

ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILES 86/2

45 SCOMM 6: SENATE SPECIAL COMM. ON ALCOHOLISM 1977-78

Angoon Health Council Mary Duncan P. O. Box 71 Angoon, Alaska 99820	788-3345	Klukwan Health Council Johanna Hotch P. O. Box 496 Haines, Alaska 99827	766-2559
Craig Health Council Margaret Hatch, President P. O. Box 124 Craig, Alaska 99921	826-3305	Metlakatla Citizens Health Committee Johanna Bolton, President P. O. Box 458 Metlakatla, Alaska 99926	886-4491
Haines Health Council Dan Backhorst, President Haines, Alaska 99827	766-2231 (O) 766-2708 (H)	Pelican Health Council Judy Mears, Community Coordinator P. O. Box 747 Pelican, Alaska 99832	735-4101 (O) 735-4141 (H)
Hoonah Health Council Bea Brown, President P. O. Box 313 Hoonah, Alaska 99829	945-3350 (O) 945-3238 (H)	Petersburg Health Planning Council Mrs. Barbara Short, Pres. P. O. Box 1136 Petersburg, Alaska 99833	772-3468 (H)
Hydaburg Health Council Viola Burgess Hydaburg, Alaska 99922	285-3625	Saxman Health Council Tillie Kushnick Route 1, Box 376 Ketchikan, Alaska 99901	
Juneau Comp. Health Planning Council Susan Koester R.R. 5, P. O. Box 5719 Juneau, Alaska 99803	465-2981 (O) 789-0581 (H)	Sitka Health Association Nancy Eliason P. O. Box 517 Sitka, Alaska 99835	747-3255
John Symons Rt. 4, Box 4649 Juneau, Alaska 99803	364-2181 (O) 789-7528 (H)	Skagway City Council Marvin Taylor, Chairperson Health, Education & Welfare Committee P. O. Box 436 Skagway, Alaska 99840	983-2297 (O)
Kake Health Council Elaine Kadake, President P. O. Box 119 Kake, Alaska 99830	785-3842	Tenakee Health Council Genevieve Soboleff, President Tenakee, Alaska 99841	
Kasaan Health Council Estelle Thompson, President City of Kasaan Kasaan, Alaska 99924		Wrangell Health Planning Council Dr. Harriet Schirmer P. O. Box 773 Wrangell, Alaska 99929	874-3368 (O)
Ketchikan Health Council Sister Andrea Nenzel 433 Jackson Ketchikan, Alaska 99901	225-2400 (O) 225-2620 (H)	Marie Beers P. O. Box 961 Wrangell, Alaska 99929	874-3440 (H)
Klawock Health Council Pauline Peratrovich P. O. Box 65 Klawock, Alaska 99925		Yakutat Health Council Cornelia Howard, President P. O. Box 196 Yakutat, Alaska 99689	784-3356 (H) 784-3275 (O)

FUNDING SOURCES

Program	State Office Recommendation	Approved by G.A.B.
Yakutat	\$17,327 ✓	\$17,327
Seward	33,688 ✓	33,688
Ketchikan	103,474 ✓	103,474
Dillingham	27,435 ✓	27,435
Wrangell	35,293 ✓	35,293
Unalaska	38,645 ✓	38,645
Kotzebue	49,205 ✓	49,205
Bethel	138,456 ✓	138,456
Fairbanks	318,239 ✓	318,239
Juneau		
1. ACA	108,623 ✓	108,623
2. Gastineau Manor	21,200 ✓	21,200
Anchorage	607,225 ✓	607,225
Sitka	78,368 ✓	78,368
Kodiak	123,771 ✓	123,771
Tok	15,070 ✓	15,070
Petersburg	39,375 ✓	39,375
NCA-AR	107,182 ✓	107,182
Nome	114,393 ✓	114,393
Galena	-----	-----

PIPELINE IMPACT RESPONSE PROJECT GRANTS

Program	State Office Recommendation	Approved by G.A.B.
ALMEA (Ak. Labor & Management Employee Affairs, Inc.)	200,000 ✓	200,000
Seward	18,040 ✓	18,040
Valdez	65,260 ✓	65,260
Copper Center	67,108 ✓	67,108
Barrow	74,080 ✓	74,080
Anchorage	169,221 ✓	169,221

NEW COMMUNITY-GRANT-IN-AID REQUESTS

Program	State Office Recommendation	Approved by G.A.B.
Cook Inlet	40,679	-----
Center for Alcohol & Addiction Studies (U of A)	47,597	-----
Petersburg		-----
Fort Yukon	-----	-----
Gastineau Manor (women's)		-----
Craig		-----

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FUNDING SOURCES FOR STATE OFFICE OF ALCOHOLISM PROJECTS

1976

<u>SOA Statewide and Regional Programs</u>	<u>Total Project Cost</u>	<u>State Alcoholism Award</u>	<u>State General Fund</u>	<u>NIAAA Formula Pipeline</u>	<u>Titles IVA VI,XVI</u>	<u>Total Other Federal Income</u>	<u>Misc. Funding</u>
ALMEA	\$ 200,000	\$ 200,000	\$ -0-	\$200,000 PI	\$ -0-	\$ -0-	\$ -0-
Barrow	54,730	54,730	-0-	54,730 PI	-0-	-0-	-0-
Bethel	132,214	93,500	93,500	-0-	-0-	950	37,764
Copper Center	55,000	55,000	-0-	55,000 PI	-0-	-0-	-0-
Dillingham	31,505	22,100	-0-	22,100 FG	-0-	-0-	9,405
Fairbanks	1,072,440	290,200	217,650	-0-	72,550	657,000	125,240
Galena	18,667	14,000	9,750	4,250 FG	-0-	-0-	4,667
GAAB	1,501,013	821,854	567,470	109,488 PI	144,896	333,353	345,806
Juneau	349,329	90,360	4,880	85,480 FG	-0-	132,826	126,143
Ketchikan	142,147	58,101	49,405	-0-	8,696	40,120	43,926
Kodiak	150,496	117,430	73,867	28,500 FG	15,063	-0-	33,066
Kotzebue	52,700	36,981	31,403	-0-	5,578	-0-	15,719
NCA-AR	736,158	79,478	64,576	-0-	14,902	656,680	-0-
Nome	126,121	85,430	85,430	-0-	-0-	-0-	40,691
Petersburg	36,093	27,070	-0-	27,070 FG	-0-	-0-	9,023
Seward	43,900	34,700	-0-	34,700 PI/FG	-0-	-0-	9,200
Sitka	185,451	79,380	66,536	-0-	12,844	80,000	26,071
Tok	128,600	13,700	13,700	-0-	-0-	114,900	-0-
Unalaska	141,020	26,800	26,800	5,000	-0-	86,220	23,000
Valdez	65,260	65,260	-0-	65,260 PI	-0-	-0-	-0-
Wrangell	35,813	26,860	26,860	-0-	-0-	-0-	8,953
Yakutat	18,500	13,875	13,875	-0-	-0-	-0-	4,625
TOTAL	\$5,277,157	\$2,306,809	\$1,345,702	\$691,578	\$274,529	\$2,102,049	\$863,299

QUERY NO. B539

WIAAA GRANTS ACTIVE AS OF JUNE 1977
BY PROGRAM, STATE, CITY, INSTITUTION AND P.I.

INVESTIGATOR DEPARTMENT	PROJECT TITLE	START DATE	END DATE	IRG	FY	PROGRAM CLASS	GRANT NUMBER	FY NO. & AMT. OF STIPENDS	DOLLARS AWARDED
ALASKA FAIRBANKS FAIRBANKS NATIVE ASSOCIATION CARLO, LUCY A NONE	DENA ALCOHOLISM SERVICES	10-01-75	06-30-77	ASRI	76	SSAI	5H84AA00859-02	1	?
ALASKA UNREAN ALASKA STATE DEPARTMENT OF HLTH-SOC SVCS COLP, ROBERT L DIV OF FAMILY & CHILDREN SERVI	THE PIPELINE IMPACT RESPONSE PROJECT	07-01-76	06-30-77	ASRO	76	CA	5H84AA02055-02	1	731,992
ALASKA KETCHIKAN GATEWAY MENTAL HEALTH CENTER RASMUSSEN, LAPRELE S NONE	KETCHIKAN COMPREHENSIVE ALCOHOLISM PROGRAM - STAFFING	11-01-76	10-31-77		77	SSCS	5H84AA03229-05	3	27,809
ALASKA NETLAKATLA NETLAKATLA INDIAN COMMUNITY SCUDERO, BONNIE G NONE	NETLAKATLA INDIAN COMMUNITY ALCOHOLISM SERVICES PROGRAM	06-01-77	05-31-78	ASRI	77	SSA1	5H84AA00532-03	0	29,400
ALASKA MOUNT EDGECUMBE MOUNT EDGECUMBE HIGH SCHOOL HCCUSKEY, MIKE NONE	MOUNT EDGECUMBE COMPREHENSIVE ALCOHOLISM PROGRAM - MECAP	03-01-77	02-28-78	ASRI	77	SSAI	5H84AA00027-03	0	51,869
ALASKA TOK UPPER TANANA REGIONAL CNCL ON ALCOHOLISM BYEDERMAN, CHARLIE R NONE	UPPER TANANA REGIONAL COUNCIL ON ALCOHOLISM	06-01-77	05-31-78	ASRI	77	SSA1	5H84AA00535-06	0	127,523

964,637

12 → 2,011,214
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BILLS

Original sponsor: Rules Committee by request
of the Governor

Offered: 5/9/77
Referred: Rules

1 IN THE SENATE

BY THE FINANCE COMMITTEE

2 HOUSE CS FOR CS FOR SENATE BILL NO. 167
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 TENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the excise tax on and license fees
7 for sale of intoxicating liquors; and providing for an
8 effective date."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 * Section 1. AS 43.60.010(a) is amended to read:

11 (a) Every brewer, distiller, bottler, jobber, retailer, whole-
12 saler, or manufacturer who sells intoxicating liquors in the state or
13 who consigns shipments of intoxicating liquors into the state, whether
14 or not the liquors are brewed, distilled, bottled, or manufactured in
15 the state, shall pay on all malt beverages (alcoholic content of one per
16 cent or more by volume), wines, and hard or distilled liquors, the
17 following taxes: (1) malt beverages at the rate of 25 cents a gallon or
18 fraction of a gallon; (2) wine or other liquor of less than 14 [21] per
19 cent alcohol by volume [OR LESS,] at the rate of \$1 [60 CENTS] a gallon
20 or fraction of a gallon; [AND] (3) other liquors having a content of
21 more than 21 per cent alcohol by volume at the rate of \$5 [\$4.00] a
22 gallon; and (4) wine or other liquor of at least 14 per cent alcohol by
23 volume but not more than 21 per cent alcohol by volume at the rate of
24 \$1.35 a gallon or fraction of a gallon.

25 * Sec. 2. AS 04.10.110 is amended to read:

26 Sec. 04.10.110. WHOLESALE LICENSE. (a) The holder of a general
27 wholesale license may sell intoxicating liquors in the original package,
28 and wine in bulk, in quantities of not less than five wine gallons to
29 holders of licenses. The holder of a general wholesale license may

1 not sell to a consumer. Liquor requiring internal revenue strip stamps
2 shall have the stamps intact on the package. A general wholesale
3 license shall be required for each distributing point. The general
4 wholesale license fee schedule is based upon the total amount of busi-
5 ness transacted during any year and is \$500 as a minimum license fee, to
6 accompany the application, and in payment of the fee for the first
7 \$50,000 of business transacted, and, in addition thereto, on the busi-
8 ness transacted during any year,

9	above \$50,000 and not	
10	over \$75,000	a fee of \$250
11	above \$75,000 and not	
12	over \$100,000	a fee of \$500
13	above \$100,000 and not	
14	over \$125,000	a fee of \$750
15	above \$125,000 and not	
16	over \$150,000	a fee of \$1000
17	above \$150,000 and not	
18	over \$175,000	a fee of \$1250
19	above \$175,000 and not	
20	over \$200,000	a fee of \$1500
21	above \$200,000 and not	
22	over \$250,000	a fee of \$2000
23	above \$250,000 and not	
24	over \$300,000	a fee of \$2500
25	above \$300,000 and not	
26	over \$350,000	a fee of \$3000
27	above \$350,000 and not	
28	over \$400,000	a fee of \$3500
29	above \$400,000 and not	

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over \$500,000 a fee of \$4500
above \$500,000 one per cent of the business
transacted
[A FEE OF \$5000]

(b) The holder of a wholesale malt beverage and wine license may sell malt beverages and wine in the original packages and malt beverages and wine in bulk in quantities of not less than five wine gallons to holders of licenses. The holder of a wholesale malt beverage and wine license may not sell to a consumer. The malt beverages and wine license fee schedule is based on the total amount of business transacted in any year and is \$100 as a minimum license fee, to accompany the application, and in payment of the fee for the first \$10,000 of business transacted, and, in addition, on the business transacted during any year,

above \$10,000 and not
over \$25,000 a fee of \$150
above \$25,000 and not
over \$50,000 a fee of \$500
above \$50,000 and not
over \$75,000 a fee of \$750
above \$75,000 and not
over \$100,000 a fee of \$1000
above \$100,000 and not
over \$150,000 a fee of \$1500
above \$150,000 and not
over \$200,000 a fee of \$2000
above \$200,000 and not
over \$300,000 a fee of \$3000
above \$300,000 and not
over \$400,000 a fee of \$4000

1 above \$400,000

one per cent of the business
transacted

[A FEE OF \$5000]

4 * Sec. 3. AS 04.10.040(a) is amended to read:

5 (a) The holder of a beverage dispensary license may sell for cash
6 or serve on the premises beer, wine and hard liquors for consumption on
7 the premises only. The beverage dispensary license fee is \$750 [\$500]
8 in all unincorporated communities and incorporated cities having a
9 population not exceeding 1,500 persons and \$1,500 [\$1,000] in all unin-
10 corporated communities and incorporated cities having a population in
11 excess of 1,500 persons. The population shall be determined at the time
12 of filing the application. Each applicant for a beverage dispensary
13 license shall file with the application a cash bond or a surety bond
14 executed by a surety company approved by the board. The condition of
15 the bond or undertaking shall be that the applicant or applicants are
16 the sole owners of the business to be licensed, and that no other person
17 is financially interested directly or indirectly, and that the applicant
18 or applicants will conduct the business in accordance with the appli-
19 cable laws pertaining to intoxicating liquor in the state. The bond
20 shall be in the penal sum of \$2,500. Upon revocation of the license,
21 the bond may be forfeited and the amount deposited into the general fund
22 of the state.

23 * Sec. 4. AS 04.10.050 is amended to read:

24 Sec. 04.10.050. RESTAURANT LICENSE. The holder of a restaurant
25 license may sell beer and wine in a restaurant with meals furnished in
26 good faith to patrons. The restaurant license fee is \$500 [\$300].

27 * Sec. 5. AS 04.10.060 is amended to read:

28 Sec. 04.10.060. ROADHOUSE LICENSE. The holder of a roadhouse
29 license whose licensed premises are located not less than 18 miles

1 from the corporate limits of a city and who serves food to the traveling
2 public, may sell beer and wine for consumption on the premises only.

3 The roadhouse license fee is \$250 [\$150].

4 * Sec. 6. AS 04.10.100 is amended to read:

5 Sec. 04.10.100. RETAIL LICENSE. The holder of a retail license
6 may sell for cash in his establishment intoxicating liquors in the
7 original packages and wine in bulk. All liquor requiring internal
8 revenue strip stamps shall have the stamps intact upon the packages.
9 The consumption of intoxicating liquor on premises licensed under this
10 provision is prohibited. Sales under a retail license are limited to
11 less than 20 wine gallons to any one person in any one sale. The
12 retail license fee is \$1,000 [\$600], but the retail license fee for a
13 retail liquor store having gross sales from the sale of intoxicating
14 liquors not exceeding \$20,000 in any calendar year is \$300.

15 * Sec. 7. This Act takes effect July 1, 1977.
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Introduced: 2/24/77
Referred: Special Committee on
Alcoholism, Community &
Regional Affairs and Judiciary

1 IN THE SENATE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2 SENATE BILL NO. 182

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to municipal sales taxes."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. AS 04.15.070(a) is amended to read:

9 (a) A municipality may by ordinance provide [RULES AND] regu-
10 lations governing the barter, sale and possession of intoxicating
11 liquor within the municipality necessary to the orderly conduct of the
12 business of selling intoxicating liquor. When, under a local option
13 election, the city clerk finds the majority of the voters are against
14 the sale of intoxicating liquor, the municipality, by ordinance, may
15 make the sale of intoxicating liquor within the municipality a mis-
16 demeanor whether the sale is made pursuant to license or otherwise.
17 The ordinance may not be inconsistent with this title or the rules and
18 regulations promulgated under this title. No municipality may impose
19 taxes other than property taxes on liquor inventories and sales taxes
20 on liquor sales [WHEN THESE TAXES ARE LEVIED ON OTHER PROPERTY AND
21 SALES WITHIN THE MUNICIPALITY].

22 * Sec. 2. AS 29.53.415(a) is amended to read:

23 (a) A borough may levy and collect a sales tax not exceeding
24 three per cent on sales or rents, and on services made within the
25 borough, except that a higher rate may be imposed on the sales of
26 intoxicating liquor. The sales tax may apply to any or all of these
27 sources. Exemptions may be granted by ordinance. Nothing in this
28 subsection prohibits the levy of a sales tax on a single class of
29 commodity, or the levy of a higher rate of tax on one class of com-

1 modity than on another.

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Introduced: 2/24/77
Referred: Special Committee
on Alcoholism, Community and
Regional Affairs, Finance and
Judiciary

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

1 IN THE SENATE

2 SENATE BILL NO. 183

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to alcoholic beverages; and
7 providing for an effective date."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. AS 04.05.010(b) is amended to read:

10 (b) The governor shall appoint a director [, SUBJECT TO CON-
11 FIRMATION BY THE LEGISLATURE,] who is the executive officer of the
12 board. The director shall enforce this title and the [RULES AND]
13 regulations adopted [PROMULGATED] by the board. The director is not a
14 member of the board but may cast a tie-breaking vote. He shall issue
15 all licenses provided for under this title.

16 * Sec. 2. AS 04.10.020(m) is amended to read:

17 (m) unlimited community liquor license; [.]

18 * Sec. 3. AS 04.10.020 is amended by adding new subsections to read:

19 (p) limited community liquor license;

20 (q) in-flight catering license.

21 * Sec. 4. AS 04.10.100 is amended to read:

22 Sec. 04.10.100. RETAIL LICENSE. The holder of a retail license
23 may sell for cash in his establishment intoxicating liquor in the
24 original packages and wine in bulk. He may not sell intoxicating
25 liquor which has been ordered by mail or telephone from (1) an incor-
26 porated city, organized borough, unified municipality or election pre-
27 inct which has prohibited the sale of intoxicating liquor if the
28 governing body by resolution or the precinct voters by election have
29 expressed opposition to mail and telephone orders and notified the

1 board; (2) an incorporated city, organized borough, or unified municipi-
2 pality which has been issued a limited community liquor license; or
3 (3) an incorporated city, organized borough, or unified municipality
4 which has no licensed premises and has not authorized the sale of
5 intoxicating liquor if its governing body has expressed by resolution
6 its opposition to mail and telephone orders and notified the board.

7 The board shall regularly furnish retail license holders with a current
8 list of these municipalities and precincts. All liquor requiring
9 internal revenue strip stamps shall have the stamps intact upon the
10 packages. The consumption of intoxicating liquor on premises licensed
11 under this provision is prohibited. Sales under a retail license are
12 limited to less than 20 wine gallons to any one person in any one
13 sale. The retail license fee is \$600, but the retail license fee for
14 a retail liquor store having gross sales from the sale of intoxicating
15 liquors not exceeding \$20,000 in any calendar year is \$300.

16 * Sec. 5. AS 04.10 is amended by adding a new section to read:

17 Sec. 04.10.135. IN-FLIGHT CATERING LICENSE. The holder of an
18 in-flight catering license may sell intoxicating liquors in the origi-
19 nal package and wine in bulk with prepared meals catered to certifi-
20 cated domestic and international air carriers. The holder of an in-
21 flight catering license may not sell to a consumer and must purchase
22 intoxicating liquor, wine, and beer from a wholesaler licensed under
23 sec. 110 of this chapter. The in-flight catering license fee is \$600.

24 * Sec. 6. AS 04.10.139 is amended to read:

25 Sec. 04.10.139. COMMUNITY LIQUOR LICENSES. (a) The holder of
26 an unlimited [A] community liquor license must be an incorporated
27 city, unified municipality, or organized borough in which the majority
28 of voters has authorized unlimited community sale of intoxicating
29 liquor by a local-option election under secs. 430 or 433 of this

1 chapter [A FIRST OR SECOND CLASS CITY]. [A CITY WHICH HAS WITHIN ITS
2 MUNICIPAL BOUNDARIES A LIQUOR LICENSE COMING UNDER SEC. 20(a) OR (g)
3 OF THIS CHAPTER AND ISSUED TO A PRIVATE PERSON WITHIN THE CITY BEFORE
4 JUNE 1, 1970 IS NOT ELIGIBLE FOR A COMMUNITY LIQUOR LICENSE, EXCEPT
5 THAT A CITY HAVING HELD A LIQUOR LICENSE THROUGH A LOCAL CORPORATION
6 OR OTHERWISE BEFORE JUNE 1, 1970 IS ELIGIBLE FOR THE LICENSE.]

7 Unlimited community [COMMUNITY] liquor licenses issued under this
8 subsection [SECTION] are restricted to the types of licenses authorized
9 under sec. 20(a) and (g) of this chapter. [THIS SECTION DOES NOT
10 CHANGE THE PROVISIONS OF SEC. 430 OF THIS CHAPTER PROVIDING FOR LOCAL
11 OPTION ELECTIONS.]

12 * Sec. 7. AS 04.10.139 is amended by adding new subsections to read:

13 (b) The holder of a limited community liquor license must be an
14 incorporated city, unified municipality, or organized borough in which
15 the majority of voters has authorized limited community sale of intoxi-
16 cating liquor by a local-option election under secs. 430 or 433 of
17 this chapter. It may conduct only retail sales of intoxicating liquor
18 as provided by sec. 100 of this chapter for a license under sec.
19 20(g), except that sales shall be limited to no more than 2.4 wine
20 gallons to any one person in any one day, and sales may be made only
21 by advance orders placed at least two weeks before delivery.

22 (c) Upon the issuance of a limited or unlimited community liquor
23 license the board may not issue or renew a privately held liquor
24 license as long as the community liquor license is in effect. All
25 existing privately held liquor licenses will remain in effect for
26 three months after the local-option election or until the current
27 period of licensure expires, whichever is later. No fees may be
28 imposed for this extension of existing licenses beyond their normal
29 expiration date.

1 (d) A community liquor license remains in effect for the
2 period specified in sec. 320 of this chapter. Subject to local-option
3 election results, a community liquor license may be renewed.

4 (e) A community liquor license issued before the effective
5 date of this Act is considered an unlimited community liquor license.
6 If a majority of the voters at an election in an incorporated
7 city, unified municipality, or organized borough holding an
8 unlimited community liquor license approves application for a limited
9 community liquor license, or reject both classes of community
10 liquor license, it may not be reissued by the board after it has
11 expired. A new community liquor license may be issued following
12 voter approval at a new election under secs. 430 or 433 of this
13 chapter.

14 * Sec. 8. AS 04.10.200 is repealed and re-enacted to read:

15 Sec. 04.10.200. PUBLIC NOTICE. (a) Notice shall be given by
16 the applicant for a new license or for the renewal, reissuance, or
17 transfer of an existing license by posting at the premises for a
18 period of at least 10 days a true copy of the application. If the
19 application is for a location in the unorganized borough, the appli-
20 cant shall, in addition to posting at the premises, post notice at the
21 nearest post office.

22 (b) When it determines that the public interest requires, the
23 board shall require the applicant to cause announcements to be made to
24 inform the public of the proposed issuance, renewal, or transfer of
25 licenses in newspapers and on radio or television stations beginning
26 not later than 10 days after the application is filed. Announcements
27 must be bilingual when necessary, and the board may direct or require
28 that the announcement be published or delivered in a language other
29 than English that serves to inform the public.

1 * Sec. 9. AS 04.10.270 is amended to read:

2 Sec. 04.10.270. [HEARING ON] PROTEST OF LOCAL GOVERNING BODY.

3 An application for a transfer, renewal or new license [COMING FROM]
4 within a municipality shall be transmitted directly to the board and
5 need not bear a recommendation of the governing body of the municipality.
6 Upon receipt of [DECIDING TO APPROVE] an application, the board shall
7 transmit a copy of the application to the city council [WRITTEN NOTICE
8 OF ITS INTENT TO APPROVE THE TRANSFER, RENEWAL OR NEW LICENSE REQUESTED
9 TO THE CITY GOVERNING BODY], if the application is for premises within
10 an incorporated city, or to the borough assembly, if the application
11 is for premises within the area of an organized borough outside the
12 boundaries of an incorporated city. If the [LOCAL] governing body
13 wishes to protest the application [APPROVAL], it shall furnish the
14 board with a notice of protest within 30 days after [OF] receipt of
15 the copy of the application provided by the board [NOTICE OF INTENT TO
16 APPROVE THE APPLICATION]. Upon receipt of the [A] protest by the
17 local governing body, the board may not take final action on the
18 application until it has provided for a hearing on the protest in
19 accordance with the administrative adjudication provisions [REQUIRE-
20 MENTS] of the Administrative Procedure Act (AS 44.62).

21 * Sec. 10. AS 04.10.300 is repealed and re-enacted to read:

22 Sec. 04.10.300. PROTEST IN AREAS OUTSIDE MUNICIPALITIES. An
23 adult resident of the unorganized borough outside incorporated cities
24 who resides within a 10-mile radius of an establishment may protest
25 the issuance of a new license or the renewal or transfer of an existing
26 license within that area. Within 30 days after a copy of an application
27 is first posted, an adult resident may protest by delivering or mailing
28 to the applicant and the board a written statement of the reasons for
29 his protest. In considering the application, the board shall consider

1 every protest duly received. The board may give notice and hold a
2 hearing within the area at which all persons residing there may be
3 heard. The board may, if in its opinion the public interest would be
4 served by the refusal, refuse to issue, renew, or transfer the license.

5 * Sec. 11. AS 04.10.330(b) is amended to read:

6 (b) Application for the transfer of ownership of an existing
7 license shall be accompanied by a statement, under oath, executed by
8 the transferor in which he lists all debts and the amounts which he
9 owes to a creditor of the business and the taxes due. The board shall
10 promptly inform each creditor of the application and of the amount
11 owed that creditor. The board shall determine those debts and taxes
12 which must be paid or for which satisfactory security must be given
13 before an application for transfer may be approved. The board may
14 [SHALL] not approve the application for transfer unless all of the
15 debts and taxes which it determines must be paid are in fact paid, or
16 the transferor gives security for the payment of them satisfactory to
17 the creditor or taxing authority prior to approval of the application.

18 * Sec. 12. AS 04.10.350(c)(4)(A) is amended to read:

19 (A) upon application filed during the 30-day [SIX-
20 MONTH] period beginning with February 28;

21 * Sec. 13. AS 04.10.430 is repealed and re-enacted to read:

22 Sec. 04.10.430. ELECTION IN INCORPORATED CITIES OR UNIFIED
23 MUNICIPALITIES. (a) Whenever 35 per cent of the total number of
24 voters at the last general municipal election held in an incorporated
25 city or unified municipality petition the governing body to do so, the
26 governing body shall conduct an election on the following questions:

- 27 (1) Do you favor allowing the sale of intoxicating YES []
28 liquor within this municipality? NO []
- 29 (2) If the results of this election show a majority

1 in favor of the sale of intoxicating liquor PRIVATE []
2 would you favor having private licenses or COMMUNITY []
3 only a community license?

4 (3) If the results of this election show a
5 majority in favor of a community license, LIMITED []
6 would you favor an unlimited community UNLIMITED []
7 license or limited community license?

8 (4) If the results of this election show a majority
9 against the sale of intoxicating liquor, would YES []
10 you also favor prohibiting purchases of intoxi-
11 cating liquor by mail or telephone order from NO []
12 other areas by residents of this municipality?

13 (b) The election shall be conducted in accordance with standard
14 election procedures in the city or unified municipality not later than
15 60 days after receipt of a proper petition. The regular election
16 officials for the city or unified municipality shall canvass the
17 ballots and certify the election results to the board. The board
18 shall proceed as follows:

19 (1) if a majority of the votes cast on question 1 is against
20 the sale of intoxicating liquor in the city or unified municipality,
21 the board shall reject all applications for a new license or to
22 transfer or renew a license for an establishment within the city or
23 unified municipality or within five miles of it;

24 (2) if a majority of the votes cast on question 1 favors
25 the sale of intoxicating liquor in the city or unified municipality,
26 the board may issue, renew, or transfer licenses within the city or
27 unified municipality or within five miles of it solely on the basis of
28 the election results on questions (2) and (3).

29 (c) If, at an election under (a) of this section, a majority is

1 against the sale of intoxicating liquor but is not against mail or
2 telephone orders, question 4 alone may be presented to the voters at a
3 subsequent date, upon following the procedures set out in (a) of this
4 section.

5 (d) If, following an election resulting in a prohibition against
6 or a limitation upon the sale of intoxicating liquor in the municipality
7 a majority of the voters at a subsequent election conducted for the
8 purpose and in accordance with (a) of this section favor a change from
9 the then existing status of the sale of intoxicating liquor, the board
10 may issue licenses solely on the basis of the election results on
11 questions 2 and 3, and, if no restrictions are adopted, may, upon
12 application, issue the number and type of license to the same or other
13 premises within the municipality as were in existence at the time of
14 the last election at which a majority of the voters favored prohibit-
15 ing or restricting the sale of intoxicating liquor. Those applicants
16 who were licensees and whose licenses were not reissued by reason of
17 the last election conducted under the provisions of this section have
18 a preference over other applicants.

19 (e) No new license for the sale of intoxicating liquor may be
20 issued under this title for an establishment in an incorporated city
21 or unified municipality in which, on the effective date of this Act,
22 there are no licensed premises, unless an election under this section
23 is first conducted.

24 * Sec. 14. AS 04.10 is amended by adding new sections to read:

25 Sec. 04.10.433. ELECTION IN ORGANIZED BOROUGHS. (a) Whenever
26 35 per cent of the total number of voters at the last general municip-
27 al election held in an organized borough outside incorporated cities
28 within that borough petition the governing body to do so, the govern-
29 ing body shall conduct an election on the following questions:

1 (1) Do you favor allowing the sale of intoxicating YES []
2 liquor within this borough outside incorporated NO []
3 cities?

4 (2) If the results of this election show a
5 majority in favor of the sale of intoxicating PRIVATE []
6 liquor, would you favor having private COMMUNITY []
7 licenses or only a community license?

8 (3) If the results of this election show a majority
9 in favor of a community license, would you LIMITED []
10 favor an unlimited community license or a UNLIMITED []
11 limited community license?

12 (4) If the results of this election show a majority
13 against the sale of intoxicating liquor, would YES []
14 you also favor prohibiting purchases of intoxi-
15 cating liquor by mail or telephone order from NO []
16 other areas by residents of this borough outside
17 incorporated cities?

18 (b) The election shall be conducted in accordance with standard
19 election procedures in the borough not later than 60 days after re-
20 ceipt of a proper petition. The regular election officials for the
21 borough shall canvass the ballots and certify the election results to
22 the board. The board shall proceed as follows:

23 (1) if a majority of the votes cast on question 1 is against
24 the sale of intoxicating liquor in the borough outside incorporated
25 cities, the board shall reject all applications for a new license or
26 to transfer or renew a license for an establishment within that area,
27 or within five miles of it outside the borough;

28 (2) if a majority of the votes cast on question 1 favors
29 the sale of intoxicating liquor in the borough outside incorporated

1 cities, the board may issue, renew, or transfer licenses within that
2 area or within five miles of it outside the borough solely on the
3 basis of the election results on questions (2) and (3).

4 (c) The provisions of this section apply to an organized borough
5 on an areawide basis if 35 per cent of the voters at the last general
6 election in the borough, with proportionate representation of incor-
7 porated cities within the borough and of the area outside those
8 cities, petition the governing body of the borough under this section.

9 (d) If, at an election under (a) of this section, a majority is
10 against the sale of intoxicating liquor but is not against mail or
11 telephone orders, question 4 may be presented alone to the voters at a
12 subsequent date, upon following the procedures set out in (a) of this
13 section.

14 (e) If, following an election resulting in a prohibition against
15 or a limitation upon the sale of intoxicating liquor within an organized
16 borough outside incorporated cities, a majority of the voters at a
17 subsequent election conducted for the purpose and in accordance with
18 (a) of this section favor a change from the then existing status of
19 the sale of intoxicating liquor within that area, the board may issue
20 licenses solely on the basis of the election results on questions 2
21 and 3, and, if no restrictions are adopted, may, upon application,
22 issue the number and type of license to the same or other premises
23 within that area as were in existence at the time of the last election
24 at which a majority of the voters favored prohibiting or restricting
25 the sale of intoxicating liquor. Those applicants who were licensees
26 and whose licenses were not reissued by reason of the last election
27 conducted under the provisions of this section have a preference over
28 other applicants.

29 (f) No new license for the sale of intoxicating liquor may be

1 issued under this title for an establishment in an organized borough
2 outside an incorporated city in which area, on the effective date of
3 this Act, there are no licensed premises unless an election under this
4 section is first conducted.

5 Sec. 04.10.436. ELECTION IN THE UNORGANIZED BOROUGH. (a)

6 Whenever 35 per cent of the total number of voters at the last general
7 election within an election precinct of the unorganized borough
8 outside incorporated cities petition the lieutenant governor to do so,
9 he shall conduct a special election within the election precinct on
10 the following questions:

11 (1) Do you favor allowing the sale of intoxicating YES []
12 liquor within this election precinct? NO []

13 (2) If the results of this election show a majority
14 against the sale of intoxicating liquor, would YES []
15 you also favor prohibiting purchases of intoxi-
16 cating liquor by mail or telephone order from NO []
17 other areas by residents of this election
18 precinct?

19 (b) The lieutenant governor shall conduct the election substan-
20 tially in accordance with the provisions of the Alaska Election Code
21 (AS 15.05 - 15.60), except that the election shall be conducted not
22 later than 60 days after the receipt of a proper petition. The lieu-
23 tenant governor shall canvass the ballots and certify the election
24 results to the board. If a majority of the votes is against the sale
25 of intoxicating liquor in the precinct, the board shall reject all
26 applications for new licenses or to transfer or renew licenses for
27 establishments within the precinct.

28 (c) If, at an election under (a) of this section, a majority is
29 against the sale of intoxicating liquor but is not against mail or

1 telephone orders, question 2 may be presented alone to the voters at
2 a subsequent date, upon following the procedures set out in (a) of
3 this section.

4 (d) If, following an election resulting in a prohibition against
5 the sale of intoxicating liquor in the precinct, a majority of the
6 voters at a subsequent election conducted for the purpose and in
7 accordance with (a) of this section favor the sale of intoxicating
8 liquor within the precinct, the board may issue the number and type of
9 license to the same or other premises within the precinct as were in
10 existence at the time of the last election at which a majority of the
11 voters prohibited the sale of intoxicating liquor. Those applicants
12 who were licensees and whose licenses were not reissued by reason of
13 the last election conducted under the provisions of this section have
14 a preference over other applicants.

15 (e) No new license for the sale of intoxicating liquor may be
16 issued under this title for an establishment in a precinct in the
17 unorganized borough outside incorporated cities in which precinct, on
18 the effective date of this Act, there are no licensed premises unless
19 an election under this section is first conducted.

20 Sec. 04.10.439. COMPENSATION FOR LOST REVENUE. (a) A municipi-
21 pality with a population of fewer than 12,000 which has prohibited the
22 sale of intoxicating liquor is eligible for and may apply to the
23 Department of Community and Regional Affairs for payment to compensate
24 the municipality for any revenue which it may have lost or foregone as
25 a result of prohibiting the sale of intoxicating liquor. The muni-
26 cipality is eligible for payment of \$10 per resident for Fiscal Year
27 1978. The commissioner of community and regional affairs shall adjust
28 the payment rate for future fiscal years in accordance with changes in
29 the Consumer Price Index for Anchorage, Alaska, published by the

1 Bureau of Labor Statistics, United States Department of Labor. The
2 Consumer Price Index for October 1976 is considered the initial
3 Consumer Price Index. No payment may be made for any fiscal year
4 preceding Fiscal Year 1978.

5 (b) In making the adjustments under (a) of this section, the
6 commissioner of community and regional affairs shall comply with the
7 following procedure:

8 (1) before December 31 of each year, the commissioner shall
9 calculate the change in the October Consumer Price Index for the
10 current year from the October Consumer Price Index for the previous
11 year;

12 (2) the commissioner shall then

13 (A) compute the percentage increase or decrease for
14 that period; and

15 (B) adjust the payment rate by the same percentage
16 increase or decrease, rounded to the nearest tenth of a dollar.

17 (c) The determination of the Department of Community and Regional
18 Affairs on the adjustment to be made, if any, is final and not subject
19 to judicial review.

20 (d) In this section, "municipality" means an incorporated city,
21 organized borough, and municipality unified under AS 29.68.240 -
22 29.68.440.

23 * Sec. 15. AS 04.15 is amended by adding a new section to read:

24 Sec. 04.15.015. RESTRICTION ON ADVERTISING. No holder of a
25 license issued by the board, with the exception of those authorized by
26 AS 04.10.080, 04.10.090, and 04.10.120, may advertise intoxicating
27 liquor in any newspaper or magazine, or on any broadcasting station or
28 community cable system, in the State of Alaska. As used in this
29 section, "newspaper" includes shopping news and local television

1 program guides carrying advertisements for various businesses.

2 * Sec. 16. AS 04.15.090 is amended to read:

3 Sec. 04.15.090. PROHIBITION WITH RESPECT TO CERTAIN PERSONS
4 [FEMALES] IN CONNECTION WITH THE SALE OF BEVERAGES UPON LICENSED PRE-
5 MISES. (a) No [FEMALE] person employed in any capacity or for any
6 purpose by the holder of a license for a beverage dispensary establish-
7 ment, club, roadhouse, restaurant, or common carrier dispensary, or by
8 the operator or manager thereof may solicit or encourage the purchase
9 of any beverage, alcoholic or otherwise, by patrons of the licensed
10 premises for consumption by the patrons or by the [FEMALE] person; nor
11 may the [FEMALE] person accept a beverage, alcoholic or otherwise,
12 purchased by a patron of the establishment.

13 (b) No [FEMALE] person, whether an employee or patron of a
14 licensed beverage dispensary establishment, club, roadhouse, restau-
15 rant, or common carrier dispensary may remain about the premises of
16 the establishment and solicit any beverage, alcoholic or otherwise,
17 from a patron of the establishment, whether the beverage is for that
18 person [HERSELF], the patron, or another.

19 (c) No holder of a license for a beverage dispensary establish-
20 ment, club, roadhouse, restaurant, or common carrier dispensary, or an
21 operator or manager thereof may permit a [FEMALE] person employed by
22 him, in any capacity or for any purpose, to solicit or encourage the
23 purchase of any beverage, alcoholic or otherwise, by patrons of the
24 licensed premises for consumption by the patron or by the [FEMALE]
25 person; nor may the holder, operator, or manager permit an [A FEMALE]
26 employee to accept any beverage, alcoholic or otherwise, purchased or
27 offered by a patron of the licensed premises.

28 (d) No holder of a license for a beverage dispensary establish-
29 ment, club, roadhouse, restaurant, or common carrier dispensary, or an

1 operator or manager thereof may permit any [FEMALE] person to remain
2 about the premises of the establishment and solicit any beverage,
3 alcoholic or otherwise, from a patron of the licensed premises,
4 whether the said beverage be for that person [HERSELF], the patron, or
5 another.

6 (e) A holder of a license for a beverage dispensary establish-
7 ment, club, roadhouse, restaurant, or common carrier dispensary, or
8 the operator or manager thereof, or an [A FEMALE] employee thereof who
9 violates this section is guilty of a misdemeanor.

10 (f) A [FEMALE] person, not an employee of any licensed premises
11 described in this section, who violates (b) of this section is guilty
12 of a misdemeanor.

13 * Sec. 17. AS 04.15.100(b) is amended to read:

14 (b) Upon conviction of a licensee for a violation under (a) of
15 this section, or for violation of a municipal ordinance adopted by a
16 municipality in conformity with sec. 70 of this chapter, the judge
17 having jurisdiction shall send a notification of conviction together
18 with a certified copy of the record of conviction to the board and to
19 the city or unified municipality, if any, in which the licensed estab-
20 lishment is located or to the organized borough, if the licensed
21 establishment is located outside a city in an organized borough. The
22 board, council, or assembly may, upon the direction of a majority of
23 its members, thereupon suspend the license as hereinafter provided for
24 the first and second violations and upon a third violation, the board,
25 but not a council or assembly, may revoke the license and declare the
26 bond forfeited. For the purpose of this section, the terms "second
27 violation" and "third violation" include only those violations which
28 occur within five years of the first violation, but are not limited to
29 repeated violations of the same statutory provision or municipal

1 ordinance.

2 (1) First Violation. The license of the premises involved
3 may be suspended for not less than 10 nor more than 45 days;

4 (2) Second Violation. The license of the premises involved
5 may be suspended for a period of not less than 30 days nor more than
6 90 days.

7 * Sec. 18. AS 04.15 is amended by adding new sections to read:

8 Sec. 04.15.105. POSSESSION OF ALCOHOLIC BEVERAGES FOR COMMERCIAL
9 PURPOSES. No person may, for commercial purposes and without a
10 license, possess or bring into the state intoxicating liquor in excess
11 of 20 wine gallons. A person who violates this section is guilty of a
12 misdemeanor and, upon conviction, is punishable in accordance with
13 sec. 100 of this chapter.

14 Sec. 04.15.107. POSSESSION IN VIOLATION OF LOCAL OPTION. (a)
15 No person may possess more than 2.4 wine gallons of intoxicating
16 liquor other than beer and wine, and 4.5 wine gallons of beer and
17 wine, in a municipality or election precinct which has prohibited the
18 sale of intoxicating liquor or a municipality which holds a limited
19 community liquor license unless he has obtained a permit from the
20 board for possession for special occasions. The board may issue a
21 permit that allows a person to possess up to 20 wine gallons of in-
22 toxicating liquor in a municipality or election district which has
23 prohibited the sale of intoxicating liquor or a municipality which
24 holds a limited community license, for a restricted period of time so
25 that it may be served to a large group of persons at a wedding or
26 similar special occasion. A person who violates this section is
27 guilty of a misdemeanor and, upon conviction, is punishable in accord-
28 ance with sec. 100 of this chapter.

29 (b) In this section, "municipality" means an incorporated city.

1 organized borough, or municipality unified under AS 29.68.240 -
2 29.68.440.

3 * Sec. 19. AS 04.15.110 is amended to read:

4 Sec. 04.15.110. SALE IN VIOLATION OF LOCAL OPTION. Notwith-
5 standing any other provision of this chapter, a person who unlawfully
6 sells or offers for sale an intoxicating liquor in an area where the
7 local option election has made these activities illegal is, upon
8 conviction, guilty of a felony [MISDEMEANOR] and punishable by imprison-
9 ment for a period not to exceed six years [ONE YEAR], or a fine not to
10 exceed \$30,000 [\$5,000], or by both.

11 * Sec. 20. AS 04.15 is amended by adding new sections to read:

12 Sec. 04.15.120. SEIZURE OF CONVEYANCE. A conveyance used, or
13 intended for use, to transport or in any manner to facilitate the
14 transportation, sale, receipt, possession or concealment of an alcoholic
15 beverage sold in an area where a local option election has made its
16 sale or offering for sale illegal may be seized when the seizure is
17 incident to an arrest or a search under a search warrant.

18 Sec. 04.15.130. FORFEITURE AND SALE OF CONVEYANCE. Upon con-
19 viction of the offender or upon judgment of the court having jurisdic-
20 tion that a conveyance was used or intended for use to transport or in
21 any manner to facilitate the transportation, sale, receipt, possession
22 or concealment of an alcoholic beverage illegally sold in an area
23 described in sec. 120, it is forfeited and shall be disposed of to the
24 community in the local-option area most directly affected by the sale
25 of the intoxicating liquor or to the state, as directed by the court.
26 If the conveyance is sold for the benefit of the state, the proceeds
27 of the sale shall be transmitted to the proper state officer for
28 deposit in the general fund. If not ordered disposed of by the court,
29 any seized conveyance shall be returned after completion of the case

1 and payment of the fine, if any.

2 Sec. 04.15.140. LIMITATIONS ON SEIZURE AND FORFEITURE. (a) No
3 conveyance used as a common carrier in the transaction of business as
4 a common carrier is forfeited under sec. 130 of this chapter unless
5 the owner or other person legally in charge of the conveyance consented
6 to or knew of the illegal conduct.

7 (b) No conveyance is forfeited under sec. 130 of this chapter
8 because of conduct of a person, other than the owner, having unlawful
9 possession of it.

10 Sec. 04.15.150. APPEARANCE BY PERSON HAVING INTEREST IN CONVEYANCE.
11 A person holding a lien, mortgage, or conditional sales contract on a
12 conveyance seized under sec. 120 of this chapter may appear before the
13 court in the proceeding involving the forfeiture to petition for
14 remittance or mitigation of the forfeiture. The court shall remit or
15 mitigate the forfeiture if it finds that the petitioner has an interest
16 in the conveyance which he acquired in good faith and without knowledge
17 or reason to believe that the conveyance was being used or would be
18 used in the transportation of an illegally sold alcoholic beverage.

19 Sec. 04.15.160. DEFINITIONS. In secs. 120 - 160 of this chapter

20 (1) "conveyance" means a vessel, motor vehicle, trailer,
21 aircraft or other means, except animals, of transporting goods or
22 people;

23 (2) "illegally sold alcoholic beverage" means any intoxicat-
24 ing liquor as defined in AS 04.20.010 which is sold in the manner
25 described in AS 04.15.110.

26 * Sec. 21. AS 04.10.310 and 04.10.440 are repealed.

27 * Sec. 22. This Act takes effect immediately in accordance with AS 01.-
28 10.070(c).

Introduced: 3/11/77
Referred: Health, Education &
Social Services and Finance

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

1 IN THE SENATE

2 SENATE BILL NO. 242

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to treatment of alcoholism and drug
7 abuse; and providing for an effective date."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. AS 47.37 is amended to read:

10 CHAPTER 37. [UNIFORM] ALCOHOLISM AND DRUG ABUSE

11 [INTOXICATION TREATMENT ACT].

12 ARTICLE 1. TREATMENT.

13 * Sec. 2. AS 47.37.010 is amended to read:

14 Sec. 47.37.010. DECLARATION OF POLICY. It is the policy of the
15 state that alcoholics, [AND] intoxicated persons, drug addicts and
16 drug abusers should not be criminally prosecuted for their consumption
17 of alcoholic beverages or drugs but [AND THAT THEY] should be afforded
18 a continuum of treatment so they may lead normal lives as productive
19 members of society.

20 * Sec. 3. AS 47.37.020 is amended to read:

21 Sec. 47.37.020. OFFICE OF ALCOHOLISM AND DRUG ABUSE. An office
22 of alcoholism and drug abuse is established in the department. The
23 office shall be headed by a coordinator appointed by the commissioner.
24 The coordinator shall be a qualified professional who has training and
25 experience in the organization and administration of treatment services
26 for persons with alcoholism-drug [MEDICAL-SOCIAL] problems. The
27 coordinator is in the classified service.

28 * Sec. 4. AS 47.37.030 is amended to read:

29 Sec. 47.37.030. POWERS OF OFFICE. The office may

1 (1) plan, establish, and maintain prevention, training,
2 treatment and rehabilitation programs as appropriate;

3 (2) make contracts necessary or incidental to the per-
4 formance of its duties and the execution of its powers, including
5 contracts with public and private agencies, organizations, and indi-
6 viduals, to pay them for services rendered or furnished to alcoholics,
7 [OR] intoxicated persons, or other drug addicted or drug abusing
8 persons;

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

14 (4) review and comment on, and administer or supervise the
15 administration of the provisions relating to alcoholics, [AND] intoxi-
16 cated persons, drug addicts, and drug abusers, of any state plan
17 submitted for federal funding under federal health, welfare, [OR]
18 treatment, traffic safety, and criminal justice legislation;

19 (5) coordinate its activities and cooperate with alcoholism
20 and drug abuse programs in this and other states, and make contracts
21 and other joint or cooperative arrangements with state, local, or
22 private agencies for the treatment of alcoholics, [AND] intoxicated
23 persons, drug addicts, or drug abusers and for the common advancement
24 of alcoholism and drug abuse programs in this and other states;

25 (6) keep records and engage in research and the gathering
26 of relevant statistics; have access to records used by other agencies
27 of the state government except as prohibited by law;

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

1 (8) acquire, hold, or dispose of real property or any
2 interest in it, and construct, lease, or otherwise provide treatment
3 facilities for alcoholics, [AND] intoxicated persons, drug addicts and
4 drug abusers; however, the office shall encourage local initiative,
5 involvement and financial participation under grants-in-aid whenever
6 possible in preference to the construction or operation of facilities
7 directly by the office.

8 * Sec. 5. AS 47.37.040 is amended to read:

9 Sec. 47.37.040. DUTIES OF OFFICE. The office shall

10 (1) develop, encourage, and foster statewide, regional, and
11 local plans and programs for the prevention of alcoholism and drug
12 abuse and treatment of alcoholics, [AND] intoxicated persons, drug
13 addicts, and drug abusers in cooperation with public and private
14 agencies, organizations, and individuals, and provide technical assist-
15 ance and consultation services for these purposes;

16 (2) coordinate the efforts and enlist the assistance of all
17 public and private agencies, organizations, and individuals interested
18 in prevention of alcoholism and drug abuse and treatment of alcoholics,
19 [AND] intoxicated persons, drug addicts, and drug abusers;

20 (3) cooperate with the division of corrections in establish-
21 ing and conducting programs to provide treatment for alcoholics,
22 [AND] intoxicated persons, drug addicts, and drug abusers in or on
23 parole from penal institutions;

24 (4) cooperate with the Department of Education, school
25 boards, schools, police departments, courts, and other public and
26 private agencies, organizations and individuals in establishing
27 programs for the prevention of alcoholism and drug abuse and treatment
28 of alcoholics, [AND] intoxicated persons, drug addicts, and drug
29 abusers, and preparing curriculum materials for use at all levels of

1 school education;

2 (5) prepare, publish, evaluate, and disseminate educational
3 material dealing with the nature and effects of alcohol and other
4 drugs;

5 (6) develop and implement, as an integral part of treatment
6 programs, an educational program for use in the treatment of alcoholics,
7 [AND] intoxicated persons, drug addicts, and drug abusers which includes
8 the dissemination of information concerning the nature and effects of
9 alcohol and other drugs;

10 (7) organize and implement a coordinated manpower training
11 and education program [FOSTER TRAINING PROGRAMS] for all persons
12 engaged in occupations which provide treatment or other related services
13 to [OF] alcoholics, [AND] intoxicated persons, drug addicts, and drug
14 abusers;

15 (8) sponsor and encourage research into the causes and
16 nature of alcoholism, alcohol abuse, drug addiction and drug abuse,
17 [AND] treatment of alcoholics, [AND] intoxicated persons, drug addicts,
18 and drug abusers, and serve as a source [CLEARINGHOUSE] for information
19 relating to alcoholism and drug abuse;

20 (9) specify uniform methods for keeping statistical informa-
21 tion by public and private agencies, organizations, and individuals,
22 and collect and make available relevant statistical information,
23 including number of persons treated, frequency of admission and readmis-
24 sion, and frequency and duration of treatment;

25 (10) advise the commissioner, the regional health systems
26 agencies, the state health coordinating council, and the governor in
27 the preparation of an annual [A] comprehensive plan for the prevention,
28 treatment, and control of alcohol and drug abuse [TREATMENT OF ALCOHOL-
29 ICS AND INTOXICATED PERSONS];

1 (11) review all state health, welfare, criminal justice,
2 traffic safety and treatment plans to be submitted for federal funding,
3 and advise the commissioner on provisions to be included relating to
4 alcohol and drug abuse [ALCOHOLISM AND INTOXICATED PERSONS];

5 (12) encourage [ASSIST IN] the development and maintenance
6 of 'troubled employees' [, AND COOPERATE WITH, ALCOHOL EDUCATION AND
7 TREATMENT] programs in Alaska [FOR EMPLOYEES OF STATE AND LOCAL GOVERN-
8 MENTS AND BUSINESSES AND INDUSTRIES IN THE STATE];

9 (13) utilize the support and assistance of interested
10 persons in the community, particularly recovered alcohol or drug
11 abusers [ALCOHOLICS], to encourage alcohol or drug abusing persons
12 [ALCOHOLICS] to voluntarily undergo treatment;

13 (14) cooperate with the Department of Public Safety and the
14 Department of Highways in establishing and conducting programs designed
15 to deal with the problem of persons operating motor vehicles while
16 intoxicated or under the influence of drugs;

17 (15) monitor the admissions of [ENCOURAGE] hospitals and
18 other appropriate health facilities in compliance with federal law
19 which requires that the office ensure that they [TO] admit without
20 discrimination alcoholics and intoxicated persons and [TO] provide
21 them with adequate and appropriate treatment;

22 (16) encourage all health and disability insurance programs
23 to include alcoholism and certain other forms of drug abuse and addic-
24 tion as [A] covered illnesses [ILLNESS];

25 (17) submit to the legislature an annual report covering
26 the activities of the office.

27 * Sec. 6. AS 47.37.050 is amended to read:

28 Sec. 47.37.050. INTERDEPARTMENTAL COORDINATING COMMITTEE. (a)
29 An interdepartmental coordinating committee is created, composed of

1 the coordinator, [AND] the commissioners of health and social services,
2 revenue, education, [HIGHWAYS, LABOR AND] public safety, community and
3 regional affairs, the directors of traffic safety and the Criminal
4 Justice Planning Agency and representatives from the Department of
5 Law, the Division of Planning and Policy Development, the Division of
6 Budget and Management, and the Alaska Court System. The committee
7 shall meet at least quarterly [TWICE ANNUALLY] at the call of the
8 commissioner of health and social services who is its chairman. The
9 committee shall supervise the development and implementation of an
10 annual interdepartmental state plan for the prevention, treatment and
11 control of alcohol and drug abuse [PROVIDE FOR THE COORDINATION AND
12 EXCHANGE OF INFORMATION ON ALL PROGRAMS RELATING TO ALCOHOLISM], and
13 act as a permanent liaison among state departments engaged in activities
14 affecting alcoholics, [AND] intoxicated persons, drug addicts, and
15 drug abusers. The annual interdepartmental plan for the prevention,
16 treatment, and control of alcohol and drug abuse shall reflect con-
17 sideration of related plans and plan requirements of other agencies
18 with similar goals. [THE COMMITTEE SHALL ASSIST THE COMMISSIONER OF
19 HEALTH AND SOCIAL SERVICES AND THE COORDINATOR IN FORMULATING A COMPRE-
20 HENSIVE PLAN FOR PREVENTION OF ALCOHOLISM AND FOR TREATMENT OF ALCOHOL-
21 ICS AND INTOXICATED PERSONS.]

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

24 (1) provide all necessary medical, social, treatment, and
25 educational services for alcoholics, [AND] intoxicated persons, drug
26 addicts, and drug abusers and for the prevention and control of both
27 alcohol and drug abuse [OF ALCOHOLISM], without unnecessary duplication
28 of services;

29 (2) cooperate in the planning and implementation of integrated

1 systems of enforcement, adjudication, treatment, and rehabilitation
2 appropriate to the humane and professional provision of services to [USE
3 OF FACILITIES AND IN THE TREATMENT OF] alcoholics, [AND] intoxicated
4 persons, drug addicts, and drug abusers;

5 (3) adopt approaches for the prevention, [OF ALCOHOLISM AND
6 THE] treatment, and control of alcohol [ALCOHOLICS] and drug abuse
7 [INTOXICATED PERSONS] consistent with the policy of this chapter.

8 * Sec. 7. AS 47.37.060 is amended to read:

9 Sec. 47.37.060. ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE.

10 There is established in the Department of Health and Social Services
11 an advisory board on alcoholism and drug abuse. This advisory board
12 shall function as a committee of the state health coordinating council,
13 and three representatives of it shall serve as an advisory subcommittee
14 of the interdepartmental coordinating committee.

15 * Sec. 8. AS 47.37.070 is amended to read:

16 Sec. 47.37.070. COMPOSITION. The advisory board on alcoholism
17 and drug abuse consists of nine members appointed by the governor.

18 * Sec. 9. AS 47.37.080 is amended to read:

19 Sec. 47.37.080. QUALIFICATIONS OF BOARD MEMBERS. Of the nine
20 members

21 (1) two shall be persons who are licensed to practice
22 medicine in the state [, ONE OF WHOM SHALL BE CERTIFIED IN PSYCHIATRY
23 BY THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY OR ELIGIBLE FOR THAT
24 CERTIFICATION, EXCEPT THAT IF A PSYCHIATRIST IS NOT AVAILABLE A CLINICAL
25 PSYCHOLOGIST MAY BE APPOINTED];

26 (2) one shall be a practicing attorney who has been ad-
27 mitted to the practice of law by the state supreme court;

28 (3) four [TWO] shall be persons who have evidenced an
29 interest in the problems of alcoholism or drug abuse and who have

1 knowledge of the social problems encountered in the rehabilitation of
2 alcoholics or drug abusers;

3 (4) two [ONE] shall be persons chosen from the following
4 professions:

5 (A) education;

6 (B) nursing;

7 (C) pharmacy;

8 (D) social work [A PUBLIC HEALTH NURSE];

9 (5) three shall also represent the board of directors of
10 each of the three regional health systems agencies created under P.L.
11 93-641 [ONE SHALL BE A REPRESENTATIVE OF THE LIQUOR INDUSTRY];

12 [(6) ONE SHALL BE FROM THE PUBLIC AT LARGE;]

13 [(7) ONE SHALL BE A SOCIAL WORKER].

14 * Sec. 10. AS 47.37.090 is amended to read:

15 Sec. 47.37.090. TERM OF OFFICE. (a) The members of the board
16 initially appointed under sec. 80(1)[(a)] of this chapter serve terms
17 of three [FOUR] years.

18 (b) The member initially appointed under sec. 80(2)[(b)] of this
19 chapter serves a term of three years.

20 (c) Two members [THE MEMBER] initially appointed under sec.
21 80(3)[(c)] of this chapter serve terms [SERVES A TERM] of one year and
22 the other two serve terms of two years [TWO YEARS].

23 (d) The members initially appointed under sec. 80(4)[(d) - (h)]
24 of this chapter serve terms of two [FOUR] years. Subsequent terms for
25 all board members are three [FOUR] years.

26 (e) A vacancy occurring in the membership of the board shall be
27 filled by an appointment by [OF] the governor for the unexpired portion
28 of the vacated term.

29 (f) Board members serve at the pleasure of the governor.

1 * Sec. 11. AS 47.37.100 is amended to read:

2 Sec. 47.37.100. COMPENSATION, PER DIEM, OR EXPENSES. Members of
3 the advisory board on alcoholism and drug abuse are not entitled to a
4 salary, but are entitled to per diem, reimbursement for travel and
5 other expenses authorized by law for other boards.

6 * Sec. 12. AS 47.37.110 is amended to read:

7 Sec. 47.37.110. DUTIES. The board shall act in an advisory
8 capacity to the commissioner and the interdepartmental coordinating
9 committee in the following matters:

10 (1) special problems affecting mental health which alcoho-
11 lism and drug abuse may present;

12 (2) educational and research activities conducted by the
13 office in respect to the problems presented by alcoholism and drug
14 abuse;

15 (3) social problems which affect rehabilitation of al-
16 coholics and drug abusers;

17 (4) legal processes which affect the treatment and rehabili-
18 tation of alcoholics and drug abusers;

19 (5) a program of public relations concerning the problem of
20 alcoholism and drug abuse conducted by a department of the state
21 government or by any organized group [AN ORGANIZED GROUP WHOSE PURPOSE
22 IS THE REHABILITATION OF ALCOHOLICS].

23 * Sec. 13. AS 47.37.120 is amended to read:

24 Sec. 47.37.120. ALCOHOLISM AND DRUG ABUSE PROGRAM COORDINATOR.
25 The alcoholism and drug abuse program coordinator shall carry out the
26 development and implementation of a comprehensive program dealing with
27 the prevention, treatment, and control of, research on and education
28 concerning alcohol and drug [ALCOHOLIC] problems as they affect the
29 state.

1 * Sec. 14. AS 47.37.130 is amended to read:

2 Sec. 47.37.130. COMPREHENSIVE PROGRAM FOR TREATMENT; REGIONAL
3 PROGRAMS [FACILITIES]. (a) The office shall establish a comprehensive
4 and coordinated program for the treatment of alcoholics, [AND] intoxi-
5 cated persons, drug addicts, and drug abusers. The [SUBJECT TO THE
6 APPROVAL OF THE COMMISSIONER, THE] coordinator shall [MAY] divide the
7 state into [APPROPRIATE] regions that conform to the health service
8 areas established by the secretary of the Department of Health, Educa-
9 tion and Welfare under P.L. 93-641 to plan and implement [TO CONDUCT]
10 the program and establish standards for the development of the program
11 on the regional level. In establishing the programs [REGIONS], con-
12 sideration shall be given to the city, [AND] borough, and Native
13 corporation boundaries [LINES] and population concentrations and,
14 when feasible, programs shall be established with maximum local com-
15 munity and Native corporation involvement.

16 (b) The program of the office shall include

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

19 (2) inpatient treatment;

20 (3) intermediate treatment; and

21 (4) outpatient and follow-up treatment.

22 (c) The office shall provide adequate and appropriate treatment
23 for alcoholics, [AND] intoxicated persons, drug addicts, and drug
24 abusers admitted under secs. 160 - 190 of this chapter within the
25 limits of available state and federal funds.

26 (d) The office shall maintain, supervise and control all facili-
27 ties operated by it subject to the regulations of the department. The
28 administrator of each facility operated by the department shall make
29 an annual report of its activities to the coordinator in the form and

1 manner the coordinator specifies.

2 (e) The [IF POSSIBLE, THE] office shall coordinate the activi-
3 ties of the program with all appropriate public and private resources.

4 (f) The office shall issue an annual license to a public or
5 private treatment facility which meets the appropriate standards
6 established under sec. 140(a) of this chapter. No treatment facility
7 may be operated in the state without a license, and no facility may
8 receive state funds under a contract or a grant-in-aid unless it is
9 licensed as a public treatment facility. [THE COORDINATOR SHALL
10 PREPARE, PUBLISH, AND DISTRIBUTE ANNUALLY A LIST OF ALL APPROVED
11 PUBLIC AND PRIVATE TREATMENT FACILITIES.]

12 (g) The office may contract for the use of any facility as an
13 approved public treatment facility if the coordinator, subject to the
14 regulations of the department, considers this an effective and economi-
15 cal course to follow.

16 * Sec. 15. AS 47.37.140 is amended to read:

17 Sec. 47.37.140. PUBLIC AND PRIVATE TREATMENT FACILITIES. (a)
18 The office shall establish standards in regulations adopted by the
19 department for facilities before their licensure [APPROVAL] as public
20 or private treatment facilities, and fix the fees to be charged for
21 the required inspections of those facilities. The standards for
22 private facilities may [SHALL] concern only the health conditions to
23 be met and standards of treatment to be afforded patients, but
24 standards for public facilities may include additional criteria to
25 assure responsible processing of state contract and grant-in-aid
26 funds.

27 (b) The office shall inspect, on a regular basis, licensed
28 [APPROVED] public and private treatment facilities at reasonable times
29 and in a reasonable manner.

1 (c) The office shall prepare, maintain, publish and distribute
2 annually a list of licensed [APPROVED] public and private treatment
3 facilities.

4 (d) Each licensed [APPROVED] public or [AND] private treatment
5 facility shall file with the office on request, data, statistics,
6 schedules, and information which the office reasonably requires under
7 (a) of this section. If a licensed [AN APPROVED] public or private
8 treatment facility, [THAT] without good cause, fails to furnish any
9 data, statistics, schedules, or information as requested, or files
10 fraudulent returns of them, its license shall be suspended or revoked
11 [REMOVED FROM THE LIST OF APPROVED TREATMENT FACILITIES].

12 (e) The coordinator, after holding a hearing under the provisions
13 of the Administrative Procedure Act (AS 44.62), may suspend, revoke,
14 limit, restrict, or refuse to grant a license [AN APPROVAL] for a
15 treatment facility, for failure to meet the [ITS] standards established
16 by the department.

17 (f) Upon petition of the office and after a hearing held upon
18 reasonable notice to the facility, the district court may issue a
19 warrant to an officer or employee of the office authorizing him to
20 enter and inspect at reasonable times, and examine the books and
21 accounts of any licensed [AN APPROVED] public or private alcoholism,
22 drug addiction, or drug abuse treatment facility refusing to consent
23 to inspection or examination by the office or which the office has
24 reasonable cause to believe is operating in violation of this chapter.

25 * Sec. 16. AS 47.37.150 is amended to read:

26 Sec. 47.37.150. ACCEPTANCE FOR TREATMENT. The department [CO-
27 ORDINATOR] shall adopt [PRONULGATE] regulations for the admission of
28 persons into the treatment program, considering available treatment
29 resources and facilities, for the purpose of early and effective

1 treatment of alcoholics, [AND] intoxicated persons, drug addicts, and
2 drug abusers. In establishing the regulations, the department [CO-
3 ORDINATOR] shall be guided by the following standards:

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

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

9 (3) a person shall not be denied treatment solely because
10 he has withdrawn from treatment against medical advice on a prior
11 occasion or because he has relapsed after earlier treatment;

12 (4) an individualized treatment plan shall be prepared and
13 maintained on a current basis for each patient;

14 (5) provision shall be made for a continuum of coordinated
15 treatment services, so that a person who leaves a facility or a form
16 of treatment will utilize other appropriate treatment and facilities.

17 * Sec. 17. AS 47.37.160 is amended to read:

18 Sec. 47.37.160. VOLUNTARY TREATMENT OF ALCOHOLICS AND DRUG
19 ADDICTS. (a) An alcoholic, drug addict, or drug abuser may volun-
20 tarily apply for treatment directly to a licensed [AN APPROVED] public
21 or private treatment facility.

22 (b) Subject to regulations adopted [PROMULGATED] by the department
23 [COORDINATOR], the administrator in charge of a licensed [AN APPROVED]
24 public or private treatment facility may determine who shall be admit-
25 ted for treatment. If a person is refused admission to a licensed [AN
26 APPROVED] public or private treatment facility, the administrator
27 shall [, IF POSSIBLE,] refer the person to another licensed [APPROVED]
28 public or private treatment facility.

29 (c) When a patient receiving inpatient care leaves a licensed

1 [AN APPROVED] public or private treatment facility, he shall be encour-
2 aged to consent to appropriate outpatient or intermediate treatment.
3 If it appears to the administrator in charge of the treatment facility
4 that the patient is an alcoholic or drug addict who requires help, the
5 facility administrator [OFFICE] shall arrange for assistance in obtain-
6 ing supportive services and residential facilities.

7 (d) Except for diagnosis and referral, alcoholism treatment
8 programs shall be separate and distinct from treatment programs for
9 drug addicts. There may be integrated inpatient programs for the
10 treatment of alcoholics and cross-addicted persons, and there may be
11 integrated prevention programs for all forms of substance abuse. No
12 person addicted to an opium derivative may be treated except at a
13 licensed drug addiction treatment center. All federal and state laws
14 and regulations relating to requirements for methadone maintenance for
15 persons addicted to an opium derivative shall be strictly adhered to
16 by all drug addiction treatment facilities operated or funded by the
17 office.

18 * Sec. 18. AS 47.37.170(a) is amended to read:

19 (a) An intoxicated person may come voluntarily to a licensed [AN
20 APPROVED] public or private alcoholism treatment facility for emergency
21 treatment. A person who appears to be intoxicated in a public place
22 and to be in need of help or a person who appears to be intoxicated in
23 or upon a licensed premise where intoxicating liquors are sold or
24 consumed who refuses to leave upon being requested to leave by the
25 owner, an employee or a peace officer may be taken into protective
26 custody and assisted by a peace officer or a member of the emergency
27 service patrol to his home, a licensed [AN APPROVED] public treatment
28 facility, a licensed [AN APPROVED] private treatment facility, or
29 another appropriate health facility. If all of the preceding facilities

1 including the person's home, are determined to be unavailable, a
2 person taken into protective custody and assisted under this subsection
3 may be taken to a state or municipal detention facility in the area.

4 * Sec. 19. AS 47.37.170(b) is amended to read:

5 (b) A person who appears to be incapacitated by alcohol in a
6 public place shall be taken into protective custody by a peace officer
7 or a member of the emergency service patrol and immediately brought to
8 a licensed [AN APPROVED] public treatment facility, a licensed [AN
9 APPROVED] private treatment facility, or another appropriate health
10 facility or service for emergency medical treatment. If no treatment
11 facility or emergency medical service is available, a person who
12 appears to be incapacitated by alcohol in a public place shall be
13 taken to a state or municipal detention facility in the area, if that
14 appears necessary for the protection of the person's health or safety.

15 * Sec. 20. AS 47.37.170(c) is amended to read:

16 (c) A person who voluntarily appears or is brought to a licensed
17 [AN APPROVED] public or private treatment facility shall be examined
18 by a licensed physician within 24 hours [AS SOON AS POSSIBLE]. After
19 the examination, he may be admitted as a patient or referred to another
20 health facility. The licensed [APPROVED] public or private treatment
21 facility which refers him shall arrange for his transportation.

22 * Sec. 21. AS 47.37.170(d) is amended to read:

23 (d) No person who, after medical examination, is found to be
24 incapacitated by alcohol at the time of his admission or to have
25 become incapacitated at any time after his admission, may be detained
26 at a facility after he is no longer incapacitated by alcohol. No
27 person may be detained at a facility if he remains incapacitated by
28 alcohol for more than 72 [48] hours after admission as a patient,
29 unless he is committed under secs. [SEC.] 180 or 190 of this chapter.

1 Sec. 47.37.180. EMERGENCY DETENTION AND COMMITMENT. (a) An
2 intoxicated person who [(1)] has threatened, attempted to inflict, or
3 inflicted physical harm on another may be charged under an appropriate
4 criminal statute, taken into custody, and transported to a state or
5 municipal detention facility. A person who [OR IS LIKELY TO INFLICT
6 PHYSICAL HARM ON ANOTHER UNLESS COMMITTED, OR (2)] is incapacitated by
7 alcohol, may be committed to a licensed [AN APPROVED] public or private
8 alcoholism treatment facility for emergency treatment. A refusal to
9 undergo treatment does not constitute evidence of lack of judgment as
10 to the need for treatment.

11 (b) The certifying physician, spouse, guardian, or relative of
12 the person to be committed, or any other responsible person, may make
13 a written application for commitment under this section, directed to
14 the administrator of the licensed [APPROVED] public or private alcoholism
15 treatment facility. The application shall state facts to support
16 the need for emergency treatment and be accompanied by a physician's
17 certificate supporting the need for emergency treatment and stating
18 that the physician has examined the person sought to be committed
19 within two days before the certificate's date.

20 (c) Upon approval of the application by the administrator in
21 charge of the facility, the person may be brought to the facility by a
22 peace officer, a health officer, a member of the emergency service
23 patrol, the applicant for commitment, the patient's spouse, the
24 patient's guardian, or any other interested person. The person shall
25 be retained at the facility to which he was admitted, or transferred
26 to another appropriate public or private treatment facility, until
27 discharged under (e) of this section. [HOWEVER, NO PERSON MAY BE DE-
28 TAINED UNDER THIS SECTION FOR MORE THAN 48 HOURS UNLESS A DISTRICT OR
29 SUPERIOR COURT JUDGE HAS REVIEWED AND APPROVED THE COMMITMENT APPLICA-

1 TION.)

2 (d) The administrator in charge of a licensed [AN APPROVED]
3 public or private treatment facility may refuse an application if in
4 his opinion the application and certificate fail to sustain the
5 grounds for commitment.

6 (e) When on the advice of his medical staff the administrator
7 determines that the grounds for commitment no longer exist, he shall
8 discharge a person committed under this section. No person committed
9 under this section may be detained in a treatment facility for more
10 than five days. If a petition for involuntary commitment under sec.
11 190 of this chapter has been filed within the five days and the admini-
12 strator in charge of a licensed [AN APPROVED] public or private treat-
13 ment facility finds that grounds for emergency commitment still exist,
14 he may detain the person until the petition has been heard and deter-
15 mined, but no longer than 10 days after filing the petition.

16 (f) A copy of the written application for commitment and of the
17 physician's certificate, and a written explanation of the person's
18 [PERSONS'] right to legal counsel, shall be given to the person within
19 24 hours after commitment by the administrator, who shall provide a
20 reasonable opportunity for the person to consult with legal counsel.

21 * Sec. 27. AS 47.37.190(a) is amended to read:

22 (a) After a hearing initiated by petition of his spouse or
23 guardian, a relative, the certifying physician, or the administrator
24 in charge of a licensed [AN APPROVED] public or private treatment
25 facility, a person may be committed to the custody of an appropriate
26 licensed private or public alcoholic treatment agency [THE OFFICE] by
27 the superior court. The petition shall allege that the person is an
28 alcoholic who habitually lacks self-control in using alcoholic beverages,
29 or [AND THAT HE (1) HAS THREATENED, ATTEMPTED TO INFLICT, OR INFLICTED

1 PHYSICAL HARM ON ANOTHER AND] that unless committed is likely to
2 inflict physical harm on himself or another,[;] or [(2)] is incapacitated
3 by alcohol. A refusal to undergo treatment does not constitute
4 evidence of lack of judgment as to need for treatment. The petition
5 shall be accompanied by a certificate of a licensed physician who has
6 examined the person within two days before submission of the petition,
7 unless the person whose commitment is sought has refused to submit to
8 a medical examination, in which case the fact of refusal shall be
9 alleged in the petition. The certificate shall set out the physician's
10 findings in support of the allegations of the petition.

11 * Sec. 28. AS 47.37.190(b) is amended to read:

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

22 * Sec. 29. AS 47.37.200(a) is amended to read:

23 (a) At the hearing required under sec. 190(b) of this chapter,
24 the court or the jury, if requested under sec. 190(c) of this chapter,
25 shall hear all relevant testimony, including, if possible, the testi-
26 mony of at least one licensed physician who has examined the person
27 whose commitment is sought. The person whose commitment is sought
28 shall be present unless the court believes that his presence is likely
29 to be injurious to him, in which case the court shall appoint a guardian

1 ad litem to represent him throughout the proceeding. The court may
2 examine the person in open court, or if advisable, examine him out of
3 court. If the person has refused to be examined by a licensed physi-
4 cian, he shall be given an opportunity to request examination by a
5 court-appointed licensed physician. If he fails to request a medical
6 examination and there is sufficient evidence to believe that the
7 allegations of the petition are true, or if the court believes that
8 more medical evidence is necessary, the court may issue a temporary
9 order committing him to a licensed public or private treatment facility
10 in which he is being held under sec. 170 of this chapter [THE OFFICE]
11 for a period of not more than five days for purposes of a diagnostic
12 examination.

13 * Sec. 30. AS 47.37.200(b) is amended to read:

14 (b) If after hearing all relevant evidence, including the results
15 of any diagnostic examination by the licensed public or private treat-
16 ment facility [OFFICE], the court or the jury finds that grounds for
17 involuntary commitment have been clearly established, the court shall
18 issue an order of commitment to the licensed facility [OFFICE]. No
19 court may order the commitment of a person except to a licensed public
20 or private treatment facility which [UNLESS IT DETERMINES THAT THE
21 OFFICE] is able to provide adequate and appropriate treatment for him.

22 * Sec. 31. AS 47.37.200(c) is amended to read:

23 (c) A person committed under secs. 190 - 200 of this chapter
24 shall remain in the custody of the licensed facility [OFFICE] for
25 treatment for a period of up to 30 days. At the end of the 30-day
26 period, he shall be discharged automatically unless the facility
27 administrator or physician [OFFICE], before the expiration of the
28 period, obtains a court order for his recommitment upon the grounds
29 set out in sec. 190(a) of this chapter for a further period of up to

1 90 days. If a person has been committed because he is an alcoholic
2 likely to inflict physical harm on himself or another, the facility
3 administrator or physician [OFFICE] shall apply for recommitment if
4 after examination it is determined that the likelihood still exists.

5 * Sec. 32. AS 47.37.200(d) is amended to read:

6 (d) A person recommitted under (c) of this section who has not
7 been discharged by the facility [OFFICE] before the end of the 90-day
8 period shall be discharged at the expiration of that period unless the
9 facility administrator or physician [OFFICE], before expiration of the
10 period, obtains a court order on the grounds set out in sec. 190(a) of
11 this chapter for recommitment for a further period not to exceed 90
12 days. If a person has been committed because he is an alcoholic
13 likely to inflict physical harm on himself or another, the facility
14 administrator or physician [OFFICE] shall apply for recommitment if
15 after examination it is determined that the likelihood still exists.
16 No more than two recommitment orders may be permitted under (c) and
17 (d) of this section.

18 * Sec. 33. AS 47.37.200(f) is amended to read:

19 (f) The licensed public or private treatment facility [OFFICE]
20 shall provide adequate and appropriate treatment for a person in its
21 custody. The licensed facility [OFFICE] may transfer a person in its
22 custody [FROM ONE APPROVED PUBLIC TREATMENT FACILITY] to another
23 licensed facility if the transfer is medically advisable.

24 * Sec. 34. AS 47.37.200(g) is repealed and re-enacted to read:

25 (g) A person committed to the custody of a licensed public or
26 private treatment facility for treatment shall, if he is an alcoholic
27 committed on the grounds that he is likely to inflict physical harm on
28 himself or another, be discharged at any time before the end of the
29 period for which he has been committed if either of the following

1 conditions is met:

2 (1) he no longer demonstrates the likelihood that he will
3 inflict physical harm on himself or another; or

4 (2) treatment is no longer adequate or appropriate.

5 * Sec. 35. AS 47.37.210 is amended to read:

6 Sec. 47.37.210. RECORDS OF ALCOHOLICS, [AND] INTOXICATED PERSONS,
7 DRUG ADDICTS, AND DRUG ABUSERS. (a) The registration and other
8 records of treatment facilities shall remain confidential and are
9 privileged to the patient.

10 (b) Notwithstanding (a) of this section, the coordinator may
11 make available information from patient's records for purposes of
12 research into the causes and treatment of alcoholism, drug addiction
13 or drug abuse. No information may disclose a patient's name.

14 * Sec. 36. AS 47.37.220 is amended to read:

15 Sec. 47.37.220. VISITATION AND COMMUNICATION OF PATIENTS. (a)
16 Patients in any licensed [APPROVED] treatment facility under this
17 chapter shall be granted reasonable opportunities for adequate consul-
18 tation with counsel, and for continuing contact with family and
19 friends including the use of telephone facilities, consistent with an
20 effective treatment program.

21 (b) No mail or other communication to or from a patient in a
22 licensed [ANY APPROVED] treatment facility may be intercepted, read,
23 or censored.

24 * Sec. 37. AS 47.37.240(a) is amended to read:

25 (a) A patient in a licensed [AN APPROVED] treatment facility, or
26 the person obligated to provide for the cost of treatment of a person
27 committed under this chapter, is liable to the office or the licensed
28 treatment facility which provided the treatment, whichever is appro-
29 priate, for the cost of maintenance and treatment of the patient in

1 accordance with rates established by the coordinator.

2 * Sec. 38. AS 47.37.270(2) is amended to read:

3 (2) "licensed [APPROVED] private treatment facility" means
4 a private agency which does not receive grants-in-aid from the office,
5 but meets the limited [MEETING THE] standards prescribed in sec.
6 140(a) of this chapter for private facilities and licensed under sec.
7 130(f) of this chapter [AND APPROVED UNDER SEC. 140(c) OF THIS CHAPTER];

8 * Sec. 39. AS 47.37.270(3) is amended to read:

9 (3) "licensed [APPROVED] public treatment facility" means
10 a treatment agency operating under the supervision [DIRECTION AND
11 CONTROL] of the office and [OR] providing treatment under this chapter
12 through a grant from or contract with the office, [UNDER SEC. 130(g)
13 OF THIS CHAPTER AND] meeting all of the standards prescribed in sec.
14 140(a) of this chapter, and licensed [APPROVED] under sec. 130(f)
15 [140(c)] of this chapter;

16 * Sec. 40. AS 47.37.270(5) is amended to read:

17 (5) "coordinator" means the coordinator of the office of
18 alcoholism and drug abuse;

19 * Sec. 41. AS 47.37.270(11) is amended to read:

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

22 * Sec. 42. AS 47.37.270(12) is amended to read:

23 (12) "treatment" means the broad range of emergency, out-
24 patient, intermediate, and inpatient services and care which may be
25 extended to alcoholics, [AND] intoxicated persons, drug addicts, and
26 drug abusers, including diagnostic evaluation, medical, psychiatric,
27 psychological, and social service care, vocational rehabilitation and
28 career counseling; [.]

29 * Sec. 43. AS 47.37.270 is amended by adding new paragraphs to read:

1 (13) "drug addict" means a person addicted to opium deriva-
2 tives;

3 (14) "drug abuser" means a person who is addicted to or
4 misuses barbiturates, amphetamines, tranquillizers, and similar drugs
5 which are not opium derivatives, to the detriment of his health and
6 social well-being;

7 (15) "cross-addicted person" means a person who is alcoholic
8 and simultaneously addicted to barbiturates, amphetamines, tranquil-
9 lizers, and similar drugs which are not opium derivatives;

10 (16) "troubled employees" means workers whose performance
11 has been affected by the use of alcohol or other drugs.

12 * Sec. 44. AS 47.37 is amended by adding new sections to read:

13 ARTICLE 2. GRANTS-IN-AID.

14 Sec. 47.37.300. POWERS AND DUTIES OF DEPARTMENT. The department
15 shall:

16 (1) administer a community grant-in-aid program for alcoho-
17 lism and drug abuse;

18 (2) submit an annual report concerning the grant-in-aid
19 program within 10 days after the convening of the legislature in each
20 regular session.

21 Sec. 47.37.310. GRANT-IN-AID PROGRAM. (a) A profit-making
22 corporation, a non-profit corporation, a city or borough government,
23 or other political subdivision of the state, or combination of these,
24 is eligible for grant-in-aid funds under this section. Applications
25 shall be sent to the department.

26 (b) The department shall award grants under this section with
27 the advice of the advisory board on alcoholism and drug abuse, in the
28 interest of providing or developing a comprehensive program of preven-
29 tion, treatment, and rehabilitation for alcoholics, intoxicated persons,

1 drug addicts, and drug abusers. Separate budgets shall be appropriated
2 for alcoholism and drug addiction treatment and rehabilitation programs.
3 Grants will be awarded on a competitive basis. In considering applica-
4 tions for grants the department shall, if all other factors are equal,
5 give preference to applicants in political subdivisions which devote
6 local government revenues generated by the sale of intoxicating liquor
7 to the treatment of alcoholism. The department shall consider the
8 amount of money that is available for all applications and whether an
9 application would contribute to the wise development of a comprehensive
10 program.

11 (c) Grants shall be awarded in a ratio of 75 per cent state
12 money to 25 per cent community money except that in communities desig-
13 nated as poverty areas the ratio is 90 per cent state money to 10 per
14 cent community money, for the purposes of providing staff and limited
15 improvement or renovation of facilities for detoxification or inter-
16 mediate care. The office may require up to a 50 per cent community
17 match for the purchase or new construction of facilities. No grant
18 for improving, renovating, purchasing or constructing may exceed
19 \$50,000 except when there is a lack of applicants for available money
20 and then only with the approval of the advisory board on alcoholism
21 and drug abuse. The department is not required to award all money
22 available under this program, or the full percentages specified in
23 this subsection, when another source of money is available, or could
24 reasonably be made available to the applicant.

25 (d) Money used by the applicant to qualify for state money may
26 be from any other source than the state. The cost of developing an
27 application is not reimbursable from the grant. All community match
28 contributions to grants shall be in the form of cash.

29 (e) No program is eligible for funding under this section

1 unless it conforms to the standards adopted by the office under the
2 provisions of sec. 140(a) of this chapter, or in the case of a new
3 program, the office determines that the program will be able to conform
4 to those standards within a period of time to be specified in the
5 initial grant agreement.

6 (f) In order for programs to be eligible for funding under this
7 section they must be able to demonstrate successful collection of
8 patient fees for services at a rate and proportion to be established
9 by the office.

10 Sec. 47.37.320. GRANT-IN-AID PROGRAM REGULATIONS. The department
11 shall adopt regulations necessary to implement sec. 310 of this chapter.
12 The regulations shall provide for the method of application, the time
13 for consideration of the applications, the processing of applications,
14 the type of record keeping, the requirements for reporting the progress
15 and statistics regarding the program, the notification of the applicant
16 as to the action taken on the application, and the issuance of licenses
17 for facilities receiving grants-in-aid under sec. 310 of this chapter.
18 The department shall also establish the necessary forms of application
19 and may adopt other regulations considered necessary to meet the
20 requirements of health and safety and the orderly administration of
21 the grant-in-aid program.

22 Sec. 47.37.330. JUDICIAL NOTICE. The superior courts of this
23 state may take judicial notice of the fact that an alcoholic or drug
24 addict is suffering from an illness and is in need of proper medical,
25 advisory, or rehabilitative treatment.

26 Sec. 47.37.340. DEFINITIONS. In secs. 300 - 350 of this chapter,
27 "poverty area" means an area in which 15 per cent or more of the
28 population, based on the 1970 census data, is under 125 per cent of
29 the Community Services Administration poverty guidelines.

1 * Sec. 45. AS 44.29.100 - 44.29.150 and AS 47.30.470 - 47.30.500 are
2 repealed.

3 * Sec. 46. This Act takes effect July 1, 1977.
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LETTERS
AND
REPORTS



UNIVERSITY OF ALASKA. ANCHORAGE

2651 PROVIDENCE AVENUE
ANCHORAGE, ALASKA 99504

*file
respond*

CENTER FOR ALCOHOL
AND ADDICTION STUDIES

October 24, 1977

The Honorable Michael Colletta
Alaska State Senator
1016 West 6th Avenue
Suite B
Anchorage, Alaska 99501

Dear Senator Colletta,

I attended the public hearing on alcoholism in Anchorage on Wednesday, October 19, 1977. I did not speak at that meeting, as the thoughts and concerns that I have are too extensive to verbalize at a meeting of that nature.

I would, however, like to communicate these concerns and recommendations to you in writing for your consideration. The following are thoughts that I have developed over a period of years of involvement in the field, and reflect my own personal views.

1. The majority of funds received by the State Office of Alcoholism are disbursed to treatment programs around the state. There are little or no funds available for training, research or prevention, which are crucial components of a comprehensive approach to the problems of alcohol abuse and alcoholism.

Recommendation: Funds be disbursed to all other components which can influence the reduction of numbers in the future.

2. It appears that having a number of treatment programs around the State that are small, with minimal funds and an inadequate and often under-qualified and untrained staff, could not have a high success rate in the rehabilitation of the alcoholic.

Recommendations: a) That the number of treatment programs be reduced to perhaps three around the State, and that these programs have sufficient funds to provide excellent treatment in a comprehensive manner.

b) That these treatment programs be staffed with qualified personnel, and that on-going training be provided the staff.

c) That prior to instituting these treatment programs, that a thorough investigation be done of successful treatment programs in the country, such as ALCENAS in Kirkland, WN.

- d) That other presently funded programs continue to function for the purposes of providing support services for rehabilitated alcoholics and referral services for those who are experiencing drinking problems.
 - e) That all treatment programs utilize evaluation tools to determine their effectiveness.
 - f) That funds be provided to local areas for local autonomy in reducing the state's major social problem.
3. A substantial amount of funds allocated to treatment facilities is utilized in the care of the public inebriate who most often does not follow the total treatment plan and thereby creates the revolving-door syndrome.

Recommendations:

- a) That the involuntary commitment law be enforced for individuals who are incapable of making rational decisions about their lives and who are in desperate need of treatment.
 - b) That treatment programs for these people include vocational skills.
4. A large number of allied human services professionals, such as nurses, social workers, criminal justice personnel, are in key positions to intervene in developing alcohol problems, but often have little or no background in alcohol abuse.

Recommendation: That training funds be provided to educate these people in detection, intervention and referral techniques as well as basic information.

5. State funds have not been readily available to conduct research that could assist in furthering our understanding of the problems of alcohol abuse and alcoholism in Alaska.

Recommendation: That funds be provided to conduct pertinent research that might assist us in the reduction of the problem.

6. Prevention and education are essential components to an alcohol program in order to reduce the problem in the future.

Recommendations: a) That funds be provided to support prevention and education programs.

b) That prevention programs utilize pilot projects (such as alternatives to drinking possibilities) and that these projects have built-in evaluation tools to determine their effectiveness.

It is imperative that the state of Alaska rapidly implement selected measures to reduce our number-one social and health problem for the health and safety

The Honorable Michael Colletta
page 3

of all those afflicted, as well as the non-afflicted who are innocent recipients of drugged behavior. Additionally, the financial cost to the state is horrendous.

I personally appreciate you and your committee's concern in this area, in listening to the opinions of the public and in your desire to bring about change.

If I can assist you and your committee in any way, I would be pleased to do so.

Sincerely,



Carol Molinari
Director

/mp

A STATE DIVISION OF THE
NATIONAL COUNCIL on ALCOHOLISM

Accredited by the

Joint
Commission
on Accreditation of Hospitals



**National
Council
on
Alcoholism** - ALASKA REGION

4510 International Airport Road, Suite 1
Anchorage, Alaska 99502
Phone 243-4324 or 243-4306

October 27, 1977

TO: Special Senate Committee on Alcohol
and Alcohol-Related Legislation

FROM: Suzanne Perry, Executive Director

As I was unable to attend the Senate Sub-committee hearing held October 19, 1977, in Anchorage, AK, I would like to submit the following statement to be considered by the Senate Sub-committee.

Alcoholism treatment, education and prevention are relatively new phenomena to an age old problem of alcohol mis-use and alcoholism. It has only been during the past five to seven years that alcoholism has gained respectability and funds from state and federal governments.

Use of beverage alcohol in American society is here to stay. The prohibition movement did not work. And even though a few primary prevention and information and education campaigns have been waged, we are still faced with the dismal fact that in absolute numbers we have more problem drinkers and alcoholics than ever before.

Alcoholism cannot be cured by treatment alone. Polio, influenza and tuberculosis were not cured by treatment alone. Extensive research was done into the causes and possible cures of those illnesses and intensive prevention efforts were waged by the victims and families of the victims of those illnesses.

Alcoholism however, is different. Drunks are still funny. People refuse to confront family and friends about their drinking problem for fear of embarrassment. Folks still push booze on their party guests. High ranking officials seldom, if ever, are arrested for DWI even though many are

stopped by the police. A past President of the United States was a victim of polio and assisted in the war against polio by setting himself up as an example of a full, well-rounded and content life that could be led, even though one had the disease. A few Senators and Representatives have taken the important step in declaring their recovery from alcoholism. However, the stigma remains with us.

The drunks on Fourth Avenue, Second Street in Fairbanks, Front Street in Nome, or Franklin Avenue in Juneau, are continually being singled out as these cities' number one problem. Studies have shown however, that the public inebriate is a minimal 3 to 5% of the people experiencing serious problems because of their alcohol use. The individuals on "skid row" are generally not true alcoholics. They are social derelicts and mis-fits, they are people who drink to soothe the pain created by their inability to cope within society. They're obviously intoxicated and they're obviously intoxicated continually. Perhaps in these individuals it's the booze, which gives them the will to continue living. The traditional approach to treatment for these people has been detoxification, following 30 days of "treatment", only to turn them back out on the streets with no homes, no families, no jobs, no hope for improvement. These types of actions must stop, if we are to make any impression on the problem.

In Alaska there are ~~standards for certification of alcoholism counselors~~. There are newly adopted standards for program accreditation and certification. The ~~majority of treatment programs in Alaska deal almost exclusively with public inebriates~~. This exclusivity creates a situation in which the "middle-class" alcoholic is hesitant, or refuses to, participate in in-state treatment centers. This creates a situation which demands state and local funds, in order for the programs to function. It is only through third party payments, insurance, VA, BIA, etc., and direct patient payments that treatment programs have any hope of becoming self-sufficient.

*good point
5 yr program*

Given the fact that ~~most treatment programs must rely on grant funds and given the fact that at best, state and federal bureaucratic mechanisms for dispensing those funds is cumbersome and sometimes almost unworkable~~, a situation is created yearly, in the alcoholism programs, which leaves livelihoods, organizations, personnel, and clients, in a quandry of whether they will have jobs and be able to provide services after June 30. This continual upheaval, the continual search for funds, creates a situation which prevents the stable staffing patterns, and keeps professional workers from the field. When jobs cannot be guaranteed it is difficult to find anyone to fill positions. As long as funding cycles continue as they are and as long as programs are primarily dependent upon grant funds, alcoholism programs will not attract the best qualified professionals available.

~~Treatment alone will not solve Alaska's alcoholism problem.~~ Intensive preventive education coupled with the skills, ability and willingness of individuals to take responsibility for their own lives will be beneficial

Special Senate Committee
October 27, 1977
page - 3

in reducing the problems associated with alcohol use in Alaska. Children must be taught at very early ages about the consequences of drinking or not drinking, they must be given information to enable them to make responsible, rational, decisions about their lives. Decisions about alcohol are reflected and connected with, the way people feel about themselves, their families, their friends, their environment. Decisions about alcohol are not made in an isolated vacuum.

People in smaller communities in the state must be made to feel like first-class citizens, who have some control over their own lives. The frustration, stress, and cultural upheaval, all combine in Alaska to create the "Arctic factor", which contributes strongly to alcohol misuse and alcoholism.

The number one priority in the alcoholism field must be ~~primary prevention~~
~~and education~~.

Southcentral Regional Resource Center

50 International Airport Rd.
Anchorage, Alaska 99502
907-276-4524

JOHN M. STAMM, Ph.D.
Director

October 21, 1977

Honorable Mike Colletta
P. O. Box 3118
Anchorage, Alaska 99501

Dear Senator Colletta:

Being interested in problems of alcohol abuse and their remediation but unable to attend hearings being conducted by the committee, I would like to submit my views and recommendations in this letter.

The conditions which lead to alcoholism and alcohol abuse are varied. Indeed, one cannot point to "the one" factor which is unequivocally responsible for the current rate of alcoholism and alcohol abuse in Alaska. The antecedents are multiple and will require numerable remediation and rehabilitation approaches.

The committee, in my opinion, would do well by ~~emphasizing the prevention of alcoholism and alcohol abuse~~ (all substance abuse such as drugs, tobacco, etc.) ~~through education~~. While this is only one of many approaches in preventing and remediating a multifaceted problem, it is extremely important for several reasons. First, there are considerable data which clearly indicate that the intellect and attitudes of people are significantly influenced by their environment early in life. Second, beginning in preschool programs, children's attitudes about and knowledge of alcoholism and its attendant problems can be appropriately shaped through a well-designed curriculum. Third, the education system, perhaps more than any other, impacts the lives of more people for a longer period of time (at least twelve (12) years), thus increasing the probability that through good instruction a significant impact can be made on knowledge and attitudes about alcohol and its use.

Specifically, I would like to suggest the committee:

- 1) recommend to the Legislature and the administration that a key to prevention of and better knowledge about alcoholism and alcohol abuse is through education;
- 2) recommend to the Legislature and administration that money be provided specifically for the development and dissemination of appropriate curricula;
- 3) recommend to the State Board of Education and the Department of Education that alcohol education (or substance abuse education) be a priority program area.

October 21, 1977

Page 2

Historically, education has been thrown into the role remediating myriad social ills - poverty, racism and sex discrimination, for example. Just as it is unreasonable to expect the schools to bear the burden for redress of all social ills, it is unreasonable to expect education to be singularly responsible for prevention of alcoholism and alcohol abuse; however, it will, and rightfully ought to be deeply and effectively involved.

I appreciate your courteous attention to and consideration of these proposals. The Southcentral Regional Resource Center, as well as the other Resource Centers throughout the state, are interested in dealing with the problems of alcoholism and alcohol abuse by assisting in the development and dissemination of curricula and instructional programs.

Sincerely,

A handwritten signature in cursive script, appearing to read "John M. Stamm".

John M. Stamm, Ph.D.
Director

JMS:kt

Diocese of Alaska
P.O. Box 441
Fairbanks 99707

P.O. Box 441
Fairbanks, Alaska
October 25, 1977

*no reply needed
file*

Senator Mike Colletta
Chairman
Special Senate Committee on Alcoholism
1016 West 6th. Avenue Suite C
Anchorage, Alaska 99501

Dear Sir:

I was more than glad to help set up your meeting. I am so glad to find out that you are interested in the problem of alcoholism enough to take the trouble to come up for people's opinions. I have met so many who feels the opposite.

The churches seems interested but hasn't taken any constructive steps toward prevention or re-habilitation of the poor sick people, both alcoholics and the non alcoholics members/families of the alcoholics. They need help as well as the alcoholics. I am sure the reason is financial problem.

The Episcopal Church became interested in problem of alcoholism that is rapidly spreading north to the remote villages. The church happened to have some money ear marked "For Health". The money is the contributions from people to the church for the church sponsored hospitals which are no longer in existance. Since Alcoholism is among the top most dangerous deceases, we put it into use to fight against alcoholism.

The money didn't last very long, but long enough for us to get started. We managed to get some money from the Church Foundation in New York, but they challenged us to match it. We are now up against the matching part. If we can match this grant, we will have a good chance to get another years grant.

A friend of mine, Jonathon Solomon, you met him at Fort Yukon, made a motion in the meeting of the Board of Directors for the RulCap, of which he is a member, to grant ten thousand dollars to the Episcopal ~~XXXXXX~~ Diocese of Alaska for my work and it pasted. But Phil Smith, the Director of RualCap, later told me that he has ~~xxx~~ met with some complications with the NIAAA. Givin g a grant directly to the church was not in their policies.

In the past year and a half I have visited ten villages and talked to groups, students and individuals. These people don't have much of a problem with alcoholism in their villages but my interest is to try to prepare them for the time when they have to go to cities where they have Liquor establishments, espically the students. I don't have travel funds but I go out to these villages with ~~XXXXXXXXXX~~ organizations, (Native organizations, School Boards, etc.).

My interest is with the non drinking members of the families of the persons with the drinking problem. The spouse, children and people in general. People need to have the right attitude toward drinking if they want to help the one with the problem.

Nothing is being done for these people. All the Alcoholism Facilities are geared toward the the person with the problem and they are doing a good job sobering up and rehabilitating a

person, but the person has to go home where he has already spread the decease and he picks it up again. The attitude in that home needs changing while the person is going through treatment.

The University of Alaska Anchorage held a workshop on Alcoholism in Fort Yukon. I talked with the Director of the Tanana Chief Health Department about it and they brought in the village Health Aides to attend this workshop. I really need to visit these ~~these~~ Health Aides this winter for a follow up and to set up some kind of a program, so that they can continue with the fight against alcoholism in their own villages.

My area consist of nine villages with the population of about 1200. These people do very good while in their villages. But when they go into Fort Yukon or Fairbanks, they really make up for the lost time. And the students in the bush villages don't have any knowledge of alcohol other than that it produces some kind of excitment. They need to know what all is involved.

If you know of any organization or if your committee have any funds that is not ear marked or some project funds that is not doing anything, I can use ten thousand (10,000) dollars of it, but just any part of it can really help.

We had a very serious epidemic of tubercalosis and the Health Department went after it with everything they had and got it under control. We need to do the same with this decease called alcoholism. We need to hit it with everything we have and that will take every one's interest.

Thank you in advance, just for trying if nothing else.

Yours truly,
The Rev Titus Peter
The Rev. Titus Peter

c.c. The Rt. Rev. David Cochran
Bishop of Alaska.

*P.S. Please excuse my mistakes.
With my funds I can't afford a secretary. If you should find some funds for me, the break down will be like this. \$10,000 for six months.*

<i>\$ 6,500</i>	<i>-</i>	<i>Salary & fringe benefits.</i>
<i>2,100</i>	<i>-</i>	<i>housing</i>
<i>1,400</i>	<i>-</i>	<i>Travel and equipment.</i>

*Enclose
also my last
two months
report.*

August - September Report

Spent most of the time in Fort Yukon, attending local meetings with the Native Organizations.

We have some projects we need to discuss. One of them is the D-2 Land Selection, and the other is concerning the Borough. It seems like the Legislature is planning to tax the Unorganized Borough. We are thinking about starting a Borough of our own. If we succeed, the City will have to go and hopefully, that means the City's own Liquor Store will also go, than we can get up our own Alcoholism Program.

~~There seems to be more concern among the local people about the alcohol problem than I thought.~~ There seem to be more concern among the local people about the alcohol problem than I thought.

I participated in the Alcoholism Workshop sponsored by the Roman Catholics. It was done by the local people. Dr. Phillips was the main speaker. As it was done by the people with experience it was very good.

I went to Venetic with the Church Group and helped out with a meeting. The meeting about what people expect of a minister, of the lay people and of themselves. People responded very good. Andy gathered some very valuable materials to focus his attention on. In the mean time, I did a follow-up consultation with the health-aide who attended the workshop here in Fort Yukon earlier this year.

My Mother-In-Law died. She has six girls who kept me quite busy for a week. I am very thankful John Phillips was here. He has been most helpful. I don't know what I would have done without him. I did half of the funeral and gave a sermon. It was the most meaningful service that I have ever done.

The past year I have visited all of the nine villages within the Yukon Flats. I gave talks to both adults and school children and individuals; consulted with persons who will carry on the programs in their villages. These are the Health-aides. I encouraged the regional Health Board to bring them in to Fort Yukon earlier to attend a workshop on Techniques in counseling, referral and information, and of the attitude toward alcohol. My job now, as I see it, is to visit them this winter as a follow-up and to help them set up their own programs. Even if it is just to send for visual-aide materials to show the people in their villages.

I have no travel funds so the only way I get to visit these villages is if they pay my fare or go along with other organizations when they go to these villages for their own meetings. I traveled with the Regional School Board to most of these villages. ~~this was very good as I managed to encourage them to put Alcoholism on this year's school curriculum~~

Page II.

A man came up from Anchorage to talk to the teachers on Alcoholism during their orientation. Two people are coming up next week to give a work-shop for the teachers to which I was asked to come, also.

The past year I have contacted hundreds of people both young and old. Most of which are students in schools, some through giving talks; I have given talks over our local T.V. station here in Fort Yukon. I have done alot of one-to-one counseling with both the non-drinkers of the families and the alcoholics. I have talked with disturbed young persons and persons with family problems. Most of these cases I have referred to other professional agencies to continue their conseling sessions.

My objective for this winter is to get all nine (9) villages, in the Yukon Flats area, to set up their own programs.

I have worked strictly as an ~~Outreach Counselor on Alcoholism~~ but now I am planning to become active in the church activities. Hopefully, this will encourage my clients to join with congregations.

I am planning to travel with the Native Organizations to the villages, but the weather is bad. We will probably have to bring them in from the villages now for a hearing on taxing an Unorganized Borough instead of going out to them.

You will hear from me again in couple of months, until then pray for me and God bless you all.

Signed,

Titus Peter

cc: Bishop of Alaska
Standing Committee
Network
Indian-Eskimo Committee
St. Matthew's Church Committee
Human Relationship
Diocesan Missioner
Lilly Program Co-ordinator
Committee on Alcoholism
Church Foundation

Alaska Criminal Justice Plan 1978
by Criminal Justice Planning Agency, Pouch A-J
June 1981

ALCOHOL ABUSE AND ALCOHOLISM

Continuing efforts to deal with the impact of alcohol abuse on the quality of life in Alaska resulted, during 1976 and 1977, in a number of approaches and suggestions. A "Governor's Inter-departmental Coordinating Committee on Alcoholism" made its final report to the Governor in January, 1977.

Many of the recommendations were incorporated in an extensive package of bills prepared as a part of the CJPA's Standards and Goals project. This legislation, which emphasized issues of taxation and local control as prevention measures, was not passed by the Tenth Alaska Legislature and is in committee to be heard in the second session.

The CJPA has identified seven areas of immediate concern to the criminal justice system.

1. Establishment of non-medical detox centers

The Uniform Alcoholism Act (which decriminalized public intoxication) was adopted in 1972 without adequate development of facilities to serve as alternatives to jails. The resulting problems were particularly acute in rural areas, where detox and sleep-off facilities were virtually nonexistent. The ninth Alaska legislature passed what was intended as remedial legislation which provided that public inebriates may be taken into protective custody and, as a last resort, held involuntarily for up to twelve hours in a "state or municipal detention facility", i.e. jail.

No data is available concerning the effect of this legislation on jail intake in either urban or rural areas. One innovative application is found in the operating procedures of the North Slope Borough Department of Public Safety, which describes its "Drunk Release Program" as follows:

Operating Procedures Manual Reference: Chap. 214 and 301

A. "Drunk Release Program"

A major part of our crime prevention program is the detention of those persons so intoxicated as to represent a definite threat to themselves and a lesser threat to others. Of the following purposes behind this program, one additional feature will be added:

1. Protection of the person intoxicated
2. Protection of others from intoxicated persons
3. Non-criminal detention, processing and release

The additional feature will be an attempt to reduce "returnees" to this system by making referrals to the Barrow Council on Alcoholism for interviews, counseling and treatment. While it is assumed that no enforcement of this diversion method can be made, there is room for a very light push in the general direction-- that push being in the form of "voluntary referrals" directly from their release. These referrals will be a consistent part of this program.

The method of "voluntary referrals" will be as follows:

- A. At time of release by any officer, the person detained will receive a direct invitation (with officer assistance) to meet with personnel of the Barrow Council on Alcoholism presently located in the Youth Center. They are to be encouraged to go directly from release to BCA for initial intake.
- B. Since there is no legal provision for enforcement of referrals, a strong recommendation by the officer releasing will be encouraged.
- C. An alternative method is to call up the BCA and ask for a staff person to come to the station and make the request and invitation directly to the person released from detention.

The Governor's Inter-departmental Coordinating Committee on Alcoholism made the following recommendations:

- 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 ...
- 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.

The Committee recommended the establishment of sleep-off centers in Juneau, Ketchikan, Valdez, Yakutat, Wrangell, Petersburg, Seward, Unalaska, Cordova, Kotzebue, Barrow and Kenai. An estimate for establishment of these centers in single or double-wide trailers was \$439,050 in capital expenditures and \$2,193,750 in annual operating expenses (including 117 total staff).

The report also recommended a needs assessment to determine whether sleep-off centers should be established in Dillingham, Galena, Fort Yukon and Glenallen-Copper Center, should funds be available. The report encouraged other communities without jails or sleep-off centers to develop statistics which could be used to determine the need for and probable utilization of sleep-off centers.

At a June, 1977 meeting of the Governor's Advisory Board on Alcoholism, it was decided to establish detox facilities in Kenai, Kotzebue and Juneau, and to expand the existing facility in Bethel.

2. Establishment of alcohol prevention and rehabilitation programs in rural areas

The lack of effective alcoholism treatment programs in rural areas is widely acknowledged. The Alaska Federation of Natives, in their 1976 Resolutions, point out that:

- there are inadequate and inefficient alcoholism treatment centers in rural Alaska
- there are no current alcoholism prevention programs
- there is a lack of emphasis in existing alcoholism, drug abuse and mental health programs specifically relating to the treatment of juveniles
- group homes, receiving homes, and alcoholism treatment facilities are not available for the treatment of non-delinquent youths in most of the regional service centers of Alaska.

Among the AFN recommendations were:

- that the Department of Health and Social Services establish as a top, on-going priority, alcoholism prevention programs for rural Alaska, and that the Department work closely with local communities to determine the kind of treatment facilities needed and the appropriate kind of alcoholism services.
- that the problem of treatment of alcoholism as it relates to juveniles and families in rural Alaska be addressed; that more emphasis be placed on research and treatment of juveniles.

- that group homes, receiving homes and alcoholism treatment facilities be made available on a regionalized basis and that the Legislature make financing available so that small communities can develop programs that will deal with juveniles before these children enter the juvenile justice system, and that they be funded on a regionalized basis (i.e., Nome, Kotzebue, Ft. Yukon, Bethel, Dillingham, Barrow, Kodiak, Yukon Delta, Copper Center and Ketchikan, etc.)

Information provided by the State Office of Alcoholism, the National Council on Alcoholism/Alaska Region and the Alaska Native Commission on Alcohol and Drug Abuse shows that there are "prevention" programs of one type or another in a number of rural areas, and that more are planned in the near future (see Available Systems and Resources for Prevention/Diversion). Thus the AFN statement that "there are no current alcoholism prevention programs" must reflect a sense of frustration with the performance of current programs, or perhaps with the fact that no one, as yet, has actually found an effective way to prevent alcoholism which has universal, or even widespread, application.

The Governor's Interdepartmental Coordinating Committee on Alcoholism noted that nationally some of the most successful residential treatment programs are those that do not use government grants for funding, but which rely primarily on reimbursement for services given. They add:

The size and stability of 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.

The Coordinating Committee recommended:

- 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.
- This facility should not exceed 70 beds and should have an average patient stay of 30 days.
- The program should be available to residents from throughout Alaska and serve both urban and rural populations.

The report also recommended establishment and initial operation of 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 choose to commit themselves voluntarily for a period of 90 days or longer.
- The program should be operated by the State for a period of five years, at the end of which the program should be evaluated to determine whether or not it should be contracted to the private sector.

Realistically, perhaps, Alaska should work to get one stable residential facility in a central location, and then move to establish community-operated residential facilities in the regional service areas.

The Interdepartmental Coordinating Committee on Alcoholism made the following recommendation: "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 paraprofessionals should be cross-trained in all three areas.
- 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 areas.
- 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.

Currently, the strategy of the State Office of Alcoholism is to establish major rehabilitation centers in Fairbanks, Anchorage, and an as yet to be determined site in Southeast. Existing programs in Fairbanks and Anchorage will provide the nucleus for these programs. Programs in other areas will utilize these treatment centers.

A spokesman for the State Office of Alcoholism indicates that most rural areas share a set of social/cultural/economic/political processes which have created conditions leading to high rates of alcoholism but which are not amenable to rehabilitative efforts. The Office recognizes two major areas for prevention efforts as (1) local control and (2) an apparent lack of recreational opportunities, particularly during the winter months.

3. Establishment of screening and treatment programs for alcohol offenders

There are a variety of programs in urban areas in Alaska which presently provide or have the potential to provide alcohol screening treatment services. Presently these programs operate independently and may be duplicative or may leave gaps in services needed in a particular community. Through an LEAA discretionary grant the Criminal Justice Planning Agency has recently funded a TASC (Treatment Alternatives to Street Crime) program for the Anchorage area. One of the major functions of this project is to coordinate the efforts of the many alcohol-related services in the Anchorage area. The State Planning Agency should monitor the project closely to determine if its techniques can be transferred to other communities or regional areas through the use of the State's Technical Assistance Program.

Very little is known about the extent of alcohol screening and treatment programs available in smaller cities and rural areas of Alaska. Existing data does demonstrate the need for these services. According to surveys conducted by the Corrections Task Force for Standards and Goals and the Public Opinion surveys conducted by the Criminal Justice Planning Agency, the problem of alcohol related crime is more severe in rural areas than it is in urban areas. In a survey of police chiefs throughout rural Alaska, the Corrections Task Force found that rural communities attributed from 36% to 98% of all arrests to the problem of alcohol abuse. Victimization rates in rural northwest Alaska were higher than Southeast, Anchorage or Fairbanks. Also, rural respondents in the statewide survey of public opinion felt that alcohol was a basic cause of crime (22% for crimes against people; 13% crimes against property) whereas less than 3% of the respondents from more urban areas surveyed identified alcohol as a basic cause of crime.

The Criminal Justice Planning Agency should compile all data regarding alcohol abuse programs in all regions of the state which may provide screening and/or treatment services to the criminal justice system. The gaps in services should be identified, and a method for coordinating existing services must be established.

4. Development of alcohol abuse curricula

There is general agreement that long-range planning in the area of alcohol abuse must focus on primary prevention and that the schools provide the logical focus for such efforts. At present three approaches are being taken to the development of alcohol abuse curricula, and are at various stages of development.

The core of a kindergarten through 12th grade curriculum has been developed by the National Council on Alcoholism/Alaska Region, and is currently in use on an experimental basis in Kenai and Fort Yukon. The curriculum has also undergone preliminary review in the Anchorage area. The Council estimates that it would take one year of work by an educator (who would consult with students, parents, educators and agency staffs statewide) to complete the curriculum, prior to training teachers to use it.

A sub-committee of the Governor's Interdepartmental Coordinating Committee on Alcoholism recommended the development of an academic curriculum package by the State Department of Education. This is seen as a three-year program with the first year devoted to the initial development of the curriculum and the beginning of teacher training, the second year for field testing and further teacher training, and the final year for duplication of multi-media curriculum packages and on-site regional training. The three-year program would have a price tag of somewhat over \$300,000 and would aim at reaching 52 school districts and 93,000 students in grades K through 12. The curriculum would coordinate other existing programs (including the NCA curriculum described above and a program currently in use in Anchorage, described below).

Wonder Park Elementary School in Anchorage is currently using a curriculum prepared in Washington and which may be made available free of charge by the National Institute of Alcohol Abuse and Alcoholism in the near future. This program, which has been enthusiastically received, is called, "Here's Looking at You" (Teachers Edition) and is now available for \$15.00 from:

Educational Service District #110
1410 S. 200th St.
Seattle, Washington 98148

Wonder Park is one of seven Anchorage elementary schools participating in a Teacher Training Program prepared by the University of Alaska Center for Alcohol and Addiction Studies. This program provides instruction in the dynamics of human behavior and how they relate to alcohol and drug use and other forms of deviancy. The approach is aimed at providing incentives for the development of community programs and involves both parents and teachers. It is currently being broadcast by KAKM in Anchorage once a week for ten weeks. Parents were invited to participate and may either view the programs in their homes or go to the schools where they participate with the teachers in group discussions and activities related to the training materials. Participating teachers receive graduate credit from the University. The complete training program has also been provided in Tok.

An Office of Alcoholism FY '78 budget item to provide a curriculum was not funded, but will be resubmitted in FY '79.

5. Improvement of correctional treatment programs

The Interdepartmental Coordinating Committee on Alcoholism recommended to the Governor that the Division of Corrections should:

- provide treatment within correctional facilities for alcoholic inmates
- ensure that appropriate aftercare and follow-up are provided for all alcoholic inmates upon their parole
- make referral and aftercare available to alcoholic inmates who have completed their full sentence.

It is the position of the Criminal Justice Planning Agency that while alcoholism training should certainly be made available to correctional personnel, it would be counterproductive for the Division of Corrections to have to develop a cadre of trained alcoholism counselors. Both management of treatment and continuity of care can be improved by the use of existing community resources. Corrections' clients should have access to services funded either through the state Office of Alcoholism or by local communities. These services should be provided within institutions, and should also be available to clients when they return to their communities. The role of Corrections personnel should be to make referrals and encourage participation in community programs. The State Office of Alcoholism agrees with this position, and has instructed all local programs to work closely with the Division of Corrections and other components of the criminal justice system.

The Criminal Justice Planning Agency is presently funding two alcoholism counseling programs in Corrections as described in "Available Resources". In one, funding has been provided for a Corrections staff member to establish and run A.A. groups (and related courses and activities) in the Anchorage area. It is the intent of the grant that inmates will be encouraged, on their release from jail, to return to the A.A. meetings as community members.

The second approach, currently being used in Juneau, is to provide funds to a local alcoholism treatment agency (the Juneau Alcoholism Central Agency) to make services available to the population of the Juneau Correctional Center. Continued service is thus automatically available when an inmate is released on parole or completes his sentence. Community services are available to probationers as members of the community.

The eventual success of either of these approaches will depend on the involvement and support of probation/parole officers, who can do a great deal to ensure continuity of the programs.

During 1979 CJPA will support a comparative evaluation of the two approaches to include recommendations for the course of future development of alcoholism programming in corrections.

6. Strengthen enforcement capacity of the Alcoholic Beverage Control Board

At present the Alcoholic Beverage Control Board has a staff of five investigators with three based in Anchorage and two in Fairbanks. Licensed establishments are distributed as follows:

1st Judicial District (Southeast)	252
2nd Judicial District (Northwest)	26
3rd Judicial District (Anchorage, Valdez)	663
4th Judicial District (Fairbanks)	245

The Board's investigators work with local and state law enforcement agencies to investigate applications before licenses are issued. They perform routine surveillance of licensed establishments and investigate complaints.

Although no statistics are available, ABC staff estimate on the basis of complaints and observations that 75% of licensed establishments serve intoxicated persons and about 25% are serving minors.

Revenue sharing provides that municipalities with law enforcement capability will receive the revenues from their licensing fees for the purpose of enforcement. This is seldom carried out, however, and enforcement is generally seen as the responsibility of the ABC Board.

Various resolutions to the problem of enforcement have been proposed: the Governor's Management and Efficiency Review (May, 1975) indicates that, "the activities mandated to the Board are being carried out effectively. However the investigative staff needs to be enlarged to provide adequate coverage for Southeast Alaska." The Review Committee recommends the addition of one investigator.

On the other hand, Convention Resolution #76-27 of the Alaska Federation of Natives (1976) states that the "level of staffing and funding is absolutely disgraceful considering the ABC Board's statewide enforcement responsibilities--especially in rural Alaska." The resolution recommended:

- that the Governor and the Legislature increase the ABC Board's funding to at least \$1,000,000; and
- that sufficient positions of that funding be devoted to providing adequate enforcement of State and local alcohol beverage control laws in rural areas, and
- that sufficient portions of that funding also be devoted to investigate and overhaul the present alcohol control procedures and to develop new and better coordination of control procedures throughout the State; and
- that such procedures should be enacted as law and fully funded no later than July 1, 1978 (FY 79).

The recent Director of the ABC Board recommended, in April 1977, the reorganization of the enforcement staff to include an upper level administrative position (Range 21 or 22) to be responsible for the activities of five investigators in Anchorage, three in Fairbanks and two in Southeast. She feels that the administrator of the enforcement unit should be experienced in investigation of "white collar" and organized crime.

The State Office of Alcoholism and the CJPA concur regarding the need to strengthen the ABC Board, and to diversify its membership to represent a broader spectrum of interests.

7. Use of alcohol as a mitigating circumstance; penalties for driving while intoxicated

The law states that voluntary intoxication is not to be used as a mitigating circumstance except in "specific intent" cases. It is commonly felt, however, that it is quite frequently used by both judges and juries. There is less agreement as to whether or not it is appropriate.

Senate Bill 206, "An act relating to sentencing", currently in committee, attempts to strengthen the existing law and to address the issue of whether intoxication is "voluntary" in the case of an alcoholic. This bill, commonly referred to as the "Presumptive Sentencing Bill", defines conditions that may be considered aggravating or mitigating in the determination of sentences.

In no event may punishment be mitigated or reduced because of voluntary alcohol or other drug intoxication or chronic alcoholism or other drug addiction.

Current pending legislation also addresses penalties for operating a motor vehicle while intoxicated. Senate Bill 38, "An act relating to driving under the influence of intoxicating liquor or drugs", amends AS 28.35.030 as follows:

1st conviction--a minimum sentence of not less than three days shall be imposed (in addition to the previous fine of not more than \$1,000 or imprisonment for not more than one year or both).

2nd conviction--within five years of first, imprisonment not less than ten days (from three days presently required).

3rd or subsequent conviction--within five years of second, imprisonment not less than 30 days (from ten days presently required).

The Division of Corrections estimates the impact of this legislation on their facilities in the first year at an average of six prisoners a day x 365 days x \$48 a day per inmate, or a total expenditure of \$105,000. This cost estimate does not address the issue of already-crowded short-term holding facilities. Neither does it address the problem of small communities where the state does not have contracts for jail services.

The proposed legislation does nothing to reduce discretion on the part of police and D.A.'s, and thus to ensure that those with money and/or influence are as likely to be prosecuted as those with "nothing going for them".