major area.

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2. Minnesota Department of Welfare, "Chemical Dependency Specialist Competencies," December 18, 1975. Provided by Art Deegan, Ph.D., Management by Objectives, an approach to hospital management.

The assessment mechanism would follow the following procedure: The counselor candidate seeking recognition for life-work experiences and demonstrated competencies is asked to take the list of the ten major competency areas and for each area describe the significant life experiences (including work, volunteer activities, independent reading, workshops, papers, etc.) in which the candidate has engaged that have provided the opportunity for the candidate to obtain the competency. Then for each competency the candidate is to propose two persons (approved by the University training program) to evaluate the candidate in relation to the competency. The candidate is also asked to propose assessment procedures (measurement techniques) to be used by the evaluators. Such procedures may include any of the following: observation of the candidate in the work setting, simulation or role-playing exercises, oral examinations or interviews, reviews of reports by the candidate, objective or essay tests, etc. At least two assessment techniques should be offered for each of the specific skills cited under each of the ten major competencies.

Once the assessment procedures are approved, the candidate proceeds with the collection of evidence to support his claim to each of the ten competencies. Many candidates will be able to verify some but not all of the ten competencies. In such cases diagnostic feedback will be provided so that the candidate will be able to engage in appropriate training activities. At first it will be difficult to insure consistency in the objectivity of evaluators, but as the training and assessment program matures, a pool of expert evaluators will evolve who will meet periodically to discuss the standards and assessment procedures which

they are employing. In like manner the ten major competency area statements will be refined by the State Office of Alcoholism and by the State Office of Drug Abuse as a result of feedback offered by the training program teachers, the counselor competency evaluators, and the program evaluators from these two offices. Within two years, efforts to develop an advanced level of competencies for Alaska's alcoholism and drug abuse programs including supervisory competencies will be realized, and certification along these levels will be instituted.

Information about the training program and the Counselor Competency Assessment Program will be distributed widely in the small villages as well as in the larger population centers in order to attract a wide range of individuals into training and into jobs providing direct services in the local communities.

The framework of the University of Alaska training program would provide for training in three parts: (1) All alcoholism and drug-dependency workers would receive some training at one of the University of Alaska community colleges and at the two centralized treatment facilities: the inpatient intensive treatment facility and the long-term care facility. (2) In-service training would be provided in the local programs by program training staff. (3) Local program directors who have been intensively trained would take responsibility for providing certain levels of training for alcoholism and drug-dependency service providers in their local areas.[3,4]

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3. Training program of State of Colorado Alcohol and Drug Abuse Office, which includes training for Indian counselors serving in a large number of Indian communities throughout Colorado.
4. The local alcoholism services program in Nome, Alaska, administered by the Norton Sound HealthCorporation provides for ongoing training for counselors serving a network of fifteen small Eskimo villages plus Nome on such a training program framework with favorable results reported.

VI. POLICY RECOMMENDATIONS FOR MANAGEMENT

A. MANAGEMENT PROBLEMS

I. There is currently no state mechanism in place which will allow us to routinely continue to monitor alcohol related costs in increasingly more sophisticated and reliable ways or to determine the reasonableness of costs either as a whole or in individual Budget Request Units (BRU's).

However, the State's "PPBS" budgeting system does hold potential for more sophisticated and continual cost - revenue comparisons.

It is apparent that the state's alcohol related "cost center" have never been considered as parts of a programmatic or budgetary whole, nor have they been realistically related to the annual revenue available from the sale and distribution of beverage alcohol, federal funds, local contributions, private third party payments, public third party payments or other potential sources of revenue.

There is no overall budget policy for alcohol related programs. There is no set of budget directives reflecting that policy. Individual alcohol related BRU's are treated as discrete units and not as a programmatic whole, reflective of an overall policy. Therefore, there is no routine and accurate way for the state to measure its alcohol related costs/revenues, nor the efficacy and interrelation of its countermeasures.

This state has been not unlike many others in that it has suffered from a severe deficiency in both baseline and operational data from which to derive adequate and accurate measures of "where it is" and "where it's going" in the area of alcohol abuse and alcoholism.

The Executive Budget Act (AS 37.07.080) attempts to set up a rational data base and planning mechanism for the development of state programs. We are given to believe that it is largely not functioning as intended.

All departments and division with alcohol related RRU's are required to submit annual budgets in compliance with the Executive Budget Act which requires statements of "Public Needs To Be Addressed", "Agency Goals and Objective" (to meet those needs), "Agency Activities" (to execute the goals and objectives)and "Progress measures which show whether the need is in fact being met by the execution of goals and objectives at the projected levels of accomplishment and within the projected costs. In fact, this system does not appear to ensure that alcohol related agencies are working toward the accomplishment of a policy, through agreed upon goals, in a cooperative and coordinated manner. Hardly any reliable base-line or management information (M.I.S.) data is available to or generated by agencies that would allow them to make this system function.

In addition to the data needed by agencies to properly execute the state budgetary system, individual alcohol related agencies frequently have to develop non-comparable data sets to comply with different federal reporting requirements [there are both base line data planning requirements and MIS data reporting requirements mandated in different forms and contents bu different federal agencies for; Social Services Division, Office of Alcoholism, Corrections, Traffic Safety, Criminal Justice Planning, Medical Assistance Division, Office of Drug Abuse, the Judicial System, Comprehensive Health Planning (Office of Planning and Research), and others.]

Baseline data for these plan requirements is often incomplete to the degree that is is useless for realistic planning and programming

purposes. M.I.S. data collected by various agencies is non-comparable and incomplete and therefore of limited value for program monitoring or cost evaluation purposes. Annual and Quarterly Performance Reports required of each BRU are usually useless for the purpose of measuring program effectiveness, mutual support toward agreed upon goals, or cost efficiency.

II. The field of "health planning" is no more chaotic anywhere than in Alaska. Much of the chaos is the result of various federal laws and activities which have created disparate organizations, mutually independent, but each with some level of health planning authority and responsibility. Trying to make sence of the current situation is a trying task.

For example, the following federally mandated agencies, over which the state has very little, if any, control, have alcohol-related health planning and/or programming responsibilities: The Alaskan Area Native Health Services; The Alaskan Federation of Natives (Health Affairs Division); The Veteran's Administration; The Regional Health Corporations (non-profit branch of AFN); The Regional Emergency Medical Services Systems and the Regional Health Services Agencies (areas and boards).

The Federal Government funds directly, through its National Institute on Alcohol Abuse and Alcoholism grant-in-aid program, the following: The Alaskan Native Commission on Alcoholism and Drug Abuse, The National Council on Alcoholism - Alaska Region, local alcoholism treatment programs in Anchorage, Juneau, Ketchikan, Fairbanks and Tok and the Center for Alcohol and Addictions Studies at the U. of A. in Anchorage. There are local boroughs and municipalities in Alaska which have either assumed health powers, (planning and programming)

within their domain under Alaska State Law, or developed into the principal managerial agency for alcoholism treatment programs (as in Anchorage and Juneau).

Finally, the State, through the Department of Community and Regional Affairs, the Office of Alcoholism, the Office of Drug Abuse, the Division of Mental Health, the Division of Traffic Safety, the Divison of Corrections, the Criminal Justice Planning Agency, the Manpower Office and the Division of Social Services and Medical Assistance, fund local community alcoholism programs either directly or indirectly through grants-in-aid and/or reimbursable fee payments.

III. There is no state organization at present with sufficient resources and authority to coordinate the activities of the disperate organizations within Alaska that will plan for, fund, or provide alcohol - related services.

Given the conditions described above, the management problems inherent in coordinating the thrust and direction of alcohol related programming in Alaska are relatively complex. Additional complexity inherent in Alcoholism programming is added by the heavy involvement of the Judicial and Enforcement Systems of both the State and local communities, considerable involvement of the private medical profession and hospitals who provide most of the emergency and trauma care

Management Recommendations:

* Adopt the policy that alcohol abuse and alcoholism are inextricably linked to the per capita consumption of beverage alcohol, the sales and distribution of beverage alcohol and public attitudes toward its use.

A. Require that an annual state plan be developed that recognizes these relationships and addresses each of them an its proposed countermeasures.

* Retain an identifiable state "lead agency" for the coordination of prevention treatment and control of alcoholism and alcohol abuse for at least five more years. (Either the Office of Alcoholism or an Office of Substance Abuse)

* Alter the composition of the Interdepartmental Coordinating Committee: The following persons should be members:

Commissioner of Health and Social Services

Director of Division of Policy Development and Planning

Director of Budget and Management

Commissioner of Administration

Commissioner of Public Safety

Commissioner of Community and Regional Affairs

Commissioner of Education

Commissioner of Revenue

Commissioner of Labor

Director of Criminal Justice Planning Agency

Department of Law

Representative from the Alaska Court System

* Charge the Interdepartmental Coordinating Committee with monitoring responsibility for all alcohol-related state government efforts.

A. Monitor the preparation and content of an Annual State Alcohol Abuse Countermeasures Plan.

B Ensure interdepartmental and interdivisional cooperation and coordination in the implementation of the Annual State Alcohol Abuse Countermeasures Plan.

* Require all affected State BRU's to develop a combined annual alcohol abuse contermeasures plan through the annual budget process.

A. In those Division and Department where significant levels of activity related to alcohol abuse have been identified, budgets

Should be developed which specifically address those problems and coordinate with related activities in other Divisions and Departments.

B. The ICC, DPDP, and Budget and Management should review annual alcohol-related budgets and plans as a programmatic whole.

* Implement a centralized management information system that allows the State to measure the volume, effectiveness, costs and benefits of all its alcohol-related activities through time.

A. Develop and implement a centralized data system that can gather, analyze and synthesize reports on all alcohol-related activities and problems affecting State government. (Could pull together data from Revenu, AJIS, Corrections, Department of Health & Social Services, Traffic Safety, etc.,on a routine basis.)

* Amend the Uniform Act (AS 47.37) to create a permanent "Federal-State Coordinating Council for Alcohols Abuse:

A. Council to provide liaison between the State and Federal agencies for the purpose of coordinating alcohol-related policy development, planning, and program implementation statewide.

B. Membership to include members of the ICC, a representative from the National Institute of Alcohol Abuse and Alcoholism, Director of the VA, Director of IHS, representatives from the Military (Coast Guard, Army, Air Force), AFN, NCA-AR, ANCADA, The Regional HSA's and The State Health Coordinating Council (SHCC).

* The State should provide the ABC Board with staff and dollar resources sufficient to allow it to fulfill its regulatory mission.

A. Budget and Management should immediately review the ABC Board budget request for FY 78 and ensure that appropriate resources will be provided to upgrade the ABC Board function.

Alaska State Legislature

SENATOR MIKE COLLETTA

SENATE FLOOR LEADER

Senate

MEMORANDUM

TO: CITIZENS LEGISLATIVE BILL PARTICIPANTS

FROM: MIKE COLLETTA

RE: STATUS REPORT ON LEGISLATIVE RECOMMENDATIONS
January 5, 1978

The first phase of activities in writing a citizens bill are now complete. Although we encountered some technical problems in setting up the statewide public hearing, it was a good first attempt to involve everyone in the process.

One of the contributing factors to the difficulties we had was that you did not have a copy of the summary points of items to be included in the Citizens Bill. The summary is attached to this memorandum. It includes those items most often mentioned by the public as important.

The next phase of our project now involves taking these items and "fitting" them into a comprehensive package for legislative and administrative implementation. As you know, each of the various sections must be coordinated in order to be effective. Education, enforcement and treatment activities must complement each other in the local setting.

The legislature will convene next week and I intend to personnally tell each legislator about our special project. It would be beneficial for you to communicate your interest and views to your district representative. With everyone involved in a sull scale attack on alcoholism and alcohol abuse I am confident we can solve Alaska's greatest human needs problem.

Best Wishes

P.O. BOX 3100, ANCHORAGE 99501 • POUCH V JUNEAU 99811

education-prevention

- primary alcoholism education cirriculum in the public school system, grades K through 12
- basic alcoholism education and in-service type training for persons with a main-line contact with alcoholics: police officials, judges, social workers, doctors, nurses, village health aides, etc.
- accredited training for state certified teachers involving workshops or seminars
- training for persons dispensing alcohol as a pre-requisite to licensing
- provision for a statewide alcoholism education and training resource center to provide coordination, education materials, and training for local programs to draw upon
- specialized training for coordination and joint operations in liquor law enforcement by Alcoholic Beverage Control Board and other police agencies

enforcement

- increase penalties for all convictions involving alcohol and a motor vehicle (NOTE: several seperate pieces of legislation already before legislaturen addressing this provision. The very strong public comment about this will be relayed)

- licensing of bartenders, cocktail waitresses and others who dispense alcoholic beverages
- increase Alcoholic Beverage Control Board personnel with a particular emphasis on patrolmen and investigators
- require no more than one liquor beverage to be served to a single patron at a time.
- establish strict guidelines for the sale of alcohol beverages by telephone or mail order

alternatives· treatment

-----Mandatory alcoholism counciling referrals by judges whenever an individual becomes involved in the judicial process and alcohol is a contributing factor. Requirements for case histories to be a part of the court record, with provisions for confidentiality, to enable the court to make an approprite length and type of treatment referral. Medical and alcoholism evaluations would be a part of the history.

-----Series of detoxification centers such as funding a local hospital to establish a seperate alcoholism ward, or if the local community determines a greater need, a complete and seperate detox facility.

-----Establish guidelines and criteria for para-professionals in outlying areas and enable non-profit health corporations to act as primary contractors for providing alcoholism services.

-----Make available low interest loans to community corporations similar to other special areas such as economic development, minorities, veterans and student loans. This low interest loan would be for design and construction of recreation, sports, or adult social gathering places with the condition that alcohol would be prohibited in the facility.

local option

-----Establish uniform certification procedures for local alcoholism programs providing for a maximum of local self-determination in the structure and method of operations and objectives. The single goal for each is the reduction of alcohol abuse. Funding for local programs will be on a need basis without requirements for competing with other communities for grants.

-----Require certification of alcoholism programs.

-----Encourage development of third party funding sources such as verterans administration, employer participation and insurance coverage.

-----Authorize tax credit for contributions to certified alcoholism programs similar to political deductions.

-----Eliminate annual grant applications requirements for alcoholism programs and provide for longer periods of funding.

-----Establish "program revenue sharing" for local communities with funding based upon need. Formula for determining need may be any quantifiable data relative to alcohol abuse:

.....court proceedings involving alcohol as a contributing factor,
.....police activity reports relative to alcohol,
.....medical statistics,
.....social services records,
.....other

Revenue sharing under this section will be for a "time certain" period Example: documentation by local community that DWI or OMVI records show alcohol abuse problem and need to solve--funds are requested for a 2 year program, after which time no futher funds for this program will be granted if the DWI or OMVI statistics did not reveal a decline.

All monies now collected by the state from alcohol related industry would be available for this new local program approach. By re-directing revenue cuurently being raised, together with the excise tax now awaiting action in the State House, costly duplication and competition by different state agencies and adminstrative overhead would be reduced, Current grant program funding to alcoholism programs now total approximately 3 million dollars. Under the revenue sharing proposal, approximately 12 million dollars would be made available directly to local communities for alcoholism programs.

scomm

#6:2

Question		Kodiak	Anchorage	Palmer	Seward	Homer	Kenai
2	Yes	15	29	7	11	5	8
	NO	10	4	5	3	2	5
3	Yes	24	29	13	13	6	9
	NO	ø	2	1	ø	1	3
4	State	4	3	2	2	ø	8
	local	10	5	4	4	2	3
	family	1	5	2	2	ø	ø
	individual	7	9	4	7	3	3
5	Yes	7	5	3	4	ø	1
	NO	18	30	9	11	8	13
6	Yes	12	8	4	7	1	4
	NO	13	25	10	9	7	9
7	Yes	19	25	19	14	7	11
	NO	3	6	ø	1	ø	1
8							

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED AS A UNIT IN THE ORIGINAL DOCUMENT.

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

_____

_____

_____

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

(yes) Why _____

___ no _____

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

(___ yes)

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

(4) ___ state

(1) ___ local community

(3) ___ family

(2) ___ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

(___ no)

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

___ yes } invalid response

___ no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

(yes) overwhelming

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

___ increase more money for state alcoholism programs
(3) ___ increase more money for local alcoholism programs
___ raise liquor industry taxes
___ raise price of drinks
(1) ___ provide more money for alcoholism programs regardless of the source
___ close bars at 2:00 AM
(4) ___ increase enforcement of liquor laws
(2) ___ place greater emphasis on education
___ place greater emphasis on treatment
___ provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

_____

_____

_____

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

(8) yes ++++ /// Why _____

(5) no ++++ _____

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

(9) yes ++++ ////

(3) no ///

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

(8) state ++++ ///

(3) local community ///

-- family

(3) individual ///

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

(1) yes /

(13) no ++++ ++++ ///

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

(4) yes ////

(9) no ++++ ////

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be <u>required</u> to undergo treatment?

(11) yes ++++ ++++ /

(1) no /

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

(5)	(4)	(3)	(2)	(1)	
///		/		///	___ increase more money for state alcoholism programs
	//	/	///	//	___ increase more money for local alcoholism programs
	//				___ raise liquor industry taxes
		/			___ raise price of drinks
/		//		///	___ provide more money for alcoholism programs regardless of the source
			//		___ close bars at 2:00 AM
	/	/	/		___ increase enforcement of liquor laws
//		///	/	//	___ place greater emphasis on education
/	//	//	//	//	___ place greater emphasis on treatment
			//		___ provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

_____

_____

_____

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

(15) yes Why _____

(10) no _____

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

(24) yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

(1) other

(4) state

(10) local community

(1) family

(7) individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

(7) yes

(18) no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

(12) yes

(13) no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

(19) yes

(3) no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

(2) increase more money for state alcoholism programs

(3) increase more money for local alcoholism programs

___ raise liquor industry taxes

___ raise price of drinks

(5) provide more money for alcoholism programs regardless of the source

(5) close bars at 2:00 AM

(3) increase enforcement of liquor laws

(4) place greater emphasis on education

(5) place greater emphasis on treatment

___ provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC
Kerd

Anchorage SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

_____

_____

_____

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

(29) yes 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 Why _____

(4) no 𝍸 _____

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

(29) yes 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸

(2) no 𝍸

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

(3) state 𝍸

(5) local community 𝍸

(5) family 𝍸

(9) individual 𝍸 𝍸 𝍸

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

(5) yes 𝍸

(30) no 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

(8) yes 𝍸 𝍸

(25) no 𝍸 𝍸 𝍸 𝍸 𝍸

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

(25) yes 𝍸 𝍸 𝍸 𝍸 𝍸

(6) no 𝍸 𝍸

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

(5)	(4)	(3)	(2)	(1)	
	𝍸		𝍸		increase more money for state alcoholism programs
1	𝍸	𝍸	𝍸	𝍸	increase more money for local alcoholism programs
𝍸		1	1	𝍸	raise liquor industry taxes
			𝍸		raise price of drinks
		1	1	𝍸	provide more money for alcoholism programs regardless of the source
𝍸	1	1	𝍸		close bars at 2:00 AM
𝍸	𝍸	𝍸	𝍸	𝍸	increase enforcement of liquor laws
	𝍸	𝍸	𝍸	𝍸	place greater emphasis on education
1	𝍸	𝍸	𝍸	𝍸 1	place greater emphasis on treatment
𝍸	𝍸	𝍸	𝍸	1	provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

_____

_____

_____

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

(7) yes ⧸⧸⧸⧸ ⧸⧸ Why _____

(5) no ⧸⧸⧸⧸ _____

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

(13) yes ⧸⧸⧸⧸ ⧸⧸⧸⧸ ⧸⧸⧸

(1) no ⧸

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

(2) state ⧸⧸

(4) local community ⧸⧸⧸⧸

(2) family ⧸⧸

(4) individual ⧸⧸⧸⧸

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

(3) yes ⧸⧸⧸

(9) no ⧸⧸⧸⧸ ⧸⧸⧸⧸

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

(4) yes ⧸⧸⧸⧸

(10) no ⧸⧸⧸⧸ ⧸⧸⧸⧸

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be <u>required</u> to undergo treatment?

(19) yes ⧸⧸⧸⧸ ⧸⧸⧸⧸ ⧸⧸⧸⧸

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

(6)	(1)	(3)	(5)	(1)	
⧸			⧸⧸⧸⧸	⧸⧸	increase more money for state alcoholism programs
⧸	⧸		⧸⧸⧸	⧸⧸⧸⧸	increase more money for local alcoholism programs
		⧸⧸			raise liquor industry taxes
⧸					raise price of drinks
⧸		⧸⧸⧸		⧸	provide more money for alcoholism programs regardless of the source
	⧸⧸	⧸			close bars at 2:00 AM
⧸	⧸				increase enforcement of liquor laws
	⧸		⧸⧸	⧸⧸	place greater emphasis on education
⧸	⧸⧸	⧸	⧸	⧸	place greater emphasis on treatment
⧸	⧸	⧸⧸			provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

_____

_____

_____

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

(11) yes 𝍸 𝍸 I Why _____

(3) no III _____

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

(13) yes 𝍸 𝍸 III

__ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

(2) state II

(11) local community IIII

(2) family II

(7) individual 𝍸 II

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

(4) yes IIII

(11) no 𝍸 𝍸 I

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

(7) yes 𝍸 II

(9) no 𝍸 IIII

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

(14) yes 𝍸 𝍸 IIII

(1) no I

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

(6)	(4)	(3)	(2)	(1)	
I	I		II	I	increase more money for state alcoholism programs
I	I	IIII	II	IIII	increase more money for local alcoholism programs
		II	I	I	raise liquor industry taxes
I	I	I			raise price of drinks
I	I	II	I	I	provide more money for alcoholism programs regardless of the source
	II	II	I		close bars at 2:00 AM
I	I	I	II	I	increase enforcement of liquor laws
II	III	I	III	III	place greater emphasis on education
III	II	I	I		place greater emphasis on treatment
I	II		I	II	provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC

Homer

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

_____

_____

_____

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

(5) yes ~~HH~~ Why _____

(2) no // _____

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

(6) yes ~~HH~~ I

(1) no /

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

__ state

(2) local community //

__ family

(3) individual ///

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

__ yes

(8) no ~~HH~~ ///

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

(1) yes /

(7) no ~~HH~~ //

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

(7) yes ~~HH~~ //

__ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

(5)	(4)	(3)	(2)	(1)	
/	/				increase more money for state alcoholism programs
/	/		/	/	increase more money for local alcoholism programs
					raise liquor industry taxes
					raise price of drinks
				//	provide more money for alcoholism programs regardless of the source
		/			close bars at 2:00 AM
			/	/	increase enforcement of liquor laws
		///	//	//	place greater emphasis on education
		///	///	/	place greater emphasis on treatment
	/	/	/	/	provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

to escape problems,
also perhaps they get "hooked" w/o realizing
it's a problem

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

___ yes Why _____

X no _____

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

___ state

___ local community

X family

___ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

X yes

___ no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

X yes

___ no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be <u>required</u> to undergo treatment?

X yes

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

____ increase more money for state alcoholism programs
____ increase more money for local alcoholism programs
____ raise liquor industry taxes
____ raise price of drinks
____ provide more money for alcoholism programs regardless of the source
____ close bars at 2:00 AM
____ increase enforcement of liquor laws
____ place greater emphasis on education
____ place greater emphasis on treatment
____ provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC Palmer

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

Lonesomeness self pity
Unhappiness

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

X yes Why _____

___ no _____

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

___ state

___ local community

X family

___ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

X no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

___ yes

X no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

X yes

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

2 increase more money for state alcoholism programs
1 increase more money for local alcoholism programs
___ raise liquor industry taxes
___ raise price of drinks
3 provide more money for alcoholism programs regardless of the source
___ close bars at 2:00 AM
___ increase enforcement of liquor laws
___ place greater emphasis on education
4 place greater emphasis on treatment
5 provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC Palmer

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

1) Why do you think people become alcoholics?

He doesn't have either a psycological or physical tolerance for alcohol or probably any other drug

2) Dc you think there is a difference between an alcoholic and a heavy drinker?

✓ yes Why Alcohol completely controls the

___ no alcoholic all of the time.

3) Do you feel a person should be held responsible for things he does when he is drunk?

___ yes

✓ no but given success like M. Fowler the chance to be on a 24 hr. basis

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

___ state

✓ local community

___ family

___ individual

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

✓ no (not the problem drinker — just those who can't afford that bottle at the time)

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

___ yes

✓ no

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

✓ yes (To at least be sent in for evaluation by a group that is qualified)

___ no

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank. These can't be numbered as to priority

___ increase more money for state alcoholism programs
___ increase more money for local alcoholism programs
___ raise liquor industry taxes
___ raise price of drinks
___ provide more money for alcoholism programs regardless of the source
___ close bars at 2:00 AM
___ increase enforcement of liquor laws
___ place greater emphasis on education
___ place greater emphasis on treatment
___ provide incentives for alternatives to drinking programs

9) Other Comments We need money & Laws to support the Local program that is now trying to operate. Please keep us informed.

SC Palmer

Jim McElhaney

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

Alcohol is a socially accepted drug with a great mystic about it that people are encouraged to believe is a way of dealing with stress but some people's systems can't handle alcohol

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

___ yes Why They both endanger themselves others by their behavior

X no

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

___ state

___ local community

___ family

___ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

X no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

___ yes

X no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

X yes

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

1 increase more money for state alcoholism programs
2 increase more money for local alcoholism programs
___ raise liquor industry taxes
___ raise price of drinks
5 provide more money for alcoholism programs regardless of the source
___ close bars at 2:00 AM
___ increase enforcement of liquor laws
4 place greater emphasis on education
3 place greater emphasis on treatment
___ provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

Self pity

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

___ yes Why A Heavy drinker is a Alcoholic

X no

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

X state

X local community

___ family

___ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

X no But it could help support Alcohol Treatment Centers.

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

___ yes

X no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be <u>required</u> to undergo treatment?

X yes

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

___ increase more money for state alcoholism programs
___ increase more money for local alcoholism programs
X raise liquor industry taxes
___ raise price of drinks
___ provide more money for alcoholism programs regardless of the source
___ close bars at 2:00 AM
___ increase enforcement of liquor laws
___ place greater emphasis on education
X place greater emphasis on treatment
___ provide incentives for alternatives to drinking programs

---

9) Other Comments _____

SC Palmer

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

Nothing else to do, resentment, Mental problems

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

X yes Why _____

___ no

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

X state

___ local community

___ family

___ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

X no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

___ yes

X no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

X yes

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

3 increase more money for state alcoholism programs
2 increase more money for local alcoholism programs
___ raise liquor industry taxes
___ raise price of drinks
___ provide more money for alcoholism programs regardless of the source
___ close bars at 2:00 AM
___ increase enforcement of liquor laws
1 place greater emphasis on education
4 place greater emphasis on treatment
5 provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC Palmer

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

BECOUSE THEY DRINK ALCOHOL

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

__ yes Why BECOUSE THE ALCOHOLIC CAN

__ no NOT STOP DRINKING

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

__ yes

__ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

__ state

__ local community

__ family

__ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

__ yes

__ no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

__ yes

__ no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

__ yes

__ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

__ increase more money for state alcoholism programs
__ increase more money for local alcoholism programs
__ raise liquor industry taxes
__ raise price of drinks
__ provide more money for alcoholism programs regardless of the source
__ close bars at 2:00 AM
__ increase enforcement of liquor laws
__ place greater emphasis on education
__ place greater emphasis on treatment
__ provide incentives for alternatives to drinking programs

---

9) Other Comments LET'S GET THE Alcoholic in A TREATMENT CENTER

SC Palmer

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

Some were born, some are the ones that as over the line but they are still alcoholics

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

X yes Why They both can't handle it.

___ no

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

___ state

___ local community

___ family

X individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

X no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

___ yes

X no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

X yes if there is a treatment

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

2 increase more money for state alcoholism programs
1 increase more money for local alcoholism programs
___ raise liquor industry taxes
___ raise price of drinks
___ provide more money for alcoholism programs regardless of the source
___ close bars at 2:00 AM
___ increase enforcement of liquor laws
___ place greater emphasis on education
___ place greater emphasis on treatment
___ provide incentives for alternatives to drinking programs

---

9) Other Comments We need more effective treatment centers

SC

Palmer

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

People tend to escape from life & pressures into a bottle & it gets out of control.

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

✓ yes — Why one can stop & the other cannot

___ no

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

✓ yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

___ state

___ local community

___ family

✓ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

✓ no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

___ yes

✓ no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be <u>required</u> to undergo treatment?

✓ yes

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

2 increase more money for state alcoholism programs
1 increase more money for local alcoholism programs
3 raise liquor industry taxes
4 raise price of drinks
10 provide more money for alcoholism programs regardless of the source
4 close bars at 2:00 AM
5 increase enforcement of liquor laws
6 place greater emphasis on education
8 place greater emphasis on treatment
7 provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC
Palmer

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

Accidently

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

___ yes Why They Drink Because They Crave the Drink

X no

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

X state

___ local community

___ family

___ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

X no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

X yes

___ no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

X yes

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

6 increase more money for state alcoholism programs
5 increase more money for local alcoholism programs
3 raise liquor industry taxes
10 raise price of drinks
1 provide more money for alcoholism programs regardless of the source
4 close bars at 2:00 AM
7 increase enforcement of liquor laws
2 place greater emphasis on education
8 place greater emphasis on treatment
9 provide incentives for alternatives to drinking programs

---

9) Other Comments Maditory Three Day Treatment For Anybody Drunk in Public including Drunk Drivers

SC
Palmer

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

OTHER
PROBLEMS THAT ARE NOT HANDLED
SOCIETIES SOCIAL DRINKING
INTRODUCING YOUNG PEOPLE TO IT THROUGH ADVERTISING ETC

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

___ yes Why _____

___ no ALCOHOLIC TERMINOLOGY MAY BE A FURTHER STATE

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

✓ yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

✓ state

✓ local community

___ family

___ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes ?

___ no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

✓ yes IN RURAL AREAS

___ no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be <u>required</u> to undergo treatment?

✓ yes

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

2 ✓ increase more money for state alcoholism programs
1 ✓ increase more money for local alcoholism programs
___ raise liquor industry taxes
___ raise price of drinks
___ provide more money for alcoholism programs regardless of the source
3 close bars at 2:00 AM
___ increase enforcement of liquor laws
___ place greater emphasis on education
___ place greater emphasis on treatment
___ provide incentives for alternatives to drinking programs

---

9) Other Comments HYPOCRISY - DON'T DRINK THE ALCOHOL WE PROVIDE

SC Palmer

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

Pressures, Guilt

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

___ yes Why _____

___ no _____

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

___ state

___ local community

___ family

___ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

X no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

___ yes

X no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

X yes

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

5 increase more money for state alcoholism programs
4 increase more money for local alcoholism programs
___ raise liquor industry taxes
___ raise price of drinks
3 provide more money for alcoholism programs regardless of the source
___ close bars at 2:00 AM
___ increase enforcement of liquor laws
2 place greater emphasis on education
1 place greater emphasis on treatment
___ provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC
Palmer

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

1) Why do you think people become alcoholics?

frustration in justice in humanity

2) Do you think there is a difference between an alcoholic and a heavy drinker?

___ yes Why a drug 0 to 100%

X no a relative factor only

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes God holds all living things ultimately

___ no

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the responsible

4 state

3 local community in this order

2 family

1 individual

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

X yes There is a price

___ no for every thing

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

X yes

___ no

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

X yes

___ no

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

10 increase more money for state alcoholism programs
7 increase more money for local alcoholism programs
15 raise liquor industry taxes
5 raise price of drinks
9 provide more money for alcoholism programs regardless of the source
14 close bars at 2:00 AM
4 increase enforcement of liquor laws
1 place greater emphasis on education
6 place greater emphasis on treatment
2 provide incentives for alternatives to drinking programs

9) Other Comments a multi faced problem requiring effort from many directions

SC
Palmer

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

PHYSIOLOGICAL AND/OR MENTAL ABNORMALITIES

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

X yes — Why THE HEAVY DRINKER CAN QUIT IF GIVEN SUFFICIENT INCENTIVE

___ no

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

___ state

X local community ✓

___ family

___ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

X no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

___ yes

X no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be <u>required</u> to undergo treatment?

X yes

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

___ increase more money for state alcoholism programs
___ increase more money for local alcoholism programs
___ raise liquor industry taxes
___ raise price of drinks
(1) provide more money for alcoholism programs regardless of the source
___ close bars at 2:00 AM
(3) increase enforcement of liquor laws
(2) place greater emphasis on education
___ place greater emphasis on treatment
(4) provide incentives for alternatives to drinking programs

---

9) Other Comments THANKS FOR COMING!

SC Kod.

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

AVAILABILITY of Alcohol
SOCIAL ACCEPTABILITY
SOCIAL PROBLEMS

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

___ yes Why DIFFICULT TO DIFFERENTIATE
X no IN INDIVIDUALS.

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes
___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the THAT SOURCE THAT MAKES OR MAKES

___ state ALCOHOL AVAILABLE.
___ local community i.e. (1) laws
___ family (2) PRIVATE LIQUOR BUSINESS
___ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

X yes
___ no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

X yes
___ no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be <u>required</u> to undergo treatment?

X yes
___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

___ increase more money for state alcoholism programs
___ increase more money for local alcoholism programs
3 raise liquor industry taxes
6 raise price of drinks
✓ ___ provide more money for alcoholism programs regardless of the source
7 close bars at 2:00 AM
5 increase enforcement of liquor laws
4 place greater emphasis on education
___ place greater emphasis on treatment
2 provide incentives for alternatives to drinking programs

---

9) Other Comments LIQUOR INDUSTRY SHOULD CONTRIBUTE TO THE PROBLEM IT GENERATES.

SC
Kod.

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

Just like eating in excess anything in excess is harmful, But Drink is every Persons right.

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

X yes Why _____

___ no _____

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

___ state

___ local community ✓

___ family

X individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

X no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

___ yes

X no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be <u>required</u> to undergo treatment?

X yes

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

___ increase more money for state alcoholism programs
___ increase more money for local alcoholism programs
___ raise liquor industry taxes
___ raise price of drinks
✓ ___ provide more money for alcoholism programs regardless of the source
___ close bars at 2:00 AM
___ increase enforcement of liquor laws
1 place greater emphasis on education
2 place greater emphasis on treatment
3 provide incentives for alternatives to drinking programs

---

9) Other Comments House Bill 196 in Wilderness

_____

SC Kod.

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

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Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

personality disorders — wide variety of disorders.

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

X yes Why _____

___ no _____

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

X yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

___ state
___ local community
___ family
___ individual

} ✓ all share responsibility

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

X no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

X yes

___ no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be <u>required</u> to undergo treatment?

___ yes possible - getting into civil liberties area

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

___ increase more money for state alcoholism programs
___ increase more money for local alcoholism programs
___ raise liquor industry taxes
✓ ___ raise price of drinks
___ provide more money for alcoholism programs regardless of the source
4 close bars at 2:00 AM
1 increase enforcement of liquor laws
3 place greater emphasis on education
5 place greater emphasis on treatment
2 provide incentives for alternatives to drinking programs

---

9) Other Comments _____

_____

SC
Kod

SPECIAL SENATE COMMITTEE ON ALCOHOLISM AND ALCOHOL RELATED LEGISLATION

Alcoholism and alcohol abuse has been identified as the major human needs problem facing Alaskans today. The Special Senate Committee is gathering public comment about the problem, what currently is being done, and what can be done to lessen the burdens of alcohol abuse.

Your opinion and suggestions are welcomed by the Committee. To assist us, please answer the following questionaire.

---

1) Why do you think people become alcoholics?

social acceptance + don't expect to become alcoholics

---

2) Do you think there is a difference between an alcoholic and a heavy drinker?

✓ yes — Why Heavy drinkers can still control drinking habits

___ no

---

3) Do you feel a person should be held responsible for things he does when he is drunk?

✓ yes

___ no

---

4) Who do you think has the most responsibility for doing something about alcoholism; should it be the

___ state ✓

___ local community

✓ family + should search for help which should be available,

___ individual

---

5) If beer, wine, and liquor taxes were raised, do you think people would drink less?

___ yes

✓ no

---

6) If alcohol were harder to get, do you think there would be fewer alcoholics?

✓ yes

___ no

---

7) Should the public drunk or the person with a repeated and continuing alcoholism abuse record be required to undergo treatment?

✓ yes

___ no

---

8) Following are some suggestions of things to be done. Please list the priority order (1, 2, 3, etc.) in which they should be accomplished. If you do not feel a thing should be done, leave it blank.

___ increase more money for state alcoholism programs
6 increase more money for local alcoholism programs
___ raise liquor industry taxes
___ raise price of drinks
___ provide more money for alcoholism programs regardless of the source
5 close bars at 2:00 AM
2 increase enforcement of liquor laws
1 place greater emphasis on education
4 place greater emphasis on treatment
3 provide incentives for alternatives to drinking programs

---

9) Other Comments _____

SC Kodl